

The State Breastfeeding Trends Initiative (SBTi)

Galvanising action and making a national data repository on policy and programmes related to breastfeeding & infant and young child feeding.

Assessment Tool

Version 2.1 October 12, 2020



SBTi Secretariat

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Supported by



SBTi Assessment Tool

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Technical Working Group

Technical experts of BPNI and its partners have developed the assessment tool based on national and global experience. Following members of the group reviewed the drafts and provided valuable inputs.

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The State Breastfeeding Trends Initiative (SBTi)

The Making of SBTi

Launched in 2004, the World Breastfeeding Trends Initiative (WBTi) assists countries to assess the status of and benchmark the progress in implementation of the *Global Strategy for Infant and Young Child Feeding* in a standard way. It is based on the WHO's tool for national assessment of policy and programmes on infant and young child feeding. The WBTi assists countries to measure strengths and weaknesses on the ten parameters of policy and programmes that protect, promote and support optimal infant and young child feeding (IYCF) practices. The WBTi also maintains a Global Data Repository of these policies and programmes. The unique web-tool helps in colour-coding and scoring each indicator. The WBTi process stimulates local action, bringing people together and encourages collaboration and networking amongst key organisations such as government departments, UN, health professionals, academics, civil society and other players (without conflicts of Interest). It assists in consensus building. Through use of the WBTi tool, countries work towards producing a "report card" and "report" that can be used to mobilise action at local level by defining the gaps and recommendations for change. The WBTi encourages re-assessments every 3-5 years. The Global Secretariat at BPNI manages the WBTi and its repository.

Using the experience, lessons and methodology of WBTi, BPNI has launched the SBTi programme in India to create repository of sub-national policy and programmes and galvanise action to bridge the gaps in Indian States.

Vision & Mission Statement

The SBTi envisages that all States of India create an enabling environment for women to be successful in breastfeeding their babies optimally at home, health facilities or at work places. The SBTi aspires to be a trusted leader to motivate policy makers and programme managers in the States, to use the data repository of information on breastfeeding and IYCF policies and programmes. It will serve as a knowledge platform for programme managers, researchers, policy makers and breastfeeding advocates across the States. The **SBTi's mission** is to reach all States of India to facilitate assessment and tracking of Breastfeeding and IYCF policies and programmes through mobilising local partnerships without conflicts of interest and building a data repository for advocacy.

BPNI's Ethical Policy

The SBTi works on the ethical funding policy of BPNI. It does not seek or accept funds, donation, grants or sponsorship from manufacturers or distributors and the front organisations of breastmilk substitutes, complementary foods, infant and young child feeding related products like breast pumps, or from any organization that has conflicts of interest.

Introduction

The WHO in 2003 provided with a tool to assess national policies and programmes titled, “Infant and Young Child Feeding A tool for assessing national practices, policies and programmes”¹. Based on this tool, the International Baby Food Action Network (IBFAN) developed a tool World Breastfeeding Trends Initiative (WBTi), and launched it globally in 2004, which has completed assessment of 97 countries.² Moving sub national the State Breastfeeding Trends Initiative is designed to assess policy and programme inputs for breastfeeding and infant and young child feeding practices.

The Government of India in September 2019 launched a Breastfeeding and Infant and Young Child feeding Report card that provided Infant Feeding (IF) Scores to all Indian States, and ranked. The IF Score was based on three key indicators i.e. i) Initiation of breastfeeding within one hour of birth, ii) Exclusive breastfeeding for first six months and iii) Complementary feeding and continued breastfeeding from 6-9 months. Ministry of Health and Family Welfare is also preparing to launch a tool for Assessment of the Health facilities on adherence to MAA programme /Ten Steps to Successful Breastfeeding (WHO2018).

The assessment tool can be best applied with the help of a *SBTi Guide Book*.

The SBTi has been developed with the following objectives.

Objectives

1. To provide critical information to governments, needed to bridge gaps in policy and programmes in order to increase rates of breastfeeding and infant and young child feeding practices
2. To make use of SBTi tools to galvanise action at State level.
3. To maintain a national data repository of information on policies in programmes related to breastfeeding and IYCF.

SBTi Indicators

The SBTi assessment tool has ten indicators of policy and programmes and three of IYCF practices.

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Rationale on why the policy or programme component is important.
- A list of key criteria for assessment as subset of questions to be considered in identifying strengths and weaknesses to document gaps.
- Annexes for related information

Policies and Programmes

The criteria of assessment has been developed for each of the ten indicators, based on the *Global Strategy for Infant and Young Child Feeding* (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005) as well as the national Guidelines on IYCF, IMS Act, Maternity Benefit Act, and related programmes to protect promote and support breastfeeding women at home, hospitals and work places. For each indicator, there is a subset of questions. Answers to these can lead to identification of the gaps in policies and programmes.

¹Infant and Young Child Feeding A tool for assessing national practices, policies and programmes

https://www.who.int/nutrition/publications/infantfeeding/inf_assess_npp_eng.pdf (Accessed 9th Oct 2019 at 12:55 pm) ²World Breastfeeding Trends Initiative Website <https://www.worldbreastfeedingtrends.org> (Accessed 9th Oct 2019 at 12:58pm)

Assessment can reveal how a State/District is performing in a particular area of action on Breastfeeding /Infant and Young Child Feeding.

Infant and Young Child Feeding Practices.

There are three indicators and the tool asks for specific numerical data on each practice based on data from random national household surveys. These are based on Government of India's Breastfeeding report card. However, additional information on some other practice indicators such as 'continued breastfeeding' and 'adequacy of complementary feeding' is also sought.

Scoring and Colour-Coding

Policy and Programmes Indicator 1-10

Once the information on the 'SBTi Questionnaire' is gathered and analysed, it is then processed into a web-tool. The tool provides *scoring* of each individual sub set of questions as per their weightage in the indicators 1-10 (policies and programmes). Each indicator has a maximum score of 10. Total score of ten indicators has a maximum score of 100. Each question has possible score of 0-3 and each indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated i.e. Red, Yellow, Blue and Green based on the guidelines.

The web tool also assigns *Colour- Coding* (Red/Yellow/Blue/Green) of each indicator as per *the SBTi Guidelines for Colour- Coding* based on the scores achieved.

Indicators of IYCF practices are expressed as percentages. This is converted into Infant Feeding Score using the Government of India's guideline in its Breastfeeding Report card.

The SBTi Tool provides details of each indicator in sub-set of questions, and weightage of each.

The SBTi Indicators

IYCF Policies and Programmes

Indicator 1: State Policy, Governance and Funding

Indicator 2: Ten Steps to Successful Breastfeeding/ MAA Programme Implementation (BFHI)

Indicator 3: Implementing the *Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)*

Indicator 4: Maternity Protection

Indicator 5: Health and Nutrition Care Systems

Indicator 6: Counselling services for the pregnant and breastfeeding mothers

Indicator 7: Accurate and Unbiased Information Support

Indicator 8: Infant Feeding and HIV

Indicator 9: Infant and Young Child Feeding during Emergencies

Indicator 10: Monitoring and Evaluation

IYCF Practices

Indicator 11: Initiation of Breastfeeding (within 1 hour)

Indicator 12: Exclusive Breastfeeding under 6 months

Indicator 13: Complementary Feeding (6-8 months)

IYCF Policies and Programmes

Indicator 1: State Policy, Governance and Funding

Key Question/s: Are the “National Guidelines on Infant and Young Child Feeding” being implemented in the State? Is there a State breastfeeding/ infant and young child feeding policy (IYCF) that protects, promotes and supports optimal breastfeeding IYCF practices? Is there a plan to implement this policy? Is sufficient funding provided? Is there a mechanism to coordinate?

Rationale: The National Guidelines for Infant and Young Child Feeding³ call for central and state governments to share responsibility for improving the feeding of infants and young children so as to bring down the prevalence of malnutrition in children, and for mobilizing required resources –human, financial and organizational. It recommends that national and state level committee should be constituted with clear terms of reference to review the Breastfeeding/IYCF interventions. The Global Breastfeeding Collective led by WHO and UNICEF recommends spending \$ 4.7 per child born on such interventions and measures the commitment for eachcountry⁴.

The Government of India has several policies/programmes; for example Mothers Absolute Affection (MAA) programme, Maternity Benefit Act Amendment Act 2017, and *Infant Milk Substitutes, Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003*. All these require coordinated actions at the State. This indicator is to find out about the mechanisms at State level.

³National Guidelines on Infant and Young Child Feeding, Ministry of Women and Child Development, Food and Nutrition Board. Government of India 2006. <https://wcd.nic.in/sites/default/files/infantandyoungchildfeed.pdf>(Accessed 28 September 2019)

⁴Increasing commitment to breastfeeding through funding and improved policies and programmes: Global breastfeeding scorecard 2019 <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2019/en/>(Accessed on 9th Oct 2019 at 1:00 pm)

Indicator 1: State Policy and Governance		
Criteria for Assessment	Tick (✓) all that applies	
1.1. Has the State adopted an official policy on breastfeeding and IYCF?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
1.2. The State policy recommends initiation of breastfeeding within one hour of birth with skin-to-skin contact, exclusive breastfeeding for the first six months, and complementary feeding to be started after six months along with continued breastfeeding up to 2 years and beyond. (Three Indicators should be reflected in the answer)	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
1.3. Based on above policy, has the State developed a plan of action and documented it?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
1.4. Has a district plan of action been developed and documented?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
1.5. Is a specific person appointed to coordinate the implementation of Breastfeeding and IYCF interventions in the State?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
1.6. Is a specific person appointed to coordinate the implementation of Breastfeeding and IYCF interventions in the Districts?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
1.7 In the previous financial year how much funds have been spent on Breastfeeding and IYCF interventions? a) Less than INR 10 per birth or No Information Available b) INR 11- 100/birth c) INR 101-200/birth d) INR 201-Rs.300/birth e) INR above Rs.300/birth	<input checked="" type="checkbox"/> Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2.0	
1.8. Is there a committee at the state level to monitor Breastfeeding and IYCF interventions during the last one year?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
1.9. During past 12 months, how many times the above mentioned committee met to review the Breastfeeding and IYCF interventions? a) Never b) Once c) Twice	<input checked="" type="checkbox"/> Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1	
Total Score	_____/10	

Possible Source of Information:

- Websites of State Ministry of Women & Child Development/Health/Planning/
- State government publications
- Interview with officials
- UNICEF
- NGO's
- RTI Information
- State Reports on Health and Nutrition
- Any other relevant documentation on child health/nutrition/development.

