

GALVANISING ACTION TO INCREASE BREASTFEEDING RATES WORLDWIDE

by

FOSTERING NATIONAL ALLIANCES/ PARTNERSHIPS

A PROPOSAL SUMMARY 2018-2022

Submitted By:

  
putting child nutrition
at the forefront
of social change
World Breastfeeding Trends Initiative (WBTi)
defending breastfeeding
WBTi Global Secretariat
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On Behalf of Consortium of IBFAN's regional and global programme offices



In collaboration with



TITLE: GALVANIZING ACTION TO INCREASE BREASTFEEDING RATES WORLDWIDE *by* FOSTERING NATIONAL ALLIANCES/PARTNERSHIPS

THE SUMMARY

Despite the evidence breastfeeding could save lives of more than 820,000 children and 20,000 women, the practices are abysmally low. Globally, 77 million newborns out of 140 million born were not able to begin breastfeeding within the first hour of birth, 3 out of 5 infants under 6 months are not able to breastfeed exclusively, nearly 84 million. Only 45% women are able to continue breastfeeding for two years. According to the Lancet's analytical series on breastfeeding in 2016, improvements in breastfeeding would help achieve the SDG targets for health, food security, education, equity, development, and the environment¹. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF), recognise optimal breastfeeding² to be a life saving public health intervention for infants and young children. In addition breastfeeding can save about 300 billion dollars globally each year by averting the short and long- term healthcare costs of suboptimal breastfeeding. Exclusive breastfeeding and appropriate complementary feeding have been proven as effective interventions, with the potential to simultaneously reduce the risk of wasting, stunting as well as overweight/obesity or diet-related NCDs³. Optimal breastfeeding practices contribute to several SDGs especially the targets for health, food security, education, equity, development, and the environment.

Inadequate attention paid to policy and programmes, which remove barriers to breastfeeding for women to be successful in breastfeeding, is the root cause of low breastfeeding rates. The World Health Assembly adopted the *Global Strategy for Infants and Young Child Feeding*, in 2002, in order to improve optimal feeding practices. The World Health Assembly (WHA) resolution in 2012 set a global target to increase exclusive breastfeeding rate from 38% in 2012 to 50% by 2025, almost a rise of one third.

This is the summary of the International Baby Food Action Network (IBFAN)'s 5- year project proposal to resolve the problem of low breastfeeding rates. The project aims to target all Nations, generate action in about 165 countries to help improve breastfeeding policies and programmes to contribute to rise in breastfeeding rates. The project is in line with the international call to action for investing in nutrition interventions by the World Bank and the WHO-UNICEF led Global Breastfeeding *Collective*. The *Collective* has set additional targets for 2030.

The project aims to garner support for investments in policies and programmes that assist women in removing barriers to breastfeeding at home, work places and health facilities, thus allowing women to succeed ensuring women's rights and choices.

¹ Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, Piwoz EG, Richter LM, Victora CG; Lancet Breastfeeding Series Group. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016 Jan 30; 387(10017): 491-504.

² Optimal Breastfeeding includes early initiation of breastfeeding within 1 hour of birth; exclusive breastfeeding for the first 6 months of life; and introduction of nutritionally adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.

³ WHO 2016. The double burden of malnutrition- Policy Brief <http://apps.who.int/iris/bitstream/10665/255413/1/WHO-NMH-NHD-17.3-eng.pdf?ua=1>

The project will be implemented by the IBFAN, a 38 years old global network, of organizations and individuals, having extensive experience of working on infant and young child feeding policy, capacity building and campaigns in more than 160 countries. It is built on the IBFAN's extensive body of work in 91 countries through its flagship programme, the World Breastfeeding Trends Initiative (WBTi) <http://worldbreastfeedingtrends.org>, which is grounded at national level to document gaps in policy/programmes. The WBTi uses the findings to call for action to bridge the gaps. It works by fostering partnerships, improved data collection and launching campaigns/calls to action to ask for better investment in policies and programmes. The WBTi has demonstrated positive impact over the years. The WBTi is highly participatory as in 91 countries over 800 organisations took part to decide what these countries should be doing.

COLLABORATION AND PARTNERSHIPS GLOABLLY AND NATIONALLY

The IBFAN will implement this project in partnership with the UNICEF and WHO. At the national level project will foster multi-sector partnership among key players without conflict of interest .The WHO and UNICEF have found WBTi as a valuable source of information & powerful tool to bring people together, and have agreed to support the project planning as well as implementation at the regional and country level.

The project is specifically designed to galvanize action in 165 countries with following goals and objectives.

The primary **GOAL** of this project is to help achieve the World Health Assembly target for 2025 of increasing the rate of exclusive breastfeeding in the first 6 months to at least 50%, and the Global Breastfeeding Collective's targets of improving early initiation of breastfeeding to 70%, exclusive breastfeeding (0-6m) to 60%, and continued breastfeeding to 80% at 1 year and 60% at 2 years by 2030.

The **SPECIFIC OBJECTIVES** are:

1. To foster establishment of national alliance/partnerships in 165 countries, assess and report gaps in policy and programmes over next 5 years.
2. To organise national, regional and global advocacy activities to increase governments' ownership and garner support for bridging the gaps.
3. To manage, supervise, monitor, and evaluate the project periodically and report.

