Sida Evaluation 00/21

The Protection, Promotion and Support of Breastfeeding

An evaluation of Dutch and Swedish support to organisations working in the field of breastfeeding

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Department for Democracy
and Social Development

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Authors: Jerker Carlsson, Ria Brouwers, Vivienne Forsythe, Sissel Hodne Steen.

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SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
Address: S-105 25 Stockholm, Sweden. Office: Sveavägen 20, Stockholm
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
Telegram: sida stockholm. Postgiro: 1 56 34–9
E-mail: info@sida.se. Homepage: http://www.sida.se

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Abbreviations

ACC/SCN	The Administrative Co-ordinating Committee/Sub-Committee on Nutrition of the United Nations
AGB	Aktionsgruppe fuer Babynährung
BFHI	Baby Friendly Hospital Initiative
BMA	Baby Milk Action
BMS	Breastmilk substitutes
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CRC	Convention of the Rights of the Child
CCNFSDU	Codex Committee on Nutrition and Foods for Special Dietary Uses
DGIS	Ministry of Foreign Affairs of the Netherlands/ Directorate General for International Cooperation
GLOPAR	The Global Participatory Action research Project
LLLI	La Leche League International
IAAC	IBFAN Africa Advisory Committee
IBCoCo	IBFAN Co-ordinating Council
ICDC	International Centre for the Documentation of the Code
ICPD	The Programme of Action from the International Conference on Population and Development
IFE	Infant feeding in emergencies
ILO	International Labour Organisation
IOCU	The International Organisation of Consumer Unions
MEDUNSA	The Medical University of South Africa
MFWI	Mother Friendly Workplace Initiative
NHD	Nutrition for Health and Development
OECD-DAC	The Organisation for Economic Co-operation and Development – the Development Assistance Committee
QCC	Quick Consultative Committee
SOH	Stichting Oecumenische Hulp
TOT	Training of Trainers
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
WBW	World Breastfeeding Week
WEMOS	Werkgroep Medische Ontwikkelingssamenwerking
WHA	World Health Assembly
WHO	World Health Organisation
WSSD	World Summit for Social Development
WSC	World Summit for Children
WTO	World Trade Organisation
ICN	International Conference on Nutrition
ICPD	International Conference in Population and Development
FWCW	Fourth World Conference on Women and Development
WFS	World Food Summit

Executive Summary

Today breastfeeding needs no validation. There is clear evidence to show that until the age of six months an infant who is exclusively breastfed on demand receives all the required nourishment for normal growth and development, as well as considerable protection against infection. Furthermore, breastfeeding is affordable for everybody. Despite these obvious advantages the practice of breastfeeding is by no means a given thing. Over the last 20 years, forces within society have challenged breastfeeding. Continuous pressure from the infant food industry on women and the health professions has constituted a particularly strong threat to the establishment of exclusive breastfeeding practices. Thus, there is a paradoxical situation where a practice with obvious health and nutritional benefits - exclusive breastfeeding - is constantly being challenged and undermined.

The purpose of this study, jointly launched by Sida of Sweden and the DGIS of the Netherlands, is to assess the contribution of NGO's and international agencies, supported by Sida and the Netherlands, to the protection, promotion and support of breastfeeding.

The study will focus on the activities of the following networks and organisations:

The International Baby Food Action Network (IBFAN)
The World Alliance for Breastfeeding Action (WABA)
The International Code Documentation Center (ICDC)
UNICEF
The Section for International Maternal and Child Health (IMCH)

The study has certain limitations which should be clarified already at the outset. Assessing the effectiveness of the IBFAN network requires an analysis of the work of the national groups that build up IBFAN. It has not been really possible within the framework of this study to make any kind of more substantial analysis of what transpires at the national level in the IBFAN network.
It should also be noted that it has not been part of our task to analyse the impact of the activities of the above mentioned organisations on the status of breastfeeding in terms of policy and practice in the world. It is simply not possible to determine any direct links between what the organisations are doing and any outcome/change in for example policies. There are too many factors influencing changed policies to enable us to single out the influence from, for example, IBFAN activities only. For the same reason we have not

"Exclusive breastfeeding" means that in addition to breast milk, the infant does not receive anything other than drops of medicine. Fluids such as tea, fruit juices or water are not taken.

attempted to assess the effectiveness by which Dutch and Swedish funds have been used. Finally, we would like to note that there are many other organisations working with, or financially supporting, the promotion of breastfeeding, whose work is not analysed by us. Still, they form an important part of what happens on the breastfeeding arena and a full understanding of the situation would have required their inclusion in the analysis. We would particularly like to point out that we were not able to meet representatives of national groups in Latin America and in Asia. Nor did we have the opportunity to meet, in our opinion, a representative sample of the endorsers of WABA.

Conclusions

We have organised our conclusions according to the questions asked by the Terms of reference .

- The role each of these institutions has had in increasing the status of breast-feeding within the broader international development agenda

Globally, the 1990's has not been a lost decade for breastfeeding. On the contrary it would seem that exclusive breastfeeding rates have either increased, or at least remained at high levels. There is no doubt that this is to a large extent the outcome of a long-term, persistent promotion of breastfeeding. IBFAN, WABA and UNICEF have been major actors on this scene. Although we can not be very precise about the extent of their influence, we can conclude that they have certainly played an important role in influencing the development agenda and the development and adoption of progressive breastfeeding policies. A lot of things remains to be done, however. The organisations should, to take one example, open up a dialogue with important agencies such as the World Bank and UNFPA.

- The extent to which these organisations have contributed towards forwarding operational targets of the Innocenti Declaration

The organisations reviewed here have had a particular positive influence on the two first targets of the Innocenti declaration - (1) appointment of a national breastfeeding co-ordinator….(2) implementation of the Baby Friendly Hospital Initiative. There has been less progress regarding to targets three and four - due to the political nature of these targets. (3) action to give effect to the International Code of Marketing of Breast Milk Substitutes… (4) enacting imaginative legislation protecting breastfeeding rights of working women…..

We have, however, observed that roles and relationships between the organisations have sometimes been unclear. This has not contributed to an effective utilisation of their respective comparative advantages.

- The extent to which these organisations have taken forward the issues of HIV/AIDS and infant feeding in emergencies.

There is an ongoing discussion about the best strategic/practical approaches to advising breastfeeding mothers. IBFAN and UNICEF have an ongoing dialogue on these issues which hopefully might result in clear guidelines without jeopardising the practice of breastfeeding by simply resorting to using breast milk substitutes. Neither organisations have had much

influence on the HIV/AIDS research agenda. The baby food industry, however, has always been active in funding research. We believe that there is a need for more independent research on the relationship between breastfeeding and HIV/AIDS.

Regarding the problem of infant feeding in emergencies, we have concluded that it is particularly IBFAN and UNICEF who have worked with this issue. ICDC and WABA have not been much involved, although they follow the issue.

- The extent to which the organizations have been able to mainstream and apply a gender and a gender equality perspective in their policies and programmes

None of the organisations have been very successful in applying a gender perspective on breastfeeding. Breastfeeding is still primarily considered to be a woman's issue, and is often treated as a technical matter. Examples of a broader gender perspective can be found, for example the theme of the WBW in 1996, but are rare. At the same time, examples from the work of national groups show the feasibility, in terms of effective promotion of breastfeeding, from applying a gender perspective.

- The institutional capacity of the various organisations

The organisations reviewed here all possess a considerable capacity in terms of their human resources. Their staff is dedicated, professional and very knowledgeable about all aspects of breastfeeding. We have noted, however, that many of the key people in the organisations have been there for quite some time. For different reasons, low salaries being one, it appears to be difficult to bring in new, young people. This is certainly a threat to the long-term sustainability of the organisations. Financially, all of them are totally dependent on external, donor funding. None of them would be able to function if this funding was withdrawn, or seriously reduced, since they have no alternative funding available. Thus, there is no financial sustainability, but a considerable technical sustainability as long as the organisations are able to keep and recruit qualified staff.

- The role and relevance of IMCH as a resource base in relation to networks and in relation to Sida.

The IMCH has a considerable technical capacity that has not been fully utilised by the breastfeeding networks. This has mainly to do with the unclear role(s) of IMCH and its key staff on the breastfeeding arena. The major actors are not always clear about whose interests IMCH actually represents. Further, Sida and IMCH have formulated the tasks of IMCH together. None of the other actors have been involved in this process. A more participatory process could substantially increase the relevance of IMCH to the breastfeeding networks.

- How various national group members regard the value of the network/coalitions and the effectiveness of the co-ordinating offices.

In Europe as well as in Africa, the IBFAN network was seen as instrumental for work at the national level. There is rapid exchange of: information about the baby food industry world-wide; research findings; advice on various aspects such as training; code monitoring, policy guidance etc. Regarding WABA, the national groups particularly appreciated to WBW

initiative. Other than that there was not much knowledge of WABA's role in the promotion of breastfeeding. UNICEF has a strong position at the national level and is generally recognised as a major supporter of national groups.

- How the organisations co-operate and complement each other in effectively addressing programme and policy issues.

The value of the network is to a large extent dependent on how the organisations are able to communicate, co-operate and complement each other. Across the board we would like to say that in all these aspects there is little to criticise. There are, however, some critical points.
The first concern an organisation that is not part of our assessment, but is still important for the promotion of breastfeeding - the WHO. WHO has lost credibility within the breastfeeding family because it is not so strict in its defence of breastfeeding. To the other organisations it looks as though the WHO is becoming more pro-industry and accepts sponsorship from the business community.
The other concern is WABA. It was felt among our respondents that WABA has not been able to act as a world-wide forum bringing together all organisations active in the field of breastfeeding. The debate about WABA revolves around two questions: who is WABA? On whose behalf does WABA speak? These are issues that need to be resolved if WABA is to become the umbrella organisation it was expected to be.

- The relevance of donor assistance to the various institutions.

Donor assistance is crucial for the work of the organisations assessed here. Furthermore, it should be continued if not many years of painstaking efforts to increase the awareness of breastfeeding shall be demolished. Breastfeeding continues to be under attack, not only from the baby food industry, but also from international trade and standardisation agreements such as the Codex Alimentarius and the WTO negotiations.

Recommendations

Below you will find a selection of recemmendations. This is mainly for readability purposes. The full set of recommendations are found in Chapter 10 of the report. The recommendations are organised according to the organisation(s) that is supposed to take action on them.

Recommendations to the Donors

- Sweden and the Netherlands should continue their support of the organisations evaluated in this report. Although significant advances have been, exclusive breastfeeding is by no means an established practice. Continued monitoring is needed not only to protect what has been gained, but also to further advance the practic of breastfeeding. The NGO's are particularly important in this regard since the WHO is not performing its monitoring role as it should.
- The continued involvement of legal expertise in Code work should be assured and possibly intensified. We would therefore recommend that Sweden and the Netherlands continue supporting these positions in the relevant institutions making a longer-term commitment.

- There is a need to continue advocating for a stronger Convention on Maternity Protection and Recommendation than the current draft and that Sweden and the Netherlands should support such a process.
- The donors should explore the possibilities to switch towards core funding of the organisations. This would facilitate a more effective management and long-term planning.
- The current Sida arrangement with IMCH should continue to take more account of IMCH's own development needs. The scarce resources of IMCH should, as much as possible, not be used for aid programming purposes. Instead, the tasks should focus on utilising IMCH research capacities.

Recommendations to all network organisations

- The organisations in the IBFAN and WABA networks should clarify their roles and relationships to improve efficiency and effectiveness of action.
- The network organisations should make a stronger effort to influence the international research agenda on HIV/AIDS.

Recommendations to the IBFAN network

- IBFAN - GIFA and IBFAN - Africa should ensure that their budget and accounting system become more transparent and useful for management purposes.
- The ICDC Board should put on record a letter of contract to ensure that its Director receives adequate compensation for her services.
- The ICDC Board should reconsider its function and include policy and financial matters as part of their formal responsibility for the foundation.

Recommendations to the WABA network

- WABA board should take more formal responsibility in relation to financial management and control, and the accounts should be audited every year.
- WABA Steering Committee need to continue its work on the organisational set up with a view to assure a better participation of its constituency.
- Continued effort should be made by WABA in collaboration with all the organisations in the network to find entry points and ways to create alliances with feminist and gender equality oriented NGOs.
- WABA should in collaboration with the donor agencies initiate an evaluation of the seed grant projects, which were initially set up as pilot projects. Continued support should depend on the result of the evaluation.

Recommendations to UNICEF

- With regards to the Baby Friendly Hospital Initiative, UNICEF should, together with its partners, find ways to ensure that standards already achieved are maintained and to broaden the financial base and to mobilise community support so that sustainability is assured.

- There is a justification to continue the practice of seed money at the discretion of UNICEF. We would recommend, that UNICEF in its reporting to bilateral donors, clearly account for the priorities used when applying the funds.

Recommendations to IMCH

- It is necessary for IMCH to clarify its role on the breastfeeding arena. There are several options for IMCH to consider: (1) Acting as Sida's consultant and representing Sida's interests; (2) Acting as a technical resource to the networks and representing their interests; (3) Acting as an independent research institution; (4) Acting as activists on the breastfeeding arena. It needs to be sorted out how these different roles can be combined in the best way in order to maximise IMCH's usefulness on the breastfeeding arena.

Chapter 1 Introduction

Today breastfeeding needs no validation. There is clear evidence to show that until the age of six months an infant who is exclusively breastfed[1] on demand receives all the required nourishment for normal growth and development, as well as considerable protection against infection. Furthermore, breastfeeding is affordable for everybody. Despite these obvious advantages the practice of breastfeeding is by no means a given thing. Over the last 20 years, forces within society have challenged breastfeeding. Continual pressure from the infant food industry on women and the health professions has constituted a particularly strong threat to the establishment of exclusive breastfeeding practices. Thus, there is a paradoxical situation where a practice with obvious health and nutritional benefits – exclusive breastfeeding – is constantly being challenged and undermined.

After all these years breastfeeding still needs constant protection, support and promotion. Across the globe there are many organisations that work with breastfeeding issues – NGO's as well as bilateral and multilateral donor agencies. The International Baby Food Action Network (IBFAN) and the World Alliance for Breastfeeding Action (WABA) are among the most important NGO's. La Leche League International and Wellstart International are also examples of NGO's working on matters of breastfeeding. Church based NGO's such as the Luther Help, and the Dutch ICCO are also important financiers of NGO's working with the protection, promotion and support of breastfeeding. UNICEF and WHO have been particularly active among the organisations in the UN family. Among bilateral donors both the Netherlands and Sweden have been long-time financial supporters of the cause of breastfeeding.

The purpose of this study is to assess the contribution of NGO's and international agencies, supported by Sida and the Netherlands to the debate and practices over the past ten years, and the significance of their activities and campaigns for the protection, promotion and support of breastfeeding.

The study will focus on the activities of the following networks and organisations:

In 1979 a group of NGO's formed a network called **the International Baby Food Action Network (IBFAN)**. The purpose is to provide advocacy, lobbying, monitoring and other support to the breastfeeding cause. In 1991 a NGO coalition was formed, the World Alliance for Breastfeeding Action (WABA). The main mandate of WABA is to forward the agenda set forth by the Innocenti declaration in 1990. Both IBFAN and WABA have received financial support from Sweden and the Netherlands.

The International Code Documentation Center (ICDC), based in Penang in Malaysia, was established by IBFAN in 1985 to focus on the implementation of the International Code. ICDC is now an independant international NGO, closley linked to IBFAN Penang.

UNICEF has been given increasing attention to the protection, support and promotion of breastfeed ing since the late 1980s. The Baby Friendly Hospital Initiative was launched in 1991, the first truely international health sector project, involving also industrialized countries.

[1] "Exclusive breastfeeding" means that in addition to breast milk, the infant does not receive anything other than drops of medicine. Fluids such as tea, fruit juices or water are not taken.

The Section for International Maternal and Child Health (IMCH), Uppsala University, has been involved a lot in breastfeeding research, advocacy and international policy formulation during the entire twenty year period of its existence. ICH has also interacted extensively with IBFAN, WABA and UNICEF over the years, both as colleagues and through assignments from Sida.

We were asked to make an assessment of:[2]

- the role each of these institutions has had in increasing the status of breast-feeding within the broader international development agenda
- the extent to which these organisations have contributed towards forwarding operational targets of the Innocenti Declaration
- the extent to which each of the organizations have been able to mainstream and apply a gender and a gender equality perspective in their policies and programmes
- the institutional capacity of the various organisations
- the role and relevance of IMCH as a resource base in relation to networks and in relation to Sida.
- how various national group members regard the value of the network/coalitions and the effectiveness of the co-ordinating offices
- how the organisations co-operate and complement each other in effectively addressing programmatic and policy issues
- the relevance of support from the institutions included in the evaluation for the national groups; and the relevance of donor assistance to the various institutions.

On the basis of our findings we were to make recommendations related to both thematic and institutional issues to be addressed for protection, promotion and support of breast-feeding in the future.

The evaluation was jointly launched by Sida of Sweden and the DGIS of the Netherlands. Both countries have been giving support to the promotion of breastfeeding for many years. The reasons for a joint evaluation was expressed as follows in the TOR:

> *"Since Sida Sweden and the Netherlands have both strong policies in support of breastfeeding activities and Code implementation it turns out to be the practice that both donors are providing support to the same organizations, be it most of the time in consultation with each other and hence complementary. As Sida was due to evaluate their support to IBFAN/GIFA, WABA and their own national academic Institute for Mother and Child Health in Uppsala, the idea was born to organize a joint Sida/NL thematic assessment."*

The way an evaluation is organised is always important for the final outcome of the work. This evaluation is no exception. For the reader, a full understanding of the conditions under which evaluation was carried out, helps in understanding relaibility and validity of our analysis and the conclusions and recommendations that emerge from it.

[2] The more specific questions pertaining to the assignement can be found in the Terms of Reference (TOR) found in Annex 1.

Sida and DGIS selected two team members respectively. The team members did not know each other and had never worked together before. They met during two days to discuss the TOR, with the donor representatives, and plan the work The team was divided up into two groups. One group visited ICDC and WABA in Malaysia and UNICEF in New York. The other group paid a visit to IBFAN Africa in Swaziland, UNICEF and a national group in Mozambique, brief meetings were held with UNICEF and MEDUNSA in South Africa, and with IBFAN GIFA in Switzerland. This group also participated in the IBFAN European regional meeting held in Gothenburg in October last year. This gave very useful insights into the IBFAN network. It also formed an opportunity to meet and discuss with national groups from all parts of Europe.

Each group spent approximately 10 days for the field visits. After the field visits three members of the team had another meeting to discuss the very first versions of some, not all, of the chapters of the report. The different chapters of the draft report were then prepared by each team member and views and comments were exchanged by e-mail. The team leader were responsible for putting together the whole of the report.

The study has certain limitations which should be clarified already at the outset. Assessing the effectiveness of the IBFAN network requires an analysis of the work of the national groups that build up IBFAN. It has not been really possible within the framework of this study to make any kind of more substantial analysis of what transpires at the national level in the IBFAN network.

It should also be noted that it has not been part of our task to analyse the impact of the activities of the above mentioned organisations on the status of breastfeeding in terms of policy and practice in the world. It is simply not possible to determine any direct links between what the organisations are doing and any outcome/change in for example policies. There are too many factors influencing changed policies to enable us to single out the influence from, for example, IBFAN activities only. For the same reason we have not attempted to assess the effectiveness by which Dutch and Swedish funds have been used. Finally, we would like to note that there are many other organisations working with, or financially supporting, the promotion of breastfeeding, whose work is not analysed by us. Still, they form an important part of what happens on the breastfeeding arena and a full understanding of the situation would have required their inclusion in the analysis. We would particularly like to point out that we were not able to meet representatives of national groups in Latin America and in Asia. Nor did we have the opportunity to meet, in our opinion, a representative sample of the endorsers of WABA.

The writing of the report has been a collective effort. Initially each team member was given the responsibility for a specific. As the work progressed, each chapter became a joint product more than anything else. The report was written by the following persons:

Jerker Carlsson	Team leader and responsible for Chapter 7 on organisational capacity, as well as putting together the full report
Ria Brouwers	Responsible for Chapter 6 on gender, as well as Chapter 8 on the networks.
Vivienne Forsythe	Responsible for Chapter 2 presenting the various organisations, Chapter 3, 4 and 5 which deals with the various aspects of the promotion of breast feeding.
Sissel Hodne Steen	Responsible for Chapters 3,4, and 5 together with Viv Forsythe.

The report is organised in such a way that each chapter is linked to the specific questions of the TOR. *Chapter 2* covers Task 1. in the TOR and contains a summary of the organisations, their mandate, objectives and activities. *Chapters 3, 4 and 5* deals with the effectiveness of promoting breastfeeding. This corresponds to Task 2 in the TOR. Chapter 3 discusses two questions: Has the organisations been effective in increasing the status of breastfeeding? What has been their role in influencing international and national policies relating to breastfeeding? Chapter 4 analyses the achievements of the targets in relation to the Innocenti Declaration. Chapter 5 discusses the extent to which the organisations have brought forward the issue of HIV/Aids in relation to breastfeeding and the problem of breastfeeding in emergency situations. *Chapter 6* analyses to what extent each of the organisations have been able to mainstream a gender perspective in their policy and practice. This corresponds to Task 3. *Chapter 7* takes it point of departure in Task 4 of the TOR. It tries to assess the capacities and structure of the organisations in terms of human resources, administration, finance and decision-making. *Chapter 8* covers Tasks 5, 6 and 7 in the TOR. It discusses the nature of the IBFAN and WABA networks, the roles and functions performed by different actors in the network, and how they have changed over the years. *Chapter 9* is an attempt to conclude the main findings from the study. *Chapter 10*, finally, contains a list of recommendations for the involved stakeholders to act upon in the future.

Chapter 2 The Breastfeeding Networks – an introduction

This chapter briefly outlines the structure, mandates and member ships of the various organisations, included in this study, working with the promotion of breastfeeding. The purpose is to give the reader a quick orientation of what they want to do and how they are set up.

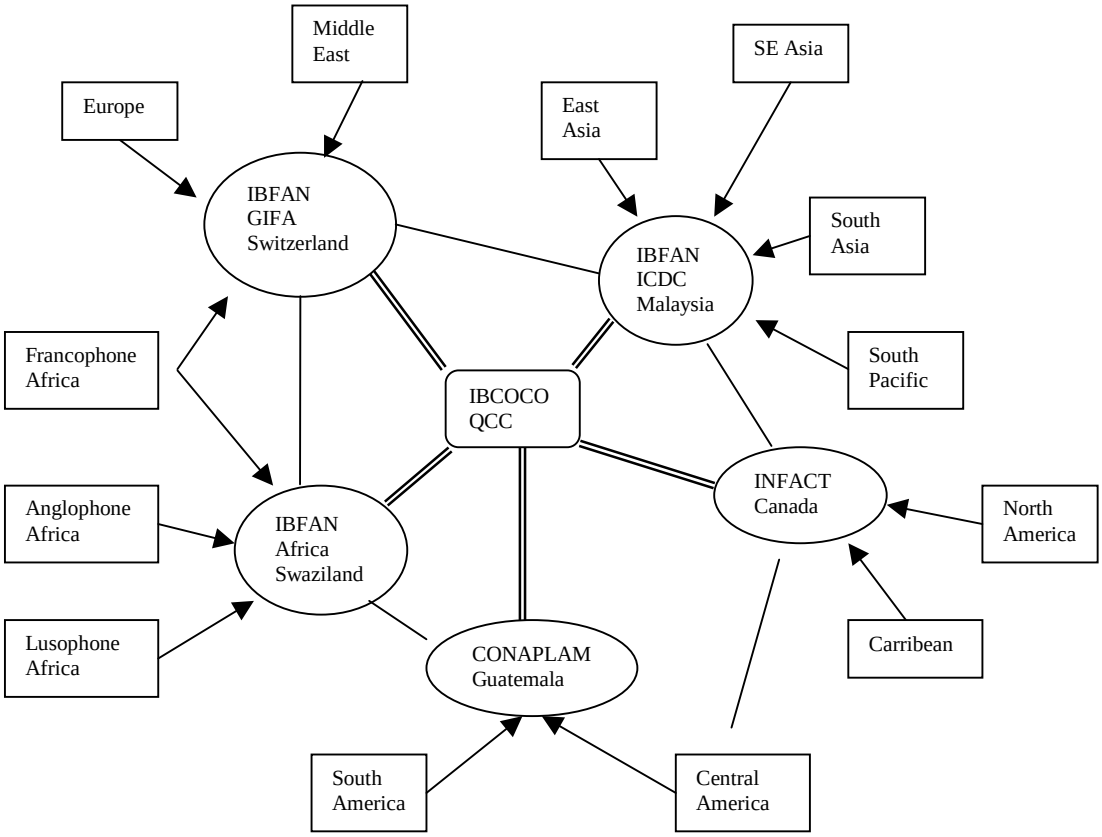
2.1 The International Baby Food Action Network (IBFAN).

Establishment and structure of IBFAN

Six NGO core members established IBFAN in 1979, at the end of a WHO/UNICEF Joint Meeting which recommended "the development and monitoring of an international code of marketing of infant formula and other products used as breast-milk substitutes."[3]

Two years later in 1981, IBFAN held its first congress and ninety members attended. Regional Representatives were elected from six regions. The IBFAN Co-ordinating Council (IBCoCo) was established as the overall co-ordinating body of the network. The structure of IBFAN if shown in the Figure 2.1 below.

Figure 2.1 The IBFAN network



[3] Linnecar, A. "Practice and Implementation: The International Baby Food Action Network: Defending every child's birthright", The International Journal of Child Rights, no. 5, 1997, pp. 473–498.

The structure of IBFAN has not changed much since 1981. There are currently five IBFAN regional offices – Africa, Asia and the Pacific, Europe, Latin America and the Caribbean and North America. Working groups focussing on specific issues have also been established at regional levels. IBCoCo meets every two years, and is responsible for general policy guidelines for the whole network. A Quick Consultative Committee within IBCoCo is responsible for dealing with crisis situations and/or new issues which may arise. There are also a number of global task forces. The Regional Co-ordinating structure facilitates exchange of information and the co-ordination of regional activities as appropriate, while each region defines its own co-ordinating structure to suit the needs and situation.

IBFAN is not registered as an international organisation. National groups are autonomous and each is registered independently with its own local name. Individual members/national groups raise funds independently and carry out activities within the general guidelines set out by IBCoCo. IBFAN works with governments, UN organisations, health care systems, other NGOs and the public to protect, promote and support breastfeeding.