Information Sources Used for assessment (please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.

1. _____
2. _____
3. _____
4. _____

Conclusions (*Summarize which aspects of the Indicator need improvement and why; and any further analysis needed*):

Gaps (*List gaps identified in the implementation of this indicator*):

1. _____
2. _____
3. _____
4. _____

Recommendations (*List actions recommended to bridge the gaps*):

1. _____
2. _____
3. _____
4. _____

Additional useful information (*It would be helpful in preparing the report but will not be scored*):

1. How many babies are born each year in the State?
2. Is the food industry/representative a part of the State breastfeeding/IYCF committee?

Indicator 2: Ten Steps to Successful Breastfeeding/ MAA Programme Implementation (BFHI)

Key question/s: What percentage of hospitals (both public and private) with maternity facilities have been designated/ accredited/awarded under MAA programme, OR what % of new mothers have received maternity care as per the ‘Ten Steps’ within the past 2 years? What is the quality of implementation of BFHI?

Rationale: The Joint WHO/UNICEF Statement: Protecting, promoting and supporting breastfeeding: the special role of maternity services, in 1989 came up with the ‘Ten Steps to Successful Breastfeeding’. The Ten Steps became the cornerstone of the Baby-friendly Hospital Initiative (BFHI) launched in 1992 with the aim to protect, promote and support breastfeeding in the health facilities, and included among other steps having a written policy, competence training of the staff and implementing the International Code of Marketing for Breastmilk Substitutes. BFHI designation process was introduced to reflect changes in health policy and care practices. Several countries initiated action on BFHI and made progress, demonstrating change. In 2018, WHO using updated evidence, developed the implementation guidance for the revised Baby-friendly Hospital Initiative and revised the Ten steps.⁵ WHO guides nations to incorporate/integrate these Ten steps in country level programmes or policies.

In India BFHI was launched in 1993, by the Ministry of Health and Family Welfare, Government of India with the support of UNICEF and several agencies and professional bodies. India designated more than 1300 health facilities with maternity services as baby friendly after training inputs and evaluation through assessors. This did not last long.

In 2016, the MOHFW's launched MAA programme, which has the components of communication, capacity building and awarding facilities. MAA programme operational guidance⁶ has almost all the elements of Ten Steps (Annex 2.1). However there are some gaps that need to be bridged.

⁵ Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018 Implementation guidance <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/> (Accessed on 7th Oct 2019, 2:36 pm)

⁶ Programme for Promotion of Breastfeeding Operational Guidelines, MoFHW, 2016 https://nhm.gov.in/MAA/Operational_Guidelines.pdf (Accessed on 7th Oct 2019, 2:36 pm)

Indicator 2: Ten Steps to Successful Breastfeeding/MAA Programme Implementation (BFHI)		
Criteria for Assessment	Tick (✓) all that applies	
2.1 MAA programme/Ten steps to Successful Breastfeeding guidance has been officially adopted by the State.	<input type="checkbox"/> Yes = 1	<input type="checkbox"/> No=0
2.2 What % of hospitals with maternity facilities are implementing the MAA programme guidance? a) Less than 30% b) 30%-80% c) Above 80%	✓ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1	
2.3 What % of doctors (in maternity area) have been trained with MAA programme 4 days training course? a) Less than 30% b) 30%-80% c) Above 80%	✓ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1	
2.4 What % of nurses (in maternity area) have been trained with MAA programme 4 days training course? a) Less than 30% b) 30%-80% c) Above 80%	✓ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1	
2.5. An external assessor performs assessment of the hospital for MAA programme awards/designation process.	<input type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
2.6. Has the State reported on any reassessment of hospitals under MAA programme awards/designation of the health facilities in past two years?	<input type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
2.7. MAA program questionnaire for assessment includes interviews with mothers during antenatal and postnatal period?	<input type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
2.8. What % of health facility with maternity services have been assessed/awarded in the last 2 year? a) Less than 30% b) 30%-80% c) Above 80%	✓ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1.5	
2.9 Provisions of the IMS Act are integrated in the assessment/awarding criteria.	<input type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
2.10 Do health facilities with maternity services keep a record of the following indicators? a) Early Initiation of breastfeeding within one hour. b) Skin to skin contact after birth c) Ante Natal Counseling of pregnant mothers on breastfeeding d) Use of infant formula duringthe hospital stay after birth	✓ Check one or more than one is applicable <input type="checkbox"/> 0.5 <input type="checkbox"/> 0.5 <input type="checkbox"/> 0.5 <input type="checkbox"/> 0.5	
2.11 Is the State policy on use of infant formula to newborns in the health facilities based on the medical needs of the infant as recommended by WHO?	<input type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
2.12 Do hospitals with maternity services formally coordinate discharge of mothers and babies for post-natal counselling and support?	<input type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
Total Score (Out of 10)	____/10	

⁷Safe preparation, storage and handling of powdered infant formula Guidelines, WHO, FAO , 2007
https://www.who.int/foodsafety/publications/micro/pif_guidelines.pdf(Accessed on 9th Oct 2019 at 1:08 pm)

Possible Source of Information:

- MAA Programme Guidelines
- Interviews with government officials of MoHFW
- RTI filed to MoFHW for MAA programme implementation
- Tools for external assessment under MAA awards components
- WHO's Ten Steps to successful Breastfeeding
- Data record tools at health facilities with maternity facilities

Information Sources Used for assessment *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. _____
2. _____
3. _____
4. _____

Conclusions *(Summarize which aspects of the Indicator need improvement and why; and any further analysis needed):*

Gaps *(List gaps identified in the implementation of this indicator):*

1. _____
2. _____
3. _____
4. _____

Recommendations *(List actions recommended to bridge the gaps):*

1. _____
2. _____
3. _____
4. _____

Additional useful information *(It would be helpful in preparing the report but will not be scored):*

Elements of ‘MAA’ Programme, the ‘Ten Steps’ and the Current Status/Gaps

The MOHFW, Government of India launched the Mothers Absolute Affection (MAA) programme to promote breastfeeding in the health care facilities and ensure implementation of the WHO’s “Ten Steps to Successful Breastfeeding. The MOHFW also launched Breastfeeding Report Cards for India and its States/UTs and Minister of Health and Family Welfare called for effective action to achieve universal coverage of early breastfeeding within one hour by 2022. Based on the updating of the ‘Ten Steps’ in 2018, and studies conducted in health facilities of few States, the Breastfeeding Promotion Network of India (BPNI) has analyzed in detail what are the gaps that can be bridged in the implementation of MAA programme. BPNI provides its expert advice in the remarks section and believes this can facilitate action towards scaling up implementation of MAA programme and universalizing early breastfeeding within one hour of birth and exclusive breastfeeding in the health facilities; both public and private.

The Ten Steps 2018	MAA programme requirements	The Status/Gaps and remarks
1.a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.	The MAA programme requires adherence to the IMS Act and recommends a one-day sensitization programme for the Civil Surgeon, Chief Medical Officer, doctors and nurses to be sensitized <i>Not required for award.</i>	Very weak implementation Sensitization of CMOs/others is rare. No checks on use of formula, more so after C-section delivery. Notify CMOs as ‘authorized officers’ to monitor the IMS Act and lead awareness in the district.
1. b. Have a written infant feeding policy that is routinely communicated to staff and parents.	<i>Required for award</i> , but otherwise not mentioned in the text.	Not available Notify standard policy
1.c. Establish ongoing monitoring and data-management systems.	Appropriate data entry for early initiation of breastfeeding column in all delivery registers; monitoring of lactation and breast conditions, support to resolve any breastfeeding related problems. It provides setting up the National Resource Centre, which is supposed to evaluate the performance of health facilities. <i>Not required for award.</i>	Monitoring and data management systems are missing. Notify that each hospital is expected to do Resource center/technical support unit not yet been set up Establish TSUs at center and medical colleges in each state to facilitate assessments in health facilities.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.	The following trainings are outlined in MAA: <ul style="list-style-type: none"> 4-day IYCF comprehensive training package including all aspects of breastfeeding, complementary feeding, counseling, growth monitoring and breastfeeding in special situations, for ANM and nurses and the trainer’s guide. One -day sensitization of Accredited Social Health Activists (ASHAs). <i>Required for award.</i>	Inadequate training given to nurses/doctors, varying from a few hours to half a day. Support to mothers appears to be limited to urging mothers to breastfeed. Scale up of staff competence required for achieving the objectives of MAA programme. At least 5 Nurses in maternity area may be skill trained and specifically notified to be responsible. Develop a time-bound plan to ensure lactation support skills of the staff to be able to assist each woman delivering in health facility. Package of training may be more focused on health care practices.
3. Discuss the importance and management of breastfeeding with pregnant	The key responsibility for communication and counselling of mothers/ caregivers is that of staff nurses, RMNCH+A counsellors and	Only few mothers get ANC counselling on optimal breastfeeding practices. This is a critical step.

The Ten Steps 2018	MAA programme requirements	The Status/Gaps and remarks
women and their families.	Medical Officers. ASHAs to give preliminary counselling at monthly mothers' meetings IEC material to be displayed in ANC clinics, ANC/delivery wards. <i>Required for award</i>	Notify to universalize and formalize this step
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth	ANM, staff nurses and medical officers conducting delivery are responsible for breast crawl and initiating breastfeeding. <i>Required for award.</i>	Weak support systems especially in the case of C-section delivery. Each hospital should have a designated staff or a lactation counsellor to assist mothers
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.	Only mentioned in key messages to be delivered by ASHAs. <i>Not required for award.</i>	Weak support systems in the health facility – left to mothers to do the best they can. Staff not skilled enough. Same as in Step 4
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.	Mentioned as a key message to be delivered by ASHA. <i>Required for award.</i>	No checks on use of formula in health facility, more common in private, more so after C-section delivery, Nurses often believe that mother's milk is insufficient for the baby. The step relies on competence of the staff, which needed to be addressed. Notify WHO Indications on use of formula and prohibit prescriptions of feeding bottles/formula during ANC. Consider recording consent of parents to use infant formula for newborns.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.	Rooming-in and bedding-in to be provided to all healthy newborns. <i>Required for award.</i>	Many babies are separated; C-section delivery is the primary reason. Same as in Step 2
8. Support mothers to recognize and respond to their infants' cues for feeding.	Mentioned as a key component of counselling. <i>Required for award.</i>	Such support is generally missing. Same as in Step 2
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.	Not mentioned in guidelines. <i>Not required for award.</i>	Mothers are generally not informed about these risks. Same as in Step 2
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.	Link mothers to trained ANM in the community on discharge from the hospital or clinic. <i>Required for award.</i>	Lack of systematic follow-up plan and support. Notify and formalize this action by the staff.

