

Are We Doing Enough For Our Babies?

*Trend analysis in infant and young child feeding policies,
programmes and practices in South Asia*



Are We Doing Enough For Our Babies?

*Trend analysis in infant and young child feeding policies,
programmes and practices in South Asia*

Published by



Supported by



THE WORLD BANK



Australian Government
AusAID

Are We Doing Enough For Our Babies?

Copyright © BPNI / IBFAN-Asia, 2013

REPORT WRITING AND PRODUCTION

- **Writing:** Arun Gupta, Radha Holla, Shoba Suri
- **Reviewed:** Naren Kaimal
- **Design & Layout:** Amit Dahiya

PUBLISHED BY

BPNI / IBFAN Asia

BP-33, Pitampura, Delhi 110 034, India. Tel: +91-11-, 27343608, 42683059

Tel/Fax: +91-11-27343606. Email: bpni@bpni.org, info@ibfanasia.org

Website: www.bpni.org, www.ibfanasia.org

ISBN No.: 978-81-8890-39-3

All rights are reserved by the BPNI / IBFAN-Asia. The use of the report on “Are We Doing Enough For Our Babies?-Trend analysis in infant and young child feeding policies, programmes and practices in South Asia” is for education or information purpose. Any part of this publication may be freely reviewed, abstracted, reproduced or translated, in part or whole, provided the source is acknowledged and provided that the final production is not for sale or commercial purposes.

The designations employed and the presentation of the material in this work do not imply the expression on any opinion whatsoever on the part of BPNI and IBFAN Asia concerning the legal status of any country, territory, city or area of its authorities, or concerning the delimitation of its frontiers and boundaries.

BPNI is a registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI is the Regional Focal Point for South Asia for the World Alliance for Breastfeeding Action (WABA) and Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia.

As a policy, BPNI does not accept funds of any kind from companies producing infant milk substitutes, feeding bottles, related equipment, infant foods (cereal foods) or from those who have, ever, been found to violate the IMS Act or the International Code of Marketing of Breast Milk Substitutes or from organisations/industries having a conflict of interest.

Acknowledgements

Several people and efforts have been involved in the World Breastfeeding Trends Initiative (WBTi) assessment in the South Asian Countries, identifying gaps, making recommendations, preparing national reports and report cards.

I would like to thank the South Asia Country Coordinators for being with us and supporting us at every step.

A special thanks to Naren Kaimal for reviewing and editing the South Asia Analytical Report from a readability perspective, and for giving the document an apt title and chapter heads.

I would also like to thank Mohini Kak and Ashi Kohli Kathuria for their invaluable comments and suggestions. We are thankful to World Bank for the supporting us with the project.

I am so grateful to Radha and Shoba for their assistance in development of the analytical report-the conceptualization, analysis, writing, etc. Beena for liasoning with country coordinators, verifying data, managing the website and uploading country data. Amit for the design of report and overseeing production of the report and several other vital actions to ensure that the report is brought out in time. Very special and heartfelt thanks to JP Dadhich, Neelima, Nupur for their assistance at any time. Managing funds, Guptaji has always been so helping.

Lastly I would also like to thank office assistants who have been doing all the background work and never in picture, Vinay, Suresh, Vijay and Ashok.

Dr. Arun Gupta
Regional Coordinator, IBFAN Asia

Acronyms

BF	Breastfeeding
BPNI	Breastfeeding Promotion Network of India (BPNI)
EBF	Exclusive Breastfeeding
Global Strategy	Global Strategy for Infant and Young Child Feeding
IBFAN	International Baby Food Action Network
ILO	International Labour Organization
IYCF	Infant and Young Child Feeding
MDG	Millennium Development Goal
UNICEF	United Nations Children's Fund
WBTi	World Breastfeeding Trends Initiative
WHO	World Health Organization

Contents

Acknowledgments	iii
Acronyms	iv
Executive Summary	1
1. Introduction	5
2. The World Breastfeeding Trends Initiative (WBT <i>i</i>) tool	7
3. Country-wise status of WBT <i>i</i> indicators on IYCF Policies and Programmes, and Practices	15
Afghanistan	16
Bangladesh	20
Bhutan	23
India	26
Sri Lanka	29
Maldives	32
Nepal	35
Pakistan	38
4. The Impact of WBT <i>i</i>	41
5. Discussion and Conclusions	47
6. The Way Forward	51
Annexure 1: South Asia Regional Partners List	53

Executive Summary



Executive Summary

This South Asia report on “Trends analysis in infant and young child feeding policies, programmes and practices” is a part of International Baby Food Action Network's (IBFAN) flagship global programme - the World Breastfeeding Trends Initiative (WBT*i*) - and presents the findings on 10 indicators relating to policy and programmes, and five indicators for the resultant infant and young child feeding (IYCF) practices for the 8 South Asian countries. This analytical report is based on assessments carried out by national teams in 2005 and 2008, along with a third assessment in 2012 done by five countries to study trends. The report, based on national reports, highlights the need for high level political will, programme focus and concurrent action in all areas of the *Global Strategy* if breastfeeding and complementary feeding rates are to be enhanced meaningfully.

The WBT*i* includes assessment, action, and advocacy. It is an innovative web tool giving universal access to this information, and leads to colour coding and objective scoring to make it easily understandable for the policy makers. The WBT*i* helps to track and rank countries, and also score each indicator on a scale of 10 and provides a colour code - red, yellow, blue and green in ascending order of performance - to reflect achievement on each indicator. Thus, the maximum score for policy and programmes is 100, and 50 for IYCF practices. Scoring done by the WBT*i* is based on IBFAN Asia's guidelines and the WHO tool provides the key to this.

Today, 83 countries are involved in conducting the WBT*i* assessment, of which 51 have completed the task of assessment and also used the findings for national advocacy to call for change. The World Health Organisation has also validated and recognised the tool for its usefulness in one of their statements issued at the time of the World Breastfeeding Week 2012

The WBT*i* is turning out to be a unique source of information on the policy and programmes for the world. WBT*i* is also a powerful, internet-based information tool. It uses simple, visual techniques like graphics and mapping designed to easily understand as well as attract and maintain interest throughout the three phases of the process.

This WBT*i* report, “**ARE WE DOING ENOUGH FOR OUR BABIES?**” **Trend Analysis in infant and young child feeding policies, programmes and practices in South Asia** documents the gaps in policy and programmes in 10 areas of action. Although the report lays bare the gaps, it also shows the action that has been generated as a result of advocacy. This report also analyzes trends in the policy & programme and practice indicators of the WBT*i* assessments conducted over the years.

The country wise status of WBT*i* indicators on IYCF policies and programmes and practices indicate some progress as compared to previous assessments. The rating for Afghanistan makes it evident that the country has taken several actions to protect, promote, and support breastfeeding. There Ministry of Public Health (MoPH) has developed a specific IYCF policy and strategy. Data on infant and young child feeding practices has been collected perhaps for the first time, which did not exist earlier. Several programmes in the health system have been implemented for mainstreaming counselling on breastfeeding. The country has started conducting training on Breastfeeding Counselling and Complementary Feeding, for health care providers and the International Code of Marketing of Breastmilk Substitutes has become a regulation under MoPH.

Bangladesh for years has been making progress

and advocating for change and slowly policies are being put in place that have now led to an increase in exclusive breastfeeding. IYCF indicators have been introduced into the National Nutrition Survey, which have ensured data is collected on Infant and Young Child Feeding practices. Bangladesh has also developed a National Strategy and Policy on IYCF.

The government of Bhutan is working towards bridging the gaps in IYCF. The WBTi assessment of 2005 led to establishing the baseline data on the IYCF which did not exist earlier. Since then, each assessment has shown that the government of Bhutan is developing further programme interventions to protect, promote and support breastfeeding.

The government of Nepal along with international NGOs and Local NGOs have developed National Nutrition Policy and Strategy in support of IYCF and have also initiated regular trainings of different level of health professionals on IYCF.

India's situation sadly remains almost stagnant except for the provision of increased maternity leave for women in Central Government and financial maternity benefits to pregnant and lactating women. There is an urgent need for India to take action now and if it does, the fourth assessment could hopefully see some progress.

Sri Lanka is demonstrating progress with the

adoption of a clear-cut coordinated strategy on IYCF. It needs to continue along this path, as it can't afford to go slow or loosen the grip.

Pakistan and Maldives need to do the third assessment. Till then it is difficult to ascertain progress or any improvement, both in policies and programmes as well as on practice indicators. Pakistan government has notified the implementation of Breastfeeding Law (Ordinance) with rules and regulations. It has developed curriculum/ manual on IYCF training for Community Health Workers. In Maldives, data on Infant and Young Child Feeding practices has been collected, which did not exist earlier.

This report highlights the need for actions that must be taken to create an enabling environment. Such action include the provision of adequate maternity protection, creating facility and community based support systems based on the availability of skilled counselling, and strict implementation of the International Code of Marketing of Breastmilk Substitutes, and the subsequent World Health Assembly (WHA) resolutions. Each country needs to focus on a particular area which falls in the red or yellow colour rating and intensify efforts to move up to a higher level. The assessment stresses on the need to increase the capacity of countries for carrying out these actions and make available the required financial resources.

1. Introduction



1. Introduction

Today the importance of making optimal infant and young child feeding practices universal is acknowledged by everyone. Especially exclusive breastfeeding for the first six months, for improving child health and reducing child mortality, morbidity and malnutrition. World Health Organization's (WHO) implementation plan on nutrition identifies the target of "Increase exclusive breastfeeding rates in the first six months up to at least 50% by 2025". The issue today is, how to increase breastfeeding and how to measure inputs into policies and programmes.

UNICEF has identified the factors for success as "the large-scale implementation of comprehensive, multi-level programmes to protect, promote, and support breastfeeding, with strong government leadership and broad partnerships. A comprehensive approach to IYCF involves large-scale action at national level, health system and community levels, including various cross-cutting strategies such as communication and context specific actions on infant feeding in the context of emergencies and HIV. National-level actions include advocacy to generate increased commitment to IYCF and the development of policies, legislation, strategies and plans to implement the main operational targets of the WHO-UNICEF *Global Strategy for Infant and Young Child Feeding* (GSIYCF)."¹

WHO has identified the high-priority actions for protecting, promoting and supporting breastfeeding as (i) Actions at the national and legislative levels, (ii) Actions through the health care system, (iii) Actions in the community and (iv) Actions in exceptionally difficult circumstances.²

The WHO and UNICEF developed the *Global Strategy for Infant and Young Child Feeding*, which provides a framework for action to scale up breastfeeding and infant and young child feeding interventions. They also developed a tool to monitor these inputs. Based on these tools, International Baby Food Action Network (IBFAN)-Asia, developed the World Breastfeeding Trends Initiative (WBT*i*), which measures inputs and generates national action.

This South Asia report, is a part of the International Baby Food Action Network (IBFAN) flagship global programme the World Breastfeeding Trends Initiative (WBT*i*) and presents the findings on 10 indicators relating to policy and programmes, and the five indicators for the resultant Infant and Young Child Feeding (IYCF) practices for the 8 South Asian Countries. This analytical report is based on assessments carried out by national teams in 2005, 2008, and 2012. While all 8 South Asian countries completed assessment in 2005, 2008 only 5 countries completed a third assessment in 2012. The report, based on national reports, highlights the need for high level political will, programme focus and concurrent action in all areas of the Global Strategy if breastfeeding and complementary feeding rates are to be enhanced meaningfully.

The report further outlines what needs to be done, specifically, to move key policies. Individual country findings and reports are available at the country pages in the WBT*i* portal (<http://worldbreastfeedingtrends.org/>).

¹ UNICEF. Programming Guide: Infant and Young Child Feeding 2011.
http://www.unicef.org/nutrition/files/Final_IYCF_programming_guide_2011.pdf

² WHO. Planning guide for national implementation of the Global Strategy for Infant and Young Child Feeding 2007
http://whqlibdoc.who.int/publications/2007/9789241595193_eng.pdf

2. The World Breastfeeding Trends Initiative (WBTi) tool



2. The WBT*i* Tool

About WBT*i* and the process

The World Breastfeeding Trends Initiative (WBT*i*) is an action oriented and participatory tool to assess infant feeding policy and programmes at country level. It is led by the International Baby Food Action Network (IBFAN), under the leadership of the Breastfeeding Promotion Network of India (BPNI), to assess infant feeding policy and programmes at country level.

The WBT*i* is a collective exercise carried out by the local groups consisting of professional, academic, civil society organizations, and often, ministries and government departments. A core group conducts the initial assessment, which is reviewed by the collective. This is followed by a consensus building exercise in identification of key gaps and key recommendations. The results are then given to IBFAN Asia Regional Coordinating Office, for verification and entering the data into the WBT*i* tool, which then calculates the scores for each indicator as well as the country as a whole and colour codes its status. The scoring and colour coding is based on a uniform guideline.

WBT*i* is also a powerful, Internet-based information tool. It uses simple visual techniques like graphics and mapping designed to easily understand as well as attract and maintain interest throughout the three phases of the process. A web portal www.worldbreastfeedingtrends.org serves various purposes: (1) it presents the results of the analysis conducted; (2) it spurs decision makers to act and introduce improvements; (3) it creates emulation among countries and regions by sharing strategies that have worked to strengthen infant feeding policies.

The WBT*i* was first launched in the eight countries of south Asia Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka in 2005. A repeat assessment was carried

out in all eight countries in 2008, and a third assessment was conducted in five of the countries Afghanistan, Bangladesh, Bhutan, India, and Sri Lanka in 2012. At the same time it is turning out to be a unique source of information on policy and programmes globally, 51 country report are currently available.

<http://www.worldbreastfeedingtrends.org/report/51-country-report.pdf>

Methods

The WBT*i* involves a three-phase process.

Phase 1

The first phase involves initiating national assessment of the implementation of the Global Strategy. The WBT*i* guides countries and regions to document gaps in existing practices, policies and programmes. Multiple partners, including governments, professional bodies and civil society organisations, involved in the process, use national data and documents to assess and analyse the situation in their country for each of the 15 indicators included in the tool, 10 of which relate to policies and programmes, and five to resultant practices. Each indicator related to policies and programmes has a subset of questions, based on the *Global Strategy* that the country must answer with documentary proof. Numeric values that are national in scope are used for the indicators related to feeding practices.

The WBT*i* thus helps in the development of a practical baseline, demonstrating to programme planners and policy makers where improvements are needed to meet the aims and objectives of the *Global Strategy*. It thus helps in formulating plans of action that can effectively improve infant and young child feeding practices and guide allocation of resources.

As the WBT*i* process includes consensus building, the multiple partners become committed to the action, giving it the priority it deserves. For the WBT*i*, national perspective is prime, and it encourages cross checking and provision of sources of information besides having a consensus.

