HCL FOUNDATION

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

bpni
putting child nutrition at the forefront of social change

SBTi
STATE BREASTFEEDING TRENDS INITIATIVE

SPOTLIGHT

ON INFANT FEEDING IN MAHARASHTRA 2021

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MESSAGE

I am happy to note that the Breastfeeding Promotion Network of India, Delhi has developed the State Breastfeeding Trend Initiative (SBTi) report of Maharashtra, which is an in-depth analysis of infant and young child feeding policy and programme indicators in the state. The SBTi Maharashtra report will be helpful to policy makers, programme managers in government and non-government organizations, professional organizations of obstetricians, pediatricians and general partitioners in the state to initiate actions to attempt bridging the gaps thus found in policies and programmes on breastfeeding and infant and young child feeding.

Optimal feeding practices include early breastfeeding within an hour of birth, and exclusive breastfeeding during first six months, continued breastfeeding for two years and beyond along with adequate and appropriate complementary feeding after six months. Optimal feeding is crucial to health, growth and development of babies and health of women. Moreover the breastfeeding promotion has proven tangible benefits in protecting the newborn and child from the risk of under as well as over nutrition.

The recently published NFHS – 5 data reveal majority of births in Maharashtra are happening in the health facilities. However, only one out of two babies are getting benefits of early initiation of breastfeeding in the state. Similarly, only two in three infants are receiving exclusive breastfeeding for the first six months and one out of two infants are getting complementary feeding at 6-8 months of age in the state. It clearly conjectures a huge scope for enhanced efforts by the health and nutrition care providers at both health facilities and community level to provide support and guidance to the mothers to practice optimal infant and young child feeding. Needless to cite that the potential mothers and caregivers are inspired and empowered to initiate early and exclusive breast feeding after the child birth.

Department of Women and Child Development, Government of Maharashtra and National Nutrition Mission have been working consistently through various initiatives to support the mothers to breastfeed and provide appropriate complementary foods to infants and young children. I wish that BPNI use its inspiration to influence the FOGSY and IAP for promotion of universal practice of rational breastfeeding in the State in to attain State's vision in this context.

I congratulate Breastfeeding Promotion Network of India, Delhi and the state core group on SBTi for developing this important tool of information.

(I. A. Kundan)
Principal Secretery
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PREFACE

BPNI must be commended for their efforts to put in place a comparative framework among different Indian states on breastfeeding and complimentary feeding for young children. Such a framework has been in place for comparison across nation-states. However, for a diverse and large country of the size of a sub-continent, such an instrument at the state level could have not been more timely, on two counts. The first is the rather sobering data from NFHS-5 phase-1 that shows the miles we still need to traverse for the goal of malnutrition free India. The second is the pandemic and its aftermath where mother's milk will be the immunity shield for the new born, and also a saviour in the resource poor setting, following the economic downturn facing the non-rich households.

On methodological terms, one would not join any issue given that a rather standardized procedure has been followed. One would rather look at it from the lens of Maharashtra; an important state on many counts, with its prosperity co-existing with inequality, large and spread out urbanization co-existing with large tribal clusters, a reasonably well run administrative structure that may co-exist with complacence. Maharashtra has done well in reduction in child malnutrition as seen from the NFHS-2, NFHS-3 and the NFHS-4 data. But the steeper climb has perhaps begun now as revealed by NFHS-5 data. Hence the need for the comparative framework. The framework is like the railway timetable – it alerts you to the trains running late, gives you comfort for the punctual ones and those arriving before time. You know where you need to do well and where you need to consolidate the achievements.

For a policy maker, the colour-coded scorecard (See Table 3) is the starting point. It tells us where we need to do better; in indicator 3 (Implementation of the IMS Acts 1992 and 2003), indicator 1 (State Policy, Governance and Funding) and indicator 4 (Maternity Protection). If one digs deeper, one sees some doable action points in sub-indicators 1.7 to 1.9 – putting monitoring mechanism in place and making certain funding information available. One may quibble with the choice of the indicators and the weightage. However, for a large comparative framework such quibble does not help, particularly when adhering to the fairly arrived at norms is not a big problem.

More worrisome is the low score in the IMS implementation indicator, which frankly, does not sit well with Maharashtra's image – rather it dents it. I am sure the Government, the professionals and the Civil Society will get into action on this.

Equally important are the practice indicators, early breastfeeding, exclusive breastfeeding and correct complimentary feeding. This is because an ounce of implementation is better than a ton of unimplemented

policy. These indicators should also be colour-coded and placed on par with the policy indicators. I hope BPNI standardizes this, especially since the NFHS data may come out more frequently rather than with 9-10 year gap.

We owe a lot of explanation to our nursing mothers and young children as to why the spectacular rise in institutional deliveries is still not accompanied by early breastfeeding – particularly in the urban areas and in the private institutions! One cannot blame government for this. The professional bodies need to wake up to this cultivated neglect and the low score on implementation of the IMS Act. On its side the Government would do well to challenge the private sector by improving its record on early breastfeeding in its institutions.

One must emphasize the need to follow a new pedagogy in educating the pregnant women, particularly the primi-paras, and the field functionaries in effective breastfeeding otherwise exclusive breastfeeding may be sub-optimal leaving the child undernourished. We need to reach out to the mother using digital technology and provide a customized counselling. That will be the true digital India when the Adivasi mother in Melghat is able to see the video tutorial on her non-smart phone in her language – Korku! There are modest efforts afoot in that direction, but this is not the place to go into these. I am sure the report will 'nudge' the readers, particularly policy makers and implementers in the right direction.

Prof. Satish B Agnihotri
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Core group members of SBTi Maharashtra

ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxillary Nurse Midwife
ARV	Anti-Retroviral
ART	Anti-Retroviral Therapy
ASHA	Accredited Social Health Activist
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
FBM	Facility Based Management
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
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
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
PIP	Programme Implementation Plan
PMMVY	Pradhan Mantri Matritva Vandana Yojna
ROP	Record of Proceedings
RTI	Right to Information
SBCC	Social Behavioural Change and Communication
SBTi	State Breastfeeding Trends initiative
Unicef	United Nations Children's Fund
WBW	World Breastfeeding Week
WBTi	World Breastfeeding Trends initiative
WHA	World Health Assembly
WHO	World Health Organization

CONTENTS

EXECUTIVE SUMMARY

Optimal feeding of babies includes initiation of breastfeeding within one hour of birth, 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) requires appropriate 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 the tool 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) tool. 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 at 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 color 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 color codes indicate degree of performance in an ascending order from Red-Yellow-Blue-Green.

NFHS -5 report of Maharashtra reveals that 71% children under 6 months are exclusively breastfed, although the number has improved from 56.6% reported in NFHS 4. As per NFHS – 5, only 53.2% infants started breastfeeding in the first hour of life. It has come down from 57.5% reported in the NFHS – 4. NFHS – 5 also reported that only 52.2% of children in Maharashtra received breastmilk and complementary foods at age 6-8 months. This is despite the efforts taken by the Maharashtra over the years to improve the status of maternal and child health in the state. It is important to note that according to NFHS-5, 94.7% deliveries in Maharashtra were institutional out of which 55.8% happened in public hospitals. A total of 25.4% births happened by caesarean section in the state, in private hospitals, proportion of caesarean births was 39.1 of total births in these hospitals.

NFHS-5 data suggest a need to do more to protect, promote and support breastfeeding and infant and young child feeding in the State. This becomes more important in view of most of the deliveries in the state now happening in the institutions. A need for adoption of breastfeeding friendly practices by the institutions and professionals working there become crucial in enhancing the breastfeeding practices, especially the early initiation.

In Maharashtra, 71% children under 6 months are exclusively breastfed.

This report is the first ever report on assessment of policy and programmes on IYCF using SBTi in the State of Maharashtra. This work is part of the BPNI project with financial support from the HCL Foundation.

HOW SBTi WORKS?

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 generates 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.

METHODOLOGY

The BPNI identified the SBTi core group and its coordinator in Maharashtra 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.

Indicator 1-10: IYCF Policies and Programmes Maharashtra

The Indicators 1 to 10		Score out of 10	Color Code
No.	Description		
1	State Policy, Governance and Funding	4	
2	Ten steps to successful breastfeeding/ MAA Programme Implementation (BFHI)	7	
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)	2	
4	Maternity Protection	6	
5	Health and Nutrition care Systems	9	
6	Counseling services for the pregnant and breastfeeding mothers	7	
7	Accurate and Unbiased Information Support	9	
8	Infant feeding and HIV	9	
9	Infant Feeding during Emergencies	9	
10	Monitoring and Evaluation	8	
	Total Score out of 100 and the Colour Code	**70.0/100**	

Based on the detailed analysis of available information, following is a brief analysis of each indicator along with key gaps and recommendations.

KEY ASSESSMENT FINDINGS

The findings from 10 indicators of policy and programmes present an outline of the support that women receive to practice optimal feeding of their infants. From the above summary table, it can be observed that Maharashtra has 1 indicator in Red, 2 in yellow and 7 in Blue. None of the indicator is in Green with the overall score in blue. While it is encouraging that the state is doing well for 7 indicators yet, the ones in yellow and red are critical to correct to achieve the optimal.

Indicator 1: *State Policy, Governance and Funding*

Maharashtra scored 4 out of 10 for this indicator and is coded Yellow. The State has adopted the policy of breastfeeding and infant and young child feeding, which covers all the feeding recommendations. The state has also developed a plan of action for implementing it but it does not reflect action at district level. No specific committee is formed to look at IYCF and breastfeeding interventions in the state. ICDS Maharashtra directly monitors the interventions. Overall funds are allotted for all the interventions yet; no information was provided on specific fund allocation towards IYCF. Emphasis on breastfeeding and IYCF policy is integrated within the policy note of the Health and Family Welfare Department and Integrated Child Development Services Scheme. However, scope exists for a stricter monitoring and documentation of district plan, along with allocation of specific funding for each activity. Hence, matching the 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)*

Maharashtra scored 7 out of 10 for this indicator and is coded Blue. The State has adopted Mother's Absolute Affection (MAA) Programme at all public health facilities and more than 80% of the facilities are implementing MAA Programme. Moreover, the doctors and nurses are trained under MAA guidelines to effectively implement it in the hospitals. However, no specific information could be found on private health facilities about the breastfeeding friendly programme. Public Health Department, Maharashtra in partnership with UNICEF Maharashtra and BPNI Maharashtra initiated monitoring of the MAA programme with assessment of health facilities in 2019. A baseline survey was conducted in order to assess the implementation of the programme in the state. However, final assessment could not be completed due to COVID-19 imposed lockdowns. The way forward includes making the MAA/BFHI programme universal in the state (including all private institutions since 44% 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, exclusive breastfeeding at discharge and use of infant formula milk.

Making the MAA/BFHI programme universal in the state, including all private institutions is absolutely 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.*

Maharashtra has scored 2 out of 10 in this indicator and is coded Red. In August 2010, the state Family Welfare Department issued an office order to all the Chief Executive Officers (CEO) of the Zilla Parishads of the state to constitute a district committee on breastfeeding and infant nutrition for effective implementation of the IMS Act with CEO as its chair and the District Health Officer as its member secretary and send a monthly report to the family welfare department. However, no information on the implementation of the Act is available from the concerned departments, including the state FDA who received a communication from the Food Safety and Standards Authority of India regarding strict compliance with provisions of the IMS Act through district food safety officers.

Moreover, the state officially has neither documented any report on monitoring of the compliance of the IMS Act in the past two years, nor has organized any awareness programmes/ seminars in the provisions of the IMS Act for the past one year. Monitoring of the compliance with the IMS Act and penal action on violation of the Act is missing in the state. RTI responses from Public Health Department, Maharashtra, Medical Education and Drugs department, Maharashtra and FDA Maharashtra did not reveal any action happening to implement the IMS Act in the state.

Indicator 4: *Maternity Protection*

The state has scored 6 out of 10 in this indicator and is coded Yellow. The indicator reflects maternity protection policies and programmes importantly protection during employment. 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 by the state government, receive the benefits. Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Act No. 61 of 2017) has made it mandatory in every establishment wherein fifty or more workers are employed, to provide and maintain a suitable room or rooms as crèche for the use of children of the workers. However, according to the statistics provided by the central government, it was inferred that less than 30% establishments with more than 50 employees have a crèche facility and less than 30% women in the informal/ unorganized sector get a crèche facility at the worksite. For the purpose of monitoring the implementation of the Maternity Benefit Gazette, Government of Maharashtra has notified appointment of jurisdiction area wise inspectors. However, 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 in the past year has issued guidelines for government workers however should also focus on the implementation of the Act in private institutions.

Indicator 5: *Health and Nutrition Care System Support*

Maharashtra has scored 9 out of 10 in this indicator and is coded Blue. More than 20 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, information of coverage of IMS Act for training of health workers

regarding their responsibilities could not be known. IYCF information is integrated in more than 2 child health and nutrition programmes and only partial coverage is done for in-service training programmes throughout the state. 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, and inclusion of mother-friendly care and support at birth.

Indicator 6: *Counselling services for the Pregnant and Breastfeeding Mothers*

Maharashtra has scored 7 out of 10 in this indicator and is coded Blue. More than 50% of pregnant women receive counselling for breastfeeding during pregnancy, support for initiation of breastfeeding within an hour of birth, 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 above mentioned figures have been inferred through interviews and policy documents.

Indicator 7: *Accurate and unbiased Information Support*

Maharashtra has scored 9 out of 10 in this indicator and is coded Blue. Breastfeeding and IYCF is promoted through Government run or supported health and family welfare institutions and through Anganwadi Centers through the Village Health and Nutrition days held periodically throughout the year. State is also implementing the MAA programmes as per the operational guidelines developed by NHM, Government of India. Community events like mother's meetings are being organised under the MAA programme. Jan Andolan as envisaged in the Poshan Abhiyan is also being implemented as the guidelines issued by the Government of India. Information booklets, banners, and posters of programmes such as World Breastfeeding Week, Poshan Maah do not include any logo/description of commercial organizations. Other IEC material developed and published by the state government contains objective and correct information on breastfeeding and infant and young child feeding. 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.

It appears that mothers practicing artificial feeding are not receiving proper information on risks of artificial feeding and safe preparation in line with WHO/FAO guidelines.

Indicator 8: *Infant feeding and HIV*

Maharashtra has scored 9 out of 10 in this indicator and is coded Blue. Maharashtra State Aids Control Society (MSACS) is following NACO guidelines that supports exclusive breastfeeding for first 6 months. WHO recommended IYCF guidelines for HIV patients has been adopted by NACO and all ART centres and public health institutes follow these guidelines strictly. IMS act is followed strictly by all institutes at all levels and the implementation is governed directly by Department of Health and Family Welfare, Maharashtra. The main challenge lies in the discrepancies during information delivery and practices followed by private doctors and private health facilities. This would require collective efforts from all the stakeholders including the governing agencies to provide the support to HIV positive mothers to stick to recommended infant feeding practices and improve the overall implementation of NACO Guidelines.

Indicator 9: *Infant Feeding during Emergencies*

Maharashtra scored 9 out of 10 in this indicator and is Coded Blue. The state government has documented a plan for emergency preparedness for safer infant feeding during disasters, and has addressed the role of IMS Act. However, information about specific allocation of funds for this work has not been provided. 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. It was also noted that the measures to minimize the risks of artificial feeding are not in place for handling unsolicited donations. Also indicators and reporting tools do not exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.

The way forward includes implementing effective measures to minimize the risks of articial feeding and handling their unsolicited donations. Indicators and reporting tools should also be developed for monitoring and evaluation of IYCF services during disasters.

Emphasis on IYCF and counselling during disasters is the way forward

Indicator 10: *Monitoring and Evaluation*

Maharashtra has scored 8 out of 10 in this indicator and is coded Blue. Monitoring and evaluation system in the state was effective and strong through the Common Application Software (CAS) of Poshan Abhiyaan. However, CAS has been dysfunctional since September 2020. This includes district level monitoring, generation of progress report on implementation of Breastfeeding and IYCF programme. The way forward includes enabling the capture of data from all maternity facilities (public and private) to provide the trend of IYCF indicators. It would be useful in assessing the performance of each district as well as to keep hold of the implementation of different nutrition programme.

Conclusion and Way Forward:

According to NFHS – 5 survey report of Maharashtra, early initiation of breastfeeding within 1 hour of birth is 53.2%, exclusive breastfeeding in children under 6 months of age is 71.0% and initiation of appropriate complementary feeding in children age 6-8 months receiving solid or semi solid food and breastmilk is 52.7%. These three indicators are key outcomes to monitor the progress of work on infant and young child feeding practices. There is a lot of scope to improve upon thee practices in the state. Maharashtra is home to almost 123 million people (estimated for 2020) and is also the financial hub of India. It is the most economically developed state with GDP value of $390 million in 2018-2019 which shares around 15% of the total GDP of India. Maharashtra has always been proactive in taking steps to improve the health status of the people through various nutrition and health programmes. Despite all these efforts, the state is lagging behind in implementing interventions required for successful breastfeeding by mothers.

This report highlights some key areas where priority-based interventions are required in order to achieve the goal of universal breastfeeding across the state as well as providing a suitable environment to improve the overall scenario of breastfeeding and IYCF practices. From the SBTi assessment, one can see that out of 10 indicators there are seven indicators which are coded 'Blue', two indicators which are coded 'Yellow' and one indicator is coded 'Red'. Overall score of Maharashtra is 70/100 and is coded 'BLUE', which indicates that there is a room for improvement.

The State of Maharashtra should initiate actions to plug the gaps found in the report and aspire to change the colour codes within the next 3 years, after which we intend to do another assessment and compare the results of change. Looking at all the indicators, it makes sense to prioritise on indicator 1, 3 and 4; while other indicators need a push to move up to the next level.

The state has made commendable efforts to adapt and enhance the national MCP Card/booklet for the state as well as adopting Common Application Software (CAS) for Anganwadi workers. However, the major challenge that occurred while completing the assessment was lack of information/data available through the open source domains.