Indicator 3: Implementing the *Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)*

Key Question/s: Is the IMS Act being implemented in the State? Is there a mechanism to monitor it?

Rationale: It is essential to protect pregnant and lactating women from any influence that could undermine the practice of exclusive breastfeeding. One such threat is the inappropriate marketing practices by baby food manufacturers, which in pursuit of profit undermine breastfeeding leading to increased infant mortality, morbidity and malnutrition. Recognizing this to be a public health problem, the Government of India enacted the *Infant Milk substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and the Amendment Act, 2003 (IMS Act)*⁸. The IMS Act needs to be implemented at all levels to protect mothers and children from the commercial and aggressive promotional practices of the baby food companies. IMS Act has been enacted as a special statute to curb bad marketing practices.

The IMS Act is India's biggest commitment in the interest of infants and young children. The IMS Act BANS any kind of promotion of Infant Formula, Feeding Bottles and Infant Foods for 0-2 years of children. The scope includes infant milk substitutes, feeding bottles and infant foods, these are clearly defined in the Act, and so is "promotion".

The Government of India has notified BPNI in the Gazette of India as a child welfare NGO to initiate action under section 21(1) of the IMS Act for officially monitoring and implementation since 1995. Each year BPNI submits an implementation report to MoWCD.⁹ IMS Act provides that under section 21.b. for the appointment of an "authorized officer" at the district level to closely monitor and supervise its implementation.

The IMS Act should be monitored and reported on a regular basis as it helps in curbing bad marketing. People and health care providers should be made aware of the IMS Act and its provisions to avoid unnecessary use of breast milk substitutes. In order to strengthen protection of people from marketing, Government of India also enacted Cable TV Networks regulation Amendment Act¹⁰ to ban promotion of infant milk substitutes, feeding bottles and infant foods.

IMS Act and Rules for 1993¹¹ and 2003¹² can be referred for awareness and robust implementation.

⁸ Infant Milk substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and the Amendment Act, 2003(IMS Act) <http://www.bpni.org/documents/IMS-act.pdf> (Accessed on 7th Oct 2019, 2:55 pm)

⁹ IMS Act implementation report to MoWCD <https://www.bpni.org/wp-content/uploads/2019/02/Shri-Rakesh-Srivastava-Letter-No-105-1.pdf> (Accessed on 7th Oct 2019, 2:55 pm)

¹⁰ Cable TV Networks regulation Amendment Act <http://www.socialwelfare.delhigovt.nic.in/content/cable-television-networks-regulation-act-and-rules> (Accessed on 7th Oct 2019, 3:18 pm)

¹¹ IMS Act and Rules (1993) <https://wcd.nic.in/sites/default/files/GOI1.pdf> (Accessed on 7th Oct 2019, 3:18 pm)

¹² IMS Act and Rules (2003) <https://wcd.nic.in/sites/default/files/GOI2.pdf> (Accessed on 7th Oct 2019, 3:18 pm)

Indicator 3: Implementing the <i>Infant Milk Substitute, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)</i>		
Criteria for Assessment	Tick (✓) all that applies	
3.1. Is there a State appointed nodal person in the government to coordinate implementation of the IMS Act?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
3.2. Has the State notified an “authorized officer” for each District to monitor and effectively implement the law?	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
3.3. Has the State documented a report on monitoring of the compliance of the IMS Act in the past 2 years?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
3.4. Has the State government organized any awareness programmes/seminars on the provisions of IMS Action the past 1 year in the State?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
3.5 What percentage districts in the State government organized awareness programmes/seminars on the provisions of IMS Act during past 1 year? a) None of the district b) Less than 30% districts c) 30%-80% districts d) Above 80% districts	✓ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
3.6. Has any action been taken against offenders for violating the IMS Act in past 2 years? (Such as calling attention, writing letters to offenders etc.)	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
3.7. Has the State initiated any legal action against the alleged violations? (Such as legal notice, legal case)	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
3.8. Has the Government developed and disseminated IEC materials like Bill Boards, posters, advertisements for public during last one year? (Give examples with evidence if any)	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
Total Score	____/10	

Possible Sources of Information:

- State ministry of women and childdevelopment
- State ministry of health and familywelfare
- Interviews conducted with the concerned officials ofstates
- RTI to get information from ministries
- Media report
- NGOs gazette under GOI
- Published reports

Information Sources Used for assessment (please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.

1. _____
2. _____
3. _____
4. _____

Conclusions (Summarize which aspects of the Indicator need improvement and why; and any further analysis needed):

Gaps (*List gaps identified in the implementation of this indicator*):

1. _____
2. _____
3. _____
4. _____

Recommendations (*List actions recommended to bridge the gaps*):

1. _____
2. _____
3. _____
4. _____

Additional useful information (*It would be helpful in preparing the report but will not be scored*):

1. How many districts are there in yourState?
2. Which baby food companies are involved in marketing in yourState?
3. Have you noted any violations in past 1 year please add pictures in thisindicator.
4. Is the food industry/representative a part of the State breastfeeding/IYCFcommittee?

Indicator 4: Maternity Protection

Key Question/s: What are the Maternity Benefits available to the parents? Are women getting the leave due, or cash benefits? Whether crèches are provided at work places?

Rationale: It is a challenge for the country/state to assist workingwomen to practice optimal breastfeeding. All women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breastmilk for the first six months as a health recommendation. Thereafter, they should continue to breastfeed while receiving appropriate and adequate complementary foods for up to two years of age and beyond. The primary Act dealing with maternity protection in India is the Maternity Benefit (Amendment) Act 2017. The Maternity Benefit (Amendment) Act 2017 recommends¹³ at least 26 weeks of paid maternity leave; one or more paid breastfeeding breaks daily or daily reduction of hours of work to breastfeed and job protection and non-discrimination for breastfeeding women workers. This is a major recognition of the fact that the mother and child need to be together for first six months in order to ensure exclusive breastfeeding to the infant. Government of India made some clarifications on MB Act, salient features can be found here¹⁴. Women working in factory; a mine; a plantation; an establishment wherein persons are employed for the exhibition of equestrian, acrobatics and other performances are covered¹⁵. The Act has introduced an enabling provision relating to “work from home” that can be exercised after the expiry of 26 weeks' leave period. The 2017 Act also provides for Crèches at work places.

A miniscule fragment of women, however, can access these benefits. However, there is still no legislation guaranteeing maternity entitlement to women working outside formal sector in India. The Pradhan Mantri Matritav Vandana Yojna (PMVVY) a maternity benefit programme-providing INR. 5000 cash incentive for Pregnant Women (PW) and Lactating Mothers (LM) for first living child of the family under the National Food Security Act, 2013. What all it means can be found here.¹⁶

State governments have the responsibility to monitor and effectively implement the Maternity Benefit Amendment Act 2017 and the PMMVY.

¹³ The Maternity Benefit (Amendment) Act 2017
<https://labour.gov.in/sites/default/files/Maternity%20Benefit%20Amendment%20Act%2C2017%20.pdf> (Accessed September 28, 2019)

¹⁴ Salient Features of the Maternity Benefit (Amendment) Act 2017
<https://www.bpni.org/WBW/2017/Salient-feature-Maternity-Benefit-Act-2017.pdf> (Accessed September 28, 2019)

¹⁵ The Maternity Benefit (Amendment) Act 2017 Clarifications
<https://labour.gov.in/sites/default/files/The%20Maternity%20Benefit%20%28Amendment%29%20Act%2C2017%20-Clarifications.pdf>

¹⁶ Pradhan Mantri Matritav Vandana Yojna (PMVVY) FAQs
<https://wcd.nic.in/sites/default/files/FINAL%20PMMVY%20%28FAQ%29%20BOOKELT.pdf> (Accessed September 28, 2019)

Indicator 4: Maternity Protection		
Criteria for Assessment	Tick (✓) all that applies	
4.1 All women in state /district(in the formal employment) are covered by an administrative order that provide 26 weeks of paid maternity leave and 2 breastfeeding breaks.	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
4.2 Are women in a factory; a mine; a plantation; an establishment wherein persons are employed for the exhibition of equestrian, acrobatics and other performances are provided 26 weeks paid maternity leaves?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
4.3 Under the PPMVY or any similar Scheme by the State Government, what percentage of eligible pregnant women received the benefit? a) None b) Less than 30% c) 30-40% d) what about 40-80%? e) Above 80%	√ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
4.4 What percentage of establishments with more than 50 employees have a crèche facility? a) None b) Less than 30% c) 30%-80% d) Above 80%	√ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
4.5 What percentage of women in the informal/unorganized sector* get crèche facility at the worksite? a) None b) Less than 30% c) 30%-80% d) Above 80%	√ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
4.6 Has the State government organized IEC activities during past 1 year at the state/district level for public awareness on Maternity Benefit (Amendment) Act 2017?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
4.7. Is there a system for monitoring compliance and a way for workers to complain if their benefits are not provided?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
Total Score	_____ /10	

* Informal/ Unorganized sector: all unincorporated private enterprises owned by individuals or households engaged in the sale and production of goods and services operated on a proprietary or partnership basis and with less than ten total workers.

