



International Baby Food Action Network (IBFAN) - ASIA

IBFAN asia

Protecting, Promoting and Supporting Breastfeeding

IBFAN Asia Newsletter, Issue 9 &10, May 2008

Calling upon nations to adopt WHO Growth Standards and make breastfeeding action a budgeted as well as coordinated one!

The way to achieve optimal growth of infants and young children



It was in 1994 that the 47th World Health Assembly (WHA) adopted a resolution to the effect to call for an international study to establish growth standards for children around the world. This was to create a benchmark to assess the growth of 'breastfed children' since earlier references available so far were of mostly a population of artificially fed babies in the United States. Finally, in the year 1997-2003 WHO multi-centric growth reference study was under taken on approximately 8500 children from six nations; Brazil, Ghana, India, Norway, Oman and USA representing a wide range of ethnic and cultural settings. The result was phenomenal. We have with us now, ONE international standard for children from birth to five years on *how children should grow*. The new child growth standards have been generated to assess the growth of infants and young children; this is a crucial development in improving infant and young child nutrition globally. Unlike the old growth charts, the new standards (1)

describe how children "should grow," (2) establish breastfeeding as the biological "norm," and (3) provide international standards for all healthy children, as human milk supports not only healthy growth, but also optimal cognitive development and long-term health. Previous growth standards, which were used to monitor a child's progress, had higher weights as they were based on mixed-fed children (infants both breastfed and formula fed), who statistically are heavier than breastfed children. This led to frequently held misconception that breastfed babies did not grow fast enough and supplementation or early cessation of breastfeeding was becoming normal behavior. The study actually showed that children can grow remarkably similar provided certain basic conditions are met and this effect is not due to genetic or ethnic reasons but because of optimal environmental conditions.

What are these conditions?

Firstly, optimal breastfeeding i.e. beginning breastfeeding within one hour, exclusive breastfeeding for the first six months protected, promoted and supported, with appropriate and adequate complementary feeding beginning after six months along with continued breastfeeding. Secondly, fully implementing the objectives of the *Global Strategy for Infant and Young Child Feeding* (2002), as well as national guidelines for child nutrition. Thirdly, all children should receive vaccinations and good health care, and all women receive good care during pregnancy. Fourthly, creating a smoke free environment during pregnancy. However difficult these may seem, conditions are achievable with determination and will to support women to achieve optimal growth and development of infants and young children. There is no point having a newly printed growth curve, unless we

make these conditions widely available to women and children.

Because the new standards replace the old references which only described how a sample of children were growing at that time and place, new growth standards have to be understood as tool for evaluation and effectiveness of our programmes for women and children, and how an individual child *should grow*. Every child in the world has the potential to grow and develop adequately if her/his basic needs are met.

The new standards establish the breastfed infant as a norm. This is a strong advocacy tool for tackling under-nutrition among infants and young children. For those who are worried about obesity, the new standards make an effective tool for detecting obesity early.

The new standards are going to be useful to all those aiming at improved health of children e.g. parents, doctors, managers, advocates and policymakers to improve their understanding of what is good nutrition, health, and development.

There is a strong case for considering the new international growth standard as an *indicator* for the child having realized its Right to grow optimally, and to develop to his or her full potential. This should be used as a measuring stick that evaluates the growth of a 'child' or a population of children. In conclusion all governments should adopt these, and make a history in child health and development, best way to create optimal breastfeeding practices is by making breastfeeding activity a budgeted and coordinated activity within child health programs. Sooner the better!

Dr, Arun Gupta, MD, FIAP
Regional Coordinator, IBFAN Asia

Civil Society asks GAIN to Quit India!

A report of the ongoing campaign

Mira Shiva and Arun Gupta

The Global Alliance for Improved Nutrition (GAIN) gave a call to set up “India Alliance for Infant and Young Child Nutrition (IYCN) on 15th April in Delhi. Government of India's Ministry of Women and Child Development, Ministry of Health and Family Welfare, Ministry of Food processing and many international and national agencies including UNICEF, WHO, DFID and many experts were listed as potential members of the alliance.

The GAIN initiated India alliance for infant and young child nutrition can have very far reaching consequences. GAIN's aim is to improve nutrition of populations through technical and financial support. The annual report of GAIN (2005-2006) highlights that GAIN along with food giants such as Groupe Danone, Unilever, and Cargill, is working to fight “hidden hunger” by building new “markets for nutritious foods”, unlike traditional aid campaigns.

One of the activities that GAIN expects of the India alliance is “High level advocacy to create an IYCF friendly policy/ regulatory environment and removal of roadblocks in improving breast feeding practices and **increasing access to affordable complementary foods/ complementary food supplements** in accordance with the regulations in the country....” The alliance would thus be expected to ask for friendly (or weaker) legislations to allow for the market of complementary foods to grow.

Further, infant formula manufacturers, such as Danone, sit on the board of GAIN. Many of the listed potential partners are baby food manufacturers; a fact clearly demonstrating conflict of interest. Just to mention one example, even as Wockhardt, is blatantly violating the Infant Milk

Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 through gifts to doctors, is listed as a potential partner on this. Wockhardt is an Indian company who has acquired the Farex brand.

Absence of a coordinated national response, and a budgeted activity to protect and promote breastfeeding, becomes a happy opportunity for private players, who have business and profit motives. Government of India, in spite of the efforts by many, is still not committed to a clear and focused strategy for breastfeeding and infant and young child nutrition. This raises the question of who will decide what Indian children should eat

health and nutrition experts from India, or corporate driven bodies from abroad.

Such commercial interests recently tried interfering in the mid-day meal programme in schools and were given a fitting reply by Ministry of Human Resource Development. The lack of a strong policy of the Government of India on what should be given to children

under six through nutrition programmes such as the ICDS, is allowing all kinds of profit oriented interests to enter the arena in the name of 'improving nutrition'.

A joint action group constituted by 33 persons including individual experts, pediatricians, public health experts, representatives from 19 national organisations working in public interest in health, development, gender, education and nutrition sector made held a protest demonstration against such an alliance in India asking GAIN for spare India from the hands of multinational consumer and food companies. The group staged a silent protest using placards at the



site of GAIN initiated meeting to call for an India Alliance for IYCN on 15th April in Delhi.

The group submitted a protest note (**attached**) to the GAIN representative in India and also interacted with the participants who were invited at the meeting and offered to answer any questions if they have. Two members of the protest group also participated in the meeting and raised the points of 'conflicts of interest' while entering into any partnership.

During the meeting three formal presentations were made on the current status of malnutrition in the country emphasizing on industrially processed foods as the key solution to the existing problem of young child nutrition; that of complementary feeding in India. In the discussion on technical issues that lasted for an hour, much to the surprise of the key speakers, most participants strongly opposed the idea of using processed foods and cited their experiences from Mumbai and Rajasthan etc. They were advocating for early breastfeeding followed by continued breastfeeding along with home made foods.

