

Rapid Assessment of HIV and Infant Feeding Work

5-Country Report: Afghanistan, Bangladesh, Indonesia, Malaysia and Nepal



Report by:

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Introduction:

Balancing the risk of transmission of HIV through breastfeeding with the risk of malnutrition and death from not breastfeeding is critical for all nations while they develop their responses to prevent HIV infection from parents to the child. Policy makers and programme managers are struggling with development of local policy guidelines and action plans while keeping a focus on the overall objective of ensuring HIV free child survival by promoting optimal infant and young child feeding and at the same time minimizing HIV transmission through breastfeeding.

IBFAN Asia Pacific and WABA, as part of the work of the International Task Force on HIV and Infant Feeding, jointly proposed a rapid assessment of HIV and infant feeding work at country level to learn the ground level situation in order to place the advocacy efforts well.


To carry out this meaningful task, a proposal was initiated by IBFAN Asia Pacific, exploring from its key representatives from Bangladesh, Malaysia, Indonesia, Nepal and Afghanistan to conduct a rapid assessment of HIV and infant feeding work, achievable in a short time at the country level. The rationale signifies the importance to discover, as to how infant feeding is getting addressed in the context of HIV under country's PPTCT programmes / Prevention of HIV in Infants and Children.

All national IBFAN contacts were asked to facilitate a 2-3 hour national consultation in the month of June (June 1-17, 2005), in his/her country, on the aforementioned issues involving several stakeholders, including Health department of the government programmes, HIV AIDS Department, UNICEF, WHO, UNAIDS, UNFPA, UNDP, USAID, DFID, any other international organizations working on HIV issues in the country, HIV groups/ NGOs working, health professionals bodies etc. A background paper containing objectives and a self-explanatory process to organize such a meeting was provided with a structured questionnaire (*annexure 1*). They were apprised that it would be beneficial to take along a few of the key materials at the meeting, including WABA's brochure on '*Prevention of Infant HIV*', IBFAN's brochure on '*3:1 training course on IYCF*' (provided as PDF files) and also important UN documents mentioned in the paper to be displayed at the meeting and shared with those who required.

To facilitate the national consultation, WABA agreed to provide a sum of US\$ 750/- for each country. Also, Dr J.P. Dadhich, Co-coordinator of the IBFAN Asia Pacific Working Group on Infant Feeding and HIV was delegated to follow-up the project at the Regional Office. The proposal pointed out that in case it is felt necessary, Dr Dadhich could also visit and provide inputs during the proposed meeting, provided a schedule is prepared giving a convenient date for the meeting and his availability during that period.

The consultation may be a beginning of a new partnership at the national level, where all partners share their concerns and work together in addressing this critical issue.

It was also informed that the results of the assessment from these five countries be incorporated for discussions at the International Symposium on HIV and Infant Feeding on 1-2 July 2005 and also included in the Task force advocacy brochure being developed by WABA.



Objectives:

1. To raise awareness of the issues and particularly, the latest material on HIV/IF, especially UN materials;
2. To create a solidarity/trusting relationship around each other's concerns;
3. To network for cooperation to initiate some joint actions;
4. To facilitate discussion and find out how HIV and infant feeding is being addressed in the PMTCT programmes as part of HIV AIDS Programmes, specifically to list the processes being followed by a country.

Summary of Report from Five Countries:

The participation in the consultation at individual country level was widely representative as is evident from following table:

Country	Coordinator for Consultation	Key Participants
Afghanistan	<ul style="list-style-type: none">• Dr. Bashir Ahmad• Dr. Mohibullah Wahdati, Director Public Nutrition	<ul style="list-style-type: none">• Public Nutrition Department (PND)• Ministry of Public Health• WHO• HIV/AIDS department• Tdh• CAHD / IMCI• IDGCH,• UNICEF• Malali Hospital• CAF• NAC• RH and• UNDP (Total 20 Participants)
Bangladesh	<ul style="list-style-type: none">• Dr. Abu Monaim Samsad, Assistant Coordinator (Training), Bangladesh Breastfeeding Foundation	<ul style="list-style-type: none">• BBF• National STD/AIDS Program, MOH&FW• UNICEF• Institute of Child and Mother Health (ICMH)• National Nutrition Program• Institute of Public Health & Nutrition (IPHN)• ICDDR• Total 23 participants
Indonesia	<ul style="list-style-type: none">• Dr. Dien Sanyoto Besar, MD, Ped. IBCLC, Jakarta	<ul style="list-style-type: none">• John Hopkins• Save the Children• Breastfeeding Promotion Foundation• National Women Organization,• Ministry for Women Empowerment• PATH