Possible Sources of Information

- Maternity benefit act, 1961 amended in 2017 and State government leave rules, other published reports
- RTIs to Ministry of rural development, labour ministry, ministry of social justice, other published reports
- RTIs to Department of Women and child, Department of food and civil supplies & Ministry of rural development

Information Sources Used for assessment *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. _____
2. _____
3. _____
4. _____

Conclusions *(Summarize which aspects of the Indicator need improvement and why; and any further analysis needed):*

Gaps *(List gaps identified in the implementation of this indicator):*

1. _____
2. _____
3. _____
4. _____

Recommendations *(List actions recommended to bridge the gaps):*

1. _____
2. _____
3. _____
4. _____

Human Rights Related to Breastfeeding

Infants have the right to ...

- Enjoyment of the highest attainable standard of health (Art. 24(1) CRC, Art. 12(1)ICESCR)
- Adequate nutritious food (Art.24 (2)(c) CRC, Art. 11(1)ICESCR)
- Primary health care (Art. 24(2)(b)CRC)
- A standard of living adequate for the child's physical, mental, spiritual, moral and social development (Art. 27(1) CRC)

Mothers have the right to...

- Health care services and appropriate post-natal care (CEDAW 12.2, CRC24)
- Education and support in the use of basic knowledge of child health and nutrition, the advantages of Breastfeeding (CRC24.2(e))
- Appropriate assistance in their child-rearing responsibilities (CRC18)
- Adequate nutrition during pregnancy and lactation (CEDAW12.2)
- Paid maternity leave or other equivalent, including job protection (ICESCR 10, CEDAW11.2(b))
- Safeguarding of the function of reproduction in working conditions (CEDAW11.1(f))
- Decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights (CEDAW16.1(e))

States Parties are obliged to...

- Ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health in the number and suitability of their staff, as well as competent supervision (Art. 3(3) CRC)
- Ensure to the maximum extent possible the survival and development of the child (Art. 6(2)CRC)
- Take appropriate measures to diminish infant and child mortality (Art.24 (2)(a)CRC)
- Ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care (Art. 24(2)(b)CRC)
- Combat disease and malnutrition, including within the framework of primary health care (Art.24(2) (c) CRC)
- Take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children (Art. 24(3)CRC)
- Take [in accordance with national conditions and within their means] appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programs, particularly with regard to nutrition.(Art.27 (3)CRC)

Source: Kaia Engesveen. (2005). *Strategies for Realizing Human Rights to Food, Health and Care for Infants and Young Children in Support of the Millennium Development Goals: Role and Capacity Analysis of Responsible Actors in Relation to Breastfeeding in the Maldives.* SCN News (United Nations System Standing Committee on Nutrition). 30: 56-66.

Indicator 5: Health and Nutrition Care System Support

Key Question/s: Do health and nutrition care workers undergo skill training in breastfeeding counselling? Does their pre-service education curriculum support optimal breastfeeding and infant and young child feeding? Are health workers' trained to implement the IMS Act at health facilities level?

Rationale: The MoHFW's 'LaQshya' aims to anchor childbirth standards to reduce maternal and newborn morbidity and mortality, improve quality of care during delivery and immediate post-partum¹⁷. Similarly, the National Guidelines on Lactation Management Centres in Public Health Facilities aims to facilitate lactation support at each 'delivery point' in health facilities. The National Guidelines on IYCF calls for training and education of breastfeeding and IYCF. The World Health Organization (WHO) has provided model chapter on infant and young child feeding¹⁸. The *Model Chapter* is "...intended for use in basic training of health professionals. It describes essential knowledge and basic skills that every health professional, who works with mothers and young children should master. The *Model Chapter* can be used by teachers and students as a complement to textbooks or as a concise reference manual."

It has been recognized that curriculum of health providers is weak on this issue as many of the health and nutrition care workers lack adequate skills in counselling for breastfeeding and infant and young child feeding. Ideally, new graduates of health provider programmes should be able to promote optimal infant and young child feeding practices from the outset of their careers. All providers who interact with mothers and their young children should attain the basic attitudes, knowledge and skills necessary to integrate breastfeeding counselling, lactation management, and infant & young child feeding into their care. The topics can be integrated at various levels during education and in-service-training.

¹⁷LaQshya - Labour room quality improvement initiative, 2017.

See: https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCH_MH_Guidelines/LaQshya-Guidelines.pdf (Accessed on 9th Oct 2019 at 1:24 pm)

¹⁸Infant and young child feeding: Model Chapter WHO 2009.

<https://www.who.int/nutrition/publications/infantfeeding/9789241597494/en/> (Accessed on 9th Oct 2019 at 1:24 pm)

Indicator 5: Health and Nutrition Care System Support			
<i>Criteria for assessment</i>	<i>√ Check one that applies in each question</i>		
5.1) A review of health facility and community care provider's curriculum ¹⁹ that IYCF curricula or session plans are adequate/inadequate. (See Annex 5.1)	> 20 out of 25 content/skills are included <input type="checkbox"/> 2	5-20 out of 25 content/ skills are included <input type="checkbox"/> 1	Fewer than 5 content/skills are included <input type="checkbox"/> 0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care. (See Annex 5.2)	Disseminated to > 50% facilities <input type="checkbox"/> 2	Disseminated to 20-50% facilities <input type="checkbox"/> 1	No guideline, or disseminated to < 20% facilities <input type="checkbox"/> 0
5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers. ²⁰	Available for all relevant workers <input type="checkbox"/> 2	Limited Availability <input type="checkbox"/> 1	Not available <input type="checkbox"/> 0
5.4) Health workers are trained on their responsibilities under the IMS Act throughout the State, in all districts.	Throughout the State (80% and above) <input type="checkbox"/> 1	Partial Coverage(30-80%) <input type="checkbox"/> 0.5	Not trained at all or below 30% <input type="checkbox"/> 0
5.5) Infant and young child feeding information and skills are integrated into other child health and nutrition training programmes.	Integrated in > 2 training programmes <input type="checkbox"/> 1	training programmes <input type="checkbox"/> 0.5	Not integrated <input type="checkbox"/> 0
5.6) In-service training programmes referenced in 5.3 are being provided throughout the State. ²¹	Throughout the State(>80% Districts) <input type="checkbox"/> 1	Partial Coverage(30-80%) <input type="checkbox"/> 0.5	Not provided <input type="checkbox"/> 0
5.7) State Health policies provide for mothers and babies to stay together when one of them is hospitalised.	Provision for staying together for both <input type="checkbox"/> 1	Provision for only to one of them: mothers or babies <input type="checkbox"/> 0.5	No provision <input type="checkbox"/> 0
Total Score	_____/10		

Possible Sources of Information:

- State IYCF policy/guidelines
- State Ministry of Health /NHM

¹⁹ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary. Look for UG Medical Curriculum - MEDICAL COUNCIL OF INDIA - COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE See: <https://www.mciindia.org/CMS/wp-content/uploads/2019/01/UG-Curriculum-Vol-1.pdf> Syllabus – Indian Nursing Council - http://www.indiannursingcouncil.org/pdf/M.Sc.-Nursing-syllabus_0108.pdf (Accessed on 9th Oct 2019 at 1:26 pm)

²⁰ The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, nutrition and public health.

²¹ Training programmes can be considered to be provided “throughout the State ” if there is at least one training programme in at least 80% of the districts. Partial means 30-80% coverage.

- Department of Women and Child Development
- Interviews can be conducted with the concerned officials of states, or other projects involved in curriculum
- File RTI to get information from ministries
- State survey report on nutrition and health

Information Sources Used for assessment *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. _____
2. _____
3. _____
4. _____

Conclusions *(Summarize which aspects of the Indicator need improvement and why; and any further analysis needed):*

Gaps *(List gaps identified in the implementation of this indicator):*

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Recommendations *(List actions recommended to bridge the gaps):*

1. _____
2. _____
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4. _____

Education checklist Infant and young child feeding topics

Objectives (to be achieved by all health students and trainees who will care for infants, young children and mothers)	Content/skills (to achieve objectives)
1. Identify factors that influence breastfeeding and complementary feeding.	National/local breastfeeding and complementary feeding rates and demographic trends; cultural and psychosocial influences; common barriers and concerns; local influences.
2. Provide care and support during the antenatal period.	Breastfeeding history (previous experience), breast examination, information targeted to mother's needs and support.
3. Provide intra-partum and immediate postpartum care that supports and promotes successful lactation.	The Baby-friendly Hospital Initiative (BFHI), <i>Ten steps to successful breastfeeding</i> ; supportive practices for mother and baby; potentially negative practices.
4. Assess the diets and nutritional needs of pregnant and lactating women and provide counselling, as necessary.	Nutritional needs of pregnant and lactating women, dietary recommendations (foods and liquids) taking account of local availability and costs; micronutrient supplementation; routine intervention and counselling.
5. Describe the process of milk production and removal.	Breast anatomy; lactation and breastfeeding physiology
6. Inform women about the benefits of optimal infant feeding.	Benefits of breastfeeding for infant, mother, family, and community; benefits of exclusive breastfeeding for 0–6 months; options and risks when unable to breastfeed.
7. Provide mothers with the guidance needed to successfully breastfeed.	Positioning/ attachment; assessing effective milk removal; signs of adequate intake; practise observing and assessing breastfeeding and suggesting improvements.
8. Help mothers prevent and manage common breastfeeding problems. Manage uncomplicated feeding difficulties in the infant and mother.	Normal physical, behavioural and developmental changes in mother and child (prenatal through lactation stages); feeding history; observation of breastfeeding; suckling difficulties; causes and management of common infant feeding difficulties; causes and management of common maternal feeding difficulties.
9. Facilitate breastfeeding for infants with special health needs, including premature infants.	Risk/benefit of breastfeeding/breast milk; needs of premature infants; modifications; counselling mothers.
10. Facilitate successful lactation in the event of maternal medical conditions or treatments.	Risk/benefit; modifications; pharmacological choices; treatment choices.

