

THE CONVENTION ON THE RIGHTS OF THE CHILD

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REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN INDIA



May 2014

Data sourced from:

DLHS-3, NFHS-3, 12th Five year plan-Planning Commission-Government of India, Operational Guidelines on enhancing IYCF by MOH-Government of India, NACO guidelines- MOH-Government of India, WBTi India Assessment Report 2012

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SUMMARY

The following ***obstacles/problems*** have been identified:

- Lack of written national policy on IYCF/Breastfeeding.
- No concrete action to revive BFHI (to improve health care support to breastfeeding mothers).
- Lack of stringent system for reporting violations of the Code & continued violations to enforce IMS

Act.

- The National legislation does not cover women working in private and informal sector.
- Lack of national information, education, and communication strategy for improving IYCF practices.
- National guidelines on Infant Feeding & HIV not yet made into policy.

Our recommendations include:

- The National Guidelines should be reviewed, and given the shape of a national policy with plans and budgets, implementation and operational guidelines, for capacity building on indicators to implement the remaining indicators.

- Immediate action should be taken to revive the BFHI programme in its spirit to implement the 10 Steps.

- Appoint more proactive organisations/have more new organisations for monitoring IMS Act. IMS Act should be enforced more effectively.

- Uniform policy for protecting and supporting breastfeeding for mothers including informal & private sectors.

- Advocacy for comprehensive National IYCF policy that includes an IEC Strategy.

- There should be a comprehensive national policy including IYCF in HIV/AIDS.

1) General points concerning reporting to the CRC

India was last reviewed by the CRC Committee in 2004. On this occasion, IBFAN presented an alternative report on the situation of infant and young child feeding. In its concluding observations, the CRC Committee recommended the government of India to “ensure access for all children to primary, free and quality health services...; combat malnutrition; **promote health nutrition habits, including breastfeeding**; improve immunisation uptake and increase access to safe drinking water and adequate sanitation; strengthen measures to prevent mother-to-child transmission inter alia by combining it with activities to reduce maternal mortality....”

Progress in this area includes:

- The Government of India undertook several measures to provide assistance to parents and legal guardians in their child rearing responsibilities.
- Until 2005, the Ministry of Women & Child Development (MWCD) was implementing two schemes, namely ‘Assistance to Voluntary Organisations for Crèches for the Children of Working and Ailing Women’ with provisions of sleeping and day-care facilities, supplementary nutrition, medicines and contingencies, as well as monitoring of crèches and the ‘National Crèche Fund’ to provide assistance for opening of new crèches and converting existing AWCs into Anganwadi-cum-Crèche Centres.
- In 2006, both of the above mentioned Schemes were merged into *Rajiv Gandhi National Crèche Scheme (RGNCS) for Children of Working Mothers*, launched on January 1, 2006. The RGNCS provides for improved services and enhanced financial norms, besides increasing the number of crèches in the country.

2) General situation concerning breastfeeding

General data¹

Population (0-6 years)	15,87,89,287
Male	8,29,52,135
Female	7,58,37,152

Infant mortality rates (per 1,000 live births): Total : 44 Rural : 48 Urban : 29

Maternal mortality rate (per 100,000 live births) : 212 (2007-09)

¹ SRS BULLETIN 2012

Breastfeeding data

Indicator	NFHS 3 (2005-2006) ²	DLHS 3 (2007-2008) ³
Early initiation of breastfeeding	23.4%	40.5%
Exclusive breastfeeding	46.3%	46.8%
Complementary feeding 6-9 months with continued breastfeeding	55.8%	57.1%
Median duration of breastfeeding	24.4 months	-

The annual Health Survey of 2010-11 has been conducted in 9 Indian states (Rajasthan, Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Orissa, Madhya Pradesh, Chhattisgarh and Assam) and shows increase of early initiation of breastfeeding rate, but no increase of exclusive breastfeeding rate.

About **26 million babies are annually delivered in India**. According to National Family Health Survey -3 (NFHS-3) data, **20 million are not able to receive exclusive breastfeeding** for the first six months of their life and **about 13 million do not get good timely and appropriate complementary feeding** after six months along with continued breastfeeding. Unfortunately, exclusive breastfeeding for the first six months has not shown any rise over the past two decades since India began measuring this indicator.

According to the NFHS-3, the rate of early initiation of breastfeeding (within one hour following delivery) is only 23.4%. More recent data from the District Level Household and Facility Survey (DLHS-3) shows little improvement, which is encouraging; according to the data issued from 534 districts, early initiation of breastfeeding is now about 40%. It varies from 4.2% to 93.3%.

