

WEBINAR ON

Experience with Protection of Breastfeeding in SUN countries in Asia

2 July 2014 | Facilitated by UNICEF and Alive & Thrive

Introduction

The focus of the Scaling Up Nutrition (SUN) Movement in 2014 is to strengthen the capacity of countries to deliver improved nutrition. Breastfeeding is critical for infant and young child nutrition, survival, growth and development, and many countries in Asia have done much to promote and protect breastfeeding in recent years. In order to share experiences and to discuss challenges, opportunities, and achievements from a policy perspective, Dr. Le Danh Tuyen of the National Institute of Nutrition in Viet Nam and Dr. Lalith Chandradasa of the National Nutrition Secretariat Sri Lanka invited SUN Focal Points and their multi-stakeholder teams in SUN countries in Asia to participate in a webinar on protection of breastfeeding in Asia. The specific objectives were:

- To share successful country experiences in mobilizing governments to promote, protect, and support breastfeeding
- To stimulate action in countries to improve breastfeeding policies and practices based on the lessons learned

SUN Focal Points and their local teams and colleagues were invited to prepare a few points for the webinar related to the following questions:

1. What are the main policy barriers in your country to optimal breastfeeding practices and what action is being taken at the national level to address these barriers?
2. Have there been any success stories so far?
3. What kind of support is needed, if any, to strengthen your efforts to improve breastfeeding policies and practices?

Eight SUN countries participated in the webinar: Bangladesh, Indonesia, Laos, Myanmar, Nepal, Pakistan, Sri Lanka, and Viet Nam. Participants included SUN Focal Points and members of their multi-stakeholder team from government, the United Nations, civil society, and other organizations. The full participant list is included as an in Annex 1.

The webinar took place over one and a half hours on 2 July 2014. SUN multi-stakeholder teams gathered in UNICEF offices in country to take part in the webinar. UNICEF was responsible for the technical aspects of the webinar. Facilitation was provided by France Begin, Senior Nutrition Advisor, Infant and Young Child Nutrition, UNICEF in New York and Jean Baker, Director of Alive & Thrive, based in Washington, DC. France Begin provided a brief welcome and introduction to the webinar.

Presentations

The webinar began with two country presentations, from Sri Lanka and Viet Nam, followed by comments and questions from the other countries on the webinar. The Sri Lanka and Viet Nam presentations are attached in Annex 2.

SRI LANKA PRESENTATION HIGHLIGHTS: *'National Programme to Protect, Promote, and Support Breastfeeding in Sri Lanka'*

Dr Lalith Chandradasa gave a short overview of the Sri Lanka situation where breastfeeding is a culturally accepted social norm. He introduced the main presenter, Dr. Dammica Rowel, consultant Community Physician, from the Ministry of Health who presented on behalf of the Sri Lanka team. Key points from the presentation were:

- The success of the Sri Lanka program in protecting, promoting, and supporting breastfeeding is due to a variety of factors including:
 - » supportive health services
 - » high levels of female literacy
 - » social safety nets
 - » women's education
- There is a well-established breastfeeding enabling environment and strong national policies and directives which support maternal/newborn health and nutrition with the objectives of the National Programme clearly set out with specific targets for 2018
- Breastfeeding is supported through a comprehensive approach and implementation structure in the national health care system. Every mother and newborn is identified by the health system and receives support which includes Mother Baby support centers to problem solve feeding difficulties
- A continuum of care across the health system and life cycle is the strongest success factor for good breastfeeding, beginning in the antenatal period, through delivery at Baby Friendly Hospitals (90% of deliveries take place in BFHI hospitals), home visits, and to families and communities
- Sri Lanka has adopted a Code of Marketing of Breastmilk Substitutes (BMS) with oversight and monitoring by Committees; violations are reported and acted on
- Maternity benefits are in place for workers in public sector and others through national legislation
- Education/advocacy with employers is done to promote the benefits of breastfeeding support provided in the workplace

VIET NAM PRESENTATION HIGHLIGHTS: *'The Process for Policy Change in Viet Nam'*

Introductions were made by Mr. Roger Mathisen of UNICEF. Mr. Truong Quoc Hung from the Institute of Legislative Studies, Viet Nam, made the presentation on behalf of the Viet Nam team. Key points from the presentation are summarized below:

- Viet Nam is a middle income country but an estimated 1 in 3 children is stunted
- The country has recently passed two key pieces of legislation that protect and support breastfeeding: 1) Advertisement Law to ban advertising of formula and 2) Paid Maternity Leave extended to six months
- The recent legislative changes were the result of many partners and stakeholders working together
- The process for protecting breastfeeding through legislation has multiple components; the four main components are:
 - » establish and sustain partnerships (use the strength of each partner)
 - » develop evidence base ('business case')
 - » develop messages and materials geared to the audience
 - » build consensus (so stakeholders speak with a common voice)
- Advocacy played a key role with multiple events for various audiences
- Key actors spanned government, multilaterals, and NGOs
- The timeline from initiation of activity to legislation was several years (2009-2012)
- Lessons learned include:
 - » development of an evidence base for the benefit of breastfeeding was crucial
 - » the importance of engaging government as a partner from the beginning
 - » the need for both financial and technical support to engage stakeholders
 - » communication needs to be strategic and be assisted by use of compelling collateral materials
 - » the legislative process is iterative and supporters need to plan for strong resistance
 - » once policy successes are achieved, translating policy into action is key

Highlights of experience and successes from countries

BANGLADESH

- Provides 6 months maternity leave in the public sector
- Supports breastfeeding in the workplace and provides breastfeeding rooms at workplaces
- There is a BMS act in place and the implementing rules and regulations are being drafted
- Involvement of the prime minister and multiple ministries in supporting breastfeeding (i.e., Ministry of Women is piloting promotion of exclusive breastfeeding in women's shelters) has been beneficial and there are plans to revitalize the Breastfeeding Council

INDONESIA

- Has a good Code of Marketing of Breastmilk regulations in place (e.g., government regulation No. 33/2012 on EBF and No. 69/1999 on Food Labelling and Advertisement) but needs to develop a monitoring system and hopes to draw on examples from other countries
- Provides paid maternity leave for 1.5 months before and 1.5 months after delivery, and there is also paternity leave
- Implements knowledge transfer about breastfeeding at the community level
- Distributes numerous informative publications on breastfeeding to the community

