Regional workshop on reducing young child malnutrition through optimizing diets and the food environment

29 November–1 December 2023
New Delhi, India
## Contents

1. Overview ............................................................................................................................................................... 3
2. Workshop outcomes ............................................................................................................................................. 4
   List of resource materials for the workshop ............................................................................................................. 4
3. Proceedings ........................................................................................................................................................... 5
   3.1 Opening session .................................................................................................................................................. 5
   3.2 Technical sessions ........................................................................................................................................ 5
   Session 3.2.1 Young child diets and the double burden of malnutrition ................................................................. 5
      Promoting young child diets to reduce all forms of malnutrition ........................................................................ 5
      Drivers of complementary feeding .................................................................................................................. 5
      Sustainable and Resilient Food Systems for Healthy Diets and Better Nutrition for Young Children .............. 6
      Food insecurity and affordability affecting optimum complementary feeding .................................................... 6
      Country good practices in improving young child diets ........................................................................................ 6
      Introduction to WHO Guideline for complementary feeding of infants and young children 6–23 months of age and unpacking of the recommendations on complementary feeding of infants .................................................. 7
      Indicators for assessing infant and young child feeding practices. Definitions and measurement methods ...... 8
      Action frameworks on complementary feeding and Updates on the implementation guidance for complementary feeding recommendations ........................................................................................................ 8
      Current research advances and gaps in promoting optimum young child diets ................................................ 10
   Session 3.2.2 The food environment around young children and suboptimum diets ............................................ 11
      Overview of the food environment for young children, suboptimal diets and opportunities for improvement11
      Guidance on ending the inappropriate promotion of foods for infants and young children 11
      Nutrient and promotion profile model for food products for older infants and young children and it’s applications 12
      Challenges of highly processed commercially produced foods and snack product intake among older infants and young children ........................................................................................................ 14
      Group work 1. Brainstorming activity ................................................................................................................. 14
      Session 3.2.3 Communication strategies in optimizing child feeding practices and nurturing care ................. 14
      Communication methods to promote optimum young child feeding .................................................................. 14
      Social behaviour change to optimize young child diets .......................................................................................... 15
      Early stimulation and responsive feeding in Child Nutrition and Development programmes .......................... 16
      Good practices in Complementary feeding support .............................................................................................. 17
   Session 3.2.4. Optimizing young child diets – the way forward ........................................................................ 18
1. Overview

Optimum young child diets are essential to ensure the health and development of children to their full potential. Poor diets affect growth and metabolism, with long-term programming effects on health and remains a persistent bottleneck to achieving the Global Nutrition Targets and 2030 Sustainable Development Goal targets for child stunting, wasting and overweight.

In WHO South-East Asia Region, countless children do not have access to nutritious and safe foods during the critical early growth period. Diets often lack diversity and adequacy. Socio economic circumstances, poor feeding practices influenced by inadequate knowledge, cultural habits and the changing food environment all play a role.

Changing lifestyles and urbanization has also brought about alterations in dietary patterns and food habits. The proliferation, availability and aggressive marketing of low-cost unhealthy snacks, foods and beverages in emerging markets has contributed to an increased consumption of these products by young children. The growing child’s exposure to the external food environment and early food experiences influence long term food preferences and eating behaviours. A rising intake of food unsuitable for infants and young children are reported, contributing to the double burden of malnutrition. Availability and sales of commercial food products for older infants and young children are also rising and need attention. Sub optimal diets are responsible, directly or indirectly for much of the morbidity and mortality in children under 5 years of age. Unhealthy diets can result in overweight and increase risk of NCDs including type 2 diabetes as well as micronutrient deficiencies and possibly stunting.

The early years present a critical window of opportunity to protect and promote healthy dietary practices. While nutritious and safe diets and appropriate feeding practices continue to be promoted, the poor dietary indicators as and the increasing intake of unhealthy commercial food products in many countries highlight the need for heightened attention to young child diets. In keeping with the changing demographic trends, dietary practices and food environment, WHO recently published new recommendations on complementary feeding and practices aimed at preventing all forms of malnutrition.

The Strategic Action Plan for reducing the double burden of malnutrition in the WHO South-East Asia Region 2016-2025 emphasizes the promotion of optimum diets for young children, and improvement of the early food environment. Strategies to support countries include technical assistance to operationalize and monitor evidence-based recommendations; evidence generation on dietary practices and development of tools to support an improved food environment. Therefore, a Regional workshop was planned to strengthen country strategies to optimize young child diets (6-36 months) and the food environment.

The Regional Workshop on reducing young child malnutrition through optimizing diets and the food environment was organized in collaboration with UNICEF Regional Office for South-Asia (ROSA). The workshop brought together seventy participants. National programme managers of child health and nutrition, national regulatory agencies, regional and global experts, WHO and UNICEF headquarters and country office staff, FAO Regional Office for Asia and the Pacific (FAO RAP), World Food Programme Regional Bureau for Asia (WFP), WFP India, the SUN secretariat for Asia, Save the Children India, representatives of national pediatric associations and other stakeholders in young child feeding attended the workshop.
2. Workshop outcomes

- Global, regional and country situation on existing policies and programmes to reduce the double burden of malnutrition shared.
- National programme managers and other stakeholders oriented on the new WHO recommendations on complementary feeding and strategies to improve the food environment.
- Country challenges related to the unhealthy food environment and young child diets identified and good practices and double duty actions in reducing the double burden of malnutrition shared.
- Strategies on how to optimize the young child food environment including through use of tools, communication and social behaviour change identified in the context of the double burden of malnutrition.
- Opportunities to incorporate the new recommendations and other double duty actions within national action plans explored and their operationalization discussed.

The participant list is provided in Annex 1

List of resource materials for the workshop.

- WHO Guideline for complementary feeding of infants and young children 6-23 months of age [https://iris.who.int/bitstream/handle/10665/373358/9789240081864-eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/373358/9789240081864-eng.pdf?sequence=1)
- WHO. Draft Nutrient and promotion profile model. Ending the inappropriate promotion of food products for older infants and young children in the WHO South-East Asia Region. WHO 2023.
3. Proceedings

Day 1

3.1 Opening session

The delegates and experts were welcomed by Dr Cherian Varghese, Acting Director Department of Healthier Populations and Noncommunicable Diseases (HPN), Angela de Silva, Regional Adviser Nutrition and Health for Development, HPN Department, WHO Regional Office for South-East Asia, and on behalf of UNICEF by Zivai Murira from UNICEF ROSA.

3.2 Technical sessions

Session 3.2.1 Young child diets and the double burden of malnutrition

Chairs: Dr Ni Made Diah Permata Laksmi, Indonesia and Prof HPSS Sachdev, India

Promoting young child diets to reduce all forms of malnutrition
Angela de Silva, WHO SEARO and Zivai Murira, UNICEF ROSA

The Regional nutrition status, was presented, based on Joint Malnutrition Estimates and national data, along with current complementary feeding indicators. The Region carries a high burden of stunting and wasting and a slowly increasing prevalence of overweight in the 0-23 month age group. The complementary feeding indicators showed that the achievement of minimum dietary diversity was poor and the proportion of children fed with minimum meal frequency and children consuming a minimum acceptable diet were inadequate in most countries, as was the consumption of eggs or flesh foods by young children.

Efforts to improve children’s diets must focus on delivering adequate foods, services and practices and the focus must be on the health, food and social protection systems to deliver better diets for young children. Priority actions identified within each system were stated.

Since shared biological, environmental and socioeconomic factors contribute to the risk or prevalence of both undernutrition and overweight/obesity, the need to consider double duty actions when delivering nutrition interventions was emphasized.

Drivers of complementary feeding
Zivai Murira, UNICEF ROSA

Key highlights from the UNICEF landscape analysis of the main drivers of complementary feeding were shared. The analysis made clear that complementary feeding has several multiple, interacting barriers.

- Availability and physical access barriers due to shortages in national supplies, seasonal scarcities, poor roads infrastructure, climatic shocks and conflict make up a large proportion of the barriers.
• Social, cultural and gender barriers are evident. Some mothers turning to convenience foods and fast foods. Unhealthy processed foods and drinks are entering children’s diets from a very young age, driven by heavy, unregulated marketing of such products.

• Though the health system has long supported young child feeding, coverage and quality of caregiver counselling remain inadequate, and there are many missed opportunities within health, food and social protection systems to support families to access affordable, nutritious foods.

Sustainable and Resilient Food Systems for Healthy Diets and Better Nutrition for Young Children
Warren Lee, FAO Regional Office for Asia and the Pacific

FAO is promoting on and off farm solutions to support sustainable and resilient agri food production for healthy diets. These include investment in nutrition-sensitive value chains for nutritious foods; with better handling, storage, processing and preservation to reduce post-harvest food losses, and retain & optimize nutrient contents in the food chains. Also, shorter & localized value chains are being promoted, linking farmers to local markets and consumers, reduce running costs, and food prices, and improve food access & affordability. Promotion of urban farming is a another initiative.

Investment in nutrient-dense complementary foods, reformulation of food products low in nutrient values, and high in trans-fats and other fats, sugars and salt), and through working with small and medium enterprises to enrich food products with nutrients, and cut down sugar, salt and fat content are ongoing. Reducing investment in highly processed food products and non-nutritious snacks for young children is important. Conducive public policies to drive healthier food options for young children include fiscal policies, income generation and social protection support.

Food insecurity and affordability affecting optimum complementary feeding
Filippo Dibari, WFP Regional Bureau for Asia

Much of the evidence on food security and affordability of foods is derived from WFP’s fill the nutrient gap (FNG) analysis. cost of nutritious diets tool, which can inform national policies and focus on the most vulnerable. The FNG considers if nutritious foods are available, accessible, and affordable in specific contexts, identifies barriers leading to gaps in nutrient intake and models the impact of specific interventions. Further details are in https://docs.wfp.org/api/documents/WFP-0000139306/download/?_ga=2.132587083.493684718.1704970005-359567281.1704970005.

Examples of country analysis were shared. Modelling of reductions in the cost of a nutritious diet with rice fortification, and increasing costs when unhealthy snack foods were added, and when breastfeeding vs non breastfed were highlighted. The effects of social protection of pregnant and breastfeeding mothers and/or young children are vital and the cost of diet analysis can inform national programmes to support good complementary feeding within a food systems approach.

