Recommendations from 16 organisations for Centre-staging infant nutrition

Infant Survival and Development :An Unprecedented Opportunity

Paper submitted to Planning Commission, Government of India, along with the "Joint Statement on Infant and Young Child Feeding" offering Practical ways to reach out to the children in 0-2 age group

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Centre-staging infant nutrition for infant survival and development

Missing Infants

In most dialogues and debates about child nutrition, the nutrition of infants are usually forgotten. It is often presumed that infant feeding is a natural process, in the private domain between the infant and its mother, an area that rarely needs interventions from outside. Yet, it is the period when human life is at its most vulnerable. The majority of deaths of children under five years of age take place during infancy, before the child is one year old. Evidence is increasingly highlighting the role of adequate nutrition in preventing these deaths. In addition, 70% of the brain development of the child takes place during this period. Optimal infant nutrition is vital to the optimal development of the brain. In India, infants are present only as statistics – in data on Neonatal Mortality or Infant Mortality. They are generally missing in the child development services. For example, the ICDS service delivery is directed at children above 6 months of age, even though growth monitoring through weighing begins at 3 months. The FOCUS Report highlights the role of optimal infant nutrition in its demand for universalisation with quality. RCH 2 and NRHM focus on the infant only when it is sick and in need of institutional interventions to save its life.

Given the increasing evidence that correct infant feeding practices play the most critical role during infancy and contributes to survival with health of infants and children, it needs to be at the center of any child survival and development strategy. The importance of IYCF has been highlighted by

- **Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, 1990,** The Innocenti Declaration calls upon countries to protect, promote and support breastfeeding through
    - formation of a national committee/programmes
    - ensuring that the national health services meet the "10 steps to successful breastfeeding" by 1998 (This translates into the Baby Friendly Hospital Initiative (BFHI))
    - giving effect to the International Code of Marketing of Breastmilk Substitutes
    - protecting the breastfeeding rights of working women.
- **Convention on the Rights of the Child (1990)**
- **World Health Assembly Resolutions, 1981 onwards latest of 2006**
- **Global Strategy for Infant and Young Child Feeding (2002)** which lays down the guidelines for IYCF – starting breastfeeding within 1 hour of birth, exclusive breastfeeding for the first six months of life, and continued breastfeeding with appropriate and adequate complementary feeding from the 7th month, up to 2 years at least and a call for national plans with adequate budgets.
- **UN Framework for Priority Action on HIV and Infant Feeding (2003)**
- **Innocenti Declaration 2005 on Infant and Young Child Feeding put forth a 'Call for Action' later adopted by World Health Assembly(WHA), explicitly stating to reserve a budget for improving infant feeding practices to everything possible.**
- **Maternity Protection Convention 3, 103 and 183**

India is a signatory to all the above international obligations.

The National Guidelines on Infant and Young Child Feeding is important initiative taken, the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act) , and Maternity Benefits Act are other important protection and support mechanisms.

However, in spite of the rhetoric about placing the child at the center of development, the incidence of childhood under nutrition has not come down in the past decade[1] In fact, as NFHS 3 shows, it has gone up in pockets of the country. This is also true of IYCF practices, particularly exclusive breastfeeding for the first six months, which has not shown any improvement; some improvements are seen in complementary feeding and initiating breastfeeding within one hour.

Concerned about

- **the extensive child under-nutrition ,**
- **the very slow decline in both infant and neonatal mortality rates,**
- **the failure of the 11th plan approach paper fails to focus on the infancy period and seizing the opportunity in approach paper seeking practical ways to reach out to 0-3 year age group, and thereby operationalise India's 'imperfect obligations'[2] to**
- **reduce child mortality,**
- **protect children and**
- **meet their rights, including their right to nutrition,**

representatives of 16 health professional organizations and citizens movements on health have adopted and issued a "Joint statement on infant and young child feeding" for ensuring optimal infant nutrition , survival and development.

