



State Breastfeeding Trends Initiative

Moving from Paper to Practice : Assessing the Status of Infant and Young Child Feeding in the states/districts/blocks of India

A TOOL for assessing policy and programmes that support women for breastfeeding and rates of optimal infant and young child feeding practices at State Level/District Level /Block Level

Based on WHO's Tool for national assessment of policy and programmes & derived from The World Breastfeeding Trends Initiative (WBTi) developed by International Baby Food Action Network Asia (IBFAN Asia)

Developed by:

Breastfeeding Promotion Network of India, BPNI & International Baby Food Action Network, IBFAN

Endorsed by:

National Institute of Public Cooperation & Child Development

INTRODUCTION

Rationale

The Planning Commission, Government of India has been focusing considerably on nutritional status of Women and Children through the concerned sectors over the past decade of 10th and 11th five-year plans. The 12th five year plan beginning 2012 has made a clear reference to improving Optimal Infant and Young Child Feeding Practices especially exclusive breastfeeding for the first six months, continued breastfeeding for 2 years or beyond, and timely and appropriate complementary feeding after six months along with continued breastfeeding.

The National Nutrition Policy advocates a comprehensive inter-sectoral strategy for alleviating the multifaceted problem of under nutrition and achieving an optimal state of nutrition for all sections of society. However, the available data from NFHS- 3, clearly indicates that in India, initiation of breastfeeding within one hour is 23% exclusive breastfeeding among infants in the age group of 0-5 months is only 46% and timely introduction of complementary foods is 55% in the age group of 6-9 months with substantial interstate disparities and regional variations. The district level health and facility survey (DLHS 3) have shown improvement in initiation of breastfeeding (40.5%) but exclusive breastfeeding has not improved at all. Steps taken for the protection and promotion of the practice of breastfeeding include enactment of the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 and a National Guidelines on infant and young child feeding.

The Tenth Plan period, emphasized on spreading these messages and even set some goals related to Infant feeding and 12th Plan is underway to follow the recent World Health Assembly resolution 65.6 adopting the Comprehensive Implementation Plan on Maternal Infant and Young Child Nutrition that sets out at least one indicator to go up by 50% by 2025 that is exclusive breastfeeding for the first six months.

It is important to assess the present situation and prepare baseline data on policy and programmes on Breastfeeding and Infant and Young Child Feeding (IYCF) in every state of India, in order to implement effective changes. The state of policy and programmes that contribute to the practices becomes an important activity to document. With this in view, Breastfeeding Promotion Network of India (BPNI), has developed a TOOL with an

objective to assess the present status of infant and young child feeding and monitor the progress and stimulate action at the State/District level in the country in relation to the National Guidelines on infant and young child feeding (IYCF) under the overall framework of the Global Strategy for Infant and Young Child Feeding, which was adopted at the World Health Assembly in May 2002 and by the UNICEF Executive Board in September 2002. The tool assists in documentation of the data on programmes and policies and is followed by local action to call for change and track the progress over coming years by study of trends in change over 3-5 years.

Why gather this information?

Information gathered on these sections will help identify gaps in the current programmes, thus, will assist States/Districts/Blocks in knowing how well they are doing in meeting these key intervention targets. This will be very useful in formulating a plan for strengthening infant and young child feeding policies and programmes. If decision-makers are engaged in making an assessment of their own policies and programs they are much more likely to accept the results and take the actions needed to rectify the identified lacunae.

Who can make use of the findings?

The results of the assessment can be used by policy-makers at State/ National level, programme managers in child health /Nutrition, NGOs, UN agencies and others who wish to implement interventions to improve breastfeeding and infant and young child feeding rates. Donors may use these findings of assessment in allocation of adequate resources to allow funding streams towards improving breastfeeding rates. Media can also make use to create wider awareness.

Aim

The aim of the present assessment is to find out how a State is working on implementing the National Guidelines on Infant and Young Child Feeding, and call for change to improve child health and Nutrition outcomes.