Country good practices in improving young child diets
Posters displayed good practices in improving young child diets by countries are presented in Annex 2. Country teams shared national data, good practices and challenges in young child feeding. Some countries included the context of the double burden of malnutrition. Each poster presentation was followed by a discussion session.

Introduction to WHO Guideline for complementary feeding of infants and young children 6–23 months of age and unpacking of the recommendations on complementary feeding of infants
Laurence Grummer-Strawn, WHO HQ

The rationale and overview of new guideline, expectations, key changes from previous guidance were discussed, and each recommendation was unpacked and discussed with regard to Guidelines, operationalizing at country level and concerns regarding the recommendations. The guideline is intended to be food-based, but its development and recommendations ensured that nutrient needs are met. The previous PAHO/WHO Guiding principles for complementary feeding of the breastfed child (2003) and the WHO Guiding principles for feeding non-breastfed children 6–24 months of age (2005) focused on undernutrition. The current guideline is an update, but specific aspects of the previous guideline and other guideline are relevant to this new guideline (e.g. sugars guideline, daily iron supplementation).

It combines breastfed and non-breastfed children, is based on updated science, considers context of overweight/obesity. The guideline does not address preterm and low-birthweight, acute malnutrition, serious illnesses, disabilities, or emergencies. It is based on 10 commissioned systematic reviews on benefits and harms, and dietary modeling assessments to define the best diets.

New recommendations were on animal milk acceptable for non-breastfed infants 6-11 months of age; discourage consumption of starchy cereals; foods high in sugar, salt or trans fat and non-sugar sweeteners should not be consumed. Consumption of 100% fruit juice should be limited.

Concerns raised by national participants regarding the new recommendations:

- Recommendation 2. Milks 6-11 months: for infants 6-11 months of age who are fed milks other than breast milk, either milk formula or animal milks can be fed.
- Milks 12-23 months: for young children 12-23 months of age who are fed milks other than breast milk, animal milk should be fed. Follow up formulas are not recommended.

The phrasing of recommendation 2 is confusing and would lead to misinterpretation by programmes, industry, and undermine breastfeeding and the Code legislation (there are already examples of such misrepresentation from countries). The remarks also refer to dairy products, which will promote commercial milk products.

It would be best to have the recommendations for non-breastfed children as a separate section in the implementation guidance.

- Recommendation 4, Remark - starchy staple foods should be minimized.
The phrasing is confusing, and for majority of the population, starchy cereals are a staple part of the diet.

- Recommendation 6.

The section c, on food insecure populations, should have been provided separately, under the acute malnutrition guidance, or in a separate section. Participants observed that stating it in the main guidance section was an indirect promotion of SQ LNS and other commercial products.

**Indicators for assessing infant and young child feeding practices. Definitions and measurement methods**

Laurence Grummer-Strawn, WHO HQ

Revised indicator manual was published in 2021. [https://iris.who.int/bitstream/handle/10665/340706/9789240018389-eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/340706/9789240018389-eng.pdf?sequence=1). There is no distinction between core and optional indicators. The total number of indicators increased from 15-17:

- 9 indicators related to milk feeding,
- 8 indicators on complementary feeding,
- 3 new indicators on “unhealthy” eating

Minimum dietary diversity: % who consumed foods and beverages from at least five out of eight defined food groups during the previous day.

1. breast milk
2. grains, roots, tubers and plantains
3. pulses (beans, peas, lentils), nuts and seeds
4. dairy products (milk, infant formula, yogurt, cheese)
5. flesh foods (meat, fish, poultry, organ meats)
6. eggs
7. vitamin-A rich fruits and vegetables
8. other fruits and vegetables

**Participants questions/concerns**

Breast milk fed babies would be missing one different food group on the minimum dietary indicator, since breast milk would be included as a food group, and other milk products would be considered a second food group. So that if breastfed baby were taking a dairy product as well it would be counted as two food groups, and he/she would need only three other food groups to achieve MDD whereas non breastfed babies would have four food groups plus the dairy group.

**Action frameworks on complementary feeding and Updates on the implementation guidance for complementary feeding recommendations**

Linda Shaker Barber, UNICEF HQ

Part A. UNICEF systems based action framework on complementary feeding
The main messages from the UNICEF programme guide on improving the diets of infants and young children during the complementary feeding period was shared.

1. **What should young children eat?** - breastmilk, diverse and nutrient dense foods, animal source foods, fruits and vegetables, fortified foods or vitamin and mineral supplements. Avoid foods/drinks with low nutrient value, and avoid adding sugars.

2. **When and how young children should eat?** - timely introduction of first foods, appropriate frequency, amounts, consistency, safe preparation and storage, responsive feeding and care giving and feeding during and after illness.

The programming principles to improve diets were also shared:

- Deliver ‘what works for improving complementary feeding’ at scale, with quality and equity.
- Design, implement and monitor programmes built to respond to the context-specific drivers of young children’s diets.
- Direct actions to the systems that have the potential to deliver nutrition interventions to children in need – at scale and with sustainability. Details of the action framework were also shared.

**Part B. Updates on the implementation framework and guidance for complementary feeding**

**The implementation guidance framework will be based on the following**
Current research advances and gaps in promoting optimum young child diets
Ranadeep Choudhury, Society for Applied Sciences, New Delhi

The presentation focused on the periods of growth faltering, and highlighted that of the total deficit in length at 2 y of age, approximately one third presents at birth, over one-third occurs during the 3 to 11 m period, little less than one-third occurs in the 12 to 23 m period. This indicates the importance of maternal nutrition in contributing to stunting reduction. Evidence from South Asia indicated the lack of high-quality proteins, micronutrients, and other specific nutrients important to achieve optimal linear growth in infancy. Protein acts on linear growth through stimulating IGF 1. The WINGS trial in India was briefly mentioned, where an optimum intervention package is being provided during pre conception pregnancy, postnatal 1st and 2nd years.

Research gaps in complementary feeding:

In infants 6–11 months of age who consume non-fortified animal milk, what other foods need to be added to the diet to avoid iron deficiency?

Effects of different types of milk (for example, full-fat vs low fat animal milks, plant-based vs animal milks) in young children 12–23 months of age on health and nutrition outcomes?

Optimal/maximum quantity of milk that children 6–23 months of age should/can consume (that is, should maximum limits be set to avoid displacement of other foods)?
Day 2

Session 3.2.2 The food environment around young children and suboptimum diets

Chairs Prof Dr Rina Agustina, Indonesia and Prof Heshan Jayaweera (Sri Lanka)

Overview of the food environment for young children, suboptimal diets and opportunities for improvement
Angela de Silva WHO SEARO

The Regional status, challenges and opportunities for improving food environments for young children were presented. The food environment around young children is shaped by several factors such as physical, economic, political, and socio-cultural contexts. Information on food access, consumption of commercial unhealthy snack foods and food products for older infants and young children are increasing. Food choices are greatly shaped by the contexts within which they are made. Key elements influencing food choices, food acceptability and diets:

- physical and economic access to food (proximity and affordability); convenience and cost
- food promotion, advertising and information;
- food quality and safety - taste

In the Region, healthy foods are less available and affordable, while unhealthy foods are easily accessible and dominate. Sales of low-cost highly processed, low nutrient dense foods is high, often with misleading and inadequate labelling. Often, caregivers, specially from urban setting, low socio economic and education environments are likely to feed their children unhealthy commercial foods not meant for them.

The consumption of food products for older infants and young children, commonly known as commercial complementary foods is also rising, driven by rampant promotion of such products.

**Gaps, problems and actions to improve young child food environments:**
Assess food environments of young children across countries
Identify and address capacity gaps of health staff and community workers.
Community empowerment regarding healthy diets for young children.
Social protection and fiscal policies to increase affordability of healthy foods for young children.
Inappropriate promotion of foods for older infants and children.
Non enforcement of National Codes for Protection, Promotion and Support of Breastfeeding and Marketing of Designated Products that have provisions against promoting commercial foods that replace breastmilk.
Most national policies and strategies seek action on strengthening regulatory systems for highly processed commercial foods and snacks, but commercial interests oppose actions.

**Guidance on ending the inappropriate promotion of foods for infants and young children**
Laurence Grummer-Strawn
At the 69th World Health Assembly in 2016, the resolution WHA 69.9 was adopted by member states to end the inappropriate promotion of foods for infants and young children. Progress regarding the guidance on ending the inappropriate promotion of foods for infants and young children and availability of new standards and tools were presented. An important update was the revision of the CODEX standard for the BMS in 2023, and publication of the new CODEX standard of the labelling of follow-up formula for older infants.

<table>
<thead>
<tr>
<th>Recommendations in WHO guidance</th>
<th>Codex revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clarification on breast milk substitute</strong></td>
<td><strong>Information Note on follow up formula.</strong> New Codex standard revised to state: “Follow up formula for older infants means a product, manufactured for use as a breastmilk substitute. (Product for young children means a product manufactured for use as a liquid part of the diversified diet of young children [FN: In some countries these products are regulated as breastmilk substitutes]” Previous text: “The products covered by this standard are not breast milk substitutes and shall not be presented as such.”</td>
</tr>
<tr>
<td><strong>Recommendation 2</strong> “A breast milk substitute should be understood to include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow up formula and growing up milks).”</td>
<td><strong>Cross promotion</strong> Recommendation 5. : “Packaging design, labelling and materials used for the promotion of complementary foods must be different from those used for breast milk substitutes” New Codex standard states: Follow up formula for older infants shall be distinctly labelled in such a way as to avoid any risk of confusion with infant formula... in particular as to the text, images and colours used. The labelling of follow up formula for older infants shall not refer to infant formula..., including numbers, text, statements, or images of these products.</td>
</tr>
</tbody>
</table>

- **Recommendation 3.** On standards for composition, safety, quality, and nutrient levels, nutrient profile models to guide decisions on which foods are inappropriate for promotion are available at the regional level. WHO EURO and SEARO Nutrient and Promotion Profile Models are available.
- **Recommendation 4:** In response to recommendation 4 on promotion and marketing, WHO published new guidance on regulatory measures aimed at restricting digital marketing of BMS to address emerging digital marketing techniques.
- **Recommendation 6:** Companies that market foods for infants and young children should not sponsor meetings of health professionals and scientific meetings. WHO and UNICEF published an Information Note on Clarification on Sponsorship of Health Professional and Scientific Meetings by Companies that Market Foods for Infants and Young Children to address conflicts of interest (COI) in healthcare.
- The WHO Guideline on policies to protect children from the harmful impact of food marketing was launched to guide member state on the restriction of marketing of unhealthy foods to children.