LAOS

- Will adopt a nutrition law and nutrition framework in 2014
- The Code of Marketing of Breastmilk Substitutes is adopted into an agreement, not a law
- Conducted a mapping and review of policies in 2014 which identified gaps in enforcement of Code of Marketing, labelling of foods, and advertisement laws
- Successes include increase of early initiation to 90% in 2011; increase of EBF to 40% in 2011; national BF promotions; and maternity protection increased from 90 to 105 days in organized sectors

NEPAL

- Early initiation of breastfeeding increased from 35% to 45% while exclusive breastfeeding for six months increased to 70% in 2011
- Celebrates World Breastfeeding Week every year

PAKISTAN

- Exclusive breastfeeding currently stands at 31%
- The Code of Marketing has been in place since the 1990s, but formula companies are violating it without repercussions by focusing on promotion through health care providers. There is urgent need for monitoring and enforcement
- A Baby Friendly Hospital Initiative (BFHI) has been in place since early 1990s, there is capacity building of health sector staff, and there are established nutrition centres
- The UNICEF Regional Office provided support for consultancies and the Country Office is currently revising guidelines for IYCF

MYANMAR

- Has 6 months maternity leave for the public sector and 12 to 14 weeks in the private sector

Questions (bold) from countries and Answers

Questions to Sri Lanka - Were actions taken in relation to code violations?

Yes, warning letters were sent to violators. In addition, disciplinary inquiries were made by the MoH in some instances.

The authorities are ill-equipped and underfinanced to deal with the massive financial capability of the baby food companies who are investing heavily in promotion and the mass media and print media are actively involved. Can we get support to address this regionally or globally?

Answer From Sri Lanka: Media advertisements go through the Monitoring Committee which takes action accordingly. Violations are also reported by health workers to this Monitoring Committee. Media is used to our advantage since the government has a marketing strategy for breastfeeding, although with a small amount of funds.

Answer From Viet Nam: The government contracted a media-tracking agency to review ads via multiple platforms. A report was produced and sent to government ministries for action.

Are monitoring systems for the marketing of Breast Milk Substitutes government based or NGO based?

Answer from Vietnam: The legal department of the MoH is responsible for monitoring the marketing of BMS.

Question For Viet Nam: How did you convince the government and chamber of commerce of the need for a law to ban advertisements targeting foods for children under 24 months?

With assistance from David Clark, Nutrition (Legal) Specialist from UNICEF NY HQ, we convinced our government that maternity leave is a short amount of time relative to the number of working years of a woman (6 months maternity leave/child in a 35 year career).

Then the formula industry threatened to sue the Vietnamese government if they proceeded with law claiming it would violate World Trade Organization agreements. Government had few funds compared to private sector formula companies. In the end, it was found that the industry's threats had no support, as there would be no discrimination of prices in Vietnam as compared with international prices. Formula companies would still be allowed to produce and sell but would not be allowed to promote and market to children under 24 months old.

Question For Sri Lanka: How did Sri Lanka do communications on infant feeding practices for minority groups and illiterate groups?

Fortunately our female literacy is very high and 98.6% of women complete primary education. Also for the few mothers who are not literate, the Public Health Midwife provides behaviour change communication (BCC) to mothers and their families at the mothers' own home. BCC at the grass root level is also conducted through mother's empowerment groups. The government also holds public seminars on the Code for the community on a regular basis.

Maternity protection for 6 months needs to be done now in light of the increased global attention for nutrition. Are there global or regional plans to advocate/lobby for this?

There are ongoing efforts in the ASEAN region to learn from the Vietnam experience and replicate it in other countries.

How was revitalization of BFHI done in Sri Lanka?

The revised training package for BFHI was introduced to the institutions along with staff training. Pediatricians who play a lead role in breastfeeding were trained in BFHI. The country is in the process of working out a methodology to implement accreditation of hospitals. BFHI revitalization was initiated in 2011, with a focus on which of the 10 steps of BFHI are practiced, and mother-friendly practices are incorporated in hospitals as well.

Sri Lanka has a good policy environment with diverse and comprehensive BF initiatives. Does Sri Lanka Lactation Management Centre provide services to the clients who have BF problems and/or also provide breastfeeding support to all and also promote BF?

The Lactation Management Centre is in the hospital and its staff support mothers and babies with breastfeeding problems. It is managed by the chief Pediatrician of the hospital and staff in the Centre also offer breastfeeding support and promotion in the hospital. Basically any mother and baby can walk in and receive help in relation to breastfeeding on an out-patient basis.

In Sri Lanka, 92% of delivery assisted in BFHI hospitals, we are quite impressed. How this possible and so successful?

Answer from Sri Lanka: Every mother aspires to a hospital delivery and 92% deliver in hospitals with specialist facilities, which are Baby Friendly.

Alive & Thrive (Jean Baker) closing comments

The breastfeeding success stories of Sri Lanka and Viet Nam show the value of having a comprehensive infant and young child feeding program; the benefit of multiple strategic partnerships with various stakeholders; the need for committed leaders at all levels; the advantages of a 'common voice' in support of breastfeeding; clear objectives; the importance of capacity-building for those who support breastfeeding; the critical need for a monitoring system to develop the evidence base for advocacy, policy, and action; social mobilization to help solidify breastfeeding as a social norm; and the benefit of breastfeeding support at the community level throughout the lifecycle.

In closing the webinar, countries were asked to identify their needs for technical assistance or other support and to communicate these through their SUN focal point.