Objectives <i>(to be achieved by all health students and trainees who will care for infants, young children and mothers)</i>	Content/skills <i>(to achieve objectives)</i>
11. Inform lactating women about contraceptive options.	Advantages and disadvantages of various child spacing methods during lactation; counselling about LAM; cultural considerations for counselling.
12. Prescribe/recommend medications, contraceptives and treatment options compatible with lactation.	Compatibility of drugs with lactation; effects of various contraceptives during lactation.
13. Assist mothers to sustain lactation during separation from their infants, including during hospitalization or illness of mother or child and when returning to work or school.	Milk expression, handling and storage; alternative feeding methods; cup-feeding; cause, prevention and management of common associated difficulties such as low milk supply; coordinating out-of-home activities with breastfeeding; workplace support.
14. Explain the <i>International Code of Marketing of Breast-milk Substitutes</i> and World Health Assembly resolutions, current violations, and health worker responsibilities under the <i>Code</i> .	Main provisions of the <i>Code</i> and WHA resolutions, including responsibilities of health workers and the breast-milk substitute, bottles and teats industries; violations by infant food companies; monitoring and enforcement of the <i>Code</i> .
15. Describe what foods are appropriate to introduce to children at various ages and which foods are available and affordable to the general population.	Developmental approach to introduce complementary foods; foods appropriate at various ages; available foods and their costs; incomes of local families and how income levels affect their abilities to afford various foods.
16. Ask appropriate questions of mothers and other caregivers to identify sub-optimal feeding practices with young children between 6 and 24 months of age.	Growth patterns of breastfed infants; complementary foods: when, what, how, how much; micronutrient deficiencies/supplements; young child feeding history; typical problems.
17. Provide mothers and other caregivers with information on how to initiate complementary feeding, using the local staple.	Local staples and nutritious recipes for first foods; practise counselling mothers; common difficulties and solutions.
18. Counsel mothers and other caregivers on how to gradually increase consistency, quantity, and frequency of foods, using locally available foods.	Guidelines for feeding young children at various ages and stages of development; potential difficulties and solutions regarding feeding and weaning; Essential Nutrition Actions.
19. Help mothers and other caregivers to continue feeding during illness and assure adequate recuperative feeding after illness.	Energy and nutrient needs; appropriate foods and liquids during and after illness; strategies for encouraging child to eat and drink; local beliefs about feeding during illness; appropriate feeding support during hospitalization; re-lactation.
20. Help mothers of malnourished children to increase appropriate food intake to regain correct weight and growth pattern.	Feeding recommendations for malnourished children; micronutrient supplements for malnourished children.

Objectives <i>(to be achieved by all health students and trainees who will care for infants, young children and mothers)</i>	Content/skills <i>(to achieve objectives)</i>
21. Inform mothers of the micronutrient needs of infants and young children and how to meet them through food and, when necessary, supplementation.	Micronutrient needs of infants and young children (iron, vitamin A, iodine, others); meeting these needs with food (breastfeeding and complementary foods); supplementation needs.
22. Demonstrate good interpersonal communication and counselling skills.	Listening and counselling skills, use of simple language, providing praise and support, considering mother's viewpoint, trials of new practices.
23. Facilitate group education sessions related to infant and young child nutrition and maternal nutrition.	Adult education methods; strategies for preparing and facilitating competency-based, participatory sessions.
24. Counsel mothers about prevention and reduction of mother-to-child-transmission of HIV/AIDS; options and risks of various feeding methods to consider when HIV-positive.	Modes of mother-to-child-transmission of HIV and how to prevent or reduce them; counselling confirmed HIV-positive mothers about feeding options and risks.
25. Provide guidance on feeding of infants and young children in emergencies and appropriate protection, promotion and support in these circumstances.	Policies and guidelines on feeding in emergencies; appropriate promotion and support; compliance with the <i>International Code of Marketing of Breast-milk Substitutes</i> and WHA resolutions.

Source: Infant and Young Child Feeding A tool for assessing national practices, policies and programmes WHO 2003. ²²

²² Infant and Young Child Feeding A tool for assessing national practices, policies and programmes WHO 2003
https://www.who.int/nutrition/publications/infantfeeding/inf_assess_nnpp_eng.pdf (Accessed on 9th Oct 2019 at 1:27 pm)

Criteria for mother-friendly care based on WHO Assessment tool.

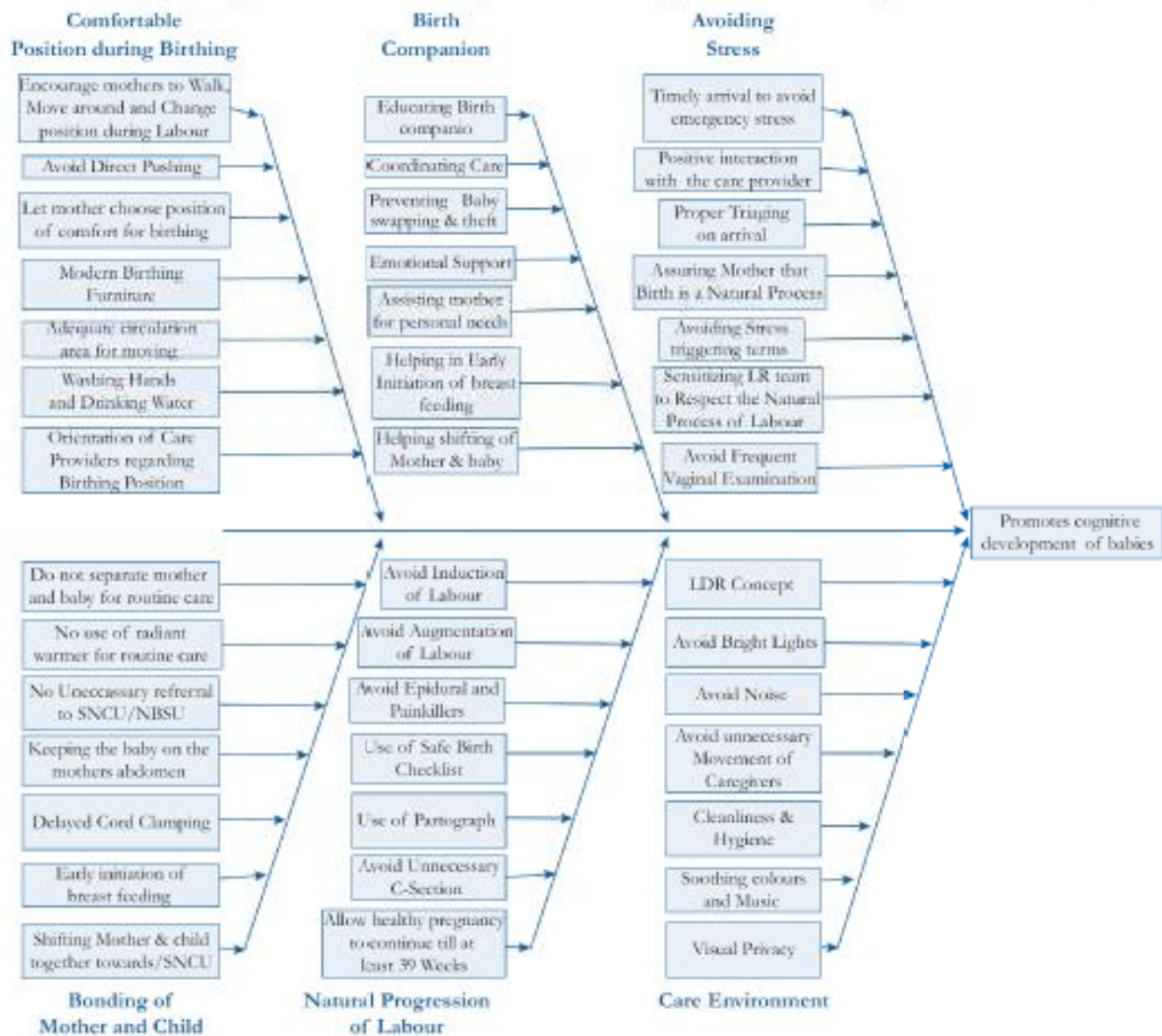
A woman in labour, regardless of birth setting, should have:

- Access to care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's culture, ethnicity and religion.
- Access to birth companions of her choice who provide emotional and physical support throughout labour and delivery.
- Freedom to walk, move about, and assume the positions of her choice during labour and birth (unless restriction is specifically required to correct a complication). The use of the lithotomy position (flat on back with legs elevated) is discouraged.
- Care that minimizes routine practices and procedures that are not supported by scientific evidence (e.g. withholding nourishment; early rupture of membranes; IVs (intravenous drip); routine electronic fetal monitoring; enemas; shaving).
- Care that minimizes invasive procedures (such as rupture of membranes or episiotomies) and involves no unnecessary acceleration or induction of labour, and no medically unnecessary caesarean sections or instrumental deliveries.
- Care by staff trained in non-drug methods of pain relief and who do not promote the use of analgesic or anaesthetic drugs unless required by a medical condition.

A health facility that provides delivery services should have:

- Supportive policies that encourage mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions.
- Clearly-defined policies and procedures for collaborating and consulting throughout the perinatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary; and linking the mother and baby to appropriate community resources, including prenatal and post-discharge follow-up and breastfeeding support.
- A policy on mother-baby-friendly services (as outlined above) and staff who are trained to understand that the health and well-being of the mother, her fetus, her newborn, and the successful initiation of breastfeeding, are all part of a continuum of care.