The Joint Statement seeks to place infant nutrition at the center of any infant and child nutrition and survival strategy, and calls upon the Prime Minister, as the Chairman of the Planning Commission, to:

- Recognise achieving optimal Infant and young child feeding practices within national food security plans for first 2 years,
- Recognise that optimal Infant and young child feeding is a Poverty Reduction strategy
- Declare 'breastfeeding' as a national asset and priority for ensuring nutrition security of infants to lower INFANT MORTALITY RATE (IMR) rapidly in 11th plan,
- Recognise breastfeeding as infant's right to food, (beginning with in first hour of birth, and exclusive breastfeeding for the first six months) to make it a core intervention, central to both health and nutrition sectors, through following 5 actions:

1. **Ensure adequate budgets are earmarked** for protecting, promoting and supporting breastfeeding in 11th plan; to implement National Guidelines on Infant and Young Child Feeding and kick start work of the National Breastfeeding Committee established in 1997 (Order No. 12-6/97-NT of WCD/HRD); and under NRHM to provide incentives to ASHA for

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[1] Data from NFHS 3 (2006) and NFHS 2 (1998-99)

[2] "Imperfect obligations" as explained and presented by Prof Amartya Sen at the Release of FOCUS Report on December 19 during the 'Bal Adhikar Samvad'

ensuring breastfeeding within one hour equal to what she gets for immunization. (Through cash coupons held by the PRIs/ mothers)

2. **Create specific coordination for optimizing infant nutrition under the National Nutrition Mission.** Like creating a commission or authority.
3. Establish **accountability mechanisms in MOH and MWCD** and direct them to make plans of action to enhance optimal breastfeeding rates and review on a yearly basis.
4. Provide **legislative support** to all women to enable them to begin breastfeeding within one hour of birth, holding it health workers' obligation, and maternity entitlements for at least BPL women in un organised sector giving cash benefit Rs 1000 per month for six months (Tamil Nadu model).
5. **Put "breastfeeding education" as a 'service delivery'** equal to 'immunization' both health sector and nutrition sector. This could be the most important and basic essential public service that will help achieve the targets of infant survival and development. It should be a mandatory programme response.

ACTION POINTS

1. Declare a national priority on infant health and survival in the 11th plan recognising nutrition inputs as core intervention

The situation today has crossed epidemic proportions with over 3000 infants under one month of age dying every day. This justifies a call declaring a national emergency on child survival and for rapid action. This questions the so called "high growth rate" that India is supposed to be proud of. Growth is a comprehensive term, and not limited to the state of the economy. A country that allows such an obscene number of its infants to die within the first month of life, a country that does not exercise its **"imperfect obligation"**, as explained by **Prof. Amartya Sen at the Bal Adhikar Samwad at the release of FOCUS report**, held on 19th December 2006, to ensure that these lives are saved, cannot in any context, be said to be experiencing growth.

2. Create a nodal mechanism , a national Apex Body or Commission on Infant Nutrition and Survival with a special focus on IYCF within the National Nutrition Mission. It should be independent, housed in a neutral environment, may be in the Planning Commission, with full involvement of civil society without conflicts of interest, and it should be well structured. It should have its own budget line to oversee the entire IYCF programme in the country and make it a peoples movement. This body would be reporting to planning commission. This is needed because so far, infant health issues including breastfeeding are every one's concern but no one's responsibility; and thus these issues get lost in service delivery. Creating the Apex Body will place under a single authority the critical issue of infant health, nutrition, survival and development, and thus will ensure focussed action. Creating a national scheme or plan on infant nutrition and survival as for immunization or highway deaths, with a clear budget head is highly justified.

This apex body or commission will help

- ❖ Integrate promoting IYCF across the Ministries and States
- ❖ Serve as a think tank to facilitate planning, advocacy at all levels including states

- ❖ Provide technical guidance and serve as an authority on nutrition inputs and formally strengthen the nutrition expertise and technical expertise related to IYCF in the MOHFW and DWCD at the central as well as state levels.
- ❖ Monitor the implementation with the ability to research and evaluation
- ❖ Serve as a umbrella for all stakeholders for their rightful role
- ❖ Serve to coordinate the entire IYCF efforts in the country, and oversee the activity of the National Breastfeeding[IYCF] Committee
- ❖ Advise the Planning Commission on setting national goals for implementation of IYCF and resource allocation.

Needless to say, that national partners of Joint Statement would be most willing to facilitate the process.

