

SPOTLIGHT

ON INFANT FEEDING IN TAMIL NADU 2020

Tracking policies and
programmes in support
of women and children
to adopt optimal feeding
practices: from conception
to 2 years or beyond



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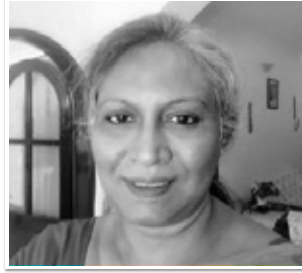
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MESSAGE

I am happy to launch the report "Spotlight on Infant Feeding in Tamil Nadu 2020 - *Tracking policies and programmes in support of women and children to adopt optimal feeding practices: from conception to 2 years or beyond*". I understand that this report is a State Breastfeeding Trends *initiative (SBTi)* developed on the lines of the World Breastfeeding Trends initiative using tools based on those provided by WHO for assessing status of IYCF practices in various countries. The report has been prepared by the SBTi core team- a group of experts who conducted the assessment.

The report points out the achievements and highlights the gaps in ten areas that affect infant and young child feeding practices. It suggests ways to bridge the gaps identified with specific recommendations that can help the State to improve the status of IYCF. It envisages a strengthening of the synergetic approach of the Government of Tamil Nadu in improving health and nutrition through greater involvement of Health and Family Welfare, Health Mission, ICDS, TNSACS and SAATHI with possibilities of more partners.

I am happy to note that Tamil Nadu is doing fairly well in most of the indicators and that with focussed attention on those areas where we have some gaps, we can certainly bridge them to improve the status of IYCF practices in the State of Tamil Nadu. Government of Tamil Nadu, with a view to facilitate breastfeeding even during travel, breastfeeding rooms are provided in 352 bus stands / terminals. 26 Breast Milk Banks have been established in Government Medical College Hospitals and District Headquarters Hospitals to feed the infants who are not breastfeed due to increased risk of illness of the delivered mother.

I appreciate and congratulate the Breastfeeding Network of India (BPNI) and their SBTi core team in Tamil Nadu for carrying out this valuable task and providing a repository of information that will be useful to policy makers, administrators and civil society to promote infant and young child survival, optimal growth and early development in the state.

(DR. J. RADHAKRISHNAN)



FOREWORD

The Breastfeeding Promotion Network of India (BPNI) / International Baby Food Action Network (IBFAN) South Asia, the Government of Tamil Nadu, the HCL Foundation and all the authors are to be jointly commended for producing the Report on the State Breastfeeding Trends Initiative of Tamil Nadu titled 'Spotlight on Infant Feeding in Tamil Nadu 2020'. I trust that this excellent report will be studied by both doctors and nurses and as well as child carers and health policy makers. Good governance practice requires the use of well documented evidence as the basis for appropriate policy and reports such as this can, and must, feed into a well-integrated maternal and child health programme.

This Report studies the state's performance within each of ten specific areas, marked as indicators. Tamil Nadu has a long history of well-structured primary health care and successive governments have invested public funds into women and children's care, mid-day meals and child nutrition. Despite this, performance across the ten indicators is uneven, with weak performance in the implementation of the IMS Act and the actual implementation of the early breastfeeding programme. It is puzzling that in a state where 99% of deliveries are institutional, both public and private, initiation of breastfeeding within an hour of birth is only at 54.7%. There is other disturbing data, such as that 34% of births are by caesarean section. This is well above the WHO threshold of 15%; it is also well above the rate recorded in other states.

It is also important to recognize that while improved performance on such indicators as MMR, IMR, institutional delivery and initiation of early breastfeeding is extremely desirable and reflects better performance of and by health systems, they do not in themselves mean that mothers are healthier, less anaemic, less overworked, better fed and cared for within their own homes or less vulnerable to domestic violence. They do not also mean that infants and young children are better fed, better cared for, less prone to stunting and wasting or more capable of having a joyful childhood or of being prepared for schooling. It is essential that health systems lay the foundation, and there is enough evidence that this is happening in Tamil Nadu, but the task of raising new generations of healthy and happy children and helping them grow into being responsible, productive, and well-integrated members of society is one to which governments, civil society groups, the private sector and individual citizens must all address themselves.

KESHAV DESIRAJU

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We sincerely acknowledge and thank Prof. Shanmugavelayutham, Convenor of TN-FORCES and Founder Trustee of 'FORYOUCCHILD' for providing office space and staff support for conducting core group meetings and filing RTIs to the concerned departments for information. We would like to specially place on record the support of Ms. Yashika Joshi of the BPNI secretariat.

We thank all the concerned in Tamil Nadu who were helpful for providing us photographs for this report.

We are grateful for HCL foundation for providing the financial support.

Core group members of SBTi Tamil Nadu

ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxillary Nurse Midwife
ARV	Anti-Retroviral
ART	Anti-Retroviral Therapy
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi worker
BFHI	Baby Friendly Hospital Initiative
BPNI	Breastfeeding Promotion Network of India
CAS	Common Application Software
CSO	Civil Society Organization
FAO	Food and Agriculture Organization
FORYOUCHILD	Foundation For the Rights of Young Child
FBM	Facility Based Management
HCLF	Hindustan Computers Limited Foundation
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSC	Health Sub Centre
IAP-CCB	Indian Academy of Pediatrics Chennai City Branch
IBFAN	International Baby Food Action Network
ICDS	Integrated Child Development Scheme
IEC	Information, Education and Communication
IMS ACT	The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act
IYCF	Infant and Young Child Feeding
LAM	Lactational Amenorrhea Method
LaQshya	Labour Room Quality improvement Initiative
MAA	Mother's Absolute Affection
MBA	Maternity Benefits Act

MCP	Mother and Child Protection card
MoWCD	The Ministry of Women and Child Development
MRMBS	Dr. Muthulakshmi Reddy Maternity Benefit Scheme
NDMA	National Disaster Management Authority
NFHS	National Family Health Survey
NGO	Non Government Organization
NHM	National Health Mission
NIDM	National Institute of Disaster Management
PHC	Primary Health Centre
PICME	Pregnancy and Infant Cohort Monitoring and Evaluation
PIF	Powdered infant formula
PMMVY	Pradhan Mantri Matritva Vandana Yojna
RTI	Right to Information
SBCC	Social Behavioural Change and Communication
SBTi	State Breastfeeding Trends initiative
TN FORCES	Tamil Nadu Forum for Creches and Childcare Services
Unicef	United Nations Children's Fund
WBW	World Breastfeeding Week
WBTi	World Breastfeeding Trends initiative
WHA	World Health Assembly
WHO	World Health Organization

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EXECUTIVE SUMMARY

Optimal feeding of babies includes exclusive breastfeeding for the first six months and thereafter continued breastfeeding for two years or beyond along with appropriate complementary feeding. This is critical for the health of infants, young children, and throughout their life as adults. Optimal infant and young child feeding practices (IYCF) are dependent on programmes and policies that support and enable women and families.

The World Health Organization (WHO) in 2003 published the *“Infant and Young Child Feeding- A tool for assessing national practices, policies and programmes”*. The BPNI/International Baby Food Action Network (IBFAN) South Asia adapted and launched the World Breastfeeding Trends Initiative (WBTi) in 2004. The WBTi has 4 components including measurement of policy/programmes to identify gaps based on a uniform tool, which is followed by objective scoring and colour coding. The national groups use these findings to launch national advocacy actions to bridge the gaps. In 2019, the BPNI launched the “State Breastfeeding Trends Initiative (SBTi)” to monitor and track the relevant policy and programmes in the States of India by adapting the World Breastfeeding Trends Initiative (WBTi). The SBTi assesses the strengths and weaknesses in 10 parameters of policy and programmes related to breastfeeding and infant feeding and document gaps. It also monitors the rates of 3 indicators of practices e.g. early breastfeeding within an hour, exclusive breastfeeding for the first 6 months and complementary feeding 6-8 months.

The objective of SBTi is 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. The SBTi encourages reassessment after 3-5 years to document

the change and stimulate further actions. The SBTi tool provides objective scores and colour codes to the findings, making them easily understandable. Each of the ten parameters is scored out of a maximum of 10, as per the weightage. Total score of ten indicators has a maximum score of 100. The colour codes indicate degree of performance in an ascending order from Red-Yellow-Blue-Green.

According to NFHS – 4 survey of Tamil Nadu, early initiation of breastfeeding within 1 hour of birth is 54.7%, exclusive breastfeeding in children under 6 months of age is 48.3% and initiation of appropriate complementary feeding in children age 6-8 months receiving solid or semi solid food and breastmilk is 67.5%. Tamil Nadu is ranked tenth among all the Indian States based on the infant feeding score provided by the NHM-MOHFW, Government of India’s Breastfeeding Report Card¹. This is despite the efforts taken by the State of Tamil Nadu over the years. Tamil Nadu, has been a forerunner in launching many useful initiatives such as Dr. Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) and has 99% deliveries occurring in the health institutions making it a big opportunity for action. It is important to note that according to NFHS-4, about 32% deliveries do occur in private health facilities, 34% deliveries occur by caesarean section (26% in public and 51% in private).

Despite efforts, Tamil Nadu is ranked tenth among all the Indian States based on the infant feeding score provided by the NHM-MOHFW

This report- “SPOTLIGHT ON INFANT FEEDING IN TAMIL NADU 2020-Tracking policies and programmes in support of women and children to adopt optimal feeding practices: from conception to 2 years or beyond” is the first ever report of assessment of policy and programmes in the State. It identifies gaps and provides recommendations for improvement. The BPNI and the Core group of 8 experts in the relevant domains in Tamil Nadu have successfully accomplished this work.

¹https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/CH/Schemes/Maa/Breastfeeding_and_IYCF_Report_Cards.pdf

This work is part of the BPNI project “Universalising Services and Support to Breastfeeding in the Urban Areas of Gautam Budh Nagar, Lucknow and Chennai” with financial support from the HCL Foundation.

Methodology

The BPNI identified the SBTi core group and its coordinator in Tamil Nadu based on their strengths and expertise, and introduced the tools to them. Each member had specific indicators to work on and collect information from secondary sources to answer the questions of the tool. Once the information on the 'SBTi

questionnaire' was collected and analysed, it was shared among all core group members and the larger group of concerned persons across the state for inputs and consensus on findings, gaps and recommendations. Further, the SBTi guidelines provided scores and colour coding.

Assessment findings.

Table 1: Indicator 1-10: IYCF Policy and Programmes in Tamil Nadu

The Indicators 1 to 10		Score out of 10	Color Code
No.	Description		
1	State Policy, Governance and Funding	7.5	
2	Ten steps to successful breastfeeding/ MAA Programme Implementation (BFHI)	4.5	
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)	3	
4	Maternity Protection	7.5	
5	Health and Nutrition care Systems	7.5	
6	Counseling services for the pregnant and breastfeeding mothers	7	
7	Accurate and Unbiased Information Support	8	
8	Infant feeding and HIV	7	
9	Infant Feeding during Emergencies	2	
10	Monitoring and Evaluation	10	
Total Score out of 100 and the Colour Code		64/100	

From the above summary table, you can see that Tamil Nadu has 2 indicators in Red, 1 in yellow, 6 in Blue and 1 in Green with the overall score in Blue. While it is good to note that 6 indicators are in Blue, the ones in yellow and red are critical to correct to achieve the optimal status.

KEY FINDINGS

The findings from 10 indicators of policy and programmes present a sketch of the support that women receive to practice optimal feeding of their

infants. Based on an analysis of available information, we provide a brief of each indicator along with key gaps and recommendations mentioned below:

POLICY and PROGRAMMES

Indicator 1: *State Policy, Governance and Funding*

Tamil Nadu scored 7.5 out of 10 for this indicator and is coded Blue. The State has adopted the policy of breastfeeding and infant and young child feeding, which covers all the feeding recommendations. The state has developed a plan of action for implementing it but it does not reflect action at district level. A committee has been formed that includes key persons with specific responsibilities. Funds allotted for interventions are inadequate. Emphasis on breast-

feeding and IYCF policy within the policy note of the Health and Family Welfare Department and Integrated Child Development Services Scheme, Tamil Nadu is required. Scope exists for a documentation of district plan, along with allocation of specific funding for each activity and matching global recommendations of about 4.7\$ per child born for interventions such as counselling, BFHI, IMS Act, disaster response etc. excluding maternity protection.

Indicator 2: *Ten steps to successful breastfeeding/ MAA Programme Implementation (Baby Friendly Hospital Initiative)*

Tamil Nadu scored 4.5 out of 10 for this indicator and is coded Yellow. The State has adopted the MAA programme at all government health facilities and more than 80% of hospitals are implementing it. Government health facilities keep a record of early initiation of breastfeeding within one hour of birth and skin-to-skin contact but not on 'antenatal counselling' of pregnant mothers on breastfeeding and 'use of infant formula' during the hospital stay. Information, education and training is implemented; however, it is inadequate. It misses integration of the IMS Act. Monitoring of the MAA programme using assessment or re-assessment of health facilities has not taken off. The way forward

includes making the MAA/BFHI programme universal in the state (including all private institutions as 32% babies deliver in private hospitals) irrespective of the number of deliveries conducted in a facility. Data recording needs improvement especially for skin-to-skin contact and use of infant formula milk. Big push can be given to assessment and re-assessment of maternity facilities as per guidelines and tools developed by BPNI in partnership with WHO and MOHFW Government of India. This is a critical step in breastfeeding support, given that one third deliveries are happening by caesarean section and these mothers can be successful in breastfeeding if supported.

Assessment and re-assessment of maternity facilities as per guidelines and tools developed is necessary.

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

Tamil Nadu has scored 3 out of 10 in this indicator and is coded Red. In February 2020, The Tamil Nadu government notified the designated officers of the districts of the Food Safety Department as authorized officers (Doctors) at the district level for taking cogni-

zance of any violation of the IMS Act 1993 and Amendment Act, 2003. However, the state has neither documented any report on monitoring of the compliance of the IMS Act in the past two years, nor has the government organized any awareness

programmes/ seminars in the provisions of the IMS Act for the past one year in the state/districts or designed any related IEC material. No action has been taken against the offenders of IMS Act in the past couple of years. The way forward includes designing of IEC material featuring provisions of the IMS Act, and spreading awareness through seminars at block/district

level, and other IEC channels e.g. Billboard/TV ads/print ads. The Government of Tamil Nadu should conduct periodic monitoring of the IMS Act. To bring more emphasis, IMS Act should also be part of the policy note of the Government of Tamil Nadu along with other legislations.

Indicator 4: Maternity Protection

The state has scored 7.5 out of 10 in this indicator and is coded Blue. It demonstrates maternity protection policies and programmes in Tamil Nadu. All women in formal employment and in any factory are covered for 26 weeks of paid maternity leave and 2 breastfeeding breaks. More than 80% of the women under the Pradhan Mantri Matritva Vandana Yojna (PMMVY) or similar schemes (MRMBS) by the State Government, receive the benefits. The state has also increased maternity leave from 6 months to 9 months for state government employees. While 30-80% establishments with more than 50 employees have a crèche facility,

less than 30% women in the informal/ unorganized sector get a crèche facility at the worksite. Implementation of crèche facilities and redressal system for addressing non-compliance of maternity benefits needs focus. The way forward includes strengthening of IEC material on the Maternity Benefit Act and monitoring officers in each block to monitor the maternity benefits and availability of crèches for working women. The state should also come up with the guidelines for maternity protection for those working from home as a progressive step.

Indicator 5: Health and Nutrition Care System Support

Tamil Nadu has scored 7.5 out of 10 in this indicator and is coded Blue. Only 13 out of 25 content/skills are included in the health facility and community care provider's curriculum on IYCF, and standards and guidelines for mother-friendly childbirth procedures and support are being disseminated to more than 50% facilities and personnel providing maternity care. The in-service training programmes are available for all relevant workers. However, only partial coverage (30-50%) is done for training of health workers regarding their responsibilities under IMS Act. IYCF information is integrated in more than 2 programmes

and only partial coverage is done for in-service training programmes throughout the state. The policy to allow mother and child to stay together while being hospitalized needs a universal approach. The way forward includes integrating the IMS Act in pre-service curriculum, full coverage of in-service training on IYCF for health care workers, complete skills and knowledge in pre-service curriculum, policy provision of mother and baby to stay together when one of them is ill, and inclusion of mother-friendly procedures and support at birth.

