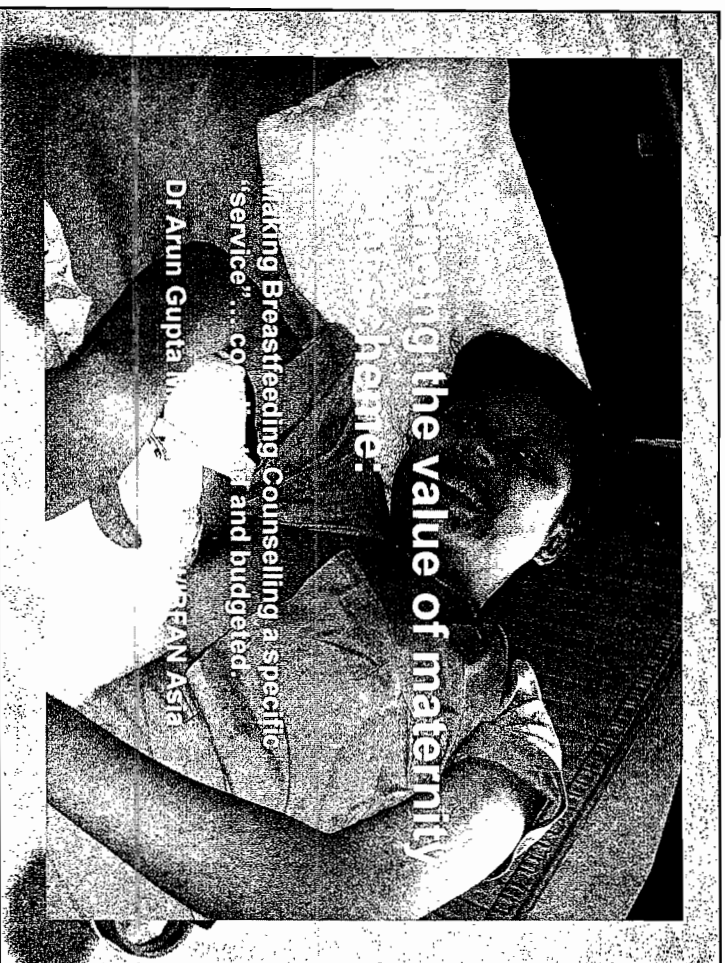
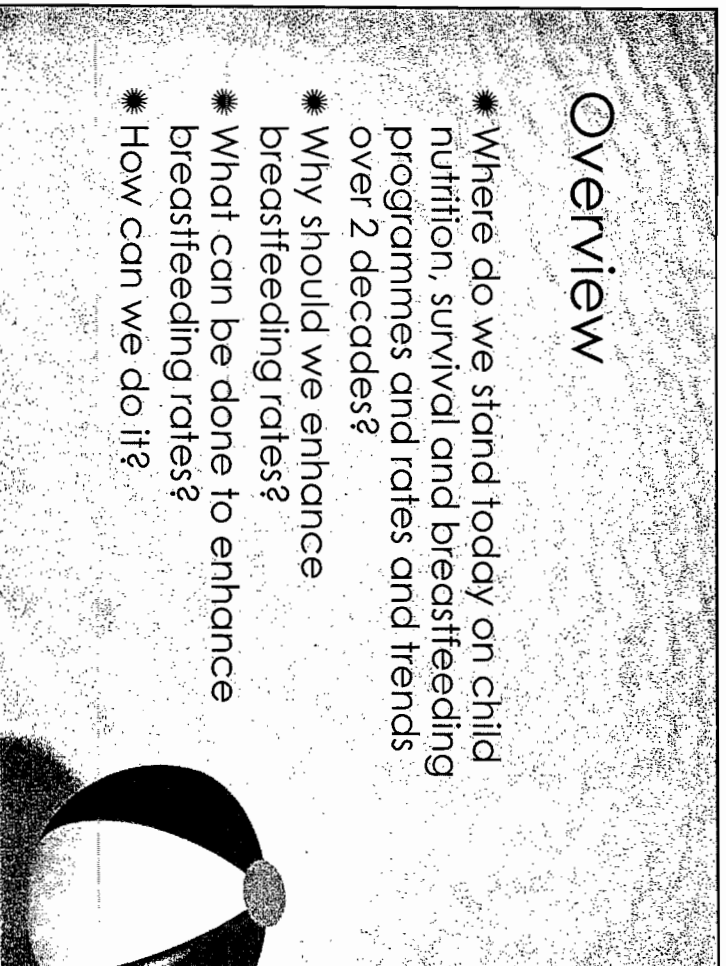




