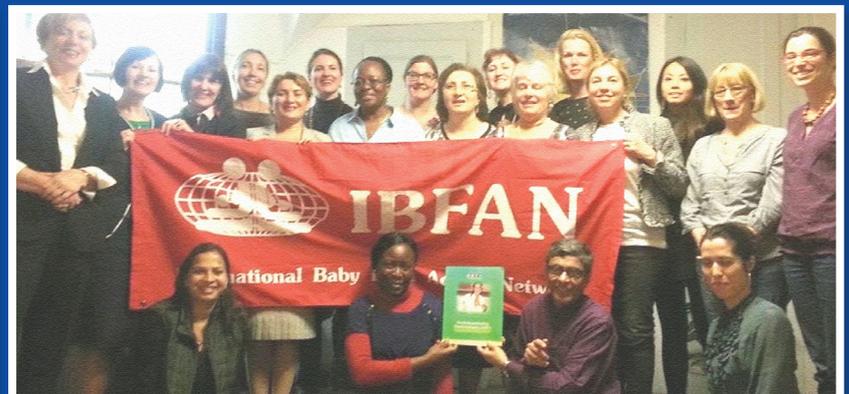


# End-of-Cycle Report

**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**

**(January 2014 to September 2018)**



**Submitted by WABA Secretariat, January 2019**



**World Alliance for Breastfeeding Action (WABA)**



**International Baby Food Action Network – Geneva Infant Feeding Association (IBFAN-GIFA)**



**International Baby Food Action Network – Asia (Breastfeeding Promotion Network of India)**

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## Abbreviations

BAP	Breastfeeding Advocacy and Practice
BFHI	Baby-Friendly Hospital Initiative
BMS	Breastmilk substitutes
BPNI	Breastfeeding Promotion Network of India
CCCF9	Codex Committee on Contamination in Foods
CCNFSDU	Codex Committee on Nutrition and Foods for Special Dietary Purposes
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CESCR	Committee on Economic, Social and Cultural Rights
CFS	Committee on the World Food Security
CIP	Consortium Implementing Partners
CoI	Conflict of Interest
COIN	Conflict of Interest Network
CRC	Convention on the Rights of the Child
CSM	Civil Society Mechanism
CSOs	Civil Society Organisations
CSW	Committee on the Status of Women
DOH	Department of Health
EAA	Ecumenical Advocacy Alliance
EB	Executive Board
EPC	Empowering Parents Campaign
ESCR	International Network for Economic, Social and Cultural Rights
ETO	Extraterritorial Obligations
EWEC	Every Woman Every Child
FAO	Food and Agriculture Organization
FENSA	WHO's Framework of Engagement with Non-State Actors
FFA	Framework for Action
FIAN	Food First Information and Action Network International
GBC	Global Breastfeeding Collective
GBPM	Global Breastfeeding Partners Meeting
GIFA	Geneva Infant Feeding Association
GNRtFN	Global Network on the Right to Food and Nutrition
GSYCF	Global Strategy on Infant and Young Child Feeding
HIV	Human Immunodeficiency Virus
HR	Human Rights
HRC	Human Rights Council
HRTB	Human Rights Treaty Bodies
IBFAN	International Baby Food Action Network
ICCO	The Netherlands Inter-church Organisation for Development Cooperation
ICDC	International Code Documentation Centre
ICM	International Confederation of Midwives
ICN2	Second International Conference on Nutrition

IEC	Information Education and Communication
IF	Infant Feeding
IFE	Infant Feeding in Emergencies
ILCA	International Lactation Consultants Association
IMS	Infant Milk Substitute
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition
LAC	Latin America and the Caribbean
LFA	Logical Framework Approach
LLLI	La Leche League International
LMIC	Low Medium Income Countries
MDGs	Millennium Development Goals
MIYCN	Maternal, Infant, and Young Child Nutrition
MP	Maternity Protection
MPBF	Making Penang Breastfeeding Friendly
NCD	Non Communicable Diseases
NGO	Non-Governmental Organisation
PCW	Philippine Commission on Women
PFW	Parent-Friendly Workplace
PHM	People's Health Movement
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public Private Partnerships
PPTCT	Prevention of Parent-to-Child Transmission
RCOs	Regional Coordinating Office (of IBFAN)
RUTF	Ready to Use Therapeutic Food
SDGs	Sustainable Development Goals
SEA	South East Asia
SRHR	Sexual and Reproductive Health, and Rights
TA	Treaty Alliance
TNCs	Transnational Corporations
TOR	Terms of Reference
TOT	Training of Trainers
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF GBC	UNICEF Global Breastfeeding Collective
UNICEF	United Nations Children's Fund
WABA	World Alliance for Breastfeeding Action
WBCi	World Breastfeeding Costing Initiative
WBTi	World Breastfeeding Trends Initiative
WBW	World Breastfeeding Week
WHA	World Health Assembly
WHO	World Health Organisation
WHO SEARO	WHO South-East Asia Region

## Acknowledgements

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## Executive Summary

This is the end-of-cycle 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 of January 2014 to September 2018. The overall objective of the consortium project was to accelerate the momentum for action in Infant and Young Child Feeding (IYCF), 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. The end-of-cycle report focuses on outcomes, impact, processes and lessons learnt. Some of the main outcomes and impact include:

Tracking progress on IYCF using validated tools such as WBTi can contribute to significant changes in policies and programmes at country level. Civil society organisations (CSOs) can use the WBTi tool to work with governments and hold them accountable. The recognition of breastfeeding as a Human Right (HR) requires CSOs to hold governments accountable to their obligations under the Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and several other HR instruments. There is greater awareness, capacity, and commitment to using HR review mechanisms to further the implementation of specific IYCF recommendations.

Capacity of healthcare, nutrition, community, and public health actors in IYCF, counselling, and advocacy has been built through training at national, regional, and global levels. This has led to advocacy for policy change, improved IYCF practices and local community perceptions. The integrated warm chain approach across the first 1,000 days to achieve better coordination and amplification of support for breastfeeding has been developed and shows wide global uptake.

The link between breastfeeding as a way to reduce greenhouse gases and mitigate climate change has been made and this provides yet another reason for governments and the public to support breastfeeding. There is a greater awareness of how to overcome the challenges of infant feeding in emergencies (IFE) and in the context of HIV due to clear evidence-based guidelines being developed, widely promoted, and used by the humanitarian aid community. Mainstreaming of gender in IYCF policies and programmes helps ensure that gender discrimination and the low status of women are addressed. In parallel, the important role of fathers, partners, and families in supporting breastfeeding is being emphasised. Advocacy for advancing gender

equitable parental social protection is highlighted in both formal and informal work sectors.

Breastfeeding and IYCF issues are part of the Human Rights instruments and treaty bodies' mechanisms, the ICN2 Rome Declaration on Nutrition and Framework for Action, as well as in the UN Decade of Action on Nutrition. Advocacy with relevant UN agencies such as WHO, UNICEF, FAO as well as at international events e.g. World Health Assembly (WHA) resulted in these inclusions. National groups have been trained and are equipped with knowledge and tools to advocate for maternity protection, Code, effective Conflict of Interest (CoI) safeguards, Codex Alimentarius standards, and policy measures. A new framework for including breastfeeding in the context of gender-equitable parental social protection has been developed in collaboration with UNICEF, WHO, and ILO and will be taken forward during the 2019 ILO Centenary programme.

Action on IYCF at several levels has been galvanised by linking breastfeeding to the Sustainable Development Goals Agenda 2030, UN days, and other global platforms. World Breastfeeding Week is now anchored within the WHA and engages governments to improve policies and programmes in support of breastfeeding. The variety of actions by diverse stakeholders, from UN to civil society to community groups, indicate a wide uptake of the WBW messages. Mass and social media uptake of the WBW campaign and other interactive information and communications platforms amplify the messages and reach millions of people all around the world. Access to breastfeeding counselling services through a mobile application ensures that women can readily get the support they need. The need for a paradigm shift from reliance on commercially produced to locally produced foods for children has also been highlighted. By outreaching to midwives, youth and other target groups, more actors are engaged and can support breastfeeding in their respective arenas.

Greater synergy among civil society partners and related UN organisations has led to increased visibility for the protection, promotion, and support for breastfeeding globally. Consortium partners have amplified their achievements in enhancing each others' programmes in multiple ways. In order to maintain the sustainability of the breastfeeding movement, concerted efforts to include new partners and youth have also been undertaken with promising results.

Project cycle management is also an important part of any project. It includes implementation of the consortium activities, good governance, submission of annual coordinated work plans, both narrative and financial reporting. Management of consortium matters, donor relations, administrative procedures, and an end-of-cycle evaluation have helped ensure that the project objectives have largely been achieved and that outcomes, impact, and lessons learnt are evaluated and shared.

Human Rights, Gender Equality, and the Sustainable Development Goals Agenda have underpinned the consortium partners' work and led to considerable outcomes and impact being achieved. In spite of the achievements, there are a number of external challenges such as the risks posed by multi-stakeholder approaches, by poor conceptualisation of and unresolved conflicts of interest, and lack of independent funding sources. The consortium partners have worked in several ways to mitigate these challenges, and continue to sustain and improve the results as well as to find new funding mechanisms. Much work remains to achieve the WHA target of at least 50% exclusive breastfeeding by 2025. Approximately half of the countries in Africa and Asia are on track with the WHA target. The consortium partners in collaboration with a wide range of partners have increased the momentum for action by engaging in advocacy, capacity building, and social mobilisation to ensure that the momentum for action on optimal breastfeeding and IYCF programmes remains high.

**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**

## Introduction

This is the end-of cycle 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 of January 2014 to September 2018.

Improving nutrition for mothers and children during the [1,000 days](#) window helps ensure survival and gives children and mothers the opportunity to reach their full potential. Women who are well-nourished before and during pregnancy are less likely to die during childbirth. By ensuring that mothers can breastfeed and babies get only breastmilk for the first six months of life, we can help save the lives of almost 1 million children. Continued breastfeeding after 6 months for 2 years or beyond, with adequate and safe complementary feeding, contributes further to child survival and optimal development.

The most efficient internationally-recognised strategy to realise this objective is 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 the achievement of many of the Sustainable Development Goals (SDGs) – on poverty reduction, nutrition and food security, survival, health and wellbeing, environment and climate change, as well as women’s employment and gender equality. Although breastfeeding is not specifically mentioned as a target indicator, the SDGs do provide a framework to connect breastfeeding to the larger development agenda, as does the UN Decade for Action on Nutrition. The fact that in 2016, the UN human rights bodies recognised breastfeeding as a Human Right, lends important support to the work of the breastfeeding movement.

The end-of cycle report focuses on outcomes and impacts. Each section outlines the most important outcomes and impacts with some examples, describes the processes that led to these results, and the main lessons learnt. For further details, the annual reports are referred to.

## Overall Objective

**T**he overall objective of the consortium project is to accelerate the momentum for action on Infant and Young Child Feeding, thus contributing 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, and adequate food and nutrition. The achievement of the overall objective will result in a series of indicators, increased rates of IYCF, increased national IYCF budgetary allocations, increased implementation and enforcement of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions through national legislations, maternity protection, and other key interventions, as well as the number and diversity of breastfeeding advocates/groups.

## Project Organisation and Implementation

### Seven areas of work

Organisation and implementation are 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.**

# 1. Tracking Progress in Policy and Programmes and Strengthening Accountability

## **LOGFRAME 1: IMPLEMENTATION OF THE GLOBAL STRATEGY FOR INFANT AND YOUNG CHILD FEEDING AND HUMAN RIGHTS ACCOUNTABILITY MECHANISMS AT GLOBAL AND NATIONAL LEVELS IS STRENGTHENED**



*World Breastfeeding Trends Initiative (WBTi) & World Breastfeeding Costing Initiative (WBCi) Training in Bangkok, Thailand.*

### **Key Outcomes**

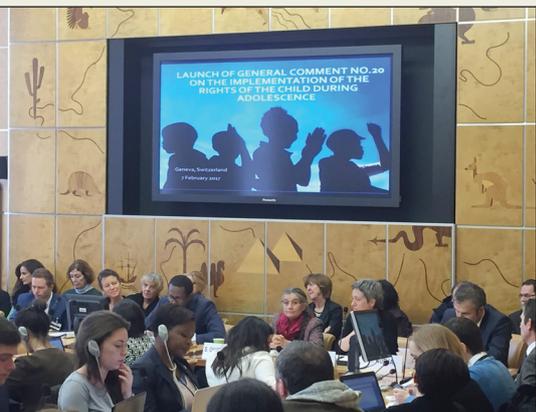
- i. Data on practice indicators show a possible link to the increase in policy and programme scores.**
- ii. Policy and programmatic changes were observed in several countries.**
- iii. The WBTi tool is considered as a valid and credible source of measurement of the implementation of the Global Strategy for IYCF.**
- iv. WBTi has been included as one of the indicators for the seven policy asks in the Global Breastfeeding Collective.**

**T**racking progress on IYCF using validated tools such as WBTi can contribute to significant changes in policies and programmes at country level. Civil society organisations (CSOs) can use the WBTi tool to work with governments and hold them accountable. The recognition of breastfeeding as a Human Right (HR) requires CSOs to hold governments accountable to their obligations under the Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and several other HR instruments. There is a greater awareness, capacity and commitment to using HR review mechanisms to further the implementation of specific IYCF recommendations.

## **A. Progress of policy and programmes on IYCF and call for action to implement these are tracked, based on results of World Breastfeeding Trends Initiative (WBTi) assessments, in all regions of the world**

### **Outcomes and impact**

- i. Data on practice indicators show possible links to increase in policy and programme scores. For example, early initiation of breastfeeding in countries having scored between 7-10 on the indicator on BFHI averaged at 66% (39.8-95%), compared to countries that scored lower, suggesting a possible link with the action on policies and programmes. Countries like Afghanistan and Sri Lanka have achieved and sustained high scores of policy and programme indicators along with high exclusive breastfeeding rates.
- ii. Policy and programmatic changes were observed in countries like Afghanistan, Argentina, Bangladesh, Bolivia, Costa Rica, Dominican Republic, Indonesia, Gambia, and Vietnam. For example, Bangladesh established a National Breastfeeding Committee and Costa Rica and Vietnam made BFHI standards mandatory in all maternity facilities.
- iii. The WBTi tool and the subsequent [reports](#) generated are considered as valid and credible sources of measurement of the implementation of the Global Strategy for IYCF. They have been cited in various global UN guidelines and policy documents, and researched and published in several international journal articles. Examples are WHO report on country implementation of the International Code of Marketing, [WHO National Implementation of BFHI](#), and [IFE Core group's Operational Guidance on Infant Feeding in Emergencies](#). Five journal articles



CRC Launch of General Comment

with WBTi as a core theme have been published by researchers from Australia, India, Bangladesh, and the United States. These research findings are key to evidence-based advocacy efforts for the protection, promotion and support of breastfeeding.

- iv. WBTi has been included as one of the [indicators](#) for the seven policy asks in the Global Breastfeeding Collective, a joint initiative by UNICEF & WHO to accelerate progress towards achieving the WHA target of exclusive breastfeeding in the first six months up to at least 50% by 2025. WHO collaborated for hosting two side events on WBTi in 2014 and 2018.

## Process

- i. [The WBTi tool](#) was updated in 2014 and several trainings were organised for country groups to conduct national assessments during 2014-2018. The WBTi assessment process was coordinated and necessary guidance was provided to country coordinators. [The WBTi web portal](#) was maintained, WBTi country reports were disseminated electronically and at important international events.
- ii. Data/reports on IYCF policies and programmes are now available in 97 countries. Trends in IYCF policy, programmes, and practices are available from 35 countries that have undergone the reassessment. 29 among these countries have made good progress with a gain in scores due to improved policies and programmes.