There is notable progress in the public sector while the same is not visible in the private sector services compounded by a lack of data. Many of the information on indicators was not available for private health facilities due to lack of reporting and monitoring practices. Hence, it is critical to bring together the public and private sector for maternity services for the purpose of monitoring and measuring outcomes. Apart from availability of quantitative information, the most challenging aspect for health delivery systems is the quality of service delivery. While, ideally all the frontline workers are trained for IYCF and breastfeeding practices, yet the quality of counselling delivered by them needs to be accounted. The frontline workers that are the backbone of ICDS needs to be empowered and made aware of their roles and responsibilities. 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.

Secondly, the activities under various programmes taken up by the state departments have been implemented across the state and thus the overall rating of the state is high, however the rate at which these efforts are getting translated into measurable practice outcomes is low. As per the NFHS-5, the state is still lagging in key indicators such as early initiation of breastfeeding, Complementary feeding at 6-8

months etc. along with an overall increase in prevalence of stunting,wasting and malnutrition. Hence, it is imperative for the state to improve the monitoring of the activities and create feedback systems for improvement in systemic delivery and the quality of the programmes.

The nodal department for the flagship programme for malnutrition eradication, POSHAN Abhiyaan, is ICDS, Women and Child Development. It is critical for ICDS to draw effective convergence with the Health Department and both the departments together can steer the IYCF programmes in the state.

Based on our findings from the assessment, we recommend the following interventions for improving the IYCF and Breastfeeding status:

The major challenge that occurred while completing the assessment was lack of information/data available through the open source domains.

1. Strengthen state policy, funding, monitoring and evaluation

- Setting up specific committee in the State (both at district and state level) to coordinate the implementation and monitoring of different programmes.
- Development of district level plans along with specific funding for each intervention based on each indicator.
- Breakdown of expenditure dedicated explicitly to breastfeeding and IYCF interventions should be provided to ensure the proper delivery of services.
- Data at district level should be regularly updated and be made available on open source based on the three IYCF indicators every 1-2 years.
- Ensure recording of antenatal counselling and decision on feeding the baby, timing of initiation of breastfeeding and Skin-to-Skin Contact practice, use of infant formula during hospital stay in both public and private sector.
- Documentation of review meetings by the monitoring committee should be done to keep a check on different activities under breastfeeding and IYCF interventions.
- Generation of periodical reports on specific data captured through CAS to enable assessment of trends and provide specific information for course correction when and where necessary.

2. Strengthen action to disseminate correct breastfeeding knowledge and skills

- For IYCF/MAA training of frontline workers, orientation to IMS Act should be made mandatory for all health and nutrition staff working in any health facility (public and private) providing mother and child health care services.
- This is to let them be aware of their responsibility to protect the children from exposure towards artificial baby foods as well as to provide an encouraging environment to mothers to breastfeed their baby.
- Incorporation of the IMS Act 1992 with amendment of 2003 in all IYCF education programmes including skills and in all pre service curricula of medical, paramedical and nutrition courses and in the MAA programme.
- Provisions of the IMS Act should be disseminated through different IEC mediums and channels to create awareness among all the stakeholders as well as the general public.
- Inclusion of knowledge on IYCF, the IMS Act and Right to Food in the school (starting from pre-school) and college education curricula.

3. Strengthen disaster management plans to support mothers and families

- In the wake of COVID-19, where we are heading towards increased malnutrition, and child mortality due to rise in poverty and lack of accessibility towards nutritious food, it is highly recommended to form a separate action committee to strengthen the nutrition system during the times of disaster and pandemics.
- This would require prior trainings of frontline workers including Nurses, AWWs, ANMs and ASHAs so that they are equipped to provide services during pandemic.
- Importantly, integration of IYCF and IMS Act provisions should be done while preparing disaster management plans.

SBTi
STATE BREASTFEEDING TRENDS INITIATIVE

MAHARASHTRA
REPORT CARD 2021

70/100

BASED ON THE REPORT "SPOTLIGHT ON INFANT FEEDING IN MAHARASHTRA 2021"

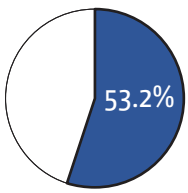
Policy & Programmes (Indicators 1-10)

Score out of 10

1	State Policy, Governance and Funding	4
2	Ten steps to succesful breastfeeding/MAA Programme Implementation (BFHI)	7
3	Implementing the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003	2
4	Maternity Protection	6
5	Health and Nutrition care Systems	9
6	Counselling Services for the Pregnant and Breastfeeding Mothers	7
7	Accurate and Unbiased Information Support	9
8	Infant feeding and HIV	9
9	Infant Feeding during Emergencies	9
10	Monitoring and Evaluation	8

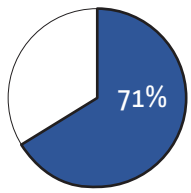
Total Score (Policy and Programmes) 70/100

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



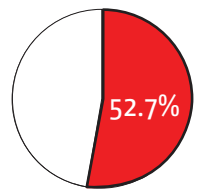
Indicator 11

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 Maharashtrta . 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 articial 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

bpni
putting child nutrition at the forefront of social change

SBTi STATE BREASTFEEDING TRENDS INITIATIVE

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INTRODUCTION

The World Health Organization (WHO)[1] 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[2].

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 of policy/programmes and three of infant feeding practices. BPNI has launched it in the 3 States (Tamil Nadu, Uttar Pradesh and Maharashtra) and hopes to extend in 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 Maharashtra as one of the states to launch the SBTi with identification of a state coordinator, and a core group of 4 experts in different domains aligned to the 10 parameters being studied. The core group was assigned the task to obtain a real picture of the coverage of the 10 parameters of policy/programmes related to breastfeeding and infant 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 Core group met several times to assign the tasks, to discuss the information for each indicator and to reach to a consensus. (See: Annexure 1)

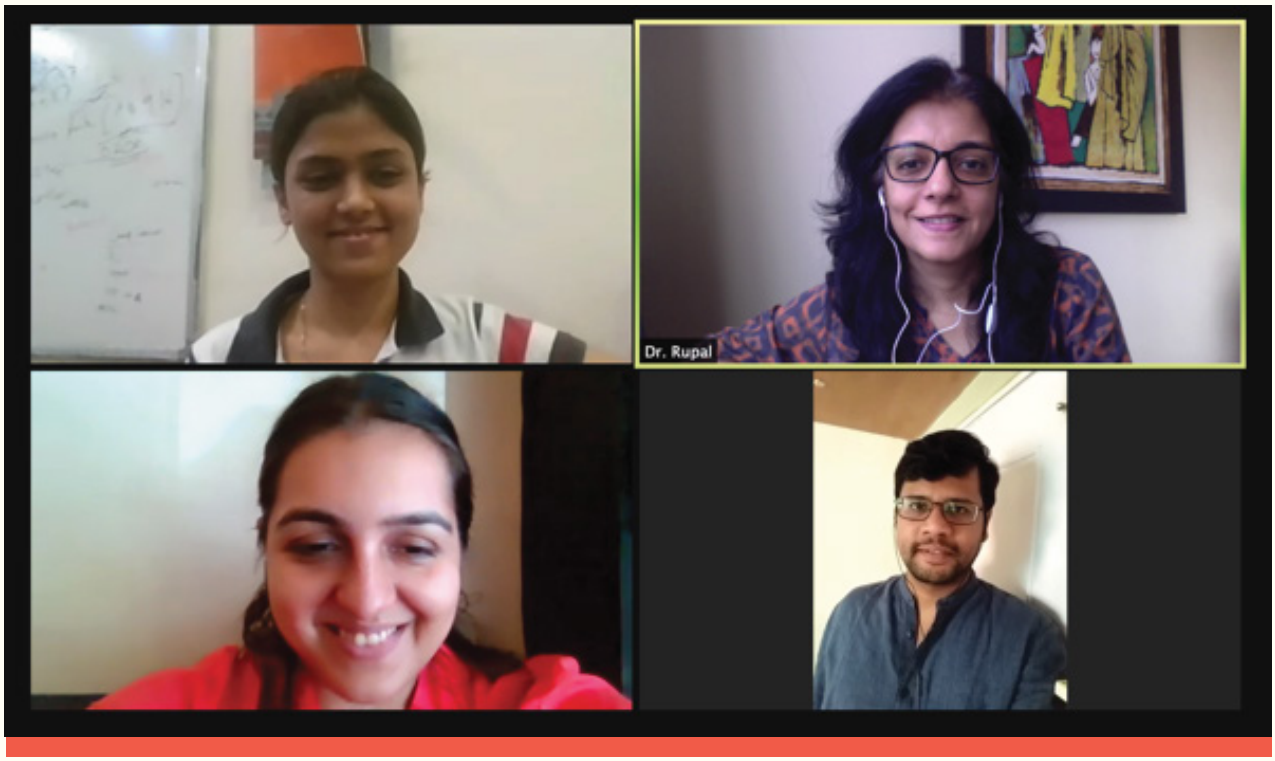
The next step was to analyse, identify the strengths and gaps and make it available to the government, concerned partners and agencies, health workers' associations, child and women's rights groups, and the civil society at large (See: Annexure 2). This report- "SPOTLIGHT ON INFANT FEEDING PRACTICES 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 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

[1] Infant 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)

[2] World Breastfeeding Trends Initiative Website https://www.worldbreastfeedingtrends.org (Accessed 9th Oct 2019 at 12:58 pm)

use of this information to strengthen their policy/programmes by bridging the gaps thus found.

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.



Core group members Sakshi Pandey, Dr. Rupal Dalal, Neha Arora and Tejas Suhas Muley in an online meeting

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 Lancet[3] , it has been estimated that increasing breastfeeding rates to universal levels could avert the deaths of 823,000 children each year. 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 translate 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.

Maharashtra

Maharashtra is geographically the third largest state of India after Rajasthan and Madhya Pradesh[4] with an area of 3, 07, 713 sq. km and is situated in the north centre of Peninsular India with a coastal command over Arabian Sea. The state is dominantly plateau with its western part upturned rising to form the Sahyadri Range parallel to the sea-coast while northern part covered by Satpuda ranges and Ajanta and Satmala ranges running through the central part of the State. The population of Maharashtra is estimated to be 123 Million (2020) making it the second most populous state after Uttar Pradesh. The population of children in Maharashtra (0-6 years) accounts for approximately 12% of overall population (Census 2011) of the state. Maharashtra has been pro-active in tackling health issues of the state through various policy initiatives. Public health services aim at providing reliable, accountable, adequate, qualitative, preventive and curative health care to the population with focus on improving maternal and child health. In addition, public health facilities are also provided considering local needs, particularly for tribal and rural communities.

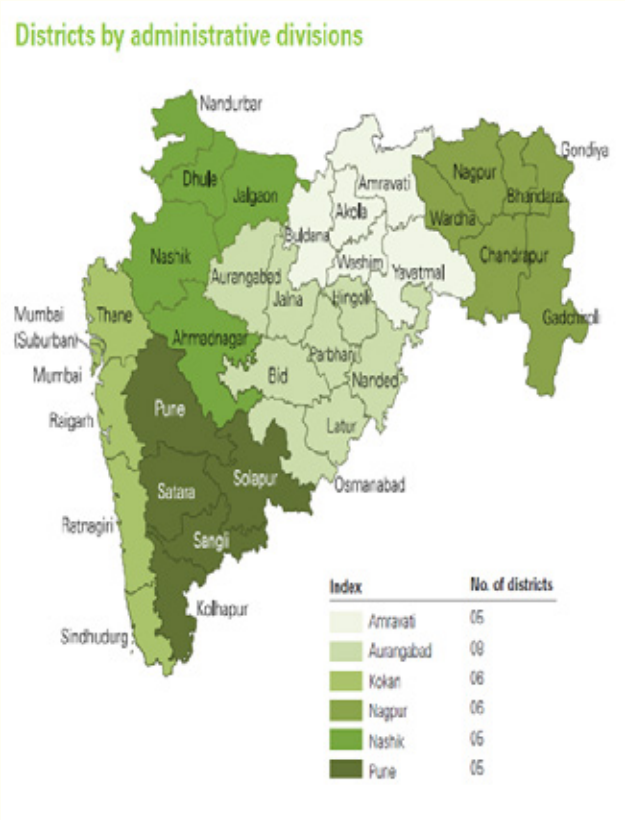
The Government of Maharashtra has created three-tier health infrastructure to provide comprehensive health services. The primary tier comprises of Sub-centres, Primary Health Centres (PHC) and Community Health Centres (CHC). The sub-district hospitals and district hospitals constitute secondary tier whereas, well-equipped medical colleges and super-speciality hospitals located in major cities are at tertiary level. Maharashtra includes 10,580 sub-centres, 1,814 PHC, 360 CHC.

To cater need of medical professionals, a number of medical and paramedical institutions including Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) institutions have been set up. Based on the data of registered medical practitioner estimated doctor population ratio is 1:1365 in the State[5].

[3] Victora 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

[4] https://www.census2011.co.in/facts/largestates.html

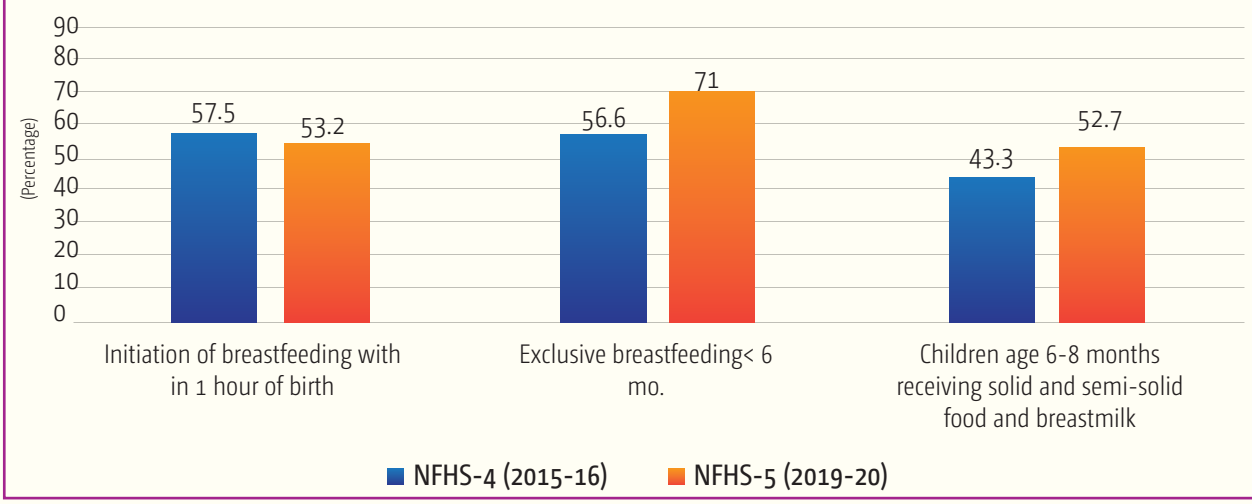
[5] Healthcare Scenario of Maharashtra; https://hhbc.in/healthcare-scenario-of-maharashtra/



NFHS – 4 survey of Maharashtra, was conducted in all 35 districts of the state and collected information from 26,890 households, 29,460 women (age 15-49), and 4,811 men age 15-54. Although breastfeeding is nearly universal in Maharashtra. According to the NFHS-5, Only 53.2% of the children are being initiated breastfeeding within the first hour of birth despite 94.7% of Institutional deliveries in the State. In comparison to NFHS -4 this has gone down. According to the NFHS-5, 71.0% of the children are being exclusively breastfed in the State. However, there is a distinct improvement from NFHS -4 in this practice.

Initiation of breastfeeding within one hour of birth is only 53.2% in Maharashtra

Figure 1: Infant and Young Child Feeding Scenario of Maharashtra (NFHS-4 and NFHS-5)



This situation underlines the need to assess and strengthen policies and programmes in Maharashtra to 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?

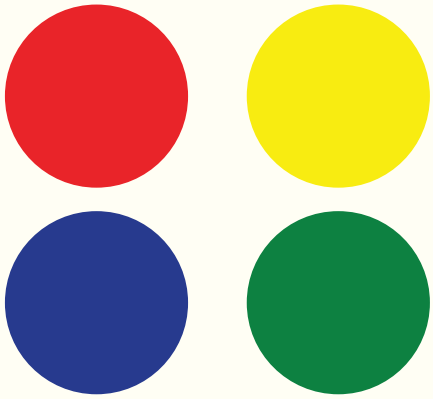
The State Breastfeeding Trends Initiative (SBTi) is BPNI's state-level adaptation of its global flagship programme and tool, the World Breastfeeding Trends Initiative (WBTi). The SBTi tools assess the strengths and weaknesses in 10 indicators of policy and programmes and 3 practice indicators on breastfeeding 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 Assessment 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)	Infant and Young Child Feeding Practices (Indicators 11-13)
1. State Policy, Governance and Funding 2. Ten Steps to Successful Breastfeeding/ MAA Programme Implementation(BFHI) 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) 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 and Young Child Feeding during Emergencies 10. Monitoring and Evaluation	11. Timely 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, However, 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.

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

Methodology for Assessment

The BPNI identified the SBTi core group and its coordinator in Maharashtra 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.

Findings of Maharashtra Assessment 2021

IYCF POLICY AND PROGRAMMES

Programmes Indicators 1-10take stock of Maharashtra's current status of IYCF policies and programmes in the context of available scientific evidence and global guidance.

This section of the report provides information on Maharashtra's scores, gaps and recommendations on thirteen indicators of IYCF policy, programmes and practices

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 Feeding (National Guidelines on Infant and Young Child Feeding, Ministry of Women and Child Development, Food and Nutrition Board[6] call for central and state governments to share responsibility for improving the feeding of infants and young children so as to bring down the prevalence of malnutrition in children, and for mobilizing required resources– human, financial and organizational. It recommends that national and state level committee should be constituted with clear terms of reference to review the Breastfeeding/IYCF interventions. The Global Breastfeeding Collective led by WHO and UNICEF recommends spending $ 4.7 per child born on such interventions and measures the commitment for each country[7].

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

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].

