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Asia Pacific Conference on Breastfeeding & National Convention of BPNI

Infant and Young Child Feeding : From Policy to Practice

30 November - 3 December 2003

New Delhi, India

Protection • Promotion • Support

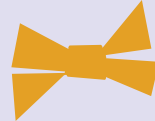
Summary Report



The Delhi Declaration

On Infant and Young Child Feeding

3rd December 2003



The Asia Pacific Conference on Breastfeeding, held in New Delhi, India, from 30 November to 3 December, 2003, brought together over 500 participants from 38 countries and from nearly every state of India, representing mothers, governments, public interest groups, professional bodies, United Nations agencies and other international organizations. The objective was to find ways to protect, promote and support optimal infant and young child feeding; especially early and exclusive breastfeeding for the first six months, continued breastfeeding for up to two years or beyond, along with appropriate complementary feeding starting after six months.

Recalling the global commitments enshrined in the:

- Convention on the Rights of the Child (CRC) and the Convention on Elimination of all forms of Discrimination Against Women (CEDAW);
- Millennium Development Goals and the World Fit for Children Resolution;
- International Code of Marketing of Breastmilk Substitutes, subsequent relevant World Health Assembly resolutions, Innocenti Declaration and the Global Strategy for Infant and Young Child Feeding;
- ILO Maternity Protection Convention 183 and Recommendation 191, and ILO Health and Safety in Agriculture Convention 184 and Recommendation 192;
- UN Framework for Priority Action on HIV and Infant Feeding.

Recognising that:

- Inappropriate feeding practices and inadequate care lead to malnutrition and limit the survival, growth and development of young children. These are major obstacles to sustainable human development, socio-economic development and poverty reduction.
- Irresponsible marketing of baby foods interferes with optimal infant and young child feeding practices.
- Mothers and families need supportive, gender sensitive and enabling environments across the life cycle, to practice optimal feeding for their infants and young children.

The participants reaffirmed that breastfeeding is a human right, is healthy for babies, empowers women and is the best investment for human development. It is nature's way - the foundation for fulfilling children's rights to survival, development, protection and participation.

The conference calls for optimal infant feeding - especially exclusive breastfeeding for the first six months - to be the global societal norm ensuring children the best possible start to life.

This conference calls for the following urgent action:

1. Promoting **exclusive breastfeeding** through comprehensive interventions at three levels family community, services and policy - supported by training and capacity development.
2. Promoting optimal complementary feeding practices, along with sustained breastfeeding including the use of **indigenous foods**.
3. Creating **baby friendly communities** supportive of mothers, fostered by family/community support groups and trained counsellors.
4. Revitalizing the **Baby Friendly Hospital Initiative (BFHI)** including strengthening the pre-service curriculum at all levels.
5. Reviewing and **updating national guidelines** on infant and young child feeding, including infant feeding and HIV, and during emergency situations.
6. **Developing clear national and local plans of action** for optimal infant and young child feeding, integrated into the broader policy and programme framework, with exclusive breastfeeding for the first six months as a key health and development indicator. There should be clear and sufficient government financial allocations.
7. **Enacting or strengthening national legislation** to stop all commercial promotional practices which undermine optimal feeding practices.
8. **Monitoring and organising campaigns to raise awareness** of irresponsible marketing practices of the infant feeding industry.
9. Ensuring adequate **maternity protection** for all women through appropriate legislation to ensure optimal feeding practices.
10. Campaigning for **toxic free environments** through linking with environment and other groups.

FINALLY, ALL PARTICIPANTS PLEDGE TO INITIATE, ACCELERATE AND SUPPORT THE ABOVE ACTIONS

The Delhi Declaration - a call for ten urgent actions for optimal infant and young child feeding given out jointly by representatives of 38 countries.

Hosts



In cooperation with



With the support of

AED Linkages,
Association for Consumer Action on Safety and Health (ACASH),
CARE India,
Federation of Obstetrics & Gynecological Societies of India (FOGSI),
Forum for Crèche and Child Care Services (FORCES),
German Technical Cooperation (GTZ),
Indian Academy of Pediatrics (IAP),
Indian Council of Medical Research (ICMR),
Indian Medical Association (IMA),
International Lactation Consultants Association (ILCA),
La Leche League International (LLI),
National AIDS Control Organization (NACO),
National Commission for Women (NCW),
National Institute of Public Cooperation and Child Development (NIPPCD),
National Neonatology Forum (NNF),
Planning Commission of India,
Saving New Born Lives (SNL, USA),
Trained Nurses Association of India (TNAI),
United Nations Population Fund Agency (UNFPA),
WELLSTART International,
WHO SEARO

Asia Pacific Conference on Breastfeeding & National Convention of BPNI

Infant and Young Child Feeding: From Policy to Practice

30 November - 3 December, 2004
New Delhi, India

Summary Report

THE CONFERENCE ORGANISERS

- **BPNI/IBFAN Asia Pacific**, BP-33, Pitampura, Delhi 110 088, India. Email: info@ibfan-asiapacific.org
- **Government of India**

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- Tarsem Jindal, Chairman Organising Committee
- Dharam Prakash, Secretary Organising Committee
- JP Dadhich, Programme Coordinator
- Rita Gupta, Coordinator Conference Secretariat
- Jagdish C. Sobti, Coordinator Fundraising
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Acknowledgments

- BPNI/IBFAN Asia Pacific thanks the World Health Assembly (WHA) for such a wonderful piece of work in providing us the Global Strategy for Infant and Young Child Feeding, and to the 9 UN agencies for ratifying the UN Framework for Priority Action on HIV and Infant Feeding. These two documents served as key to the success of this conference and mobilizing action. IBFAN Asia-Pacific thanks several donors for their generous contribution, particularly the Government of India, UNICEF, Sida, DGIS and GTZ. Without these contributions it was impossible to achieve strengthening of breastfeeding movement across the Asia Pacific region.
- We are very grateful to the Minister of Health, Government of India for her able guidance and support as well as for hosting a dinner for all delegates during the opening ceremony, and to the Minister of Human Resource Development for his inspiring speech and constant encouragement.
- Our very sincere thanks to UNICEF India and their entire staff who helped and supported us throughout the year and during the conference. We are grateful to UNICEF Regional Offices for their support and valuable help in enhancing the participation at the conference.
- Thanks are due to WABA for giving us strength, and sharing their resources; it made a very fruitful partnership.
- Our advisors have been helping us to move forward, our sincerest thanks for all their advice and encouragement.
- The regional coordinators of IBFAN from other regions have always been very helpful in responding to our needs, thank you all. We are very grateful to the sub-regional coordinating representatives, who were of immense support to and their hard work in fact played a key role in mobilizing action and building strengths in the region.
- Many national IBFAN Focal Points and contacts have very valuably contributed to the development of national profiles and providing inputs for developing the programme much ahead of the conference; we appreciate your role from the core of our heart.
- The chairpersons and speakers who shared their expertise with us, we are very pleased to thank you for your valuable time and stimulating thoughts.
- Our special thanks to the rapporteurs and session coordinators who kept track of everything to happen during the session and provided us with a valuable note of the issues raised, outcomes and action recommendations emerging from the sessions. It is your work that led to developing set of final recommendations and the Delhi Declaration.
- We wish to acknowledge all participants who contributed towards making this conference a success. Thank you for your enthusiasm and commitment!
- Members of the drafting committee, who continued to provide assistance and time throughout the conference until the final recommendations were drafted; their contribution has been very valuable. Thanks a million!
- We are grateful to the entire APCON organising committee and the BPNI / IBFAN Asia Pacific team who spent days and nights and worked tirelessly; their contribution was critical to the success of this event. Rita, Jagdish Solti, Tarsem Jindal, Dhram Prakash, JP Dadhich, thank you for your ever-available support and guidance.
- Lastly, our office staff, of IBFAN Asia Pacific and BPNI, Vasu, Karuna, Jessy, Vandana, Amit, Yogender, LR Gupta, Jasbir you have always stood by us and made us proud!. Our hats are off to you all!
- To all others, from the management team of Attitude, India Habitat Center, who helped in every bit of practical arrangements we feel very honored to thank and appreciate their contribution.

Abbreviations

ACASH	Association for Consumer Action on Safety and Health
APCON	Asia Pacific Conference on Breastfeeding
APPAR	Asia Pacific Participatory Action Research
BPNI	Breastfeeding Promotion Network of India
BBF	Bangladesh Breastfeeding Foundation
DGIS	Netherlands Ministry of Cooperation and Development
EA	East Asia
GOI	Government of India
GS	Global Strategy for Infant and Young Child Feeding
GLOPAR	Global Participatory Action Research
GTZ	German Technical Cooperation
IAPC	IBFAN Asia Pacific Council
IBFAN	International Baby Food Action Network
ICMR	Indian Council of Medical Research
IFP	IBFAN Focal Point
IMCH	International Maternal & Child Health Unit, Sweden.
INDIA PAR	India Participatory Action Research
IYCF	Infant and Young Child Feeding
NACO	National Aids Control Organisation, Government of India
NGO	Non Governmental Organisation
PA	Pacific
RCO	Regional Coordinating Office
RC	Regional Coordinator, IBFAN Asia Pacific
RR	Regional Representative
SA	South Asia
SEA	Southeast Asia
Sida	Swedish International Development Cooperation Agency
SS	Support Secretariat
WABA	World Alliance for Breastfeeding Action
WHO	World Health Organization
WHA	World Health Assembly

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उप-राष्ट्रपति, भारत
VICE-PRESIDENT OF INDIA

MESSAGE

I am happy to know that Breastfeeding Network of India (BPNI) is organising “Asia Pacific Conference on Breastfeeding” during November 30 – December 3 in New Delhi.

The health of the infants and young greatly hinges on breastfeeding for the first six months of the life. Continuation of complementary foods coupled with breastfeeding for the first two years would greatly contribute towards a healthy society. Awareness needs to be generated among people across the globe to realise this objective. The endeavours of Breastfeeding Network of India in protecting and promoting the issues concerning breastfeeding are indeed laudable.

My best wishes for the success of the Conference.

(**BHARON SINGH SHEKHAWAT**)

New Delhi
1st November 2003

डा. वल्लभभाई कथीरिया
DR. VALLABHBHAI KATHIRIA



Dy. No. 594
राज्य मंत्री

मानव संसाधन विकास
भारत सरकार
नई दिल्ली - 110001
MINISTER OF STATE
HUMAN RESOURCE DEVELOPMENT
GOVERNMENT OF INDIA
NEW DELHI-110001

October 18, 2003

MESSAGE

I am glad to know that BPNI is holding the first ever "Asia Pacific Conference on Breastfeeding" from 30th November to 3rd December 2003 at New Delhi with the theme "Infant and Young Child feeding : From Policy to Practice".

The deliberations of the Seminar could be used to send message to the masses about the need and importance for exclusive breastfeeding for the first six months of life and its nutritional value as well as introduction of complementary foods after that for the children of upto 2 years of age.

I wish the Conference all the success.


(Dr. Vallabhkhai Kathiria)

जसकौर मीणा
JASKAUR MEENA



राज्य मंत्री
मानव संसाधन विकास मंत्रालय
(महिला एवं बाल विकास विभाग)
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MINISTER OF STATE FOR
HUMAN RESOURCE DEVELOPMENT
(DEPT. OF WOMEN & CHILD DEVELOPMENT)
GOVERNMENT OF INDIA
NEW DELHI-110001

964
D.O No.... MOS(HRD)/VIP-2003-04

November, 2003

Message

I am glad to know that Asia Pacific Conference on Breastfeeding is being organized by Breastfeeding Network of India (BPNI) from 30th November to 3rd December 2003 at New Delhi. The organizers must be commended for selecting a topical theme, "Infant and Young Child Feeding : From Policy to Practice". Breastfeeding on exclusive basis for the first six months of age and continuing it upto two years alongwith complementary foods is essential for a long and healthy life. The real challenge is to communicate the message about the good properties of breastfeeding to the masses. I am sure that the deliberations at the Conference will help evolve strategies for dissemination of the message and translate policies into practice.