WBT*i* has five components namely

A: Action

B: Bringing people together

C: Consensus building and commitment

D: Demonstration of achievements and gaps

E: Efficacy, improving policy and programme

Phase 2

During the second phase, WBT*i* uses findings of the national assessment and scores countries based on IBFAN Asia's Guidelines for WBT*i* assessment.

The maximum score for each indicator is 10. The web-based tool kit objectively scores and colour rates each indicator as well as the entire set of indicators.

The results of Phase 1 and Phase 2 make good tools for advocacy to improve breastfeeding/ IYCF practices.

Phase 3

In the third phase, WBT*i* encourages repeat assessment after 3-5 years to analyse trends in programmes and practices as well as overall breastfeeding rates in a country, report on programmes and identify areas that still need improvement. They can also help in studying the impact of a particular intervention over a period

of time as well as the study of trends.

The tool to rate indicators

The WBT*i* tool is based a wide range of indicators, which provide an impartial view of key factors responsible to ensure optimal feeding practices. Ten indicators (1-10) relate to policies and programmes, and five (11-15) to IYCF practices. Each indicator that deals with policies and programmes has a subset of questions (Table 1) that go into finer details to identify achievements and gaps. This information indicates how a country is performing in a particular area

Each subset question has a possible score of 0-3 (zero to three), and each indicator has a maximum score of 10 (ten). System of scoring may differ in some indicators depending on the questions asked but each indicator is measured on a scale of ten and thus maximum score for 10 indicators dealing with policy and programmes is 100.

Five indicators dealing with infant and young child feeding practices reveal how effectively a country has implemented its policies and programmes. For these indicators, countries have to use secondary numerical data on each indicator from a random household survey that is national in scope. **The WBT*i* process does not undertake primary household surveys.**

The maximum score for 5 indicators dealing with feeding practices is 50. Maximum score for all 15 indicators makes up to a total of 150.

Table 1. Subset of questions for each of 10 indicators of IYCF Policy and Programmes

Indicators	Questions
National Policy, Programme & Coordination 1	1.1 A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government 1.2 The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond. 1.3 A national plan of action developed with the policy 1.4 The plan is adequately funded 1.5 There is a National Breastfeeding Committee 1.6 The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis 1.7 The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively 1.8 Breastfeeding Committee is headed by a coordinator with clear terms of reference
Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 2	2.1 Quantitative: Percentage of BFHI Hospital 2.2 Qualitative: to find skilled training inputs and sustain ability of BFHI 2.3 BFHI programme relies on training of health workers 2.4 A standard monitoring system is in place 2.5 An assessment system relies on interview of mothers 2.6 Reassessment systems have been incorporated in national plans 2.7 There is a time bound programme to increase the number of BFHI institutions in the country
Implementation of the International Code 3	3.1 No action taken 3.2 The best approach is being studied 3.3 National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable 3.4 National measures (to take into account measures other than law), awaiting final approval 3.5 Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions 3.6 Some articles of the Code as a voluntary measure 3.7 Code as a voluntary measure 3.8 Some articles of the Code as law 3.9 All articles of the Code as law 3.10 All articles of the Code as law, monitored and enforced
Maternity Protection 4	4.1 Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17 weeks c. 18 to 25 weeks d. 26 weeks or more 4.2 Women covered by the national legislation are allowed at least one Breastfeeding break or reduction of work hours daily. Or reduction of work hours daily. a. Unpaid break b. Paid break 4.3 Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks 4.4 There is provision in national legislation that provides for work site

Indicators	Questions
	<p>accommodation for Breastfeeding and/or childcare in work places in the formal sector.</p> <p>4.5 Women in informal/unorganized and agriculture sector are:</p> <ol style="list-style-type: none"> accorded some protective measures accorded the same protection as women working in the formal sector <p>4.6</p> <ol style="list-style-type: none"> Information about maternity protection laws, regulations, or policies is made Available to workers. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.' <p>4.7 Paternity leave is granted in public sector for at least 3 days.</p> <p>4.8 Paternity leave is granted in the private sector for at least 3 days.</p> <p>4.9 There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative Work at the same wage until they are no longer pregnant or breastfeeding.</p> <p>4.10 There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.</p> <p>4.11 ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.</p> <p>4.12 The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.</p>
<p>Health and Nutrition Care Systems</p> <p>5</p>	<p>5.1 A review of health provider schools and pre service education programmes in the country indicates that infant and young child feeding curricular session plans are adequate/inadequate</p> <p>5.2 Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.</p> <p>5.3 There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.</p> <p>5.4 Health workers are trained with responsibility towards Code implementation as a key input.</p> <p>5.5 Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)</p> <p>5.6 These in-service training programmes are being provided throughout the country.</p> <p>5.7 Child health policies provide for mothers and babies to stay together when one of them is sick</p>
<p>Mother Support and Community Outreach</p> <p>6</p>	<p>6.1 All pregnant women have access to community-based support systems and services on infant and young child feeding.</p> <p>6.2 All women have access to support for infant and young child feeding after birth.</p> <p>6.3 Infant and young child feeding support services have national coverage.</p> <p>6.4 Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral.</p> <p>6.5 Community-based volunteers and health workers possess correct information and are trained in counseling and listening skills for infant and young child feeding.</p>

Indicators	Questions
<p data-bbox="188 412 424 439">Information Support</p> <p data-bbox="268 539 360 680">7</p>	<p data-bbox="571 412 1406 472">7.1 There is a comprehensive national IEC strategy for improving infant and young child feeding.</p> <p data-bbox="571 474 1406 535">7.2 IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels.</p> <p data-bbox="571 537 1406 624">7.3 Individual counseling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.</p> <p data-bbox="571 627 1406 687">7.4 The content of IEC messages is technically correct, sound, based on national or international guidelines.</p> <p data-bbox="571 689 1406 777">7.5 A national IEC campaign or programme using electronic and print media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months.</p>
<p data-bbox="188 817 451 844">Infant Feeding and HIV</p> <p data-bbox="317 1155 410 1296">8</p>	<p data-bbox="571 817 1406 878">8.1 The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV.</p> <p data-bbox="571 880 1406 940">8.2 The infant feeding and HIV policy gives effect to the International Code/ National Legislation.</p> <p data-bbox="571 943 1406 1059">8.3 Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counseling and support.</p> <p data-bbox="571 1061 1406 1149">8.4 Voluntary and Confidential Counseling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.</p> <p data-bbox="571 1151 1406 1238">8.5 Infant feeding counseling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.</p> <p data-bbox="571 1240 1406 1328">8.6 Mothers are supported in making their infant feeding decisions with further counseling and follow-up to make implementation of these decisions as safe as possible.</p> <p data-bbox="571 1330 1406 1417">8.7 Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.</p> <p data-bbox="571 1420 1406 1547">8.8 On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.</p> <p data-bbox="571 1550 1406 1637">8.9 The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.</p>
<p data-bbox="188 1684 437 1742">Infant Feeding during Emergencies</p> <p data-bbox="317 1809 410 1951">9</p>	<p data-bbox="571 1684 1406 1744">9.1 The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies.</p> <p data-bbox="571 1747 1406 1834">9.2 Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed.</p> <p data-bbox="571 1836 1406 1924">9.3 An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed.</p> <p data-bbox="571 1926 1406 1955">9.4 Resources identified for implementation of the plan during emergencies.</p> <p data-bbox="571 1957 1406 2045">9.5 Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre service and in-service training for emergency management and relevant health care personnel.</p>

Indicators	Questions
Monitoring and Evaluation 10	<p>10.1 Monitoring and evaluation components are built into major infant and young child feeding programme activities.</p> <p>10.2 Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.</p> <p>10.3 Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.</p> <p>10.4 Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers.</p> <p>10.5 Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.</p>

Guidelines for scoring and colour coding

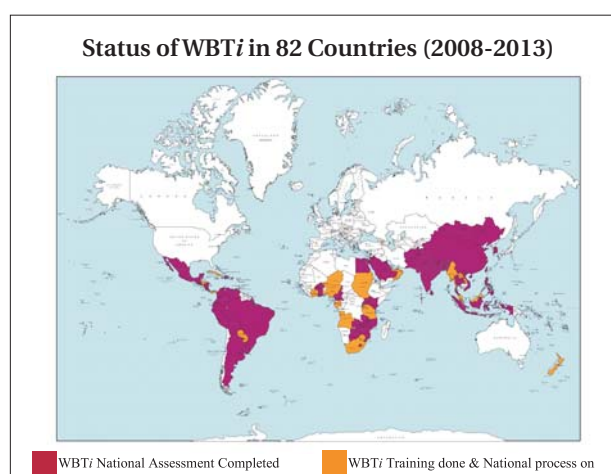
The level of achievement on each indicator from 1-10 is then rated on a scale to provide colour coding, i.e. red, yellow, blue or green, as per the guidelines (Table 2), which have been developed using the key to scoring provided in the WHO' tool of assessment. In WBT*i* tool, a score of 90% and above is coded green and considered to be maximum achievement. The other three colours in descending order of performance are blue, yellow and red.

WBT*i* introduced in 82 countries: assessment completed in 51 countries³

Today, 82 countries are involved in conducting the WBT*i* assessment, of which 51 have completed the task of assessment and also used the findings for national advocacy to call for change. They include 14 countries from the Latin American and Caribbean region, 14 from Africa, eight from South Asia, five from the Arab World, four each from East Asia and Southeast Asia, and two from Oceania. Of the 51 countries where WBT*i* analyses has been conducted between 2008 and 2012, five countries in the South Asian region Afghanistan, Bangladesh, Bhutan, India, and Sri Lanka have completed the assessment thrice, in 2005, 2008 and 2012. Two countries in the Latin

American and Caribbean region Costa Rica and Dominican Republic have conducted two assessments each, one in 2008 and the other in 2012. The rest have conducted just one assessment, though some of the countries in the African region are in the process of conducting a second assessment.

The World Breastfeeding Trends Initiative (WBT*i*) consists of two distinct activities, one is to assess, analyse and document the IYCF policy and programmes, and second is to use the gaps thus found for advocacy to call for change at the national level. The entire process is founded on the principle that if people know their problems they tend to fix them. The initiative works on a triple AAA approach - Assessment, Analysis and Action.



³ The World Breastfeeding Trends Initiative (WBT*i*). Are Our Babies Falling Through the Gaps? The state of policies and programme implementation of the global strategy for infant and young child feeding in 51 countries.

<http://www.worldbreastfeedingtrends.org/report/51-country-report.pdf>

Table 2

Part 1: Guideline for scoring/colour coding for indicators of IYCF Policies and Programmes

SCORE FOR INDIVIDUAL CRITERION OF SUBSET	TOTAL SCORE FOR INDICATOR	COLOR	RATING
0-3	0-30	RED	BAD
4-6	31-60	YELLOW	INSUFFICIENT
7-9	61-90	BLUE	NEEDS IMPROVEMENT
9.1-10	91-100	GREEN	ACCEPTABLE

Part 2a: Guidelines for scoring/colour coding for individual indicator of IYCF Practices

IYCF PRACTICES	WHO's Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes	IBFAN Asia's Guidelines for scoring and rating for WBT _i	
		Score	Color
	<i>Key to rating</i>		
Initiation of Breastfeeding (within 1 hour)	0.1-29%	3	RED
	30-49%	6	YELLOW
	50-89%	9	BLUE
	90-100%	10	GREEN
Exclusive Breastfeeding for the First Six Months	0.1-11%	3	RED
	12-49%	6	YELLOW
	50-89%	9	BLUE
	90-100%	10	GREEN
Median Duration of Breastfeeding	0-17 months	3	RED
	18-20 months	6	YELLOW
	21-22 months	9	BLUE
	23-24 months	10	GREEN
Bottle Feeding (<6 months)	30-100%	3	RED
	5-29%	6	YELLOW
	3-4%	9	BLUE
	0.1-2%	10	GREEN
Complementary Feeding (6-9 months)	0.1-59 %	3	RED
	60-79 %	6	YELLOW
	80-94%	9	BLUE
	95-100%	10	GREEN

Part 2b: Total score of infant and young child feeding practices calculated out of 50

SCORE	COLOR	RATING
0-15	RED	BAD
16-30	YELLOW	INSUFFICIENT
31-45	BLUE	NEEDS IMPROVEMENT
46-50	GREEN	ACCEPTABLE

Total Score of Part 1 and Part 2

Total score of infant and young child feeding policies & programmes and practices are calculated out of 150.

Countries are then graded as:

SCORE	COLOR	RATING
0-45	RED	BAD
46-90	YELLOW	INSUFFICIENT
91-135	BLUE	NEEDS IMPROVEMENT
136-150	GREEN	ACCEPTABLE



3. Country-wise Status of WBTi Indicators on IYCF Policies, Programmes and Practices

Afghanistan

The good news: It's uphill, but there's progress.

The WBTi was launched in 2005 in Afghanistan and thereafter it has completed three assessments i.e. in 2005, 2008 and 2012. After the first assessment Afghanistan was ranked lowest among the South Asian countries, and initiated immediate action. The WBTi score in the country in 2005 was at an all time low of 30/150. The immediate action taken resulted in Afghanistan moving up to a score of 86.5/150 in 2008. The country also moved up in the color rating from red to yellow. After the third assessment in 2012, the score for Afghanistan has jumped from 86.5 to 96 in total and for the first time data on bottle-feeding has also been collected.

