

Breastfeeding Seminar

*Protecting, Promoting, and Supporting
Breastfeeding in the Field*

May 9-11, 2017
Washington, DC

SESSION DESCRIPTION: May 10 Session on Future Directions, followed by May 11 Gallery Walk

Small group work to discuss ideas for other topics which were mentioned as being of interest for the protection, promotion and support of breastfeeding in the field when The TOPS Program gathered ideas from: (a) comments on evaluation forms for the Breastfeeding Symposium hosted August 29, 2016 by the FANTA Project, with support from USAID Global Health Bureau and the Office of Food for Peace, (b) input from a brainstorming session of the FSN Network Nutrition & Food Technology Task Force, and (c) input from staff from FFP and USAID/GHB. Suggestions were posted on flipcharts with a Gallery Walk the next day where participants can add in their comments to other small group suggestions.

SUGGESTIONS FROM SMALL GROUP WORK FOR “FUTURE DIRECTIONS”

Note that additional comments from Day 3 Gallery Walk are included in italics.

Group 1: The Code of Marketing of Breast Milk Substitutes

- In advocacy efforts, highlight the challenges from cross promotion:
 - That is a major problem/main vehicle for promotion for BMS
 - It is now PROHIBITED explicitly by the code/WHO 69.9
 - *(Also advocacy with governments on how to monitor Code violations and prosecute when violations occur)*
- Work for alignment of global policies regarding the Code – e.g. alignment of Codex standards with the Code
- Capitalize on new “angles” to refresh interest in the Code – e.g. Human Rights, NetCode Breastfeeding Advocacy Initiative
 - *Could youth monitoring of Code violation be an issue that goes viral based on youth interest in human rights?*
- Focus on ethical codes of conduct and corporate sponsorships with advocacy to high level associations:
 - *Is there an opportunity for corporate focus on social responsibility?*

- *Use private sector/corporate language to sway strategy. The future is in new, convenient, affordable, nutrition-promoting foods for ALL stages of life AFTER two, i.e. “Grasp this opportunity now to get an edge on your competition” and “Boost/triple your bottom line)*
- *\$, environment and social*
- *Let food companies know they are killing their own customers and that they need to change business models to have smarter, richer, customers who live longer and buy their products. “So exclusive breastfeeding and continued breastfeeding are good for your bottom line!”*
- Create a task force that can respond to US policy changes
 - FDA claims process?
 - Office of Trade targeting international breastfeeding policies?
- Add question(s) on exposure to promotion of BMS to surveys, especially DHS
 - Example: Question “Have you seen, read or heard a promotion for a BMS since the birth of your child?”
- Develop a WHO/UNICEF technical brief on the Code and trade barriers, drawing upon lessons learned from tobacco

Group 2: Advocacy at Donor & National Levels

- Be prepared for negative commentary and media discussion of breastfeeding & have resources and champions prepared to highlight the benefits of breastfeeding.
 - Should identify potential political and celebrity champions for breastfeeding in countries
- Need to acknowledge the challenges in breastfeeding, highlight the normalcy (note: underlined during Gallery Walk) of breastfeeding challenges, and respond to challenges in an appropriate way
 - *Framing should be on supporting norms and families to do the best for their children- Explicitly not about hyper visibility on poor women, not about judging or “mommy wars”*
- Identify further the benefits of breastfeeding to use for advocacy
 - For example, how breastfeeding can help reduce the likelihood of overweight and obesity later in life/childhood
 - *Further examine/investigate the use of food products (RUF, FBF, etc.) and potential displacement of breastfeeding*

- Reach out to and generate allies in teachers unions, doctors unions, national insurance schemes, chambers of commerce, etc., and use them as advocacy groups because they will see benefits from the long-term results/outcomes of breastfeeding
- Gather detailed data and evidence from ongoing projects and industry in general to use as support for advocating for breastfeeding
 - Promote open data policy
- *Consider donors to sign agreement not allowing partnerships with violator companies*

Group 3: Capacity Strengthening for Breastfeeding Support/Counseling at Institutional Level (MOH)

- Job aids & support
 - Utilize technology (apps, etc.) to provide support
 - Build on costing/budgeting tools of MOH and work with Administration/Governance
 - Clinical tools for counseling and physical exam, algorithms, etc.
- Sustainability of knowledge & skills
 - To prevent drop in level of skills and knowledge ensure that training is followed with support and mentorship
- Raise to the policy level:
 - Training criteria to be integrated into national, facility and other institutional levels
 - Nutrition capacity building materials to be approved to allow for consistent messages (particularly in terms of nutrition counseling)
- Cascade training
- Expand the definition of “Institutional” to include facilities (public and private) & training/academic intuitions, as well as MOH
- Pre-service training to include (and in-service)
 - Physicians
 - Nurses
 - Midwives
 - Hospital administrators
 - Supervisors
 - Public Health and Governance

- Understanding context and cultural-specific roles and assets and needs of various providers/stakeholders
 - CHWs, Nurses, Midwives, Physicians, Public Health/MOH, Administration, etc.
- Indicators needed: M&E
 - What is an “adequate nutrition curriculum”?
 - What is the coverage? (#trained, # of institutions with established and updated curriculum)

Group 4: Capacity strengthening for breastfeeding support and counseling at the community volunteer level

- How to adapt messages and strategies for seasonal changes, climate change, emergencies
- Increase counseling skills/problem solving for breastfeeding issues
- Increase training on how to actively listen to moms
- Materials and guidance for the urban context!
 - Strategies/logistics for community work
 - Adaptations of messaging (for example, pumping of breast milk)
 - Who can provide counseling/messaging?
- Coordination on incentives messaging, reliance on Community Health Volunteers (CHV)/Community Health Workers (CHW)
- Use of multiple community pathways (other organizations, community groups, etc.) to alleviate burden on CHVs/CHWs
- Guidance/research on pumping safely in the development context needed
- Encouraging CHVs to engage local CBOs, NGOs and FBOs as alternative pathways for breastfeeding messages and tools

Group 5: Building Community/family support for breastfeeding mothers

- Build and encourage facility-community level referrals and connections that are multi-directional
 - Empower users to define and improve quality
- Challenge of building empathetic relationships that are truly participatory within 5 year project funding cycles

- Modeling the participatory engagement (approach) with our colleagues that we expect them to use with the beneficiaries/clients
- Key to build intra-household communication skills to help foster equitable decision-making and support for mothers
- How do we build capacity for these who train or work with community members to value perspectives and engagement from community members equally?
- Have the solutions (programming) come from the community itself using participatory methods
 - TIPS, PLA, Positive Deviance Inquiry
- *Use of multiple pathways to encourage community support*

Group 6: Integrating a focus on breastfeeding in multi-sectoral programs

- Buy-in and convening of leaders and staff
- Cross-train project staff at project start-up
- Evolving nutrition-sensitive new approaches, including private sector and market approaches
 - Women's empowerment: time use; income
- Prioritization within multi-sectoral projects: messages/SBC approaches
- Operational integration
- Small, doable actions within other program activities
- Implementation science for different/alternate operationalization models (for multi-sectoral)
- Whole-family approach?
- Need for simplification in collaboration and coordination
- *Clarity on when messages are best internalized (timing of messages)*