**Nutrient and promotion profile model for food products for older infants and young children and it’s applications**
Rachita Gupta, WHO Country Office, India

The nutrient and promotion profile model (NPPM): foods for older infants and young children is now available, and can be utilized by countries for ensuring that commercial complementary foods for young children are of an optimum nutrient composition, and appropriately promoted. Food products for older
infants and young children are those that are commercially produced and marketed specifically for the 6 - 36-month age group. The model was based on the following:

- Nutrient composition compatible with preventing all forms of malnutrition.
- Foods not recommended in national FBDG/ complementary feeding strategies must not be promoted.
- Products containing multiple food groups should be prioritized, unless the product is a meat, fruit or vegetable-based snack.
- Dietary diversification over fortification
- Minimal processing to preserve quality of nutrients

An assessment done by WHO SEARO showed that food products for older infants and young children had a sub optimum nutrient profile with products containing high sugar, were of age inappropriate consistency, and were often monotonous cereal based products. Inappropriate promotions included misleading product names, extensive health & nutrition claims with halo influences implying beneficial nutritional advantages and attributes to persuade purchase, attractive labelling, emotional messaging that possibly undermines confidence in home-based foods, product composition not aligned with country IYCF, cross promotion with formula milks, and new marketing tactics.

A brief description of the methodology of the NPPM development was provided along with its applications. (link to NPPM).

Applications of the NPPM:
- Benchmark of products, update counselling materials on food products for older infants & young children & include basic label literacy.
- Develop advocacy materials & raise awareness of stakeholders regarding nutrient composition and marketing of food products.
- Review/updating of existing national guidelines on complementary feeding to include standards for commercial foods, based on NPPM.
- Reformulation of products
- Regulating labelling & claims and marketing of foods products for older infants & young children.
- Review/develop guidance for food products for older infants & young children in social safety net programs.

Activity: an exercise was carried out where participants were provided with product packaging, and the NPPM, and requested to assess compositional and promotional issues of the packaging and discuss.
Challenges of highly processed commercially produced foods and snack product intake among older infants and young children.

Group work 1. Brainstorming activity
The major challenge in the Region comes from highly processed commercially produced foods and snack product intake among older infants and young children. Possible actions to take with regard to discourage consumption of such products were prioritized:

**Ongoing actions**

- Social media messaging on unhealthy diets for young children- influencers (INDONESIA)
- Increasing knowledge of health workers on unhealthy foods
- GMP- inclusion of unhealthy diet information for caregivers
- Community empowerment, family group education- through media-
- EAT right and other means
- FB DGs and implementation, MY PLATE (BAN)
- Guidelines on snacks for pre schoolers and crèches

**Regulatory actions**

- Ensuring comprehensive back of panel labels, FoPL
- Restricting the marketing of HFSS foods for children

**Innovative actions to be taken up by WHO and countries**

- Advocate with relevant sectors to promote and support SME’s to produce healthy foods
- Initiate actions towards food reformulation and industry partne rs
- Promote fiscal policies to subsidize healthier foods
- Social protection to low SES groups- CCTs, informal sector women, compensatory schemes for loss of wages in early child rearing
- Involving older children as agents of change- schools
- Standards for food products distributed through govt programmes
- Standards (pre set for emergencies)- UNICEF tool

**Session 3.2.3 Communication strategies in optimizing child feeding practices and nurturing care**

**Communication methods to promote optimum young child feeding**
Rina Sinha, WHO Country Office, India

The initial activity was a practical exercise on listening and understanding. Then a plenary on basic strategies towards successful communication and the use of social media and other digital methods was provided. Good communication can be a game changer in advocacy, promotion and behaviour change. The Do s and
The group activity was the development of short videos using the cell phone video option to highlight:
- low cost opportunities available,
- the need for creative thinking and innovation to utilize opportunities to improve young child diets,
- Media content can be created by anyone at anytime—e.g. at community level, by health workers, volunteers

Social behaviour change to optimize young child diets
Heather Chotovacs, FHI 360

IEC and health education models used a one-way ‘expert-learner’ or ‘sender-receiver’ model to transfer information. Behavior change communication (BCC) emphasizes analysis of behaviors and determinants to affect changes (knowledge, attitudes, practices). Social and Behavior Change Communication (SBCC) expanded on BCC to include social mobilization and advocacy strategies to address the broader enabling environment and system. But, while communication is important, it cannot always bring behavior change.

Social Behaviour Change (SBC) is the systematic application of interactive, theory-based, and evidence-driven approaches and strategies to address change at Individual, Social and Structural levels. It builds upon lessons learned through the previous approaches to use a more comprehensive, behavior-centered approach, beyond mere communication. In its design, SBC uses human-centered design and other innovative marketing techniques. It also incorporates strategies from a wider set of behavioral sciences than the previous approaches. However, a holistic systems approach is needed since SBC includes addressing multifaceted barriers and enablers to change.

Lessons learnt from breastfeeding support programmes recommend that, to optimize diets—high frequency, high dose of interventions to be delivered through multiple channels.

For participatory interpersonal counseling
- two-way communication,
- discussion of personal household barriers to adopting behaviors, focus on household, beyond just the caregiver and teach back method to ensure comprehension are important.
- leveraging social media platforms—e.g. from Myanmar. A&T supported Healthy and Happy Families, a social enterprise developed by nutritionists in Myanmar, to launch the Mommy’s Milk Facebook group to support BF during Covid-19
- peer support groups—for collective learning and sharing solutions—can include mother care, father and grandmothers groups,
- using modelling and demonstrations
- sharing real life situations, testimonials through community events, social media, facilitates sharing, builds self-efficacy and stories of people overcoming similar barriers.
SBC must promote non health benefits - economic, cognition etc, since there are many competing priorities with health – health is not a priority when apparently healthy.

Provider behaviour change is also important, through pre-service, in service trainings, ecourses.

Promising innovations for SBC include: Innovations to Enhance Household Growth Monitoring using growth mats and local adaptations (low sensitivity, high specificity, but may identify growth faltering earlier), provision of nudge/reminder materials to promote adoption of nutrition-specific and nutrition-sensitive behaviors and optimal IYCF at the household level – wall charts (below), and gamification of feeding information to engage men and older children. The feeding bowl with indications for icons of different food groups, and measurements, and spoon designed by UNICEF is another useful innovation being field tested (shown below).

Early stimulation and responsive feeding in Child Nutrition and Development programmes
Linda Shaker Barberi, UNICEF HQ

Responsive feeding are feeding practices that encourage the child to eat autonomously and in response to physiological and developmental needs, which may encourage self-regulation in eating and support cognitive, emotional and social development. [https://nurturing-care.org/nurturing-responsive-feeding/](https://nurturing-care.org/nurturing-responsive-feeding/)

Responsive feeding supports healthy food and beverage preferences.

- Responsive feeding is part of nurturing care, and an essential aspect of adequate nutrition and responsive caregiving.
- Responsive feeding promotes positive caregiver-child interactions and early learning, enables caregivers to respond to their child’s cues and helps infants and young children develop healthy food preferences.
- Caregivers also require support for their own well-being, particularly maternal nutrition and mental health, to be able to provide nurturing care, and responsively feed their young children.
Interventions to support responsive feeding should be implemented and coordinated across systems including health and nutrition, social welfare, parenting and childcare programmes, for all children everywhere. Tools are available to support responsive feeding.
https://www.unicef.org/nutrition/102823_The video series.html,

Good practices in Complementary feeding support

Layering of interventions (livelihood and nutrition sensitive social protection) with nutrition counselling, Jharkand, India
Antaryami Dash, Save the Children India

A healthy diet is 2.5 times more expensive than a calorie-only diet and around 65% of households need help to afford a healthy diet. Household-level access to essential nutrition interventions is quite sub-optimal and Cost of the Diet (CoTD) modelling showed ways to minimize the affordability gap through livestock support and optimizing food choices.

Social protection through food supplementation in Uttar Pradesh
Shariqua Yunous, WFP India

A programme where the Integrated Child Development Services scheme (ICDS) and the Take Home Rations (THR) in India were revamped was described. The programme was based on the results of a national study which reviewed the types, constituents, packaging, serving size and instructions for use, frequency of distribution, processing methods, modality of production, and quality control and assurance procedures for production and distribution of Take-Home Rations (THR). Based on the information, a system to improve THR using women self-help group led production of rations was launched.
Session 3.2.4. Optimizing young child diets – the way forward

Chairs: Dr Bharati Kulkarni (India), Mr Hari Prasad Pokharel (Bhutan) and Dr Md Saiful Islam (Bangladesh)

Session 5.1 Panel discussion by National Pediatric association representatives, National Programme managers in child health/nutrition.

Facilitator: Rajesh Khanna

Panelists: Dr Titis Prawitasari, Indonesia Pediatric Society, Dr Kosala Karunaratne (Sri Lanka College of Pediatricians); Dr Adarsh E (Indian Academy of Pediatrics); Dr Md Saiful Islam, National Nutrition Services, Bangladesh, Dr Saipin Chotivichien, Bureau of Nutrition, Ministry of Public Health, Thailand; Dr Hiranya Jayawickrema, Family Health Bureau, Ministry of Health, Sri Lanka;

Despite national efforts, many young children are not provided with optimum complementary feeding. The session focused on how professional associations can support national authorities to promote and support healthy diets for young children.

Panelists shared information on formal and informal coordination mechanisms between their organizations and the national programme and examples of some current activities to support the National Infant and young child feeding programme. Examples of engagement included:

- Indonesia- collaboration to develop technical guideline on young child diets, and jointly advocating for stakeholder training modules in young child feeding.
- Sri Lanka- described the formal engagement and collaboration through the maternal and child nutrition sub committee of the Ministry of Health, which has representation by the pediatric association.
- India- No formal collaboration mechanism, but described state level actions with regard toanaemia mukht bharat and training module development.
- Bangladesh- formal coordination through the national advisory committee on nutrition and involved in policy development, and national guidance.

