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Annual
results-based report
to Sida **2014**

**Protecting, Promoting and Supporting Breastfeeding
through
Human Rights and Gender Equality**

A Global Coordinated and Expanded Programme
to Achieve MDGs 4 and 5 and related post-2015 agenda

IBFAN Africa
IBFAN Asia (BPNI)
IBFAN-GIFA
WABA

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Abbreviations

BFHI	Baby-Friendly Hospital Initiative
BMS	Breast milk substitutes
BPNI	Breastfeeding Promotion Network of India
CFS	Committee on the World Food Security
CoI	Conflict of Interest
CRC	Convention on the Rights of the Child
CSM	Civil Society Mechanism
CSOs	Civil Society organizations
EB	Executive Board
FFA	Framework for Action
GIFA	Geneva Infant Feeding Association
GSYICF	Global Strategy on Infant and Young Child Feeding
IBFAN	International Baby Food Action Network
HRC	Human Rights Council
ICCO	Interchurch organization for development cooperation The Netherlands
ICDC	International Code Documentation Center Documentation Center
ICM	International Confederation of Midwives
ICN2	International Conference on Nutrition
IEC	Information Education and Communication
IF	Infant Feeding
ILCA	International Lactation Consultants Association
IYCF	Infant and Young Child Feeding
LAC	Latin America and the Caribbean
LFA	Logical Framework Approach
LLLI	La Leche League International
MDGs	Millennium Development Goals
MP	Maternity Protection
NGO	Non Governmental Organization
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public Private Partnerships
PPTCT	Prevention of Parent-to-Child Transmission
RCOs	Regional Coordinating Office (of IBFAN)
RFP	Regional Focal Point (of WABA)
SDGs	Sustainable Development Goals
SEA	South East Asia
UNICEF	United Nations Children Fund
WABA	World Alliance for Breastfeeding Action
WBCi	World Breastfeeding Costing Initiative
WBTi	World Breastfeeding Trends Initiative
WHA	World Health Assembly
WHO	World Health Organization

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Executive summary

The collective work of the WABA-IBFAN Consortium during 2014 has led to the following main results presented by the seven areas.

1. **Tracking progress in policy and programmes and strengthening accountability** includes increasing the number of countries involved in the World Breastfeeding Trends Initiative and costing initiatives. A total of 54 countries are now tracking their progress in terms of IYCF policies and programs. 23 new countries introduced WBTi and 4 countries reached the re-assessment stage. Several countries have made significant improvements in national policy and practice on IYCF through the WBTi process for example in Afghanistan where there has been a significant increase in the number of Baby-Friendly Hospitals. The World Breastfeeding Costing initiative (WBCi) was successfully launched at the 67th World Health Assembly (WHA) and aims to assist governments in adequate IYCF budgeting. Addressing human rights perspectives through the Convention on the Rights of the Child facilitates the tracking of progress at national level on breastfeeding protection measures. As a direct outcome, the CRC Committee issued specific recommendations on breastfeeding to 65% of the reviewed countries, which constitutes an important increase compared to the 2013 figures. This result will potentially lead to Infant and Young Child Feeding (IYCF) progress at national level with the recommendations serving as a tool for national groups to generate further action. Networking with “traditional” and new allies on platforms such as Civil Society Mechanism to CFS and Treaty Alliance ensured collaborative synergy with new allies, focus on human rights protection, and propagation of breastfeeding into their health and human rights agendas. The consortium’s involvement in the Second International Conference on Nutrition (ICN2) follow up through civil society and UN initiatives (such as the UNICEF/WHO Breastfeeding Advocacy Initiative) helped secure strong breastfeeding recommendations in the ICN2 documents and contributed towards the development of the Sustainable Development Goals (SDG) agenda.
2. **Building IYCF capacity.** Capacity building at national level was successfully expanded to the Francophone/Anglophone/Lusophone Africa regions and Asia, primarily at community and health facility levels with focus on strengthening of the pool of trainers to increase sustainability. Different cadres of health workers, community social/ health workers and mother support groups were trained using various methodologies. The development of global peer counselling training modules is well underway (to be finalised by end of 2015). The modules will be adaptable to various contexts and socio-economic conditions and used for training of peer counsellor administrators under a scaling up strategy. Outreach to the International Confederation of Midwives has now been formally established, contributing to engaging midwives as frontline health workers in breastfeeding advocacy and practice.
3. **Addressing especially Challenging Environments/ Situations, including gender inequalities.** The work in this area resulted in the development of several key documents: an advocacy brochure ‘Formula for Disaster’ on the impact of infant feeding and climate change, a monitoring tool to assess Code violations for countries in emergencies and an information kit on HIV and infant feeding to clarify current UN guidelines. The consortium advanced gender mainstreaming through training workshops, development of gender training modules, collaboration with gender experts from academia (forthcoming publication on Gender, nutrition and right to adequate food, bulletin on breastfeeding and gender), maternity protection project was carried out in India and an action was successfully generated in

Zimbabwe, a country falling below the ILO C 183 standard. Finally the Consortium drew attention to the gender-related UN days and issued calls for action.

4. **Strengthening Policy and Legislative Frameworks.** The advocacy work led to government actions taken at national level in the areas of maternity protection (Zimbabwe-see also under Area 3). The Consortium considerably expanded collaborative efforts with traditional civil society partners and , build new alliances with CSOs working on children’s health and rights, food and nutrition rights, with academia, and with UN bodies/platforms. The 2014 Breaking the Rules report on Code violations launched before WHA and Africa regional Code Review report was developed to detail Code implementation in the region. Asia focused on assisting several countries in the region in Code legislation improvements. Finally, technical briefs on various aspects of breastfeeding protection and on conflicts of interest were developed, with successful impact e.g. at WHO’s Executive Board and on strengthening of the Codex Alimentarius standards.
5. **Social mobilisation, information sharing and communication.** The 2014 World Breastfeeding Week focused on the unfinished MDG agenda generated a plethora of actions in 176 countries. Technical and information materials linking breastfeeding to the MDGs were developed and widely shared. Communities in Africa and Asia were reached through social mobilisation, and social media was increasingly used to increase successfully the outreach to new young audiences and language groups in addition to websites. Research publications and technical briefs were published and disseminated using various social media such as Facebook and blogs thus making these types of information more accessible to the public. Advocacy with Air Malta secured a major outcome: the airline has officially welcomed breastfeeding on board its flights and launching this new policy to coincide with World Breastfeeding Week 2014.
6. **Strengthening the consortium and rejuvenating the breastfeeding movement.** The consortium work focused on the development of innovative ways of diversifying funding, building technical capacity of offices’ staff and including youth in governance, developing work plans and consensus on debated issues, informing global IYCF/HR policy and regional positions in Asia such as and ensuring youth and new partner participation in the breastfeeding issues through the social media, research and fellowship programs.
7. **Project cycle management and governance.** Funding has been secured until 2017 through a primary agreement between Sida and WABA as focal point (FP) and sub agreements between WABA and the IBFAN partners. Logframes were updated to better support work planning. Annual reports for the 2013 bridging grant period have been submitted in collaboration between FP and the partners. Good governance mechanisms through meetings and/or correspondance between boards and partner offices have been ensured. Administrative systems have been implemented and tested during 2014 with minor fine tuning remaining. The majority of the workplan 2014 activities were implemented on schedule. However due to the late arrival of funds, some activities were reprogrammed to be carried out in 2015.

Introduction

This is the annual results-based report for the Sida supported project titled, “Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality: A Global Coordinated and Expanded Programme to Achieve MDGs 4 and 5 and related post-2015 agenda” being implemented by the WABA-IBFAN Consortium, and covering the period January to December 2014.

Optimal infant and young child feeding (IYCF) means initiating breastfeeding within one hour of birth, breastfeeding exclusively for the first completed 6 months of life and continuing to breastfeed for 2 years or beyond, alongside with timely introduction of adequate and safe complementary feeding. Infants below six 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. Breastfeeding has been shown repeatedly to be the single most effective way to prevent infant and young child mortality. 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. Early and exclusive breastfeeding improves newborn care and reduces neonatal mortality, which represents the majority proportion of infant deaths. A further 6 per cent of under-5 deaths could be prevented if global coverage for adequate and safe complementary foods was improved.

Breastfeeding 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 reproductive cancers. 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 constitutes in the 3-pillar approach defined in the Global Strategy for Infant and Young Child Feeding: protection, promotion and support of breastfeeding 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 (and the post-2015 development agenda), in particular on gender equality, HIV/AIDS, climate change and on poverty reduction.

Overall objective

The overall objective of the consortium project is to accelerate the momentum for action in Infant and Young Child Feeding, and thus contribute to positioning the protection, promotion and support of breastfeeding as key interventions on the international development agenda to achieve children and women’s rights to survival, health, adequate food and nutrition. Indicators of achievement of the overall objective will be increased rates of IYCF, increased national IYCF budgetary allocations, increased implementation and enforcement of the International Code of Marketing of Breast-Milk Substitutes through national legislations, maternity protection and other key interventions, the number and diversity of breastfeeding advocates/groups.

Project organization and implementation

Seven areas of work

Organisation and implementation is conducted using a series of coordinated log frames covering **seven** areas.

1. Tracking Progress in Policy and Programmes and Strengthening Accountability.
2. Building IYCF Capacity at all Levels.
3. Addressing Especially Challenging Environments/Situations: including Gender Inequalities.

4. Strengthening Policy and Legislative Frameworks
5. Social Mobilisation and Information Communications
6. Strengthening the Consortia and rejuvenating the Breastfeeding Movement.
7. Project cycle management and governance

Main outputs by area

The consortium implementing partners (CIPs) have identified seven areas in which they developed over the past project cycle collaborative action and potential for synergistic results. Each section describes the main indicators of results and some examples of outputs and how these have been achieved.

Area 1 - Tracking Progress in Policy and Programmes and Strengthening Accountability

Indicators

Number of countries/participants that implement WBTi

Report and report card from two new countries, Timor Leste and Honduras available. (now a total of 54 countries); number of participants in two new countries - 22; WBTi introduced in 23 new countries in Africa, Asia, Arab World and Oceania. Re-assessment report and report card from 4 countries namely, China, Korea, Mongolia and Brazil available. In Africa, 3 countries conducted assessments (Mauritius, Seychelles and the Gambia).

Human Rights training modules developed and trainings held

1 training on breastfeeding and human rights (Indonesia, 22 participants from 8 SEA countries), 4 orientation sessions (about 500 participants, incl. governments at a side event during the Human Rights Council).

Number of alternative reports and other documents on breastfeeding and Human Rights

IBFAN-GIFA developed a [discussion paper discussion paper](#) (in English and Spanish) entitled 'Why non-binding international regulatory instruments do not work: A case study on breastfeeding protection' that was shared with the members of Treaty Alliance, Member States (HRC June 2014 session) and disseminated through social media. IBFAN-GIFA submitted a [written statement](#)ⁱ (in English and French) to the Human Rights Council on 'Protecting infant health through implementation of the International Code of Marketing of Breastmilk Substitutes'.

IBFAN-GIFA submitted input to the development of the "OHCHR Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age" (<http://www.ohchr.org/EN/Issues/Children/TechnicalGuidance/Pages/Contributionsreceived.aspx>)

IBFAN-GIFA also submitted a written contribution (<http://breastfeedingandhr.blogspot.ch/2014/08/written-contribution-to-committee-on.html>) to the CRC Day of General Discussion 2014 on Digital Media and Children's Rights and made an oral statement to shed the light on new digital marketing strategies used to promote industrial baby foods at the expense of optimal breastfeeding practices. (<http://breastfeedingandhr.blogspot.ch/2014/09/oral-statement-to-committee-on-rights.html>).

On the occasion of the 25th Anniversary of the United Nations Convention on the Rights of the Child, IBFAN issued a [written statement](#) to congratulate the State parties as well as the CRC Committee for the work that they have achieved with the aim of realizing children's rights at global scale.

(<http://www.gifa.org/ibfan-statement-on-the-occasion-of-the-25th-anniversary-of-the-convention-on-the-rights-of-the-child/>).

IBFAN alternative reports submitted to Human Rights treaty bodies

28 alternative reports submitted by IBFAN were considered in 2014. 16 reports to the Committee on the Rights of the Child ([Congo](#), [Germany](#), [Portugal](#), [Russian Federation](#), [Yemen](#), [Indonesia](#), [India](#), [Jordan](#), [Kyrgyzstan](#), [St Lucia](#), [Croatia](#), [Fiji](#), [Hungary](#), [Morocco](#) and [Venezuela](#)), 7 reports to the Committee on Economic, Social and Cultural Rights ([Armenia](#), [China](#), [Czech Republic](#), [Indonesia](#), [Lithuania](#), [Ukraine](#) and [Uzbekistan](#)). 5 reports to the Committee on the Elimination of Discrimination against Women ([India](#), [Lithuania](#), [China](#), [Guinea](#) and [Venezuela](#)). In addition, IBFAN-GIFA prepared 10 Spanish summaries of the submitted reports for Spanish-speaking members of the CRC Committee. In preparation for the January 2015 CRC session, IBFAN-GIFA coordinated the preparation of 3 alternative reports ([Colombia](#), [Dominican Republic](#), [Uruguay](#)) and prepared 7 reports directly ([Turkmenistan](#), [Sweden](#), [Gambia](#), [Tanzania](#), [Jamaica](#), [Iraq](#) and [Switzerland](#)). Inputs for the CRC reports on India and Indonesia were provided by IBFAN groups BPNI and AIMI respectively.