Similarly, according to NFHS-3, **exclusive breastfeeding up to the age of six months is only of 46.3%**. Looking at the DLHS-3 data, it varies from 0.30% to 77% depending on states and districts. Exclusive breastfeeding is between 0-11% in 112 districts, 12-49% in 373 districts, 50-89% in 49 districts and there is not even one district with 90-100% exclusive breastfeeding showing discrepancy between districts.

According to the NFHS-3, introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 55.8 %. The DLHS-3 revealed that introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 23.9%.

² National Family Health Survey -3 (NFHS-3) 2005-2006

³ District Level Household and Facility Survey (DLHS-3) 2007-08

Breastfeeding data in rural and urban areas

	Initiation of Breastfeeding		Exclusive breastfeeding		Complementary feeding	
	Rural	Urban	Rural	Urban	Rural	Urban
DLHS 3 (2007-08)	39.8	42.5	48.1	43.2	26.2	23.7
NFHS 3 (2005-06)	21.5	28.9	48.3	40.3	53.8	62.1

There is not much difference in the rates of breastfeeding between urban and rural population, however the slight **difference in the rates of initiation of breastfeeding in urban population could be increase in institutional births**. However the slight higher rates of exclusive breastfeeding in the rural population might be the economic reasons.

Major causes of infant mortality in India are known to be neonatal infections, diarrhea and pneumonia, and one WHO study attributes 53% of pneumonia and 55% of diarrhea deaths to poor feeding during first six months.

3) Government efforts to encourage breastfeeding

The Parliament of India, while enacting the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 (IMS Act), clearly expressed its concerns about the fact that **promotion of breastmilk substitutes is more pervasive than promotion of breastfeeding**, and thus contributes to **decline in breastfeeding**. The Parliament referred to it as a **dangerous trend that leads to disease and malnutrition** among children. Baby food industry created a huge market for the ‘infant formula’ as an alternative to breastfeeding, using all kinds of pervasive promotion techniques to woo parents including undermining women’s confidence in breastfeeding. Moreover, work places are not very friendly to breastfeeding. This led to **proliferation of formula feeding** when corporations misused health systems and even contributed to separation of mothers and babies.

Actions taken so far have been ad-hoc, piecemeal and limited to imparting some information to women or families and matters related to support to women at work places, access to skilled counseling, coordinated approaches, and education on breastfeeding have long been neglected. Protection of this endangered practice from the commercial baby food manufacturers has to be fully ensured in order to improve breastfeeding rates.

The Integrated Child Development Services, Kishori Shakti Yojana and Nutrition Programme of the MWCD for Adolescent Girls have provisions for improving nutrition, health and development of children, including adolescent girls. These programmes also aim to promote awareness on health, hygiene, nutrition and family care.

Recently, **MWCD has strengthened and restructured the Integrated Child Development Services (ICDS)** and the implementation of the ICDS scheme in the mission mode. Wherein under the mission mode the programme would ensure holistic - physical, psychosocial, cognitive and emotional - development of young children less than 6 years of age in a nurturing, protective, child friendly and gender sensitive family, community, programme and policy environments. **The infant and young child feeding promotion and counseling has been included as a service.**

The findings of the India assessment on Policy and Programmes 2012, conducted by Breastfeeding Promotion Network of India (BPNI) utilizing **World Breastfeeding Trends Initiative (WBTi)** tool, are detailed in Annex 1.

Specific information concerning the International Code of Marketing of Breastmilk Substitutes:

India has been successful in implementing the *Infant Milk Substitute, Feeding bottles and infant foods (regulation of production, supply and distribution) Act, 1992 Amendment Act 2003 (IMS Act)* as a follow-up to the International Code. It has been able to effectively curtail the promotion by the baby food industry through electronic and print media. It has also been able to ban sponsorships by the industry to medical professionals, but there are still loopholes and doctors are being lured by the baby food industry to support their activities. Thus, **effective enforcement of the IMS Act is required through effective monitoring mechanisms** at state and district level.

The government of India has taken note of this action and has issued communications to governments in States and Union Territories to appraise them about violations of IMS Act. Haryana state health department and Haryana Food and Drug Administration raised the premises of a wholesale distributor of Nestle infant milk substitute food products against labelling of their product violating the IMS Act.

