Enhancing the value of maternity benefit scheme: Making breastfeeding counseling a specific "service", which is budgeted and coordinated in the plan.

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Enhancing the value of maternity benefit scheme: making breastfeeding counseling to be specific "service" which is budgeted and coordinated.

Importance of maternity protection and provision of benefits to women has been well understood both for improving the health and nutrition status of the women and children. It has been more recent that emphasis has been given in the policy. Government of India has declared 6 months maternity leave and 2 years of child care leave for all central government employees. Further, a comprehensive scheme is being formulated to provide cash transfers to other women who are not covered by this provision. The new scheme "Indira Gandhi Matrisahyog Yojana" has been under consideration ever since the mid- term assessment of 10th five-year plan. A basic objective was to support women with nutrition and enhance early infant nutrition and survival through protection and promotion of early breastfeeding within one hour and exclusive breastfeeding for the first six months in order to improve child health and development. Several working groups, task force reports of the planning commission and civil society groups have recommended that to achieve this keeping the baby and mother together for the six months of the baby is essential, and this should go together with promotion of optimal feeding of infants.

Importance of promotion of early and exclusive breastfeeding for the first six months for child survival

In India, more than 1.4 million infants die each year, these are out of 2 million under five deaths Universal coverage of starting breastfeeding within one hour can avert 22% newborn deaths. This numbers to about 250,000 newborn babies. Universal coverage of exclusive breastfeeding 0-6 months can cut down diarrhea deaths by 4.6 times, and pneumonia deaths by 2.5 times. This can cut 13% of all under five deaths, which numbers to around 350,000 deaths.

About 26-27 million births take place, 22% being low weight at birth. Early nutrition input is critical as most of under nutrition begins to accelerate within first few months and peaks by 18 months. More than 60 million children are affected and underweight by 5 years. Brain develops almost 70% during first year of life, and 90% by the end of second year, whatever happens during first 2 years has a bearing on the brain development of our society.

What is India's overall situation of early and exclusive breastfeeding for the first six months?

The status of optimal breastfeeding and complementary feeding practices is very dismal in India. On the tree indicators identified by the Government of India, and according to the NFHS-3, the initiation of breastfeeding within one hour of birth is only 24.5%. More recent data from the DLHS- 3 shows little improvement, which is encouraging; in initiation of breastfeeding is now about 40% from data of 534 districts. It varies from 4.2% to 93.3%. Important observation of the DLHS 3 data is that in 138 districts initiation of breastfeeding is between 0-29%, in 197 it is between 30-49%, in 194 it is between 50-89% and only in 5 districts it is above 90%.

According to the NFHS 3 exclusive breastfeeding up to the age of six months is only 46.3%. Looking at the DLHS data, it varies from 0.30% to 77%, varies substantially from state to state and district to district. Exclusive breastfeeding is between 0-11% in 112 districts, 12-49% in 373 districts, and 50-89% in 49 districts and there is not even one district with 90-100% exclusive breastfeeding.

Further analysis of age wise data also reveals that exclusive breastfeeding rapidly declines from first month to sixth month, and only about 20% children practice exclusive breastfeeding at six months, while a planning commission goal for 10^{th} plan was 80%.

Introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 55.8 %(NFHS 3), up from 35% in NFSH-2. More recently, the DLHS- 3 data reveals that introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 23.9%, means there is decline after a gain.

Most unfortunate part of feeding practices is that there is very little if any improvement over the past 2 decades, except in the rates initiation of breastfeeding showing worthwhile increase over past 3 years from 20 to 40%. Reasons are many, lack of programme support to women is the underlying factor as revealed by an assessment in 2008.