I wish all success to the Conference.


(Jaskaur Meena)

Dr.Tarsem Jindal,
Chairman, Organising Committee,
Asia Pacific Conference on Breastfeeding
and National Convention,
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GOVERNMENT OF INDIA
DEPARTMENT OF FAMILY WELFARE
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

D.O.No.M.12015/79/2003-MCH

Dated the 13th October, 2003

Dear Dr. Prakash,

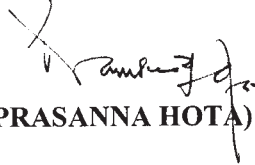
It gives me great pleasure to note that the Breastfeeding Promotion Network of India (BPNI) is organizing, the Asia Pacific Conference on Breastfeeding in India, on the theme "Infant and young child feeding - from policy to practice".

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants and has a unique biological and emotional influence on the health of both the mother and the child. Breastfeeding is the most cost effective interventions that the countries could adopt to address the issue of infant morbidity and mortality.

I am sure the Conference would highlight the issue of practice of "Exclusive Breastfeeding" and to bring about a change in the health practices in the community. This Conference will also clear the issues regarding the ideal duration of "Exclusive Breastfeeding". I wish the Conference all success.

With regards,

Yours sincerely,


(PRASANNA HOTA)

Dr. Dharam Prakash,
Secretary, Organizing Committee,
Breastfeeding Promotion Network of India,
BP-33, Pitampura,
Delhi - 110 088



J.V.R. Prasada Rao
Health Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
नई दिल्ली - 110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NEW DELHI - 110011

November 19, 2003

Message

I am very happy to know that Breastfeeding Promotion Network of India (BPNI) is organizing the first ever "Asia Pacific Conference on Breastfeeding" in India from 30th November to 3rd December, 2003 at New Delhi.

The Conference would provide a unique opportunity to experts to discuss and review present strategies for promotion of breastfeeding and in improving infant and young child feeding practices in the Asia Pacific region including India.

I wish the Conference all success.


(J.V.R. Prasada Rao)



Introduction

The International Baby Food Action Network (IBFAN) Asia Pacific, Breastfeeding Promotion Network of India (BPNI) and the Government of India organized the **Asia Pacific Conference on Breastfeeding and National Convention of BPNI** from 30 November to 3 December 2003 at New Delhi, India. This was the first ever such conference in this region and it brought together over 500 participants from 38 countries and nearly every state of India, representing mothers, governments, public interest groups, professional bodies, United Nations agencies and other international organizations. Eleven representatives of overseas governments were also present. The conference was organized as a part of the Strategic Plan 2003-2007 of IBFAN-Asia Pacific, which works towards the overall goal of contributing to

prevention of malnutrition; enhanced infant and young child health, survival and development. This summary report provides an overview of the proceedings of the conference, highlighting issues of significance to policy and program managers across the region while a more detailed version is under preparation. The report includes the background, aims and objectives, process of organizing the conference, key issues that emerged, and the recommendations that evolved out of the conference. The conference program consisted of six plenary sessions and thirty-one working sessions focusing on key issues of infant and young child feeding, keeping the Global Strategy for Infant and Young Child Feeding as central to the program. The participants were divided into 8 working groups to present the IYCF situation in their countries and develop plan of future actions.



Source: Breastfeeding Advisory Association of Malaysia, Malaysia

Background



More than two-third of world's malnourished children and nearly two-third of all child deaths due to inappropriate infant feeding practices are in the Asia Pacific region. Malnutrition and inappropriate infant feeding practices limit the development potential and active learning capacity of infants and young children, resulting in poor school performance, reduced productivity and impaired intellectual and social development in the longer term.

While it has been scientifically proven that breastfeeding is the single most important factor contributing to child survival and development, there are many reasons for its setback. These include

- ✦ Constant misinformation caused by new and inappropriate marketing practices of baby food manufacturers,
- ✦ Inadequate knowledge and skills of health workers on how to help and support breastfeeding mothers and their families,
- ✦ Global trade and World Trade Organization (WTO) pressures over governments to weaken legislations that restrict trade,
- ✦ Lack of unbiased and accurate information on IYCF to people in general,
- ✦ Eroding commitment and support of the Baby Friendly Hospital Initiative (BFHI)
- ✦ Weak political and financial support to breastfeeding and IYCF.

Today, support for programmes to protect, promote and support optimal infant and young child feeding is needed more than ever before. On one hand, the spread of HIV has created serious impediments to breastfeeding promotion in many countries, providing us many lessons



Source: Family Health Bureau, Sri Lanka

to focus on in this area. On the other hand, more recently, exclusive breastfeeding for the first six months has been shown to be the leading child survival intervention among many others that are being implemented. This means that universal practice (meaning 90%) of exclusive breastfeeding for the first six months and continued breastfeeding for 6-11 months could save 13% of under-5 child deaths in developing countries¹.

The conference was organised with this background to initiate and accelerate action on IYCF in some countries and further strengthen it in others. The focus of the conference was on activities aimed at implementation of the Global Strategy for Infant and Young Child Feeding adopted by the World Health Assembly in May 2002, and endorsed by the UNICEF Executive Board in September 2002.

¹ Jones et al. Lancet 2003, 362: 65-71



Aims and Objectives

The conference was organized to strengthen the Asia-Pacific network of the breastfeeding support/advocacy groups and individuals and to promote stronger linkages and partnerships among key players so as to re-affirm, re-establish or strengthen the breastfeeding culture in the Asia-Pacific region. The specific objectives of the conference included;

- ✦ Reviewing the current situation on IYCF: (It was an integral part of the conference programme and work started six months prior to it);
- ✦ Promoting implementation of the Global Strategy for Infant and Young Child Feeding at the national and regional levels;
- ✦ Developing clear operational framework for national and regional action plans to promote optimal IYCF;
- ✦ Launching of Asia Pacific Participatory Action Research (APPAR) Software tool kit, to assess and monitor the status of the Global Strategy for Infant and Young Child Feeding;
- ✦ Imparting skills in advocacy, planning and facilitation;
- ✦ Promoting stronger involvement of health professionals in the implementation of IYCF
- ✦ Sharing information on key issues.



Source: National Coalition for the Promotion of Breastfeeding & Childcare, Philippines

The Process



Partnerships and Collaborations

Organizing the conference was an exercise in consensus building nationally and internationally. Partnerships were established within and outside the country with key partners who are involved in infant and young child feeding. Firstly, partnership was forged with the GOI to host the conference. UNICEF, Netherlands Ministry of Development Cooperation (DGIS), Swedish International Development Cooperation Agency (Sida), World Alliance for Breastfeeding Action (WABA) agreed to be the key partners. Several other organizations and institutions offered their support to APCON, which included; in alphabetical order,

- ☞ AED Linkages,
- ☞ Association for Consumer Action on Safety and Health (ACASH),
- ☞ CARE India,
- ☞ Federation of Obstetrics & Gynecological Societies of India (FOGSI),
- ☞ Forum for Crèche and Child Care Services (FORCES),
- ☞ German Technical Cooperation (GTZ),
- ☞ Indian Academy of Pediatrics (IAP),
- ☞ Indian Council of Medical Research (ICMR),
- ☞ Indian Medical Association (IMA),
- ☞ International Lactation Consultants Association (ILCA),
- ☞ La Leche League International (LLI),
- ☞ National AIDS Control Organization (NACO),
- ☞ National Commission for Women (NCW),
- ☞ National Institute of Public Cooperation and Child Development (NIPPCD),
- ☞ National Neonatology Forum (NNF),
- ☞ Planning Commission of India,



Source: South Canterbury Breastfeeding Interest Group, New Zealand

- ☞ Saving New Born Lives (SNL, USA),
- ☞ Trained Nurses Association of India (TNAI),
- ☞ United Nations Population Fund Agency (UNFPA),
- ☞ WELLSTART International,
- ☞ WHO SEARO

Programme Development

From its conception, the conference was kept as participatory in nature as possible. Participants were asked about their interest in issues around IYCF. A tentative programme design was prepared to address all possible areas of concern within the framework of the new Global Strategy for Infant and Young Child Feeding. The proposed programme went through at least 10 revisions with inputs from national and international partners. It was finalized in consultation with all key partners, and took its final shape only a week before the conference.

Proceedings



Inauguration

The political will and support at the APCON was evident at the inauguration ceremony by the presence of high-level ministers of the Government of India. Sh. Murli Manohar Joshi, Union Minister for Human Resource Development was the Chief Guest and the Minister for Health & Family Welfare and Parliamentary Affairs, Smt. Sushma Swaraj was the guest of honour. Smt. Swaraj also hosted the dinner for the delegates after the inauguration.

“Breastfeeding is nature’s way of nurturing”, said Sh. Murli Manohar Joshi, during the inauguration. “Breastfeeding embodies more than health. It is the first security the baby knows when it comes out of the mother’s womb, it is the basis of love and caring - which needs to be translated into love and caring for all people of the world”. **“Breastfeed the baby – this should also be included as a mantra in the wedding vows”** added Dr Joshi.



Lighting the lamp by Hon'ble Minister Smt. Sushma Swaraj

The Political will to protect breastfeeding

Dr. Murli Manohar Joshi and Smt. Sushma Swaraj played significant roles in enabling legislation to protect, promote and support exclusive breastfeeding of infants for the first six months of life, and continued breastfeeding with appropriate complementary feeding till the child is two years old and beyond. Both the ministers steered The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003 through Parliament. The IMS Act, as it is popularly known, is one of the strongest pieces of legislation in the world, and protects infants from the unscrupulous promotion of baby foods, which are not as good for the baby as the mother's milk. In fact, use of commercial baby foods in poor countries can make the baby malnourished, and prone to dangerous infections. The Act bans all forms of promotion of baby foods for children below the age two years and promotion of feeding bottles. The IMS Act also protects pregnant women and new mothers from being targeted by the companies through their direct and indirect advertising, including the use of health professionals and the health care system. It ensures accurate and complete information on IYCF to women. Another key development has been, the Ministry of Information and Broadcasting amended the "The Cable Television Networks (Regulation) Act of 1995" in the year 2000, to ban airing of such advertisements over cable TV networks, thus protecting more than 45 million homes from being beguiled by the baby food industry into non-optimal choices of feeding their infants and young children.



Ines Fernandez, Mrs. Sushma Swaraj, Mr. Murli Manohar Joshi, Arun Gupta and Kasturi Gupta Menon

Smt. Sushma Swaraj spoke of the need to keep gender issues at the center of any policy and programme planning to centrestage breastfeeding. "It is equally important to focus on women's and young girls' health as it has a major impact on women's ability to breastfeed successfully", said Smt. Swaraj, who had successfully piloted through Parliament changes in legislation to ban all kinds of promotion of baby foods for the first two years. "Breastfeeding is for better mother-child bonding and development of the baby", added Smt. Sushma Swaraj.

Ms. Kasturi Gupta Menon, Secretary, Department of Women and Child Development, explained the innovative actions and plans of the department. Datto Anwar Fazal, who introduced the five principles of the

Five Principles of the World Breastfeeding Charter

- ☞ Breastfeeding is a Human Right
- ☞ Breastfeeding is Healthy for Babies
- ☞ Breastfeeding Empowers Women
- ☞ Breastfeeding is the Best Investment
- ☞ Breastfeeding is Nature's Way

World Breastfeeding Charter, applauded India's efforts to protect, promote and support breastfeeding. "India has drafted one of the strongest pieces of legislation in the world, to control the unethical marketing practices of the baby food industry", said Mr. Fazal. UNICEF, represented by Dr. Erma Manoncourt, once again reaffirmed the organisation's support to the movement to protect, promote and support breastfeeding.

