



BPNI BULLETIN

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From the Desk of the National Coordinator

The IMS Act saved, happy ending of a successful campaign

In Jan 2005 the Indian government proposed repealing the country's 1992 Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act (The IMS Act) through a new legislation "Food Safety and Standards Bill 2005". The result might have been a weakening of a national ban on the commercial promotion of products that compete with breastfeeding. The BPNI organized a campaign-'Save the IMS Act'-to fight the suggested repeal. So successful were these efforts that the Indian government had to dismiss the subject of a repeal of the IMS Act three months later.

The first step in the 'Save the IMS Act' campaign occurred in January 2005, when BPNI drew a strategy that included plans to approach the public, the media, political parties, government departments, key individuals, citizens' rights groups, professional bodies, economists, and NGOs working on public health, women's and children's issues. A briefing paper was developed with key inputs from Chander Uday Singh, and comments from several friends. Close associates like Raj Anand were always there on phone to refine strategies. JP Dadhich, Jagdish Sobti and Tarsem Jindal provided not only guidance to lead the campaign but were physically there and did all the legwork over these three months. Many organizations that pledged help included: ACASH, IACR, JSA, VHAI, IMA, IAP, FOGSI, TNAI and others. We contacted Dr Vina Majumdar, a respected leader in Women's movement and now working with the Center for Women Development Studies (CWDS). Her personal involvement and guidance was crucial in getting several other organizations to back the campaign. We alerted the global community working on breastfeeding-including IBFAN and WABA, which offered full backing.

The subject of the repeal was discussed with the Dept of Women and Child Development (the sponsoring Ministry for the original IMS Act). The DWCD Secretary wrote a strong letter to the government advising against repeal of the IMS Act. We met the Minister of Human Resource Development, and briefed him. The Minister, too, wrote to the government, arguing against repeal of the IMS Act. The campaigners also pressed the government department responsible for initiating the planned repeal. The department promised to look into the matter. Unsatisfied by the response, we stepped up our efforts. We went to Dr Syeda Hameed, Member Health, Planning Commission of India and she readily agreed to assist. The BPNI communicated with the National Commission for Women and the National Advisory Council as well. Both assured their cooperation.

UNICEF provided a major support in generating Ministerial level response through their letter and meetings with Sh. Arjun Singh, the HRD Minister. Representations were made to the National Human Rights Commission (NHRC), which immediately took up the case and asked the Minister of Food Processing not to repeal the IMS Act. After receiving a lukewarm response from the government, the NHRC issued a press release to raise the profile of the issue nationally.

On the media front, BPNI briefed Rahul Dev, a senior journalist with a keen interest in social issues. He was able to propagate the issue with much-needed assistance through his media and political links. The media, in fact, provided unprecedented encouragement, and carried several stories that helped to bring focus to the issues. We met both the ruling and opposition political parties and they all assured help.

After the campaign had been running for about a month, a meeting entitled 'Coming together to save the IMS Act' was jointly called in February 2005 by the BPNI, Jan Swasthya Abhiyan (JSA), the Indian Alliance for Child Rights (IACR), and the VHAI. Dr Syeda Hameed addressed the meeting and listened to all those who spoke. She promised her help within the planning commission. On this day, a petition entitled 'Save the IMS Act', was developed and signed by 25 organizations and later sent to the Prime Minister, the President and the Ministers concerned.

Finally, Anil Mokashi from Baramati, arrived on the scene and was requested for help to meet Mr Sharad Pawar, Minister of Agriculture, who headed the group of eight Ministers overseeing repealing of the IMS Act. Anil gladly agreed, fixed up our meeting with him at Delhi, where we went and briefed the Hon'ble Minister. He carefully heard our arguments and sought some clarifications. After having discussed with the department's officers the same day, he assured us the IMS Act would not, after all, be repealed. On April 6th 2005, we read in the press the happy news that the government had responded positively to the controversy and decided not to repeal the IMS Act.

Don't you think, it is another turning point in the history of the breastfeeding movement of India

Dr. Arun Gupta, MD, FIAP
National Coordinator, BPNI
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Complementary Feeding & WBW

Timely, adequate & appropriate home made complementary feeding after six months of age along with continued breastfeeding till 2 years is essential for the proper growth and development of the infant and young child. As a child specialist, the common scenarios, which we come across, are:

- Scenario 1.** A one-year-old child is not gaining adequate weight.
- Scenario 2.** One & a half years old child is pale (anemic). He sometimes eats plaster, mud, paper etc. known as pica.
- Scenario 3.** Two years old child with constipation.