		<ul style="list-style-type: none"> • National AIDS Commission, • WHO • UNICEF • National Nurse Association • National Midwife Association • Directorate of Medical Care of MOH • Indonesian Pediatrician Association • Total 31 Participants
Malaysia	<ul style="list-style-type: none"> • Ms Siti Norjinah, President, Malaysian Breastfeeding Association 	<ul style="list-style-type: none"> • PPPIM • WABA • UITM • Malaysian Aids Council • Islamic Medical Doctors Association • Paediatric Institute – Hospital Kuala Lumpur • National Council for Womens’ Organisation • Ministry of Health • Malaysian Association for Prevention of Children • Malaysian Paediatric Association • Malaysian Childcare Association (PPBM) • Malaysia Dietitians Association • FOMCA (Federation of Counsumer Association) • Federation of Family Planning - FFPA • Dept. of Social Welfare (JKM) • World Health Organisiom • LPPKN • PPPIM • Total 25 participants
Nepal	<ul style="list-style-type: none"> • Prakash Sunder Shrestha, Professor in Child Health, President NEBPROF 	<ul style="list-style-type: none"> • UNFPA/Nepal • Save the Children Norway • Terre des Hommes • Nepal Nursing Council • Pro Public • Department of Health Services, • NTAG • Aama Milan Kendra • Nepal Red Cross Society • Maiti Nepal • PSI/Nepal • Matrons from the Kathmandu Valley hospitals • Total 25 participants

Action at each country level has been summarized below.

Bangladesh

The proposal was sent on 6 May 2005, followed by a few questions raised, which was responded to by us. A meeting has already been conducted on 11 June 2005, holding a 3-hour brainstorming session. Subsequent to a follow up action, a report on the Country Assessment for HIV IF in PMTCT programmes in the country has been received and attached hereto as *annex 4*. The consultation revealed that there is no national policy in place for HIV and Infant feeding although national AIDS/STD Program (NASP) supervises AIDS/HIV at national level.

Indonesia

The proposal on Rapid Assessment of HIV and Infant Feeding Work at country level was sent on 6 May 2005. There were a few queries and clarifications asked by Dr Dien Besar, which were answered by Dr J.P. Dadhich. A meeting was scheduled for 10 June 2005 to conduct a 3-hour brainstorming discussion. Subsequent to a follow up action, a report on the Country Assessment for HIV IF in PMTCT programmes in the country has been received and attached hereto as *annex 2*. The assessment points out that a national program on HIV/AIDS is in place in Indonesia and a nodal agency on HIV is also present. A Draft policy on PPTCT is under consideration. The present government policy is to recommend Infant formula as the first choice in HIV positive mothers.

Malaysia

The proposal was forwarded on 6 May 2005. There were a few questions asked through exchange of email, which was responded to by us. A meeting has already been conducted to hold a 3-hour brainstorming session on 20 June 2005. Subsequent to a follow up action, a report on the Country Assessment for HIV IF in PMTCT programmes in the country has been received and attached hereto as *annex 3*. The findings of the national consultation reveal that in Malaysia a national MTCT program is in place which directs all HIV positive mothers to practice replacement feeding. The mother is provided with free alternative feeding (formula). The Govt.of Malaysia assumes that the country fulfills all AFASS criterias.