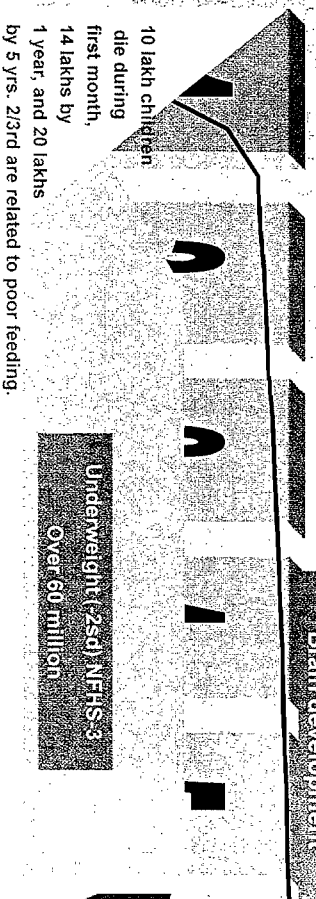
Overview

- ★ Where do we stand today on child nutrition, survival and breastfeeding programmes and rates and trends over 2 decades?
- ★ Why should we enhance breastfeeding rates?
- ★ What can be done to enhance breastfeeding rates?
- ★ How can we do it?



First year is critical!

Malnutrition strikes the most in infancy beginning in 3-4th month, 29-30 % at 6 months, goes up and peaks about 46% by 18 months, flat curve after that (NFHS 3).

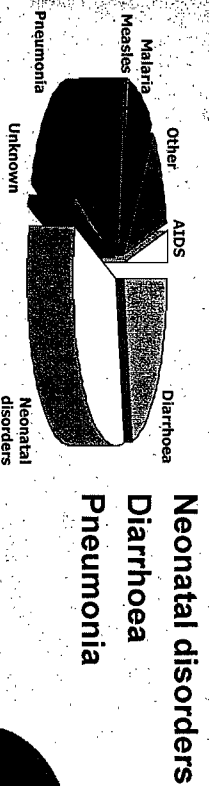


Years of life



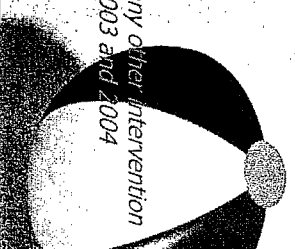
Three Major Killers

MOSTLY PREVENTABLE



Breastfeeding is the No. 1 preventive intervention compared to any other intervention Lancet Series on child survival, and now on newborn survival : 2003 and 2004

Source: Robert et al. LANCET 2003;361:2226-34

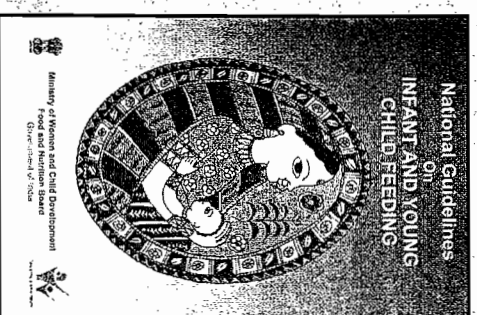


SRS/MOH Data on IMR /NMR not declining enough

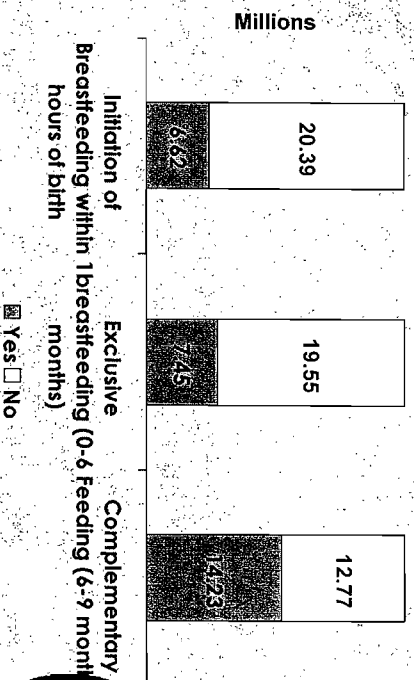
	IMR	NMR
2003	60	37
2004	58	37
2005	58	37
2006	57	37
2007	55	37
2008	53	

