

Workshop on “Strengthening Infant and Young Child Feeding Policies and Programmes in South Asia Region”

A Report



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IBFAN Asia organized the South Asia Regional Workshop “Strengthening Infant and Young Child Feeding Policies and Programmes in South Asia Region” from 23rd to 26th March 2014 at Barog, Himachal Pradesh, India. It brought together 23 participants from seven SA countries - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Sri Lanka, including five governments and an expert from World Bank. (Annexure 1). The participants included government officials and representatives of civil society organisations from these SA countries.

DAY 1: March 23rd 2014 (4:00pm)

The workshop began with an opening session where Dr. Arun Gupta (Regional Coordinator-IBFAN Asia) welcomed the participants and outlined the workshop objectives. These included:

- Taking stock of implementation progress of the Infant and young child feeding (IYCF) plans made in 2012 under the grant and lessons learned in the process
- Outlining action plans and next steps for the upcoming year and beyond
- Orienting participants on the use of the World Breastfeeding Costing Initiative (WBCI) costing tool to budget policy and programmes on IYCF.

This was followed by opening remarks by Mohini Kak of World Bank, Dr.Sila Deb, Deputy Commissioner (Child Health), Ministry of Health, Government of India and Dr.J.H.Panwal, Jt. Technical Advisor, Ministry of Women and Child Development on the need and importance of the workshop. Participant input was taken

on the draft agenda of the workshop, for any additional agenda item that participants wanted to highlight for discussion. The day ended with a thought provoking session wherein all participants wrote their expectations and fear related to this workshop.



DAY 2: March 24th 2014

Session 1: Update of IYCF activities in the four focus countries (Afghanistan, Bangladesh, India, Nepal), outcomes and plan ahead

The first session was on Update of IYCF activities in the four focus countries, outcomes and plan ahead. In this session there was sharing of experiences from Afghanistan, Bangladesh, India, Bangladesh and Nepal. The sessions were jointly chaired by Dr. Lalith Chandradasa, National Nutrition Coordinator, President Secretariat, Government of Sri Lanka and Dr. Hedayetul Islam, Director, IPHN and Line Director National Nutrition Services, Government of Bangladesh.

Afghanistan

Afghanistan made progress in implementing several programmes in the health system for mainstream breastfeeding. The country has developed IYCF policy and strategy and revised it in their public nutrition policy and in Ministry of Public Health (MoPH) Strategic Direction Plan. The Ministry has developed guidelines on IYCF and issued a statement to call for support for appropriate infant and young child feeding during emergencies. The various advocacy efforts have led to an increase in BFHI hospitals by 30% since 2006. Various activities and event were organized and IEC material developed and disseminated during WBW 2013 with active participation from Ministry of Public Health, UN agencies, stakeholders, and media. **A major outcome has been the endorsement of national regulation on implementation of BMS code with ban on all bill boards promoting the marketing and sale of breastmilk substitutes.** The national advocacy meeting for strengthening IYCF capacity in Afghanistan organized in Ministry of Public Health with active participation from Government, donor, UN agencies, NGOs etc resulted in strong commitment for IYCF program at the national level. Afghanistan successfully launched the World Breastfeeding Costing Initiative (WBCi) developed by IBFAN Asia for costing breastfeeding and IYCF with active participation from MoPH, WHO, UNICEF, World Bank, FAO etc.



Bangladesh

Bangladesh showcased their progress in exclusive breastfeeding rates from 46% in 1993-94 to 64% in 2011 and attributed it to the intensive efforts for promoting IYCF practices. The continued advocacy has also resulted in lowering undernutrition rates. The country has adopted various strategies pertaining to



legislation, policy and standards, health system support, community based support and IYCF in exceptionally difficult circumstances in order to succeed. Bangladesh is working towards bridging the gaps in their policy and programme as highlighted in the World Breastfeeding Trends Initiative (WBTi) 2012 assessment. Some of them are implementation and dissemination of the new BMS law in the country, establishing mechanism to monitor and enforce the legislation on maternity protection and encourage private sector for maternity entitlements which support women workers who breastfeed, dissemination of the food safety Act 2013, developing a

monitoring and evaluation system for BFHI program, and establish BFHI in the remaining government hospitals and all private hospitals in the country, and training on IYCF for health professionals and skills training on communication, and behavior change counseling. Bangladesh launched the WBTi on 29 January 2014 with participation of more than 152 representatives from 37 organizations with key recommendations on having coordinated efforts and need for investment in all components of IYCF for highest benefit.

India

Two key ministries, Ministry of Health & Family Welfare, and Ministry of Women & Child Development, and IBFAN Asia represented India.

