Centre-staging infant nutrition for infant survival and development
A Joint Statement on Infant and Young Child Feeding

Planning Commission, Government of India, 29-12-2006

Dr Arun Gupta MD FIAP
National Coordinator BPNI,
Regional coordinator IBFAN Asia Pacific
on behalf of 16 partner organizations

Outline

- Objectives
- Role of optimal breastfeeding in infant survival and development
- Criticality of infancy and feeding practices
- Current status in 11th plan, programmes
- Global and national consensus for action and research support
- What India can do?
- Summary and Conclusions
Objectives

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Objectives

- To seek center-staging infant nutrition and survival with a focus on early and exclusive breastfeeding in the 11th plan [document]
- To share how focus on infant nutrition, enhancing exclusive breastfeeding can help rapid achievement of 11th plan goals and MDG-4 on infant and child survival.
- To present ‘Joint statement on infant and young child feeding’ adopted by 16 organisations because of a serious concern that action is needed, and that too on a universal scale.
- To discuss action points and seek commitments from the planning commission
Optimal Infant and Young Child Feeding

- Starting breastfeeding within one hour of birth
- Exclusive breastfeeding for the first six months
- Introducing appropriate and adequate complementary feeding after 6 months along with continued breastfeeding for two years or beyond

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Risk of neonatal mortality according to time of initiation of breastfeeding

- With in 1 hour: 0.7
- From 1 hour to end of day 1: 1.2
- Day 2: 2.3
- Day 3: 2.6
- After day 3: 4.2

Six times more risk of death

The First Hour Magic

- Only 32% women begin breastfeeding within one hour in 22 states as per NFHS 3

Pediatrics 2006: This effect is independent of exclusive breastfeeding and new estimates even say reduction could be 31%

Dr. Arun Gupta

12/28/2006
Lancet; 2003 U-5 child deaths (%) saved with key interventions in India

- Oral rehydration therapy: 15%
- Antibiotics for pneumonia: 6%
- Newborn resuscitation: 4%
- Breastfeeding: 15%
- Complementary Feeding: 6%
- Clean delivery: 4%
- Water, sanitation, hygiene: 3%
- Vitamin A: 2%
- Measles vaccine: 1%

Breastfeeding enhances brain development

- Brain develops in first two years the most
- Enhances IQ,
- Visual acuity,
- Mathematical abilities and analytical capacity
- India's national IQ and intellectual capacity, brain power, international competitiveness

11th Plan Objective: Child Nurture: Starting Right
Breastfeeding provides a head-start
Breastfeeding and poverty reduction

- Rs 450 : 3 month old for artificial feeding
  (EPW 1993 Jon Rohde and Gupta A)
- Spending on artificial feeding and resultant sickness perpetuates poverty
- Rural area need revitalization and protection

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First year is critical!

Malnutrition strikes the most in infancy beginning in 3-4th month, 11-12% at 0-6 months reaches 37% at 12 months, peaks by 23 months, then flat.

Underweight (-2sd) NFHS-2
Over 60 million

Child deaths U-5 (Lancet 2003
16 Lacs during first year and 8 lacs during next 4 years

Deficits in nutrition inputs
First Six months

1 2 3 4 5 6

Exclusive breastfeeding

Lot of other foods and fluids displace breastmilk

3.6 lacs (15%)

Of 24 lacs U-5 deaths
Deficits in nutrition inputs
7-12 months

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Complementary feeding

Objectives
- Role of optimal breastfeeding in infant survival and development
- Criticality of infancy and feeding practices
- Current status, 11th plan and programme response
- Global and national consensus
- What India can do?
- Conclusions
Three Major Killers in India

Breastfeeding is the No. 1 preventive intervention compared to any other intervention. Lancet Series on child survival, and now on newborn survival: 2003 and 2004.

Status of infant Health Nutrition and Development (NFHS-3)
Infant Mortality Rates (NFHS-3) – 22 states

Programme response in infancy

1  2  3  4  5  6  7  8  9  10  11  12

CHILD HEALTH in RCH: IMNCI Curative care dominating (treating diarrhea, pneumonia, malaria etc)

Malnutrition accelerates here

Babies die here

Breastfeeding is everyone’s yet no one’s responsibility

Vaccines and Micronutrients

NRHM

ICDS

FOOD SOPS

11-12%

37%

50%
Monitorable Socio-Economic Targets of the 11th Plan
(APPRAOCH PAPER NOV 2006)

- Reduce malnutrition among children of age group 0-3 to half its present level.
- Reduce infant mortality rate (IMR) to 28 and maternal mortality ratio (MMR) to 1 per thousand.
- It can be achieved if we bring down the malnutrition at 6 and 12 months.

