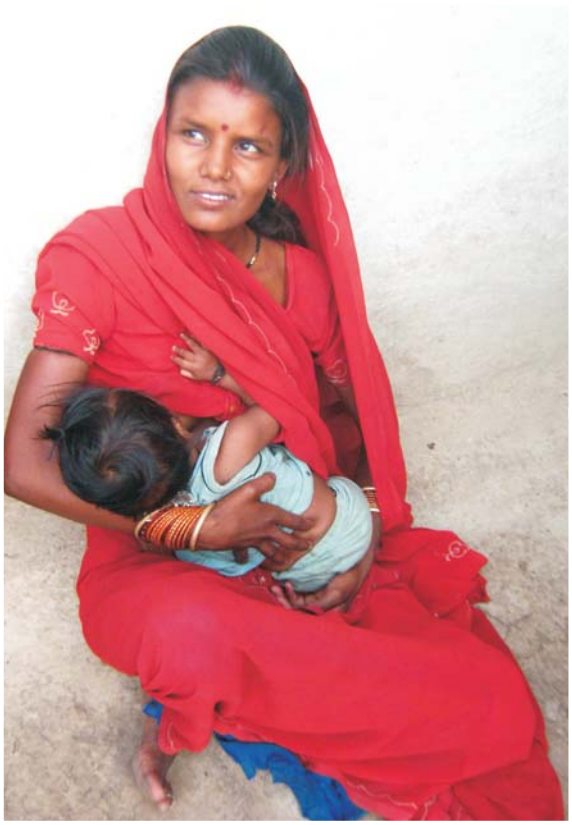
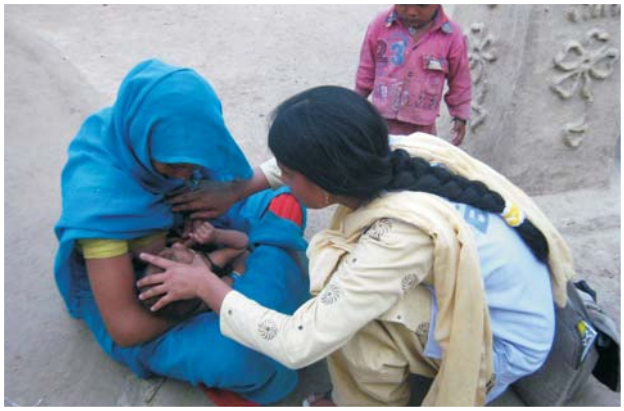
National Consultation to Develop a Plan of Action





Resource Requirements for Enhancing Rates of Breastfeeding & Infant and Young Child Feeding in the 12th Plan

(23-24 July, 2011, Barog, Himachal Pradesh)

A Report

Organized by: **Breastfeeding Promotion Network of India (BPNI)**

Supported by: **Planning Commission, Government of India**

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Contents

Acronyms

BPNI	Breastfeeding Promotion Network of India (BPNI)
IYCF	Infant and young child feeding
ICDS	Integrated Child Development Services
WCD	Women and Child Development
IGMSY	Indira Gandhi Matritva Sahyog Yojana Scheme
RCH	Reproductive and child health
NRHM	National Rural Health Mission
SNP	Supplementary Nutrition Programme
IMS Act	Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003
MIS	Monitoring Information Systems
AWCs	Anganwadi Centres
WBW	World Breastfeeding Week
NNP	National Nutrition Policy
WHO	World Health Organization
UNICEF	United Nations Children's Fund
NFHS	National Family Health Survey
DLHS	District Level Household & Facility Survey
IBFAN	International Baby Food Action Network
WBTi	World Breastfeeding Trends Initiative
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwife
IMR	Infant mortality rate
CMR	Child mortality rate
UCMS	University College of Medical Sciences
GTB	Guru Teg Bahadur
AWW	Anganwadi worker
FOGSI	The Federation of Obstetric and Gynaecological Societies of India
VIPP	Visualisation In Participatory Programmes
MoWCD	Ministry of Women and Child Development
MoHFW	Ministry of Health and Family Welfare
DCNO	District Child Nutrition Officer
NGO	Non-governmental organization
CDPO	Child Development Project Officer
PIP	Programme implementation plan
TOR	Terms of Reference
DM/DC	District Magistrate / District Collector

Acknowledgements

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Our special thanks to Dr.(Ms.) Syeda Hameed for her guidance, ongoing support and trust in us to carry forward the issue of infant and young child feeding.

BPNI wishes to thank all the participants of the consultative meeting for their constructive inputs during the proceedings and afterwards for their valuable suggestions to prepare this report.

We are deeply indebted to our international partner Swedish International Development Agency (Sida) for supporting this event through a partner driven cooperation project.

We sincerely acknowledge the contribution of all the resource persons for their untiring efforts to enrich the proceedings.

We hope that BPNI lived up to the expectations of the Planning Commission of India!

BPNI Team

A Report

National Consultation to Develop a Plan of Action

Resource Requirements for Enhancing Rates of Breastfeeding & Infant and Young Child Feeding in the 12th Plan

Executive Summary

The Breastfeeding Promotion Network of India with the support of the Planning Commission Government of India organised a National consultation to develop a plan of action and budgetary note for enhancing breastfeeding and infant and young child feeding (IYCF) practices in 12th Plan, in Barog, Himachal Pradesh, on 23-24 July 2011.

The consultation was organised with the following objectives:

1. To share the experience of imparting IYCF counseling skills to health workers/ICDS field functionaries of UP & Punjab.
2. To discuss in depth how this was achieved with convergence, capacity building and addressing additional human resources for the existing health and ICDS, Child care systems, panchayat and community based institutions.
3. To develop a plan to implement project at block/district/state level, with estimated resource requirements and budget
4. To propose policy development interventions.

Following were the expected outputs of this consultation.

1. Plan of action on enhancing practice of infant and young child feeding
2. A note for resource requirements of the plan.

Given that undernutrition and morbidity and mortality among infants is very high in India, and optimal infant and young child feeding practices can contribute a lot to prevent and reduce this and accelerate the progress to achieve the goals for reducing infant mortality, a need has been identified to enhance optimal IYCF practices especially early and exclusive breastfeeding for the first six months of life. The group of participants from various states, representing both Ministries of health and WCD, BPNI, Planning Commission, academic and professional experts, practitioners met in Barog, HP and discussed ways and means to enhance the rates of optimal infant and young child feeding practices. They worked through two days after having shared models from Andhra Pradesh, UP, and Punjab. Haryana presented a model to be developed for this purpose. Issues related to maternity protection and infant care including IGMSY and Crèche schemes were presented. Discussions revolved around key strategies of protection, promotion of breastfeeding and the need to support these strategies through coordination, training and capacity development, social mobilization and communication, research, education and information management. Budget estimates were prepared for each of the priority areas of establishing coordination, IYCF resource centers up till the block level, including costs of additional human resources, cascade training to ensure adequate capacity building of field - functionaries, campaigns, implementing the IMS Act and research etc. The participants also provided ideas for policy development during for the 12th Five-year plan.