Despite being well versed with the IMS Act and its regulations, the **infant food companies are openly challenging and breaking the law.** The campaign “*Nestle Does a Greenwash!!*” comes while the company is facing a criminal trial in a court in Delhi for violating the IMS Act. The matter was taken note by the MWCD and refused participation in a promotional event of Nestle.⁴

All these violations have been documented BPNI Bulletin No 36 October 2012 “*Dark Clouds and a Silver Lining!!*”⁵

Monitoring of these laws:

The IMS Act is unique. **BPNI and ACASH are notified in the Gazette of India** and have been **assigned a role to monitor the compliance of the Act** along with two more semi government organizations. The major role of BPNI was being defined as a special advocate for sound infant feeding policies.⁶

⁴ www.bpni.org/Nestle-Does-a-GREENWASH.html).

⁵ http://www.bpni.org/bulletin/Bulletin_36.pdf

⁶ <http://www.wcd.nic.in/cw/GOI3.pdf>

Courses on breastfeeding:

Based on the courses given by WHO/UNICEF⁷, **BPNI/IBFAN Asia developed in 2004-2005 the programme “Infant and Young Child Feeding Counselling – a training course”, a “3-in-1” integrated course on breastfeeding, complementary feeding and Infant Feeding & HIV. In 2012, with the availability of the WHO growth monitoring material issued in 2011, BPNI/IBFAN Asia updated its training programme to an integrated “4-in-1” course on breastfeeding, complementary feeding, Infant Feeding & HIV and growth monitoring, calling it the “4-in-1” training programme - Capacity building initiative for health/nutrition workers.**

BPNI training course has been field tested by National Institute of Public Cooperation and Child Development and has conducted trainings at all level and developed Master Trainers, Middle Level Trainers and build capacity of Front Line Workers.

Numbers of people trained by BPNI so far:

TRAINED PROFESSIONALS	NUMBER
National Trainers	149
IYCF Counselling Specialist	536
Middle Level Trainers	1256
Frontline Workers	13780

4) Baby Friendly Hospital Initiative (BFHI)

BFHI was **launched in 1993**. There have been weak attempts to revive it, but without any concrete action or understanding of how it will really be implemented. Assessments of 2005 or 2008 have used the same data that existed then. **No concrete action has been taken to revive it.** There is **inadequate or absence of skill training of the staff** of the health facility. There is **no regular monitoring** system and sustainability in place.

As there is some interest on having breastfeeding interventions implemented, this requires a serious thinking and planning in order to provide support to women while they deliver in the health facilities. There is **concern over the increasing institutional deliveries without adequate space, or staff or infrastructure** and exclusive breastfeeding for the first six months, even the initiation of breastfeeding within one hour of birth has not shown same kind of rise since then.

The Ministry of Health & Family Welfare, Government of India and State Governments should take **effective steps to revive the much fading off initiative** as improved IYCF interventions are becoming more relevant as institutional deliveries are on the rise.

⁷ Breastfeeding Counselling: a training course (1993), HIV and Infant Feeding Counselling: a training course (2000), Complementary Feeding Counselling: a training course (2001)

5) Maternity protection for working women

Maternity Protection is very critical for successful breastfeeding unless the mother and the baby are together, it would not be possible to enhance exclusive breastfeeding. However it is also important that all other actions for promotion and protection must also be in place to realize the benefits of maternity entitlements otherwise women may still fall out of exclusive breastfeeding and adopt harmful practices of formula feeding, if they don't have access to accurate and unbiased information and counselling on breastfeeding and complementary feeding. There is need to **extend support and maternity benefits to women in the unorganized sector as well as they form the major chunk (almost 90%) of working women.**

Maternity Leave & Breastfeeding Breaks:

In India, the rights of working mothers to maternity benefits were recognized with the introduction of the Maternity Benefit Act in 1961. The Act extends to the whole of India and applies to every establishment which may be industrial, commercial, agricultural or otherwise. It provides maternity leave for **twelve weeks**; and **two breastfeeding breaks per day** of the prescribed duration for nursing the child until the child attains the age of fifteen months.

The Act however does not holistically address the issues regarding the woman's compulsions to work right up to the last stage of pregnancy and resumption of work soon after child birth. Even after 50 years since Maternity Benefit Act came into existence it has not been effectively implemented for several reasons.