Optimal Infant and Young Child Feeding

- Starting breastfeeding within one hour of birth
- Exclusive breastfeeding for the first six months
- Introducing appropriate and adequate complementary feeding after 6 months along with Continued breastfeeding for two years or beyond
- WHO: 2/3rd of all under five deaths are related to POOR FEEDING.



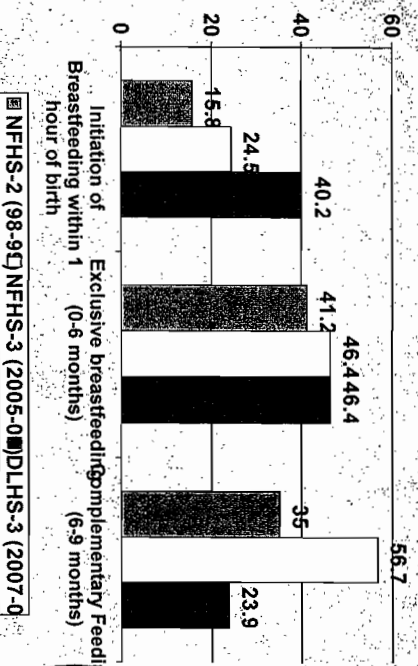
Feeding Practices NFHS 3 (First Year)



Districts Level Performance (Number of Dist out of 534-DIHS 2008)

	Initiation of BF within 1 hour	Exclusive breastfeeding
RED	138(0-29%)	112 (0-11%)
YELLOW	197(30-50%)	373(11-49%)
BLUE	194(50-90%)	49(50-89%)
GREEN	5(90% or above)	0 (90% and above)

Trends in 3 indicators



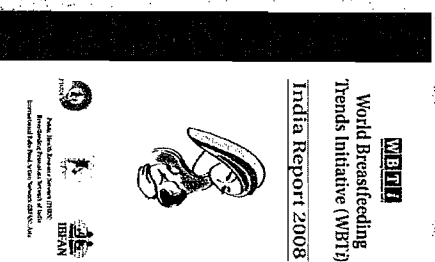
Why Stagnation ?

Barriers and lack of programme focus:

- ✱ India is a breastfeeding nation
- ✱ Health workers, and managers think they know enough
- ✱ Policy programme support to ensure successful breastfeeding is NOT there except a theoretical mention
- ✱ States struggle for practical 'guidance' and "which" funds to use from, wait for central clearances, etc.