Issues and gaps

- Since caregivers seek guidance on young child feeding from the private sector, sometimes the guidance provided by private sector on young child diets was not aligned to national and global guidance on young child feeding counseling and practices.
• Industry sponsorship of pediatric association functions and conflicts of Interests are seen. Contravention of the BMS code by pediatricians was acknowledged as a common problem across countries.
• Lack of data from private sector not available in health data system in many countries created a gap of information which could impact policy.
• Another issue was clinical opinions and points of view which were not aligned to public health sometimes cause conflicts in national policy.

Specific action/s by organizations in order to coordinate support of optimum young child diets were identified, considering capacity gaps, in service training needs. Positive aspects of pediatric association engagement with national programmes on young child diets included country examples:

- **Bangladesh**- Joint representation on National Advisory Committee; support for BFHI, and world Breastfeeding week activities; acute malnutrition management- SAM corners in institutions.
- **Thailand**- strong research component by the pediatric association was of value to national policy
- **India**- improvement of coordination between MoH and
- **Sri Lanka**- post economic crisis -more working women - pattern towards increased formula feeding and commercial CF. This to be counteracted through joint actions, targeting of working mothers, education programmes.
- **Indonesia**- collaboration between national programme and FDA regarding reducing unhealthy commercial complementary foods, collaboration between universities, pediatric associations and govt for better data availability.

**Conclusions**
Professional associations, not only pediatric associations but others such as midwives, nutrition associations play a vital role in supporting young child feeding and every country should have a mechanism of continued engagement with relevant associations.
Countries provided examples of specific projects or activities that are done in coordination with professional associations which indicate that there is much to benefit from well designed joint programmes, identification of research needs for policy etc based on sound evidence.
There must be more focused work across the different bodies to address conflict of interest in commercial formula feeding and commercial complementary foods. Strong legislation and regulation, awareness of health professionals regarding these, and focus on their enforcement is vital to support young child diets.

**Marketplace on tools, technical resources to promote optimum young child diets**
• **WCO India** tool to optimize ICDS meals
• **UNICEF** (Updated C-IYCF package); [https://www.unicef.org/documents/community-iycf-package](https://www.unicef.org/documents/community-iycf-package)
• **FHI 360**- social behaviour change support materials
• **WFP**- Cost of diet tool
Session 4. Concluding session

Group work 2. Country priorities and next steps

Country groups identified 2-3 actions to leverage key systems to promote optimum diets for older infants and young children in the context of the double burden of malnutrition, considering the new Complementary feeding recommendations and other information from the workshop. Country working groups were supported by experts and other participants. The country gaps and action points were prioritized from the different systems, food, health and social protection systems based on the implementation guidance framework.

Country gaps and actions

<table>
<thead>
<tr>
<th>Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gaps</strong></td>
</tr>
<tr>
<td>Health system- Inadequate intra system coordination, Less focus on evidence generation</td>
</tr>
<tr>
<td>Food system- inadequate monitoring from farm to plate, Lack of Resources both human and technical</td>
</tr>
<tr>
<td>WASH- sub optimum knowledge of food handlers- industry, small food entrepreneur, households</td>
</tr>
<tr>
<td>Social protection- absence of focused scheme targeting young children</td>
</tr>
<tr>
<td><strong>Actions</strong></td>
</tr>
<tr>
<td>Gap analysis/barrier analysis/evidence generation covering all systems by using gap analysis tool (Core components of situation analysis for complementary feeding) because no evidence focusing on complementary feeding gaps and barriers that can be supported through policy and programme (by 2024)</td>
</tr>
<tr>
<td>Re-framing the policy and programme to meet the gap (by 2025)</td>
</tr>
<tr>
<td>• Technical Guideline, Implementation guidelines for Complementary Feeding</td>
</tr>
<tr>
<td>• Regulations/legislations for prohibition of unhealthy food marketing (eg: educational institution cafeterias/ external premises/media etc)</td>
</tr>
<tr>
<td>• Strengthen monitoring, compliance of BFHI and BMS Act 2013</td>
</tr>
<tr>
<td>• NPPM at Bangladesh context for standard setting for categorizing healthy and unhealthy food</td>
</tr>
<tr>
<td><strong>Support needs</strong></td>
</tr>
<tr>
<td>Technical support, collaboration at regional and country level</td>
</tr>
<tr>
<td>Collaboration with global/ regional institutions for supporting evidence generation and strengthening workforce; Strengthening institutional capacity (eg: laboratory services, technology, monitoring services, standard setting etc); Financial support; cross learning initiatives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bhutan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gaps</strong></td>
</tr>
<tr>
<td>Food system: Dietary Diversity: 15.3%; Consumption of Iron Rich Foods: 16.6%; MAD: 11.7%</td>
</tr>
<tr>
<td><strong>Actions</strong></td>
</tr>
<tr>
<td>Food System= advocacy and engagement with policymakers for improved variety/ bio-fortified crops, Ffod fortification, Food labelling</td>
</tr>
<tr>
<td>Health system- SBC, Capacity building for health professionals on IYCF counselling and home fortification</td>
</tr>
<tr>
<td>M&amp;E of the health system platform are inadequate. Efforts will be undertaken to improve the M&amp;E efforts that cross across nutrition sensitive interventions.</td>
</tr>
</tbody>
</table>
### India

**Gaps** constraining progress in optimizing young child diets  
Current policy and program focus primarily on undernutrition burden.  
Sugar and sodium thresholds in the existing FSSAI’s Infant Food regulation are higher than global recommendation.  
An absence of demand for optimal diets for children at community level.  
The revised NFSA guidelines (now also includes fat and micronutrients) are notified in the gazette, however there is a gap in implementation. There is no threshold for sodium and sugar. The existing provisions are monotonous and lack diet diversity and quality.  
Rampant marketing of unhealthy commercial complementary foods.

**Actions**  
Sensitize all stakeholders across the hierarchy on the need to simultaneously tackle the escalating burden on overnutrition.  
Align thresholds for fat, sugar and sodium in the existing FSSAI’s Infant Food regulation with global guidelines.  
SBCC should generate/target felt needs of the beneficiaries for demand generation and improve quality of counselling.  
SNP guidelines need to be aligned with NFSA and implemented using the WHO tool to ensure diverse and balanced diets, limiting intake of unhealthy nutrients.  
Evolve mechanism to ensure routine monitoring and quality control of the ongoing program including third party evaluations and audit  
Include extended IYCF indicators in existing and future national surveys.  
Review and update guidelines on complementary feeding including responsive feeding, in Indian context.

### Indonesia

**Gaps**  
**Food system**  
Easy access to unhealthy processed food and beverages because of inadequate regulation on processed food for infant and young children:  
- Nutrient content claim in prepackaged complementary food labels are still permitted.  
- The existing regulation on Fat Sugar Sodium threshold in food products is not specifically targeted to 6-36 months of age children  
- advertisement for prepackaged complementary food products are still permitted, without strict requirement  
**Health System**  
The IYCF indicators are incompletely adopted  
- Lack of EIC media including training material about responsive feeding  
- Lack of robust evidence on the existing supplementary feeding and MNP programme

**Actions**  
Food System: Review current regulations on labelling and advertisement of prepackaged complementary food  
Health System: technical guidance to deep briefly of new recommendation of young child feeding  
- Adopt the GHM Media (responsive feeding) to Indonesia context and distribute to HW and CHW at primary health care and Posyandu (Integrated Health Post)
- Optimizing the delivery of EIC media about complementary feedings through social media channels to reach and engage more target audiences comprehensively
- Review and update the existing IYCF indicators and monitoring framework
- Update material for mother’s class (to include responsive feeding)
- Propose implementation research on supplementary feeding and MNP programme

**Support needs**

**Food System:** WHO HQ to encourage across UN Agency to mainstreaming responsive feeding for infant and young child and ending promotion of unhealthy processed food, to be inline with sectoral policy

**Health System:** UNICEF and WHO to review the Updated Materials/Guideline

### Nepal

**Gaps**

1. Trend of exclusive breastfeeding is decreasing
2. Advertisement, promotion and easy availability of commercial complementary foods
3. Behaviour change among mothers and care givers
4. Limited resources

**Actions**

- Review and update of the current BMS Act (ongoing); Capacity building of BMS inspectors for monitoring upto 753 local government level; Expansion of Breast-feeding corners at Institutions; expansion of Baby friendly hospital initiative; milk bank initiative
- Advocacy for expansion of universal child grant to cover additional districts to improve IYCF under national social protection framework
- Advocacy and dedicated budget to implement national level behaviour change communication campaign strategies
- Strengthen Nutrition Counselling advocacy program and capacity building efforts
- Advocate for legislative and fiscal measures for double duty action such as measures to restrict inappropriate promotion of unhealthy complementary foods and restriction of marketing of unhealthy foods and beverages to children and adolescents.

### Sri Lanka

**Gaps**

*Labelling and Advertising Regulations*

Gaps in comprehensiveness; Lack of prohibitions on Health & nutritional claims, Professional endorsements Implementation challenges; Industry lobbying for postponement Challenges in Monitoring and lack of dedicated HR

*Knowledge not translating to practice*

SBC process not adequately addressing caregiver challenges

Life style changes, unhealthy food is cheap & convenient and healthy food is more expensive

**Actions**

*Labelling and Advertising Regulations*

Amendments to the existing regulations

Advocacy to governing hierarchy to expedite the implementation; minimize lobbying by the industry, HR wide public awareness – to raise public demand for better regulations and strengthen Implementation

Strengthen /establish consumer rights societies

*Knowledge not translating to practice*

More focus on individual counselling for caregivers
### Thailand

**Gaps** constraining progress in optimizing young child diets:
- **Practices** – awareness of balance complementary, communication to create appropriate actions, easy access to processed foods
- **Health Services** – limitation of counseling services
- **Food system** – quality, accessibility
- **Social protection** – Elderly parenting in remote area, inadequate of childcare supporting system

**Actions**
- **Policy level**: Organize the partner meeting to introduce WHO guideline
- **Health services and settings**:
  - Childcare center – Under the MOU, translate policy into actions by concerned ministries (National Early Childhood Development Center Standards), improve knowledge of childcare center officers (Q1, 2024)
  - Healthcare facility – provide knowledge to health personnel and develop interactive media for group counseling and strengthen parenting school
- **Practices**:
  - Develop tools (FBDG and nutrition flag) to communicate balance complimentary feeding to public
  - Develop communication strategy and M&E framework and implementation (2024-2026)
- **Food system**:
  - Create enabling environment to support healthy complementary feeding (marketing restriction, promote healthy eating, etc.)
  - Support needs: Technical and funding support to develop communication strategy and M&E framework and implementation

### Timor Leste

**Gaps** constraining progress in optimizing young child diets
- 1. Low community awareness and knowledge on recommended complementary feeding practices
- 2. High rates of poverty leading to unaffordability of healthy diets

**Actions**
- 1. Institutionalization of Community Health Volunteers and Mother Support Groups with incentives.
- 2. Dedicated budgets for social behaviour change communication, including cooking demonstrations; repeated messaging through TV/social media and religious groups.
- 3. Advocacy for revitalization of the social protection scheme with robust implementation and good monitoring and evaluation system
Conclusions and recommendations

The concluding plenary session focused on a brief discussion and summary of the workshop activities and directions. The meeting ended with concluding remarks by UNICEF and WHO.

