Report of

Call to Action workshop

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Acronyms:

BPHS: Basic Packages of Health Services
IYCF: infant and Young Child Feeding
AKF: Agha Khan Foundation
IEC: Information, education and communication
IBFAN: International Baby Food Action Network
WABA: World Alliance for Baby Action
MAIL: Ministry of Agriculture Irrigation and Livestock
NGO: Non governmental organization
MoPH: Ministry of Public Health
HMIS: Health Management Information System
PND: Public Nutrition Department
PNO: Provincial Nutrition officer
SDGs: Sustainable Development Goals
UNICEF: United Nations Children's Fund
WASH: Water, Sanitation and Hygiene
WHO: World Health Organization
WRA: Women of Reproductive Age
WBTi: World Breastfeeding Trend Initiative
WBCi: World Breastfeeding costing Initiative
WBW: World Breastfeeding Week
Date: 8 December 2015

Park star Hotel, Kabul, Afghanistan

Participants: Provincial Nutrition Officers (PNO), UN partners, NGOs, grants, MoPH representatives

**Agenda of Call to Action workshop 8 December 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
<th>Speaker</th>
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<tr>
<td>09:00-10:00</td>
<td>Recitation of Holly Quran</td>
<td>Responsible</td>
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<td>Registration and participants introduction</td>
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<tr>
<td>10:10-10:30</td>
<td>Opening speech</td>
<td>Dr. Najia Tariq, Deputy minister of MoPH</td>
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<td>10:30-11:00</td>
<td>Presentation of IYCF situation in Afghanistan</td>
<td>Dr. M. Hamayoun Ludin</td>
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<td>11:00 – 13:00</td>
<td>Report of WBTi</td>
<td>Dr. M. Hamayoun Ludin</td>
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<tr>
<td>13:00-12:00</td>
<td>Questions and answers</td>
<td>All</td>
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<td>01:00-02:00</td>
<td>Group work</td>
<td>All participants</td>
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<td>02:00-03:00</td>
<td>Presenting each group work</td>
<td>All participants</td>
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<td>11:40</td>
<td>closing</td>
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Background

Objective of the workshop:

- To share recommendations of World Breastfeeding Trend Initiative assessment
- To increase commitment, fund raising and advocate with Policy makers, donors and partners
- To plan actions based on WBTi recommendations

Summary:

Public Nutrition Department of Ministry of Public Health, conducted Call to action national workshop on 8th December 2015 in Park star hotel, Kabul Afghanistan.

Call to action workshop started with recitation of verses of holly Quran, Dr.Najia Tariq, Deputy ministry of Public Health opened the workshop officially and welcomed all participants, he emphasized importance of World Breastfeeding trend initiative and designing programs based on need and added most voluble points on importance of breastfeeding program. the Workshop of call to action 2015 supported by IBFAN ASIA/BPNI,UNICEF, and Save the Children.

The Workshop organized by IYCF team of MoPH, IYCF taskforce members by lead of Dr.M.Hamayoun Ludin, Director of Public Nutrition Department and National IYCF consultant. 90 Nutrition officers from 34 provinces ( one form Provincial Health Directorate and one from BPHS implementing NGO), Representative from Directorate of Reproductive health, Child and Adolescent Health, Health Promotion, technical staff of relevant departments, doctors and midwives of Maternity and pediatric wards and hospitals, representatives and technical staff of WHO, UNICEF, WFP, FAO, UNFPA, Agha Khan Health System, Agha Khan Foundation, Save the Children, IYCF taskforce members.
Dr. Najia Tariq, Deputy ministry of Public Health during opening speech

Dr. M. Homayoun Ludin, Director of public Nutrition Department presented Nutrition situation, importance of breastfeeding, opportunities and challenges, main IYCF programs (BFHI, monitoring of BMS code, Communication, community based IYCF, IYCF in emergencies and complementary feeding practices) and current plans of IYCF.
Dr M. Homayoun Ludin presented 15 indicators (10 program indicators and 5 practice indicators) of WBTi, there was gaps and recommendations for each indicators and presented the process of the WBTi assessment during last 6 months by Infant and Young Child feeding (IYCF) taskforce meeting which is one of Public Nutrition Department technical group, which consist of National and international IYCF technical officers and individuals from different organizations such as Directorates of Reproductive Health, Public Nutrition Department, Health promotion, Child and adolescent health, community based Health Care of MoPH, Midwifery association, paediatric doctors association, UNICEF, WHO, FAO, Save the children, IMC, CAF which met regularly and collected the available data, assessed and recommended the appropriate actions for improving IYCF.

