

REACH

Ending Child Hunger and Undernutrition

Acting at Scale: Intervention Guide

Breastfeeding and complementary feeding

February 2009

Context

The following document is part of the REACH *Acting at Scale* set of materials

- The documents' aim is to provide highly condensed information and lessons learned for scaling up REACH-promoted interventions to support field practitioners and other interested parties
- They are intended to become a living set of materials, updated periodically by the REACH Global Interagency Team
- These materials are a first step towards a larger REACH Knowledge Sharing service, which will be developed over time

The full set of *Acting at Scale* materials includes

- *An Intervention Summary*
 - An overview document containing key facts for all of the 11 promoted interventions
- *Intervention Guides* for each of the interventions¹
 - Containing rationale, lessons learned, costs and further resource lists
- *Implementation Case Studies* for each of the interventions¹
 - Initial set of details and lessons learned from programs implemented at scale
- *Resource Lists*
 - Lists of key documents, organizations and programs at scale
 - Included at the back of each *Intervention Guide* and in Excel spreadsheets available from the REACH Global Interagency Team

These materials represent a preliminary version, to be validated and refined via additional consultations

- Prepared in Summer 2008 by the REACH Global Interagency Team, based on inputs from 56 practitioners and experts, as well as extensive desk research
- A revised Version 2 of these documents will be released in late 2008 or early 2009, incorporating feedback from initial recipients

If you have questions or feedback on these materials, please

- Contact your local REACH facilitator in Lao or Mauritania, or
- Contact the REACH Interagency Team Coordinator, Denise Costa-Coitinho, at Denise.CostaCoitinho@wfp.org

1. Breastfeeding and complementary feeding have been combined into a single document due to strong linkage in delivery

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Key messages

Exclusive breastfeeding (EBF) for the first 6 months of life is one of the most critical interventions for child nutrition and survival

- Gives to infants the best nutrition and protection against many infectious diseases and helps preventing chronic diseases later in life
- Failure to immediately and exclusively breastfeed until age 6 months annually leads to 1.4 million deaths (12-15% of under-5 deaths) and 43.5 million DALYs (10% of global <5 DALYs and 3% of total DALYs)
- Children in disease-ridden and unhygienic environments who are NOT breastfed are 6 to 25 more likely to die of diarrhea and 4 times more likely to die of pneumonia than those who are breastfed

Adequate complementary feeding (CF) from 6-24 months is also recognized as an equally critical element of infant and young child feeding, particularly in prevention of malnutrition

- Prevents stunting in the first 2 years of life, thereby avoiding irreversible, lifelong negative consequences (survival, cognitive and economic)
- Merits equal attention – often at the same time – as breastfeeding as feeding under 2 years of age is related to adequate development and survival

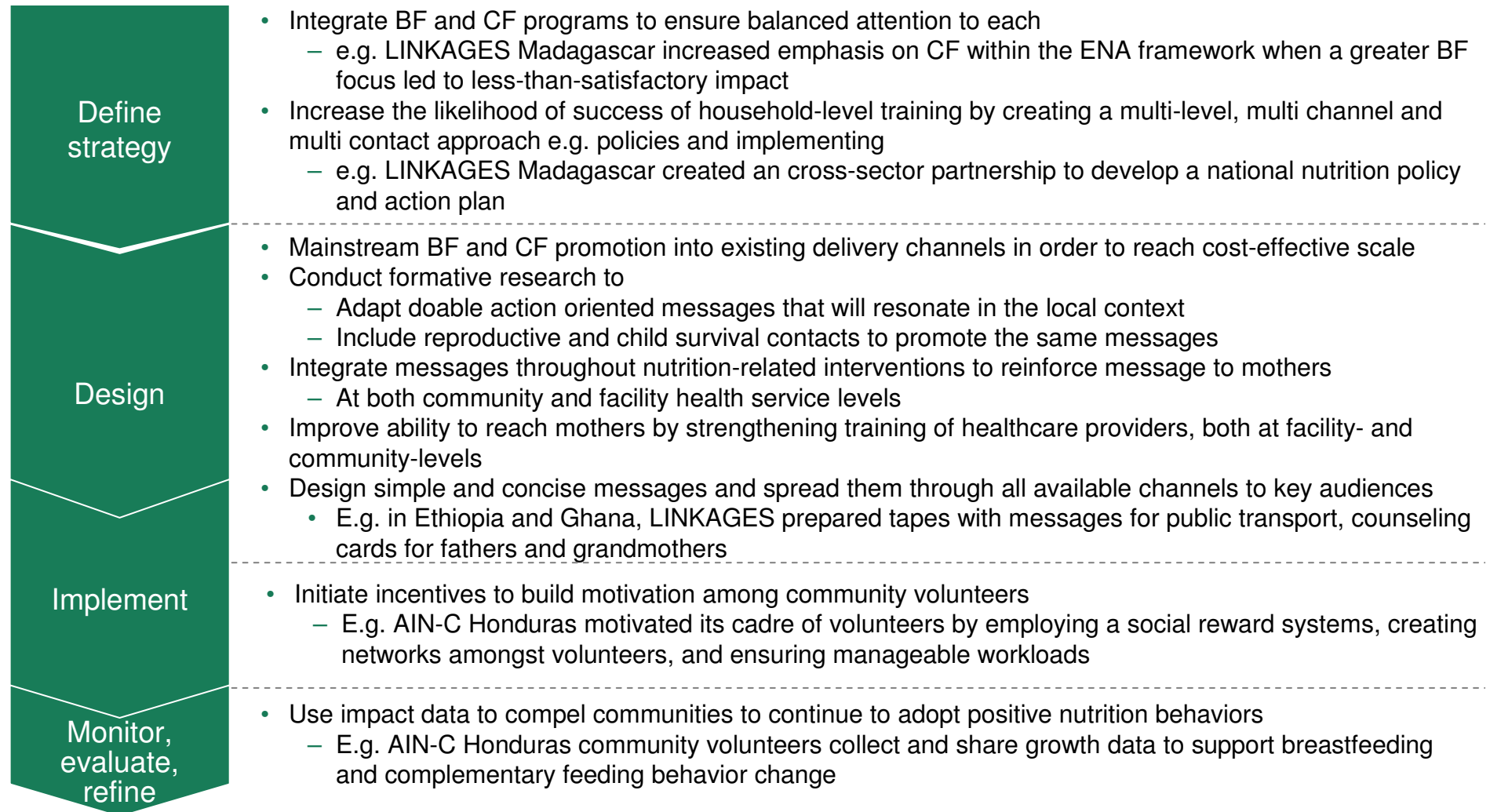
Successful promotion and support of BF and CF at scale typically includes:

- Adopting a comprehensive behavior change approach and outreach strategy
 - Employ multifaceted behavior change communication
 - Design consistent, simple, and do-able messages, tailored to local context
 - Spread through mass media to raise broad awareness or through individual/group counseling sessions
 - Use public and private health channels if they are in use to ensure sustainability, and supplement as needed with NGOs
 - Reinforce messages integrating them into other ongoing programs / channels to ensure their broad delivery
 - Deliver BF and CF messages jointly if possible to ensure effective integration of practices as a continuum of care
 - Promote infant feeding practices at every contact point with the mother throughout the lifecycle
- Supplementing programs with support mechanisms to ensure enabling environment
 - At policy level: promoting supportive policies, and their enforcement of maternity protection
 - At facility-level: training health care staff to provide adequate counseling and practices, especially at delivery

Source: The Lancet Maternal and Child Undernutrition Series 1 and 3, 2008. "Guiding principles for complementary feeding of the breastfed child." PAHO/WHO, 2003; REACH analysis

How to implement at scale

Key lessons learned from implementing BF and CF programs at scale



To scale up programs, employ the channels & contacts that have greatest existing access

Channels & Contacts	How-to	Strengths	Lessons learned
Community-based <ul style="list-style-type: none"> Via community health workers, NGOs and community volunteers 	<ul style="list-style-type: none"> Encourage link between facility and community Build partnerships with partners and health system Provide complementary foods in food-insecure areas 	<ul style="list-style-type: none"> Facilitates regular, daily support Trusted sources Customize messages to local norms 	<ul style="list-style-type: none"> Critical if deliveries take place at home Work with grandmothers and others who influence BF/CF practices Need to ensure sustainability after NGO's withdrawal <ul style="list-style-type: none"> Good volunteer mgmt Good exit strategy
Public and private health facilities	<ul style="list-style-type: none"> Establish a large network of actors at the community level Build capacity via pre-service and in-service training Encourage / support BFHI guidelines adoption / enforcement 	<ul style="list-style-type: none"> Builds sustainable capacity Provides multiple contacts to reach mothers throughout healthcare lifecycle Facilitates immediate BF where deliveries are in health facilities 	<ul style="list-style-type: none"> If capacity/coverage is weak need to determine whether management or technical training/support is feasible to close gap
UN facilities <ul style="list-style-type: none"> E.g. feeding centers 	<ul style="list-style-type: none"> Link to complementary foods in food-insecure societies Link to CCTs Add training on infant feeding for existing staff 	<ul style="list-style-type: none"> Low incremental cost Reaches similar target beneficiaries as current UN programs 	<ul style="list-style-type: none"> If not, need to use/ supplement with other channels Best to supplement with other channels if UN services are short-term, emergency-based
Mass media	<ul style="list-style-type: none"> Motivate existing staff to see counseling as part of their core work Assess existing media usage Develop appropriate media support Identify implementing media experts Monitor implementation channels 	<ul style="list-style-type: none"> Broad reach Inform and reinforce messages 	<ul style="list-style-type: none"> Involve journalists and media from the start Mass media is complementary to interpersonal communication

Programs often rely on multiple channels to reach scale

1. Integrated Management of Childhood Illness (IMCI) 2. One teacher can treat about 50-100 children per day
 Source: "Action against worms." WHO, several issues from 2003-2006.; expert interviews; REACH analysis
 REACH_Acting at Scale_Guide_BF and CF_v1.ppt

