

# **Assessment of Status of Infant and Young Child Feeding (IYCF)**

*practice, policy and program*

## **Achievements and Gaps**



## **INDIA REPORT**





# **Report of Assessment of Status of Infant and Young Child Feeding (IYCF) *practice, policy and program* Achievements and Gaps**

## **Editors**

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# Acronyms

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<b>APPAR</b>	Asia Pacific Participatory Action Research
<b>AIIMS</b>	All India Institute of Medical Sciences
<b>BPNI</b>	Breastfeeding Promotion Network of India
<b>GSYCF</b>	Global Strategy for Infant and Young Child Feeding
<b>GOI</b>	Government of India
<b>IBFAN</b>	International Baby Food Action Network
<b>ICMR</b>	Indian Council of Medical Research
<b>IYCF</b>	Infant and Young Child Feeding
<b>NNF</b>	National Neonatology Forum
<b>NIPCCD</b>	National Institute of Public Cooperation and Child Development
<b>NNF</b>	National Neonatology Forum
<b>WBTi</b>	World Breastfeeding Trends Initiatives
<b>WHA</b>	World Health Assembly

## Preamble

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The World Health Assembly (WHA) adopted the *Global Strategy for Infant and Young Child Feeding (IYCF)* in May 2002 and the UNICEF Executive Board in September 2002 endorsed it. In addition to four targets suggested by the Innocenti declaration (1999), the Global Strategy for Infant and Young Child Feeding has given five additional targets to achieve optimal Infant and Young Child Feeding. It intends to improve IYCF practices at the national level to contribute to the prevention of child malnutrition and reduce infant and young child mortality; which is a critical problem in our country.

IBFAN Asia-Pacific decided to carry out an assessment of the Status of Global Strategy and to document the existing gaps as on today in eight South Asian countries. BPNI received such a request to carry out this work in India. The workshop being reported in this document was an attempt towards having a clear understanding for development of a road map/action plan for the country.

## Objectives

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- To find out achievements and gaps in the existing policy, program and practices in reference to IYCF
- To build a consensus among all the partners

## Methodology

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The issue was discussed with key partners. National Neonatology Forum of India (NNF), Dept. of Pediatrics, AIIMS and Dept. of Community Medicine, AIIMS agreed to participate in the proposed workshop as co-host.

A team of 4 Core Partners – Breastfeeding Promotion Network of India (BPNI), National Neonatology Forum of India (NNF), AIIMS – Department of Pediatrics and Center for Community Medicine initiated the assessment process. It was decided to organize the assessment workshop during the world breastfeeding week 2005.

Dr. JP Dadhich was appointed as Coordinator for India Assessment. After discussions with the National Coordinator BPNI, a team of 7 members was constituted as 'Core Group'. This Core Group had representatives from Dept. of Women and Child Development, GOI; BPNI; NNF; Dept. of Pediatrics AIIMS; Dept. of Community Medicine AIIMS; NIPCCD and ICMR. A meeting of the Core group was held on 30th July 2005 at BPNI HQ for the initial assessment of the GAPS in India and to prepare a draft for sharing with a wider group during the assessment workshop on 5<sup>th</sup> August 2005. Each indicator was discussed in detail and documents collected by BPNI were consulted. Dr Dadhich coordinated entire activity in BPNI. The outcome of the meeting was a consensus draft document on the achievements and gaps in GSIYCF in India.

The assessment was accomplished using web-based toolkit developed by the IBFAN Asia Pacific - **World Breastfeeding Trends *initiatives* (WBTi) – Tracking, Assessment and Monitoring (TAM)**, using the **Asia Pacific Participatory Action Research (APPAR)** software toolkit ([www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org)) which is based on WHO's tool Infant and Young Child Feeding: A Tool for Assessing National Practices, Policies and Programmes.

# Workshop Proceedings

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On 5<sup>th</sup> August 2005, during the world breastfeeding week, a workshop titled National Workshop on Rapid Assessment of the Status of Global Strategy for Infant and Young Child Feeding (IYCF) practices- Finding Gaps and reaching consensus was organized At Seminar Room, Centre for Community Medicine, AIIMS between 1100 hrs – 1730 hrs.

During the opening session, Dr. NB Mathur spoke about the existing situation of malnutrition and urgent need for assessing the situation. Dr. CS Pandav welcomed the initiative and offered his department's complete support. He also gave an innovative suggestion of starting a lactation-counseling clinic as a joint effort of department of Pediatrics and center for community medicine at AIIMS. Dr. Vinod Paul stressed on having an assessment based on national situations and needs. He suggested to keep focus on the 10<sup>th</sup> plan goals regarding nutrition. He also suggested to bring about necessary intervention to address nutrition of low birth weight babies.

Dr Arun Gupta explained about WBT initiative, about its' role in benchmarking progress on implementation of the Global Strategy at country level and action involved. He explained that the initiative is about listing achievements, gaps and reaching a consensus as a first step. Once we go through the process it would set in motion action on IYCF in the country. It brings people together and induces commitment. It helps finally to *demonstrate* the status to policy makers and program managers. It starts a dialogue between governments and NGOs and thus improves efficacy of the program.

In nutshell, the process aims to achieve:

- A – Action
- B – Bring People Together
- C – Consensus and Commitment
- D – Demonstration
- E – Effectiveness

This was followed by a session of formal presentations. Dr J.P. Dadhich made a PowerPoint Presentation on WBTi and explained the nature of toolkit. Dr N.B. Mathur presented the draft assessment conducted by the core group, mentioning achievements and gaps in practice, policy, programmes in India in relation to the Global Strategy, based on available evidence and documents.

In the post lunch session, the participants were divided in two groups to discuss and verify the draft document prepared by the core group. Group one dealt with Indicator No. 1-5 related with practices and indicator No. 6-10 related with programs and policies. Group two discussed indicator No. 11-15 related with programs and policies. The findings of individual groups were presented to the plenary where a discussion on certain issues took place and finally consensus emerged.