India Report 2008

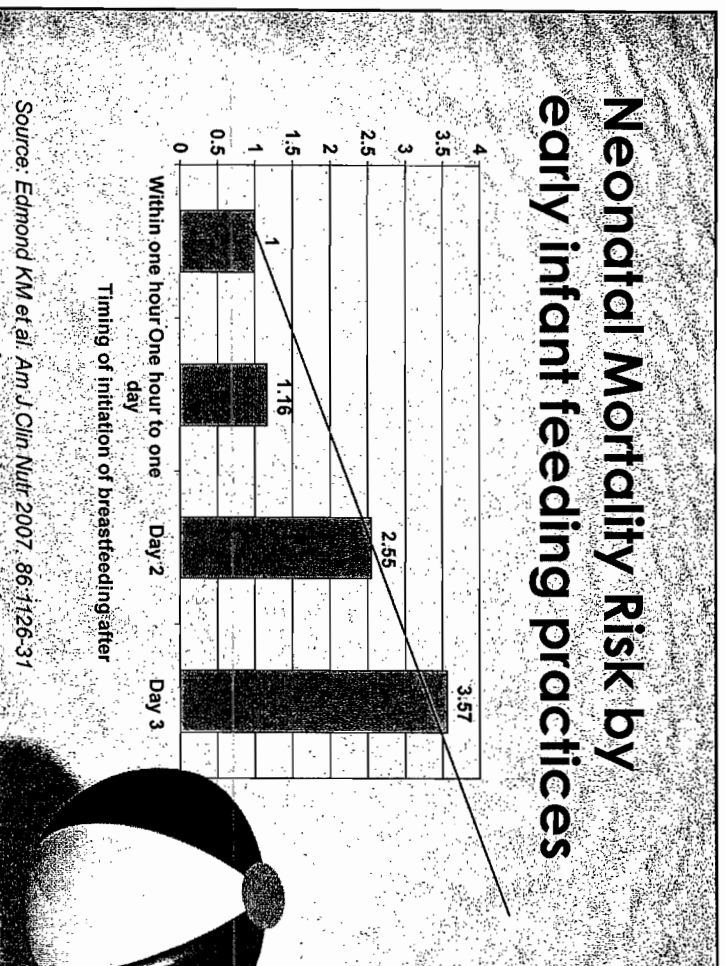
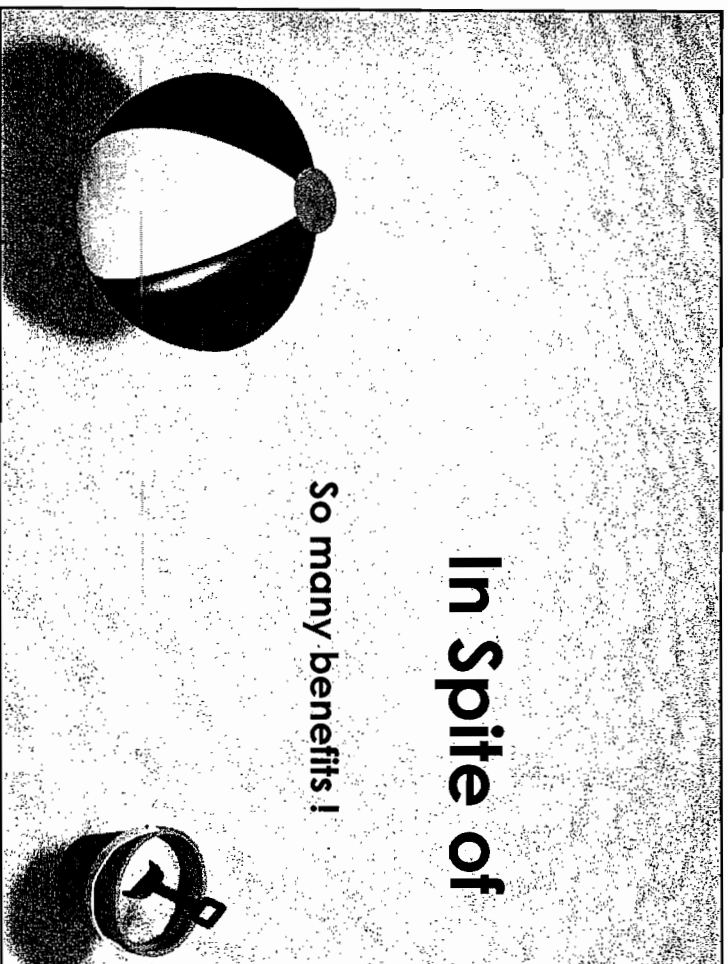
✱ Gaps found in ALL TEN AREAS Of action required to enhance breastfeeding