Local circumstances will influence program design choices

Circumstance	Challenge
HIV positive women¹	<ul style="list-style-type: none"> • Challenge: HIV can be transmitted through breast milk, but breast milk also stabilizes the child's immune system and reduces by 6 the risk a child will die in the first 2 months • WHO Recommends: <ul style="list-style-type: none"> – Initiate immediate and exclusive BF for 6 months, followed by continued breastfeeding until at least age 24 months – Consider replacement feeding as an option where it is acceptable, feasible, affordable, sustainable and safe for them and their infants – Promote adequate complementary feeding at 6 months – In either case: provide mothers with specific guidance and support for at least the first two years of the child's life
Emergency situations, e.g. natural disaster	<ul style="list-style-type: none"> • Challenge: lactating mothers lack support for breastfeeding in emergency situation, e.g. in refugee camps • WHO Recommends: <ul style="list-style-type: none"> – Feed the mother and not the infant – Provide counseling for breastfeeding mothers – When appropriate, promote the use of formula and bottle feeding and provide clear guidance on their use – Provide counseling on CF with food supplementation for children 6-24 months – Give breastfeeding mothers priority access to food, water, and shelter
Working mothers	<ul style="list-style-type: none"> • Challenge: mothers' work impedes them from breastfeeding • WHO Recommends: <ul style="list-style-type: none"> – Priority recommendation: Depending if mothers are working in formal or informal sector, initiate support to keep the baby with her or with a caretaker near the workplace or feed the infant with expressed milk

1. Recommendations from the Consensus Statement from the WHO HIV and Infant Feeding Technical Consultation, held on behalf of the Inter-agency Task Team in Geneva, October, 2006
Source: "Community-based strategies for breastfeeding promotion and support in developing countries." WHO, 2003; Expert interviews.

Important to promote consistent, clear messages within cultural context

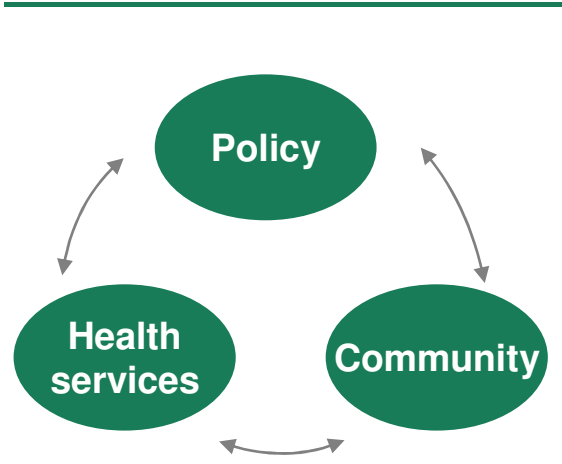
Example: UNICEF's Facts for Life messages to weave into programs

- Breastmilk alone is the only food and drink an infant needs for the first six months. No other food or drink, not even water, is usually needed during this period
- There is a risk that a woman infected with HIV can pass the disease on to her infant through breastfeeding. Women who are infected or suspect that they may be infected should consult a trained health worker for testing, counseling and advice on how to reduce the risk of infecting the child
- Newborn babies should be kept close to their mothers and begin breastfeeding within one hour of birth
- Frequent breastfeeding causes more milk to be produced. Almost every mother can breastfeed successfully
- Breastfeeding helps protect babies and young children against dangerous illnesses. It also creates a special bond between mother and child
- Bottle-feeding can lead to illness and death. If a woman cannot breastfeed her infant, the baby should be fed breastmilk or a breastmilk substitute from an ordinary clean cup
- From the age of six months, babies need a variety of additional foods, but breastfeeding should continue through the child's second year and beyond
- Exclusive breastfeeding can give a woman more than 98 percent protection against pregnancy for six months after giving birth – but only if her menstrual periods have not resumed, if her baby breastfeeds frequently day and night, and if the baby is not given any other food or drinks, or a pacifier or dummy

At-scale programs employ integrated approaches

Example: LINKAGES Ghana and Madagascar

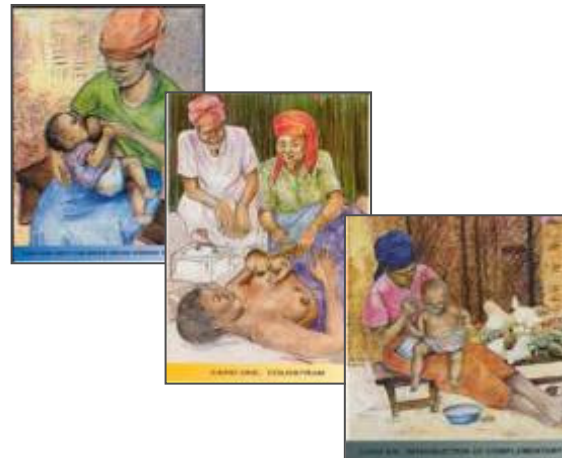
Integrate support across levels



All elements required to reinforce behavior change

- Policy creates supportive macro-environment
- Health services ensure training and implementation at facility level
- Community-based activities support mothers through day-to-day counseling/negotiation

Created integrated messages to ensure consistency (Ghana)



Messages promoting behavior change have to be

- Simple
- Consistent
- Doable
- Omnipresent

Integrate into multiple health contacts (Madagascar)