All IBFAN members agree on seven basic principles:

- The right of infants to the highest level of health.
- The right of families, particularly women and children to have enough nutritious food.
- The right of women to breast-feed and to make informed choices about infant feeding.
- The rights of women to full support for successful breastfeeding and sound infant feeding practices.
- The right of all people to health services, which meet basic needs.
- The right of health workers and consumers to have a health care systems free of commercial pressures.
- The right of people to organise in international solidarity to secure changes which protect and promote basic health.

Advocacy for the universal implementation of the "International Code of Marketing of Breastmilk Substitutes[4]"as a minimum requirement forms the basis of IBFAN's mandate and provides the foundation for all activities. Aims and Objectives agreed by the IBFAN Coordinating Council (IBCoCo) in March 1998 are as follows:

(1) The protection, promotion and support of breastfeeding in the health care system and in the workplace

(2) The promotion and support of appropriate and timely complementary feeding practices

(3) Provision of assistance to governments in realising their responsibilities under United Nations Conventions, including the Convention of the Rights of the Child (CRC), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and International Labour Office (ILO) Conventions as they relate to the rights of women and children to optimal health.

[4] When this report refers to the International Code, this includes the subsequent relevant resolutions of the World Health Assembly (WHA) which enjoy equal status, as confirmed by WHO in 1998.

2.1.1 IBFAN-GIFA

In 1979 IBFAN-GIFA was established as one of three central offices for co-ordination of the IBFAN network. Following the Congress of 1981 GIFA became the Regional Co-ordinating office for Europe. Within the GIFA office four basic functions are performed:

First, advocacy, networking, information sharing, dialogue and negotiation with Geneva based international organisations, such as WHO.

Second, support to the expanding European network, with the Regional Co-ordinator for Europe based in the GIFA office. As of April 1999 IBFAN Europe network was composed of 45 members in 33 countries.

Third, international co-ordination in general, which includes co-ordination of IBCoCo working groups, support to the regional offices and IBCoCo Convenor and the QCC.

Fourth, work with special issues such as the Codex Alimentarius.

IBFAN Europe has its own co-ordinating structure, currently made up of GIFA, BMA, WEMOS and the Swedish Breastfeeding Institute. WEMOS coordinates IBFAN Europe's Code monitoring projects and BMA take responsibility for co-ordinating the EU Code campaign, the company campaign for ethical marketing and the Nestle boycott. The Swedish Breastfeeding Institute is responsible for the co-ordination of training.

There are a number of European Regional Working Groups with selected focal points/ coordinators: Ethics and Industry Sponsorship, Codex Alimentarius and the Trade Issue, Infant feeding in Emergencies, HIV and Breastfeeding, Mother Support Groups, and Training. IBFAN-GIFA also acts as a global focal point for issues related to the Convention of the Rights of the Child, working with the Regional Co-ordinating offices and IBFAN groups to provide reports to the Committee of the CRC, as and when CRC implementation progress is review in a country.

IBFAN-GIFA also provides technical support and translation assistance for the Franco-phone Africa IBFAN office, and takes responsibility for the Middle East, helping to build an Arabic speaking network.

2.1.2 IBFAN – Africa

IBFAN – Africa was established in 1981 and is one of IBFAN's Regional Co-ordinating Offices. It is located in Swaziland from where it serves the English and Portuguese speaking countries in the region. IBFAN-Africa has some links with IBFAN-Afrique office, however; while some of the Francophone IBFAN groups may attend IBFAN Regional meetings the two offices function independently of each other. The Regional Co-ordinator IBFAN-Africa is supported by the IBFAN Africa Advisory Committee (IAAC). This body is composed of five members and is elected into office by IBFAN Regional Meeting every three years. IAAC meets with the Regional Director once a year to review activities and plans.

IBFAN – Africa's main tasks consist of information sharing, networking, outreach, and NGO capacity building especially in those Africa countries where there are currently no IBFAN groups. Currently there are 30 countries with IBFAN groups in the region. These include health worker organisations, mother support groups, consumer groups, religious and development agencies, research groups, public advocacy groups and government departments.

IBFAN-Africa's mission is to:

- promote, protect and support breastfeeding and appropriate complimentary feeding practices in order to ensure optimal infant nutrition and contribute to an overall reduction of infant morbidity and mortality.
- achieve the full implementation of the International Code on the Marketing of Breastmilk substitutes, and the subsequent relevant resolutions of the World Health Assembly.

The more operational objectives of IBFAN-Africa are to:

- Raise awareness of the existence and need for the International Code of Marketing of Breastmilk Substitutes among health workers and policy makers, and advocate for the development, implementation and monitoring of national codes.
- Encourage community development in order to enable all women to breastfeed optimally.
- Provide support and resources to organisations and groups working on infant and women's health.
- Assist governments in realising their responsibilities under the UN conventions, including the "CRC and CEDAW; and adopted ILO Conventions, as they relate to the right of women and children to optimal health.

2.2 The International Code Documentation Center (ICDC)

In 1985 IBFAN/ICDC started the Code Implementation Project as part of the world-wide activities to promote protect and support breastfeeding and to improve the nutritional status of young children and the health and well being of women. The progress of Code implementation had been slow and there was a need to speed up the process.

Until 1991 IBFAN/Code Documentation Center was housed by the International Organisation of Consumer Unions (IOCU). IBFAN became independent of the IOCU in 1992 and the IBFAN Code Documentation Centre changed its name to ICDC. ICDC is linked to IBFAN-Penang, another of IBFAN Regional Co-ordinating offices. ICDC is registered as a Foundation in the Netherlands, while IBFAN-Penang is registered as a company in Malaysia. Currently ICDC Director is also IBFAN-Penang Regional Co-ordinator.

ICDC's objectives are the following:

- To contribute to the overall implementation of the International Code and subsequent WHA Resolutions.
- To contribute to the achievement of the goals of the Innocenti Declaration.
- To increase the number of countries which have approved legislation to implement the International Code or are actively pursuing the process of Code drafting.
- To increase the number of experts who are able to assist governments in drafting legislation or other enforceable instruments to implement the Code.
- To enhance the degree of enforcement of existing legislation or voluntary agreements
- To service IBFAN or other groups engaged in ensuring the monitoring and implementation of laws or voluntary agreements.
- To revitalise the Asian Pacific IBFAN network.[5]

[5] Objective added to the latest project proposals i.e. 1999-2001.

2.3 World Alliance for Breastfeeding Action (WABA)

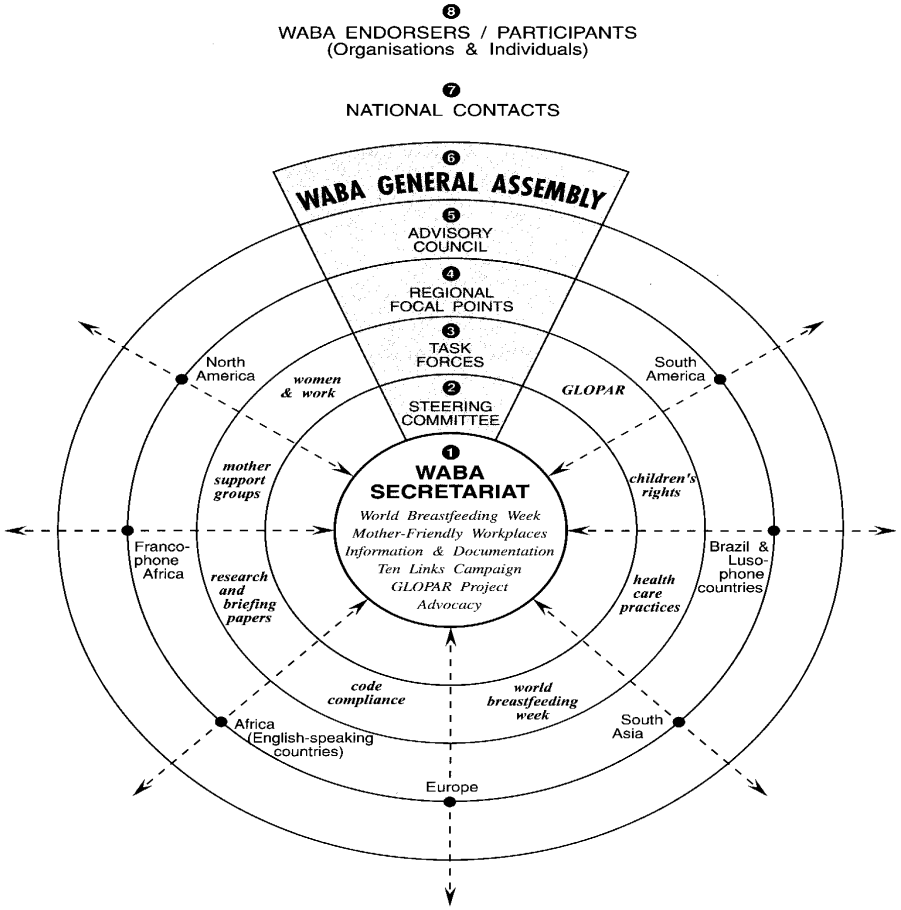
WABA was formed in 1991 to give effect to the Innocenti Declaration targets.

A Secretariat was established in Penang and WABA is registered as a Trust in Malaysia. The Steering Committee appoints two people to manage the Trust. There are ongoing discussions about alternative ways of registration (company, NGO with tax exemption) as the current form has some disadvantages (e.g. limitations in terms of income etc). However, all of these have their particular disadvantages. The issue is currently being explored with no solution yet.

There are eight components of the WABA structure. Going from the centre towards the periphery, they are:

1. *The Secretariat* co-ordinates and maintains the flow of information among the eight component parts of WABA. Its small office serves mainly to network and facilitate action in support of breastfeeding.
2. *The Steering Committee* has eight members and manages WABA and decides on the direction of the programmes. It is responsible for the operations of the Secretariat and the appointment of its members, as well as the WABA Director.
3. *Task Forces* are the specialised support arms of the network. There are currently eight Task Forces. They are led by the Task Force co-ordinator.
4. *Regional Focal Points* are regional networks that collaborate with the Secretariat to support WABA's networking and information sharing role.
5. *International Advisory Council* has a special role in advising and representing WABA on specialised issues. It currently consists of 25 persons.
6. *WABA Assembly* consist of the Steering Committee, Taask Force Co-ordinators and the International Advisory Council. It helps WABA to shape policy and has a right to vote on Steering Committee members.
7. *National Contact Points* are normally national breastfeeding organisations or alliances that endorse WABA's goals and are actively involved in WABA's programmes.
8. *Endorsers or Participants* are individuals and organisations committed to a breastfeeding culture. Groups and individuals become WABA participants by endorsing WABA's goals.

Figure 2.2. The WABA network



Groups and individuals become WABA participants by endorsing WABA's goals. Currently, world wide, there are 274 endorsers, of which 162 organisational endorsers.

WABA endorsers are a very diverse group, which includes IBFAN members and a whole range of other individuals/groups from breastfeeding and non-breastfeeding organisations.

Currently WABA has three basic objectives[6]:

- To improve maternal and infant health through protection, promotion and support of healthy infant feeding practices.
- To provide a global focal point for the many national and regional focal activities giving political support to breastfeeding as foreseen in the Innocenti Declaration
- To mobilise all sectors of society to achieve the Innocenti Declaration Targets in support of breastfeeding and implement the Ten Links adopted by the WABA Global Forum, by stimulating action at local level.

In 1996 The Global Forum developed Ten Links to Nurturing the Future, these were added into a new framework for action, which supported the four Innocenti targets, and identified new areas of work that could be viewed as new operational targets. The framework, which links

[6] Quote from Project Proposal: Nurturing the Future: Social Mobilisation for Better Infant Health. WABA 1997 –1999 Programme of Action.

young child feeding with wider development concerns, has since been further adjusted and now encompasses: Human Rights and Responsibilities (the Rights' issue has been given increasing importance in the alliance), Food security, Women's empowerment, Community Participation, Baby Friendly Culture, Capacity Building, Integrity, International Code and Advocacy.

WABA's strategy include the following activities:

- Production of materials for social mobilisation: The three main regular publications are WABA LINK, WABA Activity Sheet and WBW Action folder. The World Breastfeeding Week (WBW) was the first and still is the main mobilising event to raise awareness on the goals of Innocenti.
- Representation at key International conferences and meetings to advocate WABAs goals and mandate.
- Establishment of special programmes: Mother Friendly Workplace Initiative (MFWI) and Global Participatory Action Research Project
- Organisation of various international workshops including the Global Forum in 1996 and then Quezon City workshop on Breastfeeding, Women and Work in 1998.
- Involvement in Campaign(s): to influence the revision of the International Labour Organisation Convention 103 and Recommendation 95 on maternity protection to help bring about international legislation and norms which will reflect and reinforce women's right to breastfeed as part of WABAs' larger women and work programme.

A major concern for WABA has always been to link with new allies and to bring them into the breastfeeding movement.

2.4 UNICEF

Organisationally, UNICEF's support to breastfeeding emanates from the Baby-Friendly Hospital Initiative (BFHI) team. The team is composed of six full time staff members, one full time consultant and one part time consultant; and is based in the Nutrition Section of UNICEF Programme Division.

UNICEF has a broad mission and mandate to advocate for protection of children's rights, to help meet their basic needs and to expand their opportunities to reach full potential. UNICEF is guided by the Convention of the Rights on the Child (CRC) and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children. UNICEF insists that the survival, protection and development of children are universal development imperatives that are integral to human progress. UNICEF responds to emergencies to protect the rights of children in co-ordination with UN partners. Through its country programmes, UNICEF aims at promoting the equal rights of women and girl's.[7]

In 1990 UNICEF Executive Board adopted a Strategy for Improved Nutrition of Children and Women in Developing Countries. Based on the Convention on the Rights of the Child (CRC) adopted by the General Assembly in 1989; it took a rights' approach to nutrition and health. Breastfeeding as a key strategy for the attainment of nutritional goals was reiterated in the 1990 Nutrition Strategy. The rights' approach was however, not operationalised in a very explicit manner.

[7] The Mission of UNICEF (a Pamphlet)

In 1991/92, the Executive Board adopted the Innocenti Declaration and its targets as the basis for policies and actions in support of infant and young child feeding. UNICEF and WHO then launched the BFHI campaign in 1992. The aim of the BFHI was to promote optimal infant feeding practices in hospitals throughout the world.

In the mid 1990s UNICEF entered into agreement, initially with Sida and later with DGIS, for support of a Programme focussing on assisting governments to implement the Innocenti Declaration. This programme has defined six specific objectives, which over the years have guided the strategies of the BFHI team, nutrition section:

- The first objective focuses on the two legislative goals of the Innocenti Declaration
  – to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast Milk Substitutes and subsequent relevant resolutions of the World Health Assembly, including cessation of free and low-cost supplies of products covered by the Code within the health system
  – to enact imaginative legislation to protect the maternity rights of working children.
- Training, technical guidance and research on breastfeeding management
- Transformation of maternity practices and designation of Baby-Friendly Hospitals
- Improved community help for exclusive and sustained breastfeeding through mother support groups
- Collaboration with non-governmental organisations for social mobilisation and advocacy
- Programme development, co-ordination, communication and monitoring.

Over the last two years the Team has become increasingly involved in development of UNICEF's Global Agenda, mainly in the area of early Childhood Care for Survival, Growth and Development. It is a natural extension of the Team's integrated approach on care for nutrition.

2.5. The Section for International Maternal and Child Health (IMCH)

The breastfeeding arena includes a wide variety of organizations. We have so far presented two types: the voluntary based NGO network and a membership based international organization such as UNICEF. We shall now turn to a third type of organization, the one found in the structure of a modern university.

The IMCH is located within the structure of Uppsala University. It forms a part of the Department of Women's and Children's Health, which was established in January 1998 through a merger of the department for Obstetrics and Gyneacology, and the department for Paediatrics. IMCH was formally integrated in this structure in 1999.

The staff members number a total of seven educational staff and four researchers. In addition there are 16 doctoral students who are also active as teachers in the various courses offered by IMCH.

The research at IMCH is currently organised in four programmes, or research groups:

- Maternal health care
- Child Health in developing countries
- Obtaining basic information required to determine how to promote exclusive breastfeeding

- Learning how to implement effective food-based approaches toward preventing micronutrient malnutrition.

Each programme is headed by one of the senior researchers and students are also engaged in the research activities. IMCH has a strong education profile. It runs a Master's programme in International Health. The aim of this degree programme is to increase the capability of doctors and nurses to participate in health development in low-income countries. The programme combines theoretical studies and a degree project. The project work is usually done either in a low-income country or with a refugee population in Sweden.

In addition to this programme, there is a number of shorter courses. A few examples will suffice:

- Diploma course on Health Care in Low-Income countries
- Introduction to Health research in Low-Income countries
- Rehabilitation in Low-income Countries
- Various nutrition courses offered by the Nutrition unit in collaboration with IMCH.
- Global Medicine, a course for medical and nursing students at Uppsala University.
- Reproductive Sexual and Reproductive Health and Rights
- Short courses on breastfeeding
- Basics of Research and Interview Survey Design, courses for doctoral students.

Financial support for IMCH's education programme comes from the Medical Faculty of Uppsala University and external sources. Prominent among the current and recent donors are the National Board of Health and Welfare and departments at Sida. A portion of Sida funds allocated to various non governmental organisations are also channelled through Forum Syd to support IMCH courses. The NGOs contributing in this way include Afrikagrupperna, Médecins sans Frontières (MSF), Pingstmissionen (PMU-Interlife), Svalorna, Svenska Kyrkans Mission (SKM), Svenska Missionsförbundet (SMF) and Utbildning för biståndsverksamhet (UBV).

The staff members of IMCH also take on consultancies from time to time. For many years, Sida has been an important client. Although it's role has now been reduced, Sida and IMCH still has a close co-operation. In addition to its consultancy services in the area of breastfeeding. IMCH staff members have also been working as consultants to Sida in its long-term support to the Tanzania Food and Nutrition Centre and the National Nutrition Unit in Zimbabwe.

Chapter 3 The Promotion of Breastfeeding

This chapter seeks to analyse the role of the organisations in relation to (i) the status of breastfeeding within the broader international development agenda (ii) international and national policies related to the promotion and support of breastfeeding.

3.1 The status of breastfeeding

Monitoring of breastfeeding is presented in chapter four, however, as a background to the following discussion it is appropriate to present some data on the current status of exclusive breastfeeding world-wide[8]. According to WHO data provided; while there is evidence of decreases in exclusive breastfeeding rates in a few isolated countries, nevertheless, globally there would appear to be a slight increase in rates of exclusive breastfeeding rates[9]. WHO link the increase in exclusive breastfeeding rates to breastfeeding campaigns, additional BFHs, and the training of breastfeeding counsellors.

- Exclusive breastfeeding rates are very low in a number of countries in Africa, eg Central Africa region 4% in 1995, Niger 4% in 1992 and Senegal 7% in 1993. However, in other countries, although still low there has been a gradual increase in recent years eg Benin 13% in 1996-17% in 1997, Mali 8% in 1987-12% in 1996, Zambia 13%in 1992-23% in 1996."
- In South East Asia the exclusive breastfeeding rate has increased from 0.2%in 1993 – 4% in1996, while the ever breastfed rate has gone from 90% in 1987-99%in 1993.
- In Europe exclusive breastfeeding rates are improving only very slowly in France, Italy Netherlands, Spain Switzerland and UK, while rates in Sweden are at 98%. There is however evidence of great progress in some of the Eastern European countries eg Poland 1.5% in 1988-17% in 1995 and Armenia 0.7% in 1993 – 20.8% in 1997.
- In the Eastern Mediterranean region the exclusive breastfeeding rates of infants under four months are very high in some countries, compared to other regions: Egypt and Saudi Arabia have rates of 68% and 55% respectively, while Pakistan shows an increase from 12%1988-25% in 1992.
- Data from the Americas show a slight decrease in exclusive breastfeeding rates Bolivia 59% in 1989-53% in 1994, Colombia 19%in 1993-16% in 1995, and Dominican Republic 14% in 1986-10% in 1991, however the ever breastfeed rates remain high.

3.2 Breastfeeding on the international development agenda

International Conferences

Following the Innocenti Meeting in 1990, breastfeeding has been included in the conference resolutions and subsequent action plans of a number of UN conferences:

[8] "Exclusive breastfeeding" means that in addition to breast milk the infant does not receive anything other than drops of medicine. Fluids such as tea, fruit juices or water are not taken.

[9] Information on exclusive breastfeeding was obtained from the WHO global data base on breastfeeding as presented in the WHO Nutrition for Health and Development Progress Report, June 1999. The data base currently covers 94 countries and pools information from national and regional surveys/studies dealing specifically with breastfeeding prevalence and duration. Information is presented on national basis and looks at rates of exclusive breastfeeding in infants under 4 months of age.

(1) 1990 World Summit for Children (WSC); (2) 1992 International Conference on Nutrition (ICN); (3) 1994 International Conference in Population and Development (ICPD); (4) 1995 Fourth World Conference on Women and Development (FWCW); (5) 1995 World Summit for Social Development (WSSD) and; (6) 1996 World Food Summit (WFS).

The resolutions and plans have focused on a range of strategic and critical breastfeeding issues:

- Promotion and support of exclusive breastfeeding
- Action to give effect to the International Code of Marketing of Breast Milk Substitutes and subsequent World Health Assembly (WHA) resolutions.
- The International Conference on Nutrition as the only one, refers to the Baby Friendly Hospital Initiative (BFHI)
- HIV/AIDS and its implication for breastfeeding
- Enacting the necessary legislation, based on ILO conventions and regulations, to protect the women with attention to pregnant and lactating women

All of the organisations have participated in one way or another at the aforementioned conferences. ICDC, although participating, does not consider its own role to be significant. The others have played an active and significant role in all of the conferences. The exception would be the WSSD, where UNICEF was the only one involved of the organisations reviewed here. Breastfeeding did not gain the same attention at the WSSD as at other conferences, although the WSSD did adopt the goals from the WSC.

IBFAN attended and participated in all conferences, being active at both the preparatory and final stages of the various conferences. Its activities included: running workshops, advocating with NGO's to put breastfeeding on their agenda, lobbying delegates to include breastfeeding and Code wording in resolutions and action plans, monitoring and thwarting industry influence to promote liberal use of breast milk substitutes; and monitoring to ensure that wording gained in the preparatory conferences is not lost or reduced in final outcomes. IBFAN strategy is to bring national representatives to such forums, who can advocate with their respective national delegations during the forums and then follow up back in their home countries. On occasions IBFAN members may attend such conferences as delegates in their own rights, representing their countries. As follow up IBFAN ensures that the network has been informed of the final outcome and resolutions of these conferences. National groups may then use the resolutions as tools to advance their work and may also get involved in developing national plans.

WABA also participated in the preparations, as well as in the final conferences. WABA may be represented directly by members of the steering committee or secretariat, or through people that also represent other organisations at the conference. WABA works together with other NGOs and on occasions will act as an umbrella organisation for various NGOs. WABA has been using the WABA link publication to spread information about the preparatory work and the results from the conferences.

At the International Conference on Nutrition (ICN) lobbying and advocacy by WABA and IBFAN was instrumental in strengthening the emphasis on exclusive breastfeeding for the first 4 to 6 months for infant's complete nutritional needs; and on giving breastfeeding a separate section in the conference document rather than being subsumed under another section.

Breastfeeding gained significant attention at the International Conference on Population and Development (ICPD) as a result of persistent lobbying by WABA, IBFAN and the Institute for Reproductive Health (IRH). They participated in the final Preparatory Committee meeting in New York through to follow-up action at the Conference itself. A workshop entitled "Breastfeeding: Empowerment for women" was organised and numerous documents were distributed by WABA and IBFAN.

The preparatory process towards FWCW was lengthy and demanding. It involved participation in regional meetings as well as the final Preparation Committee in New York. In that year WABA choose "Breastfeeding – Empowering Women" as the theme for the WBW. WABA participants were also encouraged to lobby their national delegates who would attend Forth World Conference on Women. It is important to note that the preparations for Beijing meeting brought on board a number of women's organisations into the breastfeeding campaign.

UNICEF is mandated to participate in preparation and implementation of the UN conferences and has played a significant role in advocacy for breastfeeding. When the NGO community is present, UNICEF keeps in close contact with the representatives during the process of lobbying and negotiation. UNICEF also provides funding for NGOs in the breastfeeding family to attend such conferences when their participation is considered to be of strategic value. On occasions when the NGO community is not invited, as is the case in the forthcoming Technical Consultation on Infant and Young Child Feeding in March 2000, UNICEF has the opportunity to use consultants; and would, when considered relevant, use consultants from the NGO network such as IBFAN.

International agencies

The **World Bank's** World Development Report of 1993 is one of the most trend setting health sector policy documents in the 1990's. Together with subsequent internal strategy documents[10], it guides the resource allocation by the major financial institution in health sector. Although the Bank has been invited at several occasions to join the Innocenti process, it has never really got involved.

The **OECD-DAC** published another influential report "Shaping the 21st Century: The Contribution of Development Co-operation". It represents the collective views of the development ministers of the DAC on the challenges, goals and strategies for development co-operation in the 21st century. None of these various policy documents give breastfeeding much attention. It is notable that neither IBFAN, WABA nor UNICEF has had any strong entry point into the World Bank or the DAC/OECD processes.

The Programme of Action from the International Conference on Population and Development (ICPD) marked a major change in **UNFPA** policy and strategy. Breastfeeding has been given limited priority and attention in the UNFPA approach to Reproductive Health. Recently UNFPA joined UNAIDS/UNICEF/WHO to work on Mother To Child Transmission of HIV. Neither IBFAN nor WABA have had much contact or policy dialogue with UNFPA at H/Q level, although IBFAN regional and national groups have contact with UNFPA

IBFAN has a long-standing communication with the **WHO**, particularly concerning policy matters. IBFAN members from a variety of countries attend the World Health Assembly every two

[10] World Bank. The Sector Strategy on Health, Nutrition and Population. Washington, 1997.

years[11]. The IBFANers hold workshops, disseminate information and reports on Code implementation, advocate with delegates and have input into debate at the Assembly. IBFAN-GIFA also communicates directly with WHO HQ in Geneva. While this communication has previously been fairly informal, since 1998 WHO Departmental Directors have invited IBFAN delegations to various meetings, IBFAN-GIFA has attended as part of the delegation, along with other IBFAN groups/sister organisations such as BMA. Also since 1998, IBFAN delegations have attended two meetings with the Director General of WHO. WABA has a limited interaction with WHO, however, the WHO is an endorser of WABA. As members of the UN family UNICEF and WHO have numerous arenas for interaction.

