

SEA-NUT-171
Distribution: General

Implementation of the Global Strategy for Infant and Young Child Feeding in the South-East Asia Region

*Report of a Regional Workshop
Jaipur, India, 27–29 April 2006*

WHO Project: ICP CAH 003
ICP NUT 001



**World Health
Organization**

Regional Office for South-East Asia
New Delhi

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December 2006

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1. Introduction and rationale

Malnutrition during infancy and early childhood is a serious problem in the South-East Asia Region. Adequate and appropriate nutrition is not only a child rights issue, but is also an important determinant of the prevalent high infant and under-five mortality rates in the Region. Malnutrition contributes to over half of the mortality in under-five children and would need to be addressed more aggressively if the Millennium Development Goal (MDG) for reducing child mortality (Goal # 4) has to be achieved by 2015. The Lancet series (2003) has shown that breastfeeding could prevent 13%, and complementary feeding 6% of all child deaths. Though positive trends in indicators like exclusive breastfeeding rates and appropriate complementary feeding practices are discernible, in most countries the progress is not optimal and the achievements are relatively modest.

In a few countries, some aspects of nutrition (like the micronutrient supplementation programmes) are implemented by the ministries of health, while overall nutrition, including infant feeding is with another ministry/department that deals with issues related to women and children/family health. This leads to a situation where infant and young child nutrition issues become a divided responsibility. It is therefore necessary to orient stakeholders on a common platform to take the agenda forward. In many countries, information regarding nutrition-related indicators and infant feeding practices is scanty. Absence of reliable information results in the issue not receiving adequate attention. Further, objective programming for nutrition is hindered.

The adoption of the Global Strategy on Infant and Young Child Feeding (GSIYCF) by the 55th World Health Assembly (WHA) in April 2002 set the stage for countries to formulate comprehensive strategies and technical guidelines for improving the nutritional status of infants and young children. Some countries have accordingly developed their own national strategies, whereas others have not taken specific steps to do so. As HIV and infant feeding is one of the new challenges to be addressed in the global strategy, programme managers for child health, particularly those responsible for the Integrated Management of Childhood Illnesses (IMCI), Nutrition, and HIV/AIDS need to be involved in its implementation, and

updated accordingly. Usage of WHO's "Infant and Young Child Feeding: a tool for assessing practices, policies and programmes", and the suggestions for monitoring certain indicators, will enable countries to make a periodic and realistic assessment of their progress.

In view of the above scenario, a workshop was organized in collaboration with UNICEF and CARE-India, to share progress regarding implementation of the global strategy, and identify areas which need to be emphasized for further action.

2. Objectives of the workshop

The general objective of the workshop was to review the progress of implementation of the GSIYCF in the Member States of the South-East Asia Region (SEAR), and to plan future steps for accelerating implementation. The specific objectives were to:

- Review the current status of implementation of the GSIYCF in the Member countries, using the global indicators for monitoring; and
- Prioritize activities for inclusion/acceleration of implementation of the strategy and its nine operational targets, at the regional and country levels, emphasizing inter-programmatic work among nutrition, IMCI, and prevention of mother-to-child transmission (PMTCT) of HIV/AIDS.

3. Proceedings of the workshop

3.1 Inaugural session

Dr Rukhsana Haider, Regional Adviser, Nutrition for Health and Development, WHO-SEARO, welcomed the participants. Thereafter, Mr Cedric Finch, Regional Programme Director, CARE-India formally welcomed the participants from Member States and representatives from the UN and other agencies and organizations. He stated that CARE India was committed to take forward the agenda of Infant and Young Child Feeding (IYCF), and was happy that they have been able to collaborate with WHO and UNICEF for the regional workshop.

The inaugural address of Dr. Samlee Plianbangchang, Regional Director, WHO South-East Asia Region was read out by Dr. Dini Latief, Director, Department of Family and Community Health, WHO/SEARO. Dr. Samlee stated that this workshop was the first one being organized in the Region, where experiences in implementation of the global strategy in the respective countries, and the challenges faced will be shared. This will ultimately facilitate the development of a joint plan to accelerate implementation of the strategy. Interventions for improvement of infant and child feeding practices is a first crucial step to achieve the MDG # 1 that calls for eradication of extreme poverty and hunger, and for which one of the indicators is the prevalence of underweight children below five years of age. Similarly, improved nutritional status of children will help to achieve MDG # 4 related to the reduction in child mortality. HIV and infant feeding is one of the new challenges which the global strategy seeks to address, considering the importance of prevention of mother-to-child transmission. Appropriate infant feeding during emergencies, and in severe malnutrition, also needs special emphasis in national strategies. Dr Samlee further stated that to address infant and young child nutrition, a multi-disciplinary approach is needed. Programme managers for child health, in particular those responsible for IMCI, nutrition, and HIV/AIDS, all need to work together for effective implementation.

Dr Satish Kumar, State Representative, UNICEF Rajasthan, in his opening remarks stated that promoting IYCF reduces child malnutrition, and reduction in malnutrition increases lifetime individual earnings and reduces expenditure on health care. Promoting IYCF practices invariably includes protection and promotion of exclusive breastfeeding and appropriate infant feeding, which are also human rights issues. IYCF strategies are built upon the Baby Friendly Hospital Initiative (BFHI), Maternity Benefit Acts, and national nutrition policies. He said that progress in BFHI must be continuously monitored, and expanding the scope of the Maternity Benefit Acts be strongly advocated.