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## B. Human rights accountability is strengthened through capacity building, awareness, sensitisation, and advocacy

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### Outcomes and impact

- i. Greater awareness of the Human Rights (HR) treaty bodies on IYCF. IYCF [recommendations](#) were issued by human rights bodies to a total of 98 countries (90 by the Committee on the Rights of the Child, and 8 by the Committee on Economic, Social and Cultural Rights), thus greater pressure was achieved on states to act on their HR obligations. The Committee on the Convention on the Elimination of all Forms of Discrimination Against Women issued the first international document holistically addressing [rights of rural women](#), including during pregnancy, childbirth, and breastfeeding.
- ii. There is also a considerable increment in the number of HR [instruments, statements, and other documents](#) from authoritative sources affirming [breastfeeding as a human right](#).



Treaty Alliance Meeting

### Key Outcomes

- i. Greater awareness of the Human Rights (HR) treaty bodies on IYCF.
- ii. A considerable increment in Human Rights documents from authoritative sources affirming breastfeeding as a human right.
- iii. CRC alternative reports on breastfeeding and IYCF were developed and submitted with a positive outcome.
- iv. Call for increased transparency on UN Human Rights treaties and instruments in relation to the role of transnational corporations.

Country groups' knowledge and capacity are strengthened in understanding and the use of the HR review mechanisms.

- iii. CRC alternative reports on breastfeeding and IYCF were developed and submitted with a positive outcome. E.g. During the 70th session of the CRC Committee, Timor Leste received direct recommendations on breastfeeding and Bangladesh was urged to implement the [2014 OHCHR Technical guidance on child mortality](#), which includes specific recommendations on the implementation of the International Code and the promotion of breastfeeding.
- iv. [Call for increased transparency](#) on UN Human Rights treaties and instruments in relation to the role of transnational corporations and other business enterprises with respect to human rights, using the [Treaty Alliance platform](#).

### Process

- i. Collaboration with the UN allies in the development of human rights instruments. There was also a [constructive collaboration with the UN Special rapporteurs](#) as well as with a group of UN experts i.e. the [UN Special Rapporteurs on the Right to Food](#), Right to Health, the Working Group (WG) on Discrimination against Women in Law and Practice, and the CRC Committee. The outreach expanded to non-breastfeeding CSOs such as FoodFirst Information and Action Network (FIAN) through joint advocacy efforts towards HR committees for the CEDAW and CESCR. A [joint submission](#) was made towards the 2016 CEDAW General Recommendation No. 34 on the Rights of Rural Women. The joint advocacy led to the emphasis on the coined term: Breastfeeding – the first act of food sovereignty.
- ii. A Human Rights training package was developed and where feasible, incorporated into the WBTi trainings, increasing groups understanding of the use of HR treaty bodies' mechanisms. Moreover, [a Prezi presentation "Breastfeeding – A matter of human rights"](#) was developed as a mobilising tool emphasising that everybody can contribute to creating an enabling environment for women to optimally feed their children: decision-makers, health professionals, family members and friends, employers, and baby food manufacturers and distributors.
- iii. Selection of strategic countries as well as strategic reiteration of the earlier CRC recommendations on IYCF in alternative reports, emphasising all aspects of IYCF, led to more specific IYCF recommendations by, in particular, CRC Committee. Advanced synergy with WBTi since CRC recommendations were used in



*Binding Treaty Intergovernmental Working Group Meeting*

the WBTi assessment process and reports, and WBTi reports were also used for alternative reports.

- iv. UN Human Rights Council [Resolution 26/9](#), established an Intergovernmental Working Group (IGWG) to develop a legally binding instrument on business and HR. The zero drafts (treaty and optional protocol) were released in 2018. Strong calls for transparency of the treaty process were made, through direct involvement in the [Treaty Alliance](#) work.

## LESSONS LEARNT

- i. It is possible to have an inclusive country assessment process with multiple actors without conflicts of interest (Col). More than 800 partners including governments, UN, and CSOs in 97 countries worked together in this initiative, reflecting the power of collaboration. None of the partners had Col.
- ii. There is a need to anchor the WBTi with governments to ensure that the action plan is developed with budgetary allocations to address the gaps detected.
- iii. Documenting the impact of WBTi at country level is important to sustain the interest of country groups in the reassessment process.
- iv. Anchoring breastfeeding as a human rights issue provides an important accountability lever.
- v. The human rights approach can help clarify the current conceptual confusion regarding conflicts of interest in relation to public-private multi-stakeholder initiatives that erode the public-private distinction and may undermine the work on Human Rights-based approaches to health governance and the restructuring of food systems.
- vi. Ensuring face-to-face meetings and briefings with HR treaty bodies' members, participation in the CRC sessions, selection of strategic countries, and preparation of joint recommendations with allies are efficient ways of facilitating the work and focusing the review process of the CRC and other HR committees.

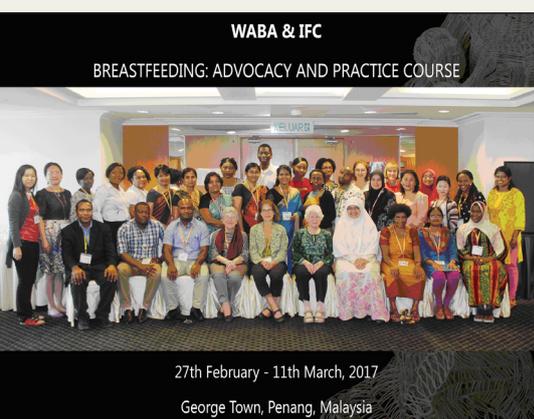


*Treaty Alliance Meeting*

- vii. There is a need for model countries that intend to incorporate the CRC into law, such as Sweden, to play a facilitating role and ensure the European Union (EU) supports negotiations for “a legally binding human rights instrument on transnational corporations and other business enterprises with respect to human rights”. CSOs are important allies in this process. IBFAN made its representation in the Treaty Alliance from [its inception; statements](#), position papers etc.
- viii. There is a need to raise awareness of and urgently address undue influence on human rights accountability frameworks and processes due to the “entanglements” between the public and private spheres.
- ix. Country level follow up on HR treaty body recommendations remains a challenge. While IBFAN groups’ awareness increased, their capacity, due to funding cuts, has diminished. Governments are thus put under much needed pressure to follow up on IYCF HR recommendations.

## 2. Building IYCF Capacity at all Levels

**LOGFRAME 2:  
ALL SERVICE PROVIDERS AND  
MOTHERS ARE CAPACITATED  
IN TECHNICAL KNOWLEDGE  
AND PRACTICAL SKILLS IN  
IYCF AND IT IS ENSURED  
THAT THERE IS A MULTIPLIER  
EFFECT IN IYCF TRAINING  
AT THE INSTITUTIONAL AND  
COMMUNITY LEVELS**



*Breastfeeding Advocacy and Practice (BAP) Course Participants*

### Key Outcomes

- i. Knowledge and skills capacity in IYCF were built among pools of nutrition and health care workers.
- ii. Implementation of the national action plans developed during the breastfeeding advocacy and practice training resulted in improved child health outcomes, breastfeeding rates and national policy/guidelines.
- iii. Technical capacity was built among the community and institutional actors on the promotion of IYCF in Burkina Faso, Niger and Gabon.

Capacity of healthcare, nutrition, community, and public health actors in IYCF, counselling and advocacy have been built through trainings at national, regional, and global levels. This has led to advocacy for policy change, improved IYCF practices and local community perceptions. An integrated approach across the 1,000 days to achieve better coordination and amplification of support for breastfeeding has been developed and shows wide uptake globally.

**A. Strengthening of technical skills, practical counselling skills including communication skills and capacity of institutional actors (Health care staff, social agents, etc.) at pre-service and in-service level on the protection, promotion and support of breastfeeding/IYCF at national/regional level is done in order to ensure full institutionalisation of the BFHI and IYCF practices**

### Outcomes and impact

- i. Knowledge and skills capacity in IYCF were built among pools of nutrition and health care frontline workers, national trainers, middle level trainers, and counselling specialists in 15 countries in Asia. A pool of 61 National Trainers and 684 counselling specialists is available in China, India, Indonesia, and Sri Lanka. A pool of 846 Middle Level Trainers is available in India and Maldives. A pool of 84 National Trainers is available in Brunei Darussalam, Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam. A pool of 461 trainers is available in Brunei Darussalam, China, Cambodia, India, Indonesia, Lao PDR, Malaysia, Myanmar Philippines, Singapore, Sri Lanka, Thailand, Timor Leste, and Vietnam.
- ii. Country teams/individuals consisting of senior resource persons with IYCF breastfeeding advocacy and practice skills are available in 26 countries in Asia, Africa, and Middle East. Implementation of the national action plans developed during the trainings resulted in improved child health outcomes, breastfeeding rates, national policy/guidelines, alignment with related health programmes/policies, health facility policy/practice, cascade training, and both physical and virtual community engagement. [Various participants from Asia and Africa](#) have integrated the knowledge and skills acquired from the BAP Course to improve breastfeeding practices at all levels. This has led to improved capacity in the development of sound policies, strategic action plans, and technical documents including guidelines and training material for the country. In Vietnam, BAP participants



Team for Project ANJE 2

founded [Betibuti.com](http://Betibuti.com), a virtual community support group in Ho Chi Minh City, with over 135,000 followers on Facebook.

- iii. Technical capacity was built among community and institutional actors on the promotion of IYCF in Burkina Faso, Niger, and Gabon. In collaboration with Ministries of Health, this project achieved improvements in community perceptions regarding use of colostrum and exclusive breastfeeding. A total of 105 health workers and 167 community health workers were trained. Analysis of the data from the activities implemented in 2014 and 2015 shows that 93.9% of Burkinabe women had a positive opinion on colostrum, an evolution from 14.9%. The same trend was observed in Gabon (75.5% to 89.2%, an increase of 13.7%). In Niger, the baseline was higher (90.6%), thus the increase was less significant (3.6%). Similarly, there was also an increase in the proportions of women informed about exclusive breastfeeding in all three countries.

### Process

- i. [The IBFAN Asia Infant and young child feeding counselling training course – ‘4 in 1 training course’ \(an integrated course on breastfeeding, complementary feeding, HIV & infant feeding, and Growth Monitoring\)](#) was externally reviewed and updated. Subsequently, training workshops were organised in collaboration with the government departments, UN agencies, and medical universities in China, India, Indonesia, Maldives, and Sri Lanka for developing master trainers, trainers for frontline workers and counselling specialists. TOT was conducted in Timor-Leste and Lao PDR using the ‘7 in 1’ training programme and in Brunei Darussalam and Cambodia using the ‘3 in 1’ training programme. In the Philippines, Peer Counselling Training with Hands-on Lactation Massage for Relactation Management, Eat Right Cooking Seminar for Complementary Feeding as Emergency Preparedness was conducted in conflict areas of Mindanao in collaboration with Arugaan, Health for Mindanao, and UNICEF.
- ii. The WABA BAP course was updated to include more sessions on advocacy, group work, and interaction. A variety of different service providers were trained on IYCF i.e. paediatricians, family medicine consultants, nurses, midwives, nutritionist, dieticians, IBCLCs, speech therapist, mother support group founders, researchers, neonatologist, Nurse Educator, Emergency Nutrition Specialist, Lecturer, and Senior Midwifery Tutor. Effective country level action plans were developed by each alumnus/team for later integration into their respective national IYCF policies. Ongoing regular follow up and surveys were conducted with the alumni.



*BAP Course Session on Alternative Methods of Infant Feeding*

### Key Outcomes

- i. A new integrated approach (the Warm Chain of Support for Breastfeeding) was developed to support the mother-baby dyad across the first 1000 days.
- ii. Uptake of the Warm Chain concept by multi-disciplinary country teams during IYCF training.
- iii. A mechanism and network database of different actors across the warm chain has been established in phase 1.

- iii. The three-country [francophone Africa project](#) provided continuous information, education, and communication activities and breastfeeding counselling training at health centre and community levels. The training facilitation was conducted by national trainers, supported by resource persons from the IBFAN Francophone Africa Regional Coordinating Office and GIFA who also supported the project through translations, proofreading and verification of Code violations reports.

## **B. Strengthening of technical capacity including communication skills of community actors at preservice and in-service levels (health agents, community organisations, peer counsellors, leaders, etc.) is done on the protection, promotion and support of breastfeeding/IYCF and implementation of BFHI ensured**

### Outcomes and impact

- i. A new integrated approach was developed to support the mother-baby dyad across the first 1,000 days (pregnancy to child's second birthday). The Warm Chain of Support for Breastfeeding strives to link different actors by coordinating efforts at all levels to provide a continuum of care. Consistent messages and proper referral systems throughout the warm chain will ensure the mother-baby dyad benefits from ongoing support and skilled assistance.
- ii. Uptake of the Warm Chain concept by multi-disciplinary country teams during IYCF training. For example, Malawi uses a perinatal maternal health and breastfeeding outcomes scorecard by health and community workers. China is promoting the concept of the Warm Chain for training of health facility and community health centre workers on IYCF as part of revival of the BFHI hospital accreditation process in the country. This will help ensure improved support for breastfeeding and ultimately an increase in breastfeeding rates.
- iii. A mechanism and network database of different actors across the warm chain have been established in phase 1.

### Process

- i. A team effort is needed to make breastfeeding work. The Warm Chain was developed to improve coordination, collaboration, and messages across health and community sectors. Concept notes, informational materials, and surveys were developed to promote the concept of the Warm Chain. Advocacy for the



*Collaboration on Warm Chain with China Red Cross Foundation and Beijing Stone University*

Warm Chain and training of Warm Chain teams in breastfeeding and IYCF were conducted.

- ii. Since 2017, the BAP course focused on training of Warm Chain country teams that included midwives and community actors in addition to medical professionals. Promotion of the Warm Chain concept at international events and meetings.
- iii. A Warm Chain online survey was developed and promoted to map actors at country level. Phase 2 will enable actors at the country level to connect with each other and collaborate to create enabling environments for mothers to breastfeed through action at all levels.

## LESSONS LEARNT

- i. Health and nutrition care providers need capacity building on IYCF counselling to support mothers to breastfeed. Regular review and update of IYCF counselling training programmes are required as new evidence and information becomes available.
- ii. Training of country teams that include both health and community sectors is an efficient way of fostering multi sectoral collaboration at the national level with potential for impact on IYCF policy and practice. Follow up, monitoring of country action plans, and provision of relevant technical support are important factors to ensure impact and sustainability.
- iii. Evidence based advocacy for implementation of adequate IYCF policies and programs is effective. Collaboration between community and health facility actors is critical for the integration of IYCF activities. Despite national socio-political crises in the three countries, project objectives could be achieved due to the collaboration, project evaluation, and a well-defined strategy for the next phase.
- iv. Warm Chain approach is applicable and adaptable to many different contexts around the world. More work needs to be done to promote the concept widely and further operationalise its components. Assessment criteria for the Warm Chain need to be developed using existing indicators where possible.

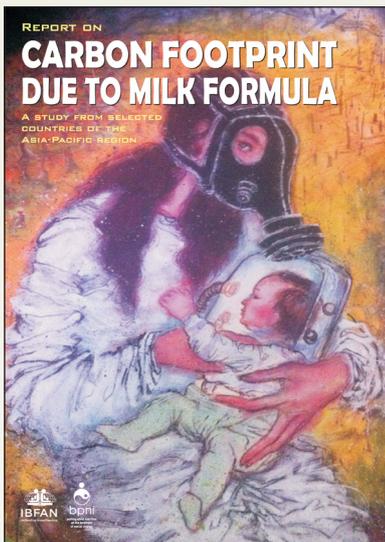


*International Code Monitoring Workshop in New Delhi, India*

- v. The collaboration of strongly motivated community health workers and health workers is crucial and allows the integration of awareness activities on IYCF across sectors. Similarly, making links between the global, regional, and local enables the comprehensive framing of a project and strengthens the chain of action and influence across these levels.