The **Codex Alimentarius Commission** sets world-wide standards for foods and drinks, including breast milk substitutes and complementary foods. Since 1996 the Codex Committee has been working on revising the two codex standards which govern the labelling, advertising and nutritional content of infant formula and cereal based foods for infants and young children. UNICEF is represented on the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU). IBFAN-GIFA working with Consumers International obtained an invitation to recent CCNFSDU meetings, where they circulated documents to delegates and were able to speak during the debate. IBFAN also plays a role in information sharing, advocacy and lobbying of members of national delegations who attend the meetings.

IBFAN and UNICEF are actively working to ensure that the new Codex standards will be at least as strong as the international Code. There are real concerns that there is an attempt to undermine the Code through changing the age of introduction of complementary foods to 4–6 months, through the addition of starchy root and stem foods as ingredients; and through weak labelling provisions which allow health claims. Thus allowing the baby food industry to promote their products at a lower age, using cheap low nutrient value ingredients and advertising the food as having health advantages for infants. UNICEF and IBFAN are especially working to ensure that infant formula and complementary foods conform to the highest standards of composition and that the age of introduction of these products follows the provisions of the international Code and that additional provisions to ban health claims on labels are included.

During the last Codex meeting in Berlin in 1998, national delegates were able after a long debate to get the 4–6 months age of introduction put into brackets: This means it must be discussed again, while the Committee on Labelling has drafted guidelines on health claims. Both baby food standards will be submitted to another round of comments by governments and international NGOs, and then debated again at the next CCNFSDU meeting in 2000. UNICEF has questioned the representation in the meetings: national delegations are almost exclusively from the industrialised world with representatives of the food industry as members.

In 1998, IBFAN obtained an invitation to attend the ministerial meeting of the World Trade Organisation (WTO), through the International Centre for Trade and Sustainable Development[12]. IBFAN-GIFA and IBFAN-Africa attended the meeting, participated at workshops and distributed documents about the effect of trade on infant feeding to national delegates and NGO representatives.

[11] Every two years the Director General of the WHO reports to the WHA on Code implementation. This is followed by a debate on infant feeding issues.

[12] The lead organisation in NGO and WTO relations.

3.3 National breastfeeding policies

Many countries have adopted breastfeeding policies[13]. According to the WHO, there are 21 countries in Africa with national breastfeeding policies (68%). In The Americas there are 22 countries (88%), in the Eastern Mediterranean there are 14 countries (82%), and in Europe 21 countries (60%). We have no access to information about the Asian countries. UNICEF, IBFAN and WABA have in one way or another had involvement in advocating or formulating such policies.

Although IBFAN groups have had involvement in formulation of breastfeeding policies at national level, there is difference of opinion regarding national breast-feeding policies within IBFAN. One view is that national policies are useful and should be developed. Another view is that development of a national breastfeeding policy in the absence of Code legislation is a soft option.

3.4 Conclusions

The involvement of the various organisations has taken different forms at different times and has been implemented with varied intensity. It is evident that the organisations included in the evaluation have played an important role in shaping the development agenda and breastfeeding policies of international agencies, as well as influencing the adoption of national breastfeeding policies. We cannot be very precise on the strength of their influence. Nor is it easy to distinguish between the various organisations' roles and input, as these often overlap. What is important, however, is that the combined effort and involvement of the organisations has contributed towards bringing the issue of breastfeeding forward. There are, of course, a lot of things to be done. The dialogue with important agencies such as the World Bank, DAC/OECD and UNFPA need to be developed further. There is a need to improve the monitoring of the implementation of resolutions and action plans from international conferences, by the organisations.

[13] WHO Progress Report June 1999: Nutrition for Health and Development: Report on Infant and Young Feeding 1999.

Chapter 4 Contribution Towards the Innocenti Targets

This chapter analyses the role of the organisations in relation to the operational targets of the Innocenti declaration.

4.1 The Innocenti targets

The Innocenti Declaration (ID) of 1990 is the main breastfeeding policy document. Outlining four operational targets established to protect, promote and support breastfeeding the Innocenti Declaration states that countries should:

1. appoint a national breastfeeding co-ordinator and establish a multi-sectoral breastfeeding committee
2. ensure that every facility providing maternity services fully practices the 10 Steps to successful breastfeeding
3. take action to give effect to the principles and aim of all articles of the International Code of Marketing of Breast Milk Substitute and subsequent resolutions of the WHA Resolutions in their entirety
4. Enact imaginative legislation protecting breastfeeding rights of working women and establishment of means for its enforcement.

Each of the organisations included in the review plays a role, in one way or other, in all of the target areas of the Innocenti Declaration. Conforming to their mandate and mission UNICEF and WABA have focussed on all four of the targets. UNICEF, as a UN organisation, has access to high-level policy meetings and arenas to which the other organisations do not have entry. WABA on the other hand has worked to bring a range of diverse organisations on board as active participants in the breastfeeding movement. WABA has lead the annual World Breastfeeding Week (WBW) campaign, which has been the main mobilising event to raise awareness of all of the Innocenti targets. The first four years focussed on each of the Innocenti targets in turn, and thereafter annual themes have been strategically selected; linked to the "Ten Links Programme" developed at the Global forum of 1996 and/or with other global campaigns/ activities. Improving the condition for women at work has always been an important issue for WABA and the organisation was instrumental in launching the global campaign to improve the ILO Convention on maternal protection at work. The IBFAN groups have played a role in all target areas but have probably had stronger impact on achievements in relation to the BFHI and International Code work than the other targets. ICDC has the most specialised mandate, with its focus on training in Code legislation and monitoring of Code implementation. ICDC has also played a role towards enacting imaginative legislation protecting breastfeeding.

There is no uniform system to provide a comprehensive and consolidated analysis of overall progress and the current global situation in relation to the Innocenti targets. Until 1996 the American Public Health Association operated a database for monitoring progress towards the targets, but this activity was discontinued in 1996, when the clearing-house was closed down.

A number of informants indicated that the APHA data-base had been effective and it was a pity that it had been discontinued.

Currently a number of monitoring instruments are in operation, including UNICEF BFHI global data base with information from 185 countries, WHO data bank on breastfeeding which covers 94 countries and ICDC Country Code data base covering 190 countries.

The Global Participatory Action Research Project (GLOPAR) developed and supported by WABA provides a qualitative model for monitoring breastfeeding progress against the Innocenti criteria leading to "state of breast feeding reports". To date 20 national groups have used the methodology and tools to assess the state of breast-feeding in their countries. Informants from IBFAN-GIFA and IBFAN-Africa stated that they felt GLOPAR was a good model for assessing "breastfeeding status" however all indicated that it had not been taken up enthusiastically by national groups. According to the Regional Coordinator Africa, only two countries in the Region have carried out a GLOPAR assessment, while to date none of the European groups have undertaken GLOPAR.

Below we shall review in more detail the progress against each target, based on information gathered from a variety of sources[14]. We will also examine the specific roles of the various organisations, and some of the difficulties encountered.

Target 1: …have appointed a national breastfeeding co-ordinator and established a multi-sectoral breastfeeding committee

According to available information, there is good progress in this target area. Breastfeeding committees have been set up in 88% of the countries in the Americas, 80% of the countries in the Europe. Somewhat lower achievements have been reported for Eastern Mediterranean (65%) and Africa (58%). No data is available for Asia.[15]

UNICEF and WHO are the major actors in relation to this target, with UNICEF having played a particularly instrumental role in advocacy at country level in the first years after Innocenti.

While IBFAN has not had direct involvement in addressing this target, national groups have been active in advocacy for appointment of co-ordinators and/or establishment of Multi-Sectoral Committees. IBFAN members, furthermore, liase closely with co-ordinators and committees where they exist. All three aforementioned organisations have taken part in monitoring and evaluating of achievements in relation to this target.

Breastfeeding Committees[16] have been formed in many countries and action plans have been approved. Still, government budget allocations for breastfeeding activities have been small, so limiting the range of activities that the committees may get involved in. Thus, the major challenge is that of ensuring that Committees are active, and appointed Co-ordinators are committed to protection, promotion and support of breastfeeding.

[14] 1) UNICEF BFHI global database, 2) WHO Data bank on Breastfeeding , 3) WHO. Nutrition for Health and Development (NHD) evaluation of steps taken by member states to achieve Innocenti targets 1998 with responses from a 57% (108) of WHO's 191 member states, 4) WHO/EURO/UNICEF. Comparative Analysis on the Implementation of the Innocenti targets 1998, 5)ICDC State of the Code by Country Reports, 6) ILO Report V "Maternity protection at work".

[15] Nutrition for Health and Development WHO 1999.

[16] The Joint Evaluation of the BFHI and Related Activities in CEE/CIS and Baltic Regions 1990–1996

UNICEF and IBFAN are now using the Convention of the Rights of the Child (CRC) as a strategic tool to put breastfeeding on national agendas, as all countries with the exception of Somalia and USA have ratified the CRC.[17] Since 1997 IBFAN has been incorporating the CRC into its work. IBFAN-GIFA encourages and supports national groups to submit a report on breastfeeding when a country is reporting to the CRC committee. Through this activity, gradually breastfeeding is being institutionalised in the reporting to the Committee of the CRC. IBFAN-GIFA has just recently been accepted as a member of the NGO group for the CRC in Geneva.

Target 2: …ensure that every facility providing maternity services fully practices the ten steps to successful breastfeeding

To address this target WHO and UNICEF launched the "Baby Friendly Hospital Initiative" (BFHI) in 1992. There are two main objectives of the BFHI : 1) Transformation of health care practices in maternity facilities in accordance with WHO/UNICEF global criteria as defined by the "Ten "Steps to Successful Breastfeeding" outlined by WHO/UNICEF in 1989 (see annex 3 for details). 2) Ending/preventing the distribution of free and low cost breast milk substitutes in all maternity services.

Thus the BFHI stimulates action on three of the four Innocenti targets: A national breastfeeding committee is essential for BFHI designation, while the prevention of distribution of free and low cost breast milk substitutes in maternity service facilities contributes to code implementation.

As far as the available statistics show there has been progress made towards achievement of Innocenti target two. Plans of action for implementing the BFHI have been made to a considerable extent. Africa leads the way, where 88% of the countries have developed such plans. In the Americas and the East Mediterranean the figure is about 70% respectively. Europe lags behind where only 57% of the countries have established such plans.[18] This is mainly due to the situation in Eastern Europe.

According to WHO information the BFHI is operating in 171 countries, while according to UNICEF there are 125 countries with at least one BFH.[19] Out of the 125 countries with BFHs in 1999, 36 of these were in Africa Sub Sahara, 24 in Latin America and Caribbean, 19 in Asia, 16 in Middle East and North Africa, 16 in CEE/CIS/Baltics and 14 in Industrialised Countries. The highest number of BFH is found in Asia; the 19 countries have a total of 9737 BFH, however, China alone accounts for more than 6000 BFHs. The Industrialised Countries have the lowest average, which may demonstrate the fact that focus and attention has been to the developing countries.

While the difference between WHO and UNICEF figures illustrates the lack of a comprehensive systematic system for monitoring progress, never the less information from all organisations indicate that there has been an increase in the actual number of baby friendly facilities over the last years.

[17] The Convention recognises the right of the child to enjoy the highest attainable standard of health, and recognises the impact breastfeeding has in fulfilling the child's right to health and adequate food. It requires States to ensure that all sectors of society particularly parents, have information and education on the benefits of breastfeeding.

[18] WHO NHD Evaluation of ID 1998, in WHO progress report 1999

[19] UNICEF BFHI report 1999.

Table 4.1 Number of facilities designated baby friendly.

	1995	1996	1998	1999
Number of BFH	4300	8041[20]	13 127[21]	14 538 – 25% of maternity facilities[22]

The table above shows an enormous increase in the number of facilities over the last five years. However it is also worth mentioning that in addition to those facilities designated as baby friendly (i.e. meeting all ten steps to successful breastfeeding), there are significant additional facilities which although not designated as baby friendly are working towards BFHI goals so showing that the initiative is in progress.

While **WHO and UNICEF** launched the BFHI as a joint iniative, UNICEF has the lead role; and has been instrumental in developing training modules and material for different staff categories and for assisting in training at country level. Three courses[23] have been published and are increasingly in use as they become available in all UN languages. Over 100 lactation training and resource centres have been established in more than 50 countries. Many of the senior staff in these centres have undertaken the four-week course provided by Wellstart International in San Diego or at the Centre of International Child Health in London. UNICEF estimates that more than one million health workers have been trained in lactation management. In the Anglophone countries UNICEF is no longer required to provide training of trainers (TOT) as local trainers have been trained (many of whom are IBFAN members). The situation is somewhat different in Spanish speaking countries where TOTs still requires external trainers. UNICEF has two staff members engaged in this particular area. UNICEF has been involved in relevant *research*[24] and has also played an important role in *monitoring progress and achievements,* providing yearly BFHI analysis reports. Progress, experiences and difficulties in relation to BFHI are also published in the bimonthly UNICEF publication "BFHI News".

IBFAN has played a major role in terms of addressing this aim, working in close collaboration with UNICEF. Activities include translation of training and health education materials into local language, training of health workers and hospital administrators in BFHI, assessing facilities wishing to attain BFHI status. IBFAN has also been involved in assisting the management to meet the designation criteria and periodic reassessment of baby friendly facilities as well as training of community workers to support breastfeeding in the community. UNICEF and IBFAN have also been involved in evaluations of the BFHI[25].

[20] WABA: Nurturing the Future

[21] UNICEF: Progress Report BFHI 1997

[22] out of 56 255 maternity facilities

[23] (i) Breastfeeding Management and Promotion in a Baby Friendly Hospital: An 18 hour course for Maternity staff, published jointly with WHO(ii) Breastfeeding Counselling: taking one week for counsellors, or two when used to train trainers, published jointly with WHO, (iii) Training Guide in Lactation management(40 session outlines for 80 hours of training), published jointly with IBFAN.

[24] E.g. Exclusive breastfeeding, Sustained breastfeeding from 6 months through the second year and complementation patterns, effects of labour medications on early suckling, Techniques of Infant Feeding: The case for cup feeding

[25] The Regional Co-ordinator for Europe was a member of the Evaluation of the BFHI and Related Activities in the CEE/CIS and the Baltic Region in 1996, which looked at activities over a three-year period and was conducted with UNICEF and WHO. IBFAN members have recently been contracted by UNICEF to carry out an evaluation of the BFHI in South Africa

An essential aspect of the UNICEF/IBFAN work towards the second Innocenti target was advocacy for discontinuation of free and low cost supplies to health facilities, in 1986 this resulted in a WHA resolution banning free and subsidised supplies of BMS in maternity facilities, while a second WHA resolution in 1994 with a number of amendments extended the ban of free BMS throughout the whole health care system.

IBFAN national groups with the support of IBFAN-GIFA have been involved in serious advocacy with the respective national governments in situations where the baby food industry offers sponsorship and support to the BFHI.

WABA has also been active in working with the BFHI. When WABA launched its first World Breastfeeding Week (WBW) campaign in 1992, the theme was the BFHI. WABA Health Care Practices Task Force is responsible for promotion of baby friendly health care practices in hospitals, but this task force has not been very active. An individual connected to La Leche League International (LLLI) co-ordinates the Task Force within the Mother Support Group of LLLI and the activities continue to be part of the LLLI existing work. WABA promotes BFHI by regularly writing about BFHI country experiences in their newsletter, WABALINK, producing activity sheets as well as encouraging national groups to use WBW as an occasion to present hospitals with baby-friendly awards.

Although gains have been made in implementing the BFHI, there exist threats to its future sustainability. Industry sponsor ship offers to BFHI continue and present a major threat, in terms of compromising and undermining the principles of BFHI. There is currently little financial support from governments, and there is a real concern that if UNICEF funding is reduced then the gains made to date will be lost. Related to this problem is the issue of the need for ongoing monitoring hospitals to ensure that the BFHI quality criteria are being upheld, while industry sponsorships will doubtless become even more of a threat if donor funding is reduced.

Target 3: …taken action to give effect to the principles and aim of all articles of the international Code of Marketing of Breast Milk Substitute and subsequent WHA resolutions in their entirety.

Development of national Code legislation has been slow. Factors contributing to the poor achievement in this target area include problems of slow bureaucratic processes, in some situations/countries the changing of government officials, the absence of political will and technical know-how; and pressure from industry for governments not to legislate. Despite these difficulties there has been progress since the International Code was adopted by WHO in 1981.

In 1988 only 6 countries had turned all of the Code into law. By 1991, ten years after the adoption of the Code, this number had increased to just 9. In 1997[26], 17 countries had implemented the Code and subsequent resolutions by means of law. By 1998[27] 20 countries have implemented the Code and subsequent resolutions by means of law; another 27 countries have enacted many of the Code's provisions as law, while 21 countries have implemented the entire Code as a voluntary measure or as a national policy. A further 22 governments have drafted Code laws, which are pending adoption by national legislative bodies.

[26] 1997 Progress report BFHI, UNICEF NY.
[27] "State of the Code by Country 1998"

ICDC is the lead agency in this area and its activities encompasses: (i) Promotion and advocacy of Code legislation, (ii) Training to support *governments* in writing laws and other measures to implement the Code, (iii) Consultant/advisory services to governments requesting help with drafting national legislation, developing model law and translation, (iv) Monitoring of Code implementation by countries and manufacturers, and (v) Research and documentation: collection and analysis of national legislation pursuant to the Code and dissemination of information in publications.

Between 1991 and 1998 14 Code training courses for government were held in Latin America, Francophone Africa, Anglophone Africa, South Asia, Central Asia, Central and Eastern Europe and Middle East; one course was held for NGOs in Penang. In addition to the regional training courses, an annual training course is held in Penang since 1996.

In total 370 government participants from 98 countries have attended these training courses The impact of the training may be assessed in two ways. Firstly by the popularity of the course, there is a very high level of interest to undertake the training. Secondly by examining progress made with regard to Code implementation. In December 1998, ICDC recorded Code implementation in all 98 countries that had sent participants to training courses. Positive steps towards implementation were noted in 69 countries, for a further 6 countries it was too early to tell, while for the remaining 23 countries there was not sufficient information.

Advisory services concern Code application, Code interpretation and the experiences of other countries. The number of requests have gradually grown over the years and responding to these takes up much of the time of the legal advisor and the director.

The major activity in relation to research and documentation is the development of the Code Handbook, which grew out of the course manuals developed for the training courses. The Handbook was published in 1997 and has been translated into French, Spanish, Russian and Portuguese.

IBFAN action on the international Code illustrates clearly how the global network functions: with national groups operating in their home countries, supported by and feeding into the global network of the IBFAN groups. These various IBFAN groups have developed specific complementary areas of expertise and responsibility. IBFAN works hand in hand with ICDC within this target area with ICDC taking the lead on many of the activities.

IBFAN has a major role in relation to (i) Development of national Codes and related legislation (ii) National Code monitoring and (iii) International Code monitoring and advocacy.

National groups have worked hard to develop draft Codes and to advocate with government for translation of the Code into national legislation. National groups are responsible for monitoring national Code implementation where laws and voluntary measures have been adopted; the groups also monitor violations of the international Code and industry attempts to weaken or stall the development of national Codes.

In addition to reporting at national level, groups may pass information to other groups in the IBFAN network for international advocacy purposes. One example is the IBFAN briefing paper of May 1998 "Governments under attack" which highlighted how companies were pressuring governments to postpone or weaken national legislation of Code. Information is also passed to BMA to feed into the Campaign for Ethical Marketing.

Systematic monitoring of the state of the Code by country and by company has been carried out by IBFAN/ICDC on a regular basis since the early 1980s. ICDC has trained IBFAN monitors in 40 countries. Every two years IBFAN/ICDC publishes an update on national Code development (with input from governments) and on company compliance with the international Code (with inputs from NGOs). The results are compiled in a narrative report "Breaking the Rules, Stretching the Rules" and two summary Code report charts: "State of the Code by Country " and "State of the Code by Company". These reports are produced to coincide with the Biannual Code reporting to the WHA[28].

ICDC as well as IBFANers from all over the world attend the WHA to interact with national delegates. They try to ensure that the debate on infant feeding is extensive and cover issues such as company violations of the Code and new innovative marketing practices to circumvent the provisions of the Code. Further, they try to ensure that the resolutions passed are strong and clearly articulated. At the 1998 WHA, in addition to the normal reporting documents compiled from a 31 country surveys carried out in 1997, IBFAN also circulated the briefing paper mentioned in the previous paragraph – "Governments under attack".

WABA supported activities such as WBW, facilitation of workshops, publications and use of cyber space, greatly broadens exposure and awareness to Code issues, to reach parts of the breastfeeding family where previously the Code may have been marginalised, or where it may have been politically difficult to be seen to be taking a stand. In 1994 the WABA led World Breastfeeding Week campaign focused on Code Compliance. In 1996 the Global Forum hosted workshops on Code compliance. Code work is linked to WABA's Task Forces on Code compliance, which is considered to have advisory capacity. The Co-ordinator for the Task Force is the director ICDC. Through the WBW campaigns, WABA has given prominence to the ethical issues of company sponsorship of WBW events. WABA also from time to time publishes incidents of Code violations in WABA link.

UNICEF may also be characterised as a major actor in this target area. The Legal Officer plays an important role for the work within UNICEF itself and as partner to ICDC, IBFAN and WABA. UNICEF's main contribution is through: (i) Training for capacity building, (ii) Production of training material e.g. self-standing workshop manual for training of trainers, (iii) Advocacy with sister UN agencies and NGO partners for a rights based approach to the protection, promotion and support for breastfeeding (for instance through highlighting the issue in UNICEF publication "The Progress of Nations") (iv) Assistance to national Code drafting and implementation and (v) Raising issues of concern such as Globalisation and its impact on infant nutrition.

As a UN agency with official recognition UNICEF has a comparative advantage to the other institutions. It is therefore able to advocate at high-level policy meetings. For example, the UNICEF Legal Officer has represented UNICEF at Codex Committee on Nutrition and Foods for Special Dietary Uses and in direct discussions with relevant national ministries.

UNICEF has also placed Code Implementation within the context of the Convention on the Rights of the Child. This has provided a vehicle to advocate with Governments for Code Im-

[28] Every two years the Director General of the WHO reports to the WHA on Code implementation, this is followed by a debate on infant feeding and IBFAN/ICDC use this opportunity to advocate for full Code implementation by governments

plementation with the authoritative support of the Committee on the Rights of the Child[29]. UNICEF Nutrition section has tried to assist all UNICEF offices and National Committees to find practical means of following up this particular strategy and offers technical support in drafting national legislation to implement the Code.

Monitoring of Code implementation is ongoing, due to the combined efforts of IBFAN, WABA and UNICEF. Never the less, the Code is under constant attack and there are many challenges that need to be dealt with, if the Code shall continue to be an effective policy instrument.

- Lack of awareness of the need for legislative protection in this area and/or lack of political will to carry through the often lengthy process required to establish legislation
- Lack of technical expertise required to the give effect to the principles and aims of the Code through well-drafted national legislation
- Ongoing pressure and interference from industry to get governments to implement weakers models that do not respect the minimal standard: In Europe many of the emerging governments are being persuaded by industry to implement the EU weaker directive, rather than the international code. In other countries companies confuse the issue arguing that the introductory statement by the Representative of the WHO EB legally narrows the scope of the Code, and calling for national laws to be limited to the Code as published in 1981 rather than to include subsequent resolutions
- The HIV/AIDS pandemic has been used by industry to argue for a return to the unrestricted marketing of breast milk substitutes, particularly through the provision of free and low-cost supplies to the health care system.
- The whole issue of trade liberalisation has major implications for the future in terms of how government capacity to implement the Code may be weakened.

Target 4: ….enacted imaginative legislation protecting breastfeeding rights of workingwomen and establishment of means for its enforcement.

As of June 1997, only 36 countries had ratified the ILO Maternity Protection Convention 1952 (No 103) while 17 other countries had ratified the ILO Maternity Protection Convention, 1919 (No 3)[30]. Despite this, the picture is not so bleak at country level. The 1997 ILO report shows that the statutory maternity leave entitlement is greater than 12 weeks in 119 countries, with 62 countries having at least 14 weeks, but in 31 countries it is less than 12 weeks. There are however great variations in issues such as the amount of remuneration, whether the leave is optional or compulsory, the categories of workers covered; and the length of qualifying periods required before workers receive maternity pay.

ILO initiated a process to revise the 1952 convention and recommendations. At the 87th International Labour Conference in June 1999, a revised draft Maternity Convention to be adopted at the ILO conference 2000, was voted for. During the process towards the Conference it be-

[29] A consultant has drafted a paper on "Child nutrition in a globalising world: the regulation of the infant food industry". The paper analyses the formulation and implementation of the Code and draws lessons for current and future attempts to negotiate the regulation of industry practices which conflict health, social and environmental and other public interest policies.

[30] The 1952 Convention is a revision of the 1919 Convention.

came clear that ILO was keen to reduce the protection that breastfeeding mothers were afforded in the work place. The revised documents did not consider an increase in maternity leave; and an attempt was made to remove the nursing breaks from the Convention and relegate them to the status of a non-binding recommendation. Interventions from various representatives, led to the reintroduction of nursing breaks into the draft Convention. Although the revised draft Maternity Convention maintains 12 week paid maternity leave as minimum standard for employed women and now maintains the entitlement to paid breastfeeding break(s), it represents a weakened provision to pregnant and lactating women as the length of the nursing breaks and length of compulsory leave will be determined by national laws.[31]

On learning about the proposed revision of the Maternity Protection Convention, UNICEF's Legal Officer contacted the ILO officer responsible for overseeing the process. **IBFAN-GIFA** due to location in Geneva took up activity in relation to ILO in response to a request from UNICEF at the end of 1997, and then, through national groups facilitated collection of information to feed into the process of preparation for the 1999 Conference. **ILO** accepted an invitation to make a presentation to the Working Group on Breastfeeding and Complementary Feeding, organised by UNICEF, at the 25th Session of the Administrative Co-ordinating Committee/Sub-Committee on Nutrition (ACC/SCN) in Oslo in March 1998 with a view to informing other agencies on the process. With time, contacts became less open and it became apparent that the ILO wanted limited "interference" in the re-negotiation process.