Number of alliances with human rights organisations

The Treaty Alliance (alliance of 600 CSOs and social movements). IBFAN-GIFA, CEFEMINA and BPNI are members among other IBFAN groups and IBFAN-GIFA is also in the Treaty Alliance Facilitation Group.

Childs Rights Connect (alliance of 84 national, regional and international organisations, networks and coalitions working on child's rights). IBFAN-GIFA is a member on behalf of IBFAN.

Right to Food and Nutrition WATCH (for members see: <http://www.rtfn-watch.org/>) and of the Global Network for the Right to Food and Nutrition. WABA and IBFAN-GIFA (on behalf of IBFAN) are members.

ETO Consortium, a network of some 80 human rights related CSOs and academics). IBFAN-GIFA is a member on behalf of IBFAN.

IBFAN-GIFA also represents IBFAN in the Civil Society Mechanism (CSM) of the Committee on the World Food Security (CFS) and its Nutrition Working group. Finally, IBFAN-GIFA served on the ICN2 Liaison Group and within the group has been a member of the Steering Committee (focal point for WHO).

Country groups supported to claim HR accountability

For all alternative reports developed collaboratively (for countries see above), IBFAN-GIFA coordinates reporting, providing support and feedback, strengthening the groups understanding of the purpose for using the human rights review mechanisms in claiming HR accountability and highlighting ideas for a follow up.

Conceptual link between breastfeeding and right to food and nutrition framework/alliances

Breastfeeding firmly positioned in ICN2 documents and the Global Right to Food and Nutrition Network (GRtFNN) publications.

Examples of outputs

The WBTi assessment tool – more focus on implementation

WBTi brings together partners working on infant and young child feeding at country level creating an environment for synergies through joint assessment and analysis process, leading to enhanced IYCF practices. The initial WBTi assessment and analysis establish a common baseline with agreed indicators against which all relevant actors can assess progress.

In 2014, the WBTi assessment tool and training programme was revised and adapted, based on extensive experience and a participatory review by all IBFAN regions. The tool is now more balanced with enhanced emphasis on programme implementation. The draft was shared with IBFAN, WABA, IBFAN-GIFA and ICDC for their inputs. The updated version of the tool was included on the WBTi web portal and is being used for trainings and assessments. The World Breastfeeding Costing Initiative (WBCi) Financial Planning and Budgeting tool also became a part of the WBTi training. The new tool along with the new annexures for indicators is available at: <http://worldbreastfeedingtrends.org/wbti-tool/>

The WBTi process- wide uptake

In 2014, 23 countries from 4 regions (SEA, Africa, Oceania and Arab World) were trained on the process of WBTi and the new financial tool of WBCi. The list includes: Brunei Darussalam, Cambodia, Gambia, Iran, Mauritius, Myanmar, Seychelles, Singapore, Palau, Federal States of Micronesia (FSM), Republic of Marshall Islands, Yemen, United Arab Emirates, Lebanon, Libya, Saudi Arabia, Morocco, Oman, Bahrain, Kuwait, Egypt, Jordan and Algeria. Participants of these workshops understood the process well and plans of action for implementation of the assessment of national policies and programmes were developed. Four trained countries from Asia region- Singapore, Myanmar, Brunei, and Palau – have already presented the plan and preliminary WBTi findings at the One Asia Breastfeeding Partner’s Forum held at Brunei in 2014. The reports from some of these countries are under verification with the RCO before completing the assessment and uploading of final reports on the web portal. There was tremendous support received from the Governments and Ministries in some of the regions, in particular in Oceania and Arab World, where the Ministry of Health was part of the training process. Also UN agencies/WHO partnered for the WBTi training in the Arab World.

Introducing WBTi into the Arab World

Saudi Arabia: the WBTi and WBCi tool has been introduced to the members of the National Committee to encourage breastfeeding and permission was sought to undertake the assessment.

Oman: WBTi and WBCi have been introduced to the Ministry of Health; permission sought to undertake the assessment in 2015.

National achievements in Asia

Taiwan: Major achievement is Code being finally implemented as law, after tremendous efforts and lobbying. Infant formula is one of the special dietary foods, which is not allowed to be advertised to the public. Promotional devices such as free samples, gifts, discounts, coupons, special displays, and tie-in sales are prohibited. **Indonesia:** Has a law on exclusive breastfeeding in place since 2013. The Indonesian Ministry of Health has a national recommendation on breastfeeding and HIV. They have started a program to revitalize BFHI, with an objective of adoption of the 10 steps of BFHI to be implemented in health facilities across Indonesia. **Mongolia:** Maternity protection was updated and now there is 2 hours paid break for mothers of breastfeeding babies up to six month while 1 hour paid break for babies over 6 month. Government is planning to update BMS law in 2015 to make it stronger and some budget is allocated for this activity. **Hong Kong SAR:** Major impact of WBTi assessment has been improved national coordination. The committee on promotion of breastfeeding was established in April 2014, chaired by Undersecretary for food and health. Country has developed a 3-year action plan on support of breastfeeding in the community formulated in November 2014. Progress in number of BFHI hospitals has been observed over the years. Law has been passed for grant of 3-day paternity leave and also regulation on the requirements on nutritional composition of infant formulae and nutrition labelling of infant formulae, follow-up formulae and pre-packed food for infants and young children. **Afghanistan:** WBTi has led to remarkable change in the policy situation. There has been a great change in Baby Friendly Hospital Initiative with increase in number of hospitals. The Government has developed the IYCF policy and strategy as well as the IYCF communication strategy. The procedure for development and implementation of a measure to regulate marketing of breastmilk substitutes has been initiated with national BMS committee.

Bangladesh: The government developed and adopted a new BMS Act 2013, a legally binding measure to and disseminated in the country. BFHI hospitals have been revitalized countrywide and monitoring process is on-going. Six months maternity leave has been announced for private sector and large number of health staff have been recruited to ensure maternity support. National nutrition policy has been developed and capacity building on IYCF is being conducted regularly throughout the country. **India:** The major impact has been seen in the National Food Security Act 2013, pregnant women and lactating mothers, besides being entitled to nutritious meals as per the prescribed nutritional norms will also receive maternity benefit of at least of INR 6000 (approximately 100 USD). These benefits have been recognised as part of the fulfilment of the Right to Food for the infants of 0-6 months of age. This achievement is a result of continued advocacy over years. Also this advocacy has led to inclusion of a well-conceptualized section on nutrition, dealing especially with 'infant and young child feeding', in The 12th Plan chapters on 'Women's Agency and Child Rights' and 'Health' of the Planning Commission, Government of India. This strengthens the intent for action to be taken on breastfeeding and infant and young child feeding issues. Government of India has enhanced focus on under-3s and included care and nutrition counselling service for mothers of under-3s in their new policy document on child development. **Nepal:** WBTi has helped in bringing together multiple partners including government, professional organization, INGO's, NGO's, Women & Children's right groups on the same platform and the political commitment by government has increased. The government has published National Guidelines on IYCF and training is being conducted for various levels of health professionals on IYCF. They have developed emergency preparedness plan and response which clearly addresses the infant feeding during emergencies and also the National Guidelines on HIV/AIDS strategy and guidelines on prevention of mother to child transmission of HIV. WBTi therefore acts as a tool for the government to become aware of the exact situation and existing policies.

National achievements in Africa

Seychelles was trained on WBTi and assessment conducted. The draft report showed the lowest performance was in the area of BFHI and the main commitment from Ministry of Health was to ensure that the 3 hospitals in the country would be supported to become Baby friendly. This activity was then planned for accordingly.

One regional WBTi report was compiled and an analysis of the status of IYCN in the region was carried out for the period 2008 to 2013. The 15 countries included **Botswana, Cameroon, Cape Verde, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Sao Tome & Principe, Swaziland, Uganda, Zambia and Zimbabwe**. The report gives a regional perspective of the implementation of the Global Strategy on Infants and Young Child Feeding. The performance in relation to policies and programmes for the 15 countries in 2008/09 was relatively good in the areas of Health and Nutrition System, the Information System, and HIV and Infant Feeding. This can be attributed to better integration within the existing health care delivery systems. Comparatively poor performance was in the areas of BFHI and Maternity Protection. Scaling up of BFHI was planned for the first half of the year for Seychelles, Swaziland and Uganda. **Kenya** was noted to be the country leading in the implementation of policies and programmes in IYCF and therefore this could have partly contributed to the observed increase in Exclusive Breastfeeding rates from 11% in 2008/09 to 61% in 2014 according to the Kenya Demographic and Health Survey. In relation to IYCF practices in the 15 countries, initiation of breastfeeding (54.9%) and exclusive breastfeeding (44%) were comparatively better than the other practices with **Malawi** leading in the total score (coded green) compared to the other 14 countries. In 2012, 5 countries (Cameroon, Malawi, Mozambique, Uganda and Zimbabwe) undertook re-assessments. The change in overall performance of policies and programmes revealed significant improvements in the areas of Health and Nutrition Systems, Mother Support and Community Outreach, and HIV and infant feeding; the greatest improvement in relation to IYCF practices in 2011/12 was in initiation of breastfeeding and complementary feeding.

Composite performance for policies, programmes and practices between the two assessments revealed improvement in **Cameroon and Uganda**.

The World Breastfeeding Costing Initiative (WBCi)- developing national financial plans

The World Breastfeeding Costing Initiative (WBCi) financial planning and budgeting tool got a wider acceptance as a logical next step to the WBTi assessment of policies and programmes and developing a plan of action based on the assessment. The tool was introduced in 17 countries as well as during the 2014 World Health Assembly (WHA) (see below). Training workshops on the tool were organized in the countries across the globe. With the introduction of the WBCi tool, a country now has a complete set of processes at her disposal, namely, WBTi to assess implementation of the Global Strategy for IYCF, find gaps and prepare a national action plan for bridging the gaps and using WBCi to develop a financial plan.

WBCi launched at World Health Assembly (WHA)

In pursuit with the recently acquired status of Official relationship with the World Health Organisation (WHO), IBFAN launched The World Breastfeeding Costing Initiative (WBCi) tool at the World Health Assembly (WHA) at a side event on 21st May 2014 in Geneva. We partnered with WHO and the Ministry of Public Health, Afghanistan. Participants included representatives of many member states, UN agencies, observer organisations and individual experts. In the launch meeting moderated by IBFAN-GIFA, Dr. Arun Gupta, regional coordinator, IBFAN Asia introduced the World Breastfeeding Costing Initiative, and explained the process of developing the tool through extensive discussions with economists, health professionals, and civil society organizations and its testing with several governments to ensure that it met their needs adequately. Dr. Julie Smith, health economist with the Australian National University, highlighted the urgent need to invest in breastfeeding. Dr. Homayoun Ludin, Ministry of Public Health, Afghanistan, explained how his ministry has used the tool for development of plans of action, accurate budgets and fundraising from donors. Alessandro Iellamo, consultant with IBFAN Asia, explained the contents of the tool and in a short video demonstrated the use of the excel-based tool, generating a lot of interest amongst participants. Dr. Francesco Branca, Director Nutrition, WHO, appreciated the work of IBFAN in developing this tool, noting that easy-to-use standard tool can be used by countries to both plan and budget for implementing the *Global Strategy* and to track availability and movement of resources. He suggested that WBCi tool may be integrated with the One-health tool, a UN integrated Costing Tool.

Training on World Breastfeeding Costing Initiative (WBCi)

A training workshop on World Breastfeeding Costing Initiative (WBCi) was organised by the **IBFAN Asia** team for Regional Coordinators of IBFAN - LAC, IBFAN - North America, IBFAN – Afrique and IBFAN -- Africa in Geneva on 18th May 2014. Participants were trained in the use of the tool and also to provide trainings to other IBFAN members in their regions with the resource material provided in the workshop. Launch meetings were organised in many countries including in Palau (3 countries of Oceania region), Philippines, Oman, Malaysia, Australia and Egypt (12 countries of Arab World).

Training workshops for the use of the tool were organised in Peru (15 countries), Maldives, Nepal, Afghanistan, and Bangladesh. Country governments are responding positively in accepting the tool and using it for financial planning of IYCF programmes e.g. in Afghanistan, during the national training programme, it was recommended that each participating organization would train their financial and management staff on WBCi tools and prepare budget based on current WBCi documents. **IBFAN Africa** introduced the WBCi tools to the 4 countries of Uganda, The Gambia, Seychelles and Zimbabwe and the participants appreciated the tool indicating that it was very useful for their budgeting and wondered whether it could also be adopted for budgeting for other health related interventions and not only IYCF. The countries also indicated that the tool was very comprehensive and covered all areas where costs may be incurred during programming; however the countries needed more time to understand and practice the tool which the RO will focus on in

the next planned trainings.