Inadequate and sub optimum young child diets is clearly a major problem in the Region, contributing to all forms of malnutrition. Children are often fed monotonous starch based diets lacking diversity, adequacy and consistency. Many are increasingly being fed sugary drinks and packaged snacks high in salt, sugar and fat. Many of the problem identified including food accessibility of age appropriate foods, availability, marketing of unhealthy foods and the feeding of commercial processed foods (such as biscuits, instant noodles) to young children are common to all countries. Multisectoral efforts and coordination, a must for optimizing young child diets specially food systems and social protection is a problem in many countries. Gaps in enforcement of all the provisions of the Code of Marketing of BMS substitutes is common, and if identified and rectified, can ensure less inappropriate promotion of foods to older infants and young children.

Delivering quality healthcare includes the comprehensive counselling on IYCF, involving support for breastfeeding, developmentally appropriate feeding of healthy, nutritious, safe and hygienic foods, as well as how to feed infants and young children responsively. Involvement of family, beyond the caregiver in feeding of young children is identified as an important aspect and needs emphasis in programming.

Countries need to prioritize and focus further on national programmatic strategies and activities for promoting young child diets. This includes improving access to young child foods and improving feeding practices for infants and young children, provision of micronutrient supplementation and ensuring a supportive food environment. As discussed in this meeting, there are many resources guidelines, tools and best practice examples to be utilized in such efforts. Generation of both quantitative and qualitative data to inform national policies is also another essential aspect that needs further attention.

The concerns raised by national programme managers regarding the lack of clarity of some of the Recommendations in the new Complementary feeding guidelines was noted. The implementation guidance that is being currently developed by WHO and UNICEF would probably address these issues.

WHO and UNICEF will continue to support specific country actions as identified in the action plans and beyond, through collaboration with partners and government.

4. Work together with Ministry of Agriculture to build communities capacities to maintain home gardens and promote use of local foods.

Time line- MoH actions: Q2 2024, Multisectoral actions: End of 2024
## Annex 1. List of participants

### Country delegates

#### Bangladesh

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Address</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mr Md Abdus Sobhan</td>
<td>Deputy Director</td>
<td>Bangladesh Food Safety Authority</td>
<td>Dhaka, Bangladesh</td>
<td><a href="mailto:abdus.sobhan21@gmail.com">abdus.sobhan21@gmail.com</a></td>
</tr>
<tr>
<td>2</td>
<td>Dr Md Saiful Islam</td>
<td>Program Manager</td>
<td>National Nutrition Services</td>
<td>Dhaka, Bangladesh</td>
<td><a href="mailto:pronno12062015@gmail.com">pronno12062015@gmail.com</a></td>
</tr>
<tr>
<td>3</td>
<td>Dr Latif Mohammad Hanif Motahar</td>
<td>Deputy Program Manager</td>
<td>National Nutrition Services</td>
<td>Dhaka, Bangladesh</td>
<td><a href="mailto:dr.hanif.nns@gmail.com">dr.hanif.nns@gmail.com</a></td>
</tr>
<tr>
<td>4</td>
<td>Dr Mohammad Shoayeb</td>
<td>Assistant Director</td>
<td>IPHN</td>
<td>Dhaka, Bangladesh</td>
<td><a href="mailto:drshoayeb@yahoo.com">drshoayeb@yahoo.com</a></td>
</tr>
</tbody>
</table>

#### Bhutan

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Address</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Dr Hari Prasad Pokhrel</td>
<td>Dy Chief Program Officer</td>
<td>Department Of Public Health (DoPH)</td>
<td>Royal Government of Bhutan</td>
<td><a href="mailto:hppokhrel@health.gov.bt">hppokhrel@health.gov.bt</a></td>
</tr>
<tr>
<td>6</td>
<td>Mr Rinzin Wangdi Sherpa</td>
<td>Sr Regulatory and Quarantine Inspector</td>
<td>Bhutan Food and Drug Authority (BFDA)</td>
<td>Thimpu, Bhutan</td>
<td><a href="mailto:rwsherpa@bfda.gov.bt">rwsherpa@bfda.gov.bt</a></td>
</tr>
</tbody>
</table>

#### India

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Address</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Dr Bharati Kulkarni</td>
<td>Scientist G &amp; Head</td>
<td>Division of Reproductive &amp; Child Health &amp; Nutrition</td>
<td>Indian Council of Medical Research</td>
<td>New Delhi</td>
</tr>
<tr>
<td>9</td>
<td>Dr Zoya Ali Rizvi</td>
<td>Deputy Commissioner (Nutrition)</td>
<td>Ministry of Health &amp; Family Welfare</td>
<td>New Delhi</td>
<td><a href="mailto:acrchgoi@gmail.com">acrchgoi@gmail.com</a></td>
</tr>
<tr>
<td>10</td>
<td>Dr Radhika M. S.</td>
<td>Scientist-E &amp; HoD</td>
<td>ICMR-National Institute of Nutrition</td>
<td>Jamai Osmania</td>
<td><a href="mailto:radhika.madhari@gmail.com">radhika.madhari@gmail.com</a>; <a href="mailto:radhika.ms@icmr.gov.in">radhika.ms@icmr.gov.in</a></td>
</tr>
<tr>
<td>11</td>
<td>Dr Priyanka G Bansal</td>
<td>Scientist D</td>
<td>Division of RCN</td>
<td>Indian Council of Medical Research</td>
<td>New Delhi</td>
</tr>
<tr>
<td>12</td>
<td>Dr Himani Yadav</td>
<td>SPO – Nutrition</td>
<td>Directorate of Health Services</td>
<td>Indore, Madhya Pradesh</td>
<td><a href="mailto:dr.himaniyadav@mp.gov.in">dr.himaniyadav@mp.gov.in</a></td>
</tr>
<tr>
<td>13</td>
<td>Ms Veevuyo Taneja</td>
<td>Assistant Director</td>
<td>FSSAI</td>
<td>New Delhi</td>
<td><a href="mailto:veenu.taneja@fssai.gov.in">veenu.taneja@fssai.gov.in</a></td>
</tr>
<tr>
<td>14</td>
<td>Dr Dasi Teena</td>
<td>Scientist C</td>
<td>National Institute of Nutrition</td>
<td>Indian Council of Medical Research</td>
<td>Hyderabad, Telangana</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Position and Organization</td>
<td>Location</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>-------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Dr Rivani Noor</td>
<td>Health Administrator, Directorate of Nutrition and Maternal and Child Health</td>
<td>Jakarta, Indonesia</td>
<td><a href="mailto:noorriva@gmail.com">noorriva@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Ms Dhefi Ratnawati</td>
<td>Leader for Health Communication Information and Education Strategy Team</td>
<td>Jakarta, Indonesia</td>
<td><a href="mailto:ratnawatidhefi@gmail.com">ratnawatidhefi@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Dr Ni Made Diah Permata Laksmi</td>
<td>Leader, Integrated Health Post Midwives management Team</td>
<td>Jakarta, Indonesia</td>
<td><a href="mailto:diah.yosi@gmail.com">diah.yosi@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Dr Raden Vini Adiani Dewi</td>
<td>Head, Provincial Health Office of West Java</td>
<td>Jakarta, Indonesia</td>
<td><a href="mailto:dewiadianivini@gmail.com">dewiadianivini@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Ms Nur Lisa Rahmaningtyas</td>
<td>Food and Drug Control Officer, Indonesian Food and Drug Authority</td>
<td>Jakarta, Indonesia</td>
<td><a href="mailto:lisa.rahmaningtyas@pom.go.id">lisa.rahmaningtyas@pom.go.id</a></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Mr Dakhlan Choeron</td>
<td>Project Management Officer, Directorate General of Public Health</td>
<td>Jakarta, Indonesia</td>
<td><a href="mailto:dakhlan.choeron@gmail.com">dakhlan.choeron@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Ms Khadeeja Nashwa</td>
<td>Food Quality Assurance Coordinator, Maldives Food and Drug Authority</td>
<td>Malé, Maldives</td>
<td><a href="mailto:nashva@health.gov.mv">nashva@health.gov.mv</a></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Mr Ramiz Hussian</td>
<td>Senior Community Health Officer, AA Himandhoo Sihhee Marukaz</td>
<td>Malé, Maldives</td>
<td><a href="mailto:ramiz.online1335@gmail.com">ramiz.online1335@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Ms Fathimath Thohira</td>
<td>Public Health Coordinator, Health Protection Agency</td>
<td>Malé, Maldives</td>
<td><a href="mailto:f.thohira@health.gov.mv">f.thohira@health.gov.mv</a></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Mr Harihar Sharma</td>
<td>Senior Public Health Officer, Family Welfare Division DoHS</td>
<td>Kathmandu, Nepal</td>
<td><a href="mailto:harihar6321@gmail.com">harihar6321@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Ms Pushpa Kumari Ghimire</td>
<td>Hospital Nursing Inspector, Kanti Children’s Hospital, Maharajgunj</td>
<td>Nepal, Kathmandu</td>
<td><a href="mailto:pkghimire94@gmail.com">pkghimire94@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Mr Tikeshwar Prasad Sah</td>
<td>Medical Lab Technologist, District Hospital</td>
<td>Udayapur Gaighat, Nepal, Kathmandu</td>
<td><a href="mailto:stike.tikesh9001@gmail.com">stike.tikesh9001@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Dr HS Jayawickrama</td>
<td>Consultant Community Physician and Head Child Nutrition Unit</td>
<td>Colombo, Sri Lanka</td>
<td><a href="mailto:senanii@hotmail.com">senanii@hotmail.com</a></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Dr SPBH Sudasinghe</td>
<td>Consultant Community Physician, Environmental, Occupational Health and Food Safety Unit</td>
<td>Colombo, Sri Lanka</td>
<td><a href="mailto:buddhikasudasinge@gmail.com">buddhikasudasinge@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position</td>
<td>Organization</td>
<td>Location</td>
<td>Email</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------</td>
<td>------------------------------------</td>
<td>---------------------------------------------------</td>
<td>------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>29</td>
<td>Dr WNS Dilhani</td>
<td>Consultant Community Physician</td>
<td>Nutrition Division</td>
<td>Colombo, Sri Lanka</td>
<td><a href="mailto:navarathsasachi@gmail.com">navarathsasachi@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Dr DUCJ Jayasinghe</td>
<td>Consultant Community Physician</td>
<td>Office of the Regional Director of Health Services</td>
<td>Gampaha, Sri Lanka</td>
<td><a href="mailto:chinthaj@yahoo.com">chinthaj@yahoo.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Dr Sarawut Boonsuk</td>
<td>Deputy Director - General Director</td>
<td>Department of Health</td>
<td>Nonthaburi, Thailand</td>
<td><a href="mailto:wutmd39ju@hotmail.com">wutmd39ju@hotmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ministry of Public Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Ms Sirrat Preecha</td>
<td>Food and Drug Technical Officer</td>
<td>Food and Drug Administration</td>
<td>Nonthaburi, Thailand</td>
<td><a href="mailto:sirrat_pre@fda.moph.go.th">sirrat_pre@fda.moph.go.th</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ministry of Public Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Dr Saipin Chotivichien</td>
<td>Director</td>
<td>Bureau of Nutrition, Department of Health</td>
<td>Nonthaburi, Thailand</td>
<td><a href="mailto:saipin.chotivichien@gmail.com">saipin.chotivichien@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ministry of Public Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Dr Natalia dos Reis de Araujo Moniz</td>
<td>National Director of Nutrition</td>
<td>National Directorate</td>
<td>Dili, Timor-Leste</td>
<td><a href="mailto:nareisaraujo@gmail.com">nareisaraujo@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ministry of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Ms Melita Monteiro</td>
<td>Official Dietetic</td>
<td>National Directorate</td>
<td>Dili, Timor-Leste</td>
<td><a href="mailto:melitacopolasa@gmail.com">melitacopolasa@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ministry of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Mr Dionisio Neto da Silva</td>
<td>General Sub-Inspector</td>
<td>Authority for Inspection of Economic Sanitary and Food Activities</td>
<td>Dili, Timor Leste</td>
<td><a href="mailto:netodasilva@gmail.com">netodasilva@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Prof Dr Rina Agustina</td>
<td>Assistant Professor</td>
<td>Head of Human Nutrition Research Center</td>
<td>Jakarta, Indonesia</td>
<td><a href="mailto:r.agustina@ui.ac.id">r.agustina@ui.ac.id</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indonesian Medical Education and Research Institute</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Faculty of Medicine, University of Indonesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Ms Heather Chotvacs</td>
<td>Social behaviour change expert</td>
<td>FHI 360</td>
<td>South Carolina, United States of America</td>
<td><a href="mailto:hchotvacs@fhi360.org">hchotvacs@fhi360.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Dr Harshpal Singh Sachdev</td>
<td>Senior Consultant Special Nutrition</td>
<td>Pediatrics and Clinical Epidemiology</td>
<td>New Delhi, India</td>
<td><a href="mailto:hpssachdev@gmail.com">hpssachdev@gmail.com</a>; <a href="mailto:hpssachdev@hotmail.com">hpssachdev@hotmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sitaram Bhartia Institute of Science and Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Dr Ranadip Chowdhury</td>
<td>Scientist and Assistant Director</td>
<td>Society for Applied Studies</td>
<td>New Delhi</td>
<td><a href="mailto:ranadip.chowdhury@sas.org.in">ranadip.chowdhury@sas.org.in</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Prof Heshan Jayaweera</td>
<td>Professor</td>
<td>Department of Pediatrics</td>
<td>Kandy, Sri Lanka</td>
<td><a href="mailto:heshanjay@gmail.com">heshanjay@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>University of Peradeniya</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Dr Wantanee Kriengsinyos</td>
<td>Assistant Professor</td>
<td>Institute of Nutrition</td>
<td>Mahidol University, Nakhon Pathom, Thailand</td>
<td><a href="mailto:wantanee.krieng@mahidol.edu">wantanee.krieng@mahidol.edu</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Special Invitees