3. Ensure adequate budget allocation on infant nutrition i.e. breastfeeding education services

Firstly a myth has to be broken that "breastfeeding education services" come for free> Our experience has been that several state governments understood the specific need to provide this service; however they were unsuccessful in finding funds to act.

So far, even states whose estimates for training/assessment and strategic planning have been sanctioned, actually receive a mere percentage of the actual costs from the center. e.g.

- Punjab – asked for 2 crore, sanctioned Rs. 30 lakhs
- Madhya Pradesh – asked for Rs. 8.55 crore, received 85 lakhs
- Uttar Pradesh – asked for Rs. 2.5 Crores, received Rs. 25 lakhs

At present the costs of merely treating childhood pneumonia, diarrhoea and dysentery at the Outpatient Department have been estimated annually at Rs. 1643.52 Crores. **This does not include costs of infant deaths, disability, and social costs.** Ensuring effective implementation of breastfeeding education services /IYCF counselling through the above measures will significantly bring down the above costs and reduce burden on IMNCI and these savings on health care would be cut significantly, making the breastfeeding education interventions to be cost efficient.

Resources are required for

A. ICDS, Health Response Capacity building of ASHA and AWWs, awareness raising, support at birth, counselling on IYCF, community mobilization

i. Resources to provide *incentives to ASHA/other health provider to initiate breastfeeding within an hour of birth*, equal to that paid for immunisation. Estimate annual cost: Rs. 520 crores[3]

ii. Resources to develop *adequate and effective training* modules for IYCF component, and provide training to *ASHA* @Rs. 1000 per trainee (including IEC material). Estimated cost for training ASHA: Rs. 100 crores (over 5 years), or Rs. 20 crore annually.

iii. Incorporating the training module in *Anganwadi Workers* Training. Estimated costs: Rs. 203.35 crores (over 5 years), or Rs. 40.67 crore annually. BPNI has developed

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[3][3] based on 25926000 births every year according to State of the World's Children 2007

such a training module that is already in demand by states. BPNI can thus facilitate the training process.

iv. Resources for *capacity building of District Administration staff, PRIs, teachers, and others* at the district level. Estimated cost @ Rs. 1 lakh per district: Rs 6.04 crore annually

B. Empowering communities through media campaigns

v. Resources for a concerted *5 year campaign on IYCF*. Estimated cost (at Rs. 300 per infant born/year) Rs. 3900 Crores or Rs. 780 crore/year. The campaign should be directed to PRIs, teachers, with a priority for tribal, rural and poverty struck areas.

C. Research, evaluation for feedback and programme support

vi. Resources to carry out *core operations research and technical research* to assess the contribution of various interventions to child survival and increase the effectiveness of strategies, as well as to upscale effective strategies. Estimated budget: Rs. 20 crore annually.

vii. Resources to enable states to meet their commitments to IYCF in terms of district level *formative research for qualitative assessment (every alternate year) of IYCF and its implementation to feed into strategic planning* to be carried out twice during the Plan Period. This needs to be part of the District Health Plan. Estimated cost: Rs. 30.20 Crores over 5 years, or Rs. 6.04 crore/year

The total annual estimate for A,B and C comes to Rs. 1392.75 Crores (Rs. 535.6 per infant born annually).

D. Maternity benefits

viii. Resources to meet the *maternity benefits to turn into entitlements* of all women who deliver as per the Tamil Nadu Birth Assistance Scheme of Rs. 1000/- per woman per month for a period of six months. The beneficiaries may be restricted to BPL category, in which case the estimated cost would be: Rs.4056 crore[4]

See table in Annex

4. Other actions

a. Have a National Consultation on Causes and Consequences of Infant Malnutrition and Survival with the highest level attention on a priority basis to set in motion national action and enthusiasm. This consultation should lead to s*hifting the focus from treatment to prevention* for Infant health, survival and development, and making a time bound plan; and i*dentify and give highest priority to the most effective, and evidence based strategies* to ensure infant survival.

b. Holding Infant and Child Survival Countdown every two years, will help raise the profile of issues at all levels including states and allow rapid scale up of what is most needed.

c. Activate and make the National breastfeeding[IYCF] committee effective and both health and nutrition sectors should be accountable for their actions.