Introductory Session

During this session, APCON participants were briefly updated on the 4-days program of the conference. Dr Arun Gupta, Chairman of the Conference, introduced the objectives of the conference.

Datto Anwar Fazal, who can be credited with encouraging and supporting several people to become effective leaders to the breastfeeding movement, delivered the keynote address. "Breastfeeding is about human rights, about ecology, about food security, about nutrition, about social justice, about good governance. But most of all it is about love." He set the direction for Asia Pacific Conference. Explaining the uniqueness of the breastfeeding movement, which was the first to set a global framework for consumer protection, Mr. Fazal cautioned against the tendency of citizens' movements to re-invent the wheel each time. He elaborated on what he called the eight chakras (life-force) that form the basis of successful action.

The keynote address was followed by a Sanskrit verse on peace by Dr. Raj Anand.

- May God Protect us together
- May we work together
- May we not have discord amongst us
- Let there be peace, peace, peace

Dr. Jagdish Sobti enlightened on the development of the program, Dr Rita Gupta and Dr JP Dadhich gave updates on the plenary and the working sessions, respectively.



Rita Gupta, JP Dadhich, RK Anand, Tarsem Jindal, Arun Gupta, NB Kumta, Ines Fernandez, Anwar Fazal and JC Sobti



Room full with delegates



Plenary Sessions

Keeping the Global Strategy for Infant and Young Child Feeding at the center, the plenary sessions were devoted to examining the challenges and opportunities for turning policy into practice. As the programme had been developed with the participation of all, the plenary sessions touched every aspect offered by the Global Strategy to help implement optimal IYCF practices.

Plenary 1: Global Strategy for Infant and Young Child Feeding: From Policy to Practice

i) Global Strategy: Challenges and Opportunities

Dr. Miriam Labbok, Senior Advisor UNICEF New York, took participants through the actions that spanned half a century and that have culminated in the *International Code*, the *Innocenti Declaration*, and finally in the *Global Strategy for Infant and Young Child Feeding*. She indicated that the need now is to move forward from “baby-centered” and “baby-friendly” to “mother-and-baby-centered” and “mother-and-baby-friendly”, as the baby and the mother form an integral unit. The mother is the pivot of breastfeeding, and thus needs to be a critical part of any policy and programme planning.

“Breastfeeding is a continuum – it happens day and night, so the support has to be there day and night. The interacting of three areas – the National Authority, the Legal System (that enacts the Code and protects breastfeeding) and the Health System (that implements the Global Strategy and supports breastfeeding) – is vital for the success of exclusive breastfeeding”

Miriam Labbok

ii) Translating Policy to Practice

Dr. MK Bhan, Professor of Pediatrics, All India Institute of Medical Sciences, India, spoke on the Indian experience of translating global strategy into practice. He emphasized three factors that are critical for efficacy.

- ∞ Need for creating synergy among the various government departments that work on child health, nutrition, development and other related issues,
- ∞ Need for on-going scientific, evidence based research to substantiate advocacy and
- ∞ Repeated delivery of messages, which would require a multisectoral approach, and a highly efficient management strategy.

He stressed on the following actions that programme planners need to do:

- ∞ Identify target population
- ∞ Be in constant contact with the family for the first year of the baby's life
- ∞ Ensure that feeding recommendations need to make sense region by region
- ∞ Identify appropriate channels and opportunities for improving coverage
- ∞ Recognize barriers to behavioral change
- ∞ Identify opportunities for creating synergy among different programmes and ministries.

iii) Community Perspectives

Ms.Patti Rundall, Policy Director Baby Milk Action UK, and Ms.Ines Fernandez, Executive Director Arugaan Philippines presented on this aspect.



Plenary 1: Patti Rundall, Ines Fernandez, RK Anand, Annelies Allain, Miriam Labbok & MK Bhan

Ms Rundall and Ms. Fernandez detailed the strategies that effectively involve communities in the protection, promotion and support of breastfeeding, by explaining the factors behind the spread of the Nestle Boycott, and how Nestle and the baby food industry undermine women’s choices for breastfeeding. They highlighted the need for international networking to create successful strategies to protect women from becoming the target of unethical marketing practices of baby food corporations.



Pantomime Mums from Philippines

Baby Milk Action

Baby Milk Action was founded in 1979, and is an independent non-profit organization. It aims to save infant lives and end the avoidable suffering caused by inappropriate infant feeding practices. It works within a global network (IBFAN) to strengthen independent, transparent and effective controls on the marketing of the baby feeding industry. Baby Milk Action works in partnership with WHO, UNICEF and health consumer and development bodies throughout the UK and worldwide, and has been instrumental in the development and implementation of the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes and subsequent resolutions in Europe and world wide.

Arugaan

Founded in 1981, Arugaan, a Filipino word for nurturing fully with a commitment, is a NGO. The pioneering members of Arugaan are community leaders, NGOs, social workers and professionals. Five Sectoral representatives from labor, community/grassroots, youth, professional and medical sector manage Arugaan.

Arugaan works on issues like Maternity Protection, Code, Codex and Campaign, Mother Support Group, Crèche at the Workplace, Infant Feeding in Emergencies and HIV. Arugaan was formally registered in 1989 with the government’s Securities and Exchange Commission as a non-profit organization. It is a leader-member of two large coalitions of NGOs in the Philippines. In principle, Arugaan believes in sustainability



Plenary 2: Alison Linnecar, IJ Uhaa, Ted Greiner, NB Kumta, Kim Jaiok, Annelies Allain & Joel Rocomora

Plenary 3: Critical Challenges to Infant and Young Child Feeding in the 21st Century

Challenges to breastfeeding continue into the 21st century. The most critical challenge today is posed by the risk of transmission of HIV through breastmilk. However, recent studies across the globe show that exclusive breastfeeding is safer for infants than mixed feeding, and that using commercial milks can expose the infants to far more hazards and increase their chances of getting malnourished and ill. Baby food manufacturers continue to project commercial baby milks as safe. Sometimes media helps them, often positioning breastmilk as the most contaminated food for infants, due to environmental contamination, and playing down the hazards in commercial breastmilk substitutes.

iv) Infant Feeding and HIV: A brief from the Colloquium

Dr. I.Uhaa Regional Health and Nutrition Advisor UNICEF ROSA and Prof. Ted Greiner, Associate Professor, IMCH, Uppsala University, Sweden, together took the participants through the objectives and

recommendations of the “Infant Feeding and HIV: a Regional Colloquium for the Asia Pacific”, that preceded the conference. Exclusive breastfeeding for the first six months followed by replacement feeding was unanimously accepted as better than mixed feeding. The colloquium unequivocally reiterated the need for trained counselors to: (i) help mothers make informed choices whether to breastfeed or not, (ii) elucidate the dangers of mixed feeding and, (iii) to understand the need to make breastfeeding safer.

v) Commercial Practices of Baby Food Manufacturers

Ms Annelies Allain, Director International Code Documentation Center, Penang Malaysia, discussed

International Code Documentation Centre (ICDC)

The International Code Documentation Centre was established by IBFAN in 1985 to provide a focus on the implementation of the International Code. ICDC houses the most complete collection of national legislation and other measures taken by countries worldwide to implement the Code. The Centre works closely with UNICEF and publishes periodic reports of Code implementation and compliance. ICDC offers skills training in Code analysis and monitoring. It also assists governments in drafting legislation.

the commercial practices of baby food manufacturers, and the new challenges of the 21st century. There should be lobbying to restrict health and nutrition claims of baby food products. She urged that the challenges be turned into opportunities, which she highlighted by giving the example of obesity. "Obesity is emerging as the new world epidemic and breastfeeding can help prevent it. Costs of dealing with obesity are enormous whereas breastfeeding helps children to control their food intake from the first day", explained Annelies.

vi) Contaminants in Commercial Infant Milks vs. Chemical Residues in Breastmilk

Ms. Alison Linnecar, Coordinator IBFAN-GIFA, Geneva, highlighted how industry undermines breastmilk and positions it as toxic and poisonous, because of chemical residues that are present in all human tissues as a result of global environmental pollution. These chemical residues are present in fatty tissue, and therefore, in breastmilk too. They often enter the baby's body even before the baby is born, and affect even those babies who are not fed breastmilk. On the other hand, the fatal contaminants in the infant formulae are presented as aberrations, as in the case of finding infant formulae contaminated with *Enterobacter sakazakii*, a highly virulent bacterium that is heat resistant. Media also has a hand in this kind of biased reporting, which causes people to fear breastfeeding.

Geneva Infant Feeding Association (GIFA)

Founded in 1979, the Geneva Infant Feeding Association (GIFA) aims to protect, promote and support breastfeeding in order to improve the health and psycho-social development of babies and young children. GIFA works to ensure that appropriate complementary foods are introduced at the right stage in a child's development and to provide information about the benefits of breastfeeding to health professionals, parents and the general public.

For the last 20 years, GIFA has maintained its strong commitment to defending government policies in favour of breastfeeding, and to fighting detrimental marketing practices in Switzerland and many other countries.

Both people and the media need to be educated so that industry's false accusations and claims can be counter-attacked.

vii) Globalization

Mr. Joel Rocamora, Executive Director, Institute for Popular Democracy, Philippines, identified the breastfeeding movement to be a metaphor for globalization. Emphasizing the importance of anti-globalization movement, he said, "To stop globalization, human scale and slow pace needed to nurture relationships is necessary. What scale is more profoundly human than a mother and child? What pace more comforting than a breastfeeding child?" He further added, "If globalisation can be stopped in the home, it can be stopped in the schools, in factories, in offices and parliaments. In all these places, we will join hands to build more human, more nurturing societies. More power to us". Breastfeeding is a powerful tool to counter globalization and help build more humane societies.



"Those who make claims about infant formula that intentionally undermine women's confidence in breastfeeding, are not to be regarded as clever entrepreneurs just doing their job, but as human rights violators of the worst kind."

Stephen Lewis, Deputy Executive Director, UNICEF

Plenary 4: Mother Support

Mother support is a key factor in establishing both early breastfeeding within the first hour of birth, as well as exclusive breastfeeding for the first six months.

viii) Phases of Mother Support: Malaysian Experience

Ms. Norjinah Moin from Malaysian Breastfeeding Association informed the delegates that mother-to-mother support is very important in cases of low birth weight babies and mothers with difficulties in breastfeeding. She also highlighted that mother-to-mother support gives mothers the confidence to breastfeed and help other women.

ix) Breastfeeding and Employment in the Asia Pacific Region: a New Zealand Case Study

Ms Judith Galtry, a researcher from New Zealand highlighted the need for creating opportunities for working women to successfully breastfeed their babies. As an increasing number of women are now working outside the home due to better education and economic needs, countries need to legislate for adequate maternity leave. She informed how this concept did not exist at the start of the century. Research and advocacy work have resulted in the adoption of not just maternity leave, but also paid parental leave in New Zealand.

Malaysian Breastfeeding Association

The Malaysian Breastfeeding Association, which started with four mothers providing breastmilk to a baby in the University Hospital following an SOS in the newspaper in 1974, is today the core trainer with the Ministry of Health, working with government and private hospitals in the country both providing support to mothers as well as training hospital staff in providing such support and conducting advocacy.