# Assessment Process and Consensus Building

## Indicator 1-5: *Infant feeding practices*

Indicator	Existing status	Reference
1. Percentage of babies breastfed within one hour of birth	15.8%	<ul style="list-style-type: none"><li>• NFHS-2 document</li><li>• Calculation for indicator 2 &amp; 4 based on WHO Toolkit - adapted from the EBR calculator developed by Nadra Franklin, LINKAGES Project 1999 (using weighted average)</li></ul>
2. Percentage of babies <6 months of age exclusively breastfed in the last 24 hours	46.9%	
3. Babies are breastfed for a median duration of how many months?	25.4 months	
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles in the last 24 hours	13.7%	
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	35%	

Part I of the toolkit having indicator No. 1-5 deals with Infant feeding practices regarding initiation, exclusive breastfeeding rates, bottle feeding rates, median duration of breastfeeding and complementary feeding rates. Existing status in all above-mentioned indicators was determined on the basis of NFHS II data. Calculation for the indicator on exclusive breastfeeding and bottle-feeding rates was done using WHO tool kit adapted from the EBR calculator developed by Nadra Franklin, LINKAGES Project, 1999. It was decided by the group to use weighted mean data of two months as required to be used for calculator to calculate the rates. The group felt that for the purpose of developing plan of action, MICS data, BPNI study 2003 should also be used for reporting.



## Indicator 6: National Policy, Programme and Coordination

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
<ul style="list-style-type: none"> <li>A national infant and young child feeding / breastfeeding policy has been officially adopted / approved by the government.</li> </ul>	✓*			<ul style="list-style-type: none"> <li>National Guidelines on IYCF</li> <li>10<sup>th</sup> five year plan</li> <li>National Nutrition Policy</li> <li>NIPCCD Report</li> </ul>
<ul style="list-style-type: none"> <li>The policy promotes exclusive breastfeeding for the first six months and appropriate and adequate complementary feeding thereafter along with continued breastfeeding for two years and beyond.</li> </ul>	✓*			<ul style="list-style-type: none"> <li>National Guidelines on IYCF</li> <li>National Nutrition Policy</li> </ul>
<ul style="list-style-type: none"> <li>A national plan of action developed with the policy</li> </ul>		✓		<ul style="list-style-type: none"> <li>Tenth Five Year Plan Document</li> <li>Minutes of NBC meeting</li> </ul>
<ul style="list-style-type: none"> <li>The plan is adequately funded</li> </ul>		✓		<ul style="list-style-type: none"> <li>Tenth Five Year Plan Document</li> <li>Minutes of NBC meeting</li> </ul>
<ul style="list-style-type: none"> <li>There is a National Breastfeeding Committee</li> </ul>	✓			<ul style="list-style-type: none"> <li>DWCD order</li> <li>NBC meeting minutes</li> </ul>
<ul style="list-style-type: none"> <li>The National Breastfeeding (Infant and Young Child Feeding) committee meets and reviews on a regular basis</li> </ul>		✓		<ul style="list-style-type: none"> <li>NBC meeting minutes</li> </ul>
<ul style="list-style-type: none"> <li>The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively</li> </ul>			✓	<ul style="list-style-type: none"> <li>NBC meeting minutes</li> </ul>
<ul style="list-style-type: none"> <li>National breastfeeding committee is headed by a coordinator with clear terms of reference</li> </ul>			✓	<ul style="list-style-type: none"> <li>DWCD order</li> </ul>

Indicator 6 deals with National policy, programs and coordination. It deals with issues related with national policy on IYCF, national plan of action based on the national policy, national breastfeeding committee and financial allocations for IYCF. Discussion on the issue was based on national guidelines on IYCF, 10<sup>th</sup> plan goals, national nutrition policy, NIPCCD report on multi country study on infant and young child feeding, and minutes of the national breastfeeding committee meetings. The group found that our country do have a very good document in the form of national guidelines for IYCF which is consistent with Global Strategy for Infant and Young Child Feeding. As regard whether it could be considered as accomplished or a partial gap in regard to a national policy on IYCF, the group felt that it could be labeled as accomplished but with a rider that it needs to be strengthened in the form of a policy document by giving it a status of government order which is binding on the government agencies at national and state level. Our country also has a national policy on nutrition, which, group felt, should be revised to make it consistent with the global recommendations. Regarding the breastfeeding committee, the group felt that it should be made more representative, the coordinator's terms of reference should be made clearer and the meetings schedule should be regularized.

\* More work needs to be done to strengthen and make these powerful.

### Indicator 7: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
<ul style="list-style-type: none"> <li>Percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" for implementing ten steps to successful breastfeeding.</li> </ul> <p>0% - 7% _____,      8% - 49%, (10%) 50% - 89% _____,      90% - 100% _____</p>		✓		<ul style="list-style-type: none"> <li>NIPCCD report (page 61)</li> <li>BFHI concept document from MOHFW</li> <li>BFHI chapter from the book "Science of Infant Feeding"</li> </ul>
<ul style="list-style-type: none"> <li>Percentage of BFHI designated hospitals that have been certified after a minimum recommended training of 18hrs for its entire staff working in maternity services.</li> </ul> <p>0% - 25% _____,      26-50%✓, 51-75% _____,      75% and more</p>		✓		
<ul style="list-style-type: none"> <li>BFHI programme relies on training of health workers</li> </ul>			✓	
<ul style="list-style-type: none"> <li>A standard monitoring system is in place</li> </ul>			✓	
<ul style="list-style-type: none"> <li>An assessment system relies on interviews of mothers.</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Reassessment systems have been incorporated in national plans</li> </ul>			✓	

Indicator 7 deals with Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding). It deals with quantitative as well as qualitative issues like number of baby friendly hospitals, emphasis on training during the certification process, and existence of monitoring and reassessment system. The discussion was based on NIPCCD report on multi country study on infant and young child feeding, BFHI concept document from Ministry of health and family welfare, govt. of India and a published chapter on BFHI in the book, a BPNI publication, titled "Science of Infant feeding". The group felt that though the program was initiated in our country with great hopes and expectations, the number of certified hospitals reached only 10%. The group also felt that implementation of the program lacked a strong training component. There was no monitoring and reassessment system in place. The program at the moment is stand still and requires a revival.