In the second phase discussion was on the issues of operationalisation of the IYCN Alliance India. We raised our concerns about baby food companies sitting on the GAIN Board to which the GAIN representative said that the Board is aware of the problem and they will look into it. We also raised the issue of GAIN's intention to build markets for food giants and efforts to dilute the IMS Act. We stressed the need to address the current context of failure of health system, non availability and affordability of adequate nutritive food, lack of a comprehensive National Nutrition Policy, which respected diverse food cultures, local livelihoods & ensured adequate nutritive food for all. This is important in

view of the present food crisis, with spiraling food costs on the one hand and increasing corporate pressure to seek entry. To ensure adequate for mothers and children, trade issues related to Intellectual Property Rights, Agreement on Agriculture (AoA) also needed to be strongly addressed keeping in mind the pressure to complete the WTO Doha Round also called the "Development Round" by Mid May. Other food related policies e.g. Food Safety Standards Act, Seed Act etc needed to be carefully monitored, as attempts to allow GM Foods would be made by amending the Food Safety Laws.

We questioned the stated objective of the Alliance to "...do high level advocacy for creation of friendly policy/regulatory environment..." to increase access to complementary foods/ and supplements. They had no clear answer to this except that they would like to act within national legislations.

We also circulated a note for declaration of 'conflict of interest', which could be considered to enter into any such partnerships. The interventions from the floor

were also supportive of an alliance that excluded those with conflict of interest.

We asked the group and GAIN to officially take our submission as a part of the meeting records and resist any attempt towards PPPs without any guidelines and regulations.

In the final moments the GAIN representative closed the meeting asking everyone to write to them whether they want to be member of the alliance and where the secretariat should be housed. Probably due to the silent protest and objections raised even if anyone had come prepared to house the secretariat no one spoke up.



IBFAN Network Meets in Bangkok

IBFAN SEA organised a meeting in Bangkok on Feb 20-22, 2007, which was attended by 22 participants representing Vietnam, Indonesia, Cambodia, Lao PDR, Philippines and Thailand. Key result of the meeting was establishment of 6 working groups to focus on different areas of work in SEA region as well as elections of the regional representative to the managing committee. Innes A. Fernandez was re-elected as IBFAN SEA Representative for the next 3 years. The region and participating IBFAN national groups made their plans for future actions. There are key thrust areas for future action, one is to work on the synchronized complementary feeding project using indigenous foods for the

majority of the IBFAN SEA countries with a Food Festival and Recipe Book on Complementary feeding; and another to conduct training on Code monitoring and campaign.



Advocacy for Breastfeeding Protection-national actions for Code Monitoring in SEA region

People's participation on protective measures such as legislation, policies and collective bargaining agreements were best expressed in public events that drew media mileage for public awareness and action.

Unethical tactics by milk producing

companies and tremendous pressures exerted by US Chamber of Commerce and Trade in support of companies was thwarted by the soldiery of NGOs, campaign by IBFAN group and peoples participation that Supreme Court upheld the passage of the new implementing rules and regulations protecting breastfeeding against commercial influence.



Promotion of Global Strategy for Infant and Young Child Feeding at national level through national level activities.

Translation and Introduction of Compilation of WHA Relevant Resolutions (1981-2006) in China

WHA relevant resolutions and the code are now available in Chinese language. Health authorities and professional are aware of WHA and relevant resolutions, and they support the revised China Regulations of Marketing of BMS. It is planned to translate and print documents in Chinese by August 2007 by IBFAN EA and introduce and distribute the compilation during August to September. To celebrate the 2007 World Breastfeeding Week, a two-day training course on IYCF and BFHI was conducted in the city of Xi'an, Shannxi Province, on 7th and 8th August, jointly by MoH, WHO and UNICEF. 136 participants came from 50 IYCF counties in 15 provinces. 60 copies of the compilation were

distributed to each provincial Health Bureau. Based on the feedbacks of the first training course and requirements of non-IYCF province, MoH, WHO and UNICEF jointly organized the second training course for the other 16 province in the city of Guilin, Guangxi province during 27th and 28th September. 48 participants attended. 60 copies of the compilation were distributed to each provincial Health Bureau. Two courses for selected professionals and 60 copies per province are far from the real need. It is necessary and crucial that the WHA resolutions on infant feeding are accessible for more health professionals in China, as part of the preparation of the revised China Regulations on Marketing of Breastmilk Substitutes.

National campaign on IYCF in Korea

Consumers Korea Breastfeeding committee launched "2007 World Breastfeeding Week Campaigned: "Breastfeeding, 1st Hour" on 1 August 2007, at the Seoul City Hall Plaza, Seoul, Korea. Over 25 Breastfeeding Advisory Committee Members of Consumers Korea, staff,

members and monitors participated in the campaign and distributed Korean WBW brochure "Breastfeeding, 1st Hour" to the Seoul citizens. 5000 copies were disseminated to hospital & medical doctors.



Text Book Analysis in East Asia

Text books were analysed right from kindergarten to medical school in China, Hong Kong, Korea, Mongolia and Japan. By analyzing the textbooks it was noticed that there was a lot of misleading breastfeeding information in high school textbooks and lots of 'incorrect' expression on breastfeeding. It was recommended that breastfeeding advocates should be consulted in the process of writing these chapters. The final report of Analysis on Breastfeeding information in high school textbooks, “Baby Friendly Textbooks”, was outcome of the examination of 15 textbooks in Korea, 2 textbooks in Mongolia, 4 textbooks in Japan, 7 textbooks in China and 3 textbooks in Hong Kong. It was focused that in all books there were some areas that could be improved to provide a more positive attitude and accurate knowledge of breastfeeding to students.

A lot of misleading breastfeeding information and incorrect expressions on breastfeeding were in 15 high school textbooks in Korea. It was categorized by 3 main points; incorrect definition, wrong information on breastfeeding and complementary feeding and misleading concepts on the value of breastmilk and formula. Two books had incorrect definition of breastmilk, 7 books had wrong information on breastfeeding and complementary feeding and 4 books had misleading concepts on the value of breastmilk and formula. To make healthy future of children in Korea, it is hoped that educational materials to high school students should also be incorporated with positive and accurate breastfeeding information. And the process of approval before publishing the textbooks, it requires thorough examination from professionals in medical areas. The results of analysis were distributed by Consumers Report on May 2007.

Consumers Korea BFC recommend that



Korea, Consumer Report, May 2007

breastfeeding professionals should be included or consulted in the process of writing school textbooks. After the final report of analysis on breastfeeding information in high school textbooks, Consumers Korea submitted results of analysis to the Ministry of Education. And Ministry promised to change the textbook as the “Baby Friendly Textbooks”.

Consumers Korea organized education programmes for expanding this project to the East Asia IBFAN partners and 4 countries China, China HK, Japan, Mongolia also joined high school textbooks analysis.