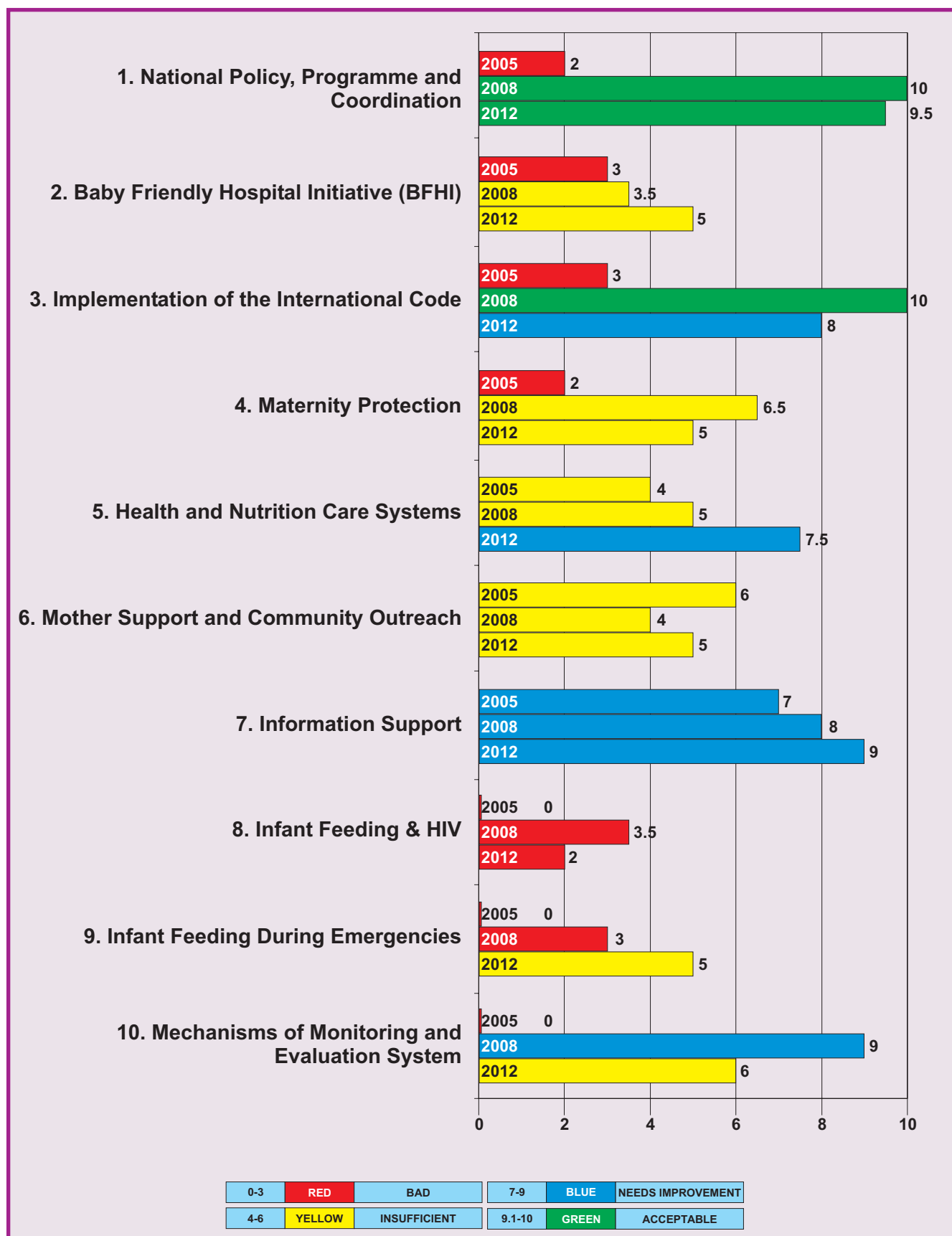
As is evident from figure 1, all indicators on IYCF policy and programme indicators, except for indicator 6 (Mother Support and Community Outreach), indicator 8 (Infant feeding and HIV), show progressive improvement from 2005-2008

in their scoring. The rise in the score is particularly evident in the case of indicator 1 (National Policy, Programmes and Coordination), indicator 3 (Implementation of the International Code), indicator 4 (Maternity Protection) and indicator 10 (Monitoring and Evaluation). In all the indicators the score has seen a steady rise, from the 1st to the 2nd assessment.

The detailed rating for Afghanistan makes it evident that the country has taken several actions to protect, promote and support breastfeeding. The Ministry of Public Health (MoPH) has a specific IYCF policy and strategy, conducts regular national breastfeeding campaigns and has budgeted adequately for IYCF. There have been improvements in both the ranking and colour coding of one indicator on policy and programmes and two indicators on practice. More details are given below:



Figure 1: Trends in scores of indicators 1-10 (2005-2012) for Afghanistan



IYCF Policies and Programmes

Indicator 1: Afghanistan showed marked improvement in the indicator on National Policy, Programme & Coordination and moved from red colour rating (bad) to green (acceptable) between 2005 and 2012, which is a significant jump. The findings indicate that action initiated after the first low WBTi score has been sustained i.e. a national plan of action on IYCF was developed and a budget was set aside for it, and the plan is being implemented.

Indicator 2: In case of Baby Friendly Hospital Initiative (BFHI), Afghanistan has made significant improvement since the last assessment in 2005, when BFHI had not yet been initiated.

Indicator 3: Afghanistan achieved a full score of 10, being in the green level in 2008. International Code is now a regulation under MoPH. However, there is a need to work on effective implementation and monitoring.

Indicator 4: The second assessment in Afghanistan showed improvement in this indicator related to Maternity Protection. National legislation, which provided paid maternity leave and at least one paid breastfeeding break during work hours, started to be implemented. The score in the 2012 assessment however, indicates that further action is needed in this area.

Indicator 5: In the indicator on Health and Nutrition Care Systems, Afghanistan has moved up from the yellow to the blue level of achievement. An analysis of the subset of the indicator shows that curriculum and policy support are 'adequate' in Afghanistan, however adequate information and skilled training on infant feeding and related contents are not given to the health and nutrition workers.

Indicator 6: Scores on the indicator on Mother

Support and Community Outreach indicate that not much has been achieved; all pregnant women still do not have access to community based support systems, and for infant and young child feeding. Even though Afghanistan has a national policy on IYCF, the implementation of community-based support services is currently inadequate.

Indicator 7: Afghanistan has a National IEC strategy for improving infant and young child feeding. It has shown improvement in scores over the three WBTi assessments.

Indicator 8: The progress on the indicator on Infant Feeding and HIV has been slow. In 2005, the country scored zero and immediate action was initiated by starting the training of health staff and community workers on HIV and infant feeding to support mothers in making their infant feeding decisions. Special efforts to counter misinformation on HIV and infant feeding were also made. However, there is much that still needs to be done.

Indicator 9: An improvement was seen in the indicator on Infant Feeding during Emergencies. The country's score of zero in 2005 rose to 3 in 2008 and then to 5 in 2012. The country has developed a comprehensive policy on IYCF that includes infant feeding in emergencies and an emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding to minimize risk of artificial feeding

Indicator 10: Significant improvement was seen in the indicator on Monitoring and Evaluation since the first assessment in 2005. The monitoring and evaluation component has been made and integral part of major IYCF programme activities and baseline data has been collected to measure outcomes for IYCF programme activities.

Comment: Afghanistan is an example of a country that is making progress once they knew what was needed. Their actions are systematic and have a clear focus.

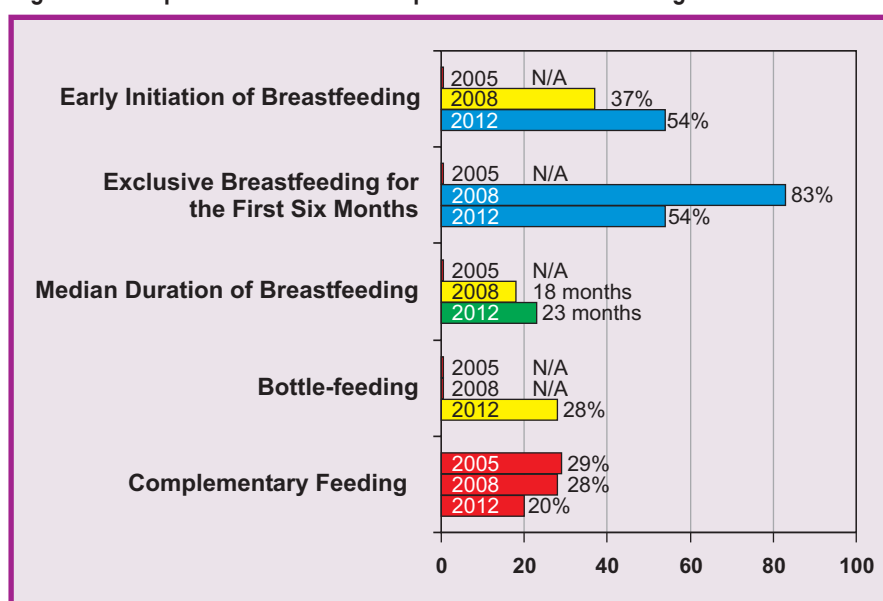
IYCF Practices

There has been a marked improvement in all IYCF practice indicators except on complementary feeding in Afghanistan. (Figure-2) The indicators have moved up from yellow to blue or even green level of achievement.

The data for most practice indicators was not available in 2005. The introduction of the WBTi

assessment kick started action on all fronts. Exclusive breastfeeding data however needs some explanation, which shows a drop from 83% in 2008 to 54% in 2012. The possibility of poor survey quality cannot be ruled out. There is relatively high prevalence of bottle-feeding at 28%, for which Afghanistan needs to work hard

Figure 2: Comparative scores of IYCF practice indicators for Afghanistan 2005-2012



Source: Afghanistan Multiple Indicator Cluster Survey (MICS) Afghanistan Health Survey 2010-2011

Bangladesh

The good news: There's government support and it shows

Bangladesh also conducted re-assessments in 2008 and 2012 using the same tools and compared the result with their 2005 assessment. After the first assessment, the country showed some progress but the third assessment showed marked improvements in scores. The WBTi score in Bangladesh, including the score for the five practice indicators rose from 87 to 110.5 from 2008 to 2012.

IYCF Policies and Programmes

Indicator 1: Bangladesh has shown significant improvements in the indicator on National Policy and Programme Coordination, where the score has risen from 2.5 in 2008 to 10 in 2012. (Figure 3) A national Infant and Young Child Feeding Policy has been officially adopted by the government. A plan of action has been developed along with the policy and is adequately budgeted.

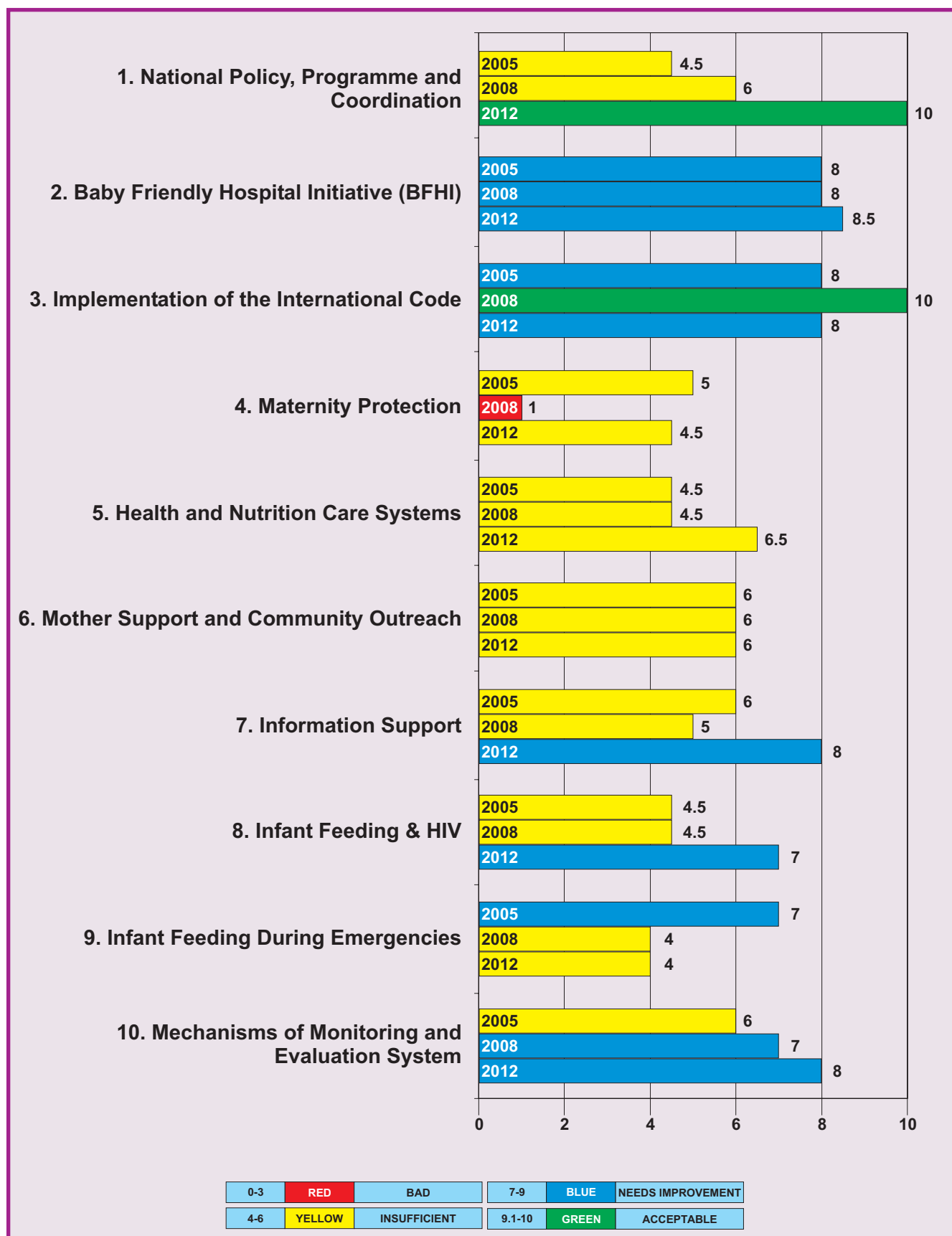
Indicator 2: A major improvement has been the revitalization of BFHI. 63 hospitals were included / initiated in the first round, and 499 hospitals are expected to be made baby friendly in the next 2 years.

Indicator 3: The indicator on Implementation of International Code scores a perfect 10, wherein all articles of the Code have been translated into law, monitored and enforced. After the 2012 assessment there has been a slight decrease in score. However the major action taken has been to improve and make strong new laws on the BMS code and WHA resolutions.

Indicator 4: The indicator on Maternity Protection has shown a rise in score from 1 in 2008 to 4.5 in 2012 and the indicator has moved from red to yellow colour rating. The duration of paid maternity leave has gone up



Figure 3: Trends in scores of indicators 1-10 (2005-2012) for Bangladesh



from 14 to 17 weeks in 2008, and to 24 weeks in the third assessment in 2012. Provisions are also being made available at the work site for women working in the unorganised sector. Further, information on maternity leave is being disseminated to workers. The major achievement in Bangladesh under maternity protection has been the declaration by the Prime Minister of 6 month of paid maternity leave.

Indicator 5: There has been an improvement in the indicator on Health and Nutrition Care Systems since health provider schools and pre-service education programmes have adequately incorporated IYCF in training programmes, and the child health policies provide for the mother and child to stay together when either is hospitalised.

Indicator 6: The score for the indicator on Information Support has moved up from yellow to the next level blue - with Bangladesh developing a comprehensive IEC strategy to improve infant and young child feeding and launching / implementing active national IEC campaigns.

Indicator 8: The Infant feeding and HIV indicators have also shown marked improvement and their score has moved up from 4.5 to 7 and from yellow to blue in colour rating.