Integrating the Human Rights approach

IBFAN-GIFA spearheaded the work on integrating the Human Rights (HR) approach to breastfeeding. This was achieved in various ways. As mentioned above, IBFAN-GIFA submitted **16 alternative reports** on the situation of infant and young child feeding to the Committee on the Rights of the Child (CRC Committee) and incorporated the results of prior WBTi assessments whenever possible. A new strategic approach was adopted: earlier CRC recommendations on IYCF (if any) were systematically mentioned in IBFAN alternative reports. This strategy has proven to be effective: **CRC Committee has reiterated some of its previous recommendations, pointed out as unfulfilled** (e.g. Turkmenistan). IBFAN-GIFA also used other channels to inform CRC Committee, including participation in the international seminar “The rights of the child, the business sector and the international legal framework” and organization of a briefing on the importance of breastfeeding for the fulfilment of children’s rights in collaboration with UNICEF NY and WHO during the CRC 65th session (January 2014). IBFAN-GIFA also submitted a written contribution (<http://breastfeedingandhr.blogspot.ch/2014/08/written-contribution-to-committee-on.html>) to the CRC Day of General Discussion 2014 on Digital Media and Children’s Rights and made an oral statement to shed the light on new digital marketing strategies used to promote industrial baby foods at the expense of optimal breastfeeding practices. (<http://breastfeedingandhr.blogspot.ch/2014/09/oral-statement-to-committee-on-rights.html>). Finally, on the occasion of the 25th Anniversary of the United Nations Convention on the Rights of the Child, IBFAN issued a written statement to congratulate the State parties as well as the CRC Committee for the work that they have achieved with the aim of realizing children’s rights at global scale. (<http://www.gifa.org/ibfan-statement-on-the-occasion-of-the-25th-anniversary-of-the-convention-on-the-rights-of-the-child/>). As a direct outcome of this multidimensional advocacy, the CRC Committee issued specific recommendations on breastfeeding to 65% of the reviewed countries, which constitutes an important increase compared to the 2013 figures (specific breastfeeding recommendations to 35% of reviewed countries). In terms of follow-up of the CRC recommendations, reports and articles have been posted in real time after each country’s review on the blog <http://breastfeedingandhr.blogspot.ch/>, and also promoted through IBFAN-GIFA Facebook <https://www.facebook.com/> and Twitter https://twitter.com/IBFAN_GIFA. All post-session reports are available on the above-mentioned blog Breastfeeding and Human Rights. In addition, all IBFAN alternative reports to the CRC committee are posted on IBFAN website (<http://ibfan.org/reports-on-the-un-committee-on-the-rights-of-the-child>). IBFAN-GIFA delivered a training session entitled ‘Breastfeeding and the International Code from a Human Rights Perspective’ at the Regional Training Course on ‘Implementing the International Code of Marketing of Breastmilk Substitutes’, Indonesia, October 2014. The session focused on the different instruments enshrining breastfeeding and the International Code at the international level. Direct output: Some 22 participants from 8 countries were trained. They showed great interest for the topic developed and expressed their will to contribute in the reporting process to the CRC Committee in the future. IBFAN-GIFA’s input into the development of the “OHCHR Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age” was fully reflected in the final document. Direct output: The Guidance enshrines breastfeeding support and protection and more specifically, calls for implementation of the International Code. (<http://www.ohchr.org/Documents/Issues/Children/TechnicalGuidance/TechnicalGuidancereport.pdf>). IBFAN-GIFA joined the Treaty Alliance, a group of networks and organizations collectively working to organize advocacy in support of a legally binding international regulation to address corporate human rights abuses. A discussion paper entitled “*Why non-binding international regulatory instruments do not work: A case study on breastfeeding protection*” was developed and active part was taken in the Week of Mobilization to support the adoption of a HRC resolution on the

elaboration of an international legally binding instrument on transnational corporations and other business enterprises with respect to human rights. IBFAN-GIFA also co-organized a Treaty Alliance side event during the 26th session of the Human Rights Council and informed participants about breastfeeding from a human rights perspective. As a result of this joint advocacy effort, the Human Rights Council adopted the resolution 26/9 despite strong opposition from the EU and US.

Second International Conference on Nutrition (ICN2) process

Starting in 2013 and throughout 2014, **IBFAN-GIFA** worked with NGO allies from the right to adequate food and right to health movements, to ensure full participation of public-interest civil society organizations (CSOs) and social movement (SM) in the process leading to the conference (open-ended working groups, briefing with the UN and member states etc.) and at the conference itself. IBFAN-GIFA played a key role as a focal point of the CSO/SM Liaison group for WHO and with ally SCOs and social movements (CSO/SM Liaison Group), engaged in discussions and negotiations with WHO, FAO and representatives of member States in the Joint Working Group for ICN2 to secure participation of public-interest CSOs and social movements in the process towards the second International Conference on Nutrition (ICN2). The office also provided input at all entry points (e-consultations, open-ended working groups, briefings for missions and responses to suggestions for text) to ensure adequate reflection of breastfeeding in the ICN2 outcome documents. One key challenge has not been addressed throughout the ICN2 process with success: Although CSOs and social movements collectively expressed on every occasion their profound disagreement with the “multi-stakeholder” model of the WHO/FAO organized briefings and the Open-ended working group’s arrangements which put the private corporate sectors and CSOs/SM on the same footing under the generic term “Non State Actors”, our concerns were ignored. Neither WHO nor FAO recognized the fundamental difference between the two constituencies, and the blurring of the lines between those who work for public interest and those who pursue profit, and thus major risks to the policy-making process such as ICN2 created by undealt with conflicts of interest. Thus, unfortunately, the ICN2 process created privileged spaces for the corporate sector to the detriment of human rights and public interest.

Major achievements in the ICN2 documents

The CSO/SM Liaison Group secured CSO/SM participation in the ICN2 process as well as at the conference. The final outcome of the ICN2, the *Rome political declaration and Framework for Action*, (RD -<http://www.fao.org/3/a-m1542e.pdf><http://www.fao.org/3/a-m1542e.pdf>) and the Framework for Action (FFA -<http://www.fao.org/3/a-mm215e.pdf><http://www.fao.org/3/a-mm215e.pdf>) contain reasonably adequate breastfeeding language. However, CSO/SM expressed a number of concerns regarding the lack of life cycle approach, global food systems, and human rights approach in the final documents. Furthermore IBFAN partners are concerned with the multi-stakeholder model (as mentioned above) that prevailed in the WHO/FAO deliberations. On a positive note, **IBFAN**’s engagement, supported at the CSO/SM and ICN2 by **WABA**, also resulted in increased understanding among our closest allies that breastfeeding represents the first act of food sovereignty. CSO/SM involved in the process have been sensitized to issues pertaining conflicts of interest in policy-making arena and mobilized to act. The CSO/SM group’s call for strengthening of the role of CFS in the nutrition governance, and WHO’s role in it, to ensure transparent intergovernmental policy-making processes and decisions in the ICN2 follow up process seems to have found a fertile ground. However, the CSO/SM Liaison Group will have to find ways of working together and ensuring that the CFS, currently an intergovernmental body with tri-partite representation, is not overhauled into a multi-stakeholder governance body. Were this to happen, all the efforts of the CSO/SM group to strengthen democratic governance for nutrition, may result in a failure.

Expanding the base of breastfeeding advocates in the ICN2

IBFAN Africa disseminated all input documents in the pre-ICN2 conference to all the African countries in order to help them prepare for this important conference. **WABA** led work on a focused Statement with a Call for Action to further emphasize the role of breastfeeding as a crucial part of the nutrition debate. The WABA Statement to ICN2 asserted that the Protection, Promotion and Support of Breastfeeding is a human right, and is a vital component of any concrete response that governments and relevant UN agencies intend to take in tackling the critical problems facing countries on nutrition. To maximize outreach and impact of the Statement to ICN2, WABA ran an endorsement drive, and got the endorsements of WABA Core Partners and Allies: ABM, IBFAN, ILCA, LLLI, Wellstart International; the Carolina Global Breastfeeding Institute (CGBI - University of North Carolina), the International Confederation of Midwives (ICM), the International Society of Social Pediatrics and Child Health (ISSOP), and the People's Health Movement (PHM), as well as 109 organisations from the breastfeeding network. (<http://www.waba.org.my/pdf/statement-waba-icn2.pdf>) At the Opening of NGO/CSO Forum re ICN2, the WABA Statement was presented to Dr Francesco Branca, Director of the WHO's Department of Nutrition for Health and Development, with who IBFAN-GIFA ensured direct liaison throughout the year-long process. At the ICN2 Closing Ceremony, the WABA Statement to ICN2 was presented to the Director General of UN FAO, José Graziano da Silva, with who and his cabinet IBFAN-GIFA had directly advocated, as part of the Liaison Group, through briefings and face-to-face meetings throughout the ICN2 drafting process.

WABA, IBFAN-GIFA, IBFAN AFRICA, IBFAN ASIA and IBFAN representatives from other regions attended the preceding Public Interest Civil Society Organisations (CSO) Forum between November 17-18, co-organized and co-facilitated by IBFAN-GIFA. The Forum, which was attended by 150 individuals from 107 civil society organizations and social movements, representing a range of concerns from fisheries to migrant peoples. WABA and IBFAN's role was to ensure that breastfeeding protection, promotion and support were given sufficient prominence in the CSO statement presented in plenary to the member states of WHO and FAO and other actors. IBFAN together with colleagues from the right to adequate food movement coined a term "breastfeeding: the first act of food sovereignty", which resonates with social movements who lead the "food sovereignty" campaign. WABA and IBFAN-GIFA subsequently attended the ICN2 itself from November 19th-21st, and heard the CSO statement, co-drafted by both IBFAN-GIFA and WABA, subsequently presented by 3 representatives of the group from different regions of the world, which significantly included the text: "*Breastfeeding is the first act of food sovereignty in all its dimensions. The support of breastfeeding and optimal young child feeding must be an integral part of health care systems and health policies, and free from commercial influence...*" (<http://www.fao.org/3/a-at641e.pdf>)

Additionally, WABA volunteered to articulate NGO/CSO concerns via a Malnutrition Clock through: i) A video WABA helped to create, and was a hit on social media! (<https://www.facebook.com/video.php?v=10152574812017833&set=vb.645017832&type=2&theater>); ii) The Nutrition Clock posters WABA created, which (with the video) was a highlight of the NGO event and protest action, and was featured on Italian TV!

<https://www.facebook.com/252424138273454/photos/a.336279173221283.1073741829.252424138273454/336277093221491/?type=1&theater>

Ensuring national follow up on ICN2

The **WABA** and **IBFAN** teams talked to a number of government representatives and CSOs to promote the statement with its call for action in the follow up to the ICN2. Delegations lobbied at ICN2 proper included among others those from: Afghanistan, Bangladesh, Brazil, Cape Verde, China, Cuba, Denmark, Dominican Republic, Ecuador, Egypt, Ireland, Indonesia, Italy, Japan, Laos, Malaysia, Malawi, Mauritania, Mexico Netherlands, Norway, Thailand, Trinidad and Tobago, Philippines, Pakistan, Senegal, Sri Lanka, Sudan, Swaziland, UAE, Uganda, Vietnam, Yemen, Zambia, Zimbabwe, and the European Union representative. The lobbying and outreach undertaken focused on the call

for the protection, promotion and support of breastfeeding to be a major component and indicator of the post MDG/SDG discussions. The ICN2 outcome documents contain clear and helpful recommendations on IYCF and WHO has begun translating the declaration and Framework for Action into a more practical set of action areas to be approved in 2015 by its governing bodies. As IBFAN is in Official relations with WHO and directly involved in the WHO's work through a joint workplan (e.g. project NetCode), a sustainable effort can be predicted in the years to come. However, it needs to be noted that successful engagements in key high-level political processes (such as ICN2, Human rights Council negotiation on the business and human rights treaty, WHO reform, CFS etc.) are extremely difficult to manage without the assistance of supplementary human and financial resources. To achieve impact, a strong collaboration with like-minded CSOs and social movements is essential for charting the strategy, and then bringing on board a wide spectrum of other CSO allies. A major challenge that requires time to overcome is the uneven level and sometimes a lack of in-depth knowledge of the political landscape among the civil society actors. IBFAN-GIFA continues playing the liaison role for the CSO group with the WHO.

Impacting on the Sustainable Development Goals and Right to Food Guidelines

WABA Core Partners were asked to respond to the UN call for comments on the Sustainable Development Goals by either joining with WABA in a collective response, or as individual organizations, or both. WABA was able to input significantly on breastfeeding issues in the Global Right to Food and Nutrition Network (GRtFN) and its main publication Nutrition WATCH 2014 entitled *“Ten Years of the Right to Food Guidelines: Gains, Challenges and Concerns”*, via Dr Marcos Arana (WABA's representative to the WATCH Board and a member of IBFAN Latin America). Dr Arana wrote two articles for the Publication: i) Focusing on Breastfeeding and Emergencies; and ii) Focusing on People Centered Food Sovereignty asserting how *“Donations and untargeted distribution of breast-milk substitutes and ready-to-use foods (RUFs) together with the distribution of globally marketed seed varieties, create dependence, discourage breastfeeding by interfering with women's options to decide the best manner in which to feed their children, erode local food culture, and undermine food sovereignty”*. WABA also argued that *“while included in the Voluntary Right to Food Guidelines, current statistics show that breastfeeding rates are abysmally low across the globe due to a confluence of factors including aggressive marketing of breastmilk substitutes, and lack of political will and a reluctance to make resources available by governments”*. WABA publicized WATCH 2014 via a Press Release sent via Mailblast, via sharing on WABA FB pages and on WABA website's Advocacy section –reaching a total of 34,340 WABA activist contacts. (Oct 8 entry: <http://www.waba.org.my/whatwedo/advocacy/index.htm>). Additionally, WABA sponsored Dr Arana's travel to Rome for the launch of the WATCH 2014 publication on 8 October 2014, to augment in the Press Conference and discussions; and attend the special Side Event organized by GRtRN during FAO's commemoration of the 10th Anniversary of the Right to Food Guidelines that took place during the 41st session of the Committee of Food Security (CFS41) on Oct 13 (<http://www.fao.org/cfs/cfs-home/cfs41/en/http://www.fao.org/cfs/cfs-home/cfs41/en/>) involving FAO officials, with good responses to his inputs. For the same issue of the WATCH, IBFAN-GIFA was a core reviewer of an article by Stineke Oenema, ICCO Cooperation, “From ICN1 to ICN2: The need for strong partnerships with civil society”, [http://www.rtfn-watch.org/fileadmin/media/rtfn-watch.org/ENGLISH/pdf/Watch_2014/Watch_2014_PDFs/R t F a N Watch 2014_eng.pdf](http://www.rtfn-watch.org/fileadmin/media/rtfn-watch.org/ENGLISH/pdf/Watch_2014/Watch_2014_PDFs/R_t_F_a_N_Watch_2014_eng.pdf). The article was prepared as a contribution to a larger effort by civil society organizations to advocate for greater inclusion of civil society organizations and social movements into the ICN2 preparatory process as well as to strengthen the outcome documents of the then upcoming 2nd International Conference on Nutrition (ICN2). The article emphasized the role civil society should play in the ICN2 process to ensure democratic input. IBFAN-GIFA also attended the above mentioned events as part of its participation in the Civil Society Mechanism/CFS and the second Open-ended WG on ICN2.

