



# ANNUAL RESULT- BASED REPORT 2 0 1 1

*Protecting, Promoting and  
Supporting Breastfeeding through  
Human Rights and Gender Equality:  
A Global Project for Coordinated Action  
To Achieve MDGs 4 and 5  
(2008 – 2012)*



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**IBFAN Africa | IBFAN Asia | IBFAN-GIFA | WABA**

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**May 2012**

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# **Annual results-based report 2011 to Sida**

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A Global project for Coordinated Action  
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## ABBREVIATIONS

BFHI	Baby-Friendly Hospital Initiative
BPNI	Breastfeeding Promotion Network of India
FIAN	FoodFirst Information and Action Network
gBICS	global Breastfeeding Initiative for Child Survival
GSYICF	Global Strategy on Infant and Young Child Feeding
IBFAN	International Baby Food Action Network
ILO	International Labour Organisation
IMCH	International Maternal and Child Health
IYCF	Infant and Young Child Feeding
MDG	Millennium Development Goal
OMC	One Million Campaign
RUTFs	Ready to-Use-Therapeutic Foods
SCN	Standing Committee on Nutrition
UNICEF	United Nations Children’s Fund
WABA	World Alliance for Breastfeeding Action
WBTi	World Breastfeeding Trends initiative
WBW	World Breastfeeding Week
WHO	World Health Organisation

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## INTRODUCTION

This is the annual results-based report for **Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality: A Global project for Coordinated Action to Achieve MDGs 4 and 5 (2008-2012)** covering the period January to December 2011.

The project is governed by a Core Group (CG) which operates using the Arena Approach and consists of representatives of all four implementing partners, IBFAN, Africa, IBFAN Asia, IBFAN-GIFA and WABA. The CG also works together with an external technical advisory partner, IMCH, Uppsala University, Sweden. The project is firmly anchored in human rights and gender equality principles.

The report is divided into the following sections:

1. **Section one- Coordinated Component** is based on a log frame for coordinated action developed by the project's Core group (CG). The examples given are not exhaustive, but rather highlight the results of the synergistic collaboration amongst CG partners.
2. **Section two- Individual Highlight Reports** of the four implementing CG partners.
3. **Section three- Coordinated workplan 2012** and summary of individual CG workplans 2012.

Optimal infant and young child feeding (IYCF) means initiating breastfeeding within one hour of birth, breastfeeding exclusively for the first 6 months of life and continuing to breastfeed for 2 years or beyond, with adequate and safe complementary feeding. Infants aged 0-5 months who are not breastfed have a seven-fold and five-fold increased risk of death from diarrhoea and pneumonia respectively, compared with infants who are exclusively breastfed. Exclusive breastfeeding in the first 6 months is especially important as 13 per cent of under-5 deaths at global level could be prevented if at least 90 per cent of all infants were exclusively breastfed for 6 months. A further 6 per cent of under-5 deaths could be prevented if global coverage for adequate and safe complementary feeding from 6 to 24 month were achieved.

Breastfeeding has been shown repeatedly to be the single most effective way to prevent infant and young child mortality. It also plays a major role in children's health and development, and significantly benefits the health of mothers by reducing bleeding postpartum and risk of certain types of cancer. Early and exclusive breastfeeding improves newborn care and reduces neonatal mortality, which represents the majority proportion of infant deaths. Thus the achievement of the Millennium Development Goals 4 and 5 requires major efforts at all levels to increase rates of early, exclusive and continued breastfeeding. The most efficient internationally recognized strategy to realize this objective is through a 3-pillar approach: protection, promotion and support in the context of women's empowerment, sexual and reproductive health and rights, and gender equality. This strategy also impacts positively on achievement of other MDGs, in particular on gender equality, HIV/AIDS and on poverty reduction.

The optimal pattern of breastfeeding and complementary feeding is still to be reached in both developing and developed countries. IBFAN Africa, IBFAN Asia, IBFAN-GIFA and WABA, the four implementing partners in this Sida-supported 2008-2012 project, have come together with a two-pronged global response. The first prong is a coordinated component and the second prong is individual components for each of the four organisations respectively, using their comparative advantage and international and regional expertise.

## SECTION ONE-COORDINATED COMPONENT

**The overarching objective is to increase the *momentum for action* in infant and young child feeding, with particular emphasis on protecting, promoting and supporting optimal breastfeeding.**

The CG partners have identified five main outputs where there has been collaborative action and potential for synergistic results. Each output section describes the main results and how these have been achieved. The overview below is a synthesis of the key results of the coordinated component.

### Overview of key results

#### *Output 1: Social mobilisation worldwide*

World Breastfeeding Week (WBW) 2011 campaign, the cornerstone program of WABA, was successful. It reached **new and younger audiences globally** due to the use of innovative and contemporary communication channels such as social media, flash mobs, and theatre performances in addition to the more traditional celebration channels. The theme: **Talk to me! Breastfeeding a 3 D experience** played a role in **filling the communication gap** in the promotion of breastfeeding. The participation of the entire breastfeeding network, from global partners to the Regional Focal Points helped to ensure that action was taken at the national and local levels. These actions range from fostering **comprehensive social dialogue** on breastfeeding to exploring breastfeeding **beyond the traditional realm of health**. The synergy created through this collaboration has helped to emphasise the importance of using a variety of communication channels to raise awareness of breastfeeding messages in all segments of society. The innovative communication strategies developed through this year's global social mobilisation campaign will serve for the future WBW campaigns, regardless of themes, and assist in reaching new audiences to build a **broader base of breastfeeding advocates and supporters**.

#### *Output 2: General advocacy*

During 2011, major achievements in the advocacy work of the consortium have been to strengthen the position of breastfeeding in various international policies and areas such as **Sexual and Reproductive Health and Rights (SRHR)** through the Committee on Economic, Social and Cultural Rights (CESCR) mechanism. This is important as it will be the first time that breastfeeding has been globally recognised as a woman's reproductive right, if accepted in the Convention. Breastfeeding was also taken on board by the **Right to Food** policy and advocacy campaigners. In the long-term, the strengthening of human rights work will present many opportunities to advance breastfeeding rights together with both Human Rights groups and women's groups. The work linked to the Convention of the Rights of the Child, spearheaded by IBFAN GIFA, has resulted in the CRC Committee issuing breastfeeding-related recommendations to the majority of State Parties under review, urging action at national level. Coordinated advocacy in the area of HIV and Infant Feeding is still work in progress, but has the potential to result in clearer understanding of the 2010 WHO guidance for health workers who are directly counselling mothers in all parts of the world.

### *Output 3: Situation Analysis*

Synergy in the development, capacity building, promotion and utilisation of the World Breastfeeding Trends Initiative (WBTi) led by IBFAN Asia has fostered increased involvement of all the CG partners and their constituencies in a **global monitoring process of the Global Strategy for Infant and Young Child Feeding (GSIYCF)**. This process has involved a wide variety of interested constituencies at national level. It has also generated much international, regional and national interest thus building the momentum for action.

### *Output 4: Promoting gender awareness and involvement of men/fathers in support of breastfeeding*

As a result of the cumulative work on gender issues within WABA and its Core Partners, including IBFAN, most of the consortium partners work with a **clear gender lens**. This is apparent in the 2010 Global Breastfeeding Partners Forum (GBPF) outcomes and the follow-up that carry gender and women's rights as their underlying approach. Much of WABA's work during 2011 has focused on further developing gender training through e-modules to reach wider audiences and more efficient use of resources compared to on-site training sessions. Another area in which the capacity has been strengthened in several countries is **maternity protection for working women** led by IBFAN GIFA. Promoting a gender lens in all breastfeeding activities helps to address and eliminate **one of the root causes of poverty, the low status of women**.

### *Output 5: Building and sustaining the movement*

Catering to a wide and diverse breastfeeding movement has resulted in the development of **a range of capacity building and networking approaches** at all levels. Capacity building facilitated by the consortium partners has, in some cases, already resulted in **improvements in national policy and draft legislation**, for example in Liberia. Focusing on engaging young people in the breastfeeding movement helped to increase both the **momentum for action, rejuvenation and sustainability of the movement itself**. Ensuring the long term sustainability of the movement is an important factor for ensuring sustainability of results. The strengthening of coordination among the project partners resulted in an improved understanding and closer collaboration on all five synergistic components. The Sida systems audit, although time consuming, elicited an understanding among the consortium partners on the importance of critically appraising and **strengthening the financial and accountability systems**. Closer coordination with the Global Breastfeeding Initiative for Child Survival (gBICS) project (NORAD funded) has led to **increased harmonisation in developing future strategic plans for improved effectiveness of IYCF programs, and efficient mobilisation and use of resources**.



## Detailed analysis of results

### *Output 1: Social mobilisation worldwide*

#### **Filling the communication gap-World Breastfeeding Week (WBW)**

One of the main coordinated actions that involved all CG Partners in 2011 was the annual **World Breastfeeding Week (WBW) Campaign with the theme of *Talk to Me! Breastfeeding, a 3D Experience***. According to WHO, communication and advocacy about the three elements, protection, promotion and support of breastfeeding are vital to increasing breastfeeding rates, which are stagnant since the 1990s. This year's celebration emphasized the role that every member of society can play to raise awareness about breastfeeding and that communication on breastfeeding should take advantage of non-traditional and newer communication tools such as social networking, blogs, mobile phone technology, the arts and flash mobs.

By the end of 2011, WABA had received **235 event pledges** from **50 countries**, facilitated by **215 organisations**. Based on the pledges received, more than 125,376 people were expected to participate in the WBW 2011 events around the world. Although the number of participants was less than in previous years, the feedback from the network was that the slogan (especially the 3D aspect) was a challenging concept for the traditional WBW celebrants to grasp and implement, at least initially. However, the youth, who were a key target group for the WBW this year, had no problems with the theme. The translation and adaptation of WBW materials into as many as 25 languages indicates that the campaign and theme is relevant and owned at the national and local levels. WABA received a total of **123 reports from 40 countries** indicative that a substantial proportion of the pledges actually took place. Furthermore, many more reports are shared at national and regional level as well.

#### **Global to Local- via the Regions**

Collaboration between the partners at global, regional and national levels is an important factor for the success of the global WBW campaign.

At the global level, the WABA Secretariat developed and coordinated the campaign. The WBW theme on Youth and Communications with emphasis on the new social media was proposed during the WABA Global Forum in 2010, and endorsed during the GBPM and SC meetings in 2010. Participants of the WABA YOUth Initiative presented their ideas for WBW during the SC 2010 meeting. WABA's intern and coordinator of the WABA Youth Initiative was selected as Key Writer for both the Calendar Announcement and the Action Folder.

The Regional Focal Points contributed in various ways to the development of the WBW materials, including their subsequent regional adaptations, translations and dissemination throughout the regions, including soliciting pledges from the respective regions.

For example, the Regional Focal Point for Asia, IBFAN Asia, shared the WBW with the One Asia network, which includes 25 countries in the region. Eleven (11) countries of South East Asia (SEA) region celebrated the WBW 2011 with the theme "Talk to Me". Young parents were at the forefront of the campaign using modern electronic communications as well as creative arts. At the national level, the Breastfeeding Promotion Network of India (BPNI) prepared an announcement document on WBW 2011, a power point presentation and an action folder based on the theme provided by WABA and translated into Hindi and Telugu. These were circulated to various educational institutes, health facilities, media, breastfeeding groups and other concerned partners. BPNI also organised

awards for participants in the WBW 2011 celebrations for 10 individuals and 10 organizations. The Secretary, Ministry of Women and Child Development Government of India issued a letter to the Secretaries at the State level to collaborate with the BPNI network for celebrating WBW. BPNI received 176 reports from all across the country. These were analysed by a group of independent experts and awards were given to winners.

In Korea an education programme was held at the press centre in Seoul to celebrate the World Breastfeeding Week and discuss issues related to breastfeeding. 120 people participated in the celebrations. Consumers Korea with Korean Breastfeeding Promotion Network organized a commemoration and Maternal Education Programmes on 1 August 2011 and sent e-newsletters to 8,000 persons.

### **Mobilising young people through Social media and traditional media**

Whilst the WBW theme and mobilisation had significantly decreased participation in the traditional format – WABA experienced a huge increase in active participation from the target group of youth and young people from a new communication channel, Facebook. The WBW 2011 Facebook page continues to grow and discussions are continuing on a daily basis. The WBW 2011 Facebook page also helps to sustain interest in the theme and stimulate action beyond the week itself. Other social media channels such as blogs and twitters continue being used to spread breastfeeding messages.

Two examples of how more traditional media is being used and how the outreach of the global WBW theme can inspire and trigger local action at community level come from the Africa region. A Zimbabwean youth theatre group were inspired by the WBW theme and contacted IBFAN Africa Regional office who then supported them with a seed grant. The theatre groups then performed 20 shows in villages on the topic of breastfeeding, under the guidance of the district nutritionist. The shows were followed by discussions about the local breastfeeding issues and possible solutions. Another newly formed Youth group in Botswana held breastfeeding information dissemination meetings with students at the local University. These examples illustrate how a variety of media channels are useful to engage young people in different settings and contexts.

### **Promoting social dialogue on breastfeeding**

Most African countries launched their WBW celebrations during the first week of August and continued raising awareness on breastfeeding and infant and young feeding for the rest of the month or till the end of October, as was the case in Cameroon. The occasion was marked in different countries by a variety of activities such as presentations to health workers, dance and music events involving local celebrities, puppet shows, role plays by youth groups for the public, interactive dialogue with Village Support Groups for mothers and national radio and television talk shows. The WBW celebrations have become **a rallying point** which brings together health workers, the public, community groups, religious leaders, women's federations, Baby Friendly Community Initiative (BFCl) villages, the UN family and politicians to dialogue and act on issues of common interest in relation to breastfeeding.

### **Mainstreaming breastfeeding- beyond health**

In many parts of the world WBW has now become institutionalised within Ministries of Health and other agencies. Letters of support for WBW were sent from WHO, UNICEF, PAHO, and interestingly enough the United States Breastfeeding Committee (USBC) now declares the whole of August as National Breastfeeding Month! WBW has become an annual communication and dissemination vehicle for accurate information on infant feeding. The WBW theme and materials are awaited and often also adapted to many local settings and contexts. In Lesotho, for example, the WBW

celebrations were joined to the launch of the Child Protection and Welfare Bill which was officiated by both the Minister of Health and Social Welfare as well as the Minister of Justice, Human Rights and Correctional Services. The link to the Rights of the Child was thus established at a high level. The key note address was delivered by Her Majesty the Queen M'asenate Mohato who exclusively breastfed her own children. A strong message was delivered by the Director of the National Nutrition Agency in the Gambia who castigated the advertisers of a range of dolls with feeding bottles that portrayed breasts as sex objects. The WBW theme was therefore very apt as it discouraged the dissemination of conflicting messages on breastfeeding to the public.

Another example of how WBW is being used to position breastfeeding as a broader issue, is the negative link to nutritional outcomes, such as obesity. A poster on Breastfeeding and Obesity was developed by IBFAN-GIFA and Baby Milk Action and was also taken up by WABA for the WBW Action Folder.

### **Key Challenges/Recommendations**

Although generally successful, it is sometimes a challenge to communicate the more technical themes of WBW in popular form that will be relevant globally and extend beyond the existing reach manifold. Thus it is encouraging that the 2011 WBW theme managed to reach younger and non-traditional audiences as well as encouraged the traditional celebrants to use the new social media to convey their breastfeeding messages.

The challenge for the CG partners now lies in sustaining the interest of the younger generation in breastfeeding protection, promotion and support and finding ways to involve them in the various activities of the network. It will also be important to continue using the social media and other IT technology to stimulate debate and sharing of experiences in relation to specific policy areas as well as technical areas such as BFHI, working women, mother friendly care, HIV and infant feeding in emergencies. At the same time, it is clear that traditional forms of oral and written communication are still very important for the dissemination of messages and sharing of experiences.