All three scenarios are due to mainly milk diet (esp. in northern India) & inadequate complementary foods. The solid foods have more energy, iron & fiber content (residue) as compared to milk. All children should begin to receive complementary feeding at the completion of 6 months of age. However, the breastfeeding should continue till 2 years.

First thing the mother invariably introduces in the infant's diet is top milk or dal water. The parents often give token amount of the food they eat. Adequacy of complementary feeding can be achieved by explaining the advantages of consistency of food (thickness more than milk), appropriately prepared food (mashed at 7-9 months and chopped at 9-12 months) and concept of katori. It could be ½ katori to start with, increasing gradually to ¾th katori by 7-8 months and 1 katori by 9-10 months. It needs to be given 2 times a day from 7th month then 3 times a day from 9-12 months of age. After one year two additional meals can be added and the top milk should be given only twice a day if mother is not breastfeeding.

Homemade foods are important because they are fresh, cheap and contain no preservative (unlike tinned complementary foods). Recently I have come across two children who did not know chewing even at 1½ years of age because they only learnt to swallow the tinned complementary food.

To summarize, we must start complementary foods after six months of age. The consistency of food should be thicker than milk. Dal water should not be given as it has no nutritional value. Start with ½ katori 2 times a day at 7th month; increase it to 1 katori 3 times a day by 9 months.

World Breastfeeding Week AWARDS

Like every year, BPNI is happy to sponsor awards for the WBW 2005 celebration in the different categories as given below:

1. 2 awards for Best State branches
2. 5 awards for Best District branches
3. 3 awards for NGOs
4. 2 awards for institutions from State govt and Union Territories

In the WBW 2005 kit you will find a feedback form, please complete it, include photographs and other information material, send it to us by Sept 30, 2005.

An independent evaluation committee consisting of Dr Tarsem Jindal, Dr Kuldip Khanna and Dr JP Dadhich will evaluate all the entries and announce the winners in different categories.

Our message regarding complementary feeding in addition to breastfeeding should be uniform and consistent. As you all know the theme for WBW 2005 is Breastfeeding & Family Foods: Loving & Healthy. Like previous years, I hope that you will make this year's celebrations a memorable one. This year we have announced awards for 2 best states, 5 best district branches, 3 best NGOs and 2 best institutions of state governments & union territories.

I am happy to announce that 50 district branches have been formed and 9 district branches are in the process of final announcement. The national goal for the 10th five-year plan is 75% children being provided with complementary feeding at 6 months. I am sure with our concerted efforts we will be able to achieve it.

Dr. Tarsem Jindal, MD, FIAP

Editor, BPNI Bulletin

Coordinator, Programs

HOD, Pediatrics, Jaipur Golden Hospital, Delhi



Activities at Headquarters

Work at BPNI Headquarter is being done to fulfill the following five objectives:

Objective 1:

Advocacy for development of sound policies on IYCF by the government and professional bodies at national and state level

1. Advocacy Meetings

Participated in the following advocacy meetings:

- * IAP organized Pedicon 2005 at Kolkata and it was attended by *Dr Tarsem Jindal, Dr MMA Faridi* and *Dr JP Dadhich* from BPNI.
- * *Dr Arun Gupta* and *Dr JC Sobti* attended various advocacy meetings with Govt. of India and UNICEF.
- * *Dr Tarsem Jindal* spoke on Infant and Young child feeding in North-Eastern Consultation Meet on Nutrition on 17th and 18th Feb 2005 in Shillong organized by DWCD Headquarters, Govt of India.
- * IMA Sonapat organized a meeting on “Optimal IYCF Policy in hospital practice” on 19th March 2005 that was addressed by *Dr Tarsem Jindal* and *Dr JP Dadhich*.

2. Dissemination of CDs on Power point presentation on exclusive breastfeeding & IMS Act

PowerPoint presentations on exclusive breastfeeding and IMS Act have been prepared and are under final stages of formatting and editing. Shortly CDs on these presentations will be prepared and dispatched.

3. Task Force on Infant feeding and HIV

Task force on Infant Feeding and HIV has been formed under the chairmanship of *Dr MMA Faridi*. He had several meeting at the BPNI Secretariat for reviewing the issues involved. We expect some concrete plans to evolve out of these meetings.