The group recommended that the following actions be taken on a priority basis through a

coordinated time-bound action plan that has dedicated financial and human resources.

1. Create a dedicated budget line in the 12th Plan for both ICDS and RCH/NRHM for enhancing rates of optimal breastfeeding and infant and young child feeding practices. This could be at least equivalent to SNP allocation/₹ 4 per infant 0-6 months.
2. Upgrade the existing National Guidelines on infant and young child feeding into a 'policy' having a plan and budgetary provision.
3. Develop IYCF resource centers upto the block level, beginning with National, States, and the districts so that it can create an institutional mechanism with active engagement of professional network etc. The national/state resource centers could help build the capacity of each state for skills training, provide guidance, and facilitate training, monitoring and supervision.
4. Engage additional human resources at block and at the cluster of 5-10 villages to act as mentors/trainers and referral support centers.
5. Provide specialised training on infant and young child feeding counseling and monitoring and promotion of young child growth and development (using new WHO Child Growth Standards and Mother Child Protection Card package Based on existing WHO modules) to both health and nutrition care workers at family level, through trainers at block level as in Punjab.
6. Provide budgetary support to following activities:
    a. Implementing the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003,*
    b. Research.
7. Continue the existing IGMSY scheme with aim towards universalisation in 12th Plan and with less conditionality, especially the cut off age of 19 years, as this will eliminate more than half of women.
8. Create crèche facilities all over the rural and urban areas as most women work outside home in the unorganized sector. A generic plan was created for block level implementation.
9. Make infant and young child feeding counseling as "service" and linked to growth monitoring which should be made simple, functional exercise by taking "early faltering" as a sign of emergency and not allowing those babies to slip to next level.
10. Include breastfeeding indicators in routine monitoring in MIS and as indicators to achieve child survival. Programme should be monitored at a high level in States and Center.
11. Include right to food for infants and young children in upcoming Food Security Bill.
12. Create a mechanism to prevent, identify, and manage conflicts of interests in the area of infant and young child nutrition.
13. Launch communication campaigns at block level, locally and culturally acceptable and in local language.
14. Promote local kitchens at village and AWCs for preparation of complementary foods.

Budget Estimates and Activities

1. **Ensuring IYCF and breastfeeding counseling services and support at family level.**

    2a. Estimated Budget for one time training of frontline workers: ₹ 357 Crores for ~21 Lac workers @ ₹ 1702 per worker, duration 4 days including training kit and materials,

communication guides, allowances, travel. (About 70 Crore each year for five years, one time cost.

2b. Estimated Budget for refresher training: ₹12.25 Crore per annum @ ₹ 20,000 per 6129 blocks.

2. **Ensuring supervision and monitoring on IYCF at block level through preparation of Middle Level Trainers**

2a. Estimated Budget for preparing of middle level trainers: ₹58.60 Crores (One time training cost)

2b. Estimated Budget for new appointments: ₹277 Crores per annum

3. **Establishing local IEC campaigns at block level**

3a. Estimated budget: @ ₹5 Lac per block, 6129 Blocks. ₹306.45 Crores per annum.

4. **Establishing Resource centers at State and District.**

4a. Estimated budget 36 State centre @ ₹54.64 Lac: ₹19.67 Crores per annum

4b. Estimated budget 616 District Centre @ ₹10.6 Lac: ₹65.3 Crore per annum

5. **Establishing a national resource centre and coordination mechanism**

5a. Estimated budget: ₹5.2 Crore per annum, (includes salaries, admin costs and programme related costs like advocacy, travel, networking, research, WBW, capacity building for trainers on IYCF counseling and Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act).

6. **Implementing the IMS Act**

@ ₹ 1 Lac per annum per district: ₹6.16 Crores

7. **Conducting ongoing research both qualitative and quantitative**

₹ 25 Lac per state could be allocated for this work. The State centre could be responsible for this work. : ₹8.75 Crores

8. **Universalising IGMSY.** Considering ₹1000 Crore for 52 districts, significant enhancements need to be done to universalise this IGMSY scheme after lessons are learnt from first phase.

9. **Crèches**: Budgetary provisions for crèches need to be done to provide care to infants and young children.

The Report

Background

The Prime Ministers' Council on India's Nutrition Challenges recommends that the country should focus on infants and young children under two years in order to tackle the menace of child malnutrition effectively. Much of nutrition under 2 is through breastfeeding and timely and appropriate complementary feeding after six months along with continued breastfeeding practices, therefore, the logical way of doing this is to make IYCF a focus area of attention very systematically. In this regard, the Mid Term Assessment of 11th Plan makes an important observation; *"…The single-most important factor that could reduce malnutrition and mortality is, perhaps, early and exclusive breastfeeding, which has not received sufficient attention since there is no budget attached to it and no physical monitorable indicators for it…."*

To fulfill the unfinished agenda and the vision of the PM's council, clear policy support is there but has not been implemented due to lack of coordination, resources both human and financial, and the understanding of how to do it. The National Plan of Action on Nutrition (NPAN) and the National Nutrition Policy (NNP) 1995 clearly recognise the need for providing lactation help. Activities under the plan included inter alia "…*Ensuring that health care providers received high quality training in breastfeeding and appropriate complementary feeding practices, Lactation management etc., using updated training material and techniques….".* The National Guidelines on Infant and Young Child Feeding were launched in 2004 and updated in 2006, call for resource mobilization in this area and implementation of these needs to be reflected in budgets. The Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, was amended in 2003, ensures regulation of marketing practices of baby food manufactures as well accurate unbiased information to people. India has adopted the new WHO growth standards, which provide "how a child should grow". Based on this, a common mother and child protection card has been adopted by Government of India. Incidentally the basis of the growth standards is a WHO Growth Reference study, which included data from India, and had 'breastfed child' as the norm. To enhance optimal breastfeeding rates, this WHO study used the services of lactation counselors who were given specialised 5- day (40-hour) WHO/UNICEF breastfeeding counseling training course.

