A global meeting to accelerate progress on complementary feeding in young children

November 17-19 2015, Mumbai

Summary of global presentations and recommendations
# Table of Contents

**Acknowledgement**

**Executive Summary**  

**Background**  

**Abbreviations and acronyms**  

**Summary of sessions and key points**

- **Session 1**  
  Setting the scene: Meeting the nutrient needs of infants and young children aged 6–23 months – progress, challenges and emerging issues  

- **Session 2**  
  Strategies to improve complementary feeding (timely introduction, quality, frequency, safety and hygiene) in all contexts  

- **Session 3**  
  Opportunities provided by other sectors to improve complementary feeding  

- **Session 4**  
  Concurrent sessions: Tools to improve implementation and monitoring of complementary feeding programmes  

- **Session 5**  
  Monitoring and Evaluation of complementary feeding programmes  

- **Session 6**  
  Scale up of complementary feeding programmes  

- **Session 7**  
  Way forward  

**Research gaps**  

**Annexure(s)**

1. Agenda  
2. List of registered participants  
3. Meeting Evaluation Survey  

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![First Foods](logo.png)
Acknowledgement

The report summarises the proceedings of First Foods – a global meeting to accelerate progress on complementary feeding in young children which was held in Mumbai, India on 17–19 November, 2015.

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We would like to thank all the participants for their active participation and engagement. More than 150 people from 28 countries participated in the meeting, including representatives from Government, UN agencies, non-governmental organizations (NGOs), academic and research institutions and donors.

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France Begin, UNICEF, was responsible for the overall direction of the meeting.
Executive Summary

Over the past years, it has been recognized that investing in nutrition is a development priority that benefits global welfare. This has catalyzed political commitment and has increased the need to identify concerted actions to end childhood undernutrition, with specific goals of reducing childhood stunting. In particular, the World Health Assembly agreed on a new target of reducing the number of stunted children under the age of 5 years by 40 per cent by 2025.

As recommended by the Global Strategy for Infant and Young Child Feeding, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, infants should receive safe and nutritionally adequate, solid, semi-solid and soft complementary foods while breastfeeding continues up to age 2 or beyond.

To date a variety of programme strategies to improve complementary feeding practices have been implemented all over the world with varying rates of success, most notably through nutrition education and behaviour change communication using locally available foods and improving food systems, and the provision of specialized food products, food fortification and supplementary food programmes. Progress in implementing large-scale, sustainable, complementary feeding programmes has been slow, but some recent country examples show that it is possible to achieve significant improvements in complementary feeding.

In order to increase the scale and impact of complementary feeding interventions and to meet the targets there is a pressing need to review, discuss and rethink existing programme strategies. To facilitate this process, a global meeting was convened in Mumbai, India on 17-19 November 2015.

Seven key recommendations to accelerate progress on complementary feeding for young children were distilled from the presentations, discussions and input of participants.

Programmes should communicate clearly that adequate complementary feeding with healthy and nutritious complementary foods contributes to a broad spectrum of short and long term outcomes, including child survival, child growth, child development and future achievements as an adult, and prevention of micronutrient deficiencies, morbidity and obesity later in life.

Programmes need to combine two or more strategies for improving complementary feeding to effectively increase the adoption of optimal feeding behaviours across diverse population groups. As success is achieved, such strategies can be scaled up rapidly with adequate commitment, planning and resources.

To be effective, sound situation analysis and formative research tailored to the local context must serve as the basis for the design, planning and implementation of complementary feeding programmes; tools to do this are easily accessible and adaptable.

To be successful, complementary feeding programmes need to involve multiple sectors relevant to food systems, such as health and gender, whose roles and responsibilities need to be mutually agreed upon and be clearly articulated based on situation analysis.

Evidence-based behaviour change communication is an essential component of strategies to improve complementary feeding practices in all settings.

Monitoring and evaluation tools and processes must be aligned with programme design, information needs and the time and resources available.

Advocacy for complementary feeding programmes needs to address the significant resources required to build capacity, scale up and institutionalize effective programmes and strategies for the longer term.


This text sets the standards for global action in support of optimal breastfeeding, complementary feeding and related maternal nutrition and health.
In an effort to strengthen the research agenda moving forward and in order to ensure that resources are prioritized to meet the most pressing research needs, research gaps were identified and summarized in this report.

Background

The stakes are high for accelerating progress to improve complementary feeding in children aged 6–23 months. A growing recognition of nutrition as a development priority and as an investment opportunity with high social and economic returns has catalyzed political commitment and increased the need to identify concerted actions to end childhood undernutrition.

Undernutrition puts children at greater risk of dying from common infections, increases the frequency and severity of infections and contributes to delayed recovery. Furthermore, undernutrition is the main underlying cause of child mortality among children under 5 years of age, accounting for 45 per cent of child death worldwide in 2011.²

The interaction between undernutrition and infection leads to a lethal cycle of health and nutritional deterioration. Often, children who are caught in this cycle suffer from poor growth or stunting. Stunting in the first 1,000 days of life has irreversible health, social and economic implications, including lower attained schooling, shorter adult height, reduced adult productivity and income.

The new target set by the World Health Assembly (WHA) 2012 of reducing the number of stunted children under the age of 5, by 40 per cent by 2025 sets a concrete timeline to achieve this goal. It is reinforced by the post-2015 Sustainable Development Goals.

To date a variety of programme strategies to improve complementary feeding interventions have been employed; these have included:

- Nutrition education and behaviour change strategies to increase the adoption uptake of recommended complementary feeding practices using locally available foods;
- Improving the availability of and access to diverse foods with the provision of complementary food products where necessary, either alone or in combination with nutrition education;
- Food fortification;
- Increasing the energy density of complementary food products; and
- Providing supplementary food.

There is evidence that behaviour change interventions have the potential to improve feeding practices; those that make effective use of formative research to identify barriers and enablers and have clearly outlined impact pathways are more effective in improving feeding practices.³

Over the years many commercial products have been developed to increase nutrient intake in the complementary feeding period in children. These include multiple micronutrient powders, powdered complementary food supplements and lipid-based nutrient supplements, infant porridges and other commercially fortified products targeting young children.⁴

In food insecure settings (including in humanitarian situations) where serious constraints to the accessibility of nutritious diets exist, these products have played a critical role and are part of a short term strategy to improve feeding and nutrition outcomes. However, sustainable change is only possible when populations


have sustained access to nutritious diets that have high protein quality, adequate micronutrient content and bioavailability, essential fatty acids and low anti-nutrient content.

Global estimates for appropriate complementary feeding of children aged 6–23 months are currently limited to the timely introduction of solid, semi-solid or soft foods at 6–8 months. Globally, only two thirds of children in this age group receive solid, semi-solid or soft foods. This indicates substantial room for improvement. Furthermore, the few regions for which data on minimum acceptable diet (MAD)\(^5\) are available indicate extremely low proportions of young children being fed with the minimum frequency and receiving foods that meet a minimum quality.

While complementary feeding indicators do not necessarily reflect the coverage or scale of infant and young child feeding (IYCF) interventions, they provide useful information on practices that require attention. Recently the field has witnessed demonstrations that scaling up complementary feeding can be achieved in a short time period.

The reasons for the past poor performance could include lack of scale-up strategies and resources to support them, incomplete understanding of cultural and economic barriers, incorrect assumptions about the determinants of poor feeding practices, absence of creative behaviour change communication (BCC) strategies and lack of clarity on programme approaches due to insufficient documentation of different ways to deliver results.\(^6\)

In order to meet the targets and increase the scale and impact of complementary feeding interventions there is a pressing need to review and discuss existing programme strategies, including:

- Rethinking traditional implementation strategies on effective ways to counsel caregivers to ensure that young children receive recommended foods using recommended practices;
- Using high-quality and formative research-based campaigns that combine approaches including mass media that make emotional appeals, interpersonal contacts and community mobilization, to help shift social and cultural norms;
- Finding solutions that help households to overcome barriers to giving children nutrient-rich foods from age 6 months onwards (for example, availability and affordability of nutritious foods preferably from all the food groups);
- Focusing on improvement of local food systems for production and safe preparation of locally available affordable foods to ensure long-term programmes sustainability;
- Ensuring better linkages to delivery platforms across diverse sectors and agencies; and
- Improving programming strategies through systematic planning, implementation, and evaluation (PIE) processes to enhance long term effectiveness.\(^7\)

For this purpose, UNICEF and the Governments of India and Maharashtra hosted a global meeting to accelerate progress on complementary feeding in Mumbai, India on 17–19 November 2015 in partnership with Alive & Thrive, the Food and Agriculture Organization of the United Nations (FAO), GAIN, University of California - Davis, the United States Agency for International Development (USAID), the World Food Programme (WFP) and the World Health Organization (WHO). Maharashtra was the choice for this global meet due to its significant contribution in improving child health and nutrition indicators. Overall, 151 participants from 28 countries participated in the meeting, including representatives from Government, UN agencies, non-governmental organizations (NGOs), academic and research institutions and donors. Participants from selected countries (including Government and partners) were invited to share their experience in implementing complementary feeding programmes. The full list of

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participants can be found in Annex II. The meeting was jointly organized by the Department of Public Health of the Government of Maharashtra and UNICEF.

The objectives of the meeting were: To synthesize the biological science and the implementation science, review the practice and experience in improving complementary feeding and access to nutritious complementary foods in children aged 6–23 months, with a view to developing strategies and approaches that are fit to context.

Expected outcomes included the following:

- Reached an agreement on context specific strategies and approaches that bear the potential to bring about improvements in complementary feeding in children aged 6–23 months at scale, while identifying good practices and solutions to address challenges and barriers;

- Discuss and outline existing tools that improve the implementation and monitoring of complementary feeding programmes, including tools to assess the situation and IYCF practices, and tools for capacity building, behaviour change and community mobilization;

- Identify research needs and gaps in advocacy, policies, programmes and practices related to feeding children aged 6–23 months;

- Identify gaps in applying recommendations in the current global complementary feeding guidelines and determine appropriate action to optimize their adoption.

This report provides an overview of the key points, discussions, and proposed recommendations made during the meeting, including research gaps to accelerate progress for improving complementary feeding practices in children aged 6–23 months. The meeting outcomes could provide a basis to update existing complementary feeding guidelines in the future.

This global report complements the First Foods for Life report prepared by the Government of Maharashtra and the Government of India which made a thorough account of the three-day meeting.
## Abbreviations & Acronyms

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>BCC</td>
<td>behaviour change communication</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>FBR</td>
<td>food-based recommendation</td>
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<td>IFPRI</td>
<td>International Food Policy Research Institute</td>
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<td>IYCF</td>
<td>infant and young child feeding</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<td>MAD</td>
<td>minimum acceptable diet</td>
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<td>MDD</td>
<td>minimum dietary diversity</td>
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<td>MMF</td>
<td>minimum meal frequency</td>
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<td>MNP</td>
<td>micronutrient powders</td>
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<tr>
<td>NGO</td>
<td>non-governmental organization</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>SBCC</td>
<td>social behaviour change communication</td>
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<td>SQ-LNS</td>
<td>small-quantity lipid nutrient supplements</td>
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<td>SUN</td>
<td>scaling up nutrition</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Setting the scene: Meeting the nutrient needs of infants and young children aged 6–23 months – progress, challenges and emerging issues

The first 1,000 days from conception to 2 years of age are a critical window of opportunity for optimal breastfeeding and complementary feeding practices that can prevent malnutrition, namely stunting, wasting, overweight and obesity (in facing the double burden of malnutrition) and infection. Exclusive breastfeeding in the first six months and appropriate complementary feeding with continued breastfeeding until 2 years of age or beyond is internationally recommended. Breastmilk is a unique source of nutrition and hydration, including essential fats, protein and other macro and micronutrients; it is linked to multiple health benefits. The PAHO/WHO Guiding principles for Complementary Feeding provides the basis for developing recommendations for breastfed children\(^1\) and non-breastfed children aged 6–23 months.\(^2\)

Complementary foods should be energy dense (for example by reducing water content, adding oil or fat) as well as nutrient dense and part of a diversified diet. They should be served frequently and in appropriate quantities. The texture and diversity of the food and feeding interactions are important in shaping the feeding habits of young children. Animal source foods are essential to meet the nutrient density requirements of young children. It may be difficult to meet the nutrient needs of a child with a vegetarian diet particularly if breastmilk or milk is not given. Fat quality matters and having a sufficient intake of essential fatty acids (especially omega-3 and omega-6) is important. As a general rule, foods containing trans fatty acids should be avoided.

