

**Centre-staging infant nutrition for infant survival and development**  
**A Joint Statement on Infant and Young Child Feeding**



*Planning Commission, Government of India, 29- 12- 2006*

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Regional coordinator IBFAN Asia Pacific  
on behalf of 16 partner organizations



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## Outline

- Objectives
- Role of optimal breastfeeding in infant survival and development
- Criticality of infancy and feeding practices
- Current status in 11<sup>th</sup> plan, programmes
- Global and national consensus for action and research support
- What India can do?
- Summary and Conclusions

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## Objectives

- To seek center-staging infant nutrition and survival with a focus on early and exclusive breastfeeding in the 11<sup>th</sup> plan [document]
- To share how focus on infant nutrition , enhancing exclusive breastfeeding can help rapid achievement of 11<sup>th</sup> plan goals and MDG-4 on infant and child survival.
- To present 'Joint statement on infant and young child feeding' adopted by 16 organisations because of a serious concern that action is needed, and that too on a universal scale.
- To discuss action points and seek commitments from the planning commission

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# Optimal Infant and Young Child Feeding



- Starting breastfeeding within one hour of birth
- Exclusive breastfeeding for the first six months
- Introducing appropriate and adequate complementary feeding after 6 months along with Continued breastfeeding for two years or beyond



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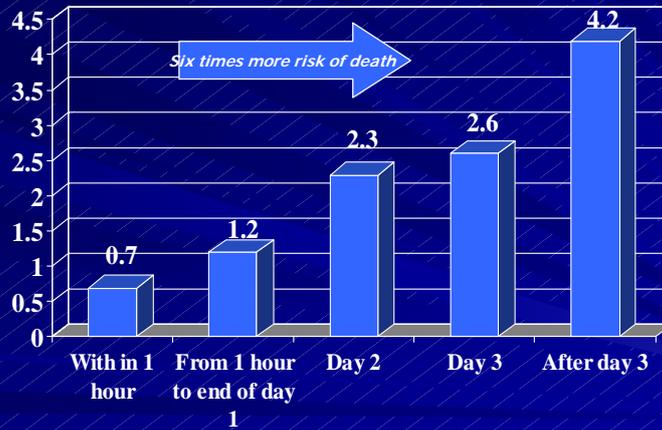
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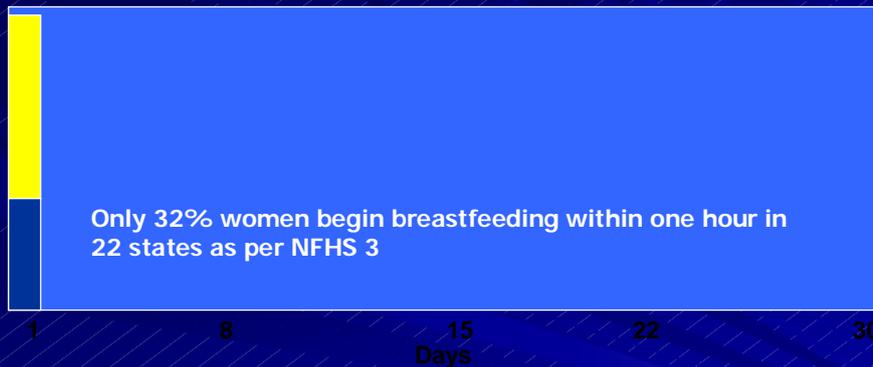
## Risk of neonatal mortality according to time of initiation of breastfeeding



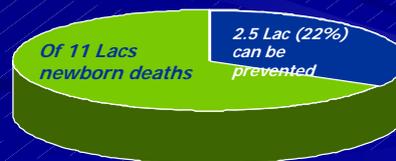
12/28/2006 *Pediatrics* 2006;117:380-386 Dr. Arun Gupta



## The First Hour Magic



*Pediatrics* 2006 : This effect is independent of exclusive breastfeeding and new estimates even say reduction could be 31%