The Objectives

- i) To assess the breastfeeding and infant feeding policy, programme and practices in State/Districts/Blocks of India.
- ii) To determine the gaps and weaknesses, define the areas that need more resources and improvements.
- iii) To initiate action and calls for change

The Assessment tools and process

Part 1. Tools for assessing Infant and Young Child Feeding Policy and Programmes

As the National Guidelines on Infant and young child feeding call for wide-spread action in the following areas,

- a. ***At Policy level-*** State/District/Block Policy, programme and coordination, plan of action, funding, implementing *the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992*, and Amendment Act 2003, Maternity Benefit Act to provide Maternity Protection
- b. ***At Services Level (at health facility)-*** Interventions to improve standard of care in health facilities beginning at birth of the baby to 2 years, (earlier 10 Steps of the Baby Friendly Hospital Initiative), pre-service education, in-service training etc.
- c. ***At Community/Family Level-*** Community Outreach initiatives and information support on breastfeeding and IYCF, community level provision of skilled counselling on infant and young child feeding and [growth monitoring]; monitoring, supervision and evaluation of programmes.
- d. **Special situations like Infant Feeding during disasters and HIV**

Part 2. Tool for assessing Infant and Young Child Feeding Practices

This part of the tool deals with five indicators of the infant and young child feeding practices, i.e. Initiation of breastfeeding within one hour, Exclusive breastfeeding for the first six months, complementary feeding from 6-9 months. Two indicators are a part of the global parameters i.e. median duration of breastfeeding and bottle- feeding. These can be taken from secondary data of the scope of the state or a district or even a block.

HOW TO DO AN ASSESSMENT

Part 1: It requires a core group of few people who are responsible or involved in the subject of child health/Nutrition or IYCF. The group has to study policy documents, find out what new has happened, may interview responsible offices to find out information about policy and programmes, and finally list the gaps that exist. Once the group agrees and achieves a consensus on these findings they together develop set of recommendations and document the whole process and findings. They call for change from the authorities.

Part 2 refers to data on infant and young child feeding practices; this is specific numerical data that is available for the State or district from the respective governments. This could be based on NFHS or DLHS data. The core group should use the secondary data in its report and NOT carry out new household surveys. Source of data is to be recorded.

Documents that may be very helpful in this process include:

- NFHS –I, II &III, IIPS Mumbai.
- DLHS 1,2,3
- AHS 2011
- Studies undertaken by concerned departments/ Technical & academic Institutions/NGOs at the State /District/Block level.
- Annual reports of MOWCD, and MOHFW and their respective departments at the state level
- Internal evaluation reports of ICDS or NRHM

HOW to STUDY TRENDS?

It is recommended to use the Tool periodically as repeated use of the ***Tool*** would be helpful to:

- Track trends on the various indicators for infant and young child feeding policy, programme and their practices
- Assess progress on implementing the plan for Infant and Young Child Feeding
- Identify areas that still need improvement, that can help guide the planning process at all levels and development of periodic action plans.
- Advocacy for Future

Part 1

Tool for assessing Infant and Young Child Feeding Policies and Programmes:

Part 1: The Infant and Young Child Feeding Policy and Programmes

At policy level:

- State Policy, Programmes and Coordination
- Implementing Infant Milk Substitute Act and its Amendments
- Implementation of the Maternity Benefits Act for Protecting and Supporting Breastfeeding among Working Mothers.

At Services level:

- Health Facility is supporting Breastfeeding or is Baby friendly
- Health and Nutrition Care Support

At Community Level

- Monitoring and Evaluation
- Community Initiatives Information Support for the pregnant and breastfeeding mothers

Special Situations

Infant Feeding during Disasters and HIV

GUIDELINES FOR RATING

Part 1: The Infant and Young Child Feeding Policy and Programmes

Score	Rating
0-4	Red
5 –6	Yellow
7-8	Blue
9-10	Green

THE INFANT AND YOUNG CHILD FEEDING POLICY AND PROGRAMMES:

Indicator 1: State /District/Block Policy, Programme and Coordination

KEY QUESTION: Is there a plan for State/District infant and young child feeding/ breastfeeding policy that protects, promotes, and supports optimal infant and young child feeding?

Rationale: The National guidelines for Infant and Young Child Feeding calls for urgent action from all member states to develop, implement, monitor and evaluate a comprehensive policy on IYCF. It is recommended that all governments have national breastfeeding committee and coordinators as established mechanisms to protect, promote and support breastfeeding.