Dr.Sila Deb, Ministry of Health & Family Welfare presented the IYCF indicators from the national survey, which has not shown progress over the years. However the recent Annual Health Survey conducted in 9 states of India has shown progress in indicator of initiation of breastfeeding. The Ministry has been emphasizing on information & counselling at various levels and have provided provision for growth monitoring at health facilities and medical nutrition therapy at Nutrition Rehabilitation Centres along with Nutrition Counsellors at high case load facilities. Some of the success has been the rise in number of institutional deliveries 73% (CES 2009) compared to 47% (DLHS III 2007-08), improved Home Based Newborn Care Scheme, recruiting 8.9 lakhs ASHA (volunteer community health worker) workers as a new institutional mechanism etc. The newly launched Guidelines for enhancing optimal infant and young child feeding practices is an initiative to provide guidance to programme managers on the IYCF interventions. She emphasized on the need for Developing a detailed Nutrition Action Plan for State and Districts (delineate IYCF promotion activities for three levels: Health Facility, Community Outreach and Home/family level). **To identify training needs and prepare a training/capacity development plan for the state, state IEC/BCC plan for promotion of IYCF, and also monitoring IYCF interventions. She felt priority action is needed at state and district level with adequate budgetary provision for undertaking the desired interventions.**



Ministry of Women and Child Development has accorded high priority to addressing maternal and child under nutrition through multi-sectoral interventions by different sectors according to Dr. J.H.Panwal. The Ministry has been responsible for developing the National Guidelines on Infant and Young Child Feeding, were formulated in 2004 and revised in 2006 and the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as Amended in 2003 (IMS Act)*. The latest development has been the repositioning of National Breastfeeding and IYCF committee as the National Steering Committee on Breastfeeding and IYCF, headed by the Secretary, Ministry of Women and



Child Development. The National Breastfeeding Coordination Committee has been notified, headed by the Joint Secretary in charge of the Food and Nutrition Board, Ministry of Women and Child Development. Various schemes to promote breastfeeding and IYCF have been initiated from time to time. The oldest being the Integrated Child Development Scheme (ICDS) established in 1975 to improve the nutritional and health status of children in the age-group 0-6 years. The scheme has now been revamped in the Mission Mode, wherein IYCF counselling has been included as one of the services and provision of additional Anganwadi Worker (AWW) cum Nutrition Counsellor to ensure promotion, protection, and support of optimal IYCF practices. The ministry has introduced a Maternity Benefit scheme called Indira Gandhi Matritva Sahyog Yojana

(IGMSY), conditional benefit scheme to improve the health and nutrition status of pregnant & lactating women and infants by promoting appropriate practices -utilization during pregnancy safe delivery, and lactation and encouraging the women to follow optimal IYCF practices and improving early and exclusively breastfeeding for 6 months. The Mother and Child Protection Card (MCPC) is a joint initiative of ICDS and National Rural Health Mission. It is a comprehensive multipurpose card which provides information to the parents/guardians on various types of services delivered through ICDS and NRHM, which the families can access and utilize for growth and development of their children and health of the mothers. The World Breastfeeding Week (WBW) focuses attention to protect, promote and support breastfeeding. The plan ahead includes establishment of National Monitoring Resource Centre on Infant and Young Child Feeding (IYCF) with objectives to create capacity to deal with breastfeeding and infant and young child feeding counselling, growth monitoring, and impart training, initiate social mobilization, help to establish lactation support helpline or infant feeding information helpline, develop systems for implementing IMS Act and launch action, assist development of policy on IYCF and coordinate its implementation, and monitor and evaluate implementation of breastfeeding/IYCF related policies and programmes on a regular basis.

Dr. Shoba Suri, IBFAN Asia presented the various activities undertaken to improve IYCF practices under the SAFANSI project. The first major activity being the World Breastfeeding Conference held from 6-9 December 2012 at New Delhi, India. The conference attracted participation from 83 countries spread across the five continents of the globe. It had an impressive participation of over 700 people that included government representatives, international agencies, donor agencies, specialists, individuals and civil society organizations, non- government organizations and networks. The three day conference schedule included plenary sessions, panel discussion, concurrent technical sessions and interactive sessions covering wide range of topics. The conference ended with a declaration and a call to action “Babies Need Mom-Made Not Man-Made!” globally and for every region. The report has been developed and is available at <http://worldbreastfeedingconference.org/World-Conference-Report-6-9-Dec2012.pdf>



The special session – Meeting with Development Partners – was organized on 8th December 2012, as part of the World Breastfeeding Conference 2012, held in New Delhi from 6th to 9th December 2012. The objectives of the session was to share with the participants, including the donor community, an estimation of the costs of scaling up breastfeeding/infant and young child feeding interventions, and the strategic

plans of the global Breastfeeding Initiative for Child Survival (gBICS), over the next 10 years to meet the goal of such scaling up.

IBFAN Asia organized a 'Planning Workshop on Strengthening Infant and Young Child Feeding Practices and Programmes' in South Asia Region (SAFANSI Project), in New Delhi on 10th December 2012. It brought together 54 participants from 8 SA countries - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka, and experts from SAIFRN and World Bank. At the workshop an IBFAN South Asia regional plan of action for advocacy and capacity building, was developed with inputs from national CSOs and governments. As a way forward it was recommended to organize advocacy and media events to strengthen regional/country IYCF policy and programme capacity and to develop a South Asia analytical report on Infant and Young Child Feeding to have improved evidence and analysis of IYCF policies and programmes.

As a recommendation and way forward of the above mentioned planning workshop, the South Asia report "Are We Doing Enough for Our Babies" was developed which shows the trends analysis in infant and young child feeding policies programmes and practices in South Asia. This analytical report is based on assessments carried out by national teams in 2005 and 2008 by the eight countries and the third assessment in 2012 by five countries to study trends. The report highlights the need for high level political will, programme focus and concurrent action in all areas of the global strategy if breastfeeding and complementary feeding rates are to be enhanced. The report has been shared widely with country partners, governments, donors, other regions etc.