### Indicator 8: *Implementation of the International Code*

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
• No action taken / planned or no information				<ul style="list-style-type: none"> <li>• Gazette notification on IMS act</li> <li>• International Code document</li> <li>• Cable TV Networks (regulation) Amendment Act, 2000</li> </ul>
• The best approach is being studied				
• Law drafted, awaiting final approval				
• Some articles of the code as a voluntary measure				
• Code as a voluntary measure				
• Some articles of Code as law				
• All articles of the Code as law, monitored				
• All articles of the Code as law, monitored and enforced	✓			
• New / additional legislation to protect breastfeeding to give effect to the aims and principles of the code exist	✓			

Indicator 8 deals with implementation of the International Code. It addresses issues related with adoption of the international code as a national legislation. The discussion on this issue was based on gazette notification on the Infant milk substitute, Feeding bottles and Infant foods (Regulation of production, supply and distribution) Act, 1992, as amended in 2003 (IMS Act), International Code and Cable TV Networks (regulation) Amendment Act, 2000. The group felt that the country has done exceedingly well in the form of enacting and subsequently suitably amending the legislation based on the international code.

### Indicator 9: *Maternity Protection*

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
<ul style="list-style-type: none"> <li>Women covered by the legislation are allowed at least 14 weeks of paid maternity leave.</li> </ul>		✓		<ul style="list-style-type: none"> <li>Maternity Benefit Act 1961</li> <li>Rules framed according to Maternity Benefit Act 1961</li> <li>Fifth pay commission recommendations</li> <li>Punjab, Haryana Government Recommendations</li> </ul>
<ul style="list-style-type: none"> <li>Women covered by the convention are allowed at least one paid breastfeeding break daily.</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Private sector employers of women in the country give atleast 14 weeks paid maternity leave and paid nursing breaks.</li> </ul>		✓		
<ul style="list-style-type: none"> <li>There is language in national legislation that encourages work site accommodation for breastfeeding and/or childcare in work places in the formal sector.</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Women in informal / unorganized sector are provided same protection</li> </ul>			✓	
<ul style="list-style-type: none"> <li>There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period</li> </ul>		✓		<ul style="list-style-type: none"> <li>C 183 Maternity Protection Convention (ILO), 2000 document</li> </ul>
<ul style="list-style-type: none"> <li>The ILO MPC No 183 has been ratified</li> </ul>			✓	
<ul style="list-style-type: none"> <li>The ILO MPC No 183 has been enacted</li> </ul>			✓	

Indicator 9 pertains to Maternity Protection. It includes duration of maternity leave, inclusion of mother friendly work place in national legislation and country's status on ratifying and enacting ILO MPC 183. The documents referred for these issues were Maternity Benefit Act 1961, Rules framed according to Maternity Benefit Act 1961, Fifth Pay Commission report 1997 recommendations, Government Recommendations from the state of Punjab and Haryana and ILO MPC 183 (Maternity Protection Convention – ILO - 183), 2000 document. The group felt, the country should gear up and fulfill the international commitments and implement the existing legislations.

## Indicator 10: Health and Nutrition Care

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
<ul style="list-style-type: none"> <li>A review of health provider schools and pre-service education programmes in the country indicates that infant &amp; young child feeding curricula or session plans are adequate/inadequate                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Adequate</li> <li><input checked="" type="checkbox"/> Inadequate</li> <li><input type="checkbox"/> No-reference</li> </ul> </li> </ul>		✓		<ul style="list-style-type: none"> <li>BPNI Study of text books in The Journal of Obstetrics and Gynecology of India, 1999</li> <li>WHO guidelines Ann. 4</li> <li>AWW curriculum</li> <li>Mathur NB/ Taneja DK study in IJP 2004</li> <li>RCH concept document</li> <li>IMNCI concept document</li> </ul>
<ul style="list-style-type: none"> <li>Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> to some degree</li> <li><input checked="" type="checkbox"/> No</li> </ul> </li> </ul>			✓	
<ul style="list-style-type: none"> <li>There are in-service training programmes providing knowledge and skills related to infant &amp; young child feeding for relevant health/nutrition care providers                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input checked="" type="checkbox"/> to some degree</li> <li><input type="checkbox"/> No</li> </ul> </li> </ul>		✓		
<ul style="list-style-type: none"> <li>Health workers are trained with responsibility towards Code implementation as a key input.                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> to some degree</li> <li><input checked="" type="checkbox"/> No</li> </ul> </li> </ul>			✓	
<ul style="list-style-type: none"> <li>Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input checked="" type="checkbox"/> to some degree</li> <li><input type="checkbox"/> No</li> </ul> </li> </ul>		✓		
<ul style="list-style-type: none"> <li>These in-service training programmes are being provided throughout the country                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input checked="" type="checkbox"/> to some degree</li> <li><input type="checkbox"/> No</li> </ul> </li> </ul>		✓		
<ul style="list-style-type: none"> <li>Child health policies allow mothers and babies to stay together when one of them is sick                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input checked="" type="checkbox"/> to some degree</li> <li><input type="checkbox"/> No</li> </ul> </li> </ul>		✓		

The indicator 10 deals with health and nutrition. It includes review of schools and pre-service education programmes for the health providers, Standards and guidelines for mother-friendly childbirth procedures and support, In-service training programmes providing knowledge and skills related to infant & young child feeding etc. The documents referred for the issue were BPNI Study of text books in The Journal of Obstetrics and Gynecology of India, 1999; Annex 4 for WHO Tool for assessing national practices, policies and programs on Infant and Young Child Feeding, Anganwadi worker training curriculum, a research article by Mathur NB/ Taneja DK titled Infant feeding – An evaluation of text and taught, published in IJP, vol. 72 page No. 127-129, 2004, RCH concept document and IMNCI concept document. The group felt that none of the task mentioned in the indicator has been accomplished completely by our country. It required additional efforts to achieve the same.