A joint global campaign to improve the ILO Convention 103 was launched by WABA, IBFAN, IMCH and UNICEF during the **WABA** workshop in 1998 "*International* Workshop on Breastfeeding Women and Work: Human Rights and Creative Solutions". The Quezon City Declaration[32] identified a Plan of Action that included: "To positively influence the ongoing revision of the ILO Maternal Protection Convention no 103 and Recommendation no 95; to better support the breastfeeding rights of working women through, along with other activity, facilitating an NGO meeting in connection with the ILO conference".

The new revised Convention will not be adopted until June 2000. A Coalition arrangement between WABA and IBFAN has been established for Maternity Protection work to continue through to the ILO 2000 Conference. The role of each of the partners in this process is unclear, but IBFAN-GIFA and national groups have been actively working with national governments on revisions of the Conventions and Recommendations in preparation for the next Conference.

The various organisations played different roles during the campaign towards the ILO Conference. They all attended the ILO Conference in June 1999 and were involved in dissemination of information and lobbying activity. Each organisation describes the process and roles taken on by the respective organisations during the conference differently. Some felt that WABA took on a task that they did not have the proper qualifications for and that the work was safeguarded by the input of other organisations more experienced with this type of work. However, WABA took in that particular situation on the task because others, nearer to the task, did not commit themselves due to limited capacity and time.

Through the "Mother-Friendly Workplace Initiative" launched during the WBW in 1993 **WABA** has focused on issues related to *national legislation* to protect the rights of working women to breastfeed. WABA's Women and Work Task Force is considered the most active Task Force,

[31] In the Recommendation however, the maternity leave was increased from 14 to 16 weeks.

[32] 1–5 June 1998

having produced action-oriented material and participated in several conferences and workshops advocating for putting breastfeeding, women and work on the agendas of women's groups, employers, trade unions etc. Through seed grants, WABA is supporting local initiatives aiming at supporting working women to breastfeed. These projects, which target women working in both the formal and informal sectors, have been developed as pilot projects.

By 1994, eight national groups had received support[33]. By 1997[34], additional two national groups had received support and by April 1999[35], six more groups had received or were in the final stages of the process towards receiving a grant. A number of IBFAN national groups have been recipients of these seed grants, thus, IBFAN groups are implementing agencies in enhancing Maternity Protection. Otherwise IBFAN has not played a pro-active role in terms of development of maternity policies and legislation at national level[36].

A major constraint in relation to achievements in this target area is the apparent fear that strengthened maternal protection will lead to an increase in discrimination in the job market. This makes it difficult to identify allies outside the "breastfeeding family" and thus to date this Innocenti target has received the least attention at global level.

4.2 Conclusion

The assessment has identified achievements in relation to all four Innocenti operational targets. The team would attribute this achievement to the sustained collaborative action from the institutions under review. Managing to keep these initiatives high on the international agenda for such a long time is in fact quite a remarkable feat.

Although there have been a number of problems, progress towards the first two Innocenti targets has been significant. These targets are concerned with the establishment of national breastfeeding committees/coordination instruments and programmatic action through the maternity services.

There has been less obvious achievement in relation to the third and forth Innocenti targets.

These targets are concerned with International Code legislation and monitoring and legislation concerning the rights of breastfeeding working mothers. Given the complexity of these issues and the forces of opposition towards progress in each of the areas, it is hardly surprising that there has been less obvious achievement. Never the less progress has been documented in the struggle towards achievement in both of these target areas. Within the context this must be recognised as a considerable positive development.

In relation to all of the targets there are still challenges that need to be addressed if continued progress is to be assured. The importance of sustained advocacy to maintain the achievements to date as well and to assure further progress lends to the conclusion that there remains a need for the continued activity and involvement of these institutions in the global breastfeeding arena.

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[33] WABA: Nurturing the Future.

[34] WABA Breastfeeding, Women and Work Project 1993/4–1997: Mother Friendly Workplace Initiative Report to Sida.

[35] Mother Friendly Workplace Initiative Report: Seed grant update: (July 1998 – April 1999)

[36] In many African countries IBFAN groups generally relate to the MOH, not to the Ministry of Labour, and so traditionally they have not taken forward this issue.

There is a need to clarify roles and relationships between the institutions and partners in a better way so that their respective comparative advantages are fully explored and effectiveness enhanced.

Specific conclusions:

- The Breastfeeding Committees have potentially an important role in promoting and protecting breastfeeding.
- Impressive progress is made in BFHI however there is concern achievement to date may be lost if donor funding is reduced, that there is currently little financial support from governments.
- The evolution of Code implementation has been slow. The ever recurring attempts of the industry to violate the Code and find reasons to argue for a return to unrestricted marketing (HIV pandemic and "free trade agreements") and their increased focus on the promotion of complementary foods to general public reiterates the need for continued fight and attention to the issue. This includes monitoring of international standard setting and trade bodies such as Codex Alimentarius Commission and the World Trade Organisation.
- The presence of legal expertise in both UNICEF and ICDC has given the work in this area credibility and weight.
- The joint campaign for ILO Convention on Maternity Protection was important. Although the result was somewhat disappointing, due to the pressure of those who are opposed to improved conditions, it was however successful in bringing about a stronger draft Convention than the initial draft.
- WABA has a longstanding involvement in issues related to protection of breastfeeding rights of working women. It has continued to promote the Mother Friendly Workplace Initiative launched through the WBW in 1993. WABA was instrumental in launching the joint global campaign to improve the ILO Convention on Maternal Protection.
- The organisations should work on the issue of monitoring, to develop and take forward a systematic and comprehensive system for monitoring progress against the four Innocenti targets.

Chapter 5 HIV/AIDS and Infant Feeding in Emergencies

This chapter seeks to assess the extent to which these organisations have taken forward the issues of (i) Breastfeeding and HIV/AIDs and (ii) infant feeding in emergency situations,with relation to programme activity and influence on the research agenda.

5.1 HIV/AIDS and breastfeeding

Since 1985 studies have shown that HIV can be transmitted from mother to child through breast milk. Since then all of the institutions under review have had involvement in activity and policy debate related to HIV and infant feeding. Organisation's positions on HIV and infant feeding have evolved over the years through a process of discussions and debate within the breastfeeding network.

In 1992 WHO and UNICEF issues a statement which continued to promote breastfeeding for HIV positive mothers, in settings where, on population basis, infectious diseases and malnutrition were likely to cause greater mortality than HIV transmitted through breast milk[37]. In 1997 a new policy statement on HIV and infant feeding was developed collaboratively by UNICEF/ WHO and UNAIDS[38], followed by guidelines in 1998[39]. Since then, there has been a heated debate on the relevance and risk of these policies and guidelines. The objective of this chapter is not to judge the various positions and policies, but rather to outline the process and involvement of the different partners.

The 1997/1998 Joint Policy and Guidelines

The Joint Policy and the Guidelines developed by WHO/UNICEF/UNAIDS underline that the central objective is the prevention of mother to child transmission (MTCT)of HIV while continuing to protect, promote and support breastfeeding[40]. The above mentioned Joint Policy and Guidelines underline that breastfeeding is normally the best way of feeding infants, and include a statement that HIV positive mothers have a right to make an informed choice about her infants nutrition. However the documents also says that "…if a mother is infected with HIV, it may be preferable to replace breast-milk to reduce the risk of HIV transmission to her infant". The issues that have created public debate are related to: (i) the recommendation that national authorities negotiate with the formula industry to make breast milk substitutes available at subsidised cost or free of charge for those mothers that choose not to breastfeed, (ii) the high risk of "spill over" of BMS into the health care system and the general market, (iii) to the danger of compromising mother's confidentiality with following risk for stigmatisation. A further issue of debate has been related to the extensive demands that implementation of the Joint UN

[37] WHO GPA Concensus Statement from the WHO/UNICEF Consultation on HIV Transmission and Breastfeeding. 1992

[38] HIV and Infant Feeding: A policy statement Developed Collaboratively by UNAIDS, WHO and UNICEF, 1997.

[39] WHO/FRH/NUT/CHD/98.1-UNAIDS/98.3-UNICEF/PD/NUT/(j)98-1. HIV and Infant Feeding: Guidelines for decisionmakers. 1998.

[40] The objectives are: (i) breastfeeding remains the most important means to feed infants, (ii) the human rights of the child are central to decisions made regarding treatment and feeding and (iii) preventing the transmission of HIV to women of childbearing age is of high priority.

guidelines make on the health systems of poor countries. The guidelines recommend establishing or strengthening counselling and testing facilities, the provision of free or subsidised breast milk substitutes (and potentially the provision of anti-retro viral drugs). The very countries with highest rates of HIV are however also those where basic primary health care services are of very poor quality and where the resources available are extremely limited and deteriorating.

A further Joint WHO/UNICEF/UNAIDS statement was issued in September 1999. Making reference to the Coutsoudis study[41], it states "a recent early report of evidence that TCT is less likely to be transmitted when breastfeeding is exclusive from birth, does not warrant a change in existing WHO/UNICEF/UNAIDS policy". This has created additional debate as many argue that the current UN policy is based on questionable evidence.

The role and involvement of the institutions

All the institutions under review have been involved in the process and in the debate. The positions on HIV and infant feeding have evolved over the years through a process of discussions and debate within the breastfeeding network.

UNICEF activity includes development of a training module on HIV and Infant Feeding counselling (jointly with WHO and UNAIDS), advocacy work through BFHI News and SCN News, development of indicators (jointly with WHO) for the research community; and development of generic labels (in collaboration with IBFAN). In collaboration with WHO and UNAIDS, UNICEF is also involved in setting up MTCT pilot projects in a number of countries. The studies will examine the feasibility of offering AZT to mothers who choose to be tested and are then found to be HIV positive; the studies will also support positive mothers who choose not to breastfeed, through provision of free or subsidized breastmilk substitute.

IBFAN has not felt it appropriate to develop a global policy statement due to the great regional disparities in availability of voluntary testing, counselling and treatment, but has outlined the following key areas for special consideration when developing policy:

- HIV prevention through education is paramount
- Access to voluntary and confidential testing and counselling for pregnant women should be facilitated
- Women should be given information to enable them to make an informed choice of feeding method
- When HIV mothers have decided not to breastfeed, priority should be given to examining feeding options that are available locally and are sustainable
- Where artificial feeding methods are to be used, the principles of the international Code and subsequent relevant resolutions should be observed. This is paramount to prevent the spill over of artificial feeding to the majority of infants for whom breastfeeding is vital, and to ensure that healthcare practices and women's choices are not influenced by commercial pressures.

[41] Coutsoudis A.et al: This study concluded that when breastfeeding is exclusive from birth it appears to significantly reduce the risk of transmission of HIV from an infected mother to her uninfected child, due to protection given to gut lining from breast milk. The study also raised the possibility that virus acquired at delivery could be neutralised by immune factors present in breast milk.

IBFAN Penang/ICDC included a section on HIV and breastfeeding when revising the publication "Protecting Infant health: A health Workers Guide to the Code".

IBFAN regions have developed statements and positions as appropriate to the situation of the region. IBFAN Europe developed a statement on HIV in 1997, following and citing the WHO/UN Collaborative Statement and incorporating IBFAN general guidelines.

While a number of the Western European groups have been involved in HIV related discussion and activity at national level, activity in Eastern Europe has been very low; with a few exceptions the Eastern European IBFAN groups appear not to perceive HIV or MTCT of HIV as a major problem.

IBFAN Africa is fairly well informed on international research and developments in HIV and infant feeding, receiving information from UN agencies, regional researchers, through IBFAN GIFA, BMA and through WABA. IBFAN Africa has also attended various national and international meetings and conferences, hosted by UN organisations. IBFAN Africa's position on HIV and infant feeding has changed over the years, as international policy has developed and research has been carried out.

In 1995 IBFAN Africa policy was to continue promotion of breastfeeding as per the guidelines from WHO/UNICEF/UNAIDS policy at that time. In 1997 IBFAN Africa developed a new statement, adapted from the IBFAN Europe position.

In 1999 IBFAN Africa again updated their statement. The statement was still in draft form and not available during the review. However the Regional Coordinator informed the team that the policy was similar to that of 1997, but makes a stronger recommendation for exclusive breastfeeding and timely introduction of complementary foods as an option. The statement also recommends more independent research on HIV, with a focus on ways to make deactivate HIV from expressed milk thus making it safe and the impact of exclusive breastfeeding on transmission of HIV. The new statement was developed through a process of discussion and debate within the IBFAN network and with other related partner agencies. It took into consideration recent research in South Africa. IBFAN Africa has expressed real concerns related to the practicalities of putting the UN guidelines into operation, given the scarcity of testing and counselling facilities and the difficulties of ensuring the safety of BMS. There is also the serious issue of increased commercial pressure on governments and controlling "spill over" where infant formula is being used.

Reacting on the WHO/UNICEF and UNAIDS policy regarding breastfeeding and HIV, **WABA Steering Committee (SC)** adopted a position paper on HIV and Breastfeeding in June 1998. There is a WABA ad hoc discussion group which follows-up the issue and keeps WABA informed of developments. WABA is mainly concerned with the changes in policy that seem to put major stress on use of infant formula and less on alternative feeding methods involving human milk. WABA also expresses concern that the negative consequences on infant health of large-scale use of infant formula from birth and onwards may be much worse than previously understood. The WABA recommendations are as follows:[42]

- that adequate resources, action and research be applied to alternatives to BMS

[42] WABA Position on HIV and Breastfeeding.

- avoidance of commercial exploitation in the use of replacement feeding and that only generically labelled infant formula be permitted
- that the risk of feeding exclusively with breast milk substitutes be very carefully evaluated
- that health workers dealing with the problems of counselling be heard, involved and provided with resources to study the problems
- that an independent panel review data on transmission of HIV through breast-milk before public health policy is further developed and that NGOs be involved further analysis and planning of public policies.

The 1998 Position Paper was reconsidered during the SC in October 1999 in light of the recent research. The SC found that it was still valid and recommended that future research should focus more on exclusive breastfeeding and that policy advice on breastfeeding should continue promoting exclusive breastfeeding. Members of the SC have engaged in the public debate on the issue mostly through articles and commentaries in scientific periodicals. Members of the "breast-feeding family" have questioned the way commentaries to, for example, policy statements have been expressed. Contacts and discussions have not been taken to those institutions concerned prior to publication. Consultation with WABA endorsers during the process towards making position papers is limited. Such statements do therefore not gain the "ownership" they may deserve by the WABA constituency as a result statements are rarely published in their publications.

Research on HIV/AIDS in general and the relation of HIV/AIDS and breastfeeding in particular is a priority area for the future. IBFAN and WABA have attempted to keep abreast of international policy development and research. However, neither organisation has had much influence on the international HIV and infant feeding research agenda. IBFAN has grave concerns over the involvement of the baby food industry in funding research, and would call for more independent research to be carried out. Both WABA and IBFAN would like to see more research on a number of areas including:

- the impact of exclusive breastfeeding on HIV transmission and the timing of HIV transmission through breastmilk
- deactivation of HIV from expressed breast-milk,
- locally prepared alternatives to breastmilk

IBFAN has provided technical and scientific information about HIV and infant feeding to national groups for many years and since 1998 WABA has used WABA Link to disseminate information about research results and policy issues.

IBFAN Europe HIV working group has been involved in on going discussion and dialogue with the relevant UN organisations (mainly UNICEF and WHO). National IBFAN groups have been involved in discussion and debate about HIV and infant feeding at all levels in their respective countries. The Czech Republic produces and disseminates HIV information sheets to health workers and policy makers, while at a recent HIV/infant feeding workshop hosted by IBFAN Africa government representatives from 12 countries attended. IBFAN regional and national members and WABA SC members have attended various international conferences.

While WABA and IBFAN do not feel that HIV has greatly distorted the focus of their work never the less the overall impact of HIV on breastfeeding activities must not be underestimated "HIV has come like a stone in the pond of Innocenti and has shifted the focus" (IBFAN-Gifa).

In response to the enormous additional workload generated by HIV, UNICEF, New York, Nutrition Section has recently employed an additional staff member to deal specifically with HIV and infant feeding related issues.

IBFAN Africa expressed concerns regarding the balance of UNICEF work in light of HIV:

> *"Ideologically there is no problem as far as UNICEF is concerned but the issue is one of allocation of resources, with a shift of funds towards MCTC pilot projects and away from BFHI."*[43]

5.2. Infant feeding in emergencies

In emergency situations, breastfeeding becomes even more important for infant health and nutrition than in normal situations. The requirements for safe artificial feeding – water, fuel and adequate quantities of appropriate BMS – are usually scarce in emergencies. Artificial feeding in these circumstances increases the risk of diarrhoea diseases and malnutrition, which in turn significantly increase the risk of mortality.[44]

Paradoxically there are a number of widely held and very dangerous false perceptions about breastfeeding in emergencies; including the misconception that a mother will lose the ability to produce adequate breast milk due to factors such as stress and hunger. In practice a mothers' ability to produce breast milk is strong if supported appropriately. Another misconception is that in an emergency situation infants are at greatest risk of becoming malnourished. While infants that are artificially fed are certainly at risk of malnutrition and other disease, this is not the case for breastfed infants.

The public health importance of infant feeding in emergencies has been highlighted in the 1990s by the number of emergency situations arising in middle-income countries, where breastfeeding rates have been in decline for a number of years, as in for example Iraq and Bosnia. In communities where a "bottle feeding culture" is the norm pre-crisis, it is extremely important – but often quite difficult – to protect and support breastfeeding in an emergency situation.

Over the years there have been numerous incidences of infant formulas (and other items covered by the Code) being donated by companies to relief agencies for use in emergency situations. The motives for making and accepting such donations may range from the desire to open up new markets, to the wish to improve public relations to genuinely wanting to help. Such practices seriously effect infant feeding practices and infant health in recipient countries.

In 1994 infant feeding in emergencies was referred to at the World Health Assembly and a resolution was passed.[45]

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[43] An IBFAN Africa member.

[44] While there are few epidemiological studies on the impact of emergencies on infant feeding there are many anecdotal reports of adverse health outcomes. In some situations excess morbidity and mortality has been associated with inappropriate or inadequate methods of infant feeding.
Kelly M. «Use of BMS in emergency relief programmes». Unpublished paper, 1991.
Yip R. «Acute malnutrition and high childhood mortality related to diarrhoea: lessons from the 191 Kurdish refugee crisis», JAMA, no 270, pp.587–590, 1993.
Robinson, A., et.al. «Nutrition and immunisation survey of Bosnian women and children during 1993», International Journal of Epidemiology, vol.24, no. 6, pp1163–1170, 1995..

[45] WHA 47.50

In emergency relief operations, breastfeeding for infants should be protected, promoted and supported. Any donated supplies of breastmilk substitutes (or other products covered by the Code) may be given only under strict conditions. If an infant has to be fed with BMS; the supply is continued for as long as the infants concerned need it; and the supply is not used as a sales inducement.

Following the WHA resolution a Joint statement "Policy on infant feeding in the Balkan Region" was issued by UNICEF/UNHCR/WFP/WHO. Initially developed in 1994, this statement was revised in 1999. It essentially promotes breastfeeding and adherence to the Code, but recognising that in some situations infant formula may be required, it provides guidelines for use of generic formula.

Although IBFAN does not have a written policy statement on IFE there is clear understanding that the general principles of IBFAN should be applied in emergency situations. An Action Plan prepared by the Regional meeting in Gothenburg (Oct 1999) makes a strong recommendation that IBFAN prepare a statement on IFE.

The role and involvement of the various institutions

IBFAN and UNICEF have been heavily involved in the process of dialogue and policy debate on IFE over the last few years. In 1995 an ad hoc working group was established and round table discussions were held with the Red Cross, UN agencies and IBFAN. A one day meeting was then organised: participants included IBFAN groups, UNICEF, WHO, UNHCR, ACC/SCN, World Vision and SCF UK. The concern was improvement of practices and consistency of approach and this forum was the first step in an on-going process of serious interagency collaboration and exchange of information on the issue of IFE.

As follow-up to the 1995 meeting it was expected that IBFAN national groups would organise national meetings and from these feed back into another international event. This has not occurred as expected. However a few Western European countries did hold national workshops (UK, Ireland, Germany and Netherlands) and some have established active working groups composed of IBFAN members and international NGOs e.g.: Infant Feeding in Emergencies Group UK.

In 1998 another international workshop was held in Split, Croatia and some of the key issues identified were:

- A decision was made to develop an Infant Feeding Training Manual for Relief Workers. Agencies involved in this activity include WHO, Linkages[46], UNICEF, IBFAN and some other key international NGOs: A course module was developed with broad participation from the core group. A workshop involving a wider group of experts was scheduled for November 1999, to review the training module and field-testing is scheduled for early 2000.
- There was agreement on the need for comprehensive research on infant feeding practices in emergency situations, to facilitate better understanding of infant feeding practices in emergencies in a more holistic manner. While there has not been much development on research activity as yet, IBFAN national group in Macedonia have had involvement in some research recently undertaken by a UK based NGO and academic institution.

[46] Linkages is an new American NGO supported by USAID and involved in Maternal Child Health.

- A number of principles of integration were outlined including; the need for international organisations to work in partnership with local staff with experience in BFHI and other breast feeding related work.

IBFAN-GIFA facilitated and organised the international workshop in 1995 and co-organised the 1998 workshop with Dutch and Irish IFBAN groups. UNICEF provided a large part of the funding for these events and has provided financial support and technical assistance for the development and field testing of the training module.

IBFAN IFE working group has a special mail list for interested groups/individuals and circulates relevant articles from a variety of sources, while UNICEF is using BFHI NEWS as a way of dissemination information through a special edition.

A few IBFAN groups in Europe have been involved in providing policy advice to their governments and to local and international relief organisations, while some have experience in monitoring Code violations in emergencies. The Albanian Group for the Protection of Women and Children and IBFAN members from Macedonia were extremely active in advocacy and advisory work during the recent Kosovo crisis; and through their activities, international relief organisations discontinued the liberal distribution of infant formula.

UNICEF is supporting IBFAN and other NGOs in monitoring Code implementation and violations in emergency situations. IBFAN-GIFA recognises this as an area that needs further work, to develop simple tools, to build in more structured monitoring of Code violations in emergencies and to strengthen reporting at both national and international levels.

To date, IBFAN-Africa has had very little involvement in emergency relief work, despite the fact that there are a number of on-going emergencies in Africa. This is recognised by the Regional Co-ordinator as an issue that needs to be addressed. The IBFAN Africa Co-ordinator attended the 1998 meeting in Split and an Africa Regional meeting on IFE was scheduled to take place end Nov 1999. The IFE training module will be presented at this meeting and IBFAN Africa members will be involved in field testing the module.

ICDC follows international developments in IFE and includes it as a subject in Code Implementation Courses. To date, WABA has not had a lot of involvement in IFE issues. A workshop was held on IFE during the Global Forum in 1996 and the WABA website refers to WHO on the issue.

5.3 Conclusion

The issue of HIV/AIDS has had a direct and negative impact on promotion of breastfeeding in general, particularly the BFHI and especially in Africa. Joint UN policy and guidelines developed in 1997/98 underline that the central objective is the prevention of mother to child transmission (MTCT) of HIV while continuing to protect, promote and support breastfeeding. The guidelines state that a mother has the right to make an informed choice about how to feed her baby. They then go on to say that if a mother is HIV positive, it may be preferable to use an alternative to breastfeeding, to reduce the risk of MTCT transmission of HIV.

There has been a great deal of discussion and debate surrounding the policy guidelines of the UN on HIV and breastfeeding. The issues that have created debate include concern about the emphasis that is placed on the provision of free or subsidised infant formula to HIV positive mothers through the health system. The related risks include exploitation of the situation by

industry and spill-over of such supplies to other mothers. The cost involved to establish or strengthen the essential counselling, testing and support services required, raises concerns about the practicality of the guidelines for the poorest countries; where primary health care services are of poor quality and the health care systems/structures are weakest and the risk of using BMS to feed infants on child survival.

Given the extensive demands the guidelines make on the health system/infrastructure, it is not surprising that in many situations in Africa the guidelines are simply not in operation. Health workers do not have the required knowledge and skills for counselling and support while HIV testing facilities are not available. Health workers simply advise those mothers they think to be HIV positive to use commercial BMS. However many mothers choose to ignore this advice due to the cost and/or associated stigma of using BMS and instead continue to breastfeed, in the absence of information about other feeding options and education about the benefits of exclusive breastfeeding.

Concerns were raised about industry funding of research on HIV and breastfeeding. It was emphasised that there was need for independently funded and transparent research on the impact of exclusive breastfeeding on HIV transmission, the timing of HIV transmission through breastmilk, ways to deactivate HIV from expressed breast-milk; and how to prepare local home made alternatives to breastmilk.

There seems to have been an ongoing and open discussion between IBFAN and UNICEF about HIV and breastfeeding. Some of the actors in the network do however, express their reservations with regards to the way WABA has conducted dialogue and question whether the WABA constituency has been consulted sufficiently in the process.

IBFAN and UNICEF have been particularly active in the area of IFE and have worked very much in partnership. Both organisations have provided assistance to national groups directly working in emergency situation and have been active in the international debate and policy dialogue. The establishment of solid working relationships with the broad stream international emergency NGO's and the relevant section of WHO Geneva has also been a positive development.

Chapter 6 Breastfeeding and Gender Issues

Is breastfeeding a women's issue, does it go together with the advancement of equal opportunities for women and men, and how are fathers involved in the breastfeeding promotion? Those are the questions addressed in this chapter.

6.1 Uneasy relations

Strange as it may sound, gender equality advocates and breastfeeding supporters have not been natural allies in the past. On the contrary, feminist groups have considered breastfeeding to be part of biological determinism that was to be overcome. They feared that women's equal rights opportunities would be jeopardised by breastfeeding. Groups working for male involvement in child-care have viewed breastfeeding to stand in the way of promoting parental leaves over maternity leaves. Among some breastfeeding activists the opinion has been that breastfeeding is a mother's obligation.[47] This stands in stark contrast to mainstream opinion that the mother should have a right to freely make an informed choice about how to feed a child.

6.2 From children's rights to women's rights and human rights

Gradually, bridges are being built between representatives of these diverging views. Dialogues were started on occasions such as the International Conference on Population and Development in Cairo 1994 and the 4th World Conference on Women in Beijing 1995. The declarations of both conferences uphold the right of women to breastfeed and recommend strong provisions in support of breastfeeding working women. Also, the breastfeeding movement has taken initiatives to give women's rights a more central place in the debate.