4. Task Force on pre-service Education

Task force on pre-service Education has started functioning under the guidance of *Dr J C Sobti* and *Dr AK Patwari*. They have started pursuing the matter at

the level of Medical Council of India and with individual medical colleges for the inclusion of different aspects of Optimal Infant and Young Child Feeding Practices in the medical curriculum.

5. Develop, design, print and disseminate Bulletin No.26

Bulletin No.26 for the month Nov-Dec 2004 was designed and printed and 5000 copies of this bulletin were dispatched to all the BPNI members and the various stakeholders both national and international. It incorporated all the latest relevant issues and news from different branches of BPNI.

6. UNGASS Plus Three:

Mrs Vandana from BPNI attended a stocktaking meeting on “UNGASS Plus Three: Child Rights at mid-point in the pursuit of MDGs: India’s scorecard in the effort to build a world fit for children” at India International Center Annexes (Basement Lecture Hall) on 9 May 2005.

7. Government of India- UNICEF RCH Programme: Joint Mid-Term Review Meeting

A 3-day joint mid-term review meeting was held in Hotel Taj Palace, New Delhi from 13th to 15th June 2005. It was held to take stock of progress made in the RCH 2 programme and to identify good practices and evidence based interventions in line with the national vision for health, nutrition and development. *Dr Arun Gupta, Dr Jagdish Sobti, Dr Tarsem Jindal* and *Dr JP Dadhich* from BPNI participated in the review meeting.

8. Continue to prepare PPTs on IYCF

Multiple PowerPoint presentations were made during this period for many meetings. Details of which are as follows:

- * One day meeting about HIV infection by BPNI, NACO and UNICEF
- * Coming together to Save the IMS Act
- * Meeting at IMA Sonapat
- * Presentations at Sir Ganga Ram Hospital
- * Presentation at Holy Family Hospital.



9. Project review meeting

These review meetings are a part of an ongoing process and are being conducted on a regular basis.

10. Technical review meetings – internal meetings with UNICEF

A comprehensive meeting with UNICEF coordinator *Mrs Deepika Srivastava* was held in the month of April in which quarterly assessment of the previous 3 months was done and planning for the next quarter was undertaken.

11. Development and dissemination of advocacy brochure on National Guidelines on IYCF

Advocacy brochure on National Guidelines on IYCF was prepared and sent to Govt. of India for their comments. We are waiting for any suggestions or changes from them before it is finalized.

12. The Maternal, Newborn and Child Health Lives in Balance

Dr Arun Gupta and Dr JP Dadhich attended “The Maternal, Newborn and Child Health Lives in Balance” from 7-8 April 2005, organized by WHO, SNL and Save the Children, USA at Hotel Maurya Sheraton, New Delhi. One exhibition stall was arranged by BPNI at the meeting.

13. Meeting with ICMR

An ICMR delegation visited the BPNI office on 5 May 2005 for a brainstorming session on Breastfeeding and IYCF issues and testing the safety of Infant Formula. *Dr Arun Gupta, Dr JC Sobti and Dr JP Dadhich* from BPNI participated in the meeting.

Objective 2:

To strengthen implementation of and compliance with the IMS Act 1992 (as amended in 2003)

1. Press information meeting on IMS Act

A press meeting “Coming Together to save the IMS Act” was held on the 8th February 2005, attended by representatives from FOGSI and ACASH and by *Dr Shanti Ghosh* among others. The purpose of this meeting was to launch a campaign to protect IMS Act

from getting repealed by the “Food Safety and Standard Bill 2005”. In response of the meeting, media provided unprecedented support and very successfully planted stories in various newspapers that made the issue to great importance.

2. Printing and dissemination of Under Attack Brochure I

The brochure “Breaking the Law” was widely disseminated across the length and breadth of India. Mailers were sent to all the members of BPNI, professional organizations like IAP, IMA, TNAI, FOGSI etc, UNICEF State Offices, State Secretaries of Health, Planning Commission, Government of India, non government organizations, lawyers and advocates, and others. This generated mass awareness of the activities of baby food manufacturers that violate the IMS Act.

3. Development of Under Attack Brochure II

The next series of “Breaking the Law” has been drafted to include the violations reported during the period July 2004 to December 2004. It will be finalized, printed and disseminated in the coming quarter.

4. A four page publication on “Law to protect, promote and support breastfeeding” and NGO advocacy material on IMS Act (Promotion of Baby Foods and Bottles Banned) in Hindi and English

As the development of these two information materials had similar objectives, it was decided to merge these



Dr Syeda Hameed, Dr Vandana Prasad, Dr Meera Shiva and Ms Razia Ismail participating in the Press meeting

two to develop one brochure, which will address the objectives of both. The information brochure "Promotion of Baby Foods and Bottles Banned" was drafted, finalized and printed in English and Hindi. It was distributed widely to generate mass awareness about the IMS Act.