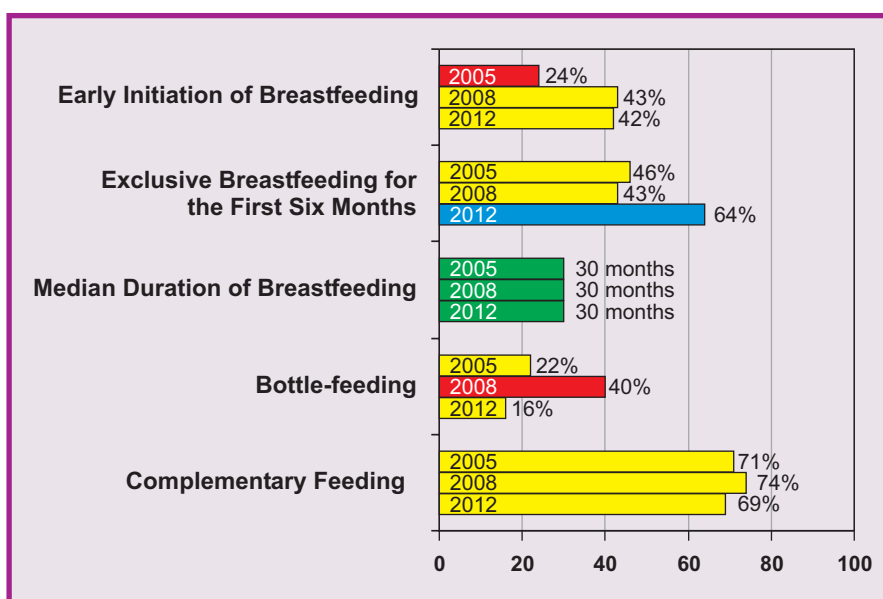
Indicator 10: The score for Monitoring and Evaluation System has moved up from yellow to blue since 2005.

There has not been any significant change in the indicator 7 and 9 on information support and infant feeding during emergencies respectively.

IYCF Practices

There has been a marked improvement in two indicators pertaining to IYCF practices. The Initiation of Breastfeeding (within 1 hour) has moved from 24 to 41.6 and Exclusive Breastfeeding for the first six months from 42.9 to 64. Bottle feeding has declined from 40.3 to 16 percent, which is a significant achievement. (Figure 4)

Figure 4: Comparative scores of IYCF practice indicators for Bangladesh 2005-2012



Source: Bangladesh Demographic and Health Survey 2011

Comment: Bangladesh has a strong history of advocacy for breastfeeding, with BBF advocating for change since 1989. Slowly policies have been put in place and that has now led to an increase in exclusive breastfeeding.

Bhutan

The good news: Thrice as good as 2005

The WBT*i* was launched in 2005 in Bhutan and thereafter it has completed three assessments: in 2005, 2008 and 2012. After the first assessment, the country, with a score of 31.5/150, was ranked lowest among the South Asian countries along with Afghanistan. Bhutan initiated action immediately, resulting in the score moving up to 72/150 in 2008, and the colour rating from red to yellow. In 2012, the country moved up further in the color rating from yellow to blue, with the score jump from 72 to 93. It now ranks 4th among the South Asian countries.

IYCF Policies and Programmes

Indicator 1: Bhutan has had marked improvement in its scoring on National Policy, and Programme coordination from 2 in 2005 to 7 in 2008 and then scoring a perfect 10 to reach the highest (green) level of achievement in 2012.

Indicator 3: The country has moved from red to yellow in the indicator on Implementation of International Code of Marketing of Breastmilk Substitutes, from the second assessment in 2008 to the third assessment in 2012 possibly due to the SAARC code endorsed by Government.

Indicator 4: The indicator on Maternity Protection has gone to the next level - from red to yellow - in the third assessment in 2012. Another major achievement is that the Royal Government of Bhutan has issued an executive



order stating that every Tuesday (Pedestrian) day, every lactating mother is to work from home till the baby is two years of age, to promote breastfeeding. This is also in line with the international convention “Right to breastfeeding”.

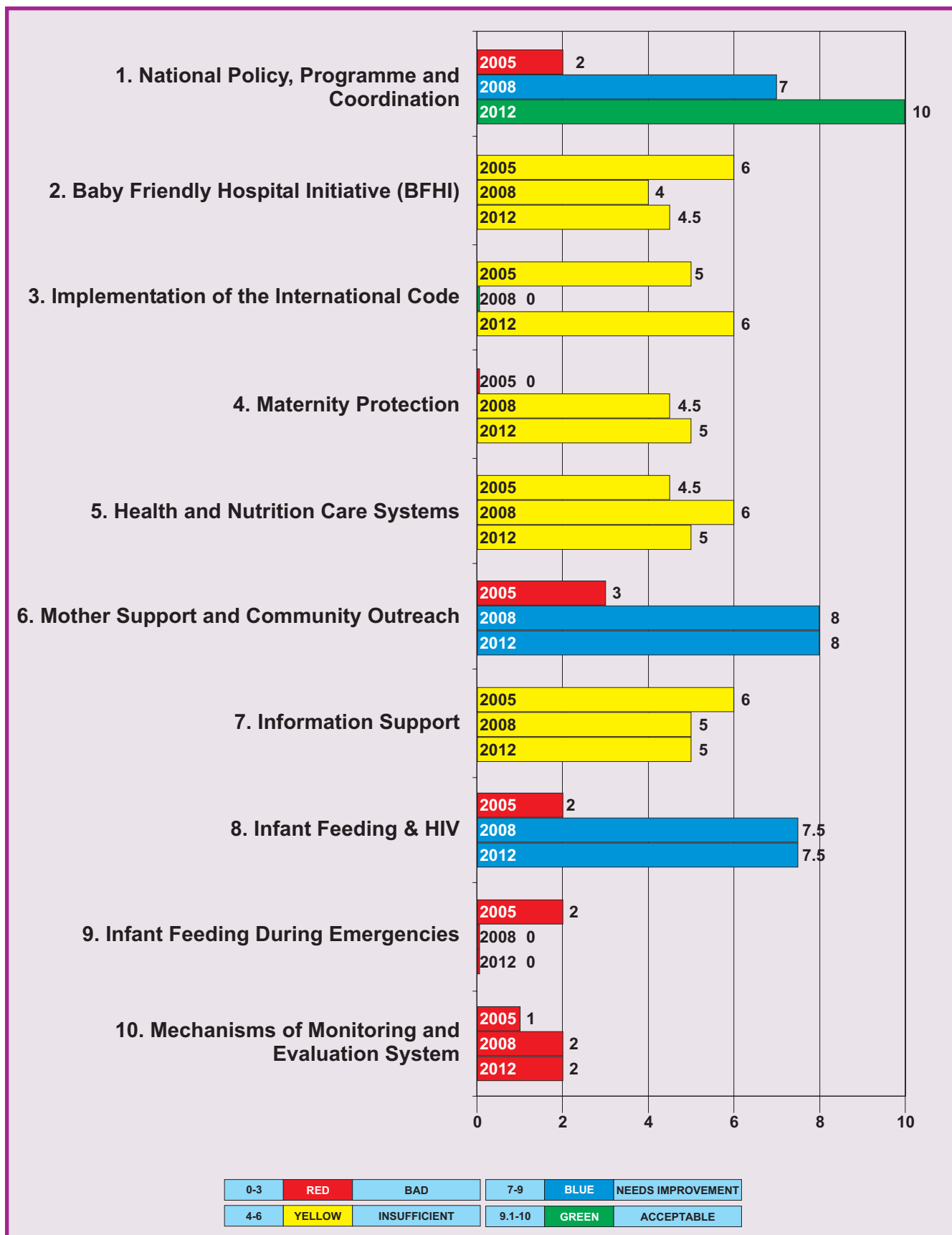
Indicator 6: Bhutan has moved up two levels from red to blue on the indicator on Mother Support and Community Outreach from the first assessment in 2005 with all women having access to support for infant and young child feeding after birth.

Indicator 8: The indicator on Infant Feeding and HIV showed good progress and moved up from red to blue colour rating after the first assessment in 2005.

The other indicators have not shown any progress over the three assessments

Comment: The government is working towards bridging the gaps. The WBT*i* assessment of 2005 led to the initiation of a national survey to collect information on IYCF indicators, which is a major achievement. Since then, each assessment has shown that the government of Bhutan is developing further program interventions to protect, promote and support breastfeeding.

Figure 5: Trends in scores of indicators 1-10 (2005-2012) for Bhutan

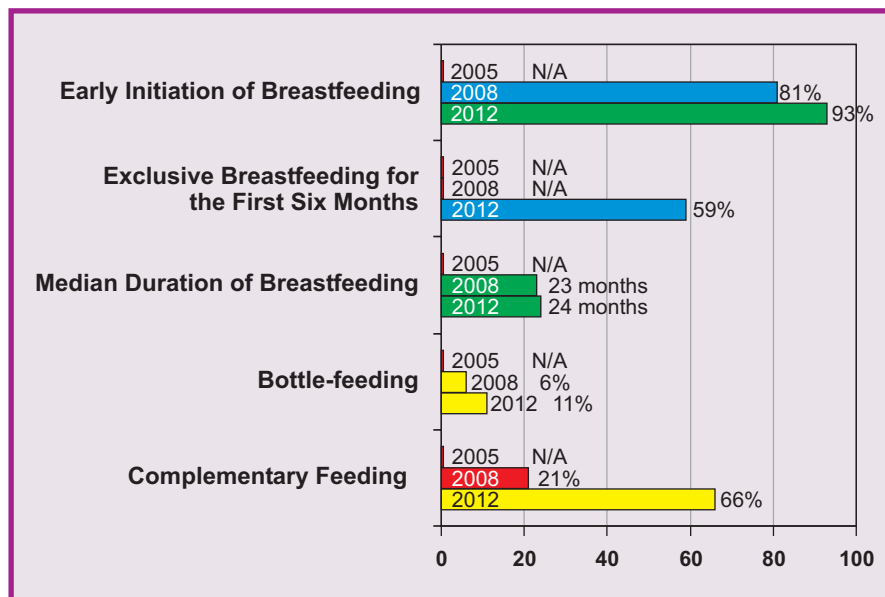


IYCF Practices

There has been a marked improvement in the practice indicator of exclusive breastfeeding for six months. Both the indicators on exclusive

breastfeeding and complementary feeding, have moved out of red to yellow colour rating. Improvement across all other indicators have also been evidenced. (Figure 6)

Figure 6: Comparative scores of IYCF practice indicators for Bhutan 2005-2012



Source: Bhutan Multiple Indicator Survey 2010

India

The good news: It could have been worse

The WBTi was launched in 2005 in India and thereafter it has completed three assessments i.e. 2005, 2008 and 2012.

The lack of proactive efforts on the other indicators has resulted in an insignificant rise in three indicators on policy and programmes, namely, Health and Nutrition Care Systems, Information Support, and Monitoring and Evaluation.

This also provides specific information to step up advocacy for the future.

It is clear that the country needs to invest in order to progress. India scores prove the point, for e.g. India's rating has come down for national guidelines, because no steps were taken from 2005 to 2012.

IYCF Policies and Programmes

Indicator 1: Not much change in the scores is seen from the three assessments. This is primarily because India has failed to capitalise on the early promise of the IYCF guidelines by non-conversion into policy, non-translation into budgets and specific programmes, and poor implementation on the whole. Not only that, the effort to create a national level coordination mechanism that is functional has been largely unsuccessful.

Indicator 2: The country's ranking on the indicator relating to baby friendly hospitals, has declined. Early gains have been

completely forgotten, and no new action on this front has been taken since the first assessment.

Indicator 3: India scores well in the indicator on Implementation of the International Code and has adopted all articles of the code as law. It has been able to effectively curtail the promotion of baby food through electronic media and print media. However, with the score still at 8, there is need for stricter enforcement of the law.

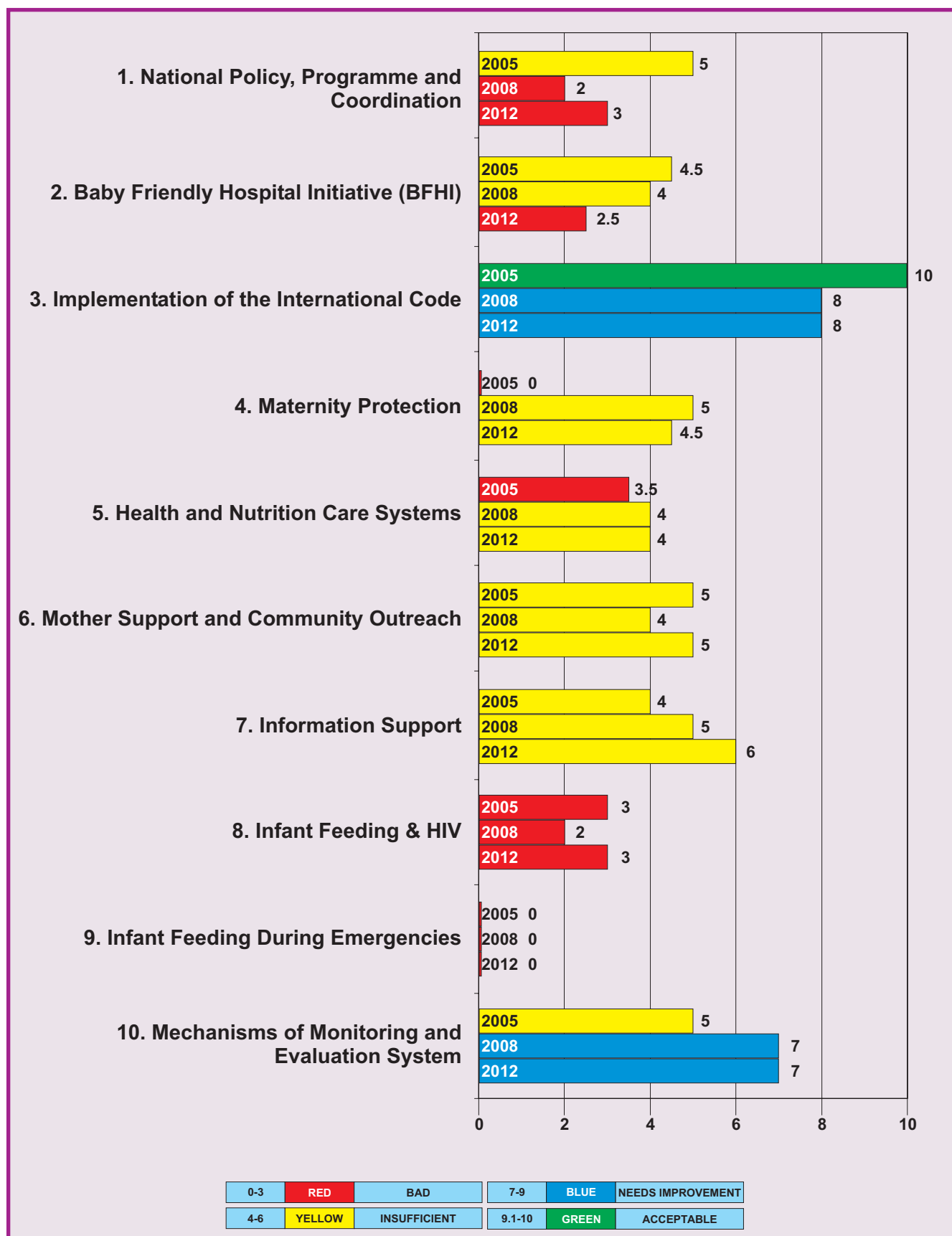
Indicator 4: Due to successful advocacy by civil society using the WBTi assessment, maternity leave for the women has been increased in the central government. Pilot projects for financial maternity benefits to women in the unorganised sector have also been initiated.