Recently paid parental leave in New Zealand has been increased from 12 to 14 weeks, as outlined by the International Labour Organisation's MPC.

x) Birthing Practices and Breastfeeding

Ms Rae Davies, Health Care Task Force Committee Member, World Alliance of Breastfeeding Action (WABA), emphasized that interventions during childbirth and immediately after birth can interfere with bonding, mothering and optimal initiation of breastfeeding. Prolonged labor, use of instruments during delivery, episiotomies and pain medications are factors associated with breastfeeding difficulties, explained Rae Davies. Ms. Davies also went on to say that there is a direct link between birthing practices and breastfeeding. Evidence has shown that interventions during birthing interfere with successful breastfeeding.



Plenary 4: Ines, Norjinah Moin, Elaine, Quan Le Nga, Judith Galtry & Rae Davies

Plenary 5: Integration of Optimal IYCF in Health and Nutrition Interventions

As research continues to show the superiority of breastmilk over other milks for infants, and its role in saving newborn lives, more focus should be given to ensuring that the babies who need it most — low birth weight babies – are not deprived of it. Breastmilk is increasingly being associated not only with healthy babies, but also with higher IQ. Therefore, it is critical for their overall development.

xi) Integrating Breastfeeding in Newborn Survival Programs

Dr. Vinod Paul, Senior Policy Advisor of Saving Newborn Lives (SNL, USA) highlighted the need of exclusive breastfeeding in newborn babies, especially low birth weight babies since 40-80% neonatal deaths occur in babies with low birth weight, i.e. less than 2.5 kg. He said, “To meet Millennium Development Goals, we will have to reduce newborn deaths from the current



Velvet breastfeeding baby girl J.Hye at the conference



Plenary 5: Nittaya, Prema Ramachandran, Shanti Ghosh & Vinod Paul

level to half by the year 2015. Most of newborn deaths are in the low birth weight babies. These babies are sick and have feeding difficulties, therefore, they die. Breastfeeding is the single most important intervention for child survival including survival of newborns. Breastfeeding is the foremost Essential Newborn Care (ENC).” He emphasized the need for breastfeeding counseling during pregnancy, early start of breastfeeding during labour and support for exclusive breastfeeding after delivery.

xii) Integrating Breastfeeding in Early Childhood Development

Dr. Nittaya J Kotchabhakdi from the National Institute for Child and Family Development, Mahidol University, Thailand, said that longer duration of breastfeeding (> 6 months vs. < 3 months) benefits cognitive development in children aged 13 months to 5 years. The early introduction of milk other than breastmilk (< 4 months) is found to be associated with reduced verbal IQ even after adjusting for socio-economic status and maternal education. On the other hand, children who are breastfed have significantly higher IQ scores after adjusting for socio-economic status and education. “Evidence clearly shows the need to integrate breastfeeding in early childhood care and development”, added Dr. Kotchabhakdi.

Plenary 6: Assessment, Monitoring, and Evaluation of IYCF Programmes

xiii) Software Tool Kit use for Monitoring the Status and Progress of Global Strategy for Infant and Young Child Feeding: The Asia Pacific Participatory Action Research (APPAR) Tool kit

Mr. Anubhav Kushwaha, IT Student from International Institute of Information Technology (IIIT) Calcutta, India, has developed new color-coded software for assessing, comparing and understanding

dynamically the entire information on breastfeeding at the global, regional and local levels. The Asia Pacific Participatory Action Research (APPAR) software creates databases based on the key factors and indicators of the IYCF. It is impartial, easily understandable and can be used to monitor any aspect of breastfeeding status. He presented this software and its guidelines to the delegates and invited participants to ask questions or make comments.



Plenary 6: Anubhav Kushwaha, Rakesh Mittal, Prakash Shrestha & Arun Gupta



Sharing Information Through Working Sessions

There was information sharing of best practices and achievements of individuals, groups, NGOs and governments through 31 working sessions in the post lunch sessions of days 1-3, on various issues addressing infant and young child feeding. Through a participatory process the delegates were asked to express their areas of interest on infant and young child feeding issues and presentations were invited from them. The topics of discussions at the working sessions were as follows:

1. Lactation amenorrhea method (LAM) promoting postpartum contraception
2. Developing campaigns to promote breastfeeding by different sectors; youth, experts, mothers etc.
3. Video shows on breastfeeding
4. Clinical Skills Workshop
5. Breastfeeding trends and factors
6. Breastfeeding and health
7. Experience of legal action by countries on the Code
8. Birthing practices and companionship in labor in the Asian context
9. Strategies for behavioral change to improve infant and young child feeding practices
10. Actions on complementary feeding
11. Skills Development: Facilitation
12. Health and nutrition intervention in IYCF
13. Gender issues
14. Value of breastfeeding in survival, growth and development
15. Experiences in Code implementation
16. Issues of newborn, infant and young child survival – with a focus on LBW, and revitalization of BFHI
17. Combining work and breastfeeding: from policy to practice
18. Effects of exclusive breastfeeding on growth and development
19. Development of National or State plan of actions on IYCF
20. Expanding and linking the breastfeeding action
21. Methods to help and support lactating mothers
22. Advocacy and communications on breastfeeding
23. Sharing experiences on Infant feeding and HIV
24. Capacity building for development of action plans
25. Determinants of breastfeeding and complementary feeding practices
26. Strengthening pre-service curriculum on infant and young child feeding
27. Ensuring breastfeeding rights of women and children
28. Health care system to support breastfeeding
29. Developing community support to breastfeeding and linking with movements
30. Code monitoring experience
31. Skills Development: Communication



Source: Breastfeeding Mothers' Support Group, Singapore

Action during Working Sessions





Linking creative expression with breastfeeding



In Asia, breastfeeding is still part of the dominant culture. The concept of mother's milk as a vital food for infant still exists, though it is slowly being eroded through the influence of the baby food industry. Pregnancy and breastfeeding establish extremely close bonds between the mother and the child. At APCON, these bonds were re-affirmed through a variety of artistic media.

School children sing in support of breastfeeding

APCON opened with the children of Bal Bharati

School welcoming the delegates from over 38 countries with a song on breastfeeding. Dr. Vijay Kansal penned the lyrics of the song.

Challenges to breastfeeding presented through Mime and Ballet

Delhi based organization "STEPS for Change" demonstrated how the sales persons from baby food companies convince innocent mothers that their formula is superior to breastmilk. One such mother's happiness is short lived, as the baby gets sick. Accompanied by her husband she visits a physician, who gives her medicines and also recommends to stop bottle-feeding and re-start breastfeeding. She throws bottle and baby food and returns to breastfeeding; the child revives. The group also conducted a workshop on the last day on 'How to combine theatre to support appropriate infant feeding practices'.

Interpretation of Warmth and Care of Breastfeeding through Paintings

Breastfeeding is an ancient culture of this region and paintings developed during the conference brought it forward. There was a on the spot painting event on breastfeeding by five young contemporary painters; Somnath Banerjee, Tapan Biswas, Tirthankar Biswas, Santosh Verma and Kishore Shinde. The artists interpreted, on canvas, the warmth and nurturing care of breastfeeding. Delegates flocked to see their paintings in between the sessions and greatly appreciated their art. These paintings were dedicated to BPNI during the final plenary session; painters were also honored on this occasion.



The Youth of Delhi presents Posters and Slogans

Other examples of linking the breastfeeding movement with art are the slogan writing competition and poster making competition held in Delhi prior to the conference. An independent committee awarded prizes to selected students. The students also participated in relevant working sessions and had an open discussion on the issue of infant and young child feeding.



Reviewing the Status of IYCF

During the Working Group-1 (WG-1): Presentation of Country Status on Infant and Young Child Feeding and Key Issues

Participants from each country were involved at an early stage to contribute to development of country profiles on the given framework. There were eight groups in total, four groups from each region; South Asia, Southeast Asia, East Asia and Pacific and four groups from different states of India as follows:

Sl. No	Group Name	Countries/States
1	Group A	Assam, Delhi, Goa, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Punjab, Sikkim
2	Group B	Chattisgarh, Daman, Dadar & Nagar Haveli, Gujarat, Madhya Pradesh, Maharashtra, Manipur, Rajasthan, Tripura
3	Group C	Andaman & Nicobar, Arunachal Pradesh, Bihar, Chandigarh, Haryana, Uttar Pradesh, Uttaranchal, West Bengal
4	Group D	Andhra Pradesh, Karnataka, Kerala, Meghalaya, Orissa, Pondichery, Tamil Nadu
5	Group E	Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Sri Lanka
6	Group F	Brunei, Cambodia, East Timor, Indonesia, Lao PDR, Malaysia, Myanmar, Pakistan, Philippines, Singapore, Thailand, Vietnam
7	Group G	China, Egypt, Hong-Kong China, Japan, Korea, Lebanon, Mongolia
8	Group H	New Zealand, Palau, Papua New Guinea, Samoa, Saudi Arabia, UAE, Yemen

During the WG-1 each country or state presented country profile/state profile on IYCF. A group coordinator was responsible for practical arrangements and preparing a summary of the group discussions. One group facilitator helped the group to identify key local issues and key actions that were necessary for addressing those issues.

Highlights from countries and cultural program



Thailand

There is no law enacted as a follow-up to the International Code. Maternity legislation also has not been enacted as per MPC 183. Women are given only 6 weeks paid maternity leave and in unorganized sector the same benefits are not provided.

Hong Kong

There is no legislation enacted as a follow-up to the International Code. Maternity legislation also has not been enacted as per MPC 183. Women are given 10 weeks paid maternity leave and in unorganized sector the same benefits are provided.



Highlights from countries and cultural program

Vietnam

There is a legislation enacted as a follow up to International Code. In Vietnam Maternity legislation has been enacted as per MPC 183. Women are given paid maternity leave up to 16 weeks. The women who are working in an unorganized sector are not provided the same benefits. Nursing breaks of 1 hour per day until 12 months were also provided to working mothers.

Philippines

In Philippines, there is a legislation enacted as a follow up to International Code. The Philippines Code of Marketing of Breastmilk Substitute (E.O. 51) popularly known as Milk Code took effect as a law in 1987. Maternity legislation has not been enacted as per MPC 183. Women are given 8 weeks paid maternity leave and in unorganized sector the same benefits are not provided. The Philippines government provided 7 days paternity leave.

Samoa

There is no legislation enacted as a follow-up to the International Code. Maternity legislation also has not been enacted as per MPC 183. Women are given 8 weeks paid maternity leave and in unorganized sector the same benefits are not provided.

New Zealand

There is no legislation enacted as a follow-up to the International Code. In New Zealand, the government now provides for 14 weeks paid maternity leave (entitled Paid Parental Leave as this can also be extended through the mother to the male partner) and 52 weeks unpaid parental leave. However, these benefits do not extend to women in the unorganized sector or to workers who fail to meet certain eligibility criteria. There is also no legislated provision for breastfeeding breaks in the workplace, as outlined by the ILO's MPC 183.

Mongolia

There is no legislation enacted as a follow up to International Code. In Mongolia Maternity legislation has been enacted as per MPC 183. Women are given paid maternity leave of 120 days. The women who are working in an unorganized sector are also provided the same benefits with paid breastfeeding breaks.

India

There is a legislation enacted as a follow up to International Code. The India code is called "Infant Milk Substitutes, Feeding Bottles and Infant Foods Regulation of Products, Supply and Distribution) Act, 1992, as amended in 2003" famous as IMS Act. In India Maternity legislation has not been enacted as per MPC 183, but the recommendation is being persuaded. Women are given 12 weeks paid maternity leave and 2 nursing breaks per day. But in unorganized sector the same benefits are not provided. The Indian government also provides 15 days paternity leave.

Bangladesh

There is a legislation enacted as a follow up to International Code. The Bangladesh code is called the "Breastmilk Substitutes (Regulation of Marketing) (Amendment) Act, 1990". In Bangladesh Maternity legislation has been enacted as per MPC 183. Women are given paid maternity leave for 17 weeks. The women who are working in an unorganized sector are also provided the same benefits. The Bangladesh government also provided 10 days paternity leave.