3.2 Technical sessions

All countries in the South-East Asia Region participated with the exception of the Democratic People's Republic of Korea (Annex 1). Pakistan participated (with UNICEF support) in this workshop as they are included in UNICEF's South Asia Region. The technical sessions included plenary sessions, country poster sessions, and group work (Annex 2).

Update on infant and young child feeding in the South-East Asia Region

Dr Haider provided an update on the status of implementation of the global strategy in SEAR, highlighting the progress made. She explained that her presentation was based on the information received from the Member States through a questionnaire. Countries were shown to be at varying levels of implementation, some even in the infancy stage. Very few countries had developed concrete implementation plans. The key gaps and challenges identified were: lack of capacity of national health service providers, including limited efforts to build the capacity of private health service providers; inadequate progress with BFHI, with no additional components added subsequent to the global strategy;

- inadequate progress in some countries in implementation of the Code of Marketing of Breastmilk Substitutes;
- legislation not been revised in some countries with regard to maternity protection and inadequate implementation in other countries;
- inadequate progress with regard to feeding in exceptionally difficult circumstances;
- no guidelines for HIV and emergencies in many countries and status of implementation unknown in those countries which have the guidelines;
- limited efforts to strengthen community based support and no linkages with Baby Friendly hospitals;
- opportunities to integrate IYCF activities with health and other systems not utilized;
- no comprehensive behaviour change component (BCC) strategy in place;
- no systematic monitoring and evaluation mechanisms;
- lack of funding in some countries;
- lack of availability of information from countries.

The key recommendations following this session were:

- Develop generic Terms of Reference for collecting information on IYCF which can be coordinated by WHO and UNICEF with the respective countries.
- Develop a Monitoring Information System (MIS) for tracking progress of IYCF in all the countries.

Progress in implementation of the global strategy in other regions

Mrs Randa Saadeh, Scientist, NHD, Geneva, presented an overview of the global strategy and status of implementation in other Regions. She highlighted the constraining and facilitating factors in its implementation. The constraining factors were similar to those in SEAR, and included: lack of political commitment and advocacy; no core group of resource people and master trainers; ineffective training (lecture type, lack of involvement of community workers, lack of dialogue); no supportive supervision provided to the community and health centre staff; sufficient resource materials/guidance tools but not reaching the right people, and, additionally, a language barrier; inadequate allocation of resources (human and financial). The facilitating factors highlighted were: involvement of key stakeholders at all levels especially in the national planning meetings; clear definition and assignment of roles and responsibilities of all stakeholders; commitment, ownership and leadership of the government; use of the WHO assessment tools leading to data-driven strategy development; use of the strategy as an advocacy and resource mobilization tool and also to revitalize BFHI; code implementation, capacity building and review of HIV and infant feeding policies enabling community health workers to identify their key issues on IYCF peer counselling and a decentralized training approach.

IYCF programme issues: barriers to implementation

Ms Deepika Srivastava, from UNICEF-India, facilitated a Visualization in Participatory Process (VIPP) session to identify key barriers to implementation. Participants were asked to prioritize the key challenges they were facing. The major barriers identified were: Generating political commitment to implement the strategy and inadequate coordination among various partners and intersectoral coordination. There was

inadequate support from the health system (e.g. from paediatricians and gynaecologists), inadequate capacities of health workers, and lack of lactation counsellors. The status and quality of the baby-friendly hospitals was not satisfactory, and code enforcement was lacking. Where the community was concerned, there was lack of awareness/information available and inadequate support for working women. There was no monitoring system to track progress as well as inadequate budgets and staffing for IYCF.

***Case studies from India, Maldives, Myanmar and Nepal:
implementation of national strategies***

These countries had been selected as they had already developed their national strategies/guidelines on IYCF.

India

Highlights of the presentation by Dr Shashi Prabha Gupta were: National IYCF guidelines were developed in 2004; sensitization of Chief Secretaries and Secretaries in charge of Women and Child Development was undertaken for preparation of action plans at the state level; public awareness had been created through advertisement campaigns, mass media communication and nutrition orientation of functionaries. Regional meetings on nutrition were conducted in different parts of the country for awareness building. Some of the special initiatives of the states for promoting IYCF include: Madhya Pradesh – *Bal Sanjivini* programme, Bihar and Jharkhand – the *Dular* strategy, Rajasthan – *Anchal se Angan Tak* and *Janani* programmes and West Bengal – *Kano Parbo Na* programme (Positive Deviance).

Maldives

Mr Mohamed Shaheed presented the implementation status of the IYCF strategy. He said that the IYCF strategy had been drafted, but not yet finalized; mother support groups had been established in all the Baby Friendly hospitals; Code of Marketing of Breastmilk substitutes had been drafted and was awaiting finalization; and IYCF indicators will be integrated in newborn care as well as Early Childhood Development activities to

produce a community integrated package which would be implemented at all levels.

Myanmar

Dr Myint Myint Than stated that a National Strategy for IYCF had been developed in 2003; IYCF manuals for trainees (basic health staff) and trainers were developed in 2004, and training of trainers was conducted at central, state, division and townships levels in 2004-2005. Many of the hospitals are baby-friendly; and Guidelines on HIV/AIDS and infant feeding were available.

Nepal

Mrs Sharada Pandey presented the implementation status of IYCF strategy. She said that the IYCF strategy was adopted in 2005 and an action plan developed. Advocacy has been done, and training conducted at various levels, with focal persons at the district level trained. Public awareness had been created through TV spots and radio jingles.