## Output 2: General advocacy

### Promoting national action through UN - health, nutrition and social policies

IBFAN-GIFA and IBFAN-Asia coordinated input and submission of IBFAN's commitment to the UN Global Strategy on Women's and Children's Health which underpins the 'Every Woman, every child' global movement, spearheaded by UN Secretary-General. This commitment, which focused on both policy and national level action, was accepted and posted on the UN website,<sup>1</sup> thus putting the network on the map of this international campaign.

Jointly with IBFAN-Asia, and with input from IBFAN Africa and some European colleagues, IBFAN-GIFA prepared a set of comments on the WHO draft Implementation Plan on maternal, infant and young child nutrition. These comments were shared with WHO, government allies and with the network. Regional Coordinating Offices (RCOs) used these comments as basis for their version of written comments and directly for input in the WHO Regional consultations. IBFAN attended two out of four of these consultations (Africa and Asia). The subsequent draft of the Plan reflected some of the comments, confirming again that the inputs from the consortium partners at various levels into UN strategies and frameworks help strengthen the position of breastfeeding in these global policy documents.

IBFAN-GIFA also facilitated IBFAN's input in the joined comments by People's Health Movement (PHM) and 94 other organizations on the draft technical paper developed by the WHO Secretariat for the World Conference on Social Determinants of Health (WCSDH) held in Rio de Janeiro, Brazil in October 2011. However, the official declaration from the conference still does not deal with the underlying determinants responsible for health inequalities between and within countries. An alternative declaration<sup>2</sup> was thus drafted by NGOs. IBFAN was involved and the document is circulated and used to advocate for more progressive positions from WHO and countries.

### Promoting adherence to the Convention on the Rights of the Child (CRC)

The CRC continues to be an important global tool for monitoring national progress on child rights and breastfeeding related issues. The CRC committee assesses the progress at national level on an annual basis and the alternative country reports are appreciated as complimentary to the official country reports. IBFAN-GIFA coordinated the writing of **alternative reports for the CRC Committee** with 6 IBFAN groups from IBFAN Africa and IBFAN Asia regions: Afghanistan, Lao PDR, Singapore, Cambodia, Korea and Seychelles and Madagascar. This information, which would not have been otherwise available to the CRC Committee, informed the review process and resulted in the CRC Committee making targeted breastfeeding-related **recommendations to the governments** of these countries. IBFAN Asia/BPNI contributed to the development of the alternative report on CRC from Afghanistan and other Asian countries. Three reports including the recommendations by the CRC Committee and its discussions with the governments were sent to partners in the Asian regional network. In order to support real time information and facilitate communication with groups, a webpage was set up<sup>3</sup> by IBFAN Asia.

In addition to the alternative CRC reports, IBFAN-GIFA collaborated with IBFAN regional offices and coordinated IBFAN's submission to the CRC Day of General Discussion on "Children of Incarcerated parents." IBFAN participated in the day and contributed in bringing attention to the right to

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<sup>1</sup> <http://www.everywomaneverychild.org/commitments/csos-ngos>

<sup>2</sup> <http://www.phmovement.org/sites/www.phmovement.org/files/AlternativeCivilSocietyDeclaration20Sep.pdf>

<sup>3</sup> <http://breastfeedingandhr.blogspot.com/>

adequate food of incarcerated parents and their children, which is an often neglected group. IBFAN-GIFA actively participated in the meetings with the NGO Group for the CRC, including in its General Assembly in March 2011, where it represents both IBFAN and WABA.

## **Working together to safeguard public health from vested interests and corruption**

Conflicts of interest are a breeding ground for corruption, and there is growing consensus that detecting and managing conflicts of interest are critical to curbing corruption. However, policy frameworks and tools to manage conflicts of interest effectively are still rare, and the field of breastfeeding and nutrition is no exception. Therefore, another area of collaboration was centred on the issue of conflicts of interest in public health. As a result of this work, the project partners are now members of a **Conflict of Interest Coalition** which comprises more than 138 national, regional and global civil society organisations united by the common objective of safeguarding public health policy-making against commercial conflicts of interest through the development of a **Code of Conduct and Ethical Framework** for interactions with the private sector<sup>4</sup>. This initiative, led by Baby Milk Action, UK, and with input and endorsement from all the consortium partners, is an important milestone as the trends today are towards increasing public private partnerships, which can lead to conflicts of interest and ultimately corruption of policy making processes.

IBFAN Asia, IBFAN-GIFA and IBFAN Africa participated in the Executive Board of WHO and the **World Health Assembly** in May 2011 to give inputs on conflicts of interests in the debate on the WHO Reform, and to the area of infant and young child feeding /nutrition via national delegations and statements made from the floor.

IBFAN-GIFA serves as the interface of the partners in the network with the **Democratising Global Health Coalition (DGH)**, which comprises of a number of public interest NGOs with the aim of following the WHO reform process. IBFAN's main focus is on safeguards, conflicts of interest, public-private partnerships and the engagement of WHO with NGOs. WABA has also been alerting the larger breastfeeding network about the risks of public private partnerships by promoting the joint **Public Private Partnership Statement** and sharing related information on its website<sup>5</sup>.

## **Positioning breastfeeding as a Sexual and Reproductive Health and Rights (SRHR) issue**

A Joint WABA&IBFAN-GIFA submission on **"Breastfeeding as a Sexual and Reproductive Health Rights issue"** was produced for the Committee on Economic, Social and Cultural Rights (CESCR) process – to assert that breastfeeding is a woman's reproductive right, and how this right can be supported. For the first time the CESCR Committee will be reviewing breastfeeding as a reproductive right, a considerable achievement at the level of international human rights. No other international instrument has "categorized" breastfeeding as a women's reproductive right as yet; hence this is a ground breaking venture should IBFAN and WABA succeed. Similar advocacy is foreseen in the coming years, also with the CEDAW committee. In 2011, first briefing, co-organized by FIAN and IBFAN-GIFA, took place in October. The potential result would be a milestone and present many opportunities for linking with human rights and women's rights groups.

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<sup>4</sup> <http://www.phmovement.org/sites/www.phmovement.org/files/COIC.pdf>

<sup>5</sup> <http://www.waba.org.my/whatwedo/advocacy/pdf/PPP2011.pdf>

## **Bringing global attention to the food rights and food security of infants**

The participation of an IBFAN Asia/WABA representative at the *Global Right to Food (GRtF) Consultation* held in Rome in September 2011 has resulted in more dialogue on the right to adequate food of infants and young children within the scope of the GRtF discussions. It has also contributed to sharpening of the politics and thinking around the public private partnership issue. Historically, the right to food arena has predominantly focused on agricultural and land rights issues, but did not address the right to food of infants and the politics around it, especially at the global level. Members of WABA's General Assembly volunteered to be part of the FoodFirst Information and Action Network (FIAN) Nutrition Watch core group to help situate breastfeeding/IYCF issues where relevant. WABA's main role in 2011 was to disseminate information from the Right to Food network to the larger breastfeeding network and to facilitate IBFAN Asia's involvement. IBFAN-GIFA participated at the Geneva launch of the WATCH 2011. Furthermore IBFAN GIFA has also worked with FIAN, University of Hohenheim to provide input in the report of the *UN Special Rapporteur on the Right to food* to the Human Rights Council, emphasising the importance of regulating the marketing of breastmilk substitutes and fully implementing the International Code as a first step in scaling up nutrition at national level. The input was taken on board and the report will be also presented at the *World Conference on Nutrition* (Rio, April 2012) and *Rio+20 Conference* in June 2012. IBFAN-GIFA has also become a member of the ETO Consortium, Working Group on the Right to Food and will continue bringing the concern of the project partners into the ETO debate.<sup>6</sup> Although this latter work was done individually by IBFAN- GIFA in collaboration with external partners (see individual highlights), it feeds into the same process and reflects the synergy between collaborative and individual work of the consortium partners. Furthermore, IBFAN-GIFA facilitated feedback from the IBFAN Global council and ensured that IBFAN could join FIAN and other 26 organizations in the critical analysis expressed in the statement to the Human Rights Council on the Guiding Principles on Business and Human Rights. Jointly with IBFAN in Asia, IBFAN-GIFA used a participatory process with members of IBFAN Asia, BPNI in India and another partner in the Philippines, to prepare the background documents for the theme Food Security and Climate Change.

## **Emphasising the need to regulate marketing practices and promote sustainable infant feeding practices**

IBFAN-GIFA organized an event and a press conference to mark the 30th anniversary of the *International Code of Marketing of Breastmilk Substitutes, linked to the 2011 WHA*. All three of the consortium partners, supported by IBFAN-GIFA, presented their working experiences at the event. The 2010 Breaking the Rules report, featuring Code violation around the world, was also launched.

IBFAN-GIFA joined colleagues from IBFAN Asia and other IBFAN offices in development of 'an IBFAN code' on commercial complementary foods. This process will continue in 2012.

WABA's 2010 *Ready to Use Therapeutic Foods (RUTF) Statement* and IBFAN's *Statement on the Promotion and Use of Commercial Fortified Foods as Solutions for Child Malnutrition* were promoted via WABA's website to provide clear position to the network on the rampant promotion and use of RUTFs. This is crucial as even UN agencies do not seem aware of the politics, and the larger implication of the vast promotion of RUTFs and related products for prevention of undernutrition without adequate consideration for both the short and long term impacts on fulfilment of the right of the children, their families and communities to adequate food and nutrition, and health.

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<sup>6</sup> The ETO Consortium is a network of NGOs, university institutes and individuals from different parts of the world who work to advocate application of "principles" on extraterritorial states obligations for economic, social and cultural rights (ETO Principles).

## Clarifying the international guidelines on HIV and Infant feeding

Collaboration between IBFAN-GIFA and other partners in the network facilitated a submission to WHO of a consolidated input into a revision of the **Framework for Priority Action on HIV and Infant feeding and the Q&A on the 2010 'Guidelines on HIV and Infant Feeding'** which was due to be released in April 2012<sup>7</sup>. The new WHO Guidelines pose a challenge in terms of interpretation and implementation. This will hopefully be clarified by the Q&A. Such clarification is crucial as the shift from the "mother's right to make an informed decision" to "national and sub-national authorities deciding whether health care services will principally promote and support breastfeeding and anti-retroviral interventions or avoidance of ALL breastfeeding" is creating confusion. Many questions still remain unanswered, e.g. How do national/sub-national authorities prepare for potentially "changing track" on an infant feeding recommendation, in an emergency? If replacement feeding is chosen as the national or sub-national recommendation, does WHO recommend that this option receives financial or in-kind support?

It will be important for the consortium to analyse if the two documents, and the Q&A in particular, clarify all the points and facilitate implementation. Any pending issues need to be raised with WHO. This work can be done through the **Google Working Group on HIV and Infant Feeding** which during 2011, started working in a more regular manner. It is chaired by IBFAN Africa and coordinated by a colleague from IBFAN Brazil. All four consortium partners collaborate and the WG met on Skype several times in 2011 and shared information about the HIV issue from the regions.

Furthermore, in light of the 2010 WHO Guidelines, WABA initiated a review and updating process of the WABA **"HIV and Infant Feeding Resource Kit"** during 2011. A review team, which includes several of the consortium partners, has been assembled for this task and the kit will be finalised and disseminated during 2012. It is envisaged that the kit will clarify some of the confusion that has arisen over the years, and also provide guidance for breastfeeding advocates, decision-makers and other concerned parties working with HIV and infant feeding issues.

## Key Challenges/Recommendations

Many issues and instruments at global level continue to be promoted by the consortium partners in the quest to advocate for improved breastfeeding and infant and young child feeding practices. However, there is still much to do in ensuring that a national level follow up is in place.

In 2010, WHO/WHA launched a process towards development of a comprehensive Implementation Plan for Maternal, Infant and Young Child Nutrition, to be adopted in May 2012 by WHA. In itself a positive development which may signal renewed attention to the -0 – 2 year window of opportunity. This effort is to feed into the Every Woman-Every Child Initiative, launched, also in 2010, by the UN Secretary General.. However, many donors continue preferring to support initiatives such as GAVI and now Scaling Up Nutrition (SUN). This is despite the criticism raised regarding conflicts of interest, as baby food industry may use these initiatives to position themselves into inappropriate policy-making, implementation and sponsorship roles, which are not in accord with the roles defined by the Global Strategy on Infant and Young Child feeding.

We are concerned, that this type of 'multi-stakeholder initiatives' may lead to situations we had witnessed in 50s, situations that led to the near elimination of breastfeeding cultures in many regions, eliciting the new concept 'commerciogenic malnutrition'. This is the effect that we fear is imminent if the SUN or any other initiative's central approach focuses on promoting packaged supplementary foods and ignores attention to optimal breastfeeding, local solutions for adequate complementary feeding, integrated into the promotion of equitable and sustainable food systems

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<sup>7</sup> Please note that the release date has been yet again postponed.

and societies. Returning to basics or revisiting original breastfeeding instruments and mandates are often critical strategies for both civil society and UN partners. For instance, 10 years since the adoption of the Global Strategy for Infant and Young Child Feeding this year, provides opportunities for reviving action and reminding old and informing new public-interest actors at all levels about IYCF and how effective programming and budgeting are critical for the success of improving child mortality and morbidity. The Baby-Friendly Hospital Initiative and its expanded versions, provide opportunities for joint advocacy since all consortium partners have some level of involvement in this global initiative.

To mark the 10 anniversary of the Global Strategy, IBFAN Asia, in collaboration with the Consortium partners and many other allies, is planning a Global Breastfeeding Conference in December 2012. It will present an opportunity to take stock and to plan for effective initiatives that strengthen the implementation of the Global Strategy for Women's and Children's Health, and will facilitate appropriate channelling of resources. The Consortium hopes that this opportunity will be also appreciated by the traditional UN allies, UNICEF and WHO, and by the donors, and that they join in the planning, support for and participation in the conference.

### *Output 3: Situation Analysis*

#### **Promoting national evidence-based action on IYCF**

According to the UN Secretary General's recently launched Global Strategy for Women's and Children's Health, in 2015 alone, 21.9 million more infants would be exclusively breastfed for first six months. The WHO's draft Implementation plan on Maternal and Child Nutrition has set a global target to increase exclusive breastfeeding for the first six months. The UN action plan on NCDs also refers to this.

It is towards this goal that the World Breastfeeding Trends Initiative (WBTi), a flagship programme of IBFAN Asia, has been launched. It initiates a participatory assessment of the strengths and weaknesses in the 10 areas of policies and programmes meant for implementing the Global Strategy for Infant and Young Child Feeding. The WBTi works on the philosophy that when people collectively find gaps, it stimulates them to find solutions. The WBTi works as a tool for this action; while it acts as a lens to find the gaps, the process ultimately aims to bring about action at the national level.

By now, a total of 44 countries from Latin America, Arab world, Asia, Oceania and Africa have completed the policy assessments and the results have been uploaded on the website<sup>8</sup>. Making the information widely accessible through the internet can generate further interest and debate, even among the countries that have initiated the process of assessment, perhaps even inspiring them to complete it. Reports from most of these countries clearly show that policies and programmes are lagging behind in all the ten areas of action highlighted in WHO's Global Strategy for Infant and Young Child Feeding, especially in relation to support to women when they need it most. Most countries have not been able to raise their exclusive breastfeeding for the first six months rates because of weak or un-coordinated action on three of the most important interventions – having a national policy and plan of action with a budget, good health care support facilities, and adequate maternity protection. The assessments are increasingly involving a broad variety of national stakeholders, which enhances the chances of coordinated IYCF action at various levels.