### 3. Addressing especially Challenging Environments/Situations: including Gender Inequalities

#### LOGFRAME 3: CAPACITY TO PRACTICE OPTIMAL IYCF IN DIFFICULT CIRCUMSTANCES (HIV, EMERGENCIES, CLIMATE CHANGE AND GENDER DISCRIMINATION/LOW STATUS OF WOMEN) IS STRENGTHENED



Report on Carbon Footprint due to Milk Formula

#### Key Outcomes

- i. A strong case for including breastfeeding, with its low carbon footprint was made.
- ii. The reputed journal Lancet cited 'The Formula for Disaster' report which ensured that evidence-based advocacy messages are in place.
- iii. Common knowledge raised amongst the public on the link between breastfeeding, environment and climate change.
- iv. WHO SEARO recognised the importance of carbon footprints due to milk formula.

The link between breastfeeding as a way to reduce greenhouse gases and mitigating climate change has been made and this provides yet another reason for governments and the public to support breastfeeding. There is a greater awareness of how to overcome the challenges of infant feeding in emergencies (IFE) and HIV due to clear evidence-based guidelines being developed, widely promoted and used by the humanitarian aid community. Mainstreaming of gender in IYCF policies and programmes ensures that gender discrimination and the low status of women is addressed at all times. In parallel, the important role of fathers, partners and families in supporting breastfeeding is being emphasised. Advocacy for advancing gender equitable parental social protection is highlighted for both formal and informal work sectors.

#### A. Capacity building and advocacy for national comprehensive policies and implementation of IYCF practices in the context of HIV/AIDS, Emergencies and Climate Change are strengthened

##### 1. Linking breastfeeding to the environment and climate change

#### Outcomes and impact

- i. A strong case for including breastfeeding, with its low carbon footprint, was made to selected delegates at the Paris Climate Change Summit 2015 and at the WHO executive board meeting 2015. The potential impact of this is that ratifying governments can support breastfeeding as a way of reducing greenhouse gases.
- ii. The reputed journal Lancet cited 'the formula for disaster' report that ensured that evidence-based advocacy messages are in place linking breastfeeding and climate change and can be utilised by academicians, health professionals and the media.
- iii. Common knowledge amongst the public on the link between breastfeeding, environment and climate change was raised by including it as one of the thematic areas of WBW 2016.
- iv. WHO SEARO recognised the importance of carbon footprints due to milk formula by including it on the website.

#### Process

- i. A technical document titled 'Formula for Disaster', a research report titled 'Carbon Footprints due to Milk Formula' and



Advocacy at the World Health Assembly 71

### Key Outcomes

- i. The CRC Committee issued in 2017 its first recommendation for strengthening emergency preparedness at the country level.
- ii. UN/NGOs guidelines and educational materials for families during crisis situations are in place for appropriate humanitarian response.
- iii. Governments are urged through WHA 2018 to take all necessary measures to ensure evidence-based and appropriate IYCF during emergencies.
- iv. International humanitarian agencies include breastfeeding support as part of their programmes to support infant and young child health and survival.

country report cards (10) titled 'Green Feeding to achieve global nutrition targets 2015' on environmental impact and carbon footprints of formula feeding were developed and disseminated. The report was shared with WHO and UNICEF headquarters, regional and select country offices, IBFAN regional and global programme offices, country representatives, government agencies, Embassies of Sweden and Norway in India, and the media.

- ii. One of the thematic areas of WBW 2016 was on breastfeeding, environment and climate change that advocated for governments to allocate budgets for breastfeeding programmes alongside programmes to reduce carbon emissions.

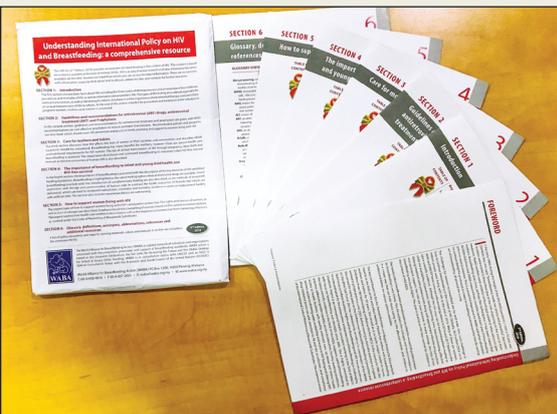
## 2. Global emphasis on IFE

### Outcomes and impact

- i. The CRC Committee issued in 2017 its first recommendation for strengthening emergency preparedness at the country level.
- ii. UN/NGOs guidelines on "[Infant and young child feeding in transit](#)" in Europe and educational materials for families during crisis situations are in place for appropriate humanitarian response.
- iii. [Governments are urged through WHA 2018](#) to take all necessary measures to ensure evidence-based and appropriate IYCF during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operation.
- iv. [International humanitarian agencies](#) include breastfeeding support as part of their programmes to support infant and young child health and survival.

### Process

- i. Advocacy with CRC Committee on [environment and climate change](#), included technical publication 'Formula for Disaster' and on IFE. All HR alternative reports included a section and recommendations on HIV and IYCF, and IFE with the recommendation for adoption of national comprehensive policies and programmes.
- ii. At the onset of the refugee crisis in Europe, the collaboration within the interagency IFE Core group on [guidelines on "Infant and young child feeding in transit"](#) resulted in the development of a [flyer](#) to support mothers and families in feeding infants



*Understanding International Policy on HIV and Breastfeeding: a comprehensive resource*

### Key Outcomes

- i. Several evidence-based UN technical guidelines, various types of comprehensive information materials on HIV and infant feeding are available to health professionals, policymakers and the public.
- ii. The HIV/AIDS community is sensitised about the existence of these guidelines.

and young children in transit through breastfeeding and safe artificial feeding.

- iii. [Collaboration on the update and advocacy at WHA level](#) for the Operational Guidance on IFE, a key policy document, endorsed initially by the [2010 WHA 63.23 resolution](#) resulted in the achievement of a global emphasis on IFE.
- iv. Dissemination and uptake of World Breastfeeding Week thematic materials and activities by humanitarian agencies working in crisis-stricken areas.

## B. HIV/IFE working group to provide effective leadership in IYCF/HIV related issues is strengthened

### Outcomes and impact

- i. Several evidence-based [UN technical guidelines](#), [comprehensive information resource kit endorsed by the ABM](#), [country status updates](#), Position statement on HIV and Infant feeding ([2015](#) and [2018](#)), and [other materials](#) are available for health professionals, policymakers working on HIV and breastfeeding, and lay people at the country level. These resources clarify the confusion which has arisen during the last decade due to changing HIV and infant feeding guidance. These evidence-based documents help stakeholders to remain updated with the latest evidence and global guidelines.
- ii. The [HIV/AIDS community](#) is sensitised about the existence of these guidelines and sees the potential to use breastfeeding and HIV as an entry point to focus on women's issues in the context of HIV/AIDS.

### Process

- i. Consortium partners were consulted on the revised WHO guidance on HIV and infant feeding. This resulted in the updated [WHO guidelines \(2016\) on HIV and infant feeding](#).
- ii. Additional resources such as Position statements on HIV and Infant feeding ([2015](#) and [2018](#)), were developed and disseminated to policy-makers, breastfeeding advocates, national breastfeeding committees, public health advocates, women's health activists and others working in the community. A report on HIV and Infant feeding titled "[HIV and Infant feeding – Global Status of Policy and Programmes based on World Breastfeeding Trends Initiative assessment findings from 57 countries](#)" was developed and disseminated.



Advocacy at the Women Deliver Conference

### Key Outcomes

- i. Re-conceptualization of the right to adequate food through the incorporation of gender, women's rights, and nutrition.
- ii. Gender inequality as a root cause of poverty and disparities is addressed.
- iii. The capacity of Indian medical and nutrition experts on gender in the context of breastfeeding was built.
- iv. Gender mainstreaming is focussed on both parents.

- iii. A comprehensive [resource kit on Understanding International Policy on HIV and Breastfeeding](#) and a popular brochure for women and families titled "[What women need to know about breastfeeding in the HIV context](#)" are now available.
- iv. Advocacy at the [AIDS 2018](#) conference with 16000 delegates from more than 160 countries and dissemination of the comprehensive resource kit resulted in wide uptake of the messages by the HIV/AIDS community, with several new contacts made.

## C. Gender mainstreaming in IYCF policy and programme is strengthened

### 1. Mainstreaming gender-conceptually and through policy asks

#### Outcomes and impact

- i. The right to adequate food movement was previously lacking in gender analysis. Therefore, a re-conceptualisation of the right to adequate food through incorporation of gender, women's rights, and nutrition, based on the food sovereignty led by social movements is now in place.
- ii. By reinforcing breastfeeding as a gender issue through statements and advocacy, the consortium ensures that gender inequality as a root cause of poverty and disparities is addressed. For example, based on the calls for action the [Women Deliver for Good targets](#) and [policy asks](#) now include reference to breastfeeding. Several countries are working on increasing breastfeeding rates e.g. [Bangladesh](#).

#### Process

- i. Collaboration with Universities of Hohenheim (Germany) and Syracuse (USA), and with FIAN on the 2016 book on '[Gender, Nutrition and the Right to Adequate Food: Toward an inclusive framework](#)' by Routledge Series in Gender and Society and shared for uptake by the social movement.
- ii. Gender mainstreaming in policies actively took place by drawing action to both gender related UN Days. These statements were prepared and shared widely by WABA jointly with relevant organisations and issued calls for action. The calls for action in the statements were also used at relevant events such as Commission on the Status of Women (CSW), Women Deliver to advocate for inclusion in important global policies and asks.



*Gender Debates on Father Support for Breastfeeding at the Global Breastfeeding Partners Meeting*

Countries were supported through a seed grant programme to work on increasing [peer support for breastfeeding working mothers](#) in a garment factory in Bangladesh.

## 2. Increasing capacity of medical professionals in gender issues

### Outcomes and impact

- i. Capacity of Indian medical and nutrition experts on gender in context of breastfeeding was built. The training provided an opportunity 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 local context.

### Process

- i. A gender-training workshop was organised in collaboration with a multi-disciplinary team from Uppsala University, Sweden in New Delhi, India. Participants included medical and nutrition professionals.

## 3. Advancing gender equality through parental social protection

### Outcomes and impact

1. Initially the gender mainstreaming focused on women only, and now the focus is on both parents. Active engagement of men and father support groups now emphasizes the importance of parental social protection to achieve gender-equitable social protection for all parents regardless of work sector.

### Process

- i. Engaging men throughout the continuum of care to support breastfeeding has required an active promotion and engagement strategy with those organisations and researchers actively working on involved fatherhood.

### LESSONS LEARNT

- i. There is yet another opportunity for sensitising policymakers on protecting, promoting, and supporting breastfeeding through awareness-raising on the carbon footprint of formula feeding.

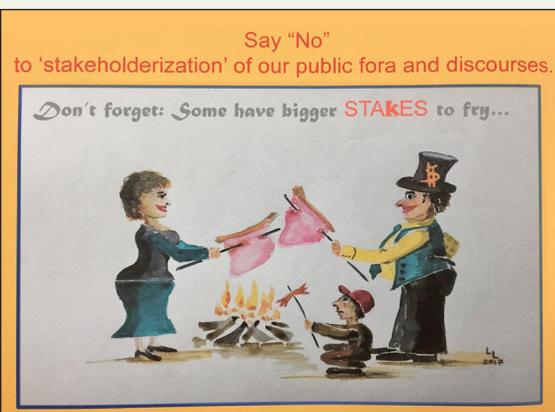


© UNICEF/UN0203786/Zehbrauskas  
Example of Breastfeeding Teamwork  
in Thailand

- ii. Advocacy for specific IYCF human rights and IFE recommendations are severely restricted due to Human Rights treaty bodies being urged to issue increasingly shorter recommendations to governments. Strengthened and systematic participation in HR instruments processes and mechanisms is necessary in order to ensure IYCF remains integrated into the relevant recommendations and official statements.
- iii. Due to the rapid emergence of new evidence and information on care and support in order to protect, promote, and support breastfeeding in the context of HIV, regular review and update of all guidance and information are crucial. Research emerging between WHO's 2010 and 2016 guidance documents now shows conclusively that maternal/infant ARV regimens during pregnancy and breastfeeding greatly reduce vertical transmission of HIV; and exclusive and continued breastfeeding significantly improve overall HIV-free survival.
- iv. Continue fostering collaboration with all organisations to strengthen gender mainstreaming in IYCF policies as well as garner more support for breastfeeding as part of the global sustainable development agenda, particularly SDG 5 that focuses on gender equality.
- v. Key medical stakeholders providing care to women and children need sensitisation on gender issues to effectively support the breastfeeding mothers.
- vi. Practical ways to involve fathers/partners/families in breastfeeding support across the continuum of care is a vital in addressing gender inequalities. Using the approach of parental social protection, which positions gender equality at the centre, emphasises that [breastfeeding is a team effort](#). This requires greater awareness raising and advocacy within the breastfeeding movement and beyond.

## 4. Strengthening Policy and Legislative Frameworks

**LOGFRAME 4:  
LEGISLATIVE AND POLICY  
FRAMEWORKS RELATED TO  
PROTECTION AND SUPPORT  
OF BREASTFEEDING AND  
INFANT AND YOUNG CHILD  
FEEDING AT ALL LEVELS  
ARE STRENGTHENED, AND  
POLICY FORMULATION  
AND PROGRAMME  
IMPLEMENTATION ARE  
SAFEGUARDED FROM  
CONFLICTS OF INTEREST**



Poster for the Conflict of Interest (CoI) Press Conference

**B**reastfeeding and IYCF issues are part of the Human Rights, ICN2 Rome political declaration and Framework for Action, as well as in the UN Decade of Action on Nutrition. Advocacy with relevant UN agencies such as WHO, UNICEF, FAO as well as at international events e.g. WHA resulted in these inclusions. National groups have been trained and are equipped with knowledge and tools to advocate for maternity protection, Code, effective CoI, Codex standards, and policy measures. A new framework for including breastfeeding in the context of gender-equitable parental social protection has been developed in collaboration with UNICEF, WHO, and ILO and will be taken forward during the 2019 ILO Centenary programme.

### A. Enhanced effective implementation of the International Code and subsequent WHA resolutions

#### Outcomes and impact

- i. IYCF issues are part of recommendations of Human Rights (HR) Treaty Bodies and are also supported by the work of UN Special Rapporteurs. During the overall project cycle, 81 HR treaty bodies' recommendations (75 CRC, 6 CESCR), 1 Technical Guidance from the OHCHR, 1 joint statement from UN HR experts, 2 General Comments (1 CEDAW, 1 CESCR), 3 reports from the Special Rapporteur on the Right to Food, and 1 report from the Special Rapporteur on the Right to Health urged governments to implement and monitor the Code.
- ii. [NetCode monitoring toolkit](#) developed to reinforce ongoing Code monitoring and periodic assessment. IBFAN's monitoring was given substantive public recognition through these monitoring tools. The current field tests of the NetCode tools revealed systematic violations, thus stimulating national debates on the need to strengthen monitoring systems. An example of this is the 2018 IBFAN, WHO, and UNICEF collaboration on monitoring training in Burkina Faso.
- iii. Proposed Conflict of Interest criteria are largely accepted by WHO and UNICEF for the NetCode. This means that NetCode is a rare case of a multi-actor initiative that does not allow the party to be regulated to be involved in guidance and policy-setting.
- iv. Criteria for categorising Code implementation have been harmonised through collaboration with UN agencies. Two



Annual General Meeting

### Key Outcomes

- i. **IYCF issues are part of recommendations of Human Rights (HR) Treaty Bodies and are also supported by the work of UN Special Rapporteurs.**
- ii. **NetCode monitoring toolkit developed to reinforce ongoing Code monitoring and periodic assessment.**
- iii. **Proposed Conflict of Interest criteria is largely accepted by WHO and UNICEF for the NetCode.**
- iv. **Criteria for categorizing Code implementation have been harmonized through collaboration with UN agencies.**
- v. **Corporate accountability issues of companies were raised and highlighted.**
- vi. **Wide outreach to the media and public using a movie, anchoring breastfeeding protection as a human rights issue.**
- vii. **Link established between Code and Extraterritorial Obligations (ETOs).**
- viii. **Trained monitors of the International Code of Marketing of Breastmilk Substitutes are available in 11 Asian countries.**

joint WHO, UNICEF, IBFAN reports published ([2016](#) and [2018](#)) put a stop to debates on the interpretation and questioning of reported violations, a commonly used tactic by companies.