This is most clearly expressed in activities around the issue of women and work, which started with the launch of the Mother-Friendly Workplace Initiative during the World Breastfeeding Week in 1993. The initiative complemented the Baby-Friendly Hospital Initiative (BFHI) taking the baby-friendliness outside the hospital into women's working environments, and at the same time putting more emphasis on women's rights in addition to children's rights. In the years following, activities have been carried out in many countries to support working women to breastfeed, while at the international level, the campaign to influence the revision of the ILO Convention on Maternity Protection and Work is a major effort involving several organisations. Details have been given in Chapter 3 and 4.

UNICEF puts its breastfeeding programme in a human rights perspective, specified in terms of children's rights as expressed by the Convention on the Rights of the Child and women's rights as stated in the Convention on the Elimination of All Forms of Discrimination Against Women. In our conversations with UNICEF it was stated very clearly that the choice for breastfeeding should be left to the mother, and that a children's right does not automatically lead to an obligation on the side of the mother.

With regard to the latter, we noticed that the debate is still going on. A document prepared for WABA Steering Committee October 1999 on the Breastfeeding Rights discussion raised as point 4:

[47] van Esterik, P. Rethinking Time Space Support, in: Breastfeeding, Women & Work, Human Rights and Creative Solutions, WABA, 1998.

"Mothers have the responsibility [duty?] to provide their infants with breastmilk."[48]

On the other hand, the flyer WABA and Human Rights, of April 1999, says that states have an obligation to remove obstacles to breastfeeding, but "this should not be understood to imply that the mother has a duty to breastfeed; it is the conditions that exceptionally lead to a choice not to breastfeed that must be altered". And in WABA Link no 1 Human Rights and Responsibilities (draft) the debate is summarised as follows: "Some individuals feel that women should be obliged to breastfeed their infants, but that appears to be a minority view, one that is not supported by international human rights law. The prevailing view is that women must remain free to feed their infants as they wish (-) and that outsiders are obligated to refrain from doing anything that might interfere with a freely made, informed decision".

The emphasis on breastfeeding as a human right also finds its expression in the new campaign for World Breastfeeding Week 2000: Breastfeeding and Human Rights. Together, UNICEF and WABA recently published a leaflet *"Every Woman's Right to Breastfeed"*, explaining:

> Breastfeeding as a human right implies that:
>
> · children must have access to adequate food and nutrition to ensure healthy development from birth. This comes from breastfeeding exclusively in the first six months and together with complementary foods for two years and beyond
>
> · Governments have the duty to ensure that there are no obstacles *for women who choose to breastfeed*."

We were also told about an action taken by UNICEF to safeguard women's rights to breastfeed in a bilateral case, notably Macedonia. One of the conditions of a WorldBank loan to Macedonia was that the country would decrease the period of maternity leave from 9 to 3 months. The UNICEF representative in the country consulted headquarters in New York, which resulted in the advice to the Macedonian government not to agree with this condition. Thus happened, and in the end the WorldBank did not object and provided the loan without the condition.

IBFAN/ICDC also expressed the opinion that breastfeeding is a woman's rights issue: the right to breastfeed in all circumstances, at work or in culturally less accepted surroundings such as public places, and the right to maternity leave in order to be able to choose for breastfeeding.

In spite of new positions and activities regarding women's rights, IBFAN/ICDC felt that as a network IBFAN has not been able to make a breakthrough yet to women's groups. WABA has been more successful linking with women's groups and feminists. In 1993 when WABA launched the theme on women, work and breastfeeding, this position was not welcomed by many feminists. At that time they did not see breastfeeding as a woman's right. Today the perspective has changed. New contacts have been and are being established with women's organisations as a result of the women and work activities, both nationally and in the international arena.

6.3 What about fathers?

The importance of involving fathers is illustrated by the results of a survey carried out in the UK. It showed that the attitude of partners to breastfeeding is the biggest factor influencing feeding decisions. If the father approved of breastfeeding, three quarters of infants were totally

[48] For WABA Steering Committee Review/October 1999.
Breastfeeding Rights Discussion: Summary of Key Principles, from George Kent/29 August 1999.

breastfed; if the father was indifferent or disapproving, the proportion fell to less than 10%[49]. So, to what extent then does the breastfeeding movement address men in its efforts to promote, protect and support breastfeeding? Different answers have been collected among the various organisations.

The theme for World Breastfeeding Week (WBW) 1996 was *"Breastfeeding: A community responsibility"*. In the action folder, WABA and UNICEF give advice as to how to evaluate a community and its attitudes towards breastfeeding. The role of fathers, as well as other important family members such as grand-mothers, is discussed under the heading "Family":

- Do family members understand the need to help with household chores when a mother is breastfeeding?
- Do they realise that a breastfeeding mother needs extra food and extra rest?
- Do grandmothers and mothers-in-law appreciate and support the decision made by mothers to breastfeed?
- Do fathers understand that there are many opportunities for bonding in addition to feeding an infant, such as bathing, cuddling and burping?

At the last regional meeting of IBFAN Africa it was recognized that the role of fathers had been neglected. The Programme Progress report for the period January–June 1999 mentioned the lack of information among fathers and in-laws as a factor limiting the growth in breastfeeding practices. The report stressed the need for more efforts to actively involve fathers in training courses and counselling activities.

In practice, most of the training programmes and the information material are still traditional in their focus on women and children and on technical matters relating to breastfeeding. In Africa, we did not encounter any training or information material that was directly focussing on fathers or on any other target group than that of mothers. A particularly important role is played by the mid-wife, who is often the first advisor of the mother with regard to feeding the newborn baby. During a meeting with mid-wives in South Africa we asked to what extent they tried to include fathers in their counselling. The answer was simple: they did not. The reason given was cultural. Breastfeeding was a matter exclusively for the woman, they said, not something a father should be involved in. At the Associacao Mocambicana Para o Desenvolvimento da Familia (AMODEFA) – a national IBFAN group in Mozambique – the message was different. By deliberately approaching the couple and not only the mother, they tried to include fathers in their breastfeeding support activities. Their experience was that the response was not at all bad or hostile. This was especially the case if breastfeeding was linked to the illness of the mother and the child, and to the financial situation of the household. It is important to note that AMODEFA is not only an IBFAN group, but also a local IPPF group and as such has a wider organisational vison and objective (reproductive health and family).

In its publications, UNICEF makes an effort to address fathers as well, by talking about 'caregivers' instead of mothers. Reference to the importance of the father's support for breastfeeding was noticed in some of the videos that were given to us. We also came across a leaflet made by a national group, the Nursing Mothers' Association of Australia, entitled: *'7 important facts for fathers about breastfeeding"*. These seven range from: "your approval and support are two of the

[49] Action folder *"Breastfeeding: A community responsibility"*, 1996.

most important factors influencing your partner's choice to breastfeed" to "it's easy for you and your partner to get out and about with your breastfed baby".

6.4 Male-female ratio's in the organisations

The composition of staff in the offices of all the organisations visited suggests that breastfeeding is a women's issue, indeed. All of ICDC's staff is female, so is IBFAN-GIFA's. Four of the five persons working for WABA are women, so are three of the four working for IBFAN Africa, and four out of six working in UNICEF's breastfeeding programme. There are, on the other hand, several men engaged in the national groups and as consultants to IBFAN.

Male-female ratio in the network has changed over the years. Before, the ratio was 40:60, now the share of women is about 90%. This is accompanied by a change in kind of people. Whereas earlier the majority were development workers and journalists, now more technical (health and nutrition) people are involved. In the IBCoCo there are some six men out of 20–25 representatives.

IBFAN Regional coordinators, are primarily women. The WABA Steering Committee has eight members, five female, three male. For the eight Task Force there are in total 21 Coordinators, 16 female, five male.

6.5 Conclusions

Breastfeeding been recognised as a woman's right, in addition to the previous focus on the right of the child. Most recently, the human rights aspect of breastfeeding is being emphasised.

The breastfeeding promotion action remains largely outside the realm of equal opportunities policy and women's movement. Topical opportunities for more common action at the international level are present in the revision of the ILO Convention on Maternity Protection and Work.

In training courses, breastfeeding has primarily been treated as a technical matter, less as a social matter including mothers and fathers. Exactly the latter proves to be most important for the promotion of breastfeeding. A positive example of putting breastfeeding in a social context is the WBW theme of 1996 Community responsibility. Mother support groups may empower women by discussing breastfeeding as a right and encouraging women to take that right. The example of AMODEFA also suggests that it is well possible to encourage breastfeeding as a family responsibility of taking good care of infants, not as a technical matter.

Chapter 7 The Capacity of the Organisations

This chapter contains an analysis of the capacities and structure of the organisations in terms of human resources, administration, finance and decision-making procedures. It is organised around each of the organisations that are the subjects of our review – IBFAN GIFA, IBFAN Africa, WABA, ICDC and UNICEF. There is also an assessment of the IMCH in its role as a technical resource to the networks.

7.1 Organisations in the IBFAN network

7.1.1 IBFAN-GIFA

The office in Geneva currently has five employees. Three of them deal directly with various programme activities. There is the "International Programme Co-ordinator", "the European Co-ordinator" and a "Scientific Advisor". The staff also works on thematic issues such as the Codex Alimentarius. All three of them have been in these positions for a long time. They are employed full-time, while for budget reasons they are paid for 20 hours work/week.

Through a DGIS grant in 1996, it was possible for IBFAN GIFA to hire one administrator and one documentalist. These funds are now running out and the administrator has now reduced her time in the office from 20 hrs/week to 8 hours order to enable the documentalist to remain for some time.[50] We were informed that it might be necessary for the administrator to leave in the spring of 2000, if IBFAN-GIFA could not secure long-term core funding to pay her salary. There is currently also a consultant for infant feeding in emergencies, working in the office.

The composition of staff capacities is very relevant for the tasks of the IBFAN-GIFA office. A major problem is to maintain the capacities, and attract new ones. The three senior staff members have been there for a long time, and there have not been any additions of younger professionals. Attracting new staff is, according to IBFAN-GIFA, mainly a matter of finance. In Geneva, there may be few persons available, particularly men, who would be interested in working full time, while being paid for *50%* of that time. Another factor making IBFAN-GIFA a less attractive employer is that it cannot offer any job security, due to lack of long-term core funding.

In terms of administration, IBFAN-GIFA can not be said to be carrying a heavy rucksack.[51] Since 1996, around 12% of total staff time have been used for administration. This, however, includes tasks bordering on more operational activities, such as preparing the annual report, soliciting funds from donors etc. Among the administrative tasks, it is perhaps the reporting that is the most time-consuming. Some donors, such as ICCO require special, annual financial reports. A donor like Sida have no special reporting requirement, while the Netherlands requests financial reports every six months.

IBFAN-GIFA is an organization working with very limited resources. For performing its main function of coordinating network activities, it is totally dependent on external funding. It relies primarily on project funds, as defined in the box below. Project funds are usually linked to specific activities, but IBFAN-GIFA has also received support for its current costs only.

[50] As of 1/1 2000, the Netherlands continues to support IBFAN-GIFA for another 3-year period.

[51] By administration we mean activities such as secretarial services, bookkeeping, administration of salaries and other payments etc.

A note on types of funding
Core funding means that an organisation has access to financial resources over a long period of time that enables it to keep a core staff and maintain a basic administrative infrastructure. This reduces an organisation's dependence on more short-term, external funds and provides opportunities for independent action as well as long-term planning.
Project funds are external funds requested and used for specific purposes. They provide resources for operational activities, and sometimes, but not always, provision for administration (salaries etc.). They are typically given for 1–3 years.
Project funds can also be unrelated to any operational activities and be given for covering the current costs of an organisation.

The funding pattern has two characteristics. First, there is little diversification among the donors. Second, there is stability. Donors such as ICCO, the Church of Sweden Aid, DGIS, Sida and UNICEF are long-term supporters of IBFAN-GIFA, as well as other parts of the IBFAN network. IBFAN-GIFA has attempted to widen the funding base, but with limited success. Financial support from within the network has not been forthcoming. IBFAN- GIFA render its services free of charge to national groups and other members. The feasibility of introducing a "service fee" has been discussed, but no conclusion has been reached yet[52].

There are two major income sources. First, there are the funds to be used for the IBFAN-GIFA office itself. Second, there are network grants to be used for the network, i.e. project activities. Both sources show significant annual fluctuations, underlining the difficult planning situation of IBFAN-GIFA.

The expenditure side of IBFAN-GIFA cannot be directly compared with the income side. This is partly because funds for programme activities are not necessarily spent the same year as they are received. This makes the accounts somewhat difficult to read, compared to a profit-and-loss statement from an ordinary business. It is also difficult to separate expenses for staff salaries, direct office costs etc. from expenditures on programme related activities. Salaries are included in the items "co-ordination" and "projects", but so are also some programme-related activities. According to IBFAN-GIFA, the problem of separating expenses for staff salaries arose from the need, at Sida's request, to give the functions of each staff member (e.g. regional representation, office co-ordination, compliation of reports etc) rather than the staff post and the related salary cost. This was done by IBFAN-GIFA, because they understood that during the 1980's Sida did not fund salaries as such, but only costs strictly related to project/programme activities. Thus, the practice of budgeting according to function, rather than post, facilitated Sida contributing to the current costs of IBFAN-GIFA.

To conclude, IBFAN-GIFA is an organisation that is fully dependent on a few financiers – official donor agencies, church based organizations etc. The advantage to IBFAN-GIFA has been the loyalty of their financiers. Over the years they have been consistent supporters of IBFAN-GIFA. This has certainly introduced a strength into the organization. On a more negative note, IBFAN-GIFA has not been able to reduce the annual fluctuations in its revenue by, for example, building up of reserves. The rules and regulations of most donors require any unspent amounts

[52] According to IBFAN-GIFA, the "service fee" refers to a suggestion that, because funding is so hard to secure for a group working out of Switzerland, IBFAN-GIFA should act as a secretariat for the IBFA network with each regional office providing a service fee. However, this has proved impossible to implement because the revenues for each regional office are so unpredictable, which makes any financial commitment difficult.

at the end of project period to be returned. The uncertain financing situation has meant, for example, that employing new staff members has been difficult. Instead, IBFAN-GIFA relies a lot on voluntary work in the sense that the staff members put in a substantial amount of unpaid work time. Under such working conditions, it is remarkable and admirable that the staff has managed to keep up the momentum of the work.

7.1.2 IBFAN – Africa

The regional office of IBFAN – Africa is small and consists of three permanent and two temporary staff members. Professionally standards are high and relevant for the tasks of the office. The Director is a nutritionist. The other permanent staff members are the administrator and the secretary. The documentalist and the information officer both have degrees in library science. Due to lack of funds, they can not be permanently employed, but work on temporary contracts. The Director is an international staff member, while the others are locally employed. Generally, the staff considers the office as a good working environment. There are good opportunities for learning on the job, although there are not so many opportunities for more formal capacity building. The staff profile could be made even more relevant by adding a Portuguese speaking staff member with a professional background in for example nutrition, community development etc.

In terms of salaries, IBFAN – Africa is competitive by Swaziland standards, except for the fact that there is no pension scheme, which one would get at a similar position elsewhere in the-country. The salary of the Director is high compared to for example salaries paid at IBFAN – GIFA. It is, on the other hand, a bit lower than the salary she had at her previous position in the UNICEF. It would not have been possible to attract the services of the present Director without offering a salary which was not too far away from her UNICEF salary.

Since IBFAN – Africa has one full time administrator, the rest of the staff does very little administrative work. The main tasks of the administrator is finance, accounts, assisting in the logistics of the workshops, help out in writing project proposals and preparing financial reports for the donors. The office has a well-functioning administration. The accounts are computerised and basic information is easily available. Reporting takes a large part of the administrators time. Some donors are not satisfied with the standard financial reports, but require their own format, often much more detailed. They may also want them on a quarterly basis rather than on a bi-annual or annual basis. There is not always a match between the size of a grant and the reporting requirements. A small grant may require a lot of work in terms of reporting.

Financially, IBFAN – Africa is fully dependent on donor funds. Since 1995, Dutch organisations have been important financiers of IBFAN - Africa. In, for example 1997, ICCO, SOH and DGIS accounted for 83% of total funds. In 1998, DGIS and ICCO contributed 77% of total funds. Since figures are expressed in current prices it is difficult to say whether funding has increased or not over the years. Nevertheless, in nominal terms, there has been a dramatic increase from around 225,000 Elangeni in 1993 to some *2,5* million in 1998. On the expenditure, side one could note that: First, administration costs have fallen, while operational expenditures have taken a larger proportional share. Second, within administration, salaries have grown and took 2/3's of total administration costs in 1998, compared to 47% in 1993.

7.1.3 International Code Documentation Center (ICDC)

ICDC has a team of five staff members, all female and working on a full-time basis. There is a General Director, an Administrative and Finance Director, a Legal Advisor, a Project Officer and a Secretary. Consultants do specific tasks, such as translation of publications, and for each training

course, specialists are invited to teach. The activities on monitoring of the Code have been contracted out, although the work is done in close contact with ICDC's legal advisor and director.

The staff is well trained and experienced. The Director has been one of the founding members of IBFAN. The Administration and Finance Director has training in administration and management and 13 years of experience. The Legal Advisor has 11 years of litigation experience in a law firm and was a partner for 6 years. The Project Officer has been working with Consumers International for over ten years and the Secretary has also been trained and experienced in her profession. The new members of staff, Legal Advisor and Project Officer, are being trained on the job and send abroad for experience.

Salaries in ICDC, as in all NGO's in Malaysia, are low. Whereas administrative salaries are more or less comparable with government salaries, for the higher levels the salaries are some *50%* of government pay levels. In comparison with the private sector, the differences are even much higher. This explains the difficulty to find qualified staff in Malaysia. ICDC considers itself very lucky to have found the people they have now, and motivated to do the job.

The director works for ICDC as a consultant. In the budget, her remuneration is included under the activity items and payment is done on a declaration basis. In 1996/97 a fixed amount per year has been decided informally, which is currently being formalised in a letter of agreement.

Staff turnover is low. The legal advisor is new since Jan. 1999, replacing the person who did the job since the start; the project officer is a new position since September 1998. Other staff has been working for ICDC almost since the beginning. Two staff members work only with administration – the Administration and Finance Director and the Secretary. The organisation is satisfied with the balance between administration and operational duties. Reporting is not burdensome since ICDC has only one major donor. ICDC is in the comfortable position of not having to spend scarce resources on satisfying multiple reporting requirements.

ICDC/IBFAN functions under a twin structure. ICDC is registered as a foundation in the Netherlands, while its host, IBFAN Penang, has its own legal structure under Malaysian law and its own Board of Directors. ICDC, as a foundation under Dutch law, has a Board consisting of ICDC's Director and two Dutch nationals. The Board does not take any decisions regarding the policy and programme of the organisation. This is decided by IBCoCo, since ICDC is part of the IBFAN network. Neither does the Board formally approve of financial statements and budgets. The main function of the Board is to monitor all financial transaction and towards the end of the year co-ordinate a full financial overview, together with the Administration and Finance Director of IBFAN/ICDC.

The Netherlands is the dominant donor. ICDC also receives some project funds from UNICEF. Other income sources are registration fees for courses and donations from different sources for publication, as well as sales of publications. ICDC is satisfied with the current composition of the donor portfolio. It is practical since it minimises the time spent on chasing funds. It also allows for some long-term planning. ICDC does not seem overly concerned about the risks implied by relying only on one donor. ICDC has deliberately stayed away from approaching Sida in order not to compete with IBFAN GIFA for scarce Sida resources.

The budget and financial statements are very straightforward and simple, they primarily specify the main activities. The budget for salaries is included in these posts, which makes it difficult to determine the balance between administration and operation. The director and financial director estimate that about one-third of the budget is spent on staff and offices.

ICDC funds are kept in a bank account in the Netherlands. Funds for operational expenses are transferred to Penang when needed, with the understanding that there is at maximum a three-month reserve in the IBFAN account in Penang. Funds for training courses elsewhere in the world are directly transferred from the Dutch account to the respective IBFAN regional office. This mode of operation has been chosen in order to minimise the risk for losing money due to currency fluctuations.

The possibility of requesting payments for services provided, such as legal services to governments or participation in training courses, has never been seriously considered. The clients rarely have, for various reasons, money available for such services. NGOs definitely have no money for such expenditures and governments are notoriously bad payers. Thus, in theory, it would be possible to.charge for more long-term services, but in practice, the money would need to come from a donor. The only own income generated is from the sale of publications.

7.1.4 Decision-making in the IBFAN network

The structure of the IBFAN network has been presented in Chapter 2. It is a network that combines some formal features, with the characteristics of the genuine network. There are formal rules as to how decision-making should take place. There are also some rules for participation in the network. Apart from that, the network consists of organisations with their own formal structures. Thus, decision-making takes place within a semi-formal network structure. It cannot be described as a hierarchical decision-making structure, on the other hand it is not a fully flat structure either.

The best way to describe how, where and what kind of decisions is taken in the network is by looking at the three geographical levels of the IBFAN network: the global, the regional and the national.

At the global level, there is the IBCoCo, which can be described as the board of the IBFAN network. It has 18 members and meets every two years to set policy guidelines and generally act to strengthen co-ordination in the network. The Regional Offices are represented in IBCoCo, as are the IBFAN Africa Advisory Committee (IAAC) and other representatives of regional IBFAN structures. The Quick Consultative Committee (QCC) has four members plus the Convenor of IBCOCO. They are elected for two years during each IBCoCo meeting. Consultations within the QCC are usually made by phone or fax.

At the regional level, decisions are taken at regional meetings. National groups from the region then convene to take decisions regarding policy and practice relevant for the region. In the case of IBFAN – Africa such meetings are held every third year (provided that there are funds available). IBFAN – Africa is also supported by IAAC, which can be consulted whenever the director of the regional office thinks it is necessary.

At the national level, finally, there is quite a lot of independence. National groups decide on their own actions, although within the framework of IBFAN's policy. National groups are also independent in terms of financing.

The decision-making structure as it appears here is de-centralised in the sense that each level is quite independent. The regional offices and the national groups have more or less full control over what they want to do. It is up to them to decide whether they want to use the services of the network. They are, however, bound by the seven guiding principles of IBFAN and by policy guidelines agreed upon at the IBCoCo meetings. At the same time the structure allows for a

representative democracy. National groups are represented at regional meetings. A regional office representative represents the region in IBCoCo.

7.2 WABA

Our analysis of the capacity of WABA will be limited to the secretariat, the steering committee and the task forces within the alliance itself. We shall also briefly discuss the role of the endorsers.

The number of people in the secretariat has increased slowly and steadily and staff turnover has been low. The secretariat started with a volunteer co-ordinator and a secretary in 1991 and was joined by a person to co-ordinate the World Breastfeeding Week (WBW) in 1992 and complemented by several volunteers. Since 1995 the permanent staff has increased and currently the work force consists of two co-directors, an information officer, a project assistant and a secretary. The chairman of the steering committee has the task of overseeing the office. During the last years, volunteers have joined for longer (one year) and shorter periods. These have always been given a specific task. One worked on activity sheets and contributed to the preparation towards WABA participation in ICPD. Another, a midwife, worked on Health Care Practices, and a third worked on audiovisuals. The participation of volunteers is seen as a mutual exchange. In addition the secretariat pays consultants for specific tasks. During the years three staff has worked in the secretariat for shorter (5 weeks to one year) periods.

The current staff has a relevant educational background and experience. They are highly qualified and motivated for their work. The workload is felt, however, to be very demanding. This year steering committee endorsed plans put forward by the secretariat to increase the work force by two additional people; one project officer and one administrator to complement the secretary. It is said that it would be an advantage if the project officer has a health background with relevant added competence, as nobody in the secretariat has any health background (this is found in the task forces and steering committee).

In terms of policy, adequate attention is given to staff development. The support from the various agencies does also provide opportunities for staff development. In practice, however, it has been more difficult than perhaps anticipated to realise all staff development opportunities. One of the co-ordinating directors is as of this year given the opportunity to use 2/5 of the time on a MA in anthropological sociology. The pressure on the daily work has however not provided the proper opportunity to actually be able to do this. The secretary has participated in two courses, one in accounting another in general administration. A staff orientation kit is developed that is used as introduction to new staff. There are regular staff meetings where time is set aside to share experiences and recent work events.

The co-directors do feel that too much of their time has to be spent on administrative tasks. They have therefore suggested that an administrator be employed. Accounting is left to an accounting firm, but needs follow-up.

The secretariat has recently done an analysis of the financial position by funding agencies, year and project. This gives a good overview of the situation. The main funding agency throughout the years has been UNICEF (58%) with Sida following with 10.4%. The Dutch have contributed with 7.4%. However, Netherlands has become the largest donor and the support from UNICEF has decreased considerably. In the 1996–98 UNICEF budget for breastfeeding activities, US$ 130.000 per year was reserved explicitly for WABA activities. From the utilisation reports it can be learned that in 1997–98 $ 76 500 has been spent, in 1998–99 $ 10.000.

As a matter of fact, the UNICEF funds originate from the same donor, the Netherlands. UNICEF can strategically apply these to support activities around the world. From analysing UNICEF's budget it was learned that only a fraction of the reservations for WABA activities had been actually provided to WABA. We were informed that this was done deliberately as UNICEF was disappointed in WABA's performance as an alliance and was expecting WABA to improve the involvement of it's 'constituency'. This procedure gives UNICEF a special position in the breastfeeding network, because it can decide on how to channel part of the bilateral funds at its own discretion, instead of the bilaterals deciding according to their own priorities. The secretariat has adopted a strategy of making sure that there is enough funding for one year in case the donor agencies for one reason or another decide not to support the organisation. The financial overview shows that there are currently more funds carried forward than an annual budget (expenditure). This should provide for the needed security.

The fact that it is increasingly difficult to get funding for operational costs, the secretariat has been working on reorganising the budget (and accounting) so that administrative costs related to specific projects are connected to these projects. The financial overview for the entire period shows that approximately 16% of the expenses are related to the secretariat.

WABA has regularly made financial reports to individual donors on a yearly basis, or as required. Since 1997, with a diversity of donors, WABA has started to make consolidated reports. Prior to 1993, accounts were maintained by the secretariat and externally audited. Audited accounts and financial reports are not formally required or approved by the Steering Committee, but this practice will change following agreements with donors. Budget proposals for a three-year period are discussed by the Steering Committee and work planned on that basis.