Deliver messages at every existing contact

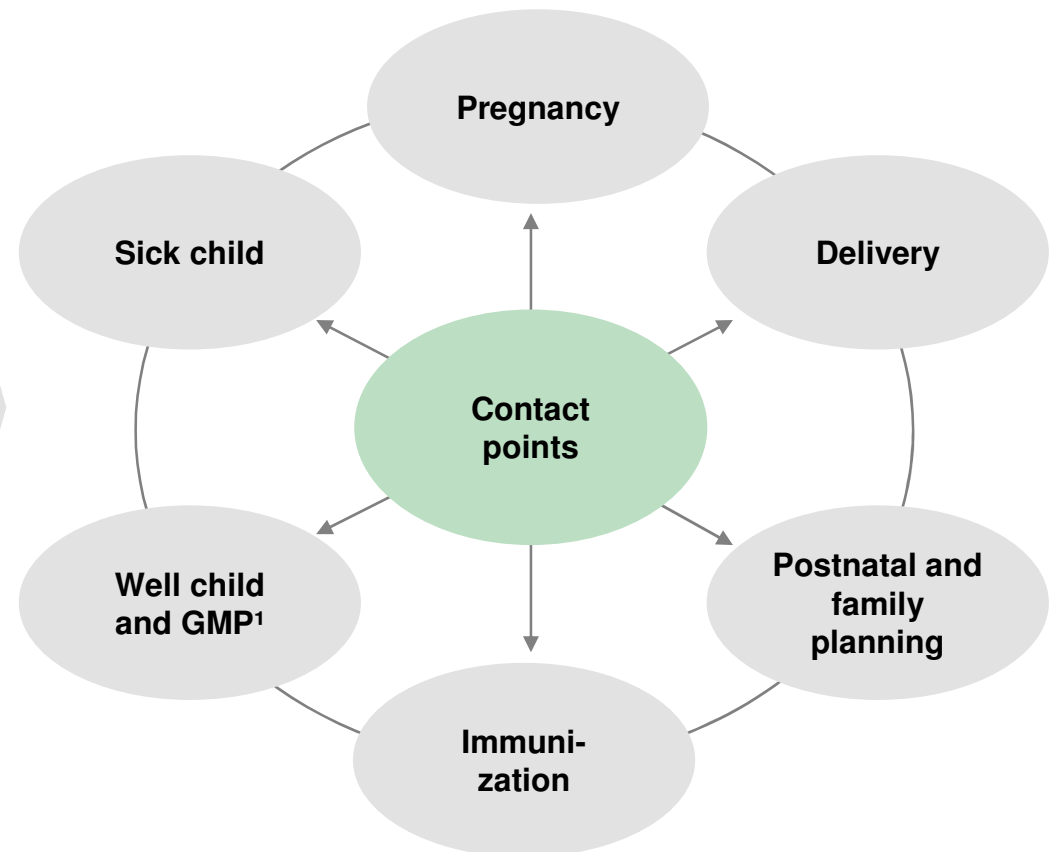
- Pregnancy
- Delivery
- Postnatal and family planning
- Immunizations
- Well child consultations and growth monitoring
- Sick child consultations

Integrated approach to messages and delivery enables scale ^{Design}

Example: LINKAGES Madagascar integrates BF/CF into broader nutrition context throughout healthcare lifecycle

BF/CF embedded into Essential Nutrition Actions (ENA) framework, delivered throughout the lifecycle

1. Promotion & Support of optimal breastfeeding during the first six months
2. Promotion & Support of appropriate complementary feeding beginning at six months, with continued breastfeeding to two years and beyond
3. Promotion & Support of the nutritional care of the child during and after illness
4. Control of vitamin A deficiency
5. Control of anemia (including de-worming, malaria control)
6. Control of iodine deficiency disorders
7. Promotion of improved women's nutrition



1. GMP=Growth Monitoring and Promotion

Source: Guyon A. et al: "LINKAGES Project Madagascar – Final Report: Using the Essential Nutrition Actions Approach to Improve the Nutritional Practices of Women and Children at Scale in Antananarivo and Fianarantsoa Provinces of Madagascar: Results and Trends 2000 to 2005." USAID/AED, 2006.

Planning and analysis critical to effective program design

Example: LINKAGES approach to Preventing Mother-to-Child Transmission of HIV (PMTCT)

Areas to examine

- ❑ Policy
- ❑ Health facility services delivery
- ❑ Training
- ❑ Information, education, communication
- ❑ Current infant feeding-related behaviors
- ❑ Community setting

Key questions

- How do national policies affect the type of training that is provided to health providers?
- How does training affect the quality of counseling offered in health facilities?
- What links exist between health facilities and community support mechanisms for HIV-positive women and their families?

Both qualitative and quantitative data required

- Quantitative techniques
 - Review of existing survey data
 - Market survey
- Qualitative techniques
 - Focus group discussions (FGDs)
 - In-depth interviews with key informants (IDIs)
 - Household observations
 - Trials of improved practices (TIPS)

1. IEC=Information, education, communication

Source: "Experience LINKAGES: Infant Feeding Assessments for PMTCT Program Design." LINKAGES, 2004. <http://www.linkagesproject.org/publications/index.php?series=4>

Simple action oriented messages are most effective to stimulate behavior change

Messages must include

1. Who is doing the action
2. Action expressed clear and simple
3. Benefit of doing such action

Breastfeeding messages to mothers include:

- Initiate breastfeeding within one hour of birth
- Position and attach infant correctly at the breast
- Breastfeed frequently during the day
- Breastfeed during the night
- Offer second breast after infant empties the first
- Give only breast milk
- Continue breastfeeding when child is sick
- Increase breastfeeding frequency during and after infant's illness
- Do not give water to your breastfed infant before 6 months

Complementary feeding messages to mothers include:

- Introduce complementary food at the age of 6 months
- Continue frequent and on-demand breastfeeding until 2 years age and beyond
- Practice responsive feeding (feed directly and patiently etc.)
- Practice good hygiene and proper food handling
- Gradually increase quantity, consistency, and variety of complementary foods and frequency of feeding as child gets older
- Use fortified complementary foods
- Feed child adequately during illness

To be successful, programs must

- Tailor messages to local culture and setting
- Reinforce need for BOTH behaviors

Source: "Experience LINKAGES: Behavior change communication." LINKAGES, 2003. <http://www.linkagesproject.org/publications/index.php?series=4>; "Guiding principles for complementary feeding of the breastfed child." PAHO/WHO, 2003.