- v. Corporate accountability issues of companies were raised and highlighted. For example, Nestlé was obliged to admit in front of shareholders that their policies allow 90% of Code violations. 4,000 shareholders were directly informed about the company's attempts to whitewash its Code violations through HR claims.
- vi. Wide outreach to the [media](#) and public using a movie that depicts real-life scenario, thus leading to breastfeeding protection being anchored in minds of the public as an HR issue. The film 'Tigers' and the debate, clearly demonstrated that due to the 'baby food scandal', children continue dying because of unethical conduct of companies.
- vii. Link established between Code and extraterritorial obligations (ETOs), demonstrating that countries hosting baby food transnational corporations (TNCs) have an obligation to stop Code violations in all countries, where these TNCs operate.
- viii. Trained monitors of the International Code of marketing of Breastmilk Substitutes are now available in 11 countries of Asia. Information on promotional activities of baby food companies in Asia is available in the form of a regional monitoring report titled "Report on the Monitoring of the Code in 11 Countries of Asia – Inappropriate marketing of baby foods and feeding bottles". International Code Monitoring information from 11 Asian countries has been made available to WHO, UNICEF, IBFAN groups, breastfeeding partners, and the media.

### Process

- i. There was a process of systematic highlighting of Code legislation and violations in the CRC alternative reports. A report called [Breaking the Rules, Stretching the Rules](#) was launched and a press conference was organised prior to WHA.
- ii. Representation in the WHO/UNICEF NetCode.
- iii. Development of Conflicts of interest (CoI) criteria for NetCode.
- iv. Collaboration with UN agencies on harmonisation of Code implementation assessment criteria. The 2016 Joint report was launched and a [press conference](#) was held.
- v. Actions ensured that [Nestlé's Code violations](#) were [denounced](#) as a violation of [child rights](#), and not only as improper commercial practice. The cynicism behind the corporate social



Advocacy at the IUNS 21st International Congress of Nutrition

### Key Outcomes

- i. Breastfeeding included in the ICN2 Rome political declaration and Framework for Action.
- ii. The 2016 WHO Guidance calls for milk marketed for babies 6-36 months to be treated as breastmilk substitutes.
- iii. The need for vigilance and caution on the 'stakeholderisation' of policy decision-making in global public health was raised.
- iv. Incorporation of the International Code of Marketing of BMS and Conflicts of Interest perspectives in the Global Breastfeeding Collective (GBC) call to action.
- v. Official relations status with WHO is obtained by IBFAN.
- vi. World Breastfeeding Week is incorporated into the Global Breastfeeding Collective workplan.

responsibility practice of Nestlé was exposed at three of Annual General Meetings.

- vi. Collaboration on an article following the screening of 'Tigers', a film based on the story of a former Nestlé baby milk salesman in Pakistan, turned a whistleblower; facilitation of two screenings of Tigers at the Geneva International Film Festival, and Forum on Human Rights; co-organising debate featuring the whistleblower, the former head of Nestlé food safety department, turned whistleblower, a colleague from IBFAN UK, and the script writer.
- vii. Analysis of the Code implementation within the "Maastricht Principles on extraterritorial obligations (ETOs) in the area of ESCR" in place.
- viii. Two regional training workshops on monitoring of the international Code (2014 and 2016) were organised. There was coordination of the online monitoring process and development of a regional Code monitoring report in these countries. Information sheets and bulletin on the IMS Act / International Code monitoring were developed (<http://bpni.org/IMS-ACT/BTL-7-24022016-low-res.pdf>; <http://bpni.org/IMS-ACT/BTL-6.pdf>).

## B. Policies and programmes of WHO and of other UN agencies, adequately and increasingly reflect IYCF issues, including in the post 2015 development agenda

### Outcomes and impact

- i. Breastfeeding included in the ICN2 Rome political declaration and Framework for Action, as well as in the subsequent action plans. The UN Decade of Action on Nutrition and subsequent action plans also cover breastfeeding, although not from the human rights perspective.
- ii. The 2014 WHA resolution calls for continued work on the guidance on inappropriate marketing of foods for infants and young children. The WHA 2018 finally adopted the Resolution on infant and young child feeding. The 2016 WHO Guidance clearly calls for milks marketed for babies 6–36 months to be treated as breastmilk substitutes and not promoted. The Guidance also contains specific recommendations on addressing conflicts of interest.
- iii. The need for vigilance and caution on the 'stakeholderisation' of policy decision-making in global public health has been raised by IBFAN in collaboration with other public interest groups and certain member states. Despite this work the



*The Assessment Report on the Status and Enforcement of Maternity Protection Laws across 57 countries*

controversial “[Framework on Engagement with Non-States Actors](#)” (FENSA) was adopted, and reflected in the WHO’s 13th General Programme of Work.

- iv. Incorporation of the International Code of Marketing of BMS and Conflicts of Interest perspectives in the Global Breastfeeding Collective (GBC) call to action. [The GBC score card](#) included ‘WBTi assessment of breastfeeding programmes in past 5 years’ as one of the indicators.
- v. World Breastfeeding Week is incorporated by the [Global Breastfeeding Collective](#). This has led to great collaboration with members of the Collective in the development of materials, the campaign itself, and follow up at regional and national levels.
- vi. Official relations status with WHO is obtained by IBFAN. This enables the consultative processes and representation at key WHO events and meetings to include the perspectives of the network and, if agreed, of the consortium and/or other civil society organisations.

### Process

- i. A 2-year collaboration between WHO, FAO, CSOs, and social movements towards and at ICN2 and its follow up, in addition to attendance of meetings and preparation of joint statements.
- ii. Regular participation in the World Health Assembly meetings and contribution in its proceedings.
- iii. Various actions undertaken in 4 years to ensure WHO safeguards its integrity, independence and trustworthiness (press [releases](#) on FENSA, [articles](#) with IBFAN Asia, statements and [open letters](#)).
- iv. Regular participation/contribution in the Global Breastfeeding Collective (GBC) online meetings and electronic discussions to incorporate the International Code of Marketing of BMS and Conflicts of Interest perspectives and World Breastfeeding Week actions.
- v. Regular participation at the WHO governing bodies participation; delegates’ briefings on [LYCN](#), [NCDs](#)<sup>1</sup> and [FENSA](#) (see [example](#)).

<sup>1</sup>. Set of selected references:  
 2014 WHA: <https://www.gifa.org/67th-world-health-assembly-ibfan-making-a-difference/>  
 2015 May: <https://www.gifa.org/who-opens-the-doors-wide-to-corporate-influence/> press release  
 2016 EB: letter from 57 NGOs about FENSA <http://www.babymilkaction.org/archives/8339>  
 Press release: <http://www.babymilkaction.org/archives/8358>  
 EB MYCN Statement: <http://www.babymilkaction.org/wp-content/uploads/2014/10/IBFAN-Statement-on-Maternal-Child-Nutrition-6.1..pdf>



*Advocacy on Gender Equitable Social Protection*

### Key Outcomes

- i. Global report on maternity protection is available and utilized.
- ii. Renewed action for the protection, promotion and support for breastfeeding in the context of work is galvanised.
- iii. The Empowering Parents Campaign (EPC) addresses contemporary challenges regarding gender equitable measures for both formal and informal sectors and galvanises action at all levels.
- iv. Action at the country level is galvanised in Africa, Asia and Latin America Caribbean.
- v. The framing of maternity protection issues within the sexual and reproductive rights issues of ALL women achieved.

- IBFAN Amendments to the draft Guidance: [http://www.babymilkaction.org/wp-content/uploads/2016/02/MIYCN\\_IBFAN\\_25-2-16.pdf](http://www.babymilkaction.org/wp-content/uploads/2016/02/MIYCN_IBFAN_25-2-16.pdf)
- 2016 April: <https://www.gifa.org/save-the-world-health-organization-from-the-undue-influence-of-corporations-and-corporate-linked-entities/>
- 2016 May: <https://www.gifa.org/world-health-organizations-independence-and-integrity-are-non-negotiable/>
- 2016 May: <https://www.gifa.org/whose-health-the-crucial-negotiations-for-the-world-health-organizations-future/>
- 2016 May: <http://www.babymilkaction.org/archives/9786>
- 2017 EB: <https://www.gifa.org/ibfan-at-the-140th-who-executive-board-meeting-23-january-1-february-2017/>
- 2017 WHA: <https://www.gifa.org/ibfan-is-tackling-corporate-influence-in-global-health-governance-at-the-70th-world-health-assembly/>
- 2017 EBSS4: <https://www.gifa.org/eb-special-session-4-at-who-ibfans-concerns-on-the-draft-thirteen-general-programme-of-work/>
- 2018 EB: <https://www.gifa.org/ibfan-at-the-142nd-session-of-the-executive-board/>
- 2018 WHA: <https://www.gifa.org/71st-world-health-assembly-a-new-resolution-on-infant-and-young-child-feeding/>

## C. Strategic advocacy directions and strengthen national measures that provide maternity protection for working women including those in the informal sector identified

### Outcomes and impact

- i. [Global report on maternity protection](#) is available and utilised to provide baseline information for WBTi national assessment. [Report on the status of policies and programmes](#) on the maternity protection and a position paper on [maternity protection at work](#) were shared with key actors globally through mail, electronic media, and presentations.
- ii. Renewed action for the protection, promotion and support for breastfeeding in the context of work is galvanised. At the WABA-UNICEF Stockholm Symposium, a [Framework for Action \(FFA\)](#) was developed that called for a multi-pronged approach based on human rights, gender equity, and decent work principles. Collaboration with the UN asserted global leadership on a contemporary approach to the issue of breastfeeding and work.
- iii. The new Empowering Parents Campaign (EPC) addresses contemporary challenges regarding implementation of maternity protection, parental protection and other gender equitable measures for both formal and informal sectors and galvanises action at all levels. This multi-pronged campaign aims to a) promote gender equitable parental leave policies and legislations at national level, b) contribute to positive attitudinal changes and social norms, c) increase social and parent-family workplace policies that are more inclusive and supportive of gender equality were developed.



*Advocacy at the World Health Assembly 67*

- vi. All CRC, CEDAW and CESCRC alternative reports submitted now incorporate a section on maternity protection.**
- vii. WHO Guidance on ending inappropriate promotion of foods for infants and young children ensures adequate maternity protection in the workplace.**
- viii. Review and discussion of the global investment promises for maternal, infant and young child nutrition achieved.**

- iv. Action at country level is galvanised in Africa, Asia, and Latin America Caribbean. The [Parent-Friendly Workplace \(PFW\) seed grant projects](#), based on the EPC, resulted in local groups focusing on law reforms, establishment of multi-sectoral partnerships and workplace lactation support programmes to ensure exclusive breastfeeding in diverse sectors.
- v. Framing of maternity protection issues within the sexual and reproductive rights issues of ALL women achieved through a position statement that was developed. This statement emphasises that the State – the primary duty bearer – is under the obligation of enabling all women to enjoy their reproductive rights to safe maternity and optimal breastfeeding.
- vi. All CRC, CEDAW, and CESCRC alternative reports submitted now incorporate a section on maternity protection; e.g. 5 countries received in 2016 recommendations on maternity protection (3 CRC, 2 CESCRC). Maternity Protection issues highlighted in 80 alternative reports submitted to HR treaty bodies and in the CEDAW's General Recommendation no. 34 on the rights of rural women.
- vii. WHO Guidance on ending inappropriate promotion of foods for infants and young children, provides all the necessary breastfeeding support to mothers and ensures adequate maternity protection in the workplace. ICN2 outcome documents also cover maternity protection issues.
- viii. Review and discussion of the global investment promises for maternal, infant and young child nutrition in light of resolutions from the 65<sup>th</sup> World Health Assembly of 2012, resource mobilisation and/or strengthening of interventions were achieved.

### **Process**

- i. A [country-by-country global overview of Maternity protection](#) provisions around the world was conducted. A report titled '[Labour Lost](#)' on the policies and programmes on Maternity Protection in 57 countries based on WBTi assessment, was developed and shared with the partners and policy makers.
- ii. Seventy five participants from 24 countries participated in the 2015 Stockholm symposium organised in collaboration with UNICEF. It involved WHO, ILO, CSOs, and academic institutions for the first time ever and contributed to the action points in the FFA. The FFA was circulated to all participants for uptake by their constituencies.



Conflict of Interest (Col) Press Conference

- iii. A two-pronged strategy will be used to increase the supply of gender equitable social protection and create demand for the same. This will be achieved by working with the tripartite structure comprising of governments, employers, and trade unions. The Consortium and its Civil Society (CSO) partner organisations will use social mobilisation, information, and communication strategies to promote positive attitudes and social norms that will lay a foundation for gender equitable social protection.
- iv. Seed grant projects were undertaken by national organisations in 3 countries: El Salvador, India, and Zimbabwe.
- v. A position statement on '[Maternity Protection at Work](#)' was developed and disseminated.
- vi. Input given in the CEDAW Committee's General Recommendation on the rights of rural women.
- vii. Collaboration with the UN allies to include maternity protection in key international documents. There was also inclusion of maternity protection in the WHO Guidance.
- viii. Supported and participated in two [Maternity Protection events](#) at the [2<sup>nd</sup> World Breastfeeding Conference in December 2016 in South Africa](#). 2 symposia: Support of breastfeeding in the labour sector and Women and children's rights to maternity protection in formal and informal sectors were organised, and were well attended. Maternity protection issues were also reflected in the conference Call for Action.

### Key Outcomes

- i. Participants of the Global Conflict of Interest (Col) workshop are equipped with knowledge.
- ii. Concerns regarding Col and attempts to redefine the legal concept voiced at the international level.
- iii. A Position statement on Col for the Global Network for Right to Food and Nutrition is being developed.
- iv. WHO initiated work on Col guidance in nutrition for member states.

### D. Policy making and programme implementation at national and international level are adequately safeguarded from commercial influence, and the consequences of conflicts of interest

#### Outcomes and impact

- i. Participants of the Global Col workshop are equipped with knowledge; [a tool](#) to advocate for effective Col legislative and policy measures nationally and internationally is now available and shared with all relevant members and allies.
- ii. Concerns regarding Col and attempts to redefine the legal concept voiced at international level, including prior to WHA.
- iii. A Position statement on conflicts of interest for the Global Network for Right to Food and Nutrition (GNRAFN), is being developed. The



*Global Network for the Right to Food and Nutrition Meeting in Nepal*

final draft is pending approval. If approved, harmonisation of Col positions of all GNRAFN members consisting of 38 public-interest CSOs and movements will be achieved.

- iv. WHO initiated work on Col guidance in nutrition for member states. Conflicts of interest have been brought high up onto the agendas of WHO/WHA and ICN. The words “conflicts of interest” appear regularly in WHA resolutions and WHO documents as well as in policies of initiatives relevant for infant and young child feeding (e.g. SUN).