7.2.1 Decision-making procedures in the WABA network

There has been a continuous discussion about the organisational set-up of WABA during the years of its existence. One reason has been the confusion as to what WABA is and how people can participate in it. Organisation endorsers have asked what is the added value being an endorser of WABA. The issue was heavily debated in the Global Forum in 1996 and since then the Steering Group has been working on the issue. Although the Steering Committee feels that it has come to some temporary conclusion on the issue, it is said that it may be changed again for instance during the next Global Forum.

WABA is still discussing the organisational set-up and there is still some issues left to be solved. It is important to note that the WABA Assembly is made up of elements in the structure where the people are all nominated by the Steering Committee. The exception is the SC itself that is now for the first time elected by endorsers. Although the system for Steering Committee member election in principle is open for all endorsers, it is a fact that "insiders" suggested nominees. No organisation endorser was among those who suggested candidates. Analysing the composition of the SC through the years does also suggest that WABA has a problem in opening the organisation for broader participation. It is also very dependent on IBFAN groups, as nearly all the regional focal points are the regional IBFAN groups. The Steering Committee is aware of the fact and it has been discussed ways of communicating to the constituency (endorsers) so that more actual involvement and participation on decisions may happen.

7.3 UNICEF

It is, of course, not the purpose of this section to discuss the capacity of UNICEF in its entirety. This would be outside the scope of this evaluation. Our analysis is limited to the human resource capacity of the Nutrition section. This forms part of UNICEF Programme Division where there are several other sections: Health, Gender and Programme Participation and Policy, Education, Child Protection.

One-third of the staff working in the Nutrition section is involved in breastfeeding and infant feeding. The breast feeding and infant feeding group is composed of six people with different backgrounds and experiences that complement each other. There is a strong continuity in the staff, as most of them have over five years of work experience from UNICEF. It is a group of experienced people with a relevant educational background and working experience from different angles of the breastfeeding problem complex. The professional staffs, with exception of the Legal Officer (LO) were previously involved in breastfeeding movement in either local or regional groups. They have a strong background in the NGO community working on the same issues. This greatly facilitates UNICEF's contacts with different groups in the breastfeeding network.

During the last years, much time has been dedicated to issues related to HIV/Aids and breast- and infant feeding. It is therefore a highly felt need to add staff that may dedicate its entire time to following up this area closely and let the others concentrate on other also important issues.

The contract of the legal officer is financed by Sida and expires by the end of this year. A proposal for continuation of his services has been sent to Sida, which will not be able to respond in time, because it awaits the outcome of the present evaluation. To prevent that this delay may lead to the departure of the Legal Officer, the newly started Dutch funded phase of support to UNICEF's breastfeeding programme includes the salary of the Legal Officer. The use of the Dutch funds will be renegotiated, should Sida soon decide to continue it's funding.

A significant proportion of UNICEF's work on breastfeeding is related to the BFHI and Code Implementation. From the beginning the Initiative was under the auspices of Public relations and enjoyed attention (including funds) directly from the Executive Director. This programme area was later transferred to Programme division and the nutrition section.

The programme is since 1995 funded by general UNICEF funds and by supplementary funds provided by Sida and DGIS. Sida has supported programme activities within UNICEF aiming at protecting, promoting and supporting breastfeeding for two project periods 1995–1996 and 1997–1999. This Sida support to the achievement of Innocenti Legislative goals assisted the BFHI team at HQ in obtaining supplementary funding from the Netherlands for other complementary goals in the last project period. The programme is dependent on supplementary funding for a major part of the running cost for programme activities of which more or less ¾ are covered by supplementary funding. However, staff salaries are, with exception of the LO and one administrative support staff, covered from general funds. Only one is a fixed term consultant for three years. The others are on one-year renewable contracts. The negotiations with funding agencies, forwarding of project proposals, narrative and financial reports to these are done formally through the Programme Funding Office. However, informal communication is done directly to programme officers at different occasions.

7.4 The Section for International Maternal and Child Health (IMCH)

IMCH is different from the other organisations reviewed here. It is an academic institution working with research and teaching. It is a small institution with few permanent staff. The purpose is to teach and to conduct research. As in the case of many university institutions, most of its research depends on external funding. Sida has been a major client of IMCH services since the mid-1980's. IMCH has been hired as a technical resource for Sida's nutrition programmes in Tanzania and Zimbabwe, in addition to the support to the breastfeeding networks. Although Sida's role today is less important, the relationship between Sida and IMCH nevertheless illustrates a major problem for many university departments. Lack of funds forces many of them to take on various consultancy assignments to maintain their staff. It is not always easy for the staff to combine the need for consultancies with the need for undertaking research. There is a risk for the quality of research to suffer in the process. The ideal situation is of course if the consultancy assignments have a strong research orientation.

IMCH has been included in the terms of reference for this evaluation because it has had, in addition to its role as advisor to Sida, a role as a technical resource to the breastfeeding networks of IBFAN and WABA. According to the TOR, the evaluation shall assess the role and relevance of IMCH as a resource base in relation to networks and in relation to Sida.

Let us start by looking at the Terms of reference for the IMCH Sida contract of 1998 (see Text Box). We use this as an example of the typical current arrangement between Sida and the IMCH.

Terms of reference

- IMCH shall on Sida's behalf follow the development within the area and maintain contacts with the international actors within the breastfeeding area: WABA, UNICEF, IBFAN, WHO, ILCA. (1 week)
- IMCH shall assist Sida with continuos advice. (1 week)
- LMCH shall contribute with Swedish experiences during the World Breastfeeding Week in some low-income countries, and at ILCA's conference (2 weeks)
- IMCH shall participate in a breastfeeding meeting in South Africa, where a policy for breastfeeding and HIV shall be developed (1 week)
- IMCH shall investigate into the possibilities of arranging a meeting at government level to discuss parental leave, women s work and breastfeeding (1 week)
- IMCH shall develop a proposal for how Ministries of health and NGO's can contribute to a revised convention, where maximum attention is given to the breastfeeding aspect (2 weeks)
- IMCH shall develop, together with WABA, a home page, as part of the revision of the convention (1 week)
- IMCH shall participate in WABA's "International Workshop on Breastfeeding, Women and Work" in the Philippines (2 weeks)
- IMCH shall prepare an evaluation of IBFAN and WABA towards the end of 1998, as well as examining some of the projects which have received "seed" grants from Sida in the area "Working women and breastfeeding" (2 weeks)

This TOR forms the formal basis for IMCH's support, within the Sida programme, to the networks in 1998. Three staff members were involved on the part of IMCH. A total of 13 weeks were allocated to the assignment.

How well did IMCH function as a resource base to the various breastfeeding networks and their organisations?

During our discussions with the involved organisations – IBFAN – GIFA, IBFAN – Africa, WABA and UNICEF they all recognised the technical competence of IMCH in the area of

nutrition and infant feeding. Although not a big institution, it is internationally known for its work on breastfeeding issues.

When examining the different tasks outlined in the TOR it appears that two task's can be described as "direct" assistance to an organisation:- developing the WABA homepage, assisting Sida with continuos advice, and follow developments on the breastfeeding arena on Sida's behalf. The other tasks can be described as inputs into the ongoing debate on general breastfeeding arena – participation in conferences, developing proposals, making studies etc. However, they are not directed towards any specific needs of either IBFAN or WABA.

It has not been the custom, as far as we have been able to ascertain, to develop the TOR in a dialogue with the co-ordinating units of the networks. Neither IBFAN – GIFA, nor IBFAN – Africa, were aware of any details about IMCH's role in supporting breastfeeding. WABA, of course, knew about the item in the TOR that concerned itself.

The direct assistance to WABA was regarded as useful and WABA in general placed a high value on the links it had with the IMCH. Both IBFAN – Africa and IBFAN – GIFA mentioned one example of a useful input. That was a paper prepared by Ted Greiner on maternity leave, presented to the discussion about the revised ILO Convention. Apart from this example, IBFAN generally saw IMCH as Sida's consultants, with little use for themselves.

There was also some confusion about the role of IMCH. UNICEF, for example, commented that "sometimes they represent Sida, other times WABA and again at other times their own institution".

This comment indicates that the individual staff members of IMCH also have their own links with various network organisations in their capacities as researchers and/or concerned individuals/activists. So for example is Ted Greiner of IMCH currently also the research coordinator of WABA. The position is voluntary and Greiner receives no economic compensation for his work. It has nothing to do with the IMCH contractual arrangement with Sida. It is an example of how IMCH staff members are actively involved as activists in the "breastfeeding movement". There is nothing wrong with this, we all wear different hats from time to time. The point we would like to make, is that the roles and functions of IMCH staff members on the "breastfeeding arena" are blurred. It appears that it is not always clear to other actors, which hat is on at the moment.

7.5 Conclusions

The organisations examined here – IBFAN GIFA, IBFAN Africa, ICDC, WABA and UNICEF – are all staffed by dedicated and professional people. There is a pre-dominance of women among them. Furthermore, the staff has been involved in the organisations, as well as in the general breastfeeding arena, for a long time. The current staff of the organisations have been around for a long time and may gradually disappear in the coming years. With perhaps the exception of WABA, it seems to be difficult to recruit new, young people into the core of the networks. This is partly a salary issue. The organizations find it difficult to pay salaries that match the standards of the country in which they operate. The salary situation then becomes a serious threat to the future professional standards of the organisations, as it may become very difficult to recruit new people. One should note that all organizations rely a lot on voluntary work to perform their tasks. This certainly adds to their capacity.

Money is always a problem. Few of the network organisations are financially strong and they depend fully on donor funding. It is difficult to be more precise about their financial positions

since the accounts are not very transparent and sometimes difficult to interpret. It is noteworthy that limited resources are generated from within the networks.

Project funding is the dominant mode of funding. Donor funds are mostly tied to specific activities. Core funding, i.e. funds given to the organisation for allocation between current and operational costs as it sees fit, is not very common. Still, we believe that it would be a better option for the organisations reviewed here, mainly because it would give them a better management situation and possibilities for longer-term planning.

In its grant from bilateral donors, UNICEF has been given seed money for supporting activities to be carried out by other actors on the breastfeeding arena. This makes UNICEF both a recipient, as well as a donor in its own right. In its present position, UNICEF has been able to make contacts with multilateral organisations and NGO's alike, and appears to be an active and highly valued "spider in the web".

IBFAN and WABA are networks with formalised decision-making structures. In IBFAN there are clear rules for representation at regional and global levels. Formally, these procedures guarantee, in our opinion, democratic participation. In practice, we observed some limitations. Participation can be dependent on financing. For example, IBFAN – Africa's ability to hold regional meetings with a broad participation depends on availability of funds to pay for the arrangements.

There is no doubt about the technical competence of the IMCH. A much more critical issue is that the actors in the breastfeeding networks are somewhat unclear about the role of IMCH. UNICEF, for example, is not quite sure whose interests IMCH represent. IBFAN – GIFA and IBFAN – Africa, on the other hand, associates IMCH with Sida and Sida's interests. We would like to point out that there is a potential source of conflict here. If IMCH is seen as Sida's consultant, it can make it difficult for IMCH to act as an independent advisor to the network organisations.

Chapter 8 The Networks

Many of the organisations included in this evaluation operate as a network. What is a network? How is the breastfeeding-promotion network composed, and what roles and functions are performed by different actors in the network? How do they co-operate and complement each other? What is the value of the network? What is the relevance of donor assistance? Those are the central questions addressed in this chapter.

8.1 The nature of the network

Why was the IBFAN network formed?

What all networks have in common are organisations and/or individuals, sharing a common set of goals, tied together in a connective structure by links such as lines of decision-making and/or communication links. Networking refers to informal communication and sharing of information among individuals or groups linked by a common interest. A basic characteristic of a network is the primary importance of social relationships and the way co-operation, communication and trust are formed and sustained within networks. This has also implications for how networks are organised. More concrete characteristics of a network are: coalition building, world-wide operations, action and advocacy, well-defined tasks, bringing grass-roots experience to decision makers and secure feedback to the grassroots.

A network may very well possess strong organisational features in terms of formalisation. An organisation necessarily involves network relations. There are often advantages in combining the features of the typical organisation with that of the typical network. Formalised structures may sometimes be effective in implementing strategies and policies, especially in stable environments. A genuine network may be more adaptable in a turbulent environment, where co-operation, communication and relationships that are more informal are needed for ensuring progress.

The people who established the IBFAN shared a single concern: bottle-feeding kills babies, therefore the companies who promote it should stop that promotion. They created IBFAN as a platform to act upon this concern. The founders were wary of a heavy organisation; they felt that the cause they were fighting required another approach. It was the time when new forms of people's power emerged, as a countervailing force to governments and industry.

To understand the concept and ideals of the IBFAN, we have to go back to some of the writings of those times. In an abstract sense networking was defined as "the shared sense of a joint purpose".[53] Networks "are usually oriented to very practical activities or services, such as providing information or organising action around a particular issue".[54] They want to "challenge oppressive structures and situations at different levels simultaneously", and "link up" through "concerted action". Such efforts and aims were felt to require another way of working together than the traditional organisation structure. The world-wide women's network, International Women's Tribune Centre, wrote in its Newsletter about networking in 1980, that the concept of the network "is of a less formal nature than an organisation or association. There is seldom a hierar-

[53] Pastizzi-Ferencic, D. Networking and mainstreaming, INSTRAW News 11, 1988

[54] Karl, M. Networking in the Global Women's Movement, Isis International no.6, 1986

chical structure, the organising functions rotate, there are no acknowledged leaders, and success is dependent upon the commitment of participating members to actively contribute and work towards agreed upon goals."[55]

This spirit also guided IBFAN. "The people who created the network wanted a new kind of organisation, says Annelies Allain in an article in Development Dialogue, one where each group and each person could do what they were good at and receive help and encouragement from others who shared the same principles."[56]

> *"The single-issue focus of IBFAN was a departure from more generic forms of organising for change. The flexible, non-hierarchical and international angle was another difference."*

When the way of working was discussed during IBFAN's first Congress in 1981, there were fierce debates, partly because IBFAN's structure was puzzling to many who came from more bureaucratic and hierarchical backgrounds, who "wanted something less jelly-like".[57] Eventually, it was agreed that the lack of a formalised structure was IBFAN's strength. The flexible system with people all around the world joining in, was expected to put a pressure on government officials and manufacturers who would never be sure if they were being watched or not.

So, the network became the basis. There were no fees or membership criteria but adherence to agreed principles which are all aimed at better child health. There was no constitution, head office or directorship, and there still is not. Over the years, the network model has been kept up, and those working with it have cherished it for being "fast, flexible and furious"[58]

8.2 The composition of the network

Not just IBFAN, but also all of the organisations for breastfeeding promotion together may be considered a network, or perhaps rather a family, the 'breastfeeding family'. In the following table we make an effort to categorise the different members at different levels, and we distinguish between 'those included in the assessment' and 'those not included':

[55] International Women's Tribune Centre, Women's Networks, Newsletter No. 13, 1980.

[56] Allain, A. IBFAN, On the Cutting Edge, 1991

[57] Ibid

[58] Chetley, 1991

Table 8.1. The 'breastfeeding family'

included in assessment	*not included in assessment*
Worldwide	
IBFAN	LLLI
ICDC	ILCA
WABA	Wellstart International
UNICEF	Linkages
	WHO
Regional	
IBFAN Africa	IBFAN Guatemala
IBFAN Europe	IBFAN Toronto
	IBFAN Asia/Pacific[59]
	IBFAN Afrique
National	
Representatives of some European groups	Other national groups
SINAN Swaziland	Mother support groups
AMODEFA Mozambique	
Bilateral donors	
SIDA	USAID
Netherlands DGIS	NORAD

The table shows that a large part of the family is beyond the scope of our assessment. We don't know much about this group, about the exact nature of their work, and about their specific contribution to the cause of breastfeeding. Neither do we know their appreciation of the organisations included in this assessment. This goes especially for the international NGOs such as LLLI, ILCA, for the WHO and for the large number of national groups. Regarding the latter, some information was gathered, and will be discussed below. About the first group, we know little, but we were told that most of the organisations have working relations and other links with the organisations in our assessment. Hence, our terminology of 'breastfeeding family'.

8.2.1 The world-wide networks

On the global level we find NGO's working for the promotion and protection of breastfeeding, as well as multilateral organisations. Of the latter, UNICEF is most active both from headquarters in New York as from the country offices in the field. Their activities cover many areas, from training (material) to information about research, to legal assistance for Code promotion and support to local groups to carry out their activities. By nature, UNICEF has relations with the official organisations in the UN and with national governments; by effort the breastfeeding team has many contacts with NGOs and groups.

The two major NGOs in our assessment operating world-wide are IBFAN and WABA (ICDC being part of IBFAN network). To understand some of the links, it is necessary to have a closer look at the structure and composition of both networks.

[59] IBFAN Asia/Pacific was not included in the TOR for this review. When describing the network structure of IBFAN it is nevertheless difficult to avoid discussing it because of its close link with the ICDC.

IBFAN-network

In the eighties, the IBFAN network grew rapidly. From six founding members in 1979, IBFAN grew to 140 groups in 1989. Now, there are over 150 groups in more than 90 countries held together in a network structure. IBFAN sees its own structure as a kind of web (See Chapter 2). The regional co-ordination centres are connected with sub-regions. In their turn the sub-regions have regional representatives. Their task it is to maintain and foster communication between IBFAN members in the region, to assist them in carrying out their activities, to help prepare project outlines and funding proposals for members and for the whole region, to plan regional actions and to see to their implementation.

As a people's network and countervailing force, IBFAN always had a strong profile. This was applauded by some, but resisted by others who were hesitant of putting the issue of the promotion, protection and support of breastfeeding in an explicit political context. When the Innocenti Declaration was adopted in 1990 it was felt that another organisation would be needed to promote the implementation of the targets of the Declaration, while at the same time providing a forum for all organisations active in the field of breastfeeding. Thus, the World Alliance of Breastfeeding Action WABA came into being.

WABA network

Again, the network structure was chosen as the organising principle. WABA is presented as an umbrella encompassing all those working at the international, regional, national, and community level to protect, promote and support breastfeeding. Participation to WABA is open to everyone who is committed to a breastfeeding culture; they can indicate their desire to participate by signing WABA's endorsement form and sending it to the secretariat. In principle, everyone can join the network, individuals and organisations alike.

In 1997 there was 303 endorsers and currently there are 274. A majority of them are organisations (59%), although individuals constituted the majority in 1997.

WABA operates through a system of regional focal points, which support WABA in networking, information sharing and social mobilisation activities at the regional level. These seven regional focal points almost completely overlap with the IBFAN regional or sub-regional centres. Only the North American WABA regional focal point and one of the two focal points for the Lusophone countries, are not at the same time IBFAN groups. This implies that WABA works intensively through the IBFAN network.

The eight task forces were reviewed by WABA itself in 1998. Three were found to be working very well: the Women and Work task force, the Code Compliance and the Mother Support Groups task forces. The latter two, however, operate as part of existing work of IBFAN/ICDC and LLLI, respectively. They "continue with or without WABA" and "the value added (of the task force) is not so clear".[60] Four task forces were qualified as working not so good, needing a lot of help, being the work of just one person, etc.

[60] Summary of WABA Task Force Evaluation/Review, 1998
One task force was not covered in the review, the one on the World Breastfeeding Week. It has now become part of the work of the Secretariat.

8.2.2 The regional co-ordination centres

The regional co-ordination centres are organisations in their own right, connected with each other in the large IBFAN family. They are responsible for the mobilisation of and assistance to national groups in their region, as providers of information and brokers for advice and communication.

Three regional centres were included in our assessment: IBFAN-Africa, IBFAN-Penang, and IBFAN-Europe.

IBFAN-Africa

IBFAN – Africa was established in 1981 has its headquarters in Mbabane in Swaziland from where it serves the English and Portuguese speaking countries of Africa. IBFAN – Africa consists of over 52 groups throughout the continent, with 30 of these in the Anglophone/Lusophone parts of Africa. These groups form the mainstay of IBFAN – Africa's strategy. There are over 3,500 individual members of IBFAN – Africa. Some 2,500 of them are reached directly by the Regional Office and the rest by country co-ordinating bodies. National co-ordinating committees or Baby Friendly Hospital Initiative committees are co-ordinating bodies which incorporate IBFAN NGO's at country level. At the grassroots level, communities are involved through health clinics, and community support groups for infant feeding and other related programmes.

In terms of strategies IBFAN – Africa is well endowed. There is a 5-year plan and a proposal for a long-term plan covering a 15 – year period. The objectives of IBFAN – Africa were outlined in Chapter 2 and they will continue to remain important. There will, however, be a stronger focus on new issues such as the Codex Alimentarius. Another strategic issue is the language division in Africa. There are considerable barriers between the French-, English- and Portuguese speaking countries, which need to be overcome. Cross-invitation to each others meetings and exchange of information are the means used by IBFAN – Africa. The location to Swaziland may seem a bit off the beaten track and it is an issue that will probably be discussed in coming regional meetings. From the point of view of international communication, Swaziland does not present a problem. It has, however, a limited environment in terms of the presence of organisations that any IBFAN organisation should interact with – embassies, international organisations, NGO's etc. Swaziland does not either have any organisation working with nutritional matters. This is a limitation since it would form a useful ally to IBFAN – Africa.

IBFAN – Africa interact a lot with IBFAN – GIFA, Baby Milk Action of the UK and ICDC. WABA is well-known by IBFAN Africa for its World Breawstfeeding Week. This is considered as an important event by many members of IBFAN Africa.

IBFAN Asia/Pacific

IBFAN Asia/Pacific is co-ordinator for four sub-regional centres: East Asia (South Korea), Southeast Asia (Philippines), South Asia (New Delhi) and Pacific (no elections since 9 years). The three active sub-regional centres have representatives to IBFAN; there are no formal offices.

The Asia IBFAN network has not been very active over the past years. Being a host to ICDC, most of the energy of the staff has gone to ICDC. ICDC may be considered a project of IBFAN Asia/Pacific, although formally ICDC has an independent status. ICDC director is at the same time co-ordinator for IBFAN Asia/Pacific. Ninety percent of the time of the office goes to Code work. It has been realized that networking suffered. In the end-of-project-report 1993-1995 it has been stated that there had been complaints about the lack of service to groups in

the region and of training of NGOs. It was suggested that "In the future, IBFAN may need to shift the service centre to another office, or if a qualified additional staff person can be found in Penang, he or she should be assigned exclusively to work with groups in Asia-Pacific".

The latter option was followed. In the latest project proposal we find an additional objective "to revitalise the Asia-Pacific IBFAN network". Measures to do so were taken in 1998 already by the appointment of a new staff person in September to improve co-operation among partners in the region. But as the ICDC director told us:

"She has been very helpful in assistance to the Code work" indicating that as yet not much had changed in favour of networking.

At the time of our visit, the staff member concerned was visiting the meeting of the IBFAN Europe network in Gothenburg to hear about experiences elsewhere that might be useful for her task in the Asia-Pacific region. Yet, it was also made clear to us that IBFAN/ICDC's priority remains with the Code work. Considering the hypothetical situation of having the opportunity to appoint three more staff members, the director's choice would be to assign two more persons to Code work and one for group mobilisation.

Networking with IBFAN centres world-wide is frequent, through the training courses which may be organized by the different colleagues, information exchange, and in the IBCoCo to which ICDC's director is representative.

IBFAN-Europe

IBFAN-GIFA was initially established as one of three central offices for IBFAN. Following the Congress of 1981 GIFA became the Regional Co-ordinating Centre for Europe.

Internationally IBFAN-GIFA plays a lead/key role in advocacy, networking, information sharing and negotiation/dialogue with Geneva based international organisations. Three of the GIFA staff are co-ordinators of IBCoCo working groups and the GIFA office is also a focal point for specific thematic issues. GIFA also has a recognised responsibility for supporting IBCoCo Convenor and the Quick Consultative Committee of IBCoCo.

At the last IBCoCo meeting in Guatemala in March 1998, IBFAN-GIFA received a special mention from the network, as noted in the minutes:

> *"The meeting wished to register its recognition and appreciation for the work being done by GIFA in supporting the Convenor, the Quick Consultative Committee and the network as a whole. It was agreed that GIFA should have formal responsibility within IBFAN for supporting the Convenor and the CSC (i.e. the Convenor's Support Committee, the new name for the Quick Consultative Committee), a responsibility which can be included in funding proposals".*

GIFA supports the expanding European network and the Regional Co-ordinator for Europe is based in the GIFA office. As of April 1999 the European IBFAN network was comprised of 45 members in 33 countries. During recent years, there has been a considerable expansion of GIFA activities in Eastern Europe, where a number of new national groups have been formed. All of them is needing advice on Code monitoring, training and the planning of activities in general.

From the perspective of the national groups, IBFAN – GIFA is important for giving credibility to their work and continuos information on what is going on. For many national groups IBFAN

– GIFA provide useful advice on how to approach international organisations for different matters such as funding. GIFA also provides summaries of scientific results – "Breastfeeding Briefs". This is information, which is not easily accessible for a national group.

8.2.3 National groups

All over the world national groups work to promote breastfeeding in their own countries. These may be groups specifically set up for this purpose, as well as groups that work on the breastfeeding issue in the context of wider health issues, women's issues, family or community matters. Some are part of the government structure, others are NGOs. They may focus on the more technical sides of breastfeeding or on the political aspects, they may work primarily with mothers or with health workers, or they may conduct lobby activities towards governments and industry.

Our knowledge about the national groups is limited. We met with representatives of groups at the IBFAN European Regional Meeting in Gothenburg in October 1999, and we visited groups in Swaziland and Mozambique. A rapid appraisal among country groups during the IBFAN African Regional meeting in September 1997, is our other source of information in this respect. It is unfortunate that we did not have an opportunity to visit any national groups in Asia.

The number of national groups in Europe has grown during the past couple of years, particularly because of Eastern Europe opening up. In Georgia, a group called Claritas was formed in 1996. The activities include hotline counselling of health workers, which was supported by UNICEF in 1997 and 1998, and training of health workers. Also with the help of UNICEF, a national Code was drafted and later adopted by Parliament in September 1999. In Georgia, there are five Baby Friendly Hospitals in operation.