## Indicator 11: *Community Outreach*

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
<ul style="list-style-type: none"> <li>Women have access to counseling services on infant and young child feeding in the community during pregnancy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> to some degree <input type="checkbox"/> No</li> </ul>		✓		<ul style="list-style-type: none"> <li>BFHI study report</li> <li>49 district study of BPNI</li> <li>BPNI/UNICEF/NIPCCD observation visit – Uttaranchal</li> <li>Bihar trip report</li> <li>Bhuj reports</li> <li>ICDS evaluation report</li> </ul>
<ul style="list-style-type: none"> <li>Women have access to infant and young child feeding counseling after birth <input type="checkbox"/> Yes <input checked="" type="checkbox"/> to some degree <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>The infant and young child feeding counseling services have national coverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> to some degree <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Counseling services are integrated into an overall infant and child health strategy (inter-sectoral and intra-sectoral). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> to some degree <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Counselors are trained in skills <input type="checkbox"/> Yes <input checked="" type="checkbox"/> to some degree <input type="checkbox"/> No</li> </ul>		✓		

The indicator 11 deals with community outreach. It includes issues like access to counseling services on infant and young child feeding in the community during pregnancy and after birth. It also deals with status of skilled training to the counselors. Various documents referred were Status of infant and Young Child Feeding in 49 districts (98 blocks) of India – a study by BPNI(2003), report of BFHI study done by BPNI (2000), BPNI/UNICEF/NIPCCD observation visit – Uttaranchal, Bihar trip report, Report of the project titled BCC campaign for promoting breastfeeding practices in disaster prone Bhuj district of Gujarat – a study done by BPNI, National report of concurrent evaluation of ICDS by National Council of Applied Economic Research (NCAER), 2001. The group felt that there is some progress in this field but a lot more remains to be accomplished.

## Indicator 12: *Information Support*

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
<ul style="list-style-type: none"> <li>There is a comprehensive national IEC strategy for improving infant and young child feeding  <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	
<ul style="list-style-type: none"> <li>IEC programmes (either governmental or non-governmental) that include infant and young child feeding are being actively implemented at local levels  <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	
<ul style="list-style-type: none"> <li>Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>The content of IEC messages is technically correct, sound, based on national or international guidelines  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>	✓			
<ul style="list-style-type: none"> <li>A national IEC Campaign or programme using electronic and print media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		

The indicator deals with Information Support. It asks for a comprehensive national IEC strategy and IEC programmes for improving infant and young child feeding. It also looks in to the quality of IEC material being implemented. The group undertook a general discussion on the subject, as no printed documents were available. The group felt that there is no IEC policy on infant and young child feeding available in our country at present. There are sporadic campaigns on the subject and content of such campaigns is by and large technically correct.

### Indicator 13: *Infant Feeding and HIV*

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
<ul style="list-style-type: none"> <li>The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		<ul style="list-style-type: none"> <li>Policy document on PPTCT by National AIDS Control Organizations (NACO)</li> <li>National Guidelines on Infant and Young Child Feeding</li> </ul>
<ul style="list-style-type: none"> <li>The infant feeding and HIV policy gives effect to the International Code/National Legislation  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counseling and support  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Antenatal VCCT is available and offered routinely to couples that are considering pregnancy and to pregnant women and their partners  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Locally appropriate infant feeding counseling in line with current international recommendations is provided to HIV positive mothers  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Mothers are supported in their infant feeding decisions with further counselling and follow up to make these decisions as safe as possible  <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	
<ul style="list-style-type: none"> <li>Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support breastfeeding in the general population  <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	
<ul style="list-style-type: none"> <li>On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission on infant feeding practices and health outcomes for mothers and infants, including those who are HIV negative or of unknown status  <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	
<ul style="list-style-type: none"> <li>The Baby-friendly hospital initiative provides guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers  <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	



Indicator 13 addresses HIV and infant feeding. It asks for a comprehensive policy on infant and young child feeding that includes infant feeding and HIV. It also asks for training of health staff and community workers on HIV and infant feeding policies, and various services available to the HIV positive mother dealing with the risks associated with various feeding options. It evaluates that on-going monitoring is in place to determine the effects of interventions to prevent HIV transmission on infant feeding practices. Documents discussed were Policy document on PPTCT by National AIDS Control Organization (NACO), and National Guidelines on Infant and Young Child Feeding. The group felt that some positive steps have been taken on the issue but a lot more is yet to be achieved.

# **Indicator 14: Infant Feeding During Emergencies**

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
<ul style="list-style-type: none"> <li>A policy that addresses key issues related to infant and young child feeding in emergencies has been endorsed or developed <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	<ul style="list-style-type: none"> <li>NIPCCD report</li> <li>Disaster management group of GOI</li> </ul>
<ul style="list-style-type: none"> <li>Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	
<ul style="list-style-type: none"> <li>A contingency plan to undertake activities to facilitate exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	
<ul style="list-style-type: none"> <li>Resources identified for implementation of the plan during emergencies. <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	
<ul style="list-style-type: none"> <li>Appropriate material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel <input type="checkbox"/> Yes    <input type="checkbox"/> to some degree    <input checked="" type="checkbox"/> No</li> </ul>			✓	

The indicator 14 deals with Infant Feeding During Emergencies. It asks for policy that addresses key issues related to infant and young child feeding in emergencies, a contingency plan to undertake activities to facilitate exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding, and integration of pre-service and in-service training material on infant and young child feeding in emergencies for emergency management and relevant health care personnel. The documents referred were NIPCCD report on multi country study on infant and young child feeding, and web prints of disaster management group of GOI. The group analyzed that this remains a neglected area and needs wholesome attention.

## Indicator 15: *Monitoring and Evaluation*

	Accomplished	Existing Gaps		Reference
		Partial	Complete	
<ul style="list-style-type: none"> <li>Monitoring and evaluation components are built into major infant and young child feeding programme activities  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		<ul style="list-style-type: none"> <li>NIPCCD report (Page 147-155)</li> </ul>
<ul style="list-style-type: none"> <li>Monitoring and Management Information System (MIS) data are considered by programme managers as part of the planning and management process  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers, both at national and regional/local levels.  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		
<ul style="list-style-type: none"> <li>Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys  <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> to some degree    <input type="checkbox"/> No</li> </ul>		✓		

The indicator 15 deals with Monitoring and Evaluation. It analyzes whether or not monitoring and evaluation components are built into major infant and young child feeding programme activities. It also looks in to the utilization of Monitoring and Management Information System (MIS) data by programme managers as part of the planning and management process. Further, it asks for collection of adequate baseline and follow-up data to measure outcomes for major infant and young child feeding programme activities. Finally, it analyzes whether or not the evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers, both at national and regional/local levels. The document referred was NIPCCD report on multi country study on infant and young child feeding. Discussion were based on the information provided by the DWCD representative and others. The group felt that some positive steps have been taken on the issue but a definite structured approach is required.