Promoting breastfeeding at the community level

Dr S.M. Moazzem Hossain from UNICEF, New York, shared experiences from Gambia, Madagascar, Bolivia and Ghana on promoting breastfeeding at the community level. He emphasized focussing on two to three key context-specific messages within the Behaviour Change Communication approach to facilitate behaviour change. He laid out the elements of success in taking breastfeeding to scale, namely; partnerships; harmonization across all levels; integrating IYCF into a package of 'Essential Nutrition Actions'; and increasing coverage by using multiple programme opportunities within the health sector and outside, whenever possible.

The key discussion points following the presentation were:

- Formative research is essential to develop context-specific messages
- Monitoring IYCF practices should be an integral part of a programme
- International agencies need to play a catalytic role.

Country poster presentations

In the poster session, representatives from each country shared the progress made, and identified the gaps in the IYCF area.

Prevention of mother-to-child transmission of HIV and infant feeding

Dr Constanza Vallenias, Medical Officer, Child and Adolescent Health, WHO/HQ, highlighted the UN recommendations for prevention of mother-to-child transmission which are:

- When HIV status is negative or unknown: to exclusively breastfeed for six months and continue breastfeeding for two years or beyond.
- When HIV status is positive and if replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding is recommended. Otherwise exclusive breastfeeding is recommended for the first months of life. Counselling should include information about the risks and benefits of various infant feeding options, and guidance in selecting the most suitable option.

Dr Vallenias also pointed out that the global strategy in the context of HIV emphasizes that all HIV-infected mothers should receive counselling. Adequate replacement feeding is needed for infants born to HIV-positive mothers who choose not to breastfeed. She added that only health workers should demonstrate preparation of breast-milk substitutes, and only to mothers who need to use it. Dr Vallenias shared the guidelines, tools and material on counselling available on the subject. Dr Vallenias and Mrs Saadeh shared the tools and materials available with WHO in the area of IYCF including those on HIV and infant feeding counselling. A list is provided in Annex 3.

A key comment following this presentation was “a government forcefully banning breastfeeding in HIV-positive women is a violation of human rights”

Feeding in exceptionally difficult circumstances, including emergencies

Dr Haider explained that the term, "exceptionally difficult circumstances", covered people suffering the consequences of complex emergencies,

including natural or human-induced disasters (floods, drought, earthquake, war, civil unrest and severe political and economic living conditions), low birth weight infants, malnourished infants and children and HIV-infected mothers and their infants. WHO's response has been the ten Guiding Principles that serve as a basis for action to:

- Clarify that optimal practices are the same
- Inform decision-makers about key interventions
- Provide a starting point for designing interventions

These principles were described in the presentation. The inadequate progress in this area was reiterated. While countries which have guidelines with regard to HIV, and for emergencies need to make them operational, there are some countries which have yet to develop these guidelines.

The key comments subsequent to this presentation were:

- Following the earthquake in Pakistan, the government responded within 7 days to focus on IYCF, and sent 200 modules on nutrition and infant feeding to the disaster area.
- Countries need to be very well prepared to tackle emergency situations.

CARE's Reproductive and Child Health and Nutrition and HIV/AIDS (RACHNA) Programme: Experiences with complementary feeding

Dr Sunil Babu explained that CARE's RACHNA programme supports the Government of India's Integrated and Child Development Services (ICDS) and Reproductive and Child Health (RCH) programmes through systematic engagement for focussing on critical interventions and critical tasks. Interventions supported by the RACHNA programme include IYCF as part of a larger maternal and child health nutrition package. District level data is collected (from one district in each of the 8 States RACHNA operates in) using a rapid assessment method to understand changes in programme processes, outcomes (behaviours) and nutritional impact over the programme period. Results indicate that complementary feeding practices (timely initiation, quantity, appropriateness and quality) have shown a positive shift in many districts and, likewise, contacts and advice given by

health service providers have also shown improvements. The key factors contributing to change in these practices include; the Essential Nutrition Actions framework demystified nutrition interventions and provided guidance on how to deliver these at the district, block, sector and village levels; timely home contacts during 1 to 6, and 6 to 12 month periods for promoting and supporting breastfeeding and establishing complementary feeding, respectively, including supervision of these contacts; use of simple tools e.g. home visit planner, supervisory checklist by ICDS and RCH frontline and supervisory programme staff; and use of job aids for problem solving and multi-channel behaviour change communication ensuring consistency in messages and in addressing barriers.

- Strengthening the system of record keeping and data analysis at the AWC level
- Strengthening supervisory systems for regular problem solving, monitoring and ongoing capacity building
- Capacity building with emphasis on techno-managerial skills to deliver child nutrition and health interventions
- Operationizing BCC (both IEC and IPC) for promoting awareness, and greater acceptance of key behaviours and practices

Group work

The group work was facilitated by Dr Sudhansh Malhotra. Two sets of tasks were assigned in the group work. These were:

- (1) To develop an operational framework with priority activities for inclusion/acceleration of implementation of the strategy.
- (2) Proposing a monitoring and evaluation system within the framework.

Three groups were constituted with the following composition:

Group I: India, Nepal, Bangladesh and Pakistan

Group II: Indonesia, Sri Lanka, Timor-Leste and Maldives

Group III: Bhutan, Myanmar and Thailand

The group work guidelines and expected outputs were explained to the participants. Their outputs are given in Annex 4.