Behavior change requires sustained effort across multiple stages

Stages of change	Level of knowledge and attitude toward or experience with the new practice	Purpose of appropriate communication interventions to move individual to next stage
Pre-awareness	Has not heard of new practice	Provide information
Awareness	Has heard of practice	Provide more information and begin to focus on persuasion
Contemplation	Considers the resources and tasks needed to actually perform the practice	Provide encouragement that practice is "doable" and introduce role playing, role modeling
Intention	Intends to try new practice	Focus on appreciating benefits and overcoming obstacles; introduce negotiation of trying new practice; home visits are very appropriate
Trial of new practice	Tries new practice to experience benefits and overcome obstacles	Reinforce benefits and overcoming of obstacles with family and community influentials; provide additional support to mother through home visits and support groups
Adoption of new practice	Appreciates benefits and has overcome obstacles during trial of new practice, adopts practice	Continue to reinforce and support practice, including praise from influentials
Maintenance	Decides to continue new practice	Continue to reinforce and support practice, including praise from influentials
Telling others	Believes in new practice and wants to tell others	Provide opportunities for practitioners to communicate their messages to other women widely (mass electronic and print media) or within the community (community events and advocacy; interpersonal communication)

Source: LINKAGES Project
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Effective policy is critical to ensure effective, sustainable breastfeeding and complementary feeding programs

Policy tool	Benefit
<ul style="list-style-type: none"> • Problem identification 	<ul style="list-style-type: none"> • To raise awareness and initiate or continue dialogue using e.g. Profiles
<ul style="list-style-type: none"> • IYCF guidelines 	<ul style="list-style-type: none"> • To standardize practices for improved child health
<ul style="list-style-type: none"> • HIV and infant feeding guidelines 	<ul style="list-style-type: none"> • To protect particularly vulnerable groups
<ul style="list-style-type: none"> • National Code of Marketing of Breastmilk Substitutes 	<ul style="list-style-type: none"> • To ensure that mothers receive objective and accurate information to make feeding choices without commercial pressure
<ul style="list-style-type: none"> • Maternity legislation 	<ul style="list-style-type: none"> • To support breastfeeding in the workplace
<ul style="list-style-type: none"> • Baby-Friendly Hospital Initiative protocols 	<ul style="list-style-type: none"> • To ensure quality care of mothers and infants and adequate feeding support
<ul style="list-style-type: none"> • National nutrition policy 	<ul style="list-style-type: none"> • To present the government's position on nutrition and the role of nutrition in national economic development
<ul style="list-style-type: none"> • Women nutrition guidelines 	<ul style="list-style-type: none"> • To help health workers give consistent messages during counseling
<ul style="list-style-type: none"> • Guidelines on Nutrition and HIV and AIDS 	<ul style="list-style-type: none"> • To identify nutritional interventions as part of comprehensive care and support for people with HIV and AIDS
<ul style="list-style-type: none"> • Micronutrient guidelines 	<ul style="list-style-type: none"> • To ensure standardized protocols in national programs
<ul style="list-style-type: none"> • Community Management of Acute malnutrition guidelines 	<ul style="list-style-type: none"> • To ensure the correct management of moderate and severe acute malnutrition

Baby Friendly Hospital Initiative (BFHI) is a global initiative to improve facility-based BF and CF promotion

Promotes mainstreaming BF and CF into facility-based healthcare

Launched by WHO and UNICEF in 1991

- Materials and approach revised and updated in 2006

Aims to improve the role of facility-based maternity services to encourage mothers to immediately and exclusively breastfeed

Mainstreams capacity via several tools for country- and hospital-level implementation

- Training courses for decision makers, hospital staff
- Assessment tools for hospitals
- Implementation guide,
 - e.g. for HIV/AIDS contexts, emergency settings

Over 20,000 facilities in 152 countries have been designated "Baby Friendly Hospitals"

Promotes specific actions at multiple levels

Policy level:

- Have a written breastfeeding policy that is routinely communicated throughout the healthcare system

Facility level:

- Train all health care staff to promote and implement appropriate breastfeeding practices
- Inform all pregnant women about benefits and management of breastfeeding
- Practice rooming in - allow mothers and infants to remain together - 24 hours a day

Community-facility intersection:

- Foster establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Policy and legislation support effective implementation

Example: implementation of "The International Code of Marketing of Breast-milk Substitutes"

The IBFAN scale tracks global policy compliance...