Annex 1 – List of Participants

Annex 2 – Sri Lanka and Viet Nam presentations

ANNEX 1

List of Participants

No	Country/Name	Designation	Organization	Email address
BANGLADESH				
1	Dr. Nasreen Khan	Deputy Program Manager, National Nutrition Services (NNS)	Institute of Public Health Nutrition (IPHN), Ministry of Health and Family Welfare	
2	Dr. Shahida Akter	National Coordinator	CSA for SUN Secretariat	
3	Ms. Miranda Beckman	Population, Health and Nutrition Officer	USAID	
4	Ms. Khurshid Jahan	Director (Admin, finance and ERID)	Bangladesh Breastfeeding Foundation (BBF)	
5	Dr. S K Roy	Chairperson	Bangladesh Breastfeeding Foundation (BBF)	
6	Dr. Shamim Haydar Talukder	Chief Executive Officer	Eminence	
7	Noreen Prendiville	Chief, Nutrition Section	UNICEF	
8	Mohsin Ali	Nutrition Specialist	UNICEF	
INDONESIA				
1	Hendra Jamil	Assistant Deputy Minister for Child Development	Ministry of Women's Empowerment and Child Protection	
2	Mr. Entos Zainal	Head of Sub Directorate- Nutrition & Health Promotion	Bappenas	
3	Mr. Doddy Izwardy	Director Nutrition	MoH	
4	Diar Wahyu Indriarti	Head of Sub Directorate- Referral Services State Hospital	MoH	
5	Harriet Torlesse	Nutrition Specialist	UNICEF	
6	Sri Sukotjo (Ninik)	Nutrition Specialist	UNICEF	
7	Sugeng Irianto	Nutrition Officer	WHO	
8	Dr. Utami Roesli	Breastfeeding advocates/experts		
9	Dr Dini Latief	Members of the Country SUN Secretariat in Indonesia:	SUN Secretariat	
10	Init Wikanestri	Members of the Country SUN Secretariat in Indonesia:	Bappenas	
11	Pratiwi Ayningtyas	Members of the Country SUN Secretariat in Indonesia:	SUN Secretariat	
12	Fransisca	Breastfeeding expert	Selasi (Indonesia Lactation Center)	
13	Mia Sutanto	Chair Woman	AIMI (Indonesia Breastfeeding Mother Association)	
14	Candra Wijaya	Health Specialist- Team Leader	World Vision	
15	Muzaenah Zein	Staff	Nadhatul Ulama (Faith Based Organization)	
16	Fifi	Staff	Aisyiah (Faith Based Organization)	
MYANMAR				
1	Dr. Htin Lin, DD, NN		DoH	
2	Dr. Kyaw Win Sein	Nutrition Specialist	UNICEF	
3	Dr. Aye Thwin	Consultant	UNICEF	
4	Andrea		Save the Children	
5	Dr. San San Myint		Save the Children	

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1	Giri Raj Subedi,	Chief of Nutrition Section	CHD/MoHP	
2	Chudamani Aryal	Planning Officer	NPC	
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4	Mim Hamal		EU	
5	Sophiya Uprety		WFP	
6	Dr. Ojaswi Acharya,		ACF	
7	Ms Preeti Baba Joshi		ACF	
8	Anjalina Karki		Save the Children	
9	Prof. Dr. Uma Koirala		CSO Alliance	
10	Debendra Adhikari		USAID	
11	Madhukar B. Shrestha		HKI	
12	Savita Malla		NNFSS	
13	Min Raj Gyawali		NNFSS	
14	Jhabindra Bhandari		NNFSS	
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16	Saba Mebrahtu		UNICEF	
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4	Dr. Irshad Danish		Save the children , SUN CSO Network	
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SRI LANKA				
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5	Dr. Anoma Jayathilake	National Professional Officer	WHO	jayathilakac@searo.who.int
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13	Ms. Renuka Peiris	Director	Ministry of Education Services	
14	Mr. Darshana Bandara Samarakoon	Director	Ministry of Local Government	
15	Mr. J.P.S. Jayasinghe	Director	Ministry of Child Development and Women's Affairs	
16	Ms. M.A.M. Ariffa	Commisioner of Labour	Ministry of Labour and Labour Relations	
17	Mr. J.M. Mangalatissa	Additional Secretary (Development & Planing)	Ministry of Co-Operatives & Internal Trade	
18	Mr. Shantha Bandara	Additional Secretary	Ministry of Economic Development	
19	Ms Chathurani Jayasinghe	Assistant Director(Planning)	Ministry of Technology & Research	
20	Dr(Ms) Ilmi Hewajulige	Senior Deputy Director	Industrial Technology Institute	
21	Dr. R.R.M.L.R. Siyambalagoda	Deputy Director General (Public Health Services)	Ministry of Health	
22	Ms Deepthi Fernando	Additional Secretary / Home Affairs	Ministry of Public Administration	
23	Mrs. W. M. D. T. Wickremasinghe	Director (Development)	Ministry of Water Supply and Drainage	
24	Mrs. Hema Kulathunga	Director (Planning)	Ministry Of Mass Media	
25	Dr. Shanthi Goonewardene	Director	Ministry of Health	
26	Ms Lekha Sumanasekara	Director (Technology)	Ministry of Agriculture	
27	Dr Anoma Senarathna	Director (Livestock Development)	Ministry of Livestock and Rural Community Development	
28	Mr Bharatha Ramanayake	Director(Planning)	Ministry of Fisheries and Aquatic Resource	
29	Mr. Raja Premadasa	Director (Plantation Management)	Plantation Industries	
30	Dr. Goumpriya Ranasinghe	Dep. Director	Ministry of Indigenous Medicine	
VIETNAM				
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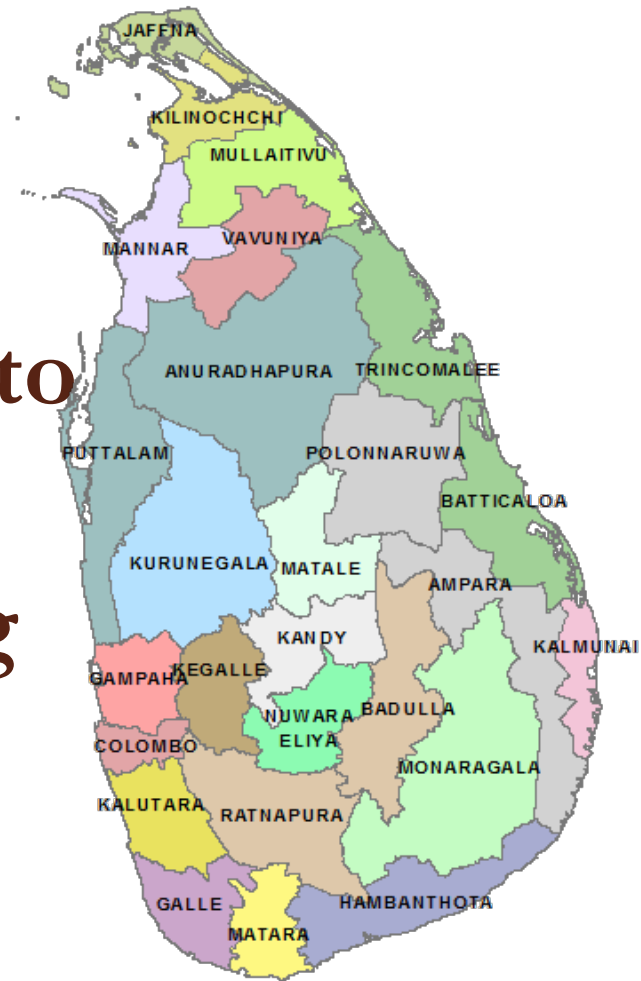
No	Country/Name	Designation	Organization	Email address
NEW YORK				
1	France Begin	Senior Adviser Nutrition	UNICEF, HQ	
2	David Clark	Nutrition Specialist (Legal)	UNICEF, HQ	
3	Edith Cheung	Nutrition Specialist	UNICEF, HQ	
4	Irma Hidayana	Intern	UNICEF, HQ	
WASHINGTON DC				
1	Jean Baker	Director	Alive & Thrive	
2	William Dean	Senior Project Associate	Alive & Thrive	