Indicator 6: Counselling services for the Pregnant and Breastfeeding Mothers

Tamil Nadu has scored 7 out of 10 in this indicator and is coded Blue. More than 90% of pregnant women receive counselling for breastfeeding during pregnancy. More than half (>50%) mothers receive support for initiation of breastfeeding within an hour of birth,

receive post-natal counselling for exclusive breastfeeding, breastfeeding and complementary feeding at 6-8 months at community. More than 50% of the community-based health workers are trained in IYCF counselling. However, there is a lack of

implementation of such counselling services at private sector hospitals, which needs attention and care. There is no way to inform the mothers about the dangers of

formula feeding on their MCP card. The way forward includes strengthening these services across the board.

Counselling services at private sector hospitals require more attention and care.

Indicator 7: Accurate and unbiased Information Support

Tamil Nadu has scored 8 out of 10 in this indicator and is coded Blue. Breastfeeding and IYCF is promoted through various measures in Government run or supported health and family welfare institutions and through Anganwadi Centres under social welfare and through the Village Health and Nutrition days held periodically throughout the year. It is unclear whether all these campaigns and programmes are free from direct/ indirect commercial influence. However, there is evidence of some programmes being conducted with support from infant food manufacturers and these need to be taken up as a direct violation of the IMS Act

1992. Mothers who are giving artificial feeding to their babies do not appear to have received proper information on risks of artificial feeding and safe preparation in line with WHO/FAO guidelines. The way forward includes removing discrepancies in messages to the public by making the use of the MCP card compulsory in public and private sector services, displaying of IYCF guidelines and posters, and information on dangers of artificial feeding and how to prepare it safely to minimize risks in all public and private sector institutions.

Indicator 8: Infant feeding and HIV

Tamil Nadu has scored 7 out of 10 in this indicator and is coded Blue. The state has a comprehensive policy on Infant and Young Child feeding that includes HIV issues updated to national and global guidelines. Breastfeeding mothers with HIV are given proper counselling, ARVs according to national recommendations and proper follow-ups. The state is also making efforts to encounter misinformation regarding infant feeding and HIV to ensure exclusive breastfeeding and also giving training to health care

working on HIV and infant feeding. However, the state policy does not give effect to the IMS Act in principle and follow up research on HIV and Infant feeding is a missing piece. The way forward includes inclusion of IMS Act in the policies for effective implementation. Research should be conducted to determine the effect of intervention in prevention of HIV transmission from a HIV positive mother to the child through breastfeeding. In-service training of health workers should also focus on IYCF for HIV exposed children.

Indicator 9: Infant Feeding during Emergencies

Tamil Nadu scored 2 out of 10 in this indicator and is Coded Red. The state government has not documented a plan for emergency preparedness for safer infant feeding during disasters, it has not addressed the role of IMS Act, it does not allocate specific funds for this

work. Therefore, handling of breastfeeding and IYCF during disasters is not adequate. Attempts are made to create an enabling environment for breastfeeding including counselling, measures to protect, promote and support complementary feeding, space for IYCF

counselling support services. However, the implementation of most actions required to protect IYCF during emergencies are not being implemented in this state. The way forward includes emphasis on IYCF and counselling during disasters, relief camps set up for breastfeeding mothers so that they can feed without inhibitions, training of health workers in lactation

management and their duty to help breastfeeding mothers during disasters, allocation of resources for training and capacity development and appointment of a point person to be responsible for IYCF during emergencies in the state. By doing this the State will be able to implement the NDMA Plan 2019.

Emphasis should be put on IYCF counselling during disasters and training of health workers in lactation management and their duty to help breastfeeding mothers during disasters.

Indicator 10: *Monitoring and Evaluation*

Tamil Nadu has scored 10 out of 10 in this indicator and is coded Green. Monitoring and evaluation system in the state is effective and strong through the Common Application Software (CAS) of Poshan Abhiyaan. This includes district level monitoring, generation of progress reports on implementation of Breastfeeding and IYCF programme. The way forward

includes enabling the capture of data from all (public and private) maternity facilities with effective implementation of CAS to provide the trend of IYCF indicators. It would be useful in assessing the performance of each district.

IYCF PRACTICES

Indicators 11-13 on *Infant and Young Child Feeding Practices*

Table 2: IYCF Practices

The Indicators	Rates as per NFHS -4 (2015-16)
11 Initiation of Breastfeeding (within 1 hour of birth)	54.7%
12 Exclusive Breastfeeding for the first six months	48.3%
13 Complementary Feeding (6-8) months -Introduction of solid, semi-solid or soft foods along with breastfeeding	67.5%

According to NFHS – 4 survey of Tamil Nadu, early initiation of breastfeeding within 1 hour of birth is 54.7%, exclusive breastfeeding in children under 6 months of age is 48.3% and initiation of appropriate complementary feeding in children age 6-8 months receiving solid or semi solid food and breastmilk is 67.5%. These three indicators are key outcomes to monitor the progress of work on infant and young child feeding practices. Infant feeding score of Tamil Nadu

is 5.71 and Tamil Nadu is ranked tenth among all the States based on the infant feeding score of Breastfeeding Report Card of MOHFW, NHM, Government of India. Observations also reveal that information at the district level is available only for the indicator 11, which leaves a gap in order to improve the practices. And NFHS-5 (2018-19) in Phase 1 has covered only 22 states which does not include Tamil Nadu.

Conclusion and Way Forward

Tamil Nadu is known for its progressive policies and programmes on health. The state has done much to streamline and provide good health and nutrition programmes but it is lagging behind on breastfeeding interventions required for a mother to be successful. While 99% deliveries take place in hospitals, about 32% deliveries do take place in the private sector and 34% by caesarean section. It is unacceptable that only about half the women are able to practice early breastfeeding within an hour of birth, and exclusive breastfeeding for the first six months. At the same time while there is some progress made in these two indicators as compared to NFHS-3, the rate of complementary feeding has in fact gone down. This is sufficient reason to strengthen action in Tamil Nadu to achieve higher rates in coming years.

From the SBTi assessment one can see that out of 10 indicators there are six indicators which are coded 'Blue' one indicator which is coded 'Yellow', two indicators which are coded 'Red' and one indicator which is coded 'Green'. Overall score of Tamil Nadu is 64/100 and is coded 'Blue', which indicates that there is room for improvement.

The State of Tamil Nadu should initiate steps to plug the gaps found in the report and aspire to change the

colour codes within a time frame of 3 years, after which re-assess and compare the results of progress. Looking at all the indicators, it makes sense to take special efforts on indicators 2, 3, and 9; while other indicators need a push to move up to the next level.

There is notable progress in the public sector while the same is not visible in the private sector services compounded by a lack of a monitoring system. It is therefore critical to bring together the public and private sectors for maternity and child health services for the purposes of monitoring, and measuring outcomes. The state has made commendable efforts to adapt and enhance the national MCP Card/booklet for the state, it can go a step further to make it mandatory across public and private sectors. The state has already made it mandatory to register all pregnancies on the RCH portal to get an RCH identity number and failure of which would make it difficult to get a birth certificate for the child. Similar action is required that all babies and mothers receive support and services for breastfeeding right at birth at the time of delivery and later to maintain exclusive breastfeeding for the first six months, and thereafter practice continued breastfeeding for 2 years or beyond along with adequate complementary feeding.

It is essential that data from both public and private sectors for maternity and child health services is monitored and measured.

Recommendations

1. Strengthen state policy, funding, monitoring and evaluation

It is important to understand that rates of breastfeeding and infant and young child feeding practices can be increased by a comprehensive implementation of all policy and programmes. It is critical to establish clear lines of coordination and convergence with secure adequate funding for an overarching action.

- Set up a specific committee in the state that is intersectoral in nature to organise, coordinate and monitor IYCF practices, implementation of the IMS Act, HIV and AIDS (Care and Protection) Act 2017 and the Maternity Benefit Rules 2017 Government of Tamil Nadu.
- Establish a resource centre in the state to facilitate capacity building and monitoring of IYCF practices.
- Establish district level plans along with specific funding for each intervention in each indicator.
- Ensure documented records of antenatal counselling and decision on feeding the baby, timing of initiation of breastfeeding and skin-to-skin contact practice, breastfeeding skill support for the mother and any use of infant formula during hospital stay in both public and private sector.
- Enable the capture of data from public and private sectors through the CAS to provide readily accessible child health information to the districts in real time.
- Generate periodical reports on specific data captured through CAS to enable assessment of trends and provide specific information for course correction when and where necessary.
- Fix the targets of three practice indicators 11-13 for the year 2025.
- Enable Social Audit of IYCF practices.

2. Remove disparities in information and services on IYCF to ensure uniformity in basic standards for required services across public and private sectors

- Make it mandatory across public and private sectors for every pregnant woman to receive and use the MCP Card/Booklet.
- Maintain a digital record at the facility for each registered RCH id with information on each visit and service offered.

3. Strengthen action to protect breastfeeding knowledge and skills

Uniformity in the basic standard of knowledge and skills in IYCF/MAA and the IMS Act will help in streamlining messages and re-establish breastfeeding as the norm in the society.

- Incorporate IYCF education including practical skills and the IMS Act 1992 with Amendment 2003 in all pre service curricula of medical, paramedical, health workers and nutrition courses.
- IYCF/MAA training and orientation to IMS Act should be compulsory for all health and nutrition staff working in any health facility (public and private) providing mother and child health care services.
- Include knowledge on IYCF, the IMS Act and Right to Food in the school (starting from pre-school) and college education curricula.

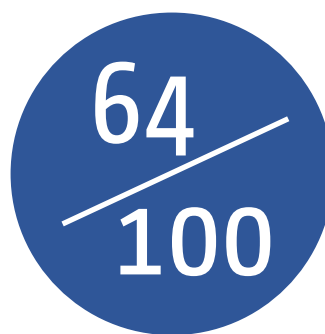
4. Strengthen implementation of BFHI /MAA Programme and LaQshya standards

- Practice of Ten Steps to Successful Breastfeeding in BFHI/MAA programme, and LaQshya standards should be one of the stipulations to be fulfilled for licensing under the Tamil Nadu Clinical Establishment Act and NABH.
- Establish monitoring cell/committees in all maternity facilities for continuous support and supervision of adoption of all the BFHI Ten steps.
- Regular assessment of hospitals should be carried out to check the quality of MAA programme implementation as per the tools and guidelines of WHO/BPNI and GOI. Re assessment should be done every 3-5 years and all this should be part of the plan and funding secured.
- Assign a health worker trained in lactation to ensure that all mothers are able to breastfeed within an hour and have skin to skin contact.

5. Strengthen disaster management plans to support mothers, children and families

- Designate and train the authorized officers at district level to create awareness and monitor strict implementation of the IMS Act.
- Integrate IYCF and IMS Act provisions in the state and district disaster management plans.
- Health department should take the lead in developing the disaster management plan and train at least 30-40 health workers in each district on lactation management and ensure they are on duty to help mothers on IYCF during disasters.

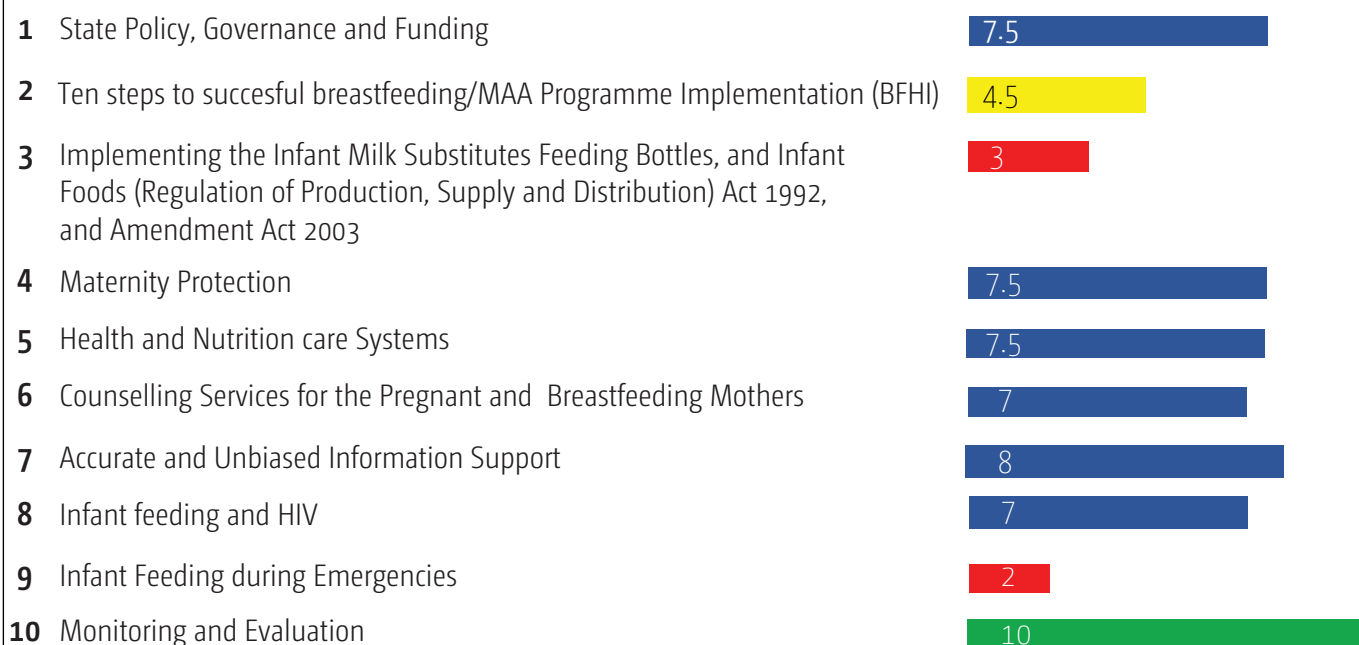
TAMIL NADU REPORT CARD 2020



BASED ON THE REPORT “SPOTLIGHT ON INFANT FEEDING IN TAMIL NADU 2020”

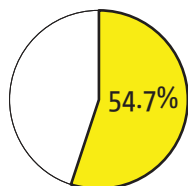
Policy & Programmes (Indicators 1-10)

Score out of 10



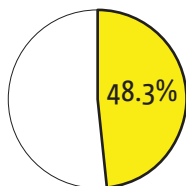
Total Score (Policy and Programmes) 64/100

IYCF Practices as per NFHS 4 (2015-2016) (Indicators 11-13)



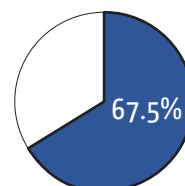
Indicator 11

Initiation of Breastfeeding
(within 1 hour)



Indicator 12

Exclusive Breastfeeding for
the first six months



Indicator 13

Complementary Feeding (6-8)
months -Introduction of solid, semi-solid or
soft foods along with breastfeeding

Tamil Nadu Infant Feeding Practices Score: 5.7/10

(Source: Report Cards INDIA, STATES & UTs, MoHFW, 2019)

Key to scoring, colour- coding

1. Infant feeding practices (indicator 11-13) are expressed as 'percentage'
2. The SBTi 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.
3. Achievement of the indicator is then coded i.e. Red, Yellow, Blue and Green based on the SBTi guidelines.
4. IYCF practices scores are converted into Infant Feeding Score using the Government of India's guideline in its Breastfeeding Report card of Government of India.

Tamil Nadu Assessment 2020

The Breastfeeding Promotion Network of India (BPNI) identified the SBTi core group and its coordinator in Tamil Nadu based on their strengths and expertise, and introduced the SBTi tools to them to make an assessment of policy and programmes that support women in breastfeeding and infant and young child feeding in Tamil Nadu. Each member of the core group worked on a specific indicator of the tool and collected information from secondary sources to answer the questions. group analysed the information thus collected and identified the gaps and built consensus among them. They shared this with the larger

group of concerned persons across the State of Tamil Nadu for inputs and incorporated into the report.

This report- "SPOTLIGHT ON INFANT FEEDING IN TAMIL NADU 2020-Tracking policies and programmes in support of women and children to adopt optimal feeding practices: from conception to 2 years or beyond" is the result of this work and is the first ever such work done at the State level in India. It identifies gaps and provides recommendations for improvement.

Key GAPS

1. The State plan of action on infant and young child feeding lacks implementation, does not reflect action at district level.
2. Insufficient funding specific for activities related to Breastfeeding and IYCF
3. Weak implementation of the the IMS Act.
4. Inadequate preparedness for for safer infant feeding and breastfeeding support during disaster/emergency situations.
5. Inadequate support to mothers in health systems to enable them practice early breastfeeding.
6. The IMS Act provisions have not been integrated in the state HIV and IYCF policy.

