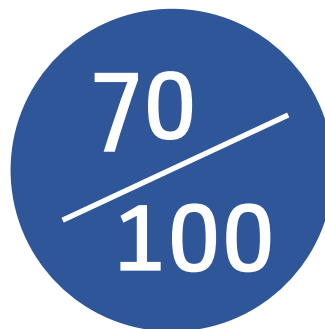


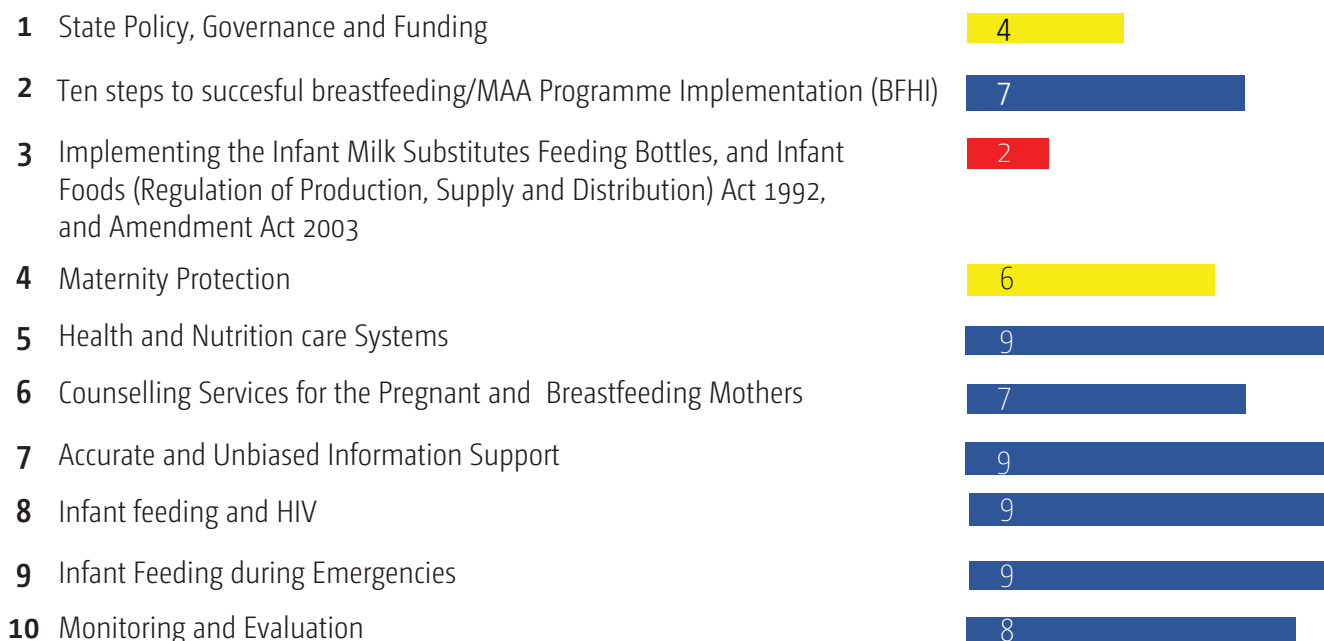
# MAHARASHTRA REPORT CARD 2021



BASED ON THE REPORT “SPOTLIGHT ON INFANT FEEDING IN MAHARASHTRA 2021”

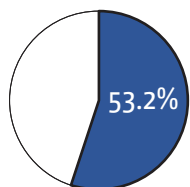
## Policy & Programmes (Indicators 1-10)

Score out of 10



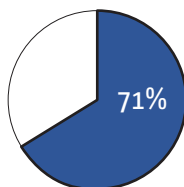
**Total Score (Policy and Programmes) 70/100**

## IYCF Practices as per NFHS 5 (2019-2020) (Indicators 11-13)



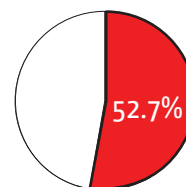
**Indicator 11**

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

## 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.

## Maharashtra Assessment 2021

The Breastfeeding Promotion Network of India (BPNI) identified the SBTi core group and its coordinator in Maharashtra 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 Maharashtra. 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 Maharashtra for inputs and incorporated into the report.

This report- "SPOTLIGHT ON INFANT FEEDING IN MAHARASHTRA 2021-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 second ever such work done at the State level in India. It identifies gaps and provides recommendations for improvement.

### Key GAPS

1. No specific person has been appointed in the state to coordinate the implementation of Breastfeeding and IYCF interventions in the state
2. IYCF practice indicators, except initiation of breastfeeding within one hour of birth, are not a part of Health Management Information System (HMIS)
3. State level nodal person to monitor and coordinate implementation of the IMS Act has not been appointed/authorised/ nominated in the state
4. PMMVY scheme is yet to reach to every eligible woman in the state.
5. Health workers in the state are not trained on their responsibilities under the IMS Act.
6. Breastfeeding and complementary feeding counselling at 6-8 months under the HBYC programme is not universally available in all the districts of the state.
7. Information on the IMS Act in the IEC material and media campaigns is sporadic.
8. Presently there is no provision in the policy and plans for PPTCT to support and follow-up mothers in carrying out the recommended infant feeding practices.
9. Measures to minimize the risks of artificial feeding are not in place for handling unsolicited donations of the infant formula during the disasters.

### Key Recommendations

1. Specific person/authority needs to be appointed at state and district level to ensure proper implementation of IYCF and breastfeeding interventions.
2. IYCF indicators in relation to implementation of MAA program should be included as part of HMIS for better accountability.
3. The Food Safety Commissioner for Maharashtra (FDA) should issue an order to officially designate the district food safety officers to monitor the IMS Act and take appropriate legal action against the violators.
4. More efforts are needed for popularising the PMMVY and supporting the eligible woman to avail benefits of this scheme in the state.
5. Training programmes of Doctors, Nurses, ASHAs, ANMs, and Anganwadi workers should include appropriate content on the IMS Act.
6. HBYC programme should be implemented in all the districts of the state
7. IEC material on the IMS Act should be developed and disseminated periodically through out the year.
8. HIV positive mothers should be supported and followed up to practice the recommended infant feeding methods.
9. Measures to minimize the risks of artificial feeding should be in place for handling unsolicited donations of the infant formula during the disasters