As part of advocacy efforts IBFAN Asia organized a roundtable discussion on "Infant and Young Child Feeding: unpacking the 12th five year plan: Beginning of the Rise of Breastfeeding" on 8th April 2013. It brought together the views of key leaders of civil society, professionals, public health and nutrition experts, representatives of MWCD, MOHFW, international development partners, academia, and medical colleges. The meeting was chaired by Dr.Syeda Hameed, Member, Planning Commission, Government of India. Various issues related to breastfeeding and IYCF like breastfeeding in the food security bill, maternity entitlements, capacity building, training, IMS Act etc, were discussed. The recommendations have been put up with the planning commission for necessary action to be taken by key ministries.

A Media event "Heinz, Nestle, Abbott: Breaking the Rules, Misleading Mothers" was organized to expose the baby food giants indulging in violation of India's *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)* on the 31st July 2013. It was a significant media advocacy activity and witnessed an overwhelming response from the media personnel. The event was covered and reported across the globe by reputed electronic media houses and agencies like Thomson and Reuters Foundation, The Hindu, Asian News International (ANI), Indo Asian News Service (IANS), Zee News, One World Asia, Down to Earth etc. Also presented were findings from an internet study which shows that internet shopping websites such as babyoye.com; healthkart.com and firstcry.com are promoting baby food products from Heinz, Nestle and Abbott and violating the Code/law.

BPNI/IBFAN Asia organised the 'Policy Dialogue on Scaling Up Breastfeeding and Infant and Young Child Feeding Rates –What Will it Cost?' at New Delhi on 7th and 8th October 2013 and shared the results of their exercise to estimate indicative global costs for the protection, promotion and support of breastfeeding as part of the World Breastfeeding Costing Initiative (WBCi). The WBCi comprises of an advocacy document for investing in comprehensively implementing the Global Strategy and an excel-based web tool for

assisting in preparing and budgeting work plans for this. The meeting was attended by PAHO (WHO), governments from Bangladesh, Philippines, Afghanistan, UN agencies, media etc.

India launched the World Breastfeeding Costing Initiative (WBCi) report “The Need to Invest in Babies” on the 10th December 2013. The report was launched by the Deputy Chairperson of the Planning Commission of India, Sh.Montek Singh Ahluwalia. The report calls upon governments and global communities to invest at least US\$ 17.5 billion annually if they genuinely want to improve optimal breastfeeding practices. Women need support for breastfeeding, and this support has to take into account maternity benefits, especially for women living in poverty, strict enforcement of the International Code for Marketing of Breastmilk Substitutes, massive media promotion, creating baby friendly health systems and communities, where every woman has access to counseling and support for carrying out optimal breastfeeding and central coordination system that oversees implementation of the interventions.

BPNI has developed a cascade training package titled “*The '4 in 1' Infant and Young Child feeding Counseling: A training programme, (Integrated breastfeeding, complementary feeding, infant feeding & HIV counseling and Growth Monitoring)*”. It is based on the WHO/UNICEF’s three training courses on breastfeeding counseling, complementary feeding, and HIV infant feeding. The fourth component of ‘Growth Monitoring’ has been added to the course to make it ‘4 in 1’. BPNI with support from World Bank, under the South Asia Food and Nutrition Security Initiative (SAFANSI) project titled “Strengthen IYCF Capacity in SAR”, was assigned the task of comprehensive review of the training programme by an independent expert. The task has been accomplished and the findings and recommendations have been shared by the expert at the “Consultation meeting for sharing views on evolution and implementation and review of BPNI’s IYCF training programme” held on 19th February 2014.

An International Training-of-Trainers in Infant & Young Child Feeding Counseling: a 4-in-1 course (An Integrated Course on Breastfeeding, Complementary Feeding, Infant Feeding & HIV counselling and Growth Monitoring) was organized by BPNI/IBFAN Asia to develop six Master Trainers and twenty five IYCF Counseling specialists. The 13 days training programme was held from 24th June to 7th July 2013 at New Delhi. Three (3) health professionals each from Afghanistan and Nepal were trained as master trainers, who further trained the twenty five IYCF counselling specialist. The training helped in assessing the practicality of running the 13 days training course.

IBFAN Asia organized the One Asia Breastfeeding Partners Forum-9 on theme “Maternal and Infant and Young Child Feeding and Nutrition” from 28-30 October 2013 at Luang-Prabang, Laos. More than eighty participants from 28 countries representing diverse groups including governments, breastfeeding organisations, health providers, peoples’ organisations and movements, international NGOs and individuals participated and discussed core issues around breastfeeding and infant and young child feeding and its relation with maternal, infant and young child nutrition. The Luang-Prabang Call to Action on Infant and Young Child Feeding was adopted on last day of forum.

Nepal

Nepal has shown significant reduction in child mortality over the years. The IYCF indicators show exclusive breastfeeding rates at 4-5 months 53%, median duration of breastfeeding 4.2 months, and complementary feeding at 6-9 months is about 70%. Survey findings shows that about 47% of children 6-23 months consumed foods rich in vitamin A and consumption of iron-rich foods is highest among children age 18-23 months, living in urban area and relates to education of mother. Nepal Breastfeeding Promotion Forum (NEBPROF) organized national advocacy for strengthening IYCF in April 2013. Various recommendations emerged in the advocacy meeting like reactivation of national committee on promotion and protection of

breastfeeding, reactivation of BFHI, and identification of nodal person for monitoring BMS Code and training on the code monitoring, establish clear budget line for breastfeeding and infant and young child feeding policy and program etc. During WBW 2013, organized exhibition and drama on breastfeeding and complementary feeding, talk programme on F.M radio and publication of article in local paper on breastfeeding and complementary feeding. There has been capacity building activity wherein the master trainer's trained by BPNI in the 4 in 1 training programme on Infant & Young Child Feeding counseling course further developed 45 participants (8 master trainers and 37 family counsellors). The action plan for 2014-15 includes national committee on promotion of breastfeeding, increase collaboration between government and different stakeholders working on IYCF develop comprehensive communication frame work on IYCF, generate support for involvement of mass media and press people for IYCF, etc.