Subset of Questions & Scoring	
Indicator 1: State/District Policy, Programme and Coordination	
Criteria	Score <i>Circle all that apply.</i>
1.1 Has a State/District infant and young child feeding/breastfeeding policy been officially adopted/approved by the government?	1
1.2 Does the policy promote exclusive breastfeeding for first six months and appropriate and adequate complementary feeding thereafter along with continued breastfeeding for two years or beyond?	1
1.3 Has a State/District/Block Plan of Action (that includes training of all frontline workers and IEC to educate the public) been developed along with the policy?	2
1.4 Has the above plan been adequately and dedicated funding?	2
1.5 Is there a State/District/Block breastfeeding (infant and young child feeding) committee or coordination mechanism?	1
1.6 Does the committee meet and review on a regular basis- (quarterly/six monthly/yearly)?	1
1.7 Is there a State/District/Block coordinator heading the committee with clear terms of reference?	1
2 1.8 Does the committee effectively link with all relevant sectors like health, nutrition, information, water and sanitation, and mother support groups? *	1
Total Score:	___/10

Information Sources Used:

Indicator 2: Implementing the Infant Milk Substitute (IMS) Act

Key Question: Is the IMS Act in place and implemented? Has any new action been taken to give effect to the provisions made in the Act?

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 a law known as the Infant Milk substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act). This Act was further strengthened in 2003, in light of new health and development issues raised in recent World Health Assembly resolutions and to close loopholes in the earlier Act, which were continuously exploited by baby food manufacturers. This is known as the Infant Milk substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003 (IMS Act)

Subset of Questions & Scoring	
Indicator 2: Implementing the Infant Milk Substitute Act	
Criteria	Score
	<i>Circle whichever statement(s) apply. If more than one is applicable, record the highest score.</i>
2.1 Are the state/district/block authorities aware of the IMS Act to protect breastfeeding?	1
2.2 Is IMS Act added as a part of the curriculum for health functionaries?	1
2.3 Is there a reporting system for the violations of the IMS Act at the state/district/block level?	1
2.4 Are there any Government agencies/NGOs notified for monitoring the Act and its effective implementation in the State/District/Block?	1

2.5 Has there been any violations reported under the Act? (like sponsorships/advertisements etc.) If yes, what is the number of violations reported in last one year _____	1
2.6 Has any action taken against non-compliance of the Act?	1
2.7 Is there any documentation regarding the Act in last one year?	1
2.8 Are public awareness programmes on the provisions of the IMS Act conducted regularly (at least once in a year)?	1
2.9 Are health workers trained with responsibility towards IMS Act implementation as a key input?	1
2.10 Are state/district/block authorities aware of major provisions of the Cable Television Networks (Regulation) Amendment Act, 2000 which bans advertising of infant milk substitutes and infant foods through electronic media?	1
Total Score:	___/10

Information Sources Used:

Indicator 3: Maternity Benefits for Protecting & Supporting among working mothers

Breastfeeding

Key Question: What are the Maternity Benefits available for working mothers?

Rationale: It is a challenge for the country 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 six months. Thereafter, they should continue to breastfed while receiving appropriate and adequate complementary foods for upto two years of age and beyond. The two primary acts dealing with Maternity benefits in India are the Maternity Benefit Act (1961) and the Employees State Insurance Act (1948) which takes into consideration the measures to protect breastfeeding women in commerce and industry outlined by ILO. Maternity Protection Convention (MPC) 183 specifies that women should receive:

- At least 14 weeks of paid maternity leave to all women workers
- One or more paid breastfeeding breaks daily or daily reduction of hours of work to breastfeed
- Job protection and non-discrimination for breastfeeding women workers.

In 2008, in 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, the Central Government adopted the recommendations of the Sixth Pay Commission and gave a generous allowance of 180 days of maternity leave on full pay and in addition paid Child Care Leave for a period of 2 years as part of maternal entitlements to its women employees; a few state governments have followed this precedent. These entitlements, however, can be accessed by a miniscule fragment of women. However, there is still today no legislation guaranteeing maternity entitlement to women working outside formal sector in India.