Objectives

- To protect infant health by protecting and promoting BF
- Ensuring that the marketing of breastmilk substitutes, feeding bottles and teats do not undermine BF

Key elements of Code and subsequent World Health Assembly Resolutions

- Prohibits all forms of promotion of breastmilk substitutes, feeding bottles and teats
 - Prohibits discouraging breastfeeding
 - Prohibits idealizing use of breast milk substitutes
- Mandates that health care systems not promote breastmilk substitutes, bottles, teats
- Promotes FAO/WHO¹ quality standards
- Promotes labeling standards
- Calls on governments to implement through national measures

...which has room to improve global adoption, as only 65% of countries have acted



The code must be enforced and reinforced by exposing violations and assisting governments

1. Standards set by FAO/WHO Codex Alimentarius Commission.

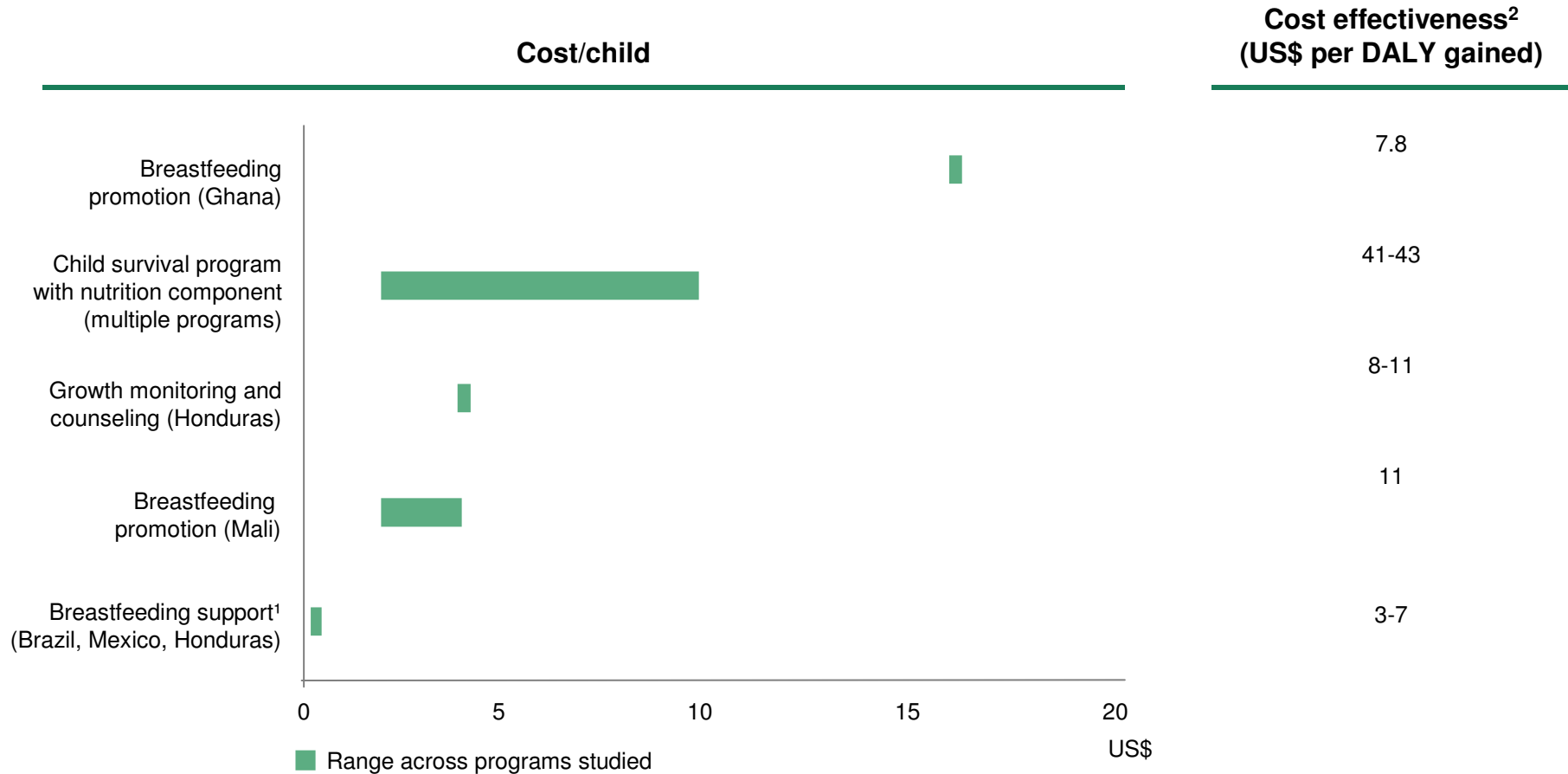
Source: "State of the Code by Country." IBFAN, 2004. http://www.ibfan.org/site2005/abm/paginas/articles/arch_art/298-10.pdf; Expert interview: "Understanding the International Code." IBFAN, no date. <http://www.ibfan.org/english/issue/code02.html>; Baby Milk Action homepage. <http://www.babymilkaction.org/index.html> (accessed on 29 May 2008)

What it costs

Preliminary

BF and CF are relatively cost-effective interventions

Ranges from US\$0.30 to \$16 per child and cost-effectiveness as low as US\$3/DALY