| Country | Key Achievements | Future Plan of Action |
|--------------------|---|--|
| Afghanistan | <ul style="list-style-type: none"> Developed guidelines on IYCF Endorsement of national regulation on implementation of BMS Code with ban on bill boards promoting marketing and sale of BMS Launched World Breastfeeding Costing Initiative (WBCi) | <ul style="list-style-type: none"> Training on IYCF planned National Workshop to develop provisional IYCF Plan |
| Bangladesh | <ul style="list-style-type: none"> Continued advocacy on IYCF resulted in lowering undernutrition rates Implementation and dissemination of the new BMS law in the country Launched World Breastfeeding Costing Initiative | <ul style="list-style-type: none"> Expanding BFHI in the remaining government hospitals and all private hospitals Training on IYCF for health professionals and skill training on communication Orientation workshop on BMS Code implementation Training workshop on the use of the WBCi financial tool |
| India | <ul style="list-style-type: none"> Organized World Breastfeeding Conference with more than 700 participation from 83 countries Developed and launched the World Breastfeeding Costing Initiative Exposed baby food giants indulging in violations of the Infant Milk Substitute (IMS) Act Review of BPNI '4 in 1' cascade training programme on IYCF counseling Organized training of trainers in IYCF counseling to develop six master trainers and 25 IYCF counseling specialist | <ul style="list-style-type: none"> Policy and programme assessment using the WBTi tool in newer countries Advocacy based on the WBTi gaps World Breastfeeding Week facilitation and translation of action folder Sensitization workshop on IMS Act in states of India Training of trainers to develop master trainers and IYCF counseling specialist in IYCF counseling Launch and use of WBCi in more countries Qualitative research on complementary feeding in Lalitpur, Uttar Pradesh |
| Nepal | <ul style="list-style-type: none"> Successful advocacy meeting with recommendations to establish clear budget line for breastfeeding and IYCF etc. Capacity building on IYCF counseling to develop eight master trainers and 37 family counsellors Launch of World Breastfeeding Costing Initiative | <ul style="list-style-type: none"> Establish national committee on promotion of breastfeeding Efforts to improve collaborations between governments and stakeholders on IYCF Develop comprehensive communication framework on IYCF Organize training of trainers on BMS Code implementation Organize capacity building on IYCF for health professionals |

Session 2: Situation of IYCF and progress of plan of action developed at SAR WS 1 from Bhutan, Maldives, and Sri Lanka.

The second session was on situation of IYCF and progress of plan of action developed at SAR WS 1 from Bhutan, Maldives, and Sri Lanka. The session was chaired Dr. Sila Deb, Deputy Commissioner (Child Health), Ministry of Health, Government of India.

Bhutan

Bhutan national data on IYCF practices shows early initiation of breastfeeding (breastfed within one hour of delivery): 81.5%, exclusive breastfeeding for first six months: 10.4%, median duration of breastfeeding: 23 months, and introduction of complementary food to children by 6 months: 89.6%. The country has forwarded a proposal to Cabinet Ministers for extension of maternity leave from three to six months, and revitalized the child health advisory group to maternal & child health advisory group. Organized training of trainers to develop master trainers on IYCF in the 4 in 1 training module of BPNI/IBFAN Asia. The first lactation clinic has been opened in the biggest health facility hospital. The future plans include the review of National Breastfeeding Policy and develop IYCF Policy and Strategy-2014, conduct National Nutrition- IYCF Survey 2015, rollout IYCF counseling training to health workers 2014, Continue observing World Breastfeeding Week and creating awareness on IYCF through mass media like TV, radio, etc., capacity building of communities and households for IYCF.



Maldives



Maldives can boast of 100 % institutional deliveries, 98% of babies being breastfed within one hour of birth, 97% of babies exclusively breastfed, medium duration of breastfeeding 4 months, and 70% babies receiving complementary food at 6-9 months of age. The government advocates exclusive breastfeeding for 6 months and complementary feeding with foods that provide for optimal growth to be introduced to the infant after 6 months and continue breastfeeding for up to 2 years. This has helped Maldives achieve many of the MDGs targets ahead of schedule. The plan of action for 2014 includes National Advocacy Workshop on Code, Media event on World Breastfeeding week and WBTi reassessment by end of year with support from IBFAN Asia. Many efforts are being undertaken to support women to breastfeed. International Code of marketing of Breast Milk is being enforced through the food safety regulation, despite the biggest challenge of inappropriate promotion of baby foods. All food products including milk and milk products advertised through media are being screened and must have “breastmilk is best” written in local language on the product.