Key Recommendations

1. Strengthen monitoring, evaluation mechanisms through setting up a specific committee on breastfeeding and infant and young child feeding practices.
2. Ensure establishment of district plans on IYCF with adequate funds ensured.
3. All pregnant women should be educated on feeding decisions during pregnancy and it should be monitored.
4. Ensure effective enforcement and implementation of the IMS Act, through awareness of health workers, training of designated officers and regular monitoring.
5. Ensure that hospitals with maternity services follow strictly MAA programme guidance, have hospital committees, and are regularly assessed through use of tools developed by BPNI-WHO-Government of India.
6. Make disaster response adequate with breastfeeding counseling and lactation support to enable mothers to breastfeed and practice safe infant feeding.
7. Integrate IMS Act in the curriculum of health workers and in IYCF policy, child health and nutrition.



putting child nutrition
at the forefront
of social change



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INTRODUCTION

The World Health Organization (WHO)² in 2003 published the *“Infant and Young Child Feeding- A tool for assessing national practices, policies and programmes”*. Based on this, the International Baby Food Action Network (IBFAN) and the Breastfeeding Promotion Network of India (BPNI) developed and launched the World Breastfeeding Trends Initiative (WBTi) in South Asia in 2004 and globally in other continents in 2009. The WBTi tracks and assesses country policies and programmes on breastfeeding and infant and young child feeding, and identifies gaps. The country teams lead this process and make use of the findings of assessment to galvanise national actions to bridge the gaps thus found. IBFAN has so far reported on 98 countries.³

In India, the BPNI developed the State Breastfeeding Trends Initiative (SBTi) on a similar ground and process. BPNI developed the sub- national tools to track and assess policies and programmes that support women for breastfeeding successfully. The SBTi tools check prenatal and postnatal support that enables women to practice optimal feeding of their babies. The SBTi has ten indicators for policy/programmes and three for infant feeding practices. BPNI has launched it in the 3 States (Tamil Nadu, Uttar Pradesh and Maharashtra) and hopes to extend the effort to other States based on lessons learnt. The SBTi will thus create a unique data repository on policy and programmes. SBTi aims to help the State Governments to redefine and or strengthen implementation of existing policy and programmes in order to increase rates of breastfeeding and infant and young child feeding practices.

BPNI selected Tamil Nadu as the first State to launch

the SBTi with identification of a state coordinator, and a core team of experts in different domains aligned to the 10 indicators being studied. The core team was assigned the task of obtaining a real picture of the coverage of the 10 indicators of policy/programmes related to breastfeeding and infant and young child feeding, which are uniformly used for all the States.

The objective of SBTi is to use a well-defined process to collect and process information from secondary sources with supporting evidence. It looks at the programmes and policies that protect, promote and support optimal feeding (includes exclusive breastfeeding for the first six months and continued breastfeeding for two years or beyond along with appropriate complementary feeding after six months) beginning from pregnancy to the postnatal period.

The next step is to analyse, identify the strengths and gaps and make it available to the government, concerned partners and agencies, health workers' associations, child and women's rights groups, and the civil society at large. This report- **“SPOTLIGHT ON INFANT FEEDING PRACTICES IN TAMIL NADU 2020-Tracking policies and programmes in support of women and children to adopt optimal feeding practices: from conception to 2 years or beyond”** is the result of the work of the core team and will be helpful in further improving policy and programmes for sustaining optimal feeding practices during first for two years or beyond. The government and others concerned partners can make use of this information to strengthen their policy/programmes by bridging the gaps thus found.

²Infant and Young Child Feeding A tool for assessing national practices, policies and programmes

https://www.who.int/nutrition/publications/infantfeeding/inf_assess_nnpp_eng.pdf (Accessed 9th Oct 2019 at 12:55 pm)

³World Breastfeeding Trends Initiative Website <https://www.worldbreastfeedingtrends.org> (Accessed 9th Oct 2019 at 12:58 pm)

The SBTi encourages re-assessment in 3-5 years to study and document the trends. Periodical tracking helps to measure the improvement as well as provide the impetus to find out why some programmes are not working and to make corrections on the way.

This work is part of the BPNI project “Universalising Services and Support to Breastfeeding in the Urban

Areas of Gautam Budh Nagar, Lucknow and Chennai” and the HCL Foundation has supported it. This report provides background information, methodology, and assessment findings along with sources of information. In addition to the analysis of individual indicators and recommendations to bridge these, the report adds a conclusion and key recommendations with actions for the way forward.



SBTi Tamil Nadu Core Group Members, Chennai

BACKGROUND

The Convention on the Rights of the Child, directs Governments to ensure the health, development and survival of all children and

makes a clear observation to protect, promote and support pregnant and breastfeeding mothers. The WHO recommends breastfeeding and skin to skin contact establishment within an hour of birth, exclusively breastfeeding the child for the first 6 months of age, and appropriate complementary feeding with continued breastfeeding for two years or beyond. According to the Breastfeeding Series in the Lancet⁴, it has been estimated that the deaths of 823,000 children each year could be averted by increasing breastfeeding rates to universal levels. Nearly half of all diarrhoea episodes and one-third of respiratory infections would be prevented with breastfeeding. Longer breastfeeding durations are

associated with higher scores on intelligence tests, which translates into stronger economic success through improved academic performance, higher earning potential and productivity. It reduces the risk of non-communicable diseases and decreases the prevalence of overweight and/or obesity later in life. Breastfeeding also brings benefits to women, with reductions in ovarian cancer, breast cancer, and diabetes.

In reality, both the mother and infant have to fight against all odds to get their fundamental right for breastfeeding for their health, nutrition and development. Being a multicultural nation, the problems faced are varied depending on the context presenting unique problems for the different states of our country.

Tamil Nadu

Located in the southern part of India with a diverse terrain, Tamil Nadu is the seventh most populous State in the country with a population of 7.21 crore as per 2011 census with a Decadal Growth Rate of 15.6%. It is also the most urbanized state in the country with 48.4% of its population living in urban areas (Source: Census 2011). The economic growth of the state has improved the literacy rate, gender equality, and has lowered the fertility rate in the last two decades. The literacy rate of males and females in the state is 86.8% and 73.4% respectively (Census, 2011), which is better than the national averages.

Tamil Nadu is the first state to enact the Public Health Act, 1939. For the management of public health services, it has been divided into 42 Health Unit Districts (HUD) in addition to Greater Chennai

Corporation. All these HUDs are headed by Public Health qualified professionals (DDHS). Tamil Nadu has already achieved the Sustainable Development Goals (SDG) and is considered to be one of the best performing states in the implementation of Reproductive and Child Health schemes. The Infant Mortality Rate is 15 per thousand live births (SRS 2018). Institutional Deliveries in the state is 98.9% (NFHS 2015-16) with 66.7% of these deliveries occurring in government institutions and 31.9 % in the private sector. Tamil Nadu has a 40% female labour work force participation as compared to the national average of 25.8%.⁵ As the female labour work force participation increases it is imperative to provide adequate support to women during their maternity and young child rearing period so that they can practise optimal infant and young child feeding.

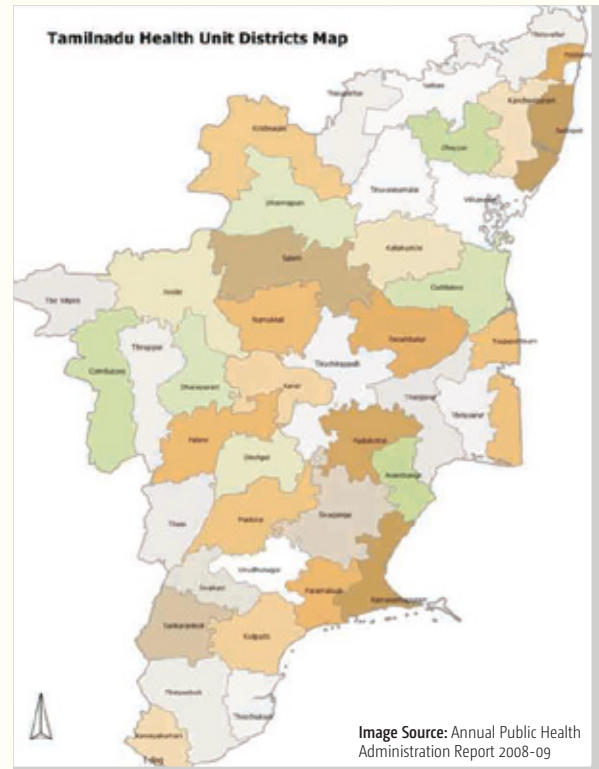
⁴Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC, for the Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet. 2016; 387:475–9

⁵<https://pib.gov.in/Pressreleaseshare.aspx?PRID=1540619>

As the female labour work force participation is increasing, steps should be taken to ensure optimal infant and young child feeding.

Tamil Nadu is the forerunner of many innovative initiatives in the Health and Nutrition sectors. It was the first State to launch a mid-day meal programme in primary schools in 1962–63. In 1982, the existing mid-day meal scheme in the state was upgraded to 'Nutritious food scheme' which included pre-school children. This initiative has grown over the years to now cover all children studying in government schools and also includes children from 6 months of age onwards. Children above 2 years of age receive 1 egg each thrice a week in the midday meal, while children below 2 years of age receive 1 egg each once a week in the midday meal. Those who do not eat eggs are given a banana instead. The Nutrition Meal Scheme also ensures that all pregnant and lactating women receive supplementary nutrition through the state's social welfare department's Anganwadi Centres. The state has established eight Nutrition Rehabilitation Centres. In April 2020, vide G.O. Ms. No. 87, Labour and Employment (H2), 20th April 2020, the state government amended the Tamil Nadu Maternity Benefit Rules 1967 with regard to creche facilities.

In 1987 Tamil Nadu had launched an assistance scheme for pregnant women called Dr. Muthulakshmi Reddy Maternity Benefits Scheme (MRMBS) in honour of Dr. Muthulakshmi Reddy, an advocate of women's rights. The scheme was started to compensate the wage loss and enable mothers to stay at home and look after their children and breastfeed exclusively. The MRMBS has since then been continuously improved many times to provide adequate and better benefits over the years. MRMBS provides monetary and nutrition support for the mother and ensures



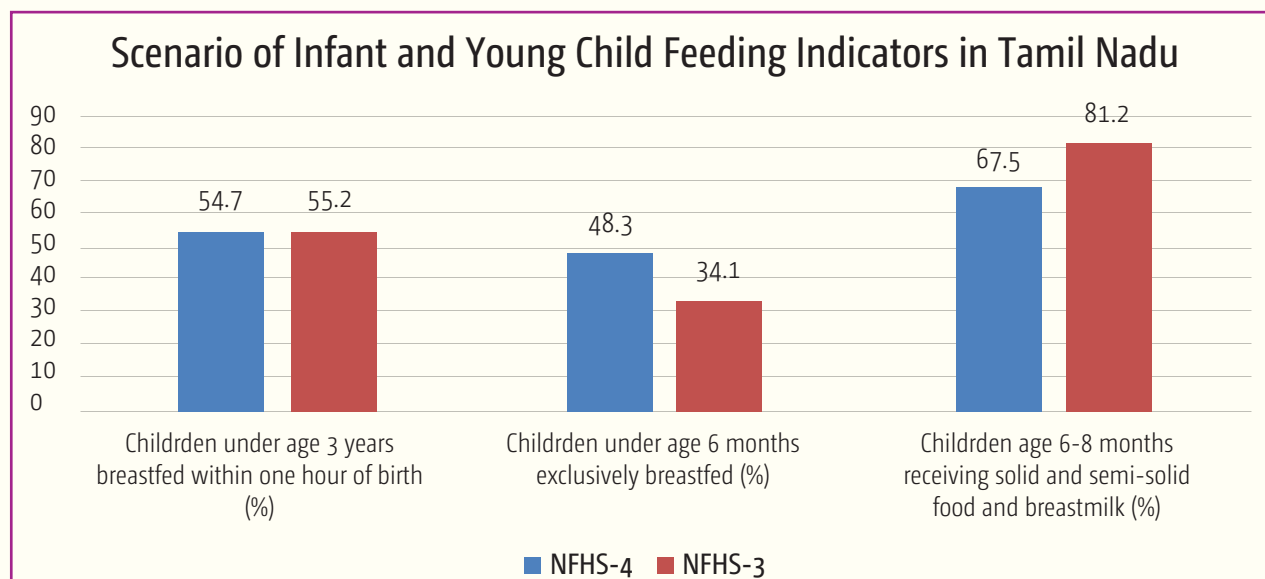
appropriate health care services for mother and child till one-year post delivery. Tamil Nadu is also a pioneer in providing nine months of maternity leave for its State Government Employees.

Other innovative programmes launched by the state include the Maternity Picnic & Bangle Ceremony which helps in reducing the gap between service providers and the community and builds more trust and confidence in availing services from public institutions (Source: Tamil Nadu Health and Family welfare policy note 2019-2020). Comprehensive Lactation Management Centres (CLMC), earlier known as Human BreastMilk Banks, have been established in 25 Government Medical College Hospitals and District Hospitals. Separate breastfeeding rooms have been set up at 352 bus terminals to enable mothers to breastfeed their babies in privacy. By Government of Tamil Nadu order, all pregnant women including those availing services in private hospitals or clinics are now required to register in the government portal with an RCH number. Pregnancy and Infant Cohort Monitoring and Evaluation (PICME) is a system deployed by the Tamil Nadu government to track all pregnant women and children.

The state is also the recipient of 3 awards from Government of India for ICDS - CAS implementation, Capacity building (ILA), Convergence and Behavioural change & community mobilisation, and overall excellence in implementation of Poshan Abhiyaan programme (2019).

According to NFHS – 4 survey of Tamil Nadu, early initiation of breastfeeding within 1 hour of birth is

54.7%, exclusive breastfeeding in children under 6 months of age is 48.3% and initiation of appropriate complementary feeding in children age 6-8 months receiving solid or semi solid food and breastmilk is 67.5%. Tamil Nadu is ranked tenth among all the States based on the infant feeding score of Breastfeeding Report Card of MOHFW, NHM, Government of India[3] despite the efforts taken by the State.



This situation underlines the need to assess and strengthen policies and programmes in Tamil Nadu to sustain and increase the rates of these three key indicators. Therefore, this exercise is an attempt to

define achievements and gaps through application of the SBTi tools. The gaps identified through it will be useful to the policy makers in strengthening measures to fulfil the Rights of the Child.

THE SBTi: HOW DOES IT WORK?

The State Breastfeeding Trends Initiative (SBTi) is BPNI's state-level adaptation of its global flagship programme and tool, the World Breastfeeding Trends Initiative (WBTi). The SBTi tools assess the strengths and weaknesses in 10 indicators of policy and programmes and 3 practice indicators on breastfeeding and IYCF and document the gaps. It aims to build and maintain a National Data Repository on policies and

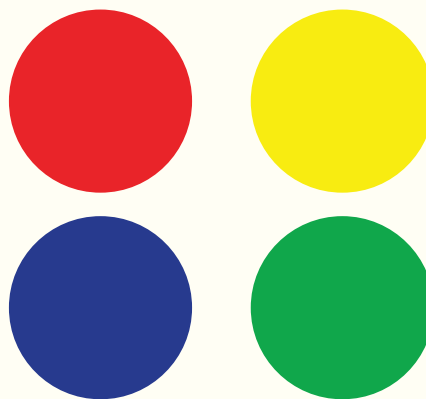
programmes of all states that will be quickly retrievable through the BPNI website. The SBTi will generate state specific report and report cards for advocacy, which is expected to stimulate local action to bridge the gaps. The SBTi aims to bring multiple sectors/partners together without any conflicts of interest and helps to build consensus among them on the findings and recommendations.

Objectives of the SBTi

- To provide critical information to state governments, needed to bridge gaps in policy and programmes in order to increase rates of breastfeeding and infant and young child feeding practices.
- To make use of SBTi tools to galvanize action at the state level.
- To maintain a national data bank/repository of information on policies in programmes related to breastfeeding and IYCF.

The 4 Components of SBTi

- 1) A process of state assessment of policy and programmes.
- 2) A process for generating state report and report card.
- 3) A BPNI –SBTi guideline for colour coding and objective scoring of each of the indicators on policy and programmes.
- 4) An awareness plan to share the findings of state assessment and launch a 'Call to Action' in the states.