Subset of Questions & Scoring

Indicator 3: Maternity Benefits for Protecting & Supporting Breastfeeding among Working Mothers

Criteria	Score
	<i>Circle all that apply</i>
3.1 Women covered by the legislation are allowed maternity leave for	
a. 90 days	1
b. 135 days	2
c. 135 days and above	3

	d. D. No maternity leave	- 2
3.2	Women covered by the legislation are allowed at least one breastfeeding break Women are not provided any breastfeeding breaks	1 -1
3.3	Benefits of Paternity leave are provided	1
3.4	Benefits of Paternity leave are provided in private sector a. Adequate b. Somewhat Adequate c. Inadequate	1 0.5 0
3.5	Private sector employers of women in the state/district give at least 12weeks paid maternity leave and paid nursing breaks.	1
3.6	Women in informal/unorganized sector are provided same protection as in organized sector If yes, list measures taken	2
3.7	Women in informal/ unorganized sector are given breastfeeding breaks	1
Total Score:		____/10

Additional Information

List duration of paid leave: _____

Information Sources Used:

Indicator 4: Health facility is supporting Breastfeeding or is Baby Friendly

Key Questions

1. According to Ten Steps of BFHI, what percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly"?
2. What is the status of quality of training inputs and sustainability of BFHI?

Rationale: UNICEF and WHO launched BFHI as a part of global efforts to protect, promote and support breastfeeding with the objective to focus on the needs of the mother and her newborn. To be designated as baby-friendly, every facility providing maternity service and care of newborn must practice the ten steps to successful breastfeeding developed by WHO. To implement the initiative of BFHI in India, a National/State Task Force was established in early nineties with the aim to assess hospitals conformity with baby friendly criteria, identify lead training facility and certify and designate hospitals that conform to nationally approved criteria. The Tool focuses on both quantitative and qualitative aspects of BFHI. It looks at the percentages of hospitals and maternity facilities designated BFHI and also at the programme quality e.g. skilled training inputs in BFHI, which is key to sustaining it, and how it is monitored and evaluated.

Subsets of Questions and Scoring	
Indicator 4:	
Baby Friendly Hospital Initiative and its sustainability	
4A) Quantitative	
4.1. What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" or support breastfeeding	
Percentage	SCORE (circle "one" that apply)
<3%	0
3% - 7%	1
8% - 49%	2
50% - 89%	3
90% - 100%	4
Score of BFHI quantitative achievements:	___/4

4B) Quality of training curriculum	
4.2) What is the % of skill training input to the health workers at the facility?	
Percentage	SCORE (circle "one" that apply)
< 10%	0
10-25%	1
26-50%	2
51 -75%	3
75% and more	4
Score of BFHI qualitative achievements:	___/4

4C) Qualitative	
What is the quality of services at the health facility designated as baby friendly or support breastfeeding	
	Score
4.3 It relies on training of health workers	0.5
4.4 Data/information collected on initiation of breastfeeding	0.5
4.5 Refuse to accept, market, distribute or promote breastmilk substitutes, bottles and artificial nipples	0.5
4.6 Monitoring and evaluation system is in place	0.5
Total Score.	___/2
Total Score 4A, 4B and 4C	___/10

Additional Information:

- i. Names of organizations providing skilled training:

- ii. Number of lactation management courses organized in last
 - One year
 - Two years
 - Five years
- iii. Which department within the organization is involved in training?

Information Sources Used:

Indicator 5: Health and Nutrition Care System Support

Key Questions: Do health and nutrition care workers undergo *Skill training*, and does their pre-service education curriculum support optimal infant and young child feeding; do these services support birth practices, do the policies of health care services support mothers and children, and are health workers' responsibilities to IMS Act in place?

Rationale: The National Guidelines on Infant and Young Child Feeding indicates clearly how to achieve its targets. It has been documented that curriculum of health providers is weak on this issue. And it is also seen that many of these health and nutrition workers lack adequate skills in counseling for infant and young child feeding which is essential for the success of breastfeeding. Some modifications have been introduced in the medical and health personnel curriculum, which relate to breastfeeding counseling and complementary 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 counseling, lactation management, and infant & young child feeding into their care. The topics can be integrated at various levels during education and job. Therefore the total programme should be reviewed to assess this.

Subsets of Questions and Scoring	
Indicator 5: Health and Nutrition Care System	
Criteria	<i>Score</i> (Circle one number for each row.)
5.1 A review of health provider schools & pre-service education programmes in the state/district indicates that infant & young child feeding curricula or session plans are adequate/inadequate (<i>Adequate = sufficient time for gaining knowledge and skill practice</i>)	Adequate : 2 Inadequate: 1 No reference: 0
5.2 Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing	Yes : 2 No : -1 No reference: 0

	maternity care.	
5.3	There are in-service training programmes providing knowledge and skills related to infant & young child feeding for relevant health/nutrition care providers.*	Yes : 2 No : - 1 No reference: 0
5.4	Health workers are trained with responsibility towards IMS Act implementation as a key input.	Yes : 1 No: -1 No reference: 0
5.5	Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, ICDS, family planning, nutrition, the Code, HIV/AIDS, etc.) (<i>Adequate = sufficient time and practice for gaining knowledge and skill</i>)	Adequate : 1 Inadequate: 0.5 No reference: 0
5.6	These in-service training programmes are being provided throughout the State to all care providers	Yes : 1 No : -1 No reference: 0
5.7	Health systems allow mothers and babies to stay together when one of them is sick	Always : 1 Sometimes: 0.5 No: -1 No reference: 0
	Total Score	___/10