State of policy and programmes on breastfeeding and complementary feeding: the gaps

In the year 2008, the Public Health Resource Network (PHRN) and the Breastfeeding Promotion Network of India (BPNI), International Baby Food Action Network (IBFAN) Asia conducted a comprehensive assessment of the policy and programmes that support breastfeeding and complementary feeding. In fact they even compared 2008 assessment with similar work done in 2005 and found that India has not gained much or rather has lost ground on few. The assessment revealed that India has gaps in all areas of work required to achieve optimum infant and young child feeding practices. These areas included,

1. National Policy Program and Coordination
2. Baby Friendly Hospital Initiative
3. Implementation of the IMS Act
4. Maternity Protection
5. Health and Nutrition Care
6. Mother Support and Community Outreach
7. Information Support
8. Infant feeding and HIV
9. Infant feeding during Emergencies
10. Monitoring and Evaluation

General reasons of suboptimal feeding practices
Reasons for suboptimal breastfeeding are primarily lack of proper information to people, inadequate health care support, inability of the health care providers to help mothers experiencing breastfeeding difficulty, aggressive promotion of baby foods by the commercial industry and lack of proper support by the community and at work place.

What can we do?
Important element of action emerges here, to go for district level action plan to promote and support breastfeeding and optimal infant and young child feeding practices through coordinated and a budgeted activity addressing all the Ten areas given above. Combined with the implementation of the 'Indira Gandhi Matrisahyog Yojana'. Considering the reasons for poor feeding practices, one would not expect breastfeeding to improve without provision of counseling and support services.

Why to create a budget line for promotion of breastfeeding?
It has been the experience of many states that if they develop plans to protect, promote and support breastfeeding, they rarely get funding or the central sanctions or these are minimized to be effective. This gap has been there since long. The National Guidelines on Infant and Young Child Feeding were launched in 2004 and updated in 2006, however they remain a piece of paper for the people. The new guidelines of ICDS issued by the MWCD do take note of 0-6 months baby but this is not acknowledged in the budgets.

Government of India(both MOHFW and MWCD) has also adopted new WHO growth standards for children, and is planning to roll out. These are based on breastfeeding as a norm and action requires breastfeeding-counseling support as accompanying intervention, without which it would be meaningless as another piece of graphs. In fact a plan of action was drawn and national consensus was build around that but has not seen the light of the day. In the NRHM there is recognition of early and exclusive breastfeeding for the first six months, again budget line is not there. The Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, was amended in 2003, has not been implemented at all due lack of budgetary support. Commercial industry continues to aggressively promote baby foods through the health system. There is sufficient justification for provision of a budget line for this action.

Hon'ble Supreme Court Orders on Right to Food, for enhancing child nutrition call for support to every child of 0-6 year. The SNP allocation has been enhanced to Rupees 4 per child. The 0-6 months old baby does not need SNP but women need to be supported for optimal breastfeeding. A minimum allocation of four rupees per child per day should be made for nutrition support to children below the age of six months, in line with Supreme Court orders. This should be used to support exclusive breastfeeding and provided under a separate budget head.

How to enhance breastfeeding rates

Minimum essential programme(MEP) of services is required, that should include : all mothers should have nutrition and support, time, information, counseling by trained workers on optimal feeding, support by nutrition counsellors, and maternity benefits, home visits by health workers till 24 months, as well as work place support such as crèches.

It is yet to be understood how to promote and enhance breastfeeding. Building mothers' confidence is critical to establish good breastfeeding as flow of breastmilk is controlled by hormones and is depressed if mother in not confident or has anxiety or pain.

For this, skilled counselling support to mothers is required before birth, at birth and later, at many levels. All this should be treated as part of health care support and care workers need to be skill trained for at least 3 days. Other support should include maternity benefits, cash or leave, and at work support like crèches etc.

Evidence from India and other countries has been fully analysed by the Lancet in 2008, and a Cochrane review also tells us that counseling by trained workers is useful to enhance exclusive breastfeeding for the first six months rates. Further period of 6-12 months also requires a close watch and access to both breastfeeding and family foods. Complementary feeding is required after six months along with continued breastfeeding for two years of beyond. For enhancing complementary feeding, one should rely on basics, home available foods, which the family eats. Complementary feeding education and 'supplementary foods' for those who are in food insecure populations is required universally according to the latest scientific evidence.

Even if you provide full maternity benefits, it is unlikely that women will follow good exclusive breastfeeding practices, unless they are supported with accurate, unbiased information, counselling and support. Their confidence is so important for breastfeeding to succeed.