### Process

- i. A [comprehensive presentation/tool](#) for understanding conflicts of interests with extensive annotated bibliography was developed. A [“Global Capacity Building Workshop & Symposium on Col and the IYCF Arena – An Assessment from a Corporate Accountability Perspective”](#) was organised in 2015. 28 participants from Africa, Asia, Latin America, North America, Europe, and the Arab World and NGO allies attended this workshop. Subsequently, another Col Symposium was organised for 70 participants, including members of the Conflict of Interest Network (COIN), public interest NGOs, professional organisations, academicians and Parliamentarians. The tool was further disseminated with national groups through a consultation meeting in [India](#), Mongolia, and Philippines.
- ii. The position statement on conflicts of interest for the [Global Network for Right to Food and Nutrition](#) was co-drafted.
- iii. Statement stressing the need for Col safeguards in nutrition was developed. [A Press Conference](#) with leading Col experts prior to the 2018 WHA was organised, focusing on Col in relation to the emerging system of undemocratic global multi-stakeholder governance to stimulate debate about undue influence in health and nutrition policy-making. This webcast is available on [YouTube](#) and Live Facebook.

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## **E. Formulation of Codex Standards on infant and young child foods effectively monitored and safeguarded from conflicts of interests**

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### Outcomes and impact

- i. Advocacy to strengthen the Codex documents on standards of foods used for infants and young children that was discussed in the Codex Committee on Nutrition and Food for Special Dietary Uses was done to protect breastfeeding. Inclusion of reference to the International Code of Marketing of Breastmilk



*The Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) Meeting in Berlin, Germany*

### Key Outcomes

- i. **Advocacy to strengthen the Codex documents on standards of foods used for infants and young children was done to protect breastfeeding.**
- ii. **Country representatives in the region are better equipped to provide inputs in developing their country positions on various issues.**

Substitutes and subsequent relevant World Health Assembly Resolutions in the standards for Follow-up formula and guidelines for RUTF ensures protection of breastfeeding from the commercial influence and promotion of baby foods.

- ii. Country representatives in the region are better equipped to provide inputs in developing their country positions on various issues. There was awareness raising among country representatives on the Codex processes and ongoing agenda items being under consideration in the Codex Committee on Nutrition and Foods for Special Dietary Purposes (CCNFSDU) through electronic communication. Issue of conflicts of interest due to participation of the food manufacturers in the Codex Process is regularly highlighted. In India, advocacy was done with the Government of India to avoid industry representatives' participation in the national Codex delegation.

### Process

- i. The global Codex group contributed in formulating position statements and advocating during the CCNFSDU meetings. Contributions were also made for [the Policy Brief on the proposed draft guideline for Ready To Use Therapeutic Food \(RUTF\)](#) discussed in the 39<sup>th</sup> session of CCNFSDU in Berlin. A [Policy Brief on revision of the Codex Standard for Follow-up Formula](#) (Codex Stan 156-1987) was also developed.
- ii. There were contributions at the side events during the Codex Committee on Nutrition and Food for Special Dietary Uses in 2014 – 2017 by making presentations on some critical issues. There was also representation at the 9<sup>th</sup> session of Codex Committee on Contamination in Foods (CCCF9) held in New Delhi in 2015. A Codex working group was established with members from Afghanistan, Bangladesh, Laos, Maldives, Mongolia, Nepal, and Sri Lanka. Relevant information regarding the proposed agenda of the CCNFSDU meetings, alerts, and position papers are discussed in the working group.

### LESSONS LEARNT

- i. Collaborative efforts with expert organisations are very useful in strengthening the capacity in Code monitoring at country level.
- ii. Contributions through the global policy-setting mechanisms and documents are important to ensure policies that are inclusive of breastfeeding. Although significant inroads have been made for example through ICN2 there is a need to analyse the strengths and weaknesses of these global policies



*Advocacy for Parental Social Protection*

- and work needs to continue to strengthen programme implementation.
- iii. The “stakeholderisation” model has fully permeated the multilateral decision-making fora. It blurs lines between roles of governments and the private/corporate sector. In light of financial difficulties, organisations may turn towards funding from the private corporate sector which may have implications on public perception. Adequate safeguards should be put in place especially regarding policy-setting.
  - iv. Policies and programmes on the maternity protection are far from satisfactory and need action at multiple levels. This requires documentation of the situation of maternity protection provisions, advocacy and monitoring of implementation of policies and programmes. Tools such as WBTi assessment data is useful for preparing thematic reports.
  - v. Adequate maternity protection, as well as paid paternity and parental leave, recognise that both mothers and fathers have responsibilities as breadwinners and caregivers, and contribute to achieving a more equitable sharing of care responsibilities. Parental leave, when enshrined in national policy, has the power to contribute significantly to the recognition and redistribution of care work and to transform deeply rooted inequalities between men and women.
  - vi. Addressing Conflicts of Interest in the arena of maternal and child nutrition and infant and young child feeding is crucial to safeguard the policy making and programme implementation from commercial influence. Awareness generation and capacity building of personnel working in various sectors is vital but not sufficient as institutional Col may undermine all efforts of individual staff.
  - vii. Actions leading to redefinition and deviation from the legal concept of conflicts of interest, e.g. in the WHO Col guidance, now in the field-testing stage risk confusing member states. This may result in inadequate Col safeguards at country level. Concerned individuals and NGOs, such as IBFAN, are being labelled as “biased”, with “intellectual Col”.
  - viii. Protection of breastfeeding and locally available foods from commercial influence is crucial for ensuring optimum health, growth, and development of infants and children. However, commercial interference in the Codex processes at national and international level is evident and this should be addressed appropriately. Collaborative process of different regions of the world in developing positions is an effective process to achieve consensus and success in conveying those positions.

## 5. Social Mobilisation and Information Communications

### LOGFRAME 5: FACILITATED AND MOBILISED PUBLIC ACTION ON IYCF AT ALL LEVELS OF SOCIETY, ACROSS GENERATIONS AND WITH MULTIPLE PARTNERS TO GARNER SUPPORT FOR BREASTFEEDING WOMEN



Advocacy on Breastfeeding and SDGs Starts Early

#### Key Outcomes

- i. The WBW campaign is aligned with the Sustainable Development Goals (SDGs) agenda 2030 and other global strategies.
- ii. Governments show commitment to improving breastfeeding.
- iii. WBW engages and stimulates action among diverse stakeholders.
- iv. WBW is celebrated in different creative ways to create demand among diverse target audiences.
- v. Mass and social media are used to amplify the messages for demand creation.

Action on IYCF at several levels has been galvanised by linking breastfeeding to the Sustainable Development Goals agenda 2030 and other global strategies and platforms. World Breastfeeding Week is now anchored within the WHA and engages governments to improve policies and programmes in support of breastfeeding. The variety of actions by diverse stakeholders from UN to civil society to community groups indicate a wide uptake of the WBW messages. Mass and social media uptake of the WBW campaign and other information and communications platforms amplify the messages and reach millions of people all around the world. Awareness has been raised on various aspects of breastfeeding through the use of interactive information and communication tools at all levels. Access to breastfeeding counselling services through a mobile application ensures that women can get the support they need. The need for a paradigm shift from reliance on commercially produced to locally produced foods for children has been highlighted. By outreaching to midwives, youth and other target groups, more actors are engaged and can support breastfeeding in their respective arenas.

#### A. Increased the momentum for action on IYCF in support of breastfeeding women via the World Breastfeeding Week (WBW) campaign, and other popular campaigns.

##### Outcomes and impact

- i. The WBW campaign is aligned with the Sustainable Development Goals (SDGs) agenda 2030 and other global strategies and platforms. By [linking breastfeeding to each of the SDGs](#), breastfeeding becomes anchored as part of the global development agenda [conversations](#) thus elevating the status of breastfeeding as [integral to achieving the SDGs](#). The UN-led [Every Woman Every Child Movement](#) includes breastfeeding within the [Indicator and Monitoring Framework of the Global Strategy for Women's, Children's and Adolescent's Health](#). The [Global Breastfeeding Collective](#) includes WBW annually. Most low and medium income countries (LMIC) countries use the occasion of WBW to advocate for policies and programmes to protect, promote and support breastfeeding under the agenda of reducing the double burden of malnutrition.
- ii. Governments show commitment to improving breastfeeding. WBW has contributed to policy and legislative changes in countries especially when [governments are actively involved](#) (e.g. [Bangladesh](#), [Sri Lanka](#), [Kenya](#), [Indonesia](#), [Sierra Leone](#),



World Breastfeeding Week  
Celebration in Nigeria

[Saudi Arabia](#), [Mozambique](#), [Bhutan](#), [China](#), [India](#), [Mongolia](#), [Philippines](#), [South Korea](#), [Taiwan](#), Laos).

- iii. WBW engages and stimulates action among diverse stakeholders. Over 180 countries were reached through WBW celebrations. The uptake of the WBW campaign at the national, regional and global levels show the commitment of actors to the various themes. A diverse range of stakeholders are involved in the WBW campaign, for example, the [International Labour Organisation \(ILO\)](#), [healthcare practitioners](#), governments, [CSOs](#), [community groups](#), employers, trade unions, [media](#) and [youth](#). WBW messages were also reiterated by and impacted a variety of different sectors, from [UN agencies](#) to [refugee camps in South Sudan](#) to [celebrities](#) to [airlines](#). WBW projects at [country level](#) showcase the range of stakeholders involved in local action ([Indonesia](#), [Nigeria](#), [Ghana](#), [Pakistan](#), [Kenya](#), and [Tanzania](#)).
- iv. WBW is celebrated in creative ways to create demand among diverse target audiences. In many countries, [governments](#), UN agencies, and [civil society groups](#) came together to observe the WBW by adapting and [translating the Action Folder materials](#), and disseminating them to the [public](#). Activities such as [radio interviews](#) and [messages](#), TV programmes, [street processions](#), [street art](#), [symposiums](#), [trainings](#), and [breastfeeding surveys](#) were conducted to amplify WBW messages through the [seed grant projects](#).
- v. Mass and social media are used to amplify the messages for raising public awareness and demand creation. The global media and social media are effective ways to [broadcast](#) messages and target specific audiences ([2016](#), [2017](#), [2018](#)). Connecting the public with experts in the field using social media provides [access to evidence-based information in an innovative way](#).

## Process

- i. The action folders were adapted based on the annual global theme, translated, and disseminated through electronic and social media. A range of communication tools and online platforms were used to disseminate messages and engage with and beyond the networks. There were also collaborative efforts with organisations to develop, review, share and amplify the WBW materials, e.g. through the WABA Core Partners, Consortium partners, Global Breastfeeding Collective, UNICEF/WHO, Every Woman Every Child (EWEC), International Confederation of Midwives, Helen Keller International, Carolina Global Breastfeeding Institute, Alive and Thrive, different universities, Girl's Globe, Media Focus on Africa, 1000 Days, MenCare.



World Breastfeeding Week  
Celebration in Switzerland

### Key Outcomes

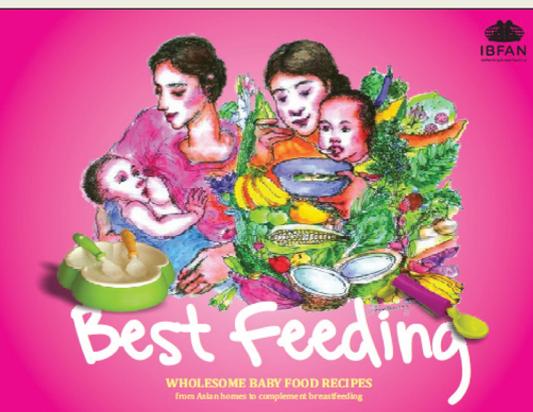
- i. The positioning of breastfeeding within a range of UN agendas.
- ii. Reaching greater audiences more effectively through amplification of consistent messages using websites and social media.
- iii. Incorporating breastfeeding messages into SRHR for target audiences.
- iv. Changing the paradigm of commercially produced complementary foods to local homemade foods.
- v. Increasing access to breastfeeding counselling at community levels in India through a mobile application.
- vi. Increased awareness of the general public on the politics behind IYCF and the importance of optimal IYCF practices.

- ii. The WBW action folder provides a variety of possible actions to be taken at different levels. These are promoted to celebrants around the world through the website, mail blasts and social media.
- iii. The WBW action materials emphasise the importance of working together across sectors and involving hard to reach groups.
- iv. The WBW action folder and creative assets provide creative ideas for social mobilisation. In 2018, [seed grants](#) were given to organisations to celebrate the WBW.
- v. There was increased engagement via platforms such as social media, MailChimp and downloads on the website. The WBW materials were translated into the 6 UN languages and [66 other local languages](#) over the years. Various innovative activities are held as part of the WBW celebration e.g. the [AskMeAnything session](#).

## B. Developed and enhanced communication strategies and information dissemination on IYCF issues

### Outcomes and impact

- i. Positioning of breastfeeding within a range of UN agendas e.g. AIDS Day ([2015](#), [2016](#), [2017](#), [2018](#)), Labour Day ([2015](#), [2017](#), [2018](#)), International Women's Day ([2015](#), [2016](#), [2017](#), [2018](#)), World Environment Day ([2017](#), [2018](#)).
- ii. Reaching greater audiences more effectively through amplification of consistent messages through websites and social media. IYCF messages were developed and conveyed effectively in partnership with organisations specialising in communications e.g. 1000 Days, the EWEC [social media relay](#) team, the ILCA Communications team and the Collective social media team. The [ILCA social media Thunderclap campaign](#) had a social reach of almost [4 million people](#) with breastfeeding messages over 2 days in August. The ["Ask Me Anything"](#) session during WBW 2018 connected the public with global experts to raise awareness and increase knowledge about specific topics.
- iii. Incorporating breastfeeding messages into SRHR for target audiences. The WBW themes/issues were able to target both a wider audience and specific groups e.g. the [2015 International Youth Day Statement](#) drew attention to the importance of young people's civic engagement in all domains of social life, particularly Sexual and Reproductive Health and Rights (SRHR).



*Best-feeding: Wholesome baby food recipes from Asian homes to complement breastfeeding*

- iv. Changing the paradigm of commercially produced complementary foods to local homemade foods. A book titled '[Best Feeding](#)' with a compilation of over 100 recipes for complementary feeding was published with input from 20 Asian countries. The complementary food recipe 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.
- v. Increasing access to breastfeeding counselling at the community level in India through a mobile application. The mobile app garnered more than 500 downloads and generated interest in professional counselling for breastfeeding issues.
- vi. Increasing awareness of the general public on the politics behind IYCF and the importance of optimal IYCF practices. A programme developed on [YouTube](#) for this gained almost 7 thousand views. The collaboration was also done with the German and Swiss media.

### Process

- i. UN day statements were developed in partnership with relevant organisations working on the topics.
- ii. Participation and knowledge acquired through social media training by [1,000 Days](#) and [ActionSprout](#) were used to enhance communication strategies with youth via online platforms.
- iii. A variety of [online and real-life platforms](#) and activities were used to [engage youth](#) – from radio, television shows, music videos, and street campaigns.
- iv. Innovative approaches to engage the public using social media were developed and rolled out. Photo competitions, social media relays, interactive question and answer sessions were used to [engage, inform and communicate](#) key breastfeeding [messages](#) in a more [user-friendly format](#).
- v. By applying appropriate search engine optimisation techniques, continuous monitoring and updating of websites, the high ranking of World Breastfeeding Week search results were maintained.
- vi. Recipes from 20 Asian countries were compiled into a book which was distributed through various channels.
- vii. A mobile app to protect breastfeeding, rendering counselling referral support was also launched for community outreach.



Youths Celebrating World Breastfeeding Week

### Key Outcomes

- i. **Integrated breastfeeding into gender and rights agendas.**
- ii. **Youth leaders were engaged to spread messages on breastfeeding through social media.**
- iii. **Amplification of breastfeeding-related messages through young professionals.**

Development and publicisation of apps also proved to be a popular means of amplifying the IYCF messages among the public.