* The healthcare providers should include functionaries that care for mothers and children at the grassroots level such as MOs, LHVs, ANMs, AWWs, ASHAs, Yashoda, Mamta, TBAs etc.

Information Sources Used:

Indicator 6: Monitoring and Evaluation

Key Question: Are monitoring and evaluation data routinely collected and utilized for the improvement of 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 in MPRs, MIS and HMIS. Monitoring or management information system data should be collected systematically and considered by programme managers as part of the management and planning process. It is important that strategies be devised to help insure that key decision-makers receive important evaluation results and are encouraged to use them.

Subset of Questions & Scoring			
Indicator 6: Monitoring and Evaluation			
Criteria	<i>Circle one score for each subset question</i>		
	Yes	To some degree	No
6.1 Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
6.2 Monitoring or management information system (MIS) data are considered by programme managers as part of the planning and management process.	2	1	0
6.3 Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
6.4 Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers, both at national and regional/local levels.	2	1	0
6.5 Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
Total Score:			_____/10

Information Sources Used:

BPNI Draft 2016 for Indian States

Indicator 7: Community Initiatives and Information Support for the pregnant and breastfeeding mother

Key Question: Are there services and support mechanisms in place to protect, promote and support optimal infant and young child feeding?

Rationale: Outreach and support to women in communities is essential for succeeding in optimal breastfeeding practice. The activities in this include individual or group counseling, home visits or other locally relevant activities as long as these ensure access of infant and young child feeding counseling services to all women. It is essential to have a look at the existing services and community support systems and build in them the infant and young child feeding services for provision of counseling. Women who deliver in hospitals also need continued support in the community otherwise it is likely they will quit exclusive breastfeeding. In fact community support should be available for all members of the family including father and grandmother of the baby.

Subset of Questions & Scoring			
Indicator 7: Community Initiatives & Information Support for the pregnant and breastfeeding mother			
Criteria	Circle one score for each subset question		
	Yes	To some degree	No
7.1. Women access counseling services on infant and young child feeding at the community level during pregnancy	1	0.5	0
7.2 Women access infant and young child feeding counseling after birth	1	0.5	0
7.3 Women access skilled counseling and support at lactation clinics for feeding problems	1	0.5	0
7.4 Community Health Workers are trained in skills required for counseling	1	0.5	0
7.5 Self help groups/Mahila mandals are active at the district/block level for community support on infant	1	0.5	0

feeding			
7.6 An IEC campaign or programme ¹ using electronic, print and event media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months.	1	0.5	0
7.7 IEC programmes (either governmental or non-governmental) that include optimal infant & young child feeding are being actively implemented at district/block and local levels as well.	1	0.5	0
7.8 Individual counseling and group education services related to infant and young child feeding are available and accessed within the health/nutrition care system or through community outreach.	1	0.5	0
7.9 The content of IEC messages is technically correct, sound, based on national or international guidelines.	1	0.5	0
7.10 IEC material is readily available at all levels	1	0.5	0
Total Score	-----/10		

Information Sources Used:

Indicator 8: Infant Feeding During Special Situations Including Disasters & HIV

Key Question: Are appropriate policies and programmes in place to ensure that

- the mothers with HIV are informed about the risks and benefits of different infant feeding options and supported in their infant feeding decisions? And
- the mothers, infants and children will be provided adequate protection and support for appropriate feeding during Disaster

Rationale: The risk of HIV transmission through breastfeeding presents policy makers, infant feeding counselors and mothers with a difficult dilemma. They must balance the risk of death due to artificial feeding with the risk of HIV transmission through breastfeeding. Other factors must be considered at the same time, such as the risk of stigmatization (if not breastfeeding signals the mother's HIV status), the financial costs of replacement feeding and the risk of becoming pregnant again. Policies and programmes like PPTCT to meet this challenge should provide access to HIV voluntary and confidential counseling and testing (VCCT) and, for HIV-positive mothers, counseling on infant feeding options. Safeguards should be in place to protect, promote and support breastfeeding in the rest of the population.