After WBTi presentations there was Questions and answer session as follow:

**Questions and Answers:**

- Did you conduct a new survey,
- What is benefits of WBTi assessment
- What there is some weak progress in some program indicators
- Can we able to do WBTi process at organizational and provincial level
- Is there any training materials for WBTi
- What was outcome of last three WBTi assessments
- What is national and international partners commitment toward WBTi recommendations and action plan based on it
Dr. Ludin and other IYCF taskforce members answer the questions with strong commitment of the participants.

After that Group work session started for each gapes and recommendations of WBTi indicators and presented their result.

**Group work:**

All the participants divided in seven groups to work on 15 indicators:

**Group 1:**

**Indicator 1: National Policy, Programme and Coordination**

The group worked on following Gaps and recommendations and prepared National and Provincial plan based on each part.

**Gaps:**

1. Inadequate knowledge and appreciation of benefit of Exclusive Breastfeeding and Complementary feeding among Policy makers, health workers and community workers.
2. Poor coordination mechanism among related sectors.
3. Poor replication of IYCF indicators in other health policies (Child Health and Reproductive health)

**Recommendations:**

1. Accelerate National Breastfeeding campaigns, regular advocacy forums for policy makers, donors and development partners, systematic capacity building on IYCF at Health facility level and community levels
2. Improve coordination efforts with related stakeholders and MoPH department at national and provincial level.
3. Integration of IYCF indicators and activities in other related policies and plans of MoPH departments.

Indicator 2: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)

Gaps:
1. Poor Hospitals management, low commitment, weak knowledge and motivation of hospital staff
2. high load of hospital client/Low number of care provider
3. high turn over of Hospital staff
4. Weak supervision and monitoring

Recommendations:
1. Straightening Supervision and monitoring efforts to address attitude issues among health care providers on BFHI,
2. Orientation session for Hospital managers and staff
3. Advocacy to address hospital management issue
4. Organize initial and refresh trainings sessions for health provider
5. Support of Basic Package of Health services(BPHS) Implementing NGOs for better implementation and reporting of BFHI

Group 2:

Indicator 3: Implementation of the International Code

Gaps:
Low capacity and awareness regarding BMS Code implementation and monitoring

Recommendations:
1. interim procedure for better implementation of Code of BMS
2. Regular meeting of National BMS committee and analyzing violation reports.
3. M&E strengthening
4. Training for all level of relevant stockholders
5. IEC Publication
6. Receiving technical support from IBFAN/SA

**Indicator 4: Maternity Protection**

Gaps:

1. High Number of Deliveries and low number of skilled birth attendants
2. Poor Family support, traditional and cultural barriers
3. Lack of public awareness and Information about maternity protection laws, regulations
4. Low maternal care practice facilities.
5. Inadequate maternity leave at all organizations especially national NGOs/and private sector
6. Inappropriate and lack of breastfeeding nursing rooms for working mothers

Recommendations:

1. Advocacy to promote and increase skilled birth attendance schools and
2. Promote social mobilization and community awareness Increase care practice facilities
3. Advocacy to promote paid maternity leave
4. Advocacy for providing breastfeeding nursery in all organizations for working mothers.
5. Establish family support groups at community level
6. National awareness campaign (maternity protection)
Group 3

Indicator 5: *Health and Nutrition Care System*

Gaps

1. Inadequate/poor reflection of nutrition, particularly IYCF component into the current medical University curriculum
2. Inappropriate guidelines for mother-friendly childbirth procedures and support
3. Law technical and financial resources for nutrition programs at national and provincial level.

Recommendations

1. Advocate for integration of IYCF components into Medical universities.
2. Development of user friendly guidelines for mother-friendly childbirth procedures and support
3. Seeking/Encourage IBFAN, WABA and other regional and global partners for further coordination, advocacy, technical and financial support.
4. Systematic capacity building at Health and community
Indicator 6: *Mother Support and Community Outreach*

Gaps:

1. Lack of well trained mother support groups at community level.
2. Limited community nutrition intervention
3. Cultural & traditional barriers

Recommendations:

1. Develop mother support group package and training all family health action groups
2. Accelerate social mobilization and community awareness efforts
3. Encourage health NGOs to establish mother support group / family health action groups
4. Promote community participation and support
Group 4:

**Indicator 7: Information Support**

Gaps:

1. Lack of systematic IYCF communication campaign and printed materials with Health implementing NGOs
2. Poor public awareness
3. Lack of enough financial resources for IYCF communication campaigns and tools