Sri Lanka

Sri Lanka presented the concerns and current situation of Nutrition. Dr. Lalith Chandradasa from President's Secretariat, Government of Sri Lanka mentioned how the indicators on low birth weight, underweight, stunting and wasting, showed good improvements until the late 1990s and have stagnated for a whole decade. Micronutrient deficiencies (anaemia and Vitamin A deficiency) still remains a problem despite apparent high coverage of iron and folic acid supplementation for pregnant women and Vitamin A

for children between 6-59 months. The country is however progressing towards achieving MDG target on undernutrition. The multi sector action plan for nutrition has been developed in consultation with the relevant Ministries, national and international technical experts, civil society/ non-governmental organizations and international development agencies to scale up/address gaps of on-going actions, which have an impact on nutrition. Nutrition is an excellent investment and improved nutrition empowers people and communities and fuels the development process.



This was followed by Ms. Wimala Ranatunga presentation on the IYCF awareness activities by the Sarvodaya Women's Movement. The movement launched the WBTi Sri Lanka Assessment 2012 with assistance of the National Nutrition Secretariat. A training of trainers on breastfeeding promotion was organized to develop the capacity of district officers of the Sarvodaya Women's Movement to impart new knowledge, skills, and attitudes among lactating & Pregnant mothers and adolescent girls with the intension of promoting breastfeeding and strengthening the support services for breastfeeding. In 2013 family resource center has been opened to provide services for pregnant mothers, lactating mothers, unmarried couples and other community members. The focus of the center is promoting awareness on the importance of breastfeeding and future plans is to focus on advocacy, training of trainers and more resource center based on the success of first etc.

Session 3: Revitalization of Baby Friendly Hospital Initiative (BFHI)

Dr.S.K.Roy from Bangladesh sensitized on BFHI and its revitalization. BFHI was launched by WHO and UNICEF in 1991, following the Innocenti Declaration of 1990. It is a global effort to implement practices that protect, promote and support breastfeeding. It also puts an effort for improving the role of maternity services to enable mothers to breastfeed babies for the best start in life. A health facility can be designated baby friendly only if it implements the 10 steps to support successful breastfeeding.



Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services, a joint WHO/UNICEF statement published by the World Health Organization.

Only 499 hospitals were made BFHI by 2005 and the evaluation shows deterioration in most of the hospitals. Recommendation on revitalization of BFHI emerged during the South Asia Breastfeeding Partner's Forum held at New Delhi in 2007.

The evaluation of BFHI shows a down slide due to varied reasons like lack of hospital monitoring committee for effective implementation of 10 steps to successful breastfeeding, transfer of trained health staff, and lack of resources being a few. There is an urgent need for reviving the evaluation and certification process, capacity building and skilled training to health staff, and need for stringent monitoring system etc.

DAY 3: March 25th 2014

Session 4: World Breastfeeding Costing Initiative (WBCi)

In this session Dr. Arun Gupta, IBFAN Asia emphasized on the proposed planning steps in moving from global strategy to national action. The WHO/UNICEF's Global Strategy for Infant and Young Child Feeding was adopted at the World Health Assembly in 2001 with the objective to improve infant and young child feeding practices. The WHO in 2007 provided with a Planning Guide for national implementation of the Global Strategy for Infant and Young Child Feeding with the following Seven Steps.

1. Identify and orient key stakeholders and prepare for developing a comprehensive strategy
2. Assess and analyze the local situation
3. Define preliminary national objectives
4. Identify and prioritize actions
5. Develop a national strategy
6. Develop a national plan of action
7. Implement and monitor

WBTi & WBCi: The two important tools addressing the 7 steps of Global Strategy

In 2003-04, the W.H.O. had developed a tool for assessing national practices, policies and programmes on infant and young child feeding, and IBFAN Asia adapted this tool and developed the World Breastfeeding Trends Initiative (WBTi). The WBTi measures inputs and generates national action and also studies trends. It leads to documentation of gaps in policy and programmes, a collective thinking helps to to develop a set of recommendations based on these gaps, and advocacy steps to bridge these gaps. The WBTi has been introduced and tested successfully in 83 countries and has led to documentation of state of policy and programmes in 51 countries. Work is in progress in other countries on WBTi.

This tool brings people & organizations together, and helps develop a national plan of action addressing several of first 6 steps.

While doing this work, it was noted that country after country was found lacking in action due to lack of clear action plans, budgeting and funding. That inspired BPNI to undertake a pioneering step and initiate a global policy dialogue to develop an advocacy paper that would stimulate investment for infant and young child feeding as well as develop a tool to budget.

The WBCi has been launched globally in many countries including India, Canada, Mexico, Colombia, Costa Rica, Guatemala, Bangladesh, Nepal, Australia, Indonesia, Egypt, and Afghanistan. We plan to introduce the WBCi in 20 more countries by the end of 2014.

There have been several positive experiences at these places including one from Mexico and Afghanistan where the Government or donor allocated funding.

Positive Experience in WBCi

The success of WBTi and WBCi led to donor allocating funding to breastfeeding work in **Afghanistan**. The World Bank under the Ministry of Public Health announced support to 18 of the 34 provinces for Infant and Young Child Feeding, World Vision would support 3 provinces and Save the Children for 6 provinces. UNICEF has also agreed to IEC support in the whole of Afghanistan

During the WBCi launch in **Mexico**, the government of Mexico announced that of the 290,000 millions Mexican pesos of the stellar Crusade Against Hunger, 1000 million will be used for the protection, promotion and support of breastfeeding.

Panel Discussion on Launch of WBCi Tool

The next session was a panel discussion to report on the launch of WBCi tool with panelist Dr. S.K. Roy-Bangladesh, Dr. Prakash Shrestha-Nepal and Dr. Homayoun Ludin-Afghanistan.