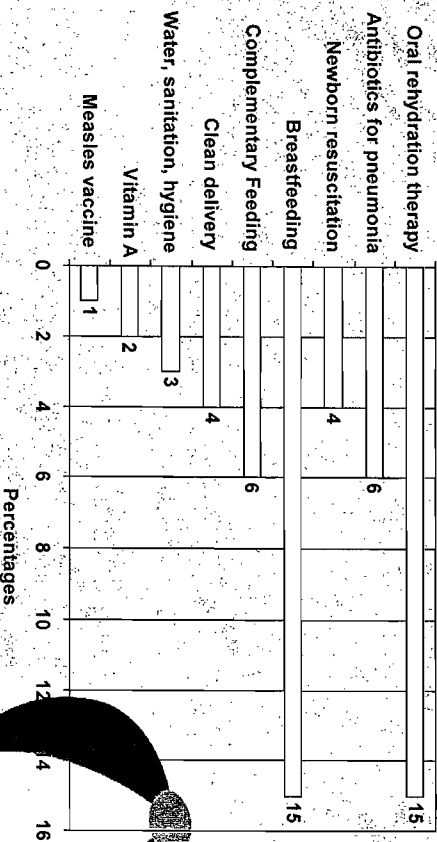
Policy environment

- ✱ 1992-93 IMS Act enacted to control marketing of baby foods(NOT IMPLEMENTED)
- ✱ 1993 NNP Plan of action calls for lactation support from health workers (NEGLIGIBLE)
- ✱ 2003: 10th Plan included state specific goals to achieve on early , exclusive breastfeeding for the first six months and complementary feeding thereafter(LITTLE IN PRACTICE)
- ✱ 2004 the National Guidelines on Infant and Young Child Feeding launched and updated in 2006 call for counselling(NOT YET PRACTICED)
- ✱ 1997: National Breastfeeding committee set up (DOES NOT MEET EVEN)

Not much has happened on the ground ! It's a passing reference

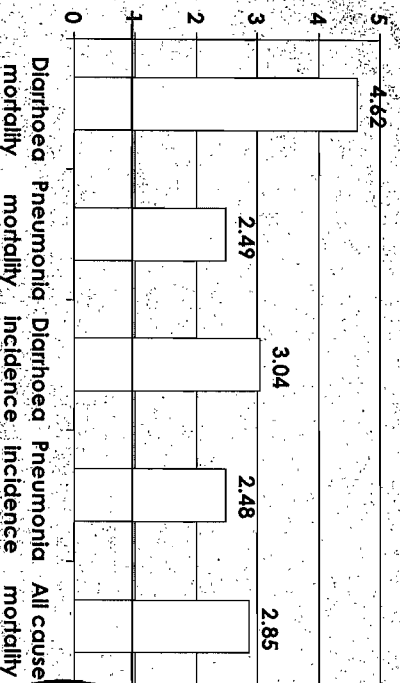


U-5 child deaths (%) saved by universalising key interventions in India



Lancet Child Survival Series, 2003

Relative risk associated with child feeding practices compared with Partial breastfeeding (LSMCU 2008)



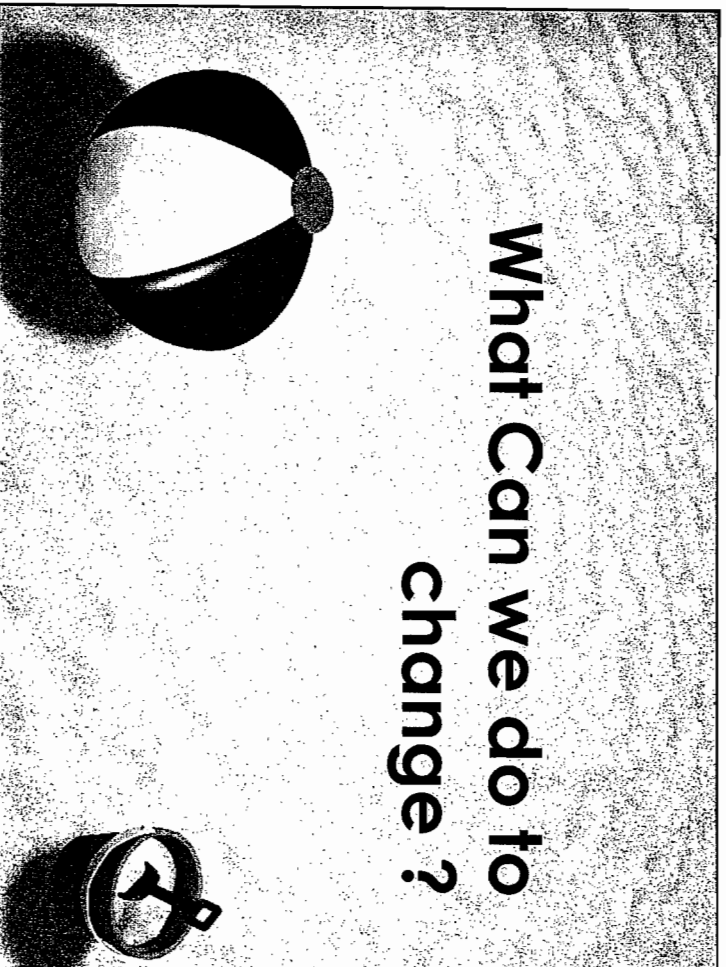
Long term Impact of BREASTFEEDING

Subjects who were breastfed
experienced lower mean
blood pressure and total
cholesterol, as well as
higher performance in
intelligence tests.
Prevalence of
overweight/obesity and type-
2 diabetes was lower among
breastfed subjects.