The project's **STRATEGY**: After having joint planning with the UNICEF and WHO, the IBFAN network will galvanise action at the country level through mobilisation and capacity building. Firstly, a country coordinator will be identified and trained who will in turn organise a core group to coordinate work. The core group typically has 4-6 persons from national

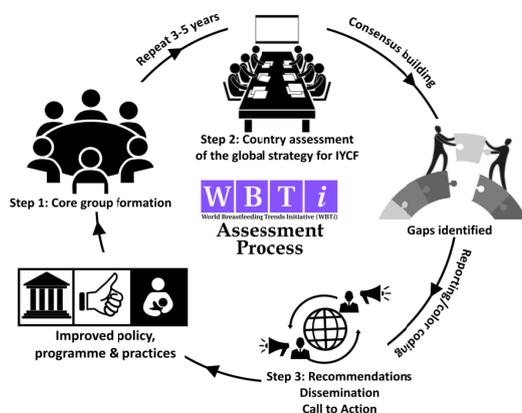


Fig. 1: WBTi Assessment Process

organisations like UN, governments, civil society and professionals. This group organises assessment and reporting on the status of implementation of the *Global Strategy for Infant and Young Child Feeding* using the uniform questionnaire of the WBTi tools. The core group analyses gaps in policy and programmes and helps to build consensus around gaps and recommendations. (Fig. 1 explains the WBTi process). The core group also develops the advocacy tools, the country report and report cards, which are used for campaigns to urge their governments. Countries already experienced in WBTi will be encouraged to repeat assessments within 3-5 years to study trends and call for action where gaps still exist. Ninety-one (91) of the 165 countries are already part of the WBTi process. Additionally, 74 new countries will be mobilised to join over next five years.

Regional and thematic policy briefs will be developed for global, regional and national advocacy. Global advocacy will include submissions to the United Nations Committee on the Rights of the Child asking for country recommendations. Global reports will be presented at the World Health Assembly, the Collective, the World Breastfeeding Conference 3 in Rio in 2019, and other related global events. Ongoing monitoring, supervision, management and review of the project will be carried out IBFAN.

The project's **KEY OUTPUTS** will be

1. Approximately 165 national partnerships /core groups established.
2. National reports and report cards with analysis of gaps and recommendations.
3. A 'Call to Action' event in each country and engaging with policy makers.
4. Approximately 60 reports submitted to the CRC and other human rights committees in the United Nations.
5. The Global WBTi report presented at the World Breastfeeding Conference- 3 at Rio de Janeiro, Brazil in November 2019.
6. The Global report is shared at the *Collective* meeting in 2022.
7. Regional and thematic policy briefs shared with all concerned.
8. A report on trends of breastfeeding/IYCF policy & programmes, based on repeat assessment of WBTi is shared in 2022.
9. Regular newswire updates on the progress of the project shared widely.

10. An external evaluation report in 2022.
11. An efficient system of coordination and management is practiced.

EXPECTED OUTCOMES:

1. The *Collective's* mission is supported strategically.
2. Multi-sector partners work together in support of breastfeeding and build national consensus & momentum.
3. Strengthened capacity at regional and national level for future work like campaigns and technical inputs.
4. IBFAN offices support the governments for implementing actions.
5. The CRC Committees makes recommendations to country governments.
6. Media highlights the issue.
7. Governments and other development partners commit resources.
8. Countries initiate action to bridge the gaps in policy and programmes.
9. Improved rates of breastfeeding/complementary feeding.

TARGET GROUPS: Policy makers, government officials from different sectors, UN agencies, media, civil society, health professionals, public health professionals, labour unions, and others concerned.

IMPLEMENTING PARTNERS: The consortium of 11 regional and global programme offices of IBFAN will act as implementing partners. IBFAN works according to its seven principles based on human rights and gender equity. The Breastfeeding Promotion Network of India (BPNI) will do overall coordination and serve as WBTi Global Secretariat. BPNI has demonstrated capacity to administer and manage such projects both technically and financially (www.bpni.org). The project will rely on national groups of the IBFAN network as an essential ground base for citizen pressure leading to action by the governments.

EVALUATION: Implementation of WBTi in 91 countries is a successful example of making a difference <http://worldbreastfeedingtrends.org/state-of-policy-programme-in-35-countries-between-two-assessments-on-a-scale-of-100/>. The project will have a built in mechanism of periodic monitoring and internal evaluation. The WBTi global secretariat will be responsible for internal evaluation and facilitate external evaluation at the end of project by a team of independent experts.

BUDGET: Five-year total estimate is US \$ 3,443,749 and the Table below provides yearly and objective wise breakup. Detailed budget is available with the secretariat.

OBJECTIVES	Budget Year Wise (US\$)					Total (5 year) US\$
	2018	2019	2020	2021	2022	
To foster establishment of national partnerships in 165 countries, and to assess and report gaps in policy and programmes over 5 years.	296,344	271,015	308,376	285,845	231,360	1,392,940
To organise national, regional and global advocacy activities to increase governments' ownership and garner support for bridging the gaps.	167,790	216,840	236,790	171,490	246,840	1,039,750
To manage, supervise, monitor, and evaluate the project periodically and report.	141,589	155,173	163,110	171,759	215,440	847,071
Total	605,723	643,028	708,276	629,094	693,640	3,279,761
Contingency (5%)	30,286	32,151	35,414	31,455	34,682	163,988
Grand Total	636,009	675,179	743,690	660,549	728,322	3,443,749

The project offers a unique opportunity to advance the agenda of the World Health Assembly and the Collective led by UNICEF and WHO.

Galvanizing action does require resources both human and financial.