Steps of SBTi

- 1) Create a core group in the state with diverse partners that include civil society, health professionals and experts without conflicts of interest at state level.
- 2) Conduct the state level assessment based on SBTi tools and guidelines.
- 3) Discuss the gaps, build consensus and develop an action plan for advocacy to bridge the gaps.
- 4) Develop a state report and report card and use these as advocacy tools with local authorities.
- 5) Repeat assessment after 3-5 years to study the improvements and trends and advocate for bridging the remaining gaps.

SBTi Process



SBTi Indicators

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

IYCF policy and programmes (Indicators 1-10)

1. State Policy, Governance and Funding
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
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)
6. Counselling services for the pregnant and breastfeeding mothers
7. Accurate and Unbiased Information Support
8. Infant Feeding and HIV
9. Infant Feeding during Emergencies
10. Monitoring and Evaluation

Infant and Young Child Feeding Practices (Indicators 11-13)

11. Initiation of Breastfeeding within one hour of birth
12. Exclusive Breastfeeding for the first six months
13. Complementary Feeding-Introduction of solid, semi-solid or soft foods along with breastfeeding

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 a subset of questions to be considered in identifying strengths and weaknesses to document gaps.
- Annexures for related information.

SCORING AND COLOUR-CODING

Policy and Programmes Indicators 1-10: Once the information on the 'SBTi Questionnaire' is gathered and analysed, it is then processed for score and colour coding. 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. Based on the objective score, each indicator is then rated i.e. 'Red', 'Yellow', 'Blue' and 'Green' based on the guidelines

(given below).

Indicators of 3 IYCF practices (Initiation of breastfeeding within 1-hour, exclusive breastfeeding for first six months and complementary feeding for 6-8 months) are not scored or colour coded, the data of these indicators are expressed in percentages. This is then converted into Infant Feeding Score using the Government of India's guideline in its Breastfeeding Report Card.

The SBTi Guidelines for Colour-Coding (for indicator 1- 10)


Table 1: SBTi Guidelines for Colour-Coding for Individual indicators 1-10 (Maximum score is 10)

Scores	Colour-coding for individual indicators 1 to 10
0 – 3.5	Red
4 – 6.5	Yellow
7 – 9	Blue
> 9	Green

Table 2: SBTi Guidelines for Colour-Coding of total score (Maximum Score is 100)

Scores	Colour-coding of total score
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9	Blue
91 – 100	Green

Findings of Tamil Nadu Assessment 2020

A woman wearing a vibrant, multi-colored sari with a pink border is seated and holding a newborn baby. The baby is wrapped in a light blue blanket and is looking towards the camera. The woman is looking down at the baby with a gentle expression. The background is slightly blurred, showing a striped fabric.

IYCF POLICY AND PROGRAMMES

Indicators 1-10 take stock of
Tamil Nadu's current status
of IYCF policies and programmes

INDICATOR 1

STATE POLICY, GOVERNANCE AND FUNDING

Key Questions:

- 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 Feeding⁶ 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 a 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 each country.⁷

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.

The National Food Security Act under the clause of nutritional support to children mentions that for children below the age of six months, exclusive breastfeeding shall be promoted.⁸

The Government of India has several policies/

⁶National 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)

⁷Increasing 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)

⁸Compendium of the Parliamentary Enactments, The National Food Security Act 2013 https://rajyasabha.nic.in/rsnew/publication_electronic/National_Food_security_Act2013.pdf

Indicator 1: State Policy, Governance and Funding		
Criteria for Assessment	Tick (✓) all that applies	
1.1. Has the state adopted an official policy on breastfeeding and IYCF?	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No=0
1.5. Is a specific person appointed to coordinate the implementation of breastfeeding and IYCF interventions in the State?	<input checked="" 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 checked="" 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 (such as BFHI, implementing IMS Act and counselling etc. excluding maternity protection? a) Less than INR 10 per birth or No Information Available b) INR11- 100/birth c) INR101-200/birth d) INR201-Rs.300/birth e) INR aboveRs.300/birth	✓ Check one which is applicable <input type="checkbox"/> 0 <input checked="" 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 checked="" 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	✓ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input checked="" type="checkbox"/> 1	
Total Score	7.5/10	

Information Sources Used for assessment

1.1 a.	Child Health Section, 17.5.2, page 222 Health and Family Welfare Department, Policy Document 2019-20	1.2a.	and Family Welfare Department, Policy Document 2019-20
1.1.b	Reply for RTI for indicator 1 from Tamil Nadu GOVT		RMNCH service indicators, Child Health 2.1 IYCF indicators -Data collection of National Health Mission, Tamil Nadu from all Districts
1.2	Child Health Section, 17.5.2, page 222 Health	1.3	State Health Society-Tamil Nadu, letter ref

1.4	No. 7182/P7/SHS/16 dated 10/16 Proceedings of Mission Director, State Health Mission, State Health Society, Tamil Nadu, Chennai-6. Proc.No 7182/P7/SHS/16 dated 16.3.2017	1.7	services (DDHS) are in charge of IYCF ROP Statement MAA programme and Asha incentive for MAA counselling ICDS announcement for Parent education on IYCF
1.5	Reply for RTI for indicator 1 from Tamil Nadu GOVT	1.8	Health and Family welfare (R1) Department, Letter no.28909/R2/2016-2 dated 22/12/16
1.6	RMNCH service indicators – Child Health, 2.1 IYCF indicators - Data collection of National Health Mission, Tamil Nadu from all Districts. District Maternal and child health officer (DMCHO) and Deputy Director, Health	1.9	State Health Society -Tamil Nadu, Child Health, -Minutes of the Meeting Mothers Absolute Affection Ref.No.7182/P7/SHS/16 dated 17-1-17

Conclusion:

The state has adopted the policy of breastfeeding and infant and young child feeding which covers all the recommendations – early 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. The state has developed a plan of action and is implementing it, however, district planning needs more work. There is a committee to look after breastfeeding work that includes key partners with specific responsibilities. Fund have been allotted for breastfeeding interventions, but this requires more specificity.

Gaps

1. The state policy note on Health and Family Welfare does not include a separate section for breastfeeding and infant and young child feeding practices.
2. It lacks documentation of the district plan.
3. The state IYCF committee meetings are not regular to lay emphasis on this work.
4. State spends less than recommended.

State policy note on Health and Family Welfare should include a separate section for breastfeeding and infant and young child feeding practices.

Recommendations:

1. The Policy note of the Health and Family Welfare Department and Integrated Child Development Services Scheme should lay specific emphasis on breastfeeding and infant and young child feeding practices.
2. It should allow specific funding for the plans including at the district level.
3. The state committee on breastfeeding should meet regularly to take stock of the implementation of policy and programmes.
4. Adequate funds should be allotted for IYCF counselling, MAA training and BFHI assessments.

INDICATOR 2

TEN STEPS TO SUCCESSFUL BREASTFEEDING/ MAA PROGRAMME IMPLEMENTATION [BFHI]

Key Questions:

- What percentage of hospitals with maternity facilities have been designated/ accredited/awarded under MAA programme OR what percentage of new mothers have received maternity care as per the WHO's 'Ten Steps of successful breastfeeding' within the past 2 years?
- What is the quality of implementation of the MAA Programme?

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. The 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 Steps⁹ 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 guidance¹⁰ has almost all the elements of Ten Steps (Annex 2.1).

This indicator looks at implementation of the 'Ten Steps'/ MAA Program in the health facilities providing maternity services in every state.

⁹Protecting, 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/bfhiimplementation/en/> (Accessed on 7th Oct 2019, 2:36 pm)

¹⁰https://nhm.gov.in/MAA/Operational_Guidelines.pdf

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 checked="" type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
2.2 What percentage 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 checked="" type="checkbox"/> 0.5 <input type="checkbox"/> 1	
2.3 What percentage 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 checked="" type="checkbox"/> 0.5 <input type="checkbox"/> 1	
2.4 What percentage of nurses (in maternity area) have been trained with MAA programme's four days training course? a) Less than 30% b) 30%-80% c) Above 80%	✓ Check one which is applicable <input type="checkbox"/> 0 <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No=0
2.8. What percentage of health facility with maternity services have been assessed/ awarded in the last 2 years? a) Less than 30% b) 30%-80% c) Above 80%	✓ Check one which is applicable <input checked="" 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 checked="" 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) Antenatal Counselling of pregnant mothers on breastfeeding d) Use of infant formula during the hospital stay after birth	✓ Check one or more than one is applicable <input checked="" type="checkbox"/> 0.5 <input type="checkbox"/> 0.5 <input checked="" type="checkbox"/> 0.5 <input type="checkbox"/> 0.5	
2.11. The state policy on use of infant formula to newborns in the health facilities is based on the medical needs of the infant as recommended by WHO ¹¹ .	<input checked="" 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 postnatal counselling and support?	<input checked="" type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
Total Score (Out of 10)	4.5/10	

¹¹Safe 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)

Note: We have received information on this criterion for those women delivering in the government hospitals. As per the Tamil Nadu NFHS-4 report 31.9 % of deliveries take place/ occur in the private health facilities. The percentage of coverage in the criteria for assessment is based on 100 percent women including government and private.

Information Sources Used for the assessment

2.1.-Health and Family welfare (R1) Department, Letter no.28909/R2/2016-2 dated 22/12/16-RTI reply from NHM Tamil Nadu on MAA implementation dated 17/6/20.

2.2.-Proceeding of Mission Director, State Health Mission, State Health Society, Tamil Nadu, Chennai-6. Proc.No 7182/P7/SHS/16 dated 16.3.2017.

2.3.-MAA Yearly report (2019-2020) sent to MoHFW, GOI, by NHM -Tamil Nadu.

2.4.-MAA Yearly report (2019-2020) sent to MoHFW, GOI, by NHM -Tamil Nadu.

2.5,2.6,2.7,2.7&2.9 -MAA guideline for assessment is adopted (nhm.tn.gov.in/nhm-programs) But assessment of facilities has not been performed.

2.10- RMNCH counsellor& Village Health nurse keep record of breastfeeding counselling for AN mother. **(Mother child protection card page 6)**

Early initiation register is maintained in Labor rooms.

2,11. R.No.696610 MCH II/A1/2020 Office of Director of Public Health and Preventive Medicine, Chennai -6 dated 27.7.20.

2.12. At discharge all mothers are connected to the Village health nurse/AWW through telephone for postnatal follow up and support. SNCU discharges are followed through SNCU online Monitoring - both community and facility follow up. Even WhatsApp group among AWW/ANM/MO has been created for follow up. **(Mother child protection card page 10,11).**

Conclusion

Tamil Nadu State has adopted the MAA programme at all government health facilities, has initiated sensitization through IEC materials, and conducted trainings under MAA programme. However, the

training is inadequate and assessment or reassessment to give away certification or awards is not taking place. Skin to skin contact or use of infant formula in hospitals are not being documented.

Gaps

- | | |
|--|--|
| 1. Information is not available from private sector hospitals. | 3. Lack of documentation of infant formula use. |
| 2. Inadequate coverage of training of doctors and nurses. | 4. Assessment of maternity facilities is not done routinely. |

MAA programme should be adopted even in private institutions and adequate coverage of training of doctors and nurses should be ensured.

Recommendations:

1. Make the MAA programme universal in the state (including all private institutions) irrespective of the number of deliveries conducted in a facility.
2. Capacity building of staff should be done regularly to impart lactation training and explore the possibility of digital mode.
3. Skin to skin contact practice to be practiced more diligently and documented in all births in all maternity facilities.
4. Any use of infant formula milk should be documented and monitored.
5. Tamil Nadu should adopt the assessment of maternity facilities based on new tools developed by BPNI-WHO and Government of India partnership.



Annexure 2.1

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 the 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 a few states, the Breastfeeding Promotion Network of India (BPNI) has analysed 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 Breastmilk 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.	Required for award, 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 what each hospital is expected to do. Resource centre /technical support unit not yet been set up Establish TSUs at centre 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.	<p>The following trainings are outlined in MAA:</p> <ul style="list-style-type: none"> • 4-day IYCF comprehensive training package including all aspects of breastfeeding, complementary feeding, counselling, 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). <p><i>Required for award.</i></p>	<p>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.</p> <p>Scale up of staff competence required for achieving the objectives of MAA programme. At least 5 Nurses in the maternity area may be skill trained and specifically notified to be responsible.</p> <p>Develop a time-bound plan to ensure lactation support skills of the staff to be able to assist each woman delivering in the health facility. Package of training may be more focused on health care practices.</p>
3. Discuss the importance and management of breastfeeding with pregnant women and their families.	<p>The key responsibility for communication and counselling of mothers/ caregivers is that of staff nurses, RMNCH+A counsellors and Medical Officers.</p> <p><i>Required for award</i></p>	<p>Only a few mothers get ANC counselling on optimal breastfeeding practices. This is a critical step.</p> <p>Notify to universalize and formalize this step</p>
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.	<p>ANM, staff nurses and medical officers conducting delivery are responsible for breast crawl and initiating breastfeeding.</p> <p><i>Required for award.</i></p>	<p>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</p>
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.	<p>Only mentioned in key messages to be delivered by ASHAs.</p> <p><i>Not required for award.</i></p>	<p>Weak support systems in the health facility – left to mothers to do the best they can. Staff not skilled enough.</p> <p>Same as in Step 4</p>
6. Do not provide breastfed new-borns any food or fluids other than breastmilk, unless medically indicated.	<p>Mentioned as a key message to be delivered by ASHA.</p> <p><i>Required for award.</i></p>	<p>No checks on use of formula in health facilities, 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.</p> <p>Notify WHO Indications on use of formula and prohibit prescriptions of feeding bottles/formula during ANC.</p> <p>Consider recording informed consent of parents to use infant formula for new-borns.</p>

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 new-borns. <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.

Source: 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



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 Questions:

- Is the IMS Act being implemented effectively 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 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)¹². 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 as a follow up to the International Code of Marketing for Breastmilk Substitutes.

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".

¹²Infant 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)

The Government of India has notified BPNI in the Gazette of India as a child welfare NGO to initiate action under section 21(1)(c) of the IMS Act for officially making a complaint in case of its non-compliance since 1995. Each year, the BPNI submits an implementation report to MOWCD/ GOI¹³. The IMS Act provides for the appointment of an “authorized officer” at the district level under section 21.b. This step can help 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 breastmilk substitutes. In order to strengthen protection of people from marketing, Government of India also enacted Cable TV Networks regulation Amendment Act¹⁴ to ban promotion of infant milk substitutes, feeding bottles and infant foods.

IMS Act and Rules for 1993¹⁵ and 2003¹⁶ can be referred for awareness and robust implementation. This indicator looks at the implementation of the IMS Act.

Indicator 3: Implementing the Infant Milk Substitute, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)		
Criteria for Assessment	Tick (✓) all that applies	
3.1. Is there a Government appointed nodal person in the state to coordinate implementation of the IMS Act?	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No=0
3.5. What percentage of 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No=0
3.8. Has the Government developed and disseminated IEC materials on the IMS Act like bill- boards, posters, advertisements for public during last one year in the	✓ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 2	

¹³IMS Act implementation report to MoWCD <https://www.bpni.org/wp-content/uploads/2019/02/Shri-Rakesh-Srivastava-LetterNo-105-1.pdf> (Accessed on 7th Oct 2019, 2:55 pm)

¹⁴Cable TV Networks regulation Amendment Act <http://www.socialwelfare.delhigovt.nic.in/content/cable-television-networksregulation-act-and-rules> (Accessed on 7th Oct 2019, 3:18 pm)

¹⁵IMS Act and Rules(1993) <https://wcd.nic.in/sites/default/files/GOI1.pdf> (Accessed on 7th Oct 2019, 3:18 pm)

¹⁶IMS Act and Rules (2003) <https://wcd.nic.in/sites/default/files/GOI2.pdf> (Accessed on 7th Oct 2019, 3:18 pm)

districts? (Give examples with evidence if any) a) None of the district b) 30%- 50% of the districts c) Above 50% of the districts	<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1
Total Score (Out of 10)	3/10

Information sources used for the assessment

Source: <https://www.tn.gov.in/rti/proactive/hfw/handbook-preventive-medicine.pdf>

Note: Even though the Director of Public Health and Preventive Medicine is not exclusively mentioned in implementation of the IMS Act for the legislation

concerning public health he is a nodal officer.