## C. Expanded outreach and involvement of youth and other target groups in the network, and integrated IYCF issues in other target groups work; and to include youth/other target group perspectives

### Outcomes and impact

- i. Integrated breastfeeding into gender and rights agendas. There was subsequent coverage of breastfeeding issues in other areas of SRHR, for example at the [Women Deliver 2016](#) and [International Confederation of Midwives \(ICM\) Conference 2017](#). Outreach at the CSW 59 resulted in networking with the [UN Working Group for Girls \(WGG\)](#).
- ii. Youth leaders were engaged to spread messages on breastfeeding through social media. Perspectives and the [voice of youth](#) especially girls were highlighted via relevant interactive platforms e.g. [infographics](#), [blogs](#) and [social media](#). For example, youth intern Jerusalem Bereket successfully engaged youth – 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.
- iii. Amplification of breastfeeding-related messages through young professionals. Three ICM youth leaders from Africa who underwent the BAP course promoted WABA materials at the ICM congress in 2017 to engage other youth. Outreach to youth through lectures and presentations at university level (e.g. France, Germany) and through national activities in Switzerland (e.g. Alternatiba, the Cross-border Festival of Local Initiatives for the Climate and 'Harmonious Living Together').

### Process

- i. Worked with [Girls Globe](#) – a global team of advocates driven by the connected voices of girls and women worldwide – on WBW 2017 campaigns. Collaboration with the women's organisations, local MPs and policy-makers, as well as numerous other NGOs and support groups to organise workshops, talks, poetry-reading sessions and discussions during international UN days such as United Nations 16 Days of Activism against Gender-Based Violence Campaign in 2014.



Latin American and Caribbean Youths Celebrating World Breastfeeding Week

- ii. Social media platforms are used to connect with the youth, mothers and families. Followers on Youth Social Media sites have doubled to 19,551 followers. The Facebook 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.
- iii. Collaboration with ICM Young Midwife Leaders programme on capacity building in breastfeeding advocacy and practice, led to the leaders being able to advocate to other midwives at the [ICM Triennial Congress](#).

## LESSONS LEARNT

- i. WBW is a strategic occasion for generating awareness and demand creation. It helps in securing commitments from governments to support the enabling environment for women to breastfeed. It also mobilises action at the local level globally.
- ii. It is important to promote collaboration to achieve the SDG agenda bearing in mind the need to avoid Conflict of Interest (COI) and apply clear guidelines for engagement and use of WBW materials.
- iii. Messages must be customised using appropriate tone and content based on the specific target group (both written and visual, offline and online). It is vital to enhance collaboration with organisations and individuals who are skilled in communications and sustain efforts to communicate and convey WBW messages all year round.
- iv. Outreach to midwives and other frontline health workers is essential to build capacity and ensure that mothers receive consistent messages and support
- v. Innovative strategies for breastfeeding action are crucial to sustain interest and generate new methods for impact. Social media is an important tool to reach out to young people.
- vi. It is necessary to develop [powerful messages](#) and [tools](#) and find creative ways of promoting breastfeeding amongst youth using youth ambassadors and existing youth platforms for visibility and sustainability. Cascade training and capacity building efforts are also useful.

## 6. Strengthening the Consortia and Rejuvenating the Breastfeeding Movement

### LOGFRAME 6: CAPACITY OF THE CONSORTIUM PARTNERS AND THEIR NETWORKS TOWARDS A SUSTAINABLE AND REJUVENATED BREASTFEEDING MOVEMENT IS STRENGTHENED



*Global Breastfeeding Partners Meeting in Penang, Malaysia*

#### Key Outcomes

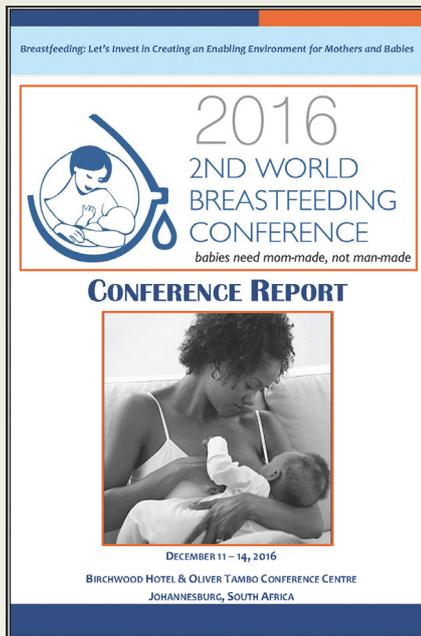
- i. Representation of partners and advocacy at regional and global Conferences leading to global consensus on IYCF issues and plans of action for the breastfeeding movement.
- ii. Strengthening of collaboration, effective networking and experience sharing among breastfeeding advocates, governments, UN agencies and other allies.
- iii. More global partners are engaged in the breastfeeding issue.
- iv. Outreach to Francophone Africa achieved.

Greater synergy among partners and related UN organisations has led to increased visibility for the protection, promotion and support for breastfeeding. Consortium partners have amplified their achievements in promoting each others' programmes in multiple ways. In order to maintain the sustainability of the breastfeeding movement, concerted efforts to include new partners and youth have also been undertaken.

#### A. Effective, strong and sustainable IBFAN and WABA networks in place for the achievement of the overall objectives of the breastfeeding movement

##### Outcomes and impact

- i. Representation of partners and advocacy at regional and global Conferences, with regional positions and recommendations in place leading to global consensus on IYCF issues and plans of action for the breastfeeding movement. Several conferences have been organised where critical breastfeeding issues are discussed and strategic actions are formulated.
- ii. Strengthening of collaboration, effective networking and experience sharing among breastfeeding advocates, governments, UN agencies and other allies at global and regional levels. Through the WBC2, agreement on the common action points and plans of action were adopted through a [Call to action](#). The global investment promises for maternal, infant and young child nutrition were reviewed, continued negative impact of marketing practices demonstrated, and ideas for further resource mobilisation and strengthening of intervention were generated. Regional conferences also resulted in consensus action [Declaration](#).
- iii. More global partners are engaged in the breastfeeding issue. By engaging new partners from a range of sectors, [common frameworks](#) have been developed and [commitments](#) made to enhance impact of breastfeeding advocacy and country level implementation.
- iv. Outreach to Francophone Africa achieved (ANJE project Phase 1, 2014-2015).



*Report of the 2nd World Breastfeeding Conference 2016 in South Africa*

### Key Outcomes

- i. Improved collaboration and coordination within consortium networks and with allies.

### Process

- i. All partners organised regional and global partner meetings (2016, 2018) and conferences, providing updates on technical issues and subsequently developing action plans.
- ii. The [2<sup>nd</sup> World Breastfeeding Conference](#) (WBC2) was organised by IBFAN Africa in partnership with the Government of the Republic of South Africa and with consortium members on the International Organizing Committee. The Conference hosted 457 participants from 68 countries, governments, NGOs, HR advocates and academia. IBFAN contributed to the development of a concept note, preparation, advice and feedback for the conference programme, active participation and facilitation of the screening of the movie 'Tigers'. Agreement on the next conference at Rio de Janeiro in Nov 2019 was reached.
- iii. The [WABA-UNICEF Stockholm Symposium](#), WABA Global Partners Forum and Meeting in [2016](#) and [2018](#) brought together representatives from more than 25 organisations to share and discuss new approaches.
- iv. Working towards securing new donors to support Francophone Africa.

## B. Improved coordination and communication within the networks at regional and global levels

### Outcomes and impact

- i. Improved collaboration and coordination within consortium networks and with allies.

### Process

- i. The coordinated work plans and coordinated annual and final reports have ensured that information is shared between partners. Joint positions on technical issues were developed and disseminated through the networks.

## C. A revitalised/renewed network with an expanded youth base in organisations in place (IBFAN Youth Working Group/Youth Groups, Rumba and WABA Youth Programme)

### Outcomes and impact

- i. Youths were engaged in the IYCF programmes implementation by strengthening their skills in breastfeeding, advocacy and practice, IYCF counselling and Code monitoring. They were

## Key Outcomes

- i. Youths were engaged in the IYCF programmes implementation by strengthening their skills.
- ii. Youth engagement is viable via messages that are simple but realistic and emphasise on how breastfeeding can be successful.



*Developing Code Monitoring Tools at the NetCode Meeting*

also engaged as interns to understand the core issues in breastfeeding policies and programmes.

- ii. Involving the Youth engagement is achieved via messages that are simple, realistic and emphasise on breastfeeding from various angles such as Human Rights, SRHR, environment and climate change.

## Process

- i. The Consortium collaborated with Youth programmes of the International Confederation of Midwives, Women Deliver, Girls's Globe as well as others within the established network to identify youth who are interested in breastfeeding issues. These youth leaders and members were subsequently invited to be part of conferences and training programmes to increase the capacity and connect them to other youth from different regions.
- ii. Involving the Youth themselves in developing the messages and content of youth sessions at meetings and conferences ensured relevant approaches and content of messages.

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## D. Increased visibility/presence and outputs of the organisations at global, regional and sub-regional levels (Collective, NetCode work) expansion

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### Outcomes and impact

- i. Enhanced geographic and programmatic base of breastfeeding advocates (New regions or countries e.g. Africa through BAP scholarships and seed grants); (Nutrition/food security (ICN2-Rome Declaration-IUNS2017-WBW2018 sub-theme 2); (climate change/environment; SRHR; male involvement; research).
- ii. The Consortium is seen as an important actor in both WHO/UNICEF related processes and initiatives (NetCode and Collective). Inputs from the Consortium partners are often taken on board and reflected in negotiated policy and guidance documents in HR mechanisms/processes, IYCF national and global policies and Maternity protection.
- iii. The Consortium partners also published and contributed in research papers/chapters in reputed scientific journals/textbooks. Research studies were also completed to generate new information on breastfeeding and infant and young child feeding.
- iv. Breastfeeding is anchored as an important issue in the political agenda of a state and country by working with a multi-



Action planning at the Collective Meeting

### Key Outcomes

- i. Enhanced geographic and programmatic base of breastfeeding advocates.
- ii. The Consortium is seen as an important actor in both, WHO/UNICEF related processes and initiatives.
- iii. The Consortium partners also published and contributed in research papers/chapter in reputed scientific journals/textbook.
- iv. Breastfeeding is anchored as an important issue in the political agenda of a state and country by working with a multi-stakeholder model.
- v. Breastfeeding was embedded in the global Right to Food and Nutrition paradigm.

stakeholder model consisting of the academic Institutions; public and private hospitals and health centers; government bodies such as the State health department, civil society organisations, youth organisations, women' trade unions in the "Making Penang Breastfeeding Friendly" (MPBF), which is an initiative that reflects the concept of warm chain.

- v. Breastfeeding was embedded in the global Right to Food and Nutrition paradigm by providing inputs in the Global Network for the Right to Food and Nutrition deliberations.

### Process

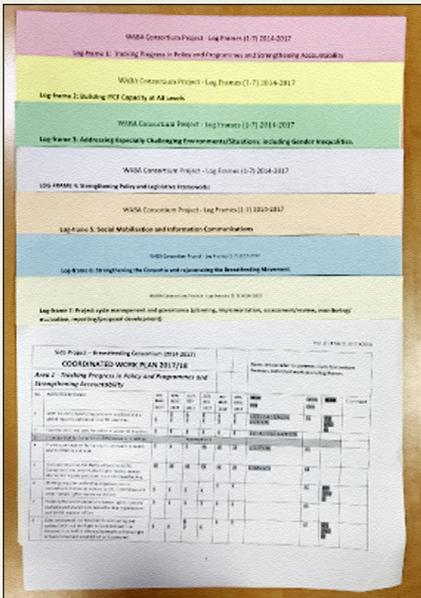
- i. Consortium members attended and contributed at global, regional, and national [advocacy platforms](#); policy-making processes and programme implementation by participating in various network and partner meetings, committees, initiatives and online consultations.

### LESSONS LEARNT

- i. Need to emphasise continued breastfeeding and advocate for optimal breastfeeding pattern and its protection from commercial pressures.
- ii. A strong opinion that came out of the [2018 Global Breastfeeding Partners Meeting \(GBPM\)](#) is to integrate breastfeeding into a bigger issue to be talked about from the aspects of gender, human rights, and nutrition. Linking breastfeeding with the sustainable development goals is the way to move forward as it would touch all areas of sustainable development and create a broader voice.
- iii. Regular face-to-face strategy meetings with partners will help ensure a smoother process for setting priorities and enhancing collaboration where possible.
- iv. It is crucial to engage new partners and young people to sustain the breastfeeding movement, bring new ideas and to amplify messages.
- v. Involving youth in advocacy, research and communications are important to cater to the diversity of interests and skills of this target group.
- vi. In the environment of multi-stakeholder and public-private partnerships in nutrition governance and programmes, it is important to put forward public interest positions in the global/national deliberations in order to avoid conflicts of interest.

# 7. Project Cycle Management and Governance

## LOGFRAME 7: PROJECT CYCLE MANAGEMENT (PCM) AND GOVERNANCE



Consortium workplan and log frames (LFAs)

Project cycle management is also an important part of any project. It includes implementation of the consortium activities, good governance, submission of annual coordinated work plans, both narrative and financial reporting. Management of consortium matters, donor relations, administrative procedures and an end-of-cycle evaluation have helped ensure that the project objectives have largely been achieved and that outcomes, impact and lessons learnt are evaluated and shared.

### Outcomes and impact

- i. Implementation of consortium activities with good governance.
- ii. Submission of annual results-based reports.
- iii. Completion of revised logframes, work plans and administrative procedures.
- iv. Development of Terms of Reference (TOR) for evaluation.

### Process

- i. All the consortium partners fulfilled their good governance procedures through regular reviews by their respective Steering committees or Board meetings, ensuring accountability and transparency.
- ii. WABA in its Focal Point role provided guidance for annual and final reports for Consortium partners, who each contributed to the coordinated report. WABA compiled, analysed and edited all the information and facilitated the submission of the narrative and financial reports to the donor.
- iii. Amendments to the LFAs of the new cycle Proposal 2014-2017 was completed as per the requirement of the donor by the Focal point in consultation with Consortium partners. The activity details section was removed and the LFAs were re-worked and edited with the collaboration of the Consortium partners.
- iv. All requested administrative manuals and accounting systems have been in place since late 2013. Work plans and budgets were developed, reviewed and updated biannually to support effective implementation by the Focal Point in consultation with the CIPs.



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- v. Evaluation for the end of cycle funding – TOR developed by Sida and WABA and shared with the CIPs. The evaluation process will begin in February and be completed by May 2019.

## LESSONS LEARNT

- i. Due to high turnover and retirement of experienced staff, with the need to subsequently recruit and train new staff requires transition and succession planning.
- ii. Funding levels that do not allow multiplication of programmatic efforts require partners to collaborate more with other organisations who have funding for greater synergy especially at country level.
- iii. The increased amount of time taken in the administration of consortium and donor requirements needs to be factored into the work plans and to find more efficient ways of working.
- iv. More regular online communications through email and google drive and information sharing would improve the collaboration between partners.

## CHALLENGES, RESPONSES AND SUSTAINABILITY

**B**reastfeeding is now recognised as a Human Right through a number of HR instruments. The increasing number of recommendations on breastfeeding issued by the CRC and CESCR Committees represent an important impact that our project achieved. However, two challenges remain: 1. a follow up to the HR recommendations at country level is still weak, and 2. the treaty bodies are constantly urged to issue shorter and thus less specific recommendations that further hampers such a follow up. This can become a serious impediment for IYCF human rights advocacy in the future at the global, regional, and national levels. Briefing of strategically selected countries, collaboration with like-minded allies, and working to focus in particular the CRC Committee recommendations are the ways forward. Furthermore, with respect to corporate accountability, some governments, including the EU, oppose the development of a legally binding HR instrument on transnational corporations and other business enterprises with respect to human rights that would enhance and ensure victims' access to remedy. Close collaboration with CSOs that support the urgent work towards this instrument and joining the CSO's community's calls on donors with a strong HR track record would help keep the EU in the negotiations. Awareness of breastfeeding as a HR issue at every level, especially grassroots, still needs to be strengthened. Consortium partners need to work more on raising national-level public awareness of breastfeeding as a HR issue.