ANNEX 2

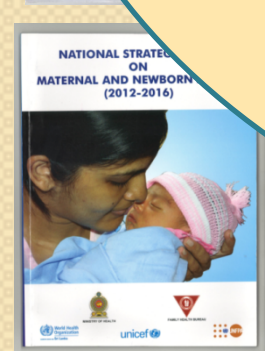
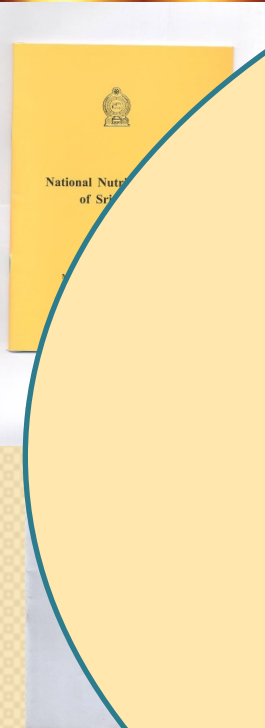
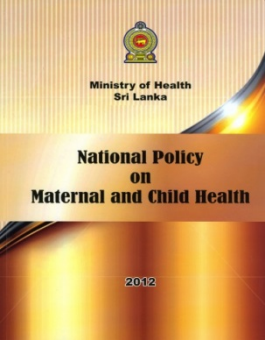
Sri Lanka and Viet Nam presentations



National Programme to Protect, Promote and Support Breastfeeding in Sri Lanka



Policy Framework



Policy, 2010

National Policy

- Exclusive BF for 6/12
- Continue BF with adequate complementary feeding up to 2 years or beyond

maternal
Health, 2012-2016

Objectives of the National Programme

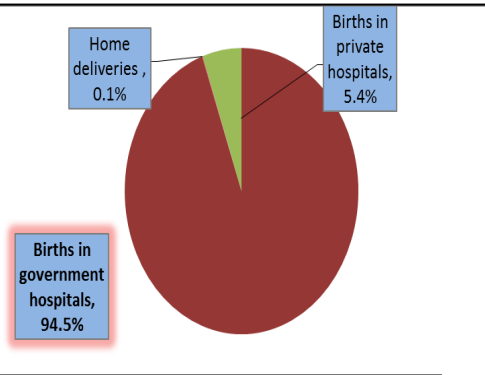
1. To increase the proportion of newborns initiating breast feeding within 1 hour of life from 80% (2006/7) to 95% (2018)
2. To increase the proportion of infants under six months of age who are exclusively breastfed from 75.8% (2006/7) to $\geq 90\%$ by (2018)
3. To increase the proportion of infants 4-5 months of age who are exclusively breastfed from 53.5% (2006/7) to $\geq 75\%$ (2018)
4. To increase the proportion of children 12-15 months of age who are breastfed from 92.6% (2006/7) to 95% (2018)
5. To increase the proportion children 20-23 months of age who are breastfed from 83.9% (2006/7) to 90% (2018)
6. To decrease the proportion of children 0-23 months of age who are fed with a bottle from 30% (2009) to 15% (2018)

Health Care System in Sri Lanka

Ensure continuum of care across the system and across the life cycle

Curative Sector

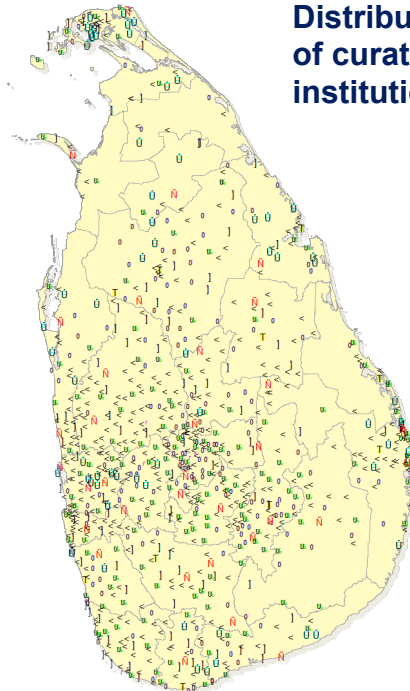
Well dispersed health care delivery system