The analysis shows, India's score have been stagnant and not much action has happened over the years for all other indicators.



Comment: India's situation remains almost stagnant. To prevent a decline, India needs to take action now and the fourth assessment could hopefully see some progress.

Figure 7: Trends in scores of indicators 1-10 (2005-2012) for India

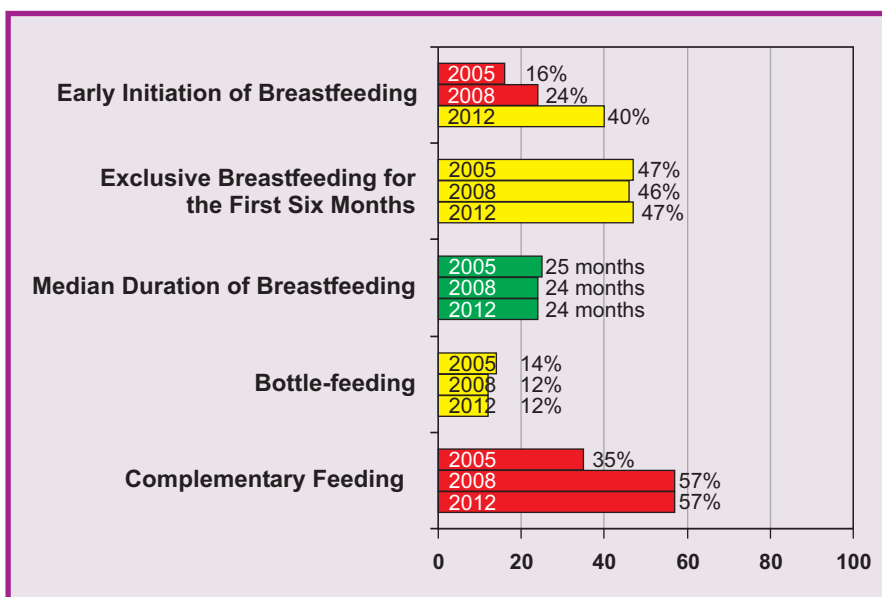


IYCF Practices

India has progressed significantly, to the next level, in only one practice indicator - the timely initiation of breastfeeding within one hour, which has increased from 15.8% in 2005 to 40.5% in 2012, moving up from red to yellow in colour

rating. On all other indicators, there has been no further progress, which is consistent with the stagnancy we see in IYCF policies and programmes. It means that strategic inputs are needed in policy and programmes.

Figure 8: Comparative scores of IYCF practice indicators for India 2005-2012



Source: District Level Health Survey 3 (2007-08)
National Family Health Survey 3 (2005-06)

Sri Lanka

The good news: This is how it should be done!

The WBTi was launched in 2005 in Sri Lanka and thereafter it has completed three assessments i.e. 2005, 2008 and 2012. Sri Lanka scored a total of 129 in the 2012 assessment, and continues to remain at the top of the table in South Asia since the first assessment. The country has moved up from yellow to the next level, blue, and further to green in two of the ten indicators of policy and programmes but has not shown any change in practice indicators. (Figure 9)

IYCF Policies and Programmes

Indicator 1: Sri Lanka strengthened its National Policy, developing a Mother and Child Health Policy which includes indicators on Policy and Programmes as well as infant feeding during emergencies. These efforts saw it moving up from a score of 7 in 2005 to 10 in 2008. Not much progress has been made since, resulting in a drop in score to 8.

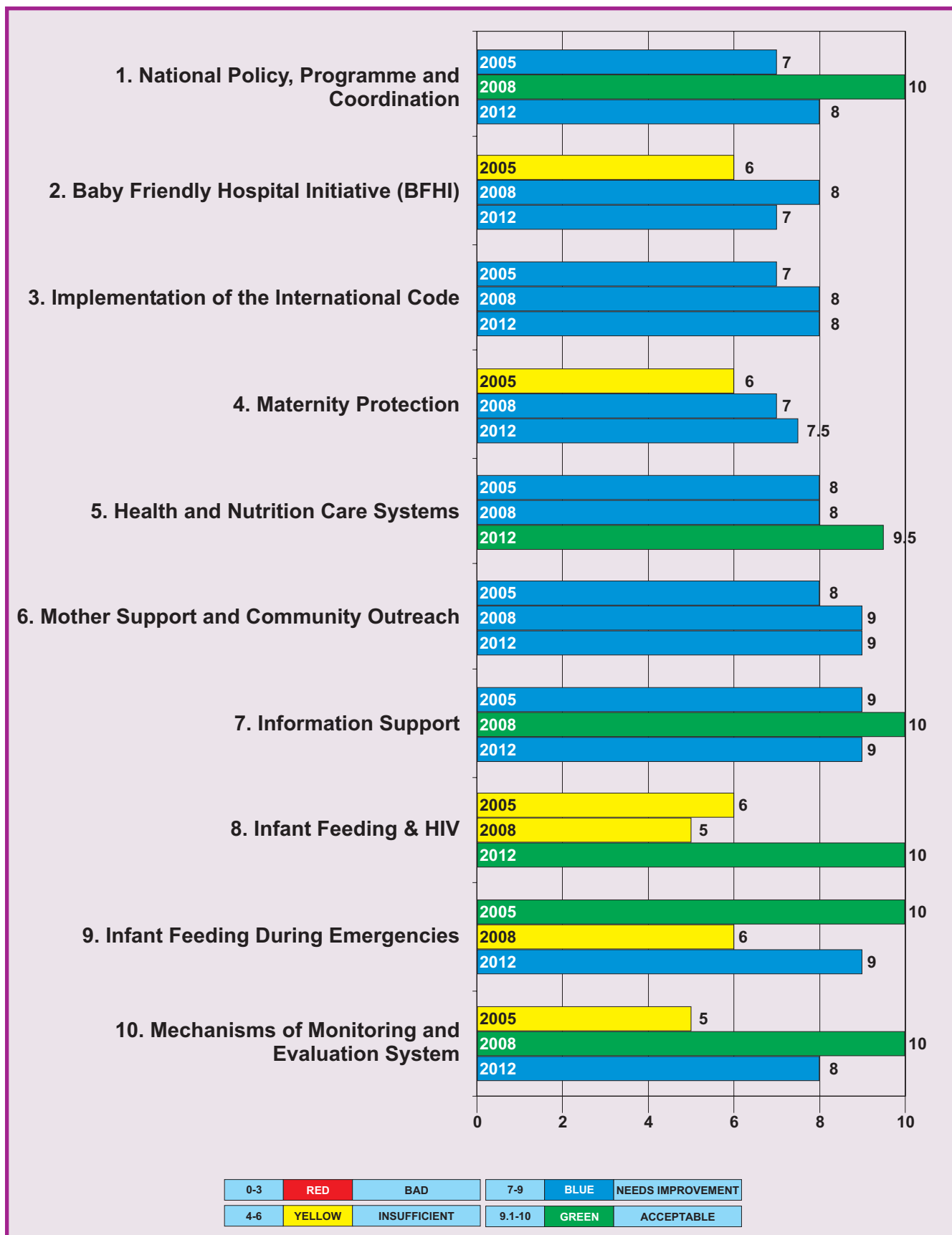
Indicator 2: Sri Lanka has improved since the first assessment in the indicator on Baby Friendly Hospital Initiative and has moved up from yellow to blue colour rating.

Indicator 4: The score for the indicator on Maternity Protection has shown a rise after the first assessment in 2005, moving from yellow to blue colour rating. Sri Lanka is the only South Asian country which provides more than 26 weeks of maternity leave, and allows at least one breastfeeding break.

Indicator 5 & 6: The scores for indicators on Health and Nutrition Care Systems, and Mother Support and Community Outreach for Sri Lanka make it evident that a lot is being done to support women to successfully breastfeed. Some examples are like training of all health providers are under the direction of Ministry of Health. Sri Lanka provides in service training to update skills of health



Figure 9: Trends in scores of indicators 1-10 (2005-2012) for Sri Lanka



workers through out the year. Under the pre-service education integrated IYCF counselling training has been included in the curriculum of midwives and nurses.

Sri Lanka has a health facility within vicinity of 5km radius. A Public Health Midwives (PHM) is a link between the health system and community. The PHM identifies around 98% of pregnant women and provides ante-natal care.

Indicator 7: Sri Lanka has a comprehensive national IEC strategy for improving infant and young child feeding, resulting in a full score of 10 on information support.

Indicator 8: Sri Lanka has also marked improvement in the indicator on Infant Feeding and HIV, moving from yellow in 2005 to green color rating in 2012, which goes to show that they have a comprehensive policy on infant and young child feeding that includes infant feeding and HIV.

Indicator 9: The indicator on Infant Feeding

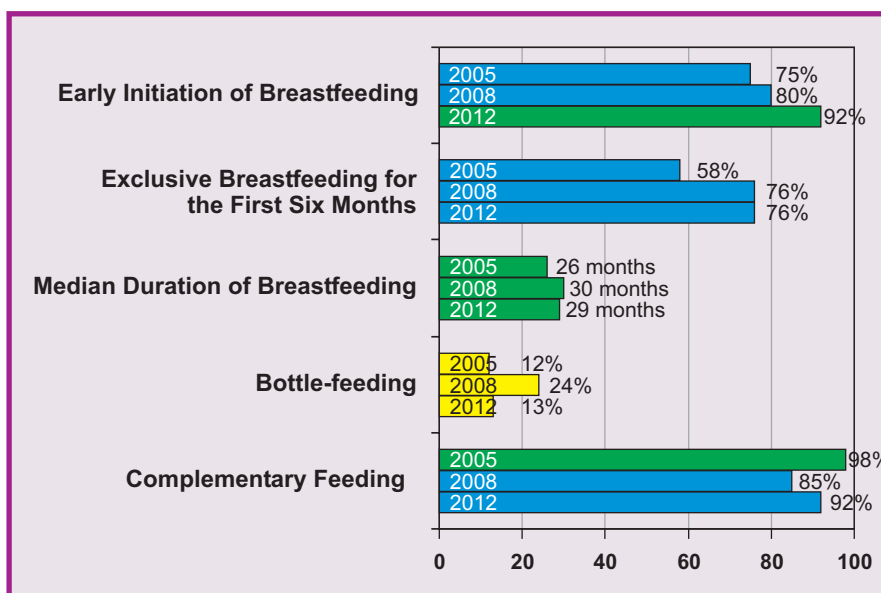
during Emergencies has also gone up from 6 in 2008 to 9 in 2012 due to the strengthening of its IYCF policy. They have moved up in colour rating from yellow in 2008 to green in 2012.

Indicator 10: The Monitoring and Evaluation indicator has been fully built into the major programme activities related to infant and young child feeding, which is indicated by the score moving up from 5 in 2005 to 10 in 2008, this could possibly be attributed to the conflict situation in the country.

IYCF Practices

Sri Lanka has improved its scoring on timely initiation of breastfeeding from 9 in 2005 to 10 in 2012, and has moved up in the colour rating from blue to green as is evident from figure 10. Bottle feeding rate have gone down from 24 in 2005 to 13 in 2012, which is a remarkable achievement. Increased focus on this indicator following the 2008 assessment is the primary reason for this decline.

Figure 10: Comparative scores of IYCF practice indicators for Sri Lanka 2005-2012



Source: Ministry of Health- National nutrition and food security survey, 2009
Sri Lanka Demographic and Health Survey 2006/7; Department of Census and Statistics in collaboration with the Ministry of Healthcare and Nutrition, May 2008

Comment: Sri Lanka demonstrates a strong coordinated effort to improve IYCF practices. It needs to continue down this path and can't afford to go 'slow' or loosen the grip.

Maldives

The good news: Clear progress and even some excellence

The WBTi was launched in 2005 in Maldives and thereafter it has completed two assessments i.e. 2005 and 2008. Since 2005, Maldives' total score has jumped up from 88 to 119 in 2008.

Maldives has moved to the next level in the five indicators of policy and programme. The government is working towards bridging the gaps. In a few indicators where data was not available earlier, it now exists.

IYCF Policies and Programmes

Indicator 1: Maldives has developed a national Infant and Young Child Feeding policy that has been officially approved by the government.

Indicator 2: For the indicator on Baby Friendly Hospital Initiatives, scores have increased from 6.5 in 2005 to 7.5 in 2008 which shows that progress is underway.

Indicator 3: There is marked improvement in the indicator on Implementation of International Code from 3 in 2005 to 8 in 2008. It moves up from red to blue colour rating since the first assessment, and all articles of the code are taken as law.

Indicator 4 to 8: From the scores for indicators on Maternity Protection, Health and Nutrition Care Systems, Mother Support and Community Outreach, and Information Support for Maldives it is evident that a lot is being done to support women to successfully breastfeed.

