



**Breastfeeding
Promotion Network of India**
(Registered Under Societies Registration Act
XXI of 1860, Delhi R-No S-23144)
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**Sh. Mansukh Mandaviya,
Hon'ble Minister,
MoHFW, Government of India
New Delhi.**

Email Id -hfm@gov.in

Hon'ble Sh. Mandaviya,

Congratulations for taking over as the new Union Health Minister. Under your leadership, we look forward to acceleration in efforts to improve nutrition of the newborn babies and infants towards reducing infant morbidity and mortality.

Please allow me to introduce myself, I am a senior pediatrician, working for the Breastfeeding Promotion Network of India (BPNI) for the past 30 years. The Government of India notified BPNI in the official gazette in 1995 to monitor the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003*. (IMS Act) (41 of 1992 and 38 of 2003). The MOHFW launched the Mothers Absolute Affection (MAA) programme in 2016 to increase breastfeeding rates in the hospitals, of which BPNI is a technical partner.

We hope you are aware that 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 is a stated national policy and helps in reducing the infant mortality. An international study estimates that India could prevent 100,000 child deaths and more than 37 million episodes of diarrhoea and pneumonia if breastfeeding were adequate. It adds billions of dollars in household costs and more than 100 million dollars in health care costs due to sickness. Other benefits include reducing obesity and increased IQ in children, reduced cancers and Type 2 diabetes in women who breastfeed.

In spite of these benefits, early Breastfeeding rates are falling in the hospitals (Between NFHS 4 (2015-16) and NFHS 5 (2019-20) in 17 States and 5 UTs, roughly accounting for half of India's population. It is a serious concern particularly during Covid and post Covid scenarios. It is learnt from reliable sources that babies born to Covid positive mothers are separated and kept away in the premier institutes in Delhi even as WHO and MOHFW recommends against it.

According to the NFHS-5 (2020) reports, It should also be noted that 88% women deliver in health facilities and ONLY 51% are able to breastfeed during the first hour of birth. You would agree that this gap must be reduced.

That's the precise reason to write to you and bring to your attention the findings from a new publication (attached), that show how BFHI- (equivalent to MAA Programme of MOH in India) has a tremendous value, as the Social Return on Investment (SROI) was 55:1-meaning that you spend 1 and earn 55. These findings call for scaling up investment in breastfeeding interventions in Indian hospitals that include

As a policy, BPNI does not accept funds of any kind from the companies manufacturing baby foods, feeding bottles etc. and from organization/industry having conflict of interest.



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lactation support staff, their capacity building, hospital data management and monitoring of early breastfeeding and skin to skin contact and use of supplements, monitoring and assessment of MAA programme in the hospitals with a repeated assessment every 3 years. Needless to say to be successful, it **requires a plan of action**. This study makes a compelling case for MAA programme to be **implemented with coordinated actions and backed by adequate funding**.

We understand that paediatric care units are being set up in 736 districts, within the new allocation of "India COVID-19 Emergency Response and Health Systems Preparedness Project: Phase-II" amounting to Rs. 23,123 Crore for FY 2021-22"

BPNI suggests to tap this funding scheme for creating a support system for breastfeeding women in the hospitals and in the community at block level. This will create a "preventive net". Government of India would need to allocate specific resources for this.

BPNI suggests specific allocation of funding for public hospitals with maternity services to be about INR 5 lakh per annum. Private hospitals could spend from their own budgets, and MOHFW could issue a direction to achieve the desired outcome. Additionally, allocate INR 1 Crore for each district for strengthening activities at block level.

The vision would be to progressively make all hospitals with maternity services and neonatal care units baby friendly, that fully implement the MAA programme and WHO's 'Ten Steps to Successful Breastfeeding'.

With this request for action, we request for an appointment with you for a delegation of the group of pediatricians and public health experts to present this evidence-based intervention to you and seek your support for this cause.

With kind regards and looking forward to a positive response,

Sincerely Yours,

Dr. Arun Gupta MD (Ped) FIAP
Central Coordinator, BPNI