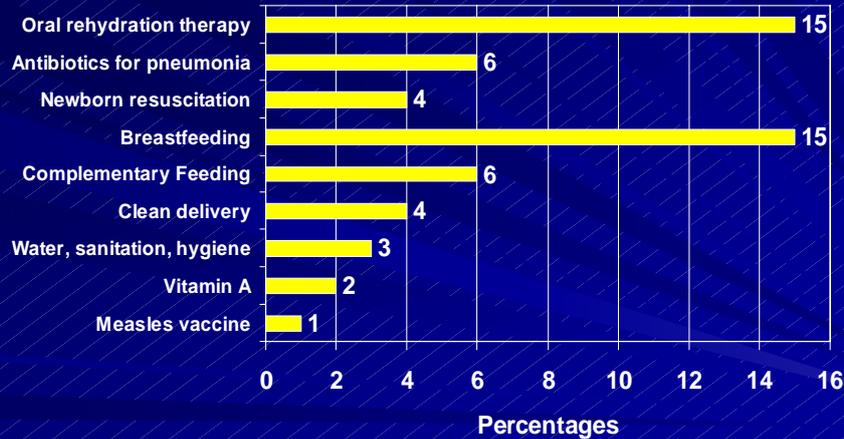


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## Lancet; 2003 U-5 child deaths (%) saved with key interventions in India



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## Breastfeeding enhances brain development

- Brain develops in first two years the most
  - Enhances IQ,
  - Visual acuity,
  - Mathematical abilities and analytical capacity
- India's national IQ and intellectual capacity, brain power, international competitiveness
- 11<sup>th</sup> Plan Objective: Child Nurture :Starting Right**
- Breastfeeding provides a head-start**



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## Breastfeeding and poverty reduction

- Rs 450 : 3 month old for artificial feeding  
*(EPW 1993 Jon Rohde and Gupta A)*
- Spending on artificial feeding and resultant sickness perpetuates poverty
- Rural area need revitalization and protection

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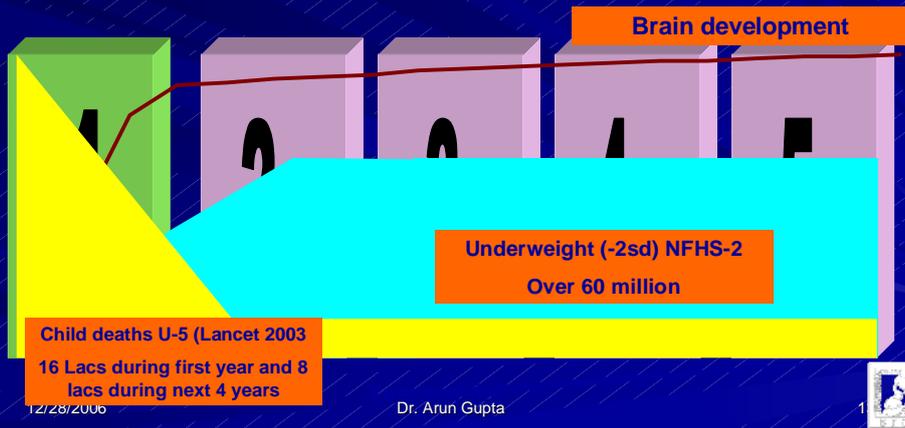
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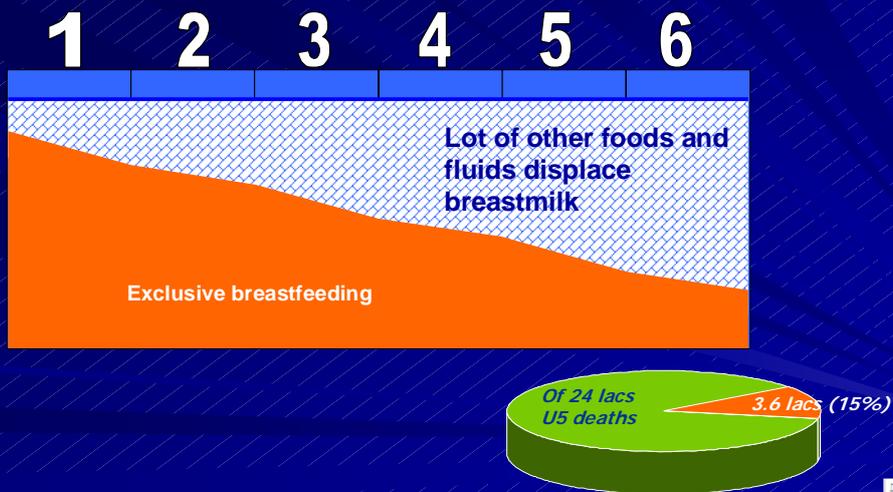


# First year is critical!

Malnutrition strikes the most in infancy beginning in 3-4<sup>th</sup> month, 11-12 % at 0-6 months reaches 37% at 12 months, peaks by 23 months, then flat.