Importance of Enhancing Optimal Infant and Young Child Feeding Practices in India

More than 40 million children under 3 are underweight in India. Undernutrition, which increases very sharply in the first few months of life till about 18 months, and this, is related to more than one third of infant and young child mortality. According to the WHO's Global Strategy for infant and young child feeding, around two thirds of undernutrition-related deaths are linked to inappropriate infant feeding practices. Around 2/3rd of the mortality in children under 5 years occurs during infancy, and 2/3rd of infant mortality is constituted by neonatal mortality, highlighting the urgency for early preventive action before the baby is born and during first months of life. The current scientific evidence clearly provides the role of enhancing optimal infant and young child feeding practices on infant health, nutrition, survival and development as well as on adult health outcomes like obesity, diabetes and hypertension in general and mother's health in particular. According to available data 22% of all newborn deaths can be averted, if initiation of

breastfeeding becomes a universal practice within one hour of birth. In India, 16% of all under-five child deaths can be averted if exclusive breastfeeding for the first six months of life becomes a universal practice. Additionally, 6% of all child deaths can be averted with universal practice of good complementary feeding.

State of Infant and Young Child Feeding Practices

Annually about 26 million babies are delivered in India. According to national data of NFHS- 3, 20 million are not able to receive exclusive breastfeeding for the first six months and about 13 million do not get good timely and appropriate complementary feeding after six months along with continued breastfeeding Unfortunately, exclusive breastfeeding for the first six months has not shown any rise over the past two decades since we began measuring them. 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 little 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 percent, in 197 districts it is between 30-49%, in 194 it is between 50-89% and only in 5 districts it is above 90%. This means a lot of work needs to be done before developing the action plans. Similarly exclusive breastfeeding up to the age of six months is only 46.3% as per NFHS-3. Further analysis of age wise data of NFHS -3, also reveals that exclusive breastfeeding rapidly declines from first month to sixth month, and only about 20% children continue it upto six months giving the real figure of exclusive breastfeeding. 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. Introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 55.8 % as per NFHS -3. All these data shows how well coordinated work needs to be done if meaningful rise of feeding practices is to be achieved.

Gaps in Policy and Programme on IYCF

The International Baby Food Action Network (IBFAN) Asia's World Breastfeeding Trends Initiative (WBTi) report of India's policy and programmes on IYCF reveals that India was found wanting in almost all the 'ten' areas of action, related to policy and programme to support breastfeeding and IYCF. Enhancing optimal breastfeeding and IYCF rates would therefore require concrete action to bridge the gaps in both policy and programme. Despite several programmes that claim to promote optimal feeding practices India has not shown rise in breastfeeding rates. Major reason is that these programmes perhaps did not set an objective that was clear. Apart from communicating some messages that too in an ad hoc manner, not much has been done for other strategies to enhance IYCF rates.

Proceedings

Following sessions were conducted during two days.

Session 1: Dr JP Dadhich explained the objectives of the two day workshop and participants introduced themselves.

Session 2. How to Enhance Infant and Young Child Feeding Practices

Dr. Arun Gupta of BPNI presented that it is possible to enhance these practices only through systematic efforts and coordinated approaches. Enhancing the optimal infant feeding practices requires multiple strategies working simultaneously. These include 3 main strategies protection, promotion, support, and 4 support strategies i.e. coordination, information management, research and education & training. First three: protection, promotion and support are the bottom line and others are important as well.

After having presented and initiated discussion on key recommendations, following issues emerged:

- Policy on IYCF (convert the guidelines into policy)
- Infant and young child feeding counseling as a "service" guarantee for ALL mothers and children(prenatal, natal and first 2 years)
- 'Additional 'HR' is needed to provide this service both at facility level and at family level.
- Coordination
- Architectural assistance to hospitals to be mother and breastfeeding friendly
- Focus on first month of life
- Strengthen medical/Nursing education about IYCF
- Policy decisions: IYCF counseling centers in facility and Network of trained workers at family level,
- Operational plans to roll out and scaled up with a budget set aside,
- Guidance to States on HOW to do it.
- Establish coordination mechanisms at state and district level.

Session 3: Implementing IYCF Programmes –Focus on How to Implement and Provision of Funds

3a. The Lalitpur Experience to Enhance Rates of Breastfeeding /IYCF

Dr JP Dadhich presented this on behalf of Dr KP Kushwaha, Principal BRD Medical College Gorakhpur, UP. He showed detailed action plans working in the district of Lalitpur since 2006. Key area of strength was additional human resources posted at block level and a specialised training given to them. All frontline workers at family level were trained by these block level trainers (Middle Level Trainers) over a three-day period. They in fact provided continuous

supervising and referral support, helped mothers with difficulties etc. The project is still going on and average cost of project is about ₹50 Lacs per annum to cover the cost of additional workers at block level. This led to enhancing the rates of breastfeeding and timely, appropriate complementary feeding after six months along with continued breastfeeding.

3b: Punjab Experience of IYCF training in 10 Districts.

Dr Meenu Lakhapal, presented their 2009-2010 experience of imparting IYCF training. They showed how systematically they could take this project first in 2 districts and then in 8 districts leading to training of more than 700 middle level trainers (doctors and nurses) and 12000 health workers (ASHA and ANMs).Training was imparted in partnership with BPNI and emphasis was laid on supervision of training sessions. Evaluation of early 2 districts revealed positive results and internal feedback also shows positive feedback. Total cost of training in 10 districts came out as ₹ 180 Lacs.

3c. Andhra Pradesh Experience

Given the high IMR/CMR, WCD ministry of AP involved involving other partners and developed a plan to impart skilled training on IYCF to all its workers. They translated the BPNI training course into local language and trained more than 200 Middle level trainers and 12 national level trainers on infant and young child feeding in partnership with BPNI. AP is now planning to involve people in a decentralised manner and take on whole state to impart IYCF training to its workers keeping a baseline survey and endline survey in mind to see the impact of training and counseling thus provided.

