



# SOUTH ASIA BREASTFEEDING PARTNERS FORUM-1

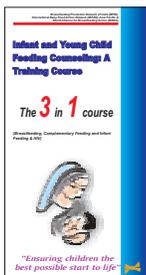
November 2004, Bangladesh

**S**outh Asia Breastfeeding Partners Forum was held at Dhaka Bangladesh from Nov 22-24 2004. Fifty-nine participants from India, Bangladesh, Nepal, Afghanistan, Sri Lanka, Maldives and Pakistan participated. There were representatives of governments, NGOs, UN agencies, mother support groups, professional bodies and other international organizations like Plan International, Save the Children UK. The forum was organised by International Baby Food Action Network (IBFAN) South Asia and hosted by the Bangladesh Breastfeeding Foundation (BBF). Theme of the forum was *"Promoting Exclusive Breastfeeding to Achieve Millennium Development Goals in South Asia"*.

Implementing the Global Strategy for Infant and Young Child Feeding was central to the whole programme. The Honourable Minister of Health and Family Welfare Dr. Khandaker Mosharraf Hossain of Bangladesh was the Chief Guest.

## The 3 in 1 training course on IYCF Counseling - Launched

At the forum, Dr. Khandaker Mosharraf Hossain, Hon'ble Minister of Health and Family Welfare of Bangladesh, released the *"Infant and Young Child Feeding Counseling: A Training Course: the 3 in 1 course* (breastfeeding, complementary feeding and infant feeding & HIV) developed by IBFAN Asia Pacific and BPNI in collaboration with WABA and UNICEF India. The training materials were shared with all countries. Plans are underway to introduce the 3 in 1 course in participating countries.



Dr. Khandaker Mosharraf Hossain, Minister of Health, Bangladesh addressing the forum participants

Other guests of honour included Dr. I.J. Uhaa, Chief of Health and Nutrition Section, UNICEF Bangladesh, who also represented UNICEF Regional office for South Asia (ROSA), Dr. George John Komba-Kono from WHO Bangladesh, Prof. MQK Talukder, Chairperson IBFAN Asia Pacific. Dr. Arun Gupta set the tone of the meeting by pointing out that we need to invest more for the Under three age group for achieving MDGs. He emphasised the need of direct interventions like promoting exclusive breastfeeding for the first six months and continued breastfeeding alongwith appropriate complementary feeding after six months as nations are committed to implementing the Global Strategy. Dr. Khandaker Mosharraf Hossain, Hon'ble Minister of Health and Family Welfare of Bangladesh, assured to support the issue not only in Bangladesh but also at the regional level i.e. at SAARC. The Forum provided all partners a platform for discussion, sharing, networking and planning together. Key issues discussed at the forum included capacity building of care providers for counseling on IYCF, International Code of Marketing of Breastmilk Substitutes and HIV & Infant Feeding.

# Call for Action on Health and Development

The South Asia Breastfeeding Partners Forum held in Dhaka, Bangladesh from 22 to 24 November 2004 brought together 59 participants from 7 countries representing governments, public interest groups, professional bodies, United Nations agencies and other international organisations.

**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, 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; and UN Framework for Priority Action on HIV and Infant Feeding.

**With the background** that, inappropriate feeding practices and inadequate care lead to malnutrition and limit the survival, growth and development of young children; in South Asia more than 3.5 million children under 5 years of age die annually, and 2/3 of these deaths occur during first year alone; malnutrition among children is related to more than half of these deaths; more than 75 million children under the age five are underweight and underdeveloped, and this is a major obstacle to sustainable human development, socio-economic development and poverty reduction; and reducing mortality alone can lead to an increased number of underdeveloped children,

**The participants reviewed** actions taken on implementing the *Global Strategy for Infant and Young Child Feeding*, shared country actions and



lessons learnt and developed action plans for 2005. Keeping the Global Strategy for Infant and Young Child Feeding as central and *Millennium Development Goals* as the focus.

**Over three days the participants discussed** ways and means to protect, promote and support optimal infant and young child feeding; especially early and exclusive breastfeeding for the first six months and continuing breastfeeding along with appropriate complementary feeding for two years or beyond as means to prevent child malnutrition and reduce child deaths.