Gender equality underpins all the work on protection, promotion and support of breastfeeding. The challenge globally is that there are several manifestations of gender inequality that seemingly have higher priority than breastfeeding such as violence against women, human trafficking, migrant workers' rights, unequal pay etc. The consortium partners have made inroads by linking breastfeeding to gender equality as a human rights-based issue, within the Sustainable Development Agenda and gender equitable parental social protection. There is a need to break the silo approaches by holding more conversations with the organisations that address women's issues, involved fatherhood, and new masculinities as well as trade unions and governments who have gender equality high on their political agenda. New approaches such as "breastfeeding as teamwork" need to be promoted to be more inclusive of fathers, partners, families and the society at large.

The alignment of breastfeeding as part of the Sustainable Development Goals (SDGs) is important since breastfeeding is related to all the 17 goals directly or indirectly. During the countdown of the Millennium Development Goals (MDGs) and development of the SDGs, breastfeeding was not included as one of the 169 target indicators. However, experience indicates that governments do acknowledge the links between breastfeeding and several of the SDGs. More work needs to be done to utilise the SDG accountability mechanisms and linking

these to the World Health Assembly target of increasing the rate of exclusive breastfeeding to at least 50% by 2025.

The current external policy environment is fostering at all levels multi-stakeholder approaches. This is also true for breastfeeding. When different public-interest stakeholder perspectives are considered, it may create more opportunities for collaboration and lead towards a synergistic impact. However, multi-stakeholder platforms that involve corporate sector-related actors are susceptible to negative influence as they tend to erode public-private distinction and increase the likelihood of new forms of conflicts of interest. It is particularly problematic in the case of multi-stakeholder platforms in global, supranational, and national policy setting. World Health Assembly Framework of Engagement with Non-State Actors (FENSA) was adopted to regulate WHO's engagement with non-State actors (NGOs, private sector entities, philanthropic foundations, and academic institutions). It is said to protect WHO's work from potential risks such as conflicts of interest, reputational risks, and undue influence. Despite the adoption of the FENSA, there are some outstanding issues such as the definitions of conflicts of interest that deviate from the legal concept of conflicts of interest. These definitions put the private sector entities on an equal footing with other Non-State Actors, not recognising their fundamentally different nature and roles. Adequate safeguards in policies regulating WHO's relations with the private sector and related actors are therefore still needed. There are also concerns by several public-interest NGO partners that recent multi-stakeholder approaches to the implementation of the International Code, such as the proposed Global Monitoring Mechanism (GMM), disregard basic principles that ensure the independence, integrity, and credibility of public policy making and if implemented, risk to undermine decades of progress in building up legally-binding effective regulations of marketing practices. WHO and UNICEF have indicated that they will not engage with GMM and consortium partners are either boycotting or taking a similar stance as the UN agencies to this particular initiative. Consortium partners are engaged in the NetCode platform, which is led and supported by the two lead UN agencies. To ensure integrity, independence and credibility of the consortium partner, the networks have policies that protect against conflicts of interest. However, this also means that the sources of external funding are limited. Clarity of vision and mission is important, especially when playing the watchdog role. The consortium partners are looking for funding mechanisms that are free from conflicts of interest and are sustainable. More awareness-raising about the risks and management of public-private partnerships in relation to funding and programmes needs to be done, especially among public-interest NGOs and the UN.

The Asian region is heavily impacted by the promotional activities of baby food companies. This is usually observed in the form of interference in country level policy-making processes directly or indirectly. Promotional activities of baby food companies are being addressed

by doing capacity building of national teams to identify such activities and reporting them. IBFAN is regularly engaging with policymakers and programme managers at the global and national level in efforts to prevent and mitigate conflicts of interest. The companies misuse global campaigns such as World Breastfeeding Week, UN days and frameworks such as the 1000 days to promote their brand value. WABA is aware of this so-called “hijacking” of WBW and has developed a copyright declaration and expanded its vigilance. Trade marking of WBW is also being explored.

The renewed interest by UNICEF and WHO through the Global Breastfeeding Collective, and the NetCode provides more opportunities to advance the work of the consortium partners and to expand this to include many more new programme partners. There are now several global platforms working on breastfeeding. The Collective is essentially a global advocacy initiative co-led by UNICEF and WHO with specific policy asks to governments. Civil society organisations like the consortium partner networks that work on specific aspects of protection, promotion, and support of breastfeeding bring the grassroots perspective. They also have a watchdog role, including on the UN. One challenge that the consortium partner networks need to address is how to better align and complement the work of the Collective and other similar platforms. The NetCode’s mission is to strengthen Member States’ and civil societies’ capacity to monitor the International Code and relevant WHA resolutions; and to facilitate the development, monitoring, and enforcement of national Code legislation by Member States, by bringing together a group of committed actors to support these processes.

The consortium partners appreciate the diversity of approaches, as this enriches the ways of working and the results produced. WABA’s Global Breastfeeding Partners’ Meetings (GBPMs) and the IBFAN World Breastfeeding Conferences (WBCs) bring together breastfeeding partners and partners from other fields to discuss ways forward. Bringing onboard new partners is essential in the current landscape but does need close vigilance to avoid COI. Another challenge is to follow up the action plans at all levels to ensure impact. The consortium partners need to work closely with partners at community, national, regional, and global levels to affect evidence-based policies and programmes, bearing in mind Col. It is essential to work with partners who can deliver results and have rigorous financial and governance accountability mechanisms in place. As the consortium networks are large and distinct, communications and reaching consensus have sometimes been challenging. Implementing a clear communication strategy both internally and externally will be essential for any future collaboration. Fundraising under the prevailing paradigm of multi-stakeholder approaches has made it difficult for the consortium partners to get funds from traditional donors like governments as they also promote MSIs (Multi-Stakeholder Initiatives) as the operational and implementation

mode. We trust that as evidence showing the risks of these approaches multiplies, governments will appreciate the independent role NGOs, like those partnering in this consortium, have to play in the democratic system of checks and balances and will stop promoting MSIs as the only vehicle they fund. Meanwhile, one option left to the partners is to approach UN agencies at the regional and national level either directly or indirectly through country partners. Other options that are being explored are self-financing and crowd-funding for specific projects. Sustainability of the breastfeeding movement is vital for keeping breastfeeding high on the agenda and supporting civil society and governments to make progress towards the WHA target.

## APPENDIX: INDICATORS AND MEANS OF VERIFICATION

### LOGFRAME 1: Implementation of the Global Strategy for Infant and Young Child Feeding and human rights accountability mechanisms at global and national level strengthened

1. Baseline – 54 countries; Target: 80 countries; Achieved: 97 Countries
2. WBTi 84 country report <http://worldbreastfeedingtrends.org/84-country/>
3. WBTi Web Portal: <http://worldbreastfeedingtrends.org/country-report-wbti/>
4. WHO National Implementation of BFHI 2017
  - <https://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/>
5. Operational Guidance on Infant Feeding in Emergencies, 2017
  - <https://www.enonline.net/operationalguidance-v3-2017>
6. Journal articles based on WBTi
  - Cadwell K, Turner-Maffei C, Blair A, Brimdyr K, O'Connor B. How does the United States rank according to the World Breastfeeding Trends Initiative? The Journal of Perinatal & Neonatal Nursing. 2018 Apr 1;32(2):127-35.
  - Holla-Bhar R, Iellamo A, Gupta A, Smith JP, Dadhich JP. Investing in breastfeeding – the world breastfeeding costing initiative. International Breastfeeding Journal. 2015 Dec;10(1):8.
  - Gupta A, Suri S. World Breastfeeding trends Initiative and World Breastfeeding Costing Initiative: how to plan and cost life-saving interventions and keep policy setting free from commercial influence. Maternal and Child Nutrition. 2015 Dec 1;11:60-1.
  - Thow AM, Karn S, Devkota MD, Rasheed S, Roy SK, Suleman Y, Hazir T, Patel A, Gaidhane A, Puri S, Godakandage S. Opportunities for strengthening infant and young child feeding policies in South Asia: Insights from the SAIFRN policy analysis project. BMC Public Health. 2017 Jun;17(2):404.
  - Lubold AM. The effect of family policies and public health initiatives on breastfeeding initiation among 18 high-income countries: a qualitative comparative analysis research design. International Breastfeeding Journal. 2017 Dec;12(1):34.
7. Report of Human Rights training, Putrajaya, Malaysia
8. CRC alternative reports:
  - Bangladesh: [http://ibfan.org/CRC/IBFAN%20Report\\_CRC-2015\\_BANGLADESH-FINAL.pdf](http://ibfan.org/CRC/IBFAN%20Report_CRC-2015_BANGLADESH-FINAL.pdf)

- Bhutan: [https://www.gifa.org/wp-content/uploads/2017/07/IBFAN-alternative-report-CRC\\_75\\_Bhutan.pdf](https://www.gifa.org/wp-content/uploads/2017/07/IBFAN-alternative-report-CRC_75_Bhutan.pdf)
  - Pakistan: [https://www.gifa.org/wp-content/uploads/2017/07/IBFAN-alternative-report-CESCR\\_Session61\\_Pakistan.pdf](https://www.gifa.org/wp-content/uploads/2017/07/IBFAN-alternative-report-CESCR_Session61_Pakistan.pdf)
  - Mongolia: [https://www.gifa.org/wp-content/uploads/2017/07/IBFAN-alternative-report-CRC\\_75\\_Mongolia.pdf](https://www.gifa.org/wp-content/uploads/2017/07/IBFAN-alternative-report-CRC_75_Mongolia.pdf)
  - Nepal: <http://bpni.org/IMS-ACT/BTL-7-24022016-low-res.pdf>
  - Timor-Leste: [http://ibfan.org/CRC/IBFAN%20report\\_CRC-2015\\_TIMOR-LESTE\\_FINAL.pdf](http://ibfan.org/CRC/IBFAN%20report_CRC-2015_TIMOR-LESTE_FINAL.pdf)
9. Target: 50 reports; Achieved: 80 Alternative reports submitted to treaty bodies [i.e. 60% more than planned].
  10. No. of human rights bodies recommendations on IYCF resulting from the multidimensional advocacy (Jan 2014 – June 2018): Total of 90 IYCF CRC recommendations and 8 recommendations from CESCR.
  11. Translated into percentage of countries under review by the CRC Committee that received a recommendation on IYCF:
    - 94% in 2014
    - 95.8% in 2015
    - 81.5% in 2016
    - 80.9% in 2017
    - 92.3% in 2018

### LOGFRAME 2: All service providers and mothers are capacitated in technical knowledge and practical skills in IYCF and it is ensured that there is a multiplier effect in IYCF training at the institutional and community levels

1. No. of training workshops held for :
  - National Trainers  
2014 – 1; 2015 – 2; 2016 – 2; 2017 – 1; 2018 – 4
  - Middle Level Trainers  
2014 – 20; 2015 – 4; 2016 – 7; 2017 – 6; 2018 – 1
  - Counselling Specialists - 24  
2014 – 7; 2015 – 9; 2016 – 5; 2017 – 3
  - 7 in 1 training for trainers (IBFAN SEA)  
2018 – 5
2. Number of Personnel trained:
  - 2014 – National Trainers 7, Middle level trainers 398, Counselling specialists 212
  - 2015 – National Trainers 11, Middle Level Trainers 84, Counselling specialists 233
  - 2016 – National Trainers 11, Middle level trainers 182, Counselling specialists 91

- 2017 – National Trainers 7, Middle level trainers 167, Counselling specialists 51
  - 2018 – National trainers – 25, Middle level trainers 15, Counselling specialists 97
  - 2018 – Training of Trainers (ToT) using ‘7 in 1’ training programme by IBFAN SEA – 84; ToT using ‘3 in 1’ training programme by IBFAN SEA – 461
- Baseline: 0; Target: 3 francophone countries- project ANJE (Burkina Faso, Niger, Gabon)
3. Number of personnel trained:
    - 105 health workers, 167 community health workers.
  4. A variety of different service providers trained in [BAP Course](#)
    - 3 training courses (BAP 2014 – 2018)
    - 36 countries, Baseline – 21 countries
    - Trained 193 participants in total
    - 70% of the countries trained consist of multi-disciplinary teams
    - Curriculum updated e.g. more sessions on advocacy
    - Plans of actions from alumni to cascade lessons to national level
  5. Targeted information for building capacity among a range of disciplines in place ([Introduction to Warm Chain](#), [Promotional Card](#), [Midwives](#), [IBCLCs](#), [Paediatrician](#), [Academia](#), [Nutritionist/Dietitian](#))
    - Countries participating in Warm Chain is growing e.g. China, Malaysia, Vietnam.
    - Online mapping of Warm Chain actors through [survey](#).

**LOGFRAME 3: Capacity to practice optimal IYCF in difficult circumstances (HIV, Emergencies, and climate change and gender discrimination/low status of women) is strengthened.**

1. Report ‘Formula for Disaster’
  - <https://www.bpni.org/documents/FormulaForDisaster.pdf>
2. Research report ‘Carbon Footprints due to Milk Formula’
  - <https://www.bpni.org/report/Carbon-Footprints-Due-to-Milk-Formula.pdf>
3. GreenFeeding Report cards from 10 countries:
  - CHINA: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-China.pdf>
  - INDIA: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-India.pdf>
  - INDONESIA: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-Indonesia.pdf>

- MALAYSIA: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-Malaysia.pdf>
  - PHILIPPINES: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-Philippines.pdf>
  - REPUBLIC OF KOREA: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-Rep-of-Korea.pdf>
  - SINGAPORE: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-Singapore.pdf>
  - TAIWAN, ROC: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-Taiwan.pdf>
  - THAILAND: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-Thailand.pdf>
  - VIETNAM: <https://www.bpni.org/wp-content/uploads/2018/11/Green-Feeding-RC-Carbon-Footprint-Vietnam.pdf>
4. HIV – Infant Feeding:
    - [Understanding International Policy on HIV and Breastfeeding: A Comprehensive Resource](#)
    - Popular flyer: [What women need to know about breastfeeding in the HIV context](#)
    - AIDs Day Statements [2014](#), [2015](#), [2016](#), [2017](#) and [2018](#)
    - Report from 57 countries: <https://www.bpni.org/report/HIV-and-Infant-Feeding.pdf>
    - Position statement in 2015: <https://www.bpni.org/report/HIV-and-Infant-Feeding.pdf>
    - Position statement in 2018: <https://www.bpni.org/wp-content/uploads/2018/11/IBFAN-Asia-Position-Statement-on-HIV-and-Infant-Feeding-2018.pdf>
    - WHO Guidelines on Infant Feeding and HIV [https://www.who.int/elena/titles/hiv\\_infant\\_feeding/en/](https://www.who.int/elena/titles/hiv_infant_feeding/en/)
  5. Global guidance on Infant Feeding in Emergencies: <https://www.gifa.org/infant-and-young-child-feeding-in-emergencies-operational-guidance-version-3-0/>; [http://files.enonline.net/attachments/2403/Infant-and-Young-Child-Feeding-in-Transit-011015\\_FINAL.pdf](http://files.enonline.net/attachments/2403/Infant-and-Young-Child-Feeding-in-Transit-011015_FINAL.pdf)
  6. “FirstFood for Thought” Blog post: [Breastmilk could be the local food resource that saves lives](#)
  7. [World Breastfeeding Week 2018 Action Folder](#) highlights the importance of applying the [2017 Operational Guidance on the Management of Infant and Young Child Feeding in Emergencies](#) as a key action point and provides a [case study by World Vision](#).
  8. MP Legislation trends show slight improvements over time between [2013](#) and [2015](#).

9. The total number of countries that have [ratified](#) the ILO Maternity Protection Convention 2000 (No.183) is 34.
10. Several UN Day Statements e.g. [Labour Day](#), [CSW](#), [International Women's Day](#) that raise awareness on the needs of women have been promoted.