Source: RTI letter from the Food Safety Department
Dated 20-02-2020

Conclusion

In February 2020, Tamil Nadu has notified designated officers of the Food Safety Department as 'authorized officers' at the district level for taking cognizance of any violations of the IMS Act, 1993 and Amendment act, 2003. But their capacity and training are missing. There

is no monitoring system for the IMS Act in place in Tamil Nadu. For effective implementation and enforcement of the IMS Act, its monitoring and reporting is the key but is found missing. There is inadequate awareness of the IMS Act in the state.

Gaps

- The policy note of Tamil Nadu does not include IMS Act.
- Lack of coordination between the various Directorates of Health and Family Welfare, Department of Food Safety and ICDS
- Commissionerate.
Department of Food Safety officers and the Health system and ICDS staff lack awareness on the provisions of the IMS Act.

ASHA Workers and Anganwadi Workers should understand what is a violation of the IMS Act and how they can report it.

Recommendations

1. In the policy note of the Government of Tamil Nadu along with other legislations, IMS Act 1992 should be included.
2. Wide publicity should be given about the designated officers of the District Food Safety Department who are notified as authorized officers (Doctors) at the district level for taking cognizance of any violations of the IMS act, 1993 and amendment act, 2003.
3. Build the capacity of ASHA Workers and Anganwadi Workers to understand what is a violation of the IMS Act and how to report it.
4. Create awareness of the law among health workers and the general public and update annually.
5. The Government of Tamil Nadu may also identify NGOs working on Child Rights and notify them as per the IMS Act, section 21(i) (c).
6. Create awareness about Cable TV Networks Regulation Amendment Act to ban promotion of infant milk substitutes, feeding bottles and infant foods.

INDICATOR 4

MATERNITY PROTECTION

Key Questions:

- What are the maternity benefits available to the mothers?
- Are women getting the due leaves, or cash benefits?
- Whether crèches are provided at work places?

Rationale:

It is a challenge for the country/state to assist working women 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 recommends¹⁷ 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 the first six months in order to ensure exclusive breastfeeding to the infant. Government of India has also made some clarifications on Maternity Benefit Act (2017) salient features can be found here¹⁸. Women working in factory; a mine; a plantation; an

establishment wherein persons are employed for the exhibition of equestrian, acrobatics and other performances are covered¹⁹. 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 Matritva Vandana Yojna (PMVVY) is 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 here²⁰.

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

¹⁷The Maternity Benefit (Amendment) Act 2017 <https://labour.gov.in/sites/default/files/Maternity%20Benefit%20Amendment%20Act%202017%20.pdf> (Accessed September 28, 2019)

¹⁸Salient 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)

¹⁹The Maternity Benefit (Amendment) Act 2017 Clarifications <https://labour.gov.in/sites/default/files/The%20Maternity%20Benefit%20%28Amendment%29%20Act%202017%20-Clarifications.pdf>

²⁰Pradhan Mantri Matritva Vandana Yojna (PMVVY) FAQs <https://wcd.nic.in/sites/default/files/FINAL%20PMVVY%20%28FAQ%29%20BOOKLET.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 provides 26 weeks of paid maternity leave and 2 breastfeeding breaks.	<input checked="" 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 checked="" 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) 31-40% d) 41-80%? e) Above 80%	✓ Check one which is applicable <input type="checkbox"/> 0 <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input checked="" type="checkbox"/> 2	

<p>4.4 What percentage of establishments (both public and private) with more than 50 employees have a crèche facility?</p> <p>a) None</p> <p>b) Less than 30%</p> <p>c) 30%-80%</p> <p>d) Above 80%</p>	<p>✓ Check one which is applicable</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 0.5</p> <p><input checked="" type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>4.5. What percentage of women in the informal/unorganized sector* get crèche facility at the worksite?</p> <p>a) None</p> <p>b) Less than 30%</p> <p>c) 30%-80%</p> <p>d) Above 80%</p>	<p>✓ Check one which is applicable</p> <p><input type="checkbox"/> 0</p> <p><input checked="" type="checkbox"/> 0.5</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>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?</p>	<p><input checked="" type="checkbox"/> Yes =1 <input type="checkbox"/> No=0</p>
<p>4.7. Is there a system for monitoring compliance and a way for workers to complain if their benefits are not provided?</p>	<p><input checked="" type="checkbox"/> Yes =1 <input type="checkbox"/> No=0</p>
<p>Total Score (Out of 10)</p>	<p>7.5/10</p>

Information Sources Used

- Maternity Benefits Act (Amendment) 2017 for 4.1 and 4.2. The state is implementing the MBA Amendment of 2017 and in addition has 9 months paid maternity leave for state government employees.
- RTI response for 4.3 and Performance Budget 2019- 2020 Health and Family Welfare Department page 91 for 4.3 Total number of eligible mothers enrolled - 702301
Details of information of cash assistance given to PPMVY beneficiaries.
1st installment - 598835 mothers
2nd installment- 508073 mothers
3rd installment- 165442 mothers
- Total number of eligible mothers enrolled - 702301
- Number of Crèches in Tamil Nadu in ICDS. (54,439 Anganwadi Centres and under them 512 crèches run by NGOs) for 4.4 and 4.5 [There is no response to the RTI request for the data.]
- RTI response for 4.6.
- RTI response for 4.7 (although the system is limited to monitoring and addressing issues related to the maternity scheme (MRMBS).

Conclusion

Maternity protection in Tamil Nadu is well placed with some gaps in implementation. While policies and programmes are in place, implementing crèche facilities at the work site is weak and needs attention.

Some informal workers leave their toddlers at the ICDS run Anganwadi centres or the mobile crèches run by NGOs. But more needs to be done to help women with toddlers/very young children (till 2 years of age) so that

they can take them along to the work site to enable continued breastfeeding and attention during breaks. Women working in shops and small establishments with less than 10 employees need support to help them feed and care for their infants/toddlers (below 2 years of age). The help could be allowing them to take

the baby along to work and get the additional breaks to feed the baby. At present the lockdown has exposed how staff of various companies are kept bound to the computers as a constant online. Mothers post their leave will need breaks to feed their babies - nursing as well as complementary feeding.

Gaps

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Information on crèches is available for the state government sector run through the ICDS but is not available for the private sector. 2. Although there is a redressal system in place for addressing non-compliance, it is not | <ol style="list-style-type: none"> easily accessible for immediate resolution of problems on maternity leave, availability of crèche and feeding breaks. 3. The IEC activities are not enough. |
|---|--|

Recommendations

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. IEC activities should be strengthened further and very clearly displayed at every institution / company / organization (public or private). It must spell out clearly the maternity entitlements for leave and crèche and breastfeeding breaks. 2. The state should designate a monitoring officer in each block under each district to assess whether crèche facilities are provided as per the Maternity Benefits Rules of the Government of Tamil Nadu. The data collected must be segregated by the private | <ol style="list-style-type: none"> and public sectors. The monitoring officer should come under the social welfare department as it is a social welfare measure. The status should be shared with the labour department for necessary action for enforcing compliance. 3. The state needs to come up with guidelines and SOP for maternity protection for those working from home and also for those working in small establishments and informal sectors. |
|---|--|

INDICATOR 5

HEALTH AND NUTRITION CARE SYSTEM SUPPORT

Key Questions:

- 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 new-born morbidity and mortality, improve quality of care during delivery and immediate postpartum²¹. 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 feeding²². 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 the 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.

²¹LaQshya - 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)

²²Infant 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			
Criteria for Assessment	✓ Check one that applies in each question		
5.1 A review of health facility and community care provider's curriculum ²³ 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 checked="" 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 checked="" 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. ²⁴	Available for all relevant workers <input checked="" 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 checked="" 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 checked="" type="checkbox"/> 1	1-2 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. ²⁵	Throughout the State (>80% Districts) <input type="checkbox"/> 1	Partial Coverage (30-80%) <input checked="" 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 hospitalized.	Provision for staying together for both <input type="checkbox"/> 1	Provision for only to one of them: mothers or babies <input checked="" type="checkbox"/> 0.5	No provision <input type="checkbox"/> 0
Total Score	7.5/10		

²³Types 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-Voll.pdf> Syllabus – Indian Nursing Council - http://www.indiannursingcouncil.org/pdf/M.Sc.-Nursingsyllabus_0108.pdf (Accessed on 9th Oct 2019 at 1:26 pm)

²⁴The 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.

²⁵1 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.

Note We have received information on this criterion for those women delivering in the government hospitals. As per the Tamil Nadu NFHS-4 report 31.9 % of deliveries take place/ occur in the private health facilities. The percentage of coverage in the criteria for assessment is based on 100 percent women including government and private

Information Sources Used for Assessment

1. Tamil Nadu Dr. M.G.R University Curriculum
<https://www.tnmgrmu.ac.in/images/Syllabus-and-curriculum/syllabus-and-regulationsmedical/mdmospgdip%20syllabus%20new-04082017.pdf>

M.Sc. Nursing Curriculum page no.31, Topic Normal Puerperium and Nursing management, Normal New-born page no.36, Topic Pediatric Nursing, Neonatal nursing, IMNCI http://www.indiannursing-council.org/pdf/M.Sc.-Nursing-syllabus_0108.pdf.

2. LaQshya page no. 2-5, 9, 11, 22

<http://nhsrcindia.org/updates/laqshya-%E0%A4%B2%E0%A4%95%E0%A5%8D%E0%A4%B7%E0%A5%8D%E0%A4%AF-labour-room-quality-improvement-initiative-guideline>.

3. Page no. 3, 5-8 https://nhm.gov.in/MAA/Operational_Guidelines.pdf

In-service training programs are available for ASHAs, AWWs, ANMs, Nurses and Doctors.

4. Response obtained from ICDS Deputy director (Training), Department of Integrated Child Development Services, Taramani, Chennai- 113 on 7 November 2020.

5. IYCF are integrated into the in-service training programs for IMNCI, Skilled Birth Attendance training, ASHA Module, Medical and Nursing curriculum, FBM of severe Acute Malnutrition and Recruited Nutrition Counsellors.

https://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/sba_guidelines_for_skilled_attendance_at_birth.pdf

Facility Based New-born Care <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1182&lid=364>
IMNCI <http://www.nrhmtn.gov.in/rchtrglist.html>

6. Only ASHA workers are trained (30%) as per information received from ICDS Deputy Director (Training), Taramani, Chennai.

7. If a child is admitted the mother is allowed to stay together but food is not provided for the mother even in government institutions. If the mother is admitted for some reason only the new-born is allowed to stay with the mother. At least till 2 years of age children should be allowed to stay along with the mother.

Conclusion:

This indicator reveals inadequacy in the curriculum, weak attention to IMS Act and need for improvement

of coverage of in-service training to bridge the gaps in their implementation.

Gaps:

1. IMS Act is not included in the pre-service curriculum of health care workers
2. In the Clinical Establishment Act, mother friendly childbirth procedure and support are not included.
3. In-service training programs related to IYCF are not provided to private health care workers throughout the state.
4. If a child is admitted, mother is allowed to stay together but food is not provided for the mother, even in government facilities. If the mother is admitted for some reason only new-born is allowed to stay with the mother, older children are not allowed to stay with the mother

Including IMS Act in pre-service curriculum of health workers and adequately covering in-service training programmes related to IYCF in both public and private health system is the way forward.

Recommendations:

1. Include the IMS Act in the pre-service curriculum of health care workers (medical, paramedical and nutrition courses).
2. In Clinical Establishment Act, mother friendly childbirth procedure and support to be included as one of the conditions for certification for maternity and children hospitals and nursing homes.
3. In-service training programmes related to
4. IYCF should be adequately covered both in the public and private health system. In Hospital/Nursing Home Guidelines, provision for mother and baby to stay together should be made in case either of them is admitted in hospital. This provision should include food for both. At least till 2yrs of age children should be allowed to stay along with the mother in the hospital.



Annexure 5.1

EDUCATION CHECKLIST INFANT AND YOUNG CHILD FEEDING TOPICS

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>
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 intrapartum and immediate postpartum care that supports and promotes successful lactation.	The Baby-Friendly Hospital Initiative (BFHI), Ten Steps to successful breastfeeding; 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/breastmilk; 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.
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 Breastmilk Substitutes</i> and World Health Assembly resolutions, current violations, and health worker responsibilities under the Code.	Main provisions of the <i>Code</i> and WHA resolutions, including responsibilities of health workers and the breastmilk 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.
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 Breastmilk Substitutes</i> and WHA resolutions.

Source: Infant and Young Child Feeding A tool for assessing national practices, policies and programmes WHO 2003²⁶.

²⁶Infant 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)

Annexure 5.2

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 new-borns or infants with congenital problems, to touch, hold, breast feed, 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 new-born, and the successful initiation of breastfeeding, are all part of a continuum of care.

Annexure 5.3

PROMOTING RESPECTFUL MATERNITY CARE & COGNITIVE DEVELOPMENT OF BABY



Annexure 5.4

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		
Pediatrics								

PE7.3	Describe the composition and types of breastmilk 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 new-born 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	Physiology	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	Respect patient's privacy	A	SH	Y	DOAP session	Document in Log Book		AETCOM

PE7.11	Participate in Breastfeeding Week celebration	A	SH	Y	DOAP session	Document in 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 new-born and mother, provide advice on breastfeeding, weaning and on family planning	S	SH	Y	Bed side clinics, Skill Lab	Skills Assessment		

PE18.7	Educate and counsel caregivers of children	S	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 Questions:

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 mobilization. Removing barriers to optimal practices, that women face at home, hospitals or at the 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 counselling 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 counselling in the community to motivate and increase a mother’s confidence to breastfeed and provide home based

complementary feeding. Sometimes, the Mother Support Group (MSG) composed of a few successful mothers and others of the same community is helpful and so is the support from health professionals and healthcare workers.

Another 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 women 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			
Criteria for assessment	Check one that applies in each question		
6.1. What percentage of pregnant women receive counselling for breastfeeding during pregnancy?	>90% <input checked="" type="checkbox"/> 2	50-89% <input type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.2. What percentage of mothers receive support for initiating breastfeeding within an hour birth?	>90% <input type="checkbox"/> 2	50-89% <input checked="" type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.3. What percentage of mothers receive post-natal counselling for exclusive breastfeeding?	>90% <input type="checkbox"/> 2	50-89% <input checked="" type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.4. What percentage mothers after receive breastfeeding and complementary feeding counselling at 6 to 8 months at community?	>90% <input type="checkbox"/> 2	50-89% <input checked="" type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.5. What percentage of community-based health workers at the state/district level are trained in counselling skills for breastfeeding and infant and young child feeding?	>50% <input checked="" type="checkbox"/> 2	<50% <input type="checkbox"/> 1	No Training <input type="checkbox"/> 0
Total Score	7/10		

Information Sources Used for assessment

1. NFHS 4 Tamil Nadu Report, Page no. 13, first paragraph, 3rd -4th line.
<http://rchiips.org/NFHS-4Reports/TamilNadu.pdf>
2. NFHS 4 Tamil Nadu Report, Page no.03.
http://rchiips.org/NFHS/pdf/NFHS4/TN_FactSheet.pdf
3. Response obtained from ICDS Deputy director (Training), Department of Integrated Child Development Services, Taramani, Chennai- 113
4. NFHS 4 Tamil Nadu Factsheet.
http://rchiips.org/NFHS/pdf/NFHS4/TN_FactSheet.pdf
5. Response obtained from ICDS Deputy director (Training), Department of Integrated Child Development Services, Taramani, Chennai- 113

Conclusion

SBTi Assessment for Tamil Nadu on Counselling Services for Breastfeeding and Pregnant Mothers - Indicator 6 Total score is 7/10. While these services are very well organized and implemented at government facilities, there appears to be a lack of uniformity in education, awareness, monitoring, assessment and documentation systems in public and private sectors

for pregnant and breastfeeding women on Infant and Young Child Feeding practices. The MCP Card that has been adapted for Tamil Nadu is a very useful guide for the parents and family members. This card if utilized in the private sector would be of great help in disseminating the knowledge on IYCF practices and maternal and child health care.

Gaps

1. There is a lack of specific Breastfeeding counselling / Breast examination/ IYCF counselling skills training in private hospitals/ organisations.
2. Skin to skin contact of mother and baby immediately after delivery is not recorded for documentation.
3. Initiation of Breastfeeding within 1 hour of birth in Private Healthcare Facilities, Breast feeding counselling and support during hospital stay are not documented.
4. Dangers of Bottle feeding is not mentioned in the MCP card.