4[4] 26% of the total number

The NBC was set up in response to India's commitment under the Innocenti Declaration. Overall, the Committee has been unresponsive to the needs of infants:

- The Committee seldom meets.(3-4 meetings in 10 years)
- While National Guidelines for Infant and Young Child Feeding have been issued, the Committee has made little effort to ensure its effective implementation.
- An organization of National Breastfeeding Partners has been announced by the Ministry of Health in 2004 .However, nothing has moved further.
- While Baby Friendly Hospital Initiative (BFHI) was launched by MOHFW and UNICEF in 1993, it has been lying dormant since 1998 in spite of an office order to revive it in 2003. After a few selected hospitals around the country were declared as Baby Friendly, all activity on this front has stopped. A survey conducted by BPNI in the late 1990s showed that the majority of the hospitals declared as Baby Friendly were not fully implementing the 10 steps to successful breastfeeding. There has been no review of the hospitals since then, nor have more hospitals been added.

SOME WAYS TO RAISE FUNDS

Resources can be raised on a 50%-50% basis by the center and the state, in a manner similar to resource raising for ICDS programmes. in case the states cannot raise the money, in the face of its "imperfect obligation", the center shall make up the balance of its share.

i. States could work their share of the amount into their annual plan. (eg. Haryana worked Rs. 1.5 Crores into its annual plan budget)

ii. 2% of the ICDS budget for service delivery can be utilized for training ICDS workers and awareness . 2-3 % of all ICDS budgets must be earmarked for Infant and Young Child Feeding services.

iii. As almost half of the infant deaths can rapidly be prevented through correct IYCF implementation, 25% of the NRHM budget on child survival and from RCH II budget allocated to child survival can be used for advocacy and implementation of IYCF programmes

iv. The NRHM has sanctioned Rs. 10,000/per village annually for health promotion. 20% of this should be allocated to promotion of IYCF. This will raise Rs. 120 crores for raising public awareness locally. Similar allocations should be done at the block level and cluster level.

v. A Cess for Infant Nutrition and Child Survival can be levied for a limited period of 5 years to kick start the process.

CONCLUSIONS

Making breastfeeding widely available is the need of the hour, both in order to save infant lives, and to ensure that once saved, the infants grow up with good physical, mental, intellectual and emotional health in order to effectively meet the challenges posed by the increasingly competitive nature of the world. It is high time we take steps to ensure this in the human rights perspective, make effective and coordinated response at national and state level with sufficient resources. is the Planning Commission has power and "paisa", make use of it to break the myth that breastfeeding education is unnecessary or that it comes free. Take this unprecedented opportunity to ensure that infants of India survive and develop well into adults and compete with the world. Optimal IYCF, especially breastfeeding" is the energy and brain booster for optimal survival and intelligence. China may be a manufacturing hub, Let India be knowledge hub in next decade.

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ANNEX : SUGGESTED BUDGET ESTIMATES

S.No	Budget Head Capacity building and awareness	Unit and Number	Unit Cost	Cost for Plan Period (in Crores)	Annual Cost (in cores)
A	❖ Incentives to ASHA for supporting establishment of breastfeeding within 1 hour or birth	per birth for 2.6 core births annually	Rs. 200/-	2600	520
	❖ Training of ASHA	ASHA, 6 lakhs	Rs.1000	100	20
	❖ Training of Anganwadi Worker	14 lakh Anganwadi	Rs.1000	203.35	40.67
	❖ Capacity Building of Dist. Admin., PRI, teachers, others	604	Rs. 1 lakh	30.20	6.04
B	Raising public awareness on IYCF	Cost/infant for 2.6 crore infants	Rs. 300	3900	780
C	Formative Research and Planning at Dt. Level	604 districts	Rs. 1 lakh	30.20	6.04
	Operational research			100	20
	Total (A, B, C)				**1392.75**
D.	**Budget for Maternity benefits to turn into an entitlement**	BPL Mother, 67.6 Lakhs[5][5]	Rs. 6000 (at Rs. 1000/month for 6 months)	20280	4056
	Grand Total (A, B, C, D)				5448.75

[5][5] 26% of 2.6 crore mothers