[6]National Guidelines on Infant and Young Child Feeding, Ministry of Women and Child Development, Food and Nutrition Board. Government of India 2006. See: https://wcd.nic.in/sites/default/ les/infantandyoungchildfeed.pdf (Accessed 28 September 2020)
[7]Global Breastfeeding Collective. Increasing commitment to breastfeeding through funding and improved policies and programmes: Global breastfeeding score card 2019. See: https://apps.who.int/iris/bitstream/handle/10665/326049/WHO-NMH-NHD-19.22-eng.pdf?ua=1 (Accessed 28 September 2020)
[8]Compendium of the Parliamentary Enactments, The National Food Security Act 2013.
See: https://rajyasabha.nic.in/rsnew/publication_electronic/National_Food_security_Act2013.pdf (Accessed 28 September 2020)

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?	☑ Yes =1	☐ 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)	☑ Yes =1	☐ No=0
1.3. Based on above policy, has the state developed a plan of action and documented it?	☑ Yes =1	☐ No=0
1.4. Has a district plan of action been developed and documented?	☑ Yes =1	☐ No=0
1.5. Is a specific person appointed to coordinate the implementation of breastfeeding and IYCF interventions in the State?	☐ Yes =1	☑ No=0
1.6. Is a specific person appointed to coordinate the implementation of breastfeeding and IYCF interventions in the Districts?	☐ Yes =1	☑ 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 above Rs.300/birth	√ Check one which is applicable ☑ 0 ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2.0	
1.8. Is there a committee at the state level to monitor breastfeeding and IYCF interventions during the last one year?	☐ Yes =1	☑ 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 ☑ 0 ☐ 0.5 ☐ 1	
Total Score	**4/10**	

Information Sources Used for assessment

Sub Indicator-1.1:

1. Public Health Department, Government of Maharashtra. Mother, Infant and Young Child Nutrition (MIYCN) Policy - Maharashtra, May 2016. Availabe at: https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf Accessed on 25th Dcember, 2020.
2. Infant and Young Child Feeding Policy Brief for Young Child Survival, Growth and Development; Need for a Comprehensive policy and plan of action, Maharashtra, 2014 https://arogya.maharashtra.gov.in/Site/Up

loads/NewsAndEvents/635509720024192931-Infant-and-Young-Child-Feeding--Policy-brief.pdf

3. Government Resolution (GR) Maharashtra: Operational Guidelines, Programme for Promotion of Breastfeeding, "MAA (MOTHER'S ABSOLUTE AFFECTION)" PROGRAMME, Ministry of Health & Family Welfare, Government of India, August 2016 https://www.maharashtra.gov.in/site/Upload/Government%20Resolutions/Marathi/20160822124912831 7.pdf

Sub Indicator-1.2 and 1.3:

1. Information on the official website, Integrated Child Development Services Scheme, Maharashtra State, Women and Child Development Department, Government of Maharashtra https://icds.gov.in/Index.aspx

Sub Indicator-1.3 and 1.4:

1. Documentation of Rajmata Jijau Mother-Child Health and Nutrition Mission in Maharashtra, Process documentation of State Nutrition Mission by Results for Development and Amaltas, Oct 2016 https://www.r4d.org/wp-content/uploads/Documentation-of-SNM-Maharashtra.pdf

Sub Indicator – 1.5,1.6,1.7,1.8 and 1.9:

1. RTI Response by the Women and Child Development Department, Maharashtra. See: https://www.bpni.org/wp-content/uploads/2021/01/Maharashtra-RTI-Response-Indicator-1.pdf
2. RTI Response by ICDS Mumbai, Maharashtra wide letter no. 33444 dated 26-10-2020. See: https://www.bpni.org/wp-content/uploads/2021/01/Indicator-1a.pdf

Conclusion:

The State has adopted an official policy on breastfeeding and IYCF, which explicitly 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 following the WHO-guideline.

State Action Plan is based on 'MAA (Mothers' Absolute Affection) Programme' guidelines implemented by Department of Health & Family Welfare and POSHAN Abhiyaan (National Nutrition Mission). State action plans also account for a district action plan based on MAA guidelines. The programme will be implemented at three levels, namely, Macro-level through mass media, meso-level at health facilities, and micro-level at communities. The action plan includes all the stated components of the MAA programme.

The Rajmata Jijau Mission works as an autonomous technical and advisory body fully funded by UNICEF. It aims at improving convergence and coordination between the Public Health Department, Govt. of Maharashtra, and ICDS Commissionerate. The Governing Council includes Secretaries from all relevant departments, a representative of UNICEF, and three non-official experts from health, nutrition, and development sectors. The Chief Minister chairs the Steering Committee (to meet annually) and the the Secretary of WCD chairs the Executive Committee (to meet once every two months).

As of now, the Secretary, Women and Child Development Department, and Commissioner, ICDS Scheme, Govt. of Maharashtra primarily coordinates the work related to infant and young child feeding in the State. However, there is no specific person has been appointed in the state for coordinating Breastfeeding and IYCF interventions. Also, no

information is available about the budget allotted specifically to IYCF interventions. Department of WCD has provided only an overall estimated budget for the work for various interventions under Poshan Abhiyan. There is no designated committee at the state level to monitor the breastfeeding and IYCF interventions.

There is absence of a designated committee at the state level to monitor the breastfeeding and IYCF interventions.

Gaps:

1. No specific person has been appointed in the state to coordinate the implementation of breastfeeding and IYCF interventions in the state. Although, implementation and monitoring is done at district level.
2. No information is available regarding specific budget allocation for the implementation and monitoring of IYCF and breastfeeding interventions.
3. Specific state or district committees to implement specifically IYCF and breastfeeding interventions are not formed.

Recommendations:

1. Specific person/authority needs to be appointed at state and district level to ensure proper implementation of IYCF and reastfeeding interventions.
2. Breakdown of expenditure dedicated explicitly to breastfeeding and IYCF interventions should be estimated and provided to ensure the proper delivery of services.
3. Specific State and district committees to implement and monitor IYCF and breastfeeding programmes should be established.
4. Deliberations and decisions taken in the implementation and monitoring committees should be recorded to keep track of progress of different activities under breastfeeding and IYCF interventions.

Breakdown of expenditure dedicated explicitly to breastfeeding and IYCF interventions should be estimated and provided to ensure the proper delivery of services.

INDICATOR 2

TEN STEPS TO SUCCESSFUL BREASTFEEDING/ MAA PROGRAMME IMPLEMENTATION (BFHI)

Key Questions:

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

Rationale:

The Joint WHO/UNICEF Statement - Protecting, promoting and supporting breastfeeding: the special role of maternity services, in 1989 came up with the 'Ten Steps to Successful Breastfeeding'. The Ten Steps became the cornerstone of the Baby-friendly Hospital Initiative (BFHI) launched in 1992 with the aim to protect, promote and support breastfeeding in the health facilities, and included among other steps having a written policy, competence training of the staff and implementing the International Code of Marketing for Breastmilk Substitutes. BFHI designation process was introduced to reflect changes in health policy and care practices. Several countries initiated action on BFHI and made progress, demonstrating change. In 2018, WHO using updated evidence, developed the implementation guidance for the revised Baby-friendly Hospital Initiative and revised the ten steps[9]. 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 guidance[10] has almost all the elements of Ten Steps (Annex 2.1). However, there are some gaps that need to be bridged.

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

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

[10]https://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.	☑ Yes =1	☐ 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 ☐ 0 ☐ 0.5 ☑ 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 ☐ 0 ☐ 0.5 ☑ 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 ☐ 0 ☐ 0.5 ☑ 1	
2.5. An external assessor performs assessment of the hospital for MAA programme awards/designation process.	☑ Yes = 0.5	☐ 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?	☐ Yes = 0.5	☑ No=0
2.7. MAA programme questionnaire for assessment includes interviews with mothers during antenatal and postnatal period?	☑ Yes = 0.5	☐ 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 ☐ 0 ☑ 1 ☐ 1.5	
2.9 Provisions of the IMS Act are integrated in the assessment/awarding criteria.	☐ Yes = 0.5	☑ 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 ☑ 0.5 ☐ 0.5 ☐ 0.5 ☐ 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?	☑ Yes = 0.5	☐ No=0
2.12 Do hospitals with maternity services formally coordinate discharge of mothers and babies for postnatal counselling and support?	☐ Yes = 0.5	☑ No=0
Total Score (Out of 10)	**7/10**	

Information Sources Used for the assessment

Indicator 2.1:

1. Government Resolution by the Department of Public Health, Government of Maharashtra dated 22nd August 2016 to implement the Operational Guidelines, "MAA (MOTHER'S ABSOLUTE AFFECTION)" Programme, Programme for Promotion of Breastfeeding by Ministry of Health & Family Welfare, Government of India. https://www.maharashtra.gov.in/site/Upload/Government%20Resolutions/Marathi/20160822124 9128317.pdf
2. RTI response from Public Health Department, Maharashtra. See: https://www.bpni.org/wp-content/uploads/2021/01/Maharashtra-Response-Indicator-2.pdf More information from Joint Director Health Services (Hospitals) is being sought.

Indicator 2.2, 2.3, 2.4:

1. Implementation of "MAA" programme 2016 Maharashtra. Presentation by the Assistant Director, Child and Adolescent Health, Ministry of Public health, Government of Maharashtra in National Workshop on MAA-Mothers Absolute Affection Programme held on 11th -12th January 2017 in Delhi. Available at: https://iec.nhp.gov.in/wp-content/uploads/2017/11/MAA_Maharashtra-16-26.pptx Accessed on 20th October 2020.
2. Information obtained from the official of UNICEF – Maharashtra through an interview by a core group member.

Indicator 2.5 to 2.9:

1. Information accessed from the Ministry of Public health, Government of Maharashtra through RTI (Some information still awaited).
2. Information accessed from the Maharashtra State Programme Implementation Plan (PIP) and Record of Proceeding (ROP) 2020-21, submitted to NHM, Government of India. Available at: https://nhm.gov.in/index4.php?lang=1&level=0&linkid=55&lid=68
3. Information obtained from the official of UNICEF – Maharashtra through an interview by a core group member.

Indicator 2.10:

1. Health Management Information System data of Maharashtra http://nhsrcindia.org/sites/default/files/hmis/Maharashtra_0.docx Accessed on 20th December 2020.

Indicator 2.11 and 2.12:

1. Government Resolution (GR): State Mother Infant & Young Child Nutrition (MIYCN) Policy Draft, Public Health Department, Government of Maharashtra, May 2016 https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%21.pdf
2. Information accessed from the Ministry of Public Health, Government of Maharashtra through RTI (Some information still awaited).

Conclusion and Summary

Mothers' Absolute Affection (MAA) programme launched by Ministry of Health and Family Welfare, Government of India was adopted in the State of Maharashtra through a Government order passed on 22nd August 2016[11]. UNICEF - Maharashtra was engaged by the Department of Health to support implementation and monitoring of the programme in the state. A status report was shared with the Department of

[11] https://www.maharashtra.gov.in/site/Upload/Government%20Resolutions/Marathi/201608221249128317.pdf

Health in the national consultation on MAA programme in Delhi on 11th-12th January 2017[12]. According to the presentation, 20 out of 36 districts (~60%) undertook implementation of the MAA programme in 2016. The state accomplished translation of all the IEC material in Marathi and conducted one-day sensitisation of doctors including private practitioners and staff nurses at PHC, Taluka, district and medical college level. The presentation further stated that the state conducted trainings of Medical officers (39.4%), staff nurses (47.3%), ANMs (100%) and LHVs (99%) at PHCs, Taluka, Sub-district hospitals and District hospitals till January 2017. As per the information received through RTI from the Department of Health, Maharashtra on 2nd March 2020, 100% of ASHA were trained on IYCF. According to the information gained during an interview with the Unicef Maharashtra official, trainings under the MAA programme has been imparted to 100% government doctors and nurses working in the maternity area. Only one IYCF practice indicator, i.e. initiation of breastfeeding is routinely being reported in the Health Management Information System (HMIS).

Monitoring and awarding the hospitals for implementing the MAA programmes is happening in majority of public hospitals in the state. According to the 'Framework for Implementation of ROP (2019 -20)' for the NHM in the state of Maharashtra, NHM, Government of India has advised the State to plan for awards for the districts where training has been completed.Further, NHM, Government of India approved the funds for award recognition under MAA programme for 34 District in 'Framework for Implementation of ROP (2020 -21) with a caveat that it is only applicable if district gets fully saturated with IYCF training[13]. According to the information provided by the Unicef Maharashtra official; BPNI Maharashtra, Unicef Mahrashtra and state health department are accomplishing the external assessment in the state jointly. The questionnaire used for the assessment includes interview of mothers. In 2019, BPNI Maharashtra and Unicef Maharashtra conducted baseline assessment of 34 Public Health facilities and the final assessment is yet to happen. More recent information about implementation of the MAA programme in the State of Maharashtra is being explored.

Gaps

1. Private sector health care providers are not included in the MAA programme.
2. Monitoring and awarding of health facilities in the districts has not been accomplished.
3. Provisions of the IMS Act are not integrated in the assessment/awarding criteria of the hospitals.
4. IYCF practice indicators,like Skin to Skin contact after birth, Ante Natal Counselling of pregnant mothers on breastfeeding, exclusive breastfeeding at discharge and use of infant formula during the hospital stay after birth are not a part of Health Management Information System (HMIS).
5. Hospitals with maternity services are not formally coordinating discharge of mothers and babies for post-natal counselling and support.

Hospitals with maternity services should coordinate discharge of mothers and babies for post-natal counselling and support.

[12] https://iec.nhp.gov.in/wp-content/uploads/2017/11/MAA_Maharashtra-16-26.pptx

[13] Maharashtra - state programme implementation plans. National Health Mission (NHM) PIP & ROP. Available at: https://nhm.gov.in/index4.php?lang=1&level=0&linkid=55&lid=68 Accessed on 15th December 2020.

Recommendations:

1. Private sector health care providers should be included in the MAA programme.
2. Regular training and refresher course should be conducted for the health care staff.
3. IYCF indicators in relation to implementation of MAA programme should be included as part of HMIS for better accountability.
4. Monitoring and awarding of maternity facilities in each district of the state should be done using new tools developed by BPNI-WHO and Government of India partnership which also includes IMS Act provisions.
5. Hospitals with maternity services should coordinate discharge of mothers and babies for post-natal counselling and support.

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 Minister of Health and Family Welfare called for effective action to achieve universal coverage of early breastfeeding within one hour by 2022. Based on the updating of the 'Ten Steps' in 2018, and studies conducted in health facilities of few States, the Breastfeeding Promotion Network of India (BPNI) has 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 Breast-milk Substitutes and relevant World Health Assembly resolutions.	The MAA programme requires adherence to the IMS Act and recommends a one-day sensitization programme for the Civil Surgeon, Chief Medical Officer, doctors and nurses to be sensitized Not required for award.	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. Not required for award.	Monitoring and data management systems are missing. **Notify that each hospital is expected to do** Resource center/technical support unit not yet been set up. **Establish TSUs at center and medical colleges in each state to facilitate assessments in health facilities.**
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.	The following trainings are outlined in MAA: • 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). Required for award.	Inadequate training given to nurses/doctors, varying from a few hours to half a day. Support to mothers appears to be limited to urging mothers to breastfeed. **Scale up of staff competence required for achieving the objectives of MAA programme. At least 5 Nurses in maternity area may be skill trained and specifically notified to be responsible.** **Develop a time-bound plan to ensure lactation support skills of the staff to be able to assist each woman delivering in health facility. Package of training may be more focused on health care practices.**
3. Discuss the importance and management of breastfeeding with pregnant women and their families.	The key responsibility for communication and counselling of mothers/ caregivers is that of staff nurses, RMNCH+A counsellors and Medical Officers. ASHAs to give preliminary counselling at monthly mothers' meetings IEC material to be displayed in ANC clinics, ANC/delivery wards. Required for award	Only a few mothers get ANC counselling on optimal breastfeeding practices. This is a critical step. **Notify to universalize and formalize this step**
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.	ANM, staff nurses and medical officers conducting delivery are responsible for breast crawl and initiating breastfeeding. Required for award.	Weak support systems especially in the case of C-section delivery. **Each hospital should have a designated staff or a lactation counsellor to assist mothers**

5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.	Only mentioned in key messages to be delivered by ASHAs. Not required for award.	Weak support systems in the health facility – left to mothers to do the best they can. Staff not skilled enough. Same as in Step 4
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.	Mentioned as a key message to be delivered by ASHA. Required for award.	No checks on use of formula in health facility, more common in private, more so after C-section delivery, Nurses often believe that mother's milk is insufficient for the baby. The step relies on competence of the staff, which needed to be addressed. **Notify WHO Indications on use of formula and prohibit prescriptions of feeding bottles/formula during ANC.** **Consider recording consent of parents to use infant formula for newborns.**
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.	Rooming-in and bedding-in to be provided to all healthy newborns. Required for award.	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. Required for award.	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. Not required for award.	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. Required for award.	Lack of systematic follow-up plan and support. **Notify and formalize this action by the staff.**

INDICATOR 3

IMPLEMENTING THE INFANT MILK SUBSTITUTES, FEEDING BOTTLES AND INFANT FOODS [REGULATION OF PRODUCTION, SUPPLY AND DISTRIBUTION] ACT 1992, AND AMENDMENT ACT 2003 [IMS ACT]

Key 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 exclusive breastfeeding. One such threat is the inappropriate marketing practices by baby food manufacturers, which in pursuit of profit undermine breastfeeding leading to increased infant mortality, morbidity and malnutrition. Recognizing this to be a public health problem, the Government of India enacted the Infant Milk substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and the Amendment Act, 2003(IMS Act)[14] .The IMS Act needs to be implemented at all levels to protect mothers and children from the commercial and aggressive promotional practices of the baby food companies. IMS Act has been enacted as a special statute to curb bad marketing practices.The IMS Act is India's biggest commitment in the interest of infants and young children. The IMS Act BANS any kind of promotion of Infant Formula, Feeding Bottles and Infant Foods for 0-2 years of children. The scope includes infant milk substitutes, feeding bottles and infant foods, these are clearly defined in the Act, and so is "promotion".

The Government of India has notified BPNI in the Gazette of India as child welfare NGO to initiate action under section 21(1) of the IMS Act for officially monitoring and implementation since 1995. Each year BPNI submits an implementation report to MoWCD[15]. IMS Act provides under section 21.b. for the appointment of an "authorized officer" at the district level to closely monitor and supervise its implementation.

The IMS Act should be monitored and reported on a regular basis as it helps in curbing bad marketing.

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

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

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 Act[16] to ban promotion of infant milk substitutes, feeding bottles and infant foods.