Recommendations:

1. Finalization of Nutrition communication strategy and implementation plan
2. Advocacy for fund raising for systematic IYCF communication campaign and printed materials
3. Systemic IYCF campaign and increase public awareness

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**Indicator 8: Infant Feeding and HIV**

Gaps:

1. Poor reflection of infant feeding and HIV in HIV and Nutrition policies.
2. Lack of information on infant feeding and HIV (4in1) with health workers
3. Poor coordination among HIV and nutrition department in MoPH

Recommendations:

1. Accelerate infant feeding and HIV integrated policy
2. Develop and adopt 4 in 1 IYCF training Module Seeking financial support from national and global partners to cascade it to all health workers.
3. Improve coordination with related departments.
Group 5:

Indicator 9: Infant Feeding during Emergencies

Gaps:

1. Weak implementation of training module/package for infant feeding in emergencies.
2. Lack of nutrition emergency preparedness and response unit in Nutrition department

Recommendations:

1. Training of Health workers on training module/package for infant feeding in emergencies.
2. Integration of training module for infant feeding in emergencies.
3. Advocate to link nutrition emergency in early warning and response system

Indicator 10: Monitoring and Evaluation

Gaps:

1. Weak monitoring and reporting system and inappropriate linkage of IYCF indicators within existed health services.
2. Limited technical expertise and resources

Recommendations:

1. Link IYCF /Nutrition database with the existed HMIS system.
2. Regular monitoring and supervision of IYCF programs at field level (health facility and community level).
3. Advocate for capacity building and resources to address IYCF programs and practices.
Group 6

*Indicator 11: Early Initiation of Breastfeeding*

*Indicator 12: Exclusive breastfeeding for the first six month*

*Indicator 13: Median duration of breastfeeding*

**Gap:**

- weak implementation of IYCF counseling at private hospitals
- not all Hospitals included to BFHI strategy
- weak public awareness campaign and communication for Breastfeeding promotion
- weak commitment of policy makers and donors to provide enough fund for fully support of all IYCF practices

**Recommendations:**

- involving Private hospital in IYCF working group and coordination forums
- provide support to private hospital to implement BFHI
- fund raising for public awareness campaign on breastfeeding
- Advocacy forums for policy makers and donors to fully support all programs of IYCF strategy.
Group 7

**Indicator 15: Complementary feeding**

**Indicator 14: Bottle feeding**

**Gap:**
- weak implementation of food demonstration at community level for complementary feeding
- lack of knowledge and skill of counseling on complementary feeding
- weak public awareness on dangerous of bottle feeding
- weak public awareness campaign and communication for appropriate complementary feeding
- weak commitment of policy makers and donors to provide enough fund for fully support of all IYCF practices

**Recommendations:**
- provide SOP how to do food demonstration for children under 2 years
- Encourage National and provincial TV and Radio channels to use complementary feeding techniques in their kitchen programs.
- design innovate programs for promotion of food demonstration and complementary feeding
• fund raising for public awareness campaign on importance of complementary feeding and dangers of bottle feeding breastfeeding
• Advocacy forums for policy makers and donors to fully support all programs of IYCF strategy including food demonstration at community level.

Following are the recommendations/expectations of workshop participants based on group work discussion

**Recommendations**

• IYCF policy should fund properly
• IYCF communication strategy and plan should prepare and implement regularly
• IYCF taskforce should share their minutes with all Nutrition partners.
• Complementary feeding should strong supported as priority of MoPH.
• A regular BFHI assessment team and assessors should conduct BFHI assessment
• National BMS committee should evaluate all types of violations and conflict of interest
• Community based IYCF program should funded properly by partners.
• PNOs and health staff should receive IYCF trainings
• An official letter should circulate to PHDs and NGOs for strengthening IYCF activities at facility and community level
• Preparing a plan for IYCF implementation
• PND should do there efforts for recruiting health staff where is needed for IYCF counselling at health facility level.
• PNO should coordinate their IYCF activities with hospitals, health facilities, Masjids, markets...
• Practicing different channels for IYCF promotion, such as Billboards in highways, cities, all crowded areas
• Establishment of provincial BMS committee under PPHD/PNO leadership
• PNO and NGO should inform from available training packages, budget for plans
• Providing annual plan and budget from UN agencies in the beginning of each year, not only loading the work in the end of year.
• Preparing plan of NGOs, UN and PND with consultation of PNOs
• Reporting formats should revised based on update guidelines

Thanks