# Deficits in nutrition inputs First Six months



## Deficits in nutrition inputs 7-12 months

7 8 9 10 11 12



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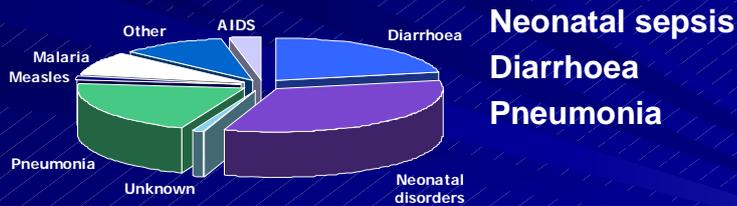
- Objectives
- Role of optimal breastfeeding in infant survival and development
- Criticality of infancy and feeding practices
- Current status, 11<sup>th</sup> plan and programme response
- Global and national consensus
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# Three Major Killers in India

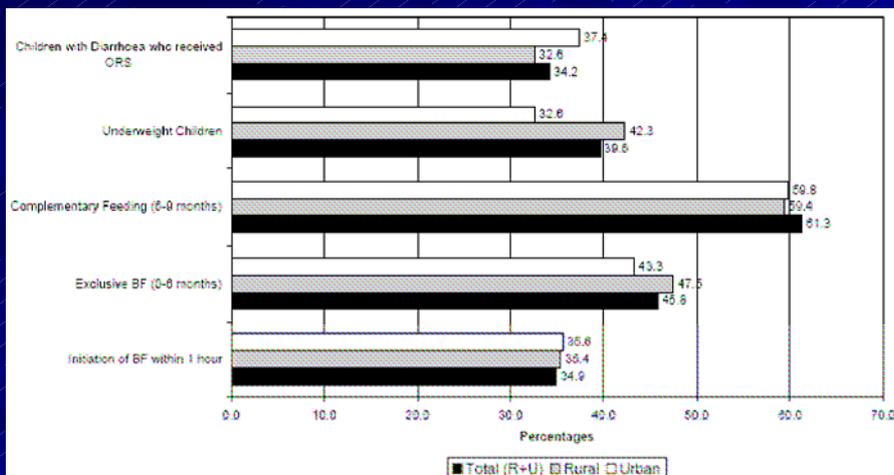


*Breastfeeding is the No. 1 preventive intervention compared to any other intervention  
Lancet Series on child survival, and now on newborn survival : 2003 and 2004*

12/28/2006 Source: Robert et al. LANCET 2003;361:2228-34



## Status of infant Health Nutrition and Development (NFHS-3)

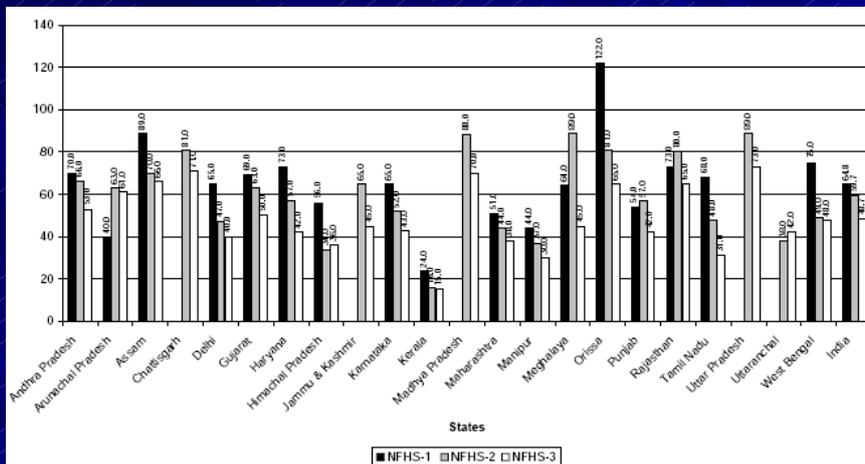


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# Infant Mortality Rates (NFHS-3) – 22 states