2 Recommendations:

1. Lalitpur Model: Worth scaling Up

In a district Lalitpur, in the UP, Medical College Gorakhpur with local administration and UNICEF, did a comprehensive effort to establish such a system by hiring about 50 girls and trained them to be trainers ,counsellors and to provide referral support . They in turn trained about 2200 village level workers (ASHA, AWW, TBAs, village women) who provided regular counselling to women and their families. Results have been very positive, exclusive breastfeeding for the first six months and complementary feeding have increased manifold. Observational data also suggests reduction in neonatal mortality by about 25-30 percent. They used training intervention with the *'3 in 1' Infant and Young Child feeding Counselling A training programme, (Integrated breastfeeding, complementary feeding and infant feeding & HIV counselling)* developed by the BPNI in partnership with several state governments. This training has also been used in many other states.

2. Muthulaxmi Maternity Benefit Scheme of Tamil Nadu is worth exploring

Tamil Nadu state implemented the Maternity benefit scheme with the similar intent, it would be useful to discuss the findings and lessons from that scheme to provide the programme managers with much needed feedback to be confident and successful in implementing the IGMSY.

Action Required

Provide budgetary support and coordinated approach

Funds are required for 5 actions considered essential to protect, promote and support breastfeeding.

a. To create capacity at block level: a network of frontline, village based family level counselors who are appropriately skilled and trained in breastfeeding and IYCF counseling.

b. To provide a nutrition counselor, trainer, for mentoring /supervisory/ referral support at 5-10 village cluster level.

c. To set up Crèches at work place.

d. To create state resource centers to support both ICDS and NRHM, which could work on IEC campaign development at local level. Theses centers should be responsible for organizing training and capacity development, supervision etc.

e. To provide for home visiting for counseling and promotion optimal feeding .

Estimated budget for creating capacity in one district to provide ongoing counseling support and establishing nutrition infrastructure

1. For training and capacity development: Rs. 23-25 Lakhs per district (based on a sanction for this work in 2 districts in the State of Punjab)

2. To appoint Nutrition Counselors: say 8 Women per block say about 50 women per district (based on the experience of successful pilot in Lalitpur, UP.) Women employed as Nutrition Counselors could supervise and provide training and referral support to frontline workers.

50 per district @Rs 5000 per month: 30 lakhs per annum

3. To establish State and district resource centers: Rs. 5 lac per block per year was thought over in the planning commission for promotion of breastfeeding and Rupees 1 Lac per block for coordination etc. This could be revived through setting up a state and national resource centre for breastfeeding and IYCF activities. State resource centre could be responsible for assisting in the implementing of the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution)

Act 1992 as amended in 2003, adaptation and translations of IEC and training materials,, organise training and local campaigns. These could be established in the medical colleges of the respective states in partnership with organizations notified in the gazette of IMS Act of the MWCD. Cost could be worked out after agreement in principle.

This is estimated to be 48 Lakhs per district per annum considering 8 blocks on average.

Planning Commission did it in 2007-08: The Planning commission had done an exercise for GBS to allocate 943 Crores for 11th five year plan.

Total for one district: Recurring 78 lakhs, and one time 25 lakhs. (103 Lakhs.)

Total Cost for the country:
One- time training cost : 150 Crores (30 Crores per year for 5 years)

For Nutrition Services: 468 Crores per annum including appointment of new nutrition counsellors.

4. For Setting up Crèches: Existing scheme of Crèches could be implemented with additional Anganwadi worker. Budgets should be worked out for this.

5. Home visiting incentives to frontline workers should be provided for at least 12-24 visits during first year of life. This budget could be worked out.

What are the befits of such an investment

In conclusion, to set up a nutrition infrastructure, which is the need of the hour, the activity to promote optimal feeding would save enormous costs of treatment of diarrhea, pneumonia, and newborn infections at least reduce them to half if not more, It will save the expenditure on family planning by ….
Apart from this benefits in terms of improving health and nutrition of mothers, and development outcomes for children would be quite significant.