Breastmilk not only provides the best start in life for infants but it also contributes significantly to energy, macro and micronutrient intake during the complementary feeding period. For children who are not breastfed, dairy products can be a good source of proteins and other nutrients. There is evidence that dairy protein stimulates linear growth even when nutrient intake is adequate. However, it is important to limit the intake of animal milk as too much protein can contribute to obesity later in life, and high intake of liquid milk may displace other foods and contribute to iron deficiency.

The provision of vitamin and mineral supplements or fortified products may be needed, particularly to prevent iron and zinc deficiencies. However, more evidence is needed on the appropriate mix of strategies and how homemade foods and fortified products can complement each other.

In addition to poor quality foods and inadequate feeding practices, unsafe preparation and storage of food and use of contaminated water can also contribute to poor complementary feeding. It is important to understand the constraints to adequate complementary feeding. Caregivers may be in a vulnerable position and influenced by traditions and cultural practices, family pressure, economic constraints and food insecurity. Caregivers in such situations should be guided and supported. In addition, optimal complementary feeding alone is often insufficient to prevent stunting. Poor intrauterine nutrition, infections, and environmental enteric dysfunction (environmental enteropathy) may also play a role and need special attention.

In light of the growing obesity epidemic, the issue of complementary feeding practices and its relationship to overweight and obesity later in life was raised. A number of recommendations were made, including:

- Promote the consumption of a wide variety of healthy foods.
- Avoid specific food categories, especially those including snack foods with high content of sugar, salt and low quality fat.
- Avoid very high animal protein intake (especially from a high intake of cow’s milk) as this is a risk factor for overweight and obesity.

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Global overview on infant and young child feeding practices

Globally, more than two thirds of infants aged 6–8 months are fed solid, semi solid or soft foods (considered to be timely introduction of complementary foods). Continued breastfeeding is key during the complementary feeding period. The majority of children (74 per cent) in developing countries, Africa and South Asia are still breastfed at 1 year of age while only 49 per cent are breastfed at 2 years of age.

By and large, the diet of vulnerable populations in low-income countries is characterized by low consumption of animal source foods and of fruits and vegetables, therefore failing to meet MAD criteria. Notably, even the majority of children (67 per cent) from the richest households in low income countries do not eat a diverse enough diet.

There is a correlation between low diet diversity and stunting rates among children under age 5 and further analysis is underway to explore that relationship. Available data from household surveys and research studies indicate that feeding practices in infants and young children are suboptimal during common illnesses while no data exist on feeding practices during convalescence. There is a pressing need for caregivers globally to be given specific advice regarding appropriate complementary feeding practices during and after illnesses.

Consumption of commercial snack food products among children aged 6–23 months

The role of nutrient-poor commercially produced snack foods in the diet of children living in low-income countries is a recent and growing concern. Consumption of nutrient-poor foods can be detrimental to children’s health by displacing more nutritious foods and by contributing to later obesity and cardiovascular diseases, given that these foods often have a high content in sugar, trans fatty acid and salt. A summary of the findings from the Assessment and Research on Child Feeding (ARCH) project which aims to gather information on the consumption of nutrient-poor commercially produced snack foods and commercially produced complementary foods in children aged 6–23 months and their promotion among mothers in Cambodia, Nepal, Senegal and Tanzania; are presented below.

In almost all countries, except Tanzania, consumption of commercially produced snack foods on the prior day was over 55 per cent; and almost 50 per cent on consumption of commercially produced complementary food was highest in Senegal at 26 per cent. Promotion for commercially produced snack foods among mothers was very high in all countries, with more than 95 per cent of mothers in Cambodia and Senegal reporting observation of such a promotion since the birth of their youngest child. In contrast, findings were better in Tanzania where very low (3 per cent) consumption of commercially produced complementary food and low (23 per cent) consumption of snack foods were shown. The same pattern was found for promotion for commercially produced complementary foods, with few mothers in Tanzania reporting a promotion, but not for snack foods, where 49 per cent of Tanzania mothers report observing a promotion for a commercially produced snack foods.

In all countries, there was higher rate of consumption of commercially produced snack foods than of commercially produced complementary foods. Rates of promotion of snack foods were also much higher than for complementary foods.

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2 Commercially produced snack food products: commercially produced and packaged foods typically eaten between meals. This includes savoury snack food products (fried chips, crisps or salted biscuits) and sugary snack food products (chocolates, sweets, candies, pastries, cakes or sweet biscuits).

4 Commercially produced complementary food: any commercially produced food or beverage, excluding breast-milk substitutes, that contains a label indicating the product is intended for children younger than two years of age. This includes cereal/porridge, homogenized/pureed food, snacks/finger food, gravy/soup, tea/water/juice.
Optimal nutrition status through appropriate infant and young child feeding practices is essential for children’s survival and healthy growth and development.

In low income countries insufficient dietary diversity is the main issue affecting poor households and rich households as well.

Nutrient density of complementary foods is essential but not easy to achieve, especially in the context of plant-based diets, limited economic access and/or food insecurity.

Animal source food intake is important to achieve nutrient density (in particular, to meet the needs for various essential micronutrients such as zinc, iron, B12 and calcium).

In countries facing a double burden of malnutrition, there is a need to regulate the sodium, sugar and fat levels of commercially available snacks and other foods, as well as the recommended levels of micronutrient fortification, especially when these snacks and foods are promoted for and/or provided to young children.
Session 2: Strategies to improve complementary feeding (timely introduction, quality, frequency, safety and hygiene) in all contexts

There are a variety of strategies that can be employed to improve complementary feeding including interventions using agriculture, to increase access, availability and consumption of nutritious foods, provision of fortified complementary foods, use of specialized supplementary products to improve nutrient quality of the diet; all strategies should ideally be supported by communication strategies, (both interpersonal and mass communication) and nutrition education, to support behaviour change. In most situations, a combination of interventions will be required to meet the nutrient needs of the child. Conducting programme planning and formative research is essential to identify locally appropriate solutions.

- Complementary feeding: Food-based approaches and factors affecting availability and access

Outcomes from the “Technical Meeting on Linking agriculture and Nutrition Education for Improved Young Child Feeding”, organized by FAO and the Justus Liebig University in July 2015, were presented. The objective of the Technical Meeting was to share findings and lessons learned from the FAO IMCF research project, and to distil experiences from diverse agencies involved in programmes that combine agriculture with nutrition education focused on behaviour change for improved young child nutrition. Participants shared programme lessons and good practices from a range of large scale agriculture nutrition programmes from Asia and Africa, and contributed to working groups to compile programme lessons for integrating agriculture and nutrition education for improved young child nutrition. Most programmes included an agricultural diversification component to improve the availability and accessibility of nutrient rich foods from all the food groups (e.g. homestead food production, small animal raising and aquaculture), along with efforts to improve food processing, storage and seasonal food availability, together with nutrition education. Findings from several programmes showed that when an agriculture-nutrition education approach was applied, dietary diversification increased substantially, leading to an improvement on the MAD indicator. Some programmes reported improvements in breastfeeding practices, minimum dietary diversity (MDD), minimum meal frequency (MMF), vitamin A intake of children and mothers, and household food security. A positive impact on height-for-age z-score (HAZ) at mid-term was reported by the FAO improved food security and complementary feeding project in Malawi.

Combined agriculture and nutrition education can significantly improve children's diets. However, improvements in diet alone using locally available and affordable food may not fully meet the nutrient

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1 ‘Nutrition education’ refers to any combination of educational strategies designed to facilitate voluntary adoption of food choices and other food- and nutrition related behaviours conducive to health and well-being; it is delivered through multiple venues and involves activities at the individual, community and policy levels. (From: Contento, I. Nutrition Education: Linking Theory, Research and Practice. Sudbury, MA: Jones and Bartlett Publishers, 2007).


Minimum dietary diversity (MDD) - Proportion of children aged 6-23 months of age who receive foods from 4 or more food groups.

Minimum meal frequency (MMF) - Breastfed children: percentage of breastfed children aged 6–23 months who received solid, semi-solid and soft foods the minimum number of times or more during the previous day. Non-breastfed children: percentage of non-breastfed children aged 6–23 months who received solid, semi-solid and soft foods or milk feeds the minimum number of times or more during the previous day.
requirements of all children in the short term and a combination of the strategies and interventions described below may be needed.

- **Integration of micronutrient powders into infant and young child feeding programmes**

Micronutrient powders (MNP) can play an important role in contributing to adequate micronutrient intake and as such in improving the quality of a child’s diet. MNP also have the potential to improve IYCF programmes through various mechanisms. For example, it can indirectly create demand for services, among caregivers and can help health workers to pay more attention to IYCF counselling. The type and amount of IYCF counselling and support will also depend on the delivery mechanism (health facility, community, market-based). There is also a growing but limited body of evidence suggesting that integrating MNP into IYCF programmes can improve complementary feeding practices. What is clear is that a product-driven approach alone does not usually lead to the expected results and that an integrated programme package, including behaviour change communication (BCC) on IYCF, monitoring and evaluation (M&E) and adequate supply chain mechanism is required.

A review of 11 country experiences showed how MNP improved IYCF practices and helped define a set of recommendations for future programme design and implementation. In sum, better programmatic integration of MNP and IYCF and improved documentation of results is needed to unleash the full potential of MNP interventions for IYCF programmes.

- **Small-quantity lipid nutrient supplements for the prevention of malnutrition: evidence and USAID approach**

An overview of the methodology and a summary of the findings of studies on small-quantity lipid nutrient supplements (SQ-LNS) supported by the Bill and Melinda Gates Foundation (Burkina Faso and Ghana) and by USAID (Malawi and Bangladesh) was presented. Some of the most notable benefits associated with the use of SQ-LNS include improvements in birth outcomes, reduction of stunting and improvement in child growth and development outcomes. However, results have been mixed across studies likely due to differences in study design and contexts (the extent of nutrient deficiencies, prevalence of wasting, infections and so on).

It was noted that while use of SQ-LNS has some potential to improve child’s nutrition, it is one of several strategies available to improve local diets and the decision to implement it should be taken only after assessing the context and specific needs and based on the resources available.

Finally, USAID recently hosted a meeting on “Evidence and Programmatic Considerations for the Use of Small Quantity Lipid-based Nutrient Supplements for the Prevention of Malnutrition” and a report will soon be available.