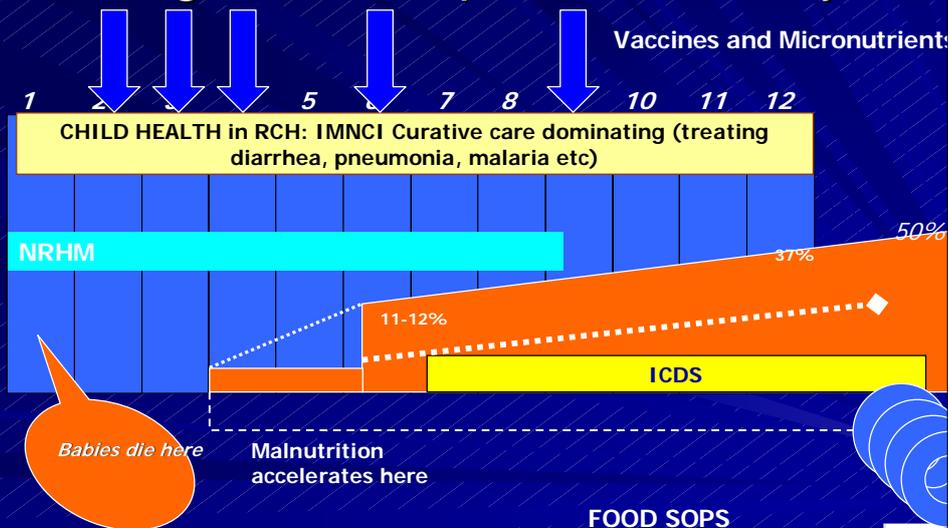


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# Programme response in infancy



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*Breastfeeding is everyone's yet no one's responsibility*

## Monitorable Socio-Economic Targets of the 11th Plan

(APPRAOCH PAPER NOV 2006)

- Reduce malnutrition among children of age group 0-3 to half its present level.
- Reduce infant mortality rate (IMR) to 28 and maternal mortality ratio (MMR) to 1 per thousand
- It can be achieved if we bring down the malnutrition at 6 and 12 months.

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## Key initiatives

- IMS Act 1992
- BFHI 1993, revitalized order in 2001 still in the office
- National Breastfeeding Committee 1997
- National Guidelines on Infant and Young Child Feeding 2004 , updated 2006
- National Breastfeeding Partnership (Announced in 2004 at World Health Assembly (WHA and on website)

But these are just documents , and .....ACTION is pending

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## Our response in States



- **10<sup>th</sup> plan goals:** Hardly taken note of MOH/WCD/or in States
- If they are motivated to look at it takes ages and then they look for capacity and funds

### These funds don't exist

- MP asked for 8 Crores: received about 85 lacs due to March 31 syndrome,
- UP-2.5 corers, sanctioned 25 lacs
- Haryana : Developed Infant and Young Child Feeding scheme in State plan : 1.5 crore
- Punjab, Uttranchal struggling

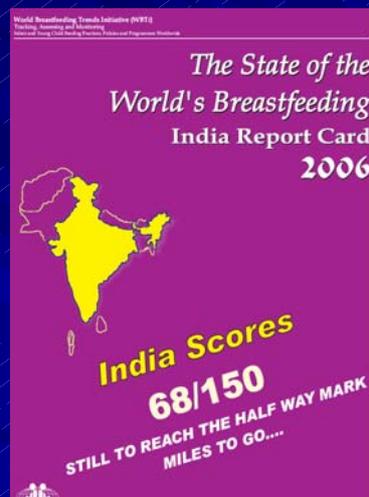
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## Glaring gaps in policy and programmes of IYCF

- That's the reasons why NFHS 3 does not show very encouraging results
- All 10 areas of action need to be acted upon
- India's 6<sup>th</sup> position in South Asia puts us to shame