1. World Bank defines 'cost-effective' as <\$100 / DALY

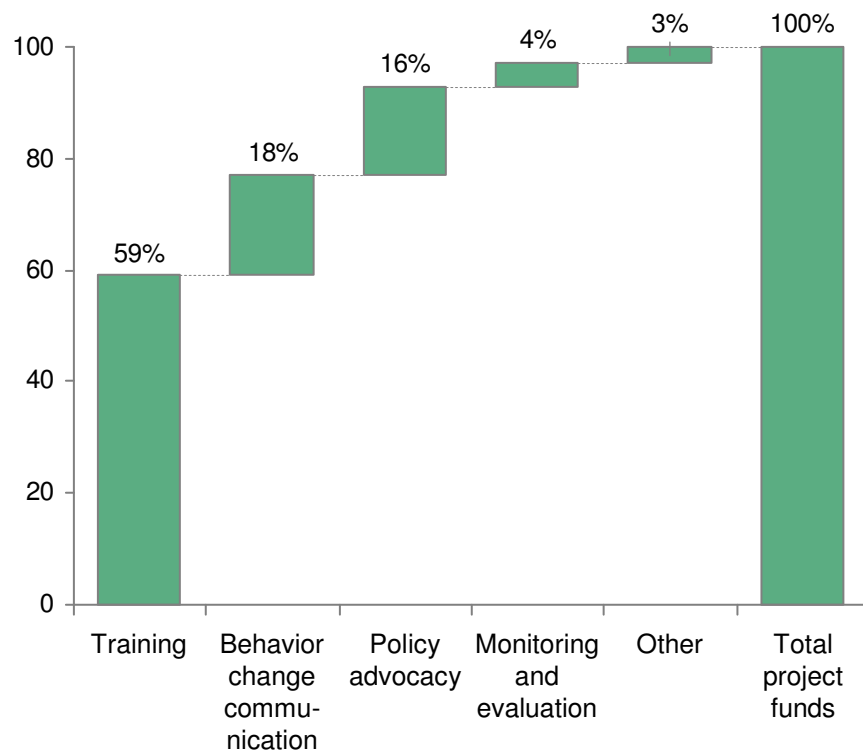
Source: Caulfield et al.: "Stunting, Wasting, and Micronutrient Deficiency Disorders." Disease Control Priorities 2, Ch.28, 2006.

Preliminary

Integrating into existing programs is a cost effective way to deliver BF and CF at scale

Example: LINKAGES Madagascar

Training and behavior change are key elements of program cost structure



Opportunities to manage unit costs

Increase scale

- The greater the population, the lower the cost per new breastfeeding mother
 - Increase through higher coverage or selecting regions with low baseline rate

Integrate into existing programs

- Integrate into existing maternal health and/or child survival interventions

Build partnerships

- Leverage existing delivery mechanisms and organizations that already operate in the targeted communities

Source: "Experience LINKAGES: Cost and effectiveness." LINKAGES, 2005. <http://www.linkagesproject.org/publications/index.php?series=4>; REACH analysis

REACH_Acting at Scale_Guide_BF and CF_v1.ppt

Where to go for further information

Key reference materials: Exclusive breastfeeding and complementary feeding

Normative guidance

- "Global strategy for infant and young child feeding." WHO, 2003
- "International code of marketing of breast-milk substitutes." WHO, 1981
- "Guiding principles on feeding non-breastfed children 6-24 months of age." WHO, 2005
- "Guiding principles for complementary feeding of the breastfed child." PAHO/WHO, 2003
- "Complementary feeding: family foods for breastfed children." WHO, 1998
- "New data on the prevention of mother-to-child transmission of HIV and their policy implications." WHO, 2000
- "WHO HIV and Infant Feeding Technical Consultation Held on behalf of the Inter-agency Task Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants. Geneva, October 25-27, 2006. Consensus Statement." WHO, 2006.
- "HIV and infant feeding: Update." WHO/UNICEF, 2007

Operational guidance

- "Infant and young child feeding - A tool for assessing national practices, policies and programmes." WHO, 2003
- "Planning guide for national implementation of the Global strategy for infant and young child feeding." WHO/UNICEF, 2007
- "The baby-friendly hospital initiative: Monitoring and reassessment: tools to sustain progress." WHO/Wellstart International, 1999
- "Baby-friendly hospital initiative - Revised, updated and expanded for integrated care: Preliminary version for country implementation." WHO/UNICEF, 2006
- "HIV and infant feeding: framework for priority action." WHO, 2003
- "HIV and infant feeding: a guide for health-care managers and supervisors." WHO, 2003
- "HIV and infant feeding: guidelines for decision-maker." WHO, 2003
- "Planning guide for national implementation of the global strategy for infant and young child feeding." WHO, 2007
- "Infant and Young Child Feeding in Emergencies. Operational Guidance for Emergency Relief Staff and Programme Managers. Version 2.1." IFE Core Group, 2007

Training materials

- "Baby-friendly hospital initiative - Revised, updated and expanded for integrated care: Preliminary version for country implementation. Section 3: Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff." WHO/UNICEF, 2006
- "Infant and young child feeding counseling: an integrated course." WHO, 2006
- "HIV and infant feeding counseling: a training course." WHO, 2000.¹
- "Breastfeeding counseling: a training course." WHO, 1993.¹
- LINKAGES materials
- "Training Course on Child Growth Assessment." WHO, 2006
- "HIV and infant feeding counseling tools." WHO/UNICEF, 2005/2008
- "Training of Trainers for Mother-to-Mother Support Groups." LINKAGES, 2003
- "Infant Feeding in Emergencies." Training module 1." ENN et al, 2001
- "Infant Feeding in Emergencies." Training module 2." ENN et al, 2002
- "Wellstart Trilogy: Community Based Breastfeeding Support Trilogy." Wellstart International, 1996

1. Available at WHO.

Organizations: Exclusive breastfeeding and complementary feeding (I)