## Next Steps

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1. A meeting of stakeholders to address the identified gaps and to suggest interventions and actions will follow the initial assessment done on 5th August. This will be accomplished within two months time.
2. It was decided that subgroups would be constituted to prepare detailed concept note on each indicator suggesting required action. The recommendations will be presented to the Government of India.
3. The assessment findings will be submitted to the IBFAN-ASIA PACIFIC office for inclusion in the **WBTi** website.

# Program Outline

Session	Time	Topic	Speaker/ Resource Person
	11.00 – 11.30 am	<ul style="list-style-type: none"> <li>Registration</li> <li>Tea</li> </ul>	
	11.30 am – 12.00 pm	<b>Inaugural Session</b> <ul style="list-style-type: none"> <li>Welcome and objectives - <i>Dr. Arun Gupta</i>, BPNI</li> <li>Address – <i>Prof. NB Mathur</i>, President, NNF</li> <li>Address – <i>Prof. CS Pandav</i>, Head, Dept. of Community Medicine, AIIMS</li> <li>Address – <i>Prof. VK Paul</i>, Dept. of Pediatrics, AIIMS</li> </ul>	
<b>Session I</b>	12.00 – 12.30 pm	<b>World Breastfeeding Trends and Salient features of APPAR Tool kit</b>	<i>Dr. JP Dadhich</i>
	12.30 – 01.00 pm	<b>Identifying gaps in India</b>	<i>Prof. NB Mathur</i>
	01.00 – 02.00 pm	Lunch	
<b>Session II</b>	02.00– 02.10 pm	Briefing about group discussions	
<b>Session III</b>	02.10 – 03.30 pm	<b>Group discussions on indicators and assessment of gaps</b> <i>Group I</i> <ul style="list-style-type: none"> <li><b>Indicators 1-5</b> on practices</li> <li><b>Indicator 6</b> - National policy, Program and Coordination</li> <li><b>Indicator 7</b>- BFHI</li> <li><b>Indicator 8</b> Implementation of International Code</li> <li><b>Indicator 9</b> - Maternity protection</li> <li><b>Indicator 10</b> - Health and Nutrition care</li> </ul> <i>Group II</i> <ul style="list-style-type: none"> <li><b>Indicator 11</b> - Community Outreach</li> <li><b>Indicator 12</b> - Information Support</li> <li><b>Indicator 13</b> - Infant feeding and HIV</li> <li><b>Indicator 14</b> - Infant feeding during Emergency</li> <li><b>Indicator 15</b> - Monitoring and Evaluation</li> </ul>	
	03.30 – 04.00 pm	Tea	
	04.00 – 05.00 pm	Chairpersons: <i>Mrs. Shashi Prabha Gupta</i> , Sr. Technical Adviser, FNB, DWCD, MOHRD, GOI <i>Dr. Sangeeta Saxena</i> , Asst. Commissioner, Child Health, MOHFW, GOI <ul style="list-style-type: none"> <li><b>Presentation of group discussions and Consensus</b></li> </ul>	<i>Prof. Vinod Paul</i> <i>Prof. N.B. Mathur</i>









**List of Participants**

<b>S. No</b>	<b>Name of Participants</b>	<b>Affiliation</b>
1.	Mrs. Shashi Prabha Gupta	Technical Advisor, FNB Deptt. of Women & Child Development, Ministry of HRD, Jeevan Deep Building (2 <sup>nd</sup> Floor), Parliament Street, New Delhi- 110001
2.	Dr S. Saxena	Assistant Commissioner Ministry of Health & Family Welfare Government of India Nirman Bhavan New Delhi
3.	Mrs Surindra Jain	Assistant Technical Advisor Deptt of WCD Ministry of HRD New Delhi
4.	Dr Neelam Bhatia	Deputy Director NIPCCD 5, Siri Institutional Area, Hauz Khas, New Delhi- 110016
5.	Dr Kamlesh Rana	Nuritionist Deptt of WCD Government of Haryana Chandigarh
6.	Dr C.S. Pandav	Head, Centre for Community Medicine AIIMS New Delhi
7.	Dr Vinod K. Paul	Department of Paediatrics AIIMS New Delhi
8.	Dr N.B. Mathur	President National Neonatology Forum (NNF) New Delhi
9.	Dr Satish Saluja	Secretary N N F New Delhi
10.	Mrs Nanthini Subbiah	Deputy Secretary General Trained Nurses Association of India (TNAI) New Delhi
11.	Dr Anchita Patil	National Nutrition Consultant WHO India New Delhi
12.	Ms. Deepika Shrivastava	Project Officer, CDN Unit, UNICEF, 73, Lodi Estates, New Delhi- 110003
13.	Dr Vandana Prasad	Jan Swasthya Abhiyan New Delhi
14.	Dr Arun Gupta	Regional Coordinator IBFAN Asia Pacific (IBFAN Asia Pacific) New Delhi

15.	Dr. Rita Gupta	Consultant for World Breastfeeding Trends <i>initiative</i> IBFAN Asia Pacific, New Delhi
16.	Dr J.P. Dadhich	Coordinator Research & Interventions B P N I New Delhi
17.	Dr Sanjay K. Rai	Assistant Professor Centre for Community Medicine AIIMS New Delhi
18.	Dr Anil Goswami	Supervising Medical Social Service Officer Centre for Community Medicine AIIMS New Delhi
19.	Dr Kiran Goswami	Additional Professor Centre for Community Medicine AIIMS New Delhi
20.	Ms Laura Rowe	Intern – MPH Program International Health & Nutrition CCM/CCIDD, AIIMS, New Delhi
21.	Dr Niki Shrestha	JR, CCM, AIIMS New Delhi
22.	Dr Kapil Yadav	JR, CCM, AIIMS New Delhi
23.	Dr Vivek Gupta	JR, CCM, AIIMS New Delhi
24.	Dr Vivek Lal	JR, CCM, AIIMS New Delhi
25.	Dr Ritesh Singh	JR, CCM, AIIMS New Delhi
26.	Dr Kshitij Khaparde	JR, CCM, AIIMS New Delhi
27.	Dr Sunil Agarwal	JR, CCM, AIIMS New Delhi
28.	Mrs Neena Chawla	Medical Social Services Officer CCM, AIIMS New Delhi
29.	Mr Varun Nautiyal	Social Work Trainee CCM, AIIMS New Delhi
30.	Mr Pramanand Ragari	MSSO, CCM AIIMS, New Delhi