**The participants adopted in unanimity the following recommendations to contribute towards achieving the MDGs, especially MDG 4, and call upon the Governments of South Asia, SAARC, UN agencies, international organisations and civil society organisations to:**



# Development of Children in South Asia

## Recommendations

- Make all efforts to enhance the practice of exclusive breastfeeding for the first six months and continued breastfeeding along with adequate and appropriate complementary feeding for all babies for two years or beyond;
- Ensure that programmes to prevent child malnutrition and to enhance early child development are a priority and receive adequate resources on an urgent basis;
- Take steps to develop a national strategy and plan of action for implementing the Global Strategy for Infant and Young Child Feeding and to ensure that the plan of action is monitored and evaluated on a regular basis;
- Constitute a multi-sector national core group on Infant and Young Child Feeding (IYCF);
- Monitor exclusive breastfeeding for the first six months as a lead proxy indicator for child health and development;
- Ensure that programmes to achieve optimal infant and young child feeding reach all families;
- Ensure that IYCF policy and programmes address the issue of HIV through collaborative efforts with HIV experts and organizations;
- Ensure active participation at the World Health Assembly (WHA) and Codex Alimentarius to protect IYCF; and
- Strengthen programmes aimed to improve maternal nutrition and reduce the number of babies with low birth weight.

### Key Areas of Action for Infant and Young Child Feeding

1. Ensure consistent approach and messages on IYCF;
2. Revitalize Baby Friendly Hospital Initiative (BFHI) and link it with community initiatives to promote optimal IYCF;
3. Establish breastfeeding support centers/corners with adequately trained and skilled health personnel in each health facility;
4. Establish community-level mother/father support groups;
5. Ensure all frontline workers are adequately trained in skills to counsel on optimal IYCF;
6. Ensure that preservice curriculum of all care providers is adequately strengthened on IYCF;
7. Ensure that International Code for Marketing of Breastmilk Substitutes and subsequent, relevant WHA resolutions and relevant national legislations are effectively implemented at national level, and that all families, health workers and other stakeholders are aware of their provisions;
8. Ensure adequate, universal maternity protection and that information on the importance of maternity protection is made available to all women and other stakeholders;
9. Ensure that workplace support to breastfeeding women is provided, including child care options, breastfeeding breaks, etc.
10. Ensure that all health professionals and their associations respect and apply the International Code and avoid conflicts of interests in their actions;
11. Establish a regional training resource on IYCF; and
12. Link IYCF efforts with partners in other sectors, such as HIV, IMCI, RCH, etc.



## FORUM-2 2005

**Nepal**

## FORUM-3 2006

**Pakistan**

## FORUM-4 2007

**Afghanistan**

### **APPAR software toolkit: Way forward for national actions**

The Asia Pacific Participatory Action Research (APPAR) software toolkit was also launched at the forum. This is a colour coded web-based tool conceptualized and developed by IBFAN Asia Pacific. It provides a software for data entry and bench marking progress on the Infant and Young Child Feeding practices and programme. It also provides tools to study trends in individual countries and compare with other countries. More than that these can also be generated into charts and maps for reporting purposes. All countries were provided training during this workshop on the use of this tool. Following day each country made a presentation on its use and provided comments for its improvement.



*Afghanistan making presentation of APPAR charts using country data*

### **Call for national action on Infant Feeding and HIV**

HIV and infant feeding was discussed by Dr I.J Uhaa, who reminded the participants that key area of action in this issue is to bring together both HIV experts and infant feeding experts together to think about solutions to prevent mother/parent to child transmission.



*Dr. Uhaa speaking on HIV & Infant Feeding*

### **Country plans of actions on IYCF: 2005**

Seven participating countries developed specific action plans for the year 2005. While all of them built in their plans the use of APPAR software toolkit to assess the status of Global Strategy for Infant and Young Child Feeding in their respective countries, building resources for skill training in IYCF counseling also figured commonly in the plans 2005. Some specific plans for each country included;

Bangladesh planned to review their Code and appoint a lawyer for this purpose. Nepal planned to advocate for changing the National Committee on Breastfeeding into Infant and Young Child Feeding Committee and also strengthen the implantation of the recent Supreme Court verdict on Code violations. India's plan emphasized on dissemination of National Guidelines on IYCF through a simple popular document, prepare a briefing paper on new WHA resolution in 2005, and assist the state governments in creating a group of core trainers in IYCF counseling for further training of frontline workers. The Pakistan action plan mainly reflected strengthening IBFAN groups and interested NGOs in the country. They also plan to organize a national consultation on IYCF action as well as translate key documents in Urdu. Afghanistan's action plan included appointing a national coordinator; appointing an IBFAN Focal Point in Afghanistan and establish IBFAN network, establish a monitoring system, develop/adapt national guidelines on IYCF, and conduct national survey on IYCF for APPAR use. Maldives planned to focus on national advocacy for implementing the Global Strategy for Infant and Young Child Feeding. Sri Lanka planned to put emphasis on networking with other programmes and organizations to strengthen the education on IYCF.



**International Baby Food Action Network (IBFAN), Asia Pacific**

Tel: +91-11-27315936, 27312825 Tel/Fax: +91-11-27315606

Email: [info@ibfan-asiapacific.org](mailto:info@ibfan-asiapacific.org), Website: [www.ibfan-asiapacific.org](http://www.ibfan-asiapacific.org)