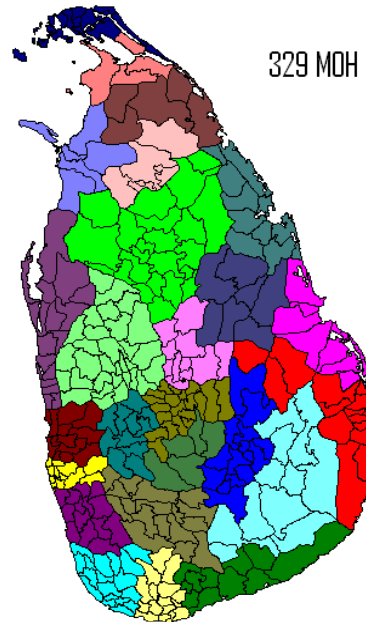
Preventive Sector

Every mother and newborn is under care of a Public Health Midwife

Distribution of curative institutions



Legend	
Type of Health Institution	
r	TH
T	GH
N	BH
U	DH
]	PU
o	RH
U	CD & MH
<	CD



329 MOH areas

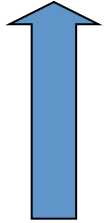
329 Health Districts (MOH AREAS)

FURTHER DIVIDED IN TO 6690 PHM AREAS

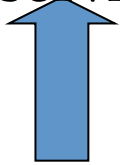
Organized and continued care across the life cycle

Care for Eligible couples

Family unit with women 15-49 yrs of age/
FU with under five child



Family Planning and other RH services



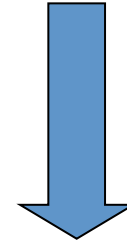
Post natal care

Institutional/Domiciliary



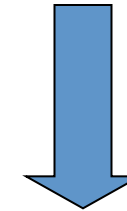
Through integrated package at community/clinic and institutional level

Pre-pregnancy care



Antenatal care

Domiciliary/clinic



Intra natal care



Antenatal support for the mother and family

- Every pregnant mother is registered and receive ANC
(Pregnant women attending ANC > 4 visits – 92.5%)
- Organized 2 day antenatal breastfeeding classes for mothers in the AN field clinics
- Education material on breastfeeding available in simple language
- Breastfeeding education at Parent Craft classes



Baby Friendly Hospital Initiative

- First Baby Friendly Hospital was declared in 1992
- 76 Hospitals are declared as Baby Friendly (92% of the deliveries take place in Baby Friendly Hospitals)
- 10 steps are practiced in the hospitals
- Revitalizing the BFHI training in 2011
- Baby Friendly NICUs and SCBUs
- Mother Friendly practices are incorporated



Key Breastfeeding supportive practices in the institutions

- Standard for Breastfeeding – All mothers should receive skilled practical help with early and exclusive breastfeeding
- Place babies in skin-to-skin contact and **do not part mother and baby until after the first breastfeed**
- Breastfeeding starts **after Caesarean Section** when the baby is ready – in theatre or recovery
- Have a **female companion** of choice to support the mother
- Mother newborn pair is discharged from the hospital only when **breastfeeding is established** (Discharge check list)



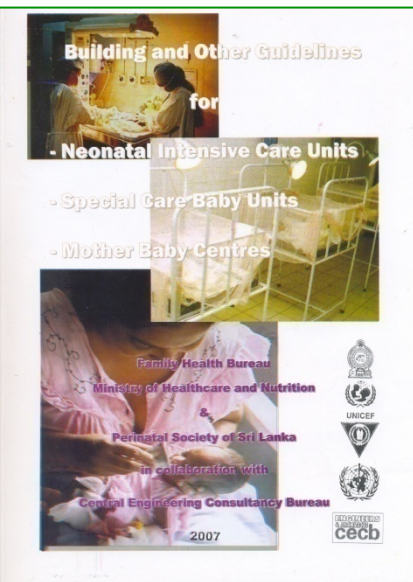
Postnatal support for the mother and family

- After discharge from hospital BF is supported at home setting and field postnatal clinic
(At least 1 postnatal home visit by PHM – 91.4%)
- Postnatal home visits and clinic visit schedule;
 - 02 home visits during first 10 days after delivery (first visit as soon as mother reached home – within 5 days)
 - 01 home visit during 14-21 days after delivery
 - Postnatal clinic visit 4-5 weeks
 - 01 visit around 42 days (6-7 weeks) after delivery
- A key element in home visiting is supporting breastfeeding and to overcome difficulties
- Mother support groups in the villages



Establishing Mother Baby Centres and Lactation Management Centres in specialist hospitals

- To support early establishment and maintenance of lactation in neonates and infants
- **Lactation Management Centres** where feeding problems of infants are attended to plays a vital role in achieving this objective.
- **Mother Baby Centres** allow mothers and babies to be together at times of sickness



In-service/pre-service training to build capacity of staff to promote, protect and support breastfeeding

In-service

- UNICEF/WHO Breastfeeding Counselling a training course (40 hour) – for institution and field
- IYCF (6 days) training for the field staff
- BFHI (20 hour course) for the institutional staff
- Essential New-born Care Course (5 days) for the institutional staff

Pre-service

- Medical Officers, Nurses and Public Health Midwives
- Orientation of MOOH/MOOMCH
- Training for postgraduate medical trainees – DCH, MD(Paediatrics), MSs (Community Medicine and Medical Administration, Human Nutrition), DFM

Sri Lanka Code for Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products (2002)

- Code in operation from 1983
- Monitored by the committee appointed by the Minister of Health and chaired by Secretary Health
- Code violations are reported and suitable action taken

Other committees guiding and monitoring implementation

1. Nutrition Steering Committee – Chaired by the Secretary Health
2. Maternal and Child Nutrition Subcommittee – Chaired by DDG(PHS)II
3. Technical Advisory Committee on Newborn and Child Health - Chaired by DDG(PHS)II

Maternity Benefits

- ❑ **Workers in public sector** – 84 working days full pay + 84 working days half pay + 84 working days no pay, full remuneration 1 hour for feeding until six months if mother returns before
- ❑ **Workers governed by the Maternity Benefits ordinance** – 12 weeks, 6/7 wages, feeding 2 or 1 hr per day up to 1 year
- ❑ **Workers governed by the Shop and Office Act** – 84 working days, full remuneration

Support at the Work Place;

- ❑ Educate the Mothers on their right for the maternity benefits
- ❑ Mothers supported to continue breastfeeding even after returning to work by PHM
- ❑ Breastfeeding support corners at workplaces
- ❑ Promote to the entrepreneurs as a Business Case for Breastfeeding
- ❑ Working on ironing out the differences in maternity benefits
- ❑ Awareness of Heads of Institutions/Key people is a priority area that is addressed