Food rights and sovereignty in Africa

A briefing paper on Food Security and Food Sovereignty in Africa was developed by **IBFAN Africa**. The paper is part of a series of 4 briefing papers that are being published and will be released to the network for dissemination. The papers were written with the view to stimulate critical thinking about our national, regional and indeed, continental policies and what impact will they have for generations to come, in as far as food and nutrition issues are concerned for the people of Africa.

The Briefing papers encourage discussion on the right to health and adequate food worldwide for disadvantaged groups of people in society through the promotion of democratic participation, rule of law and pro-active engagement of civil society.

Area 2 - Building IYCF Capacity at All Levels

Indicators

Number of countries participating in capacity building

3 (Burkina Faso, Niger, Gabon)-2 year ANJE project.

The 31 personnel trained in Mauritius included medical staff who work in institutions.

In Ethiopia, the Counsellors were taken through a 6.5 day training in rural, Assosa, Benishangul-Gumuz Region. Practical sessions were undertaken in the community. BFHI Assessors training was also conducted for 25 health workers in two hospitals in Oromia region.

Training programmes happened in 3 countries - India, Nepal, Afghanistan.

Number of training workshops

India: National (Master) trainers: 1, Middle Level Trainers (state and district level): 20, Counselling Specialists: 7

6 workshops by IBFAN Afrique(2 Gabon, 2 Burkina Faso, 2 Niger) and forum theatre.

Four training workshops were conducted in Africa: Two in Ethiopia for community IYCF and one for BFHI Assessors training and one in Mauritius. Total 4 workshops.

Number of personell trained

In Mauritius 31 personnel were trained and in Ethiopia 20 Trainers were trained , and 25 BFHI Assessors

In India: Institutional level Counselling Specialists: 212 and Community level Counsellors: 3868

Gabon: 28 health workers, 25 community workers

Burkina Faso: 25 health workers, 68 community workers

Niger: 45 health & social workers and 84 community workers

Theatre- sensitization: 917 persons in 6 performances

Number of trainers of trainers

India: National (Master) trainers: 7 and Middle Level Trainers (state and district level): 398

29 Master trainers were trained in Ethiopia.

Number of mother support systems/groups in communities

30 mothers from 30 villages trained as agents of change (Burkina Faso).

Peer Counseling training module under development.

Outreach to frontline health workers/midwives through International Confederation of Midwives.

Examples of outputs

Sensitization of African and Asian institutional and community actors in IYCF

With 2-year funding (2014-2015) from the Ville and Canton of Geneva and small support from SIDA, **IBFAN-GIFA** supported breastfeeding protection, promotion and support in Francophone Africa

through the IBFAN Afrique regional coordinating office (RCO) in Burkina Faso. Focus countries: Gabon, Burkina Faso and Niger. In 2014, a planning meeting was held with partners from all 3 countries and with participation of IBFAN-GIFA, in the IBFAN Afrique RCO in Burkina-Faso. Following project planning, 3 day training workshops for health workers and community workers on breastfeeding / IYCF were carried out in all 3 countries (*detail above*). IEC materials were also produced, and community sensitization carried out in chosen areas (Gabon: quartiers of Libreville, Niger: certain quartiers of Niamey, and Burkina-Faso district of Sapouy). An IBFAN-GIFA staff member participated in the training of health workers in Gabon Libreville, together with the lead trainer from the IBFAN Afrique RCO. On the occasion of World Breastfeeding Week in Gabon, IBFAN members participated in a TV programme to sensitize the public on the importance of breastfeeding, in collaboration with the National Center for Nutrition; in Niger, a spot was broadcasted for 3 months, and 107 CDs and videos with a breastfeeding spot disseminated in 4 languages (3 local); radio spots was disseminated for 6 months in Burkina Faso. 2 key staff members from IBFAN Afrique RCO also participated in the WHA IBFAN lobbying team in Geneva, and met up with the Swiss donors (as well as with ICCO staff) at this occasion.

IBFAN Africa held a training course in Mauritius for medical staff who work in institutions. These were taken through a 3 day breastfeeding counselling and support course. Medical doctors are trained outside the country and thus their Curricula differ from place to place. The course helped to standardize their approach to breastfeeding management. In **Ethiopia**, the Counsellors were taken through a 6.5 day training in rural, Assosa, Benishangul-Gumuz Region. Practical sessions were undertaken in the community. BFHI Assessors training was also conducted for 25 health workers in two hospitals in Oromia region. In **Ghana**, 22 peer counsellors from the existing youth groups, market vendors and church leaders were trained on breastfeeding management and the outcome from the training included launching of “youth for breastfeeding groups”; and breastfeeding peer groups in market places. In **Tanzania**, one of the IBFAN groups - COUNSENUTH mobilized a community in Chanika, based in one of the city sub-urban districts (Ilala) in Dar es Salaam. A community support group was formed by a group of 5 women and 5 men in one ward in 2010 and has since expanded to 41 members in 3 wards in 2014. The aim of the group is to provide education and peer support to pregnant women and mothers with children below two years in order to increase the practice of exclusive breastfeeding and improve maternal nutrition as a strategy to increase the rates of exclusive breastfeeding at 6 months. COUNSENUTH trained the group on basic child nutrition knowledge and counseling skills as well as pregnancy risk factors. As a result, there is greater awareness in these communities about pregnancy, breastfeeding, complementary feeding, pregnancy risk factors and positive health seeking behaviors such as early attendance to clinic for pregnant women, initiation of breastfeeding, and exclusive breastfeeding, have increased. This good practice is being replicated by COUNSENUTH within other ongoing programs in communities in Morogoro, Dodoma, Manyara, and Ruvuma (Tunduru and Songea DC). In **Uganda**, 2 youth groups in one of the remote districts in South West Uganda (Kasese) reported with high rates of stunting have been supported in order to improve the IYCF practices as a strategy to prevent malnutrition in their catchment communities. The organization implements a community based nutrition programme aimed at strengthening existing nutrition interventions, rehabilitating the malnourished to reduce levels of childhood malnutrition. This approach is based on the principles that solutions to community problems already exist within the community– and also utilizes knowledge within the community settings for successfully treating as well as preventing malnutrition. A total of 7 children were successfully treated with the locally available foods while caretakers of 195 children were given skills on prevention and treatment of malnutrition using locally available foods coupled with appropriate breastfeeding practices through the Community Based Nutrition programme in 2014. In the year 2013, **IBFAN Asia** trained teams of national trainers from Nepal and Afghanistan in a two weeks training programme using Infant and Young Child Feeding Counselling: The 4 in 1 (an integrated Course on Breastfeeding, Complementary feeding, Infant Feeding & HIV and Growth Monitoring- Counselling) in New Delhi. The team from Nepal utilised its skills and trained 8 Master

trainers and 37 counsellors at Kathmandu, Nepal Institute of Medicine, Tribhuvan University Teaching Hospital, Maharajgunj Medical Campus Maharajgunj, Kathmandu, Nepal on February 9th to 28th, 2014. Master trainers trained in the workshop have further strengthened the training capacity of Nepal Breastfeeding Promotion Forum. The counsellors trained in the workshop will provide IYCF counselling services at district level hospitals. Similarly, the skills of the team of trainers from Afghanistan were utilised by the Ministry of Health, Government of Afghanistan to organise a 4 in 1 training programme for its' provincial officials in November 2014 in which 6 national trainers and 24 counselling specialists were trained. In 2014, BPNI/IBFAN Asia conducted several training of health and nutrition care providers of government programmes in many states of India using the '4 in 1' training' programme, including a Master Trainers' training course, training of Counselling Specialists, Middle Level Trainers and Frontline Workers. These trainings covered several states in India.

Health professional training

WABA was to have hosted the 6th Breastfeeding Advocacy and Practice Course in Penang in 2014. However, despite concerted marketing the BAP course had to be deferred to 2015 due to poor responses from potential participants. The on-going discussion with ICM regarding collaboration—including concretisation of collaboration and expansion of the scholarship programme—also had not concluded in time. The postponement was made in order to rework the financing aspects of the course, and to better target BAP participants. WABA had to build a relationship with ICM who are new to the WABA network. In the process, WABA also established cooperation channels with partners who will identify and target participants through scholarships. Partners involved are: ICM, ILCA, and UNICEF (Bangkok and Malaysia), plus the organisations reached through scholarships. We will also strengthen the alumni network through alignment of focus through the ILCA fellowship arrangement.

Increasing awareness about peer counselling- developing a training module

In 2014, **WABA** and its Core partner, La Leche League International (LLLI) discussed and worked towards the establishment of the Global Breastfeeding Peer Counsellor (PC) Programme. A survey had been undertaken and results were assessed during the WABA SC meeting in June 2014. Subsequent discussions initially focussed on development of a 'Working Women module for PCs' with different options, content, methodology/teaching approach etc, which was to be built on what already exists within LLLI and WIC material. Also assessed was the link of the module to the LLLI PCPA (Peer Counselling Programme Administrators) programme. The Peer Counselling Programme (PCP) Working group was formed and PC Curriculum development initiated. In the works is a WABA/LLLI Global Breastfeeding Peer Counselling Training Programme specifically geared to train Peer Counsellor Program Administrators. The WABA/LLLI PCP trainings would target NGOs, organisations and individuals who would like to become Peer Counsellor Program Administrators to start a Peer Counsellor Programme in their part of the world.

Outreach to midwives

In 2013 **WABA** reached out to the International Confederation of Midwives (ICM) with an offer of a full scholarship for a young midwife-member of the Asian region of their network to attend the BAP course. This initiative was successful with a midwife from Indonesia attending, and subsequently undertaking good follow-up outreach on knowledge gained via her participation. This outcome was shared at the WABA SC meeting in June 2014, and the recommendation was made for WABA to continue to build on the Scholarship project with ICM, as a good way of outreaching to more midwives in the region; as well as strengthening the relationship with ICM globally. To formalise and broaden WABA-ICM collaboration, WABA representatives met with ICM President Frances Day-Stirk in London in July 2014. By Oct 2014 WABA developed a draft Memorandum of Understanding (MOU) with ICM towards improving conditions for optimal infant and maternal health and survival through the protection, promotion and support (PPS) of breastfeeding throughout the reproductive continuum, and shared it with ICM leadership to discuss at the board level.

Area 3 - Addressing especially Challenging Environments/Situations, including gender inequalities

Indicators

Number of documents/updates developed on challenging environments, including gender inequalities

Formula for disaster booklet.

A brief on Breastfeeding and Climate change –whose message is “Breastfeeding protects not just the health of our children and women but also protects the health of our planet!” was produced.

Updated HIV and Breastfeeding Information Kit draft.

Code monitoring in emergency situations

A Code monitoring tool in IFE developed together with GIFA was pre-tested in the refugee camps in Ethiopia (with large influx of humanitarian refugees from neighbouring countries).

Gender mainstreaming

Training workshop in India.

Gender training modules in draft form.

Maternity protection study commissioned by Zimbabwe government.

Commemoration of International Women’s, Labour and Fathers’ Days.

Examples of outputs

Leadership in HIV and Infant feeding issues

Working groups

Through the **IBFAN Africa** working group on HIV and Infant feeding there have been continued messages based on the WHO Guidelines of 2010, of promoting exclusive breastfeeding even for HIV positive lactating mothers. These messages were sent as weekly facts on the social media.

IBFAN Asia Working group on HIV and Infant feeding continued to share new information on the subject and also provided expert opinion on queries posted to it. Planning is on for developing a report on HIV and Infant feeding, based on WBTi assessment report.

HIV and Infant Feeding information kit

In December 2012, **WABA** launched the long awaited HIV and Infant feeding information kit which clarified the latest WHO guidelines and scientific evidence, entitled “Understanding International Policy on HIV and Breastfeeding: a comprehensive resource”- which included feedback and comments from Consortium partners. During the WABA Extraordinary Breastfeeding Partners Meeting and special SC meeting in Dec 2013, discussions were held on how to involve the WHO in a review process of the Kit, with the view of having WHO endorse and promote the Kit via their regional and country offices. To do this it was decided that the Kit needed to be reviewed and updated. In 2014, the main writer of the kit and WABA consultant, Pamela Morrison, and review team members, Ted Greiner and Regina De Silva, updated the Kit. WABA plans to get endorsement from WHO for the purpose of wider dissemination, uptake and impact of this unique product in 2015. However, we will await conclusions of the WHO planned consultation to ensure the review is consistent with the latest expert conclusions.