Bangladesh - The launching ceremony of WBCi was successfully accomplished in Bangladesh on 29 January 2014 with participation from more than 152 representatives from 37 organizations. The key recommendation emerged was to have coordinated efforts and investment in all components (maternity entitlement, training of the health workers and regular monitoring, coordination, monitoring violations of the International Code, maternity benefits, data management, research, and updating of policies and legislation and awareness program for the mothers) of IYCF are required urgently to get the highest benefit. There is need for area specific investment during the allocation or reallocation of the national budget.

Afghanistan - the Ministry of Public Health launched the WBCi tool in Afghanistan in January 2014. The response was tremendous as it is a friendly financial tool. This was followed up by costing exercise training for various cadres of health professionals to get hands on experience of using the tool (program managers and the Nutrition Technical Officers).

Nepal- Nepal Breastfeeding Promotion Forum (NEBPROF) did the launch of WBCi on the 10th December 2013 along with 10 other countries globally. 'The Need to Invest in Babies' was presented to the gathering present at the launch and highlighting the existing situation of breastfeeding and complementary feeding in the world, and how breastfeeding can save lives by reducing morbidity and mortality in infants. There was concern raised by the media present as to the existing situation and the need for creating more awareness in general community regarding breastfeeding and appropriate complementary feeding.

Session 5: Costing exercise using WBCi tool

The next session was on the costing exercise using the WBCi tool to work out budget on specific indicator. The objective of this session was to provide hands on experience on the use of the tool to the participants and also take feedback on the 'user-friendliness' and relevance of the tool. The participants were grouped as per country and given an indicator to work out the budget for its implementation using their country data. Some of the country representative were aware of the tool but few were new to the concept. It was a learning experience in the process as we got to know the glitches while using the tool.

Each country then presented their experience of having worked on the tool, glitches, future use of the tool in their respective country and the help required in the process from the RCO.



Here is what they had to say about the tool:



Dr. Homayoun Ludin of MOH Afghanistan “The tool is very user-friendly and we have made use of this to make plans and given to donors.”

Dr. Hedayetul Islam Director IPHN, and Line Director National Nutrition Services Institute of Public Health Nutrition, Dhaka Bangladesh said “It is an innovative tool I have seen and so easy to operate ...we can make use in doing budgeting of IYCF activities, thank you International Baby Food Action Network (IBFAN)!”



Ugyen Dendup of from MOH Bhutan “The tool could be very helpful in developing proposals”. I am ready to introduce the tool through our Ministry”.



Dr. Sila Deb of MOH India “It’s very easy and flexible to calculate budgets. It can be standardized software and can be very useful in planning for program implementation plan (PIP).”

Dr. Chandradasa, Sri Lanka, from Nutrition Focal Point Presidents’ Secretariat of Sri Lanka “It is so user friendly, I am going to give it to few of my colleagues in government right away and let you know in couple of months”



Dr. Mohammed Saeed retired MOH “It is excellent tool, easy to use and user friendly. It generates automatic IYCF estimate budget. Application can be used for planning, calculating and monitoring IYCF activities at all levels.”



Dr. Parkash Shrestha from Nepal Breastfeeding Promotion Forum said “It is very user friendly”.

Session 6: BPNI's IYCF Counseling Training Programme



The next session was on BPNI's IYCF counseling training programme. The session began with presentation by Dr.J.P.Dadhich, IBFAN Asia on the "Evolution, Implementation and Review of the BPNI's training". He elicited how the South Asian (SA) countries contribute significantly to global child deaths and undernutrition and the situation of IYCF practices is dismal in South Asia. Training on IYCF counseling is crucial in implementation of GSIYCF and skilled counseling and support by trained health/nutrition personnel is required to enhance optimal IYCF practices. Various research evidences have proven that breastfeeding counseling works in improving practice. He talked

about the historical milestones in the development of the 4 in 1 training programme on IYCF Counseling (Integrated training programme on Breastfeeding, Complementary feeding, HIV and Infant feeding, Growth Monitoring). Earlier there were four separate courses available with WHO, Breastfeeding counseling: A Training course (40 hr./5 days), Breastfeeding-complementary feeding counseling training course (45 hr./6 days), HIV and Infant feeding Counseling- A Training Course (18hr./3days), Complementary feeding counseling Training course (17hr./3 days), WHO 2002. In 2004, BPNI/IBFAN Asia combined Breastfeeding and HIV & Infant Feeding into "2 in 1" course. In year 2005, BPNI/IBFAN Asia combined Complementary Feeding into above course calling it "3 in 1" training course (an integrated course on Breastfeeding, Complementary Feeding and Infant Feeding & HIV). Between the years 2005-2011 BPNI/IBFAN Asia organized various training courses in India and other countries. However in year 2011 with availability of material on growth monitoring by WHO, the "4 in 1" course, (integrated course on Breastfeeding, Complementary Feeding, Infant Feeding & HIV and growth monitoring) was launched by BPNI/IBFAN Asia. The Ministry of Health operational guidelines for enhancing IYCF practices and ICDS Mission document have recognized the above-mentioned training programme of BPNI/IBFAN Asia. The required trainer guide, communication material like flip chart, parent's guide is available with BPNI. He felt it has been a good experience so far, however the programme uptake by the governments has been slow and requires mainstreaming in health and nutrition programme.