WHO, 2007

What Can we do to change ?



Some basics....

- ✱ For enhancing exclusive breastfeeding for the first six months mothers and babies **MUST** stay together, rest, food, stay at home..time for caring their baby.
- ✱ For this we must have maternity benefits.
- ✱ If child health and nutrition is in focus benefits must be there from birth onwards.
- ✱ Not enough milk is a universal feeling among women which can be improved if we could build their confidence.
- ✱ Women have to go to work ..



The Critical hormone link to breastfeeding

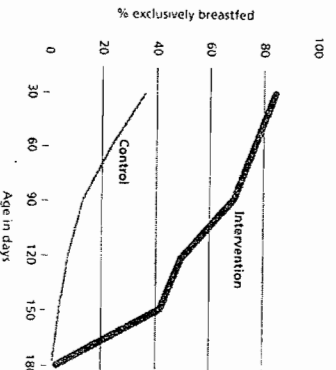


What Works?

Lancet 2008 Analysis of global evidence

- ✱ For EX. BREASTFEEDING : One to one or group counselling works for enhancing exclusive breastfeeding rates
- ✱ For COMPLEMENTARY FEEDING : Education and counselling on complementary feeding in food secure homes, PLUS food supplements in food insecure homes

The impact of community interventions: Improving infant feeding in rural Haryana, India



The impact of community interventions: Improving infant feeding in rural Haryana, India through multiple contact is feasible and improves uptake of other child health interventions.

Health policy and Planning 2005; 20(5):328-336.

Cochrane review on Support for breastfeeding mothers

Britton C et al. *Cochrane Database of Systematic Reviews* 2006,

Issue 4.

- ✱ 34 trials (29,385 mother-infant pairs) from 14 countries
- ✱ Additional lay support was effective in prolonging exclusive breastfeeding
- ✱ WHO UNICEF Training was effective in prolonging Exclusive breastfeeding



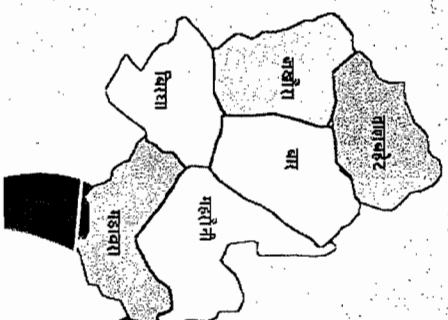
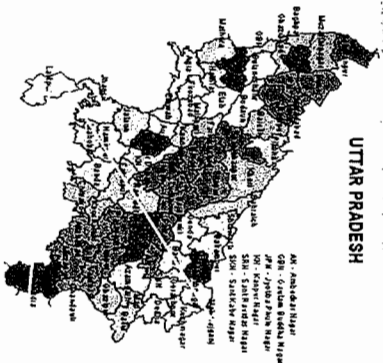
Lalitpur Model

- ✱ Breastfeeding counselling and support services have been created within 2 years in whole district, population of about 1 million.
- ✱ 8 graduate women in each block were trained as mentors, trainers, provide supervision and training to about 3 women (AWW, ASHA, TBA or other woman) in each village who serve as counselors. (convergence).