Each of the CG partners was involved in introducing the WBTi either in new countries or globally. IBFAN Asia, as coordinator of the WBTi, facilitated training for five countries of the Oceania region: New Zealand, Fiji, Vanuatu, Kiribati and Solomon, at Suva, Fiji on June 6-7, 2011, and supported

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<sup>8</sup> [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org)



Infant Feeding Association of New Zealand (IBFAN Oceania) and IBFAN Arab World and IBFAN SEA for Timor Leste to conduct WBTi activities. The capacity of the regions to conduct national assessments and re-assessments has therefore expanded. In South and East Asia countries are involved in conducting re-assessments. Costa Rica also entered the next phase. Reassessments provide a trend, and this enhances the understanding of the local situation.

In Africa, IBFAN Africa Regional office supported countries that included Zimbabwe, Lesotho, Botswana, Namibia, Nigeria and Kenya to ensure that the WBTi reports finalised. During the year only Botswana managed to submit and finalise the report which has since then been uploaded in the WBTi Web portal. The other countries will be followed up in 2012 however their processes were nearly complete but for minor technical issues. During one such meeting which included other stakeholders, even before finalisation of the report in Lesotho for example, when it was realised that the IYCF committee had collapsed due to lack of funding, a Partner committed to financing the revival of the Committee with immediate effect. Furthermore it was realised that the National Disaster Risk Reduction Policy did not have an IFE component – a review is going to be undertaken before finalisation of the policy in 2012. Most of the countries that have completed their reports have undertaken reviews of their national IYCF policies. In the Gambia, the very poor score for maternity protection in the WBTi report led to the enactment of a Women's Bill. In Cameroon, a national Breastfeeding Coordinator was appointed soon after the assessment.

IBFAN-GIFA used the Afghanistan WBTi assessment findings for drafting the alternative CRC report of the same country. As a result, the Committee recommended to the government to enhance efforts to promote exclusive BF practices; ensure compliance with the International Code; improve access to and quality of health care and nutrition services throughout the country; and ensure the availability of qualified medical staff, including in remote rural areas. This shows the utility of the WBTi tool in other areas such as breastfeeding/IYCF advocacy and beyond. WABA continued promoting the WBTi assessment reports via WABALink and general networking thus reaching a wider audience of its Core Partners.

### **Key Challenges/Recommendations**

One of the challenges for the CG partners is how to encourage more countries to conduct the assessments and how to ensure funding and support at the national level to initiate actions that will address the gaps identified through the WBTi process. Another challenge is to identify financial resources to initiate the work in other regions, e.g. Eastern European and CAR countries. In some countries more work is required to improve the understanding of the assessment tool.

### ***Output 4: Promoting Gender awareness and involvement of men/fathers in support of breastfeeding***

#### **Promoting a gender lens in breastfeeding work**

The promotion of gender awareness and involvement of men/fathers lead by WABA is gradually becoming incorporated in the work of the Core Partners, including IBFAN. There is increased indication of gender sensitization network partners seen, for example, in the discussions around the HIV and Infant feeding Kit, right to adequate food, the gBICS group planning, and several task forces and working groups. As a result of on-going gender promotion, most of the plans of action of partners now include some gender component and involve new partners. For example, IBFAN-GIFA joined efforts with FoodFirst International Action Network (FIAN) and the University of Hohenheim, Germany to better define issues of infant and young child feeding within gender, nutrition and the right to adequate food perspective.

To continue raising awareness of, and mainstreaming, gender in the work of the breastfeeding movement, WABA has been developing the basic Gender Training package as an E-module training. Work has been underway and the package will be completed in the first quarter of 2012 with a pilot test period planned. Focus on finalizing the Gender Guidelines for lactation consultants will be prioritized for more specific audiences

### **Addressing the root causes of the low status of women and poor breastfeeding outcomes**

As mentioned in Output 2 General advocacy, IBFAN and WABA jointly contributed to the General Comment on right to sexual and reproductive health (SRH) to the Committee on Economic Social and Cultural Rights (CESCR) The contribution was coordinated and submitted by IBFAN-GIFA being the liaison in Geneva. The contribution advocates that breastfeeding be recognized and supported under the SRH rights framework (add link to the document).

Basically a reproductive health and rights approach to breastfeeding requires looking at women's health, nutritional and social status. Women's reproductive rights to breastfeed can be best supported and facilitated when we contextualize women's lives in their broader social and economic dimensions. Framing breastfeeding as part of a woman's sexual and reproductive rights acknowledges that she has the right to decide for herself whether or not to breastfeed while ensuring that the State recognises and fulfils its role in facilitating this right. It further acknowledges that in order to be able to actualize her decision to breastfeed, the conditions of her domestic, occupational, and public lives must truly support her in this decision. She must be empowered personally and at the same time the environments within which she lives - the health and legal systems, her family and kin networks, her workplace and her community - must be enabling. Human rights discourse can be very helpful in advancing this argument. However, human rights instruments and the systems in place to ensure the progressive realization of human rights adopted through these instruments, as presently constructed, do not adequately embrace what we are introducing under the term the "intertwined subjectivities" of mother and child during pregnancy, childbirth, and breastfeeding.

### **Raising awareness of the issues of working women**

IBFAN-GIFA continued its work with WABA as convener of the Women and Work Task Force and continued to coordinate the IBFAN WG on maternity protection, which disseminated information on the ratification of the ILO Maternity Protection Convention No. 183, 2000 and continued engaging with the task force regarding the ILO draft of a Resource Tool on Maternity continued (to be published in 2012). IBFAN-GIFA organized one international workshop and one presentation on maternity protection in Kuwait, which benefited participants from the Gulf region and Asia. The presentation combined both the issue of strong maternity protection law and recent trends in legislation worldwide.

On International Women's Day 2011, WABA issued a press release on the theme "Science and technology training can set girls and women on the path to Decent Work". This theme linked well to the WBW 2011 theme which focused on Youth. Decent Work is a concept developed by the ILO and means work that is productive, fairly paid, freely chosen, and secure...where all workers are fairly treated (including workers with family responsibilities), and where they have respect and dignity. Under the banner of Decent Work, maternity protection counterbalances potential disadvantages for workers who bear children, by safeguarding the health of mother and baby during pregnancy, birth, and lactation, while also protecting the mother's income and job. In its call for action, the press release also highlighted the need for both maternity leave and paternity leave, hence advocating for gender equity and men's involvement in parenting. The press release received good

responses from the network, from young women and others who felt that the focus on young women was timely and refreshing.

## **Key Challenges/Recommendations**

Building up a pool of sustainable regional resource persons that can continue/multiply training on gender issues in the regions is a challenge and WABA is now exploring the development of e-learning modules for Gender training that can reach a wider audience as an alternative strategy. The CG should also explore ways of making the gender outreach work more effective using the RFP channels.

The need for strengthening a gender perspective and mainstreaming gender in our collective work continues to be relevant and necessary. While a separate gender output and programme may not be needed in the next project cycle since quite a bit has already been achieved, more emphasis on mainstreaming will be necessary at regional, national and Core Partner levels.

The CG can work on making gender and human rights perspectives and instruments more as guiding principles in all areas of work, and when networking with other breastfeeding groups not quite familiar with such frameworks so as to enlarge the scope of the work.

## ***Output 5: Building and sustaining the movement***

### **Catering to a diverse breastfeeding movement**

The breastfeeding movement is a global movement with a diversity of stakeholders in the various regions, ranging from health professionals, decision-makers to lay persons of all ages. The CG partners have all been building capacity, networking and working towards strengthening the movement in several ways and at various levels depending on their comparative edge and niche areas.

### **Ensuring liaison with international agencies, without conflicts of interest**

In 2011, IBFAN-GIFA continued acting as a liaison office with international organizations and NGOs for the entire IBFAN network, coordinating IBFAN's advocacy at EB/WHA, and liaising actively on all key thematic areas with various international agencies such as UNHCR, WHO, UNICEF, ILO, and human rights treaty bodies. It also continued acting as WABA focal point and liaison with international organisations in Geneva.

IBFAN - GIFA maintained strong alliances and collaboration with a number of key international NGOs, in particular those in the breastfeeding and environmental movements, in the right to food movement and with the humanitarian community, such as the Infant Feeding in Emergencies (IFE) interagency Core Group.

### **Improved policies and national laws protecting breastfeeding**

In the African region, IBFAN Africa with Legal Officer of UNICEF New York, co-facilitated a Code training workshop in Liberia attended by a total of 22 participants from different government ministries and other high level representatives. The last day was set aside for legal drafters only who would carry forward the drafting process resulting in a national law. Having a national law based on the International Code of Marketing of Breastmilk Substitutes (the Code) and that is monitored and enforced is vital to **curbing the aggressive industry marketing** and promotional strategies that are commonplace in many parts of the world, including Liberia. IBFAN Uganda similarly conducted a joint training with UNICEF New York on Code monitoring for a total of 31 participants from different

departments of the Ministry of Health, including the AIDS Control Programme and Ministry of Justice and Constitutional Affairs. The IBFAN Regional Office provided training materials for the workshop. This resulted in strengthened capacity as the national IBFAN group is now capable of conducting its own Code training, originally possible only with support from IBFAN Africa Regional Office. The Regional office continued to provide technical advice with collaboration from ICDC Penang on Code issues to several countries, such as Uganda, Burundi, Zambia Kenya and South Africa. At the regional level, a preliminary sensitisation meeting on the Code was held with the Parliamentarians representing the Health/HIV Committees during their 30th Plenary Assembly of the Southern African Development Community (SADC) Parliamentary Forum, held at Victoria Falls, Zimbabwe in November 2011. The meeting was attended by twenty participants from various SADC countries including the SADC Parliamentary Secretariat. The meeting paved a way for a training session scheduled for 2012 for the parliamentarians. IBFAN Africa also worked with the Inter-Africa Bureau of Animal Resources of the African Union (AU-IBAR) together with members of the IBFAN Africa Regional Working Group on CODEX in September 2011 in Kenya. IBFAN Africa now holds the Chair of African Food Safety and Nutrition Experts Group on Codex. This is a technical group which is tasked to work with African delegates in order to enhance their participation at the CODEX Alimentarius meeting which was scheduled for November 2011. This was a very strategic position for IBFAN to be in for ensuring that food industry did not easily push their agenda of market-led solutions to malnutrition in young children with the African countries represented at the meeting.

## **Promoting collaborative action at sub-regional, regional and international levels**

In Asia, IBFAN Asia organised the **One Asia Breastfeeding Partners Forum-8** at Ulaanbaatar, Mongolia, bringing together 17 countries. The Forum led to ***“The Ulaanbaatar Declaration on infant and young child feeding”*** that calls on nations to more effectively protect, promote and support breastfeeding, *thereby encouraging governments and national stakeholders to recommit to this important **child survival intervention***. IBFAN Asia ‘Policy Council’ meeting was held immediately after the Forum, where participants gave inputs regarding the work plan for 2012 as well as for the upcoming World Breastfeeding Conference 2012. During this Forum, IBFAN East Asia held a strategy meeting where 20 members from China, Hong Kong, Taiwan, Mongolia, and Korea discussed the 2011-2012 work plan.

Preparations for the **World Breastfeeding Conference 2012** (WBC-2012) commenced in 2011 and the conference theme ‘Babies need mum-made not man-made’ and logo have been launched. The WBC involves all the consortium partners led by IBFAN Asia and will be a major platform for bringing together national, regional and international stakeholders to review current progress and plan for the future common strategy. The other three consortium partners, IBFAN Africa and IBFAN GIFA are also involved in the conference planning while WABA has been working to involve the broader circle of Core Partners thus potentially enlarging the agenda to cater for a greater diversity of participants.

In December 2011, IBFAN Asia/BPNI organised a long-term Strategic Planning Meeting in Delhi, India involving all the consortium partners. The meeting resulted in a draft outline of a roadmap for the next 10 years. Since then, the roadmap has been further refined and is being developed into a proposal to be submitted to various donors. The roadmaps will help to build a ***unified strategy for the gBICS*** partners.

During 2011, WABA worked on an interactive web report of the 2010 Global Breastfeeding Partners Forum (GBPF) and followed-up on the most significant Global Breastfeeding Partners Meeting (GBPM) recommendations namely discussions on building the programme basis for peer counselling as a significant intervention. The GBPF outcomes and recommendations were taken through a

prioritisation process at the subsequent GBPM. Some of the priority recommendations from the 2010 GBPF have been integrated into the WABA Core partners, Task Forces and Working Groups' work plans and will be further developed in the World Breastfeeding Conference programme later this year.

Concerted work took place on the Breastfeeding Gateway which is a key platform for global information dissemination from the core partner organisations. WABA developed the Gateway and coordinated substantial input from all the consortium partners as well, for example IBFAN - GIFA developing the section on the environment and contaminants. The Breastfeeding Gateway was successfully launched on WABA's 20th Anniversary, 14th Feb 2011.

### **Developing the Youth base in breastfeeding**

Following a strong effort to rebuild the Youth Initiative during the second half of 2010 with the youth training workshop and youth participation at the GBPF, WABA youth outreach expanded exponentially in 2011, especially through the efforts of WABA's intern. WABA intern for 2010-2011, continued engagement with **AIESEC (the world's largest student organisation)** throughout the year, beginning with a WABA exhibit-cum-booth at AIESEC's local NGO event on 25 January held at the Science University of Malaysia (USM), titled "Lifting Others through Volunteer Engagement." A key contribution from two AIESEC student volunteers who signed up was a statistical analysis of the data from the gender quiz which involved over a thousand participants.

The cooperation with AIESEC also led to the assignment of an AIESEC intern from Vietnam for 6 weeks at the WABA Secretariat. The outcome was a draft video on "what is WABA" from a youth perspective, among other things. WABA Youth Intern gave a talk for the ILCA GOLD Conference 2011 covering WBW 2011 issues and reaching a wide audience via the internet.

IBFAN-GIFA, in collaboration with other colleagues from Brazil, engaged in developing a new programme aimed at strengthening the internal capacity of the IBFAN network, and promoting the exchange of knowledge and experience between different countries and regions of the world. The programme, called **Youth Exchange Programme**, gives young professionals within the network the possibility to spend time working with different IBFAN groups, taking advantage of the wealth of variety of groups within IBFAN. The project idea was discussed and approved by the gBICS Core Group in December 2011. It will be included in the gBICS planning starting from 2013.

### **Increased coordination between partners and projects**

As in previous years, the consortium partners worked closely with IMCH technical advisor in pursuit of coordinated results, and in preparing the coordinated report and subsequent coordinated work plan for 2012. The CG partners communicate through Skype to enable more focused, timely discussions and effective coordination. During 2011, a lot of focus was on the Sida systems audit that aims to fine tune the financial accountability systems through more streamlined procedures. It has required extensive consultations amongst consortium partners, and IMCH. The first part of the audit process was carried out in WABA and IBFAN-GIFA. The process continues during 2012 with IBFAN Africa and IBFAN Asia audits and the elaboration of the final steps and follow up.

The Sida consortium partners are also working towards closer integration with the NORAD supported programme called Global Breastfeeding Initiative for Child Survival (gBICS) which involves 10 partners, including all four Sida consortium members. In May 2011, linked in timing to the World Health Assembly (WHA) and as part of the transfer process of the gBICS Global Coordinating Office to Costa Rica, IBFAN-GIFA organized a meeting of all partners of the gBICS Core group. This gave an opportunity also for the Sida Core Group partners to meet.

This integration will potentially lead to more coordinated and effective work at all levels in the quest to improve breastfeeding rates. The IMCH technical advisor has been actively supporting the gBICS discussions during 2011 and continues to do so in 2012 with the development of a new 10 year strategy. All the consortium partners as well as other partners in the IBFAN regions will be closely engaged in this work during 2012.

### **Fundraising for action**

All the consortium partners are part of the global IBFAN/WABA fundraising team. We continue to research information on potential donors and new funding opportunities. The aim is to emphasize breastfeeding as a human rights issue and to cultivate new donors because funding for health and nutrition with no commercial strings attached is scarce. Another angle that is being explored is the angle of climate change and environmental impact, potentially linking the breastfeeding movement to another large and growing social movement.