Promoting Respectful Maternity Care & Cognitive Development of Baby



Breastfeeding/complementary feeding/IYCF curriculum for undergraduate medical course in India

(Adapted from the competency based under graduate curriculum of Medical Council of India - to be implemented from August 2019)

Human Anatomy								
Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching- Learning Methods	Assessment Methods	Vertical Integration	Horizontal Integration
AN9.2	Breast: Describe the location, extent, deep relations, structure, age changes, blood supply, lymphatic drainage, microanatomy and applied anatomy of breast	K	KH	Y	Practical, Lecture	Written/ Viva voce	General Surgery	
AN9.3	Describe development of breast	K	KH	N	Lecture	Written		
Paediatrics								
PE7.3	Describe the composition and types of breast milk and discuss the differences between cow's milk and human milk	K	KH	Y	Lecture, debate	Written/ Viva voce	Physiology	
PE18.6	Perform postnatal assessment of newborn and mother, provide advice on breastfeeding, weaning and on family planning	S	SH	Y	Bedside clinics, Skill Lab	Skill Assessment	Community Medicine	Obstetrics &Gynaecology
PE7.1	Awareness on the cultural beliefs and practices of breastfeeding	K	K	N	Lecture, Small group discussion	Viva		Obstetrics &Gynaecology
PE7.2	Explain the physiology of lactation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce	Physiology	
PE7.3	Describe the composition and types of breastmilk and discuss the K differences between cow's milk and Human milk	K	KH	Y	Lecture, debate	Written/ Viva voce	Physiology	
PE7.4	Discuss the advantages of breastmilk	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		
PE7.5	Observe the correct technique of breastfeeding and distinguish right from wrong techniques	S	P	Y	Bedside clinics, Skill Lab	Skill Assessment		
PE7.6	Enumerate the baby friendly hospital initiatives	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		
PE7.7	Perform breast examination and identify common problems during lactation such as retracted nipples, cracked nipples, breast engorgement, breast abscess	S	SH	Y	Bedside clinics, Skill Lab	Skill Assessment		Obstetrics &Gynaecology, AETCOM
PE7.8	Educate mothers on ante natal breast care and prepare mothers for lactation	A/C	SH	Y	DOAP session	Document in Log Book		AETCOM
PE7.9	Educate and counsel mothers for best practices in Breastfeeding	A/C	SH	Y	DOAP session	Document in Log Book		Obstetrics &Gynaecology, AETCOM
PE7.10	Respects patient privacy	A	SH	Y	DOAP session	Document in Log Book		AETCOM
PE7.11	Participate in	A	SH	Y	DOAP session	Document in		

	Breastfeeding Week Celebration					Log Book		
PE8.1	Define the term Complementary Feeding	K	K	Y	Lecture, Small group discussion	Written/ Viva voce	Community Medicine	
PE8.2	Discuss the principles, the initiation, attributes, frequency, techniques and hygiene related to Complementary Feeding including IYCF	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce	Community Medicine	
PE8.3	Enumerate the common complimentary foods	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		
PE8.4	Elicit history on the Complementary Feeding habits	S	SH	Y	Bedside clinics, Skill lab	Skills Assessment	Community Medicine	
PE8.5	Counsel and educate mothers on the best practices in Complimentary Feeding	A/C	SH	Y	DOAP session	Document in Log Book	Community Medicine	
PE18.6	Perform Postnatal assessment of newborn and mother, provide advice on breast feeding, weaning and on family planning	S	SH	Y	Bed side clinics, Skill Lab	Skill Assessment		
PE18.7	Educate and counsel caregivers of children	A	SH	Y	Postnatal ward, standardized patient	Skill Assessment	AETCOM	
PE20.6	Explain the follow up care for neonates including Breastfeeding, Temperature maintenance, immunization, importance of growth monitoring and red flags	S	SH	Y	DOAP session	Log book entry		
Obstetrics and Gynaecology								
OG17.2	Counsel in a simulated environment, care of the breast, importance and the technique of breastfeeding	S/A/C	SH	Y	DOAP session	Skill assessment		
OG17.3	Describe and discuss the clinical features, diagnosis and management of mastitis and breast abscess	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		
Community Medicine								
CM10.3	Describe local customs and practices during pregnancy, childbirth, lactation and child feeding practices	K	KH	Y	Small group	Written/ Viva voce	Obstetrics & Gynaecology, Pediatrics	

Abbreviation: K – Knows; KH - Knows How; S – Skill; SH – Show How; P - Perform independently; DOAP - Demonstrate (by Student) Observe, Assist Perform); ATCOM – Attitude, Ethics and Communication

References:

<https://www.mciindia.org/CMS/wp-content/uploads/2019/01/UG-Curriculum-Vol-I.pdf>
<https://www.mciindia.org/CMS/wp-content/uploads/2019/01/UG-Curriculum-Vol-II.pdf>
<https://www.mciindia.org/CMS/wp-content/uploads/2019/01/UG-Curriculum-Vol-III.pdf>

Indicator 6: Counselling Services for the Pregnant and Breastfeeding Mothers

Key Question/s: Are there counselling services in place to protect, promote and support breastfeeding and optimal infant and young child feeding practices both at facility and community level ?

Background

Key interventions to improve feeding practices include implementing “Ten Steps” of the BFHI, skilled counselling of women and community mobilisation. Removing barriers to optimal practices, that women face at home, hospitals or at work place is the key to success.

Counselling to improve breastfeeding and infant and young child feeding practices and related support for women is essential for success in optimal breastfeeding practices. Support by peers in community and mothers support groups have shown positive results. The quality of interaction and counseling are critical issues.

Women need counselling services and support during pregnancy, at birth and postpartum. At the community level appropriate support from community volunteers or health workers under the health systems can offer and ensure sustained support to mothers. Community support workers must have adequate training to acquire the optimal knowledge and skills for giving support. It is necessary to have appropriate counseling in the community to motivate and increasing a mother’s confidence to breastfeed and provide home based complementary feeding. Sometimes, the mother support group (MSG) composed of few successful mothers and others of the same community is helpful and so is the support from health professionals and health careworkers.

Other important area is to consider the people living in remote areas where services are difficult to provide and receive. There is also need to provide adequate information to support maternal nutrition without which IYCF action by mothers may be suboptimal. The principle of “feed the mother so she can feed the child” is an important policy principle.

The activities in these contexts include woman-to-woman support, individual or group counselling, home visits or other locally relevant support measures and activities that ensure woman have access to adequate, supportive and respectful information, assistance and counselling services for improving breastfeeding and optimal infant and young child feeding practices. Provision of counselling services on breastfeeding and infant and young child feeding within the health care system needs a review.

Indicator 6: Counselling Services for the Pregnant and Breastfeeding Mothers			
<i>Criteria for assessment</i>	<i>√ Check one that applies in each question</i>		
6.1. What % of pregnant women receive counselling services for breastfeeding during ANC at the State/District level.	<input type="checkbox"/> >90% 2	<input type="checkbox"/> 50-89% 1	<input type="checkbox"/> <50% 0
6.2. What % of mothers receive counselling and support for initiation breastfeeding and skin to contact within an hour birth at the State/District level.	<input type="checkbox"/> >90% 2	<input type="checkbox"/> 50-89% 1	<input type="checkbox"/> <50% 0
6.3. What % of mothers receive post-natal counselling for exclusive breastfeeding at hospital at State/District level?	<input type="checkbox"/> >90% 2	<input type="checkbox"/> 50-89% 1	<input type="checkbox"/> <50% 0
6.4. What % women/families in the State /District receive breastfeeding and infant and young child feeding counselling at community level.	<input type="checkbox"/> >90% 2	<input type="checkbox"/> 50-89% 1	<input type="checkbox"/> <50% 0
6.5. What % of community-based health workers at the State/District level are trained in counselling skills for infant and young child feeding.	<input type="checkbox"/> >50% 2	<input type="checkbox"/> <50% 1	<input type="checkbox"/> No Training 0
Total Score	_____/10		

Possible Sources of Information:

- Relevant government circulars/orders/Child health or nutrition programmedocument.
- Information on counselling services from the health surveys / internal health managementdata.
- ICDSGuidelines
- PoshanAbhiyaanGuidelines/Components
- RTI information from MoHFW on PoshanAbhiyaan implementation and datamonitoring.
- RTI information from MoWCD on ICDSimplementation

Information Sources Used for assessment (please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.

1. _____
2. _____
3. _____
4. _____

Conclusions (Summarize which aspects of the Indicator need improvement and why; and any further analysis needed):

Gaps (List gaps identified in the implementation of this indicator):

1. _____
2. _____
3. _____
4. _____

Recommendations (*List actions recommended to bridge the gaps*):

1. _____
2. _____
3. _____
4. _____

Additional useful information(*It would be helpful in preparing the report but will not be scored*):

Guidelines to provide counselling of women to improve breastfeeding and infant and young child feeding practices as a standard of care

(Adapted from WHO guidelines: Counselling of Women to Improve Breastfeeding Practices²³)

S.No.	Specifics	Recommendations
1.	Target audience	<ul style="list-style-type: none"> Breastfeeding counselling should be provided to all pregnant women and mothers with young children. It should also be a part of the disaster risk reduction strategies and should serve as a preparedness response during disasters.
2.	Anticipatory counselling	<ul style="list-style-type: none"> Breastfeeding counselling should anticipate and address important challenges and contexts for breastfeeding, especially in situations like return to work, first pregnancy, pregnancy with 2 or more babies, mental ill health low birth weight, caesarian section delivery, humanitarian emergencies and breastfeeding in public.
3.	When	<ul style="list-style-type: none"> Breastfeeding counselling should be provided in both the antenatal and postnatal period and up to 24 months or longer. Counselling during pregnancy is very important to enable the mother to initiate breastfeeding within one hour of birth, stay together with the baby, and establish skin-to-skin contact, proper attachment and position to maintain breastfeeding. Counselling during the postnatal period helps in practicing and sustaining exclusive breastfeeding for the first six months, and after six months for good complementary feeding.
4.	Frequency	<ul style="list-style-type: none"> Breastfeeding counselling should be provided at least six times, and additionally as needed. The schedule may be, 1st-Antenatal, 2nd-immediately after birth within 2-3 days, 3rd- at 1-2 week after birth, 4th- at 3-4 month, 5th-at 6 months for CF and 6th-after 6 months. In addition, every 2-3 months from 6-24 months. The schedule may be aligned to the home visits in Home Based Newborn Care programme and Home Based Young Child Care programme.
5.	Mode	<ul style="list-style-type: none"> Breastfeeding counselling should be provided through face-to-face counselling. It may be may be complemented but NOT replaced by telephone counselling and /or other technologies.
6.	By whom	<ul style="list-style-type: none"> Appropriately trained health-care professionals and community-based lay and peer breastfeeding counsellors should provide Breastfeeding counselling as a continuum of care. A cascade training for skills and competence both in the health system and community along with supportive supervision is necessary. Lactation consultants or highly trained counsellors could play a role in supervision and helping mothers with heightened needs/intense counselling and support.

²³ WHO 2018. Guideline: Counselling of Women to Improve Breastfeeding Practices. <https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf?ua=1> accessed on May 2, 2019

Indicator 7: Accurate and Unbiased Information Support

Key Question/s: Are comprehensive Information, Education, & Communication (IEC) strategies for improving infant & young child feeding (breastfeeding & complementary feeding) being implemented in the States/districts?