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Role/Position</th>
<th>Organization/Location</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>Dr Adarsh E</td>
<td>Senior child nutrition expert</td>
<td>Indian Academy of Pediatrics</td>
<td><a href="mailto:centraloffice@iapindia.org">centraloffice@iapindia.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bengaluru, Karnataka</td>
<td><a href="mailto:dradarshe@gmail.com">dradarshe@gmail.com</a></td>
</tr>
<tr>
<td>44</td>
<td>Dr Kosala Karunaratne</td>
<td>President</td>
<td>Sri Lanka College of Pediatricians</td>
<td><a href="mailto:paedsslcp@gmail.com">paedsslcp@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Colombo, Sri Lanka</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Role/Position</th>
<th>Organization/Location</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Dr Titis Prawitasari</td>
<td>Team Leader - Child Nutrition</td>
<td>Indonesia Pediatric Society</td>
<td><a href="mailto:tprawitasari@yahoo.com">tprawitasari@yahoo.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jakarta, Indonesia</td>
<td></td>
</tr>
</tbody>
</table>

### Observers

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Role/Position</th>
<th>Organization/Location</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Dr Ria Bhardwaj</td>
<td>Consultant MOHFW</td>
<td>New Delhi, India</td>
<td><a href="mailto:drria.mohfw@gmail.com">drria.mohfw@gmail.com</a></td>
</tr>
<tr>
<td>47</td>
<td>Dr Shruti Sachdeva</td>
<td>Senior Consultant MOHFW</td>
<td>New Delhi, India</td>
<td><a href="mailto:shrutisacheva.mohfw@gmail.com">shrutisacheva.mohfw@gmail.com</a></td>
</tr>
</tbody>
</table>

### UNICEF

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Role/Position</th>
<th>Organization/Location</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>Dr Zivai Murira</td>
<td>Regional Advisor Nutrition</td>
<td>UNICEF Regional Office for South Asia</td>
<td><a href="mailto:zmurira@unicef.org">zmurira@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kathmandu, Nepal</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Dr Linda Shaker Berbari</td>
<td>Nutrition Specialist</td>
<td>Complementary Feeding Nutrition and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Child Development Programme Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>UNICEF HQ, New York</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Dr Sameer Manikrao Pawar</td>
<td>UNICEF India Country Office</td>
<td>New Delhi, India</td>
<td><a href="mailto:smpawar@unicef.org">smpawar@unicef.org</a></td>
</tr>
<tr>
<td>51</td>
<td>Dr Dhammica Rowel</td>
<td>Health and Nutrition Officer</td>
<td>UNICEF Colombo</td>
<td><a href="mailto:drowel@unicef.org">drowel@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Colombo, Sri Lanka</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Ms Deepika Sharma</td>
<td>Chief of Nutrition</td>
<td>UNICEF Bangladesh</td>
<td><a href="mailto:desharma@unicef.org">desharma@unicef.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dhaka, Bangladesh</td>
<td></td>
</tr>
</tbody>
</table>

### FAO and WFP

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Role/Position</th>
<th>Organization/Location</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>Dr Warren T.K. Lee</td>
<td>Senior Nutrition and Food Systems Officer</td>
<td>FAO Regional Office for Asia and the</td>
<td><a href="mailto:Warren.Lee@fao.org">Warren.Lee@fao.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pacific</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bangkok, Thailand</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Dr Filippo Dibari</td>
<td>Senior Regional Advisor</td>
<td>Regional Bureau for Asia and the Pacific</td>
<td><a href="mailto:filippo.dibari@wfp.org">filippo.dibari@wfp.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>World Food Programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(WFP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bangkok, Thailand</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Dr Shariqua Yunus</td>
<td>Head of Unit &amp; Programme Officer</td>
<td>Nutrition</td>
<td><a href="mailto:shariqua.yunus@wfp.org">shariqua.yunus@wfp.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Health and Nutrition</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>World Food Programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>New Delhi, India</td>
<td></td>
</tr>
</tbody>
</table>

### NGO and Other Organizations

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Role/Position</th>
<th>Organization/Location</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>Dr Shachi Adyanthaya</td>
<td>Senior Manager, Child Health and Development</td>
<td>Children's Investment Fund Foundation</td>
<td><a href="mailto:sadyanthaya@ciff.org">sadyanthaya@ciff.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>New Delhi, India</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Dr Antaryami Dash</td>
<td>Deputy Director</td>
<td>Health and Nutrition</td>
<td><a href="mailto:antaryami.dash@savethechildren.in">antaryami.dash@savethechildren.in</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Save the Children India</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gurgaon, India</td>
<td></td>
</tr>
</tbody>
</table>
| 58 | Dr Eadara Srikanth  
Regional Representative, Asia  
Scaling Up Nutrition (SUN) Movement  
Bangkok, Thailand  
Email: eadara.srikanth@scalingupnutrition.org |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO HQ</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 59 | Dr Larry Grummer-Strawn  
Unit head  
Food & Nutrition Action in Health Systems  
WHO HQ  
Geneva, Switzerland  
Email: grummerstrawnl@who.int |
| **Regional and WHO Country offices** |
| 60 | Dr Shabnam Faria  
NPO  
WCO Bangladesh  
Email: shabnamf@who.int |
| 61 | Dr Edit Oktavia Manuama  
NPO  
WCO Indonesia  
Email: manuamae@who.int |
| 62 | Dr Rachita Gupta  
NPO – Nutrition  
WCO India  
Email: guptarac@who.int |
| 63 | Dr Lonim Prasai Dixit  
NPO  
WCO Nepal  
Email: dixitl@who.int |
| 64 | Dr Manjula Danansuriya  
NPO  
WCO Sri Lanka  
Email: danansuriyam@who.int |
| 65 | Dr Sushera Bunluesin  
NPO  
WCO Thailand  
Email: bunluesins@who.int |
| 66 | Dr Shewta Sharma  
NPO  
WCO Timor Leste  
Email: shwsharma@who.int |
| 67 | Ms Rina Sinha  
Communication officer  
WCO India  
Email: sinhar@who.int |
| **Secretariat** |
| 69 | Dr Angela de Silva  
Regional Adviser  
Nutrition and Health for Development  
Department of Healthier Populations and Non-communicable Diseases  
WHO SEARO  
Email: desilvap@who.int |
| 70 | Ms Meena Negi  
Executive Assistant  
Department of Healthier Populations and Non-communicable Diseases  
WHO SEARO  
Email: negim@who.int |
Annex 2. Country posters

Situation and Response: Double Burden of malnutrition among young children, Bangladesh

Background
- The proportion of infants in the age group 6-8 months received semi-solid, solid or soft food is 78.9%.
- Consumption of legumes and nuts was low (5.6%) in children 6-23 months.
- Infant formula was fed to 13.6% of infants aged 0-8 months (BDHS 2017-18).