### **Key Challenges/Recommendations**

Although capacity building and network building are on-going activities of all the partners, the challenge now lies in further coordinating these efforts for better results. One way forward will be the closer harmonisation of the gBICS and Sida projects at the programme level, in the next cycle. Work towards this is already well underway. Another challenge for the partners is to sustain the youth engagement at all levels. Much of this work depends on securing more diverse and long-term funding for both core programs and for new initiatives, as well as identifying and supporting committed young people to co-coordinate such initiatives.

## **CHALLENGES AND RESPONSES**

### **External**

The global economic crisis and political instability have severely limited government resources and affected changes in donor and recipient countries' focus towards more multi-stakeholder (including the private sector) programs and initiatives such as Scaling Up Nutrition (SUN) rather than towards infant and young child feeding (IYCF) per se. Whilst it is generally good to integrate IYCF with other larger issues, there is a great concern among the NGOs that the public private sector partnerships will drive the type of programs and result in business interest rather than public health approaches. At the international level, commitments related to MDG 4 and 5 continue being made. Yet, these do not become reflected in the level of funding available for protection, promotion and support of infant feeding. This lack of coherence between commitments and delivery on these is strongly felt by the CG partners. While 2010 brought about two important political commitments, the UN Secretary General Strategy on Children and Women, and the 2010 WHA resolution 63.23 asking for renewed efforts on IYCF and the development of a global implementation plan, a significant shift in the positive direction has not yet taken place. Strong advocacy by NGOs such as the Sida CG partners may thus prove essential to tip the balance back towards more focus on IYCF. Advocacy directed towards the UN, other international agencies in collaboration with other health related NGOs has continued during 2011 to ensure that conflicts of interest do not take precedence.

Another challenge, linked to sustainability of our work, continues to be linked to reporting and fundraising. Small NGOs like ours, which do not have the administrative capacity of large institutions and agencies, are having to deal with ever increasing reporting requirements which are moreover not coordinated among donors. It means that each report becomes a unique piece of work.

Similarly, to apply for funding, donors have different requirements, thus for each proposal new formats have to be developed. The work is also compromised by the disbursement schedules as often donors send the first annual budget allocations only in the middle of the implementation year or even later, making both planning and implementation difficult, and creating job insecurities and thus undermining staff commitment.

## Internal

The CG partners are aware of and appreciate the diversity of regional and cultural approaches as this enriches the ways of working and the results produced. As the current funding levels seldom permit the CG partners to meet face-to-face, most of the communication is by email and Skype. Furthermore, all opportunities are taken to 'piggy-back' on other meetings e.g. The Global Breastfeeding Partners Meetings (GBPMs), gBICS meetings, World Health Assembly meetings, etc. 2011 has also been a heavy year in terms of the Sida systems audit which has taken much time and effort and detracted attention from the on-going work on core issues. The CG hopes that the systems audit will lead to improvements in management and accounting systems that will enhance the capacity of the consortium partners to deal with financial reporting and administrative issues and thus strengthen collaboration with Sida.

It is heartening to note that the coordinated gBICS proposal submitted to NORAD for 2011 was successful, albeit only for two years (2011-2012). For the next phase, the gBICS is developing a long term strategy that will be the basis for all the partners, thereby bringing more coordination and synergy. Some regions such as Europe still lack funding as the NORAD grant does not cover this region. This is currently a constraint to more systematic follow up and implementation of joint strategies in that region and for global harmonisation of strategies and approaches.

As with any collaboration it takes time to build the foundations for joint action. The Arena Approach has provided a good platform for the CG partners and continues to do so. The partners communicate regularly and are increasingly aware of the importance of transparency, clear guidance and protocols to prevent any disruptions or delays in the project implementation.

**The above presented examples of synergy and resulting outcomes as a consequence of a close collaboration under the Arena Approach indicate that the CG is working towards achieving its overarching objective of increasing the momentum for action on infant and young child feeding at all levels from global to local. The countdown to the MDGs in 2015 presents many opportunities for the breastfeeding movement to work with UN, governments, health professionals, and allied movements at various levels to improve and sustain infant and young child feeding practices that are proven to enhance maternal and child health and survival outcomes. However, there continue to be many challenges to achieving this goal. As improved maternal and child health and survival outcomes are the foundations for reducing the effects of poverty and ensuring a healthy next generation, the four consortium partners continue being fully committed to the work ahead and thank Sida for the agency's continued support.**

## SECTION TWO-INDIVIDUAL HIGHLIGHT REPORTS

This section provides the Highlight reports of individual organisations and the work undertaken by each of the four Core Group implementing partners during the reporting period, which contain the major outputs and outcomes from these activities.

### Highlights of IBFAN Africa Individual Report

**Introduction:** IBFAN AFRICA shares the vision of other breastfeeding advocates around the world of creating an environment that enables mothers, families and caregivers to make informed decisions about infant and young child nutrition guided by the human rights principles. Survival of the young child, its health, growth and development depend on improving its nutritional status as well as that of its mother. These actions are also important in that they contribute to the achievement of MDG 4 and elements of MDGs 3, 5 and 6. As advocates of optimal infant and young child nutrition, IBFAN Africa believes that enhancing the coverage of specific IYCF interventions and implementation of some policy actions by governments significantly impacts on reducing child morbidity and mortality. In supporting these actions, IBFAN Africa and its country members undertook the following activities which are summarised in our 2011 Work Plan:

#### **1a. Improved implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent, relevant World Health Assembly (WHA) resolutions, complemented by monitoring and reporting of compliance AND Coordination of CODEX Activities:**

i) The Regional office co-facilitated a Code training workshop in Sierra Leone with UNICEF New York's Legal Officer in May 2011. This involved 22 participants representing a number of organisations including ministries i.e. Health, Trade and Commerce, Justice, Social and Women's Affairs, Information, Attorney Generals and consumer organisations. The last day of training involved 11 of the participants who would specifically work on drafting the new law under the leadership of the participant from the AG's office. With constant follow up during the year, it is anticipated that progress will be made in enactment of a new national law in the 2012. In addition to Sierra Leone, two other countries received technical and strategic support for Code development: Uganda and Comoros. ICDC was also brought on board to help in reviewing the draft national regulation from Comoros which is a French-speaking country but falls under Anglophone IBFAN Africa region.

ii) The Regional office also attended and provided technical support to South Africa at its historic Consultative Breastfeeding Meeting held in August 2011 where the **Tshwane Declaration of support for breastfeeding** was adopted. The declaration recommended that a national law be put in place within twelve months. This is speedily being implemented as the draft law is currently under public consultation. The draft South African law is a very strong instrument and could give an impetus to the other countries in the region to also strengthen their laws. The regional office disseminated copies of this draft to all other countries in order for them to learn from this experience.

iii) The regional office also capacitated **IBFAN Uganda** by providing them with Code training materials for a Code monitoring training workshop which was held with co-facilitation from the UNICEF New York legal officer. A total of 31 participants from the Ministry of Health were trained in November 2011. Uganda already has a national law regulating infant foods, however this training is expected to not only strengthen monitoring but also to lead to a revised and stronger law.

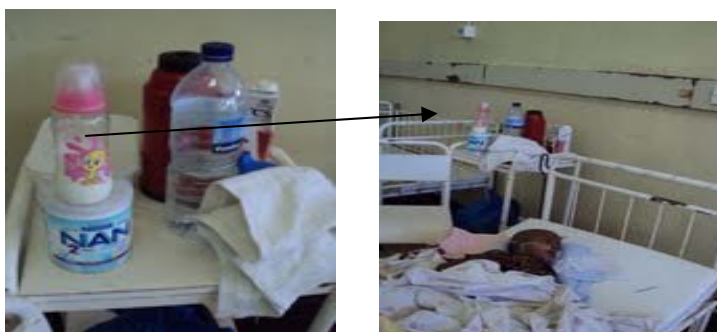


iv) After having finalized the development of their Breastmilk Substitutes Enforcement Manual (BMSEM), which was initiated with the support of ICDC in 2010, **Zambia** also conducted trainings for Provincial Nursing Officers, Environmental Health Officers, Local Authority and Provincial Nutritionists on the BSEM. A total of 42 health personnel were trained. The Code monitors subsequently undertook the following exercise: The monitors carried out massive seizures of baby food products worth billions of kwacha from a number of outlets in the Luapula Province in November 2011. The Head of the Provincial Health Office, Dr Bwalya authorized the health personnel to confiscate baby milks and other breastmilk substitutes from wholesale and retail outlets as they were being sold using packaging advertisements which are now unlawful in Zambia according to the Food and Drugs Act. Such strong action is only possible with vigilance and commitment from the authorities. The Zambia Act still needs to be strengthened, particularly on the component concerning complementary foods.

v) The Regional Office organised a one-day preliminary sensitisation and advocacy meeting on the Code with Parliamentarian-representatives of the Health/HIV Committees during the 30<sup>th</sup> Plenary Assembly of the Southern African Development Community (SADC) Parliamentary Forum. Held in Zimbabwe, the meeting was attended by 20 participants including the SADC Parliamentary Forum Secretariat. This was a collaborative initiative to sensitise policy makers, involving UNICEF Swaziland and Senator Thandi Shongwe of the Swaziland Parliament, and aimed to tackle the poor implementation of the Code in Africa; with only 21 out of 53 countries having adopted the provisions of the Code into national law. The Parliamentarians requested for a more comprehensive training workshop to be conducted in 2012.

vi) The Regional Office also undertook a number of consultations with countries which requested advice on Code violations: Zambia, Botswana, Kenya, South Africa, Uganda and Burundi. In Burundi, there was a problem where a distributor based in Kenya exported infant formula which was a recalled product in France. The distributor could not be located. This was a difficult situation in terms of where the responsibility could be placed. From South Africa there was a Code violation alert sent to the regional office where the local Nestle office invited health workers for a luncheon. This would have been a clear conflict of interest had the health workers attended the function. The event was promptly cancelled through ICDC's intervention at the Nestlé HQ in Switzerland. This highlights the value of the chain reaction that regularly takes place within the network in order to deal with violations by the baby food industry.

vii) Mozambique has put in place routine monitoring (every 3 months) of the Code across the country. The following results have been observed: Some infant formula and follow up formulas were labelled in English rather than the official language Portuguese; Labels contained pictures idealizing babies; Some BMS were labelled as equivalent to Breastmilk; Bottle feeding was found in one paediatric ward of the hospitals at provincial level. These activities show the need for continual training of the Code monitoring teams for the countries.



*A Provincial Hospital in Manica: Mozambique (Jan – Nov 2011)*

viii) **Advocacy at the Global Level:** The regional office was represented at the World Health Assembly by the Coordinator, who was afforded the opportunity to participate as a national delegate of Swaziland. This was possible due to the trust and credibility the regional office and the network have as experts in young child nutrition. In this capacity, the Coordinator was enabled to give support to global advocacy efforts by lobbying and networking with the African delegates at the meeting. IBFAN's main concern was to ensure that these delegates are made aware of, and demand for, the safeguards relating to conflicts of interest in partnerships of BINGOs and the private sector in their engagement with the WHO and member states.

#### **1b. Coordination of CODEX Activities:**

i) IBFAN Africa takes part in CODEX meetings at the global as well as regional levels. In September 2011, the African Union through its InterAfrica Bureau of Animal Resources (AU IBAR) office in Kenya organized a technical meeting as part of its strategy to enhance participation of African countries in the work of Codex. IBFAN Africa supported the Regional Coordinator and two other IBFANers from Botswana and Zimbabwe respectively to attend this meeting. The Coordinator was subsequently elected as Chair of the African Food Safety and Nutrition Experts Group on Codex. The member from Botswana was elected the secretary. These two members were then sponsored by the AU-IBAR to attend the main CODEX meeting in Germany in November 2011. The two IBFANers were given the task of providing technical support to the African delegates and in this respect they coordinated preparatory meetings every morning with the delegates before the plenary sessions. Our main concern was the need to make delegates aware of the implications of uncontrolled marketing of foods targeted at children that had a great potential of undermining breastfeeding as well as increasing poverty at the expense of home grown solutions to the problem of malnutrition.

ii) While some success was gained, we also lost on labelling provisions on the new proposed Guidelines for Foods for Older Infants and Young Children. These interventions were particularly important in the current environment where the new terminology of 'the business of malnutrition' has taken prominence.

iii) The Codex Guidelines for Foods for Older Infants and Young Children which were adopted at step 5 where thus strengthened with provisions from the WHA Resolutions on the Global Strategy for Infants and Young Children (2002). This also brought with it the prohibition of Health Claims for the foods that would be covered under these Guidelines. IBFAN is hoping to open the Guidelines in December 2012 so that the labelling provision could be inserted.

#### **2. Advocacy and Public Awareness:**

The objective for this activity is to create a more visible and vocal IBFAN Network at Regional and National levels, and to increase awareness among the general public of the correct feeding practices for infants and young children.

i) Newsletters and Bulletins - Four quarterly news bulletins were produced and distributed to all member countries and groups electronically. These publications are produced and distributed in March, June, September and December 2011. The two newsletters were published and distributed twice in the year, in June and December.

ii) Newspaper Articles – the Regional Office forged a partnership with the local newspaper, 'The Times of Swaziland', where over 20 articles were produced and submitted for publication every week. The newspaper has a national coverage of about 150,000 people. The articles discussed different aspects of breastfeeding and other issues concerning infant feeding. Members of the public followed up by calling the office with a number of questions. There are efforts to forge a similar partnership with newspapers in other countries. Responses were received from Cameroon.

It is expected that in 2012 more progress will be made in this respect. (See attachment for titles of articles).

iii) Business In-focus Magazine – the Regional Office also forged a partnership with a newly established local magazine called ‘Business Infocus’ in Swaziland. The regional office managed to produce 2 articles for the magazine which is distributed quarterly. (See attachment). The magazine sold about 1,000 copies from distribution points which included supermarkets, local smaller outlets as well as airport outlets. It is reasonable to assume that the readership here would be a new sector of business-minded people.

iv) Documentary on the work of IBFAN - IBFAN Africa engaged the services of an independent consultant to produce a documentary on the complex issue of malnutrition, and impact of lack of optimal infant feeding practices as well as in the context of HIV and AIDS. The project is ongoing and near completion; it will be wrapped up in the first quarter of 2012. The aim of the 20 minute documentary is to show the significance of breastfeeding and views from the public on the importance of breastfeeding for growth and survival of an infant. It is also anticipated that the documentary could be for fund raising as well.

v) World Breastfeeding Week Celebrations - IBFAN Africa annually disseminates both soft versions as well as hard copies of the WBW Action folders upon receipt of the same from WABA. Whereas in previous years, WABA used to provide a separate budget for this activity, no funds were received for 2011. However, the Regional Office dispatched the folders with the theme: “Talk to me! Breastfeeding—a 3D experience” to all network members. Most countries launched their celebrations during the first week of August and continued raising awareness on breastfeeding and infant and young feeding for the rest of the month or till the end of October as was the case in Cameroon. The occasion was marked in different countries by a variety of activities such as presentations to health workers, dance and music events involving local celebrities, puppet shows, role plays by youth groups for the public, interactive dialogue with Village Support Groups for mothers and national radio and television talk shows. These celebrations have become a rallying point which brings together health workers, the public, community groups, religious leaders, women’s federations, Baby Friendly Community Initiative (BFCl) villages the UN family and politicians. Due to a lack of funds, the Regional Office could not travel to other countries for the promotion of the commemorations; however it was able to participate in the local celebrations in Swaziland.