- **Complementary feeding in emergencies**

Children’s complementary feeding needs are even more challenging to meet during emergencies especially when diets are mostly plant-based and food insecurity and issues around access (physical and/or economic) to food are further exacerbated. In such case, fortified foods and specialized nutritious products (such as small or medium quantity lipid nutrient supplements, fortified blended foods, or MNP) for specific target groups (children aged 6–23 month, pregnant and lactating women) will very likely be needed to fill the nutrient gap and prevent further deterioration of children and women’s nutritional status. Product options will need to be based on an assessment of the (pre-existing) gap, and the risk of further deterioration posed by the emergency. In addition, pre-existing delivery platforms are critical to determine modalities (including transfer modalities) of nutrition response in an emergency (social protection schemes, health sector platforms, availability of markets and how the emergency has affected access to and functionality of these delivery platforms need to be considered). The duration of the

\[\text{BCC is the strategic use of communication to promote positive health outcomes. BCC is a theory-based, research-based, interactive process to develop tailored messages and approaches, using a variety of population-appropriate communication channels to motivate sustained individual- and community-level changes in knowledge, attitudes and behaviours. See UNICEF (forthcoming). A Global Communication Strategy Development Guide for Maternal, Newborn, Child Health and Nutrition Programmes.}\]
response will also affect its design and evolution over time (short, medium or protracted). For example,
programming that exclusively focuses on the prevention of acute malnutrition, as opposed to the
prevention of undernutrition (also including micronutrient deficiencies and stunting), should be
implemented when and where the incidence of acute malnutrition is high or the risk of an increase in
incidence is high, and when interventions only last a couple of months. In this regard, the Moderate Acute
Malnutrition Decision Tool developed by the Global Nutrition Cluster\(^7\) helps determine how to combine
prevention and treatment depending on context and mortality in the short and longer term. In a more
protracted/complex emergency, progressive integration of interventions to prevent micronutrient
deficiencies and/or stunting, as well as to improve IYCF practices - in addition to the prevention and
treatment of acute malnutrition - can build on a combination of community- and facility-based delivery
platforms, as shown in Sudan and Pakistan, for example. Other important considerations as part of the
emergency response are seasonality, hygiene conditions, the availability of products locally and the level
of engagement of the private sector to support response actions.

- **Social behaviour change communication**

Social behaviour change communication (SBCC) is broader than communication: it systematically removes
barriers to specific behaviours. As such SBCC approaches can help improve complementary feeding
practices but practical guidelines are lacking on how to use SBCC to intensify and accelerate programme
impact in diverse settings. To help address this gap, four programmes in Bangladesh, Malawi, Peru and
Zambia which documented impacts on complementary feeding indicators using behaviour change
approaches were presented. The programmes were gauged against a well-recognized behaviour change
framework\(^8\) and compared in their design and implementation of the SBCC strategies and the platforms
used.

Complementary feeding practices, in particular dietary diversity, can be improved rapidly in a variety of
settings using available programme platforms if interventions focus on specific constraints to access and
encourage families to prepare and feed appropriate foods. The process must start with an analysis of
caregiver constraints in terms of knowledge and practices related to complementary feeding and access
to basic health services and food. The caregiver is the central element in the framework of this
intervention. In this regard, formative research using qualitative research and quantitative surveys and
engaging with mothers and family members on a one-to-one basis was an important first step.
Interpersonal communication (IPC) with mothers by community volunteers and community workers was the
most common approach, but other approaches were also used: developing materials to engage the wider
community engagement in supporting complementary feeding; women’s empowerment; mass
communication; provision of hand washing stations; food production; and advocacy, alliance building and
cross sectoral coordination. The level of intensity in implementing the interventions by reinforcing the same
messages via different communication channels was also key.

From these successful programmes, five best practices were derived:

- Select two to three priority complementary feeding behaviours;
- Focus on underlying determinants (including access to food and people who influence
  participants’ behaviours);
- Test concepts, recipes, messages and tools;
- Select a variety of programme channels for intensity and scale;
- Sustain exposure for at least two years; monitor and continually adjust the programme.

These practices can be applied across a range of programmes to enhance complementary feeding results
in a short time period.

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Following the session, programme experiences using SBCC in Bangladesh and Malawi were presented (see 2.1 and 2.2).

2.1 Country example

Behaviour change: Approaches to improve complementary feeding in Bangladesh

In Bangladesh, working through Bangladesh Rural Advancement Committee (BRAC) allowed to have multiple contacts in 300 sub-districts through various channels (health facility and home visits, phone calls, community mobilization, mass media and health forums), significant improvement in all complementary feeding indicators (n.s. for timely introduction) and particularly in the areas with more intensity and greater exposure to messages, for example in MDD increased from 32 per cent to 64 per cent and in MMF from 42 per cent to 75 per cent. One of the lessons learned is the importance of having messages that are data-driven, sharply focused on determinants, emotionally appealing, created in partnership with advertising agencies, monitored and adjusted frequently. In places where there is no television, an alternative strategy successfully implemented was to use interpersonal communication with simple and actionable messages according to the child’s age.

2.2 Programme experience

Nutrition (Improving Food Security and Nutrition (IFSN)) Policy and Programme Outreach in Malawi

In Malawi, maize is at the centre of agriculture (monoculture) and diet since it provides 75 per cent of the caloric intake of the general population. The primary goal of the programme was to address the imbalance in agriculture and diets through improving dietary diversity. A combination of approaches were supported at the community level including agriculture diversity and participatory cooking sessions to provide all the food groups needed in a day. A mid-term evaluation (at two years) and a final evaluation (after three years) were conducted where complementary feeding indicators (MDD and MAD) significantly improved by 12–13 per cent from the baseline. Some of the hindering factors included grandmothers’ reluctance to change foods, unavailability of certain food groups in the area and spouse’s reluctance to buy diverse foods. Facilitating factors included attending the sessions (intensity), better understanding of nutrition and having a supportive family and community.
Key messages – Session 2

Strategies to improve complementary feeding:

- A situation analysis is required before carrying out any intervention.
- Interventions combining agricultural diversification with practical nutrition education for behaviour change can significantly improve children’s diets.
- To address stunting, integrated actions involving sectors such as health, agriculture, sanitation and social protection are needed. Programme planning should include formative research to identify locally appropriate solutions.
- MNP aligned with IYCF programmes, can improve complementary feeding practices by filling micronutrient intake gaps and indirectly creating a demand for caretaker services.
- For the prevention of malnutrition, home fortification with SQ-LNS is one of strategies available to improve local diets and fill gaps of essential nutrients intake (micronutrients and essential fatty acids); while the decision to implement it should be based on context-specific needs.

In emergency response:

- There is no standard approach, yet context-specific integrated interventions are always more effective. Multi-sectoral approach and promotion of inter-sectorial programme actions are recommended.
- Prioritization of sound interventions is essential. Interventions must be cost-effective and consider key factors such as duration, food availability and seasonality.
- Actions to improve nutrient intake for young children will vary based on existing delivery platforms and nutrient needs. To fill existing nutrients gaps, actions will include targeting children aged 6–23 months providing specialized nutritious foods, such as fortified blended foods and/or lipid-based products, preventing further deterioration of their nutritional status and identification and treatment of acutely malnourished children and pregnant women.

SBCC for improving complementary feeding practices:

- Large scale and sustainable behaviour changes are possible.
- To enhance complementary feeding results in a short time period, SBCC best practices must be used:
  - Select two to three priority complementary feeding behaviours;
  - Focus on underlying determinants;
  - Test concepts, recipes, messages and tools;
  - Select a variety of programme channels for intensity and scale;
  - Sustain exposure for at least two years; monitor and continually adjust the programme.
- It is important to take equity issues into consideration.
Session 3: Opportunities provided by other sectors to improve complementary feeding

Feeding babies nutritious and safe foods, in adequate quantities, frequently enough, while continuing breastfeeding, can be feasible and effective, but may require additional non-nutrition intervention (e.g. cash transfer) or targeted intervention (e.g. programme like WIC) especially for resource-constrained families. Some of the critical needs to feed infants appropriately include basic resources (food, money), caregiver capabilities (knowledge, motivation, self-efficacy, time, stress management skills, autonomy of decision making, social support) and water and sanitation conditions, many of which are not always considered in nutrition programmes. In this regard, other sectors (agriculture, education, health, water, sanitation, gender and social protection) can play a major role by alleviating some of the significant constraints to appropriate complementary feeding.

Three approaches by which other sectors can be more nutrition sensitive to improve nutrition/complementary feeding are: (1) address underlying determinants of fetal and childhood nutrition and development; (2) incorporate specific nutrition goals and actions; and (3) serve as delivery platforms for nutrition-specific interventions (see Table 1).

Table 1. Approaches needed from other sectors to make nutrition sensitive interventions affect nutrition, and complementary feeding.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Approach 1: Addressing underlying determinants of fetal and childhood nutrition and development</th>
<th>Approach 2: Incorporating specific nutrition goals and actions</th>
<th>Approach 3: Serving as delivery platforms for nutrition-specific interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>Reduce poverty and food insecurity and ensure availability of diverse foods, at low cost.</td>
<td>Incorporate dietary diversity in agricultural planning and consider women’s labour and time trade-offs with child care and feeding.</td>
<td>Deliver nutrition information via agricultural extension workers; have production facilities develop nutritious special foods for babies.</td>
</tr>
<tr>
<td>Social protection</td>
<td>Reduce poverty and food insecurity; put more assets (cash, food) in women’s control.</td>
<td>Target households with children in the right age group; link with existing health programmes to deliver BCC and other inputs (food, supplements).</td>
<td>Directly include child-specific foods in food baskets and/or deliver nutrition information at cash or food delivery points.</td>
</tr>
<tr>
<td>Gender/ women’s empowerment</td>
<td>Strengthen women’s empowerment, reduce violence against women, more assets in women’s control.</td>
<td>Consider workload/time trade-offs for women with young children; explore child care arrangements; provide social support for women.</td>
<td>Include programmes where women’s groups/enterprises can produce specific foods, deliver and discuss health and nutrition information. Empowerment programmes.</td>
</tr>
<tr>
<td>Water and sanitation</td>
<td>Improve overall access to safe water and basic sanitation.</td>
<td>Integrate infant specific sanitation (stool disposal, drinking water safety, clean surfaces); target the same households with both WASH and nutrition/health interventions.</td>
<td>Deliver nutrition-focused behaviour change interventions as part of WASH programmes.</td>
</tr>
</tbody>
</table>

The session was followed by country experiences on the role of other sectors in improving nutrition including one example from the WIC programme in the United States (see 3.1, 3.2, 3.3).

### 3.1 Programme experience

**Nepal – Infant and young child feeding and the child grant programme**

The overall child nutrition status in the country is improving but the prevalence of wasting is stagnant at about 1 in 10 children under age 5. While dietary frequency and timely introduction of complementary feeding are relatively high, dietary diversity and MAD remain low. The Government of Nepal has initiated a Child Grant project in five Karnali districts with the main objective of improving child nutrition. A programme to complement the cash component has been implemented to raise awareness, build health workers’ capacity on IYCF, ensure birth registration and generate evidence regarding constraints to IYCF practices and the potential role of the cash grant in addressing undernutrition. The mid-term evaluation showed that the cash grant improved birth registration, IYCF practices and resulted in significant reduction of underweight and severe wasting. The endline survey will be conducted in 2016 and findings will be used to advocate scaling up the cash grant in other parts of the country.

### 3.2 Programme experience

**Suahara - A multi-sectoral approach to improving complementary feeding in Nepal**

Suahara, a USAID funded five-year (2011 – 2016) integrated nutrition programme operates in 41 of Nepal’s 75 districts, focuses on the first 1,000 days and uniquely integrates household and community-level interventions across five sectors: nutrition, agriculture/homestead food production, family planning, health services and water, sanitation and hygiene (WASH). The initiative has a strong SBCC component and builds upon existing Government structures and multi-sectoral delivery platforms. A quasi-experimental quantitative mid-line evaluation, conducted two years after programme implementation showed significantly higher access to information for all five sectors, much higher exposure to ideal complementary feeding messages during antenatal care, improved household-level WASH practices, greater child dietary diversity practices and stronger knowledge and feeding practices among sick children in Suahara versus non-Suahara districts.