Skill Building Sessions



Mr. Arvind Chittewale, Director of “The Learning Circle” from India took the skill building sessions on facilitation and communication. Many participants expressed great satisfaction with these sessions.

Skill Building Session on Facilitation

The session began with a stimulation exercise where participants had to count F’s in a sentence. In spite of repeated efforts they could not count all the 6 F’s. This was related to the need for facilitation ~ sometimes people fail to see, sometimes they fail to express and most of the times people fail to listen. The group was provoked to list the need for facilitation while dealing with adults in training learning situations and explained that effective learning should result in behaviour change for which the meeting of the hearts and mind is emphasized. Mr. Arvind defined facilitation as “making things easy, simple and apparent”. He conducted the session with participatory approach. In his words, “facilitator is someone who can facilitate the flow of meaning between people. Facilitation is a skilled job. A facilitator plays a neutral role and constantly tries to let the meaning flow between people and parties. Thus, the facilitator plays a key role so that the group accomplishes its goals and tasks. Facilitator makes sure that the things are done easily and whereby the group is able to solve problems, make decisions and most importantly own the outcome”. The core skills such as listening, visualization, asking questions and animation were elaborated.

The group came up with the following recommendations:

- Training programs should become more

participatory

- Workshops should be conducted on facilitation skills
- Need to move from content orientation to process orientation

Skill Building Session on Communication

The session began with a stimulated discussion- is our communication objective oriented? Difference between activity orientation and objective orientation was connected with the communication campaigns. The four-question strategy for communication planning was listed. What is the objective? Who is the audience? What exactly is the message? And how will we reach them? The word communication was defined- “Communication is a process of interrelationships, a form of human behaviour wherein we share meaning. If there is no understanding there is no communication”. An exercise on describing a picture was instrumented. Participants interpreted it in different ways. This was used to emphasize the importance of visual literacy.

The Learning Circle

The Learning Circle is an organisation, which facilitates self and organizational development processes and works with the focus on understand-how adults learn? The methodologies used are participatory. A conducive learning environment in which participants can share, experience joy, experiment and grow is created.



Arvind Chittewale interacting with the participants

The chain of logical reasoning was analysed.

Said (or shown) ----- is not -----heard

Heard -----is not -----understood

Understood ----- is not -----accepted

Accepted ----- is not ----- done

Done ----- is not -----sustained

This was also a very participatory session. Arvind concluded the session by saying, “ as far as possible give concrete messages”.

- From what is known to unknown
- From what is good to what can be improved
- One message at a time (single message strategy)
- Small sentences and conversational language
- Remember visuals are not universally understood
- Field test media material before final printing.

The group gave the following recommendations:

- To field test the material before distribution.
- The existing media material should also be tested for its relevance and comprehension

- Caution must be taken while distributing material
- Group media has an edge in developmental communication and people should be trained in using media effectively.

The participants expressed satisfaction and happiness after attending these sessions.

Capacity Building Workshop: Planning

Ms Deepika Shrivastava, Project Officer UNICEF India took this session. She made the session very interesting with overwhelming participation from the participants. She facilitated the participants to develop the framework for developing their national plan of actions. Using VIPP technology , she was able to involve almost all participants. They then used the same framework for developing plan of actions.



Evolving Key Issues and Action Ideas

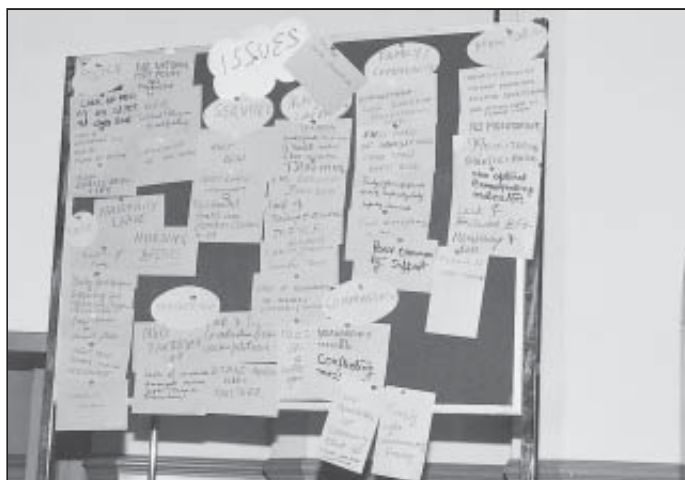
VIPP Exercise 1

About 50 participants were involved in the VIPP exercise which was to identify key issues and key action ideas. This was led by Ms. Deepika Shrivastava of UNICEF India. Five participants from each group were invited to participate in the VIPP exercise. The facilitator and coordinator of each group made up the other resource persons of this exercise.

The group coordinator of each group from WG-1 prepared the summary of the key issues and action ideas and presented during the Exercise-1. Key issues and key action ideas that emerged during the exercise were consolidated by VIPP methods. The IBFAN Regional Representatives presented these during the next plenary session.



Deepika Shrivastava taking the VIPP exercise





Key issues, Challenges and Opportunities for Action

Marcia Annandale, Arun Gupta, Ines Fernandez and Kim Jai ok

The key issues and action ideas that emerged from the VIPP exercise were presented the next day to all participants.

Key Issues State/national policy, written and integrated

- Enactment of legislation and monitoring of implemented legislation
- National plan of actions
- National Breastfeeding Policy
- Exclusive breastfeeding for 6 months
- Home made indigenous complementary feeding.
- Need for more inter and intra-sectoral coordination
- Need for more information and plural messages

Key Action Ideas Following are some of the key action ideas that emerged from the VIPP Session of the working group

- ☞ Development of guidelines, plans and budget
- ☞ Training and capacity building, especially in counseling
- ☞ Code should be legislated and implemented
- ☞ IYCF policies to include HIV
- ☞ Need for Community Support for infant and young child feeding
- ☞ Code monitoring should be budgeted for and be ongoing
- ☞ BFHI should be revitalized for communities
- ☞ Communication should be highlighted, in local

language, for exclusive breastfeeding for the first six months.

- ☞ Inclusion of IYCF in the curricula of schools, degree colleges, medical and paramedical colleges.
- ☞ Incorporate IYCF agenda into existing state programs especially in RCH-II planning.
- ☞ Use of exclusive breastfeeding and complementary feeding practices as indicator of national health and development programmes.
- ☞ Documentation of processes of implementation of interventions for creating and sharing the lessons learnt
- ☞ Legislation for breastfeeding leave
- ☞ Using immunisation visits for counseling on infant and young child feeding.
- ☞ These were used as a basis for development of action plans for the participants.



Arun Gupta presenting key action ideas



Developing Action Plans

During the Working Group 2 (WG-2), the participants again worked in eight groups as in WG-1, assembled mostly on a geographical basis. An indicative framework for the development of national/local plans of action for IYCF

was developed with inputs from participants keeping the Global Strategy for Infant and Young Child Feeding as central focus. One group represented each sub-region and India, being a large country, was represented by four groups.

Framework for Development of Action Plan

1. Planning
 - Situation Analysis
 - Policy Analysis and Stakeholder Analysis
2. Vision Statement (positioning infant and young child feeding in the context of national/provincial child health, nutrition and development policies/programmes)
3. Goals, objectives and indicators (process and outcome)
4. Advocacy and policy development (feeding guidelines as per global strategy)
5. Health and childcare services outreach and quality improvement
6. Training and capacity development
7. Communication approaches for behavioral change/development
8. Family/community based childcare intervention
9. Monitoring and evaluation
10. Resource mobilization (inter-sectoral), financial resources and budgets



Group work



Plans of Action by the Groups

Each group discussed amongst themselves and developed their own plan of actions. Each group presented their plan of action as follows:

Group A:

- Clear guidelines / directives from Central Govt. to states for operationalisation of state plan of action along with feed back mechanism with time frame
- Clear demarcation of various stakeholders at the state level
- Sensitization of policy makers and bureaucrats
- Comprehensive communication strategy at all levels

Group B:

- Training in IYCF and rejuvenating BFHI
- Community support for mothers
- Development of clear guidelines in local languages
- Exclusive breastfeeding as an indicator for growth monitoring in infants

Group C:

- Public information through appropriate communication tools
- State policy and state involvement including fund allocation
- Coordination -ICDS, Health, UNICEF, SIFPSA, WCD, WFP, Professional bodies, Private sectors
- Training in IYCF and rejuvenating BFHI
- community support for mothers
- Curricula revision-UGs, PGs, Nurses, schools, AWW training, Paramedical
- Decentralised Monitoring of the key indicators

Group D:

- Sensitization of policy makers and bureaucrats
- Comprehensive communication strategy at all levels
- Training in code monitoring
- Training in infant and young child feeding and HIV

Group E: South Asia Plan of Action

- National Meetings on Implementation of the Global Strategy
- Strengthening the IBFAN Network
- Organise training on Capacity Building
- Organise Working Group on Infant feeding and HIV
- Develop APPAR Software Tool kit

Group F: Southeast Asia Plan of Action

- National Meetings on Implementation of the Global Strategy
- Strengthening the IBFAN Network
- Organise training on Capacity Building
- Organise complementary feeding working group

Group G: East Asia Plan of Action

- National Meetings on Implementation of the Global Strategy
- Strengthening the IBFAN Network
- Organise training on Capacity Building
- Organise a training on Code Monitoring

Group H: Pacific Plan of Action

- National Meetings on Implementation of the Global Strategy
- Strengthening the IBFAN Network
- Organise training on Capacity Building

Commitments by the Participants



A commitment sheet was provided to all participants and they were requested to mark their commitments. Total of 88 persons made these commitments. Twenty-five were international and 63 Indian participants; 11 were representatives of the overseas governments and 35 from Indian

governments. Ten international NGOs and 16 Indian NGOs also committed themselves to take forward the agenda for improving optimal infant and young child feeding. Table below provides information on areas of commitment and number of persons who made these.

Commitments	Sign up no.
Develop a national/state plan of action for IYCF based on Global Strategy	74
Include IYCF in the State Training Action Plan (STRAP)	60
Update IYCF guidelines in harmony with the Global Strategy and WHA Resolutions	82
Develop a team of master/core trainers on IYCF counseling	84
Training on IYCF and HIV for the PTCT counselors	57
Call a state level consultation to help formulate these plans	57
Develop district wise plans on IYCF committees for creating "Baby Friendly Communities"	56
Develop and train teams for implementation and compliance with the Infant Milk Substitutes, Feeding Bottles and Infant Foods Regulation of Production, Supply and Distribution, 1992 (as amended in 2003)	55
Receive technical support for these efforts	56
Carry out assessment of the status of Global Strategy for IYCF	22
Receive and adopt the IEC materials on exclusive breastfeeding and complementary feeding	24
Participate in Regional Code training workshops	24
Use exclusive breastfeeding for first six months as a lead indicator for child health, nutrition and development programmes	23

Evolving Recommendations and Delhi Declaration



For each plenary and working session a delegate was appointed as rapporteur to develop a summary report consisting of key issues and action recommendations emerging out of each session on a given framework. There was a session coordinator to facilitate smooth progress of the sessions. Two chairpersons supervised and provided critical comments and helped to build summary reports. A drafting committee was constituted². At the end of each day, the drafting committee met and analysed all summary reports and consolidated emerging recommendations. After three days' inputs all recommendations were further crystallized into various groups of actions, which resulted in the development

of a set of Major Recommendations on the last day. These recommendations were presented during the final plenary session, the closing ceremony.