IMS Act and Rules for 1993[17] and 2003[18] can be referred for awareness and robust implementation.

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?	☐ Yes =1	☑ No=0
3.2. Has the State notified an "authorized officer" for each district to monitor and effectively implement the law?	☑ Yes =2	☐ No=0
3.3. Has the state documented a report on monitoring of the compliance of the IMS Act in the past 2 years?	☐ Yes =1	☑ 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?	☐ Yes =1	☑ 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 ☑ 0 ☐ 0.5 ☐ 1 ☐ 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.)	☐ Yes =1	☑ No=0
3.7. Has the state initiated any legal action against the alleged violations? (Such as legal notice, legal case)	☐ Yes =1	☑ 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 districts? (Give examples with evidence if any) a) None of the district b) 30%- 50% of the districts c) Above 50% of the districts	√ Check one which is applicable ☑ 0 ☐ 0.5 ☐ 1	
Total Score (Out of 10)	**2/10**	

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

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

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

Information used for the indicators:

Sub Indicator 3.1 - 3.8:

1. Office Order from the State Family Welfare Department, No. 59664 – 847 dated 30.08.2010 for appointment of district committees on breastfeeding infant nutrition for effective implementation of the IMS Act. See: https://www.bpni.org/wp-content/uploads/2021/01/IMS-Act-order-Maharashtra-2010.pdf
2. RTI response from Public Health Department, Maharashtra. See: https://www.bpni.org/wp-content/uploads/2021/01/Maharashtra-Response-Indicator-3.pdf
3. RTI response from Medical Education and Drugs department, Maharashtra.. See: https://www.bpni.org/wp-content/uploads/2021/01/Indicator-3a.pdf
4. RTI response from FDA Maharashtra dated 11th January 2021. See: https://www.bpni.org/wp-content/uploads/2021/01/Response-Indicator-3b.pdf
5. Interviews with Senior Consultant, the World Bank and Public Health Department, Maharashtra were conducted
6. Thorough exploration of following open access websites, and portals and their contents. No information related to above mentioned sub indicator could be located:
    - https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf (Government Resolution (GR): State Mother Infant & Young Child Nutrition (MIYCN) Policy Draft, Public Health Department, Government of Maharashtra, May 2016)
    - https://arogya.maharashtra.gov.n/Site/iUploads/NewsAndEvents/635509720024192931-Infant-and-Young-Child-Feeding--Policy-brief.pdf (Infant and Young Child Feeding Policy Brief for Young Child Survival, Growth and Development; Need for a Comprehensive policy and plan of action, Maharashtra, 2014)
    - https://www.maharashtra.gov.in/site/Upload/Government%20Resolutions/Marathi/20160822124912831 7.pdf (Government Resolution (GR): Operational Guidelines, Programme for Promotion of Breastfeeding, "MAA (MOTHER'S ABSOLUTE AFFECTION)" Programme, Ministry of Health & Family Welfare, Government of India, August 2016)
    - State Health System Resource Centre. https://shsrcmaharashtra.blogspot.com/
    - Food and Drug Administration, Government of Maharashtra.http://fda.maharashtra.gov.in/
    - Women and Child Development Department, Government of Maharashtra.https://womenchild.maharashtra.gov.in/content/index.php
    - Rajmata Jijau Mother-Child Health & Nutrition Mission, Government of Maharashtra. Facebook message on the IMS Act. See: https://fb.watch/2VrzppxzBC/

Conclusion and Summary

In Maharashtra, the IYCF Policy Action Plan of the state acknowledges the inclusion of IMS Acts in the training programme of the health care providers. The state is implementing the MAA programme as per the operational guidelines provided by the NHM, Government of India, which has IMS Act as one of the component. In August 2010, the state Family Welfare Department issued an office order to all the Chief Executive Officers

(CEO) of the Zilla Parishads of the state to constitute a district committee on breastfeeding and infant nutrition for effective implementation of the IMS Act with CEO as its chair and the District Health Officer as its member secretary and send a monthly report to the family welfare department.

In September 2020, the Food Safety and Standard Authority of India (FSSAI) issued an advisory to the Commissioners of Food Safety of all states regarding strict compliance with provisions of the IMS Act[19]. The order stated that Section-100 of FSS Act, 2006 read with Section-21 (1) (a) Infant Milk Substitutes, Feeding Bottles and Infant Food (Regulation of Production, Supply and Distribution) Act, 1992 (41 of 1992) ('The IMS Act') empowers the designated officer or the Food Safety Officer directed under sub-section (5) of section 42 of the Food Safety and Standards Act,2006 to make a written complaint before the court to take cognizance of any offence punishable under the IMS Act. However, according to a RTI reply from the FDA Maharashtra on 11th January 2021, no information is available on the implementation of the IMS Act in the state.

Based on the available information, there is no annual report of monitoring of the IMS Act in the state; no awareness programme on the IMS Act has been organized at state level or in districts by any government agency. Monitoring of the compliance with the IMS Act and penal action on violation of the Act is missing in the state. RTI responses from Public Health Department, Maharashtra, Medical Education and Drugs department, Maharashtra and FDA Maharashtra did not reveal any action happening to implement the IMS Act in the state.

Gaps

1. State level nodal person to monitor and coordinate implementation of the IMS Act has not been appointed/authorised/ nominated in the state.
2. District level committees established for effective implementation of the IMS Act are not functional.
3. There is a lack of awareness generation activities on the IMS Act in the state.
4. Mechanism for monitoring and reporting is not functional in the state.
5. System for punitive action against the violators of the Act has not been developed in the state.

Recommendations

1. 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.
2. Capacity building of the designated district food safety officers should be done for effective monitoring and implementation of the Act.
3. District committees on breastfeeding and infant nutrition should be made functional.
4. Awareness generation seminars on the IMS Act should be organised for government and private health care functionaries.
5. Creating awareness about regulations Amendment Act to ban promotion of infant milk substitutes, feeding bottles and infant foods through newspapers, hoardings, or television advertisements.
6. State Government may notify child rights NGOs as per the IMS Act, section 21(i) (c) to monitor the IMS Act.

Awareness generation seminars on the IMS Act should be organised for both government and private health care functionaries.

[19] https://www.fssai.gov.in/upload/advisories/2020/09/5f588003d3788Direction_Compliance_Infant_Food_09_09_2020.pdf

INDICATOR 4
MATERNITY PROTECTION

Key Questions:

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

Rationale:

It is a challenge for the country/state to assist 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 recommends 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[20]. This is a major recognition of the fact that the mother and child need to be together for first six months in order to ensure exclusive breastfeeding to the infant. Government of India made some clarifications on MB Act, salient features can be found here[21]. Women working in factory; a mine; a plantation; an establishment wherein persons are employed for the exhibition of equestrian, acrobatics and other performances are covered[22]. 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. There is still no legislation guaranteeing maternity entitlement to women working outside formal sector in India. The Pradhan Mantri Matru Vandana Yojna (PMMVY) 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[23]. State governments have the responsibility to monitor and effectively implement the Maternity Benefit Amendment Act 2017 and the PMMVY.

[20]The Maternity Benefit (Amendment) Act 2017. Available at: https://labour.gov.in/sites/default/files/Maternity%20Benefit%20Amendment%20Act%2C2017%20.pdf (Accessed September 28, 2020)

[21]Salient Features of the Maternity Benefit (Amendment) Act 2017 https://www.bpni.org/WBW/2017/Salient-feature-Maternity-Benfit-Act-2017.pdf (Accessed September 28, 2020)

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

[23]Pradhan Mantri Matru Vandana Yojna (PMVVY) FAOs https://wcd.nic.in/sites/default/files/FINAL%20PMMVY%20%28FAQ%29%20BOOKELT.pdf(Accessed September 28, 2020)

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.	☑ Yes =1	☐ 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?	☑ Yes =1	☐ No=0
4.3 4.3. Under the PMMVY what percentage of eligible pregnant and lactating women are given Rs.5000 cash incentive? a) None b) Less than 30% c) 31-40% d) 41-80%? e) Above 80%	√ Check one which is applicable ☐ 0 ☐ 0.5 ☑ 1 ☐ 2	

4.4 What percentage of establishments (both public and private) with more than 50 employees have a crèche facility? a) None b) Less than 30% c) 30%-80% d) Above 80%	√ Check one which is applicable ☐ 0 ☑ 0.5 ☐ 1 ☐ 2
4.5. What percentage of women in the informal/unorganized sector* get crèche facility at the worksite? a) None b) Less than 30% c) 30%-80% d) Above 80%	√ Check one which is applicable ☐ 0 ☑ 0.5 ☐ 1 ☐ 2
4.6. Has the State Government organized IEC activities during past 1 year at the state/district level for public awareness on Maternity Benefit (Amendment) Act 2017?	☑ Yes =1 ☐ No=0
4.7. Is there a system for monitoring compliance and a way for workers to complain if their benefits are not provided?	☑ Yes =1 ☐ No=0
Total Score (Out of 10)	**6/10**

Information Sources Used for assessment:

Sub Indicator- 4.1:

1. Ministry of law and justice, Government of India. The Code on Social Security, 2020. See: https://labour.gov.in/sites/default/files/SS_Code_Gazette.pdf
2. The Maternity Benefit (Amendment) Act, 2017. See: https://labour.gov.in/sites/default/files/Maternity%20Benefit%20Amendment%20Act%2C2017%20.pdf
3. Reliance industries provides 26 weeks of maternity leave to its. Regular employees. News item in the Business Standard. Reliance introduces 12-week paid leave for mothers using surrogates. See: https://www.business-standard.com/article/companies/reliance-introduces-12-week-paid-leave-for-mothers-using-surrogates-117041700449_1.htm

Sub Indicator- 4.2:

1. Press Release on Maternity Benefit Act, 1961, Government of India, Document attached with Ministry of women and child development, Maharashtra https://mahakamgar.maharashtra.gov.in/images/pdf/maternit-benefit-act-1961.pdf

Sub Indicator-4.3:

1. Number of State-wise Beneficiaries under PMVVY, Maternity Benefits under PMMVY, Ministry of Women and Child Development, Government of India, (Dated 6th December, 2019) https://pib.gov.in/PressReleasePage.aspx?PRID=1595251
2. According to the HMIS trends analysis by NHSRC (http://nhsrcindia.org/sites/default/files/hmis/Maharashtra.docx) estimated pregnancies in Maharashtra are 2100000. In

Maharashtra, 1424695(67.8%) of eligible beneficiaries have received maternity benefit of one or more than one instalment through Direct Benefit Transfer (DBT) directly in their bank accounts. (http://164.100.24.220/loksabhaquestions/annex/173/AU3363.pdf)

3. RTI reply by the Finance Department, Government of Maharashtra dated 28.02.2020.See:https://www.bpni.org/wp-content/uploads/2021/01/Maharashtra-Response-Indicator-4-1.pdf and https://www.bpni.org/wp-content/uploads/2021/01/Indicator-4a.pdf

Sub Indicator- 4.4 and 4.5:

1. Government Resolution (GRs): Ministry of Women and Child Development, Maharashtra; National Crèche Scheme Guidelines, January 2019 https://womenchild.maharashtra.gov.in/upload/uploadfiles/files/NationCreeche.pdf

2. Ministry of Labour and Employment, Government of India. The Model Shops and Establishment (Regulation of Employment and Conditions of Service) Bill. See:https://labour.gov.in/sites/default/files/model%20bill%20englsih%20.pdf

3. Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017(Act No. 61 of 2017). See: http://www.bareactslive.com/MAH/mh828.html

4. The Maharashtra Maternity Benefit (Amendments) Rules, 2020. See: https://www.compfie.com/wp-content/uploads/2020/02/21022020_LL_03.pdf

5. Functional Creches under Rajiv Gandhi National Creche Scheme (RGNCS) – data available on the website of the Ministry of Women and Child Development, Government of India has mentioned that 1845 Creches are functioning under the scheme in Maharashtra . See: https://wcd.nic.in/sites/default/files/Funtional%20Creche.pdf

6. Office order by the Department of Women and Child Development, Government of Maharashtra. See: https://womenchild.maharashtra.gov.in/upload/uploadfiles/files/NationCreeche.pdf

Sub Indicator- 4.6:

1. Social media campaign by Health and Family Welfare Department, Government of Maharashtra on PMMVY in partnership with Tapasya Pratisthan. The campaign supports pregnant or lactating mother in Maharashtra for availing maternity benefit through a telephone helpline. See:https://twitter.com/TAPASYAforU/status/1310054501076922368 and https://twitter.com/TAPASYAforU/status/1313675709118705665/photo/1

2. Publication of IEC material by the State Health Eduction and Communication department Pune during the PMMVY week 2019. See: https://twitter.com/DrIndrajitPati2/status/1202554841081368577/photo/1

Sub Indicator 4.7:

1. Gazette notification for appointment of jurisdiction area-wise inspectors for the purpose of monitoring the implementation of the Maternity Benefit in Maharashtra. See: https://upload.indiacode.nic.in/showfile?actid=AC_CEN_6_6_00024_196153_1517807324059&type=notification&filename=215617.pdf Accessed on January 1st, 2021.

Conclusion and Summary

The Code on Social Security was enacted by the parliament in September 2020 and it extends to the whole of India. It subsumes the nine Labour Acts including the Maternity Benefits Act 1961. Maternity benefits prescribed in the Code applies to: (a) every establishment being a factory, mine or plantation including any such establishment belonging to Government; and (b) every shop or establishment in which ten or more employees are employed, or were employed, on any day of the preceding twelve months; and such other shops or establishments notified by the appropriate Government. The Code prescribes, among other provisions for the maternity benefit, 26 weeks of paid maternity leave (a woman having two or more surviving children shall be twelve week); two breaks of prescribed duration for nursing the child until the child attains the age of fifteen months; Crèche facility for children and four visits to the Crèche in a day.

The Maternity Benefit Act 1961 and amended Act 2017 provides 26 Weeks of maternity leave; two nursing breaks of 15 minutes until the child attains the age of 15 months; and facility of crèche if 50 or more employees are working in the establishment with daily four visits.

Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Act No. 61 of 2017) has made it mandatory in every establishment wherein fifty or more workers are employed, to provide and maintain a suitable room or rooms as crèche for the use of children of the workers. The Maharashtra Maternity Benefit (Amendments) Rules, 2020 has mandated that the facility of crèche to be provided in respect of every establishment having fifty or more employees as per section 11A of the Maharashtra Maternity Benefit Rules, 1965 within five hundred meters from the entrance gate of the establishment. 1845 crèches are operational in Maharashtra under the Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers. Maharashtra has more than 10,000 organizations (public and private), and hence crèches are available in 18.45% of the organizations. However, not enough data is available on the proportion of mothers getting Crèche facilities in organised as well as unorganised sector as mandated by the Maternity Benefit Act 2017. For awareness generation, Department of Public Health, Government of Maharashtra organised various campaigns on PMMVY and promoted them on social media.

For the purpose of monitoring the implementation of the Maternity Benefit Gazette, Government of Maharashtra has notified appointment of jurisdiction area-wise inspectors including Regional Labour Commissioner (Central), Mumbai and Pune; all Assistant Labour Commissioners (Central) in Mumbai region; all Labour Enforcement Officers (Central) in the Mumbai region; Regional Labour Commissioner (Central), Nagpur, all Assistant Labour Commissioners (Central) in Nagpur region, and all Labour Enforcement Officers (Central) in Nagpur Region.

Gaps

1. PMMVY is yet to reach to every eligible woman in the state.
2. Information about crèches as envisaged in the Code on Social Security and Maternity Benefit Act 1961 (amended 2017) is not available.
3. Inspectors have been appointed to monitor the implementation of the Maternity Benefits Act but reports about beneficiaries availing the provisions is not available.
4. Awareness generation events on maternity benefits are inadequate.

Reccomendations

1. More efforts are needed for popularising the PMMVY and supporting the eligible woman to avail benefits of this scheme in the state.
2. More action is required to ensure that all the prescribed employers establish crèches as envisaged in the Code on Social Security and Maternity Benefit Act 1961 (amended 2017).
3. Reports of beneficiaries availing the provisions of redressal of complain under the Code on Social Security and Maternity Benefit Act 1961 (amended 2017) should be made public.
4. More awareness generation events on maternity benefits should be organised by the concerned State Government departments.

Efforts should be increased for popularising the PMMVY and supporting the eligible woman to avail benefits of this scheme in the state.

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 newborn morbidity and mortality, improve quality of care during delivery and immediate post-partum[24]. 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 feeding[25]. The Model Chapter is "...intended for use in basic training of health professionals. It describes essential knowledge and basic skills that every health professional, who works with mothers and young children should master. The Model Chapter can be used by teachers and students as a complement to textbooks or as a concise reference manual."