6. Legal advice

Legal advice was sought in 9 cases reported by active BPNI members from all over India. The analysis brings to light that the companies are still continuing to violate various clauses of IMS Act by primarily targeting health care professionals and their organizations to increase use of baby foods. Based on the analysis, letters were written to the baby food manufacturers and other organizations involved. A detailed quarterly report has been prepared for DWCD, Government of India.

7. Advocacy with state governments on IYCF to include implementation of IMS Act into their state plan.

A process of continuous dialogue is on with state governments for this purpose and it may give fruitful results in the near future.

Objective 3:

To mobilize action on World Breastfeeding Week theme every year

1. Networking and coordinating with state / district branches for WBW 2005

Letters have been sent to all state and district branches of BPNI along with first announcement WBW-2005 that gives insights into the theme of WBW this year. It also gives suggestions regarding what actions can be initiated at various levels.

Dissemination of first announcement WBW-2005

5,000 copies of a one page colored document First announcement WBW-2005 was prepared and disseminated to all BPNI members and other stakeholders, giving details of optimal IYCF and ideas for action at different possible levels.

Preparations for celebrating WBW-2005

A 6-page brochure has been prepared which will be

the core educational material for this year's theme. In addition it will provide the members some new ideas about how to celebrate WBW and how these can be put into action. This brochure is being sent to members of BPNI all over India, Govt agencies, offices of UNICEF, Food and Nutrition Board, NGOs, all district coordinators of BPNI. Along with this brochure we are sending other education and advocacy material. By the time this bulletin reaches, you must have celebrated WBW with full enthusiasm and must be sending your entries for getting WBW awards.

2. Identifying new groups and organization to work on Infant feeding through networking

We are in the process of identifying other groups and organizations, which can work along with BPNI to promote the cause of breastfeeding and infant feeding.

3. As a follow-up of the World Breastfeeding Week, action to be initiated in different districts to form new branches.

All state branches have been advised to find out various districts where new district branches of BPNI can be started so that different programs related to IYCF can be initiated.

4. Follow up of the study: District coordinators to release the district specific report on IYCF

All the 49 districts that had participated in the study of district specific report on IYCF have been advised to continue with the study to find out the effect of advocacy on different aspects of IYCF.

Objective 4:

To support decentralized participatory action on IYCF and community based interventions

1. In collaboration with NNF, design and prepare a proposal for Comprehensive Community based Interventions to improve Newborn Care and IYCF

NNF has been contacted and for comprehensive community based interventions for improving newborn care and IYCF, the process of consultation is on.



2. Jan Swasthaya Abhiyan meeting on National Rural Health Mission

Dr Jagdish Sobti attended a JSA Meeting on the NRHM, in Delhi on 14-15 May 2005. The purpose of this meeting was – JSA analysis of the various components of the NRHM, based on a study of the relevant documents and other information and planning of the 'People's Rural Health Watch' by JSA, to monitor the implementation of the NRHM at State and National levels, with a view to influencing it in pro people direction.

3. Task force on Research and Community Based Interventions constituted

Task force on research and community based interventions has been constituted. Its aim will be nutrition centric and will review and guide IYCF situation and explore relevant issues.

4. Prepare technical paper on the Bhuj intervention project to share with journals and magazines

The technical paper on the Bhuj project "Effect of counselling on infant and young child feeding by training community workers on exclusive breastfeeding: A study from 235 villages in 3 blocks of district Bhuj, Gujarat" has been sent to IAP for publication.

5. Participation at the meeting by MOST India

A Meeting was organized by MOST India (USAID Program) on 16 May 2005 at IIC, New Delhi for "Dissemination on the Monitoring and Evaluation findings of Dec 2004 biannual VAS/RI rounds in UP, Uttaranchal and Jharkhand states and to streamline strategies for forthcoming rounds". *Mrs Vandana* from BPNI attended the meeting.

6. Implementation of Rural Health Mission

Another meeting was called on 19-20 May 2005 by JSA to form a WATCH Group to monitor the progress of the implementation of Rural Health Mission. JSA have asked The Tata Foundation to provide them some funds for setting up an office and conduct activities in 8-10 states. *Dr JC Sobti* from BPNI attended this meeting.