Based on a daily learning, and emerging recommendations, a drafting committee worked late nights to crystallize ten urgent actions that could fit into "The Delhi Declaration on Infant and Young Child Feeding". Each day's inputs led to this declaration, which was shared in draft with the house on last day. After inputs from the floor, a final declaration came out. Delegate from Republic of Palau, Dr. Caleb Otto presented the Declaration to the participants who gave a standing ovation to adopt it. (Appears inside front page)

² Members of drafting committee included Anwar Fazal, RK Anand, Ines Fernandez, Marcia Annandale, Kim Jaiok, Alison Linnekar, Annelies Allain, Deepika Shrivastava, Arun Gupta and YP Gupta.

Closing Ceremony



At the closing ceremony, the representatives of Government of India, Secretary for Health & Family Welfare, Mr. PK Hota and Secretary for Health, Mr. JVR Prasada Rao applauded the role of IBFAN and BPNI in organising this conference and committed to promote the agenda of infant and young child feeding further in the country by multisectoral and multi-level advocacy plans. The UNICEF Country Representative Ms. Maria Calivis spoke that exclusive breastfeeding should be incorporated in the national development plans and

there is a need to create a repository of information to reach the mothers. During this session “The Delhi Declaration On Infant and Young Child Feeding” was finally presented and all participants gave a standing ovation to adopt it. Final recommendations of the APCON were also presented and adopted by the participants. Awards of recognition were given to several IBFAN and BPNI members in recognition of their contribution to Infant and Young Child Feeding issues.



PK Hota addressing the audience



Marcia receiving the award



Charu Suraiya receiving the award



Ines Fernandez addressing the audience

Major Recommendations

I. POLICY & PLANNING

1. Countries/States should develop their specific plans of action on infant and young child feeding (IYCF) based on the *Global Strategy for Infant and Young Child Feeding* and *Framework of Priority Action on HIV and Infant Feeding* ensuring that the recommendations of the *Convention on the Rights of the Child* are built into the action plans.
2. Adequate budgets for implementation of the plans should be provided.
3. IYCF must be strongly anchored within the broad development agenda of national and state/provincial governments in all relevant programmes.
4. Organise national and state/provincial partners meetings for their inputs, partnership and ownership of the IYCF plan of action.
5. Review, update periodically and disseminate IYCF guidelines based on action research, which should include special circumstances such as HIV and emergencies.

II. TRAINING & CAPACITY DEVELOPMENT

1. Ensure availability of standard training curricula on IYCF with local adaptation for all categories of managerial, medical, para-medical and other service providers of national programmes as well as professional bodies.
2. Incorporate IYCF training into all relevant pre-service education and national training programmes.
3. Ensure IYCF counseling training of community workers, counsellors, paramedical & medical personnel.

III. COMMUNICATION FOR BEHAVIOUR CHANGE

1. Build an enabling environment to support mothers and families and develop a communication strategy based on an assessment of local and existing feeding and caring practices with the aim of promoting positive behaviour as per the IYCF guidelines.
2. Contents of the messages should be standardized but made appropriately sensitive to local traditions, practices and needs. These messages should be disseminated using all relevant media.
3. Interpersonal communication through mother/community support groups should receive due emphasis.
4. Communication should ensure gender sensitive interventions for women, families, employees and communities.

IV. CODE IMPLEMENTATION & MONITORING

1. Enact/update national legislation as a follow up to the *International Code on Marketing of Breastmilk Substitutes* (The Code), the subsequent and relevant World Health Assembly resolutions.
2. Ensure that the provisions or contents of the Code or national legislation are widely disseminated among all stakeholders at all levels, nationally and locally in a user-friendly manner.
3. Monitor and organize campaigns to raise awareness about irresponsible marketing practices of infant feeding industry.
4. Establish a mechanism for monitoring the Code/national legislation; and appoint watchdog agencies with

adequate powers and sufficient budget provision for appropriate action against violations of the Code/national legislations.

V. MATERNITY PROTECTION

1. Institutionalize maternity protection legislation, especially for women working in the unorganized (informal?) sector.
2. Put legislation in place for adequate maternity leave, in order to ensure exclusive breastfeeding for first six months.

VI. HEALTH CARE SUPPORT (REVITALIZE BFHI)

1. Revitalize baby friendly hospital initiative (BFHI), considering its demand. Publicize BFHI in health care institutions in private and public sector, among professional bodies and the general population.
2. Link health care system to “baby friendly communities” with the help of trained counsellors and family/community support groups available at household level/family level.
3. Establish ‘baby friendly care’ as a societal norm, providing standards at different levels for quality assurance.

VII. ADVOCACY & NETWORKING

1. Facilitate NGOs to work with trade unions, governments and their allies to raise awareness regarding correct practices for IYCF, especially among women employees in their respective organizations.
2. Sensitize policy makers at local, national and regional level on IYCF policies, actions and legislations, for proactive support to infant feeding and effective programme implementation.
3. Join in campaign for ‘toxic free environment’ (meaning that human bodies are free from chemical that are residues caused by environmental contaminants) through linking with environment and other groups.

VIII. RESEARCH

1. Undertake operational research including cost-benefit and cost-effectiveness analysis on IYCF practices for evidence based advocacy and programme implementation.
2. Include a research component in all IYCF plans and programmes ensuring no ‘conflict of interest’ and application of the Code/national legislation.

IX. MONITORING & EVALUATION

1. Establish/strengthen the programme indicators related to IYCF, keeping ‘exclusive breastfeeding for the first six months’ as a critical proxy indicator in the routine reporting system on child health, nutrition and development programs.
2. Regularly review data on IYCF practices at all levels and provide constant feedback to stakeholders for appropriate action.

X. SPONSORSHIP

1. Partners implementing IYCF policy and planning should respect the World Health Assembly resolutions and refuse donations or sponsorship in any form or in any situation whatsoever (including emergencies), from manufacturers/dealers/ suppliers of infant formula/infant foods and related products.



Voices from Participants

Evaluation of the Conference: The participants completed an evaluation form provided along with the kit. In the form **83% participants said, their expectations were met and 97% said the objectives of the conference were met.** Following are few of the evaluation responses we got from the participants:

"It really was one of the most well organised, enjoyable and stimulating conferences that I have ever attended and it was wonderful to make contact with so many interesting people from so many parts of the world, some of them old colleagues but many new faces also. It also provided a great opportunity and inspiration for those of us from the Pacific to begin networking on various issues, including that of maternity protection. This is an area of research that I commenced in 1998 for WABA (prior to the conference on Women, Work & BF) but have not been able to advance much since then. I hope to get the time and possibly even some funding to continue some work in this area."

"Excellent organized and coordinated, it was a great success in terms of people's participation, raising of pertinent issues and outputs particularly the Delhi Declaration. We look forward to collaborating and working with you in future"

"I think that IBFAN should be proud of BPNI's achievement in organising such a successful conference."

"I learnt a lot, which could be transparented in my training/awareness program in Sri Lanka. Still we have to do a lot. Now I have more strength, and can work independently as the head of the Division and I'm planning to give a good training to my staff and you two could help me in this aspect"

"This conference will bring a revolution in the whole region regarding Breastfeeding Promotion and ban on formula feeding".

"Mega meetings are often swallowing more money than the outcome is worth - so I was a little cynical. I was happy my fears were not met."

"May be could have auctioned off the paintings citing and moneymaker for conference".

"More and more nutritionist should be trained as national trainers on IYCF, who can then train the local NGOs and field functionaries at field level at district & block level".

"Accommodation OK but need to be forewarned if we need to bring towels, soap etc"

"Better accommodation"

"Bigger bus type vehicles would have been better. Cultural Program help could have been taken from more sources"

"Cultural Program good made me feel youth of old age"

Lessons Learnt



The conference was organized as a part of IBFAN Asia Pacific's strategic plan 2003-2008 with the basic aim of strengthening breastfeeding movement in the region as well as initiating new action and new ways of functioning. It proved to be successful strategy in doing so as it brought together hundreds of breastfeeding actors together from 38 countries and almost every state of India. Follow up action in the sub-regions and several countries actually proves the point.

The experience in balancing 38 countries having different level of action and diversity was very rich and unique one. There were countries which had followed up on the International Code and enacted national legislations of varied strength and those which are still

struggling to develop one. Similarly there were nations who have some national mechanisms established to promote breastfeeding. What is important and could be taken forward is that shared vision and goals can help move forward.

The conference became a perfect opportunity for strengthening partnerships with Government of India, the UN agencies and donors. Demonstrating perfect mix of hosts, key partners saw the conference through cutting across all hurdles. Technical and other support in a way proved crucial. The partnership has also moved beyond 2003 and IBFAN Asia Pacific and BPNI are working closely with all partners to implement the plan for next five years till 2008.



Source: Coalition for Protection of Women & Children, India



Source: Sarvodaya Early Childhood Development Programme, India



Annexes

Annexure 1: The Program (Plenary Sessions)

Annexure 2: The Program (Working Sessions)

Annexure 3: Commitment sheet

Annexure 4: Materials shared with the participants

Annexure 5: Evaluation form

The Program (Plenary Sessions)

SUNDAY 30TH NOVEMBER

8.00–9.30 am	Registration at India Habitat Centre
9.30-10.15am	Introductory Session: Chair NB Kumta Co Chair Ines Fernandez Welcome: <i>Tarsem Jindal</i> Objectives of the Conference: <i>Arun Gupta</i> Opening remarks : <i>Raj Anand</i> Key note address : <i>Anwar Fazal</i> Introducing the program : <i>JC Sobti, Rita Gupta, JP Dadhich</i>
10.15-10.45am	T E A B R E A K
10.45-12.15pm	Chair: <i>Raj Anand</i> Co-Chair <i>Annelies Allain</i> Global Strategy for Infant and Young Child Feeding: From Policy to Practice 1.A- WHO/UNICEF Global Strategy: Challenges and Opportunities <i>Miriam Labbok UNICEF NY</i> 1.B- Translating Policy to Practice: <i>MK Bhan India</i> 1.C- Community Perspectives: <i>Patti Rundall UK, Ines Fernandez Philippines</i> Rapporteur and Session Coordinator: <i>Parbati Sengupta and Amitava Sen</i>
12.15-12.30pm	<u>BRIEFING FOR COORDINATORS , FACILITATORS, RAPPORTEURS</u> <i>Deepika Shrivastava and JP Dadhich</i>
12.30-2.00pm	L U N C H Visit to Artist’s workshop of young contemporary painters from India who create “on the spot” paintings on “Motherhood and Child Care.”
2.00-3.30pm	<u>WORKING GROUPS - 1</u> Development of Regional Profile on IYCF ❖ 4 regional groups from various States of India: a, b, c, d. (Facilitators: <i>Vandana Aggarwal/ Lakshmi Bhawani/ Sangeeta Jacob, Neelam Bhatia.</i> ❖ 4 regional groups from Regions of Asia Pacific: e, f, g, h. (Facilitators: <i>Karen Codling/Maaike Arts / Ly Vanthy/ Satish Kumar</i> WG Coordinators: <i>Patricia Ip, Caleb Otto, Yupayong Hangchaovanich, Prakash Shreshta, CR Banapurmath, Arun Phatak, N B Mathur, KP Kushwaha.</i> Presentation by each country / State on a given framework in the presence of group facilitators and coordinators who will identify key issues and challenges as well as list opportunities. WG Panel for Reporting: <i>Regional Reps of IBFAN</i>
3.30-4.00pm	T E A B R E A K
4.00-5.30pm	<u>EXERCISE – 1</u> Chair: <i>Christine Quested</i> Participatory exercise using VIPP methods to evolve key issues and action ideas The WG coordinators and facilitators along with 2-3 participants from each WG above would participate in exercise –1, led by key facilitators. To identify gaps, challenges, evolve key issues and opportunities for action. Facilitator: <i>Deepika Shrivastava</i> <u>FIRST WORKING SESSION 1 – 7</u> 7 WS Rapporteur for each WS
5.30 pm	Drafting group meets at the conference secretariat
7.00-8.00pm	INAUGURATION