The Albanian Group for the Protection and Promotion of Breastfeeding is part of the Women's Centre, an NGO in Albania. Activities have included the translation of the International Code, lobbying for a national code, organisation of World Breastfeeding Week, training on infant feeding and on Code monitoring, publication of leaflets on infant health and on mother's health for health workers. The group has received some funds from UNICEF, which also pays for a national breastfeeding co-ordinator. IBFAN has provided the group with information about how to form a national group, the International Code and breastfeeding matters in general. A national law has been drafted. During the Kosovo crisis, IBFAN gave useful information about infant feeding in emergency situations.

As part of the humanitarian response to the Kosovo emergency, vast quantities of infant formula were sent to the region. This formula was distributed indiscriminately and very liberally in both Albania and Macedonia.

In response to this situation the Albanian Group for the Protection and Promotion of Breast Feeding set up and managed Baby Friendly Areas in a number of refugee camps[61]. The group also played an essential role in terms of providing information and advice to staff of international humanitarian organisations and through their efforts general distribution of formula was discontinued in a number of camps. The groups also conducted a number of breastfeeding support training courses for health workers employed by a variety international organisations.

[61] Breastfeeding was promoted and supported, relactation was encouraged and supported; and, where formula was required, is was provided according to the rules and standards of the international Code, the group had generic labels printed in local language and cup and spoon method was supported.

In Macedonia, the IBFAN group was just getting established when the emergency occurred. Although not registered as an NGO at that time, never the less, as staff of the Maternal and Child Health Institute they played an important role in training and orientation of health workers employed by the various international agencies. They also played a role in advocacy and information sharing with staff from the various the international organisations

Compared to the above two groups, the national group on breastfeeding in Germany has been around for a long time. The Aktionsgruppe fur Baby Nahrung (AGB) was created in 1989. It has a staff of four paid employees, and receives support from some 170 organisations all over the country. Financially, it has its own income generating activities and grants from the Lutheran Church and the European Union. An important activity of the group is lobbying. As a shareholder of Nestle and Milupe, AGB is active in the shareholder meetings.

The national organisations visited in Africa are the Swaziland Infant Nutrition Action Network (SINAN) and the Associacao Mozambicana para o Desenvolvimento da Familia (AMODEFA) in Mozambique. The latter was already mentioned in Chapter 4, so we will limit ourselves here to the Swaziland group. SINAN has a long history, which started in 1983-84 when the Ministries of Agriculture and Health turned to the problem of increasing infant deaths. It was found that breastfeeding rates had fallen to very low levels and that there was chronic malnutrition. To promote breastfeeding, a group was formed within the Ministry of Agriculture. This set-up lasted until 1990, when SINAN started as an NGO and took over the promotion of breastfeeding in the country. UNICEF has been its main funder for salaries and activities, but since a few years, the government has taken over the costs of some salaries and is providing office accommodation. Activities of SINAN include: participation in World Breastfeeding Week and in the BFHI, training of health workers and mother-support groups, training courses for breastfeeding counsellors, production of information material, and seminars for parliamentarians, unions and medical doctors. SINAN has regular contacts with IBFAN-Africa, but also with other members of the breastfeeding family, such as LLLI, WABA, WEMOS, the Australian IBFAN related group NMAA.

The Rapid Needs Assessment conducted during the IBFAN Africa Regional Meeting in 1997 gives insight in the priorities, desires, strengths and weaknesses of country groups in the continent. Out of the 18 groups attending the meeting fifteen filled the needs assessment forms. The answers show that the country priorities for the next three years are: to continue with the implementation of the BFHI, to work on community support for breastfeeding, to promote Code development and implementation in the country, and to monitor the achievements regarding the Innocenti goals and Child Rights Convention. Lower priority was given to world-wide initiatives such as the Mother Friendly Workplace Initiative, the Code monitoring, and the GLOPAR.

The country groups also indicated their own strengths and weaknesses. The biggest strength lies in training, 13 of 15 countries mentioned this. Next comes BFHI assessment, a strong point mentioned by six groups. All other aspects mentioned in the form, such as Code development and monitoring, policy development, counselling, etc. score in no more than two or three countries. Of the ten strong points mentioned in the forms, the highest score the country groups give themselves is four (Tanzania and Zimbabwe), the others mention only one, two or three strong points. Explicitly mentioned weak points are: policy and code development skills, strategic planning, monitoring and evaluation, counselling.

8.3 The value of the network

This section reports the impressions we got from national groups concerning the value of the regional and the world-wide organisations for their own work. We also describe the value of the world-wide organisations for the regional groups and, finally, we discuss the co-operation and complementarity of world-wide organisations, being the value of these organisations for each other.

Value of the network for national groups

Representatives of six national groups in Europe all view the IBFAN network as extremely valuable, and felt that the regional co-ordinating office was generally very effective.

The representatives of groups in Georgia and Albania, both established in 1996, told how IBFAN-GIFA had been instrumental in the formation of their national organisation. In the case of Georgia, IBFAN had invited people to a training workshop on breastfeeding and one on Code issues and provided information on how a national group could be organised and on how to approach authorities, etc.

For AGB the IBFAN network is important because of the information it spreads about the operations of the baby food industry world-wide and about results of scientific research on breastfeeding. In its turn, AGB provides specific information to the IBFAN network about developments in the breastfeeding field in Germany.

The main areas of IBFAN support, which the European national group members appreciated, were:

- training in capacity building,
- code implementation and monitoring,
- technical/scientific information, a few groups stated how there was not much info available locally,
- policy guidance,
- regular general information sharing/communication,
- rapid response advice on specific issues on request, a number of groups mentioned specifically advice on how to deal with negotiations with government about industry pressure,
- moral support.

Concerning WABA, all of the representatives interviewed appreciate and use the WABA World Breast Feeding Week information and feel that this aspect of WABA work is extremely valuable.

The support of UNICEF to national groups encompassed assistance in drafting of national legislation, training in code implementation (with IBFAN) and support to BFHIs, including training of health staff representatives interviewed. All this is highly appreciated.

The two national groups visited in Africa viewed the IBFAN network as extremely valuable. They felt that the regional co-ordinating office was generally effective in terms of dissemination of general information, and in responding to specific requests for information/advice. Both interviewees also felt that the Regional office had been a useful conduit for contact with other IBFAN groups, both world-wide and in the region. Regarding the latter, the interviewees said that the network facilitated communication with other national groups at various training

course/meetings, but also felt that it would be useful to have the possibility of country to country visits.

The 1997 Rapid Needs Assessment gave the following indication of what country offices want most from the Regional Office. In the first place, technical information and training on lactation management, either in-country or regional. Next, most countries request support for training on Code development and Code monitoring. In the comments on improvement of involvement of countries and improvement of collaboration, most striking is the repeated request for improvements regarding the Lusophone countries, more training materials, more direct contacts through visits, and more collaboration.

The African national group representatives appreciate and use the WABA World Breast Feeding Week information and feel that this aspect of WABA work is extremely valuable. Some Swaziland IBFAN national members attended the WABA Global Forum in 1996, and WABA has funded a few Mother Friendly Work Place Initiatives in Africa.

The value of UNICEF could only be discussed with the group in Swaziland, which said to work hand in hand with UNICEF, especially in BFHI activity and advocacy at national level. This co-operation is much appreciated.

The value of the network for regional centres

For IBFAN-Africa the main organisations for communication and exchange are IBFAN-GIFA and Baby Milk Action UK. Both groups are excellent in terms of response and support when required. Communication with WABA is on World Breastfeeding Week issues, but remains limited otherwise. IBFAN-Africa spoke very appreciative of the fact that WABA has not tried to duplicate things by establishing a separate network, but is instead using the existing network.

IBFAN-Africa is aware of the informal role played by IMCH in terms of advocacy with Sida for funding of IBFAN activities, but IBFAN-Africa has no contacts with IMCH itself. In case there is advisory capacity available for other members of the breastfeeding family, IBFAN-Africa "would appreciate more formal collaboration with IMCH, with the possibility of IMCH linking to national groups to undertake research." IBFAN-Africa appreciates the work IMCH did on maternity legislation in the lead up to ILO conference last year.

IBFAN Africa made it clear that they felt partners with UNICEF. According to the UNICEF South Africa staff we met, the feeling was mutual. (One senior staff member had been working with UNICEF Africa in various countries over the last 10 years and had lots of positive experience with IBFAN). In Africa, many of the trainers in BF lactation/BFHI are members of IBFAN, and may be contracted as consultants by UNICEF to undertake specific aspects of work on UNICEF behalf, in their own country and/or in other countries.

The regional co-ordinator and the representative of IBFAN Swaziland national group pointed out that in Africa many breast-feeding initiatives were financially dependent on UNICEF, recognising however that UNICEF in its turn is dependent on IBFAN to conduct a range of activities. "We have skills and expertise but we do not have resources, IBFAN and UNICEF complement each other". Complementarity was also mentioned in the sense that UNICEF can reach governments, while IBFAN works with the grassroots. However the potential of UNICEF control was also recognised. But: "It's okay as long as we are going in the same way, which we are."

Generally relations with ICDC are good. There appears to be excellent collaboration and co-operation in code training, monitoring and in issues related to legislation, but given the outcome of the rapid needs assessment 1997 much work remains to be done.

The value of the network world wide

The value of the world-wide network is to a large extent dependent upon the abilities to communicate, co-operate and complement each other. Generally speaking, the part of the breastfeeding family included in our assessment is very good in all these aspects. There is intensive communication and commendable co-operation in campaigns, advocacy, training and material development. The organisations appreciate each others work: UNICEF is praised for its knowledge and support, ICDC for its professionalism in promoting Code implementation, IBFAN for being a good ally and an efficient helper, WABA for the excellent World Breastfeeding Week initiative.

As the different organisations all have their strong points most of the work they do complements the other's. UNICEF is strong in building bridges between the UN family and the NGOs, and in using its power and credibility to influence national governments in applying the Code and developing policy on breastfeeding. IBFAN brings together groups all over the world and translates their concern about attacks on breastfeeding in effective advocacy and lobby. WABA's strong points are the campaigns and the communication materials, both in electronic and paper form. ICDC is the family's specialist in Code work, the centrepiece of the breastfeeding action.

In addition to these widespread positive opinions about each other's work, there were two recurrent discords: the position of WHO and the role and structure of WABA.

On the position of WHO we will be brief, as it is not really part of our assessment. It became very clear in our discussions with the other organisations that, although the Code and subsequent resolutions are the outcome of WHO deliberations, UNICEF is considered as the breastfeeding organisation of the UN. WHO has lost credibility in this regard, because it is not very strict in the protection and promotion of breastfeeding and not always seen to have taken a firm stand against industry, accepting sponsorship from the industry. Yet, several respondents work together with the technical staff of the Child and Adolescent Health Department, which they appreciate; less cordial are ties with the Nutrition department. The appreciation of the former is mutual, as can be told from its comment during our interview: "… if IBFAN was not there, the Code would fade away".

Regarding WABA, the feelings of various respondents are quite strong. There is disappointment, because it is felt that WABA has not been able to realise the intention with which it was established: to act as a world-wide forum bringing together all organisations active in the field of breastfeeding. Not present, for example, are professional organisations, like paediatric associations. Other organisations may be members on paper, but statements of WABA are not published in their publications, because they don't feel part of WABA. Disappointing for others is that the good relations and enthusiasm that existed at the time of the establishment of WABA have deteriorated over the years.

The major issues of the debate about WABA's role structure can be summarised in two words: representation and identity. To be more specific:

1) who is WABA? Regional points are mostly IBFAN groups and the added value of most of the task forces appears to be limited, so in terms of numbers and network WABA has a low profile;

2) on whose behalf does WABA speak? It was said that organisations do not feel adequately represented by WABA and will not really join under its umbrella unless the system of representation and consultation is improved;
3) what is WABA's specific niche? Our respondents felt that World Breastfeeding Week was an excellent initiative, as was the Web site. They were, however, more hesitant about some other activities. Some had also expected WABA to be the platform to give the breastfeeding network the status of accreditation to the UN ECOSOC. WABA apparently has similar problems of having a representation in the UN system as IBFAN, since none of them are membership organisation, but networks.

8.4 The relevance of donor assistance for the network

Donor assistance is invaluable for all the organisations assessed. None have any income of their own, except for some small sums from selling publications or from training fees. Also the UNICEF breastfeeding team can only exist thanks to funds from bilateral donors.

Apart from being providers of money, the two bilateral donors involved are also considered to be part of the network in another way. "They are allies in international fora", said the UNICEF team. Support of bilateral donors for the breastfeeding cause gives the team the opportunity to take a more outspoken and independent position in UNICEF, and to resist the pressure coming from the industry. Bilateral financial support for special programmes translates into support for the programme by the UNICEF Board.

The same goes for ICDC, which in addition to the financial aspects highly values the relationship with DGIS for its immaterial aspects. This includes technical advice, e.g. by providing articles about new research, and support in international fora.

WABA considers the relationship with its major donors, Sida and DGIS, fruitful. Sida has continuously raised the issue of gender relations in WABA's activities and this is seen as an important input, because, as other groups, WABA had been more concerned with breastfeeding as a women's issue than as a gender matter.

8.5 Conclusions

The network is the basic organising principle of many of the organisations assessed. It is also the characteristic feature bringing the organisations involved in breastfeeding promotion and protection together. In practice, it works very well, there is co-operation, communication and complementarity between the groups involved, and the desired bushfires seem to be continuing still.

The breastfeeding family consists of independent organisations, each with their own, more or less formal, structures. Some have introduced more formal features, to access donor money, but also formal rules prevail on decision making and participation. For some (potential) breastfeeding family members, some structures may still be too fluid and elusive to join.

As WABA is expected to be a home for all of the breastfeeding family, it faces this problem of elusiveness most strongly. Formal organisations with strong accountability lines to their constituency will have difficulties with the loose system of consultation and representation in WABA. Perhaps WABA has copied the IBFAN model too readily, many of the WABA founders being IBFAN veterans. It should be recognised that WABA has to combine objectives of a different nature, as laid down in the Innocenti targets. Two of these have a strong political connotation,

while the other two are more neutral. This combination of objectives brings together different sorts of organisations and may be part of the difficulty in structure and operation. If WABA wants to be the umbrella it was supposed to be it needs to reconsider its way of working, and perhaps even its scope, consulting present and potential members of the new network.

The IBFAN network has gone through an interesting development of its network structure. Originally it was established as a "pure" network reflecting the thinking of the 80's. Over the years it has gradually introduced various formal structures for maintaining and structuring communication flows among the members of the network. This process has not been, as far as we have been able to understand the result of a deliberate strategy. Rather it is the result of a continuos adaptation to the requirements of a changing reality. This shows a capacity for change which, in our view, makes IBFAN a strong force in a more long-term perspective.

A particular strength of the present IBFAN network is also that they managed to introduce this formalisation, without restricting the freedom of the national groups.

Of the regional centres, IBFAN-Penang is the weakest, primarily due to a shift of priority to Code work in the organisation. The need for revitalisation is recognised and measures have been put in place by appointing a new staff member for this purpose. Apparently, a more active role of IBFAN-Penang in group mobilisation and support would be highly appreciated by other actors in the network.

The strength and level of activity of the national groups vary considerably. Support by IBFAN, ICDC and UNICEF is highly appreciated, as is the WBW material of WABA. The national groups in Africa are most in need of technical training, Code development and monitoring, research, country to country visits to learn from each other and support to the Lusophone countries.

In the national groups in Africa and in the regional co-ordination centre there seems to be no confusion about IBFAN/WABA groups. The impression from the interviews is that the groups consider themselves part of the IBFAN network and are grateful for the WBW material produced by WABA. They applaud WABA for not having established a parallel structure, but having used the existing network instead for its campaigns. The feeling expressed by respondents in other organisations, that WABA takes the credit for the work of others, is not supported by the responses of the groups in Africa. They use WBW material, and that's it. "Otherwise communication between WABA and national groups is limited".

Yet, WABA needs to better find its niche in the breastfeeding family. It is clear that there are frictions and that WABA moves in areas where they have not the strongest position (by nature nor by experience) such as the ILO campaign. This does not alter the case that WABA is highly appreciated and has its strong points, which it should build on, the WBW in particular.

Donor assistance is very relevant for the whole family and needs to be continued. This may be justified by the fact that, in this case, NGOs carry out work that actually belongs to WHO, but which it does not perform, notably the monitoring and follow-up of the Code and its Resolutions. Multilateral organisations cannot do their work without the voluntary contributions of bilateral organisations, neither can NGOs. It is suggested, however, that donors and organisations together make an effort to extend and diversify the donor group, without making it more complicated for the receivers though, in terms of budgetting and reporting.

Chapter 9 Conclusions

In this chapter we shall return to the questions asked in the Terms of reference for this evaluation. They have all been discussed in the previous chapters, but we shall here make a more comprehensive presentation of our findings.

The Terms of reference asked us to look in to the following questions:[62]

- **The role each of these institutions has had in increasing the status of breast-feeding within the broader international development agenda**

Globally, the 1990's has not been a lost decade for breastfeeding. On the contrary it would seem that exclusive breastfeeding rates have either increased, or at least remained at high levels. There is no doubt that this is to a large extent the outcome of a long-term, persistent promotion of breastfeeding. IBFAN, WABA and UNICEF have been major actors on this scene. Although we can not be very precise about the extent of their influence, we can conclude that they have certainly played an important role in influencing the development agenda and the development and adoption of progressive breastfeeding policies. A lot of things remains to be done, however. The organisations should, to take one example, open up a dialogue with important agencies such as the World Bank and UNFPA.

- **The extent to which these organisations have contributed towards forwarding operational targets of the Innocenti Declaration**

The organisations reviewed here have had a particular positive influence on the two first targets of the Innocenti declaration – (1) appointment of a national breastfeeding co-ordinator….(2) implementation of the BFHI. There has been less progress regarding to targets three and four - due to the political nature of these targets. (3) action to give effect to the International Code of Marketing of Breast Milk Substitutes… (4) enacting imaginative legislation protecting breast-feeding rights of working women…..

In general terms the inputs from the organisations have been and still are relevant. There is a need for continued advocacy and action from them. This is particularly important for the two targets that have more political implications and therefore need a continuos "watch". We have also observed that roles and relationships between the organisations have sometimes been unclear. This has not contributed to an effective utilisation of their respective comparative advantages.

- **The extent to which these organisations have taken forward the issues of HIV/AIDS and infant feeding in emergencies.**

The issue of HIV/AIDS has been a negative factor for breastfeeding in general and the BFHI in particular. There is still an ongoing discussion about the best strategic/practical approaches to advising breastfeeding mothers. IBFAN and UNICEF have an ongoing dialogue on these issues which hopefully might result in clear guidelines without jeopardising the practice of breastfeeding by simply resorting to using breast milk substitutes. Some other actors have questioned the way WABA has conducted the dialogue in this delicate area and questions have been raised about how the WABA constituency was consulted.

[62] The more specific questions pertaining to the assignement can be found in the Terms of Reference (TOR) found in Annex 1.

Neither organisations have had much influence on the HIV/AIDS research agenda. The baby food industry, however, has always been active in funding research. We believe that there is a need for more independent research on the relationship between breastfeeding and HIV/AIDS.

Regarding the problem of infant feeding in emergencies, we have concluded that it is particularly IBFAN and UNICEF who have worked with this issue. Both have been very useful by providing assistance to national groups directly faced with emergency situations. ICDC and WABA have not been much involved, although they follow the issue.

- **The extent to which the organizations have been able to mainstream and apply a gender and a gender equality perspective in their policies and programmes**

None of the organisations have been very successful in applying a gender perspective on breastfeeding. Breastfeeding is still primarily considered to be a woman's issue, and is often treated as a technical matter. Examples of a broader gender perspective can be found, for example the theme of the WBW in 1996, but are rare. At the same time, examples from the work of national groups show the feasibility, in terms of effective promotion of breastfeeding, from applying a gender perspective.

- **The institutional capacity of the various organisations**

The organisations reviewed here all possess a considerable capacity in terms of their human resources. Their staff is dedicated, professional and very knowledgeable about all aspect of breastfeeding. We have noted, however, that many of the key people in the organisations have been there for quite some time. For different reasons, low salaries being one, it appears to be difficult to bring in new, young people. This is certainly a threat to the long-term sustainability of the organisations. Financially, all of them are totally dependent on external, donor funding. None of them would be able to function if this funding was withdrawn, or seriously reduced, since they have no alternative funding available. Thus, there is no financial sustainability, but a considerable technical sustainability as long as the organisations are able to keep and recruit qualified staff.

IBFAN and WABA are networks which combine formalised decision-making structures, with a considerable decentralisation of decision-making. We believe that this constitutes a very efficient network organisation, given the need for co-ordinated information and policy exchange which the protection and promotion of breastfeeding requires today.

- **The role and relevance of IMCH as a resource base in relation to networks and in relation to Sida.**

The IMCH has a considerable technical capacity that has not been fully utilised by the breastfeeding networks. This has mainly to do with the unclear role(s) of IMCH and its key staff on the breastfeeding arena. The major actors are not always clear about whose interests IMCH actually represents. Further, Sida and IMCH have formulated the tasks of IMCH together. None of the other actors have been involved in this process. A more participatory process could substantially increase the relevance of IMCH to the breastfeeding networks.

- **How various national group members regard the value of the network/coalitions and the effectiveness of the co-ordinating offices.**

In Europe as well as in Africa, the IBFAN network was seen as instrumental for work at the national level. There is rapid exchange of: information about the baby food industry world-

wide; research findings; advice on various aspects such as training; code monitoring, policy guidance etc. Regarding WABA, the national groups particularly appreciated to WBW initiative. Other than that there was not much knowledge of WABA's role in the promotion of breastfeeding. UNICEF has a strong position at the national level and is generally recognised as a major supporter of national groups.

- **The organisations co-operate and complement each other in effectively addressing programmatic and policy issues.**

The value of the network is to a large extent dependent on how the organisations are able to communicate, co-operate and complement each other. Across the board we would like to say that in all these aspects there is little to criticise. UNICEF is commended for its knowledge and support, ICDC for its professionalism in promoting Code implementation, IBFAN for being an ally and efficient helper, WABA for the World Breastfeeding Week initiative.

There are, however, some critical points. The first concern an organisation that is not part of our assessment, but is still important for the promotion of breastfeeding – the WHO. WHO has lost credibility within the breastfeeding family because it is not so strict in its defence of breastfeeding. To the other organisations it looks as though the WHO is becoming more pro-industry and accepts sponsorship from the business community.

The other concern is WABA. It was felt among our respondents that WABA has not been able to act as a world-wide forum bringing together all organisations active in the field of breastfeeding. The debate about WABA revolves around two questions: who is WABA? On whose behalf does WABA speak? These are issues that need to be resolved if WABA is to become the umbrella organisation it was expected to be.

- **The relevance of donor assistance to the various institutions.**

Donor assistance is crucial for the work of the organisations assessed here. Furthermore, it should be continued if not many years of painstaking efforts to increase the awareness of breastfeeding shall be demolished. Breastfeeding continues to be under attack, not only from the baby food industry, but also from international trade and standardisation agreements such as the Codex Alimentarius and the WTO negotiations.

Chapter 10 Summary of recommendations

In this chapter we shall summarise the recommendations made during the course of the analysis in the previous chapters.

The recommendations are organised according to the organisation(s) that is supposed to take action on them.

Recommendations to the Donors

- Sweden and the Netherlands should continue their support of the organisations evaluated in this report. Although significant advances have been, exclusive breastfeeding is by no means an established practice. Breastfeeding is continously being threatened by different forces in society. Continued monitoring is needed not only to protect what has been gained, but also to further advance the practic of breastfeeding. The NGO's are particularly important in this regard since the WHO is not performing its monitoring role as it should.
- The Netherlands and Sweden should, together with the organisations, make an effort to extend and diversify the donor group in order to increase th support for breastfeeding not only in terms of financial resources, but also in terms of policy.
- The continued involvement of legal expertise in Code work should be assured and possibly intensified. We would therefore recommend that Sweden and the Netherlands continue supporting these positions in the relevant institutions making a longer-term commitment.
- There is a need to continue advocating for a stronger Convention on Maternity Protection and Recommendation than the current draft and that Sweden and the Netherlands should support such a process.
- The donors should explore the possibilities to switch towards core funding of the organisations. This would facilitate a more effective management and long-term planning.
- Sweden and the Netherlands should try to agree to a common reporting format, since this would reduce some of the administrative burdens of the organisations.
- The current Sida arrangement with IMCH should continue to take more account of IMCH's own development needs. The scarce resources of IMCH should, as much as possible, not be used for aid programming purposes. Instead, the tasks should focus on utilising IMCH research capacities.

Recommendations to all network organisations

- The organisations in the IBFAN and WABA networks should clarify their roles and relationships to improve efficiency and effectiveness of action.
- We recommend that the IBFAN – GIFA, IBFAN – Africa, ICDC and WABA be more conscious about the salary situation, consult with donors about opportunities to improve it and, where necessary, take appropriate measures themselves such as sound contracts.
- We recommend that the breastfeeding movement increases its efforts to reach out to gender equality bureau's in national governments, women's organisations, gender specialists in multilateral and bilateral organisations and gender specialists working at the Dutch and Swedish embassies.

- The network organisations should make a stronger effort to influence the international research agenda on HIV/AIDS.
- The American Public Health Association developed a database for monitoring progress towards the Innocenti targets. It used to play a role as clearinghouse and kept the database up to date until the Association was closed. The organisations in the network should agree on how to up date and take this forward so that a uniform and comprehensive system for monitoring progresses towards the Innocenti operational targets is assured.

Recommendations to the IBFAN network

- IBFAN GIFA and IBFAN Africa should ensure that their budget and accounting system become more transparent and useful for management purposes.
- The IBFAN Penang Board should look into the desirability of having two of its three members simultaneously employed as staff.
- The ICDC Board should put on record a letter of contract to ensure that its Director receives adequate compensation for her services.
- The ICDC Board should reconsider its function and include policy and financial matters as part of their formal responsibility for the foundation.

Recommendations to the WABA network

- WABA board should take more formal responsibility in relation to financial management and control, and the accounts should be audited every year.
- WABA Steering Committee need to continue its work on the organisational set up with a view to assure a better participation of its constituency.
- Continued effort should be made by WABA in collaboration with all the organisations in the network to find entry points and ways to create alliances with feminist and gender equality oriented NGOs.
- WABA should in collaboration with the donor agencies initiate an evaluation of the seed grant projects, which were initially set up as pilot projects. Continued support should depend on the result of the evaluation.
- The organisation should continue to make a comprehensive budget in line with the financial analysis that it recently conducted.