Summary

- Policies, strategies, monitoring and implementation are important factors
- Continuum of care across the health system and across life cycle is a strongest factor
- Clear focus on capacity building is very important
- BF is a culturally accepted phenomenon and is the norm among mothers (Children ever breastfed of all children < 5 years – 99.3%)
- High female literacy, empowerment of women and free health service is supportive

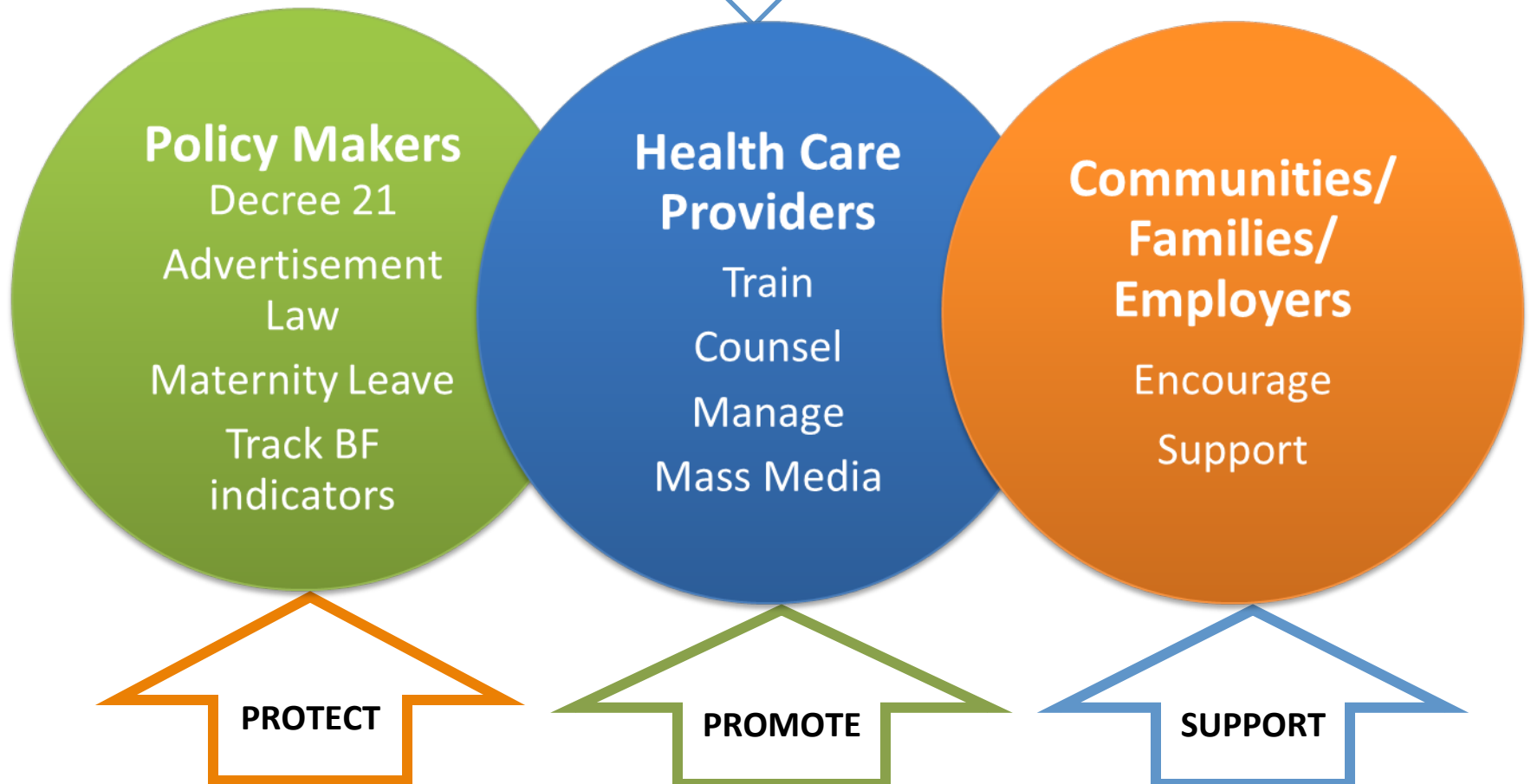


The Process For Policy Change in Vietnam

SUN Webinar, July 2, 2014

“States, therefore, have a duty to support exclusive breastfeeding for six months and continued breastfeeding, combined with adequate complementary foods, until the second birthday of the child”

Report of the Special Rapporteur on the right to food, submitted to the Human Rights Council (2012)



Protecting Breastfeeding: Viet Nam



- Advertisement Law strengthened to ban advertising of formula for children up to 24 months, including bottles and teats (Jun 2012)
- Paid maternity leave extended to 6 months (Jun 2012)