Lessons learnt: The UP project demonstrates clearly that additional human and financial resources are required at the cluster level. They need specialised training in infant and young child feeding counseling and lactation support. Punjab project shows it is feasible to do this within NRHM, and at the scale of 10 districts or more semantically. Growth monitoring could be included. They found it difficult to convince the key administrators to impart this training as they felt breastfeeding comes naturally. All three projects find difficulty to identify funds and recommend that there should be a dedicated budget for this activity. These projects show us the value of coordination, training, and evaluation. The group felt that setting up IYCF resource centre at national, state and district level, can be a sufficient arrangement to provide technical support and coordination. State resource canters could take care of research, local context and translations, addition of new areas like growth monitoring, linkages and convergence, and updating etc. Block level structure could take on growth monitoring of each child as a major task and weighing machines should thus be there. District IYCF coordinator can bring convergence as a

real thing and provide support in having state/district level monitoring and evaluation cells. Block level structure could take on growth monitoring of each child as a major task and weighing machines should thus be there

Session 4. Implementing IYCF Programmes –Focus on How to Implement and Provide Funds

4a. Haryana Plans

Dr Krishan Kumar and Dr Suresh Dalpath of Directorate of Health Services, Government of Haryana presented their future plan to appoint additional human resources at 3 district hospitals (Ambala, Panchkula and Faridabad) where there is maximum delivery load. These women will be called "Yashodhas" and they will be in 8-hour shift, and paid an honorarium of Rupees 3000 PM. They will be responsible for infant and young child feeding counseling, support and new born care, weight at birth and immunization. They will be supervised.

This is in line with a broad recommendation of new human resources requirement in the health facility to support IYCF. The participants recommended that these women should be trained as IYCF counseling specialists with the training developed by BPNI.

4b. IGMSY and Crèches

Dr Anita Gupta, Chief Medical Officer of UCMS and GTB hospital presented these two issues and explained the new IGMSY scheme as well existing Crèche schemes, i.e. Rajiv Gandhi Crèche scheme and the models developed by Mobile Crèches for construction workers. She showed that 56% women in India deliver before the age of 18 years and therefore questioned the wisdom of having 19 years as a cut off age. The group appreciated that the scheme recognises IYCF counseling as well as growth monitoring. The group also strongly recommended that proper training for both should be provided in order to achieve any positive results. Another point that group felt was the wages, and recommended that Minimum wages should be paid to women who are in this scheme, for six months period of exclusive breastfeeding. The group also recognized that as Counseling, which is critical in IYCF, increases further load on AWW therefore an additional AWW may be appointed under these two schemes to take care of IYCF, and growth monitoring.

4.c. Block Level IEC/BCC Campaign

Ms Nirmala Selvam an independent consultant from Chennai made presentation on why IEC should be very local, in local context and language and made a case for ear marked funding for

Block level campaigns as was planned during the making of 11th plan. Participants suggested that the district resource centers and block level people who are devoted to IYCF could take up this work. Uniform messages for both urban and rural blocks are important to be included. District level campaigns are also important presenting Breastfeeding as NORMAL and formula feeding being injurious. Specialised centre should be dealing with such campaigns and also supplement 'One to one' counseling. Involvement of personalities/celebrities, for information on position of breastfeeding, how to increase human milk supply in case of not enough milk would make good content. Participants also suggested that preparation of Village report on breastfeeding, nutrition mortality and underweight children etc should be promoted to identify villages which could be awarded. Participants felt that ₹ 5 Lac per annum per block which was estimated by the Planning Commission in 2007 should be kept aside for local campaigns.

Session 5. A generic Plan of action for a block /district with skilled training as a key component

Prof. MMA Faridi, HOD pediatrics, UCMS presented in details the training inputs needed at the district and block level in order to build the capacity of the unit to deal with infant and young child feeding counseling skills, not only to promote breastfeeding and complimentary feeding but also to prepare the formula/ animal feeds if that was required for the infant. He made a strong case to mainstream infant and young child feeding counseling training in the existing health and ICDS systems.

Dr PK Shah the Hon. Gen. Secretary of FOGSI strongly supported this move and emphasized that all FOGSI societies will be involved in World Breastfeeding Week workshops. FOGSI promised to support the plan on IYCF through creating pool of trainers and also to promote IYCF counseling centers in the private nursing homes in collaboration with BPNI.

Actions required for a block level

After the discussions and presentations a session through VIPP exercise was held to list what are the key actions, which should form a bare minimum action at block/district level. Following suggestions have been made:

1. A resource centre at block level that serves as a command centre provided with electronic facility and links with district. It conducts real time monitoring of IYCF as well as growth monitoring
2. It should be well funded and owned by the Government.

3. It should be managed by a dedicated nodal person.
4. It should be supervised by a block committee at least once in six months
5. It should be able to conduct rapid surveys, qualitative research.
6. It should develop Cluster level leadership team of middle level trainers to supervise and conduct training of AWW and ASHA, ANMs.
7. It should ensure skilled infant and young child feeding counseling services both during pre, natal and postnatal period as well as growth monitoring.
8. Convey to people that promotion of baby foods is banned and ensure that display of baby foods is not done in local shops.
9. It should be able to enquire into misuse of formula feeding.
10. It should provide a convergent platform for the MoWCD and MoHFW.
11. It should be able to provide IYCF counseling skill training to all block staff, and conduct refresher and updating training required over the years.
12. It should link to District, State centers and be able to analyse data.
13. It should link with PRI for Health and prevention and management of malnutrition.

See **Box-1** for guidelines to establish IYCF services to achieve the development of resource centres at block level and **Box-2** for explanation of need for specialised training skills.

BOX 1

Process & Practices

Nodal Officer— A post may be created and designated as District Child Nutrition Officer. DCNO will be responsible for all IYCF Counseling activities in the district [Should obtain 7 days IYCF Counseling Training immediately before or after joining duties].

Job profile:

- Planning, monitoring and liaison of all activities at district level aiming to improve first-hour initiation of breastfeeding, exclusive breastfeeding till 6 months, continuing breastfeeding at least for 2 years or beyond, and starting feeding of solid food from family pot after 6 months of age.
- Maintaining coordination among all players working in the field of infant and young child nutrition like AWW, ASHA, ANM, Yashoda, Mamta and NGOs
- Integrating other child survival interventions with IYCF like immunization, ORS consumption, child spacing etc. Counseling is an integral part in all these interventions. All FLW must obtain 3-days training in IYCF Counseling which will enhance their capacity to improve immunization and contraceptives as well. A condition should be put on all NGOs working in the field of child nutrition that they will be allowed to work in the community only after all their workers have been trained in IYCF Counseling with 3-days course.
- Quarterly monitoring of growth assessment record of infants and young children who experienced faltering and action taken thereafter.
- Establishing IYCF Counseling centers at district and PHC levels and **creation of a post of Nutrition counselor**.
- Organizing trainings for MLT in IYCF counseling and IYCF Counseling specialists at district level.
- Planning 3+1-day training at block level [including growth monitoring] for FLW that includes growth monitoring as well.