Here is what they had to say about the training programme:



Dr. Srijana, National Trainer from Nepal felt that the training course is comprehensive and have greatly benefitted from it. However there is a need for an evaluation of the training programme so as to be able to assess the effect/retain ability of the counseling going down to the beneficiary level and change in behavior.

Dr. Homayoun Ludin, National Trainer from Afghanistan also appreciated the training programme. But he felt the duration/number of days could be less as the trainees like medical officers or nurses are unable to take out time due to burden of clients.



Dr. Suresh Dalpath, Deputy Director (Child Health), NHM, Government of Haryana presented an overview on the "IYCF trainings in Haryana". He shared the positive experience of having conducted Middle Level Trainers' training for trainers of front line workers in health department using the 4 in 1 training programme of BPNI. There has been an MOU has been signed between Haryana government and BPNI, wherein capacity building on IYCF in 10 districts have been sanctioned. He also showed the training requirement for the 10 districts of Haryana and the plan of action developed for training.



Mohini Kak, World Bank suggested looking at the problem of not using counseling skills in the facility due to lack of time and heavy load of clients. Also felt the need to integrate the training with existing training programme of NIPCCD or even in-service training. More countries to implement the training programme and give their feedback so as to strengthen the training programme

Session 7: Holding Corporations Accountable

Dr.J.P.Dadhich, IBFAN Asia talked about the Implementation of IMS Act. The IMS Act prohibits all forms of promotion of baby foods for babies under the age of two years, bans advertising by print media/electronic media or any other method, and sponsorship of conferences of health care workers. However the baby food companies continue to violate the provisions of the IMS Act by new ways and means. For e.g. the online shopping portal Flipkart is promoting and selling feeding bottles and offering discounts. When BPNI and the Ministry of Women and Child Development took a call by writing to the company regarding the violation, they stopped the sale of feeding bottles on the website. Another violation was promo of “Power of Shunya” the quest for zero malnutrition on the Times Now TV channel, which is confirmed to us by them in writing, and concerns the sale of ‘Zerolac’ for lactose intolerance. BPNI took action and wrote to them saying that the ‘Power to Shunya’ promo was violative of Indian Law. The channel took immediate action by stopping airing of the promo of the product and discontinued promotion in digital, online and social media. The next case of violation was sponsoring of NNF workshop by Abbott, a company manufacturing baby foods. A request was sent to the conference secretariat and action taken by not accepting any sponsorship from Abbott. Another violation came to light when one of the prestigious institutions in India was holding an annual conference on Nutrition along with Nestle Nutrition Institute. The Ministry of Health and Ministry of Women and Child Development, Government of India sought a ban on sponsorship of the workshop by baby food manufacturers or their front end organizations. Haryana government has set an example by taking administrative action, wherein they have nominated the civil surgeon and health personnel as focal point for reporting violations of the IMS Act.

Discussion were held on IMS Act and its possible dilution being attempted by industry. How vested interests have tried to weaken the IMS Act and how BPNI and allied organizations have succeeded in keeping the Act intact and strong was shared. One of the lessons is not to allow the law to be opened up for changes in an environment that is powerfully manipulated by the industry.



DAY 4: March 26th 2014

Session 8: Planning Ahead 2014-2015

Dr.J.P.Dadhich coordinated the session on the Planning Ahead 2014-15. There was discussion on additional activities as proposed under SAFANSI additional funding and WBTi assessment, given in table 1 and 2 respectively.

Table 1: SAFANSI Additional Funding Activities

| | Orientation workshop on Code | TOT on Code Implementation | Knowledge building on IYCF | National Workshop to support development of provisional IYCF Plan | Capacity Building for IYCF | SAR WS 3 with focus WBCi | WBCi Launch & Use |
|--------------------|---|----------------------------|--|--|---|--|---|
| Afghanistan | | | | 34 govt. officials, 34 NGOs, 20 UN Agencies & Donors Date-15 June 2014 Venue-Kabul | | | Training Workshop June 2014 |
| Bangladesh | 14 workshops- 2 hospitals in each division Start-May 2014 Finish-Jan 2015 | | | | | | Training workshop July 2014 |
| Nepal | | July 2014 | | | 2 Trainings of 67 days each, participants health professionals, nursing staff September 2014 (both training) Venue- Kathmandu | | Training workshop during WBW 2014 |
| India | 5 workshops of 1 day each (Punjab-2, Haryana-3) May 2014 | | Qualitative study in Lalitpur Proposal-April 2014 Data Collection- June-Sept 2014 Finalize- December 2014 | | TOT on IYCF August 2014 Venue-Delhi | December 2014 Venue Tentative (Goa/Colombo) | MOH & WCD work on feasibility of Joint workshop with both ministry with participation from few states |
| Bhutan | | | | | | | Launch during WBW 2014 |
| Sri Lanka | | | | | | | Launch July 2014 |
| Maldives | | | | | | | Launch during WBW 2014 |
| Pakistan | | | | | | | To discuss the possibility |

Table 2: WBTi Assessment 2015

| Country | Proposed time period |
|-------------|--|
| Afghanistan | May-August 2015 |
| Bangladesh | September-October 2015 |
| Bhutan | August-September 2015 |
| India | July-September 2015 (Approach both ministry to partner) |
| Maldives | December 2014-February 2015 |
| Nepal | March-July 2015 |
| Sri Lanka | July-September 2015 |
| Pakistan | TBC |

Session 9: Summing Up, Next Steps & Way Forward

In conclusion Mohini Kak, World Bank felt that the workshop was a learning experience in itself, but also that over the duration of the grant, through the grant activities, a lot of knowledge had been built. The scaling up costing study, the WBCi tool and the 4-in-1 training review were examples of this. BPNI had helped mobilize IYCF advocacy work in systematic manner and hoped that the efforts would continue in the future as well. There was a need to take the success so far to the next level and actively work with government to see how the knowledge and tools developed could be implemented/ institutionalized. There was also a need to work on complementary feeding as the discussions clearly highlighted that this was an important gap area in existing efforts and both government and IBFAN need to work together on this. Continuing such learning exchange and experience sharing programs was equally important as it helped motivate action and lead to new solutions.