IYCF in emergencies

IBFAN-GIFA has maintained its collaboration with the interagency IFE Core group, albeit at a reduced level due to lack of capacity of the office. However, this collaboration can be anytime renewed and upgrade, provided the office is strengthened. IBFAN-GIFA has a very good reputation and are still

called upon for strategic advice, such as provision of information on issues pertinent to distribution and use of infant formula in the Syria crisis and input in drafting of joint statements on IFE in emergency response (Turkey/Syria crisis). A section on infant feeding in emergencies has also been included in all alternative reports submitted to the CRC Committee, informing them on the level of implementation of the Operational Guidance for emergency relief staff and programme managers (see: http://www.who.int/nutrition/publications/emergencies/operational_guidance/en/) in each country under review. **IBFAN Africa** conducted a code monitoring exercise in 2 refugee settings in Dollo Ado and Gambella hosting the Somali and South Sudan refugees respectively. Whereas the Dollo Ado refugee settlement has been in place since 2010, that of Gambella was established in 2013 when the current political situation in South Sudan escalated. The Code monitoring exercise showed no reported violations in the settlements, however it was clear that the IYCF practices among the refugees required more attention especially in Dollo Ado settlement with the rates of exclusive breastfeeding ranging from as low as 37.5% to 77% in some camps compared to that of Gambella that ranged from 52.2% to 73% in some camps; continued breastfeeding at 2 years at 28.3% and 70.5%; bottle feeding at 12.8% and 4.0%; Infant formula use at 17.4% and 4.9% and use of Ready to Use Supplementary foods (RUSF) at 69.1% and 25.2% for Dollo Ado and Gambella respectively. Given the results, the rates of infant feeding practices were noted to be poorer in Dollo Ado than Gambella. The levels of Global Acute Malnutrition have remained high at 20.6% and 28.0% in Dollo Ado and Gambella respectively and therefore classified as critical ($\geq 20\%$) of public health significance according to WHO. Asked where the Infant Formula was obtained, the respondents indicated that the source was mainly from the nearby markets or sent from their relatives abroad. From these findings, there is need for more intensive support for IYCF in emergencies as these rates are unacceptable. The use of RUSF has not had much impact on reducing malnutrition. This strengthens IBFAN's view that community' commercial or market led interventions has little or no impact for prevention of malnutrition. IBFAN stance has always been to encourage the promotion and use of locally available foods. Even in Refugee settings, household food production should be encouraged and IBFAN will continue promoting this message. The Code monitoring exercise also provided an opportunity to review and update the Code monitoring tool in Emergencies. IBFAN Africa was also involved in the review and input into the Standard Operational Procedures on management of BMS and artificially fed infants drafted by UNHCR and its implementing partners in refugee settings in Ethiopia.

Making the link between IYCF and climate change

BPNI/IBFAN Asia developed, published and disseminated an information booklet on weighing impact of formula feeding Vs. breastfeeding on environment, titled "[Formula for Disaster: Weighing the Impact of Formula Feeding Vs Breastfeeding on Environment](#)". The booklet is a culmination of efforts by the IBFAN Asia's electronic working group on Environment and Climate Change and Infant Feeding composed of 11 experts from 9 countries from Asia and Europe. Ms. Alison Linnecar from Switzerland is the lead author and IBFAN Asia member, and **IBFAN-GIFA** along with many other experts also contributed. The booklet puts breastfeeding as an environment friendly feeding option while highlighting how the use of infant formula adds to increasing Green House Gas (GHG) emissions and contributes to toxic chemical, garbage and waste load. The booklet has been widely shared with partners and printed copies distributed to governments during climate change discussions at the WHO Executive Board (January 2015). In the LAC region the document was shared with environment groups and can be downloaded from: <http://bpni.org/documents/FormularForDisaster.pdf> and the WG plans to use it as a background for further collecting data on the GHG emissions in Asian countries. A report is envisaged in 2015. IBFAN-GIFA took active part in the work of the *IBFAN's Global Working Group (GWG) on microbiological and chemical contamination of infant feeding products*.

WABA promoted the “Formula for Disaster” publication: via the WABA website, WABA newsletter ‘e-WABALink’; and via mail alerts to a total of 34,340 WABA activist contacts, including the 7000 member strong People’s Health Movement.

IBFAN-GIFA also joined a group of international organizations to exert pressure on the Swiss government and Parliament and publicly raised concern about the plan of the Swiss government to promote Nestlé’s bottled water at the Swiss pavilion at the next Universal Exhibition - EXPO 2015 in Milan (Italy). Following this campaign, important changes have been made, as it has been decided that instead of promoting Nestlé products, the installation will encourage the public to take part in a comprehensive debate on the importance of access to and responsible management of water.

Increased gender mainstreaming- Informing the literature

Work continued as planned on the revision and updating of the infant feeding/child and women’s rights chapter for a book on Gender, Nutrition and the Right to Adequate Food This book is a collaborative effort implemented by the University of Hohenheim (D), university of Syracuse (USA), FIAN and **IBFAN-GIFA**. At the heart of this study is an analysis of social power imbalances that the team of authors recognizes in gender relations, but that are further reflective of and rooted in macroeconomic scale inequalities. These disparities are leveraged and reinforced through the escalating reach and domination of the corporate private sector in the realm of public policy making arena. IBFAN-GIFA completed the chapter in 2014. In early 2015, we expect to contribute to writing of the Preface of the book and then we will await further guidance from the publisher [Informa UK Limited (Taylor/Francis/Routledge). As a joint effort of Breastfeeding Promotion Network of India (**BPNI**) and International Maternal and Child Health (IMCH), Uppsala University a bulletin on breastfeeding and gender was developed and published. 50,000 copies of this document were disseminated to health and nutrition professionals, medical teachers, policy makers from government departments, journalists, professional organisations like *Federation of obstetrics and Gynaecological Societies of India (FOGSI)*, *Indian Academy of Paediatrics* etc. and UN agencies etc. This newsletter compiled available research from India and other countries related to gender and breastfeeding. Paige Hall Smith, Co-coordinator Gender Working Group, World Alliance for Breastfeeding Advocacy wrote the preface for the bulletin, while Amal Omer-Salim from IMCH, Uppsala University contributed as a reviewer. (See: http://bpni.org/Bulletin/Bulletin_37.pdf)

Gender training

The **WABA** Gender e-module training course is a challenge, and has taken several reviews to get to a stage for pilot testing. Reviewers have sent substantial feedback on the Gender e-modules especially by gender experts 2014; these are being incorporated now and will be finalised by mid 2015.

A gender-training workshop was organized jointly by **BPNI** and IMCH, Uppsala University, Sweden from 22-24 Jan 2014 in New Delhi, India. Ten participants including doctors/Paediatricians, nutritionist, lactation counsellors etc. attended the workshop. Jill Trenholm and Amal Omer Salim from Uppsala University, Sweden facilitated the workshop. The three-day workshop was organized with the objective to learn/reflect upon the recommended Western understanding of the concept “gender” and to explore and discuss how the term “gender” is understood in the Indian context.

Maternity protection as a gender issue in Africa

Two provincial advocacy efforts were undertaken in Zimbabwe, in the Northern region of Bulawayo and in the central region of Harare by **IBFAN Africa**. This was follow-up training to the exercise started in 2013. This was advocacy for maternity protection as the maternity leave conditions are lower than the minimum of 14 weeks provided in ILO Convention 183 (C183) . As a result the government has commissioned a 4 country study of maternity benefits in order to better inform the country. The National Social Security Agency has been tasked with this exercise. It is expected that this initiative will lead to a setting up of a maternity benefits fund. Although this is a long process, this initiation is a very positive outcome of the advocacy efforts among others that will result in

improved conditions for Zimbabwe working mothers. A human-rights based approach was used in this training and MPC & CRC were presented as a case study.

International Women's Day and Labour Day

WABA celebrated International Women's Day (IWD) 2014 on March 8 with the statement in conjunction with the IWD UN theme of "Equality for women is progress for all" focussing on the challenges that mothers face at their workplaces with an emphasis that society, employers and families need to support working mothers so that they can strike a balance between their dual roles of mother and worker. See: <http://www.waba.org.my/pdf/statement-iwd2014.pdf>; ii) For Mother's Day 2014, WABA's Mother Support Task Force issued a Statement 'I'm a breastfeeding mother on a journey...' by Melissa Clark Vickers, La Leche League Leader, mother, and grandmother in five languages; iii) WABA commemorated Labour Day on May 1, 2014 with a Statement focussing on gender inequities at work that asserted "Simple measures can help to narrow widening gender gap in employment". The WABA statement stressed that every woman has the right to balance her productive and reproductive work without having to sacrifice one for the other; and called on all governments to ratify C183 (2000) and adopt ILO Recommendation 191(2000). In addition, WABA recommended that governments also ratify ILO Convention-189(2011) on Domestic Workers and Convention-184(2001) on Safety and Health in Agriculture to increase the scope of working women covered by protective measures, considering that most women work in the informal economy and have little, if any, maternity protection. See: <http://www.waba.org.my/pdf/statement-ild2014.html>

Involving fathers and men

On 15 June 2014, **WABA** issued a Statement for Father's Day entitled "From Dad to Caring Co-parent". The Statement looked at how a father's role has changed in many societies into that of a co-parent. See: <http://www.waba.org.my/pdf/statement-fd2014.html>

IBFAN Africa organised and invited Men and Youths (individually or as a group) to participate in a photo competition. The objective was to bring in these segments of the society by illustrating work that is done by the network in IYCF activities, to encourage their involvement and participation. The winning pictures came from IBFAN Uganda Youth member whose prize was a ticket to participate at WBC in India. The second prize went to the MAYO Youth group in Zimbabwe.

WABA promoted the involvement of men in the promotion, protection and support of breastfeeding by continuing the work with the WABA Men's Working Group that issued two newsletters during 2012. The working group also resumed work on an activity sheet for how men/fathers can support breastfeeding.

In commemoration of the International Women's Day, on the 8th of March, WABA and the Gender Working Group issued press statements that picked up on the current theme. This was widely distributed throughout and beyond the network, thus sensitising the readers on the importance of addressing gender imbalance globally. Furthermore WABA continued to develop the online Gender e-modules that will help to build awareness on gender aspects related to breastfeeding.

IBFAN Asia also contributed to furthering increased gender awareness through the Partner Driven Cooperation project, **BPNI**, with IMCH, Department of Women's and Children's Health, Uppsala University. This project titled "Using evidence-based advocacy to improve infant and young child health and survival in India" has been going on since 2011. Under this project, capacity building on qualitative research methods, research planning, data collection, translation and transcription of data, data analysis and paper writing was done for qualitative research "evidence on the availability and access of maternity benefit to working mothers" in collaboration with UCMS, GTB Hospital, India and IMCH.

Area 4 - Strengthening Policy and Legislative Frameworks

Indicators

Actions taken at national level with provisions of Code and maternity protection

An action on MPC was reported in the media in Zimbabwe where the government was said to be undertaking a study to inform the setting up of a maternity benefit fund.

Number of collaborative efforts among partners, civil society and academia

ICCO, FIAN, PHM, EAA, Treaty, Child Rights Connect, Save the Children, Helen Keller International, WHO NetCode, UNICEF HQ (Advocacy Strategy, IFE Core group, university of Syracuse, university of Hohenheim, IMCH –University of Uppsala, and FIAN.

Number of IBFAN groups participating in Code training, and of countries supported with drafting and enactment of national laws

Twenty participants from eight countries in the regional training on implementing the International Code of marketing of Breastmilk Substitute at Jakarta.

Documents/Technical briefing papers on Code, codex, MP and conflicts of interests

Two briefings papers (on FUF and RUTF) developed and shared with about 25 participants in three separate briefing meetings and 5 meetings individually with representatives of India, Bangladesh, Togo, African Union, Senegal and an observer of Calorie Control Council (CCC) during the CCNFSDU 36th Session in Bali.

One Regional report on CODEX was developed. The Africa Union has a group of 5 Nutrition experts who develop the Africa position for CODEX which is adopted by many African countries. IBFAN Africa has been chairing these meetings for the past three years. These experts are all oriented on IBFAN position.

Side events organized at the United Nations

One in World Health Assembly

Number of meetings of Codex committees attended and advocacy actions on Codex

Work on one standard on Processed Cereal-Based Foods for Infants and Young Children (CODEX STAN 74-1981) to include a New Part B for Underweight Children' was discontinued due to the persistent interventions of the IBFAN working Group on CODEX and other supporting organisations through their influence on the delegates particularly of developing countries.

One global – 36th session of CCNFSDU

Three national – National shadow committee of CCNFSDU in India

No of capacity building sessions for codex contact points /Codex working groups in Africa and Asia

One meeting with Africa experts group. The report was shared with all CODEX contact points. This was reflected in a number of country statements.

One event for South Asian countries.

Examples of outputs

Monitoring of Code violations

In 2014, the latest IBFAN Breaking the Rules, Stretching the Rules (BTR 2014) report was launched and press releaseⁱ¹ prepared by the International Code Documentation Center (ICDC) was issued.

IBFAN-GIFA assumed responsibility for logistics for the launch/Press conference at the Club Suisse de la Press, Geneva, linking the event to WHA. **WABA** provided financial support to IBFAN-ICDC Penang

office to produce the Breaking the Rules (BTR) and widely publicised BTR via information sharing on WABA FB pages etc—reaching a total of 34,340 WABA activist contacts, including the Core Partners. To address directly the Code/HR violators, IBFAN-GIFA attended the Annual General Meeting of Nestlé and [denounced](#) Nestlé’s violations of children’s rights and cynicism behind the corporate social responsibility image that the company tries to publically project by claiming support to human rights while continuing to violate the International Code. IBFAN-GIFA also distributed flyers in English, French and German to inform the shareholders about Nestlé’s violations of article 24 on the right to health of the CRC Convention. In addition, IBFAN-GIFA systematically highlighted violations of the Code reported in the BTR 2014 in the alternative reports submitted to the CRC Committee whenever violations occurred in a country under review of the Committee. In April 2014 IBFAN-GIFA, joined by the ICDC, attended the initial informal meeting of the WHO NetCode. NetCode is a new collaborative effort launched by WHO and UNICEF. The goal of forming NetCode is to respond to the identified need for strengthening national Code monitoring as even countries that implemented the Code often lack functioning monitoring and enforcement systems and few apply sanctions for violations. IBFAN is one of 4 NGOs invited to collaborate (IBFAN, Save the Children UK/USA, Helen Keller International).