Nepal

The proposal was forwarded on 6 May 2005. Dr Shrestha raised a few questions, which were responded to by us. A meeting has already been conducted on 8 June 2005, holding a 3-hour brainstorming session and active participation from stake holders reported. Subsequent to a follow up action, a report on the Country Assessment for HIV IF in PMTCT programmes in the country has been received and attached hereto as *annex 5*. It came out in the meeting that there is a lack of program for PPTCT at national level. Moreover, there is lack of a comprehensive national policy on HIV and Infant feeding.

Afghanistan

- A proposal was sent on 6 May 2005. Few messages were exchanged in the month of May, as some difficulties were encountered with regard to the attachments and some clarifications sought, which were answered by us. Public Nutrition Department, Ministry of Public Health in Kabul, Afghanistan conducted a 2 hours meeting with close collaboration and support of IBFAN Asia Pacific- WABA, on Sunday 26 June 2005 on theme of: *Quick Assessment for HIV, Infant Feeding in PMTCT programmes*. Twenty participants from different agencies including PND, WHO, HIV/AIDS department, Tdh, CAHD / IMCI, IDGCH, UNICEF, Malali Hospital, CAF, NAC, RH and UNDP attended the meeting. Each question under the theme was discussed one by one and a consensus response to be filled in the questionnaire was arrived at. Participants also agreed on formation of a working group at the aim to look after different aspects of the program
- in the country. At the end of discussion the participants made a committee to give their recommendation and provide a framework strategy in relation to HIV and infant feeding for the country.

The table below analyzes four key aspects of HIV IF policy and programming at national level in different countries:

Issues	Country				
	Afghanistan	Bangladesh	Indonesia	Malaysia	Nepal
National program on HIV/AIDS	No	Yes	Yes	Yes	No
Nodal agency on HIV	No	Yes	Yes	Yes	No
Policy on PPTCT	No	Yes	Draft ready	Yes	No
National Policy on HIV IF	No	No	Yes Recommends artificial feeding	Yes Recommends artificial feeding	No
Capacity building in Infant feeding counseling	absent	absent	Lack of training program	Needs strengthening	absent

Annexure 1


IBFAN Asia Pacific- WABA Rapid Assessment for HIV IF in PMTCT programmes

Following are some questions that can be used to generate responses from the participants and seek answers for;

1. Do you have any apex organization at national level, which supervises HIV-AIDS program in your country?
2. Do you have a national policy in your country dealing with prevention of mother to child transmission of HIV?
3. Is there any attempt to integrate HIV-AIDS with national health programs?
4. What are the components of PMTCT programs in your country? Is prevention of HIV among infants on the list?
5. If prevention of infant HIV is on the list what are the various strategies adopted?
6. Is there a clearly documented policy on the issue of prevention of infant HIV that includes infant feeding options for HIV positive mothers?
7. Is there a policy to achieve exclusive breastfeeding for all babies as a norm contained in this programme?
8. What is the source of information used to draft policy and program on PPMTCT? Are any of following documents consulted to do this?

International documents like WHO/UNICEF Global Strategy for Infant and Young Child Feeding, WHO, 2002; HIV and Infant Feeding Framework for Priority Action, WHO, 2003; HIV and Infant Feeding: Guidelines for Decision-Makers, WHO, 2003; HIV and Infant Feeding: A guide for health care managers and supervisors, WHO, 2003.

9. What is the source of scientific update on the HIV and Infant feeding in the country?
10. Does the country have sufficient capacity to build skills of health workers on counselling on HIV and infant feeding, if yes what training materials are being used?
11. What is the curriculum of training and how much time is given to Classroom teaching and Skilled training?
12. What is the level of involvement of various Professional organization and NGOs? In HIV-AIDS program in your country?
13. What role did the international agencies like WHO, UNICEF, DFID, USAID and others play?
14. What is the status of involvement of various government agencies in HIV-AIDS program?
15. Do you have a national policy on infant and young child feeding, what is the recommendation on exclusive breastfeeding?



Period: Month of June by 20th

Reporting: By June 25th

- Not more than two page report analysing the critical areas of capacity development, awareness and key processes used for national policy and programming and
- List of participants

Country:

Lead person working on assessment, with position and speciality:

Contact details:

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