In China, they didn't find the information on breastfeeding in the textbooks of general high schools. However, the knowledge of breastfeeding was found in the subject of Home economics and Nurses in the vocational high school education. It was focused that by analyzing those textbooks there was something wrong, information was incomplete on breastfeeding. Even 5 textbooks analyzed in Medical College in China, the information on breastfeeding was incorrect or required to be updated. Nine items were reviewed in every textbook such as What is the benefit of Breastfeeding; How to breastfeed;

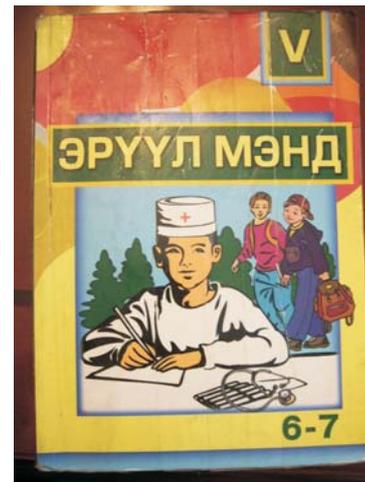
How should you attach your baby to your breast? and Signs that your baby is feeding well, etc.

In Hong Kong 5 biology textbooks were analyzed and discovered it was that some areas could be improved to provide a more positive attitude and accurate knowledge of breastfeeding to their students. Working Group of Baby Friendly Hospital Initiative, Hong Kong Association suggested 5 points.

- Publishers should be careful in the provision of visual images.
- Some books mix parental care with breastfeeding. “Suckling” should be used in breastfeeding and not “sucking”.
- Should expand the scope in mentioning physiology of breastfeeding, advantages of breastfeeding to baby, mother and society.
- Regarding the STS connection, “Discuss the pros and cons of breastfeeding” would deliver a wrong message to the students about breastfeeding.
- The WHO recommendation on breastfeeding should be included in all textbooks.

In Japan, 4 high school textbooks were analyzed. The textbooks were reviewed as 'substance' section and 'column, list, figure' section. Each section was analyzed for correct and incorrect information in high school textbooks. They found the information to be incorrect.

In Mongolia, there is no separate concept of high school and mid school. All Mongolian mid schools have one textbook which was taught on Health subject. This textbook have three series first two series are published and provided, third is not yet published, so two textbooks were examined. However, lot of sufficient information about breastfeeding and breastfeeding methodology are introduced in the Medical college and University student textbooks but not much in mid schools.



Code Training for Health Care Professionals in East Asia

Code Training was organised by Consumers Korea in Seoul, Korea from Oct 6-7, 2007. Over 46 health care professionals from China, Hong Kong, Japan, Mongolia and Korea supported by the International Baby Food Action Network (IBFAN) participated. Professor of Nursing Science College of Ewha Woman's University,

doctors and attorney at law from CK's breastfeeding committee spoke on the issues of the international code of marketing of breastmilk substitutes. Participants from China, Hong Kong, Mongolia and Japan spoke on the implementation of the international code in each country.



Strengthening Network and Capacity Building

IBFAN East Asia organized meeting with consumer organizations and IBFAN East Asia focal point for Strengthening network and capacity building in East Asia region. The regional representative participated in the Consumers

International Asia Pacific regional meeting in August 2007 and discussed breastfeeding in the AP region with leaders of consumer organizations.

Regional News

South Asia

2nd '3 in 1' International Training Course



IBFAN Asia along with BPNI and with the support of UNICEF organised the 2nd International training course from 15th Jan to 28th January 2007, for developing 'National trainers' on the "Infant and Young Child Feeding Counseling A Training course: The '3 in 1' course (An integrated course for counseling on breastfeeding, complementary feeding and HIV and Infant Feeding)" The objective of the course was to build national capacities to address the skill building of all health care workers for counseling on IYCF. National trainers and 'Infant and young child feeding counseling specialists' were trained from Indonesia, Nepal and India. The participants included medical doctors, nurses, PhD scholars in nutrition, faculty of medical colleges and PPTCT counselors. Over the next year India has planned to conduct 5 sessions. WHO has shown interest in observing the '3 in 1' training course as indicated by the mail below.

>>> On 4/3/08 17:28, "Vallenas, Rosa Constanza" <vallenasc@who.int> wrote:
>>>
>>>> Dear Arun,
>>>>
>>>> Thank you very much for remembering my interest in the "3 in 1" course and for sending the dates of the upcoming courses. I'm glad to see
>>> that the course will be replicated several times this year. There may be a chance that I can attend the course in Ranchi (Sept-Oct). I'll need to
>>>> re-discuss internally about my possible participation and will get back to you
>>>>
>>>> I've noticed that the dates for Ranchi are the same for the Specialist course and for the course for National Trainers. Is that OK?
>>>>
>>>> I hope you don't mind that we're including India in the list of countries where the integrated course (adapted) has been introduced.
>>>>
>>>> Best regards,
>>>>
>>>> Cota
WHO HQ Geneva

South Asia Breastfeeding Partners Forum-4 organised successfully in New Delhi India



*Dr. Syeda Hameed, Member, Planning Commission, Government of India speaking during Inaugural Session
Dias From (Left) Dr. J.P. Dadhich (BPNI), Smt. Shalini Prasad (NCPCR), Mr. Ian Pett (UNICEF-ROSA), Dr. Arun Gupta (BPNI), Prof. MQK Talukder (IBFAN)*

The South Asia Breastfeeding Partners Forum is an ongoing effort in South Asia, to protect, promote and support breastfeeding and is held in a different country each year to strengthen linkages between breastfeeding partners, which include governments, NGOs and INGOs, professional bodies and civil society organizations. The objectives of the Forum include taking stock of the status of breastfeeding in the region, identifying priority actions for the following year, and developing regional and national action plans. Bangladesh hosted the first Forum in Dhaka in 2004, Nepal in Katmandu in 2005, and Afghanistan in Kabul in 2006. The theme for Forum-4 was Save Babies: Support Women to Breastfeed.