Dr. Arun Gupta thanked everyone present for making the workshop a success. He called for action to be taken by all the countries to enhance infant and young child feeding practices. He urged the countries to work on bridging the gaps and to reveal more positive change by next assessment. Every country needs to work on protecting, promoting and supporting breastfeeding and complementary feeding in order to ensure that every child born meets its rights to survival with health. He made a point to remain alert from commercial entities and public private partnership offers as these usually lead to weak regulatory practices or weakening of existing regulations of marketing of baby foods on which the protection of breastfeeding rests.

Session 10: Discussion on Scaling Up Nutrition (SUN)

Most recent interest in the area of nutrition is the new partnership called **Scaling Up Nutrition – SUN**. The World Bank, Bill & Melinda Gates Foundation and some donors like DFID have supported SUN movement. While leaders of the SUN have been representatives of UN organizations, SUN is not a UN initiative and is NOT approved by the Member States of the UN. The SUN involves United Nations agencies, and several international non-governmental organizations, traditional donors, developing countries and the business sector for solving the problems of child malnutrition in the world. Its operational framework is structured around five networks of equal weight: from the countries, organizations of the civil society, the UN agencies, the business sector, and the donors. The attribution of same weight to each one of the five networks was found to be questionable by BPNI within the context of sovereignty and the role of the

United Nations. Dr. Arun Gupta raised the question, “how can private sector’s role be equal to a Member States’ role?”; an issue that has also been questioned by Brazil.

http://www.ghwatch.org/sites/www.ghwatch.org/files/Recine&Beghin_201140306_InternationalNutritionAgenda_En.pdf

Private sector engagement in nutrition needs to be carefully navigated, and it is unclear whether SUN is up to the challenge on this front. SUN’s governing body includes major corporations and a key factor of SUN’s approach, is the establishment of Public Private Partnerships in developing countries - with businesses at their core. SUN does it all without tackling or having mechanisms to prevent or manage conflicts of interest in place. SUN has a business alliance that is steered by GAIN, the Global Alliance for Improved Nutrition, an organization of the industry that focuses on fortification, benefitting billions of people and 600 or more companies.

So far 50 countries have joined SUN, in Asia and Africa. Brazil and India have not yet joined SUN movement, however efforts are underway to make that happen. It is important for governments and civil society to understand the challenges of private sector engagement in nutrition, especially in an environment where private or business sector enterprises like Bill and Melinda Gates Foundation and Global Alliance for Improved Nutrition are leading or are at the forefront of the health and nutrition initiatives. It is resulting in malnutrition and hunger, often being presented as technological problems in global platforms, with solutions such as fortified foods, or ready to use foods, or genetically modified foods being promoted, taking away from the real **issues**. Such as issues of hunger and undernutrition, water, sanitation, universalization of services, the prices of food or even how trade can potentially impact the health of citizens. Over the past few months in India for example there have been two national consultations on “acute malnutrition” presenting ready to use foods as the solution.

Given these ever growing interests in products and linking malnutrition with corporate social responsibility, it is becoming more difficult to push for public sector solutions and investments for improving undernutrition, especially for the poor.

To ensure continued information sharing and generating a discussion on private sector engagement in nutrition, it was decided to form a google/email group coordinated by Dr. Arun Gupta comprising of workshop participants as a start.

Court Case Update on Nestle

In compliance of the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003*, Arun Gupta as a representative of ACASH, filed a complaint against Nestle who was found violating the law in 1994... violating in which way? What did they do?. The Court took cognizance of offence 1995. However it took 17 years for the Court to charge Nestle. During this period several eventful things happened that included court evidence was found missing in 2004. Nestle filed a Writ Petition in High Court to challenge the Union of India for making this law, saying they were confused between the two laws like PFA Act and IMS Act and chose to follow the PFA Act. Nestle later revised this Petition to ask for quashing the proceedings of lower court whatever happened during 1994 to 1998. In 2012 The Court charged Nestle with the offence. Nestle then challenged this in the High Court. All this went to High Court. The High Court took exceptional opinion on Nestle, and declared in favor of Nestle that the company could be confused for implementing two legislations. In fact the High Court did allow Nestle scot-free because they were implementing another law. We took that Declaration to Supreme Court also but it did not help. Important fact in this matter is that Government of India was the main player and did not take any interest and we were the interveners. Lessons we draw from here is that the powerful corporations do have their way and they impress the judiciary. The case was never pursued on its merit. It was fought only on the legal issues. It got delayed to 20 years and no body even took note of ‘who was responsible for theft of the court evidence’, and ‘that Nestle was even violating both the legislations PFA Act and IMS Act’ on that given day.

Annexure 1

Participants of South Asia Regional Workshop

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