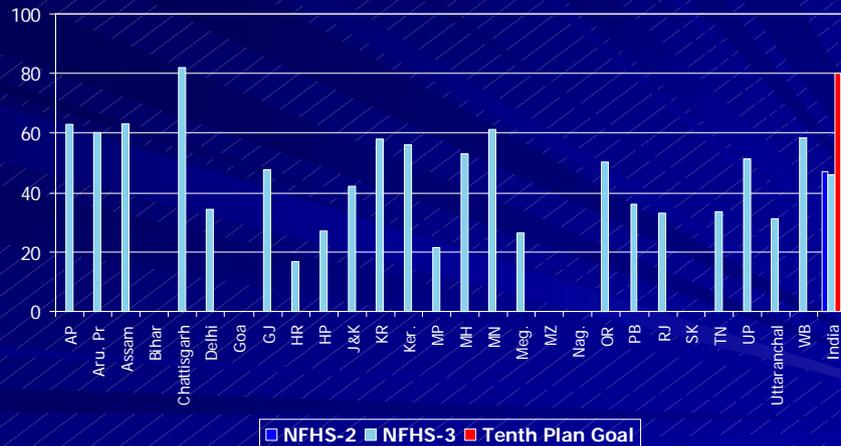


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## Trends in exclusive breastfeeding NFHS 2 & 3(22 states)



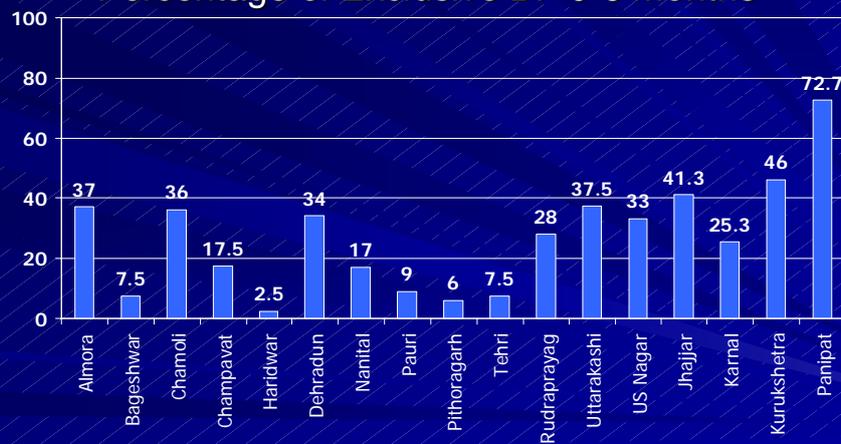
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## 17 Distt. Survey in Haryana and Uttaranchal : 2006

Percentage of Exclusive BF 0-6 months



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## A unique national consensus

### Joint Statement on Infant and Young Child Feeding

ensuring  
Optimal Infant Nutrition, Survival and Development



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Abridged Report December 2006

# FOCUS ON CHILDREN UNDER SIX

### Part B: Maternity Entitlements

**The Issue**

Current WHO guidelines recommend that children should be exclusively breast fed during the first 6 months of life. In 2005, The Lancet published a child survival series which demonstrated that exclusive breastfeeding was identified as the single most effective intervention to prevent child deaths, which could prevent 13 to 16 percent of all child deaths. Thus, exclusive breastfeeding is a key public health intervention for child survival. However, there are many barriers to exclusive breastfeeding, particularly in low-income countries. This issue is well understood and well under debate. Nevertheless, there is a need to actively support the close proximity of mother and child for a minimum period of 6 months, and up to 2 years if possible, India has little to offer, especially to women working in the formal sector (there are more than 100 million and more children, maternity entitlements and schemes are inadequate - the two key interventions that support breastfeeding are practically missing in the entire

25 percent of women for providing child health and nutrition. In contrast, a small number of women working as government employees may receive up to 6 months of paid maternity leave. Land chair has been implemented in 10 states to cover 11 days of paternity leave to care for these first two children.

Delimiting maternity entitlements to women working in very diverse, sometimes volatile situations is a difficult task. Nevertheless, there are feasible, specific interventions that should be taken up as a matter of priority within the 11<sup>th</sup> Plan. Some of these are discussed below.