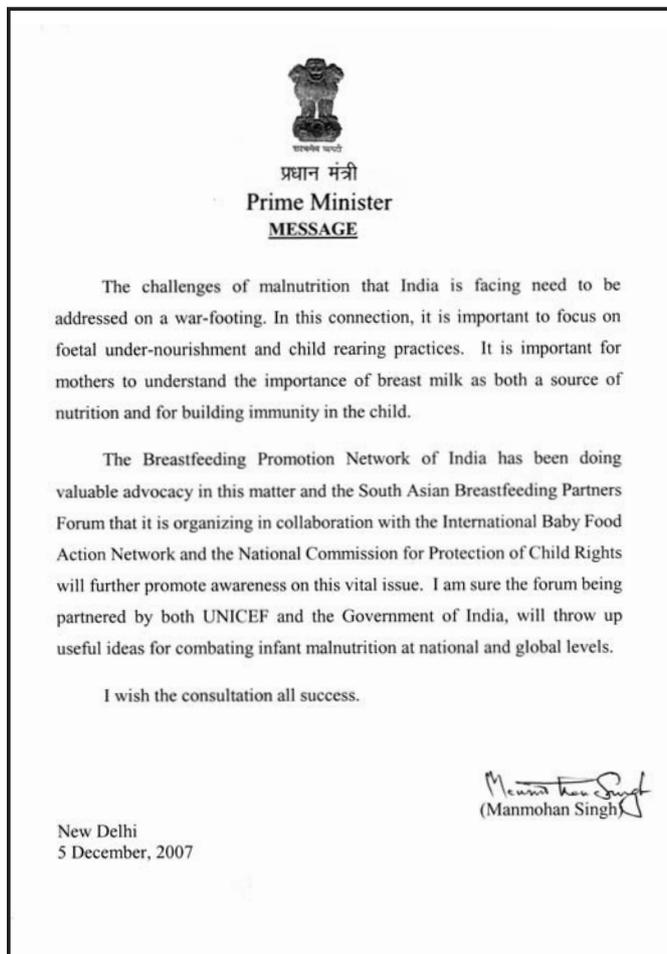
The 3-day South Asia Breastfeeding Partners Forum-4 was held in Delhi at India Habitat Center from December 10th to 12th and attended by over 110 participants representing governments, national and international NGOs, civil society organizations, professional organizations, and media. The Forum was jointly hosted by the National Commission for Protection of Child Rights (NCPCR), the Breastfeeding Promotion Network of India (BPNI) and the International Baby Food Action

Network (IBFAN) Asia, with support from Ministry of Women and Child Development (Government of India), Planning Commission (Government of India), United Nations Children's Fund (UNICEF), World Health Organization (WHO-India), Swedish International Development Cooperation Agency (Sida), World Alliance for Breastfeeding Action (WABA) and Netherlands Ministry of Cooperation and Development (DGIS).

Prime Minister of India recognises BPNI's role!

In his message to the Forum, which was read out at the inauguration, the Prime Minister of India, Dr. Manmohan Singh stated: "The challenges of malnutrition that India is facing need to be addressed on a war footing. In this connection, it is important to focus on fetal under nourishment and child rearing practices. It is important for mothers to understand the importance of breastmilk as both a source of nutrition and for building immunity in the child. The Breastfeeding Promotion Network of India has been doing valuable advocacy in this matter....."

Shantha Sinha, Chairperson of the National Commission for Protection of Child Rights, in her



written message, which was read by Ms. Shalini Prasad, member secretary, NCPCR, stressed the need to create environment where women could successfully feed their children in the best possible way.

Dr. Syeda Hameed, Member, Planning Commission, in her keynote address, informed the steps being taken in the 11th Plan to improve Optimal Infant and Young Child Feeding practices, including a scheme to financially help poor pregnant and lactating mothers, to enable



Dr. Tarsem Jindal, Chief Coordinator (BPNI) and Mr. Ian Pett Senior Adviser, CSD (UNICEF-ROSA) chairing the session

them to practice exclusive breastfeeding as well as making the protection, promotion and support of breastfeeding a budgeted activity in implementing programs for the children.

This was followed by a very intense three day programme consisting of plenary sessions and discussion groups. Sharing of Status in 2007 of implementing the Global Strategy for IYCF in the context of MDG 1 and 4, took stock of the action taken to improve policies and programs related to optimal breastfeeding and complementary feeding in the participating countries. The post lunch session was on a district level project implementing breastfeeding counselling in over one million population and how it showed a significant rise in early and exclusive breastfeeding in just about one year. Uttarakhand State in India presented the state plan of action for the next five years for mainstreaming IYCF in the state. Sri Lanka shared its concerns of the new threats, including cultural and changes in lifestyle, posed by globalisation that need to be countered to ensure that IYCF is universalized. Utility of World Breastfeeding Trends Initiative (WBTi) was presented. Dialogue with media made them understand the importance of IYCF, and could explain their constraints when it came to coverage. The participants proposed the formation of a “Friends of Breastfeeding Group” among media community to further the issues related to IYCF.

Next session was on scientific basis of the



Participants at the Forum

Regional Plan of Action for the IBFAN South Asia and the partners for advocacy evolved at the South Asia Breastfeeding Partners Forum 4 held at New Delhi India 10-12 Dec. 2007

1. The South Asia Breastfeeding Partners Forum should continue to meet every year in different countries to serve as an advocacy and learning platform.
2. South Asia IYCF assessment, it should be carried out in all countries in 2008 and report published in early 2009, repeat in 2011.
3. Advocacy for HIV programmes to strengthen infant feeding options and skilled development for this purpose.
4. Engage with SAARC, Social Affairs section to sensitize and rejuvenate action on the SAARC Code 1996 and take action in relation to the following;
 - a. SAARC should put *Global Strategy for Infant and Young Child Feeding* and the "SAARC Code" on the agenda of their ministerial meetings on Child Health, Maternal Health, and Nutrition etc. and recommit itself proactively on a high priority basis.
 - b. SAARC and all National Governments and other agencies dealing with HIV prevention in the region should accept and incorporate consensus statement by '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, Oct'06, 'in their policies and planning.
5. The South Asia Forum participants should engage themselves in National advocacy for sensitizing the policy makers and develop the action plan specifically for this purpose.
6. South Asia participants to work towards skill development of health care providers in breastfeeding , complementary feeding , and infant feeding and HIV using the IBFAN Asia's '3 in 1' course.

strategies for supporting women to be successful in early and exclusive breastfeeding. Indian experience of several medical colleges in incorporating counseling skills on breastfeeding in the curriculum of undergraduate medical doctors in medical colleges was next and received good attention from participants. This was followed by discussion among four groups on current issues and gaps and what needs to be done. From these recommendations grew the regional plan of action for IBFAN Asia as well as the ideas for national actions. The recommendations were presented during a post lunch plenary session. Further to this was a session based on Human Rights Framework to discuss why a basic right of women such as right to breastfeed, and of infants

such as right to adequate and appropriate nutrition needs legal support in order to be met fully. How it fits into Right to Food campaign and Peoples health movement was discussed. What support working women need for practicing optimal infant feeding made an important session? The lively discussion that followed threw up several possible strategies. The Forum unanimously endorsed the 'South Asia Declaration on Empowering Women for optimal infant and young child feeding', which was developed during the three days. The Declaration calls upon both SAARC and national governments to put in place systems that will enable all women in the region to feed their babies in the optimal manner.

IBFAN Oceania Breastfeeding Forum 11-13 September 2007 Auckland New Zealand

Oceania region of IBFAN had decided to go independent since IBCoCo in September 2006 at Penang. However since the region was a part of the IBFAN Asia Pacific and certain activities were to be conducted under the 5 year plan project, Marcia Annandale who coordinated work in the region planned to organize the first IBFAN regional meeting Breastfeeding Forum in Auckland and invited almost all pacific island countries as well as Australia and New Zealand.