Some of the recommendations made by the group were:

- Integrated course on IYCF should be implemented
- IYCF should be introduced in the pre-service training curriculum as a separate chapter.
- Advocacy should be undertaken with local NGOs to involve them in IYCF activities.

4. Recommendations

4.1 For interagency and inter-programmatic coordination

Specific recommendations were requested from participants from the government (MoH and other ministries) and partners (WHO, UNICEF, CARE India, BASICS, BPNI) for interagency and inter-programmatic coordination for promoting Infant and Young Child Feeding (IYCF).

The following recommendations emerged from the group:

Programmatic coordination

- Develop theme groups around the Millennium Development Goals (MDGs) e.g. goal # 4 reduce child mortality, which should specifically integrate IYCF activities
- Establish a National IYCF committee to oversee IYCF progress and issues
- Establish working groups with Terms of Reference and an action plan
- Involve gynaecologists, obstetricians and nutritionists
- Involve NGOs
- Revitalize the Baby Friendly Health Initiative (BFHI), certification from the government will be more sustainable and integrate newborn care

- In the Indian context, the National Rural Health Mission and the Integrated and Child Development Services (ICDS) should be the mechanisms for implementing IYCF
- Involve other sectors / ministries such as education, agriculture, etc.
- Government should be in the lead
- Joint orders need to be issued and followed.

Interagency coordination

- Establish coordination mechanisms e.g. regular meetings, committees to share lessons learnt on a regular basis
- All agencies should coordinate training activities
- Involve UNFPA

4.2 Overall recommendations

The participants were asked to make recommendations separately for the country level and for agencies involved with IYCF implementation.

Country level

The key recommendations for IYCF implementation at country level are summarized below under the heads of “protect”, “promote” and “support”:

Protect

- Ensure political commitment by strengthening advocacy at all levels
- Develop a time-bound action plan; common country assessment to serve as an input to develop a joint plan and also leverage resources
- Establish a steering committee and designate a focal point for IYCF with specific Terms of Reference and linkages with the relevant agencies / stakeholders

- Sensitize professional bodies on the Code of Marketing of Breastmilk Substitutes
- Integrate IYCF with child health programmes.

Promote

- Build capacities of health workers
- Include IYCF in pre-service curriculum of health providers
- Enhance communications efforts through public figures and mass media
- Establish mechanisms and guidelines for monitoring and evaluation

Support

- Energize BFHI and expand it to become mother-and-baby-friendly

Build community volunteers

- Create and sustain baby-friendly villages.

Agency support

The key recommendations for international agencies are summarized below:

- Undertake high level advocacy and sensitization for ensuring political commitment to prioritize IYCF
- Provide technical assistance in terms of:
 - Disseminating policies/updates/guidelines in a timely manner
 - Building capacities at all levels
 - Developing a framework for advocacy on nutrition issues particularly IYCF

- Developing a framework for integrating nutrition interventions specifically IYCF within the basic health services package
- Assisting countries to develop a road map for providing leadership, guidelines, technical support and a workable strategy for IYCF
- Developing guidelines for district level plans
- Developing tools to assess the situation of IYCF towards achieving MDGs
- Foster close coordination between all UN agencies and better collaboration with government counterparts at country level
- Form a coordinating body with funding support
- Develop a joint plan of action on IYCF based on Common Country Assessment
- Assign focal points among stakeholder agencies such as UNICEF, WHO, UNFPA, etc. and evaluate IYCF implementation status towards achieving MDGs
- Benchmark IYCF and related MDGs yearly to record progress
- Support the continuous flow of adequate resources for IYCF.

Annex 1

List of participants

Bangladesh

Dr Z.A. Motin Al Helal
Deputy Programme Manager (CDD)
Directorate-General of Health Services
EPI Bhaban, Mohakhali, Dhaka
Tele: 9887570 (O)
Mobile: 01711020254
Fax: 8802 8821914

Dr Md Mozammel Hoque
Deputy Programme Manager
National AIDS/STD Programme
Directorate-General of Health Services
House No.B-62, Road No. 3, Block-B
Niketan, Gulshan-1, Dhaka-1212
Tele: 8853263, 8829720 (O)
Mobile: 01712-761998
E-mail: mozhoque@yahoo.com

Dr S.M. Mustafizur Rahman
Assistant Director
National Nutrition Programme (NNP)
House No. 46, Road No. 5
Dhanmondi Res. Area, Dhaka-1205
Tele: 8854162
E-mail: mmm09us@yahoo.com

Bhutan

Mrs Ugyen Zangmo
Programme Assistant
Nutrition Programme
Department of Public Health
Thimphu
Tele: 00-975-2-322602
Email: ugenzang@hotmail.com

Indonesia

Dr Penina Regina Bebena
Head, Sub-Directorate of Child Health
Directorate General of Community Health
Ministry of Health
Republic of Indonesia, Jakarta
Tele: 021. 521 4891; Fax : 021.521 4891
Email : Lanina_moh@yahoo.com

Ir Kresnawan
Head, Sub-Directorate of Food Consumption
Directorate of Community Health
Directorate General of Community Health
Ministry of Health
Republic of Indonesia, Jakarta
Tele: 62-21-5277152
E-mail: kresnawan@gizi.net