**Currently Available Benefits and Schemes**

- National Maternity Benefit Scheme (NMBS) of 90% women. Most recently - on reduction in age of mother or birth order.
- Maternity Benefits Act, 1961 (as amended) - providing wage.
- State Schemes: Most recent (Tamil Nadu, Rs 1000 per month for 6 months - 3 months before and 3 months after delivery.
- Construction workers (TN, Rs 2000, through Rs 6000 demanded Rs 40 per day for 100 days. Revised Rs 6000 for consistency with new scheme.

The current scope and coverage of these 3 schemes. The Maternity Benefits Act, has explicitly stated that not benefits for women working in non-organised sector, but neither does it determine any mechanism to enable women to avail them in the absence of a well-defined employer or employment.

**Recommended Principles and Strategy**

In terms of underlying principles for maternity entitlements, we recommend the following:

- All women - including adolescent mothers.
- Two weeks before and 8 months after child birth.
- Providing wages in case of those employed.
- Minimum wage for those working without wages.
- No discrimination on grounds of age, marital status, number of

### Part D: Infant and Young Child Feeding (IYCF)

1. Reorganize resources and make use investments. Currently most of the resources are directed to children aged more than 2 years, whether in the form of immunisation or supplementary feeding. There is a need to channel our resources to children aged less than 2 years to one year or so. These resources should be used in addressing training, capacity development and counselling services for infant and young child feeding. These resources should also target what we spend on immunisation services.

2. Efforts should be coordinated with other self-help responses to primary health care, such as comprehensive breastfeeding and complete breastfeeding practices. The National Guidelines on IYCF should be implemented in letter and spirit.

3. Ensure that women in the most vulnerable and disadvantaged at the highest levels. Possible ways of targeting to include meeting on half-day or before-noon and survival but by the House Mission and ensuring that exclusive breastfeeding figures in development reports.

4. The 11<sup>th</sup> plan should aim at increasing coverage of children under 2 years of exclusive breastfeeding (EBF) for the first six months, and timely complete breastfeeding (CF) to over 50%.

5. 'IYCF Guidelines' should be included in the list of manuals that are published under the National IYCF.

6. Strengthen support in both the early and exclusive breastfeeding period of child support at both and for the first few hours to ensure timely initiation of breastfeeding within one hour should be made an entitlement, both in the public and private sector.

7. A mechanism to lead changes in implementation of the state level should also be put in place.

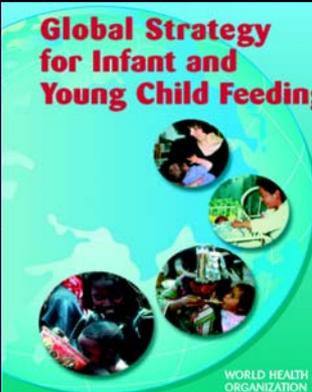
8. Finally there is a need for legislation as part of the overall legislation for protecting children's rights.

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# Global Strategy for Infant and Young Child Feeding

A Unique consensus : WHA and UNICEF Executive board in 2002

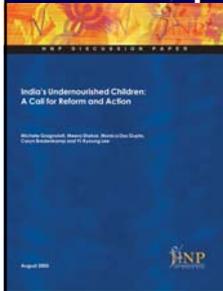
- Rights based
- Calls for a plan with adequate resources
- Poverty reduction



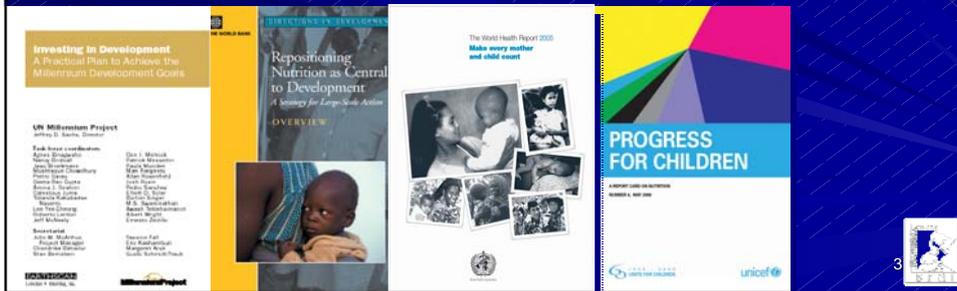
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# WHO, UNICEF, UN MDG Task Force, World Bank 2006, openhagen Consensus