Participants from 6 countries, Fiji, Nieu Island, Solomon Island, Cook Island represented their governments. The government person responsible for infant and young child feeding work and IFANZ, Women's Health Action, and individual researchers represented New Zealand. Australia was represented by a long time breastfeeding advocate Jan Cornfoot. There was one person representing the Secretariat of the Pacific Community (SPC).

Day one highlight was where countries are with respect to the *Global Strategy for Infant and Young Child Feeding* and the International Code. It was followed by discussions and sharing of different experiences. On day 2 BFHI and other related issues were discussed. The Regional Coordinator Dr Arun Gupta made a presentation on the WBTi and the training programme, '3 in 1'. It was well received and many participants showed interest, however, wanted that WHO could somehow endorse this would make things easy.

Participants made a hospital visit to a BFHI place 'birthcare' where a lactation consultant took the participants on a little tour of the place and was really very encouraging to see that the

place was certified in 2002 and followed up in 2005 as BFHI.

Day 3 was devoted to making plans for the countries. Each one made a plan for him/her rather than for the country. These included making efforts to get governments agree on increasing priority to infant and young child feeding issues and training of health workers in skilled counseling. Participants discussed several ways of fund raising and making the network sustain for long times to come. All agreed that it is necessary to have such meetings that trigger enthusiasm and action.

Draft action plans were shared with all and RR Pacific Marcia Annandale will make efforts to strengthen the network further. All participants posed faith in her leadership and wanted her to coordinate the region.



Report from the Regional Coordinating Office

January-December 2007

Following is a brief summary of the activities of the Regional Coordinating Office from January to December 2007:

January: Organised the 2nd International training course for developing national trainers on “infant and young child feeding counseling the '3 in 1' training course (Breastfeeding, Complementary feeding, and Infant feeding & HIV)”; supported the research on the role of exclusive breastfeeding on Status of Vitamin D in infant and mothers; preparations for APN 8 started; preparations for the annual report of DGIS started; preparations for SABPF-3 report started; testing of second global phase for WBTi started; finalized WBTi documents “IBFAN Asia Pacific Guidelines for WBTi” and “WBTi document for Indicators”; preparations for South Asia report of the 'State of the World's Breastfeeding' started; new domain booked for www.ibfanasia.org; and news and technical documents shared with the network and also updated on the website.



February: South Asia report of the 'State of the World's Breastfeeding' finalized, printed and disseminated; the regional coordinator participated in the 34th session of the SCN working group on Breastfeeding and Complementary Feeding at Rome and made a presentation on the theme for WBW 2007

'Breastfeeding the 1st Hour-Save One Million Babies' and IBFAN Asia's WBTi programme, the SCN News No 34 included about the 'State of the World's Breastfeeding' report cards amongst its publications; the annual report of DGIS finalized and submitted; testing of second global phase for WBTi continues and provided the collective input and suggestions; compilation of data of initiation of breastfeeding started; news and technical documents shared with the network and also updated on the website.



Elisabeth Helsing at SCN

March: Supported Timor Lesté for the '3 in 1' training course (Breastfeeding, Complementary feeding, and Infant feeding & HIV)'; communication guide and training guide for middle level trainers supplied to Indonesia to be used for training of grass root health workers after translating in their local language; latest information and data entered on WBTi website



Role play Timor Leste Training

for indicators like initiating breastfeeding within one hour, exclusive breastfeeding for first 6 months, complementary feeding and International Code to test the generation of reports, technical documents and news shared with the network and also updated on the website.

April: Report of SABPF-3 (held at Kabul, Afghanistan) developed and disseminated; APN-8 finalized; testing of second global phase for WBTi continues; information about new website www.ibfanasia.org and new email IDs shared widely; technical documents and news shared with the network and also updated on the website.

May: RC participated in the meeting organized by GIFA in Geneva where IBFAN's 'Global Appeal' was finalized and strategy to approach donors were also discussed and finalized; APN-8 published and disseminated; preparation of background paper for SABPF-4, which is going to be held in India started; report card on initiation of breastfeeding 'State of the World's Breastfeeding' shared with WABA for WBW Action Folder; design and development of IBFAN Asia new website started and uploaded on the web; preparation of State of the World's Breastfeeding Report Card on Initiation of Breastfeeding started; data from all over the world was called to prepare the report card; finalized feedback form and country feedback form for WBTi; technical documents and news shared with the network and also updated on the website.

June: the RC had meetings with donors in



Arun Gupta meet Ms. Gunilla Essner, Sida, Sweden



Arun Gupta, Anne Baerug and Anne Liv Evensen at a meeting with NORAD

Sweden (Sida) and Norway (NORAD) for further funding of the IBFAN Asia as well as global funding of the IBFAN; preparation of State of the World's Breastfeeding Report Card of Exclusive Breastfeeding for the first six months started; technical documents and news shared with the network and also updated on the website..

July: 1,000 copies each of "Breastfeeding: The 1st Hour Saves One Million Babies" and "The State of World's Breastfeeding Report Card Initiation of Breastfeeding within One Hour" were drafted, edited, printed and circulated for general awareness on the occasion of World Breastfeeding Week 2007; application of probiotic on infants draws judicial irk -legality challenged in a PIL as it violates IMSACT-shared widely; second Phase of WBTi for improvement of Flash Map started; www.ibfanasia.org updated with WBW's new information and documents; documents and reports of WBTi uploaded on www.worldbreastfeedingtrends.org; data and colour-coded map compiled for exclusive breastfeeding for the first six months.

August: World breastfeeding week activities coordinated all over the country and in the region; draft Report Card of exclusive breastfeeding for the first six months shared with Rrs for their input; State Assessment tool and guideline developed for Rapid Assessment of the Status of National Plan for Infant and Young Child Feeding at State Level Achievements and Finding Gaps; www.worldbreastfeedingmovement.org domain booked for World Breastfeeding

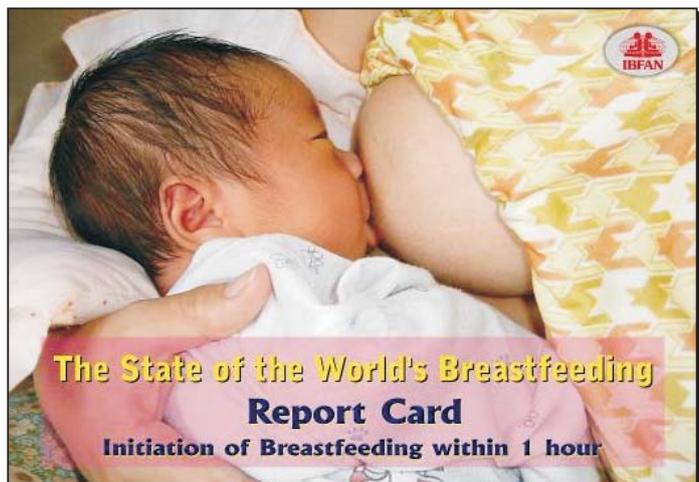
Movement website; "World Breastfeeding Week 2007: An early start on breast milk saves infants' lives" uploaded on www.ibfanasia.org; speech of Hon'ble Prime Minister on Independence day uploaded on www.ibfanasia.org.