Lalitpur

UTTAR PRADESH



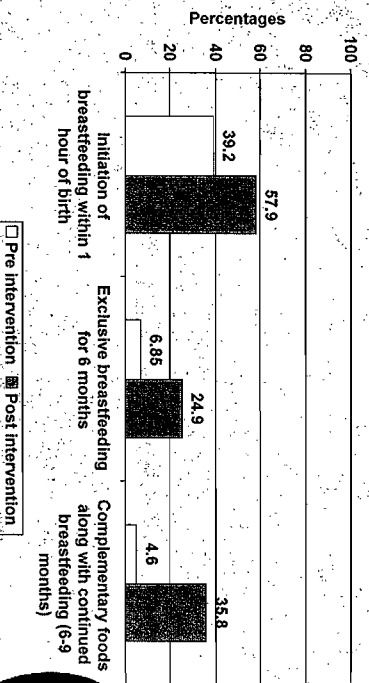
"BFCHI" (Baby Friendly Community Health Initiative) implemented in all the 6 blocks of Lalitpur by Medical college Gorakhpur

Slide 25



Slide 26

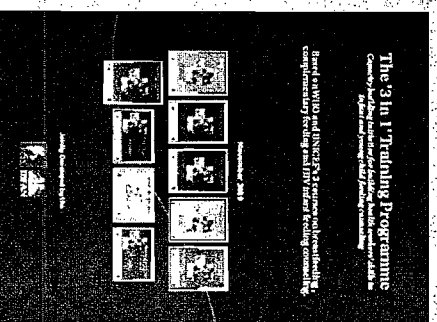
Infant and young child feeding practices before and after intervention in Lalitpur District (600 villages)



Observation data suggests that IMR and NMR both have shown about 30 % decline.

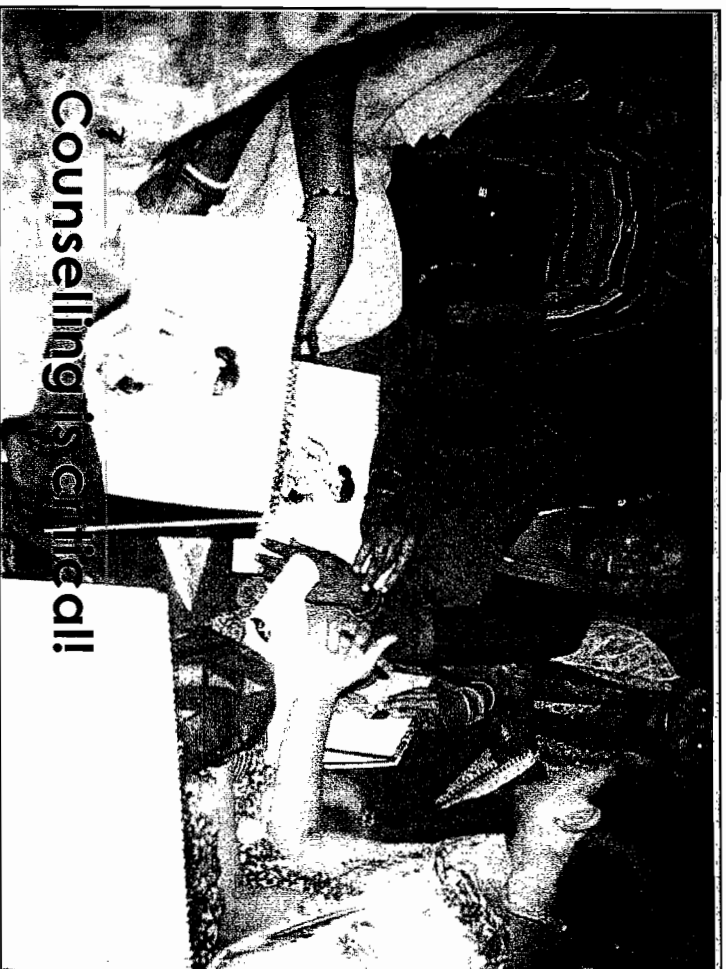
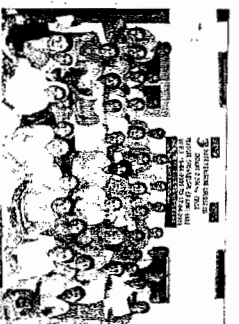
BPNI' work

- 19 years of experience and developed '3 in 1' Infant and Young Child feeding Counselling A training programme, (Integrated breastfeeding, complementary feeding and infant feeding & HIV counselling) based on WHO UNICEF's 3 courses.
- Tried in Lalitpur as district level intervention
- Haryana, Uttarakhand, AP, Punjab are doing 'some' action.



