

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

A plan to cover 90 districts during the 11<sup>th</sup> plan

**Note by:**

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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 the health of the mother and the baby. It has been more recent that emphasis has been given in the policy. Government of India has declared 6 months maternity leave for all central government employees. Further a comprehensive scheme is formulated for 90 districts to provide cash transfers to women who belong to poor income households. The scheme has been under consideration ever since the mid-term assessment of 10<sup>th</sup> plan took place. This was with a basic objective to enhance early infant nutrition and survival through protection and promotion of early breastfeeding within one hour and exclusive breastfeeding for the first six months. Several working groups of the planning commission and civil society groups have recommended in this direction in order to keep the baby and mother together for the six months of the baby.

### **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. 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.

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

The status of breastfeeding and complementary feeding practices is very dismal in India. 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 continue it by six months giving a real figure of exclusive breastfeeding.

Introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 55.8 %(NFHS 3). 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%.

**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 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.

### **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 work place.

### **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

### **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 the central sanctions or these are minimized to be effective. This gap has been there since long. 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 has also adopted new growth standards for children, which are based on breastfeeding as a norm. It requires counseling support as recommended by

the WHO. In the NRHM there is recognition of early and exclusive breastfeeding for the first six months, again budget line is not there. Exclusive breastfeeding for the first six months is included in the state wise indicators for monitoring. Further, the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 as amended in 2003, has not been implemented at all due lack of budgetary support. This 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.

It is yet to be understood how to promote breastfeeding. Building mothers' confidence is critical to establish good breastfeeding. 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. Even if you provide full maternity benefits, it is unlikely that mother will follow exclusive breastfeeding practices, unless they are supported with accurate information and counselling and support. Their confidence is so important for breastfeeding to succeed, is all where the focus is needed.

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 or beyond. For 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.

### **Opportunity of doing it now**

With the implementation of the IGMSY in 90 districts, it would be a perfect opportunity for action on this front. Thus, a budget provisions could be made to protect, promote and support breastfeeding for these 90 districts.

### **The Proposal**

Funds are required for 5 actions considered essential to protect, promote and support breastfeeding. 1. To create a network of frontline, village based family level counselors who are appropriately skilled and trained in breastfeeding and IYCF counseling. 2. To provide a mentoring /supervisory support/ referral support at a cluster level. 3. To set up Crèches at work place. 4. To create state resource centers to support both ICDS and NRHM, which could work on IEC campaign development at local level. 5. To provide for home visiting.

## **Estimated budget**

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

For 90 Districts: 20.7 Crores (ONE TIME COST)

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.

For 90 districts: 4500 Women: @Rs 5000 per month: 27 Crores per annum

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

4. State 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, 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.

**For 90 Districts:** Say about 720 blocks. Rs. 43.2 Crores per annum.

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.

**Estimated cost for 2 years:**

**153.9 Crores. (to include other costs such as home visiting)**