- Focus infant and young child nutrition 0-2 years
- Preventive interventions at family level
- Fundamental first step for poverty reduction.
- **"Breastfeeding education"** as service



The Innocenti Declaration 2005 was adopted by participants at the event, "Celebrating Innocent 1980-2005: Achievements, Challenges and Future Imperatives", held on 22 November 2005, in Italy, organized by the following organizations:



Call for Action adopted at WHA 2006

## INNOCENTI DECLARATION 2005

### On Infant and Young Child Feeding



22 November 2005  
Florence, Italy

For further information see:
 

- Innocenti IS [www.innocenti.it](http://www.innocenti.it) • ABM [www.abm.org](http://www.abm.org)
- IICA [www.iica.org](http://www.iica.org) • ILLI [www.illi.org](http://www.illi.org)
- IBFAN [www.ibfan.org](http://www.ibfan.org) • CODE BACK, The Agency
- UNICEF [www.unicef.org](http://www.unicef.org) • UNICEF Asian, Infant Feeding, [infantfeeding.org](http://infantfeeding.org)
- [www.unicef.org/infantfeeding](http://www.unicef.org/infantfeeding)
- WABA [www.waba.org](http://www.waba.org)
- WHO Department of Nutrition for Health and Development, [www.who.int/nutrition](http://www.who.int/nutrition)

### Kabul Declaration on Infant and Young Child Feeding

22nd November 2006

The South Asia Breastfeeding Partners Forum 3, held in Kabul, Afghanistan, from November 20-22, 2006, brought together over 70 participants from South Asia countries representing governments, public interest groups, professional bodies, media, United Nations agencies and other international organizations. The Forum 3 was organized with the theme "Breastmilk Saves Lives, Saves Money" to find ways and means to scale up the coverage of early breastfeeding within one hour and exclusive breastfeeding for the first six months in South Asia and also to protect, promote and support optimal infant and young child feeding.

**Recalling the global commitments enshrined in the:**

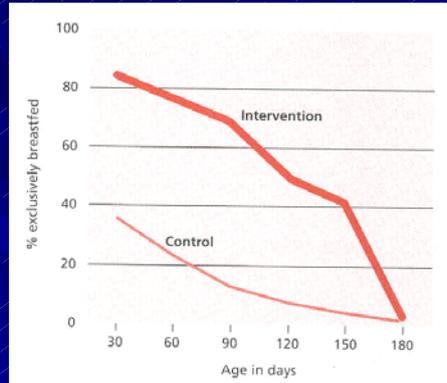
- Convention on the Rights of the Child (CRC) and the Convention on Elimination of all forms of Discrimination Against Women (CEDAW);
- Millennium Development Goal 4 to reduce child mortality;
- International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions;
- Global Strategy for Infant and Young Child Feeding, 2002;
- Innocenti Declaration on Infant and Young Child Feeding 2005.

**Recognizing that:**

- Artificial feeding of infants is dangerous to the health of infants and young children;
- Artificial feeding perpetuates poverty;
- Lack of optimal breastfeeding leads to malnutrition early in life, limits the survival, growth and development of infants and young children, leads to chronic diseases later in life, and is detrimental to sustainable human development and socio-economic development;
- If all mothers begin breastfeeding within one hour of birth, 22% of all newborn deaths can be prevented;
- Exclusive breastfeeding for the first six months can save 13-15% of under-five child deaths; and that a further 6% can be prevented through timely introduction of adequate and appropriate complementary feeding;
- Women need gender-sensitive support and enabling environments at the time of birth to begin breastfeeding within one hour and later to maintain exclusive breastfeeding, and optimal feeding for their infants and young children;
- Capacity building from national level to family level is essential for providing such support;

## FEASIBILITY : The impact of community interventions: Improving infant feeding in rural Haryana, India

- *Similar results are there in Bangladesh, Ghana, Bolivia, Madagascar.*
- *IMR lowered by 32% with Exclusive breastfeeding going up from 39 to 70%*



The impact of community interventions: Improving infant feeding in rural Haryana, India through multiple contacts is feasible and improves uptake of other child health interventions.