### 3.3 Programme experience

**Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in the United States**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk. It sets evidence-based standards to ensure the foods served in the programmes support a nutritious diet and encourage healthy choices by providing participants with tools, skills and motivation to incorporate healthy practices into everyday routines.

The WIC programme has been in existence for many decades but has been modified over the years to better address nutrient and cultural needs. A scientific review of the food package (conducted every 20 years) is currently underway which will consider the 2015 Dietary Guidelines for Americans. The food packages for children aged 6–23 months are aligned with the infant feeding practice guidelines of the American Academy of Pediatrics. Fully breastfeeding infants receive baby food meats in addition to greater amounts of baby food fruits and vegetables. It addresses high prevalence of inadequate intakes of zinc and iron and provides these minerals in bioavailable form. The food packages for breastfeeding infant-mother pairs provide stronger incentives for continued breastfeeding, including providing less formula to partially breastfed infants. The participants must participate in nutrition education sessions (At least two contacts per six-month period).

Key results from this programme include a decreased incidence of iron deficiency anaemia in children, growth improvement on at-risk infants and children and improvement prenatal care access of pregnant and postpartum women resulting in reduced rates of low birth weight and infant mortality, among others.
Key messages – Session 3

Feeding babies nutritious and safe foods, in adequate quantities, frequently enough, while continuing breastfeeding, can be feasible and effective, but may require additional non-nutrition intervention or targeted intervention especially for resource-constrained families.

Nutrition programmes should consider the availability of food and/or financial resources and caregivers capabilities, such as knowledge, motivation and self-efficacy.

Nutrition sensitive actions implemented by multiple sectors can alleviate some constraints to appropriate complementary feeding and complement nutrition-specific actions by health and nutrition service providers.
Session 4: Concurrent sessions: Tools to improve implementation and monitoring of complementary feeding programmes

Concurrent sessions were held at the meeting on tools to improve implementation and monitoring of complementary feeding programmes. Each session consisted of an overview of the tool and a presentation of country experiences.

*ProPAN (Process for the Promotion of Child Feeding)* is a comprehensive tool (manual and software) designed to provide guidance to managers in designing feasible IYCF interventions. The method helps identify, rank and select practices that are practical, feasible and accepted by the community. To ensure effective results, an analysis of the cultural, social and economic context of the implementation areas must be carried out beforehand. Creating awareness at all levels and promoting the participation and engagement of all players is crucial. It has been used in several countries globally. The Tanzanian experience was presented, where two of the four modules were used: 1) assessment of IYCF practices and 2) recipe creation and trials of recommendations. Useful information generated from their findings guided the development of the IYCF Strategy for Zanzibar. Improvement in skills and knowledge on complementary feeding practices were developed.

*Optifood* uses linear programming analysis to create food-based recommendations for complementary feeding. It has been applied in five South-East Asian countries as part of the SMILING project. The main objectives were to determine if the diet was adequate using locally available foods (food-based recommendation (FBR)); to identify which nutrient requirements were most difficult to achieve using locally available foods; and to evaluate alternative interventions of interest in children aged 6–23 months children and women of reproductive age (such as MNP vs MNP + FBR). The cost of various options can also be estimated, using local data on food prices. One of the key findings gathered was the inadequate intake of calcium, iron, zinc and folate from complementary foods currently given to children. Based on this a series of ways by which the situation could be addressed were identified to close the nutrient gap, including increasing frequency and serving sizes, the distribution of fortified complementary foods and MNPs and promoting nutrition sensitive agriculture focusing on diets of young children and women.

ProPAN and Optifood can complement each other as ProPAN is better suited to identify specific determinants (cultural/socio and economic factors) contributing to poor feeding practices while Optifood can assist on decision for appropriate interventions among alternative choices of food based interventions.

*The Cost of the Diet (CoD)* is a software tool developed by Save the Children to estimate the amount, combination and lowest cost (after assessing and entering the cost of the food items on the local markets) and of local foods that are needed to meet all nutrient needs. It helps identify inexpensive sources of nutrients and the food groups that contribute the most to the cost of the diet. It also estimates the affordability of the diets if data on income and expenditure is available. The tool is not a diet planning tool (contrary to Optifood); does not analyse the cost of what people actually eat and it does not automatically include animal source foods or certain nutrients (iodine, vitamin D, essential fatty acids). The tool will be available for download in early 2016.

*Fill the Nutrient Gap* is a tool to strengthen nutrition situation analysis linked to decision-making. The tool promotes the participation of various stakeholders and supports identification of context-specific strategies for improving complementary feeding with an emphasis on increasing access to nutrients (especially during the first 1,000 days). It was developed by WFP with inputs from UNICEF, IFPRI, the University of California, Davis and Epicentre. The analysis is primarily based on existing data in the following categories: malnutrition characteristics, enabling policy environment, availability of nutritious foods in the local market, access to nutritious foods, nutrient intake, local practices and cost optimization. It also helps to consolidate secondary data at the country level, including information provided by the other tools such as the CoD, Optifood, ProPAN and TIPs. In particular, the CoD plays an important role to model different types of interventions and transfer modalities to fill the nutrient gap for key target groups, linking analysis

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1 ‘SMILING’ stands for Sustainable Micronutrient Interventions to control deficiencies and Improve Nutritional status and General health in Asia.
to decision making. At present the tool is being piloted in Ghana, El Salvador and Madagascar and it will become available more widely in 2016.

**Social and behaviour change communication tools**

Various SBCC tools were presented from Bangladesh, Mozambique and Viet Nam. The need for SBCC extends to promoting a new normal around complementary feeding, designing and using effective tools to enable policy engagement and change, and deepening interpersonal communication for social mobilization, mass media and evidence based decision making. The use of formative research is important in SBCC to inform the development of tools and strategies and to identify appropriate message delivery platforms and sub-optimal practices and norms. Some examples include promoting handwashing among primary school children who are active agents of change and “Edu-entertainment” involving long term communication education programmes that can address key behaviours in a multi-faceted way by talking to people based on their level of readiness for change. Some of the recommendations to obtain good results are: to develop communication tools through a participatory approach involving audiences; to ensure high frequency of contacts with the target population; and to combine interpersonal communication with media to speed up and scale up the process of change.

The bottleneck analysis process assesses the main determinants of effective coverage or optimal practices for selected interventions and aims to strengthen evidence-informed programme design and implementation (including for complementary feeding) based on a solid theory of change. UNICEF developed the methodology and associated tools to identify problem areas relating to six main determinants of the supply, demand and quality of services, to conduct analyses of their causes and to explore enabling factors in the environment (policies, governance, budgets, financial barriers of households, social norms and socio-cultural practices). Based on that information, action can be taken to improve the coverage and quality of programmes. The bottleneck analysis process is applied to specific interventions (for example, counselling and home fortification) to improve complementary feeding practices. It is recommended that the dissemination of best programme practices be promoted as part of this assessment. Bottleneck analysis has been applied in nutrition programmes in a range of settings in some 30 countries in Africa, Asia and Latin America.

**Key messages – Session 4**

- Different tools and analytical approaches can reveal the extent, magnitude and likely determinants of the nutrient gap and therefore, to identify strategies and intervention packages (including policies and programmes) to improve nutrient intake and access to nutrients in target groups. These tools can be used simultaneously to optimize usefulness, depending on the needs and available resources.

- Time and resources needs are highly dependent on objectives and local context.

- Engaging local stakeholders (Government, academia, United Nations agencies and development partners, NGOs, etc.) is critical for the success of the analysis in country.

- A bottleneck analysis process can be used to help improve the quality and coverage of complementary feeding programmes.
Session 5: Monitoring and evaluation of complementary feeding programmes

To improve the outcomes of complementary feeding programmes, monitoring must be an essential component of their design. Creating a sound theory of change prior to implementation is important for the programme to achieve results. The theory of change shows that many actions and activities have to happen as planned to achieve the outputs and outcomes. However, it is not feasible or appropriate to continuously collect data on all possible indicators. There is a need to prioritize and focus on key areas for monitoring.

It is important to differentiate internal from external monitoring. Internal monitoring should be conducted for every programme and is managed by programme staff as they have access to this data (usually through HMIS/LMIS systems). External monitoring is collected and managed independent of programme staff and is potentially more objective but may not be mandatory, necessary or feasible. It may not be routinely collected and could potentially include complex methods and require significant resources.

Indicators should be developed that are specific to complementary feeding counselling; and that consider the age of the child. In practice, IYCF indicators are often included on forms/reports but, it is unclear if counselling was specific to complementary feeding (as opposed to breastfeeding) and there are no indicators related to quality of counselling or other key aspects needed for effective programmes. Participants discussed the inclusion of breastfeeding practices in the information system. Reliability may be limited if data are self-reported or if standardized methodologies for establishing breastfeeding practices are not followed or if the responses are biased to comply with social desirability. Having an indicator related to IYCF counselling specifically may be more useful.

Evaluations should be designed based on the information needed and resources available. Measures should be selected for immediate and underlying determinants as well as outcomes. They should also consider timing as programmes may reach and benefit children, but may not discernibly improve growth and development outcomes in a short period of time. In addition to the value of careful evaluation, operational research also plays an important role to understand and remove programme barriers.

Key messages – Session 5

Internal monitoring is required for all programmes to be effective.

- Indicators should be specific to monitor complementary feeding counselling by age and ideally also monitor the quality of counselling.
- Measures should be used for immediate and underlying determinants as well as for outcomes.
- Timing must be taken into account as seeing improvements in growth and development outcomes in children may take long of time.
- Data system could be employed to help determine whether a behaviour change has occurred.
- M&E provides information on how programmes work and can lead to evidence-based decisions to improve the programme.

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1 Monitoring is the use of data to identify the status of programme implementation as compared with plans so that action can be taken to recognize good performance and correct gaps as quickly as possible. Evaluation is primarily used to document whether and to what extent the goals and targets of the programmes were met, and to identify lessons learned and effective approaches for future planning.
Session 6: Scale up of complementary feeding programmes

- **Global financing needs to improve nutrition**

In order to scale up complementary feeding programmes, it is important to be aware of existing mechanisms to finance nutrition programmes and ongoing efforts to increase investments in nutrition. This presentation provided an overview of global nutrition financing and the cost to achieve the global WHA targets for nutrition, especially to prevent stunting.

Research shows that investing in child nutrition increases schooling, potential earnings in adulthood, reduces poverty and helps to boost countries’ economies as a result.

Investment in nutrition comes from a variety of sources, including the private sector (including philanthropic foundations), donors and Governments. Government spending on nutrition specific programmes is highly variable across countries. Donor investment in health and nutrition is low, representing only 4 per cent of all health-related Official Development Assistance; and 25 per cent of this goes to five low-middle income countries (Ethiopia, India, Malawi, Mozambique and Yemen) but addressed only a small proportion of the stunting burden.

There is a significant body of evidence on scaling up actions to meet the WHA targets, but less is known about the costs and financing needs. Packages of interventions that include actions to improve nutrition for women during pregnancy, IYCF practices and nutrition and systems strengthening were analysed by the World Bank. Their estimates for reducing stunting by 40 per cent globally would cost $8.50 per child under 5 years of age. In order to scale up this action in 10 years it would cost $42 billion to reach the global stunting-reduction goal. However it was discussed that better data is needed on the cost of interventions and scaling up as the cost may have been underestimated.