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

[24]LaQshya - Labour room quality improvement initiative, 2017.
See: https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCH_MH_Guidelines/LaQshya–Guidelines.pdf
[25]Infant 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 that IYCF curricula or session plans are adequate/inadequate. (See Annex 5.4)	> 20 out of 25 content/skills are included ☑ 2	5-20 out of 25 content/ skills are included ☐ 1	Fewer than 5 content /skills are included ☐ 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 ☑ 2	Disseminated to 20-50% facilities ☐ 1	No guideline, or disseminated to < 20% facilities ☐ 0
5.3 There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers*.	Available for all relevant workers ☑ 2	Limited Availability ☐ 1	Not available ☐ 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) ☐ 1	Partial Coverage (30-80%) ☐ 0.5	Not trained at all or below 30% ☑ 0
5.5 Infant and young child feeding knowledge and skills are integrated into other child health and nutrition training programmes of Integrated Child Development Scheme(ICDS), Early Childhood Care and Development (ECCD), Reproductive , Maternal, Newborn and Child Health and Adolescent Health (RMNCH A+) and Home Based Newborn Care (HBNC) etc	Integrated in > 2 training programmes ☑ 1	1-2 training programmes ☐ 0.5	Not integrated ☐ 0
5.6 In-service training programmes referenced in 5.3 are being provided throughout the state.**	Throughout the State (>80% Districts) ☑ 1	Partial Coverage (30-80%) ☐ 0.5	Not provided ☐ 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 ☑ 1	Provision for only to one of them: mothers or babies ☐ 0.5	No provision ☐ 0
Total Score	**9.0/10**		

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

**Training programmes could 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.

Information Sources Used for Assessment

Sub Indicator 5.1:

1. Government Resolution by the Department of Public Health, Government of Maharashtra dated 22nd August 2016 to implement the Operational Guidelines, "MAA (MOTHER'S ABSOLUTE AFFECTION)" Programme, Programme for Promotion of Breastfeeding by Ministry of Health & Family Welfare, Government ofIndia.https://www.maharashtra.gov.in/site/Upload/Government%20Resolutions/Marathi/20160822124912831 7.pdf
2. Annual report of the Ministry of Health and Family Welfare, Government of India 2018-19 which provides information about trainings of ASHAs in Maharashtra using training modules number 6 and 7 for ASHA training. See:https://main.mohfw.gov.in/sites/default/files/09%20ChapterAN2018-19.pdf
3. Website of Department of Public Health, Government of Maharashtra See: https://www.nrhm.maharashtra.gov.in/nrhm/training.htm
4. Module6(https://nhm.gov.in/images/pdf/communitisation/asha/book-no-6.pdf) and Module 7 (https://nhm.gov.in/images/pdf/communitisation/asha/book-no-7.pdf) ofASHA trainings, developed by Ministry of Health and Family Welfare, Government of India.
5. Analysis of the content of curriculum covered in the module 6 and 7 of ASHA training and MAA trainings for ANMs in reference to the list of topics given in the Annex 5.1. See: https://www.bpni.org/wp-content/uploads/2021/01/Education-checklist-Infant-and-young-child-feeding-topics-for-ASHA-and-ANMs-trainings.pdf
6. Government Resolution (GR), POSHAN Abhiyaan, Ministry of Women and Child Development, Government of Maharashtra for implementation of the Poshan Abhiyan in the state and approving trainings of Anganwadi Worker using the Incremental Learning Approach (ILA). See: https://womenchild.maharashtra.gov.in/upload/5d723b2d5e698GRPoshanAbhiyaanMH20180711124339883 0.pdf
7. Guidelines for Incremental Learning Approach (ILA), POSHAN Abhiyaan, Ministry of Women and Child Development, Government of India, 2018.See:https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/ILA-Guidelines-English.pdf
8. Incremental Learning Approach (ILA) Modules:

   a. Observing Breastfeeding In Newborn Babies Why and How. See:https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodule-04-Breastfeeding_Newborn.pdf

   b.Complementary Feeding: Diet Diversity. See:http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Mod ules/NNM-ILAmodule-06-Complement ary_Feeding.pdf

   c. Identifcation and care of a Weak Newborn baby. See:http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodule-05-Identification_Weak Newborn.pdf

   d. Assessment of growth in children. See:https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodule-08-Assessment_Growth.pdf

   e.Ensuring that complementary feeding improves over time. See: http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodule-09-Ensuring_ComplementaryFeeding.pdf

   f. Ensuring Exclusive Breastfeeding. See: http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILA module-10-Exclusive_ Breastfeeding.pdf

   g.How to ensure timely initiation of

complementary feeding. See:http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodule-12-Timely_Initiation_CF.pdf

h. Identifying and Preventing Severe Acute Malnutrition. See:http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodule-13-Identifying_preventing_SAM.pdf

i. Feeding during illness. See:http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodule-14-Feeding_During_Illness.pdf

j. Supporting mothers with issues in Breast-feeding. See:http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodule-15-Supporting_mothers_Breastfeeding.pdf

k. How to take care of weak newborn with the help of Kangaroo Mother Care. See: http://icds-wcd.nic.in/nnm/NNM-Web-Contents /LEFT-MENU/ILA/Modules/NN M-ILAmodule-16-Kangaroo_Mother_Care.pdf

l. Preventing illnesses to avert malnutrition and death. See:http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodule-18Preventing_illnesses_Malnutrition_Death.pdf

m. Preparation during pregnancy for care and family planning. See:http://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ILA/Modules/NNM-ILAmodu le-21-Preparation_During_Pregnancy_NewBorn.pdf

9. Analysis of ILA training modulesin reference to the list of topics given in the Annex 5.1. See: https://www.bpni.org/wp-content/uploads/2021/01/Education-checklist-Infant-and-young-child-feeding-topics-for-ILA-training-modules-of-Pos han-Abhiyan.pdf

10. Analysis of National Medical Commission Competency based undergraduate curriculum for the Indian medical graduate Vol. I,II,III in reference to the list of topics given in the Annex 5.1. See: https://www.bpni.org/wp-content/uploads/2021/01/Education-checklist-Infant-and-young-child-feeding-topics-for-UG-Medical-Curriculum.pdf

11. RTI response from Public Health Department, Maharashtra. More information from Family Welfare Department is being sought. https://www.bpni.org/wp-content/uploads/2021/01/Maharashtra-Response-Indicator-5.pdf

Sub Indicator 5.2:

1. Guidelines on 'LaQshya – Labour Room Quality Improvement Initiative' by National Health Mission, MoHFW, Government of India. See: https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCH_MH_Guidelines/LaQshya-Guidelines.pdf
2. Information about implementation of the LaQshya programme in Maharashtra included in the answer by the MoS, MoHFW, Government of India to a question on LaQshya programme in Lok Sabha . http://164.100.24.220/loksabhaquestions/annex/171/AU3403.pdf
3. Information about the LaQshya- Manyata programme at http://www.maharashtralaqshayamanyata.org/

Sub Indicator 5.3 and 5.4:

1. Information about trainings of ASHAs and ANMs by the state under National Rural Health Mission, National Health Mission, Public Health Department, Government of Maharashtra: at: https://www.nrhm.maharashtra.gov.in/training.htm
2. Government Resolution (GR), POSHAN Abhiyaan, Ministry of Women and Child

Development, Government of Maharashtra for implementation of the Poshan Abhiyan in the state and approving trainings of Anganwadi Worker using the Incremental Learning Approach (ILA). See: https://womenchild.maharashtra.gov.in/upload/5d723b2d5e698GRPoshanAbhiyaanMH20180711243398830.pdf

3. Annual report of the Ministry of Health and Family Welfare, Government of India 2018-19 which provides information about trainings of ASHAs in Maharashtra using training modules number 6 and 7 for ASHA training. See: https://main.mohfw.gov.in/sites/default/files/09%20ChapterAN2018-19.pdf

Sub Indicator 5.5:

1. Infant and Young Child Feeding Policy Brief for Young Child Survival, Growth and Development; Need for a Comprehensive policy and plan of action, Maharashtra, 2014 https://arogya.maharashtra.gov.in/Site/Uploads/NewsAndEvents/635509720024192931-Infant-and-Young-Child-Feeding--Policy-brief.pdf

2. State Mother Infant & Young Child Nutrition (MIYCN) Policy, Public Health Department, Government of Maharashtra, May 2016 https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf

3. Government Resolution (GR), Public Health Department, Home Based Care for Young Child (HBYC). See:https://nhm.gov.in/New_Updates_2018/Om_and_orders/rmncha/child_health/ASMD_letter_to_States_for_HBYC_Implemnt_3rd_May_2018.pdf

4. Government Resolution (GRs), Public Health Department, Maharashtra: Letter from Additional Secretary and Mission Director, NHM, Government of India (Dated 14th may, 2018)https://nhm.gov.in/New_Updates_2018/Om_and_orders/rmncha/child_health/ASMD_letter_to_States_for_HBYC_Implemnt_3rd_May_2018.pdf

5. Government Resolution (GRs), Public Health Department, Maharashtra: Letter from Mission Director, NHM, Government of India (Dated 1st March, 2017) Implementation of Kangaroo Mother Care for the care for low-birth weight babies https://nhm.gov.in/New_Updates_2018/Om_and_orders/rmncha/child_health/Letter_on_KMC_MDs.pdf

6. Infant and young child feeding/breastfeeding knowledge and skills are integrated into following trainings of health and nutrition programmes:
   a. Trainings held under the the Rajmata Jijau Mother-Child Health and Nutrition Mission in Maharashtra See: https://www.r4d.org/wp-content/uploads/Documentation-of-SNM-Maharashtra.pdf)
   b. LaQshya Manyata Programme. See:http://www.maharashtralaqshayamanyata.org/wp-content/uploads/2019/07/LaQshya-Manyata-FAQs.pdf
   c. IMNCI programme. See: https://main.mohfw.gov.in/sites/default/files/7753989431Mod%204%20TREAT%20THE%20YOUNG%20INFANT%20.pdf

Sub Indicator 5.6:

1. Information about trainings of ASHAs and ANMs by the state under National Rural Health Mission, National Health Mission, Public Health Department, Government of Maharashtra: at: https://www.nrhm.maharashtra.gov.in/training.htm

2. Government Resolution (GR), POSHAN Abhiyaan, Ministry of Women and

Child Development, Government of Maharashtra for implementation of the Poshan Abhiyan in the state and approving trainings of Anganwadi Worker using the Incremental Learning Approach (ILA). See: https://womenchild.maharashtra.gov.in/upload/5d723b2d5e698GRPoshanAbhiyaanMH20180711243398830.pdf

3. Annual report of the Ministry of Health and Family Welfare, Government of India 2018-19 which provides information about trainings of ASHAs in Maharashtra using training modules number 6 and 7 for ASHA training. See:https://main.mohfw.gov.in/sites/default/files/09%20ChapterAN2018-19.pdf

4. Government Resolution (GR), National Health Mission, Public Health Department, Government of Maharashtra. See:https://www.nrhm.maharashtra.gov.in/NUHM%20Training%20Institutes%20NUHM%20PIP%2020-21-%20Part%20II.pdf

5. Implementation of "MAA" programme 2016 Maharashtra. Presentation by the Assistant Director, Child and Adolescent Health, Ministry of Public health, Government of Maharashtra in National Workshop on MAA-Mothers Absolute Affection Program held on 11th -12th January 2017 in Delhi. Available at: https://iec.nhp.gov.in/wp-content/uploads/2017/11/MAA_Maharashtra-16-26.pptx Accessed on 20th October 2020

Sub Indicator 5.7:

1. Operational Guidelines, Programme for Promotion of Breastfeeding, "MAA (MOTHER'S ABSOLUTE AFFECTION)" Programme, Ministry of Health & Family Welfare, Government ofMaharashtra, August 2016 https://www.maharashtra.gov.in/site/Upload/Government%20Resolutions/Marathi/20160822124912831 7.pdf

2. Public Health Department, Government of Maharashtra. Mother, Infant and Young Child Nutrition (MIYCN) Policy -Maharashtra, May 2016. Available at:https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf Accessed on 25th Dcember, 2020

Conclusion and Summary

The state of Maharashtra is conducting adequate trainings of the health and nutrition care workers in the state in the breastfeeding counselling under the Poshan Abhiyan, MAA programme and LaQshya programme. Department of Public Health is undertaking these trainings as a part of the National Health Mission. Training programme (in-service and before joining services) are organized for frontline workers (ASHA and ANM), doctors and nursing staff. Special training centers have been established in Maharashtra, such as Amaravati and Nagpur to train the public health workers.

For the trainings of community level health care providers ASHA, Department of Public Health, Government of Maharashtra uses module 6 and Module 7 of ASHA trainings, developed by Ministry of Health and Family Welfare, Government of India, which imparts knowledge and skills training on breastfeeding. According to the information available in the annual report of the Ministry of Health and Family Welfare, Government of India 2018-19, number of rural ASHAs in-position in Maharashtra is 60759 out of which 57354 (94.3%) have completed round four of the module 6 and 7 as on December 2018.

For the trainings of ANMs at sub-centre, Department of Public Health, Government of Maharashtra uses MAA training modules developed by Ministry of Health and Family Welfare, Government of India. (Government Resolution (GR) Maharashtra: Operational Guidelines, Programme for Promotion of Breastfeeding, "MAA (Mothers' Absolute Affection)" programme, Ministry of Health & Family Welfare, Government of India, August 2016).

Ministry of Health and Family Welfare, Government of India launched the LaQshya programme in 2017 to improve the quality of care in Labour room and Maternity operation theatres. According to the annual report of MoHFW, Government of India, state orientation is complete in all States and UTs. In Maharashtra, 195 Public health facilities including 12 medical colleges, 19 district hospitals, 82 sub-divisional hospitals, 63 community health centres and 19 other hospitals have been identified for implementation of LaQshya Programme.

Public Health Department, Government of Maharashtra and Federation of Obstetric and Gynaecological Societies of India (FOGSI) have launched the LaQshya-Manyata initiative which adopts an innovative approach towards providing access to respectful and accessible quality care in the private maternity facilities of Maharashtra.

Department of Women and Child Development is conducting trainings of Anganwadi Workers through the ICDS programme in Maharashtra. For the trainings of Anganwadi Workers, the Women and Child Development Department, Government of Maharashtra ICDS-WCD is using Incremental Learning Approach modules developed by Ministry of Women and Child Development, Government of India have developed guidelines of ILA for the Poshan Abhiyaan.The updated ILA training guidebook contains 21 modules out of which 13 modules deal with topics relevant to infant and young child feeding (see above in the source of information for sub indictor 5.1)

Infant and young child feeding/breastfeeding knowledge and skills are integrated into trainings of otherhealth and nutrition programmes like trainings held under the Rajmata Jijau Mother-Child Health and Nutrition Mission in Maharashtra; LaQshya Manyata Programme and IMNCI programme. However, there is no training programmes for the health workers in the state on the IMS Act.

Gaps

1. No mention about IMS Act in training modules of ASHAs, ANMs and Anganwadi workers
2. No mention about HIV and infant feeding in the modules of ASHAs, ANMs and Anganwadi workers.
3. Health workers in the state are not trained on their responsibilities under the IMS Act.

Recommendations:

1. Training programmes of ASHAs, ANMs, and Anganwadi workers should include appropriate content on the IMS Act.
2. Training programmes of ASHAs, ANMs, and Anganwadi workers should include appropriate content on HIV and Infant feeding.
3. Health workers in the state should be trained on their responsibilities under the IMS Act.

Training programmes of ASHAs, ANMs, and Anganwadi workers should include appropriate content on the IMS Act, HIV and infant feeding.

Annexure 5.1

EDUCATION CHECKLIST INFANT AND YOUNG CHILD FEEDING TOPICS

Objectives *(to be achieved by all health students and trainees who will care for infants, young children and mothers)*	**Content/skills** *(to achieve objectives)*
1. Identify factors that influence breastfeeding and complementary feeding.	National/local breastfeeding and complementary feeding rates and demographic trends; cultural and psychosocial influences; common barriers and concerns; local influences.
2. Provide care and support during the antenatal period.	Breastfeeding history (previous experience), breast examination, information targeted to mother's needs and support.
3. Provide 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 International Code of Marketing of Breastmilk Substitutes and World Health Assembly resolutions, current violations, and health worker responsibilities under the Code.	Main provisions of the *Code* 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 *Code*.
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 *International Code of Marketing of Breastmilk Substitutes and* WHA resolutions.

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

Annexure 5.2

CRITERIA FOR MOTHER-FRIENDLY CARE BASED ON WHO ASSESSMENT TOOL

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

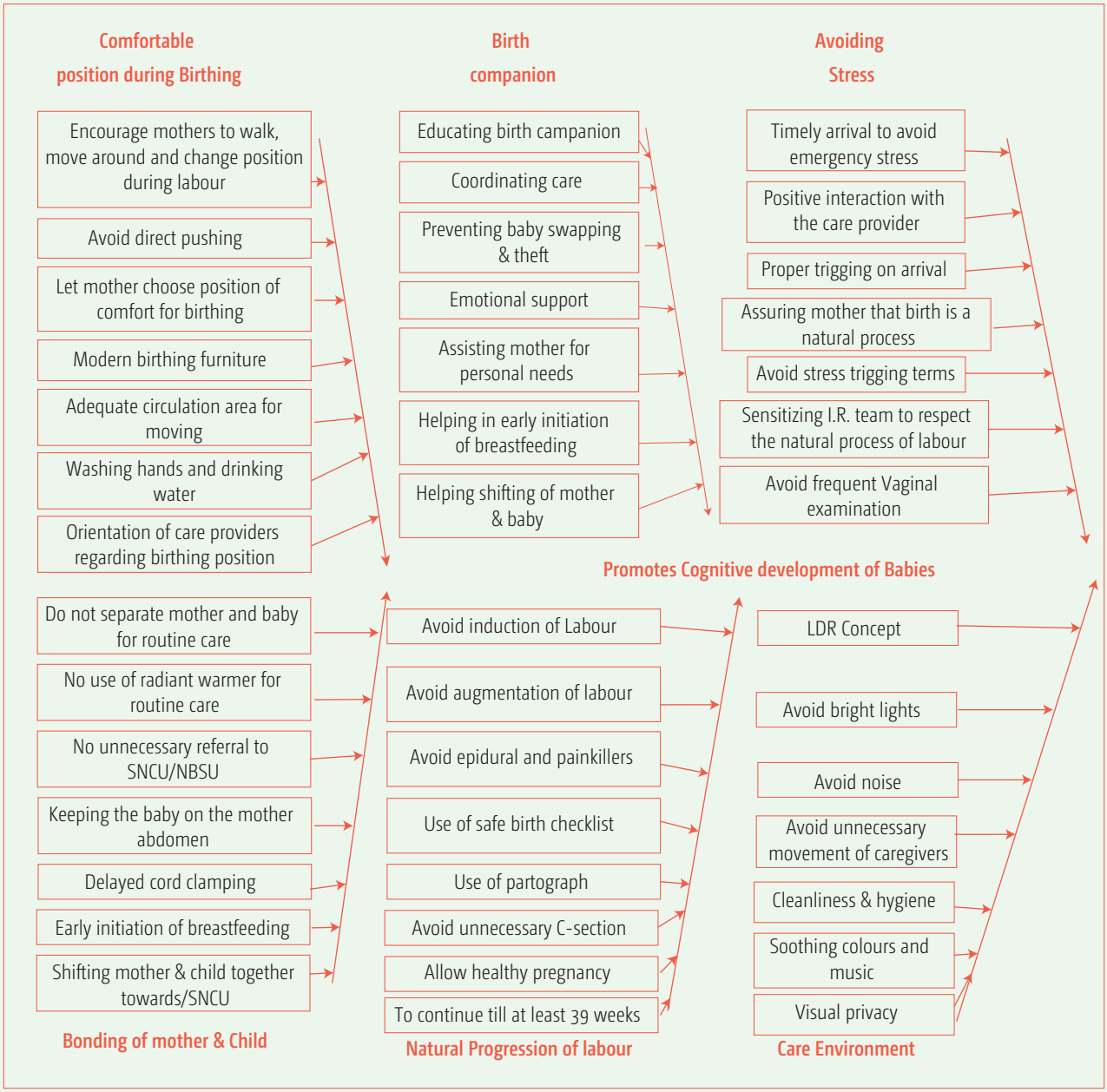
- Access to care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's culture, ethnicity and religion.
- Access to birth companions of her choice who provide emotional and physical support throughout labour and delivery.
- Freedom to walk, move about, and assume 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 maternityservices, 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% ☐ 2	50-89% ☑ 1	<50% ☐ 0
6.2. What percentage of mothers receive support for initiating breastfeeding within an hour birth?	>90% ☐ 2	50-89% ☑ 1	<50% ☐ 0
6.3. What percentage of mothers receive post-natal counselling for exclusive breastfeeding?	>90% ☑ 2	50-89% ☐ 1	<50% ☐ 0
6.4. What percentage mothers after receive breastfeeding and complementary feeding counselling at 6 to 8 months at community?	>90% ☐ 2	50-89% ☑ 1	<50% ☐ 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% ☑ 2	<50% ☐ 1	No Training ☐ 0
Total Score	**7/10**		