**Exclusive Breastfeeding Rate (EBR) Calculator\***  
*Using NFHS-2 (INDIA) data available for two - month intervals*

			From the published tables:
1a	EBR, 0-1 mo	66.5%	EBR rate in percentages for children 0-< 2 months
1b	EBR, 2-3 mo	48.7%	EBR rate in percentages for children 2-< 4 months
1c	EBR, 4-5 mo	31.1%	EBR rate in percentages for children 4-< 6 months
1d	EBR, 0-5 mo	<b>46.9%</b>	<b>Calculated EBR for children 0-&lt; 6 months</b>
			From the published tables:
2a	Number, 0-1 mo	1425	Total number of children in the age group 0-<2 months
2b	Number, 2-3 mo	2110	Total number of children in the age group 2-<4 months
2c	Number, 4-5 mo	1992	Total number of children in the age group 4-<6 months
2d	Number, 0-5 mo	<b>5527</b>	<b>Calculated total number of children aged 0-&lt;6 months</b>
			Calculated absolute numbers
3a	Numbers EBF, 0-1 mo	948	Children 0-<2 months who are exclusively breastfed
3b	Numbers EBF, 2-3 mo	1028	Children 2-<4 months who are exclusively breastfed
3c	Numbers EBF, 4-5 mo	620	Children 4-<6 months who are exclusively breastfed
3d	Numbers EBF, 0-5 mo	<b>2595</b>	<b>Children 0-&lt;6 months who are exclusively breastfed</b>

**Bottle Feeding Rate (BOT) Calculator\***  
*Using NFHS-2 (INDIA) data available for two - month intervals*

			From the published tables:
1a	BOT, 0-1 mo	5.6%	BOT rate in percentages for BF children 0-< 2 months
1b	BOT, 2-3 mo	12.6%	BOT rate in percentages for BF children 2-< 4 months
1c	BOT, 4-5 mo	15.6%	BOT rate in percentages for BF children 4-< 6 months
1d	BOT, 6-7 mo	15.5%	BOT rate in percentages for BF children 6-< 8 months
1e	BOT, 8-9 mo	16.7%	BOT rate in percentages for BF children 8-< 10 months
1f	BOT, 10-11 mo	15.3%	BOT rate in percentages for BF children 10-< 12 months
1g	BOT, 0-11 mo	<b>13.7%</b>	<b>Calculated BOT rate for BF children 0-&lt; 12 months</b>
			From the published tables:
2a	Number, 0-1 mo	1398	Total number of BF children in the age group 0-<2 months
2b	Number, 2-3 mo	2068	Total number of BF children in the age group 2-<4 months
2c	Number, 4-5 mo	1954	Total number of BF children in the age group 4-<6 months
2d	Number, 6-7 mo	1826	Total number of BF children in the age group 6-<8 months
2e	Number 8-9 mo	1521	Total number of BF children in the age group 8-<10 months
2f	Number 10-11 mo	1311	Total number of BF children in the age group 10-<12 months
2g	Number, 0-11 mo	10078	<b>Calculated total number of BF children aged 0-&lt;12 months</b>
			Calculated absolute numbers
3a	Numbers BOT, 0-1 mo	78	BF children 0-<2 months who are bottle-fed
3b	Numbers BOT, 2-3 mo	261	BF children 2-<4 months who are bottle-fed
3c	Numbers BOT, 4-5 mo	305	BF children 4-<6 months who are bottle-fed
3d	Numbers BOT, 6-7 mo	283	BF children 6-<8 months who are bottle-fed
3e	Numbers BOT, 8-9 mo	254	BF children 8-<10 months who are bottle-fed
3f	Numbers BOT, 10-11mo	201	BF children 10-<12 months who are bottle-fed
3g	Numbers BOT, 0-11 mo	1381	<b>BF children 0-&lt;12 months who are bottle-fed</b>

\* Adapted from the EBR Calculator developed by Nadra Franklin, LINKAGES Project, 1999

## **Presentations**

1. BPNI-NNF-AIIMS National Workshop on the Status of Strategy for IYCF practices  
*Dr. N.B. Mathur, President NNF*
2. World Breastfeeding Trends initiative - Tracking, Assessment and Monitoring systems  
*Dr. J.P. Dadhich, Coordinator, BPNI Taskforce on Research and Interventions*

## BPNI-NNF-AIIMS National Workshop on the Status of Strategy for IYCF practices

5<sup>th</sup> August 2005



**N B Mathur**

**President National Neonatology Forum**

## Commitment of GOI to Improve Infant Young Child Feeding (IYCF) Practices

### International Instruments

- Convention on the Right of the Child
- World Fit for Children
- World Health Assembly Resolutions
- Global Strategy For Infant and Young Child Feeding

## Breastfeeding & Child Survival

- Universal exclusive breastfeeding for the first six months is the single most effective child survival intervention
- It reduces under-5 mortality by 13%
- Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS and the Bellaagio Child Survival Study. Lancet, 362, July 5, 2003, 65-71

## Malnutrition and IYCF Practices

- According to WHO estimates, malnutrition is responsible for 55 % of young child mortality.
- Inadequate infant and young child feeding practices contribute to fourfold increase in malnutrition in the first two years of life.

## Mortality and IYCF Practices

- Worldwide 10.9 million children under five years of age die every year,
- of which 2.42 million deaths occur in India alone.
- Two-thirds of these deaths (16 lac ) occur during the first year and are related to inappropriate infant feeding practices.

World Health Assembly

## 10<sup>th</sup> Five Year Plan: National Goals

- Exclusive breastfeeding during first 6 Mo 41.2 % to 80 %
- Initiation of breastfeeding within one hour: 15.8 % to 50 %
- Complementary feeding for 6months old 33.5 % to 75 %

### State Specific Goals

## The Promotion of Early and Exclusive Breastfeeding: Feasibility

- Feasibility of increasing exclusive breastfeeding through trained home-based community peer counsellors
- The programme achieved 70 percent exclusive breastfeeding in five months
- Haider R, Ashworth A, Kadir I, Huttly SRA. Lancet 2000; 356: 1643-47

## The Promotion of Early and Exclusive Breastfeeding: Feasibility

- Exclusive breastfeeding till six months is feasible through training in existing primary health-care services.
- Exclusive breastfeeding at 3 months was higher in the intervention group (79 %) Vs the control group (48 %).
- Bhandari N, Rajiv B, Sarmila M Jose M, Robert E B, Bhan M K. Lancet 2003; 361: 1418-1423.