Dr Muh. Ilhamy Setyahadi
SpOC,
Sub-Directorate of Pregnant Mother
Directorate of Maternal Health
Directorate General of Community Health
Ministry of Health
Republic of Indonesia, Jakarta
Tele/Fax: +62 21 78890808 (R)
Mobile: +62 811 126926
Mobile Fax: +62 811 120237
Tele: +62 21 5270969 (O)
Fax: +62 21 520 3884 0969; +62 21 526
5001(O)
E-mail: ilhamy@doctor.com
Ilhamy@depkes.go.id

Maldives

Mr Mohamed Shaheed
Deputy Director
Department of Public Health
Ministry of Health, Male
Republic of Maldives
Tele: 009603325193
E-mail: Mohamed.shaheed@gmail.com

Myanmar

Dr Myint Myint Than
Assistant Director
Women and Child Health Development
Project
Department of Health
Ministry of Health
Myanmar
Tele: 095-9-5002709 (M)
E-mail: nemyo204@myanmar.com.mm

Dr Zin Thet Myo
Medical Officer
National Nutrition Centre
Department of Health
Ministry of Health
Yangon, Myanmar
Tele: 095-1-290794 (O)

Dr Nwei Nwei Tin
Consultant Paediatrician
Mandalay Children's Hospital
Ministry of Health
Mandalay, Myanmar
Tele: 095-2-33694 (R)

Nepal

Dr Sun Lal Thapa
Chief, CDD/ARI Section
Child Health Division
Ministry of Health & Population
HMG of Nepal, Teku
Tel: 977-1-4261660
Fax: 977-1-4261463

Mrs Sharada Pandey
Chief, Nutrition Section
Child Health Division
Ministry of Health & Population
HMG of Nepal, Teku
Tele: 977-1-4261660; 4225558
Fax: 977-1-4261463
E-mail: Spandey@mail.com.np

Sri Lanka

Dr (Mrs) S. Fernandopulle
Medical Officer
Family Health Bureau
231 De Saram Place
Colombo 10
Sri Lanka
Tele/Fax: 01194112696508
E-mail: fhb_dir@slt.lk ;
sudarshini@hotmail.com

Dr (Mrs) C Anoma Jayathilaka
National Project Officer
Family Health Bureau
De Saram Place
Colombo 10
Tele/Fax: 0094112696508
E-mail: jayathilakaca@yahoo.com

Thailand

Dr Somsak Pattarakulvanich
Director
Bureau of Health Promotion
Department of Health
Ministry of Public Health
Nonthaburi 11000 Thailand
Tele: 66 2 590 4121, 4122
Fax: 66 2 590 4457
E-mail: sakpat@health2.moph.go.th

Dr Narong Saiwongse
Director
Nutrition Division
Department of Health
Ministry of Public Health
Nonthaburi 11000 Thailand
Tele: 66 2 590 4328
E-mail: tung4ever2001@yahoo.com

Dr Nipunporn Voramongkol
Chief
Maternal and Child Health Group
Bureau of Health Promotion
Department of Health
Ministry of Public Health
Nonthaburi 11000 Thailand
Tele: 66 2 590 4418; Fax: 66 2 590 4427
E-mail: niporn@health.moph.go.th
Job8018@yahoo.com

Timor-Leste

Miss Dirce Maria Soares Araujo
Nutrition Officer
Department of Mother and Child Health
Ministry of Health
Democratic Republic of Timor-Leste
Caicoli Street
Dili, Timor-Leste
Tele: +670 7254899
E-mail: dominut_2006@yahoo.com

WHO Collaborating Centres

National Institute of Nutrition (NIN)
Dr. Shahnaz Vazir
National Institute of Nutrition
Jamai-Osmania P.O .
Hyderabad 500 007
A.P. India
Tele: 91-40-27008921, Extn. 274
Mobile: 91-9849637128
E-mail: shahnaz.vazir@gmail.com

Institute of Nutrition, Mahidol University (INMU)

Dr Wantanee Kriengsinyos
Institute of Nutrition, Mahidol University (INMU)
Salaya, Nakhon Pathom
Thailand, 73170
Tel: 66-2-889-2168; 66-2-8002380
Fax: 66-2-441-9344
nuwwr@mahidol.ac.th

Temporary Advisers

Ms Shashi Prabha Gupta
Technical Adviser, Room No. 105
Ministry of Human Resource Development
(Department of Women & Child Development)
Jeevan Deep Building, Parliament Street
New Delhi-110 001
Tele: 91-11-23362519
Fax: 91-11-23362519
E-mail: shashi_p_gupta@hotmail.com

Dr Deepika Nayar Chaudhery
Technical Specialist (Nutrition)
CARE India
27, Hauz Khas Village
New Delhi-110 016
Mobile: 9810722787
Tele: 91-11-26564101
Fax: 91-11-26529671
E-mail: deepika@pca-intl.com

Observers

Dr Zahid Larik
Deputy Director General
Nutrition Wing
Ministry of Health
10-D (West) Taimur Chambers
Blue Area, Islamabad
Tele: 051-9202445, 9214976
Fax: 051-9202445
E-mail: zahid_larik@hotmail.com

Dr Muhammad Haroon Jehangir Khan
Deputy Director General Health (PHC)
National Coordinator
Ministry of Health, Government of Pakistan
14-D-West, Feroze Center
Blue Area, Islamabad
Tele: 9202289-9213807
Fax: 092-51-9215610
E-mail: haroonjehangir@hotmail.com