7. Website updating

Website updating is being regularly done as a continuing process with all the relevant and latest information.

Objective 5:

To strengthen the network and IYCF resources in training, communications etc. for the states

1. Dissemination of Core training material "Infant and Young Child Feeding Counseling–A training course for frontline workers"

Core training material "Infant and young child feeding counselling- A training course for frontline workers" has been prepared both in Hindi and English. The manual has been sent as a test case for training of frontline workers in different states.

2. Finalization of training material on "Infant and Young Child Feeding counseling –A training course": The 3 in 1 course (Breastfeeding, Complementary Feeding and Infant Feeding & HIV)

Training manual "3 in 1 course" has been finalized and sent for publication. Hindi version of Participant's manual is also ready and will be put to use for training purposes.

3. Participation at "CORE Group" Workshop

A workshop was organized by CORE,HIV/AIDS working group in Ahmedabad from 16-18 May 2005. It was supervised by *Dr Charu Suraiya* and *Dr JC Sobti* from BPNI. The meeting was inaugurated by Mr Charanjeet Singh, Secretary, Health and Chief Project Officer, Gujarat State AIDS Control. DR AS Khera, from NACO also attended. The objective of the meeting was to discuss the Guidance for working in the community on HIV/AIDS.

4. Counselors Training Module:

Dr JC Sobti from BPNI met *Dr Neeru Bhatia* of NACO and *Dr Bir Singh* of UNICEF on 19-20 May 2005 and discussed the integrated module of counselors training incorporating infant feeding options in the counseling training programme.





Training of Trainers course in progress at Dhar district, and Dr MMA Faridi stressing a point to one of the trainee.

5. TOT on “Infant and Young Child Feeding Counselling –A training course” in northern Districts (UP, Bihar, Rajasthan, Haryana and Punjab)

Training of trainers on “Infant and Young Child Feeding Counselling-A training course” was done in following three districts:

- * A training of trainers course on IYCF for Tonk Dist was held at Jodhpur from 24-28 Feb 2005. The course was conducted with the help of BPNI, UNICEF Jaipur, Dep of Women and Child Development, Govt of Rajasthan, and Dept of Peds, Umed Hospital, Jodhpur. It was a residential course and training included inputs on breastfeeding, complementary feeding as well as HIV and infant feeding. The practical training was imparted to the trainees at Umed Hospital. It was conducted under the supervision of *Dr K.P. Kushwaha* and *Dr Raj*

Bhandari and 18 participants were trained as State Trainers.

- * A similar course was conducted in Gwalior from 7-11 Feb 2005, *Dr Ramneek Sharma* and *Dr Ajay Gaur* trained 27 participants to become State Trainers.
- * Another TOT course was organized in Dhar Dist from 16-20 March 2005, *Dr KF Kazmi* and *Dr MMA Faridi* imparted training to 24 participants to make them State Trainers.

6. Translation in Hindi of training material on “Infant and Young Child Feeding counseling –A training course”

Hindi translation of various training manuals as detailed below was undertaken and finalized:

- * Participant manual of “Infant and Young Child Feeding-3 in 1 course”.
- * Infant Feeding and HIV.
- * “Infant and Young Child Feeding Counselling- A Training course”.

7. Training Material for “IYCF- A Training Course”

A National Consultation Meeting was held on 29 April-01 May 2005 at Jukaso IT Suites, Gurgaon, to finalize the training material for “Infant and Young Child Feeding Counselling-A Training Course”. *Dr KP Kushwaha*, *Dr MMA Faridi*, *Dr JP Dadhich*, *Dr Ramneek Sharma*, *Dr (Mrs) KF Kazmi*, *Dr Ajay Gaur*, and *Dr JC Sobti* attended and finalized the course material.

E-Connectivity

As a part of networking of all the BPNI members we are collecting Email addresses. Kindly send your email address to BPNI headquarter which will be included in the BPNIINDIA yahoo group.

Also, send your new address and ask your BPNI friends to update their addresses if there is any change in the old address.

Outcome of Management Committee meeting of BPNI

A Management Committee meeting of BPNI was held in Mumbai on 23rd Jul 2005 attended by 4 members of management committee including Chief Coordinator, National Coordinator, and Treasurer. The following decisions were taken in the meeting:

- Annual National Conference of BPNI to be held in New Delhi every year on 3rd Dec but this year it will be held on 9th and 10th Dec 2005 due to some unavoidable reasons.
- Elections for the Management Committee of BPNI to be held at New Delhi on 9th Dec 2005.
- Dr Dharam Prakash appointed as Chief Election Officer for the aforesaid elections.