September: Dr Arun Gupta, Regional Coordinator, IBFAN-Asia went on a networking visit to Singapore/Penang/Switzerland from Sept 4-15, 2008; Four breastfeeding partners BPNI, JSA, Mobile Crèches, Public Health Resource Network came together and prepared a book "Strategies for Children Under-Six A Framework". 1,000 copies were printed as a part of presentation made to Planning Commission of India for advocating Breastfeeding and Optimal IYCF practices, these books were disseminated to all IBFAN members, breastfeeding partners, NGOs, institutions and government agencies; balance payment towards development of the WBTi website made; global phase of WBTi launched and shared widely for comments; queries attended and replied by the RCO regarding the WBTi toolkit; implementation phase of WBTi started; WBTi website modified as per received comments; preparation of SABPF-4 started.

October: Four documents were drafted, edited, printed and disseminated to IBFAN members and others and used for advocacy of Optimal Infant and Young Child Feeding. These were 'Malnourishment among Children in India A Regional analysis', Policy to have IYCF Counseling a Service', 'If you want to enhance early and exclusive breastfeeding Here is the menu' and 'Prime Minister's Independence Day Speech 2007'; Dr Arun Gupta, regional Coordinator, IBFAN, went to Canada on a fundraising visit from 10-15 Oct 2007, in Vancouver, he met CIDA (Canada International Development Agency) for funding purposes; preparations for Sida evaluation started; case study: South Asia action on breastfeeding with all the web links shared widely; country pages for South Asia updated on www.worldbreastfeedingtrends.org IMR table

compiled; queries were attended and replied by the RCO regarding the WBTi toolkit; entered data for the year of 2000, 2003, 2006 for IBFAN Asia on WBTi toolkit to generate the trends report and bar reports online.

November: 1,000 copies each of 2 documents were prepared on the occasion of South Asia Forum. 2007. These were entitled "The State of the World's Breastfeeding Report Card Exclusive breastfeeding during the first 6 months" and "Timely Initiation of breastfeeding within 1st hour of Birth"; queries were attended and replied by RCO regarding the WBTi toolkit; region and countries were organized according to IBFAN region; South Asia Child Survival Report card 2007 developed; table and colour-coded map for International Code compiled; shared IMR table with the IBFAN Network to find out the IBFAN Presence in the world; draft project monitoring tool developed; South Asia Country pages updated with background information.



December: South Asia Breastfeeding Partners forum-4 organised in New Delhi with the theme 'Save Babies: Support Women to Breastfeed', 110 participants from India, Pakistan, Nepal, Bangladesh, Sri Lanka and Maldives attended; Timely Initiation of Breastfeeding within 1st Hour of Birth uploaded on www.ibfanasia.org; structure of World Breastfeeding Movement website created; report cards for initiation of breastfeeding, exclusive breastfeeding and South Asia Child Survival finalized and sent for printing.

The '3 in 1' Training Programme

Introduction

BPNI, IBFAN Asia, and UNICEF, have jointly developed a unique training programme based on the existing 3 training courses provided by WHO and UNICEF on infant and young child feeding counseling (Breastfeeding, Complementary Feeding and HIV & Infant Feeding). This '3 in 1' programme has two major elements. First is to develop 'infant and young child feeding specialists' and second a need based one to develop 'family counselors'.

This programme is run through various types of training courses. Key among these is the "Infant and young child feeding counseling- A training course, the '3 in 1' course (integrated course for breastfeeding, complementary feeding and infant feeding & HIV counseling). This course combines three training courses of WHO/UNICEF into one. It is also most updated as far as the scientific content is concerned making it to be a world-class training course for imparting scientific knowledge; clinical and counseling skills to health and child care providers. The training course saves time and resources without compromising the content. The course has a built in mechanism to develop "national trainers" who teach this course of 7-day duration to develop infant and young child feeding 'counseling specialists'. The capacity building programme has been developed because of the vast need of the governments and related agencies, as it was hard for them to spare the health care providers for 3 different courses. This document provides, in detail, information about the training course and how to conduct the capacity building programme for a country or a State of India. It also provides guidance on use of training materials and

selection of individuals to participate in the training programme. Before that the document also provides a background to this as well as briefly the history of development of training resources for infant and young child feeding counseling.

Why is such training needed?

One of the areas that need attention here is universal access to skilled counseling on infant and young child feeding whether it is one to one or group counseling. Unfortunately, many mothers and newborns do not receive the help they need to initiate breastfeeding within one hour, and to practice exclusive breastfeeding during the first six months. The help includes assistance, education about breastfeeding, answers to their questions, and prevention of breast conditions like sore nipples and mastitis and tackling these if they do arise. Majority of mothers do not get antenatal information about advantages of breastfeeding, risk of artificial or replacement feeding, techniques of feeding and how to breast feed their babies. Only very few mothers breastfeed their babies starting just after birth, majority give other feeds and fluids while waiting for breast milk to come. False perception of not enough milk leads to early and unnecessary feeding resulting in repeated episodes of diarrhea and pneumonia and under-nutrition. One in seven breastfeeding mothers develops sore nipples, cracks, engorgement or mastitis due to lack of correct breastfeeding skill. Avoiding certain foods and stopping foods altogether during sickness are also common social practices along with thin and watery foods for complementary feeding. Skilled and adequately trained health care providers are

needed at 2 levels. One, the specialist level for given population of 5000-10000, and second is at the family level for a population of about 1000. Both these counselors are required as manpower available to improve the rates of optimal feeding practices through a behavior change in the society and family.

For the Specialist level Services: Health care providers/workers need appropriate skills e.g. to build mother's confidence to increase her own milk flow from the mother to the baby when she has a 'feeling' of 'not enough milk'; assist her to initiate breastfeeding within one hour of the birth of the baby; assist her in making proper attachment at the breast to allow effective suckling which will help in preventing breast problems like sore nipples and engorgement; and in solving problems if they do arise; answer any questions if mothers have; counsel mothers and families on adequate and appropriate complementary feeding; and finally be able to counsel HIV positive mothers about infant feeding options and support their feeding choice. Unfortunately, most health care providers and frontline workers have barely acquired these 'skills' in counseling and management of breastfeeding and complementary feeding either during their pre-service or in-service training.

Family level counselors require skills on counseling in normal circumstances, motivating mothers for early breastfeeding within one hour, support them to initiate breastfeeding and skin to skin contact, and exclusive breastfeeding. They should be able to recognise difficulty that may need specialist level care.