Ms Minakshi Singh
Project Officer
Child Development and Nutrition
UNICEF Jaipur
B-9, Bhawani Singh Lane
C-Scheme, Opp. Nehru Sahkar Bhawan
Jaipur-302001
Tele: 0141-2222694; 2222636
Fax: 0141-2221510
E-mail : singhm@unicef.org

Ms Sangita Jacob
Project Officer
Child Development and Nutrition
UNICEF Jaipur
B-9, Bhawani Singh Lane
C-Scheme, Opp. Nehru Sahkar Bhawan
Jaipur-302001
Tele: 0141-2222694; 2222636
Fax: 0141-2221510
E-mail: jacobs@unicef.org

Dr S.N. Methi
Joint Director
Department of Women and Child
Development
Government of Rajasthan, Jaipur
Tele: 0141-2702481; Fax: 0141-2705632

Mr Sunil Babu
State Programme Representative
CARE India (Rajasthan)
Jaipur
Tele: 0141-2200480; Fax: 0141-2202975
E-mail: sunilb@careindia.org

UN AGENCIES and Other Partners

UNICEF/HQ

Dr. SM Moazzem Hossain
Infant Feeding Advisor
UNICEF NYHQ, PD, Nutrition Section
3 UN Plaza, 44 ST E, Manhattan
NY 10017, USA
Tel: +1 212 326 7765; Fax: + 1 212 735 4405
E-mail: smhossain@unicef.org

Dr. Nuné Mangasaryan
Senior Adviser, Nutrition and Child Growth &
Development
Nutrition Section, UNICEF
3 United Nations Plaza, New York
NY 10017, USA
Tel: + 1 212 326 71 59
Fax: + 1 212 735 4405
E-mail: nmangasaryan@unicef.org

UNICEF, Bangladesh

Ms Harriet Torlesse
Project Officer Nutrition,
Health and Nutrition Section,
UNICEF
BSL Office Complex
1, Minto Road,
Dhaka 1000, Bangladesh
Tele: 9336701-10; Fax: 9335641-2
E-mail: htorlesse@unicef.org

UNICEF, India

Dr Werner Schultink
Chief, Child Development and Nutrition
Section
UNICEF
73, Max Mueller Marg,
Lodhi Estate
New Delhi – 11 00 03
Tele: 91-11-24606590; 24690401
E-mail: wschultink@unicef.org

Ms Deepika Shrivastava
Programme Manager,
Child Development and Nutrition Section
UNICEF
73, Max Mueller Marg,
Lodhi Estate
New Delhi – 11 00 03
Tele: 9811260888 (M)
E-mail: dshrivastava@unicef.org

Dr Satish Kumar
State Representative
UNICEF Rajasthan
UNICEF Jaipur
B-9, Bhawani Singh Lane
C-Scheme, Opp. Nehru Sahkar Bhawan
Jaipur-302001
Tele: 0141-2222694; 2222636
Fax: 0141-2221510
E-mail: satishk@unicef.org

UNICEF, ROSA

Dr Ian Pett
Regional Adviser
Child Survival and Development
UNICEF Regional Office for South Asia (ROSA)
PO Box 5815, Leknath Marg Kathmandu,
Nepal
Telephone: +(977) 1 441 7082 Ext. 266
Mobile: +(977) 98510 35244
Fax: +(977) 1 441 9479
Email: ipett@unicef.org

UNICEF, Indonesia

Dr Anna Winoto
Nutrition Project Officer
Wisma Metropolitan II, 10th Floor
J1. Sudirman Kav. 31 Jakarta 12920
Indonesia
Tele : +6221 5705816
Fax: +6221 5711326
E-mail: awinoto@unicef.org

BASICS

Dr Sridhar Srikantiah
Country Team Leader
30, Hauz Khas Village
Basement
New Delhi – 11 00 16
Tele: 011-55702887; Mobile: 9811516335
E-mail: sridhar@basicsindia.org

Mr Manuel Mausiry
Technical Liaison Officer for Nutrition
TAIS/BASICS
Exs. Delegacia de Saude
Dili, East Timor
Tele: + 670-7256417; Fax: + 670-332-2371
E-mail: KOLMIVITORIA@yahoo.com

CARE India

Mr Cedric Finch
Regional Programme Director
27, Hauz Khas Village
New Delhi – 11 00 16
Tele: 09818752299 (M)
E-mail: cfinch@careindia.org

BPNI

Dr Raj Bhandari
Director, BPNI
7-N-17, Jawahar Nagar
Jaipur-3-2004
Tele: 094140-48562
E-mail: rajbhandari@rediffmail.com

World Bank

Ms Meera Priyadarshi
Senior Nutrition Specialist
International Bank for Rural Development
70, Lodi Estate
New Delhi – 11 00 03
Tele: 011-41479119 (Direct)
Fax: 011-24619393
E-mail: mpriyadarshi@worldbank.org

WHO Secretariat

HQ

Mrs Randa J. Saadeh
Scientist
Nutrition for Health and Development
WHO/HQ
Tele: +41-22-791-3315/3878
Fax: +41-22-791-4156
E-mail: saadehr@who.int

Dr Rosa Constanza Vallenasc
Medical Officer
CAH/HQ
Tele: +41-22-791-4143
Fax: +41-22-791-4853
E-mail : vallenasc@who.int

SEARO

Dr Dini Latief
Director
Department of Family & Community Health
WHO/SEARO
Tele: 91-11-23370804
Fax: 91-11-23378510
E-mail: dinil@searo.who.int

