rossMark

Opportunities for strengthening infant and young child feeding policies in South Asia: Insights from the SAIFRN policy analysis project

Anne Marie Thow^{1*}, Sumit Karn², Madhu Dixit Devkota³, Sabrina Rasheed⁴, SK Roy⁵, Yasmeen Suleman⁶, Tabish Hazir^{7,8}, Archana Patel⁹, Abhay Gaidhane¹⁰, Seema Puri¹¹, Sanjeeva Godakandage^{12,13}, Upul Senarath^{13,14} and Michael J. Dibley¹⁵

Α

Background: South Asian countries experience some of the highest levels of child undernutrition in the world, strongly linked to poor infant and young child feeding (IYCF) practices. Strong and responsive policy support is essential for effective interventions to improve IYCF. This study aimed to identify opportunities for strengthening the policy environment in the region to better support appropriate infant and young child feeding.

Methods: We mapped policies relevant to infant and young child feeding in India, Pakistan, Bangladesh, Sri Lanka and Nepal, based on a common matrix. The matrix described potentially relevant policies ranging from high-level strategic policy documents to implementation-level guidelines. We analyzed the data based on themes focused on caregiver interactions with IYCF interventions: provision of correct information to mothers, training of frontline workers, enabling mothers to engage with service providers and strategic support for IYCF.

Results: Policy support for IYCF was present in relation to each of the themes assessed. In all countries, there was support for nutrition in National Development Plans, and all countries had some level of maternity protection and restrictions on marketing of breast milk substitutes. Sectoral and implementation-level policy documents contained provisions for system strengthening for IYCF and for training of frontline workers.

Conclusions: The key opportunities for strengthening IYCF policy support were in relation to translating strategic directives into implementation level documents; improving multi-sectoral support and coordination; and increased clarity regarding roles and responsibilities of frontline workers interacting with mothers. These findings can support efforts to strengthen IYCF policy at the national and regional level.

Keywords: Infant and young child feeding, South Asia, Policy content analysis

the sectoral level, and implementation-level support.

guidelines relevant to breastfeeding and complementary feeding (e.g. training or clinical protocols that guide implementation). We included policies from within and outside of the health sector, that indicated government support, or influenced caregiver access to best-practice interventions. Relevant sectors were identified as: health, child development, labour, central planning, social welfare and agriculture. Key issues included: IYCF Counselling; support for early initiation of breastfeeding, appropriate breastfeeding and appropriate complementary feeding; and whether statements of policy intent are supported/translated into implementation level documents.

Our analysis focused on the national level, as the focus of population-level policy recommendations. However, in Pakistan and India we also included subnational level policies from two Provinces and two States, due to devolution of policy responsibilities related to IYCF (to different degrees) in these jurisdictions. In these countries, significant responsibility for health and child development policies is situated in the subnational levels of government.

Data were collected in 2013–2014. We sourced documents from government websites, government archives, and through direct requests to Ministry of Health officials and other related Ministries (e.g. Child Development) and other relevant stakeholders. For each policy document, information was entered into an excel spreadsheet, including: name of Policy; year of release; any relevant endorsement (e.g. by Cabinet); any m;

ear(hr)6(s)-23616(s)He seet d2(col2(cohTced)-436(sc)d)emei12.9010Td7(td[6T0395(We)-49s)-2361i.0165h

(ntoe)-273

1 Summary of policy strengths and opportunities to strengthen policy support across the region

Themes and subthemes	Bangladesh	India	Nepal	Pakistan	Sri Lanka	Opportunities to strengthen policy support
R – Robust policy support; E – Emerging pol	icy support; C) – Opp	ortunit	y to stren	gthen po	licy support ^a
General support for infant and young child feeding				- Clear strategic mandates for cross-sectoral action an		
- IYCF as development priority (e.g. in National Development Plans)	R	R	R	R	R	collaboration on IYCF - Role definition in areas of shared IYCF responsibilities - Improved policy support for monitoring and evaluation
- Provisions for multisectoral coordination, at whole-of-government level	R	E	R	E	R	- Specific support for complementary feeding
- Strategic policy support for monitoring and evaluation	0	0	0	0	R	
- High level (i.e. whole-of-government level) support for breastfeeding	R	R	R	E	R	
 High level (i.e. whole-of-government level) support for complementary feeding 	E	0	E	E	E	

 Consistent references to agreed messages regarding IYCF, especially complementary feeding, within policy docu8(17.78therst2rrt)-297(e1595imen65959(within)-4(io2thec07Ts(mocom)

from multiple layers of government. This issue was less of a concern in India, where states also hold significant governance responsibilities, as there was more centralization of responsibilities for nutrition and child development [28]. Commitment for multisectoral approaches to nutrition policy has led Nepal to have strong strategic support for IYCF in recent development plans (13th and 14th Plan documents) [32].