Inadequate knowledge and skills of these workers complicates the situation but there is very little time assigned to infant and young child feeding in their basic curricula. Commercial pressures of baby food companies add to this problem in a significant manner. This situation

makes it imperative to train all care providers in the required skills till we achieve such a skill in their pre-service training. With increasing HIV prevalence and the knowledge that HIV can be transmitted through breastfeeding, it becomes critical to help women to decide the best possible option for infant feeding.

The '3 in 1' training programme addresses this specific need of counseling by skilled personnel in health and childcare settings.

How the programme runs?

One experienced 'course director' develops 6 (six) 'national trainers' in 6 days to learn training skills as well become familiar with training materials of both levels. They in turn develop 24 'infants and young child feeding counseling specialists' over a period of 7 days. Depending upon the needs the 'national trainers' can be utilized to produce more infant and young child feeding counseling specialists.

Further to reach the family level, 4 national trainers train 24 'middle level trainers' in 6 days. 3 Middle level trainers can train 30 family counselors (in 3 days). The diagram below (Fig.1) shows how the capacity can be rapidly multiplied to enhance outreach to family level.

Details of the '3 in 1' training courses

1. Preparation of 'Infant and Young Child Feeding Counseling Specialists' and 'National Trainers'

BPNI and IBFAN Asia now run this course regularly to produce and certify 'infant and young child feeding counseling specialists'. The participants have to undergo 7 days (51 hours) training and they use a training module. There are 43 sessions structured around five clinical sessions for interpersonal counseling skills with the mothers and babies in a clinical situation. Participants learn the skills in the preceding classroom sessions, in a sequence of lecture,

Fig. 1: How the '3 in 1' capacity building programme works?

Specialist Level		Output
To prepare IYCF counseling specialists	One BPNI/IBFAN 'Course director' prepare <ul style="list-style-type: none"> • 6 national trainers (1:6) duration 6 days • 24 infant and young child feeding counseling specialists. Duration 7 days 	<ul style="list-style-type: none"> • 6 Trainers • 24 IYCF counseling specialists
Family Level		
Need based programme	<ul style="list-style-type: none"> • 4-6 national trainers prepare 24 middle level trainers (MLT). Duration 6 days 	<ul style="list-style-type: none"> • 24 Middle Level Trainers
Prepare family counselors	<ul style="list-style-type: none"> • 3 MLTs train 30 family counselors/frontline workers in one course. Duration 3 days • Family counselors counsel mothers in the community. 	<ul style="list-style-type: none"> • 30 counselors trained

This algorithm suggests how this '3 in 1' capacity building programme works, with one course director going out to begin the process in a state or a country.

discussions, demonstrations and written exercises. Training is conducted partly with the whole class together and partly in smaller groups. The ratio of trainer and participants is ideally maintained at 1:6.

For preparation of 'national trainers' additional 6 days (48hrs) are required. This can be done in the week preceding the 7-day course. The six-day course enables trainers to become familiar with course materials, and learn how to conduct the different kinds of training sessions. It is essentially focused on training skills using materials developed to run in structured format. One course director conducts this part of training to train 6 national trainers. Very next week, they have to teach the 7-day course mentioned above, under supervision of the course director. This process enables them to become national trainers. They learn and practice the training skills and continue to sharpen as well gain more experience by getting involved in more training. The national trainers and IYCF counseling specialists act as Breastfeeding Advocates for

the state or the nation apart from being able to assess and analyse the situation of infant and young child feeding.

2. Need based training for preparation of family counselors on infant and young child feeding counseling

For the family counselors, BPNI/IBFAN Asia and UNICEF India have developed a 3-day training course, which suits her basic knowledge and requirements. This is in or has to be in the local language for those who adapt this. The course has 17 sessions and provides her with a 'counseling guide' for using to counsel the family members or mothers. This training course has been field tested and found to be useful by Indian government institution that develops training materials and programmes on all child related issues. In this course 3 'middle level trainers' train 30 family counselors over a period of 7 days. The middle level trainers are trained by the national trainers using a 6-day training package specially developed for this purpose.

New Abstracts

Diarrhoea and acute respiratory infections

Quigley MA, Kelly YJ, Sacker A. **Breastfeeding and hospitalization for diarrheal and respiratory infection in the United Kingdom Millennium Cohort Study.**

Pediatrics 2007;119:e837-e842

The objective of this study was to measure the effect of BF on hospitalization for DD and lower respiratory tract infections in the first 8 months after birth. Data on infant feeding, infant health, and a range of confounding factors were available for 15,890 healthy singleton term infants who were born in 2000-2002. The main outcome measures were parental report of hospitalization for DD and lower RTI. Seventy percent of infants were ever BF, 34% received BM for at least 4 months, and 1.2% were EBF for at least 6 months. By 8 months of age, 12% of infants had been hospitalized (1.1% for DD and 3.2% for lower RTI). Data analyzed by month of age, with adjustment for confounders, showed that EBF, compared with not-BF, protected against hospitalization for DD and lower RTI. The effect of partial BF was weaker. An estimated 53% of DD hospitalizations could have been prevented each month by EBF and 31% by partial BF. Similarly, 27% of lower RTI hospitalizations could have been prevented each month by EBF and 25% by partial BF. The protective effect of BF for these outcomes wore off soon after BF cessation. A population-level increase in prolonged EBF would be of considerable potential benefit for public health.

Support to exclusive breastfeeding

Chandrashekhara TS, Joshi HS, Binu V et al. **Breastfeeding initiation and determinants of exclusive breastfeeding: a questionnaire**

survey in an urban population of western Nepal. *Public Health Nutr* 2007;10:192-7

To assess the rates of initiation of BF and of EBF 2 months after delivery and to determine the factors influencing EBF, a health worker-administered questionnaire survey was carried out for 385 mothers who had delivered a child during the previous 2 months. The rates of initiation within one hour and within 24 hours of delivery were respectively 73% and 84%. Two months after delivery, EBF was practised by 82% of mothers. BM/colostrum was given as the first feed to 332 (86%) babies and 17% of these were given expressed BM or put to the breast of another lactating mother. Fourteen percent of the babies received pre-lacteal feeds IF (6%), sugar water (6%) and cow's milk (3%). 13% of the mothers introduced CF. The factors influencing EBF included feeding practice of friends, the type of delivery and the baby's first feed. Despite the fact that higher rates of initiation and EBF are noted, practices such as pre-lacteal feeds and premature introduction of complementary feeds still remain great concerns in this population.