Dr Rukhsana Haider
Regional Adviser
Nutrition for Health & Development
WHO/SEARO
Tele: 91-11-23370804 Ext: 26313
91-11-2330 9313 (Direct)
Fax: 91-11-2337 8510
E-mail: rukhsanah@searo.who.int

Dr Sudhansh Malhotra
Regional Adviser
Child Health & Development
WHO/SEARO
Tele: 011-23370804 Ext. 26317
91-11-2330 9317
Fax: 91-11-2337 8510
E-mail: malhotras@searo.who.int

Country Offices

Dr Md Abdul Halim
NPO-MPS
WHO Bangladesh
Tele: 861465354
Fax: 8807 8613247
E-mail: halimm@whoban.org

Mr Binod Mahanty
Technical Officer
(Voluntary Counselling & Testing)
Office of the WHO Representative to India
9, Jor Bagh, New Delhi-110 003
Tele: 00-91-11-2464 5817/18
Fax: 00-91-11-2464 5724
Mob: 09811401266
E-mail: mahantyb@whoindia.org

Dr Amaya Maw-Naing
Medical Officer
HIV/AIDS
WHO Nepal
Tele: +977-1-552 3200
E-mail: mawnainga@searo.who.int



Participants of the Regional Workshop on Implementation of the Global Strategy for Infant and Young Child Feeding in the South-East Asia Region

Annex 2

Programme

Day 1, Thursday, 27 April 2006

- 0900–0930 Registration of participants
- 0930–1000 Inaugural Session
- Welcome – CARE-India (*Mr Cedric Finch*)
 - Inaugural address – Regional Director, WHO-SEARO (*Read by Dr Dini Latief, Director*)
 - UNICEF - Remarks (*Dr Satish Kumar*)
 - Introduction of participants
 - Objectives of the workshop (*Dr Rukhsana Haider*)
- 1000–1030 (Group photograph) followed by Tea/Coffee
- 1030–1115 Update on Infant and Young Child Feeding in the South East Asia Region (*Dr Rukhsana Haider*)
- Discussion
- 1115–1145 Progress in implementation of the Global Strategy in other regions (*Mrs Randa J. Saadeh*)
- 1145–1230 IYCF Programme issues: What is working well and barriers to implementation (VIPP session) – (*Ms Deepika Srivastava*)
- 1230–1330 Lunch
- 1330–1500 Case studies regarding implementation of the national strategies (IND, NEP, MMR, MAV)
- 1500–1530 Promoting breastfeeding at community level (*Dr Moazzem Hossain*)
- 1530–1600 Tea/Coffee
- 1600–1700 Country highlights: Poster presentations (5 countries)
- 1900–2100 Reception

Day 2, Friday, 28 April, 2006

- 0900–0940 Infant feeding in the context of HIV: Global Strategy, PMTCT programmes and BFHI (*Dr Rosa Constanza Vallenias*)
- Country feedback

- 0940–1015 Infant feeding in difficult circumstances:
Emergencies, severe malnutrition, LBW (*Dr Rukhsana Haider*)
- 1015–1100 Technical updates – Tools/documents/courses/guides
(*Dr Rosa Constanza Vallenias and Mrs Randa J. Saadeh*)
- 1100–1115 Tea/Coffee
- 1115–1200 Experiences in improving complementary feeding (*Mr Sunil Babu*)
Discussion
- 1200–1330 a) Group work: (*Dr Sudhansh Malhotra*)
– To develop an operational framework with priority activities for
inclusion/acceleration of implementation of the strategy
Presentation of groups
- 1330–1415 *Lunch*
- 1415–1515 b) Group work on
– Building of monitoring and evaluation system within the
framework
- 1515–1545 Tea/Coffee
- 1545–1600 Presentations by groups
- 1600–1700 Country highlights: Poster presentations (6 countries)

Day 3, Saturday, 29 April, 2006

- 0900–0930 Summary of previous 2 days
- 0930–1030 Round Table with partners
– Mechanisms for inter-programmatic and interagency coordination
- 1030–1100 Tea/Coffee
- 1100–1300 Draft Recommendations and Next Steps
- 1300–1400 Lunch
- 1400–1500 Concluding Session
- 1500–1515 Tea/Coffee
- 1515–1700 WHO/UNICEF meeting for planning next steps

Annex 3

Tools and materials on infant and young child feeding

Most of the recently published tools and materials on infant and young child feeding have been developed by WHO in collaboration with UNICEF and other partners, and include the following:

- (1) Evidence for policy for breastfeeding, which includes optimal duration of exclusive breastfeeding (2001), risk of death among non-breastfed children (2000), and long-term effects of breastfeeding (being finalized).
- (2) Evidence and guidelines for complementary feeding which includes: guiding principles for breastfed (2002) and non-breastfed children (2005), guidelines for linear programming (field test).
- (3) Evidence, guidelines and job aids for counsellors for HIV and Infant feeding which includes a Framework for Priority Action (2003), guidelines for decision-makers (2003), a guide for health-care managers (2003), a review of available evidence on transmission through breastfeeding (2004). A set of job aids for counselling on HIV and infant feeding (2005) includes a flipchart, a reference guide and take-home flyers.
- (4) With regard to feeding in exceptionally difficult circumstances:
 - :For low-birth weight: review of evidence and draft guidelines
 - For severe malnutrition: guidelines for hospital management and consensus on community-based management
 - For infant feeding in emergencies: two training modules
 - Tools for planning and management of IYCF which includes an assessment tool (2003), a planning guide for national implementation of the strategy (working draft available on internet), and indicators for assessing complementary feeding (draft).

