

## **Concept note on state advocacy for enhancing breastfeeding and rapidly improve child survival**

### **Introduction:**

Optimal infant and young child feeding practices (IYCF) remain very critical to child care, nutrition and development. These, include early initiation of breastfeeding and exclusive breastfeeding for the first six months of life, and beyond six months, timely and age-appropriate (in terms of quality and quantity) complementary feeding of children, with continued breastfeeding up to two years of age.

The 12th five year plan<sup>1</sup> beginning 2012 has made a clear reference to improving Optimal Infant and Young Child Feeding Practices especially exclusive breastfeeding for the first six months, continued breastfeeding for 2 years or beyond, and timely and appropriate complementary feeding after six months along with continued breastfeeding.

The Ministry of Health Guidelines<sup>2</sup> on Enhancing optimal infant and young child feeding practices through the health system released in 2013 reiterates the commitment to improving child nutrition. It provides the state with guidance on the steps that are to be taken towards the promotion of optimal infant and young child feeding through the health system and making the necessary provisions to deliver these services by setting up IYCF counseling centers with trained personnel.

With the strengthening and restructuring of ICDS and the implementation of the ICDS scheme in the mission mode<sup>3</sup> has been timely. Wherein under the mission mode the programme would ensure holistic - physical, psychosocial, cognitive and emotional - development of young children under 6 years of age in a nurturing, protective, child friendly and gender sensitive family, community, programme and

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<sup>1</sup> The Twelfth Five Year Plan(2012-2017),Planning Commission of India

<sup>2</sup> Enhancing Optimal Infant and Young Child Feeding Practices’ ; Nation Rural Health Mission (NRHM) guidelines 2013 ;Ministry of Health and Family Welfare; Government of India

<sup>3</sup> ICDS MISSION: The Broad Framework For Implementation, MOWCD, GOI

policy environments. The infant and young child feeding promotion and counseling has been included as a service.

Thus improving IYCF practices requires effective implementation of the Global strategy for IYCF and National Guidelines on IYCF, Government of India, which requires increased commitment of governments and others. These may be reflected in government planning and policy documents emphasizing infant and young child feeding interventions. Thus there is a need to discuss how to strengthen IYCF and to identify gaps and give recommendations.

### **Situation Analysis:**

The National Nutrition Policy advocates a comprehensive inter-sectoral strategy for alleviating the multifaceted problem of under nutrition and achieving an optimal state of nutrition for all sections of society. However, the available data from NFHS- 3<sup>4</sup>, clearly indicates that in India, initiation of breastfeeding within one hour is 23% exclusive breastfeeding among infants in the age group of 0-5 months is only 46% and timely introduction of complementary foods is 55% in the age group of 6-9 months with substantial interstate disparities and regional variations. The district level health and facility survey (DLHS 3)<sup>5</sup> have shown improvement in initiation of breastfeeding (40.5%) but exclusive breastfeeding has not improved at all. Steps taken for the protection and promotion of the practice of breastfeeding include enactment of the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 and a National Guidelines on infant and young child feeding.

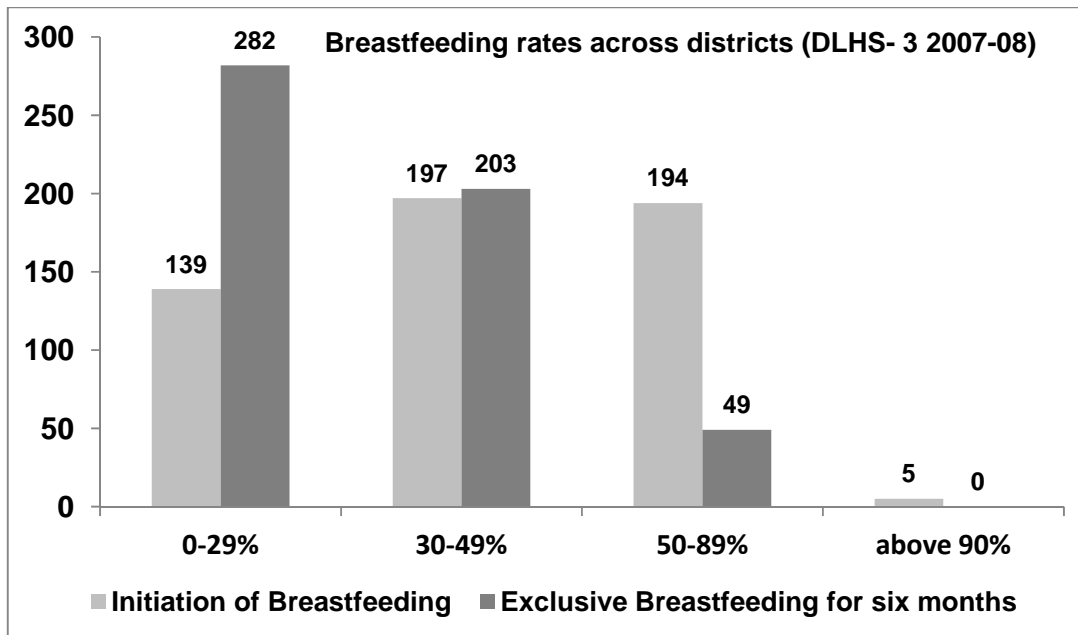
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<sup>4</sup> National Family Health Survey 2005-06, Government of India.

<sup>5</sup> District Level Household and Facility Survey 2007-08. Government of India.

## What needs to be done?

Rates of exclusive breastfeeding for six months have not improved much over the past two decades since India began measuring them. There is also a wide variation amongst districts in India, with several districts showing very poor rates, as evident from figure below:



Thus there is a need to have advocacy efforts and action at the state level for IYCF practices to improve. To initiate action, focused and effective advocacy is needed.

For advocacy efforts at state level, BPNI intends to identify resource persons and build their capacity to undertake advocacy at state and district level.

For this, the following action will be undertaken:

Activities	Possible Dates
Identify human resource (one coordinator for each state)	By 7 <sup>th</sup> April 2013
Capacity building of the identified HR in advocacy. For this BPNI has planned to organize a National advocacy workshop to discuss how to organize the state advocacy workshop, budgeting and the logistics etc.	25 <sup>th</sup> to 27 <sup>th</sup> April 2013 at Delhi

<p>The state advocacy meeting shall be organized at the state capital and invite the state level government departments, the media, other stakeholders like NGO's to endorse the recommendations. The technical support, relevant documents and funding would be provided by BPNI. Outcomes would be state plans for next three years. After state workshop, facilitate meeting with state govt., ICDS and NRHM</p>	<p>Between May to September 2013</p>
<p>Media event/activity during World Breastfeeding Week in to showcase and highlight the theme of WBW 2013 "Breastfeeding Support: Close to mothers". It also needs the translation of the action folder in local language, printing and dissemination to stakeholders.</p>	<p>1<sup>st</sup> to 7<sup>th</sup> August 2013</p>
<p>Cost of organizing the advocacy event and other related outputs: (funded by BPNI)</p> <p>State Coordinator/Representative (to organize and coordinate the event, to maintain liason with the government and other groups for continued advocacy) @ 10,000/- per month for 10 months</p> <p>Event Cost @ 2,00,000/-</p> <p>Translation, Printing and Dissemination (1000 nos.) @ 20,000/-</p> <p>Misc. (travel, administrative cost etc.) @ 30,000/-</p>	<p>Around 3,50,000/- (rough estimate-subject to change as per the state)</p>

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