Indicator 9: Maldives scored a perfect 10 in 2008 in the indicator on Infant Feeding during

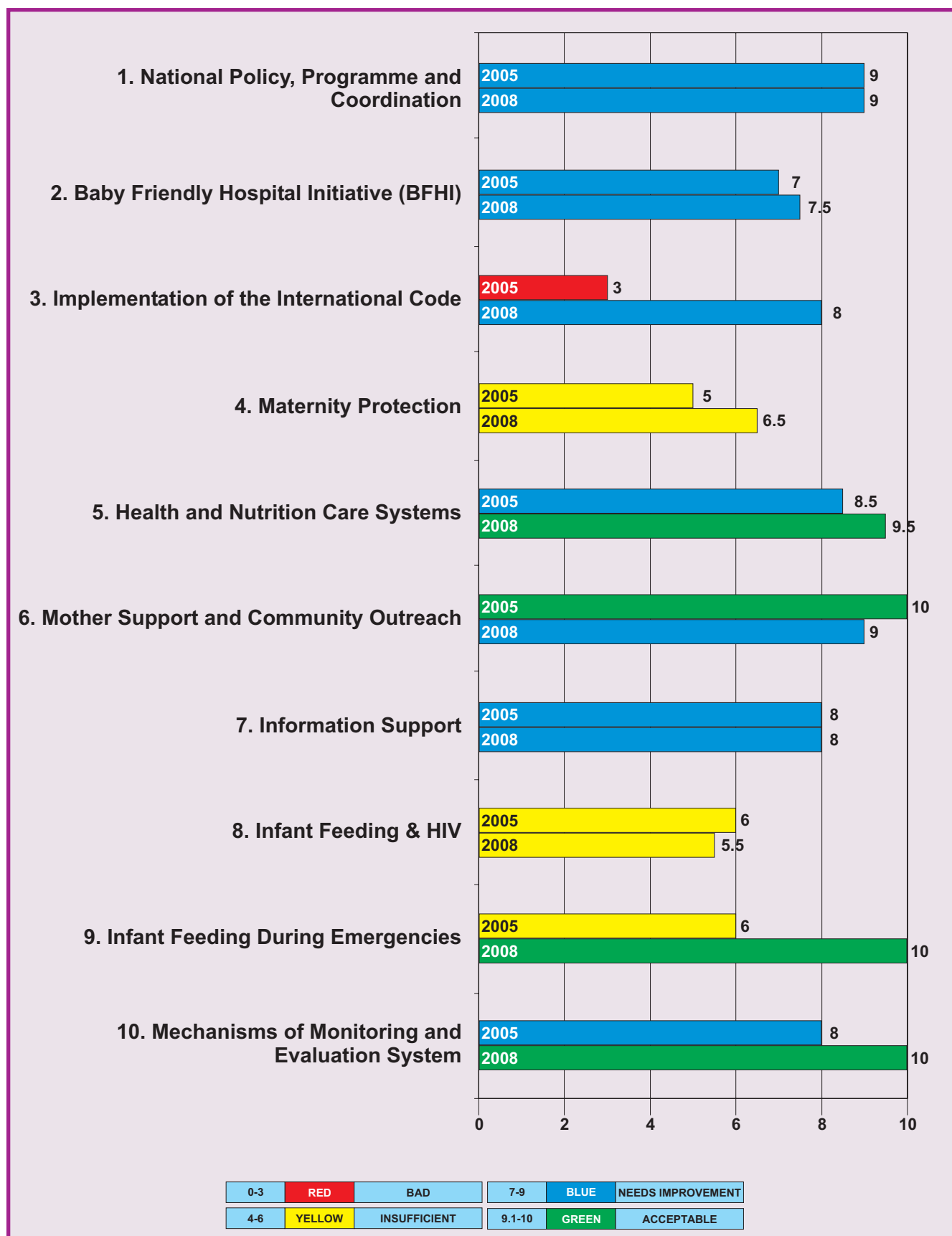


Emergencies. It is the only country in South Asia to have a comprehensive emergency preparedness plan that includes plans to support breastfeeding and appropriate complementary feeding, and to minimise the risk of artificial foods replacing breastfeeding and locally available complementary feeding.

Indicator 10: The indicator scores a perfect 10, showing that the monitoring and evaluation mechanism is in place.

Comment: Maldives needs to do the third assessment and show maintenance of progress both in policies and programmes as well as practice indicators.

Figure 11: Trends in scores of indicators 1-10 (2005-2008) for Maldives

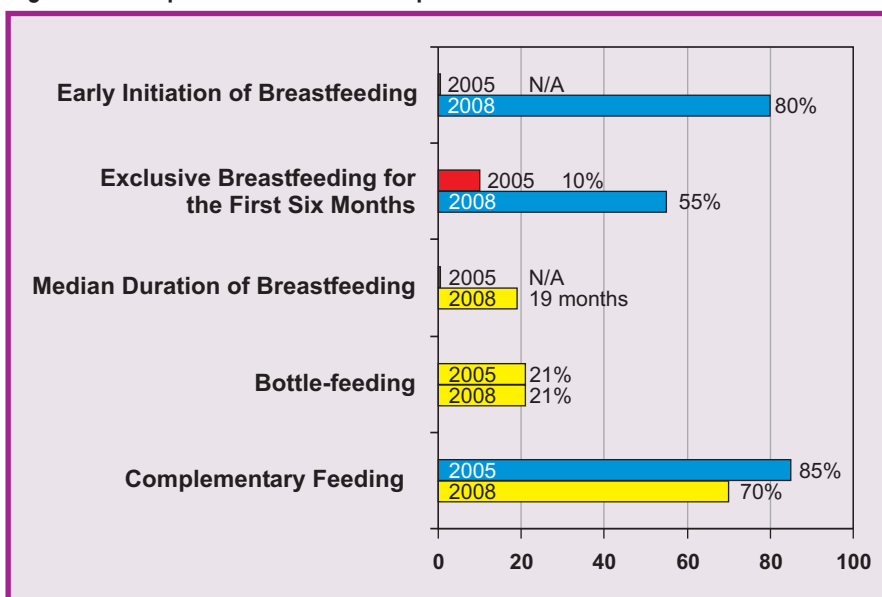


IYCF Practices

Maldives is doing exceedingly well in the indicator on timely initiation of breastfeeding within one hour of birth with a score of 9 in 2008. There has also been a significant improvement in the rate of exclusive breastfeeding for the first six months,

which has gone up from 3 in 2005 to 9 in 2008, moving from red to blue colour rating. No data for median duration of breastfeeding was available in 2005, but has since been collected in 2008.

Figure 12: Comparative scores of IYCF practice indicators for Maldives 2005-2008



Source: National Micronutrient Survey 2007
Multiple Indicator Cluster Survey 2 (2001)

Nepal

The good news: A bit better on most counts

The WBTi was launched in 2005 in Nepal and thereafter it has completed two assessments i.e. 2005, and 2008. Nepal has moved from 71.5 to 80.5, and made the move up to the next level on five indicators. The latter assessment shows an improvement in scores for all indicators except for indicator 3 on Implementation of the International Code and indicator 5 related to Health and Nutrition systems, where the scores remain unchanged.



IYCF Policies and Programmes

Indicator 1: The government has developed a National Nutrition Policy and strategy, and is involved in carrying out training of different level of health professionals on infant and young child feeding.

Indicator 3: The score for Implementation of International Code is the same at 7 in 2005 and 2008, wherein some articles of the code have not yet been translated into a law.

Indicator 4: The Maternity Protection indicator has shown a slight improvement from no score in 2005 to 2 in 2008. Nepal has started giving paid maternity leave of less than 14 weeks and has a provision that allows work site accommodation for breastfeeding in work places in the formal sector.

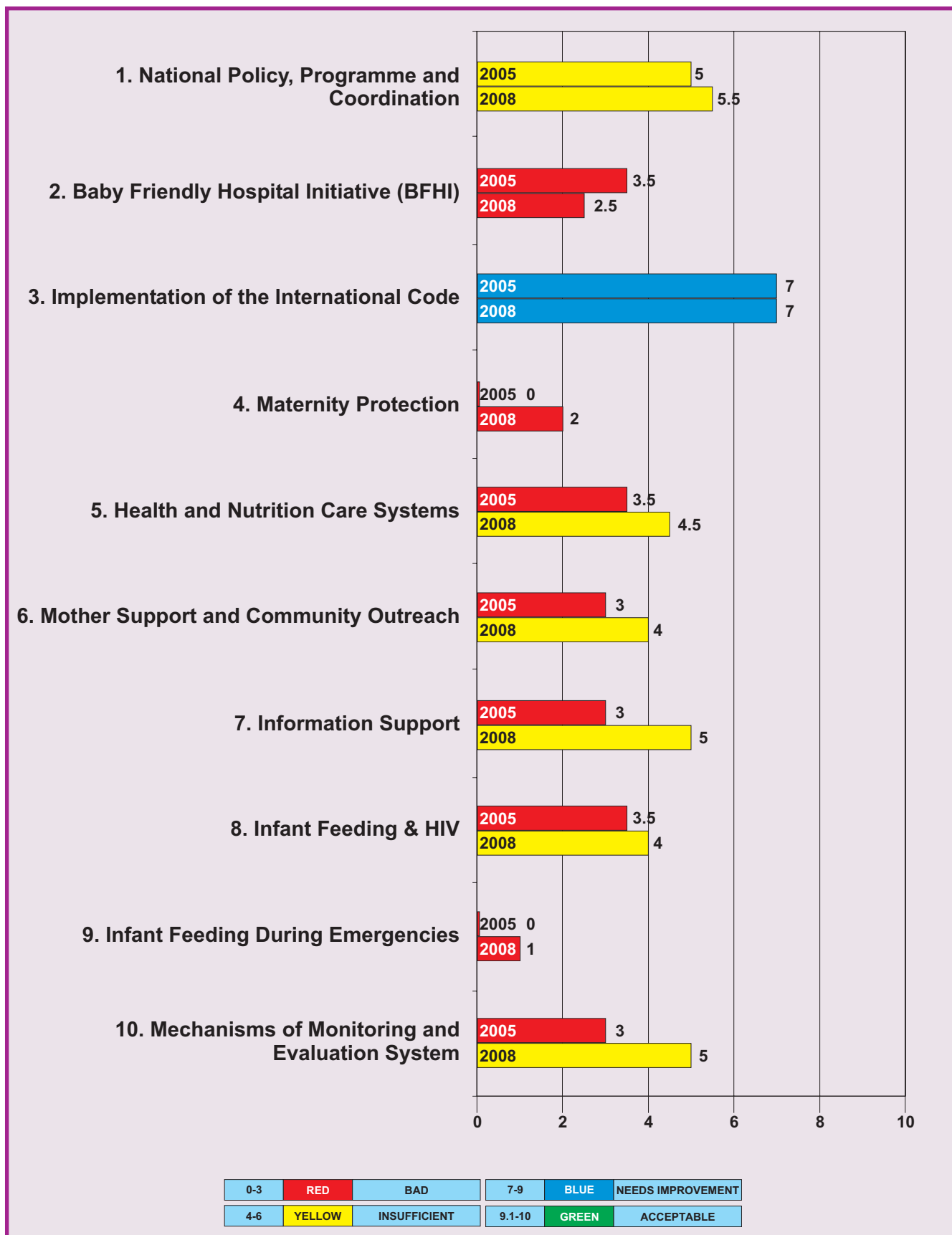
Indicator 5 to 8: From the scores for indicators on Health and Nutrition Care Systems, Mother Support and Community Outreach, and Information Support, it's evident that a lot is being done to support women to successfully breastfeed.

Indicator 9: Nepal has gone up from no score in 2005 to 1 in 2008 on Infant Feeding during Emergencies, as the country has developed a comprehensive policy on infant and young child feeding that includes infant feeding during emergencies, but more is required.

The remaining indicators have not shown much progress over the two assessments.

Comment: The assessment goes to show that a lot needs to be done to bridge the gaps in policy and programmes on infant and young child feeding.

Figure 13: Trends in scores of indicators 1-10 (2005-2008) for Nepal

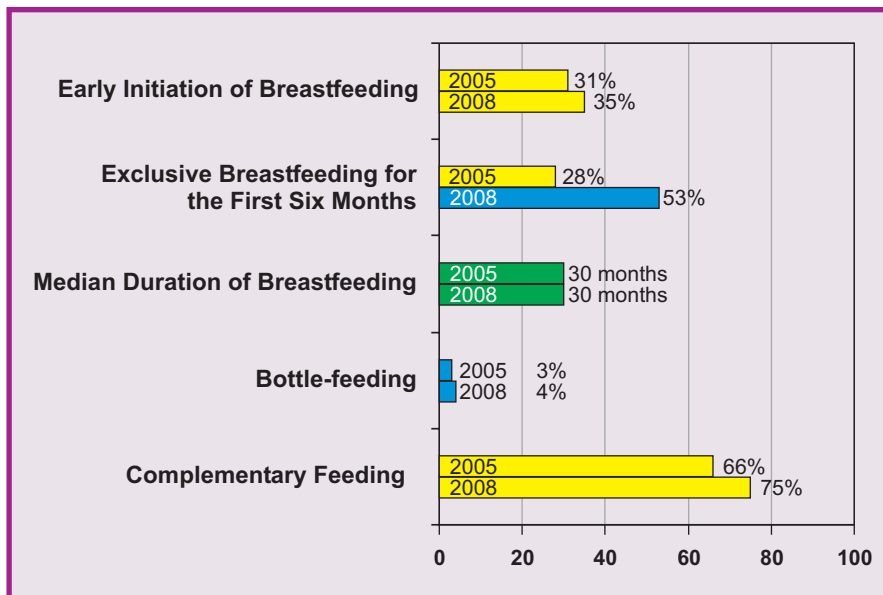


IYCF Practices

Nepal has shown very slow progress in the practice indicators. Bottle-feeding rates are at an all time low of 4 which is a good indication.

(Figure 14) There is need for a stronger push to be able to improve rates of other practice indicators.

Figure 14: Comparative scores of IYCF practice indicators for Nepal 2005-2008



Source: Nepal Demographic and Health Survey 2006

Pakistan

The good news: The government has started moving

The WBTi was launched in 2005 in Pakistan and thereafter it has completed two assessments i.e. 2005, and 2008. Pakistan has moved from 76 to 86.5, and improved its scoring and ranking in three indicators.

IYCF Policies and Programmes

Indicator 1: The indicator on National Policy, Programme and Coordination has gone up from 5 in 2005 to 8 in 2008. The national plan of action has been developed with the policy. The government has notified the breastfeeding rules and regulations. (Figure 15)

Indicator 3: The implementation of International Code scores 8 in 2008, indicating all articles of the code as law.

Indicator 4 to 6: The indicators on Maternity Protection, Health and Nutrition Care Systems, and Mother Support & Community Outreach have not shown improvement in 2008, which goes to show that the government is not taking the necessary actions to support women to breastfeed.

Indicator 7: This indicator has shown progress since 2005. Pakistan have developed communication and training materials on infant and young child feeding.