Recommendations to UNICEF

- UNICEF should, in collaboration with the WHO, work to find relevant strategies and ways to mobilise minimum resources to ensure that the Breastfeeding committees are active.
- With regards to BFHI, UNICEF should, together with its partners, find ways to ensure that standards already achieved are maintained and to broaden the financial base and to mobilise community support so that sustainability is assured.
- There is a justification to continue the practice of seed money at the discretion of UNICEF. We would recommend, that UNICEF in its reporting to bilateral donors, clearly account for the priorities used when applying the funds.

Recommendations to IMCH

- It is necessary for IMCH to clarify its role on the breastfeeding arena. There are several options for IMCH to consider: (1) Acting as Sida's consultant and representing Sida's interests; (2) Acting as a technical resource to the networks and representing their interests; (3) Acting as an independent research institution; (4) Acting as activists on the breastfeeding arena. It needs to be sorted out how these different roles can be combined in the best way in order to maximise IMCH's usefulness on the breastfeeding arena.

Annex 1 Terms of reference

Joint Swedish-Dutch Assessment of their contributions to the PROTECTION, PROMOTION AND SUPPORT OF BREASTFEEDING through IBFAN-GIFA, IBFAN-Africa, WABA and UNICEF, as well as through IMCH (for Sida) and ICDC (for the Netherlands).

Background

Breastfeeding has long been recognized as crucial for the health of infants and recent research shows that it makes a substantial contribution to maternal health also. Breast milk is the only food that is equally available to poor and rich alike. Breastfeeding is so physically robust that exclusively breast-fed infants grow almost equally well in the poorest countries as in the richest ones. But it is rare – most mothers all over the world give unnecessary and harmful fluids including water from the first days or weeks of life. Exclusive breastfeeding has been a priority for neither the health care system nor for social systems, including unions and others struggling for workers rights, nor even for those aiming to achieve more gender equality in society. Furthermore, breastfeeding is subject to disturbance through social and psychological factors, particularly in periods of rapid social and economic change. In recent years trends toward increasing consumerism and globalization of trade constitute new threats.

From the late 1940s until 1971, breastfeeding rates decreased in Sweden and other industrialized countries due to technological change that made artificial substitutes available, associated commercial pressures, changes in fashion, changes in women's work patterns, and the failure of the health care sector to conduct proper research and to translate and apply that what was known about breastfeeding into supportive health care practices. After 1971 breastfeeding started increasing again and took a steady step forward during the 1990's. In Sweden, today, two of three mothers are still breastfeeding their child at the age of 6 months due to a variety of breastfeeding promotion activities like the Baby Friendly Hospitals Initiative, BFHI.

Starting in 1969, United Nations organizations began to hold meetings with international baby food companies to discuss ways of reducing commercial pressures on women. In 1979 they met with government representatives in Geneva to arrive at concrete recommendations. At this meeting, a group of NGOs formed a network called the International Baby Food Action Network (IBFAN) to provide advocacy, lobbying, monitoring, and other support to this effort.

The international IBFAN network has played a crucial role in the formulation and international acceptance in 1981 at the World Health Assembly (WHA) of the International Code of Marketing of Breast-milk Substitutes. Together with several WHA resolutions that closed some of the Code's loopholes, it is today still an important and unique example of an international normative UN agency providing widely agreed-upon guidelines that affect the way the free market operates in order to promote public health. IBFAN formed several regional coordinating offices and divided up tasks accordingly.

IBFAN-GIFA (Geneva Infant Feeding Association) was established to host the IBFAN Regional Coordinating Office (the Central Office for Europe, as it was called in 1979). Building up and strengthening the IBFAN European Network forms a large part of the work of the IBFAN-GIFA office in Geneva. IBFAN-GIFA continues to be the IBFAN Europe Coordination Office for the

European Region, with emphasis on information sharing, networking, outreach, and NGO capacity building. IBFAN-GIFA took on the roles of being a watchdog over marketing practices of the infant feeding industry and have closely followed WHOs activities in relation to the Code including Exective Board meetings and the annual World Health Assemblies. They also have together with other IBFAN Groups (BMAC, WEMOS) been the watchdog of the EU, a key actor in influencing trade and promotional policies of member countries and are influencial among other producer countries. Finally, IBFAN-GIFA has played key roles in building up IBFAN's capacity in French-speaking countries, as well as providing support to Africa and the Middle East.

IBFAN Africa has worked for many years to build up a network of national groups that are engaged in awareness-raising, health worker training, monitoring, lobbying for legislation and many other tasks. It has worked to build separate but linked networks within each of the three large language groupings on the continent, English, French and Portuguese.

By the mid-1980s, there was much concern about how slowly the implementation of the International Code and other aspects of breastfeeding protection, promotion and support were progressing. Breastfeeding was only given lip service and had no agreed-upon set of policies or activities that could guide governments and donor agencies in promoting it. WHO, UNICEF, USAID and Sida then organized a series of technical meetings and finally a policy-makers meeting in Florence, Italy in 1990 that produced the Innocenti Declaration[63], still the leading international breastfeeding policy document. NGOs did not directly participate in this process nor in the Innocenti Meeting. The World Alliance for Breastfeeding Action (WABA) was formed, and initially sponsored by UNICEF, a year later. The main mandate of this NGO coalition has been to forward the agenda set forth by the Innocenti Declaration in its four targets:

1) all countries should have a breastfeeding co-ordinator and a multisectoral breastfeeding committee; 2) implement what later became the Baby-Friendly Hospital Intiative; 3) implement the International Code and subsequent relevant WHA Resolutions in their entirity; 4) legislate Aimaginatively@ in support of breastfeeding rights of working women.

WABA established a single secretariat based in Penang, Malaysia and has experimented with various ways of governing itself and of involving NGOs and breastfeeding activists and women's groups in various international and local activities. It created a series of task forces, planned and coordinated a World Breastfeeding Week (WBW) annually, produced and distributed a series of publications, including an action folder on a new theme for WBW each year, and began working on the issue of working women and breastfeeding in several ways, among them by giving seed grants to local groups that want to do something practical locally on this issue.

UNICEF began increasingly to give attention to the protection, support and promotion of breastfeed ing starting in the late 1980s. The Baby Friendly Hospital Initiative was launched in 1991, the first truely international health sector project, involving even industrialized countries – which normally have Committees that raise funds for UNICEF and are not used to being the subject of UNICEF's programming efforts for children and women.

The Section for International Maternal and Child Health, IMCH, Uppsala University, has been involved a lot in breastfeeding research, advocacy and international policy formulation during

[63] the Innocenti Decalaration was endorsed by the Unicef Executive Board in 1991; operational targets endorsed in World Health Assembly in 1992 (WHA Res. 45..34).

the entire twenty year period of its existence. ICH has also interacted extensively with IBFAN, WABA and UNICEF over the years, both as colleagues and through assignments from Sida.

The International Code Documentation Center, nowadays based in Penang in Malaysia, was established by IBFAN in 1985 to focus on the implementation of the International Code. ICDC is now an independant international NGO, that works closely with IBFAN and UNICEF. The Netherlands has been an important donor to ICDC since 1990. ICDC offers skills training in Code analysis and monitoring and assists individual governments in drafting legislation. ICDC houses the most complete collection of (draft and final) national legislation and other measures taken by countries worldwide to implement the Code. It also publishes periodic reports on Code implementation and compliance. The recent publication of "the Code Handbook" is a major achievement, that will be usefull to lawyers and law-makers, public health administrators, the medical profession, parliamentarians, journalists an many others, like companies and grass-root groups. It is translated in other languages.

Sida's and Dutch support to IBFAN, WABA, UNICEF, IMCH and ICDC

In annex 1 and annex 2 an overview of Sida's support respectively Netherlands support to the protection, promotion and support to breastfeeding is presented.

Joint Sida-Netherlands external assessment of activities

Since Sida Sweden and the Netherlands have both strong policies in support of breastfeeding activities and Code implementation it turns out to be the practice that both donors are providing support to the same organizations, be it most of the time in consultation with each other and hence complementary. As Sida was due to evaluate their support to IBFAN/GIFA, WABA and their own national academic Institute for Mother and Child Health in Uppsala, the idea was born to organize a joint Sida/NL thematic assessment. It was agreed that also Unicef-supported by both NL and Sida – would be included in the list of organizations to be reviewed, as well as the ICDC, which is supported only by the NL.

Since no specific project support is provided to WHO, apart from general programme support to Child Health and to the Integrated Management of Childhood Illnesses Initiative, WHO is not included in this review.

The assessment will focus on activities in the 1990s, support of two co-ordinating centres/networks (IBFAN-GIFA and IBFAN-Africa), a coalition (WABA), a UN agency with a special focus (UNICEF), a specialised international NGO (ICDC) and an international section of a university department (IMCH).

The Swedish support to IBFAN was evaluated in 1986 by International Health Care Research (IHCAR) at Karolinska Institute. This evaluation recommended that Sida continues its support to IBFAN/GIFA and Sida has indeed continued to so on since then. The Sida support to IBFAN Africa, WABA , UNICEF and IMCH has not yet been evaluated.

The Netherlands' support to IBFAN/GIFA and the more recent support to UNICEF and WABA has not been evaluated, however Dutch support for ICDC was evaluated in 1995.

To prepare for this joint assessment two desk studies have been undertaken, at Sida and the Ministry of Foreign Affairs in the Netherlands.

The joint undertaking is considered as an opportunity to review Swedish and Dutch Government assistance for protection, promotion and support of breast feeding through various organisations: to redefine the rational for continued assistance and to identify the key issues to address in future Sida-Dutch support for breast feeding activities.

Aims of the joint assessment:
to assess the contribution of NGO's and international agencies, supported by Sida and the Netherlands to the debate and practices over the past ten years, and the significance of their acitvities and campaigns for the protection, promotion and support of breastfeeding.

To attain these aims the mission will:

1) make complementary inputs to the desk studies to provide an inventory of IBFAN-GIFA, IBFAN-Africa, WABA, UNICEF, ICDC, IMCH, with regard to mandate, objectives, strategies and activities, particularly those supported by the two donors.

and the mission will address the following issues:

2) assessment of the role each of these institutions has had in increasing the status of breast-feeding within the broader international development agenda, and their role in influencing international and national policy related to breast-feeding promotion, protection and support in developing countries.

   2.1) assessment of the extent to which these organisations have contributed towards forwarding operational targets of the Innocenti Declaration.
   -target one (appointment of a national co-ordinator and establishment of national multisectoral committee) and target two (implementing Baby Friendly Hospital Initiative): as applicable;
   -action to give effect to the International Code and subsequent relevant WHA resolutions (target 3);
   -support of imaginative legislation protecting the breast-feeding rights of working women and established means for enforcement (target 4).

   2.2) assessment of the extent to which these organisations have taken forward the issues of
   a) HIV and infant feeding
   b) infant feeding in emergencies

3) assessment of the extent each of the organizations have been able to mainstream and apply a gender and a gender equality perspective in their policies and programmes.
   Do they consider the role of men (male parent, decision/policy makers) in breastfeeding activities and how are men involved in the protection, promotion and support of breastfeeeding?
   How have the organizations worked to empower women in terms of increasing their access to information about breastfeeding and their control over decisions to breastfeed? Has emphasis been on directly working with women and women's organizations or on reaching out to women through health workers?

4) assessment of the institutional capacity of the various organisations.
   4.1) Network and Coalition groups:
   To assess the prevalence of a common vision with regards to institutional objectives and strategies and to assess the capacity of the various institutions in terms of a) Human resources
   b) Administration
   c) Financial operations
   d) Cost analysis
   e) Decision making democracy, transparency and accountability
   f) Sustainability in terms of
   FinancialY.diversification of resources
   Institutional
   Technical

   4.2) UNICEF Breast-Feeding Programme
   -Human Resources.

   4.3) IMCH
   -The role and relevance of IMCH as a resource base in relation to networks and in relation to Sida.
5) examining how various national group members assess the value of the network/coalitions and the effectiveness of the co-ordinating offices with relation to the points mentioned under point 2.
6) assessment how IBFAN-GIFA, IBFAN-Africa, WABA, UNICEF, ICDC AND IMCH co-operate and complement each other in effectively addressing programmatic and policy issues related to topics mentioned in point 2.
7) assessment of the relevance of support from the institutions listed above for the national groups; and to assess the relevance of donor assistance to the various institutions.
8) Make recommendations related to both thematic and institutional issues to be addressed for protection, promotion and support of breast-feeding in the future.

Methodology

Both Sida and NL have identified 2 consultants for the external assessment; the TOR have been drafted by Sida, commented on and further worked out by the NL, and discussed extensively with Sida representatives and the consultants.

In addition to that, Sida has achieved a desk study, carried out in preparation for the external assessment mission. The NL as well has had a desk study done by a junior nutritionist, who made an inventory of the files of the above-mentioned projects, relevant to this undertaking.

Preparation:
– Desk studies to summarize projects supported by each donor.
– Review of literature and internal organisational documents by consultants.
– Development of focused questions for interviews with key informants and national groups.

Field Work:
Field work will be carried out by four international consultants working in two teams. Each team will consist of one Swedish and one Dutch consultant.

– Visits will be made to Penang, New York, Gothenburg, Swaziland, Mozambique, South Africa and Geneva. Structured interviews will be carried out with key individuals and semi-structured group discussions will be held with key groups.

Besides, the Sida Programme Officer responsible for the breastfeeding area will join the mission, as an observer and resource person, during parts of the assessment.

Reporting

The evaluation report shall be written in English and should preferably not exceed 50 pages, excluding annexes. Format and outline of the report shall follow the guidelines in *Sida Evaluation Report – a Standardized Format* (see Annex 3). Five copies of the draft report shall be submitted to Sida as well as three to the Ministry of Foreign Affairs in The Hague latest 30 November 1999. Wiithin 3 weeks after receiving Sida's and Dutch comments and comments from each of the organizations on the draft report, a final version in 10 copies for Sida and 5 copies for the Netherlands shall be submitted and on diskette to Sida.

Subject to decision by Sida, the report will be published and distributed as a publication within the Sida Evaluations series. The evaluation report shall be written in Word 6.0 for Windows (or in a compatible format) and should be presented in a way that enables publication without further editing.

The evaluation assignment includes the production of a Newsletter summary following the guidelines in *Sida Evaluations Newsletter – Guidelines for Evaluation Managers and Consultants* (Annex 4) and also the completion of *Sida Evaluations Data Work Sheet* (Annex 5). The separate summary and a completed Data Work Sheet shall be submitted to Sida along with the (final) draft report.

When the evaluation report is finalized, a seminar will be arranged by Sida as part of the overall evaluation. It is desirable that the teamleader will present and participate in these discussions.

Annex 1

Sida support to IBFAN, WABA, UNICEF Headquarters and IMCH

Starting in 1980, Sida began supporting GIFA, both core support and support to specific activities. In addition, Sida has provided several grants directly to IBFAN Africa, including funds for building up their capacity to work in the Portuguese-speaking countries in Africa.

From 1993 Sida has provided funds to support some of WABA's activities, including the seed grant project, an international meeting that produced the first international declaration and action plan for working on the breastfeeding rights of working women (the Quezon City Declaration), the establishment and maintenance of a WABA website as a way of sharing information and involving large numbers of people who were not able to attend during WABA's international meetings, and for work on the campaign to influence the ongoing review of the ILO Maternity Protection Convention and Recommendation.

UNICEF Headquarters applied to Sida in 1993 for supplementary funds to support a position for a lawyer to work on the legislative and policy aspects of the Innocenti targets – mainly implementation and follow-up of the Code and maternity protection legislation. This support has been provided during two periods of time so far. UNICEF has focused on assisting governments in implementing the Code at the national level and on ensuring it maintains its status as a strong normative document at international level. The greatest threat in the current climate of trade liberalization is that the Code is declared a hindrance to free trade, something that UNICEF works against at all levels. UNICEF is the leading international organisation working with BFHI. It has also assisted governments in positioning breastfeeding within the CRC and CEDAW human rights frameworks.

IMCH has provided support and advisory services to Sida throughout its existence, first through consultants who worked closely with Sida in certain areas, and in recent years though annual assignments from Sida. Breastfeeding was always an important component. For example, IMCH was assigned to attend most of the technical and preparatory meetings for the Innocenti Meeting. IMCH has organized several courses and meetings on various aspects of breastfeeding, such as the International Code of Marketing. In recent years, IMCH has focused on policy issues related to the breastfeeding rights of working women and HIV and breastfeeding. IMCH, UNICEF, WABA and GIFA have all cooperated in lobbying and other work associated with the ongoing revision of the ILO Maternity Protection Convention.

For additional information see the desk study carried out by dr. Ted Greiner and see additional files, documents, notebooks and publications, accessible at Sida.

Annex 2

Overview of Netherlands' support to breastfeeding activities

Background

The Netherlands Ministry of Foreign Affairs, Directorate General for International Cooperation, has always been supporting the protection, promotion and support of breastfeeding in the framework of their support to (primary) health care activities; there was no specific support for the development of the International Code of Marketing of Breast-milk Substitutes in the late seventies/early eighties nor specific support for the implementation of the Code right after it was adopted in the World Health Assembly in 1981.

From the mid-eighties on, the Dutch Parliament asked series of questions regarding the Code implementation in the framework of the EC legislation and regarding the export of medicines, pesticides and breastmilk-substitutes to developing countries. This led to policy notes and answers to the Parliament which may be seen as the starting point for the development of specific policies on breastfeeding and Code implementation, which in turn led to specific support to Non-Governmental- and UN organizations active in this field. It also led to a more active input in international gremia, like the World Health Assembly, Unicef Board and not the least in the European Community discussions in Bruxelles in 1991/92.

Netherlands support

Over the last about 10 years support has been given to both NGO's (IBFAN, IBFAN/GIFA, WEMOS = Dutch IBFAN group, ICDC, WABA) and UN organizations (WHO and Unicef). The UN organizations are receiving general support which may or may not be spent on specific

activities in the above-mentioned fields. Besides, both WHO and Unicef have received Dutch support for special activities.

WHO. In 1990/91 the WHO received support for a stock-taking excercise at the occasion of 10 years Code. Together with Sida (providing Technical Assistance) the development of the CREF was supported, as well as a 14 country study to take stock to what extent the Code was implemented, what had hampered the process and what had influenced the process favourably. This led to a technical meeting in The Hague in October 1991 on 10 year Code implementation. As a follow-up further Dutch support was given to the Nutrition Unit in WHO to finalize the CREF and to have studies carried out in more countries, leading to enhanced Code implementation.

After the International Conference on Nutrition (ICN, Rome 1992) in which breastfeeding was strongly emphasized (with a lot of input from Sweden, NL and others) the Dutch programme support to the WHO Programme for the Control of Diarrheal and Respiratory Diseases (later CHD) was increased to specifically support the breastfeeding activities of the CDR programme. This was later follwed by soft earmarking for the Sick Child Initiative (later Integrated Management of Childhood Illnesses) and the breastfeeding/nutrition component in IMCI.

Unicef. Given the success of the Unicef/WHO Baby Friendly Hospital Initiative, launched in 1991, and the subsequent emergence of the need to expand the BFHI into communities Unicef planned to expand its BFHI activities. A specific component (legal assistance/Code implementation) was already supported by Sida. The Netherlands decided to provide programme support as of 1st July 1997.

At present four non-governmental organizations, active in the field of breastfeeding and Code implementation are receiving financial support for projects or programmes:

– IBFAN/GIFA in Geneva for the development of grassroot level groups;
– ICDC, the Code Documentation Center in Penang;
– WABA, the World Alliance of Brestfeeding Activities, based in Penang and set up as a network after the adoption of the Innocenti Declaration in 1990;
– WEMOS for their activities in support of improved participation of developing countries and consumer representatives in the Codex Alimentarius Committee on Nutrition and Foods for Special Dietary Use. This was a project covering the period of 1996–98; the support continues but forms part of a broader support to the WEMOS programme, covering more subjects than infant feeding.

Apart from the IBFAN Code Documentation Centre (now ICDC) – reviewed in 1992 – none of the activities, supported by the Netherlands has been subject to evaluation or review.

Joint Sida-Netherlands external assessment of activities

Since Sida Sweden and the Netherlands have both strong policies in support of breastfeeding activities and Code implementation it turns out to be the practice that both donors are providing support to the same organizations, be it most of the time in consultation with each other and hence complementary. As Sida was due to evaluate their support to IBFAN/GIFA, WABA and their own national academic Institute for Mother and Child Health in Uppsala, the idea was born to organize a joint Sida/NL thematic evaluation. It was agreed that also Unicef – supported by both NL and Sida- would be included in the list of organizations to be reviewed, as well as the ICDC, which is supported only by the NL.

The Netherlands support to IBFAN/GIFA and the more recent support to Unicef and WABA has not been evaluated; however Dutch support for ICDC was evaluated in 1995. This missions conclusions and recommendations serve as background information for the present external review.

Activities under review

For the Dutch part of the external review the projects/activities of 4 organizations will be included: Unicef, IBFAN/GIFA, WABA and ICDC. The first three are jointly supported by Sida/ Sweden and the Netherlands; ICDC does receive financial support from the Netherlands, not from Sida.

The NL funded activities under review are the following (activity numbers are used for administrative and logistic reasons):

- Unicef: (WW114001)
- WABA (WW129901)
- IBFAN/GIFA (WW003203/6)
- ICDC (WW033205) + previous phase (WW033204).

Since no specific project support is provided to WHO, apart from general programme support to Child Health and to the Integrated Management of Childhood Illnesses Initiative, WHO is not included in this review.

For additional information see the summaries of activities under review (desk study), accompanying copied documents, additional files, background documents and publications, accessble at the Ministry of Foreign Affairs, Social Policy Division in The Hague.

Annex 2 List of Persons Met

IBFAN – GIFA

Rebecca Norton. Infant Feeding Consultant
Nancy Jo Peck Scientific Officer
Alison Linnecar International Co-ordinator
Judith Philipona IBFAN Regional Co-ordinator for Europe
Tina Pfenninger Administrator

IBFAN Africa

Pauline Kisanga Regional Co-ordinator
Ray Maseko, Administrator
Gertrude Phiri, Documentalist/Information officer
Mdluli Nonkululeko, Librarian

ICDC

Annelies Allain – Director
Anne Chan – Administration and Finance Director
Yeong Joo Kean – Legal Advisor
Komala Ramalingam – Secretary
Paul ter Weel – Board member ICDC

WABA

Sarah Amin – Co-director
Susan Siew – Co-director
Liew Mun Tip – Project Assistant
Raja Abdul Razak – Information and Documentation
Michelle Jambu – Secretary
Anwar Fazal – Chair Steering Committee (SC)
Beth Spyer – Co-chair SC
Elisabet Helsing – Co-chair SC
Michael Latham – Member SC
Antonieta Hernandez – Member SC
Andre Nikiema – Member SC
Denise Arcoverde – Member SC
Margaret Kyenkya – International Advisory Council

UNICEF

Headquarters in New York

Roger Shrimpton– Chief Nutrition Section UNICEF
Lida Lhotska – Project Officer Nutrition section – co-ordinator breastfeeding team
Helen Armstrong – Consultant breastfeeding team
Dora Gutierrez – Technical expert breastfeeding team
David Clark – Legal Officer breastfeeding team
Willis Demas – Communication and Administration
Michael Ojelade – Administration

Other UNICEF offices

Gueneta Francois, Programme officer, Swaziland
Viviane van Steinteplen, Programme officer, Mocambique
Joan Matji, Programme officer, South Africa
Gloria Kodzwa, Programme officer, South Africa

IBFAN National Representatives:

Andreas Adelberger: Aktionsgruppe fur BabyNahrung. Germany
Ketevan Nemsadze: Child health Nutrition fund "Claritas". Georgia
Dr Lirela Dibra Albanian Group for the Protection and Promotion of Beastfeeding. Albania:
Vesna Hercag Cavak: Croatian Breast-feeding Promotion Group. Crotia
Milan Stanojecic, Croatian Breast-feeding Promotion Group. Croatia
Romjana Modeva: National Movement "Women and Mothers against Violence" Bulgaria
Mareila Todorova: ANIMA Prague IBFAN Group and Resource Centre Czech Republic
Dagmar Scheidrova, Zdena Maxova,
Daniela-Eugenia Cucu, Romania
Olinda Daniel Mugabe, AMODEFA, Mocambique
Mehlaphi Dlamini-Tyrer. SINAN, Swaziland

IMCH

Ted Greiner
Elisabeth Kylberg

WHO

Jose Martines, MD, MSc, PhD. Medical Officer: Department of Child and Adolescent Health and Development. WHO Geneva.
Dr R. Constanza Vallenas. Medical Officer: Department of Child and Adolescent Health and Development. WHO Geneva.

Others

Thabisile Hlatshawayo-Moleah, PhD., RD. Professor Institute for Human Nutrition Medical University of Southern Africa..
Lynn Moeng Nutritionist: Medical University of Southern Africa.
Cristina Chibindji, Ministry of Health, Mocambique
Isabel Buque, Ministry of Health, Mocambique

Annex 3 Baby Friendly Hospital Initiative (BFHI)

Ten steps to successful breastfeeding

Every facility providing maternity services and care for new born infants should:

1. Have a written breast-feeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breast-feeding.
4. Help mothers initiate breast-feeding within a half-hour of birth.
5. Show mothers how to breast-feed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food and drink other than breast milk, unless medically indicated.
7. Practise rooming-in – allow mothers and infants to remain together – 24 hours a day.
8. Encourage breast-feeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.

From "Protecting, promoting and supporting breast-feeding: The special role of maternity srevices." A Joint WHO/UNICEF statement. 1989.

Recent Sida Evaluations

00/7 **Twinning Cooperation between Riga Water Company and Stockholm Water Company.** Martti Lariola, Sven Öhlund, Bengt Håkansson, Indulis Emsis
Department for Eastern and Central Europe

00/8 **Cambodia Area Rehabilitation and Regeneration Project.** Hugh Evans, Lars Birgegaard, Peter Cox, Lim Siv Hong
Department for Natural Resources and the Environment

00/9 **Lao National Drug Policy Programme.** Margaretha Helling-Both, Göran Andersson
Department for Democracy and Social Development

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S-105 25 Stockholm, Sweden
Tel: +46 (0)8-698 50 00. Fax: +46 (0)8-20 88 64
Telegram: sida stockholm. Postgiro: 1 56 34–9
E-mail: info@sida.se. Homepage: http://www.sida.se