Code training at regional level

IBFAN Asia established a working group on the International Code, which is housed at AIMI, Indonesia. MOU has been signed between IBFAN Asia RCO and AIMI for the work responsibilities based on the IBFAN Asia work plan which includes capacity building, awareness campaigns and information sharing. IBFAN Asia and Indonesian Lactating Mother Association (AIMI, Indonesia) jointly organised IBFAN Asia regional training on implementing the International Code of marketing of Breastmilk Substitute on 20-23 October 2014 in Jakarta. Experts from International Code Documentation Centre (IBFAN-ICDC), Penang, Malaysia, facilitated the training. Twenty participants from eight countries from Asia and Europe, namely, Bhutan Cambodia, China, Indonesia, Republic of Korea, Sri Lanka, Switzerland and Thailand were trained on Code implementation and multi-levelled Code-advocacy work. Participants included breastfeeding advocacy groups, officials from Ministry of Health, Paediatricians, Lactation Counsellors, Consumer Rights Advocates, Independent Academic Researcher, Human Rights Lawyer, Medical Researcher, Civil Rights Advocates, and observers from UNICEF Indonesia and UNICEF Thailand. This training increased capacity of IBFAN groups and others in participating countries in advocacy, awareness generation and monitoring for Code implementation. Follow-up to this training, IBFAN Asia has planned to have awareness campaigns in select Asian countries. More information about the workshop is available at: <http://www.ibfan-icdc.org/index.php/news/icdc-update>

A Regional Code Review report on 32 countries of Anglophone and Lusophone Africa was developed by **IBFAN Africa** and ICDC. Sixteen out of the 32 countries reviewed have acceptable national laws on the Code. The report gives an overview of all the countries’ implementation status. It is at editing and layout stage. It is a very useful advocacy document for the region as over half of the 32 African countries under review have few or no provisions on the CODE in their national laws even after 35 years of its endorsement by the 34th WHA. It will be disseminated to high level Health Ministers meetings as well as to programme managers in the region and to other partners who can support the advocacy with government. The report is intended to stimulate action by governments to address the gaps they may have in their Code implementation status. In Tanzania, CODE monitoring was conducted and the findings showed serious violations such as not promoting the superiority and benefits of breastfeeding (Article 4); advertising and promotion to the general public of products covered by the Code (Article 5); use of the health care system to promote infant formula and other products (designated products) within the scope of the Code (Article 6); providing material inducements, including giving free samples to health workers, to promote breastmilk substitutes (Article 7); inadequate and confusing labeling; and not clearly stating that complementary foods are suitable only for use by infants aged 6 months and above and not earlier (Article 9); and not

providing information in an easily readable format (Article 9) and in Kiswahili language as required by the *Tanzania Food, Drugs and Cosmetics (Marketing of Foods and Designate Products for Infants and Young Children) Regulations* of 2013. These findings are not different from those reported in the Ghana Code monitoring exercise. BPNI supported Tribhuvan University Teaching Hospital and Nepal Breastfeeding Promotion Forum (NEBPROF), the IBFAN group for Nepal, to host a two days workshop on Implementation of Mothers' Milk Substitute Act of Nepal at Kathmandu, Nepal on 13th and 14th September 2014. It brought together 23 participants working in the various sectors related to childhood nutrition in Nepal. To strengthen effective implementation of IMS Act in the states of India, BPNI organised 4 sensitisation workshops for government functionaries and other partners in collaboration with state governments of Assam, Orissa, Uttar Pradesh and Jharkhand.

Impacting on the UN policies

The **IBFAN network** concentrated successfully on advocacy to ensure that a draft [Decision \(EB 134 \(2\)\)](#)ⁱⁱⁱ, proposed for the EB discussions and eventual adoption by WHA, was not diluted as it contained several important elements:

- Endorsement of the seven indicators to monitor progress towards the achievement of the global targets as part of the core set of indicators of the global monitoring framework on maternal, infant and young child nutrition;
- Establishment of a working group to develop a core set of indicators to monitor the comprehensive implementation plan on maternal, infant and young child nutrition,
- Completion of the work on risk assessment and management tools for conflicts of interest in nutrition,
- Provision of clarification and guidance on the inappropriate promotion of foods for infants and young children and on how to ensure appropriate marketing of complementary foods
- Development of an outcome document for the Second International Conference on Nutrition, containing general principles on how to reshape the food system to better respond to the needs of the world population, considering merging health, nutritional and environmental challenges and a framework for action for different sectors.

The **United Nations Breastfeeding Advocacy Team (UNBAT)** is a coalition of four organisations dedicated to the promotion, support, and protection of breastfeeding—they consist of **WABA** and WABA Core Partners the Academy of Breastfeeding Medicine (ABM), the International Lactation Consultants Association (ILCA) and WABA ally, the Carolina Global Breastfeeding Institute (CGBI). For the fifty-eighth session of the Commission on the Status of Women (CSW 58) carrying the theme 'Challenges and achievements in the implementation of the Millennium Development Goals for women and girls', WABA via the UNBAT process produced and shared the *"United Nations Post-2015 Agenda Position Paper - Breastfeeding Must Remain a Key Strategy For Reducing Child Mortality in Post-2015 Development Goals. Commission on the Status of Women"*.

http://www.ilca.org/files/resources/international_regional_documents/UNBAT_position_paper2014.pdf

In March 2014, the UNBAT team via WABA SC member Miriam Labbok reached out to WABA to provide feedback on the UNICEF follow up to the Landscape Analysis project, which took the form of the Draft UNICEF Breastfeeding Advocacy Strategy. WABA SC members conducted discussions via email and skype, and submitted the WABA response to UNICEF Advocacy Strategy. The UNBAT process also encouraged WABA Core Partners to send their feedback and analysis to UNICEF. WABA leadership was subsequently engaged in UNICEF's series of Conference calls on the UNICEF Breastfeeding Advocacy Strategy; and the SC meeting of 2014 also included a session where the WABA SC members critically assessed the Strategy document to provide salient inputs. WABA Core Partners are also involved in this process.

Meanwhile, UNICEF is annually aligned to the World Breastfeeding Week (WBW) with their annual Letter of Support; and for the last three years a Nutrition Specialist representative from UNICEF has

been a key part of the WBW Review Team, providing important inputs and advice on the content of WBW campaign Action Folder and related materials. For 2014, the fact that WABA could help publicise UNICEF's 'Early Initiation to Breastfeeding' brochure was a great collaboration, and has strengthened the links between WABA and the UN.

IBFAN-GIFA, IBFAN Asia and Baby Milk Action (IBFAN member in the UK) have been involved in the initial Landscape analysis (2013) and questioned some of the conclusions, including the shifted focus from a comprehensive implementation of the Global Strategy on Infant and Young Child feeding to the 2012 global goal of exclusive breastfeeding and poor understanding of conflicts of interest issues. Therefore, from the onset of the follow up process, the three IBFAN partners highlighted these points in conference calls with UNICEF and urged UNICEF to involve all other breastfeeding partner organisations in the process. IBFAN-GIFA then joined in the formulation of the UNICEF Breastfeeding Advocacy Strategy, and in synergy with **WABA**, achieved an important outcome that this new initiative does not cover only exclusive breastfeeding. IBFAN in line with its mandate also ensured due focus on the Code and that this collaborative effort is explicit on the need to avoid conflicts of interest. IBFAN will continue its engagement, being represented in this initiative by **IBFAN Asia** and other IBFAN colleagues, while **IBFAN-GIFA** has taken a role of ensuring the work of the Advocacy Strategy team is fully informed by the NetCode outcomes and vice-versa.

Updating on the status of maternity protection globally

IBFAN-GIFA finalized a country - by - country overview of Maternity provisions around the world, drawing on the ILO database. This work was shared in the CD format at the end of 2014 with all IBFAN Regional offices, Technical global offices and WABA.

IBFAN-GIFA Staff made a contribution to the finalization of the IBFAN's Discussion Paper on Maternity Protection (MP) in view of this document feeding into the development of the 2015 World Breastfeeding Week background documents. All CRC reports now also include a section on maternity protection, alerting the CRC Committee to the need of issuing adequate recommendations to governments on this regard. More work in this area is envisaged.

In 2014, work on Maternity Protection (MP) continued as the **WABA** Women and Work Task Force (WWTF) saw new co-coordinators take over, and work on this area was further streamlined. By the third quarter of 2014, the MP charts online were updated and made available, based on the inputs from the TF Coordinators, from country contacts and from research done via the ILO website. A resource paper "Maternity Protection at the Workplace" was written, reviewed by WWTF and WABA technical advisor Amal Omer-Salim, and finalised by WABA Programme Coordinator on Working Women. This paper may be used online as reference or as an insert in updated MPC Kit.

Safeguards against conflict of interest

BPNI/IBFAN Asia coordinates the Alliance Against Conflict of Interest (AACI), an alliance of organisations and individuals working in various sectors – doctors, lawyers, women's and children's health groups, activists and media. AACI brings to the notice cases with clear conflict of interest to the government and media. AACI aims at having a legal protection from conflicts of interests in all sectors in public policy. AACI continues to share the information to its members of Google-groups on various conflict of interest (COI) happenings, progress on developing a legislation in India to address the conflict of interest, legal status in other countries for addressing COI. AACI hosted a round table meeting with relevant partners on "Prevention and Management of Conflict of Interest Bill" (more details at: <http://www.aaci-india.org/doc/Report-Prevention-and-Management-of-COI-Bill.pdf>) As a follow-up to this meeting, a core group of legal experts and civil society persons has been constituted to draft a law for submission to the lawmakers. (<http://www.aaci-india.org/doc/Conflict-of-Interest-Core-Committee-3Dec2014.pdf>) .

WHO Reform: **IBFAN-GIFA**, together with other IBFAN colleagues, made a [statement](#)^{iv} during the WHO Executive Board debate on the draft Framework on Non-state actors, new WHO policy under discussion in WHA 2014. The statement reemphasized that conflicts of interest are about a conflict 'within' an individual/institution, not "between" actors, and on request provided input to member

states. As a result of our advocacy, the WHA called on a fundamental rethink of WHO's Draft Framework for Engagement with Non State Actors (NSAs) through its [Decision WHA67 \(14\)](#).^v In the WHA follow up, IBFAN-GIFA continued providing technical CoI information to Member States, who engaged in a consultation process and contributed statements to the WHO Regional Committee meetings since the post-WHA process moved to the regional level, before it comes back to the 2015 WHO governing bodies.

The presentation was delivered by IBFAN-GIFA at the FIAN organized seminar: *"Linking social struggles: Can the path towards human rights compliant, holistic and sustainable food systems serve to unify struggles?"* Geneva, June 2014. Topics covered the overview of nutrition governance, with focus on infant and young child feeding over the past 30 + years. , Complexity of the current situation with continued push for 'stakeholderisation' of governance with no clear distinction and appropriate roles for various actors, and no adequate safeguards against conflicts of interest was emphasized. In the presentation the role of SUN and its current work on conflicts of interest were also scrutinized. SUN's flawed basic design, modeled along the multi-stakeholder/PPP format, with industry on decision-making board (Lead Group) was highlighted as it 'invites the fox into the chicken coop', i.e. an actor whose primary interest (fiduciary duty) is to maximize profits into a policy and decision-making arena.

Informing Codex Alimentarius standards

The **IBFAN Africa** delegates have grown stronger over the years in their capacity to defend their positions in the codex meetings. The issues that were discussed will continue again this year but with experience the countries will score more successes in these industry- dominated meetings.

Two briefings were held with African delegates at the Codex meeting in Bali. This was to inform them on the IBFAN positions on the Agenda items: Proposed Draft Amendment of the Standard for Processed Cereal-Based Foods for Infants and Young Children (CODEX STAN 74-1981) to include a New Part B for Underweight Children at Step 3. IBFAN's position was that the Standard should be opened up and renamed as a standard to cover all foods for children 6-36months. In this way all products for this vulnerable group could be covered by over-arching strengthened principles regarding safety, composition, labelling and marketing. Such harmonization would facilitate the easy transposition into appropriate legislation. The item will continue in 2015. Review the Codex Standard for Follow-Up Formula (CODEX STAN 156-1987). IBFAN's position was that this standard is **not** necessary especially on nutritional consideration of the age group between 6 – 12 months. If the standard was to be reviewed, the scope should address the age from 12 months and not 6 months. This is because the formula fed to a 6-month old can continue to be fed to the child till up to 12 months when the child can be full on home foods. This cancels the need for a special formula beyond 12 months the child can drink cows milk. UNICEF Discussion Paper on a standard for Ready-to-Use-Foods: IBFAN's position is that there is no need for a Standard for RUFs as the problem of treating SAM is normally managed at national level. Furthermore the evidence that RUFs are effective when compared to other treatments is weak.