Information Sources Used for assessment

Sub Indicator 6.1:

1. NFHS – 4 Maharashtra report (2015-16). Antenatal Care. Page 13, line 5. See:http://rchiips.org/nfhs/NFHS-4Reports/Maharashtra.pdf
2. Response to RTI from State Family Welfare Office, Pune, Maharashtra dated 2.3.2020. See: https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-6-Maharashtra.pdf

Sub Indicator 6.2:

1. NFHS – 5 Maharashtra Fact Sheet (2019-20). Indicator no. 75 –Children under age 3 years breastfed within one hour of birth (%). See:http://rchiips.org/nfhs/NFHS-5_FCTS/Fact Sheet_MH.pdf
2. Interview with Senior Consultants from Public Health Department, Maharashtra and the World Bank.
3. Response to RTI from State Family Welfare Office, Pune, Maharashtra dated 2.3.2020. See: https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-6-Maharashtra.pdf

Sub Indicator 6.3:

1. Response to RTI from State Family Welfare Office, Pune, Maharashtra dated 2.3.2020. See: https://www.bpni.org/wp-content/upoads/2021/01l/Response-RTI-Indicator-6-Maharashtra.pdf
2. Interview with Senior Consultants from Public Health Department, Maharashtra and the World Bank.
3. State Mother Infant & Young Child Nutrition (MIYCN) Policy, Public Health Department, Government of Maharashtra, May 2016 https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf

Sub Indicator 6.4:

1. Handbook for ASHA on home based care for young child. See:http://nhsrcindia.org/sites/default/files/Handbook%20for%20ASHA%20on%20Home%20Based%20Care%20for%20Young%20Child-English.pdf
2. Response to RTI from State Family Welfare Office, Pune, Maharashtra dated 2.3.2020. See: https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-6-Maharashtra.pdf

Sub Indicator 6.5:

1. Information about trainings of ASHAs and ANMs by the state under National Rural Health Mission, National Health Mission, Public Health Department, Government of Maharashtra: at: https://www.nrhm.maharashtra.gov.in/training.htm
2. Government Resolution (GR), POSHAN Abhiyaan, Ministry of Women and Child Development, Government of Maharashtra for implementation of the Poshan Abhiyan in the state and approving trainings of Anganwadi Worker using the Incremental Learning Approach (ILA). See: https://women child.maharashtra.gov.in/upload/5d723b2d5e698GRPoshanAbhiyaanMH2018071112433 11243398830.pdf
3. Annual report of the Ministry of Health and Family Welfare, Government of India 2018-19 which provides information about trainings of ASHAs in Maharashtra using training modules number 6 and 7 for ASHA training. See:https://main.mohfw.gov.in/sites/default/files/09%20ChapterAN2018-19.pdf
4. Response to RTI from State Family Welfare Office, Pune, Maharashtra dated 2.3.2020. See:https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-6-Maharashtra.pdf
5. Implementation of "MAA" programme 2016 Maharashtra. Presentation by the Assistant Director, Child and Adolescent Health, Ministry of Public health, Government of Maharashtra in National Workshop on MAA-Mothers Absolute Affection Programme held on 11th-12th January 2017 in Delhi. Available at: https://iec.nhp.gov.in/wp-content/uploads/2017/11/MAA_Maharashtra-16-26.pptx Accessed on 20th October 2020.

Conclusions and Summary

The Mothers' Absolute Affection (MAA) programme, which is being implemented in the state of Maharashtra, envisages counselling of all pregnant women for breastfeeding. According to the NFHS – 4 report of Maharashtra state, 87% women who met with a community health worker in the last three months of pregnancy received advice on breastfeeding.As per the RTI response from the State Family Welfare Office, Pune, MAA guideline manual report for the year 2018-19, 55, 11, 612 pregnant and nursing mothers received breastfeeding counselling in the state. The LaQshya programme (for public hospitals) and the LaQshya-Manyata initiative (for private hospitals) also contains a component of initiating breastfeeding within one hour of birth. In Maharashtra, 195 Public health facilities including 12 medical colleges, 19 district hospitals, 82 sub-divisional hospitals, 63 community health centres and 19 other hospitals have been identified for implementation of LaQshya Programme. From the interviews with the Senior Consultants from Public Health Department, Maharashtra and the World Bank, it was understood that all the pregnant mothers who are enrolled at primary health care centres or Anganwadi are provided counselling on breastfeeding initiation. The practice of supporting mothers to initiate breastfeeding during the first hour of birth is practiced among frontline workers. Maternal, Infant and Young Child Nutrition (MIYCN)

Policy Maharashtra 2016 by the Public Health Department, Maharashtra envisages counselling support for early initiation of breastfeeding, avoiding pre-lacteal feeds, promoting colostrum feeding, and establishment of exclusive breastfeeding in the health facility. Breastfeeding and Complementary Feeding counselling at 6 to 8 months is practiced by AWWs during awareness sessions and vaccination camps. Community events such as 'Annaprashan Divas' are organised at Anganwadi Centres to provide counselling to mothers regarding the complementary feeding of child. The Home Based Care for Young Child (HBYC) has been launched by the Government of India in 2018 as part of the National Health Mission and POSHAN Abhiyan. In the programme, ASHA worker visits the child on completion of 3, 6, 9, 12 and 15 months. During these visits, ASHA promotes exclusive breastfeeding for the first 6 months of life, emphasizes timely, adequate and appropriate complementary feeding for children on completion of six months and beyond. Maharashtra has rolled out this programme in 18 districts in 2019-20. The state of Maharashtra is conducting adequate trainings of the health and nutrition care workers in the state in the breastfeeding counselling under the Poshan Abhiyan, MAA programme and LaQshya programme. Department of Public Health is undertaking these trainings as a part of the National Health Mission. Training programme (in-service and before joining services) are organized for frontline workers (ASHA and ANM), doctors and nursing staff. Special training centers have been established in Maharashtra, such as Amaravati andNagpur to train the public health workers. Out of 60759 rural ASHAs in-position in Maharashtra,57354 (94.3%) have completed round four of the module 6 and 7 that deals with breastfeeding and complementary feeding. Under the MAA programme ANMs (100%) and LHVs (99%) have been trained.

Gaps

1. Documentation of data with regards to counselling on breastfeeding and complementary feeding are available with the departments through ICDS - CAS and RCH portals, however data are not shared on any open source platform.
2. State level data on breastfeeding counselling in private hospitals is not available.
3. Breastfeeding and complementary feeding counselling at 6-8 months under the HBYC programme is not universally available in all the districts of the state.

Breastfeeding and complementary feeding counselling at 6-8 months under the HBYC programme should be universally available in all the districts of the state.

Reccomendation

1. Breastfeeding and complementary feeding practice indicators like proportion of mothers receiving support for initiation of breastfeeding within one hour; postnatal support for exclusive breastfeeding; and counselling on breastfeeding and complementary feeding after 6 months should be routinely documented and reported.
2. Information on breastfeeding practice indicators should be made available from the private hospitals.

3. HBYC programme should be implemented in all the districts of the state which will ensure access to breastfeeding and complementary feeding counselling at 6-8 months to all the mothers in the state.

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 [26])

S.No.	Specifics	Recommendations
1.	**Target audience**	• 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**	• 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**	• 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**	• 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**	• 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**	• 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.

[26]WHO 2018. Guideline: Counselling of Women to Improve Breastfeeding Practices.
https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf?ua=1 accessed on 1st October 2020

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.

If women would not have accurate information, they 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 Guidelines[27] and Guidelines for Community Based Events[28] include details about communication strategy and information on providing accurate information to mothers and their families.

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

[27] https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/Guidelines/JanAndolanGuidelinesEnglish.pdf (Accessed on 9th Oct 2019 at 12:13 pm)
[28] 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.	☑ Yes =1	☐ No=0
7.4 Any campaigns or programmes are free from commercial influence?	☑ Yes =1	☐ No=0
7.5 Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	☑ Yes =2	☐ No=0
7.6 IEC programme that include infant and young child feeding are being implemented at state and local level	☑ Yes =2	☐ 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).[1]	☐ Yes =1	☑ No=0
Total Score	**9/10**	

Sub Indicator 7.1

1. Government Resolution (GR): State Mother Infant & Young Child Nutrition (MIYCN) Policy, Public Health Department, Government of Maharashtra, May 2016 https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf
2. Government Resolution (GR): Operational Guidelines, Programme for Promotion of Breastfeeding, "MAA (MOTHER'S ABSOLUTE AFFECTION)" Programme, Ministry of Health & Family Welfare, Government of India, August 2016 https://www.maharashtra.gov.in/site/Upload/Government%20Resolutions/Marathi/20160822124912831 7.pdf
3. Government Resolution (GR), POSHAN Abhiyaan, Ministry of Women and Child Development, Government of Maharashtra https://womenchild.maharashtra.gov.in/upload/5d723b2d5e698GRPoshanAbhiyaanMH20180711124339883 0.pdf
4. Jan Andolan guidelines for Poshan Abhiyan. See: https://womenchild.maharashtra.gov.in/upload/uploadfiles/files/JanAndolanGuidelines-English.pdf
5. Guidelines for Community Based Events (CBE), POSHAN Abhiyaan Ministry of Women and Child Development, Government of India, 2018 https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/CBE/CBE-Guidelines-English.pdf
6. Guidelines for Community Based Events (CBE), POSHAN Abhiyaan in Marathi. Available serial number 56, dated 1st June 2018 on the website of the Integrated Child Development Services Scheme Maharashtra State, Women And Child Development Department, Government of Maharashtra. See: https://icds.gov.inFor/ms/View_Circular.aspx

Sub Indicator 7.2 and 7.3

1. RTI response received from the State Health Information, Education and Communication Bureau Pune, Maharashtra, dated 19.01.2021. See: https://www.bpni.org/wp-content/uploads/2021/01/RTI-response-Indicator-7a.pdf
2. RTI response received from the State Department of Health Education and Communication, Pune, Maharashtra, dated 9.4.2020. See: https://www.bpni.org/wp-content/uploads/2021/01/MaharashtraRTI-replyIndicator-7.pdf

3. Government Circular on Community Based Event - April 19th to September 19th, serial number 34, dated 13th September 2019 on the website of the Integrated Child Development Services Scheme Maharashtra State, Women And Child Development Department, Government Of Maharashtra. See:https://icds.gov.in/Forms/View_Circular.aspx

4. Government Circular on IEC budget for Information, Education & Communication (IEC), Advocacy and Jan Andolan. Available on the website of the Integrated Child Development Services Scheme Maharashtra State, Women And Child Development Department, Government Of Maharashtra at serial number 40, dated 31st August 2019. See: https://icds.gov.in/Forms/View_Circular.aspx

5. Annual Report 2019, Matru Vandan Saptah (2nd – 8th December, 2019), Ministry of Women and Child Development, Government of India. See: https://wcd.nic.in/sites/default/files/MVS%202019-20%20Report.pdf

6. Rajmata Jijau Mother-Child Health & Nutrition Mission, Government of Maharashtra. Facebook message on the World Breastfeeding Week 2019. See: https://fb.watch/2VrgopXUin/

Sub Indicator 7.4:

No evidence was found for commercial influence on any community-based events under the Poshan Abhiyan in the state. Separate budget from ICDS Maharashtra was allocated to districts to carry out the events. See: Government Circular on IEC budget for Information, Education & Communication (IEC), Advocacy and Jan Andolan. Available on the website of the Integrated Child Development Services Scheme Maharashtra State, Women And Child Development Department, Government Of Maharashtra at serial number 40, dated 31st August 2019. See: https://icds.gov.in/Forms/View_Circular.aspx

Sub Indicator 7.5:

1. RTI response received from the State Health Information, Education and Communication Bureau Pune, Maharashtra, dated 19.01.2021. See:https://www.bpni.org/wp-content/uploads/2021/01/RTI-response-Indicator-7a.pdf
2. RTI response received from the State Health Information, Education and Communication Bureau Pune, Maharashtra, dated 9.4.2020. See: https://www.bpni.org/wp-content/uploads/2021/01/MaharashtraRTI-replyIndicator-7.pdf
3. The State Health Information, Education and Communication Bureau Pune, Maharashtra Booklet of posters on RCH themes. See:https://arogya.maharashtra.gov.in/Site/Uploads/GR/IECB-Website-file.pdf
4. SHSRC, Maharashtra. Poster on strategies for preventing malnutrition in Maharashtra. See: http://nhsrcindia.org/sites/default/files/Poster%20-%20Strategies%20for%20Addressing%20Malnutrition%20in%20Maharashtra.pdf
5. Rajmata Jijau Mother-Child Health & Nutrition Mission, Government of Maharashtra. Facebook message on the World Breastfeeding Week 2019. See: https://fb.watch/2VrgopXUin/
6. Jan Andolan guidelines for Poshan Abhiyan. See: https://womenchild.maharashtra.gov.in/upload/uploadfiles/files/JanAndolanGuidelines-English.pdf

Sub Indicator 7.6:

1. RTI response received from the State Health Information, Education and Communication Bureau Pune, Maharashtra, dated 19.01.2021. See: https://www.bpni.org/wp-content/uploads/2021/01/RTI-response-Indicator-7a.pdf
2. Government Circular on Community Based Event - April 19th to September 19th, serial number 34, dated 13th September 2019 on the website of the Integrated Child Development Services Scheme Maharashtra State, Women And Child Development Department, Government Of Maharashtra. See: https://icds.gov.in/Forms/View_Circular.aspx
3. Government Circular on IEC budget for Information, Education & Communication (IEC), Advocacy and Jan Andolan. Available on the website of the Integrated Child Development Services Scheme Maharashtra State, Women And Child Development Department, Government Of Maharashtra at serial number 40, dated 31th August 2019. See: https://icds.gov.in/Forms/View_Circular.aspx

Sub Indicator 7.7:

1. Government Resolution (GR): State Mother Infant & Young Child Nutrition (MIYCN) Policy Draft, Public Health Department, Government of Maharashtra, May 2016 https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf
2. Government Resolution (GR): Operational Guidelines, Programme for Promotion of Breastfeeding, "MAA (MOTHER'S ABSOLUTE AFFECTION)" Programme, Ministry of Health & Family Welfare, Government of India, August 2016 https://www.maharashtra.gov.in/site/Upload/Government%20Resolutions/Marathi/20160822124912831 7.pdf
3. Government Resolution (GR), POSHAN Abhiyaan, Ministry of Women and Child Development, Government of Maharashtra https://womenchild.maharashtra.gov.in/upload/5d723b2d5e698GRPoshanAbhiyaanMH20180711243398830.pdf

Conclusion & Summary:

Available documents suggest that accurate and unbiased information on breastfeeding and infant and young child feeding is being disseminated to the community through various health and nutrition programmes in Maharashtra. Information, Communication and Education has been included in the State Mother Infant & Young Child Nutrition (MIYCN) Policy 2016. State is also implementing the MAA programmes as per the operational guidelines developed by NHM, Government of India. Community events like mother's meetings are being organised under the MAA programme.

Jan Andolan as envisaged in the Poshan Abhiyan is also being implemented as the guidelines issued by the Government of India. Jan Andolan is an important component of the Poshan Abhiyan, which is being implemented in the whole country including the state of Maharashtra. One of the objectives of the Jan Andolan is to build knowledge, attitudes and behavioural intent to practice optimal breastfeeding, complementary feeding, maternal nutrition and adolescent nutrition practices to prevent malnutrition, including SAM and anaemia. It envisages ensuring consistent and mass local engagement utilizing all platforms such as mass media, digital/social media, outdoor media, community/local media and inter-personal communication. It has identified different themes on nutrition for running coordinated campaigns in the community.

Under the Poshan Abhiyan, Department of Women and Child Development, Government of Maharashtra organized nutrition campaign in 109582 working Anganwadis in 553 rural / tribal and urban projects in 36 districts of the state. Each Anganwadi workers organized community based events such as annaprashan, suposhan divas, invitation to pregnant women and praveshotsav etc. Poshan Maah is being celebrated every year in Maharashtra State since the launch of Poshan Abhiyaan in 2018.

Information material are disseminated in the Marathi language in the form of booklets, banners, and posters. Booklets, banners, and posters of programmes such as World Breastfeeding Week, Poshan Maah do not include any logo/description of commercial organizations. Other IEC material developed and published by the state government contains objective and correct information on breastfeeding and infant and young child feeding. However, mothers who are giving artificial feeding to their babies do not appear to have received proper information in the state on risks of artificial feeding and safe preparation in line with WHO/FAO guidelines. on preparation and handling of powdered infant formula (PIF). Similarly, IEC material on the IMS Act is largely missing in the programmes and campaigns.

Gaps:

1. Information on the risks of artificial feeding and safe use of the powdered infant formula is missing from the IEC material and campaigns.
2. Information on the IMS Act in the IEC material and media campaigns is sporadic.