Annual National Conference of BPNI on 9th and 10th Dec 2005

- A two-day convention will be held on 9th and 10th Dec 2005 at New Delhi the venue of which will be intimated to you later.
- Participants in this meet would be BPNI members, various government agencies, UNICEF and others working at state level.
- The focus of this convention will be Infant Feeding in special situations like Infant feeding and HIV and Infant feeding in emergencies and disasters. Other focus will be on exclusive breastfeeding.
- Discussion will be focused around various initiatives undertaken in these areas like training, mobilization, and State initiative and District initiative.
- We welcome suggestions from our members about areas of their interest that can be included in these discussions so that a final shape can be given to the programme.

For Information

The Management Committee of BPNI has decided to hold elections for Management Committee in the Annual General Body Meeting to be held on 9th Dec 2005.

The Management Committee has appointed Dr Dharam Prakash as Chief Election Officer:

Dr Dharam Prakash
31, Central Market,
Ashok Vihar,
New Delhi-110051

Separate election notice will be issued by the election office

Reports from State Branches/Others

Dist coordinators workshop in Maharashtra

BPNI Maharashtra organized a one-day workshop on 20th Feb 2005 at Leslie Sawhney Centre, Devlali attended by 23 participants from all over Maharashtra. Main objective of the meeting was to present the health infrastructure and the existing problems at Dist branches and to come out with some tangible solutions to encounter these problems. Other objectives were to strengthen the Dist branches with the help of Mumbai office and draw strategies to make IYCF counseling available as a service to all families through 'skilled' workers. *Dr NB Kumta, Dr Sanjay Prabhu, Dr Sarita Bhagwat, Dr Satish Tiwari* and others addressed the workshop. Workshop was a big success where lots of suggestions were made and interaction took place.

New Office Bearers of BPNI Davangere Dist Branch

A General Body Meeting was held on 24th Jan 2005 and new office bearers were elected-*Dr Geethalakshmi*, President, *Dr NK Kalappanavar*, Secretary and *Dr Sangameshwar*, Treasure and other executive members.

Workshop on IYCF at Thanjavur

The Thanjavur Dist branch of BPNI in association with IAP-TTKPN Branch conducted the first workshop on IYCF on 19th Feb 2005 at Thirupanandhal in Thanjavur Dist of Tamil Nadu. *Dr A Ganesan*, Deputy Director of Health Services inaugurated the workshop and among others *Dr G Sambasivam*, Coordinator, Dist Branch BPNI and other BPNI and IAP members were present. About 300 participants were there, comprising of Village Health Nurses, ICDS staff, and members of Self Help Groups.

Health Education Center at Thanjavur

BPNI-Thanjavur Dist branch in association with IAP-TTKPN branch, inaugurated a Health Hospital Education Center at Government Hospital, Aduthurai, Thanjavur Dist on 27th April 2005. The center plays audio CD on Breastfeeding, Maternal and Child health,

Appeal for Reports

We at BPNI while writing these bulletins feel constrained to find so meager reporting from our branches all over India in spite of the fact that all of you are making so much effort for the cause of breastfeeding and infant feeding. I appeal to all of you to report the various activities along with photographs, conducted by your branch for the benefit of the readers of these bulletins

preventable diseases and public health. These 3 CDs were prepared by the local BPNI branch and local IAP branch.

BPNI-Thanjavur Dist branch is planning to open such centers in the entire Dist with the cooperation of Dist administration.

Report from IBFAN-Asia Pacific Presentation of the "Global Breastfeeding Trends" Tracking, Assessment and Monitoring System using APPAR Toolkit

A meeting was organized by the IBFAN/BPNI in New Delhi on 14th April 2005 for the presentation of the "Global Breastfeeding Trends" Tracking, Assessment and Monitoring System using APPAR Toolkit, developed by *Anubhav Kushwaha*, an IIIT Student. The meeting was attended by *Dr Arun Gupta*, National Coordinator, IBFAN and BPNI, and others from BPNI, WHO, NIPCCD, MOST etc. Anubhav demonstrated the toolkit in two parts:

Part I- Pertaining to Infant Feeding Indicators and
Part II- Policy and Program.

He also showed how each indicator could be objectively scored into a color code. He also showed how easily bar diagrams and map can be made for quick understanding.