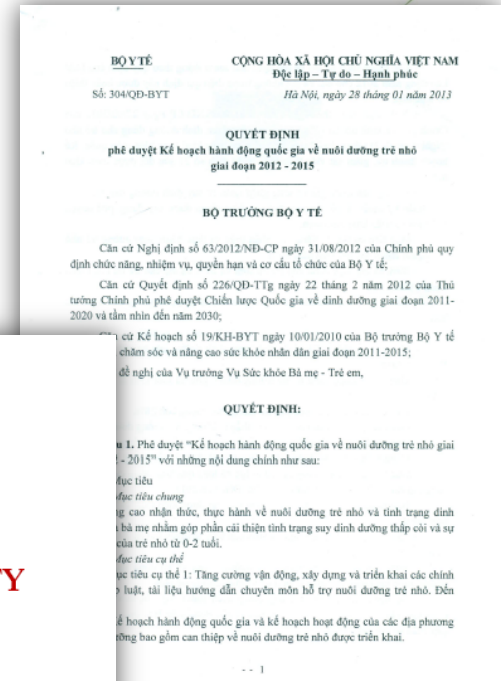


Both laws passed with 90% of the vote

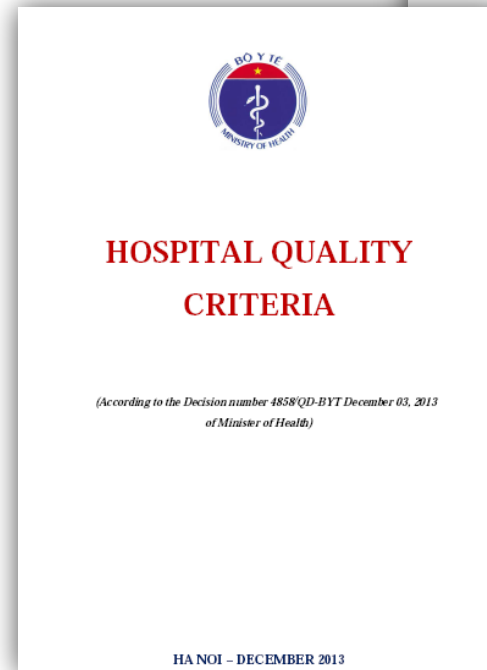
Protecting Breastfeeding: Viet Nam



- National Plan of Action on IYCF (2012-2015) adopted (Jan 2013)
- Hospital Certification Criteria adopted to include key nutrition and IYCF indicators (Decision 4858/QD-BYT dated Dec 3, 2013 of Ministry of Health)