Figure 2: Displays by School children in Swaziland



Figure 1: WBW Cameroon – Talk to mothers

### 3. The rights of women and children to health and maternity benefits.

i) The regional office supported the Breastfeeding Consultative Meeting for about 500 health professionals in South Africa, held in August 2011. The Regional Coordinator co-facilitated with UNICEF a parallel workshop on Maternity Protection. This workshop aimed to highlight the need to harmonise health messages regarding breastfeeding and the duration of maternity leave to ensure

infants of working women also enjoy the benefits of exclusive breastfeeding. However, it is important to note that only Morocco and Mali have ratified MPC 183 (2000) in Africa. Some countries have many provisions of the Convention, but the issue of financing of maternity benefits has been a major constraint.

ii) The regional office also provided information to other partners on maternity protection, and in particular World Vision in Mozambique requested for a draft text for a maternity protection policy.

iii) A press release was prepared on the rights of working women in celebration of Women's day 2011, and this (together with the WABA Press Release on the same issue) were widely disseminated.

iv) The regional office and IBFAN Zambia had together scheduled an advocacy meeting on Maternity Protection with the SADC First Ladies Against HIV and AIDS (OAFLA) – however because the incoming Chair following presidential elections in Zambia, had not yet taken up office, this meeting was postponed and is now scheduled for mid 2012.

#### **4. Optimal Infant and Young Child Feeding and prevention of Mother to Child Transmission of HIV**

i) The aim of this activity is to contribute to increased HIV-free survival of children born to HIV positive mothers. In this respect, IBFAN Africa has put efforts into raising more resources for the implementation of this activity. The need for increased awareness of the benefits of breastfeeding even in the context of HIV and AIDS has been a priority particularly for the Southern African Development Community (SADC) as the epicentre of the disease, for the past decade. IBFAN Africa was able to access funds from the SADC HIV and AIDS Fund for the implementation of a capacity building project for health workers, community peer counsellors and breastfeeding mothers on infant feeding counselling in the context of HIV. Tanzania, Swaziland, Mozambique and Zambia are the initial implementing countries. The 2010 WHO Infant Feeding Guidelines on Infant Feeding and HIV and AIDS are the main resource manual being adapted for use in the four selected countries.

ii) Swaziland and Zambia have already completed their baseline studies before project implementation. These studies have confirmed the on-going challenge of mixed messages on infant feeding amongst mothers in the community. Training of health workers and counselling of mothers will commence in 2012. Tanzania and Mozambique will undertake their baseline studies in 2012.

iii) IBFAN Mozambique also secured more funding from AED (USAID) in addition to what IBFAN Africa regional office provided them to implement another 2 year programme (2011 -2013), the goal of which is to achieve 'Well Nourished and HIV-Free Children' through an extensive nutrition training and education programme which has already benefited a total of 216 NGO workers, and about 2,500 mothers.

iv) IBFAN Africa furthermore chairs the Network's HIV and AIDS Working Group. The Group serves to also disseminate policy documents and statements on HIV and IYCF received through GIFA as the global liaison office. All regions are developing their position papers currently, which by end of 2012 will be compiled into an IBFAN guidance paper on HIV/AIDS and infant feeding. IBFAN LAC provides the secretariat functions to this group.

v) Due to delayed funds, country advocacy visits to Ethiopia, Angola and Tanzania were re-scheduled to 2012.

#### **5. Gender mainstreaming: Men and Youth involvement in IYCF:**

Seed grants were sent to Zimbabwe and Botswana for the setting up of two new Youth Groups. These were successfully launched – MAYO Trust in Zimbabwe and BOBA in Botswana. MAYO Trust is a theatre group which successfully put up 20 shows in the communities. Discussions would be held

afterwards to clarify the messages on IYCF. BOBA is mainly involved with University students in disseminating IYCF information.

## **6. Capacity Building; Improved Coordination, Planning, Stakeholder liaising and Advocacy**

i) Core Group meetings - The Regional office participated at meetings in Geneva as well as in India which were important in reaching consensus on the process of compiling the 2010 report as well as agreeing on outputs and scheduling of the 2011 report. These fora also provided a platform for discussing the systems audit reports and understanding of the new roles of the SIDA consortium. The group further discussed procedures for the development of the next strategic plan in order to foster a stronger financial position for the network.

ii) Board Meeting - The Regional office organized the annual Board meeting in November. The Board members reiterated the need for concerted effort to raise funds for the work of the region. They also undertook to assist the regional office with fund raising from their own countries.

iii) Capacity strengthening on Complementary Feeding Meeting - The Regional office sent two members to participate at a Complementary Foods meeting in Thailand in November/December 2011. It is hoped that the follow-on work will result in a "Code of practice on the marketing of Complementary foods " in 2012.

iv) Other meetings - The Regional also was invited to be part of the AU/NEPAD preparation committee for the launch of the Africa Food and Nutrition Security day in South Africa in October 2011. This is Africa's contribution to celebrating World Food Day. The following themes were selected to guide activities to launch this day: a) increasing the volume of local production of high value and nutritious foods, b) Enhancing national and regional markets and cross-border trade, c) Enhancing Regional and Local Emergency Response and Capacity to avoid destruction of the systems and the gains achieved by communities, countries and regions, and d) Improving Maternal and Child Health and Nutrition. These are critical areas in which the work of IBFAN is very pertinent and the regional office will continue its advocacy and networking. IBFAN Africa was also selected to be part of a Technical Working group on an Africa Union Commission /ECA and WFP study on the Cost of Hunger. The study is expected to be an advocacy tool to create a policy framework for averting unnecessary loss of human and economic potential due to hunger and malnutrition especially in Southern Africa.

### **Challenges / Way Forward:**

IBFAN Africa together with the rest of the network was greatly affected by the delayed disbursement of funds in 2011. However the need for re-structuring of systems is appreciated. The new strategic direction the network is adopting of developing a 10 year Road Map will go a long way in defining a broad resource mobilisation plan. IBFAN Africa thanks SIDA and NORAD and SADC HIV and AIDS Fund for support provided to the region in 2011.

## Highlights of IBFAN Asia Individual Report

**Introduction:** IBFAN Asia's Workplan for 2011 was designed to meet IBFAN's overall goal "To contribute to reduction in child malnutrition, and improvement in infant and young child survival, health and development through improved infant feeding practices". The goal was to be achieved through nine objectives. IBFAN Asia activities relate to its three sub-regions: South Asia, East Asia and Southeast Asia. Major activities are clubbed under objectives 1-6 including those in South Asia, Objective 7 is about Southeast Asia, Objective 8 about East Asia, and Objective 9 is about Codex.

### **1. To organize assessment of the global strategy for IYCF using and expanding world breastfeeding trends initiative (WBTi) to other regions**

i) The World Breastfeeding Trends Initiative (WBTi) report of policy assessments in 33 countries was widely disseminated globally in 2011. This generated interest from countries to be involved in this process particularly in Oceania and Pacific.

ii) A training workshop on WBTi was organised at Dili, Timor Leste, in collaboration with Alola Foundation and Ministry of Health from October 8-13 2011. Participants from WHO, UNICEF, Ministry of Health and medical institutions went through the process of assessment and prepared a draft assessment report for Timor Leste.

iii) IBFAN Asia organised and facilitated WBTi training for 5 countries of Oceania region: New Zealand, Fiji, Vanuatu, Kiribati and Solomon islands, at Suva, Fiji on June 6-7, 2011. The country representatives were trained to use the WBTi process to prepare their country reports. Fiji and Kiribati have completed their assessment and prepared reports, and work is going on in the other countries. (See workshop report at: <http://worldbreastfeedingtrends.org/Fiji-wbti-training.html>)

iv) Forty four countries completed their policy assessment using WBTi tools and the findings have been uploaded on the website. (See: <http://www.worldbreastfeedingtrends.org/docs/WBTi-40-Countries-Partners-June2011.pdf>)

v) The Asian country assessments were shared at the 'One Asia Breastfeeding Partners Forum-8' in Ulaanbaatar, Mongolia, from Sept 14-16, 2011, where the regional IBFAN offices committed to encourage more countries to participate in the policy assessment process.

vi) Policy assessments are now a part of actions during World Breastfeeding Week 2012 to create synergy in encouraging countries to carry out the assessment.

vii) IBFAN Asia supported IBFAN Arab World to conduct WBTi activities in Lebanon, which included launch of local reports.

viii) IBFAN Asia sent a paper for publication to a journal 'Health Policy and Planning'; it has been accepted for publication in 2012, entitled: 'The status of policy & programmes on infant & young child feeding in 40 countries'.

### **2. To launch the international web campaign and build public opinion to support women and mothers**

#### **2.1. BPNI/IBFAN Asia coordinated the World Breastfeeding Week 2011 activities in India and South Asian countries. Actions undertaken were as follows:**

i) Prepared an announcement document on WBW (<http://www.bpni.org/WBW/2011/WBW-2011-one-pager.pdf>) for circulation to various educational institutes, health facilities, media, breastfeeding groups in India and other Asian countries. The document was also circulated to the One Asia Breastfeeding Network which has 210 members from many countries other than Asia and

WBTi coordinators group which has 88 members from 82 countries (See: [one-asia-breastfeeding-network@googlegroups.com](mailto:one-asia-breastfeeding-network@googlegroups.com); [wbt-coordinators@googlegroups.com](mailto:wbt-coordinators@googlegroups.com)).

ii) An action folder (<http://www.bpni.org/WBW/2011/WBW-action%20folder-2011.pdf>) based on the theme provided by WABA was prepared according to the local needs and translated into Hindi and Telugu. The action was disseminated to all the South Asian contacts, BPNI members, partners in civil society, government agencies, media, educational institutes and health and nutrition facilities.

iii) A power point presentation on the theme was prepared and disseminated widely to various stakeholders (<http://www.bpni.org/wbw.html>)

iv) BPNI also organised awards for participants in the WBW 2011 celebrations, for individuals (10 awards) and organizations (10 awards). The 176 reports received from all across the country were objectively analyzed by a group of independent experts, and winners were given a certification of achievement and a memento. All the participants were also given a certificate of appreciation

v) Efforts by BPNI paid dividend when the Secretary, Ministry of Women and Child Development (the nodal ministry for nutrition), Government of India issued a letter to the Secretaries at the State level to collaborate with the BPNI network for celebrating WBW.

vi) BPNI/IBFAN Asia coordinated WBW information sharing with Maternal and Child Health Project, BBC World Service Trust, Nepal. This helped the Trust understand the theme, and guided the radio programme content and related activities. It also motivated sharing and promotion of best breastfeeding practises by the radio programme.

## **2.2. Continued to work on 'One Million Campaign' (<http://www.onemillioncampaign.org/>)**

i) A blog entitled "*Abuse of public education system by baby food companies*" was created based on the result of a web poll "Do you think food companies should educate young boys and girls on food and nutrition?" Majority of people (82%) believe that industry should not be doing such activity.

ii) IBFAN Asia put up a petition to UN General Assembly "Stop Unhealthy Partnerships", and 1,426 persons from 124 countries took action to send it.

iii) We created an account in Facebook for BPNI, IBFAN Asia, One Million Campaign (1,516 likes) to share the information widely.

iv) One Youtube account has been created to upload the videos. There are 23 videos with 148,351 reported views at BPNI India.

## **2.3. We Updated & maintained the Google Groups including One Asia , WBTi –coordinators, 25-focal point of Asia, IYCF, and Alliance Against Conflict of Interest.**

These groups created better information sharing and coordination, and helped to facilitate discussions and debates within the region.

## **3. Building national capacity for increasing health workers skills (using the '3 in 1' training programme)**

i) BPNI has updated the existing '3 in 1' Training Programme to include WHO's growth monitoring and re-named it '4 in 1'. The training programme was formally released by the Secretary, Ministry of Health, Government of India and Joint Secretary, Ministry of Women and Child Development, Government of India in December 2011.

ii) BPNI training cell regularly meet to update the training programme.

iii) IBFAN Asia/BPNI undertook training in various parts of India, as follows:

- a) In partnership with the Government of Punjab state (India), conducted a training course on Infant and Young Child Feeding Counselling in 8 districts of the state, for development of 600 state trainers who further trained 8,602 frontline workers. A report of the training was published and disseminated.
  - b) In partnership with the Government of Andhra Pradesh state (India), conducted a training course on Infant and Young Child Feeding Counselling for the Women Development & Child Welfare Department functionaries. It involved 30 participants from nutrition programme (ICDS) of the government of Andhra Pradesh.
  - c) Conducted IYCF Counselling specialist course from 28 January to 3 February 2011 at the District Hospital in Hindupur in which 30 doctors, nurses and nutrition experts were trained.
  - d) Successfully conducted two training workshops for mentors of community health workers in Bihar (25 trainees) and UP (23 trainees), in collaboration with PLAN INDIA at Lucknow.
  - e) Organised three trainings for IYCF Counselling specialists at Delhi, Gwalior and Hindupur between September 2011 and December 2011, where a total of 80 doctors, nurses and nutrition experts participated.
- iv) IBFAN Asia/BPNI also undertook training in various parts of Southeast Asia:
- a) In Philippines, IBFAN SEA, the group 'Arugaan' trained 7,000 Community based leaders as Peer Counsellors for breastfeeding as part of a project with WHO.
  - b) AIMI (Indonesia) has initiated Peer Counselling Training in Indonesia.
  - c) In Malaysia, IBFAN groups conducted Peer Counselling courses based on the LLLI Peer counselling trainings. The e-group 'Breastfeeding Mother to Mother Support' is also providing counselling on Facebook and Twitter.

#### **4. Strengthening the HIV and breastfeeding working group in Asia**

- i) A booklet 'HIV and Infant Feeding Options' was developed, and the existing 'Position Statement on HIV and Infant Feeding' was updated. Work is in progress to publish them.
- ii) Contributed in the 'WABA World Aids Day statement', 2011 titled "*Getting to Zero: Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths -- Making GETTING TO ZERO a Reality for HIV-Infected Mothers and Their Children*".
- iii) Disseminated WABA World Aids Day statement 2011 to the one Asia group electronically.
- iv) BPNI National Coordinator, JP Dadhich, is a member of IBFAN HIV and Infant Feeding Workgroup, and participated regularly in the deliberations of the group.
- v) BPNI is a member of the Technical Resource Group (TRG) for the national PPTCT technical guidelines for India.

#### **5. Increasing effectiveness of the IBFAN in strengthening the breastfeeding movement and inputs at regional and international level**

##### ***5.1. IBFAN Asia stressed the importance of breastfeeding, and its promotion, protection and support at several international forums:***

- i) Contributed to the infant and young child feeding agenda at the 64th World Health Assembly in Geneva and the 30th anniversary of the international Code of Marketing of Breastfeeding Substitutes in May.



- ii) Provided inputs at the WABA's Steering Committee meeting, and offered to prepare the WBW2012 Action folder in May.
- iii) Participated in the Bi-regional Meeting on Scaling up Nutrition held in Colombo (Aug 10-12), in Sri Lanka; and distributed 30 copies of 'The State of the Code by Country' and presented 33 country WBTi report and strengthened relations with WHO for 32 collaboration.
- iv) Participated in a workshop entitled 'Global Strategic Framework for Food and Nutrition' organised by Centro International Croc via, Italy, Sept 4-7.
- v) Organised the One Asia BF Partners Forum-8 at Ulaanbaatar, Mongolia, Sept 14-16, bringing together 42 participants from 16 countries and areas. The Ulaanbataar Declaration called on nations to more effectively protect, promote and support breastfeeding, and introduced the agenda of 'inappropriate' promotion of foods for infants.