Key initiatives

- IMS Act 1992
- BFHI 1993, revitalized order in 2001 still in the office
- National Breastfeeding Committee 1997
- National Breastfeeding Partnership (Announced in 2004 at World Health Assembly (WHA and on website)

But these are just documents, and ........ACTION is pending
Our response in States

- **10th plan goals**: Hardly taken note of MOH/WCD/or in States
- If they are motivated to look at it takes ages and then they look for capacity and funds

**These funds don’t exist**
- MP asked for 8 Crores: received about 85 lacs due to March 31 syndrome,
- UP-2.5 corers, sanctioned 25 lacs
- Haryana: Developed Infant and Young Child Feeding scheme in State plan: 1.5 crore
- Punjab, Uttanchal struggling

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Glaring gaps in policy and programmes of IYCF

- That’s the reasons why NFHS 3 does not show very encouraging results
- All 10 areas of action need to be acted upon
- India’s 6th position in South Asia puts us to shame
17 Distt. Survey in Haryana and Uttaranchal: 2006

Percentage of Exclusive BF 0-6 months
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A unique national consensus

Joint Statement on Infant and Young Child Feeding

Optimal Infant Nutrition, Survival and Development
Global Strategy for Infant and Young Child Feeding
A Unique consensus: WHA and UNICEF Executive board in 2002

- Rights based
- Calls for a plan with adequate resources
- Poverty reduction

12/28/2006
Dr. Arun Gupta

- Focus infant and young child nutrition 0-2 years
- Preventive interventions at family level
- Fundamental first step for poverty reduction
- "Breastfeeding education" as service

Call for Action adopted at WHA 2006
FEASIBILITY: The impact of community interventions: Improving infant feeding in rural Haryana, India

- Similar results are there in Bangladesh, Ghana, Bolivia, Madagascar.
- IMR lowered by 32% with Exclusive breastfeeding going up from 39 to 70%.


What works? Breastfeeding education

- Good Information and skillful counseling (pregnancy, birth and later)
- Assistance at birth and later
- Answers to mothers questions
- ‘Counsel’ and help to prevent sore nipples, engorgement, and solve these if they arise (helps reduce HIV transmission)
- ‘Counseling’ on complementary feeding
- Counseling on feeding options for HIV IF

Breastfeeding [IYCF] Support Centers at CLUSTER and block level in NRHM
Objectives
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Action points
- Declare a national priority on infant nutrition and survival in the 11th plan recognising nutrition inputs as core intervention to rapidly lower INFANT MORTALITY RATE (IMR).
- Include enhancing exclusive breastfeeding rates as a core strategy in the 11th plan approach paper under the essential public services.
- Recognise breastfeeding as infant’s right to food. (beginning with in first hour of birth, and exclusive breastfeeding for the first six months)
Action Points

2. Give High level attention at national level
   Create a nodal mechanism, a national Apex Body or Commission (FOCUS Report 2006) independent and in planning commission.

1. Integration
2. Think tank
3. Technical guidance and serve as an authority on nutrition inputs and formally strengthen the nutrition expertise
4. Monitor the implementation
5. Serve as a umbrella for all stakeholders
6. Coordinate the entire IYCF efforts in the country,
7. Oversee the activity of the National Breastfeeding [IYCF] Committee
8. Advise the Planning Commission
   - Setting national goals
   - Resource allocation.
   - Strengthen national nutrition expertise

Action points

3. Ensure adequate budget allocation on infant nutrition i.e. breastfeeding education services.
   - Awareness, capacity building, community mobilization, empowering communities for all Rs 535 per child born,
   - Maternity benefits for poor (Rs 1000 pm for six months as in TNCA scheme)
Action Points

4. Other actions

a. National consultation such as for infrastructure etc.

b. A child survival countdown every 2 years

c. Activating the National Breastfeeding Committee, and

   MOHFW on BFHI in health facilities

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Summary

- Sufficient evidence to call for universalizing exclusive breastfeeding for rapid reduction of infant mortality and optimal brain development of children, and poverty reduction.
- Infancy is the critical period to act.
- Current programme response not very helpful and breastfeeding slips...lots of gaps.
- States ask for money to do.....
- National and global consensus for action including economic arguments.
- Feasible.
- We know what works need to scale up.
- 3 Action points for India.

11th plan intends to seek most practical and feasible way to reach out 0-3, reach INFANTS with SHARP FOCUS on nutrition inputs in any programme we run.

What will we gain?

- Enhancing India's national IQ and overall child and human development compete with CHINA, Knowledge economy, enhanced international competitiveness.
- Focus report (Dec 19, 2006) recommendations put in practice.
- Women and children's rights fulfilled.
- Improved delivery of essential public services (breastfeeding education services) and contribute to poverty reduction.
- Reduced financial load on health care costs and IMNCI programme.
- India to achieve child survival targets and MDG-4 rapidly.
- Cost-efficient insurance for child health.
- Countering the market of baby foods that undermine breastfeeding in global market economy.
Conclusions

- Listen to the voice of infants of India
- 11th plan approach paper should centre-stage infant nutrition
- 3 action points
- Ensure adequate budgets earmarked in 11th plan

We, the partners are with you!

“If we don’t stand up for children, then we don’t stand for much”

Marian W Edelman

11th plan is at arms length, ensure INFANTS’ RIGHT TO FOOD AND SURVIVAL
Make breastfeeding visible, and more widely available!!

The First Lady of Timor Leste at 7th Ministerial Consultation on Children

Thank you