### Promotion of Exclusive Breastfeeding: Feasibility

- Increase in exclusive breastfeeding rates from 39 percent to 70 percent
- Reductions in infant mortality by 32 %,

Arifeen S, Black RE et. al. Exclusive breastfeeding reduces acute respiratory infections and diarrhoea deaths among infants in Dhaka slums. Pediatrics, 2001;108: E.67

### Multiple Indicator Cluster Survey UNICEF India 2000

- 'True' Rate of exclusively breastfed babies between 0-3 months is even lower (than NFHS 2 figure) :15.6 %.

### National Aids Control Organisation (NACO) : Future Plans

- Creating district level Voluntary and Confidential Counselling and Testing Centres (VCCTC) & Prevention of Parent to Child Transmission Centres (PPTCT),
- would lead to an increased demand of skilled counsellors on infant and young child feeding in the context of HIV.

### The Road Ahead

- National Infant and Young Child Feeding Policy
- Program
- Evaluation
- APPAR Tool kit

***THANK YOU***



## World Breastfeeding Trends initiative

*Tracking, Assessment and Monitoring  
systems*

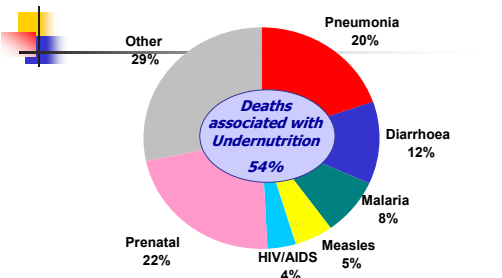
Dr.J.P.Dadhich  
Coordinator,  
BPNI Taskforce on Research and  
Interventions

## Outline of the Presentation

- Relevance and History
- World Breastfeeding Trends initiative (WBT/)
- What is WBT/
- What is the scope of WBT/
- How WBT/ is different from other data base
- Process of WBT/ at Regional and National level
- Components of APPAR tool kit@

2

Major causes of death among children under five, worldwide, 2000,  
Malnutrition is associated with infant and young child mortality



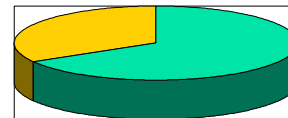
Sources: For cause-specific mortality: EIP/WHO. For Under nutrition: Pelletier DL, et al, AMJ Public Health 1993, 83:1130-1133

3

## According to the Global Strategy, 2/3rd deaths are related to inappropriate feeding practices

"Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life....." Global Strategy for IYCF

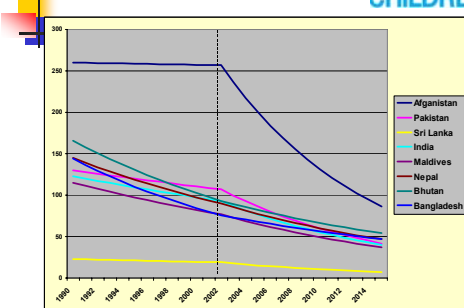
A CASE for tracking



4

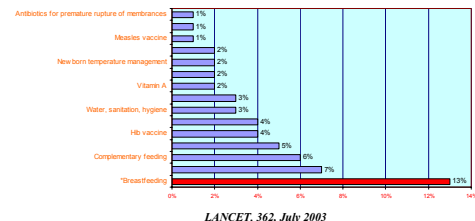
## U 5 mortality trends in South Asia and MDGs

PROGRESS  
FOR  
CHILDREN



5

## Preventive Interventions



LANCET. 362, July 2003

6

## History

- Innocenti Declaration, 1990
- The Global Strategy for Infant and Young Child Feeding, 2002
- The WHA resolutions, latest - 58.32 in May 2005

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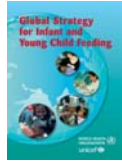
## The Innocenti Declaration - 1990

1. Appoint a **national** coordinator with appropriate **authority**
2. Ensure that every facility providing maternity services fully practices all the "**Ten steps to successful breastfeeding**"
3. Give effect to the principles and aim of the **International Code** of Marketing of Breast-milk substitutes
4. Enact legislation protecting **breastfeeding rights of working women**

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### Additional priority areas recommended in the Global Strategy

- ❖ Develop, implement, monitor and evaluate a comprehensive policy on IYCF
- ❖ Promote exclusive breastfeeding for 6 months and continued breastfeeding up to 2 years or beyond
- ❖ Promote timely and appropriate complementary feeding



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### Additional priority areas recommended in the Global Strategy

- ❖ Provide guidance on feeding in exceptionally difficult circumstances – HIV, Emergencies
- ❖ Support women's care and nutrition
- ❖ Initiate communications and advocacy for these issues.



unicef

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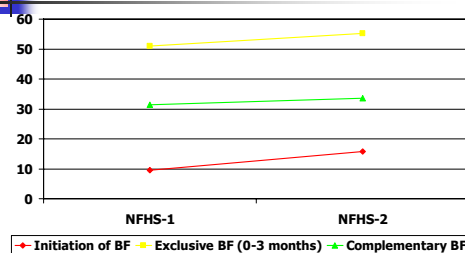
### The WHA resolution 58.32 in 2005

- Reinforces GSIYCF
- To take action and assure resources for plans of action to improve infant and young child feeding practices



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### India trends in IYCF



12

### WHO Assessment tool

Infant and Young Child Feeding: A tool for assessing national practices, policies and program

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### What is WBTi

- **WBTi** is an extension of GLOPAR which focused on Innocenti declaration
- **WBTi** is a system for **T**racking, **A**ssessing and **M**onitoring the global strategy
- Using a web-based software toolkit, **A**sia **P**acific **P**articipatory **A**ction **R**esearch (APPAR) Toolkit ©

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### Scope of WBTi

- Encourages the countries to document the status of implementation of the Global Strategy.
- Helps to find out GAPS in existing practice, policy and programs.