**5.2. Nationally, IBFAN Asia contributed to strengthening policy on breastfeeding.**

- i) Participated in the Conference on 'Impact Evaluation and Policy Influence' held in New Delhi, India, April 29. A BPNI/IBFAN Asia representative participated, as part of the ongoing capacity building of the research team in the office.
- ii) Organised a National Consultation of Key Stakeholders' (July 23-24) to develop a plan of action and budgetary expenditure note for enhancing Breastfeeding and Infant & Young Child Feeding (IYCF) including Maternity entitlements, for input in the 12th Five Year Plan of India which was held in Barog (HP ) in India
- iii) BPNI in collaboration with IMCH, Sweden and National Institute of Public Cooperation and Child Development, Ministry of Women and Child Development, Government of India organised three regional consultations at Lucknow, Guwahati and Bengaluru on Enhancing Rates of Optimal Infant and Young Child Feeding Practices. This was part of a Sida Partner Driven Cooperation project.

**5.3. IBFAN Asia contributed the component of protection, promotion and support of breastfeeding in the context of universal health care at with civil society network meetings and events, these included:**

- i) 'Medicofriends Circle Meeting' held at Nagpur (Jan 7-9); where discussions were also held with the High Level Expert Group for making recommendations on Health for the 12th Plan.
- ii) Workshop on the Right to Health organized by a Women's group, SAMA (March 23-24), bringing together over 20 women's groups from different states of India.
- iii) National Coordination Committee Meeting of Jan Swasthiya Abhiyan (Peoples Movement for Health) held at Nagpur, India (Nov 10-11), attended by around 100 participants from different groups.
- iv) Press Conference, organized by IBFAN-BPNI for the Right to Food Campaign at the Press Club of India, New Delhi (Nov 28), was part of a month long campaign by the Campaign to pressurize the government to make the Food Security Bill universal, mover equitable, less exclusionary and pass it in the current session of Parliament. Representatives of about 10 newspapers attended the conference.
- v) IBFAN Asia participated in 'Jan Manch' (People's Forum) of Right to Food Campaign held at Jantar Mantar, New Delhi (Nov 29). Over 2,000 people from across the country attended the Forum. It demanded that the Food Security Act be made Universal, and that it includes recognition of the infant's rights through maternity entitlements

- vi) The Jakarta Declaration on IYCF was published and disseminated.
- vii) Forged partnership with the Indian Medical Association (having national membership of 100,000) to organize the National Resource Persons Workshops on Reduction of Infant Mortality Rate at New Delhi and Chennai (Jan-Feb).
- viii) Hosted a meeting of the Sida PDC core group between 12-27 February in which experts from IMCH, Uppsala University visited BPNI office and prepared the annual work plan for 2011.
- ix) IBFAN Asia/BPNI contributed to the section on health in an alternative report to the CRC sent by the India Alliance for Child Rights. We coordinated the entire exercise to include a special focus on child malnutrition, breastfeeding and infant and young child feeding, the IMS Act and maternity protection.
- x) Participated in the expert group meeting on “severe acute malnutrition and linkage between facility-based care and nutritional rehabilitation centres (NRCs)” organised by WHO, MOH and LHMC (March on 10-11) at the India International Centre, main building, New Delhi.
- xi) Contributed in the proceedings of Codex Shadow Committee on Nutrition food for Special Dietary Uses in India (30 March, 2 Sept and 5 Oct 2011). And successfully contributed to formulating the Government of India’s inputs on agenda items of the 33rd session of the CCNFSDU, held in Germany (14-18 Nov 2011).
- xii) Undertook a qualitative research study titled “Combining breastfeeding and paid work: A qualitative research study in India” in collaboration with IMCH, Uppsala University, Sweden; and University College of Medical Sciences, Delhi, between Feb-Dec 2011.
- xiii) Organised a meeting of partners and stakeholders to celebrate 20th anniversary of BPNI on Dec 3, 2011.

**5.4. Published following articles in the reputed journals:**

- i. Gupta A, Dadhich JP. Is RUTF ever the right approach? [Letter] World Nutrition, March 2011, 2, 3: 149-152.
- ii. Dadhich JP. Misleading health claims for food products need to be banned. Indian Paediatrics May 2011;48(5):413-5
- iii. Gupta A, Dadhich JP, Suri S. Enhancing optimal infant feeding practices in India. India Health Beat (World Bank, Public Health Foundation of India), volume 5 number 4, June 2011.
- iv. Rohde J, Gupta A, Dadhich JP. Breastfeeding. The first priority for children. [Short communication]. World Nutrition, October 2011, 2, 9: 491-495.
- v. IBFAN Statement on Promotion and use of Commercial Fortified Foods as Solution for Child Malnutrition (RUTF) was developed in August, and published and disseminated in 5 languages. Process for publication in a journal began in December 2011.

**6. To mobilize action on global strategy for infant and young child feeding in South East Asia**

- i) While IBFAN groups in the Philippines were victorious in the Supreme Court which upheld the strong revised rules on the implementation of the BabyMilk Code, there is a move to weaken the law itself by amending it to allow promotion of milks and foods for babies above six months.
- ii) In Malaysia, besides the aforementioned Peer Counselling courses, and mother to mother support using of social media, other innovations included use of communication channels such as SMS with mobile phones and Ipods. These are also used for monitoring Code violations.

- iii) In Indonesia, the IBFAN AIMI group has called for stronger provisions in the government Directive to ban seminar sponsorships for health workers.
- iv) Thai, Timor Leste and Vietnamese groups have developed booklets on complementary feeding.
- v) Thailand, Indonesia and Philippines representatives participated in the IBFAN Workshop on Complementary Feeding held in Thailand.
- vi) In the aftermath of the Thai and Filipino mud floods, IBFAN Thailand and IBFAN Filipino groups helped to cluster breastfeeding babies and mothers, assisted them in re-establishing lactation where needed, and obtained priority rations for the mothers. The Philippine Latch group sent donated breastmilk to the area, carried by Air Philippines as an act of humanitarian charity.

#### **7. To mobilize action on global strategy for infant and young child feeding in East Asia region**

- i) Internet advertising of baby foods was assessed in Korea, Taiwan and China for Code violations and for inappropriateness. A wide variety of Code violations were discovered, including: broadcast advertisements of baby milk substitute (BMS) products for children 0-6 months and older; company titled columns on maternal and child nutrition to promote formula feeding; mother's forums on infant formula which facilitated collection of remarks and comments on a certain product or company.
- ii) In Mongolia, the government was involved in monitoring the code for violations, and conducted a survey amongst mothers, and retailers for violations.
- iii) IBFAN East Asia conducted Code training for health professionals on 30th October 2011. A total of 28 professionals, consisting of paediatricians and nurses were trained.
- iv) IBFAN East Asia organised an Education Programme at the Press Centre at Seoul on 1st August to celebrate the World Breastfeeding Week, and discuss issues related to breastfeeding. 120 people participated in the celebrations.
- v) IBFAN East Asia /Consumers Korea acted and promoted breastfeeding with the members of Korean Breastfeeding Promotion Network (KBN), which also organized a commemoration and Maternal Education Programmes on 1 August 2011. Consumers Korea sent their e-newsletter to 8,000 persons.
- vi) IBFAN East Asia held a strategy meeting where 20 members from China, HK, Taiwan, Mongolia, Korea discussed the work plan 2011-2012 at Mongolia, during the One Asia Breastfeeding Partners Forum 8.

## Highlights of IBFAN - GIFA Individual Report

**Introduction:** This report covers the period 1st January – 31<sup>st</sup> December 2011 and presents progress achieved in implementing activities of IBFAN-GIFA's elements of the 2008-2013 Sida supported project "*Protecting, promoting and supporting breastfeeding through human rights and equality*". In addition to the support from Sida, we also received support for our 2011 work from NORAD (Norway) and ICCO & Kerk in Actie (the Netherlands). For specific projects some support was received from the Département de l'Economie et la Santé of the Geneva canton (DES) and Chancellerie d'Etat de Genève. The structure of this progress report follows all programme areas of IBFAN-GIFA's 2011 work plan. In 2011, the global Breastfeeding Initiative for Child Survival (gBICS) remained the overall strategic framework in which IBFAN-GIFA positioned its work and collaboration with partners within IBFAN network and with WABA, towards the overall objective "*to further the right of children to the highest attainable standard of health and the right of mothers and families to care for their children in a supportive environment and without commercial pressures*". Our 2011 financial report reflects 2011 contributions and expenditures for all donors.

### **1) UN Secretary General's Strategy on Children's and Women's Health**

In coordination with IBFAN-Asia, IBFAN-GIFA submitted IBFAN networks' commitment to this new initiative and challenged Nestlé's commitment to the Strategy.

**Results:** The commitment, focused on both policy and national level action, was accepted and posted on the UN website<sup>9</sup>. Nestlé changed the posting. However, the basic concern continues as the rewording suggests a cosmetic adjustment to prevent further inquiries into this case.

### **2) WHO Executive Board (EB) and World Health Assembly (WHA)**

IBFAN-GIFA ensured the network's input in the development of the WHO draft comprehensive *Implementation Plan on maternal, infant and young child nutrition*. The Plan will be discussed at the 2012 EB/WHA meetings and will, eventually, give direction and influence policy and programme work in this area for the years to come. IBFAN-GIFA coordinated the IBFAN team at the EB/WHA meetings which, on behalf of Consumers International, made statements on infant and young child nutrition, the Millennium Development Goals (MDGs), and Non-Communicable Diseases (NCDs).

**Result:** The version of the Plan for the discussion at EB 2012<sup>10</sup> contains a number of recommendations advocated by IBFAN, including emphasis on Code implementation.

### **3) Code Implementation**

IBFAN-GIFA regularly shared information related to industry practices and the International Code directly with the director of the UNICEF department on partnerships. IBFAN-GIFA also continued sharing violations of the Code by Nestlé with UNHCR and UNICEF. 2011 marked the 30<sup>th</sup> anniversary of the adoption of the International Code of Marketing of Breastmilk Substitutes. Findings on Code violations were brought to the attention of the UN Special Rapporteur on the Right to Food and the members of the CRC committee.

**Result:** IBFAN-GIFA organized the 30<sup>th</sup> anniversary of the International Code of Marketing of Breastmilk Substitutes event, which was attended by participants from IBFAN regions, UN agencies, NGO allies, supporters, and the media. The event was preceded by the launch of the 2010 *Breaking the Rules* (BTR) report. UNICEF now incorporates the BTR into their due diligence process. UNHCR so far managed not to accept inappropriate sponsorship of its health and nutrition programmes.

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<sup>9</sup><http://www.everywomaneverychild.org/commitments/csos-ngos>

<sup>10</sup>[http://www.who.int/nutrition/events/2012\\_B130\\_10\\_draftplan\\_en.pdf](http://www.who.int/nutrition/events/2012_B130_10_draftplan_en.pdf)

Code capacity building and lecturing on the Code continued to be also IBFAN-GIFA's activity:

- Trieste Summer School on Maternal, Child and Adolescent Health - A series of lectures were given on the Code and the links with CRC implementation to government staff and health professionals, mainly from Eastern European countries (11 countries).
- University of Montpellier - Lectures on the Code and other breastfeeding related issues were given as part of the 7 hours on breastfeeding to the Nutrition masters student.
- University of Hohenheim (UHOH) - Two half-day seminars on the politics of breastfeeding, conflicts of interests and the Code were provided to students of sustainable food systems class and the ethics class.

Result: About 150 students and mid-level government/agency managers were oriented on Code implementation and monitoring.

#### **4) Convention on the Rights of the Child (CRC)**

i) IBFAN-GIFA continued playing the network's liaison function with the Committee on the Rights of the Child (CRC Committee).

Result: In 2011, IBFAN-GIFA submitted alternative reports on IYCF and related topics on the total of 20 countries reviewed by the CRC Committee. IBFAN-GIFA coordinated the preparation of 14 of these reports by national IBFAN groups or by allies. For the remaining 6 countries, IBFAN-GIFA prepared a short in-house alternative report. Four reports were sent in time for the pre-session meetings of the CRC committee. The WBTi report was used to draft the report for Afghanistan. All reports are available online on IBFAN's website<sup>11</sup>. Breastfeeding-related issues were discussed during each country review with questions posed by several members of the Committee. The CRC Committee made recommendations on IYCF to 19 of the 20 countries: 17 direct and 2 indirect recommendations.

ii) We made contributions to the development of two 'General Comments' (GC) by the CRC Committee: on the Child's Right to Health (Article 24) and Business and Children's Rights (GCBCR), a process launched in 2011.

Result: Our comments focused on linking the right to health and the right to adequate food, and ensuring that regulation of infant food industry is clearly reflected in the GCBCR reflected in the report of a consultation. Further input is planned for 2012.

iii) IBFAN-GIFA undertook further efforts to harmonize the recommendations of Human Rights bodies. Together with FIAN and UHOH, contribution to inter-committee-coordination between the CRC Committee and the Committee for the Elimination of Discrimination against Women (CEDAW), through a joint briefing for the CEDAW Committee on the right to adequate food.

Result: Breastfeeding issues brought to the attention of the drafters of the GC and CEDAW to keep them informed about the link between breastfeeding and women rights considerations. Three IBFAN alternative reports were sent to the Committee on Economic Social and Cultural Rights (CESCR).

iv) IBFAN-GIFA joined efforts coordinated by FoodFirst International Action Network (FIAN) and the UHOH in Germany, to better define issues of infant and young child feeding (IYCF) within gender, nutrition and the right to adequate food perspective.

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<sup>11</sup> <http://www.ibfan.org/fact-convention-reports.html>

Result: The publication resulting from this work, in which we co-authored the chapter on maternal and child nutrition, informed the report of the Special Rapporteur (SR) on the Right to Food for the Human Rights Council. An official publisher is being sought for publishing the document in 2012.

v) GIFA-IBFAN held a workshop on rights and breastfeeding at the First Kuwaiti Conference on IYCF, in October 2011.

Result: 200 participants from 15 countries were informed and oriented on the issue.

### **5) Maternity protection (MP)**

i) Our collaboration established in 2009 with ILO Conditions of Work Department continued with work on the draft of a Resource Tool on Maternity Protection.

Result: The final draft was distributed to various UN agencies for final sign off. The tool is now awaiting publication (planned for early 2012).

ii) IBFAN-GIFA staff delivered one presentation and one workshop on the MP at the First Kuwaiti Conference on IYCF, October 2011.

Result: 25 workshop participants from 7 countries from the Gulf region and Asia were trained on MP issues. 200 health workers (doctors, nurses, midwives, nutritionists, breastfeeding advocates) from 15 countries in the region were oriented on MP issues.

### **6) Contaminants in infant milks and foods, and residues in breastmilk**

i) *Bacterial contamination:* IBFAN-GIFA actively participated in IBFAN's campaign to bring pressure on governments to act to ensure safer formula feeding. The launch of Nestlé's BabyNes system, with its risk of bacterial contamination, spurred this campaign.

Result: Five governments have now taken action.

ii) *Chemical contamination:* IBFAN-GIFA, with IBFAN colleagues and allies, advocated for national bans on Bisphenol A (BPA).

Results: In 2011 the EU adopted a ban on BPA in polycarbonate plastic feeding bottles, followed by bans in Malaysia, China, Brazil and France and increased pressure in the Philippines.

iii) *Climate Change:* IBFAN-GIFA prepared technical documents to help mobilise IBFAN groups to work on infant feeding and climate change.

Result: 18 IBFAN groups in Asia began national surveys to assess the respective carbon footprints of breastfeeding and bottle-feeding, aiming to convince policy-makers that breastfeeding not only protects babies' health but also contributes to a healthier environment.

### **7) Obesity and complementary feeding**

i) IBFAN-GIFA and other IBFAN colleagues provided input in the draft 'Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs.'

Results: The wording urging protection, promotion and support of breastfeeding was adopted by the member states in the final version.

ii) IBFAN-GIFA joined forces with other IBFAN offices to challenge market-led approaches and promotion of ready-to-use foods (RUFs) for the prevention of malnutrition.

Result: IBFAN developed a position on commercial RUFs in collaboration with regional colleagues and ICDC. This position also used for teaching international nutrition classes at Columbia University, NY.

iii) Continued dissemination of the revised infant feeding and obesity poster<sup>12</sup>.