Unhealthy Diet consumption increasing
- Intake of sugary snacks, including biscuits, has increased between 6-11 months of age, followed by a rapid rise during the 2nd and 3rd years of life.
- Biscuits were the commonest food item.
- Last few years, frozen snack foods have been spreading slowly but steadily, especially among the urban areas of Bangladesh.
- Consumption of commercial cereal products was low from both six months and peaked during the 6-11 months in 2017-18 period.
- Cold drinks (soda and colas) and sweetened fruit juices were reported as the frequently available sugar-sweetened beverages.
- The MICS 2015 survey in Bangladesh has reported that drinking of juice or juice drinks ranged from 4% in infants under six months to 35% during the 4th year of life.
- A sharp increase in snack food consumption has been reported in the second year of a child’s age.

A report on food environment and consumption of commercial complementary foods and commercially produced snacks and food products among young children across five countries, WHO

Way Forward...
- Prevention of all forms of malnutrition.
- A narrative on food system transformation, including urban and rural sector, unhealthy diet.
- Strategic with transitioning from facility-based to community-based intervention with emphasis on strengthening health systems through community-based engagement.
Micronutrient powders for children in Bhutan

Hari Prasad Pokhrel, Program Manager, Nutrition Program, DOPH, MOH
Ugyen Wangmo, Dietician, JDWNRH, NMS
Rixin Wangdi Sherpa, Senior Regulatory and Quarantine Inspector, BFDA, MOH

Background

Existing national policies/guidelines/regulations
- National Health Policy 2011
- Accelerating Mother and Child Health Policy 2019
- Food and Nutrition Security Policy of Bhutan 2023

Description of good practice
Micronutrient powders to improve diets of children
Key elements
- Nationwide implementation point of use fortification of complementary foods with micronutrient powders (MNP) of children 6-23 months.
- IYCF for dietary diversification is a key component.

Why was this implemented?
- MNP was introduced in 2019 to address the huge burden of childhood anemia.

To what extent did the programme/activity work as expected, did it have to be amended? Lessons learnt and specific gaps to be addressed
- Implementation of the activity is in full swing.
- Small challenges related to compliance to MNP were reported.
- Need to continuously train staff on counselling and importance of MNP to improve their counselling skills.

Monitoring
- Field monitoring visits during the initial phase.
- Reporting in DHIS2 system.

What are the next steps?
- Program/impact evaluation of the MNP program.
Double Duty Actions to Address Dual Burden of Malnutrition in India

Dr Zoya Ali Rizvi, Dr Bharati Kulkarni, Dr M.S. Radhika Madhavi, Dr Himani Yadav, Dr Priyanka G. Bansal, Ms. Veenu Taneja, Dr Dasi Tewa

Background

India is witnessing an increasing triple burden of malnutrition. Government of India is accelerating actions to reduce wasting, stunting and micronutrient deficiencies as well as the rise in overweight and obesity among children and adults.

India is implementing world’s largest food safety net programs with the objective of contributing to human capital development of the country, address all forms of malnutrition; promote nutrition awareness & good eating habits for sustainable health and wellbeing.

Programme & Policy Landscape Supporting Young Child Feeding

- National Guidelines on Infant and Young Child Feeding, 2004
- Dietary Guidelines for Indians, 2016
- Facility-Based Management of Severe Acute Malnutrition, 2011
- Guidelines for Enhancing Optimal Infant and Young Child Feeding, 2013
- National Food Security Act, 2013
- Mother’s Absolute Affection Programme, 2016
- Poshan 2.0, 2018
- Anemia Mukt Bharat Programme, 2018
- Food Safety and Standards (Foods for Infant Nutrition) Regulations, 2020
- Community Based Management of Malnutrition, 2023

National Food Security Act, 2013 and Take-Home Ration under Poshan 2.0

- Provides nutritional standards for supplementary food being provided to children 6 months to 6 years of age under Integrated Child Development Services (ICDS) Scheme as Take-Home Ration (THR).

Key elements

- Provides standards not just for macronutrients but for micronutrients as well as protein quality and cereal pulse ratio.
- Aligned to national and global guidelines on energy density, fat, protein
- Provision of fortified commodities up to 50% RDA
- Promotes dietary diversity - region specific diverse menu
- Double ration for Severe Acute Malnourished
- Informative labeling conveying readable messages on nutritive value
- Social and Behaviour Change Communication (SBCC) linked with THR and nutrition of children
- State innovations to include eggs and milk for improved protein intake.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Energy (Kcal)</th>
<th>Protein (g)</th>
<th>Total Fat (g)</th>
<th>Carbohydrate (g)</th>
<th>Calcium (mg)</th>
<th>Zinc (mg)</th>
<th>Iron (mg)</th>
<th>Dietary Folic Acid (mcg)</th>
<th>Vit A (mcg)</th>
<th>Vit B6 (mcg)</th>
<th>Vit B12 (mcg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12 months</td>
<td>200</td>
<td>19-10</td>
<td>18-12</td>
<td>20</td>
<td>100</td>
<td>0.7</td>
<td>0.7</td>
<td>24</td>
<td>75</td>
<td>0.17</td>
<td>0.33</td>
</tr>
<tr>
<td>1-3 years</td>
<td>400</td>
<td>18-20</td>
<td>16-20</td>
<td>40</td>
<td>135</td>
<td>1.0</td>
<td>2.0</td>
<td>36</td>
<td>60</td>
<td>0.27</td>
<td>0.33</td>
</tr>
<tr>
<td>Undernourished 6-12 months</td>
<td>400</td>
<td>15-20</td>
<td>15-18</td>
<td>35</td>
<td>200</td>
<td>1.5</td>
<td>1.5</td>
<td>50</td>
<td>115</td>
<td>0.35</td>
<td>0.65</td>
</tr>
<tr>
<td>Undernourished 1-3 years</td>
<td>700</td>
<td>25-30</td>
<td>25-30</td>
<td>70</td>
<td>270</td>
<td>2.0</td>
<td>4.0</td>
<td>70</td>
<td>120</td>
<td>0.55</td>
<td>0.68</td>
</tr>
</tbody>
</table>

Monitoring:

- Real time monitoring
- Use of technology
- Regularity and frequency of reviews
- Transparency
- Community involvement

Next Steps

- Expand the scope of the standards to include limits for sugar and salt levels
- Enhancing SBCC

Source: National Family Health Surveys

World Health Organization
Maldives

ADDRESSING DOUBLE BURDEN THROUGH WORK RELATED TO COMPLEMENTARY FEEDING

Fathimath Thariro, Public Health Coordinator (Nutrition), Health Protection Agency, Ministry of Health
Khadija Nashua, Food Quality Assurance Coordinator, Maldives Food and Drug Authority, Ministry of Health

Nutrition Trends over time in U5 Children

Complementary Feeding (MDHS 2016-17)

- Percentage of children age 6-23 months
- Breastfed
- Non-breastfed
- All children 6-23 months

Policies and Strategies

- ANC and PNC Guideline
- National Multisectoral Action Plan for Prevention and Control of NCDs in Maldives 2023-2031

Social Behavior Change Communication Strategy for the First 1000 days of life

- The first 1000 days of life, from conception to age 2, are crucial for a child’s physical, cognitive, and emotional development
- Promote healthy behaviors in early years
- Early interventions reduce the burden on healthcare systems in the future

- Rapid Situation Assessment
- Implementation of Communication Campaign on first 1000 days of life
- Mobile Application on MCN
- Pilot programs in selected islands
- Island level coordination committee
- Communication Package: Vedio Series, Recipe book on Complementary Feeding

Key elements

- Community mobilization and engagement
- Collaboration with local health care providers, NGOs, local champions and community leaders to sustain the campaign’s momentum
- Capacity building on IYCF
- Strengthening institutional delivery of GMP and IYCF services

Other key activities

- ANC and PNC Package updated
- E book on Maternal and Child Nutrition
- Mobile Application on MCN
- Recipe book on Complementary Feeding and video series
- Updating GMP standards, Job Aids to include overweight/obesity and referral
- Capacity building on Breastfeeding Counselling, IYCF Counselling (In-service and pre-service)
- Incorporation of IYCF messages to FBDGs
- BMS - covering food products for older infants and young children
- Health Promoting School Initiative
- School Food Guide
- Survey on Commercial Complementary Foods
- Survey on Trans fats
- National Physical Activity Guideline

M&E

- Close supportive supervision
- Monitoring of program indicators to be integrated into DHIS Nutrition Module

Next steps/Plans

- SBCC Rolled out to other islands
- Integration into currently PHC revitalization programs
- Enact Food Act
- Endorse Food Advertisement Regulation

Lessons learnt / Gaps

- The need for wider community mobilization and robust monitoring mechanism
- Geography dispersion
- High dependency on imported food
- Rapid turn-over of trained staff
Addressing inequities in nutrition outcomes in Nepal: Integrating an unconditional child cash grant and infant and young child feeding program

Dr. Lonim Dixit, WHO and Mr. Harilal Prasad Sharma, Family Welfare Division/DoHS/MOHP, NEPAL

Background

Childhood stunting remains a major development challenge in Nepal, with 25% of young children affected. Geographic and socioeconomic inequities persist, with children living in Karnali Pradesh, Madhes Pradesh and Sudurpashchim Pradesh provinces and those from poorer households and socially excluded caste and ethnic groups worse off. Sub-optimal infant and young child feeding (IYCF) practices are a contributing factor to the high stunting rates and other forms of child malnutrition in the country, with the diets of 52% of children aged 6-23 months failing to meet the minimum dietary diversity nutrition indicator. Significant financial barriers affect the ability of poor households to afford optimal diets in Nepal. For example, children from households in the poorest wealth quintile have a greater likelihood of not consuming legumes, dairy products or flesh foods. While poverty in Nepal has declined, an estimated 22% of the population still lives below the poverty line.