Supervisor— A supervisor may be appointed at each block of the district. CDPO may be designated as Block IYCF Counseling Supervisor and should obtain IYCF Counseling Specialist training of 7 days duration.

Job profile:

- Arranging logistics for 3+1-day training in IYCF Counseling at block level/district.
- Supervising FLW for IYCF activities including growth monitoring.
- Identifying growth falterers on the basis of monthly assessment of growth charts and taking action thereafter like identifying cause/s of poor growth, nutrition support (cooked food is provided to children =< 6 years of age at anganwani centers, and reinforcing counseling.
- Coordinating with health department for managing disease/illness responsible for growth monitoring and management of under nutrition.
- Making convergence and integration among other child survival strategies such as immunization, contraceptives, ORS, community based newborn care

BOX 2

The Need for Specialised Training Skills

The current evidence provides support to this view. During the implementation of the WHO Multi-centre Growth Reference Study in India, all team coordinators (physicians with training in pediatrics, gynecologist/obstetricians, post graduates in nutrition or social sciences) were required to complete a 40 hours WHO/UNICEF breastfeeding counseling training course. That led to enhancing exclusive breastfeeding for the first six months to about 70%. As India implements the new WHO growth standards, cannot leave this intervention behind. In a RCT study in Haryana, the health and nutrition workers in the intervention communities attended a 3-day training course on Breastfeeding Counseling which included training on communication skills, detection of problems with positioning and attachment to the breast and resolving breastfeeding difficulties. This greatly improved the rates of exclusive breastfeeding at 3 months and reduced diarrhea. A recent meta analysis concluded that to enhance exclusive breastfeeding till six month requires "one to one" skilled counseling both during prenatal and postnatal period. Similarly, for enhancing growth, through complementary feeding after six months provision of food is a prerequisite to education activity targeted at women. A field experience in Lalitpur district has shown it is feasible and doable at a scale and within two years practices have shown a positive change apart from gain in motivation of workers and their knowledge and skills.

W.H.O. provided three training courses, breastfeeding counselling course in 1993, HIV and infant feeding in 2000, and complementary feeding in 2002 with total duration of 3 courses being 11 days. The Breastfeeding Promotion Network of India (BPNI) combined these three courses into one, and provides a 7-day infant and young child feeding counselling specialist course for health professionals, and developed 3-day course for frontline workers. It also provide a counseling job aid. The course was developed in 2005 and since then updated every year. Growth monitoring is being added to this now and new version shall be available in October 2011.

Session 6. IYCF Resource Planning

This was discussed in detail among the participants as to what kind of budgetary requirements should be a part of the 12th plan as a dedicated budget line for IYCF.

1. Ensuring IYCF and Breastfeeding Counselling Services and Support at Family Level.

This can be done by creating a network of 3 trained frontline workers i.e. AWW, ASHA, and ANM for basics of early and exclusive breastfeeding, complementary feeding after six months along with continued breastfeeding and growth monitoring. This needs training for 4 days and regular orientation every year for 1 to 2 days. This should be done in local languages. Women need support in the form of skilled counseling that will help them build their confidence and their ability to fully breastfeed their babies. There are growing scientific evidence that optimal IYCF practices can be enhanced with skilled counseling of mothers, the family and the community.

About ₹70 Crore each year for five years, one time cost.

1.a. Estimated Budget for one time training of frontline workers: ₹357 Crores for ~21 Lac workers @ ₹ 1702 per worker, duration 4 days including training kit and materials, communication guides, compensation, travel. (About ₹70 Crore each year for five years, one time cost. (Annex-3)

1.b. Estimated Budget for refresher training: ₹12.25 Crore per annum @ ₹ 20,000 per 6129 blocks (Annex-4)

2. Ensuring Supervision and Monitoring on IYCF at Block Level through Preparation of Middle Level Trainers

To achieve sustainable capacity for this service, it is critical to build state/district and block level capacity of trainers and mentors to impart training and supervision of frontline workers. This could be done through training and motivation of existing supervisors who can be given this special task by revising job profile as well as appointment of new persons, technical, IT and leadership/managerial role. Training of 6-7 days' duration is required to enable them to train frontline workers. 5 supervisors per block, say 30,000, plus 6000 Nutrition and health educators. It would be crucial to have at least 2 new appointments at block level to play the role of coordination and supervision especially for growth monitoring including the use of surveillance data. The participants recommend that 12000 new persons be employed @ ₹15000 pm with administrative support. The group suggested appointing at least one post graduate person for this purpose as a block leader.

Budget for preparing of middle level trainers: ₹58.60 Crores (One time training cost)

2a. Estimated Budget for preparing of middle level trainers: ₹58.60 Crores (One time training cost) (annex-5)

2b. Estimated Budget for new appointments: ₹277 Crores per annum (Annex-6)

3. Establishing Local IEC Campaigns at Block Level

Local context and local language campaign require development and implementation at least at block level. The objective should be to popularize breastfeeding practice especially exclusive breastfeeding for the first six months in populations through mass media, IEC and create a positive environment. National or State Communication should focus on the problem of not

enough milk and importance of growth monitoring and breastfeeding to prevent diarrhea, and malnutrition.

3a. Estimated budget: @ ₹5 Lac per block, 6129 Blocks. ₹306.45 Crores per annum. (For detailed note and breakup Annex-7)

4. Establishing Resource Centers at State and District.

This is important to provide coordination and support, training at block level, to identify training materials, to prepare national trainers, to provide translations and local adaptations, developing operational plans and log frames to roll out IYCF interventions, help develop these into PIPs and carrying out research. Strategic thinking processes should be introduced to teams. The team should be able to analyse the data & take action.