Result: Poster was widely shared with various networks, presented at the 2011 Swiss Paediatrics Association conference, and distributed to representatives of 11 countries from Eastern Europe.

### **8) HIV/Infant feeding**

IBFAN-GIFA has established its position as partner with WHO staff responsible for this complex policy and programme issue. IBFAN-GIFA provided WHO with comments (a compilation of ours and other network partners and allies) on the Q&A on the 2010 “Guidelines on HIV and Infant Feeding: principles and recommendations for infant feeding in the context of HIV and a summary of evidence”, and on the draft revised Framework for Action on HIV and Infant Feeding.

Result: Numerous comments accepted. Final documents expected to come out later in 2012.

### **9) Infant feeding in Emergencies (IFE)**

i) IBFAN-GIFA continued engagement with the IFE Core Group and through this mechanism with the Inter Agency Standing Committee Nutrition cluster.

Result: IBFAN-GIFA reviewed the updated cluster module ensuring that protection of breastfeeding/IYCF in emergencies remains an essential component of recommended interventions, and the International Code continues to be an integral part of the module.

ii) IBFAN-GIFA supported updating of policy on the use of milk products of the NGO Fondation Terre des Hommes, who is also a member of the IFE core group.

Result: The new policy, released in April 2011, incorporated most of IBFAN-GIFA’s comments, and is in line with the IFE Operational Guidance.

iii) IBFAN-GIFA delivered 2 presentations at the Canadian National Breastfeeding conference in Toronto, in October 2011: a) Breastfeeding – a vital emergency response; b) Protecting and supporting breastfeeding in the aftermath of the Haïti earthquake.

Result: The presentations were positively evaluated by the 200 participants present.

iv) IBFAN-GIFA continued to provide information and guidance to the network and partners:

Result: IBFAN webpage fact sheet on IFE was updated and translated into French at end 2011<sup>13</sup>.

### **10) Conflicts of interest**

IBFAN-GIFA has been one of the central public-interest NGOs involved in the debates around the WHO Reform, in collaboration with like-minded NGOs. Our main focus was related to the elements on safeguards and conflicts of interest. In this context, we also focused on the necessity to

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<sup>12</sup> [http://www.ibfan.org/art/Obesity\\_IF-ENGLISH.pdf](http://www.ibfan.org/art/Obesity_IF-ENGLISH.pdf)

<sup>13</sup> [http://www.ibfan.org/fact-feeding\\_emergency.html](http://www.ibfan.org/fact-feeding_emergency.html)

distinguish between public interest NGOs (PINGOs) and business interest NGOs (BINGOs), and the need to improve WHO's collaboration with PINGOs.

Results: There was increased awareness of WHO member states on risks of conflicts of interests, undue influence from vested interests over public health policy and thus the need for effective safeguards, as reflected in the statements made in meetings of the governing bodies. The WHO documents on the reform for the 2012 EB meeting, released in December 2011 by the Secretariat, incorporated some of the suggestions proposed by IBFAN-GIFA, including the need to distinguish among public-interest and business - interest NGO actors (PINGOs and BINGOs).

### **11) Global challenge to infant and young child feeding policy and programmes**

In addition to adequate funding and human resources, a key assumption for the successful completion of the work plan is that the international community continues to assign priority to public health interests. This assumption, however, continues to be challenged, in particular by the persisting acceptance of the Public-Private-Partnerships model by governments and UN agencies, despite increasing evidence of its risks and the lack of evidence of benefits of this model. Yet, donors continue preferring support for programmes such as Global Alliance for Vaccines and Immunisation (GAVI) and now the Scaling Up Nutrition(SUN) initiative, launched in 2010 by the World Bank, UNICEF, WHO, WFP along with some developing country partners, civil society organizations, and bilateral agencies.

We agree with the Special Rapporteur on the Right to Food who is concerned that these initiatives are not aligned within a human rights framework and they *“overlook the entitlements that have been established under international law for women, children, minorities, refugees and internally displaced persons, and other groups that may be subjected to marginalization and discrimination”*<sup>14</sup>. We are worried, that initiatives with focus on nutrition, such as SUN or also the Global Alliance for Improved Nutrition (GAIN) take the approach of promoting packaged supplementary foods and ignore attention to optimal breastfeeding. This may lead to situations like in 1950s, situations that led to the near elimination of breastfeeding culture in many regions, eliciting the new concept ‘commerciogenic malnutrition’<sup>15</sup>. WHO has warned that exclusive breastfeeding rates are already declining.

### **12) Implementation issues related to the office funding situation and staff changes**

The contributions received for 2011 made it possible for the IBFAN-GIFA office to carry out successfully a majority of the activities planned for the year. However, it is important to note that our work was complicated because of belated disbursement of funds by NORAD and Sida, coupled with an overall reduction in income. These circumstances resulted in reduction of the office staff to one third and thus compromised the capacity of the office. Nonetheless, it is with some level of satisfaction that we are able to state that we did not default on any of our commitments, as the following report shows. This is thanks to the commitment of current and former staff, some of who volunteered their time and energy to help the office in these difficult times. As much as we appreciate this support as well as help of additional volunteers, we are acutely aware that this is not a sustainable situation. For 2012, we are planning new collaborative engagements and joint fundraising opportunities with new partners. In 2012, we will be working with a volunteer who will be specifically assisting these efforts.

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<sup>14</sup> [http://www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.59\\_English.pdf](http://www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.59_English.pdf)

<sup>15</sup> Situation/context when the impact of unethical marketing of inferior and dangerous nutritional products leads to increased morbidity and mortality.



## Highlights of WABA Individual Report

**Introduction:** WABA has six programme areas, and the key results are presented below. The years' focus was predominantly on engaging and mobilising youth on breastfeeding issues via the World Breastfeeding Week (WBW) Campaign, as well as use of social media, popular information tools like videos, and the latest trends such as "Flashmobs" among others. Ultimately, with dwindling funding for active campaigns, the use of social media becomes increasingly important in running and sustaining effective campaigns. WABA had challenged some traditional WBW celebrants (uncomfortable with new technologies) but also experimented with other modern trends (videos and flashmobs), to share the voices of youth to rejuvenate, attract and sustain the breastfeeding movement with new blood and vibrant youthful energy.

### Programme 1 - Social Mobilisation:

**A. World Breastfeeding Week (WBW) 2011** was successfully organised, with special outreach undertaken to engage and involve Youth. The theme on Youth and Communications (with emphasis on the new social media) was proposed during the WABA Global Forum in 2010, and endorsed during the GBPM and SC meetings in 2010. Participants of the WABA YOUTH Initiative brainstormed and presented their WBW ideas at the SC 2010 meeting. The final slogan approved whole heartedly by the SC was: ***Talk to Me! Breastfeeding, a 3D Experience.***

i) WABA secretariat undertook specific build-up coordination tasks. Kathy Houg (23 yrs), WABA's intern and coordinator of WABA's Youth Initiative was chosen as Key Writer for both the Calendar Announcement and Action Folder. There were a total of 28 reviewers for the Action Folder text.

ii) WABA received Letters of support from WHO and UNICEF, and a WBW support statement from the US Surgeon General. Most significantly, the US declared August as 'World Breastfeeding Month'. Endorsements and support from these UN Agencies and US Surgeon General enhances WABA's and its partners' credibility, and indicates greater international recognition.

iii) A photo contest was organised in March 2011 to get images for WBW (and future WABA materials), attracting 174 entries worldwide (186 entries in 2010). Ten (10) winning photos were selected for use in the Action Folder, and each winning photographer was awarded US\$100.

iv) For the ***'Yes! Talk to me about Breastfeeding Event'***, all celebrants planning WBW events were encouraged to send WABA information about their plans, which was uploaded on the WBW 2011 website. To encourage reporting back, WBW participants who sent in reports were awarded a personalised WBW 2011 Certificate. The reports received, including the names of the organisers and activities conducted, were all listed on the WBW website. A total of 123 Reports from 40 countries were received. A total of 124 new contacts were established for the year (compared to 275 in 2010). As at end 2011, we received 235 (560 in 2010) event pledges from 50 (82 in 2010) countries, organised by 215 (505 organisations in 2010). Feedback received on WBW pledges indicated that more than 125,376 people (409,408 in 2010) were expected to participate in the WBW 2011 events around the world. Based on these numbers, and feedback WABA received, the slogan (especially the 3D aspect) was a difficult concept for certain WBW celebrants to grasp. While younger celebrants had no problems, a majority of our long time traditional/older celebrants clearly struggled with this youth theme which was seen more as technologically driven.

v) Even if the overall response from traditional/long time celebrants was comparatively poor, the responses from **WABA's foray into social media** e.g. Facebook was great! The **WBW 2011 Facebook page** was launched and received 10,098 'Likes' in 2011. From Jan-Dec 2011, 433,564 post-views were noted on the WBW2011 FB page, and 5,550 feedback posts, with the most activity of "Likes" and "comments" occurring in August - indicating that people were actively engaging and interacting with each other on the WBW 2011 theme/issues and general breastfeeding issues, as well as forging links with each other. Significantly, the WBW 2011 Facebook page continues to grow with discussions and posts on a daily basis.

vi) WABA secretariat issued and widely distributed the WBW press release to the network and various media channels. In Malaysia, all major TV and radio stations featured WBW during the week, and covered all major WBW events in Malaysia. The WBW Key writer was also invited to speak at the Global Online Lactation Discussion forum (GOLD11), where she explained the WBW theme and shared Action ideas for WBW celebrants in her talk – reaching a wide on-line audience.

vii) The **WBW website** ([www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)) maintained its No.1 status on Google, Yahoo and Bing ranking for keyword searches for "World Breastfeeding Week" and "breastfeeding week". The fact that the WBW website remained within the top ranking of the world's most popular and most utilised IT companies and search engines means that the WBW campaign, the network and breastfeeding issue retained a high level of visibility and accessibility among internet/web users.

viii) WABA's first ever **WBW Flashmob** was organized in 2011, with a new song specifically written and recorded for the event. A video tutorial was created to share the idea with WBW celebrants globally, with 2 videos produced to share choreography/steps of the Flashmob to the public via 'Youtube'. The Flashmob Tutorial Video noted 3,438 views up to date, and the full dance of the Flashmob noted 3,588 viewers. The videos inspired Washington DC breastfeeding groups to create their own Tutorial and Practise Videos, and choreography. Their videos have drawn in 1,149 views.

ix) Once again, the **WBW Calendar Announcement, Action Folders, posters and banners** were produced in English by the WABA secretariat. We also coordinated WBW Action Folder translations into French, Spanish and Chinese, which were well received. To save on mailing and production costs, WBW materials 'Reproduction Kits' were distributed electronically via the 'Dropbox' service. A total 88 kits were distributed, constituting an increase of 83.3% from 48 in 2010. The significant increase in demand for our Reproduction Kit is also an indication that we reached the target audience – those who are more comfortable using technology and modern communication techniques – which are also cheaper and has a faster turnaround time. A total of 25 language translations/adaptations were reported: Arabic, Telegu, Russian, Marathi, Indonesian, Portuguese, Bengali, Spanish, French, Chinese, Japanese, Oriya, Kannada, Hindi, Urdu, Punjabi, Malay, Thai, Romanian, Dhivehi, Tamil, Bulgarian, Macedonian, Malayalam, Dari and Pashto (Afghanistan). The translation and adaptation of WBW materials into so many languages indicates use at national and local levels, indicating significant relevance and ownership of the event and issue.

**B. WABA's Global Breastfeeding Quilt project**, emphasising the creative quilt-making process, aims to involve and include the global community in celebrating/commemorating the work of the global network in support of breastfeeding. It was officially launched at the WABA Global Breastfeeding Partners Forum (GBPF) in 2010; and as part of the 20 year Innocenti Anniversary activities. It has also been developed 'virtually', with digital images of each panel uploaded on the site. (See: <http://globalbreastfeedingquilt.net/>). There are currently 70 panels from 20 countries and 42 organisations. The current challenge is how to use the physical quilt, as groups have expressed concern over postage costs to get it to their events. The use of a Virtual Quilt seems more feasible.

**Programme 2 - Information Communication and Networking (ICN):** WABA's strategy to focus on popular advances in information technology (e.g. social media) for information sharing and communications reflects the organisations' response to key developments in the field. Vital programmatic services to the organisations' overall work, lead to successes e.g. WBW 2011 on Facebook, well received newsletters, and high website key-search rankings.

i) From Jan-Dec 2011, **WABA website (waba.org.my) noted 86,676 unique visitors, constituting a 13% increase from last year (76,545 views).** The most popular sections are the 'Home page', 'Mother Support (MS) page', 'Women and Work', 'Men's Initiative', 'Research Task Force' and 'Youth' sections. The World Breastfeeding Week website ([www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)) **maintained its No.1 status on Google, Yahoo and Bing ranking for keyword search for "World Breastfeeding Week" (WBW) and "breastfeeding week".**

ii) **WABA's foray into social media has been tremendous!** WABA's Facebook (FB) Group page, which was initiated for outreach on breastfeeding and related issues via this popular social networking site, has been successful. The WABA FB Group page which began in 2009 with 395 'members' has grown to 3,090 members (Dec 2011) and continues to grow, with almost daily new requests to join it. The WBW 2011 Facebook page was also very successful as noted earlier.

iii) In terms of **WABA generated electronic newsletters**, due to reduce funding only two issues of the popular ***Mother Support (MS) e-newsletter*** were produced April and October 2011, with a total of 67 contributors from 27 countries contributing articles. It is produced and translated in 4 languages, English, Spanish, French and Portuguese, and additionally in Arabic (added in 2011, but not professionally laid-out due to lack of funds). Currently there are 2,582 direct subscribers (an increase of 21% from 2010 figures), with a breakdown by language as follows: 1,516 English, 501 Spanish, 241 Portuguese, 124 French and 200 in Arabic. Assessment by the web-section counter noted a total of 1,233 direct downloads (in multiple languages). The MSTF e-newsletter is listed on 17 listserves and via 23 organisations, with a readership of about 600 per list serve. As such, the total indirect recipients are estimated at 10,200 readers. Three issues of WABA's current awareness service, ***e-WABALink*** was produced and disseminated in May, September and December 2011, to more than 4,323 WABA endorsers and contacts. The e-WABALink provides a platform for WABA, its Core Partners and General Assembly to keep WABA endorsers and key contacts informed on important global breastfeeding events, news, projects and activities. The e-WABALink is also available for free download on the WABA website. Two issues of the very well received ***Research Task Force e-Newsletter*** were produced by the TF Coordinators, in January and August 2011. The newsletter makes available some of the latest scientific information on lactation, synthesized into an easy to read format. The readership consists of health professionals, researchers and lecturers, IBCLCs, as well as programme coordinators from 18 countries. A total of 91 new subscribers were added to the distribution list (26 from 2010), making the total number of subscribers 117.