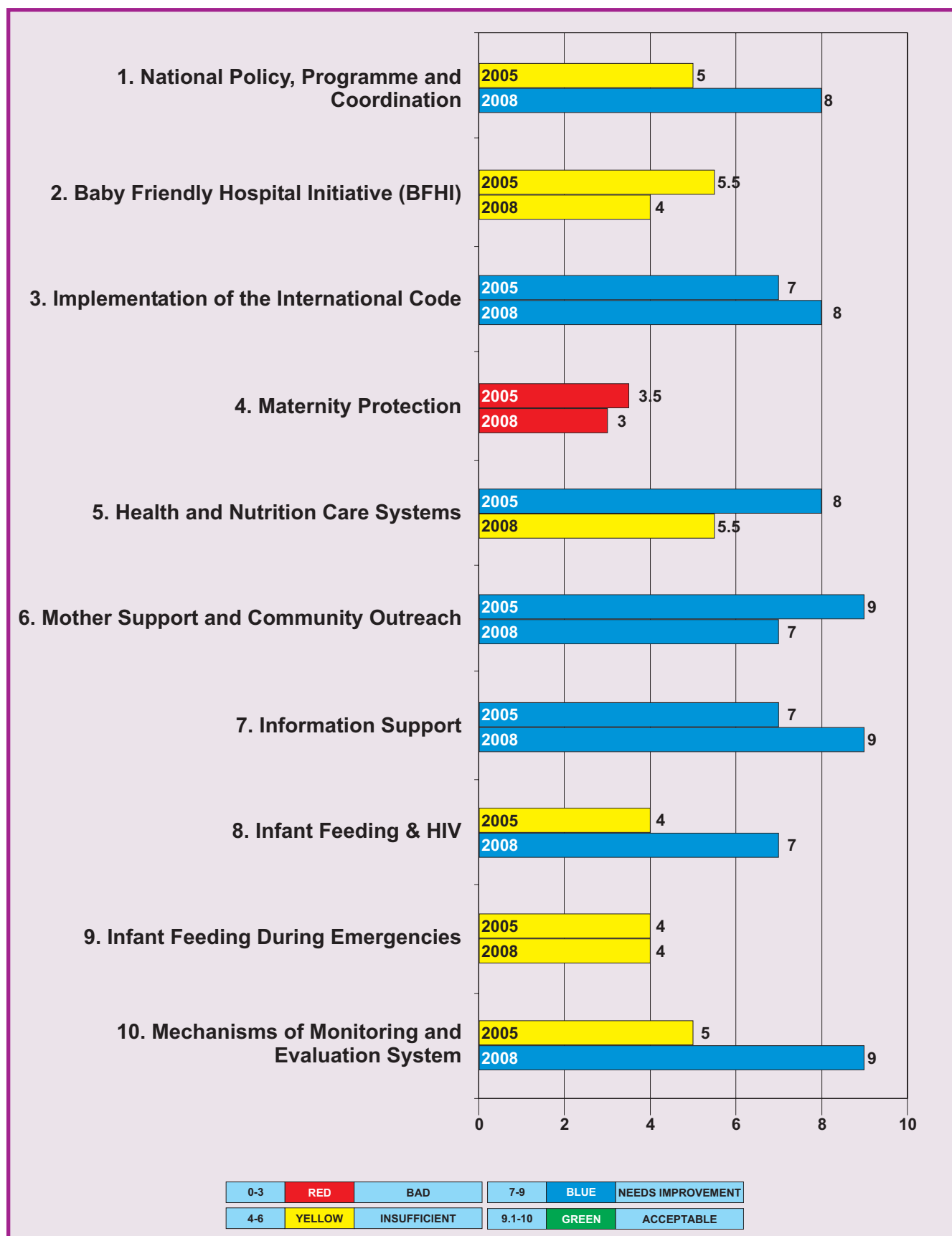
Indicator 8: Pakistan improved its score on the indicator on Infant Feeding and HIV, up from 4 in 2005 to 7 in 2008, and moved up from yellow to blue color rating. This goes to show that it has included infant feeding and HIV in its Infant and Young Child Feeding policy to some degree.



Indicator 10: Monitoring and evaluation is fully inbuilt into major programme activities related to infant and young child feeding in Pakistan, as is evident from a score of 9 in 2008 which has gone up from 5 in 2005. It has also moved up from yellow to the green level of achievement.

Comment: Pakistan needs to do the third assessment and show progress both in policies and programmes as well as practice indicators.

Figure 15: Trends in scores of indicators 1-10 (2005-2008) for Pakistan

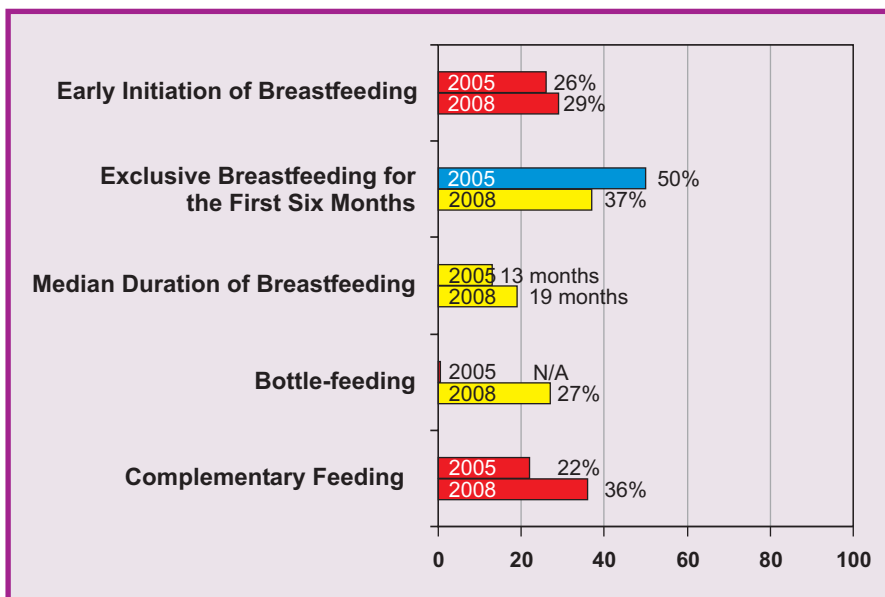


IYCF Practices

IYCF practice indicators have not shown much change over the two assessments; however the rate of exclusive breastfeeding for the first six months has gone down from 50.1% in 2005 to

37% in 2008 and from blue to yellow colour rating. (Figure 16) This can be correlated with the lack of maternity support and health services to lactating women.

Figure 16: Comparative scores of IYCF practice indicators for Pakistan 2005-2008



Source: Pakistan Demographic Health survey 2007

4. The Impact of WBT*i*



4. The Impact of WBTi

In this chapter, we try to assess the impact of WBTi to see if the processes involved in the task have had any impact on national actions. This is based on country reports. Actions taken include strengthening the processes for sustainable action as well as changes in policy and programmes. Some of the impact elements are given below.

Using the WBTi as a lens, each country has documented a list of gaps informing them where they stand on the Global Strategy. The concerned groups/NGO's/ government organization/ others, working together as a group generated the recommendations. Now they are using it as a basis for their advocacy. WBTi helps not just in identifying gaps, also in knowing what action needs to be taken to bridge them.

We analyse the impact under five components of WBTi namely :

A: Action,

B: Bringing people together,

C: Consensus building and commitment,

D: Demonstration of achievements and gaps, and

E: Efficacy, improving policy and programme.

A- Action: It is quite evident that the initiative did lead to much needed action. IBFAN groups at national level coordinated the assessment process, and thus their own capacity in data collection and analysis got enhanced. There is sustainable action for setting up good process in a country, the group having facilitated the assessment twice.

Assessment teams often become more stringent and quality conscious perhaps due to greater understanding of the tool, which is meant to generate action rather than just a score. This is also evident from the second and third assessment scores of the South Asian countries conducting their 3rd assessment Afghanistan, Bangladesh, Bhutan, India and Sri Lanka.

B-Bringing together: Participation of 115 partners groups including government representatives, health professional organization, people's organizations, women's and children's rights groups, development partners, etc. enhanced their capacity to influence infant feeding policies. Governments have been serious partner in conducting assessments (South Asia Region Partner List-Annex 1) in most countries. The governments led the process at many places such as Afghanistan and Bhutan. This is extremely useful that countries will rely on the views that have come from the government.

C-Consensus building: This has helped to reach a consensus on what actions need to be taken on a priority basis, based on which they developed a set of recommendations. The core group after having done the initial work, lists the gaps and shares it to build consensus.

D: Demonstration of achievement and gaps: Countries/groups developed the reports and report cards, which were shared and used for advocacy in various meetings and called on governments to take action.

E-Efficacy/improvement of policy and programmes: All countries show good progress except India as they have failed to capitalise on their earlier gains. Some of the impacts noted by almost all countries: the WBTi process **has increased awareness among policy makers** about the issue of IYCF, **generated a sense of pride among the stakeholders** that they are participating in a global initiative, **improved networking** at the national level, and in many cases, **developed a national plan of action** for implementation by the government, or for advocacy to the government. One noteworthy feature of the WBTi assessment is that it highlights the **need for taking action on several fronts** at the same time, so as to get results.

Several countries noted this, and have initiated policies and programmes in more than one area.

The comparison between their scores for IYCF policies and programmes and scores for IYCF practices indicate that all the countries have improved their scores significantly from the first assessment, with Bhutan moving from red to yellow and Afghanistan from red to blue over the last 8 years. The reason, especially for the increase in the scores of IYCF practices for these two countries underscores the value of the WBT*i* tool.

WBT*i* tool getting validated and recognised

The World Health Organisation has also

recognised the tool for its usefulness in one of their Statements issued at the time of the World Breastfeeding Week 2012.

Impact in South Asia

The following section provides analysis of the impact of WBT*i* in South Asia and some key areas identified by the *Global Strategy*. These are based on the reports of the country coordinators. The Table 3 below shows the impact of WBT*i* assessment in some of the South Asian countries.

When WBT*i* was launched, the study of trends every 3-5 years was recommended. The impact of WBT*i* on government action started becoming evident after South Asian countries

Table 3 - Impact of WBT*i* assessments in some South Asian countries³

Countries	Impact of WBT <i>i</i>
Afghanistan	<ul style="list-style-type: none"> • Data on infant and young child feeding practices collected, which did not exist earlier • Implemented several programmes in the health system to mainstream counseling on breastfeeding • Started conducting training on breastfeeding counseling and complementary feeding for health care providers • The International Code of Marketing of Breastmilk Substitutes became a regulation under MoPH
Bhutan	<ul style="list-style-type: none"> • IYCF Indicators introduced into the National Nutrition Survey, which made available the data on infant and young child feeding practices collected • Developed a National Strategy and Policy on IYCF
India	<ul style="list-style-type: none"> • Increased Maternity Leave for women in Central Government • Financial maternity benefits to pregnant and lactating women
Maldives	<ul style="list-style-type: none"> • Data on infant and young child feeding practices collected, which did not exist earlier
Nepal	<ul style="list-style-type: none"> • Development of National Nutrition Policy and Strategy by the Government of Nepal, International NGOs & Local NGOs working in Nepal in support of IYCF • Government of Nepal with support from various International NGOs & Local NGOs started carrying out training of different level of health professionals on IYCF
Pakistan	<ul style="list-style-type: none"> • Government has notified the implementation of Breastfeeding Law (Ordinance) with rules & regulations • Developed curriculum/manual on IYCF training for Community Health Workers

conducted their first assessment in 2005. The WBTi assessment underlines the need for political will to make breastfeeding and IYCF policy and programmes mainstream in national action. This political will has to translate into action on several fronts to bring a change. Scoring and colour coding have been effective tools in building this political will, as in the case of Bhutan and Afghanistan, which were in the red zone in the 2005-'06 assessment, and did not have data on breastfeeding indicators. As they began doing this, they moved upwards in the subsequent reassessments. Political will is also apparent in the remedial actions taken by several countries after analysing the results of the assessment.

Impact in Specific Action Areas

1. Policy, Programme & Coordination

Having an IYCF policy is a basic need for generating adequate human and financial resources to implement it. The *Innocenti Declaration* required countries to have a National Breastfeeding Committee with representation from related sectors, and headed by a National Breastfeeding Coordinator with clear terms of reference.

Bangladesh and Bhutan have the highest scores, followed by Afghanistan, Sri Lanka and India, which till today, does not have an IYCF policy, but just guidelines. Both countries have a national plan of action, constituting a National Breastfeeding/IYCF Committee with intersectoral representation and have appointed a Breastfeeding/IYCF Coordinator with clear terms of reference. A national infant and young child feeding policy has been officially adopted by the Bangladesh government. A plan of action has been developed along with the policy and is adequately budgeted. Afghanistan has taken several actions to protect, promote and support breastfeeding and their Ministry of Public Health (MoPH) has a specific IYCF policy and strategy. The country conducts regular national breastfeeding campaigns and has budgeted adequately for IYCF.

There is an urgent need for creating national

policies and action plans; also stress on the need for political will and commitment, without which no significant change can occur. There should be strict legislation as a partial measure to protect effective actions from political change.

Monitoring and evaluation of policies and programmes and especially of IYCF practice indicators, on a regular basis is essential for fine tuning of both policy and action. Countries have specially felt the need for having the same indicators of IYCF for different surveys so that data can be compared effectively. Further almost all the countries have stressed the need for taking survey data in consideration when planning policy and programme interventions, commenting that currently this is not being done adequately.

Development of policies plans of action, legislation, and guidelines for the implementation are key factors for enhancing breastfeeding rates, and both the development and its implementation have financial implications.

2. Maternity Protection

Recognising the large gaps that exist in the area of maternity protection, and its vital importance in supporting women to practice optimal IYCF, Bangladesh and Bhutan have initiated action in this area.

Laws regarding maternity benefits have been strengthened in almost all the countries, especially for women working in the public sector. Afghanistan has legalized maternity benefits for women working in the private sector.

Women's labour force in south Asia has a large component of women working in the unorganized sector. While there is no legal provision of either leave or nursing breaks for these women in Sri Lanka. In India the government has initiated and is piloting a scheme of conditional cash transfer for all women to assist them with exclusive breastfeeding. Afghanistan has made legal provisions giving maternity benefits to women

working in the informal sector. Provisions are also being made available at the work site for women working in the unorganized sector in Bangladesh.

3. Capacity Building of health care providers for adequate feeding support and community outreach

Optimal IYCF practices require regular counselling by skilled counsellors. It is thus an imperative that information on IYCF and counselling skills are built into pre-service and in-service curricula of health providers. Equally important is mobilizing the community to participate proactively in promoting supporting and protecting breastfeeding especially through creation of social support structures such as mother support groups. This needs to be backed by factual information on IYCF through national media, including print media. All the countries in the region have to some extent made headway in these areas. Yet a lot needs to be done as yet, especially in terms of strengthening both training as well as community outreach, especially in areas where cultural and traditional practices hinder optimal infant and young child feeding.

Afghanistan has been showing a steady increase in the scores for indicator on the Baby Friendly Hospital Initiative, however, poor staffing and weak supervision continue to be a problem. While BFHI receives no attention from India, in spite of the efforts by the health sector to increasing institutional deliveries. In Bangladesh, the BFHI revitalization plans have been developed. Sri Lanka has made some improvement since the first assessment in the indicator.

In Afghanistan, there is a national policy on IYCF, but still community based support services have not been integrated into an overall infant and young child health and development strategy. Afghanistan has a National IEC strategy for improving infant and young child feeding and conducts regular breastfeeding campaigns.

In Bangladesh there has been improvement, wherein health provider schools and pre-service education programmes have adequately incorporated IYCF in training programmes.

Bangladesh also has an active national IEC campaigns for improving infant and young child feeding.

In Bhutan, all women have access to support for IYCF after birth. However, much more needs to be done in IEC.