MONDAY 1ST DECEMBER

Special Session A 8.00–8.40am	<p style="text-align: right;"><u>MEET THE EXPERTS SESSION - 1</u></p> International Code and National Legislations to Protect Breastfeeding (<i>Annelies Allain, S Pandey, David Clark, Patti Rundall</i>) Moderator: <i>Rita Gupta</i> Rapporteur and Session Coordinator: <i>Satish Tewari and Huzna G Zahir</i>
9.00-10:00am	<p style="text-align: right;"><u>PLENARY 2</u></p> Chair: <i>PK Hota, Secretary Family Welfare, Co-Chair: M.Q.K. Talukder, Bangladesh</i> Key issues, Challenges and Opportunities for action: IBFAN RRs: <i>Arun Gupta, Kim Jai Ok, Ines Fernandez, Marcia Annandale</i> Presentation of summary of regional profiles: Key issues, gaps and suggested action ideas. Facilitators: <i>Deepika Shrivastava</i> Rapporteur and Session Coordinator: <i>Sunita Katyayan and Dinesh Khosla</i>
10.00-10.30am	<p style="text-align: center;">THEATRE ON CHALLENGES TO BREASTFEEDING MIME AND BALLET</p>
10.30-11.00am	<p style="text-align: center;">T E A B R E A K</p>
11.00-12.30pm	<p style="text-align: right;"><u>PLENARY 3</u></p> Chair <i>NB Kumta Co Chair Kim Jai Ok</i> Critical Challenges to IYCF in the 21st Century 3A. Infant feeding & HIV : A brief from the Colloquium: <i>Ted Greiner and I.Uhaa</i> 3B. Code Resolutions and New Challenges: <i>Annelies Allain</i> 3C. Environmental Threats to Breastfeeding: <i>Alison Linnecar</i> 3D. Fighting Globalization with Mother's Milk: <i>Joel Rocamora</i> Rapporteur and Session Coordinator: <i>Kaisar Ahmed and Mohinder Singh</i>
12.30-2pm	<p style="text-align: center;">L U N C H</p> Visit to Artist's workshop of young contemporary painters from India who create "on the spot" paintings on "Motherhood and Child Care."
2.00-3.30pm	<p style="text-align: right;"><u>2ND WORKING SESSION 8-15</u></p> 8 Working sessions on key issues and skill building. Coordinators/Chairpersons for each session
3.30-4.00pm	<p style="text-align: center;">B R E A K</p>
4.00-5.30pm	<p style="text-align: right;"><u>WORKING SESSIONS 16-23</u></p> 8 Working sessions on key issues and skill building. Coordinators/Chairpersons for each session
5.30pm	DRAFTING GROUP MEETS INPUTS INTO "DELHI DECLARATION"
7.00-10.00pm	<p style="text-align: center;">MEETING OF MEMBERS OF BPNI AT INDIAN SOCIAL INSTT.</p>

TUESDAY 2ND DECEMBER

Special Session B 8.00–8.40am	MEET THE EXPERTS SESSION - 2 Complementary feeding (<i>Shanti Ghosh, Ted Greiner, HPS Sachdev</i>) Moderator: <i>JP Dadhich</i> Rapporteur and Session Coordinator: <i>María Paz Luna and Nongnuch</i>
9.00-10.30am	PLENARY 4 Chair: <i>Elaine P Cote</i> Co Chair: <i>Quan Le Nga</i> <u>Launch of Maternity Protection Kit</u> <i>Elaine & Ines Fernandez</i> Mothers Support 4A. Phases of Mother Support Malaysian Experience <i>Norjinah Moin</i> 4B. Breastfeeding & Employment in the Asia Pacific Region : A New Zealand Case Study <i>Judith Galtry</i> 4C. Impact of Childbirth Practices on Breastfeeding: Linking safer motherhood, newborn care and Breastfeeding at Program Level <i>Rae Davies</i> Rapporteur and Session Coordinator : <i>Prashant Gangal and Asha Benakappa</i>
10.30-11.00am	B R E A K
11.00-11.45am	PLENARY 5 Chair: <i>Shanti Ghosh</i> Co Chair: <i>Marcia Annandale</i> Integration of Optimal IYCF in Health and Nutrition Interventions 5A. Integrating Breastfeeding in Newborn Survival Programmes: <i>Vinod Paul</i> 5B. Integrating Breastfeeding in Early Childhood Development: <i>Nittaya J Kotchabhakdi</i> Rapporteur and Session Coordinator: <i>MMA Faridi and Cynthia Pang</i>
11.45-12.30pm	PLENARY 6 Chair: <i>Rakesh Mittal</i> Co Chair: <i>Prakash Shreshta</i> Assessment, Monitoring, Evaluation of IYCF Programmes 6. Effectiveness of Using GLOPAR Tools in Macedonia Software use for Monitoring the Status and Progress of Global Strategy for IYCF: <i>Anubhav Kushwaha</i> (Dr Arun Gupta to assist) Rapporteur and Session Coordinator: <i>Arun Phatak and Liew Mun Tip</i>
1230-1240pm	Briefing about the Working Group –2: <i>Deepika Shrivastava and Ines Fernandez</i>
12.40-2.00pm	L U N C H Visit to Artist’s workshop of young contemporary painters from India who create “on the spot” paintings on “Motherhood and Child Care.”
2.00-3.30pm	3RD WORKING SESSIONS 23– 31 8 Working sessions on key issues and skill building. Coordinators/Chairpersons for each session
3.30-4.00pm	B R E A K
4.00-5.30pm	WORKING GROUP – 2 For development of plan of action for State/Country and the region 8 groups to develop Regional / National Plan of Action Facilitators: same as in Plenary 2, participants also as in WG-1
5.30pm	DRAFTING GROUP MEETS
7.00-10.00pm	BANQUET AND CULTURAL PROGRAM ON THE EVE OF BPNI DAY AT IHC

WEDNESDAY 3RD DECEMBER

Special Session C 8.00–8.40am	MEET THE EXPERTS SESSION – 3 Infant Feeding and HIV: <i>PL Joshi, Peggy Henderson, Miriam Labbok</i> Moderator: <i>Stina Almroth</i> Rapporteur and Session Coordinator: <i>Patricia Ip</i>
9.00-11:00 am	8 WGs to Develop Plan of Actions
11.00-11.30am	B R E A K
11.30-12.30pm	PLENARY 7 Chair: <i>Annelies Allain</i> Co Chair: <i>Raj Anand</i> Conference summaries of Key actions and recommendations. <i>YP Gupta, MQK Talukder, Yupayong Hangchaovanich</i> Moving Forward: “The Delhi Declaration” <i>Caleb Otto</i>
12.30-2.00pm	L U N C H
2.00-3.30pm	PLENARY 8 Chair: <i>Erma Manoncourt</i> Regional Plans, FU and Commitments by RRs and 4 WG Coordinators of India Rapporteur and Session Coordinator: <i>Amara Peeris and Shobha Banapurmath</i>
3.30-4.00pm	B R E A K
4.00-5.30pm	CLOSING CEREMONY
4.00-4.05	Welcome: <i>Tarsem Jindal</i>
4.05-4.15	Comments on the Programme: <i>Arun Phatak, Grace Kiriwaga, Miran Mun</i>
4.15-4.25	Recommendations: <i>Raj Anand and Marcia Annandale</i>
4.25-4.35	Presentation of The Delhi Declaration: <i>Arun Gupta</i>
4.35-4.45	Remarks by JVR Prasada Rao ,Secretary Health, Govt. of India
4.45-4.55	Remarks by PK Hota <i>Secretary Family Welfare,GOI</i>
4.55-5.05	Remarks by Maria Calivis Country Representative UNICEF India
5.05-5.10	Dedication of paintings at the Art workshop to the breastfeeding movement: by <i>Ted Greiner and Kim Jai Ok</i>
5.10-5.15	Valedictory address by <i>Anwar Fazal</i>
5.15-5.30	Appreciation Awards by <i>Ines Fernandez and Raj Anand</i>
5.30	Vote of Thanks: <i>Dharam Prakash</i>
	Ends

Sl. No.	Title	WS Coordinators and Chairpersons	Objectives	Workshop Titles	Speaker/Speakers
7.	Experience of legal action by countries on the Code	Chander Uday Singh <i>SK Nazumul Huda</i>	To review various national level legal actions against companies taken by organizations/ individuals	<ol style="list-style-type: none"> 1. Update on the court case against Nestle, India 2. Breastfeeding Promotion Laws and Class action in Nepal 3. BBF wins all three cases against Milk Companies 	<i>Ajay Kumar</i> <i>Raju Prasad Chapagai</i> <i>MQK Talukder</i>

DAY 2ND 2.00-3.30PM DECEMBER 1, 2003, MONDAY

8	Birthing practices & companionship in labor	Rae Davies <i>Suneeta Mittal</i>	To identify various birthing practices and to assess their impact on breastfeeding.	<ol style="list-style-type: none"> 1. Birthing practices & companionship in labor in the Asian context- how to change 	<i>Rae Davies</i>
9	Strategies for behavioral change to improve infant and young child feeding practices	<i>Marcia Annandale</i>	To explore communication as a tool to improve feeding practices in community	<ol style="list-style-type: none"> 1. Improving Breastfeeding Practices: A Behavioral Change Communication Approach 2. Effect of counseling on IYCF by community workers on exclusive breastfeeding in 3 blocks of Bhuj Distt. in Gujarat, India. 3. Strategies for behavioral change to improve infant and young child feeding 4. Importance of Community Support in Breastfeeding promotion. 	<i>Sanjay Kumar and S.Vinita</i> <i>Tarsem Jindal, BPNI N. Sectt.</i> <i>KP Kushwaha, BPNI –U.P.</i> <i>VM Bhatia</i>
10	Actions on complementary feeding	Ines Fernandez <i>Charu Suraiya</i>	To highlight various interventions for improving appropriate complementary feeding practices	<ol style="list-style-type: none"> 1. Strategic options for promoting complementary feeding 2. Complementary feeding: Lessons from the early phase of Integrated Nutrition and Health Project, India. 3. The use of indigenous foods in complementary feeding 4. Community level initiatives to improve infant and young child feeding in Andhra Pradesh, India. 	<i>Werner Schultink</i> <i>Pradnya Paithankar</i> <i>Ines Fernandez</i> <i>Sai Jyothi</i>
11	Skills: Facilitation	Arvind Chittewale	Skill enhancement of groups and individuals in facilitation	<ol style="list-style-type: none"> 1. Facilitation Skills 	<i>Arvind Chittewale</i>

Sl. No.	Title	WS Coordinators and Chairpersons	Objectives	Workshop Titles	Speaker/Speakers
12.	Health and nutrition intervention in IYCF	Patricia Ip <i>Maryam Rasheeda</i>	Share results of key interventions in health and nutrition programs	<ol style="list-style-type: none"> 1. IYCF in IECD(Health and Nutrition interventions) 2. Effect of elimination of all kinds of milk and milk products other than breastmilk from the diet of children of all age groups on the physical, mental and behavioral status. 3. Supporting breastfeeding mothers in NICU 	<i>Laxmi Bhawani</i> <i>Kamalendu Chakrabarti</i> <i>Mallikarjuna HB</i>
13	Gender issues	Lakshmi Menon	To bring about greater gender awareness and mainstreaming within the breastfeeding movement	<ol style="list-style-type: none"> 1. Gender Perspective in Breastfeeding Advocacy 	<i>Renu Khanna</i>
14	Value of breastfeeding in survival, growth and development	Cynthia Pang <i>Nirmala Kesaree</i>	Share new and unexplored findings about benefits of breastfeeding	<ol style="list-style-type: none"> 1. New findings on impact of breastfeeding on survival, growth and development: updating our knowledge 	<i>Miriam H Labbok</i>
15	Experiences in Code implementation	Patti Rundall <i>Annelies Allain</i>	To share experiences from different countries on Code implementation and lesson learnt	<ol style="list-style-type: none"> 1. How India did it? 2. The Code Revision Sri Lanka 3. Mongolian experience on Code implementation 4. Bangladesh experience in Code implementation 	<i>Vandana Sabharwal</i> <i>Wilfred Narammala</i> <i>J.Batjargal</i> <i>Riffat H Lucy</i>