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### Scope of WBTi

- Based on Fifteen indicators, Identified Gaps can be used to develop recommendations and **ADVOCACY** to affect the policy. .
- Helps to prioritize actions for implementing the strategy.
- Ensures ongoing assessments contributing to develop trends.

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## The process of assessment

### Assessment of Gaps

- Coordinator reviews the process
- Identify the assessment team
- Undertake the assessment
  - Workshop for An initial orientation, Agreements and Review of data, Presentation of GAPS

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## The APPAR Toolkit©

- Fifteen Indicators
- Part I – data on IYCF practices
- Part II - Policy and Programs – subset of Que. based on ID and GSIYCF

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## The APPAR Toolkit© Part I

1. Percentage of babies breastfed with in **one hour of birth**
2. Percentage of babies **0<6 months of age exclusively breastfed** in the last 24 hours
3. Babies are breastfed for a **median duration** of how many months?
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from **bottles**
5. Percentage of breastfed babies receiving **complementary foods at 6-9 months** of age

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## The APPAR Toolkit© Part II

Indicator	Content
<b>Indicator 6</b>	National Policy, Program and Coordination
<b>Indicator 7</b>	Baby Friendly Hospital Initiative
<b>Indicator 8</b>	Implementation of the International Code
<b>Indicator 9</b>	Maternity Protection

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## The APPAR Toolkit© Part II

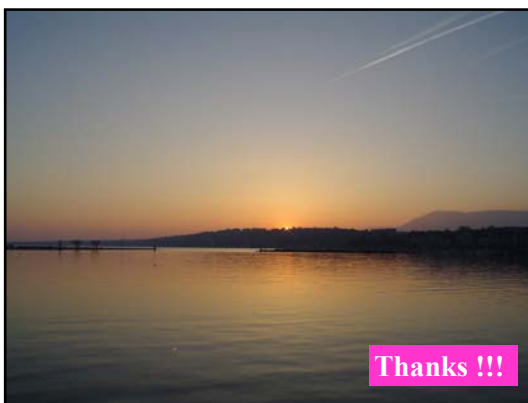
Indicator	Content
<b>Indicator 10</b>	Health and Nutrition care
<b>Indicator 11</b>	Community Outreach
<b>Indicator 12</b>	Information Support
<b>Indicator 13</b>	Infant Feeding and HIV
<b>Indicator 14</b>	Infant Feeding During Emergencies
<b>Indicator 15</b>	Monitoring and Evaluation

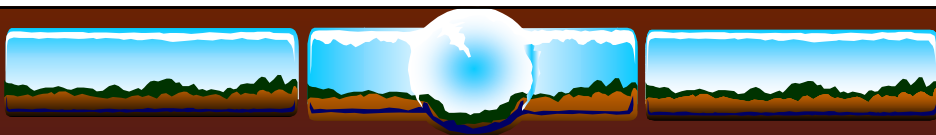
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## Next Steps

- Formulating recommendations and presentation
- Use toolkit to enter data on the web
- Identify priority areas for action at national level for feasible actions

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## World Breastfeeding Trends Initiative (WBTi)

Assessment of the Status of Global  
Strategy for Infant and Young Child  
Feeding at National Level—Achievements  
and Gaps

### India


**Dr. Shashi Prabha Gupta,**  
Technical Advisor, FNB, DWCD, GOI



## Infant and Young Child Feeding Practices: Indicators 1 to 5

Indicator		Existing status
1.	Percentage of babies breastfed within one hour of birth	15.8%
2.	Percentage of babies <6 months of age exclusively breastfed in the last 24 hours	46.9%
3.	Babies are breastfed for a median duration of how many months?	25.4 months
4.	Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles in the last 24 hours	13.7%
5.	Percentage of breastfed babies receiving complementary foods at 6-9 months of age	35%







## Indicator 6

### National Policy, Programme and Coordination


Main Achievements:	IYCF policy, promotes EBF for six months, National Breastfeeding Committee
Main Gaps:	Plan of action, funds, regular meetings, links with other sectors, terms of reference for coordinator.
Color coded rating:	Yellow





## Indicator 7

### Baby Friendly Hospital Initiative

Main Achievements:	Assessment system relies on interview of mothers.
Main Gaps:	Less % of BFHI hospitals, training of health workers(min. 18 hrs), monitoring system, reassessment system.
Color coded rating:	Yellow







## Indicator 8

### Implementation of International Code


Main Achievements:	Code as Law and additional legislation to protect breastfeeding.
Main Gaps:	
Color coded rating:	Green





## Indicator 9

### Maternity Protection

Main Achievements:	
Main/partial Gaps:	Maternity leave, breastfeeding breaks, no provision for unorganized sectors, ILO MPC 183 ratified & enacted.
Color coded rating:	Red







## Indicator 10

### Health and Nutrition Care


Main Achievements:	
Main/ partial Gaps:	Pre-service education, standard guidelines, in-service training programmes on code implementation- key input & focus on relevant topics, mothers and babies stay together when sick.
Color coded rating:	Yellow





## Indicator 11

### Community Outreach

Main Achievements:	
Partial Gaps:	Counseling services during pregnancy and after child birth, national coverage, child health strategy, trained in skills.
Color coded rating:	Yellow







## Indicator 12

### Information Support


Main Achievements:	IEC messages based on national /international guidelines.
Main/partial Gaps:	IEC strategy and programmes on IYCF, individual and group counseling, IEC campaign.
Color coded rating:	Yellow





## Indicator 13

### Infant Feeding and HIV

Main Achievements:	
Main/partial Gaps:	IYCF policy, policy effects national/ international code, health staff training, antenatal VCCT, support to mothers, monitoring.
Color coded rating:	Red







## Indicator 14

### Infant Feeding During Emergencies


Main Achievements:	
Main Gaps:	Policy, national coordination, contingency plan, resources, material.
Color coded rating:	Red

## Indicator 15

### Monitoring and Evaluation

Main Achievements:	
Partial Gaps:	Monitoring & evaluation, baseline and follow up data collection, evaluation results report to key decision makers.
Color coded rating:	Yellow



**Address for Correspondence**

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