The Public Health Risk of *Enterobacter sakazakii* and other microorganisms in Powdered Infant Formula

Enterobacter sakazakii in powdered infant formula has been implicated in outbreaks causing sepsis, meningitis or necrotizing enterocolitis, especially in infants less than 2 months old. These cases have been reported in a number of developed countries like U.S., Canada and Belgium in April 2002. In developing countries a significant under-reporting of infections is likely where the problem may be even greater. Studies showed that 20% of 141 samples from 35 countries were positive for *Enterobacter* family; *E. sakazakii* being the most common one. The mortality rate varies from 20% to even higher than 50%. For survivors, severe lasting complications occurred, including neurological disorders.

Among infants, the greatest risk is among neonates, particularly preterm, low birth weight or immunocompromised infants. Infants of HIV-positive mothers are also at high risk because they may require infant formula and they are more susceptible to infections. Higher ambient temperatures and lack of refrigeration to store rehydrated formula will also increase the risk, due to rapid growth of the organism.

E. sakazakii appears to be one of the most thermo-tolerant organisms and that explains their high prevalence in powdered and prepared milk formula as compared to other coliforms. Increased heat treatment of prepared formula will lead to destruction of heat-labile nutrients, such as key vitamins, and may cause adverse reactions in the product.

There are two main routes by which *E. sakazakii* can enter reconstituted formula: a) through intrinsic contamination – either through contaminated ingredients added after drying or from the processing environment before packing or b) through external contamination of the formula during reconstitution and handling e.g. through poorly cleaned utensils. In 50-80% of the cases, powdered infant formula is both the source and the vehicle of *E. sakazakii* induced illness, and in 20-50% the formula was the vehicle but poor hygiene during reconstitution and handling was the source. It should be noted that powdered infant formula has also been shown to cause *Salmonella* infection in infants.

The existing risk in the powdered infant formula can be effectively reduced by:

- o the inclusion of a lethal step, e.g. water should be brought to boiling point and cooled for a few minutes to reach a

temperature ensuring pasteurization but avoiding clumping (70-90°C) before it is added to the formula. It is very important to emphasize that the formula should be cooled to body temperature before feeding.

- o Avoiding storage of reconstituted formula by preparing enough for one feed at a time thus reducing the chances of rapid growth of pathogens.

It is important to note that powdered infant formula meeting current standards is not a sterile product and may contain low levels of pathogens. Present technology does not seem to allow for the production of commercially sterile powders. Current Codex advisory allows 1-10 coliform bacteria (*E. sakazakii* belongs to this group) per gram formula. This limit probably helps in reducing the number of outbreaks but still is not the safe limit as even levels of less than 1 coliform per gram can cause outbreaks of fatal disease among newborns.

A joint FAO/WHO expert meeting on *E. sakazakii* and other pathogens in powdered infant formula was held in February 2004 and its findings were later endorsed in 58th World Health Assembly (WHA58.32) in May 2005. Some of the WHA recommendations are:

- Caregivers should be regularly alerted that powdered infant formula is not a sterile product.
- Caregivers should be encouraged to use, whenever possible and feasible, commercially sterile liquid formula or formula which has undergone an effective point of use decontamination procedure (e.g. use of boiling water or by heating reconstituted formula).
- Guidelines should be developed for the preparation, use and handling of infant formula to minimize risk.
- The infant food industry should be encouraged to reduce the concentration and prevalence of *E. sakazakii* in both the manufacturing environment and powdered infant formula.

References

1. *Enterobacter sakazakii* and other microorganisms in powdered infant formula. Geneva, FAO/WHO, 2004. (Microbiological Risk Assessment Series, No. 6., ISBN: 92 4 156262 5.).



Breastfeeding Practices and Mother-Child Nutritional and Health Status: A Comparative Study of Low and Middle Socioeconomic population

From A Thesis by Ms Deeksha Sharma for the Degree of DOCTOR of PHILOSOPHY

A host of socioeconomic factors influence the attitudes and behaviors of the individuals, which in turn determine the allocation of resources to them and finally health and nutritional status, are intimately associated with these factors. To analyze this all the 0-3 years old children and their mothers were assessed in a study conducted in twelve villages of Niwai tehsil in Tonk district of Rajasthan. The mother's health, infant feeding practices, and the socioeconomic status were assessed.