There has to be uniformity in the documentation of postpartum breastfeeding support in both public and private healthcare facilities.

Recommendations

1. Distribution of MCP Cards and documentation of Postpartum Breastfeeding support has to be uniform in all Public & Private healthcare facilities.
2. Documentation of Skin to Skin contact and Initiation of Breastfeeding within 1 hour of birth has to be mandated in all facilities across public and private sectors.
3. Trained Lactation Support Staff required in all health facilities to help mothers successfully breastfeed
4. Healthcare workers in the private sector should be trained in lactation management and IYCF counselling similar to the government sector.
5. Mothers who conceived through ART need to be counselled specifically on Breastfeeding of Preterm, Transition from Tube feeding/ paladai feeding to Breastfeeding.
6. There should be uniformity in training, awareness, monitoring, assessment and documentation systems in public and private sectors for pregnant and breastfeeding women on Infant and Young Child Feeding practices.



Annexure 6.1

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 Practices ²⁷⁾)

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, caesarean 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 New-born 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 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.

²⁷WHO 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 Questions:

Are comprehensive Information, Education, & Communication (IEC) strategies for improving infant & young child feeding (breastfeeding & complementary feeding) being implemented in the State?

Background

The IMS Act, a national law that protects breastfeeding calls out for providing unbiased and accurate 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 all women. This indicator looks at this part.

are likely to adopt inappropriate feeding practices which is a health hazard. The Ministry of Women and Child Development (MoWCD)'s Poshan Abhiyaan also as a strategy focuses on Social Behavioural Change and Communication (SBCC) for antenatal care, optimal breastfeeding (early and exclusive) and complementary feeding. Poshan Abhiyaan Jan Andolan Guidelines²⁸ and Guidelines for Community Based Events²⁹ include details about communication strategy and information on providing accurate information to mothers and their families.

If women would not have accurate information, they

Indicator 7: Accurate and Unbiased Information Support		
Criteria for Assessment	Tick (v) all that applies	
7.1. There is a state IEC strategy documented for improving infant and young child feeding.	<input checked="" type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
7.2. Messages are communicated to people through different channels and in local context.	<input checked="" type="checkbox"/> Yes =1	<input type="checkbox"/> No=0

²⁸<https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/Guidelines/JanAndolanGuidelinesEnglish.pdf> (Accessed on 9th Oct 2019 at 12:13 pm)

²⁹<https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/CBE/CBE-GuidelinesEnglish.pdf> (Accessed on 9th Oct 2019 at 12:13 pm)

7.3. IEC strategy, programmes and campaigns (such as WBW, Nutrition Week) are carried out regularly.	<input checked="" type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
7.4 All campaigns or programmes are free from direct/indirect commercial influence.	<input type="checkbox"/> Yes =1	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
7.7 All mothers who are giving artificial feeding to their babies, are given information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ³⁰	<input type="checkbox"/> Yes =1	<input checked="" type="checkbox"/> No=0
Total Score	8/10	

Information Sources Used for Assessment

1. G.O. (D) No. 51 [(Social Welfare and Nutritious Meal Programme Department – ICDS) File name: TN ICDS IEC] source for 7.1, 7.2, 7.3, 7.5 and 7.6
2. MCPC Mother and Child Protection Card source for indicators 7.2 and 7.5
3. Evidence for commercial influences in organizing webinars on infant feeding

Conclusion

Across the State, breastfeeding and IYCF is promoted through various measures in government run or supported health and family welfare institutions and through the Anganwadi centres under social welfare and through the Village Health and Nutrition days held periodically throughout the year. The World Breastfeeding Week is observed by the Dept. of Social Welfare through the ICDS and also by Family Welfare through the PHCs in urban and rural areas. While all the information on IYCF and its promotion is being done actively and visibly through the government service, the same is not uniformly observed in the private sector. Commercial influence seems to be

happening even during world breastfeeding week programmes. The State Government of Tamil Nadu should be commended for adapting the MCP Card and enhancing the information provided with inclusion of the maternity benefits schemes that supports women who are not covered by any other establishment. However, the state needs to include a section in the MCP Card on the dangers of artificial feeding to ensure every baby gets its right to breastfeed and reduce the incidence of artificial feeding. The state also needs to make the use of the MCP Card mandatory across public and private sector establishments dealing with maternity services.

Gaps

1. The MCP Card or any specific information on infant and young child feeding is not used in the private sector maternity services.
2. Not all campaigns or programmes are free from direct/indirect commercial influence.
3. All mothers who are giving artificial feeding to their babies, are not given information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula.

³⁰To 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.

The MCP Card or any specific information on infant and young child feeding must also be used in the private sector maternity services.

Recommendations

1. Make the MCP Card mandatory in both public and private sector institutions.
2. Include dangers of artificial feeding in the IEC materials especially in the MCP Card.
3. Make IYCF guidelines and posters mandatory at all private clinics and hospitals with maternity services dealing with mother and child health.
4. Messages to the people need to be even more prominent and persistent all around the year.
5. For families who decide to use artificial feeding, information should be provided on its dangers and how to safely use it to minimize risks.
6. Ensure all campaigns or programmes are free from direct/indirect commercial influence

INDICATOR 8

INFANT FEEDING & HIV

Key Questions:

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 recognized 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.³¹

The 2013 WHO consolidated guidelines on the use of ARV drugs recommended one of two approaches: (a) providing ART during pregnancy and counselling 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 (Option B+)³².

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 counselling to the women and their families. Infant feeding recommendations to mothers

³¹W.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)

³²World 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)

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. WHO has updated its infant feeding recommendations for HIV settings in 2016³³ 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 mothers 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 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, after which complementary feeding should be introduced gradually, irrespective of whether the infant is diagnosed HIV negative or positive by early infant diagnosis. For breastfeeding infants diagnosed HIV negative, breastfeeding should be continued until 12 months of age, For infants diagnosed HIV positive, ART should be started and breastfeeding should be continued till 2 years of age³⁴.

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 checked="" 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 checked="" type="checkbox"/> No=0
8.3. The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No=0
8.8. Health care providers receive training on HIV and infant feeding counselling.	<input checked="" type="checkbox"/> Yes =1	<input type="checkbox"/> No=0
Total Score	7/10	

³³World 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)

³⁴Nutrition 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:

Assessment Criteria 8.1 and 8.2

1. Updated guideline for Prevention of Parent to Child Transmission (PPTCT) of HIV using Multi Drug Anti-retroviral Regimen in India. December 2013.
Chapter 10.1 Principles of Infant feeding for HIV infected pregnant women pages 60 and 61
<https://tnsacs.in/cmsimage//Guidelines/13082020100814.pdf>
2. National Technical Guidelines on Anti-Retroviral Treatment – NACO Care Support and Treatment Services. October 2018
Chapter 14 Infant feeding guidelines for infants < 6 months of age page 144
http://naco.gov.in/sites/default/files/NACO%20-%20National%20Technical%20Guidelines%20on%20ART_October%202018%20%281%29.pdf

Assessment Criteria 8.3

1. Updated guideline for Prevention of Parent to Child Transmission (PPTCT) of HIV using Multi Drug Anti-Retroviral Regimen in India. December 2013.
2.2 The Essential Package of Services under the PPTCT Programme page 16
<https://tnsacs.in/cmsimage//Guidelines/13082020100814.pdf>
2. National Technical Guidelines on Antiretroviral Treatment – NACO Care Support and Treatment Services. October 2018
Chapter 7 PPTCT and ART in Pregnant Women page 50
http://naco.gov.in/sites/default/files/NACO%20-%20National%20Technical%20Guidelines%20on%20ART_October%202018%20%281%29.pdf
3. National Strategic Plan for HIV/AIDS and STI 2017 – 2024. NACO and Ministry of Health and Family Welfare, Government of India. December 2017
Chapter 4.4.3 Dual elimination of Parent to child transmission of HIV and Syphilis pages 55 and 56
<https://tnsacs.in/cmsimage//HIVAct/13082020100849.pdf>

Assessment Criteria 8.4, 8.5 and 8.6

1. Updated guideline for Prevention of Parent to Child Transmission (PPTCT) of HIV using Multi Drug Anti-Retroviral Regimen in India. December 2013.
Chapter 9.3 Counselling for Issues of Infant to the Parents/ Caregivers pages 57 and 58
Chapter 11.1 During first post-delivery visit at 6 weeks/first immunization visit pages 67 and 68
<https://tnsacs.in/cmsimage//Guidelines/13082020100814.pdf>
2. National Technical Guidelines on Anti-Retroviral Treatment – NACO Care Support and Treatment Services. October 2018
Chapter 14 Infant feeding guidelines for infants < 6 months of age pages 144
Chapter 14 Infant feeding guidelines for infant and children 6 – 18 months of age
Pages 147 and 148
http://naco.gov.in/sites/default/files/NACO%20-%20National%20Technical%20Guidelines%20on%20ART_October%202018%20%281%29.pdf
3. Nutrition guidelines for HIV exposed and infected Children (0 – 14 years of age) NACO January 2013
Chapter 2 Nutritional care for HIV exposed and infected infants < 6 months of age page 4
<http://naco.gov.in/sites/default/files/Paedia%20Nutrition%20national%20guidelines%20NACO.pdf>

4. GUIDELINE Updates on HIV and infant feeding WHO 2016
Table 1. The 2016 WHO recommendations on HIV and infant feeding page 12
<http://apps.who.int/iris/bitstream/handle/10665/246260/9789241549707-eng.pdf?sequence>
5. Maternal Infant and Young Child Nutrition – Counselling card used in the ART Centres especially with AN mothers. By SAATHII
<http://www.saathii.org/publications/patient-education/infant-child-nutrition>
6. Telephonic interview with DD Care, Support and Treatment and ART Medical Officer, Centre of Excellence, Institute of Child Health, Chennai.
7. Telephonic interview with Mr. Niranjana, Saathii, Chennai
8. Telephonic interview with Ms. Kousalya, President, Positive Women Network +

Conclusion:

Tamil Nadu State AIDS Control Society (TNSACS) follows the Guidelines formulated by National AIDS Control Organization (NACO), which in turn is based on guidelines provided by World Health Organization

(WHO). Breastfeeding and IYCF is integral part of PPTCT. However, the State lacks focus on integrating the IMS Act. Currently the research element is found lacking.

Gaps

Currently not enough 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. The IMS Act provisions has not been integrated in the policy.

More research studies are required on infant feeding and HIV to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices.

Recommendations

1. IMS Act should be given effect in the policies followed and updated regularly as per WHO guidelines.
2. Enable more research studies on Infant feeding and HIV to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices.
3. On the job/in-service training of health care workers of government and private institutions at all levels and at regular intervals need to emphasize on exclusive breastfeeding and IYCF for HIV exposed children.

INDICATOR 9

INFANT FEEDING DURING EMERGENCIES

Key Questions:

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?

Rationale:

Infants and young children are among the most vulnerable groups in emergencies. Absence of or inadequate breastfeeding and inappropriate complementary feeding increases the risks of undernutrition, illness and mortality. In emergency and humanitarian relief situations the emergency-affected host state 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 inter-agency Infant Feeding during Emergencies Core

Group and was adopted at World Health Assembly (WHA) Resolution 63.23 in 2010³⁵. Practical details on how to implement the guidance summarized in the Operational Guidance are included in companion training materials, also developed through inter-agency 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 supplies³⁶. This indicator looks at the level of implementation of this plan in the State.

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 checked="" 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 checked="" type="checkbox"/> No=0

³⁵Infant and Young child feeding in emergencies. Operational Guidance for emergency and relief staff and program managers, version 2.1, 2007, IEC Core group <http://www.enonline.net/resources/6>

³⁶National 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)

9.3. Resources have been allocated for promotion and continuation of breastfeeding and IYCF in the state/district health emergency preparedness and response plan.	<input type="checkbox"/> Yes =2	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
b) Measures to protect, promote and support appropriate and complementary feeding practices.	<input checked="" type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
c) Measures to protect and support the non-breast-fed infants	<input checked="" type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
d) Space for IYCF counselling support services	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No=0
Total Score	2 /10	

Information Sources Used for Assessment

Assessment criteria 9.1 and 9.5

1. Tamil Nadu State Disaster Management Perspective Plan 2018 – 2030, 6.14 Minimum Standard of Relief (Food and Nutrition), page 73 <https://tnsdma.tn.gov.in/app/webroot/img/document/SDMP-29-08.pdf>
2. Tamil Nadu State Disaster Management Policy 2016
<https://tnsdma.tn.gov.in/app/webroot/img/document/State-DM-Policy.pdf>
3. GCC Disaster Management Plan 2017, 6.4 Preparedness of Relief Centres, page 76, 6.5 Common kitchen, page 78
<http://www.chennaicorporation.gov.in/NorthMonSoon2017/cdmcb.pdf>

Assessment Criteria 9.2, 9.3, 9.4

4. Tamil Nadu Health and Family Welfare Policy Note 2018 – 2019
https://cms.tn.gov.in/sites/default/files/documents/hfw_e_pn_2018_19.pdf
5. Tamil Nadu State Health and Family Welfare Policy note 2019 – 2020
https://cms.tn.gov.in/sites/default/files/documents/hfw_e_pn_2019_20.pdf

Assessment Criteria 9.5

RTI reply from the Office of Director of Public Health and Preventive Medicine

Other resources for reference

1. National Disaster Management Plan 2016, page 105
<https://ndma.gov.in/images/policyplan/dmplan/National%20Disaster%20Management%20Plan%20May%202016.pdf>
2. National guidelines on IYCF, Ministry of HRD, Department of Women and child development,
<http://wcd.nic.in/sites/default/files/infantandyoungchildfeed.pdf>

3.Social Welfare and Nutritious meal program Department policy note 2019 – 2020

https://cms.tn.gov.in/sites/default/files/documents/swnmp_e_pn_2019_2020.pdf

4.The Sphere Handbook Humanitarian Charter and Minimum Standards in Humanitarian Response page 185 Infant and Young Child feeding

<https://www.spherestandards.org/handbook/editions/>

Conclusion

Government of Tamil Nadu's handling of breastfeeding and IYCF during disaster situations is grossly inadequate and it requires a comprehensive review of the actions taken in order to implement the NDMA Plan 2016 effectively and in coordination with the Health Department. IMS Act should be integrated

into the policy as many players during disaster relief rush in breastmilk substitutes to help infants and young children. Recently the Government of Tamil Nadu has issued COVID 19 pandemic guidelines for breastfeeding which should also be done for other disaster situations.

Gaps

The state/district health department has no emergency preparedness and response plan that includes infant feeding counselling support. The IMS Act provisions are not implemented in the relief and rehabilitation processes.

There are no exclusive guidelines that includes IYCF and corresponding SOP to protect infants and young children, pregnant and lactating mothers during emergencies in the Disaster Management Policies/Plan of the State.

IMS Act should be integrated into the policy to prevent the use of breastmilk substitutes during disaster relief.

Recommendations

1. The State health department policy and Disaster management plan/policy should lay emphasis on safe infant feeding during disasters and counselling and support be provided to breastfeeding mothers.
2. IMS Act should be integrated into the policy to prevent the use of breastmilk substitutes during disaster relief.
3. In relief camps an exclusive place (be it a separate class room or enclosure) should be allotted for breastfeeding mothers so that they can feed their infants at any time without inhibition. Any nurse, Anganwadi worker, ASHA or health worker available in the affected community or living in that area should be adequately trained as per MAA program Guidance and entrusted with providing enabling environment for breastfeeding and counselling.
4. A batch of at least 50 health workers in every district should be trained in lactation management and called in to support breastfeeding mothers during disasters.

5. Aanganwadi/ASHA workers should continue to provide appropriate complementary feeding to infants and young children.
6. Breastfeeding and IYCF during emergencies must be included in the curriculum of Health care workers at all levels.
7. Sufficient resources should be allocated for training and capacity development on IYCF practices
8. The State should designate a point person to be accountable for IYCF practices during emergencies including pandemics.



INDICATOR 10

MONITORING AND EVALUATION

Key Questions:

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?

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 Poshan Abhiyaan has started monitoring data by frontline functionaries and a six-tier dashboard ensuring the monitoring and intervention mechanism through Common Application Software (CAS) Real Time Monitoring (RTM) for nutritional outcome.³⁷

system data should be collected systematically, analysed 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 data³⁸. It is important to devise strategies to assure that results of important evaluation are used for evidence-based decision-making.