Infants and young children are among the most vulnerable groups in disaster conditions. Interruption of breastfeeding and inappropriate complementary feeding increase the risks of malnutrition, illness and mortality.

GUIDELINES FOR SCORING			
Criteria	<i>Circle one score each row</i>		
	Yes	To some degree	No
▪ The State/ district/block has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0
▪ The infant feeding and HIV policy gives effect to the National Legislation	1	0.5	0
▪ The PPTCT centers and Counselors' are in place	1	0.5	0

<ul style="list-style-type: none"> ▪ Health staff and community workers receive training on HIV and infant feeding, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counseling and support. 	1	0.5	0
<ul style="list-style-type: none"> ▪ Antenatal VCTC is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners. 	1	0.5	0
<ul style="list-style-type: none"> ▪ Mothers are supported in their infant feeding decisions with further counseling & follow-up to make the implementation of these decisions as safe as possible. 	1	0.5	0
<ul style="list-style-type: none"> ▪ Special programmes are organized to counter misinformation on HIV and infant feeding and to promote, protect and support breastfeeding in the community. 	1	0.5	0
<ul style="list-style-type: none"> ▪ A contingency plan has been developed to undertake activities during disaster to facilitate exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding. 	1	0.5	0
<ul style="list-style-type: none"> ▪ Appropriate content on infant and young child feeding during disaster has been integrated into pre-service and in-service training for emergency management and health care personnel. 	1	0.5	0
Total Score:	____/10____		

Information Sources Used:

SUMMARY OF ACHIEVEMENTS

Indicators	Score (out of 10)	Color Rating
1. STATE/DISTRICT/BLOCK POLICY, PROGRAMMES and COORDINATORS		
2. IMPLEMENTING IMS ACT AND ITS AMENDMENTS		
3. MATERNITY BENEFITS FOR PROTECTING AND SUPPORTING BREASTFEEDING AMONG WORKING MOTHERS		
4. BABY FRIENDLY HOSPITAL INITIATIVE AND ITS SUSTAINABILITY		
5. HEALTH AND NUTRITION CARE SUPPORT		
6. MONITORING AND EVALUATION		
7. COMMUNITY INITIATIVES and Information Support for the pregnant and breastfeeding women		
8. INFANT FEEDING DURING SPECIAL SITUATIONS LIKE HIV AND DISASTER		

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

BACKGROUND DATA

This section on “Background Data” asks for information on key indicators that should help provide a better understanding of the health, nutritional and economic context which both influences and is influenced by infant feeding practices and programming.

Background indicator		Source?
1. Population (in thousands) % Urban % Rural	_____ _____% _____%	
2. Infant Mortality Rate (IMR) (per 1000)	_____	
3. Maternal Mortality Rate (MMR)/Neonatal Mortality Rate (NMR)		
4. Underweight (under-fives)	_____ %	
5. Wasting (under-fives)	_____ %	
6. Stunting (under-fives)	_____ %	
7. Households with Clean Water Supply	_____ %	
8. Households with clean functional sanitation facility		
9. Diarrhea Disease Rate 0 – 5.11 months 6 – 11.9 months	_____% _____%	
10. ARI Rate 0 –5.11 months 6 – 11.9 months	_____% _____%	
11. HIV Prevalence	_____ %	

Part 2

Tools for assessing Infant and Young Child Feeding Practices

Part 2: Infant and Young Child Feeding Practices

-Initiating Breastfeeding Within One hour
-Exclusive Breastfeeding For first Six Months
-Complementary Feeding at 6-9 months of age

Indicator 9: Early Initiation of Breastfeeding

Key QUESTION: What Percentage of Babies Breastfeed Within One Hour of birth?

RATIONALE

Early initiation of breastfeeding benefits both mother and the infant. Ideally breastfeeding should be initiated within one hour of birth instead of waiting several hours as is customary.