If the global target on stunting is achieved, there will be 74 million fewer stunted children by 2025 that would fully achieve their cognitive, developmental and economic potential. The economic return on the investment could be as high as $18 per $1 invested in stunting reduction. In order to reach this goal the involvement of all actors is needed, including political decision makers and leaders committed to increase nutrition investment. Advocacy and promotion of highly effective interventions, such as complementary feeding practices; increased government financing; new donors or innovative financing (such as the Global Financing Facility in Support of Every Woman and Every Child and the Power of Nutrition), implementation and scale up interventions; and finally monitoring and better tracking, analysis and reporting will make all stakeholders accountable.

- **Private sector engagement to improve nutrition**

There is recognition that the complex and multi-causal problems of malnutrition require all players to collaborate and to invest towards the same objective. An overview was presented of the lessons learned from private sector engagement and the importance of harnessing private sector influence and expertise to improve nutrition, and complementary feeding in particular.

In connection with the SUN movement, it has taken a long time to get the SUN Business Network up and running, and to find a way to engage at both the global and country levels. Private sector engagement in nutrition firstly includes accountability, making sure that they do no harm and secondly, how they can be more proactively engaged and make a difference to nutrition and do real good. (See figure 1)
The Global Alliance for Improved Nutrition (GAIN) has vast experience working specifically on improving availability and accessibility of affordable nutritious infant foods for low-income households within a context of appropriate infant and young child feeding was shared.

Provision of nutritious complementary food includes working on the supply and the demand sides. For the supply side, the aim is to increase the availability and affordability of nutritious complementary foods and for the demand side, the aim is to raise awareness of the importance of nutritious complementary foods within a context of optimal IYCF practices, with an emphasis on breastfeeding and dietary diversity.

There are three potential delivery models to improving complementary feeding: (1) a public delivery model, fully subsidized, reaching lowest income groups, only public sector distribution; (2) fully commercial model, with no subsidy, mainly reaching higher income groups and retail and other market distribution and; (3) social business model, partly subsidized, reaching middle and lower income groups through a mixture of private and public sector distribution. Examples of each model were presented. To increase availability and accessibility, improve quality and enhance adequate use of nutritious foods and supplements for low-income consumers requires work at multiple levels, including enabling environment, market, producer, product, consumer and behaviour. Lessons learned are listed below.

Lesson 1: There is a need to translate global evidence into a robust regulatory framework. This means building consensus around scientific evidence, developing and disseminating guidelines (for example regulations for composition and marketing of complementary food), sharing best practices and tools which can all be supported by international expert groups (such as MIYCN WG and HF-TAG).

Lesson 2: There will be slower return on investments in nutritious product categories for low-income consumers than for industry benchmarks in more mature markets. Market analysis and business planning is required; markets and target groups are not uniform and it can be particularly challenging for new products as they need to raise awareness and demand.

Lesson 3: Financial and technical support is needed to reduce barriers to market sustainability. This includes sourcing, production, distribution, marketing and sales. Support may include subsidies on raw materials, improving capacity and quality of small local companies, innovative financing and so on.

Lesson 4: Product innovation and positioning should respond to consumer’s needs and wants. Consumers look for quality they can trust and for convenience; price is not the only driver.

Lesson 5: To create access for low-income consumers, a mix of public and private delivery channels should be used. Commercial channels require strengthening; institutional markets need to be harnessed; combine multiple and innovative delivery channels (vouchers, retail, health centres).

Lesson 6: There is a need to invest and innovate more in demand creation and behaviour change. Multi-channel and aspirational communication; driving compliance through reminders and rewards; promotion needs to be done in the context of IYCF practices with emphasis on breastfeeding and dietary diversity.
The second part of the session featured a panel to illustrate examples of engagement from private sector and philanthropic organizations to improve nutrition as well as the role of Government in setting regulatory framework and national guidance. A summary follows:

- **TATA Trust involvement on improving nutrition in India**

  Tata Trust’s vision is to contribute to the reduction of stunting by 30 per cent, and anaemia in women and children by 40 per cent in the 100 highest burden districts by 2025. Their three areas of actions are: development of affordable and nutritious products for public and private sectors by convening technology hubs (including provision of technical support, fund research and supply chain interventions); expand the use of existing large programme platforms; and timely use of data and policy advocacy. Examples were provided for each area.

- **Supply of fortified supplementary foods to India’s Integrated Child Development Services (AP Foods)**

  AP Foods stressed the importance of partnerships with private sector to improve the quality and affordability of complementary foods. The presentation also emphasized the need for technology transfers and innovations in systems strengthening, supply chain management and communication strategies to improve the knowledge and skills of caregivers. The AP foods initiative could be one of the approaches to be explored by Indian states to improve the quality of complementary or supplementary foods as part of the States’ Infant and Young Child Nutrition Strategy.

- **Large scale social marketing of MNP (PSI)**

  Population Services International (PSI) and UNICEF collaborated on market based approaches to the distribution and promotion of MNP. Results from 2014-2015 were presented for Madagascar, where implementation is most advanced and results have been measured. Using innovative social marketing techniques, the aim of the four-country learning project was to pilot ways to ensure sustainable access to MNP, and to encourage long term behaviour change. The four areas where the project intervened (the so-called ‘4Ps’) were:
  - Product (brand and positioning);
  - Place (supply and distribution);
  - Price (pricing, structure and margins); and
  - Promotion (BCC and incentives).

  Main results from Madagascar included positive impact on dietary diversity (from 11 per cent to 47 per cent) MAD (from 7 per cent to 38 per cent) and on MNP use. The project also found a positive impact of IPC and mass media activities on dietary diversity (30 per cent in non-exposed groups versus 52 per cent in exposed groups). Some of the key lessons learned from the pilot in Madagascar that will drive successful scale-up of social marketing of MNP are: formative research on pricing and promotion (messages); continued exposure of the product in the market; integration with other social marketing; motivated health workers; and an excellent working relationship with the public sector.

- **Role of Government in setting regulatory framework and national guidance (GAIN)**

  In order to engage with the private sector, transparency in the regulations and good environment is important. This includes that MoH and FDA policies are updated to protect continuous breastfeeding between ages 6 months and 23 months by aligning with Codex Alimentarius revisions, 2013. In Indonesia, Optifood data showed that most homemade complementary foods were nutrition deficient due to purchasing power, thereby exposing a gap that could be filled by affordable fortified complementary foods and/or MNP. Discussions are ongoing among key players (Government, private sector, civil society, academia and development partners) to develop regulations to limit portion sizes of fortified complementary foods so that serving suggestions do not displace breastfeeding. Nevertheless, in order to prevent fortified complementary foods from replacing homemade complementary foods, there is a
research need highlighted by the Government for evidence on the optimal mix of homemade complementary foods and portions of fortified complementary food. It is hoped that this research will show that nutrient deficiencies can be reduced by such combined foods.

Key messages – Session 6

Nutrition financing:

- Good nutrition builds human capital and boosts multi-generational prosperity.
- More funds for nutrition specific actions are required; and other multiple sectors need to be more nutrition sensitive by increasing fiscal space for Nutrition. However more evidence is needed on costing of nutrition interventions.

Private sector:

- It is important to harness the skills and resources of the private sector to improve availability, accessibility and affordability of nutritious foods for children.
- The private sector is accountable for governance, product portfolio, marketing practices, labelling and engagement in policy discussions.

Government:

- Government plays a key role in developing/implementing/enforcing regulations to control the marketing of unhealthy food products.
- Its actions can create an enabling environment for the availability of nutritious, safe and affordable complementary foods and children’s snacks.
Way forward

Building on the presentations, discussions and inputs from participants, seven recommendations were proposed on how to accelerate progress on complementary feeding practices in young children.

1. Programmes should communicate clearly that adequate complementary feeding with healthy and nutritious complementary foods contributes to a broad spectrum of short and long term outcomes, including child survival, child growth, child development and future achievements as an adult, and prevention of micronutrient deficiencies, morbidity and obesity later in life.

Rationale and key messages:
Breastfeeding is a key component of complementary feeding during the second half of infancy and into the second year of life. Complementary foods should not displace the intake of breastmilk.

Age appropriate complementary feeding incorporating all food groups is achievable

• Inadequate dietary diversity is the main concern in all regions of the world, and meeting the minimum feeding frequency is also a challenge issue particularly in least developed countries.

• The type, texture, variety and feeding interactions of children’s ‘first foods’ are all important in “shaping” children’s eating habits. Animal milk is a good source of protein and other nutrients, but intake should not be too high, as it may displace other foods and contribute to iron deficiency.

• Sufficient amounts of fat are important for optimal growth and fat quality is important for child development. A high fat content seems not to be a risk factor for later obesity, but if it is too high it will reduce dietary diversity and nutrient density.

High nutrient density of complementary foods is essential for young children

• Animal source foods help to achieve nutrient density (in particular to meet nutrient needs for zinc, iron, vitamin B₁₂, calcium and amino acids, which are important for growth); but there should not be excessive animal protein intake, as this may contribute to later obesity.

• Special strategies are needed to achieve adequate density where only plant-based diets are consumed and in contexts where food security and economic access are constrained.

Implementation and enforcement of policies are needed to regulate the marketing of unhealthy snack food products (high in sugar, salt and/or trans fats) to young children.

2. Programmes need to combine two or more strategies for improving complementary feeding to effectively increase the adoption of optimal feeding behaviours across diverse population groups. As success is achieved, such strategies can be scaled up rapidly with adequate commitment, planning and resources.

Rationale and key messages:
There is no single strategy that can work universally or in isolation.

• Technically sound complementary feeding programmes must account for the multiple context-specific factors that influence complementary feeding practices.

1 WHO (2005). Breastfed children do not need liquid animal milk in their diet. The guiding principles for feeding non-breastfed children aged 6-24 months state that if other animal foods are eaten regularly, the amount of animal milk needed is 200-400 ml/day. If no other animal foods are eaten, this can be 300-500 ml/day.

2 In this document, ‘programmes’ refer to comprehensive long-term, typically government led initiatives; ‘strategies’ are intervention packages tailored to specific contexts (including policy and programme); ‘interventions’ are specific actions that contribute to programme goals or alleviate specific constraints.”
• The impact of BCC\(^3\) will be enhanced by the availability and accessibility of appropriate foods. Other important factors include the caregiver’s time, cooking fuel, soap and water (for handwashing) and social support. Nutrition education is needed to improve feeding practices and must address more than knowledge gaps.

• Agricultural diversification has great potential to improve the availability and accessibility of nutrient-rich foods but needs to be combined with other strategies such as nutrition education, BCC and income-generating activities to alleviate cultural and economic constraints.

• Products such as MNP, SQ-LNS, specialized nutritious foods or fortified foods should be accompanied by nutrition education and BCC. Where needed, the provision of MNP and other specialized products should be part of IYCF programmes; stand-alone supplementary programmes, such as MNP for anaemia reduction, have not been as effective as desired.

• Strategies to improve complementary feeding during emergencies are dependent on pre-existing opportunities and capacity to support IYCF. Emergency response can potentially help to strengthen routine programmes for IYCF.

• To ensure sustainability, complementary feeding programmes need realistic strategies and resources to strengthen programme capacity for design, implementation, M&E and leadership.

3. To be effective, sound situation analysis and formative research tailored to the local context must serve as the basis for the design, planning and implementation of complementary feeding programmes; tools to do this are easily accessible and adaptable.

Rationale and key messages:
There is no ‘one size fits all’ approach to selecting and prioritizing strategies. They must be evidence-based and informed by adequate situation analysis (including the foods consumed in the community, their accessibility and affordability, nutritional status of the population, existing food markets and purchasing habits, maternal knowledge, beliefs, skills and social norms).