The findings of the study follow:

1. Nutritional Status of the Mother- Three fourths of the mothers suffered from anemia and low daily caloric consumption resulted in lower BMI in 35% of mothers, both factors having a negative influence on the health of the newborn.
2. Nutritional Status of the Child- Half of the children were found underweight (low weight for age), and stunted (low height for age), while one fourth were found wasted (low weight for height). In the studied population wasting was quite large in comparison to rest of the Rajasthan.
3. Infant Feeding Practices-
 - Start of Breastfeeding- Two-third of the children received breastfeeding only after 1 day.
 - Initiation of Semisolids- 42% of the infants started receiving semisolids as late as 10 months or even later than that.
 - Duration of Partial Breastfeeding- 40% of the children, with a male bias, received partial breastfeeding

for more than 24 months.

4. Awareness and Knowledge levels of Mothers- regarding the importance of infant feeding practices were low and fragmentary.

Children in this area presented a gloomy picture of the prevalent chronic and acute undernourishment, both, because of the deprivation and errant feeding practices, with latter seeming to have made deep inroads into the psyche of the populace, getting transmitted from one generation without knowing the actual facts with discretion and understanding.

Reference-

Breastfeeding practices and mother-child nutritional and health status: A comparative study of low and middle socioeconomic population. Thesis by Ms Deeksha Sharma, for the degree of Doctor of Philosophy (Dept of Food Science and Nutrition), Faculty of Home Science, Banasthali Vidyapith, Rajasthan.



Deeksha presenting copy of the Thesis to Dr Arun Gupta

Resources

Website

- **www.bpni.org:** This is designed for parents, public, professionals, media and any other person interested in infant feeding issues to get information about various aspects of breastfeeding including technical information. It also gives information about the organisation, its areas of work and resources available. It has links with various other International Organisations working on infant feeding.

Books & Booklets

- **Protecting, Promoting and Supporting Breastfeeding - The Indian Experience:** This book is more than a documentation of the growth of the Indian movement to centrastage breastfeeding in national and international health policies, and restrain the infant food industry's unethical marketing practices. It also helps in understanding why breastfeeding is central to child survival, what undermines breastfeeding, and what can be done to prevent it. **Rs. 290**
- **Breastfeeding and Complementary Feeding: Guidelines for Doctors:** This book is prepared for doctors, the first line health professionals, to enable them to promote optimal infant feeding practices and dispel beliefs regarding infant feeding in the communities. They can use this book to update their knowledge and teach young students or counsel mothers. **Rs 150**
- **Breastfeeding & Complementary Feeding- Guidelines for Nutrition professionals:** This book is specially prepared for nutrition professionals to help them counsel mothers and teach students on optimal infant feeding practices. It helps to update their knowledge about infant feeding issues. **Rs 150**
- **Breastfeeding & Complementary Feeding- Guidelines for Nurses:** This book is specially prepared for nurses, to enable them to self learn and use this as a teaching tool about infant feeding. This will also help them to promote optimal infant feeding practices and dispel false beliefs of mothers regarding infant feeding. **Rs 150**
- **Breastfeeding and Complementary Feeding: A Guide for Parents.** Rs 25 (Hindi & English)
- **The Science of Infant Feeding:** A book on breastfeeding and infant feeding with scientific advances of 20th century (Published by Jaypee Brothers.) **Rs 450**
- **The Law to Protect, Promote and Support Breastfeeding:** A book of BPNI that explains the provisions of the IMS Act in a simple manner. **Rs 60** (Second edition 2004)
- **Maternity Home Practices & Breastfeeding** an ACASH (Mumbai) publication (English) **Rs 75**
- **Helping Mothers to Breastfeed** an ACASH (Mumbai) publication (in English) **Rs 125**

Information Sheets

- **Information Sheet 1 – Guidelines for Breastfeeding and Complementary Feeding: (ALL STATE SPECIFIC INDIAN LANGUAGES)** This four page document provides accurate information on infant feeding for people, women in particular, especially pregnant women and breastfeeding mothers, **Rs 3** (Minimum ORDER 100 COPIES)

Posters

- **Breastfeeding Posters:** 12" X 18" (Art Paper, four colour, sticker tape (in English and Hindi) **Rs 5**
- **Closeness and Warmth:** 15" X 20" Breastfeeding a Bliss. **Rs 10**

Video

Video Cassette

- **Maa Ka Pyar- Shishu Ahar:** This BPNI video covers early initiation, exclusive breastfeeding, how to breastfeed and complementary feeding, **Rs 250**

Video CD

- **Maa Ka Pyar –Shishu Ahar:** This BPNI CD covers early initiation, exclusive breastfeeding how to breastfeed and complementary feeding, **Rs 100** (Reduced Price)

- Note:**
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