Recommendations:

1. Information on the risks of artificial feeding and safe use of the powdered infant formula should be included in the IEC material and campaigns on breastfeeding and infant and young child feeding.
2. IEC material on the IMS Act should be developed and disseminated periodically through out the year.

Information on the IMS Act in the IEC material and media campaigns should be developed and disseminated periodically throughout the year

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 recognised the risk of mother-to-child transmission of HIV through breastfeeding and identified a need for a clear policy framework on HIV and infant feeding that should also address skill training of health care providers to deal with infant feeding options.

In 2010, the W.H.O for the first time recommended ARV drug interventions to prevent postnatal transmission of HIV through breastfeeding. WHO adopted a public health approach, recommending that national authorities should promote and support one feeding practice for all women living with HIV accessing care in the health facilities. W.H.O advised countries to choose a national approach for their ARV option for PMTCT based on operational consideration. WHO also recommended that countries while deciding upon the feeding option should avoid harm to infant feeding practices in the general population by counselling and support to mothers known to be HIV-infected and health message to the general population should be carefully delivered so as not to undermine optimal breastfeeding practices among the general population.[29]

In the past few years, a significant amount of new research evidence and programmatic experience on infant feeding in the women living with HIV has 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 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. In 2013 W.H.O developed consolidated guidelines on the use of ARV drugs, which 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+). [30]

W.H.O has updated its infant feeding recommendations for HIV settings in 2016[31] which says, "practicing mixed feeding is not a reason to stop

[29]W.H.O: Rapid advice: infant feeding in the context of HIV, November 2009. Available at: http://www.who.int/hiv/pub/paediatric/advice/en/ (Accessed on 9th Oct 2020)

[30]World Health Organization (2013).Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Recommendations for a public health approach. Available at: http://www.who.int/hiv/pub/guidelines/arv2013/en/ (Accessed on 9th Oct 2020)

[31]World Health Organization (2016). Guideline: updates on HIV and infant feeding: the duration of breastfeeding, support from health services to improve feeding practices among mothers living with HIV. Available at: http://apps.who.int/iris/bitstream/handle/10665/246260/9789241549707-eng.pdf?sequence=1 (Accessed on 9th Oct 2020)

breastfeeding in the presence of Anti-retroviral (ARV) drugs", though all efforts should be made to counsel mother to do exclusive breastfeeding." Updated guidelines also recommend"mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer (similar to the general population) while being fully supported for ART adherence."

Policies and programmes to implement this effectively will require HIV Testing and Counselling (HTC) to be available and offered routinely to all mothers. Furthermore, support should be provided to ensure ARVs are made accessible to all breastfeeding mothers as per the national recommendations, with 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 breast feeding should be continued till 2 years of age.[32]

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.	☑ Yes =2	☐ No=0
8.2 the State policy gives effect to the IMS Act in principle	☑ Yes =2	☐ No=0
8.3. The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	☑ Yes =1	☐ No=0
8.4. Infant feeding counselling is provided to all mothers living with HIV appropriate to national/state circumstances	☑ Yes =1	☐ No=0
8.5. Mothers are supported and followed up in carrying out the recommended infant feeding practices	☐ Yes =1	☑ 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.	☑ Yes =1	☐ 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.	☑ Yes =1	☐ No=0
8.8. Health care providers receive training on HIV and infant feeding counselling.	☑ Yes =1	☐ No=0
Total Score	**9/10**	

[32]NACO. Nutrition Guidelines for HIV-Exposed and Infected Children (0-14 Years Of Age). Available at: http://www.naco.gov.in/sites/default/files/Paedia%20Nutrition%20national%20guidelines%20NACO.pdf Accessed on 15th December 2020.

Information Sources Used for Assessment:

Sub Indicator 8.1:

1. Public Health Department, Government of Maharashtra. Mother, Infant and Young Child Nutrition (MIYCN) Policy - Maharashtra, May 2016. Availabe at:https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf Accessed on 25th Dcember, 2020.
2. NACO. Nutrition Guidelines for HIV-Exposed and Infected Children (0-14 Years Of Age). Available at: http://www.naco.gov.in/sites/default/files/Paedia%20Nutrition%20national%20guidelines%20NACO.pdf Accessed on 15th December 2020.
3. Updated guideline for Prevention of Parent to Child Transmission (PPTCT) of HIV using Multi Drug Anti-retroviral Regimen in India.December 2013. Available at: http://naco.gov.in/sites/default/files/National_Guidelines_for_PPTCT.pdf Accessed on 25th December, 2020
4. RTI response from the Public Health Department, Maharashtra. Further information is being sought from MSACS. See; https://www.bpni.org/wp-content/uploads/2021/01/Maharashtra-Response-Indicator-8.pdf

Sub Indicator 8.2:

1. Public Health Department, Government of Maharashtra. Mother, Infant and Young Child Nutrition (MIYCN) Policy - Maharashtra, May 2016. Availabe at:https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf Accessed on 25th Dcember, 2020

Sub Indicator 8.3:

1. National AIDS Control Organization (2020). Sankalak: Status of National AIDS Response (Second edition, 2020). New Delhi: NACO, Ministry of Health and Family Welfare, Government of India. Report card of Maharashtra on Page 221-225. Available at: http://naco.gov.in /sites /default/files/Sankalak%20Status%20of%20National%20AIDS%20Response,%20Second%20Edition%20(2020).pdf Accessed on 25th December 2020.
2. Maharashtra State Aids Control Society. PPTCT information available on the website of the organization. Available at: https://mahasacs.org/~mahasacs/index.php?option=com_content&view=article&id=88&Itemid=181&lang=en Accessed on 25th December 2020
3. Maharashtra State Aids Control Society. CMIS-PPTCT information available on the website of the organization. Available at: https://mahasacs.org/~mahasacs/index.php?option=com_content&view= article&id=77&Itemid=168&lang=en Accessed on 25th December 2020
4. Maharashtra State Aids Control Society. ART information available on the website of the organization. Available at: https://mahasacs.org/~mahasacs/index.php?option=com_content&view=article&id=24&Itemid=46&lang=en Accessed on 25th December 2020

Sub Indicator 8.4

1. Mohite RV, Mohite VR. Performance of the prevention of parent to child transmission program: A decadal trend from rural Maharashtra, India. Indian J Sex Transm Dis AIDS. 2Jan-Jun;01637(1):52-7. doi: 10.4103/0253-7184.176217.PMID: 27190413; PMCID: PMC4857683.

Sub Indicator 8.5

1. Maharashtra State AIDS Control Society. https://mahasacs.org/index.php?option=com_content&view=article&id=57&Itemid=87&lang=en
2. RTI response from the Public Health Department, Maharashtra. Further information is being sought from MSACS. See; https://www.bpni.org/wp-content/uploads/2021/01/Maharashtra-Response-Indicator-8.pdf

Sub Indicator 8.6

1. Maharashtra State AIDS Control Society. Information Education and Communication (IEC) information available on the web site of the organisation. Available at:https://mahasacs.org/ ~mahasacs/index.php?option=com_content&view=article&id=26&Itemid=48&lang=en Accessed on 25th December 2020

Sub Indicator 8.7

Research studies from Maharashtra in the peer reviewed journals:

1. Mohite RV, Mohite VR. Performance of the prevention of parent to child transmission program: A decadal trend from rural Maharashtra, India. Indian J Sex Transm Dis AIDS. 2016 Jan-Jun;37(1):52-7. doi: 10.4103/0253-7184.176217. PMID: 27190413; PMCID: PMC4857683.
2. Suryavanshi Net al. Journal of the International AIDS Society 2020, 23:e25555http://onlinelibrary.wiley.com/doi/10.1002/jia2.25555/full

Sub Indicator 8.8

1. Department of AIDS Control, Ministry of Health & Family Welfare, Government of India. Annual Report 2013-14. Information about the status of PPTCT Trainings across India as on March 2014, page 59 - Table 8.6.Available at: http://164.100.158.124/sitesdefault/files/NACO/_English%202013-14.pdf Accessed on 25th December 2020.
2. Interview with Mr. Neeraj Mahajan, Programme Manager, Maharashtra & Goa , SAATHI.

Conclusions and Summary

India is estimated to have had 22.67(10.92-40.60) thousand HIV positive women who gave birth in 2017. State wise Prevention to Mother to child transmission (PMTCT) number were highest in Maharashtra (2.41 thousand).[33] Government of Maharashtra and department of health and family welfare have established the Maharashtra State AIDS Control Society (MSACS) that directly works in implementing NACO guidelines. State has a comprehensive IYCF policy that includes breastfeeding and HIV. Maharashtra State AIDS Control Society (MSACS) 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 counselling is integral part of PPTCT programme run by the state government for positive pregnant mothers. MSACS has engaged with SAATHI a non-profit organization to support them with strengthening of PPTCT programme and tracking of all positive pregnant mothers till 18 months' post-partum. The organization

[33]Department of Health & Family Welfare Ministry of Health & Family Welfare Government of India. Annual Report 2018-19. Chapter 24 - National AIDS Control Organization (NACO), page 451. Available at: https://main.mohfw.gov.in/sites/default/files/24%20Chapter%20496AN2018-19.pdf Accessed on 26th December 2020.

is also monitoring and tracking pregnant women who chose to take ART and delivery in the private sector.

MSACS has engaged with different organizations such as TISS and SAATHI for continuous training of MOs, counsellors and lab technician. In PPTCT programme, all positive ANC mothers are tracked and followed up for good ANC and IYCF practices with help of partner NGOs. IMS act is followed strictly by all PPTCT centres and delivery units within the public sector; However, it has been observed by partner NGOs that the private practitioners and hospitals do not wish to take any risk on HIV transmission through breastmilk and completely discourage positive mothers to breastfeed. Those mothers who wish to follow private services follow guidelines as suggested by private practitioners. There is a definite need of advocacy with private stakeholders to adopt global/national guidelines. Further we need to take a different approach and raise awareness and empower the positive mothers and reach more people through technology. No research on IYCF and HIV is conducted at state level. Such research usually happens at National or NACO level. Although there are studies published in the peer-reviewed journals by the independent experts from the state, more studies on HIV and infant feeding are required from the public authorities dealing with the HIV programme in the state.

Gaps:

1. Comprehensive annual state report of all the activities related with HIV and infant feeding is not available.
2. Mothers are not supported and followed up in carrying out the recommended infant feeding practices in private institutions.

Recommendations:

1. Research studies funded by public health agencies on the impact of recommended intervention on children's HIV free survival, growth and development are required.
2. There is a need of an annual report on HIV and infant feeding interventions to document implementation of policies and plans.
3. Private health institutes should be engaged to ensure implementation of best practices on HIV and infant feeding.

Research studies funded by public health agencies on the impact of recommended intervention on children's HIV free survival, growth and development are required

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 increase 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 2010.[34] 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.ennonline.net/IFE. The NDMA has developed a plan of action to manage emergency situations and mentioned supply of provisions to meet the needs of infants and small children and counselling for lactating mothers. The plan mandates that states should ensure implementation of these facilities.[35]

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.	☑ Yes = 2	☐ No=0
9.2. Does the State policy integrate provisions of the IMS Act to protect breastfeeding from commercial influence?	☑ Yes = 2	☐ No=0

[34]Infant 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.ennonline.net/resources/6)

[35]National Disaster Management Plan (NDMP) November 2019. See: https://ndma.gov.in/sites/default/files/PDF/ndmp-2019.pdf

9.3. Resources have been allocated for promotion and continuation of breastfeeding and IYCF in the state/district health emergency preparedness and response plan.	☑ Yes = 2	☐ No=0
9.4. Is there a policy for that prohibits use of infant formula unless indicated by individual assessment?	☑ Yes = 1	☐ 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.	☑ Yes = 0.5	☐ No=0
b) Measures to protect, promote and support appropriate and complementary feeding practices.	☑ Yes = 0.5	☐ No=0
c) Measures to protect and support the non-breast-fed infants	☑ Yes = 0.5	☐ No=0
d) Space for IYCF counselling support services	☑ Yes = 0.5	☐ No=0
e) Measures to minimize the risks of artificial feeding are in place for handling unsolicited donations.	☐ Yes = 0.5	☑ 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.	☐ Yes = 0.5	☑ No=0
Total Score	**9 /10**	

Information Sources Used for Assessment

Sub Indicator 9.1

1. Public Health Department, Government of Maharashtra. Mother, Infant and Young Child Nutrition (MIYCN) Policy - Maharashtra, May 2016.Available at:https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf Accessed on 25th December, 2020
2. Maharashtra State Disaster Management Plan 2016. See: https://rfd.maharashtra.gov.in/sites/default/files/DM%20Plan%20final_State.pdf Accessed on 25th December, 2020
3. RTI response by the State Family Welfare Office, MH (March 2020) sharing Maharashtra State guidelines on 'Infant and Child Nutrition in Emergencies', which was sent as an office order to all the district health officials of all the districts in the state. See: https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-9-Maharashtra.pdf
4. Disaster Management Plan of district Satara 2020-21. See: https://www.satara.gov.in/en/document/disaster-management-plan-2020-21/
5. Disaster management plan of Municipal Corporation of Greater Mumbai district 2018. See: http://dm.mcgm.gov.in/sites/default/files/documents/Disaster_Management_Plan_2018.pdf
6. Disaster Management Plan of district Aurangabad 2020-21. See: https://cdn.s3waas.gov.in/s318d8042386b79e2c279fd162df0205c8/uploads/2020/07/2020073050.pdf
7. National Disaster Management Authority, Government of India. National Disaster Management Plan 2019. See: https://ndma.gov.in/sites/default/files/PDF/ndmp-2019.pdf

Sub Indicator 9.2

1. Public Health Department, Government of Maharashtra. Mother, Infant and Young Child Nutrition (MIYCN) Policy - Maharashtra, May 2016.Available at:https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf Accessed on 25th December, 2020
2. Maharashtra State Disaster Management Plan 2016 (See page 254). See: https://rfd.maharashtra.gov.in/sites/default/files/DM%20Plan%20final_State.pdf Accessed on 25thDecember, 2020
3. RTI response from the State Family Welfare Office, MH (March 2020) sharing Maharashtra State guidelines on 'Infant and Child Nutrition in Emergencies', which was sent as an office order to all the district health officials of all the districts in the state. See: https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-9-Maharashtra.pdf
4. Pune Mirror, June 26, 2020. Maharashtra government issues guidelines for COVID-19 positive pregnant women and infants. See: https://punemirror.indiatimes.com/pune/others/maharashtra-government-issues-guidelines-for-covid-19-positive-pregnant-woman-and-infants/articleshow/76638133.cms

Sub Indicator 9.3

1. Maharashtra State Disaster Management Plan 2016. See: https://rfd.maharashtra.gov.in/sites/default/files/DM%20Plan%20final_State.pdf Accessed on 25th December, 2020

Sub Indicator 9.4, 9.5

1. Public Health Department, Government of Maharashtra. Mother, Infant and Young Child Nutrition (MIYCN) Policy - Maharashtra, May 2016.Available at:https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf Accessed on 25th December, 2020
2. Maharashtra State Disaster Management Plan 2016. See: https://rfd.maharashtra.gov.in/sites/default/files/DM%20Plan%20final_State.pdf Accessed on 25th December, 2020
3. RTI response by the State Family Welfare Office, MH (March 2020) sharing Maharashtra State guidelines on 'Infant and Child Nutrition in Emergencies', which was sent as an office order to all the district health officials of all the districts in the state. See: https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-9-Maharashtra.pdf

Conclusion & Summary:

Mother, Infant and Young Child Nutrition (MIYCN) Policy - Maharashtra, May 2016 developed by the Department of Public Health, Government of Maharashtra mentions appropriate infant feeding practices including supporting mothers to breastfeed and avoiding use and distribution of infant formula as a relief measure. It also mentions implementation of IMS Act to protect breastfeeding. Maharashtra State guidelines on 'Infant and Child Nutrition in Emergencies' have integrated provisions to protect breastfeeding from commercial influence. These guidelines have been shared with all the district health officials in the state. The guidelines prohibit use of infant formula unless indicated when other options like

donated breastmilk and re-lactation are exhausted. The guidelines also include measures to provide comfortable and safe space to stay, counselling and support for breastfeeding and complementary feeding, information about safe use of infant formula if required, to the lactating mothers. The guidelines ask the district health officials to engage with donors and donor organizations and stand up against organizations and individuals who donate infant formula / milk bottles.

Maharashtra State Disaster Management Plan 2016 mandates providing separate toilets, baby foods, sanitary towels etc. for pregnant women and children in the camp. This is contrary to recommendations of the National Disaster Management 2019 which mandates supply of provisions to meet the needs of infants and small children and counselling for lactating mothers and put responsibility on states for implementation of these facilities. District disaster management plans of Municipal Corporation of Greater Mumbai recognises special needs of pregnant and lactating women for ensuring adequate milk production and mentions inclusion of crucial nutrients and vitamin supplements that can be incorporated into family or mother and baby assistance packages. While disaster management plans of some other districts does not have any mention of breastfeeding support

According to the RTI response from the State Family Welfare Office, Maharashtra, indicators and reporting tool to monitor and evaluate the emergency response in the context of feeding of infants and young children are not available.

Gaps:

1. Measures to minimize the risks of artificial feeding are not in place for handling unsolicited donations of the infant formula during the disasters.
2. Indicators, and recording and reporting tools do not exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.

Recommendation:

1. Measures to minimize the risks of artificial feeding should be in place for handling unsolicited donations of the infant formula during the disasters
2. Proper monitoring tools should be developed and mandated to monitor and evaluate the emergency response in the context of feeding of infants and young children.

Systematic monitoring tools must be developed and mandated to monitor and evaluate the emergency response in the context of feeding of infants and young children.

INDICATOR 10
MONITORING AND EVALUATION

Key Questions:

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

Rationale:

Monitoring and evaluation (M & E) components should be built into all major infant and young child feeding programme activities and collection of data concerning feeding practices integrated into national nutritional surveillance and health monitoring systems or surveys. The Ministry of Women and Child Development under the 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) for nutritional outcomes[36]. Periodic monitoring or management information system data should be collected systematically, analyzed and considered by programme managers as part of the planning exercise and use for making corrections if any for the implementation process. When appropriate, both baseline and follow-up data should be collected to measure outcomes. Unified criteria on the use of internationally agreed-upon indicators and data collection strategies should be considered, in an effort to increase availability of comparable data[37]. It is important to devise strategies to assure that results of important evaluation are used to assure evidence-based decision-making.