Overall, 85% of children were introduced to solid, semisolid, or soft foods at age 6-8 months.

Existing national policies/guidelines/regulations on supporting young child feeding:

- National Health Policy 2017
- National Nutrition Strategy 2020
- Infant and Young Child Feeding Strategy 2014
- Mother’s Milk Substitute Act (Control of Sale and Distribution) 1992, Revised in 2023 (Under the process of endorsement) covers age up to 36 months
- Cereal Based Complementary Feeding Standards 2022
- Infant, Young Child, Adolescent and Maternal Nutrition Guideline 2023 (Under the process of endorsement)
- Child Cash Grant Guideline, GoN
- Multi-Sector Nutrition Plan

Description of good practice:

Key elements

Nepal’s Multi-Sector Nutrition Plan (MSNP) (2013-2017, 2018-2022) is a key policy instrument for multi-sector action to improve maternal and child nutrition, including health-system actions to improve IYCF, food-system actions to increase the availability and consumption of safe and nutritious foods, and increasing access to social protection interventions, such as child grants targeting households with children under the age of five. Recognising the influence of social and behavioural determinants on child feeding and care practices, as well as the financial drivers, the GoN linked its social protection scheme aimed at young children with an existing IYCF programme.

The SBCC interventions are delivered by facility-based health workers and female community health volunteers (FCHVs) using a combination of approaches, including advocacy, interpersonal counselling, community mobilization and mass communication.

Coordination mechanism among the three tiers of the Government for the cash distribution and monitoring.

Why was this implemented?

To improve IYCF practices by providing the cash and IYCF counselling services.

To what extent did the program/activity work as expected, did it have to be amended? Lessons learnt and specific gaps to be addressed

A number of studies and evaluations have assessed the impact of the cash child grant/IYCF programme on IYCF practices and child nutrition since it was set up. A 2013 survey showed that 83% of households reported receiving the child grant allowance at some point. Most households reported using the grant to purchase nutritious foods for their children that they had learned about during food demonstrations given by FCHVs on preparing traditional complementary foods using locally available foods.

The 2013 survey also found improved rates for several IYCF practices in comparison to the baseline 2009/2010 rates. For example, the proportion of children who were introduced to complementary food at six months of age increased significantly from 24% at baseline to 43%. In addition, the proportion of children receiving the recommended minimum meal frequency (47% to 91%) and minimum dietary diversity (33% to 67%).

More recently, an evaluation of the impact of the child grant and IYCF interventions on child nutritional status over the period 2009-2016 found that child nutritional status improved, with reductions in stunting (a decrease of 8%) and wasting (a decrease of 7%), as well as improvements in water, sanitation and hygiene outcomes; care and health-seeking behaviours; and food availability.

Monitoring

What are the next steps?

In line with the national Social Protection Framework, the government has developed a long-term expansion plan to expand the grant geographically in a phased manner for universal coverage across the whole country.
Complementary Feeding Classes for Care Givers - Sri Lanka

Background

Child Undernutrition (45 years) in Sri Lanka (1975 – 2022)

National policies/guidelines/regulations on supporting infant and young child feeding

- National Nutrition Policy 2021 – 2030
- Maternal and Child Health Policy 2012
- Food Act No. 26 of 1990; Food labelling and advertising regulations 2022
- Sri Lanka Code for the Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products 2002
- Maternity Benefits – Establishment Code, Shop & Office Act, Maternity Benefits Ordinance
- IYCF strategy 2015 – 2020
- Food Based Dietary Guidelines 2022
- Early Child Care and Development Package 2022
- IYCF Guidelines – 2008

Complementary feeding classes – Started in 2008 in Hambantota District and Scaled up Nationally

Objective
To improve growth and nutritional status of infants and young children by promoting age-appropriate IYCF practices among care givers through a standard package.

Continuous, well planned awareness raising sessions for caregivers regularly conducted by the health staff island wide

- CF classes for caregivers, e.g. parents, grandparents of infants 4-6 months (40-50 caregivers per district level quarterly/monthly) - basic class covers 3 Public Health Milk Feeding areas
- Conducts as a half day session
- Standard messages in the form of 19 Panels provided + CF booklet (if not received at Child Welfare Clinic at 4th month)
- Conducted at a field clinic center
- Fixed dates are informed at the beginning of the year
- Guide for conducting CF classes provided to public health staff
- All BCC and training material made available in the 2 national languages
- Conducted in all districts
- Flexibility given to districts on frequency, age groups (6-8, 9-11, 12-14, 15-17, 18-20) session timing

Lessons learnt & Gaps
- Knowledge does not always translate into practice
- Influences at community, organizational, inter-personal and individual level play a major role in influencing IYCF knowledge and practice (Sri Lanka, 2011)
- Need more emphasis on individual counseling

Monitoring
Monthly conference of Medical Officers of Health, district MCH reviews, reviews of mother support groups

Next steps
- Enhanced supportive supervision and mentoring of PHMs to improve quality
- Introduce separate sessions for 4-5 months and 6-7 months
- Animated videos on IYCF being developed
- Update BCC materials as necessary
- Identify and implement new strategies to address influencers at each level
Thailand’s Miracle of The First 1,000 Days of Life
Expanding to 2,500 Days
Nurturing the Future of Child Nutrition and Development

Sawawut Boonsak1, Salpin Chotivichien1, Sirirat Precha2, Wantanee Kiengsriyos2
Department of Health3, Food and Drug Administration4, Ministry of Public Health,
Mahidol University5, Ministry of Higher Education, Science, Research and Innovation, Thailand.

**Background**
- 28.6% exclusive breastfeeding under 6 months
  - Children 6-23 months
    - Percentage of children fed a minimally diverse diet breastfed 52.9%, non-breastfed 71.7%.
    - Percentage of children receiving a minimum meal frequency breastfed 47.8%, non-breastfed 73.9%
- Children under 5
  - 12.5% Stunting, 9.2% Wasting; trends are slightly decreasing
  - 10.5% Overweight & Obesity, trends are increasing

**List of existing national policies/regulations/guidelines/standards on supporting young child feeding**

**Policies**
- National Plan of Action on Nutrition (NPN) 2023-2027
- Miracle of the first 1,000 days of life plus expanding to 2,500 days

**Regulations**
- Marketing of infant and young child food control act, B.E. 2560 (2017)
- Sugar sweetened non-alcoholic beverages excise act, B.E. 2560 (2017)
- Draft: Regulation of restriction on marketing of food and beverages affecting children’s health act

**Guidelines/Standards**
- Nutrition flag and Food-based dietary guidelines (FBDGs)
- National Early Childhood Development Centers Standards
- Nutrition and hygiene for early childhood development services

**Key success factors**
- Implemented in 4,263 sub-districts with 36 sub-districts passing the excellence level (optimum growth, child development, no cavity)

**Key indicator**
- Promotes optimum growth and development
- Optimum growth in children under 5 years old (No stunting, wasting and overweight)

**Vision**
- Early childhood children experience all-round development, with consideration of quality, equality, and basic needs

**MoU among 6 Ministries**
- Human development across all age groups, especially early childhood (0-5 years old), 2022-2026
  - Ministry of Interior
    - Sub-district health fund
  - Ministry of Education
    - Development child center and preschool following the national early childhood development centers standards
  - Ministry of Social Development and Human Security
    - Child grant support to newborn – 3 yrs.
  - Ministry of Labor
    - Provide breastfeeding corner in workplace
  - Ministry of Digital Economy and Society
    - Support the development of an early childhood database
  - Ministry of Public Health
    - Increase the quality of health facilities ANCWCC

**Next steps**
- Try out new FBDGs, specifically on pregnant women, breastfeeding women, and children under 5
- Build capacity for healthcare workers, village health volunteers, parents, and caregivers
- Develop and spread more nutrition education through various channels: Guidelines, Facebook, AR application
- Milk Code Act, in the process of evaluating the impact
- Draft: Regulation of restriction on marketing of food and beverages affecting children’s health act, consolidate feedback based on public consultations
Background:

Existing national policies and guidelines on supporting young child feeding:
- National nutrition and food security policy (2017)
- National Health Sector Nutrition Strategic Plan (2022-2026)
- Decree Law on regulation of marketing of breastmilk substitutes

Rationale: To strengthen awareness on infant feeding and healthy diets

1. National Breastfeeding Promotion Campaign
   - Launched in April 2023 with activities designed for six WHO system strengthening blocks (Goverance, financing, health workforce, access to services, service delivery and information systems)
   - The campaign consolidates a multi-sectoral, multi-partner solidarity approach, to put nurturing care on the national agenda, increase investment and scale-up optimal nutrition interventions.

2. Community level platforms for counseling on infant feeding
   - Primary health care services down to the household level (home visits, growth monitoring and promotion, referrals, and follow-up by team of healthcare professionals including nutritionist and community health worker).
   - Counseling for mothers and sensitization of family members by Community health volunteers (CHVs) and Mother support groups (MSGs) in all municipalities
   - More than 8000 MSGs and 2000 CHVs functional across the country with the objective to:
     - Provide information and practical support to make parenting easier, and
     - Enable access to services (linking mothers to services and assisting referral)

3. Integrated promotion of healthy diets, focusing on complementary feeding

   - Transition to training package on healthy diets with focus on FBDGs
   - Institutionalize capacity building through National Institute of Public Health
   - Trainings planned for different cadres, including health workers, CHVs, and MSGs.

Capacity building package includes:
- Technical curriculum
- Training modules for participant and facilitators
- Counselling tools (flipbook)

Lesson learnt: Integrated service delivery is important for addressing nutrition behaviors comprehensively

Next steps:
- Multisectoral coordination for nutrition, food security and ECCD under leadership of VPM
- Institutionalize supportive supervision and concurrent monitoring for CF interventions