Provision of correct information to mothers/caregivers

Pro isions for multisectoral coordination, at hole-ofgo ernment le el

All countries also had some level of high-level multisectoral collaboration on IYCF, which had been formalized for Nepal, Bangladesh and Sri Lanka. Sri Lanka had instituted a Nutrition Coordination Division under the Ministry of Health, with the mandate of coordinating action of relevant sectors on nutrition including IYCF, which is now also a priority area for prevention of non-communicable diseases, as well as child nutrition more broadly [29]. Nepal had a formal committee to support action on IYCF, with multi-sectoral representation, under the Multi-Sector Nutrition Plan [32]. This formal engagement of stakeholders from Women/Children, Agriculture, Education, Water and Sanitation and Social creates constructive lines of communication across sectors, and may promote collaboration for integration of IYCF in respective sectoral interventions. In Bangladesh, there is a 13 ministry coordination system that was established to coordinate the multi-

already implemented in Bangladesh [30]. In Pakistan, the roles and approaches for public messaging were clear, but policy support would have been stronger with inclusion of details regarding how, when and through whom to disseminate information [31]. In Nepal, IYCF messaging was

Due to the common challenge of persistent child undernutrition across low and middle income countries, this research is likely to provide insights in other regions. First, the analysis has highlighted significant recognition of IYCF as a contributor to national development — but also that policy support for IYCF is not always accompanied by sufficient detail regarding implementation, which is likely to hamper outcomes. Second, monitoring and evaluation can easily be overlooked but is a critical component of strong policy support for IYCF. Finally, policy content analysis can be a helpful approach to underpin informed advocacy for stronger IYCF policy.

Abbreviations

IYCF: Infant and young child feeding; SAIFRN: South Asia Infant Feeding Research Network; UNICEF: United Nations Children's Fund; WHO: World Health Organization

Acknowledgements

This paper was prepared on behalf of the South Asia Infant Feeding Research Network (SAIFRN) policy study team, as follows.

- Ba a : Sabrina Rasheed, S K Roy, Susmita Das, Syeda Nafisa Chowdhury, Mohammad Iqbal, Syeda Mahsina Akter, Khurshid Jahan, A K M Iqbal Kabir, Mohammad Raisul Haque, Rukhsana Haider.
- l a: Lata Medical Research Foundation: Archana Patel, Amrita Puranik,
 Yamini Pusdekar; University of Delhi: Seema Puri, Deepika Anand, Rachita Gupta; National Institute of Nutrition, Hyderabad: Sylvia Fernandez Rao, G.
 Subba Rao, K. Sreedevi, S Vasudha; Datta Meghe Institute of Medical Sciences: Abhay Gaidhane, Quazi Syed Zahiruddin, Manoj Patil, Navnita Jadhav.
 N α: Madhu Devkota, Sumit Karn, Kalpana Tiwari, Isha Karmacharya, Smriti
- Maskey.

 Pa a : Tabish Hazir, Durre Samin Akram, Hana Mahmood, Yasmeen Hanif.
- Narjis Kazmi, Amara Shakeel, Amira M Khan, Saleem Abbasi. 5 La a: Sanjeeva Godakandage, Upul Senarath, Hiranya Jayawickrama, Indika Siriwardena, Aravinda Wickramasinghe, Prasantha Arumapperuma, S Ihalagama, S Nimalan, Archchuna Ram, Claudio Umesh.
- U S : Michael J Dibley, Anne Marie Thow.

This paper was prepared on behalf of the South Asia Infant Feeding Research Network (SAIFRN) policy study team. The authors acknowledge technical support provided by the International Food Policy Research Institute, New Delhi. This research was funded by the Australian Government, Department of Foreign Affairs and Trade, (Public Sector Linkage Program, AusAID agreement number- 60729) through the University of Sydney. We would like to acknowledge Prof. Michael J Dibley, Sydney School of Public Health, University of Sydney, who steered us towards this policy and stakeholder analysis as an activity of the South Asia Infant Feeding Research Network. For Dr. Rasheed's contribution, icddr,b is also grateful to the Governments of Bangladesh, Canada, Sweden and the UK for providing core/unrestricted support. The authors acknowledge technical support provided by the International Food Policy Research Institute, New Delhi, and in particular, Dr. Purnima Menon. The authors acknowledge and appreciate the constructive input from the reviewers. We would also like to acknowledge the contribution of Ms. Elizabeth Kirkwood, Sydney School of Public Health, University of Sydney, for coordinating preparation of the supplement.

Funding

This research was partially funded by the Australian Government Department

7. Sanghvi T, Martin L, Hajeebhoy N, Abrha TH, Abebe Y, Haque R, Tran HTT,