In Sri Lanka, which has the highest scores for health and nutrition, training has been enhanced to include IYCF as well as essential newborn care including kangaroo care. All training is provided by the Ministry of Health. However, the duties of the primary health provider, the Public Health Midwife, as well as the large area of service delivery are draw backs. Local mother support groups and civil society need to be strengthened in order to fill in the gaps in service delivery.

4. Implementation of the International Code

As baby food companies continue the aggressive marketing and promotion of their foods for infants and young children, it has become ethical for countries to take action.

The protection of breastfeeding through the implementation of the International Code is probably the area where the WBT_i has had the maximum impact.

- Bangladesh has strengthened its laws on the BMS Code to include subsequent WHA resolutions. However Bangladesh's attempts to strengthen the national legislation are being thwarted by lobbying efforts of the commercial sector.
- In Afghanistan, even though the International Code is now a regulation under the Ministry of Public Health, there is a lack of capacity to monitor and implement the Code.
- Bhutan still does not have a law to regulate the marketing of breastmilk substitutes.
- India requires stricter enforcement and monitoring of the violations of the law.
- In Sri Lanka, currently third revision of the Code is going on with an expert panel. Since 2010, code monitoring committee was re-established and became very active conducting monthly meetings. Training of

code monitoring is a component of a postgraduate training for doctors and breastfeeding training for health workers. Ministry of health has sent circulars to make aware the health workers on the code enforcement. Yet, in the context of implementation, the national code monitoring committee is not legally empowered to take direct action on violations. Legal actions can be taken through Consumer Affairs Authority Act.

5. Infant feeding in difficult circumstances

This sub head covers two indicators Infant Feeding and HIV, and Infant Feeding in Emergencies. While the region has made significant progress in the former with average score rising from 3.1 in 2005 to 5.9 in 2012, this is not the case in the latter, where the score has dropped from 3.8 in 2005 to 3.6 in 2012, in spite of the fact that the region is prone to natural disasters and man-made conflicts which result in emergencies.

In the case of infant feeding and HIV, in 2005 Afghanistan scored zero and immediate action was initiated in the form of started training health

staff and community workers on HIV and infant feeding to support mothers make their infant feeding decisions. Special efforts to counter misinformation on HIV and infant feeding were also made; however, there is much still that needs to be done. An improvement was also seen in the indicator on Infant Feeding during emergencies. The country has developed a comprehensive policy on IYCF that includes infant feeding in emergencies and an emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding to minimize risk of artificial feeding

In Bangladesh and Bhutan, Infant feeding and HIV indicator has also shown marked improvement and moved up in score, however in neither country not much has been done on infant feeding during emergencies.

Sri Lanka has shown marked improvement in indicator on Infant Feeding & HIV, having developed a comprehensive policy on infant and young child feeding that includes infant feeding and HIV.

5. Discussion and Conclusions



5. Discussion and Conclusions

As mentioned earlier, the value of WBTi is in its specific ability to generate action to enhance breastfeeding rates. In this context, the tool is now being recognised as a valid tool to study the impact of implementing the *Global Strategy* on IYCF practices, especially on exclusive breastfeeding rates. The paper by Chessa Lutter et al⁴, is a first global analysis on implementation of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding as measured by World Breastfeeding Trends Initiative and trends in exclusive breastfeeding and breastfeeding duration over 20 years across 22 countries in Africa, Asia, Middle East and Latin America. The authors conclude that the global strategy is having an important positive effect. It also shows the association between breastfeeding promotion, protection and support and improved exclusive breastfeeding are measurable by the WBTi tool. The findings show median annual increase in EBF was 1.0%/year in countries in the upper 50th percentile of WBTi scores, indicating national policies and programs most consistent with WHO/ UNICEF recommendations, whereas the median increase in exclusive breastfeeding was only 0.2%/year in countries with the lowest WBTi scores (P =0.01). The median annual increase in breastfeeding duration in all countries was <0.1%/ year.

The authors demonstrate the benefits of implementing comprehensive strategy and compares action in Brazil wherein the median duration of breastfeeding increased from 5.2 mo in 1986 to 14.0 mo in 2006, whereas exclusive

breastfeeding increased from 2.5 to 38.6%, to Mexico, where exclusive breastfeeding decreased by 6.6 percentage points, from 28.8% in 1987-88 to 22.3% in 2006, and breastfeeding duration only increased from 9.5 to 10.4 mo over the same period. This remarkable increase in Brazil coincides with a series of policies and programs put into place during the period along with continued refinement and readjustment to strengthen breastfeeding protection.

In the Hunger And Nutrition Commitment Index (HANCI 2012)⁵ report compares 45 developing countries for their performance on 22 indicators of political commitment to reduce hunger and undernutrition. It looks at policies and programmes as one of the areas of government action. It indicates insufficient progress and points to “lack of political will” or political prioritisation as one of the many reasons for the lack of existence of key nutrition policies and programmes (complementary feeding; national nutrition strategy/policy, and time bound nutrition targets).

According to the report, if governments can support child care and feeding practices and take measures to improve sanitation; such measures are critical for improving nutrition, though less clearly related to hunger. Efforts for promoting complementary feeding practices, and ensuring visits by a skilled health personnel to the pregnant women has shown tremendous improvement in nutrition outcomes like in Guatemala. This also shows

⁴ Chessa K. Lutter and Ardythe L. Morrow on “Protection, Promotion and Support and Global Trends in Breastfeeding” in *Adv. Nutr.* 2013; 4: 213-219.

⁵ The Hunger And Nutrition Commitment Index (HANCI 2012) Measuring the Political Commitment to Reduce Hunger and Undernutrition in Developing Countries. April 2013. Institute of Development Studies, UK. Available at www.hancindex.org/2013/04/hanci-2012-report-now-available/

substantial political commitment by the government through a range of efforts.

An infant's right to breastfeed is primarily based on the mother being able to actualize her rights to successfully breastfeed her infant. She has the right to be fully informed, the right to adequate nutrition and health care, and the right to support if she is working outside the home to enable her to provide optimal breastfeeding to her baby. Engesveen, analysing breastfeeding from human rights perspective, concluded that building mothers capacity to perform is essential, as is action to enhance capacity of the state to create enabling environment for breastfeeding women.⁶

A limitation of the WBTi assessment is that the assessment, being conducted by groups within the country, may be subjective rather than purely objective. Further, as national surveys of infant feeding practices may not coincide with the time when the assessment and reassessments are conducted, scores for practice indicators may not change in spite of improved implementation

of policies and programmes.

The 2012 World Breastfeeding Conference Declaration and Call to Action *Babies Need Mom Made Not Man Made*⁷, recognizes that protection, promotion and support of breastfeeding and optimal infant and young child feeding is a human rights issue and should be entrenched in the public policy and programmes as a necessary condition needing resources. It emphasises on the need for support to all women with a comprehensive system of maternity protection at work, including the non-formal sector, with a provision of financing.

It can be concluded that association between breastfeeding protection, promotion, and support and improved exclusive breastfeeding are measurable. The increase in breastfeeding rates coincides with a series of policies and programs put into place along with continued refinement and readjustment to strengthen breastfeeding protection.

⁶ Engesveen K. 2005. Strategies for realizing human rights to food, health and care for infants and young children in support of the Millennium Development Goals: role and capacity analysis of responsible actors in relation to breastfeeding in the Maldives. SCN News. 30: 56-66.

⁷ [Http://worldbreastfeedingconference.org/declaration.html](http://worldbreastfeedingconference.org/declaration.html)

6. The Way Forward



6. The Way Forward

The South Asia assessment report highlights the need for actions that must be taken to create an enabling environment, provision of adequate maternity protection, creating facility and community based support systems based on availability of skilled counselling, and strict implementation of the International Code of Marketing of Breastmilk Substitutes, and subsequent World Health Assembly (WHA) resolutions. Each country needs to focus on a particular area which fall in the red or yellow colour rating, to intensify efforts to move up to a higher level. The assessment stresses on the need to increase capacity of countries for carrying out these actions and make available the financial resources required for this.

There is also evidence being generated that specific interventions, particularly skilled counselling and maternity protection, do lead to enhanced breastfeeding rates. The following recommendations have emerged from the analysis of the situation:

While political will is needed to translate policies into action, they are essential to ensure effective investment. These could also be utilized to gain political attention from the **South Asian Association for Regional Cooperation (SAARC)** which provides for the promotion of economic and social progress, within the South Asia region and also cooperation with other developing countries.

1. WBTi tool should be utilised as an action tool for measuring inputs by the governments/

UN bodies/ other policy makers and track is progress. There should be reassessments after 3-5 years to study trends and review actions to be taken, and aim to reach next level of performance, e.g. from red to yellow to blue and finally green color rating.

2. Countries need to develop high level political will, programme focus and concurrent action in all areas of the *Global Strategy*, if IYCF rates have to be enhanced meaningfully.
3. Countries need to develop IYCF policy with a plan of action, budget and set a time frame for its implementation. One can learn cross country experiences, to take on from their best practices and process.
4. All countries to work on reviving the Baby Friendly Hospital Initiative including mother friendly practices and link it to community initiatives.
5. All countries should launch aggressive campaign on hazards of artificial feeding and capacity building of all health care providers to counter widespread ignorance on ill effects of artificial feeding.
6. All countries to ensure the mechanism for provision of skilled counselling and accurate information to mothers on breastfeeding and complementary feeding.
7. All countries should enforce the Code Implementation.

*Annexure 1***The 115 Partners, including Government Organisations, involved in the WBTi assessment process in 8 South Asian Countries****1. AFGHANISTAN**

1. Health promotion department/MoPH
2. UNICEF
3. WHO
4. WFP
5. FAO
6. BASICs
7. OXAF NOVIB
8. SAVED THE CHILDREN
9. Care of Afghan Families (CAF)
10. HEALTH NET INTERNATIONAL
11. Agha Khan Health services Afghanistan (AKHS)
12. MDG Fund
13. Micronutrient Initiatives (MI)

2. BANGLADESH

14. Ministry of Health and Family Welfare (MOHFW)
15. Director General of Health Services (DGHS)
16. Directorate General of Family Planning (DGFP)
17. Community Clinic (CC)
18. United Nations Children's Fund (UNICEF)
19. World Health Organization (WHO)
20. Plan Bangladesh
21. Concern World Wide Bangladesh (CONCERN)
22. Bangladesh Institute of Development Studies (BIDS)
23. International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B)
24. Bangladesh Neonatal Forum (BNF)
25. Bangladesh prenatal Society (BPS)
26. LAB-AID
27. Bangladesh institute of Research and Rehabilitation in Diabetes Endocrine and Metabolic (BIRDEM)
28. Square Hospital
29. Sir Salimullah Medical Collage (SSMC)

30. Centre for Women and Child Health (CWCH)
31. WorldVision-Bangladesh
32. Social Marketing Company (SMC)
33. Dhaka Medical Collage and Hospital (DMCH)
34. Bangladesh Paediatrics Association (BPA)
35. Kumudini Medical College
36. Helen Keller International (HKI)
37. Institute of Public Health Nutrition, (National Nutrition Service) (IPHN, NNS)
38. Food & Agriculture Organization (FAO)
39. National Institute for Population Research and Training (NIPORT)
40. Care Bangladesh
41. Bangladesh Medical Association (BMA)
42. Micronutrient Initiative (MI)
43. Thengamara Mohila Sabuj Sangha (TMSS)
44. Dhaka Shishu Hospital (DSH)
45. Save the Children (SC)
46. Save the Children Found (SCF)
47. Dusto Shastho Kendro (DSK)
48. Alive & Thrive
49. Research Training Management International (RTM)
50. Institute of Public Health (IPH)
51. Hope and Health Hospital (XWMC)
52. Revitalization of Community Health Care Initiative in Bangladesh (RCHCIB)
53. Bangabandhu Sheikh Mujib Medical University (BSMMU)
54. Bangladesh Rural Advancement Committee (BRAC)
55. Obstetrics and Gynaecological Society of Bangladesh (OGSB)
56. Shaheed Suhrawardy Medical College (ShSMC)
57. Eminence Associate (Eminence)
58. Bangladesh Institute of Health Services (BIHS)

59. Institute of Child and Mother Health (ICMH)
60. James P Grant School of Public Health, JPGPH
61. Bangladesh Bureau of Statistic (BBS)
62. Rangpur Dinajpur Rural Services (RDRS)
63. Urban Primary Health Care (UPHC)
64. Dhaka Medical Collage (DMC)
65. Bangladesh Breastfeeding Foundation (BBF)

3. BHUTAN

66. Nutrition Program, Ministry of Health
67. Pediatricians, JDWNRH

4. INDIA

68. National Institute of Public Cooperation and Child Development
69. University College of Medical Sciences & Guru Tegh Bahadur Hospital
70. Maulana Azad Medical College & LNJP Hospital
71. Trained Nurses Association of India (TNAI)
72. National Commission for Protection of Child Rights (NCPCR)
73. Lady Hardinge Medical College
74. Breastfeeding Promotion Network of India
75. Initiative for Health, Equity and Society

5. MALDIVES

76. Ministry of Health & Family
77. Centre for Community Health & Disease Control (CCHDC)
78. Maldives Food & Drug Authority

6. NEPAL

79. Nepal Breastfeeding Promotion Forum (NEBPROF)
80. Nepal Paediatric Society (NEPAS)
81. Perinatal Society of Nepal (PESON)
82. Department of Child Health, IOM

83. Maharajganj Nursing Campus, IOM
84. TU Teaching Hospital
85. Nutrition Section, Child Health Division
86. Kanti Children's Hospital
87. Bhabisya Nepal
88. Terredes Homes
89. Democracy for Election Alliance
90. Stupa College of Nursing
91. Mother and Infant Research Activity (MIRA)

7. PAKISTAN

92. Ministry of Health
93. Ministry of Law, Justices and Human right
94. Ministry of Planning
95. The National Nutrition Program
96. The MNCH program
97. The national Program for Family Planning and Primary Health Care
98. Provincial Health departments of all four provinces.
99. Pakistan Paediatric Association
100. Public Health Specialist
101. USAID
102. PAIMAN
103. UNICEF
104. WHO
105. Save the children US
106. Save the children UK

8. SRILANKA

107. Ministry of Health
108. Medical Research Institute
109. WHO
110. UNICEF
111. Health Education Bureau
112. AIDS Control Prog.
113. World Bank
114. Sarvodaya Women's Movement
115. Nutrition Department, MRI



**Breastfeeding Promotion Network of India (BPNI)
International Baby Food Action Network (IBFAN)-Asia**

BP-33, Pitampura, Delhi-110034. India

Tel: +91-11-27343608, 42683059

Tel/Fax: +91-11-27343606

Email: bpni@bpni.org, info@ibfanasia.org