Budget for State Resource Centre ₹54.6 Lac per state/year

Budget for district resource centre ₹10.6 Lac per district/per year

4a. Estimated budget 36 State centre @ ₹54.64 Lac: ₹19.67 Crores per annum (Annex-8)

4b. Estimated budget 616 District Centre @ ₹10.6 Lac: ₹65.3 Crore per annum (Annex-9)

5. Establishing a National Resource Centre and Coordination Mechanism

The national resource centre would serve as a policy development, coordination and guidance unit for the whole country, like e.g to assist the functioning of the National Breastfeeding /IYCF Committee; and State centers would help implement and assist in this direction. This is to develop operational plans and examine PIPs for IYCF and also to provide technical support to build PIPs. Institutional mechanisms could be established with a capacity to both strategize and make it operational. This mechanism should be strong enough to review and take action for mid course correction. It should have all technical strength required to update, and advise the entire machinery. It should constitute a working group or a task force on research to generate important information about breastfeeding and complementary feeding in various settings. It should lay emphasis on both qualitative and qualitative research. This would make ongoing difference to the work and activities proposed. This should also evaluate policy and programme on breastfeeding /infant and young child feeding should be evaluated every 3-5 years in order to find out gaps and action plans to bridge them should follow. This could also analyze and report on a regular basis. The strategic action should make use of available breastfeeding and complementary feeding data out of DLHS or NFHS, or any other data sets. This should be linked with monitoring of programme at high level well enough to make an impact. This should also manage a unit to monitor and implement the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003. These needs establishing coordinated actions under protection should include making all health and nutrition care workers are made aware of their role to implement IMS Act, regular monitoring of the compliance of the IMS Act, to end promotional practices, like sponsorship of meetings of health workers by their front organisations etc. Analysis of reported complaints, and filing of complains and follow up in the Courts are some of the activities that would require a resource unit at the national level and closely linked with

Budget for establishing national resource centre ₹5.2 crore per year

State units on this issue. All these elements of promotion, protection and support of breastfeeding require a dedicated budget.

5a. Estimated budget: ₹5.2 Crore per annum (Annex-10), (includes salaries, admin costs and programme related costs like advocacy, travel, networking, research, WBW, capacity building of trainers on IYCF counselling and Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003.

6. Implementing the IMS Act

The participants discussed and felt that at least ₹ 1 Lac per annum be allocated for implementing the IMS Act for each district. This could be used for dissemination of information on IMS Act, analysis and documentation of any violations, legal help etc. This amounts to ₹6.16 Crore.

7. Conducting Ongoing Research both Qualitative and Quantitative

To conduct ongoing research is very important and participants felt that at least ₹ 25 Lac per state should be allocated for this work. The State centre will be responsible for this work.

8. **Universalising IGMSY.** Considering ₹ 1000 Crore for 52 districts, significant enhancements in budget needs to be done to universalise this IGMSY scheme after lessons are learnt from first phase.

9**. Creches** : Budgetary provisions for crèches need to be done in the ICDS .

Table 1

Activity	**Budget (₹)- Annual**	**Budget (₹)- One time cost**
Ensuring IYCF and Breastfeeding Counselling Services and Support at Family Level 1a. Training of 21 Lac frontline workers 1b. Refresher Training	12.25 crores	357 crores
Ensuring Supervision and Monitoring on IYCF at Block Level Through Preparation of Middle Level Trainers 2a. Preparing of middle level trainers 2b. New appointments	277 crores	58.6 crores
3. Establishing Local IEC Campaigns at Block Level *(5 lac x 6129 blocks)*	306.45 crores	
4. Establishing Resource Centers at State and District. 4a. State centre *(54.64 lac x 36 states)* 4b. District centre *(10.6 lac x 616 districts)*	19.67 crores 65.3 crores	
5. Establishing a National Resource Centre and Coordination Mechanism *(includes salaries, admin costs and programme related costs like advocacy, travel, networking, research, WBW, capacity building of trainers on IYCF counselling and Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003.*	5.2 crores	
6. Implementing the IMS Act *(1 lac x 616 districts)*	6.16 crores	
7. Conducting Ongoing Research both Qualitative and Quantitative *(25 lac x 36 states)*	9 crores	
8. Universalising IGMSY.	To be decided	
9. Creches	To be decided	
Total	**710.03 crores**	**415.6 crores**

Recommendations for Policy and Programmes

During this session each participant contributed in writing 3 priority actions, ideas on VIPP cards. At the same time participants worked in 3 groups and interchanged their ideas by rotation to each group. These sessions provided very useful interaction and evolved following clear recommendations.

Policy: Institutional Mechanisms

1. Develop /upgrade national guideline into a national policy on IYCF with a clear -cut budget and plan of action taking with consideration resources required in the Table 1.
2. IYCF counseling should be recognized and declared as a distinct "service" in both ICDS and RCH/NRHM i.e. at least 2 counseling sessions during prenatal period, twice a month during first six months, and once a month during first two years. As it is the job of both ministries, all its workers need to be skilled.
3. Include infants' right to food in the upcoming Food Security Bill.
4. Create crèches as a policy at all organised and un organised sector work places.
5. Implement IMS Act effectively under the ICPS.
6. Create a national institutional mechanism to deal with IYCF and also establish national, state, district and block resource centers on IYCF with clear TORs.
7. Create a line item of budget in the implementation of IYCF under ICDS and NRHM/RCH.
8. Include IYCF / IMS Act in pre service curriculum (Nursing / ANM/ Med College/HS/ intermediate education)
9. Address conflicts of interests in the policy domain, by preventing and managing it.

Programme, Capacity Development, Monitoring, Supervision and Evaluation

1. IYCF programme should be reviewed Quarterly/half yearly at district level by DM/DC and yearly at state by Chief Secretary/Secretary.
2. At national level MOH and WCD should monitor the 4 IYCF indicators[1] regularly.
3. Constitute State Child Health and Nutrition Core Group with IYCF guidelines and training follow up including IMS Act.
4. Primary indicators of monitoring should be initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months, timely and appropriate complementary feeding after six months along with continued breastfeeding, and number of violations of IMS Act.
5. Process indicators should be number of workers skill trained, number of block leadership teams established.
6. 'Number of early growth faltered babies' should be made a key indicator on progress of child nutrition.
7. Create district and block level capacity to deal with infant and young child feeding and identify the training curriculum and process.
8. Name a national programme on IYCF like as a national mission.

[1] Initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months , timely and appropriate complementary feeding after six months along with continued breastfeeding and continued breastfeeding at 12-24 months.

Communication & Counselling Community Action for Food Security.

1. Trained counselors should be available all over the country for one to one counseling in public and private sector. They should use local language and local context for communicating on exclusive breastfeeding for the first six months, timely and appropriate complementary feeding after six months along with continued breastfeeding.
2. Launch block specific campaign with specific guidelines and assured resources.
3. Promote organic kitchen gardens at all AWCs and PRI communication to encourage the use of locally available – seasonal nutritious vegetables, fruits and greens are part of the child's (starting from complementary) food and the family's diet.
4. Messages promoting, protecting and supporting breastfeeding at shopping malls, theatres, public gardens, railway stations, bus stations and airports a must.