Training of Frontline Workers

- Three days training on IYCF counseling of ANM & ASHA at CHC/PHC.
- Approximately 5500 frontline workers (ANM & ASHA) have been trained in Laitpur and 2 districts of Punjab by Middle Level Trainers



Counseling is a call!

MEP..the minimum essential programme of services

District level and above, medical colleges

Block/PHC

Cluster of 5-10

Family

SPECIALIST NUTRITION COUNSELLORS IN ALL PUBLIC AND PRIVATE HOSPITALS

Nutrition counsellors/trainers

Nutrition Counsellors / Midwives

Nutrition support to mothers, infants, benefits / health / nutritional / malnutrition / weaning / formula / counselling / home visits / in 2 weeks / and then every 2-4 weeks

Incentives to ASHA or other health workers to assist at birth to begin breastfeeding within an hour, and later home visits, 4 in first 2 weeks, then every 2-4 weeks till 12 months

7 Actions

- * **Mainstream breastfeeding action** in our programmes on health and nutrition : Add on Infant and Young Child Feeding Counselling as a specific component.
- * Make sure you have goal to enhance ALL the three indicators, and its **monitored at high level** along with MDGs etc.
- * Breastfeeding programmes should be **budgeted activity** rather than current adhoc actions. Planning commission did this in 2008, need another exercise. Supreme court decision of Rupees 4 per day child should be applied to 0-6 months babies also.



7 Actions...

- * **Appoint 8 full time nutrition Counsellors** in each block, train and pay them them well.
- * Breastfeeding and IYCF **activity should be coordinated** at national, state level, district level through creating sufficient infrastructure.
- * Ensure **strict implementation of the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992** as amended in 2003, and allocate resources and coordination for this.
- * **Universalise maternity benefit scheme along with Crèches at work places.**



We did it

Coming, new mother-child care plan

Chetan Chaudhan
New Delhi, October 25

THE GOVERNMENT'S bid to improve the health and nutritional status of the poor mother and child will start with a restructured Integrated Child Development Scheme to be launched from the next financial year at a cost of Rs 25 billion.

Under the plan, each mother will get a monthly cash allowance of Rs 4,700 for her child's nutrition for a period of 300 days.

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What are the costs?

For One District :

- Training : About 23-25 Lakhs (one time cost)
- Appointment of new women counselors: 50 , @ 5000 Rs: 30 Lakhs per annum.
- State and Distt Resource centers: for IEC and campaign development in local languages, implementing IMS Act, Rs. 5 Lakhs per block per annum was proposed in PC: 40 lakhs
- Coordination : 1 lakh per block per annum was proposed at PC. : 8 Lakhs
- Total for the country: 468 Crores per annum with nutrition counselors and 288 Crores without counselors.
- Training cost : 150 Crores. (One Plan period, say 30 Crore per year)

Savings on the Core Package of Essential Health Interventions

Assessment by the national commission on macro economics and health -2005

Core Package	Approximate No. (2005) Exclusive Breastfeeding 46%	Total cost for treatment (Rs. In Crores)	Approximate No. if Exclusive Breastfeeding Universal	Total cost for treatment (Rs. In Crores)	Saving (Rs. In Crores)
ARI/Pneumonia	34,184,386	483.68	23,108,645	326.96	156.71
Diarrhea	37,602,825	1176.86	23,998,123	750.75	425.60
Total		1660.04		1077.71	582.31

Gains !

- ✱ Tremendous improvements in health and nutrition status of children and women
- ✱ Contribution to knowledge economy
- ✱ Achieving MDGs esp. 1,4, 5 rapidly
- ✱ Costs savings in family planning, newborn infections, other than diarrhea control and pneumonia control.

Lets Fulfill PM's Vision

Hon ble Prime Minister's speech on 15th August

The problem of malnutrition is a matter of national shame. We have tried to address it by making the mid-day meal universal and massively expanding the anganwadi system. However, success requires sustained effort at the grass roots. Infants need to be breast-fed, have access to safe drinking water and health care. We need the active involvement of the community and panchayats to see that what we spend reaches our children. I appeal to the nation to resolve and work hard to eradicate malnutrition within five years."

Thanks !