Background:

The IMS Act, a national law that protects breastfeeding calls out for providing unbiased information to pregnant and lactating mothers about feeding their children. Outreach and information support to women in communities is essential for succeeding in optimal breastfeeding practice. It is essential to have a look at the existing strategies and services whether these conform to the standards like National Guidelines and reaching allwomen.

Women if they don't have accurate are likely to adopt inappropriate feeding practices which is a health hazard. Ministry of Women and Child Development (MoWCD)'s PoshanAbhiyaan also as a strategy during the POSHAN Maah focuses on Social Behavioural Change and Communication (SBCC) for antenatal care, optimal breastfeeding (early and exclusive) and complementary feeding. PoshanAbhiyaan Jan Andolan Guidelines²⁴ and Guidelines for Community Based Events²⁵ includes details about communication strategy and information on providing accurate information to mothers and their families.

²⁴<https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/Guidelines/JanAndolanGuidelines-English.pdf>(Accessed on 9th Oct 2019 at 12:13 pm)

²⁵<https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/CBE/CBE-Guidelines-English.pdf>(Accessed on 9th Oct 2019 at 12:13 pm)

Indicator 7: Accurate and Unbiased Information Support[^]		
Criteria for Assessment	Tick (✓) all that applies	
7.1. There is a state IEC strategy documented for improving infant and young child feeding.	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
7.2. Messages are communicated to people through different channels and in local context.	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
7.3. IEC strategy, programmes and campaigns (such as WBW, Nutrition Week) are carried out regularly?	<input type="checkbox"/> Yes = 1	<input type="checkbox"/> No=0
7.4 Any campaigns or programs are free from commercial influence?	<input type="checkbox"/> Yes= 1	<input type="checkbox"/> No= 0
7.5 Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
7.6 IEC programs that include infant and young child feeding are being implemented at state and local level	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
7.7 Are mothers who are, giving artificial feeding to their babies, given information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ²⁷	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
Total Score	____/10	

Possible Sources of Information:

- Guidelines for enhancing optimal infant and young child feeding practices, Ministry of Health and Family Welfare, Government of India,2013
- State ICDS Mission
- PoshanAdhiyandocuments
- IEC material related to breastfeeding on Nutrition Resource Platform (NRP) – MWCDinitiative
- National Health Systems Resource CentrePortal
- RTI to State offices MoWCD andMoHFW
- RTI to Regional Offices of National Institute Of Public Cooperation And ChildDevelopment
- Interview or call State Uniceffunctionaries
- Interview or call with state officers of MoWCD and MoHFW IECdepartments

Information Sources Used for assessment *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. _____
2. _____
3. _____
4. _____

Conclusions *(Summarize which aspects of the Indicator need improvement and why; and any further analysis needed):*

²⁶ To ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula. This is to minimize health hazards. Parents are

informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately. And where applicable, that this information is conveyed through an explicit warning on packaging.

Gaps (*List gaps identified in the implementation of this indicator*):

1. _____
2. _____
3. _____
4. _____

Recommendations (*List actions recommended to bridge the gaps*):

1. _____
2. _____
3. _____
4. _____

Additional useful information (*It would be helpful in preparing the report but will not be scored*):

Indicator 8: Infant Feeding & HIV

Key Question/s: Are appropriate policies and programmes in place to ensure practice of optimal and safe infant feeding by HIV positive mothers?

Rationale: HIV may be transmitted through breastfeeding, which poses a great dilemma for policy makers, programme managers and mothers. The *Global strategy for Infant and Young Child Feeding* and India's national guidelines on infant and young child feeding recognised the risk of mother-to-child transmission of HIV through breastfeeding and identified a need for a clear policy framework on HIV and infant feeding that should also address skill training of health care providers to deal with infant feeding options.

In 2010, the W.H.O for the first time recommended ARV drug interventions to prevent postnatal transmission of HIV through breastfeeding. WHO adopted a public health approach, recommending that national authorities should promote and support one feeding practice for all women living with HIV accessing care in the health facilities. W.H.O advised countries to choose a national approach for their ARV option for PMTCT based on operational consideration. WHO also recommended that countries while deciding upon the feeding option should avoid harm to infant feeding practices in the general population by counselling and support to mothers known to be HIV-infected and health message to the general population should be carefully delivered so as not to undermine optimal breastfeeding practices among the general population.²⁷

The 2013 W.H.O consolidated guidelines on the use of ARV drugs recommended one of two approaches: (a) providing ART during pregnancy and counseling for breastfeeding to women living with HIV who are otherwise not eligible for ART (Option B); or (b) providing lifelong ART for all pregnant and breastfeeding mothers living with HIV regardless of their CD4 count or clinical stage (OptionB+).²⁸

In the past few years, a significant amount of new research evidence and programmatic experience on infant feeding in the women living with HIV have emerged, which has led to a major shift in the policies on infant feeding counseling to the women and their families. Infant feeding recommendations to mothers living with HIV now aim for greater likelihood of HIV free survival of their children and not just prevention of transmission of HIV to the offspring. W.H.O has updated its infant feeding recommendations for HIV settings in 2016²⁹ which says, "practicing mixed feeding is not a reason to stop breastfeeding in the presence of Anti-retroviral (ARV) drugs", though all efforts should be made to counsel mother to do exclusive breastfeeding." Updated guidelines also recommend "mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer (similar to the general population) while being fully supported for ART adherence."

Policies and programmes to implement this effectively will require HIV Testing and Counselling (HTC) to be available and offered routinely to all mothers. Furthermore, support should be provided to ensure ARVs are made accessible to all breastfeeding mothers as per the national recommendations, with

²⁷ W.H.O: Rapid advice: infant feeding in the context of HIV, November 2009. Available at: <http://www.who.int/hiv/pub/paediatric/advice/en/> (Accessed on 9th Oct 2019 at 12:15 pm)

²⁸ World Health Organization (2013). Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Recommendations for a public health approach. Available at: <http://www.who.int/hiv/pub/guidelines/arv2013/en/> (Accessed on 9th Oct 2019 at 12:15 pm)

²⁹ World Health Organization (2016). Guideline: updates on HIV and infant feeding: the duration of breastfeeding, support from health services to improve feeding practices among mothers living with HIV. Available at: <http://apps.who.int/iris/bitstream/handle/10665/246260/9789241549707-eng.pdf?sequence=1> (Accessed on 9th Oct 2019 at 12:15 pm)

support and follow up being provided to all mothers, regardless of HIV status.

In an emergency situation in countries that recommend exclusive breastfeeding with ARVs for mothers living with HIV, the recommendation should remain unchanged, even if ARVs are temporarily not available. Health staff dealing with mothers and infants requires preparation for supporting the women living with HIV.

The National AIDS Control Organisation, Government of India has adopted the policy of providing appropriate ARVs and advising HIV positive mothers to practice exclusive breastfeeding for the first six months of life.³⁰

Indicator 8: Infant Feeding & HIV		
Criteria for Assessment	Tick (✓) all that applies	
8.1. State has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV issues updated to national and global guidance.	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
8.2 the State policy gives effect to the IMS Act in principle	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
8.3. The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
8.4. Infant feeding counselling is provided to all mothers living with HIV appropriate to national/state circumstances	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
8.5. Mothers are supported and followed up in carrying out the recommended infant feeding practices	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
8.6. The State is making efforts to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
8.7. Research on Infant feeding and HIV is carried out to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
8.8. Health care providers receive training on HIV and infant feeding counselling.	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
Total Score	____/10	

Possible Sources of Information:

- State IYCFpolicy/guidelines
- NACO/SACS/state MOH reports
- RTI/Interview
- Advertisements in media/public places(8.7)

³⁰Nutrition Guidelines for HIV-Exposed and Infected Children (0-14 Years Of Age)
<http://www.naco.gov.in/sites/default/files/Paedia%20Nutrition%20national%20guidelines%20NACO.pdf>
 (Accessed on 9th Oct 2019 at 12:40 pm)

Information Sources Used for assessment *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. _____
2. _____
3. _____
4. _____

Conclusions *(Summarize which aspects of the Indicator need improvement and why; and any further analysis needed):*

Gaps *(List gaps identified in the implementation of this indicator):*

1. _____
2. _____
3. _____
4. _____

Recommendations *(List actions recommended to bridge the gaps):*

1. _____
2. _____
3. _____
4. _____

Additional useful information*(It would be helpful in preparing the report but will not be scored):*

Indicator 9: Infant Feeding during Emergencies

Key Question/s: Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?

Background:

Infants and young children are among the most vulnerable groups in emergencies. Absence of or inadequate breastfeeding and inappropriate complementary feeding increase the risks of undernutrition, illness and mortality. In emergency and humanitarian relief situations the emergency-affected host country and responding agencies share the responsibility for protecting, promoting and supporting optimal infant and young child feeding practices and minimizing harmful practices. Concise Operational guidance on how to ensure appropriate feeding in emergency situations and comply with international emergency standards has been developed by an interagency Infant Feeding in Emergencies Core Group and was adopted at WHA 63.23 in 2010 (Infant and Young Child Feeding in Emergencies. Operational Guidance for emergency and relief staff and program managers, version 2.1, 2007, IFE Core group <http://www.enonline.net/resources/6>). Practical details on how to implement the guidance summarized in the Operational Guidance are included in companion training materials, also developed through interagency collaboration as well as part of the UN Nutrition Cluster capacity building materials. All these resources are available at www.enonline.net/IFE

The NDMA has developed a plan of action to manage emergency situations and mentioned special attention to needs of infants and small children under section food and essential supplies.³¹

³¹National Disaster Management Plan (NDMP)
<https://ndma.gov.in/images/policyplan/dmplan/National%20Disaster%20Management%20Plan%20May%202016.pdf>
(Accessed on 10 Oct 2019 at 12:41 pm)