Periodic monitoring or management information

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 checked="" type="checkbox"/> Yes =2	<input type="checkbox"/> No=0

³⁷ICDS-CAS dashboard manual <https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ICTRTM/Dashboard%20Manual.pdf> (Accessed on 9 Oct 2019 at 12:43 pm)

³⁸See the WHO Indicators for assessing infant and young child feeding practices for suggestions concerning Infant and Young Child Feeding indicators and data collection strategies.

10.2. Is there any management information system (MIS) adapted for the monitoring and evaluation of activities under Breastfeeding and IYCF programme?	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes =2	<input type="checkbox"/> No=0
Total Score	10/10	

Information Sources Used for assessment

10.1. Transforming Nutrition in India; Poshan Abhiyaan, A progress report -December 2018

10.1 Mail reply of DD training ICDS

10.2. Common application Software of ICDS

10.2. F. No PA/472018 CPMU, Government of India, Ministry of Women and Child development, Poshan Abhiyaan dated 21st August 2019

10.3. Screen of shot of ICDS -CAS. Report from ICDS -CAS

10.4 Mail reply of DD training ICDS, - 14th Answer

10.4. Letter from Director cum Mission Director to The Director, Directorate of Public Health & Preventive Medicine

10.5 Letter from Secretary, Social Welfare and Nutritious Meal Program Department to Principal Secretary, Health and Family Welfare dated 4/09/20

10.5 Mail reply of DD training ICDS -Dates of convergence meeting – 6th Answer

Conclusion:

Monitoring and Evaluation of the IYCF programmes of the State is being implemented through the Common Application software (CAS) of POSHAN ABHIYAAN programme. This includes district level monitoring with a District Monitoring Officer. The three important IYCF indicators - early breastfeeding within an hour, exclusive breastfeeding 0-6 months, and introduction of appropriate complementary feeds with continued breastfeeding are monitored by CAS. Progress report on

implementation of Breastfeeding and IYCF programme are generated periodically and disseminated to the key stakeholders of the district and State. This report is made available to Health Department also by the ICDS department for joint corrective action. The continued convergence at District level with Health Department is required for improving early initiation, exclusive breastfeeding practices and young child feeding.

Specific District Action Plan including IYCF guidelines should be charted for execution.

Recommendations:

Effective implementation of CAS would provide the trend of IYCF indicators and would be very useful in assessing the performance of each District. Specific District Action plan including IYCF guidelines should be charted for execution.

A woman with dark hair and a bindi is smiling while holding a baby. She is wearing a yellow and orange patterned sari and a yellow short-sleeved top. The baby is wrapped in a green cloth. The background is blurred, showing other people in similar attire.

INFANT AND YOUNG CHILD FEEDING PRACTICES

Indicators 11-13
based on NFHS 4 (2015-16)

INDICATOR 11

INITIATION OF BREASTFEEDING [WITHIN 1 HOUR OF BIRTH]

Key Questions:

What is the percentage of new-born babies breastfed within one hour of birth at the State 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

Breastfeeding is started late due to many 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 caesarean section, the baby should be offered the breast when the mother is able to respond; this happens within few hours even if general

anaesthesia was used. Mothers who have undergone a caesarean 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 new-born 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.³⁹

Indicator	Result (%)
Initiation of Breastfeeding (within 1 hour)	54.7%

Source of data

- NFHS 4 (2015-16) Tamil Nadu Factsheet.

³⁹Edmond KM, Zandoh C, Quigley MA et al. Delayed breastfeeding initiation increases risk of neonatal mortality. Pediatrics 2006; 117: 380- 386

Conclusion

Only 54.7% of the children are being initiated breastfeeding within the first hour of birth despite 99% of Institutional deliveries in the State. There are many Districts which are far below the State average. There seems to be no change (55.3%) in this indicator after NFHS-3 (2005-06). Early Initiation of breastfeeding is

being captured at Community level by AWW through POSHAN ABHIYAAN and by VHN/ANM through PICME data base. At the facility level, this intervention is made as an entry in SNCU on line data for admitted babies only.

Gaps

All facilities (Delivery points) are not uniformly recording this intervention in their records and are not generating the monthly report for this indicator. We

also know that one in 3 deliveries are by caesarean section that may also hamper early initiation of breastfeeding.

Recommendations

1. Recording of the timing of the first breastfeed needs to be mandated at all delivery points (both public and private) and the same to be monitored monthly by the institution. This would pave the way for the identifying the barriers and overcoming the same.
2. An implementation team for lactation support should be in place in all delivery points, especially to help mothers with caesarean deliveries. A monitoring team, which is ably supported by the administrator of

- that facility for improving the practices will be helpful.
3. At micro level, ICDS and Health team should have a sustained contact with the mother and family at community level.
4. Since easy availability of data on this indicator has been ensured by CAS at District and Block, performances need to be closely watched and planning for improvement and execution of specific customized interventions should be carried out.



INDICATOR 12

EXCLUSIVE BREASTFEEDING FOR THE FIRST SIX MONTHS

Key Questions:

What is the percentage of infants less than 6 months of age who were exclusively breastfed⁴⁰ in the last 24 hours at the State 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)

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 2003⁴¹ and 2016⁴² clearly point to the role of exclusive breastfeeding during first six months for infant survival and development.

⁴⁰Exclusive 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)

⁴¹Black RE, Morris SS, Bryce J. Where and why are 10 million children dying every year? Lancet 2003;361:2226–34

⁴²Victora CG, Bahl R, Barros AJD et al. Breastfeeding in the 21st century: epidemiology, mechanisms and life long effect. Lancet 2016;387:475–90

⁴³Exclusive 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)

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.

Indicator	Result (%)
Exclusive Breastfeeding for the first six months	48.3%

Source of data:

- NFHS 4 (2015-16) Tamil Nadu Factsheet

The State must strengthen implementation of the MAA programme both in public and private sector and add lactation support staff at all delivery points.

Recommendation:

1. Strengthen implementation of the MAA programme both in public and private sector and add lactation support staff at all delivery points.
2. ICDS and Health functionaries should utilize the contacts with the mother and family for reinforcing the impact of exclusive breastfeeding on the health of the child and mother by social behaviour change communication.
3. Strictly implement and monitor IMS Act in the hospitals all over the state.



INDICATOR 13

COMPLEMENTARY FEEDING (6-8) MONTHS - INTRODUCTION OF SOLID, SEMI-SOLID OR SOFT FOODS ALONG WITH BREASTFEEDING

Key Questions:

Percentage of breastfed babies receiving complementary foods at 6-8 months of age at the State level?

Definition of the indicator:

Proportion of breastfed 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.

Indicator	Result(%)
Complementary Feeding (6-8) months -Introduction of solid, semi-solid or soft foods along with breastfeeding	67.5%

Source of data:

- NFHS 4 (2015-16) Tamil Nadu Factsheet.

Recommendations:

1. Implementation of IYCF guidelines effectively in public and private sectors will help improve the status.
2. During the contact of 3rd dose of pentavalent and all house visit contacts subsequently, parents should receive counselling on complementary feeds.
3. At 6 months of age of their children, all parents

should be visited by ASHA/AWW/ANM and they should be monitored on appropriate use of complementary foods along with breastfeeding

4. All Health and Nutrition contacts (Hospital & OPD) should be used by the facility for counselling on age appropriate feeding.

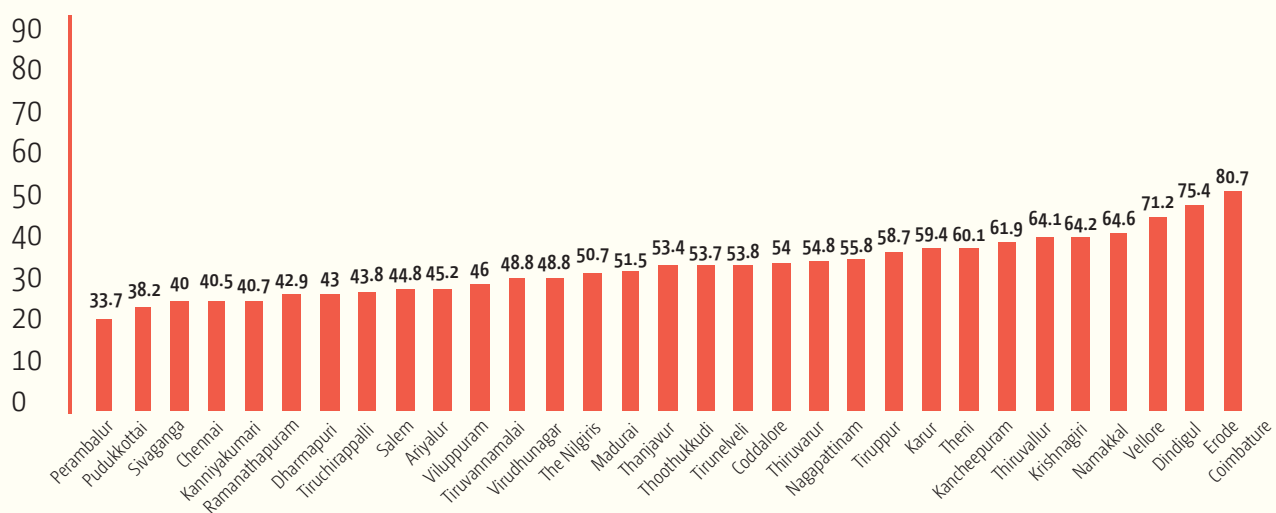


According to the Ranking of 28 States and 3 Union Territories on 3 IYCF Indicators Report Cards by Ministry of Health and Family Welfare under MAA Programme (August, 2019), the infant feeding score of Tamil Nadu is 5.71/10 based on the composite score of 3 indicators on actual values.

District wise information on Infant and Young Child Feeding Indicators of Tamil Nadu (Source: NFHS 4)

S.NO	District	Children under age 3 years breastfed within one hour of birth (%)	Children under age 6 months exclusively breastfed (%)	Children age 6-8 months receiving solid or semi-solid food and breastmilk(%)
1	Perambalur	33.7	NA	NA
2	Pudukkottai	38.2	37.7	NA
3	Sivaganga	40	NA	NA
4	Chennai	40.5	NA	NA
5	Kanniyakumari	40.7	NA	NA
6	Ramanathapuram	42.9	NA	NA
7	Dharmapuri	43	NA	NA
8	Tiruchirappalli	43.8	NA	NA
9	Salem	44.8	NA	NA
10	Ariyalur	45.2	NA	NA
11	Viluppuram	46	NA	NA
12	Tiruvannamalai	48.8	NA	NA
13	Virudhunagar	48.8	NA	NA
14	The Nilgiris	50.7	NA	NA
15	Madurai	51.5	NA	NA
16	Thanjavur	53.4	NA	NA
17	Thoothukkudi	53.7	NA	NA
18	Tirunelveli	53.8	NA	NA
19	Cuddalore	54	NA	NA
20	Thiruvarur	54.8	NA	NA
21	Nagapattinam	55.8	NA	NA
22	Tiruppur	58.7	NA	NA
23	Karur	59.4	NA	NA
24	Theni	60.1	NA	NA
25	Kancheepuram	61.9	NA	NA
26	Thiruvallur	64.1	NA	NA
27	Krishnagiri	64.2	54.5	NA
28	Namakkal	64.6	NA	NA
29	Vellore	71.2	43.5	NA
30	Dindigul	75.4	NA	NA
31	Erode	80.7	NA	NA
32	Coimbatore	59.9.	NA	NA

Fig. The data for percentage of Children under age 3 years breastfed within one hour of birth(%) is mentioned below:



CONCLUSIONS AND WAY FORWARD

Tamil Nadu is known for its progressive policies and programmes on health. The state has done much to streamline and provide good health and nutrition programmes but it is lagging behind on breastfeeding interventions required for a mother to be successful. While 99% deliveries take place in hospitals, about 32% deliveries do take place in the private sector and 34% by Caesarean Section. It is unacceptable that only about half the women are able to practice early breastfeeding within an hour of birth, and exclusive breastfeeding for the first six months. At the same time while there is some progress made in these two indicators as compared to NFHS-3, the rate of complementary feeding has in fact gone down. This is sufficient reason to strengthen action in Tamil Nadu to achieve higher rates in coming years.

From the SBTi assessment one can see that out of 10 indicators there are six indicators which are coded 'Blue' one indicator which is coded 'Yellow', two indicators which are coded 'Red' and one indicator which is coded 'Green'. Overall score of Tamil Nadu is 64/100 and is coded 'Blue', which indicates that there is room for improvement.

The State of Tamil Nadu should initiate steps to plug the gaps found in the report and aspire to change the

colour codes within a time frame of 3 years, after which re-assess and compare the results of progress. Looking at all the indicators, it makes sense to take special efforts on indicators 2, 3, and 9; while other indicators need a push to move up to the next level.

There is notable progress in the public sector while the same is not visible in the private sector services compounded by a lack of a monitoring system. It is therefore critical to bring together the public and private sectors for maternity and child health services for the purpose of monitoring, and measuring outcomes. The state has made commendable efforts to adapt and enhance the national MCP Card/booklet for the state, it can go a step further to make it mandatory across public and private sectors. The state has already made it mandatory to register all pregnancies on the RCH portal to get an RCH identity number and failure of which would make it difficult to get a birth certificate for the child. Similar action is required that all babies and mothers receive support and services for breastfeeding right at birth at the time of delivery and later to maintain exclusive breastfeeding for the first six months, and thereafter practice continued breastfeeding for 2 years or beyond along with adequate complementary feeding.

Based on our findings of the assessment, we make the following recommendations

1. Strengthen state policy, funding, monitoring and evaluation

It is important to understand that rates of breastfeeding and infant and young child feeding practices can be increased by a comprehensive implementation of all policy and programmes. It is critical to establish clear lines of coordination and convergence with secure adequate funding for an overarching action.

- Set up a specific committee in the State that is intersectoral in nature to organise, coordinate and monitor IYCF practices, implementation of the IMS Act,

HIV and AIDS (Care and Protection) Act 2017 and the Maternity Benefit Rules 2017 Government of Tamil Nadu.

- Establish a resource centre in the state to facilitate capacity building and monitoring of IYCF practices.
- Establish district level plans along with specific funding for each intervention in each indicator.
- Ensure documented records of antenatal counselling and decision on feeding the baby, timing of initiation of breastfeeding and Skin to Skin Contact practice, breastfeeding skill support for the mother and

any use of infant formula during hospital stay in both public and private sector.

- Enable the capture of data from public and private sectors through the CAS to provide readily accessible child health information to the districts in real time.
- Generate periodical reports on specific data captured through CAS to enable assessment of trends and provide specific information for course correction when and where necessary.
- Fix the targets of three practice indicators 11-13 for the year 2025.
- Enable Social Audit of IYCF practices.

2. Remove disparities in information and services on IYCF to ensure uniformity in basic standards for required services across public and private sectors.

- Make it mandatory across public and private sectors for every pregnant woman to receive and use the MCP Card/Booklet.
- Maintain a digital record at the facility for each registered RCH id with information on each visit and service offered.

3. Strengthen action to protect breastfeeding knowledge and skills

Uniformity in the basic standard of knowledge and skills in IYCF/MAA and the IMS Act will help in streamlining messages and re-establish breastfeeding as the norm in the society.

- Incorporate IYCF education including practical skills and the IMS Act 1992 with Amendment 2003 in all pre service curricula of medical, paramedical, health workers and nutrition courses.
- IYCF/MAA training and orientation to IMS Act should be compulsory for all health and nutrition staff working in any health facility (public and private) providing mother and child health care services.

- Include knowledge on IYCF, the IMS Act and Right to Food in the school (starting from pre-school) and college education curricula.

4. Strengthen implementation of BFHI /MAA Programme and LaQshya standards

- Practice of Ten Steps to Successful Breastfeeding in BFHI/MAA programme, and LaQshya standards should be one of the stipulations to be fulfilled for licensing under the Tamil Nadu Clinical Establishment Act and NABH.
- Establish monitoring cell/committees in all maternity facilities for continuous support and supervision of adoption of all the BFHI Ten steps.
- Regular assessment of hospitals should be carried out to check the quality of MAA programme implementation as per the tools and guidelines of WHO/BPNI and GOI. Re assessment should be done every 3-5 years and all this should be part of the plan and funding secured.
- Assign a health worker trained in lactation to ensure that all mothers are able to breastfeed within an hour and have skin to skin contact.