	Organization	Description	Key activities
UN	UNICEF <ul style="list-style-type: none"> www.unicef.org 	<ul style="list-style-type: none"> Mandated by the United Nations General Assembly Supports activities protecting children's rights, helping to meet their basic needs and expanding their opportunities to reach their full potential 	<ul style="list-style-type: none"> Implements Funds Advocates
	WHO <ul style="list-style-type: none"> www.who.int 	<ul style="list-style-type: none"> Directs and coordinates authority for health within the United Nations system Provides leadership on global health matters Shapes health research agenda Sets norms and standards Articulates evidence-based policy options Provides technical support to countries Monitors and assesses health trends 	<ul style="list-style-type: none"> Advocates Sets norms Provides guidance
Bilateral	USAID <ul style="list-style-type: none"> www.usaid.gov 	<ul style="list-style-type: none"> Independent federal agency Provides economic, development and humanitarian assistance around the world Supports the foreign policy goals of the United States 	<ul style="list-style-type: none"> Implements Funds

Organizations: Exclusive breastfeeding and complementary feeding (II)

NGOs	Organization	Description	Key activities
	World Alliance for Breastfeeding Action (WABA) <ul style="list-style-type: none"> • www.waba.org.my 	<ul style="list-style-type: none"> • Global network of organizations and individuals • Protects, promotes and supports right to breastfeed • Consults UNICEF and organizes workshops with the UN agency and other partners 	<ul style="list-style-type: none"> • Advocates
	International Lactation Consultant Association (ILCA) <ul style="list-style-type: none"> • www.ilca.org 	<ul style="list-style-type: none"> • Professional association for International Board Certified Lactation Consultants and other health care professionals who care for breastfeeding families • Advances the profession of lactation consulting worldwide 	<ul style="list-style-type: none"> • Advocates • Conducts research • Provides training
	International Labour Organisation (ILO) <ul style="list-style-type: none"> • http://www.ilo.org 	<ul style="list-style-type: none"> • Advances opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity • Promotes rights at work • Encourage decent employment opportunities • Enhances social protection • Strengthens dialogue in handling work-related issues 	<ul style="list-style-type: none"> • Advocates

Organizations: exclusive breastfeeding and complementary feeding (III)

	Organization	Description	Key activities
NGOs	La Leche League International (LLL) <ul style="list-style-type: none"> www.llli.org 	<ul style="list-style-type: none"> Complements care of the physician and other health care professionals through personal help 	<ul style="list-style-type: none"> Advocates Provides training Supports through peer network
	International Baby Food Action Network (IBFAN) <ul style="list-style-type: none"> http://www.ibfan.org 	<ul style="list-style-type: none"> Consists of public interest groups working around the world to reduce infant and young child morbidity and mortality Works for universal and full implementation of the International Code and Resolutions 	<ul style="list-style-type: none"> Advocates
	Wellstart International <ul style="list-style-type: none"> www.wellstart.org 	<ul style="list-style-type: none"> Advances knowledge, skills, and ability of health care providers regarding the promotion, protection, and support of optimal infant and maternal health and nutrition Promotes breastfeeding 	<ul style="list-style-type: none"> Educates Trains
Foundations	Bill & Melinda Gates Foundation <ul style="list-style-type: none"> www.gatesfoundation.org 	<ul style="list-style-type: none"> Provides grants for infant and young child feeding programs and research through its Global Health Program nutrition area 	<ul style="list-style-type: none"> Funds

Organizations: exclusive breastfeeding and complementary feeding (IV)

	Organization	Description	Key activities
Academic	Academy of Breastfeeding Medicine (ABM) <ul style="list-style-type: none"> www.bfmed.org 	<ul style="list-style-type: none"> Worldwide organization of physicians Promotes, protects and supports breastfeeding and human lactation Unites members of the various medical specialties Encourages exchange of information among organizations Develops clinical protocols for managing common medical problems that may impact breastfeeding success 	<ul style="list-style-type: none"> Educates Conducts research Provides clinical guidance
Private sector	The International Association of Infant Food Manufacturers <ul style="list-style-type: none"> www.ifm.net 	<ul style="list-style-type: none"> Encourages scientific research and development and promotes science-based regulation of the infant and dietary food industries Deals directly with United Nations agencies Promotes high ethical standards within the infant food industry Provides information and education to health workers 	<ul style="list-style-type: none"> Advocates Informs Educates

Preliminary

Scaled-up programs: Breastfeeding and complementary feeding

Name/country	Implementing partners
Improving Child Nutrition <ul style="list-style-type: none">Multiple countries: Bangladesh, China, India, Nigeria and South Africa	GAIN Global Alliance for Improved Nutrition
BASICS II <ul style="list-style-type: none">Benin, Senegal	USAID
Integrated Care of the Child (AIN-C)¹ <ul style="list-style-type: none">Honduras	Honduras government The Manoff Group
LINKAGES¹ <ul style="list-style-type: none">Bolivia, Ethiopia, Ghana, India, Jordan, Madagascar, Zambia	USAID
Promoción de Crecimiento Comunitario <ul style="list-style-type: none">Bolivia	Save the Children, with USAID funding

1. Initial case study provided

Appendix: experts consulted

Experts consulted during preparation of this document

Name	Organization and title	Area of expertise
Agnes Guyon	AED (LINKAGES)	IYCF within ENA framework
Moazzem Hossain	UNICEF; Advisor, Child Survival and Nutrition	Breastfeeding and complementary feeding
Miriam Labbok	UNC; Former UNICEF Programme Division, Nutrition Section; Senior Advisor, IYC	Breastfeeding and complementary feeding
Victoria Quinn	HKI Senior Vice President of Programs; formerly LINKAGES	IYCF within ENA framework
Joy Del Rosso	Manoff Group Inc.; Senior Nutritionist	IYCF within ENA framework