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).	☑ Yes =2	☐ No=0

[36]ICDS-CAS dashboard manual https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ICT-RTM/Dashboard%20Manual.pdf (Accessed on 9 Oct 2020)
[37]See 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?	☑ Yes =2	☐ 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.	☑ Yes =2	☐ No=0
10.4. The data is being reported to the key decision makers at state/district level?	☑ Yes =2	☐ 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)	☐ Yes =2	☑ No=0
Total Score	**8/10**	

Information Sources Used for assessment

Sub Indicator 10.1:

1. Poshan Abhiyan, Niti Aayog (2020). Accelerating Progress On Nutrition in India: What will it take? Third Progress Report. See: https://niti.gov.in/sites/default/files/2020-10/POSHAN-Abhiyaan-Monitoring-Report22July2020.pdf
2. Ministry of Women and Child Development, Government of India. Poshan Abhiyan.ICDS-CAS dashboard manual. See: https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ICT-RTM/ICDS-CAS_Dashboard_Manual_English.pdf
3. Government Resolution (GR), POSHAN Abhiyaan, Ministry of Women and Child Development, Government of Maharashtra for implementation of the Poshan Abhiyan in the state and instructions for the use of ICDS-CAS software based reporting. See: https://womenchild.maharashtra.gov.in/upload/5d723b2d5e698GRPoshanAbhiyaanMH20180711243398830.pdf
4. ICDS Commissionerate, Department of Women and Child Development, Government of Maharashtra. Guidelines on working in Common Application Software under Poshan Abhiyan dated 16th April 2020. See: https://icds.gov.in/Forms/View_Circular.aspx (serial no. 17 dated 16.04.2020)
5. RTI Response by State Family Welfare Office, Government of Maharashtra dated 02.03.2020. See: https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-10-Maharashtra.pdf
6. NHSRC. HMIS Data Analysis 2015-16 – Maharashtra. See: http://nhsrcindia.org/sites/default/files/hmis/Maharash tra_0.docx
7. Government Resolution (GR): State Mother Infant and Young Child Nutrition (MIYCN) Policy Draft, Public Health Department,Government of Maharashtra, May 2016 https://arogya.maharashtra.gov.in/Site/Uploads/GR/Rev%20draft%2024%20May%20MIYCN%20Policy%201.pdf

Sub Indicator 10.2, 10.3 and 10.4:

1. Ministry of Women and Child Development, Government of India. Poshan Abhiyan. ICDS-CAS dashboard manual. See: https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ICT-RTM/ICDS-CAS_Dashboard_Manual_English.pdf
2. Government Resolution (GR), POSHAN Abhiyaan, Ministry of Women and Child Development, Government of Maharashtra for implementation of the Poshan Abhiyan in the state and instructions for the use of ICDS-CAS software based reporting. See: https://womenchild.maharashtra.gov.in/upload/5d723b2d5e698GRPoshanAbhiyaanMH20180711243398830.pdf
3. RTI Response by State Family Welfare Office, Government of Maharashtra dated 02.03.2020. See: https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-10-Maharashtra.pdf

4. Health Management Information System (HMIS) - Health Indicators, Public Health Department, Government of Maharashtra: https://arogya.maharashtra.gov.in/1136
5. Planning, Implementation and Monitoring, National Health Mission Maharashtra, Government of Maharashtra https://www.nrhm.maharashtra.gov.in/programmonitor.htm

Sub Indicator 10.5:

1. RTI Response by State Family Welfare Office, Government of Maharashtra dated 02.03.2020. See:https://www.bpni.org/wp-content/uploads/2021/01/Response-RTI-Indicator-10-Maharashtra.pdf

Conclusion and Summary:

Maharashtra is implementing the Poshan Abhiyan and the MAA programme in all the districts. It is using ICDS-CAS for reporting on progress on maternal and Child nutrition indicators including Early initiation of breastfeeding; Exclusive breastfeeding; and Children initiated appropriate complementary feeding[38]. In Maharashtra, 100% district level (all 36 districts) and 99.23% Anganwadi Centre level (109637 out of 110,486 AWCs) rollout of ICDS CAS has been achieved while 95% of supervisors (3706 out of 3899) are using ICDS-CAS. Under the Poshan Abhiyan, home visits conducted by the AWWs for counselling the beneficiaries which is defined as "of the total number of expected home visits, the percentage of home visits completed by AWWs in Maharashtra is 90.78%.

Gaps:

1. In the past two years, no information is available about the action has been taken by the State or District authorities to correct programme by utilization of the data.
2. Analytical reports about valuable data generated through ICDS-CAS and other methods are not available on any open source platform.

Recommendations:

1. Action on improving infant and young child feeding practices should be based on the data generated and analysed by various monitoring mechanisms.
2. Analytical reports about valuable data generated through ICDS-CAS and other methods should be made available on open source platforms.

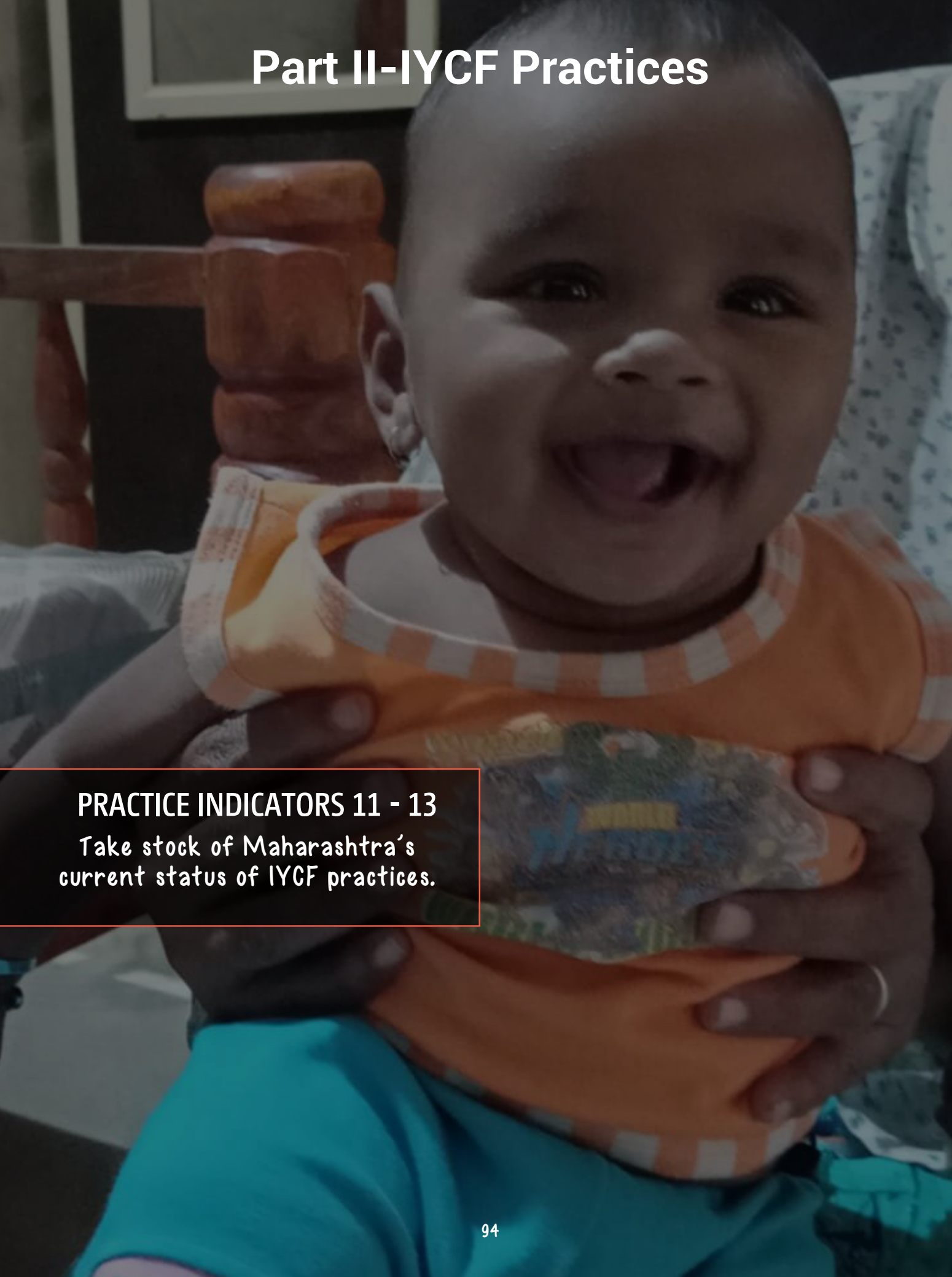
Actions taken by the State or District authorities on improving infant and young child feeding practices should be based on the data generated and analysed by various monitoring mechanisms.

[38]https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/ICT-RTM/ICDS-CAS_Dashboard_Manual_English.pdf

Table 3: Indicator 1-10: IYCF Policies and Programmes Maharashtra

The Indicators		Score out of 10	Color Code
1	State Policy, Governance and Funding	4	
2	Ten steps to successful breastfeeding/ MAA Programme Implementation (BFHI)	7	
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)	2	
4	Maternity Protection	6	
5	Health and Nutrition care Systems	9	
6	Counselling services for the pregnant and breastfeeding mothers	7	
7	Accurate and Unbiased Information Support	9	
8	Infant feeding and HIV	9	
9	Infant Feeding during Emergencies	9	
10	Monitoring and Evaluation	8	
	Total Score out of 100 and the Colour Code	**70.0/100**	

Part II-IYCF Practices



PRACTICE INDICATORS 11 - 13

Take stock of Maharashtra's current status of IYCF practices.

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)	53.2%

Source of data

- NFHS -5 Fact Sheet – Maharashtra.

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

Conclusion

Only 53.2% of the children are being initiated breastfeeding within the first hour of birth despite 94.7% of Institutional deliveries in the State. In comparison to NFHS -4 (57.5%), this has gone down. Early Initiation of breastfeeding is being captured at Community level by AWW through POSHAN ABHIYAAN.

Gaps

All mothers delivering in the hospitals are not receiving counselling and support for initiating breastfeeding within one hour of birth. one in 4 deliveries are by caesarean section in the state, more so in the urban areas, that may also hamper early initiation of breastfeeding.

Recommendations

1. All mothers should be counselled during pregnancy and supported at birth to initiate breastfeeding within one hour of birth.
2. Timing of the initiation of birth should be recorded in all the births and a facility-wise monthly report of trends should be prepared for customised interventions for improvement.
3. Staff working in the delivery rooms should be appropriately trained to counsel and support mothers for initiating breastfeeding within one hour of birth.

For customized interventions for improvement, timing of the initiation of birth should be recorded in all the births and a facility-wise monthly report of trends should be prepared and discussed.

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 breastfed[40] 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 for6 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 to adopt 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 2003[41] and 2016[42] clearly point to the role of exclusive breastfeeding during first six months for infant survival and development.

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

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

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

Indicator	Result (%)*
Exclusive Breastfeeding for the first six months	71.0%

Source of data:

- NFHS -5 Fact Sheet – Maharashtra.

Conclusion and Summary:

Only 71.0% of the children are being exclusively breastfed in the State. However, there is a distinct improvement from 56.6% in NFHS -4. Exclusive breastfeeding practice is being captured at Community level by AWW through POSHAN ABHIYAAN.

Gap:

Exclusive breastfeeding is not universalized in the state.

Recommendation:

1. All mothers should be counselled and supported during the first six months to practice exclusive breastfeeding.
2. The IMS Act should be strictly implemented in both public and private hospitals.
3. All the components of MAA programme should be effectively implemented including the monitoring and awarding of the health facilities.

Strict implementation of IMS ACT in both public and private hospitals is required.

INDICATOR 13

COMPLEMENTARY FEEDING at 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 solid 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	52.7%

Source of data:

- NFHS -5 Fact Sheet – Maharashtra.

Recommendations:

1. All mothers should be counselled and supported at 6-8 months to initiate complementary foods along with continued breastfeeding.

2. AWWs and ASHAs should utilize the contacts with mothers to during implementing the health and nutrition programmes like Home based Young Child Care, Poshan Abhiyan, MAA etc. to counsel and encourage mothers to practice appropriate complementary feeding.

All mothers should be counselled and supported at 6-8 months to initiate complementary foods along with continued breastfeeding

ANNEXURES

ANNEXURE 1

MINUTES OF THE CORE GROUP MEETING OF SBTi MAHARASHTRA ON ZOOM

Minutes of the Core Group meeting of SBTI Maharashtra - dated 21 Feb 2020 on Zoom :

1. The meeting was attended byDr.RupalDalal, Ms. Neha Arora, Ms. Sakshi Pandey, Mr. Tejas Suhas Muley, and Dr.Arun Gupta
2. The members were introduced to SBTiassessment and indicators and oriented regarding the method of assessment of Indicators.
3. The agenda of meeting was shared:
   a) Introductions and discussion on the SBTi Guide notes
   b) Facilitation and plan of assessment as per the guide book.
   c) Fixing responsibilities and work allocation.
4. The members had a discussion, and the agenda for the next core group meeting was finalized.

Minutes of the Core Group meeting of SBTi Maharashtra - dated 28 Apr 2020 on Zoom :

1. The meeting was attended by Dr.RupalDalal, Ms. Neha Arora, Ms. Sakshi Pandey, Mr. Tejas Suhas Muley, Dr. JP Dadhich
2. A presentation on SBTi assessment was made by Dr. JP Dadhich
3. Indicators were assigned to the core group members as follows:
   a. Indicator 1: State Policy, Governance, and Funding - Sakshi
   b. Indicator 2: Ten Steps to Successful Breastfeeding/ MAA Programme Implementation (BFHI) Indicator - Neha
   c. 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.Rupal
   d. Indicator 4: Maternity Protection - Dr.Rupal
   e. Indicator 5: Health and Nutrition Care Systems - Sakshi
   f. Indicator 6: Counselling services for the pregnant and breastfeeding mothers Indicator - Tejas
   g. Accurate and Unbiased Information Support -Tejas
h. Indicator 8: Infant Feeding and HIV - Neha
i. Indicator 9: Infant and Young Child Feeding during Emergencies - Doctors for you
j. Indicator 10: Monitoring and Evaluation - Sakshi

Minutes of the Core Group meeting of SBTi Maharashtra dated 11 Jul 2020 on Google Meet :

The meeting was attended by Dr.Rupal, Ms. Neha Arora, Ms. Sakshi Pandey, Mr. Tejas Sahas Muley, Dr. JP Dadhich

1. Indicators of breastfeeding - some questions need an interview with state official ICDS, Sakshi to draft letter and questions for it.
2. RTI for finance-related information from both departments need to be filed by Sakshi SBTI or with the help of BPNI
3. Neha to make notes and questions for Deepali to take with a state health official
4. Neha to review documents from Maharashtra State AIDS control society
5. Indicator 6: RTI to be filed to ICDS, Dr.Rupal to file, and Tejas to provide questions
6. Indicator 7: Need to file RTI for information on IEC, Dr.Rupal Dalal can file it,Tejas to provide questions
7. RTI response received, Deepali to provide translation and BPNI to send higher appeal as required
8. Dr.Rupal to check if Vaishali can continue working on Indicator related to- IYCF in emergencies
9. The indicators were redistributed among the core group members as per the discussion in the meeting

ANNEXURE 2

List of State Officials, experts and other partners with whom the draft report was shared for comments

S. No	Name	Designation
1.	Smt. I. A. Kundan	Secretary, Women and Child Development Department, Government of Maharashtra
2.	Smt Indra Mallo, IAS	Commissioner, Integrated Child Development Schemes Department, Government of Maharashtra
3.	Mr. Sanjeev Jadhav	Director, Rajmata Jijau Mother Child Health and Nutrition Mission, Government of Maharashtra
4.	Dr. Raju Manohar Jotkar, MD	Senior Consultant (Technical) Rajmata Jijau Mother Child Health and Nutrition Mission
5.	Dr. Pradeep Kumar Vyas	Principal Secretary, Department of Public Health, Government of Maharashtra
6.	Dr. Anup Kumar Yadav	Commissioner (Health Services) and Director NHM, Government of Maharashtra
7.	Dr. Nitin Ambadekar	Joint Director (Hospital-State Level) Directorate of Health Services, Government of Maharashtra, Mumbai,
8.	The Project Director	Maharashtra State AIDS control Society, Government of Maharashtra
9.	Dr. Tatyarao P. Lahane	Director of Medical Directorate of Medical Education, Maharashtra, Government of Maharashtra Education
10.	Dr. Ramaswamy.N	Commissioner (Health Services) and Director of Expeditions (RA) Commissionerate Health Services
11.	Shri Abhimanyu Kale, IAS	Commissioner FDA, Government of Maharashtra
12.	Prof. Satish B Agnihotri	Emeritus Fellow CTARA IIT Bombay; Former Secretary to Government of India
13.	Dr. Radha Ghildiyal	Head, Department of Paediatrics, Sion Hospital, Mumbai
14.	Dr. Raj Lakshmi Nair	Nutrition Specialist, UNICEF -Maharashtra
15.	Dr. Aparna Deshpande	Nutrition Officer UNICEF - Maharashtra
16.	Ms. Meha Tiwari	HCL Foundation, Associate Manager – North, Noida, Uttar Pradesh
17.	Dr. Ravikant Singh	Founder, Doctors for You

ANNEXURE 3

SBTi Colour Coding Guidelines for IYCF practice indicators

Indicator 11 (Initiation of breastfeeding within 1 hour)

Percentage	Colour-coding
0.1 - 29.0	
29.1 - 49.0	
49.1 - 89.0	
89.1 - 100	

Indicator 12 (Exclusive Breastfeeding for the first 6 months)

Percentage	Colour-coding
0.1 - 11.0	
11.1 - 49.0	
49.1 - 89.0	
89.1 - 100	

Indicator 13 (Complementary Feeding at 6-8 months)

Percentage	Colour-coding
0.1 - 59.0	
59.1 - 79.0	
79.1 - 94.0	
94.1 - 100	

Breastfeeding Promotion Network of India (BPNI)

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