5. Strengthen disaster management plans to support mothers, children and families

- Designate and train the authorized officers at district level to create awareness and monitor strict implementation of the IMS Act.
- Integrate IYCF and IMS Act provisions in the state and district disaster management plans.
- Health department should take the lead in developing the disaster management plan and train at least 30-40 health workers in each district on lactation management and ensure they are on duty to help mothers on IYCF during disasters.

ANNEXURES

ANNEXURE 1

MINUTES OF THE MEETING: STATE BREASTFEEDING TRENDS INITIATIVE (SBTi) CORE GROUP MEETING, TAMIL NADU CHENNAI

Date: 10th October 2019

Venue: For You Child Office, Aminjikrurai, Chennai

Project: Universalising Services and Support to Breastfeeding in the Urban Areas of Gautam Budh Nagar, Lucknow and Chennai

Donor: HCL Foundation

Objectives of the meeting:

- To orient the core group members on State Breastfeeding Trends Initiative (SBTi).
- To help the core group members to use the SBTi tool .
- To assign indicators to the core group members and establish SBTi assessment coordination mechanism.
- To review the SBTi Tool questions.

Minutes of the meeting:

1. The meeting started with a brief introduction of core group members.
2. Expectations and fears of the core group members were listed out. The key expectation from the core group members are as follows:
 - a) Co-operation among the core group members to successfully accomplish the SBTi assessment for Tamil Nadu, Chennai.
 - b) Support structures for breastfeeding mothers will improve in the state and district post the SBTi assessment.
 - c) To kick start the assessment as early as possible.
 - d) There will be enough safe guard to avoid misuse of Baby Friendly Hospital Initiative (BFHI) certification after SBTi assessment.
 - e) The policy makers will get to know the status of breastfeeding and complementary feeding policy and programme status of Tamil Nadu- Chennai.
3. Among the fears key fears are as follows:
 - a) Many hospitals must be violating the IMS Act and data may not be available
 - b) The private hospitals might not support or cooperate in the assessment
 - c) The observations and findings are not supported or accepted by the government.

4. Power point presentation about the SBTi and the assessment process was presented by Nupur Bidla, Manager , Communication and Campaigns.
 5. Dr.Arun made a power point presentation about the SBTi guidebook, tool, indicators, assessment process, sources of information and ethical policy of BPNI. He then lead the hands on exercise on understanding the SBTi tool and its questions. Each core group member chose one indicator each and worked on it. After the exercise each member presented their experience and the challenges they faced while working on the SBTi indicator.
 6. Dr.Arun and Nupur clarified the doubts of the participants on sources of information and took feedback on the tool. It was decided to make the changes as suggested by the core group members and revise the SBTi tool.
 7. Tamil Nadu -Chennai's assessment would be done on the revised tool.
 8. The core group members have decided to meet at For You Child office at regular intervals to discuss the course of assessment and building consensus.
 9. Dr.Kumutha has been appointed as the core group coordinator for Tamil Nadu -Chennai SBTi assessment.
 10. The core group members took the following indicators:
 Indicator 1: Dr.Kumutha
 Indicator 2: Dr.Soma Sekar
 Indicator 3: Dr.K. Shanmuga, Velayutham
 Indicator 4: Nirmala Selvam
 Indicator 5: Dr.S Babu
 Indicator 6: Jayashree
 Indicator 7: Nirmala Selvam
 Indicator 8: Dr.Soma Sekar
 Indicator 9: Dr.Ganthimathi
 Indicator 10: Dr.S.Babu
 Indicator 11-13: Dr.Kumutha
- The SBTi assessment for Tamil Nadu-Chennai will be accomplished between December 2019-February 2020.
 - The second core group meeting for assessment has to be organized in the month of May 2020.
 - The core group will share the first draft assessment report with a larger group (30-40 people) for feedback and review between June-July 2020.
 - The final report should be ready by August 2020 and formally launched at a formal event organized by the core group in Chennai in the month of October 2020. Secretary Health and NHM could be invited here along with other sectors. It should be for all sectors for which assessments has been accomplished.
 - Minutes of the meeting are compiled by Ms.Nupur Bidla, Director, Advocacy, BPNI.

Annexure 1.1

Programme

S.No.	Topic	Resource Person	Timing
1.	Welcome, Objectives, Expectations and fears	J Kumutha & Nupur Bidla	1500 - 1515
2.	Why State Breastfeeding Trends Initiative (SBTi)? Background and History	Arun Gupta	1515-1530 Hrs.
3.	Introduction to State Breastfeeding Trends Initiative (SBTi), its objectives and components, Steps of assessment	Nupur Bidla	1530-1545
4.	Understanding the indicators, tool questionnaire, use of the Guide Book, sources of information, how to gather information, keeping free from conflicts of interest.	Arun Gupta	1545-1600
5.	Exercise: Every member selects one Indicator and works to answer it	Arun/Nupur	1600-1630
6.	Sharing of challenges and experience of doing so	All members of Core Group present and moderated by Arun	1630-1745
7.	Finalizing the tool: Feedback on the wording of questions or additional suggestions/deleting any/ or any comments questions	Nupur	1745-1815
8.	Next steps for the Core group, next meeting and tentative programme for next year	Arun	1815-1830

Annexure 1.2

List of participants

S.No.	Name	Organization/Affiliation	Contact	Email
1.	Dr.J.Kumutha	BPNI Member	9444023733	drkumutha@gmail.com
2.	Dr.S.Babu	IAP/IMA/Adolescent health Academy Chennai	9383830011	drbabudch@gmail.com
3.	Dr.Jayshree Jaykrishna	Happy Moms BPNI Member	9444432677	Jai_sriphysio@yahoo.co.in
4.	Nirmala Selvam	Independent Consultant BPNI Member	9840878448	Snirmala61@gmail.com
5.	Dr.J.Ganthimathi	Private Practitioner	9840564672	ganthimathij@yahoo.co.in
6.	Dr.K.Shanmuga velayutham	For You Child	9444022930	tnforces@yahoo.com
7.	Dr.R.Soma Sekar	IAP-IYCF BPNI Member	9566217123	drsomas2000@gmail.com
8.	Dr.S.Srinivasan	BPNI Member	9360291774	Srinivasan.renu@gmail.com
9.	Dr.Arun Gupta	Central Coordinator , BPNI	9899676306	arun.ibfan@gmail.com
10.	Nupur Bidla	Manager, Communication and Campaigns	9958163610	nupurbidla@gmail.com

Annexure 1.3

Photos of the meeting



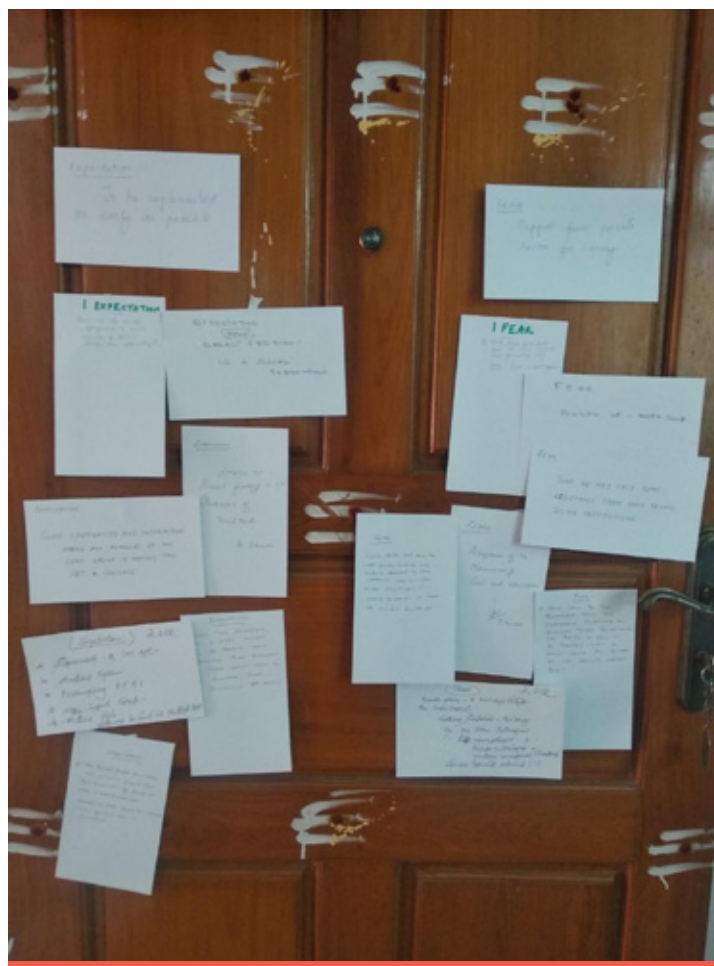
Dr.Arun Gupta making the presentation



Discussion among the core group members



Discussion among the core group members



Fears and Expectations exercise listed out

ANNEXURE 2

MINUTES OF THE MEETING: STATE BREASTFEEDING TRENDS INITIATIVE (SBTI) CORE GROUP MEETING, TAMIL NADU CHENNAI

Date: 19th May 2020

Venue: Zoom Meeting

Project: Universalising Services and Support to Breastfeeding in the Urban Areas of Gautam Buddh Nagar, Lucknow and Chennai

Donor: HCL Foundation

Time: 6:00 PM

Participants from Tamilnadu Core group members: Dr. Kumutha, Dr. Soma Sekar, Dr. S. Srinivasan, Ms. Nirmala Selvam, Dr.K. Shanmuga, Velayutham, Dr. Jayashree, Dr. Ganthimathi,

Participants from BPNI: Dr Arun Gupta, Ms. Abhilasha Chittoria, Ms. Zarrin Ashraf, Ms. Yashika

Objectives of the meeting:

- To take the status update on the indicators assigned to the core group members on State Breastfeeding Trends Initiative (SBTi).

Minutes of the meeting:

The meeting started by welcoming all the core group members by Dr. Arun followed with a detailed discussion around the assigned indicators with the members.

We used this platform to discuss various challenges faced across core group members with planned action items, details regarding the same is as follows:

Action Items			
Indicator	Assigned to	Status	Suggestions and key action plan
1: State policy, Government and Funding	Dr. Kumutha	Regarding state policy, Dr Kumutha spoke with ICDS and Social welfare they would be sharing the data within a week.	Suggestions by Dr Arun 1. By when we can expect the requested data from ICDS. We should have that by next meet.

		For gathering more information, she has planned to visit hospitals	Key Action plan Dr Kumutha is waiting for data from ICDS
2: Ten steps to successful breastfeeding/ MAA programme implementation (BFHI)	Dr. Soma Sekar	Has not started yet	Key Action plan Dr. Kumutha needs to look this indicator with Dr. Soma Sekar
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)	Dr. S.V.	Dr. S.V. shared his findings, concerns and challenges which he faced while gathering the information.	Suggestions by Dr Arun 1. Dr S.V. to create another column on the right side for every sub indicator to keep track of valid information sources. 2. The recommendations must address the identified gaps from the provided indicator list, so that we can add on some qualitative work supporting the same. Those gaps should not be added into reports (example: On 'counselling of mothers' there are separate indicators). This can be shared as a recommendation in general, so that the core group members can decide to include that or neglect.
4: Maternity Protection	Ms. Nirmala Selvam	4.1: No action item 4.2: No supporting document/evidence: need to work on this indicator 4.3: The sub indicator has to be reframed (The intent of the question is if women have received it fully what is the percentage of those women not the instalment amount. 4.4 and 4.5: Dr Kumutha has to follow up with social welfare department to gather more information. 4.6: No action item as she has the response from the RTI 4.7: The government has a system for this, no action required.	Suggestions by Dr Arun 1. Amount to be paid varies state wise so this can be mentioned in the report while qualitative analysis. 2. We have to clarify data against respective year (Data shared by Ms. Nirmala for maternity protection). 3. Dr Soma Sekar has to share the report on money disbursement as per Jaccha Bacha Survey to Ms Nirmala so that she can put that for a reference.

5: Health and Nutrition Care Systems	Dr. S. Babu	Busy due to COVID emergency	Key action points Dr Kumutha have to coordinate with Dr Babu we should have some updates on his findings by next meeting.
6: Counselling services for the pregnant and breastfeeding Mothers	Dr. Jayashree	6.1: Dr Jayashree got the information for government hospital but she was not sure about the private hospitals, if they are getting antenatal counselling or not. She has filed an RTI regarding all the sub indicators and waiting on response	Suggestions by Dr Arun 1.To send a supplementary question in RTI she can repeat and remind through the higher officer. 2.If data points are not available, we should not be disappointed we should report what is factually available and what is not. Same can be recorded in respective report. And we should always have supporting evidences against the provided figures / data. For instance, if we specifically say that 60 percent of women received antenatal counselling so we should have a strong supporting evidences / source of information. These reports / evidences should be backed by government report or government portal because we will address this in every state if the states start pushing then the centre will also agree it Key action points 1.Dr. Kumutha will have to help in 6.1, 6.2, 6.3 and 6.4 and 6.5 (for 6.5 she needs to contact training NHM and coordinate with DMCHO) 2.Dr. Kumutha have to go through PICME data and validate if we can get some helpful information for our five sub indicators and Dr Gupta also suggested since these are very specific questions so they should be address to the government.
7: Accurate and unbiased information support	Ms. Nirmala Selvam	7.1: No supporting document /evidence: need to work on this indicator 7.2 a: No action item 7.2 b: There is an evidence of nutrition week, world breastfeeding week whether they are free from commercial influence there is no answer of that.	Suggestions by Dr Arun Dr Nirmala can share the link of the circular in her report as an evidence

		Dr Nirmala shared that she is aware of such event which happened last year but she needs to produce evidence against the same along with that she also needs to put that circular in the report which was send to all the doctors.	
8: Infant feeding and HIV	Dr. Soma Sekar	Dr Soma Sekar will work on it	<p>Suggestions by Dr Arun To file an RTI as soon as possible since it is a time-consuming process.</p> <p>Key Action Points</p> <ol style="list-style-type: none"> 1. Dr Soma Sekar have to file RTI with the help of Dr SV 2. Dr Kumutha suggested that he can take help from Suresh.
9: Infant and Young Child Feeding during Emergencies	Dr. Ganthimathi	Dr. Ganthimathi has already submitted the report except one or two questions for that she has put an RTI through Dr S.V.	<p>Suggestions by Dr Arun Once she completes the report any other qualitative information available, she can put that into it.</p> <p>Key Action Points</p> <ol style="list-style-type: none"> 1. Dr Ganthimathi have to write the gaps and recommendations. 2. Dr Kumutha have to share the information on breastfeeding through presence of COVID pandemic with Dr Ganthimathi
10: Monitoring and Evaluation	Dr. Kumutha	Dr. Kumutha will work on it she will go through the HMIS data	<p>Suggestions by Dr Arun If there is a need to modify the question, to get those answers she can suggest the modified version we will do the changes accordingly in the questionnaire.</p>
IYCF Practices			Suggestions by Dr Arun
11: Initiation of breastfeeding (within 1 hour)	Dr. Kumutha	Dr. Kumutha will work on it	To use the latest data with evidences to find out the IYCF Practices also if we can get NFHS-5 Data it would be very helpful.
12: Exclusive Breastfeeding under 6 months	Dr. Kumutha	Dr. Kumutha will work on it	To use the latest data with evidences to find out the IYCF Practices also if we can get NFHS-5 Data it would be very helpful.

13: Complementary feeding (6-8 months)	Dr. Kumutha	Dr. Kumutha will work on it	To use the latest data with evidences to find out the IYCF Practices also if we can get NFHS-5 Data it would be very helpful.
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NOTE: For all the Core Group Members

- Dr Arun also advised that for the purpose of our analysis we can put an additional column for each sub indicator to keep track of information source (wherever is a link or reference number). This would be helpful in lot of scenarios specifically where there are more than 9 or 10 references.
- Any additional suggestion / recommendation can go into our reports under the section called “for summary and recommendation”. This is a very good and cleaner way to compile and to put in everything qualitatively.
- For evidences or information sources we can add different materials in different formats like small case studies, anecdotal references and call from personal discussions can also be added in the report it will help in making the report strong.

NEXT MEETING	
TOPIC	Topic: Sharing of SBTi Tamilnadu findings
Date/Time: Third week of June at 6:00 PM Venue: Zoom Call	



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