DAY 2nd 4.00-5.30PM DECEMBER 1, 2003, MONDAY

16	Issues of newborn, infant and young child survival – with a focus on LBW, and revitalization of BFHI	Marcia Annandale <i>Satish Kumar</i>	To explore various issues related to survival with special focus on LBW and breastfeeding.	<ol style="list-style-type: none"> 1. Interventions to accelerate Newborn Survival with a focus on LBW 2. BFHI: “Kerala model” 3. Problems and prospects of BFHI activities in Bangladesh 	<i>Marzio Babilie</i> <i>Kurian Thomas</i> <i>MA Mannan</i>
17	Combining work and breastfeeding: from policy to practice	Norjina Moin <i>Alison Linnecar</i>	Innovative experiences to help mothers to continue work and breastfeeding	<ol style="list-style-type: none"> 1. Enabling Strategies for Breastfeeding for working women 2. Maternity protection at work 3. Exc. Breastfeeding and maternity leave, are they mutually exclusive? 	<i>Mridula Bajaj</i> <i>Elaine P Cote</i> <i>P Chaturvedi</i>

Sl. No.	Title	WS Coordinators and Chairpersons	Objectives	Workshop Titles	Speaker/Speakers
18	Effects of exclusive breastfeeding on growth and development	Arun Phatak <i>HPS Sachdev</i>	To share work done on exclusive breastfeeding in relation to growth and development	<ol style="list-style-type: none"> 1. Semi-longitudinal study of infants exclusively breastfed for six months in urban town of Baroda. 2. Growth of exclusive breastfed infants of rural undernourished mothers, a West Bengal study 	<i>Arun Phatak</i> <i>Parbati Sengupta</i>
19.	Development of National or State plans of action on IYCF	Deepika Shrivastava <i>Caleb Otto</i>	Sharing experiences with development of national guidelines or processes used in development of National or State/Provincial Plan of action for IYCF	<ol style="list-style-type: none"> 1. MP State Plan of action on IYCF 2. Karnataka State plan of action 3. Developing Vietnam plan of action on IYCF 	<i>Rekha Bhargava</i> <i>Govt. of Karnataka</i> <i>Trinh Hong Son</i>
20.	Expanding and linking the breastfeeding action	Patricia Ip <i>Yupayong</i> <i>Hangchaovanich</i>	Exploring the various modalities to expand and take breastfeeding movements to reach all	<ol style="list-style-type: none"> 1. Achievements of BPNI State Branch-Punjab, India 	<i>Mohinder Singh</i>
21.	Methods to help and support lactating mothers	Mohd. Marwan <i>Nirmala Kesaree</i>	To discuss various methods to help mothers to facilitate breastfeeding	<ol style="list-style-type: none"> 1. Bangladesh experience promoting traditional Japanese breast massage in Bangladesh 2. Methods to help and support lactating mothers 3. Effect of Lactational rounds on breastfeeding practices 	<i>Masayo Awano</i> <i>Fulkumari Rozario.</i> <i>Ajay Gaur</i>
22	Advocacy and communications on breastfeeding	Prakash Shreshta <i>Kim Jai Ok</i>	To highlight advocacy and other methods and materials to promote breastfeeding	<ol style="list-style-type: none"> 1. Partnership for change: The government of Jharkhand, BPNI, CARE, UNICEF Promotion of optimal breastfeeding in Jharkhand. 2. Advocacy and Promotion: Implications of Lancet Series 3. Social marketing and breastfeeding promotion 	<i>Sanjay Pandey</i> <i>Miriam H Iabbok</i> <i>Zahid Hussein</i>
23.	Sharing experiences on Infant feeding and HIV	Jay Ross <i>Ted Greiner</i>	To share global programme experience as well lessons learnt from feasibility studies	<ol style="list-style-type: none"> 1. Study of feasibility in India 2. Tools for implementing and monitoring actions on infant feeding in the context of HIV/AIDS. 	<i>Stina Almroth</i> <i>Peggy Henderson</i>

DAY 3RD 2.00-3.30 DECEMBER 2, 2003, TUESDAY

Sl. No.	Title	WS Coordinators and Chairpersons	Objectives	Workshop Titles	Speaker/Speakers
24	Capacity building for development of action plans	Deepika Shrivastava	Skill development in developing national or state level plans using a participatory technique	1. Skill development session, How to develop a plan of action: a VIPP method	<i>Deepika Shrivastava</i> <i>Iqbal Kabir</i>
25.	Determinants of breastfeeding and complementary feeding practices	MQK Talukder	To share some lessons learnt from actions to promote optimal IYCF practices	1. Determinants of weaning practices among mothers attending urban health clinics in Mashhad, Iran 2. Comparison of infant feeding practices of ICDS and non ICDS areas in urban slums of Lucknow 3. Initiation of breastfeeding in urban slums of Davangere City. 4. Gender issues for infant feeding: some critical concerns	<i>Robab Latifnejad</i> <i>Madhu Aggarwal</i> <i>C R Banapurmath</i> <i>MS Tara</i>
26.	Strengthening pre-service curriculum on infant and young child feeding	AK Patwari <i>B Kishore</i>	Reviewing various pre service curricula and identifying lacuna and strategies	1. Importance and options for strengthening pre-service curriculum on IYCF 2. Experience of introduction of breastfeeding counseling in pre-service curriculum of Vietnam Secondary Medical Schools. 3. Indian experience on strengthening pre-service curriculum of medical doctors and nurses	<i>AK Patwari</i> <i>Govt. of Vietnam</i> <i>DK Sharma</i>
27.	Ensuring breastfeeding rights of women and children	Tracey W Rizvi <i>Judith Galtry</i>	To explore the CRC as a tool for ensuring breastfeeding rights of women and children and other options for support to women	1. Convention on the Rights of Child-CRC Activities since 2001 2. Maternity protection at work place, crèche support in Philippines	<i>Elaine P Cote</i> <i>Ines Fernandez</i>
28.	Health care system to support breastfeeding	KP Kushwaha <i>NB Kumta</i>	Sharing experiences on building capacity of health care workers to provide breastfeeding support	1. Training in IYCF and capacity Building 2. Outcome of breastfeeding counseling training among different types of participants 3. Building capacity of health care workers and Health care systems to support breastfeeding: Potential role of international organizations	<i>KP Kushwaha</i> <i>Mridha Saiful Islam</i> <i>Miriam H Labbok</i>

Sl. No.	Title	WS Coordinators and Chairpersons	Objectives	Workshop Titles	Speaker/Speakers
29.	Developing community support to breastfeeding and linking with movements	Sharada Pandey <i>Kim Jai Ok</i>	To explore and share action ideas to achieve community support for breastfeeding	<ol style="list-style-type: none"> 1. World Breastfeeding Week 2. Linking with PHM 3. Distt. Level action of BPNI 	<i>Jessy George</i> <i>Vandana Prasad</i> <i>JP Dadhich</i>
30.	Code monitoring experience	<i>David Clark</i>	To share how baby food manufacturers put profit before child health and survival	<ol style="list-style-type: none"> 1. Monitoring the International Code of Marketing of Breastmilk substitutes and subsequent World Health Assembly Resolutions 2. Labeling violations in breastmilk substitute: reflections from a market study in Dhaka, Bangladesh 3. Results and impact of the recent monitoring of Marketing of Breastmilk Substitutes in Indonesia 	<i>Annelies Allain</i> <i>SN Huda</i> <i>Dien S Besar</i>
31.	Skills: Communication	Arvind Chittewale	To enhance communication skills for media interaction	<ol style="list-style-type: none"> 1. Communication Skills 	<i>Arvind Chittewale</i>

Commitment Sheet

FOR INDIAN PARTICIPANTS

Participant: State _____

Profile:

Government

NGO

Others

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 1. We would like to develop a State plan of action for Infant and Young Child Feeding for the State of..... |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 2. We would like to include Infant and Young Child Feeding in the State Training Action Plan. (STRAP) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. We would like to update Infant and Young Child Feeding guidelines in harmony with the Global Strategy and World Health Assembly (WHA) resolutions. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 4. We would like to develop a team of master/core trainers on Infant and Young Child Feeding counseling. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 5. We would like training developed on Infant Feeding and HIV for the PTCT counselors |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 6. We would like to call a state level consultation to help formulate these plans. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 7. We would like to develop District wise plans on Infant and Young Child Feeding committees for creating "Baby Friendly Communities" |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 8. We would like to develop and train teams for implementation and compliance with the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act 2003. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 9. We would like to receive technical support for these efforts. |

FOR PARTICIPANTS FROM OTHER COUNTRIES EXCEPT INDIA

Participant: Country _____

Profile:

Government

NGO

Others

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 1. We would like to develop a National Plan of Action on Infant and Young Child Feeding based on the Global Strategy. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 2. We would like to review and update the Infant and Young Child Feeding guidelines for our country. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. We would like to train Core team of master trainers on Infant and Young Child Feeding |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 4. We would like to carry out assessment of the status of Global Strategy for Infant and Young Child Feeding. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 5. We would like to receive and adapt the IEC materials on exclusive breastfeeding and complementary feeding |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 6. We would like to participate in the Regional Code training workshops |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 7. We would like to use exclusive breastfeeding for first six months as a lead indicator for child health, nutrition and development programmes. |

Materials shared with the participants

1. Writing Pad (*Question Slip, Feedback form, Commitment sheet*)
2. Program
3. Commitment Sheet
4. Evaluation Form
5. Invitation Card
6. Information Pack
7. International Board Certificates for Lactation Management - Flier
8. Map of IYCF tool for advocacy planning and clinical management
9. WABA World Breastfeeding Week Folder 2003
10. What is IBFAN Asia Pacific – A Flier
11. Nurturing the Infant and Young Child- A Simple Guide to the Global Strategy for Infant and Young Child Feeding: *a popular version of the Global Strategy*
12. The Global Strategy for Infant and Young Child Feeding – A Flier
13. IBFAN Asia Pacific Newsletter No. 1
14. What is BPNI – A Flier
15. BPNI Resource Centre – A Flier
16. Guidelines for Breastfeeding & Complementary Feeding (English) – Information Sheet
17. India Protects Breastfeeding – Information Sheet
18. BPNI Annual Report 2003
19. BPNI Bulletin No. 23
20. How Industry Undermines Breastfeeding – A report on how Indian food industry defies the Indian legislation and puts infant health at risk in the January 2001 – December 2002. (BPNI Publication)
21. Breastfeeding and Complementary Feeding - A Guide for Parents (BPNI publication)
22. New Light on Child Survival – An advocacy pack containing the Lancet Series on Child Survival and PPT presentation
23. The Delhi Declaration on Infant and Young Child Feeding

Evaluation Form

1. What did you expect out of this Conference?

2. Were your expectations met?

Yes

No

3. In your opinion were the objectives of the conference met?

Yes

No

If no, why?

4. What did you find especially good about this conference?

5. What was not good? Why?

6. What could be done differently?

7. What are your comments on the programme?

8. What more could have been included?

9. Was background material supplied of any relevance to you?

10. Any comments about the logistics?

Venue:

Accommodation:

Food:

Transport:

Cultural Programme

11. Any Other Suggestions

Name _____ Address _____



Yashoda and Krishna

Painting by Somnath C. Banerjee



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