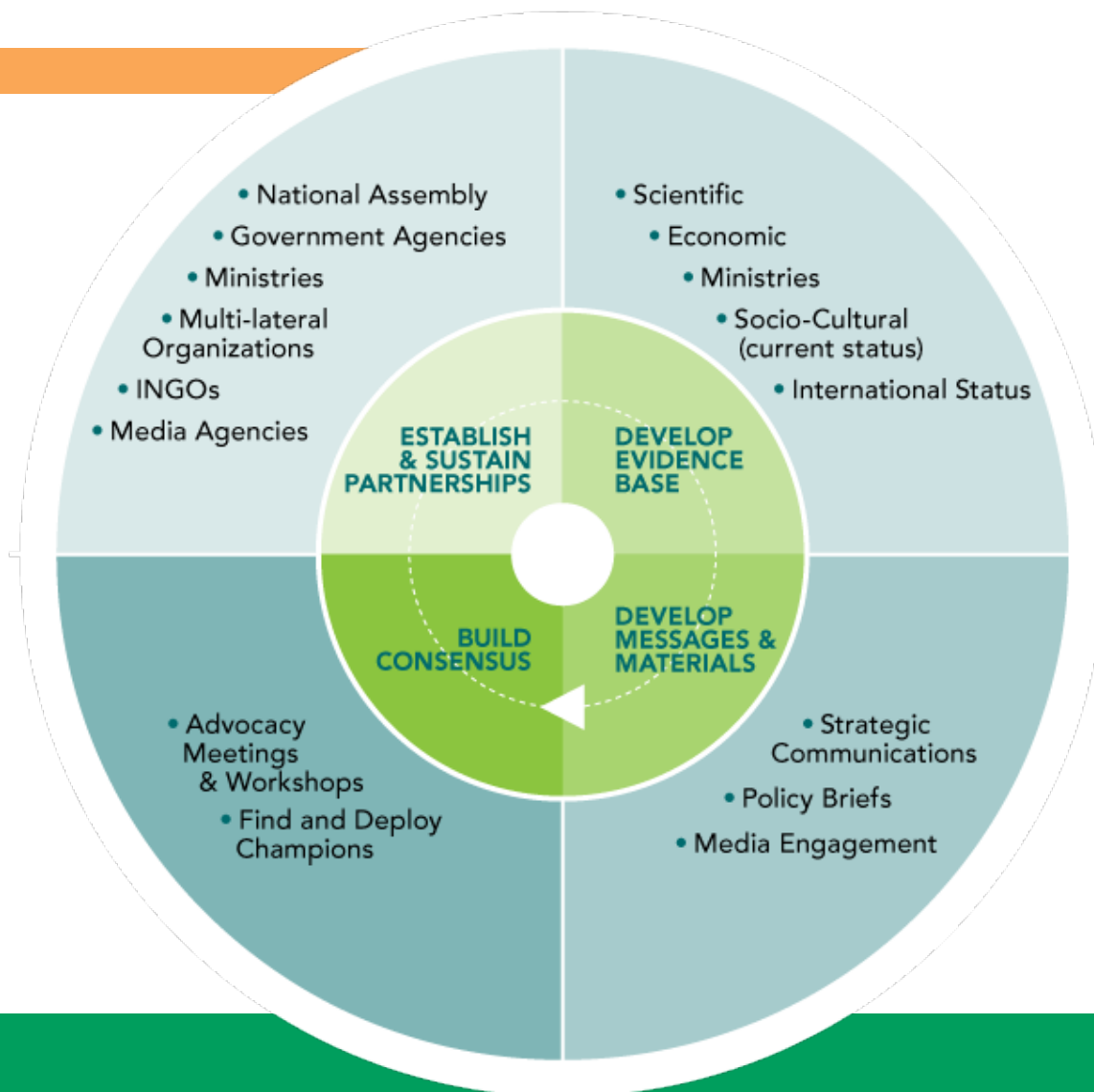
National Plan of Action on IYCF



Hospital Certification Criteria



Protecting Breastfeeding: Process



Partnerships



Evidence Base

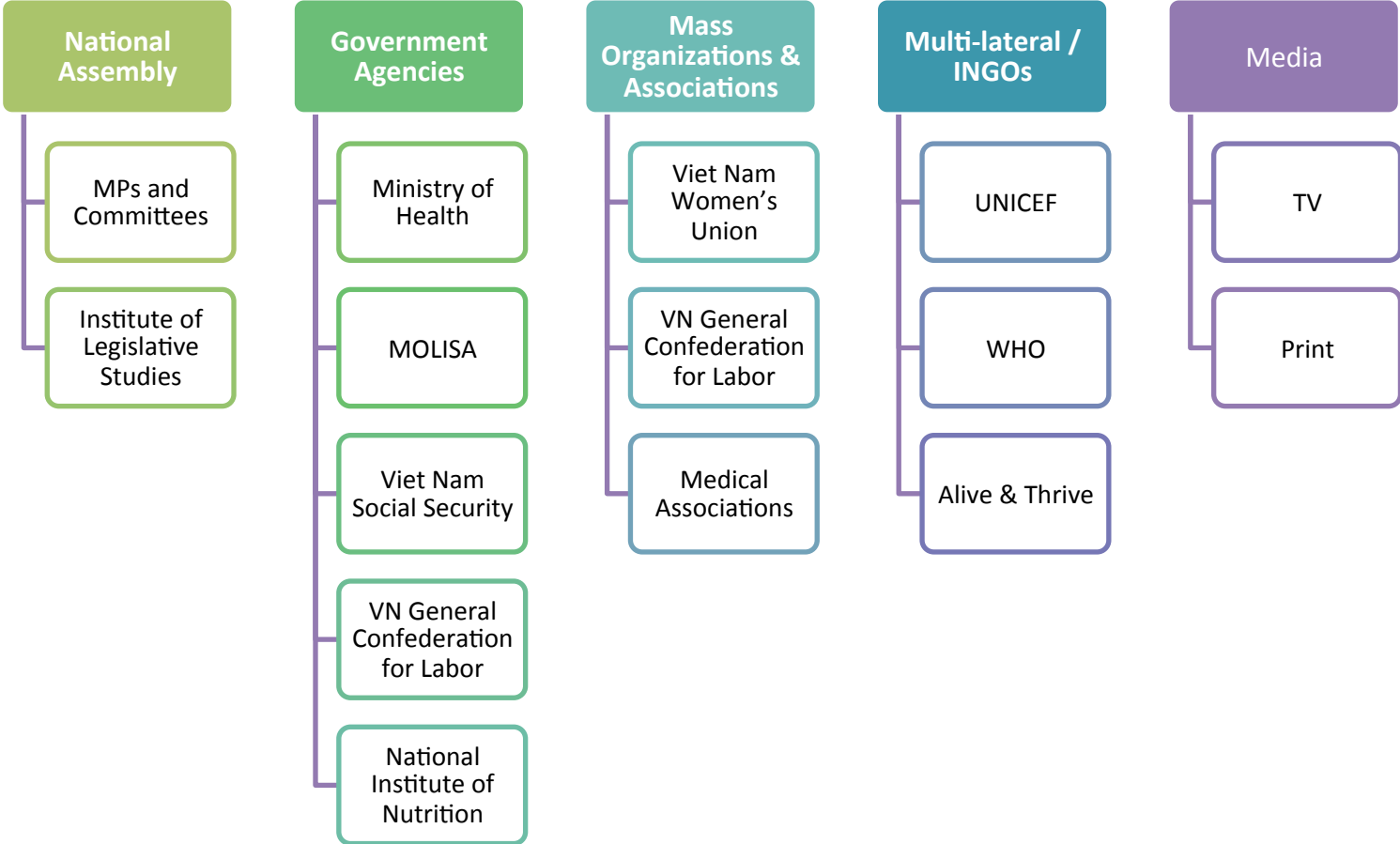


Champions and Consensus Building





Materials

Key Actors



Timeline: Maternity Leave



	2009	2010	2011	2012	2013
Partnerships	Identified journalists, news outlets	Established key partnerships Cultivated relationships with journalists	Partnered with VN Social Insurance & General Confederation for Labor. Launched media fellowship program	Identification of new key partners – Institute of Legislative Studies	
Evidence base	Opinion leader research. Nutrition surveillance YCF practices, barriers, and facilitators.	Continued formative research and surveillance data	GCL study on ML and breastfeeding practices among female laborers	Ongoing research on key questions	Online survey on ML policy to working women
Materials		Developed materials on current state of YCF and ML in Vietnam	Developed and disseminated ML policy brief and booklet	Updated messages and materials to address key questions	
Building consensus			Key political meetings, consultative workshops. ML proposal submitted and approved by NA steering committee. Champion trainings. VTV talk show.	Scientific workshops on YCF. Regional workshops and desk-side briefings with NA members. Central Civic Action Committee Mtg (WU).	

Timeline: National Code



2009

2010

2011

2012

2013

Partnerships	Identified journalists, news outlets	Established key partnerships Cultivated relationships with journalists	Developed partnerships with medical associations Launched media fellowship program	MOH places Decree 21 revision in annual plan Focus on Advertisement Law New partners (ILS)	
Evidence base	Opinion leader research Nutrition surveillance IYCF practices, barriers, and facilitators	Reviewed D21, identified strengths and weaknesses	D21 monitoring in 11 provinces, developed and launched research report	Gathered information on international practices	Regulatory Impact Assessment Report of D21 revision. Media Clipping of violations of D21.
Materials		Developed materials, presentations on IYCF and D21. D21 consumer briefs	D21 policy briefs and dissemination	Developed D21 FAQ / booklet	
Building consensus	Initial meeting and discussion with Legislation Dept. (MOH)		O2TV documentary Central Civic Action Committee Mtg (WU) Key political meetings, consultative workshops Champion trainings	Scientific workshops on IYCF Central Civic Action Committee reviews efforts Regional workshops and desk-side briefings with NA members	Consultative meetings and workshops to comment on D21 revision drafts

Lessons Learned



- ❖ **Stakeholder analysis** critical to identifying the right stakeholders
- ❖ Assess and leverage **comparative advantages within partnership**
- ❖ **Strong partnerships and consensus** among stakeholders is a must → one voice + trust
- ❖ **Engage government as a partner** from the outset
- ❖ Successfully engaging government partners requires both **financial and technical support**

Lessons Learned



- ❖ **Need strong evidence base** (especially economic) - international evidence base surprisingly lacking
- ❖ **Compelling collateral materials** are critical & communications has to be strategic – process of development is iterative
- ❖ Anticipate a lengthy, iterative process
- ❖ Anticipate and plan for strong resistance

Key messages



- ❖ Well-planned and well-implemented advocacy can bring change in short period of time
- ❖ Stronger investment in strategic and operational capacities for advocacy (human, organizational, financial) is needed
- ❖ Translating the policy into action is key – monitor & enforce



Thank you!