Early breastfeeding helps better temperature control of the newborn baby and reduces the chances of postpartum bleeding in mothers and helps in delay of next pregnancy thus contributing to population control. Although there is little milk at that time, it helps to establish exclusive breastfeeding early and a close mother child relationship. The first breastmilk should be given to the child as it provides natural immunity to the child and is specifically good for Low birth weight babies. If the mother has had a cesarean section the baby should be offered breast when she is able to respond and it happens within few hours of the general anesthesia also. Mothers who have undergone cesarean sections need extra help with breastfeeding otherwise they initiate breastfeeding much later. Optimally, the baby should start to breastfeed before any routine procedure (such as bathing, weighing, umbilical cord care, administration of eye medications) is performed.

Information Source Used:

COVERAGE OF STUDY: State National Local

GUIDELINES FOR INDICATOR 9	
Initiating Breastfeeding within one hour	
Percentage of babies breastfed within one hour of birth: _____ %	
Percentage	Color coded SCORE
0% - 29%	Red 2.5
30% - 49%	Yellow 5
50% - 89%	Blue 7.5
90% - 100%	Green 10
Rating Early Initiation of Breastfeeding : _____	

ADDITIONAL INFORMATION (Not To Be Rated)

- i. Percentage of babies breastfed within 1 day: -----
- ii. Percentage of C Section babies breastfed within Four-Five Hours: -----

Indicator 10: EXCLUSIVE BREASTFEEDING FOR the FIRST SIX MONTHS

QUESTION: What Percentage of babies (0-6 months) are exclusively breastfed in the last 24 hours?

RATIONALE

Babies should be breastfed exclusively for first 6 months of age and they need not be given any other fluids, fresh or tinned milk formulas as this would cause more harm to babies and replace precious breastmilk.

In India, breastfeeding is quite common for every young child, yet at 0-1 months, many infants are given water and other supplements. After the World Health Assembly (WHA) in May 2001 formally adopted the recommendation of the Expert Consultation "exclusive breastfeeding for the first 6 months" through a Resolution 54.2 /2001 and adopted it in Global Strategy for Infant and Young Child Feeding, India has laid major focus on promotion of exclusive breastfeeding in the first Six months during the Tenth Plan period.

Information Source Used:

COVERAGE OF STUDY: State National Local

GUIDELINES FOR Indicator 10	
Exclusive Breastfeeding for First six Months	
Percentage of babies 0 < 6 months of age* exclusively breastfed	
_____ %	
Percentage	Rating
0% - 11%	Red 2.5
12% - 49%	Yellow 5
50% - 89%	Blue 7.5
90% - 100%	Green 10
Rating on Exclusive Breastfeeding for first 6 months:	

*If data is available for 0-3 months and 4-6 months ,average may be taken or specific period for which the data is available should be mentioned.

ADDITIONAL INFORMATION (Not To Be Rated)

- i. Percentage of receiving Supplements in hospitals -----

Indicator 11. COMPLEMENTARY FEEDING

Key QUESTION: What percentages of babies are receiving complementary foods at 6-9 months of age along with continued breastfeeding?

RATIONALE

As babies grow continuously, they need additional nutrition along with continued breastfeeding. After 6 months of age, additional foods rich in protein and other nutrients known as Complementary Foods should supplement breast milk. Complementary feeding should be adequate, safe and appropriate. It should begin with locally available indigenous foods, which are affordable and sustainable. A baby should be offered 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 along complementary feeding . Complementary feeding is also important from the care point of view. Active feeding should be practiced i.e. the caregiver should continuously interact with the baby and take care of hygiene during cooking and feeding the baby to keep it safe.

Information Source Used::

COVERAGE OF STUDY: State National Local

GUIDELINES FOR Indicator 11	
Complementary Feeding	
Percentage of breastfed babies receiving complementary foods at 6 – 9 months of age along with continued breastfeeding:	
..... %	
Percentage	Rating
0% - 59%	Red2.5
60% - 79%	Yellow 5
80% - 94%	Blue7.5
95% - 100%	Green10
Rating on Complementary Feeding at 6-9 months:	

SUMMARY OF INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES

IYCF Practices	Result	Score	Color Rating
Initiating Breastfeeding within one hour	_____ %		
Exclusive Breastfeeding for first 6 months	_____ %		
Complementary Feeding	_____ %		
TOTAL SCORE For Infant and young child feeding practices			

Summary of Results and Recommendations

In this summary sheet analysis is done based on what are the SCORES and RATING and where your State/District stands in terms of infant and young child feeding practices individually or combined. You may identify the gaps, find out reasons and draw a list of recommendations for your State/District.

Summary of Results and Recommendations

Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed and recommendations for action.