**Programme 3 - Advocacy and Outreach:** In 2011, WABA's advocacy work focused various key areas such as gender, youth and building linkages with key international networks.

i) Breastfeeding, gender and feminism issues were again a focus through participation in key meetings and preparation of papers. WABA's Gender Working Group (WG) co-coordinator delivered a presentation on 'Breastfeeding as a Sexual and Reproductive Health and Rights' issue at the **Breastfeeding and Feminism Symposium, North Carolina March 2011**. Afterwards, a Gender WG meeting was facilitated by both GWG co-coordinators, which engendered interest and engagement in WABA's gender work from a small group of conference participants. Some even volunteered to contribute further to WABA's Gender WG activities. WABA Senior Technical Advisor presented a paper on behalf of WABA at the **11th International Meeting on Women and Health, in Belgium**,

**September 2011.** The paper, *“Latching on: Why feminism needs to embrace breastfeeding”*, was well received by participants from the women’s movement, particularly those working on birthing issues. While further work on gender was planned, lack of human and financial resources have limited full engagement and sustained effort to get better results.

ii) **Youth outreach was prioritised** and opportunities for exchanges and advocacy were maximised in 2011, with existing resources and some visible results. WABA intern for 2010-2011, continued engagement with AIESEC (the world’s largest student organisation) throughout the year. Key results included: two AIESEC students volunteered to assist WABA to do statistical analysis of the data from the gender quiz which involved over a thousand participants; and the assignment of an AIESEC intern from Vietnam for 6 weeks at the WABA Secretariat. WABA’s main Youth intern gave a talk at the online GOLD Conference 2011 on WBW 2011 issues, and reached a wide online audience. Following up on the Youth Initiative which began in 2010 (via the youth training workshop and GBPF involvement) WABA Youth intern and Youth Development Programme assistant maintained WABA’s youth outreach work in 2011 (especially via social media) - vital to the sustainability of the Initiative. WABA also organised the Youth Intergenerational Multimedia project funded by UNICEF Malaysia, to produce audio visual tools to enhance youth outreach and potential leadership building on breastfeeding issues.

iii) Several activities took place in terms of **building linkages with key international networks, strengthening links with Core Partners**, and highlighting key issues. WABA Secretariat was part of the organising team of the *People’s Health Movement, Malaysia circle* and brought in 11 breastfeeding participants from diverse groupings to the meetings. As a result, breastfeeding issues and challenges are more visible and integrated into the Malaysian health circle. Involvement in the local PHM meeting inspired the idea for WABA’s global contribution towards the third *People’s Health Assembly (PHA 3) 2012*. WABA intends to update the ‘Healthy Documents website’ we originally created for PHA 1 in 2001. Inroads were made with *the International Confederation of Midwives (ICM)*. WABA sent a letter of support to ICM on ‘International Day of the Midwife’, and we received a positive response and follow up occurred at the ICM Congress in May 2011 thanks to WABA’s IAC member representing the network. A key result of this outreach was the invitation for WABA to comment on 5 of ICM’s position statements related to IYCF and ethical issues. Dialogue is on-going. *The 3<sup>rd</sup> WABA-ILCA Fellow*, made a presentation on her fellowship at WABA at the ILCA Conference in California, July 2011, further inspiring and strengthening the fellowship programme. Follow-up exchanges with ILCA have also strengthened links between WABA and ILCA as a key core partner. WABA’s 2008 info sheet on *“What Women need to Know about HIV and Infant Feeding”* was updated and disseminated widely together with the *‘World AIDS Day Statement’* drafted by the 4<sup>th</sup> ILCA Fellow (2011-12) on the occasion of World AIDS Day on December 1. These two documents were well received, and indicate that information on this issue is still very much needed and appreciated by the WABA and women’s networks, and others. WABA Chairperson participated in the *ABM Annual Conference* in Florida, Nov 2011, and presented on WABA’s work and the GBPF outcomes; and subsequent meetings on various issues of mutual interest helped to strengthen CP relations. Locally, WABA undertook advocacy to the state government to make Penang a “Breastfeeding Friendly State” by providing supported the local mother support group ‘MMPS’, which resulted in the securing of RM50,000, earmarked for breastfeeding advocacy work in 2012

#### **Programme 4 - Capacity Building**

i) The main focus was on promoting lactation consultant education via the regional **Breastfeeding and Practice (BAP) Course**. The 2007 and 2008 courses held in Malaysia resulted in positive developments in BFHI practices and 3 IBCLCs gained, as well as follow-up national BAP courses in Thailand, the Philippines, and India. The 3<sup>rd</sup> BAP Course was organized from 23 Feb–5 March 2011

by WABA in collaboration with the Infant Feeding Consortium (IFC). The Secretariat obtained CERPs (Continuing Education Recognition Points) for the BAP 2011 Course at no cost. 24 participants from 9 countries namely Australia, Hong Kong, Laos, Iran, Kiribati, Thailand, Mongolia, Vanuatu and Malaysia were trained as resource experts for infant feeding programmes in scientific, public health and clinical aspects of the subject. Overall the course was highly successful, and rated “very useful” in over 50% of participants’ evaluations. Clinical practice was considered particularly valuable. WABA’s Youth intern was given the opportunity to attend and gained much knowledge and hands-on experience. The main result is that the course inspired her to continue her education/career in health care practise, specifically in midwifery and the promotion of breastfeeding, upon her return to the US. WABA’s Health/Info Officer also attended as part of skills development for the secretariat.

ii) Having exhausted the main avenues of promoting the gender quiz and guidelines over the past 3 years, attention was given in 2011 to developing the **basic Gender Training package** as an e-module training. Work has been underway and the package will be completed in the first quarter of 2012 with a pilot test period planned. There is increased evidence of gender sensitized network partners seen, for example, in the discussions around the HIV Kit content, the gBICS group planning, and several TFs and WGs. Finalizing the Gender Guidelines for lactation consultants will be prioritized for specific audiences, which we aim to share at the upcoming Breastfeeding and Feminism conference.

#### **Programme 5 & 6 - Development, and Governance.**

i) The Common position statement on Public Private Partnerships (PPPs) was finally endorsed by 4 of the 5 WABA Core Partners, important in coming to common understanding on this critical matter. In addition to the successful 3<sup>rd</sup> WABA ILCA Fellowship, consultations took place with the ILCA Board on the 4<sup>th</sup> WABA-ILCA fellowship for 2011/2012, and greater financial commitment was secured from ILCA on the project. The visit by WABA Chair to the 2011 ABM Conference helped further clarify WABA-ABM relations (see also ‘Advocacy and Outreach’ section above).

ii) Special attention was paid to WABA’s 20th Anniversary events, with the launch of the ‘Breastfeeding Gateway’, and a special statement/appeal issued to galvanize continued actions to Protect, Promote and Support breastfeeding. Concerted effort on funding searches and donor inquiries took place despite limited possibilities. At the local level, increased attention focussed on strengthening local actions and resources, in particular local Penang mothers support group, MMPS.

iii) With reference to the joint Sida project, WABA managed our focal point responsibilities, i.e. the administrative role, coordinating reporting, and increasing communications via regular skype meetings, to increase overall coordination and effectiveness. Special attention was paid to the Systems Audit and its follow up with the Consortium partners. Coordination among Sida CG partners and gBICS group continued. The Sida Core Group meeting was held in Geneva, Switzerland in May 2011, facilitated by IBFAN GIFA to tie in with the 30th Code Anniversary. WABA participated in gBICS CG planning meeting in Geneva, and again in December in Delhi, for a strategic planning meeting to discuss the future funding proposal and strategic plan for 2013 and beyond.

iv) The regular processes of SC consultation on various policy matters (e.g. working principles), on GA appointments and reporting mechanisms (from all GA structures) themselves were maintained. “Good governance” was also well ensured through the 2011 Steering Committee meeting that discussed and concretized various aspects in the work plans of the Task Forces and Working Groups, and the secretariat that would need to be put into action in 2012. The need for further follow up of the GBPF/GBPM among the GA and CPs was a focus. WABA secretariat has taken up selected relevant follow-up recommendations within our programmes.

**Challenges/Way Forward:**

We managed to fulfil a large part of our workplan despite delayed and reduced funds from both Sida and NORAD, and a reduction in staff. The systems audit was challenging but will hopefully lead to improved accounting and administrative systems in the future. WABA will be crafting future strategies based on the evaluation of current cycles of work, and the proposed gBICS 10 Year plan. Our search for new funders and additional resources will also be a key part of our forward looking strategy.

**SECTION THREE: WORKPLANS**

**COORDINATED WORKPLAN 2012**

**IBFAN AFRICA WORKPLAN 2012**

**IBFAN ASIA WORKPLAN 2012**

**IBFAN GIFA WORKPLAN 2012**

**WABA WORKPLAN 2012**





25 May 2012

<b>Sida Project – WABA Consortium</b> <b><u>COORDINATED WORK PLAN 2012</u></b>						Reference to Core Group members individual work plans/log frames			
						IBFAN Africa	IBFAN Asia	IBFAN GIFA	WABA
No.	ACTIVITIES by Output	JAN-MAR	APR-JUNE	JULY-SEP	OCT-DEC				
<b>1</b>	<b>Output1: Social mobilisation</b>								
<b>1.1</b>	Plan, implement and follow up WBW campaigns	>	>	*	>	Service Delivery Act 2.1, 3.4, 5.1	Activity 2.5	A, B1, B2, B8	SM/Act.1.1, 1.2, 1.2a, 1.2b, 1.4 ICN/Act 1.1
<b>1.2</b>	Participate in and promote WBW at regional and national levels	>	>	*	>	Service Delivery Act 2.1, 3.4, 5.1,	Activity 2.5	A (RFP) <sup>1</sup>	SM/Act 1.2, 1.4 ICN/Act 1.1
<b>1.3</b>	Promote and implement OMC at all levels	>	>	>	>	Service Delivery Act 3.0	Activity 2.9	A	SM/ Act2.1 ICN/Act 2.1a
<b>1.4</b>	Promote and implement gBICS social mobilisation, technical and policy components	>	>	>	>	Service Delivery Act 2.1 , 11.1	Activity 2.5, 2.7, 2.9, 4.1, 4.2, 4.3, 4.4, and 4.5	A, B1-B10	ICN/Act 1.1 and 2.1a

\* defined event

&gt; on-going

<sup>1</sup> RFP = WABA Regional Focal Point

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	ACTIVITIES by Output	JAN-MAR	APR-JUNE	JUL-SEP	OCT-DEC				
<b>2</b>	<b>Output 2: General advocacy</b>								
<b>2.1</b>	Advocate to international agencies, governments, human rights treaty bodies, funders and other relevant stakeholders.	>	>	>	>	WHA ACTIVITIES_	Activity 2.6, 4.1	B 1, B3 (other Themes as relevant)	Adv/Act 4.1, 4.1a, 4.2
<b>2.2</b>	Promote the use of existing advocacy tools, strategies and campaigns, and /or developing new/joint ones e.g. training and policy tools).	>	>	>	>	Service delivery Act 2, 3, 5.1	Activity 1.3, 2.5, 2.7, 2.8, 4.1, 4.2, 4.3, 4.4, and 6.1	A, B1-B10	General Adv Programme, ICN/Act 1.1, 1.4, and 2.3
<b>2.3</b>	Participate in and provide strategic representation of bf networks at relevant events (eg. UN, HR treaty bodies, CPs, other movements)	>	>	>	>	Service Delivery Act 2.4, 11.2	Activity 1.4, 5.3, 5.4,	A (RFP) AND ALL THEME AREAS AS RELEVANT	Adv/Act 2.2, and Act 3.1 a, b, d
<b>2.4</b>	Organise and actively engage in strategy and technical meetings (e.g. GBPM) on critical issues of common interest	>	>	>	*	Service Delivery Act 11.2	Activity 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.8, 7.1, and 8.1	A (RFP) AND ALL THEME AREAS AS RELEVANT	Dev/Act 1.1a
<b>2.5</b>	Identify "gaps" for advocacy and 'priority themes/actions' for advocacy through the RRS, GBPM, CG meetings & other collaborative means i.e. Core Group members' regional meetings					Service Delivery Act 11.1, 11.2	Activity 1.4, 4.5, 5.2, 5.5, and 5.6	A,B3, B4, B5, B7, B8, B10  A (RFP)	Adv/Act 2.2 Dev/Act 1.1a, 1.1b

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	<b>ACTIVITIES by Output</b>	<b>JAN-MAR</b>	<b>APR-JUN</b>	<b>JUL-SEP</b>	<b>OCT-DEC</b>				
	<b>Output 3: Situation analysis</b>								
<b>3.1</b>	Promotion of WBTi regionally and globally	>	>	>	>	Service delivery Act 10.1	Activity 1.1, 2.1, 7.2, 8.2	A,B1,B3	SM/Act 1 ICN/Act 1.1, 2.1, 2.3
<b>3.2</b>	Conduct WBTi training at regional/national level	>	>	>	>	-	-	-	-
<b>3.3</b>	Implement the WBTi assessments/reassessments at national level	>	>	>	>	Service Delivery Act 10.1	Activity 1.2, 1.3, 1.4	A, B3	-
<b>3.4</b>	Conduct regional analysis of WBTi assessment	>	>	>	>	-	Activity 1.3, 1.4	-	-
<b>3.5</b>	Use assessment findings analysis for follow up action	>	>	>	>	Service Delivery Act 10.1	Activity 1.1	A, B1,B3	-

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	<b>ACTIVITIES by Output</b>	<b>JAN-MAR</b>	<b>APR-JUN</b>	<b>JULY-SEP</b>	<b>OCT-DEC</b>				
<b>4</b>	<b>Output 4: Gender awareness and mainstreaming</b>								
<b>4.1</b>	Conduct gender training or orientation [also in different regions, and with different partners (possibly via e-learning)]	>	>	>	*	<b>8.1</b>	–	<b>A</b>	<b>CB/Act 1.1a, 1.1b</b>
<b>4.2</b>	Nurture and promote male involvement and men's perspectives in promotion, protection and support of breastfeeding	>	>	>	>	<b>Service Delivery Act 8.1. 8.2</b>	–	<b>B4, B9</b>	<b>Adv/Act 1.c1 ICN/Act 2.1b, 2.1c</b>
<b>4.3</b>	Promote gender awareness and support gender mainstreaming (guidelines, quiz, advocacy, etc.)	>	>	>	>	<b>Service Delivery 8.1. 8.2</b>	<b>Activity 5.1, 5.5</b>	<b>B3</b>	<b>CB/Act 1.1c ICN/Act 3.5, 3.7 and 3.8</b>
<b>4.4</b>	Outreach to women's organisations at all levels and engage with research/academia and women's rights organisations and groups	>	*	>	>	<b>Service Delivery 4.0</b>	<b>Activity 2.1</b>	<b>B3, B4</b>	<b>Adv/Act 1.a1, 1.a3</b>

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	ACTIVITIES by Output	JAN-MAR	APR-JUN	JULY-SEP	OCT-DEC				
<b>5</b>	<b>Output 5: Building and sustaining a movement</b>								
<b>5.1</b>	Coordinate and strengthen networking with the global and/or regional constituencies	>	>	>	>	Service Delivery 2.5., 4.1 11.1,	Activity 4.4, 4.5, 5.1,	A	All DEV/GOV
<b>5.2</b>	Organise, participate and follow-up on annual global partners meetings	>	>	>	*	Service Delivery Act 11.1	Activity 2.1, 5.2, 5.4, 5.5	A	Dev/Act 1.1
<b>5.3</b>	Build capacity of the organisations and the target groups through training programs at various levels: a) within the organisations or b) externally with the target groups	>	>	>	>	Service Delivery Act 2.3, 5.2.2 to 5.2.6	-	A, B2,B3, B4, B5, B8, B9, B10,	CB/Act 1, 2, 3, 4
<b>5.4</b>	Involve Youth in both programmes and governance of the networks	>	>	>	>	Service delivery 8.2.	Activity 5.1	A, B3, B10	SM/Act 2.2, ICN/Act 2.1, 3.6; Dev/Act 2 Gov/Act 3.3c
<b>5.5</b>	Mobilise resources, and create harmonisation of different donor projects	>	>	>	>	Service Delivery Act 5.0,	Activity 5.2, 5.5, 5.7	A AND ALL THEME AREAS AS RELEVANT	Dev/Act 4
<b>5.6</b>	Develop M&E mechanism systems to assess outputs, including participation in the Sida CG consultation process and audit (for greater coordination and synergy, especially on management issues)	>	>	>	>	Service Delivery Act 11.1	Activity 5.1	A,B2,B3,B4, B5, B8,B9	Dev/Act 4.2 Gov/Act 2, 3.4h