Health policy and Planning 2005; 20(5):328-336.

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## What works ? Breastfeeding education

- Good Information and skillful counseling (pregnancy, birth and later)
- Assistance at birth and later
- Answers to mothers questions
- 'Counsel' and help to prevent sore nipples, engorgement, and solve these if they arise (*helps reduce HIV transmission*)
- 'Counseling' on complementary feeding
- Counseling on feeding options for HIV IF



**Breastfeeding [IYCF] Support Centers at CLUSTER and block level in NRHM**

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## Action points

1. Declare a national priority on infant nutrition and survival in the 11<sup>th</sup> plan recognising nutrition inputs as core intervention to rapidly lower INFANT MORTALITY RATE (IMR).
  - Include enhancing exclusive breastfeeding rates as a core strategy in the 11<sup>th</sup> plan approach paper under the essential public services.  
Recognise breastfeeding as infant's right to food. (beginning with in first hour of birth, and exclusive breastfeeding for the first six months)

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# Action Points

## 2. Give High level attention at national level

Create a nodal mechanism , a national Apex Body or Commission (FOCUS Report 2006)Independent and in planning commission.

1. Integration
2. Think tank
3. Technical guidance and serve as an authority on nutrition inputs and formally strengthen the nutrition expertise
4. Monitor the implementation
5. Serve as a umbrella for all stakeholders
6. Coordinate the entire IYCF efforts in the country,
7. Oversee the activity of the National Breastfeeding[IYCF] Committee
8. Advise the Planning Commission
  - Setting national goals
  - Resource allocation.
  - Strengthen national nutrition expertise

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# Action points

## 3. Ensure adequate budget allocation on infant nutrition i.e. breastfeeding education services.

- Awareness, capacity building, community mobilization, empowering communities for all Rs 535 per child born,
- Maternity benefits for poor( Rs 1000 pm for six months as in TNCA scheme)

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# Action Points

## 4. Other actions

- a. National consultation such as for infrastructure etc.
- b. A child survival countdown every 2 years
- c. Activating the National Breastfeeding Committee, and MOHFW on BFHI in health facilities

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# Summary

- Sufficient evidence to call for universalizing exclusive breastfeeding for Rapid reduction of infant mortality and optimal brain development of children, and poverty reduction
- Infancy is the critical period to act.
- Current programme response not very helpful and breastfeeding slips...lots of gaps
- States ask for money to do .....
- National and global consensus for action including economic arguments,
- Feasible
- We know what works need to scale up
- 3 Action points for India

11<sup>th</sup> plan intends to seek most practical and feasible way to reach out 0-3, reach INFANTS with SHARP FOCUS on nutrition inputs in any programme we run

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# What will we gain ?

- Enhancing **India's national IQ** and overall child and human development compete with CHINA, Knowledge economy, enhanced international competitiveness
- **Focus report (Dec 19,2006)** recommendations put in practice.
- Women and **children's rights fulfilled**
- Improved delivery of **essential public services** (breastfeeding education services) and contribute to poverty reduction.
- **Reduced financial load on** health care costs and IMNCI programme
- India to achieve child survival targets and MDG-4 **rapidly**
- Cost-efficient **insurance for child health**
- **Countering the market of baby foods that undermine breastfeeding in global market economy**

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## Conclusions

- Listen to the voice of infants of India
- 11<sup>th</sup> plan approach paper should centre-stage infant nutrition
- 3 action points
- Ensure adequate budgets earmarked in 11<sup>th</sup> plan

**We, the partners are with you !**

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"If we don't stand up for children , then we don't stand for much"

*Marian W Edelman*

**11 th plan is at arms length, ensure  
INFANTS' RIGHT TO FOOD AND  
SURVIVAL**

Make  
breastfeeding  
visible, and  
more widely  
available !!



The First Lady of Timor Leste at 7<sup>th</sup> Ministerial Consultation on Children

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