ANNEXES

Annex-1

PROGRAMME

Timings	Session	Topic	Resource person
23RD JULY 2011			
0900 – 1000 hrs	I	Opening Session • Introduction of the participants • Relevance and Objectives of the meeting • Setting the agenda	Dr. Arun Gupta, BPNI/IBFAN
1000 – 1100 hrs	II	How to Enhance Breastfeeding Rates – Evidence Based Interventions	Dr. Shoba Suri, BPNI
1100 – 1130 hrs		Tea/Coffee	
1130 – 1230 hrs Each presentation 15 minutes	III	Implementing IYCF programmes -Focus on How to implement and provision of funds • Lalitpur Model to enhance IYCF practices • Punjab Experience on IYCF training in NRHM • State-wide IYCF training plans for Andhra Pradesh **Interactive Discussion**	 Prof. KP Kushwaha, Medical College, Gorakhpur Dr. Meenu Lakhanpal, MOH Punjab Smt. Anita Rajendra, IAS Director, WDCW department, Govt. of AP.
1230 –1315 hrs Each presentation 15 minutes	IV	Implementing IYCF programmes: Focus on How to implement and provision of funds • IGMSY and provision of crèches • New scheme for improving IYCF practices in 3 districts Haryana • Block level IEC campaign for IYCF **Interactive Discussion**	 Dr. Anita Gupta, UCMS and GTB Hospital, Delhi Dr. Suresh Dalpath, Deputy Director, MOH, Haryana Ms. Nirmala Selvam, Consultant Chennai
1315 – 1415 hrs		Lunch	
1415 – 1530 hrs	V	IYCF Resource Planning • Planning for district level action on IYCF- setting up resource centres, skilled training, coordination, monitoring and supervision **Interactive Discussion**	 Dr. JP Dadhich BPNI/Dr. Arun Gupta, BPNI
1530 – 1600 hrs		**Tea/ Coffee**	
1600 – 1700 hrs	VI	A generic plan of action for a block / district with skilled training as a key component	Prof. MMA Faridi, UCMS and GTB Hospital, Delhi
24TH JULY 2011			
0930 – 1100 hrs	VII	Emerging Ideas and Recommendations on Programmes and Policies for 12th Plan	Ms. Deepika Shrivastava, Planning Commission
1100 – 1130 hrs		Tea/Coffee	
1130 – 1300 hrs	VII	Finalization of policy recommendations and resource planning	
1300 hrs --		Lunch	Ends

Annex-2

LIST OF PARTICIPANTS

S.No.	Name & Address	Org/Dept	Tel/Mobile
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Annex-3

Budget for Training of Frontline Workers

Total Participants: 30
No. of Days: 4
No. of Co-Trainers: 3

Sl. No.	Item	Unit	Unit cost	Days	Amount (in ₹)
1	**Participants**				
	TA (To & Fro) for Participants (actual w.r.t. govt. norms)	30	50	4	6000
	Training Compensation for Participants (actual w.r.t. govt. norms)	30	100	4	12000
2	**Co-Trainers**				
	TA (To & Fro) for Trainers on actual basis	3	75	4	900
	Honorarium	3	200	4	2400
3	**Expensed during Training**				
	Lunch, tea during training (30 participants + 3 trainers)	33	100	4	13200
	Training Venue		500	4	2000
	Training Materials	33	250		8250
	Training Kits (bags, pen, pad, pencil etc)	33	100		3300
4	**Misc. expenses**				
	Local traveling expenses to health centres/anganwadi centres				1500
	Photocopy banner etc.				1500
	Grand Total (proposed annual budget)				**51050**
	Per Participants Cost				**1702**

No. of Anganwadi Workers 21 Lac (approx) x ₹ 1702 per participant = ₹ 357.42 crore

Annex-4

Budget for Refresher Training

Total Participants: 40
No. of Days: 1
Resource Person: 2

Sl. No.	Item	Unit	Unit cost	Days	Amount (in ₹)
1	**Participants**				
	TA (To & Fro) for Participants (actual w.r.t. govt. norms)	40	50	1	2000
	Training Compensation for Participants (actual w.r.t. govt. norms)	40	50	1	2000
2	**Trainers**				
	TA (To & Fro) for Resource Person on actual basis	2	700		1400
	Honorarium Resource Person	1	500	2	1000
3	**Expensed during Training**				
	Lunch, tea during training	45	75	1	3375
	Training Venue		300	1	300
	Audio Visual		350	1	350
	Kit Material (like bag, pen, pencil, other material)	45	175		7875
4	**Misc. expenses**				
	Misc Material (banner, photocopy, photographs, training tool etc)				500
	Support Staff				200
5	**Coordination**				1000
	Total				**20000**

Estimated budget for refresher training 6129 blocks @ ₹ 20,000 per block = ₹ 12.25 crore

Annex-5

Training of Middle Level Trainers

Total Participants: 24
No. of Days: 6
No. of Trainers: 4

Sl. No.	Item	Unit	Unit cost	Days	Amount (in ₹)
1	**Participants**				
	TA (To & Fro) for Participants (actual w.r.t. govt. norms)	24	300	6	43200
	Training Compensation for Participants (actual w.r.t. govt. norms)	24	400	6	57600
2	**Trainers**				
	TA (To & Fro) for Trainers on actual basis	4	8000		32000
	Accommodation	4	2000	7	56000
	Honorarium (Course Facilitator)	1	2000	8	16000
	Honorarium (Trainer)	3	1500	7	31500
3	**Expensed during Training**				
	Lunch, tea during training (24 participants + 4 trainers)	28	250	6	42000
	Training Venue		2000	6	12000
	Audio Visual		2000	6	12000
	Training Materials	28	1265		35420
	Training Kits (bags, pen, pad, pencil etc)	28	250		7000
4	**Misc. expenses**				
	Misc Material (banner, photocopy, photographs, training tool etc)				10000
	Support Staff	2	400	7	5600
	Local Transport for Hospital Visit	2	750	6	9000
5	**Coordination**				10000
	Total				**379320**
6	Miscellaneous Contingencies (3% of total annual budget)				11380
	Grand Total (proposed annual budget)				**390700**
	Per Participants Cost				**16279**

No. of MLT 36000 thousand (approx) x ₹ 16279 per participant = ₹ 58.60 crore

Annex-6

Estimated Budget for New appointments

S.No.	Component	Unit	Salary	Month	Amount (₹)
1	***Salaries***				
	Block IYCF Officer	2	15,000	12	360,000
	Total (1)				**360,000**
2	***Administrative cost***				
	Rent	1	1,500	12	18,000
	Conveyance	1	1,500	12	18,000
	Office Supplies (like stationary)		500	12	6,000
	Communication (internet, telephone etc)		1,500	12	18,000
	Repairs and Maintenance	1			1,500
	Misc				1,000
	Total (2)				**62,500**
3	Non Recurring costs				30,000
	Grand Total				**452,500**