- (6) Infant and Young Child Feeding: An integrated course (5 days), which includes breastfeeding, and complementary counselling along with counselling for infant feeding in HIV. The original courses on breastfeeding counselling, HIV and infant feeding counselling and/or complementary feeding counselling have been introduced and/or repeated in more than 100 countries.

Annex 4

Group work

Group Work (a): Develop an operational framework with priority activities for inclusion/ acceleration of implementation of the strategy

The intention was to identify intersectoral activities that will help in developing a strategy for IYCF or, if one exists, how best to accelerate action for effective implementation.

Issues

- Does the country need a separate Strategy for IYCF or could elements of the IYCF be positioned in other existing strategies (e.g. Child Health, Nutrition, etc.)?
- Once the strategy is in place what activities in relation to breastfeeding and complementary feeding would be needed for:
 - assessing the existing practices relating to IYCF to identify issues and gaps;
 - designing and implementing a communication strategy; and
 - capacity building of health and nutrition workers.
- Is there a need to engage professional bodies, parliamentarians and civil society in efforts for IYCF? How will this be done?
- What legal considerations will need to be addressed? How will these be addressed?
- Is there a need for including IYCF in the curriculum in medical, nursing and other schools? What issues will need to be addressed e.g. permissions from regulatory authorities, etc.?
- What action is needed to formulate a plan for IYCF in difficult/special circumstances like natural disasters, HIV/AIDS, management of severe malnutrition?

- What steps will be needed to assist working mothers to practice appropriate infant and young child feeding practices?
- Is a mechanism for identifying and implementing research for IYCF needed? How will this be done?

Group Work (b): Building of a monitoring and evaluation system within the framework

- What are the critical aspects of IYCF that should be monitored?
- How will the agreed set of indicators be collected and analysed?
- Are there any other avenues (e.g. DHS) which could be utilized to collect information about IYCF? What steps are necessary to ensure that such opportunities are utilized effectively for monitoring IYCF-related activities?
- What steps are necessary to ensure that the monitoring/evaluation process feeds into policy change(s)?

Group I

The recommendations made by the group were as follows:

Policy and plan

Examine existing country policies related to IYCF; revise/develop policy (country specific); revise/develop strategy (country specific); develop time-bound action plan for IYCF linked to MDGs and national goals at national levels and sub-national levels (country specific).

Partners

Set up a high level inter-sectoral group, with other partners, professional bodies and assign specific responsibilities with resources; there should be a national focal point for IYCF. Use every opportunity to highlight the need to prioritize IYCF, with parliamentarians, civil society, also piggy backing on other programmes e.g. Child Survival, Nutrition, HIV/AIDS; address the Parliamentarian's Forum for Children – for longer-term engagement (country specific).

Legal aspects

An inter-ministerial group is needed to ensure protection; strengthen code implementation, and to safeguard against repealing by new integrated food laws. Maternity Protection needs more work especially for women in the unorganized sector

Training

Undertake needs assessment to identify the structure and resources for inclusion; IYCF must be included in the medical and nursing curriculum; institutions such as medical councils, nursing councils to be brought into intersectoral coordination group; constitute a training sub-group which should be linked to the intersectoral group; use short modules or country-specific innovations based on needs and structures; core training module on IYCF to be included in all relevant training courses.

Exceptionally difficult circumstances

There should be a separate section within the action plan, and specific activities planned. *Community support*

Community-based, mother-and-child-care support should be planned, especially in the unorganized sectors; may include creches which must be baby-and child-friendly.

This group did not make specific recommendations with regard to monitoring and evaluation and neither did it develop an operational framework. It was pointed out that there was very little that was new/different that was being proposed by the group. The response to this comment was that as the strategy was in a very nascent stage of implementation in these countries, therefore basic activities have been proposed and emphasized to set the ball rolling.

Group II The group developed an operational framework in which it prioritized the following areas:

Policy and legislation; Advocacy and communication; Planning, coordination and resource mobilization; Training; Baby Friendly Hospital Initiative; Community support; Infant feeding in difficult circumstances.

The indicators proposed included:

- (1) Exclusive breastfeeding among children less than 6 months
- (2) Percentage receiving complementary feeding at: 6 months; 6-9 months; and family foods at one year of age
- (3) BFHI: number of facilities (hospitals and PHCs) meeting BFHI criteria
- (4) Prevalence of underweight, stunting, wasting
- (5) Code monitoring – mechanism and frequency

Methods of collection would include routine Health Management Information Systems, sentinel sites and large surveys (e.g. Demographic Health Survey).

Key comments on the group work included:

- Use standard Demographic Health Survey indicators. Collect information which stimulates action. Indicators related to IYCF should be integrated in Health Monitoring Information Systems, a monthly compilation of which will facilitate a district team to support monitoring and action. **Group III**

The group developed an operational framework in which it prioritized the following areas:

Generating political commitment; setting up a network of multi-sectoral organizations; capacity building both pre-service and in-service; and building community support groups. The group also did not make specific recommendations with regard to monitoring and evaluation.

Overall, the recommendations made by the group were:

- An integrated course on IYCF should be implemented
- IYCF should be introduced in the pre-service training curriculum as a separate chapter
- Advocacy with local NGOs for getting involved with IYCF activities should be strengthened.