Good formative research is key and helps to identify the barriers, enablers, cultural taboos, practices and underlying emotional motivations. This research can then be used to design interventions and test them to ensure solutions are locally appropriate.

Different tools and analytical approaches can be used to help better understand the extent and magnitude of nutrient gaps and likely determinants of complementary feeding practices in young children. These tools (ProPAN, Optifood, CoD) are widely available, have been used in diverse settings and can be adapted for country use.

4. To be successful, complementary feeding programmes need to be multi-sectoral and have mutually agreed and clearly articulated roles and responsibilities based on situation analysis.

Rationale and key messages:
Multi-sectoral approaches to improve complementary feeding should aim to support sustained positive complementary feeding behaviours in the first two years.

• Interventions should be guided by situation analysis and formative research that provide evidence on the underlying causes of poor feeding practices and malnutrition, and identify socio-ecological, political and economic factors that need to be addressed.

\(^3\) ‘Behavior change communication’ is the strategic use of communication to promote positive health outcomes. BCC is a theory-based, research-based, interactive process to develop tailored messages and approaches, using a variety of population-appropriate communication channels to motivate sustained individual- and community-level changes in knowledge, attitudes, and behaviours. (From: A Global Communication Strategy Development Guide for Maternal, Newborn, Child Health and Nutrition Programmes. UNICEF 2016. Forthcoming).
Multi-sectoral approaches do not mean that all the development sectors need to be involved or that all need to implement nutrition actions; in most countries, health is typically involved but one or more of the following key sectors will need to be engaged to alleviate specific constraints to improve complementary feeding: agriculture, food security, health, water and sanitation, gender and social protection.

Effective coordination and communication is a key element for successful multi-sectoral approaches, but policy and programme actions within sectors are also needed for the coordination to yield results. The nutrition community needs to effectively negotiate mutually acceptable roles with multiple development sectors and define capacity building and resource needs for better complementary feeding and nutrition outcomes.

Nutrition-sensitive sectors can impact complementary feeding and nutrition in three ways:

• First, by improving underlying constraints such as food security, poverty, water and sanitation;
• Second, by incorporating nutrition goals and actions within their sector; and
• Third, by providing delivery platforms for nutrition interventions.

In considering multi- or cross-sectoral contributions to improving complementary feeding, these approaches should all be considered.

The private sector is very broad with many opportunities to tap into food, agriculture and health companies, financial institutions, mobile service providers, media agencies, distributors and retail outlets. The private sector has many competencies that can be harnessed for public nutrition objectives, including food access and availability, consumer insights and marketing skills, and creative media development and strategic media positioning to use for strengthening IYCF BCC.

The Government has a key role to play in developing/implementing/enforcing regulations to control the marketing of unhealthy foods and stimulate the availability of nutritious, safe and affordable complementary foods and children’s snacks.

• The private sector has a responsibility to produce affordable, healthy, safe and high quality complementary food in compliance with national and international standards.
• Collaboration between Government and the private sector can overcome differences in terminology, ways of working and distrust, and focus instead on a common goal while abiding by agreed ethical principles. Each can bring complementary strengths to the table to advance infant and young child nutrition objectives.

5. Evidence-based behaviour change communication is an essential component of strategies to improve complementary feeding practices in all settings.

Rationale and key messages:

BCC is an essential core strategy to improve the adoption of recommended IYCF practices and create widespread awareness. It can generate demand and accelerate programmes to scale-up rapidly through the strategic use of traditional and emerging communications channels.

BCC needs to be developed based on rigorous formative research, data on media habits, models of behaviour change and tested theories of what drives it.

BCC programmes should focus on two to three specific priority complementary feeding behaviours; and the messages should target the underlying determinants of those behaviours (such as food availability, access, knowledge and beliefs, perceptions of social norms, influential people).

A variety of programmes channels are needed for intensity and scale (interpersonal contacts individually and in groups at health facilities and community venues, mass media, mobile phones, internet, community mobilization forums and events).
Exposure to BCC interventions needs to be sustained for at least two to three years, with ongoing adjustments based on monitoring.

6. Monitoring and evaluation tools and processes must be aligned with programme design, information needs and the time and resources available.

Rationale and key messages:
M&E needs to be based on a conceptual (or results) framework that shows how programme activities theoretically will lead to intermediate changes and final impacts; from the start, this conceptual framework must depict a clear theory of change for how the programme is expected to achieve improvements in complementary feeding within the expected timeframe.

Evaluation is necessary for advocacy and to enhance knowledge on what works and to document responsible use of resources invested in complementary feeding programmes. It needs to be focused on measures and indicators along paths in the conceptual framework and should include programme coverage, outcomes, impacts, immediate and underlying determinants and potential confounding factors.

Monitoring indicators that are useful for programme adjustments include those specific to each programme strategy in terms of coverage (for example, the percentage of caregivers receiving services), amount and quality of counselling provided, reach of different communications channels, message recall and IYCF practices.

Effective M&E requires prioritization of a minimum set of data needed for decision-making in programme settings. Supportive Supervision and capacity building are as important for M&E as for programme implementation. Investments in M&E are worthwhile only if the data are used to improve programmes; timely feedback to persons who can act based on the data is required to inform and improve programme implementation.

7. Advocacy for complementary feeding programmes needs to address the significant resources required to build capacity, scale up and institutionalize effective programmes and strategies for the longer term.

Rationale and key messages:
The resources needed for scaling up complementary feeding programmes should be estimated from actual budgetary expenditures in large scale programmes. The cost of not investing in nutrition needs to be used to advocate for mobilizing more resources for nutrition and complementary feeding; secondary data can be used to generate country-specific estimates for national policymakers. Advocacy messages need to focus on the high return from nutrition programmes per dollar invested (for example, $1 invested in stunting = ~ $18 economic returns).5

While donor investment and innovative financing mechanisms are needed, the bulk of investment for routine, nationally scaled up programmes should come from government resources to ensure sustainability.

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4 Monitoring is the use of data for identifying the status of program implementation as compared with plans so that action can be taken to recognize good performance and correct gaps as quickly as possible. Evaluation is primarily used for documenting whether and to what extent the goals and targets of programs were met, and to identify lessons learned and effective approaches for future planning.

Research Gaps

To better define the content of complementary feeding programmes and lead to the best implementation, research is needed in the following areas:

• Carry out effectiveness and operational research on specific foods, such as indigenous species and animal foods; especially on how much animal foods (meat and dairy) is needed in the first two years of life in breastfed and non-breastfed infants, and how much is too much; explore the potential of using locally available, under-utilised and affordable animal foods (such as small fish).

• Assess the importance of food diversity, texture, timing of introducing “lumpy” foods and interactive feeding on current and later feeding habits and difficulties.

• Study nutrition sensitive interventions in sectors other than health and nutrition such as:
  o The role of household sanitation and hand washing with soap in optimizing complementary feeding impacts;
  o Pathways through which gender equity works to improve IYCF and child nutrition;
  o Trade-offs between different types of agricultural interventions and women’s workload/time for IYCF;
  o How to optimize cognitive, motor and psycho-social development through feeding styles and mealtime interactions.

• Investigate the appropriate mix of strategies (fortified food and home prepared food) and the role of specially designed food products such as SQ-LNS. Evidence must be generated to show if nutrient gaps in homemade complementary foods (due to culture or purchasing power) can be bridged by combining with locally formulated fortified foods. Make clear recommendations to balance the number of fortified portions with homemade nutritious complementary foods.

• Elucidate special feeding needs of sick children and those recovering from severe or moderate acute malnutrition.

• Assess positive and negative impact of private sector engagement on feeding practices and nutritional status.

• Calculate the full budgetary cost for capacity building and scaling up sustainable complementary feeding programmes.

• Validate complementary feeding indicators against functional outcomes and nutritional status impacts.

• Develop more practical and efficient evaluation designs for scaled up country programmes.
## Annex I : Agenda

### Day 1 - 17th November 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Presenters</th>
<th>Chair persons</th>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>8.30–9.30</td>
<td>Registration of participants</td>
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<td>Participants are welcome and context is set for the global meet.</td>
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<td></td>
<td><strong>Opening session</strong></td>
<td><strong>Welcome remarks and lighting of the lamp</strong></td>
<td><strong>Ms. Sujata Saunik, Principal Secretary Public Health,</strong></td>
<td><strong>UNICEF´s mandate.</strong></td>
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<td></td>
<td><strong>Opening remarks</strong></td>
<td><strong>Key-note address</strong></td>
<td><strong>Government of Maharashtra</strong></td>
<td><strong>Commitment of Public Health Department, Government of Maharashtra.</strong></td>
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<td></td>
<td><strong>Chief guest</strong></td>
<td><strong>Vote of thanks</strong></td>
<td><strong>Ms. Karin Hulshof, Regional Director,</strong></td>
<td><strong>Commitment of Women and Child Development Department, Government of Maharashtra.</strong></td>
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<td><strong>UNICEF Regional Office for South Asia</strong></td>
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<tr>
<td>9.30-10.30</td>
<td><strong>Meeting the nutrient needs of infants and young children aged 6-23 months.</strong></td>
<td><strong>Prof. Kim Michaelsen. University of Copenhagen</strong></td>
<td><strong>Dr. Deepak Sawant, Honorable Health Minister,</strong></td>
<td><strong>Evidence on the centrality and challenges of complementary feeding for children 6-23 months is</strong></td>
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<td><strong>Progress, challenges and emerging issues.</strong></td>
<td><strong>Ms. Vandana Krishna, Director General,</strong></td>
<td><strong>Government of Maharashtra</strong></td>
<td><strong>presented.</strong></td>
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<td><strong>Ms. Pankaja Munde, Honorable Minister Women and Child Development,</strong></td>
<td><strong>Ms. Pankaja Munde,</strong></td>
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<td><strong>Mr. Devendra Fadnavis,</strong></td>
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<td><strong>Mr. J.P.Nadda,</strong></td>
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<td><strong>Ms. Idzes Kundan,</strong></td>
<td><strong>Mr. J.P.Nadda,</strong></td>
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<td><strong>Commissioner (FW) and Mission Director (NHM)</strong></td>
<td><strong>Ms. Idzes Kundan,</strong></td>
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<td>10.30-10.45</td>
<td><strong>Global overview on infant and young child feeding practices.</strong></td>
<td><strong>Dr. France Begin, Senior Adviser. UNICEF New York</strong></td>
<td><strong>Ms. Esi Foriwa Amoaf, Deputy Director,</strong></td>
<td><strong>Progress on infant and young child feeding is reviewed using the most recent global, regional and</strong></td>
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<td><strong>Ghana Health Services,</strong></td>
<td><strong>country data.</strong></td>
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<td>10.45-11.45</td>
<td><strong>Meeting the nutrient needs of children during the first two years of life.</strong></td>
<td><strong>Prof. Kim Michaelsen. University of Copenhagen</strong></td>
<td><strong>Ms. Vandana Krishna, Director General,</strong></td>
<td><strong>Evidence from multi-country studies on the extent of the consumption of unhealthy foods and the need</strong></td>
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<td><strong>Q&amp;A and discussion</strong></td>
<td><strong>State Nutrition Mission,</strong></td>
<td><strong>Government of Maharashtra.</strong></td>
<td><strong>for appropriately formulated and marketed complementary food are presented.</strong></td>
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<td>11.45-12.15</td>
<td><strong>Consumption of Commercial snack food products among children 6-23 months</strong></td>
<td><strong>Dr. France Begin, Senior Adviser. UNICEF New York</strong></td>
<td><strong>Ms. Esi Foriwa Amoaf, Deputy Director,</strong></td>
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<td><strong>in Urban Cambodia, Nepal, Senegal and Tanzania.</strong></td>
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<td><strong>Ghana Health Services,</strong></td>
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<td><strong>Q&amp;A and discussion</strong></td>
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<td><strong>Government of Ghana.</strong></td>
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<td><strong>Dr. Victor Aguayo,</strong></td>
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<td><strong>Regional Nutrition Advisor,</strong></td>
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<td><strong>UNICEF Regional Office for South Asia.</strong></td>
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<tr>
<td>12.15-13.00</td>
<td><strong>Lunch break</strong></td>
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<td>13.00-14.00</td>
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### Session 2: Strategies to improve complementary feeding (timely introduction, quality, frequency, safety, and hygiene) in all contexts