Estimated budget for new appointments 6129 blocks @ ₹ 452,000 per block = ₹ 277.03 crore

Annex-7

Estimated Budget for IEC Campaigns

Sl. No.	Item of Expenditure	Unit Cost in ₹ with number of units					Total Cost in ₹
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
1.	Baseline Survey on Existing Behaviours relating to IYCF Practices including ethnographic inputs in to the study	150,000					150,000
2.	Study of local cultural expressions and identification of the most suitable one for the project	50,000					50,000
3.	Study of the *repertoire* of the identified local cultural expression for identification of a suitable storyline	50,000					50,000
4.	Message integration in to the selected storyline	150,000					150,000
5.	Rehearsals	50,000 x 2 = 100,000					100,000
6.	Performances		25,000 x 4 = 100,000	25,000 x 4 = 100,000	25,000 x 4 = 100,000		300,000
7.	Performance Support Expenses		25,000 x 4 = 100,000	25,000 x 4 = 100,000	25,000 x 4 = 100,000		300,000
8.	Monitoring and Feedback		25,000 x 4 = 100,000	25,000 x 4 = 100,000	25,000 x 4 = 100,000		300,000
9.	Modifications of storyline/ message contents and re-rehearsals		50,000 x 4 = 200,000	50,000 x 4 = 200,000	50,000 x 4 = 200,000		600,000
10.	Evaluation of Impact					250,000	250,000
11.	Dissemination of Findings using different media to reach different audience					250,000	250,000
	Total	**500,000**	**500,000**	**500,000**	**500,000**	**500,000**	**25,00,000**

Estimated budget for local campaigns 6129 blocks @ ₹ 500,000 per block = ₹ 306.45 crore

Annex-8

Estimated Budget for State Resource Centre

S.No.	Component	Unit	Salary	Month	Amount (₹)
1	***Salaries***				
	State Representative	1	60,000	12	720,000
	National Trainer	4	40,000	12	1,920,000
	Programme Officer	2	40,000	12	960,000
	Programme Assistant	2	30,000	12	720,000
	Accountant	1	20,000	12	240,000
	Office Assistant	1	10,000	12	120,000
	Peon	1	5,000	12	60,000
	Total (1)				**4,740,000**
2	***Administrative cost***				
	Rent	1	15,000	12	180,000
	Contingencies	1	5,000	12	60,000
	Conveyance	1	10,000	12	120,000
	Office Supplies (like stationary)		10,000	12	120,000
	Communication (internet, telephone etc)		12,000	12	144,000
	Repairs and Maintenance				10,000
	Misc				15,000
	Total (2)				**649,000**
3	Non Recurring costs				75,000
	Grand Total (1+2+3)				**5,464,000**

Estimated budget for 36 state resource centre @ ₹ 54,64,000 per block = ₹ 19.67 crore

Annex-9

Estimated Budget for District Resource Centre

S.No.	Component	Unit	Salary	Month	Amount (₹)
1	***Salaries***				
	IYCF Programme officer	1	25,000	12	300,000
	IYCF Prog Assistant	1	15,000	12	180,000
	Accountant	1	10,000	12	120,000
	Office Assistant	1	7,000	12	84,000
	Total (1)				**684,000**
2	***Administrative cost***				
	Rent	1	8,000	12	96,000
	Contingencies	1	5,000	12	60,000
	Conveyance	1	5,000	12	60,000
	Office Supplies (like stationary)		5,000	12	60,000
	Communication (internet, telephone etc)		5,000	12	60,000
	Repairs and Maintenance	1			5,000
	Misc				5,000
	Total (2)				**346,000**
3	Non Recurring costs				30,000
	Grand Total				**1,060,000**

Estimated budget for 616 district resource centre @ ₹ 10,60,000 per block = ₹ 65.3 crore

Annex-10

Estimated Budget for National Resource Centre (Delhi)

S.No.	Component	Unit	Salary	Month	Amount (₹)
1	***Salaries***				
A	Executive Director	1	120,000	12	1,440,000
b	Director Training	1	75,000	12	900,000
	Training Officer	4	50,000	12	2,400,000
	Prog.Assistant (Trg)	4	35,000	12	1,680,000
c	Director Promotion Activities	1	75,000	12	900,000
	Sr. Prog. Officer	2	50,000	12	1,200,000
	Prog.Assistant (Trg)	2	35,000	12	840,000
d	Director IMS Act, Legal	1	75,000	12	900,000
	Sr. Prog. Officer	2	50,000	12	1,200,000
	Prog.Assistant (Trg)	2	35,000	12	840,000
e	Director Monitoring Evaluation	1	75,000	12	900,000
	Research Officer	2	50,000	12	1,200,000
	Research Assistant	2	35,000	12	840,000
f	Director Administration	1	75,000	12	900,000
	Accounts Officer	1	50,000	12	600,000
	Admin Officer	1	50,000	12	600,000
	Accounts Assistant	2	35,000	12	840,000
	Office Assistant	2	25,000	12	600,000
	Driver	2	12,000	12	288,000
	Peon	2	10,000	12	240,000
g	Director Communication/IT	1	60,000	12	720,000
	Communication Manager	1	50,000	12	600,000
	IT Manager	1	50,000	12	600,000
	Communication Associate	1	35,000	12	420,000
	IT Assistant	1	35,000	12	420,000
	Total (1)				**22,068,000**
2	***Administrative cost***				
	Rent		270,000	12	3,240,000
	Contingencies		20,000	12	240,000
	Conveyance		25,000	12	300,000
	Repairs and Maintenance		25,000	12	300,000
	Office Supplies (like stationary)		25,000	12	300,000
	Communication (internet, telephone etc)		30,000	12	360,000
	Staff Development				200,000
	Misc				60,000
	Total (2)				**5,000,000**
3	***Programme related costs***				
	Networking and preparation visit				1,500,000
	Capacity Building on IYCF Trg				5,000,000
	Research				1,500,000
	SM/WBW				1,000,000
	Analysis and documentation				5,000,000
	Advocacy, Awareness and networking				5,000,000
	IMS Act				2,000,000
	Total (3)				**21,000,000**
4	Non Recurring costs				4,000,000
	Grand Total				**52,068,000**

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