Indicator 9: Infant Feeding during Emergencies		
Criteria for Assessment	Tick (✓) all that applies	
9.1. The state/district health department has an emergency preparedness and response plan that includes infant feeding counselling support.	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
9.2. Does the State policy integrate provisions of the IMS Act to protect breastfeeding from commercial influence?	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
9.3. Resources have been allocated for implementation of the state/district health emergency preparedness and response plan.	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
9.4. Is there a policy for that prohibits use of infant formula unless indicated by individual assessment?	<input type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
9.5. The state/district response plan includes:		
a) Basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately skill trained counsellors, and support for relactation and wet-nursing.	<input type="checkbox"/> Yes =0.5	<input type="checkbox"/> No=0
b) Measures to protect, promote and support appropriate and complementary feeding practices.	<input type="checkbox"/> Yes =0.5	<input type="checkbox"/> No=0
c) Measures to protect and support the non breast-fed infants	<input type="checkbox"/> Yes =0.5	<input type="checkbox"/> No=0
d) Space for IYCF counselling support services	<input type="checkbox"/> Yes =0.5	<input type="checkbox"/> No=0
e) Measures to minimize the risks of artificial feeding are in place for handling unsolicited donations.	<input type="checkbox"/> Yes =0.5	<input type="checkbox"/> No=0
f) Indicators, and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.	<input type="checkbox"/> Yes =0.5	<input type="checkbox"/> No=0
Total Score	_____ /10	

Possible Sources of Information:

- State WCD & Health department
- State IYCFpolicy/guidelines
- NDMAwebsite
- NIDMwebsite
- RTI
- Interview with concernedofficials

Information Sources Used for assessment *(please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.*

1. _____
2. _____
3. _____
4. _____

Conclusions *(Summarize which aspects of the Indicator need improvement and why; and any further analysis needed):*

Gaps (*List gaps identified in the implementation of this indicator*):

1. _____
2. _____
3. _____
4. _____

Recommendations (*List actions recommended to bridge the gaps*):

1. _____
2. _____
3. _____
4. _____

Additional useful information(*It would be helpful in preparing the report but will not be scored*):

Indicator 10: Monitoring and Evaluation

Key question/s: Are monitoring and evaluation systems in place that routinely collect, analyze and use data to improve infant and young child feeding practices?

Rationale:

Monitoring and evaluation (M & E) components should be built into all major infant and young child feeding programme activities and collection of data concerning feeding practices integrated into national nutritional surveillance and health monitoring systems or surveys. The Ministry of Women and Child Development under The PoshanAbhiyaan has started monitoring data by frontline functionaries and a six-tier dashboard ensuring the monitoring and intervention mechanism through Common Application Software (CAS). CAS Real Time Monitoring (RTM) for nutritional outcomes.³²

Periodic monitoring or management information system data should be collected systematically, analyzed and considered by programme managers as part of the planning exercise and use for making corrections if any for the implementation process. When appropriate, both baseline and follow-up data should be collected to measure outcomes. Unified criteria on the use of internationally agreed-upon indicators and data collection strategies should be considered, in an effort to increase availability of comparable data.³³It is important to devise strategies to assure that results of important evaluation are used to assure evidence-baseddecision-making.

³² ICDS-CAS dashboard manual <https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ICT-RTM/Dashboard%20Manual.pdf>(Accessed on 9 Oct 2019 at 12:43 pm)

³³See the WHO Indicators for assessing infant and young child feeding practices for suggestions concerning Infant and Young Child Feeding indicators and data collection strategies.

Indicator 10: Monitoring and Evaluation		
Criteria for Assessment	Tick (✓) all that applies	
10.1. Monitoring and evaluation of the IYCF programmes or activities at State or district level include at least 3 IYCF indicators (early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding).	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
10.2. Is there any management information system (MIS) adapted for the monitoring and evaluation of activities under Breastfeeding and IYCF programme?	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
10.3. Data on progress made in implementing Breastfeeding and IYCF programme and activities are routinely or periodically collected and generated at the state/ district level.	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
10.4. The data is being reported to the key decision makers at state/district level?	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
10.5. In the past two years has there been any action taken by the State or District authorities to make a correction in programmes by utilization of the data? (provide examples)	<input type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
Total Score	_____/10	

Possible Sources of Information:

- Interviews can be conducted with the officials of
- State Ministry of Health / National Health Mission
- Department of Women and Child Development.
- Department of Statistics
- RTI information
- State MOH and WCD Websites
- State level surveys

Information Sources Used for assessment (please provide web-links or references for each of the information used above in answering the questions. To be acceptable, there has to be a source for each.

1. _____
2. _____
3. _____
4. _____

Conclusions (Summarize which aspects of the Indicator need improvement and why; and any further analysis needed):

Gaps (List gaps identified in the implementation of this indicator):

1. _____
2. _____
3. _____
4. _____

Recommendations (*List actions recommended to bridge the gaps*):

1. _____
2. _____
3. _____
4. _____

IYCF Practices

Indicator 11: Initiation of Breastfeeding (within 1 hour)

Key question: What is the percentage of newborn babies breastfed within one hour of birth at the State/District level?

Definition of the indicator: Proportion of children born in ‘0-23’ months who were put to the breast within one hour of birth.

Background

Many mothers, in the world, deliver their babies at home, particularly in low income countries and more so in rural areas. Breastfeeding is started late in many of these settings due to cultural or other beliefs. According to the new guidelines for the Baby Friendly Hospital Initiative (BFHI), Step 4 of the *Ten Steps to Successful Breastfeeding* recommends placing all babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encouraging mothers who have chosen to breastfeed to recognize when their babies are ready to breastfeed, offering help if needed.

If the mother has had a cesarean section, the baby should be offered the breast when the mother is able to respond; this happens within few hours even if general anesthesia was used. Mothers who have undergone a cesarean section need extra help with breastfeeding otherwise they may initiate breastfeeding much later. Ideally, the baby should start to breastfeed before any routine procedure (such as bathing, weighing, umbilical cord care, administration of eye medications) is performed. Early breastfeeding contributes to better temperature control of the newborn baby, enhances bonding between the mother and the baby, and also increases the chances of establishing exclusive breastfeeding early and its success. Evidence shows that early initiation of breastfeeding could reduce neonatal mortality by 22% in low income countries.³⁴

Source of data: Demographic and Health Surveys, MICS surveys, national and sub-national surveys, national health information systems

Assessment

Indicator 11: Initiation of Breastfeeding (within 1 hour)	Percentage (%)	
	State	District

Scoring: Indicators will be scored on actual values, e.g. 65.6% gets a score of 6.56

Data Source (including year):

³⁴ Edmond KM, Zandoh C, Quigley MA et al. Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics* 2006; 117: 380-386

Indicator 12: Exclusive Breastfeeding under 6 months

Key question: *What is the percentage of infants less than 6 months of age who were exclusively breastfed³⁵ in the last 24 hours at the State/District level?*

Definition of the indicator: Proportion of infants 0–5 months of age who received only breastmilk during the previous 24 hours. (0-5 months means 5 months and 29 days as per research guidance)

Technical note: this indicator can be calculated if data are available for the whole population of infants less than 6 months of age or, more often, it can be estimated from a random sample of infants. The sample must be random so that it reflects the distribution of infants by month of age of the whole population. If the sample is not random, it may over- or under-represent an age group, thus over- or under-estimating the rate of exclusive breastfeeding under 6 months.

Background

Exclusive breastfeeding for the first six months is crucial for survival, growth and development of infants and young children. It lowers the risk of illness, particularly diarrheal diseases and acute respiratory infections. It also prolongs lactation amenorrhea in mothers who breastfeed frequently, also at night. WHO commissioned a systematic review of the published scientific literature about the optimal duration of exclusive breastfeeding and in March 2001 the findings were submitted for technical review and scrutiny during an Expert Consultation. This Expert Consultation recommended a change to exclusive breastfeeding for 6 months from earlier recommendation of 4-6 months. The World Health Assembly (WHA) formally adopted this recommendation in May 2001 through Resolution 54.2/2001. In 2002, the WHA approved Resolution 55.25 that adopted the Global Strategy for Infant and Young Child Feeding. Later on, in September 2002, the UNICEF Executive Board also adopted this Resolution and the Global Strategy for Infant and Young Child Feeding, bringing a unique consensus on this health recommendation. Analyses published in the Lancet in 2003³⁶ and 2016³⁷ clearly point to the role of exclusive breastfeeding during first six months for infant survival and development.

Source of data: Demographic and Health Surveys³⁸, MICS surveys, national and sub-national surveys, national health information systems.

³⁵ Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

³⁶Black RE, Morris SS, Bryce J. Where and why are 10 million children dying every year? Lancet 2003;361:2226-34

³⁶Victora CG, Bahl R, Barros AJD et al. Breastfeeding in the 21st century: epidemiology, mechanisms and lifelongs effect. Lancet 2016;387:475-90

³⁷Victora CG, Bahl R, Barros AJD et al. Breastfeeding in the 21st century: epidemiology, mechanisms and lifelongs effect. Lancet 2016;387:475-90

³⁸ Exclusive breastfeeding rate (EBR) calculator may be used, if required, to calculate data for exclusive breastfeeding for babies <6 months. The calculator may be seen at: WHO (2003). Infant and Young Child Feeding - A tool for assessing national practices, policies and programmes. Available at <http://whqlibdoc.who.int/publications/2003/9241562544.pdf> (Accessed on 9th Oct 2019 at 12:48 pm)

Assessment

Indicator 12: Exclusive Breastfeeding under 6 months	Percentage (%)	
	State	District

Scoring: Indicators will be scored on actual values, e.g. 65.6% gets a score of 6.56

Data Source (including year):

Indicator 13: Complementary Feeding (6-8 months)

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age at the State/District level?*

Definition of the indicator: *Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods*

Background

As babies need additional nutrients, along with continued breastfeeding, after 6 months of age, complementary feeding should begin with locally available foods that are affordable and sustainable, in addition to safe and nutritious. Infants should be offered a variety of soft or mashed foods in small quantities, 3-5 times a day. Complementary feeding should gradually increase in amount and frequency as the baby grows. Breastfeeding, on demand, should continue for 2 years or beyond. Complementary feeding is also important from the care point of view, the caregiver should continuously interact with the baby and take care of hygiene to keep it safe.

The proposed indicator measures only whether complementary foods are added in a timely manner, after 6 months of age along with breastfeeding.

Source of data: Demographic and Health Surveys, MICS surveys, national and sub-national surveys, national health information systems

Assessment

Indicator 13: Complementary Feeding (6-8) months	Percentage (%)	
	State	District

Scoring: Indicators will be scored on actual values, e.g. 65.6% gets a score of 6.56

Data Source (including year):