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Panel Chair</th>
<th>Country/Program</th>
<th>Q&amp;A and Discussion</th>
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<tbody>
<tr>
<td>14.00-15.15</td>
<td>Panel: Complementarity of nutrition interventions to improve complementary feeding.</td>
<td>Dr. Laurence Grummer-Strawn (World Health Organization, Geneva)</td>
<td>Dr. Ramani Wijesinha-Bettoni (Food and Agriculture Organization (FAO), Rome)</td>
<td>Evidence on the need to have a set of interventions that are not mutually exclusive to improve complementary feeding is presented and factors affecting access to nutrient rich foods are discussed.</td>
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<td></td>
<td>Complementary feeding: Food-based approaches and factors affecting access and availability</td>
<td>Dr. Roland Kupka (UNICEF, New York)</td>
<td>Ms. Giulia Baldi (World Food Programme (WFP), Rome)</td>
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<td>Integration of micronutrient powders into infant and young child feeding programs.</td>
<td>Dr. Iftekhar Raschid (USAID, Bangladesh)</td>
<td>Ms. Vandana Krishna, Director General (State Nutrition Mission, Government of Maharashtra)</td>
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<td>Small-Quantity Lipid Nutrient Supplements for the prevention of malnutrition: evidence and USAID approach</td>
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<td>Dr. Karin Lapping, Director Nutrition, (Save the Children)</td>
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<td>Complementary feeding in emergencies.</td>
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<td>Q&amp;A and Discussion</td>
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<td>15.15-16.15</td>
<td>Behaviour change approach how to use behaviour change approaches for improving complementary feeding</td>
<td>Dr. Tina Sanghvi, Senior Technical Advisor (Alive &amp; Thrive, FHI360)</td>
<td>Mr. Sumitro Roy, Project Director, (Alive &amp; Thrive, FHI360)</td>
<td>Evidence on the use of behaviour change communication approaches to improve complementary feeding is shared and program experience from countries is presented.</td>
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<td>Country examples: Behaviour change. Approaches to improve complementary feeding in Bangladesh</td>
<td>Ms. Stacia Nordin, (Food and Agriculture Organization (FAO))</td>
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<td>Nutrition (Improving Food Security &amp; Nutrition (IFSN)). Policy &amp; Programme Outreach. Malawi, Africa</td>
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<td>Q&amp;A and Discussion</td>
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<td>16.15-16.45</td>
<td>Afternoon break</td>
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### Session 3: Opportunities provided by other sectors to improve complementary feeding

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<th>Time</th>
<th>Topic</th>
<th>Panel Chair</th>
<th>Country/Program</th>
<th>Q&amp;A and Discussion</th>
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<tbody>
<tr>
<td>16.45-18.00</td>
<td>Other sectors as a platform to deliver nutrition-specific interventions</td>
<td>Dr. Purnima Menon, Senior Research Fellow (IFPRI, New Delhi, India)</td>
<td>Mr. Giri Raj Subedi, Director for Nutrition (Ministry of Health and Population, Government of Nepal)</td>
<td>Opportunities to make other sectors more nutrition sensitive and use them as platforms to deliver nutrition specific interventions are presented.</td>
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<td></td>
<td>Country experiences: Overview of the Infant and Young Child Feeding (IYCF) program in Nepal</td>
<td>Dr. Kenda Cunningham, (Helen Keller International (HKI))</td>
<td>Dr. Rajesh Kumar, Joint Secretary. (Ministry of Women and Child Development, Government of India)</td>
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<td>Suashara: A multi-sectoral approach to improving complementary feeding in Nepal</td>
<td>Dr. Debra Whiford, (The United States Department of Agriculture (USDA))</td>
<td>Dr. Karin Lapping, Director Nutrition, (Save the Children)</td>
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<td>Special supplemental nutrition program for Women, Infants and Children (WIC) in the United States of America.</td>
<td>Ms. Sujata Saunik, Principle Secretary Public Health. (Department of Health, Government of Maharashtra)</td>
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<td></td>
<td>Q&amp;A and discussion</td>
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**Note:** The content includes discussions on various topics related to complementary feeding, including strategies to improve feeding practices, the role of behavior change approaches, and opportunities provided by other sectors to enhance nutrition in complementary feeding contexts.
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<th>Time</th>
<th>Presentation</th>
<th>Presenter</th>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>8.30-9.00</td>
<td>Summary of day 1</td>
<td>Ms. Pivali Mustaphi and Mr. Stanley Chitekwe (UNICEF)</td>
<td>Key points from day 1 are summarized and guidance about next session is provided.</td>
</tr>
<tr>
<td>9.00-11.00</td>
<td>Session 4: Tools to improve implementation and monitoring of complementary feeding programs. Concurrent sessions.</td>
<td>Dr. Juliawati Untoro. (UNICEF Regional Office for East and Southern Africa) Ms. Fatma Ally Said (Ministry of Health, Government of Zanzibar) Dr. Pattanee Winichagoon (Mahidol University, Thailand)</td>
<td>Tools that improve the implementation and monitoring of complementary feeding programs are presented and discussed.</td>
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<td></td>
<td>ProPAN for Improving Infant and Young Child Feeding: Regional perspective Use of ProPAN to promote Infant and Young Child Feeding Practices. Food-based recommendations using Optifood in 5 South East Asian countries: The SMILING project. Q&amp;A and discussion (30 min)</td>
<td>Dr. Juliawati Untoro. (UNICEF Regional Office for East and Southern Africa) Ms. Fatma Ally Said (Ministry of Health, Government of Zanzibar) Dr. Pattanee Winichagoon (Mahidol University, Thailand)</td>
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<td>“Fill the Nutrient Gap Tool”. Analytical and decision making tool for programmatic and policy options to improve nutrient intake during the first 1000 days Cost of the diet. A method and new software Q&amp;A and discussion (30 min)</td>
<td>Ms. Indira Bose (World Food Programme (WFP)) Ms. Amy Depford (Save the Children, UK)</td>
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<td>Behavior Change Communication (BCC) tools to improve the implementation and monitoring of programmes to protect, promote and support optimal complementary feeding for infants and children. Q&amp;A and discussion (30 min)</td>
<td>Ms. Nemat Hajeebhoy (Alive and Thrive) Mr. Sumitro Roy (Alive and Thrive) Mr. Massimiliano Sani (UNICEF)</td>
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<td>A tool for analyzing and addressing bottlenecks to improve programmes Q&amp;A and discussion (30 min)</td>
<td>Ms. Christiane Rudert (UNICEF) Ms. Nita Dalmiya (UNICEF)</td>
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<tr>
<td>11.00-11.30</td>
<td>Morning break</td>
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<td>11.00-12.00</td>
<td>Session 5: Monitoring &amp; Evaluation of complementary feeding programs</td>
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<td>11.30-12.30</td>
<td>Monitoring and evaluation of programmes to improve complementary feeding in infants and young children. Program Monitoring &amp; Evaluation Q&amp;A and discussion (30 min)</td>
<td>Prof. Ed Frongillo. (University of South Carolina) Dr. Maria Elena Jefferds. (Centers for Disease Control (CDC), Atlanta) Dr. Laurence Grummer-Strawn, Technical officer, (WHO) Dr. Najibullah Safi (Ministry of Public Health, Nigeria)</td>
<td>The importance of program evaluation and the use of survey and surveillance data to inform program implementation is discussed including the minimum requirements for program evaluation.</td>
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<tr>
<td>12.30-13.00</td>
<td>Lunch break</td>
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<td>13.30-14.30</td>
<td>Marketplace</td>
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<td>Session 6: Scale up of complementary feeding programs</td>
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<td>Time</td>
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<td>Participants</td>
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<td>14.30-15.00</td>
<td>Global financing needs to achieve the World Health Assembly (WHA) targets for Nutrition</td>
<td>Ms. Mary D’Alimonte. Results from Development (R&amp;D) Institute (via video)</td>
<td>Mechanisms to finance nutrition/complementary feeding programs are discussed.</td>
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<td>Q&amp;A and discussion</td>
<td>Ms. Manjula Singh, (Children’s Investment Fund Foundation (CIFF), India)</td>
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<tr>
<td>15.00-16.30</td>
<td>Private sector engagement</td>
<td>Dr. Marti van Liere (Global Alliance for Improved Nutrition (GAIN))</td>
<td>Evidence on the role and importance of harnessing private sector influence and expertise to improve nutrition is discussed along with importance of government’s oversight and role in setting regulatory framework.</td>
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<td>* Overview on lessons learned on private sector engagement over past few years</td>
<td>Ms. Aparna Ganesh (TATA Trust)</td>
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<td>* - TATA Trust involvement on improving Nutrition in India</td>
<td>Mr. Sridharan-IAS (AP Foods)</td>
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<td>- Supply of fortified supplementary foods to ICDS (AP Foods),</td>
<td>Ms. Letje Reerink. Population Services International (PSI)</td>
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<td>- Large scale social marketing of MNP (PSI)</td>
<td>Dr. Alok Ranjan (Bill and Melinda Gates Foundation [BMGF])</td>
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<td>Bill and Melinda Gates Foundation involvement in nutrition in India</td>
<td>Mr. Ravi Menon (GAIN, Indonesia)</td>
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<td>- Role of government in setting regulatory framework and national guidance</td>
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<td>Q&amp;A and discussion</td>
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<td>16.30-17.00</td>
<td>Afternoon break</td>
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<td>17.00-17.30</td>
<td>Session 7: Way forward</td>
<td>Dr. France Begin, Senior Advisor. (UNICEF, New York)</td>
<td>Gaps in policies, programmes, guidelines, research and practices related to complementary feeding are identified.</td>
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<td>Plenary session</td>
<td>Dr. Laurence Grummer-Strawn, Technical officer (WHO)</td>
<td>Recommendations to bring complementary feeding programs at scale are proposed.</td>
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<td>Review of issues arising from the Global Meeting and key recommendations to assist countries with the scale up of complementary feeding programs</td>
<td>Mr. Rajesh Kumar, Joint Secretary (Ministry of Women and Child Development (MWCD), Government of India)</td>
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<td>Commentaries from Government of Maharashtra and Government of India.</td>
<td>Mr. Sanjay Kumar, Principal Secretary Department (Women and Child Development (MWCD), Government of Maharashtra)</td>
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<tr>
<td></td>
<td>Conclusions</td>
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</table>
## Day 3 - 19th November 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Presenter</th>
<th>Chair person</th>
<th>Expected outcome</th>
</tr>
</thead>
</table>
| 9.00-11.00      | Welcome of participants and opening remarks by the co-hosts of First Foods: A Global Meeting to Accelerate Progress on Complementary Feeding for Young Children | Chair: Mr Sanjay Kumar, Principal Secretary, DWCD, Government of Maharashtra  
Co-chair: Dr Rajesh Kumar, Joint Secretary Ministry of Women and Child Development, Government of India | Chair: Mr Sanjay Kumar, Principal Secretary, DWCD, Government of Maharashtra  
Co-chair: Dr Rajesh Kumar, Joint Secretary Ministry of Women and Child Development, Government of India | Government of India, Government of Maharashtra, and UNICEF, co-hosts of the Global Meeting, welcome national and international delegates to: First Foods are for Life. Improving Complementary Feeding to Stop Stunting in Indian Children. |
|                 | Opening remarks                                                             | Mr. Louis-Georges Arsenault, Representative UNICEF-India                  | Ms. Sujata Saunik, Principal Secretary, Public Health, Govt of Maharashtra  
Mr. Rajesh Kumar, Principal Secretary Water & Sanitation, Govt of Maharashtra  
Mr. Rajgopal Devara, Secy, Tribal Development, Govt of Maharashtra | Key recommendations from the Global Meeting on Complementary Feeding in Mumbai (November 17-18, 2015) are shared. State level initiatives to improve the quality of maternal and child nutrition in Maharashtra, including complementary foods and feeding practices, is shared |
|                 | Key recommendations on Global Meeting                                        | Dr. Gayatri Singh, Child Development Specialist, UNICEF India             |                                                            |                                                                                                  |
|                 | Comprehensive Maternal, Infant, and Young Child Nutrition (MIYCN) Policy. Improving the quality of maternal and child nutrition in Maharashtra. Progress, challenges, and way forward. | Ms. Sujata Saunik, Principal Secretary, Public Health, Govt of Maharashtra  
Mr. Rajesh Kumar, Principal Secretary Water & Sanitation, Govt of Maharashtra  
Mr. Rajgopal Devara, Secy, Tribal Development, Govt of Maharashtra |                                                            |                                                                                                  |
|                 | Contributions from State Secretaries. Government of Maharashtra              |                                                            |                                                            |                                                                                                  |
|                 | Remarks by Co-chair Dr. Rajesh Kumar, JS, MWCD, Govt of India                |                                                            |                                                            |                                                                                                  |
|                 | Key note address by Mr Sanjay Kumar, PS, DWCD, Govt of Maharashtra           |                                                            |                                                            |                                                                                                  |
| 11.00-11.30     | Morning break                                                               |                                                            |                                                            |                                                                                                  |
| 11.30-12.15     | Infant and young child feeding in India. The challenge of meeting the complementary feeding needs of children 6-23 months old. Evidence from surveys, research, and programmes. Q&A and discussion | Dr. Purnima Menon, Senior Research Fellow, International Food Policy Research Institute (IFPRI), New Delhi | Ms Rajeshwari Chandrasekar, Chief UNICEF, Mumbai | Evidence from surveys, research, and programmes illustrates the status of complementary feeding in India, including trends over time, socio-economic disparities, and the main drivers of sub-optimal complementary feeding. |
|                 | Q&A and discussion                                                           | Dr Victor Aguayo, Regional Advisor Nutrition UNICEF Regional Office for South Asia |                                                            |                                                                                                  |
| 12.15-13.00     | Household food security, children’s diet diversity, and nutrition outcomes. Evidence from Maharashtra’s Comprehensive Nutrition Survey and implications for policies and programmes. Q&A and discussion | Pr. S Chandrasekhar, Associate Professor, Indira Gandhi Institute of Development Research, Mumbai |                                                            | Evidence on the interface between household food security, diet diversity in children 6-23 months old, and child nutrition in the first two years of life is presented. The implications of these findings for policies and programmes are discussed. |
| 13.00-13.30     | Lunch break                                                                 |                                                            |                                                            |                                                                                                  |
14.00-16.00  The State Nutrition Mission – The journey
Improving infant and young child feeding with a focus on complementary feeding practices in India – sharing of state experience
Ms Vandana Krishna
DG Nutrition Mission
Government of Maharashtra
Gujarat, Andhra Pradesh, Tamil Nadu
Ms Idzes Kundan
Commissioner Family
Welfare and MD, NHM
Government of Maharashtra
Dr. Saba Mebrahtu
Chief, Child Development and Nutrition. UNICEF India
Evidence on state level initiatives to improve the quality of complementary foods and feeding practices is shared and its potential implications for policy and programme development are discussed.