This year, **IBFAN Asia** established a specific working group, namely, 'Working group on Codex Alimentarius' being coordinated from the regional coordinating office with members from Afghanistan, Bangladesh, Nepal, Mongolia and Lao PDR. Information about Codex activities like e-WG registration and relevant documents on the ongoing work are shared with the group members. Members are also supported to establish an effective mechanism at the country level. Afghanistan has started the process to establish national committee on CCNFSDU. Bangladesh is contributing to the e-WG on various proposals in CCNFSDU. Efforts are on to facilitate Codex work in Maldives and Sri Lanka. Country delegates are also supported to attend international meetings of Codex committee.

IBFAN Asia was part of IBFAN delegation in the meeting and as a member of the team, helped in briefing about 25 delegates in three specially arranged side meetings on two important agenda item, UNICEF discussion paper on Ready to Use Foods (RUFs) and proposal on Follow-up Formula (FUFs).

Briefing included development of PPT presentation, making presentation, and sharing of briefings documents on the scientific evidence on the use of commercial RUFs vs. home made foods, standards for FUFs. See relevant documents at: <http://ibfan.org/codex-alimentarius>; <http://ibfan.org/docs/IBFAN-Briefing-Agenda-item-2-RUF-Bali-26th-CCNFSDU.pdf>; http://ibfan.org/docs/IBFAN_Briefing_FUF.pdf

Area 5 - Social Mobilisation and Information Communications

Indicators

Number and diversity of WBW events reported

At least 176 countries celebrated in all regions.

In Africa 5 countries received grants to celebrate WBW (South Africa Limpopo region, Cameroon, Uganda, Zambia and Tanzania).

Number of translations/adaptations

47 language translations/ adaptations were undertaken: Arabic, Bahasa Malaysia, Bengali, Bulgarian, Chinese Mandarin, Dutch, English, Estonian, Filipino, French, German, Greek, Hindi, Kannada (India), Kiswahili (central Africa), Marathi (India), Nepali, Odia (India), Polish, Portuguese, Romanian, Russian, Samoan, Serbian, Slovenian, Spanish, Tamil, Telugu (India), Ukrainian, Urdu (India), Korean, Fiji, Bamileke (Cameroon), Douala (Cameroon), Pidgin, Ewondo (Cameroon), Farsi, Afrikaans, Burmese, Sindhi, Castellano (Spain/Argentina), Ga (Ghana), Twi (Ghana), Ndebele (Zimbabwe), Shona (Zimbabwe), Hungarian, Bosnian.

Number and diversity of information materials/campaigns and active communication channels, websites and social media channels

All the partners each maintain several websites, Facebook and twitter channels that are regularly updated and have increasingly wider outreach with visits, hits and likes.

The new generic WBW Facebook page created in April 2015 and significantly received total of 462,049 likes with 2,545,309 unique total reach.

Results for the WBW 2014 Website included: i) No.1 in Google, Yahoo and Bing ranking in Google for the keyword "World breastfeeding week".

Examples of outputs

World Breastfeeding Week Campaign-linking to the Millennium Development Goals

The WBW 2014 campaign with the slogan and theme 'BREASTFEEDING: A Winning Goal - For Life!' successfully responded to the latest countdown by asserting the importance of increasing and sustaining the protection, promotion and support of breastfeeding, in the Millennium Development Goals (MDGs) countdown, and beyond. This MDGs focus was first proposed and mooted during the **WABA** Global Breastfeeding Partners meeting in 2010. **IBFAN Africa, IBFAN Asia and IBFAN-GIFA** were all involved in the review of the action folder and subsequently adapted and distributed the campaign materials regionally and nationally. All African countries officially celebrate WBW as the norm. There is a variety of activities organised – from radio, television shows, to street campaigns involving youths. Participation has been increasing due to mobilisation by WABA Core Partners, and more importantly via involvement of ally and other groups/events, such as "The Big Latch ON" Global event; "Quintessence Breastfeeding Challenge" Global event; International Medical Corps; Association of Lactation Consultants of Ireland (ALCI); ISIS International (Feminist Advocacy Organisation); World Vision; and various Save the Children offices. Through internet searches, 45 governments were noted to independently celebrate WBW. This signifies the uptake and relevance

theme, and it was also noteworthy that they chose to raise various important breastfeeding related issues and calls to action during WBW. The alignment of UNICEF and WHO to WBW with their Letters of Support and global outreach was vital. The fact that WABA could help publicise their ‘Early Initiation to Breastfeeding’ brochure was a great collaboration reaching basically all UNICEF countries and territories. This has also strengthened the relationship between WABA and the United Nations. There was a rich variety and diversity of activities from urban to rural (especially among disadvantaged groups - in rural areas/villages, in tribal areas, in slum areas and with refugees); formal and creative learning forums, as well as regular and social media activism, undertaken by a range of target groups/ WBW celebrants.

WABA secretariat fulfilled specific coordination tasks (currently funded by NORAD) including: production of WBW 2014 Calendar and Action Folder; translations of materials (Spanish and French); Photo Contest; special WBW 2014 Website and Pledge drive. Sida funds were utilised for further mobilisation and facilitation of additional translations of the Action Folders. Special Reproduction Kits were uploaded for people to print/adapt their own WBW 2014 materials, a total of 156 kits were distributed via Drop Box service.

In addition to the new WBW Facebook page, outreach impact could also be seen via numerous independent blogs and internet postings on WBW 2014 and theme, and related IYCF issues by bloggers, Mothers/Health/Wellbeing groups, and online newspapers doing series of articles on WBW 2014. Additionally, the Radio/Twitter interviews WABA undertook were definitely a valuable addition in terms of exposure for WBW, WABA and breastfeeding!

Reaching the communities in Africa through World Breastfeeding Week

A total of 12 countries reported having participated in the World Breastfeeding Week 2014 according to **IBFAN Africa**. These included Mauritius, Angola, Sudan, Uganda, Kenya, Tanzania, Lesotho, Ghana, Zambia, Zimbabwe, Swaziland and Cape Verde. The activities implemented included: Adaptation, development, printing and dissemination of IEC materials (factsheets, posters, banners, leaflets and press releases in the local daily newspapers on the theme at national level). Messages were disseminated using the electronic media on Internet and group websites. Other activities included national launch and climax of celebrations at national and lower levels (districts) conducted. Publicity walks for senior government officials and UN representatives. These gatherings also provided an opportunity for Immunization, Antenatal Care services, Food Demonstration, Nutrition screening, Health Education, HIV Counseling and Testing, De-worming and Vitamin A supplementation for children, collection of Dry Blood Samples for Early Infant Diagnosis, Family Planning, information stalls, breastfeeding fair with support groups, testimonies by HIV positive mothers who had successfully breastfed and Community drama shows. Media activities included; press briefing, radio and television discussions including spot messages on the theme by experts from the country groups and government health and nutrition departments. Awareness campaigns on breastfeeding and young child feeding included workshops for beauticians and hairdressers Association, Social Welfare training school where trainees for crèches and daycare schools were reached, market women and youth from churches. Breastfeeding clinics also provided breastfeeding and complementary feeding information. Projection of videos on breastfeeding was done in selected health facilities in antenatal, postnatal, Pediatrics and Care Emergency units. Other activities included distribution of IEC materials, breastfeeding messages through entertainment, and conducting focus group meetings in communities and health facilities. One country launched the workplace support for breastfeeding.

Targeted campaigns in different languages and young audiences

In 2014, **IBFAN-GIFA** launched successfully its new website^{vi} in French. This website provides comprehensive information on various international topics (Human Rights, International Code, Conflict of interest, Contaminants, Environment, WBTi, Infant Feeding in Emergencies). In less than 8 months, some 2,150 users have viewed more than 6,600 pages.

WABA works to promote, protect and support breastfeeding and believe this depends on enhancing youth advocacy. Every year, the United Nations celebrates 16 Days of Activism against Gender-Based Violence Campaign, from November 25 (the International Day for the Elimination of Violence against Women) to December 10 (Human Rights Day) – in commemoration of the assassination of the Mirabal sisters, political activists from the Dominican Republic. These Days of Activism are held to galvanize action to end violence against women and girls around the world. The UN Secretary General’s Campaign “UNiTE to End Violence against Women UNiTE to End Violence against Women” invited global celebrants to “Orange YOUR Neighbourhood” i.e. to localize the campaign by involving local businesses, organisations and institutions. In an effort to not only celebrate this UN-led event but also to make Penang a baby- and family-friendly state, WABA collaborated with the Penang Women’s Development Centre (PWDC), local MPs and policy-makers, as well as numerous other NGOs and support groups to organise workshops, talks, poetry-reading sessions and discussions. WABA succeeded in building new networks with prominent local organisations, obtained valuable insights on women’s struggles and experiences, and urged that this action be globally replicated through social media.

(https://www.facebook.com/hashtag/penanggoesorange?source=feed_text&story_id=788115014618) and Twitter (<https://twitter.com/WABAsecretariat>)

YOUTH Professionals from various Latin American and Caribbean countries were supported by WABA to participate at the “XIII Encontro Nacional de Aleitamento Materno (ENAM)” organised by IBFAN Brazil, in Manaus, Brazil from November 24-25th. RUMBA/WABA Youth attended the conference and organised a series of activities aimed at promoting the development of healthy environments for mother/child community were performed. In May/June 2014 input from WABA YOUTH Intern Jerusalem Bereket successfully engaged youth from US—with youth surveys, short video projects and Video campaign on a ‘Winning Goal for Life’, and her attendance and presence at the World Assembly of Youth conference in Melaka, Malaysia.

IBFAN Uganda was supported in its Youth project by **IBFAN Africa**. This highlights some of the contributions of the youth towards improvement of maternal and child health interventions in Kasese district. The IBFAN Africa Regional Coordinator paid a supervisory visit to the project site. The project is aimed at supporting 50 youths in Kitwamba sub county Kasese District, to have a sustainable livelihood. A total of 22 goats were procured for the youth groups. These are the breeding stock, as they breed, the off-spring is passed around till all the youths have a goat, and then cycle begins again. Two youth groups, totalling 50 members were trained in the areas of optimal infant and young child feeding and counselling support, family planning, Income generating activities including business planning and analysis, determining the costs of starting a new Business and conducting Break even analysis, cash flow problems and financial ratios, conducting a business and swot analyses. The Youths also conducted four (4) integrated outreaches to underserved communities where over 500 beneficiaries were registered and reached with nutrition information and education. This included both adults and children. This project is unlike others as the Youths are kept very motivated in the project with the ownership of goats and they become a very captive audience for other educational programmes.

An array of IYCF information and communications channels in place

BPNI/IBFAN Asia developed, published and disseminated a book on the complementary food recipes titled ‘Best Feeding’. This book challenges the commercial paradigm of the complementary feeding and provides much needed practical information about the complementary foods which may be prepared at home using locally available, culturally acceptable indigenous food articles. This is a collaborative effort in which experts from 20 Asian countries contributed over 100 recipes of local complementary foods. The book was released by Her Royal Highness Paduka Seri Pengiran Anak Puteri Hajah Masnabenti Pengiran Anak Puteri Hajah Masnabenti Al-Marhum Sultan Haji Omar ‘Ali Saifuddin Sa’adul Khairi Waddien Saifuddin Sa’adul Khairi Waddien of Brunei Darussalam.

This book explains the nutritional needs of infants and young children, and how these can be met in easy and simple ways, using healthy foods that are locally grown or available. The book was shared internationally with various IBFAN partners, UN agencies, participants of Codex meeting in Bali, and policy makers and other partners in India. The book is available at: <http://ibfanasia.org/docs/Best-Feeding-CF-asia2014.pdf>

BPNI/IBFAN Asia RCO developed and published five issues of an electronic publication, 'The Newswire' and disseminated through a special self-developed mass mailing software.

WABA published several newsletters and mailouts (53 between July-December). The Mother Support Task Force (MSTF) e-newsletter was produced in 5 languages (English, Spanish, Portuguese, French and Arabic). E-WABALink' provides a platform for WABA, its Core Partners, and its General Assembly to keep the endorsers and key WABA contacts (informed on important breastfeeding events/news/projects/activities taking place around the world. WABA Facebook pages have an increasing number of likes and hits indicating interactive social media coverage.

IBFAN-GIFA also developed a new social media strategy and launched a Facebook page (1,500 likers) and a Twitter account (120 followers). Regular updates regarding IBFAN alternative reports to human rights treaty bodies, recommendations issued by the Committee on the Rights of the Child on breastfeeding, and much other news from the network were posted in real time on these social media, increasing considerably IBFAN-GIFA visibility. The blog on Breastfeeding and Human Rights has also been further developed and some 36 articles have been published on the blog in 2014, an increase of 150% in regard of 2013. Finally, IBFAN-GIFA provided update about its activities through a biannual newsletter disseminated to more than 1,000 people (see <http://us3.campaign-archive1.com/home/?u=245f37df9f60c5d0da81b45e6&id=fab51edbe0>).

Area 6 - Strengthening the Consortium and rejuvenating the Breastfeeding Movement

Indicators

Number of youth groups/global youth communication networks/representation of youths in governance structures

WABA YOUth has about 60 Youth Endorsers, 200 Youth contacts, 142 followers on Twitter, and 83 connections on LinkedIn. And followers on WABA Youth Social Media sites have doubled to 19,551 followers.

Ten (out of 15) of BPNI/IBFAN Asia RCO programme staff that participate in the planning and implementation of the programmes are below 40 years of age.

Global consensus on IYCF issues and plans of action for breastfeeding movement

All partners participated in gBICS and Sida-funded consortium annual meetings providing updates on technical issues and subsequently developing subsequently developing workplans.