**LOGFRAME 4: Legislative and policy frameworks related to protection and support of breastfeeding and infant and young child feeding at all levels are strengthened, and policy formulation and programme implementation are safeguarded from conflicts of interest**

1. Report of the Code monitoring training in:
  - Jakarta in November 2014: <https://www.bpni.org/wp-content/uploads/2018/11/Code-Training-Report-2014.pdf>
  - New Delhi in November 2016: <https://www.bpni.org/report/Code-Training-Report-2016.pdf>
2. Report of the Regional International Code Monitoring
3. Information sheet and bulletin on violations of the IMS Act / International Code
4. Global Breastfeeding Collective 'Call to Action': ([https://www.unicef.org/nutrition/index\\_98477.html](https://www.unicef.org/nutrition/index_98477.html))
5. Global Breastfeeding Scorecard: (<https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf?ua=1>)
6. Report 'Labour Lost': <https://www.bpni.org/report/Labour-Lost-WBTi.pdf>
7. Presentation in the WABA-UNICEF symposium on maternity protection <https://drive.google.com/open?id=1q2BHxtbDVdc11aUnZqd2mfw9JY26s3Sy>
8. IBFAN Position Statement on Maternity Protection at work: <https://www.bpni.org/wp-content/uploads/2018/11/IBFAN-Statement-on-Maternity-Protection-at-Work.pdf>
9. Report of the 'Global Capacity Building Workshop and Symposium on Conflicts of Interests: <http://www.aaci-india.org/COI/COI-Workshop-Report.pdf>
10. Alliance Against Conflicts of Interest updates
11. Press Conference by IBFAN-GIFA <https://www.youtube.com/watch?v=qjSuO10SATO>
12. Presentation on understanding the Conflicts of Interest [https://www.gifa.org/wp-content/uploads/2016/05/JRichter\\_2016\\_05\\_IBFAN\\_Col\\_and\\_nutrition\\_governance\\_FINAL\\_ANNOTATED-2.pdf](https://www.gifa.org/wp-content/uploads/2016/05/JRichter_2016_05_IBFAN_Col_and_nutrition_governance_FINAL_ANNOTATED-2.pdf)
13. Presentation by IBFAN on Nutrition Governance and Conflicts of Interest in an international conference on nutrition in New Delhi [http://phrsindia.org/wp-content/uploads/2017/10/Final-Conference-Declaration\\_01.5.18.pdf](http://phrsindia.org/wp-content/uploads/2017/10/Final-Conference-Declaration_01.5.18.pdf)
14. IBFAN Position Statement on RUTF <http://ibfan.org/ips/IBFAN-Codex-RUTF-6-11-17.pdf>
15. IBFAN Position Statement on Follow-up Formula <http://www.babymilkaction.org/wp-content/uploads/2016/07/FINALIBFAN-Policy-Brief-CCNFSDU-FUF-formatted-1-5.pdf>
16. Three WHA resolutions (at each reporting year for IYCN)
17. 81 HR treaty bodies' recommendations urge Code implementation
18. The Film TIGERS seen by 500 viewers at the Human Rights festival.
19. 4000 Nestlé shareholders directly informed about Code violations
20. Two WHO governing bodies sessions/per year attended; Three special sessions of the Executive Board (EB) attended; Additional consultations with WHO staff and allies.
21. Statements from the floor: 19, two press conferences organised; Briefing papers for delegates: 7
22. ICN2 attended, including 2 IGWG and special sessions with WHO.
23. International agenda (SDGs) contain IYCF related issues, in particular Decade of Action on Nutrition.
24. Set of selected references:
  - 2014 WHA: <https://www.gifa.org/67th-world-health-assembly-ibfan-making-a-difference/>
  - 2015 May: <https://www.gifa.org/who-opens-the-doors-wide-to-corporate-influence/> press release
  - 2016 EB: letter from 57 NGOs about FENSA <http://www.babymilkaction.org/archives/8339>
  - Press release: <http://www.babymilkaction.org/archives/8358>
  - EB MYCN Statement: <http://www.babymilkaction.org/>
  - IBFAN Amendments to the draft Guidance: [http://www.babymilkaction.org/wp-content/uploads/2016/02/MIYCN\\_IBFAN\\_25-2-16.pdf](http://www.babymilkaction.org/wp-content/uploads/2016/02/MIYCN_IBFAN_25-2-16.pdf)
  - 2016 April: <https://www.gifa.org/save-the-world-health-organization-from-the-undue-influence-of-corporations-and-corporate-linked-entities/>
  - 2016 May: <https://www.gifa.org/world-health-organizations-independence-and-integrity-are-non-negotiable/>
  - 2016 May: <https://www.gifa.org/whose-health-the-crucial-negotiations-for-the-world-health-organizations-future/>
  - 2016 May: <http://www.babymilkaction.org/archives/9786>
  - 2017 EB : <https://www.gifa.org/ibfan-at-the-140th-who-executive-board-meeting-23-january-1-february-2017/>
  - 2017 WHA: <https://www.gifa.org/ibfan-is-tackling-corporate-influence-in-global-health-governance-at-the-70th-world-health-assembly/>
  - 2017 EBSS4: <https://www.gifa.org/eb-special-session-4-at-who-ibfans-concerns-on-the-draft-thirteen-general-programme-of-work/>

- 2018 EB: <https://www.gifa.org/ibfan-at-the-142nd-session-of-the-executive-board/>
25. Global consultation on Maternity Protection and work was held by WABA and UNICEF in 2015 and there was subsequent follow up in 2016 and 2018.
  26. Liaison with WHO and UNICEF under the [Global Breastfeeding Collective](#), [Netcode](#) and [World Health Assembly](#).

**LOGFRAME 5: Facilitated and mobilised public action on IYCF at all levels of society, across generations and with multiple partners to garner support for breastfeeding women**

1. Number and diversity of [World Breastfeeding Week](#) events [pledged](#) and [reported](#) have increased.
  - diversity of [platforms, tools and activities](#)
  - diversity of [actors/collaborators/partners](#) involved e.g. Girls' Globe, 1000 Days, Action Sprout
  - [social media platforms](#) (through our three main channels of [Facebook](#), [Twitter](#) & [Instagram](#)) provided increased engagement and feedback
2. A variety of youth-related products e.g. videos, art, [visuals/infographics](#), GIFs
  - Increased number and type of activities targeting youth and other groups such as [blogging](#), dance, street performances, youth surveys, short [video](#) projects, [statements/ messages](#)
3. The GIFA Newsletter distributed to over 1 000 subscribers. Regular communication through Facebook and Twitter.
4. WBW country reports
  - <http://www.ibfanasia.org/network.html>
5. The complementary food recipes titled 'Best Feeding'
  - <https://www.bpni.org/documents/Best-Feeding-Low-resolution.pdf>
6. Newswire links
  - <https://www.bpni.org/newswire/>
7. Information sheet links
  - <https://www.bpni.org/docs/Public-Health-Importance-of-Optimal-IYCF-IS-072015.pdf>
8. YouTube link of a film on BPNI:
  - <https://www.youtube.com/watch?v=NxLEpE0q27w&feature=youtu.be>
9. Facebook link of BPNI:
  - <https://www.facebook.com/bpni.org/>

**LOGFRAME 6: Capacity of the consortium partners and their networks towards a sustainable and rejuvenated breastfeeding movement is strengthened**

1. Report of One Asia Breastfeeding Partners Forum – 10 at Bandar Seri Begawan, Brunei Darussalam along with the Declaration on Maternal, Infant and Young Child Nutrition (MIYCN)
  - <https://www.bpni.org/wp-content/uploads/2018/11/report-OABPF-10.pdf>
2. Putrajaya Call to Action on Breastfeeding and infant and young child feeding during the OneAsia Breastfeeding Partners' Forum – 11 at Putrajaya, Malaysia
  - <https://www.bpni.org/wp-content/uploads/2018/11/OABPF-11-Malaysia-declaration.pdf>
3. GNRtFN meeting in Nepal (2015) Statement/ Declaration
  - [https://www.righttofoodandnutrition.org/files/GNRtFN\\_declaration\\_22\\_July\\_2015.pdf](https://www.righttofoodandnutrition.org/files/GNRtFN_declaration_22_July_2015.pdf)
4. The Viotá Declaration of the Global Network for the Right to Food and Nutrition, Viotá, Colombia (2018)
  - [https://www.fian.org/fileadmin/media/publications\\_2017/GNRtF/Viota\\_Declaration\\_-\\_EN\\_final\\_CLEAN.pdf](https://www.fian.org/fileadmin/media/publications_2017/GNRtF/Viota_Declaration_-_EN_final_CLEAN.pdf)
5. The report, titled "A life without dignity – the price of your cup of tea"
  - [https://www.fian.org/library/publication/a\\_life\\_without\\_dignity\\_the\\_price\\_of\\_your\\_cup\\_of\\_tea/](https://www.fian.org/library/publication/a_life_without_dignity_the_price_of_your_cup_of_tea/)
6. IBFAN Europe, which GIFA coordinates, registered 6 new national member groups.
7. Strengthening collaboration with Regional office IBFAN Afrique.
8. Increase of collaborating partners: countries and thus national groups in Francophone Africa. Securing new donors for this work.
9. BAP Course brochures (2015, 2017 and 2018)
10. [SS](#), [GBPF](#), [GBPM](#)
11. SIDA ANNUAL REPORTS 2014-2017
12. Newsletters ([February 2014](#), [December 2014](#), [January 2017](#), [January 2018](#), [April 2018](#), [August 2018](#))
13. [Activities](#) organised by youth
14. Number of youth [organisation and members](#)
15. WBC2 report
  - <http://worldbreastfeedingconference.org/index.php>
16. BAI Meeting 23 -24 February 2017 Partners engagement
  - <https://drive.google.com/file/d/0B1bp1IYen9hwQm9pZU5ILThCY0VsU0ZLUFazek5mZDMwZDRv/view?usp=sharing>
17. ASEAN Breastfeeding Forum 2017
  - <https://drive.google.com/file/d/0B1bp1IYen9hwLWdVYjhjX0lRemlSWlplaDczMzdNYzRIWHM4/view?usp=sharing>

18. Brief notes from Women Deliver 2016 Conference- World Alliance for Breastfeeding Action (WABA)
  - <https://drive.google.com/file/d/0B1bp1Yen9hwS1gzekgtc2FZN0x6RU5pc05pazFLTGJ6cVI4/view?usp=sharing>
19. World Breastfeeding Week Event 2017  
Jakarta, Indonesia, 9 August 2017
  - <https://drive.google.com/file/d/0B1bp1Yen9hwdW9DejR0cFA4clpobTICWnFSQVRMeFIPTeHf/view?usp=sharing>
20. ILCA and WABA Statement for the Commission on the Status of Women (CSW61)
  - <https://drive.google.com/file/d/0B1bp1Yen9hwM3hiNC12Vi15Sm14U19yS3gybGltVGs0aUf/view?usp=sharing>
21. Pledge of Commitment to Uphold and Sustain Breastfeeding in ASEAN Member States.
  - <https://drive.google.com/file/d/0B1bp1Yen9hwTkk5YzZDVXVfcm1sUWhrX1BNN1cxVGJnZ19Z/view?usp=sharing>
22. Third Meeting of the Global Network on the International Code of Marketing of Breast-milk Substitutes (Netcode) 25-27 April 2018 – WHO, Geneva, Switzerland M205 (25 April), M605 (26 April) and M405 (27 April)
  - <https://drive.google.com/file/d/0B1bp1Yen9hwR3NaV19pLVB5MXVRbmVvTVIzMTBnbWx3anlw/view?usp=sharing>
23. Advocacy Report by Satnam Kaur  
31st ICM Triennial Congress, Toronto, Canada, 18-22 June 2017
  - <https://drive.google.com/file/d/0B1bp1Yen9hwNHJsMXBEWVZXbG5jcmxmSEjTmtwbWZkSkJR/view?usp=sharing>
24. Memorandum of Understanding Between World Alliance for Breastfeeding Action Berhad (WABA) And International Confederation of Midwives (ICM)
  - <https://drive.google.com/file/d/12YeDFygy7miUmBSvhwtsCFXdlUZMBi/view?usp=sharing>
25. Letter of support to the International Confederation of Midwives (ICM) on the International Day of the Midwife 2017
  - <https://drive.google.com/file/d/0B1bp1Yen9hwNHJoZnB5S5WJLQ2VaZUdiNng3cEhCVkNjZmpN/view?usp=sharing>
26. Can peer counsellors influence breastfeeding practices of women employed in factories? A preliminary report from Bangladesh.
  - <https://drive.google.com/open?id=0B1bp1Yen9hwbnRNR21RdFhKTGIEYVA3MWtFbE5HYmx6dGE4>

## LOGFRAME 7: Project Cycle Management and Governance

### SIDA annual report

1. 2014 Annual results-based report to Sida
  - <https://drive.google.com/open?id=0B1bp1Yen9hwTkpZZUFITjdFckk4MzVtU2xsRWpNX2R6OHh3>
2. 2015 Annual results-based report to Sida
  - <https://drive.google.com/open?id=0B1bp1Yen9hwdWR2M2NKU3UxbWQ4cDZNSkZfblNaNm5mckdr>
3. 2016 Annual results-based report to Sida
  - <https://drive.google.com/open?id=0B1bp1Yen9hwRFBpd3ozbUJBamRoN0p1a0swX1JOrZNCr3JR>
4. 2017 Annual results-based report to Sida
  - <https://drive.google.com/open?id=0B1bp1Yen9hwbjlYXRTRnZxcEhQVUhiUkpDejk4T1lmVEZr>

### Skype meetings/notes

1. Skype with CIPs -Annual Review Planning Meeting - 19 Nov 2015
  - <https://drive.google.com/open?id=1kZHvzinztkrRcBXpoha74CYHSIS65J0>
2. CIP Annual Skype Meeting, Part 1 on Wednesday, 2 November 2016
  - [https://drive.google.com/open?id=1L\\_F1rPiRhf\\_ME5Hjtfp82V1eBjmh-Am](https://drive.google.com/open?id=1L_F1rPiRhf_ME5Hjtfp82V1eBjmh-Am)

### CIP Online Meeting

1. Notes of CIP Online Meeting (GoToMeeting) of Monday, 29 January 2018
  - [https://drive.google.com/open?id=1XCDOhes3DI37iAf1YClbfff4\\_qxc4C6c](https://drive.google.com/open?id=1XCDOhes3DI37iAf1YClbfff4_qxc4C6c)
2. Notes of CIP Virtual Meeting (GoToMeeting) of Thursday, 16 February 2017
  - <https://drive.google.com/open?id=1Stja1kN78kZ-UaMz0dX9OxpVqh55G7ld>
3. CIP Virtual Meeting (GoToMeeting) Notes Part 2 on Tuesday, 29 November 2016
  - <https://drive.google.com/open?id=1WQfNfZXyVDC8o6lYdpwWISPJ0m3fi0JH>

### Sida Project

1. Sida Project – WABA-IBFAN Consortium (2014-2017)  
Coordinated Work Plan 2014
  - <https://drive.google.com/open?id=1Rvs73qWRbAU79yLB2fmSkEgSAvzwGMz->
2. Sida Project – Breastfeeding Consortium (2014-2017)  
Coordinated Work Plan 2015
  - [https://drive.google.com/open?id=18jJoll\\_Edv-9rwQ8RujJybfV2Fg-R6DG](https://drive.google.com/open?id=18jJoll_Edv-9rwQ8RujJybfV2Fg-R6DG)
3. Sida Project – Breastfeeding Consortium (2014-2017)  
Coordinated Work Plan 2016
  - <https://drive.google.com/open?id=0B1bp1Yen9hwRDNMb2IPR3Q0cXRDC2ZFa2JhSVJ4OEhxcTcw>
4. Sida Project – Breastfeeding Consortium (2014-2017)  
Coordinated Work Plan 2017/18
  - <https://drive.google.com/open?id=0B1bp1Yen9hwWlowRUIHM0RsZm1VVUJoRUh3QZTNUprRM2Jj>