16.00-16.30  Open discussion

16.30-17.00  Coffee/tea break

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<tr>
<th>Time</th>
<th>Presentation</th>
<th>Presenter</th>
<th>Chair person</th>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>17.00-17.30</td>
<td>Improving complementary foods and feeding practices in the states of India. A step-by-step roadmap</td>
<td>Dr. Rakesh Kumar, Joint Secretary. Ministry of Health and Family Welfare, Government of India</td>
<td>A step-by-step roadmap to improve the quality of complementary foods and feeding practices in the states of India is presented and agreed upon.</td>
<td></td>
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</tbody>
</table>
| 17.30-18.00 | Vote of thanks by the organizers                                                | Dr. France Begin
Senior Nutrition Advisor
UNICEF – New York
Ms. Vinita Singhal,
Commissioner ICDS, Government of Maharashtra | Government of Maharashtra shares concluding remarks and thanks participants at the Global Meeting on Complementary Feeding. |

18.00  Closing of the meeting
Annex II : Agenda

Global Participants

1. Dr. Tina Sanghvi. Technical Director. Alive&Thrive, FHI Solutions, USA. tsanghvi@fhi360.org
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72. Dr. Sanjay Prabhu. Senior Faculty and former Secretary. Breastfeeding Promotion Network of India (BPNI)
73. Dr. Prashant Gangal. Mother Support & Training Coordinator. Breastfeeding Promotion Network of India (BPNI)
74. Dr. Swati Ghodmare. Medical Officer / Scientific Officer. Bureau of Nutrition
75. Dr. K.P. Kushwaha. Ex. Principle & HOD. BRD Medical College, Gorakhpur. komal.kushwaha@gmail.com
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82. Surya Pullela Teja. KPMG
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137. S. Yellamanda. Manager. Telanagana Foods (Formerly Andhra Pradesh Foods)
138. Dr. Sushma Malik. Neonatology Professor. TN Medical College & BYL Nair Hospital. sushmamalik@gmail.com
139. Manjula Singh. Nutrition Manager. The Children’s Investment Fund Foundation (CIFF). mmsing@ciff.org
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Annex III : Meeting Evaluation Summary

A survey was conducted on day 3. Five areas were evaluated:

1. Meeting objectives;
2. Abilities acquired from the workshop;
3. Views on statements related to developing strategies and to strengthen policies and programmes to improve complementary feeding in India;
4. Meeting format; and
5. Open questions related to highlights and low points of the meeting, participant’s recommendations for future meetings, and country of work.

The scale used for responses was:


Country of work (response was optional): India (16), Other* (8), No response (11).

* Afghanistan, Malawi, Pakistan, Rome, Tanzania, Zimbabwe.

Main Results :
The average global score was 4 with a percentage response of 35% (35/100)

<table>
<thead>
<tr>
<th>Meeting Highlights</th>
<th>Meeting Low points</th>
<th>Recommendations for future meeting(s)</th>
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<tbody>
<tr>
<td>Presentations</td>
<td>Not enough time for discussions</td>
<td>More time for discussion and for exchanging experiences with participants</td>
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<tr>
<td></td>
<td>Sessions, especially M&amp;E, private sector</td>
<td>More information, regarding to some contents.</td>
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<td>India day</td>
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<td></td>
<td>Discussions</td>
<td></td>
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<td></td>
<td>Country experiences</td>
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<td>All mentioned above</td>
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<tr>
<td></td>
<td>Not enough time for discussions</td>
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<tr>
<td></td>
<td>Too much time in speeches/opening ceremony</td>
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<td></td>
<td>None</td>
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### Results in detail

#### Areas evaluated

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<tr>
<th>Scale used for responses</th>
<th>Strongly Agree n (%)</th>
<th>Agree n (%)</th>
<th>Neither agree nor disagree n (%)</th>
<th>Disagree n (%)</th>
<th>No response n (%)</th>
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<tbody>
<tr>
<td>1. Meeting objectives</td>
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<tr>
<td>- Synthesize the biological and implementation science in improving access to nutritious foods and appropriate feeding practices in children 6-23 months with a view to developing strategies and approaches that are fit to context.</td>
<td>4 (11.4)</td>
<td>25 (71.4)</td>
<td>4 (11.4)</td>
<td>1 (2.8)</td>
<td>1 (2.8)</td>
</tr>
<tr>
<td>- Agree on context-specific strategies and approaches that bear the potential to bring about improvements in complementary feeding in children 6-23 months at scale, while identifying good practices and solutions to address challenges and barriers.</td>
<td>9 (25.7)</td>
<td>16 (45.7)</td>
<td>7 (20.0)</td>
<td>2 (5.7)</td>
<td>2 (5.7)</td>
</tr>
<tr>
<td>- Discuss and outline tools that improve the implementation and monitoring of complementary feeding programmes, including tools to assess the situation and IYCF practices, and tools for capacity building, behaviour change and community mobilization.</td>
<td>9 (25.7)</td>
<td>17 (48.6)</td>
<td>5 (14.3)</td>
<td>1 (2.9)</td>
<td>0</td>
</tr>
<tr>
<td>- Identify required research, as well as gaps in advocacy, policies, programmes and practices related to feeding children 6-23 months old.</td>
<td>5 (14.3)</td>
<td>20 (57.1)</td>
<td>9 (25.7)</td>
<td>0</td>
<td>1 (3.0)</td>
</tr>
<tr>
<td>2. Abilities acquired from the workshop</td>
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<tr>
<td>- New knowledge enabling them to accelerate action towards improving nutritious foods and appropriate feeding practices.</td>
<td>6 (17.1)</td>
<td>22 (62.9)</td>
<td>6 (17.1)</td>
<td>1 (2.9)</td>
<td>0</td>
</tr>
<tr>
<td>- To identified a series of priorities for the development of context specific actions.</td>
<td>11 (31.4)</td>
<td>16 (45.7)</td>
<td>8 (22.9)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>3. Views on the following statements</td>
<td></td>
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<tr>
<td>- Their role in developing strategies and approaches were fit to context in their line of work.</td>
<td>15 (42.9)</td>
<td>15 (42.9)</td>
<td>4 (11.4)</td>
<td>0</td>
<td>1 (3.0)</td>
</tr>
<tr>
<td>- They were clear on future steps necessary to strengthen policies and programmes to improve complementary feeding in India (for counterparts and partners in India).</td>
<td>8 (22.9)</td>
<td>5 (14.3)</td>
<td>5 (14.3)</td>
<td>0</td>
<td>16 (45.7)</td>
</tr>
<tr>
<td>4. Meeting Format</td>
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<tr>
<td>- Presentations were clear and understandable</td>
<td>14 (40.0)</td>
<td>19 (54.3)</td>
<td>1 (2.9)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>- There was enough time for discussion</td>
<td>6 (17.1)</td>
<td>15 (42.9)</td>
<td>6 (17.1)</td>
<td>7 (20.0)</td>
<td>0</td>
</tr>
<tr>
<td>- The discussions facilitation was well done</td>
<td>11 (31.4)</td>
<td>20 (57.1)</td>
<td>4 (11.4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>- Support material were helpful</td>
<td>7 (20.0)</td>
<td>19 (54.3)</td>
<td>7 (20.0)</td>
<td>0</td>
<td>2 (5.7)</td>
</tr>
<tr>
<td>- Marketplace was helpful</td>
<td>10 (28.6)</td>
<td>19 (54.3)</td>
<td>4 (11.4)</td>
<td>1 (2.9)</td>
<td>1 (2.9)</td>
</tr>
<tr>
<td>- The logistical arrangement was well organized</td>
<td>17 (48.9)</td>
<td>14 (40.0)</td>
<td>4 (11.4)</td>
<td>0</td>
<td>0</td>
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