Regional /sub-regional declarations and plans of action

One Asia 2014 declaration.

Examples of outputs

Innovative ways of diversifying funding

BPNI communication team Worked on donor communication, coordinating with professional communication and design agency for copywriting and designing donor communication through providing technical inputs and constant coordination for 'GlobalGiving' which is a charity fundraising web site that gives social entrepreneurs and non-profits from anywhere in the world a chance to

raise the money that they need to improve their communities. See more details at: <http://www.globalgiving.org/donate/25909/breastfeeding-promotion-network-of-india-bpni/info/>

BPNI/IBFAN Asia could succeed in forging a collaboration with the World Bank for a project titled “Strengthening Infant and Young Child Feeding Policies and Programmes in South Asia Region” as a part of South Asia Food And Nutrition Security Initiative (SAFANSI) of the World Bank, in the year 2012. This year, IBFAN Asia coordinated various activities to enhance IYCF practices, particularly breastfeeding in the four focus countries of South Asia including Afghanistan, Bangladesh, India, and Nepal. Activities in this initiative included capacity building on IYCF in Nepal, Training on BMS Code in Nepal, Advocacy-Sensitization workshop on BMS Code in Bangladesh, Workshop on National Plan of Action in Afghanistan, Research-Qualitative research on complementary feeding in district Lalitpur, India etc.

Building capacity of staff and Youth

The 6th **WABA/ILCA** Fellow, Geraldine Cahill commenced her in-residence fellowship placement with WABA secretariat between 1 June and 13 July 2014. The ILCA fellow worked on a number of trainings, local projects and review of technical materials.

WABA’s Youth liaison officer together with RUMBA (a WABA YOUTH wing in Costa Rica) have been actively involved in promoting WABA and Youth Initiative project via WABA Youth group page on Facebook (FB), and the WABA Facebook page. Youth Coordinator of 2010-11 had created a WABA Youth web section in 2011, and it was updated by the 2014 Youth Intern, in which updates intermittently promote WABA Youth projects via Twitter. The WABA YOUTH group FB page is being followed by youth groups such Voices of Youth, United Nations of Youth, and UN DPINGO’s: Partners for Change, World Association of Girl Guides, UN Secretary General’s Envoy on Youth, First Reach Organisation, Global Fund for Women, The White Ribbon Alliance, Office of the UN Secretary-Envoy’s on Youth, 10 x 10 Girl Rising, Greenpeace International, UNICEF, UNDP, UNHCR, to name a few. WABA YOUTH produced a Music Video compilation of WBW photos from 2007 to 2010 with the accompanying song “How Could I Not Love You”. It was uploaded in commemoration of WABA’s 21st Anniversary (2012) on WABA Secretariat YouTube Channel, and promoted via WABA website, and WABA network, WABA Facebook, WABA Youth Facebook. To date it has registered 8,292 viewers.

IBFAN Africa supported the development of a new Youth group in Zimbabwe. The Group is research oriented and is supporting health department activities. Furthermore a youth member is represented in the governance structure of the IBFAN Africa Board. Similarly, IBFAN Asia has a majority of programme staff who are below 40 years of age contributing to rejuvenation of the breastfeeding movement.

Contributions to IYCF policy and programme implementation

In 2014, **IBFAN-GIFA** was present (and facilitated IBFAN’s involvement) in all key public health and nutrition events (EB/WHA, ICN2, CSM/CFS), co-organized a side event at the Human Rights Council and a joint briefing with UNICEF and WHO on IYCF for the CRC Committee.

BPNI/IBFAN Asia and **IBFAN Africa** contributed nationally and globally through various positions in the national and international policy setting committees, administrative bodies on nutrition, health etc. **WABA** also contributed on behalf of the Core Partners to the global policy debate through ICN2.

Regional positions and recommendations in place

As a strategy to strengthen interaction, cooperation and synergy between the IBFAN country groups in Asia and to network with other partners to achieve greater cooperation for enhancing implementation of the global Strategy for IYCF, IBFAN Asia hosts an annual meeting of One Asia in a different country of the region each year. This event started as a follow up of the *Asia Pacific Conference on Breastfeeding in 2003 in New Delhi, India*, when the South Asia participants met and took a decision to mobilize groups, governments, UN and others to focus on policies and programmes to enhance IYCF in the region. It led to the organizing of the *South Asia Breastfeeding*

Partners Forum each year in a different country of South Asia. The major objective was to strengthen the breastfeeding movement and its linkages with the governments and the UN agencies. Enhancing interest and action on infant and young child feeding was the considered outcome. In the year 2009, participants from South-east Asia and East Asia also joined the Forum and the event was rechristened as the One Asia Breastfeeding Partners' Forum. Since then, the Forum is being organised each year in a different country. In 2014, IBFAN Asia in partnership with Ministry of Health, Brunei Darussalam organized the One Asia Breastfeeding Partner's Forum at Bandar Seri Begawan on October 27-30. The Forum brought together over 200 participants including representatives of governments, civil society, professionals and other organizations from 21 countries and areas of Asia and Oceania region. The theme of the Forum was "Complementary Feeding of Infants and Young Children - Give Moms Access to Appropriate Food, No Child will Go Hungry". Forum participants adopted a - Bandar Seri Begawan Declaration on Maternal, Infant and Young Child Nutrition (MIYCN) (See: <http://www.ibfanasia.org/OABPF-10/Bandar-seri-begawan-declaration.pdf>).

Area 7 - Project cycle management (PCM) and governance

Indicators

Consortium annual workplan and regular review

Annual workplan 2014 in place

Monitoring and evaluation systems in place

Monitoring indicators developed for each key output

Annual donor reports

Annual report submitted in June 2014

Skype meeting notes

Annual review in May 2014

Several skype meeting notes

Regular updates/guidances/CG meeting agenda

Monthly updates/guidances or correspondence between FP and CG

Donor Liasion

Several correspondances/meetings (Feb/April/May/June) between Donor and FP

Face-to face meeting for partners

Sida partner meeting in May 2014

Examples of outputs

Implementation of consortium activities with good governance

All the consortium partners fulfilled their good governance procedures through regular reviews by their respective Steering committees or Board meetings, ensuring accountability and transparency. Implementation issues due to delayed release of funds are described separately further down in the report.

Annual results-based Reports

WABA in its Focal Point role provided a guide for the reporting for Consortium partners, who each contributed to the coordinated and individual components of the report. WABA pooled all the information together and facilitated the submission of the narrative and financial reports to the donor.

Improved logframes and administrative procedures

Sida had requested the re-formatting and amendments to the LFAs of the New Cycle Proposal 2014-2017 with the activity details section removed. **WABA** Senior Technical advisor and Senior Consultant re-worked and edited these LFAs with the collaboration of the Consortium partners. Besides the amended Final Amended Log Frames 1 to 7, Sida also sent a slew of queries related to the new proposal, budget and WABA Focal Point role. WABA responded to the queries in consultation with the other partners.

All requested administrative manuals and accounting systems have been in place since late 2013. However, fine tuning of individual systems and coordination required further work during 2014 and continuing into 2015.

Challenges and responses

External

The partners are grateful to Sida for supporting this project as fundraising for the work of the consortium partners is increasingly difficult because we raise difficult questions about the TINA ('there is no alternative') paradigm of 'stakeholderisation' and about conflicts of interest. Unfortunately, this paradigm is currently favoured by majority of donors, including governments that in the past recognized the important role of watch dog groups in democracy system of checks and balances and believed in countervailing power to big economic actors, such as TNCs. Enhancing engagement with business sector actors is not a problem in itself, as long as it happens where appropriate, with roles transparently discussed and understood, and in the interest of international public health, nutrition, fulfilment of human rights-while safeguarding integrity, independence, trustworthiness and public trust of our public institutions and of the UN. Currently, as the recent review by WHO for the 2015 meeting of its Executive Board showed, the UN and its agencies do not have a comprehensive system of safeguards against conflicts of interest (Col) in place. The most recently developed tools by the Global Social Observator (GSO) for the Scaling Up Nutrition to assist SUN countries redefine Col to serve the multistakeholder model. Such 'safeguards' may prevent governments and their institutions to work in the public interest, in terms of working towards peoples human rights to adequate food and nutrition and freedom from hunger.

However, the renewed interest by UNICEF through the Breastfeeding Advocacy Initiative and by WHO through the NetCode will give more opportunities for furthering the work of the consortium partners and expanding to include new program partners. The issue of conflicts of interest will however require constant vigilance. The increasing number of recommendations issued by the CRC Committee in relation with breastfeeding is also very encouraging and shows that international human rights experts have been successfully sensitized to the importance of optimal IYCF practices for the fulfilment of children's rights. However, the partial renewal of the CRC Committee in 2015 will constitute another challenge, as some supporters of breastfeeding will leave the Committee and will be replaced by new members who will not necessarily be aware of the importance of infant and young child feeding practices for the fulfilment of children's rights.

Internal

The consortium implementing partners are aware of and appreciate the diversity of approaches as this enriches the ways of working and the results produced. As the current funding levels seldom permit the CIPs 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, ICN2 etc. 2014 has also been a heavy year in terms of the Sida proposal review which has taken much time and effort and for some CIPs detracted attention from the on-going work on some core issues. A number of internal challenges include:

- Retirement of experienced staff with the need to subsequently recruit and train new staff
- Funding levels that do not allow multiplication of programmatic efforts
- Much time taken in administration of consortium and donor requirements

Mitigation strategies include

- Recruit new skilled and efficient staff that is able to quickly take on important responsibilities
- Lack of adequate funding has been mitigated by diversifying the funding base and efforts to help raise funds at national level through e.g. the World Breastfeeding Costing Initiative, linking up with the UNICEF Advocacy Initiative and other new partners as well as by using services of interns and volunteers
- Develop more effective networking structures and coordinating mechanisms at all levels and engage greater alignment with other initiatives

Deviations from workplan and explanations

As **WABA** had a heavy work load as the focal point in refining the proposal and getting primary and sub agreements in place, a few outputs could not be achieved during the year. The late incoming funds also contributed to a need for reprogramming and/or adjustment of the workplan. The Global partners meeting 2014 was deferred to coincide with another event in 2015. The BAP course 2014 was rescheduled to 2015 to enable more targeted participation by midwives and other health professionals in the region. WABA was able to reprogram and utilise funds for the work on ICN2 and follow up instead. Recruitment of new program staff was also deferred to 2015 as the uncertainty of funding was at the time an issue. This is now being addressed.

BPNI/IBFAN Asia managed to accomplish a substantial part of the planned work though some activities could not be accomplished due to late arrival of funds. Most of the activities which could not be implemented are included in the workplan for the year 2015. These activities are:

- World Breastfeeding Trends Initiative (WBTi) assessments
- Advocacy and follow up action based on the WBTi reports in 25 countries
- Global report on HIV and Infant feeding
- Research on climate change and infant feeding
- Establishment of the Code working group at AIMI, Indonesia
- Strengthening networking and communication in South-east and East Asia
- Facilitation and support to 25 countries for observing the World Breastfeeding Week
- Participation in some global and regional advocacy and networking meetings
- New Recruitments

Despite the late disbursement of funds, **IBFAN-GIFA** succeeded in achieving all outputs set forth in the 2014 workplan. The only exception is logframe 4 'strengthening Policy and Legislative Frameworks' as the development of the conflict of interest tool has been underpinned by availability of funds in a timely manner. However, IBFAN-GIFA has started on development of a comprehensive

capacity building ppt –based tool on conflicts of interest, to be finalized in 2015, on time for the planned conflict of interest consultation (December 2015). Based on the outcome of the consultation, the further framing and development of the tool will be decided. In comparing the 2014 expenditures to the 2014 budget forecast, IBFAN-GIFA has balanced work among areas according to priorities and staff available. Thus for example slightly less time was allocated on ANJE project and had to defer travels. However, funds were reprogrammed for 2015 as ANJE project concerns 2014-2015 period. On the contrary, in the area of maternity protection, the global overview of maternity provisions project proved to be more time and resources demanding than foreseen and needed support by a consultant. Thus more work time and consultancy fee spent to complete this project with focus on regions and individual countries situations.

In **IBFAN Africa** the negative variance on Capacity Building was due to the fact that there was an adjustment on the activities with UNICEF Ethiopia and funds were provided but the budget had not been adjusted to these changes. This was however rectified. The overruns in the Administrative costs were due to payments for staff gratuities given that contracts of all staff members came to an end at the end of November 2014 and they needed to be cleared in accordance with the Swaziland Labour Laws. This is however being considered by the Board on how best the gratuity can be cleared without necessarily having such high overruns. Other variances are due to non-implementation of activities due partly to late arrival of SIDA funds which were received on the 25th November 2014 but given the extension to 2015, most of these activities have been implemented and reported on. The Regional conference which by its very nature needs commitment from countries and ample time for members to raise funds had to be postponed until later in 2015.

ⁱ http://www.gifa.org/wp-content/uploads/2014/06/761_A_HRC_NGO_Sub_En1.pdf

http://www.gifa.org/wp-content/uploads/2014/06/761_A_HRC_NGO_Sub_En1.pdf

ⁱⁱ <http://www.gifa.org/wp-content/uploads/2014/05/Press-Release-BTR-2014-3-5.pdf>

ⁱⁱⁱ http://apps.who.int/gb/ebwha/pdf_files/EB134-REC1/B134_REC1-decisions-en.pdf

^{iv} <http://dev.babymilkaction.org/wp-content/uploads/2014/05/Statement-WHA-Reform-A67-Final.pdf>

^v http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_DIV3-en.pdf?ua=1

^{vi} <http://www.gifa.org/>