Scott JA, Binns CW, Oddy WH, Graham KI. **Predictors of breastfeeding duration: evidence from a cohort study.** *Pediatrics* 2006;117:646-55

This study examines the duration of BF among a population of Australian women and identifies the factors associated with the duration of full BF to 6 months and any BF to 12 months. It included 587 women recruited from two maternity hospitals in Perth who completed a baseline questionnaire at or shortly after discharge from the hospital. Women were then followed by telephone interview at 4, 10, 16, 22, 32, 40, and

52 weeks postpartum. Data collected included socio demographic, biomedical, hospital-related, and psychosocial factors associated with the initiation and duration of BF. At 6 months of age, fewer than one half of the infants were receiving any BM (46%), and only 12% were being fully BF. By 12 months, only 19% of the infants were still receiving any BM. BF duration was positively associated with maternal infant feeding attitudes and negatively associated with BF difficulties in the first 4 weeks, maternal smoking, introduction of a pacifier, and early return to work. Women should receive anticipatory guidance while still in the hospital on how to prevent and manage common BF difficulties and should be discouraged from introducing a pacifier before 10 weeks, if at all. Improved maternity leave provisions and more flexible working conditions may help women to remain at home with their infants longer and/or to combine successful BF with employment outside the home.

Training

Shinwell ES, Churgin Y, Shlomo M, Shani M, Flidel-Rimon O. **The effect of training nursery staff in breastfeeding guidance on the duration of breastfeeding in healthy term infants.** *Breastfeed Med* 2006;1:247-52

To study the effect on BF duration of training in BF guidance, data were collected before and after an intensive course provided to all the neonatal nurses, midwives and medical staff in a local General Hospital in Israel. Data collected on two cohorts of mothers and infants (before 1999, n=471; after 2003, n=364) examined the duration of BF and the factors influencing its discontinuation. Over the period, the rate of BF initiation rose from 84% to 93% and the mean duration of BF rose from 3.7 ± 3.7 to 5.6 ± 4.3 months. The rate of BF in the delivery room rose from 3% to 37%. Satisfaction with BF guidance in the hospital rose from 43% to 79%. However,

there was no change in the proportion of mothers who planned to BF their infant (88% in both cohorts) and no significant differences in the reasons given by the mothers for stopping BF.

International Code

Foss KA, Southwell BG. **Infant feeding and the media: the relationship between Parents' Magazine content and breastfeeding, 1972-2000.** *Int Breastfeed J* 2006;1:10

Mass media content likely influences the decision of women to BF their newborn children. However, relatively few studies have empirically assessed such a hypothesis to date. Most work has tended to focus either on specific interventions or on broad general commentary about the role of the media. This study examined infant feeding advertisements in 87 issues of Parents' Magazine, a popular parenting magazine from the years 1971 through to 1999. Content analysis results were used to predict subsequent changes in levels of BF among US women. When the frequency of FF advertisements increased, the percentage change in BF rates reported the next year generally tended to decrease. These results underscore the need to acknowledge the potential role of popular media content in understanding BF patterns and public health trends.

Systematic reviews

Ip S, Chung M, Raman G et al. **Breastfeeding and maternal and infant health outcomes in developed countries.** *Evidence Report/Technology Assessment No. 153. AHRQ Publication No. 07-E007.* Rockville, MD: Agency for Healthcare Research and Quality. April 2007

This review included 43 studies on infant health outcomes, 43 studies on maternal health outcomes, and 29 systematic reviews or meta-analyses, covering approximately 400 individual studies on the effects of BF and relevant

outcomes, conducted in developed countries and having a comparative arm of FF or different durations of BF. The results show that BF is associated with a reduction in the risk of acute otitis media, non-specific DD, severe lower RTI, atopic dermatitis, asthma (in young children), obesity, types 1 and 2 diabetes, childhood leukaemia, sudden infant death syndrome, and necrotizing enterocolitis. On the other hand, in term infants, there is no relationship between BF and cognitive performance and the relationships with cardiovascular diseases and infant mortality are unclear. For maternal outcomes, BF is associated with a reduced risk of type 2 diabetes, as well as breast and ovarian cancer. Early cessation of BF or not BF is associated with an increased risk of maternal postpartum depression. There is no relationship between BF and the risk of osteoporosis. The effect on return-to-pre-pregnancy weight is negligible and the effect on postpartum weight loss is unclear. Because almost all the data in this review were gathered from observational studies, one should not infer causality based on these findings.

Britton C, McCormick FM, Renfrew MJ, **Wade A, King SE. Support for breastfeeding mothers.** *Cochrane Database Syst Rev* 2007, Issue 1.

This review included 34 trials (29,385 mother-infant pairs) from 14 countries. It shows that additional professional support was effective in prolonging any BF, but that the effects on EBF were less clear. WHO/UNICEF training courses appeared to be effective for professional training. Additional lay support was effective in prolonging EBF, while its effects on duration of any BF were uncertain. Effective support offered by professionals and lay people together was specific to BF and was offered to women who had decided to BF. Further trials are required to assess the effectiveness (including cost-effectiveness) of both lay and professional

support in different settings, particularly those with low rates of BF initiation, and for women who wish to BF for longer than 3 months. Research into appropriate training for supporters (whether lay or professional) of BF mothers is also needed.

Horta BL, Bahl R, Martines JC, Victora CG. **Evidence on the long-term effects of breastfeeding: systematic reviews and meta-analyses.** Geneva: World Health Organization, 2007

This series of systematic reviews assessed the effects of BF on several long-term consequences. Observational and randomized studies, published in English, French, Portuguese and Spanish were selected and data were extracted after quality assessment. The available evidence suggests that BF may have long-term benefits. Subjects who were BF experienced lower mean blood pressure and total cholesterol, as well as higher performance in intelligence tests. Furthermore, the prevalence of overweight/obesity and type-2 diabetes was lower among BF subjects. All effects were statistically significant, but for some outcomes their magnitude was relatively modest. Because nearly all studies included in the analyses are observational, it is not possible to completely rule out the possibility that these results may be partly explained by self-selection of BF mothers or by residual confounding. Publication bias was assessed by examining the effect of study size on the estimates and was found to be unimportant for most outcomes. Very few studies were available from low/middle-income countries, where the effect of BF may be modified by social and cultural conditions.

World Breastfeeding Week (1-7 August, 2008)

Mother Support: going for the GOLD

Call for Public Rally to demand provision for 'Mother Support'

JOIN ONE MILLION CAMPAIGN

ACTION

- ⇒ Call upon local representatives of political parties or executive heads or other influential persons to initiate ONE **Action** to build 'Support to Women' for safe birth and optimal breastfeeding in all development policies and programmes.
- ⇒ Get media, women's organisations and peoples health movement involved in this action during the World Breastfeeding Week 2008.
- ⇒ Take out ONE 'Public Rally' to demand this support for women and **submit your petition** to political or executive heads on **August ONE** after having it signed by at least ONE hundred people.
- ⇒ Please send a short report (ONE hundred words, indicating how many signed the petition, how many took part in the rally, a picture of the event, and your contact details. Also include list of participants with their email addresses and or contact number) by September ONE to bpni@bpni.org or info@ibfanasia.org.

You can find a generic version of the petition (downloaded from www.bpni.org <<http://www.bpni.org>> or www.ibfanasia.org <<http://www.ibfanasia.org>> from July ONE onward)

BE A PART OF THE ONE MILLION CAMPAIGN

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