Extension of Maternity Leave:

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.**

Maternity Entitlements for Informal Sector:

- The National Maternity Benefit Scheme (NMBS) was launched by the Central government in 2001 to provide nutrition support to below poverty line pregnant women through **one time payment of Rs.500/-** prior to delivery to women above 19 years of age for two live births.
- In 2005 the government of India launched Janani Suraksha Yojana(JSY) under the National Rural Health Mission to provide **cash incentive for women to have an institutional delivery.**
- The Dr. Muthulakshmi Maternity Assistance Scheme (DMMAS) in **Tamil Nadu** was enhanced from a **single payment to provide Rs.6000/- spread over two instalments of 3000/- each before delivery** for nutritional support during pregnancy and after delivery to compensate for their loss of income. In 2009 the scheme has started paying the complete amount in one instalment i.e. after delivery.
- In order to provide uniform maternity entitlements to women in both organized and unorganised sectors, the government of India launched a **new scheme for pregnant and lactating women** called the “Indira Gandhi Matritva Sahyog Yojana (IGMSY)” - Conditional Maternity Benefit (CMB) with an

aim to **improve the health and nutrition status of pregnant and lactating women as well as to create opportunities for engagement of pregnant women** with Anganwadi centres (AWC) to ensure nutrition and health education counselling, growth monitoring and promotion of optimal infant and young child feeding practices. Women are entitled for **cash benefits of Rs.4000** in three instalments per women between the second trimesters till the child attains the age of 6 months to partly compensate for wage loss to women during pregnancy and lactation. All Government (Central and State) employees will be excluded from the scheme as they are entitled for paid maternity leave.

- According to the latest National Food Security Ordinance 2013, **every pregnant and lactating mother is entitled to a free meal at the local anganwadi** (during pregnancy and six months after child birth) as well as **maternity benefits of Rs 6,000**, in instalments.

6) HIV and infant feeding

There are national guidelines on HIV and infant feeding, but they have not yet been made into policy. There is increasing need for intensive counselling on infant feeding practices as there is increased evidence on dangers of mixed feeding in transmission of HIV to the baby. The woman needs not just information but skilled and most important continuous support in following the option chosen for infant feeding. There is an **urgent need to upgrade skills of counsellors and health workers in infant feeding options**, and to strengthen implementation of the IMS Act and its monitoring. Some of the guidelines available are as follows:

- National Aids Control Organization 2013. National Guidelines for Prevention of Parent-to-Child Transmission (PPTCT) of HIV. Ministry of Health and Family Welfare. Government of India.
- National Aids Control Organization 2012. Nutrition Guidelines for HIV-Exposed and infected children (0-14 years of age). Ministry of Health and Family Welfare. Government of India 2012.
- IBFAN Asia Position Statement on HIV and Infant Feeding 2012⁸

7) Infant feeding in Emergencies (IFE)

There is **no policy on infant feeding in emergency** contingency action plan. No persons have been appointed to coordinate national and international donor agencies on IYCF. There is **no monitoring/document use of infant milk substitute and support to breastfeeding during disasters/emergencies**. No mechanism in place to monitor violations of IMS Act during relief operations, also no pre-service and in-service training is provided for disaster management.

There is **need to include IYCF guidelines in case of disaster** (from national guidelines) in contingency action plans. There is need to monitor/document use of infant milk substitutes and support to breastfeeding during disasters/emergencies and also violations of IMS Act during disaster/emergencies. Also need for **training and sensitization of ‘disaster managers’** from Govt. institutes, ICDS functionaries, NGOs and other organizations with a mandate to work in emergency situations.

⁸ www.ibfanasia.org/HIV/Position-Statement-HIV-IYCF.pdf

ANNEX 1

INDICATORS	GAPS
National Policy, Programme and Coordination	<ul style="list-style-type: none"> • Lack of written national policy on IYCF/breastfeeding • National Guideline on IYCF do not have clear plan with objectives • Lack of budget line • National Breastfeeding Committee does not meet regularly
Baby-Friendly Hospital Initiative (BFHI) (Health Care Support to Breastfeeding mothers)	<ul style="list-style-type: none"> • No concrete action to revive BFHI (to improve health care support to breastfeeding mothers) • Inadequate or absence of skill training of the staff of the health facility • No regular monitoring system in place • No sustainable system in place
Implementation of the International Code of Marketing of Breastmilk Substitutes ⁹	<ul style="list-style-type: none"> • Continued violations and inadequate mechanism to enforce IMS Act • Lack of a stringent system for reporting violations at state and district level • Lack of knowledge of officials in monitoring the implementation of IMS Act • Lack of awareness and poor knowledge about the provisions of the IMS Act
Maternity Protection	<ul style="list-style-type: none"> • Six month maternity leave does not cover all states, only the central government employees • The national legislation does not cover women working in private and informal sector • Inadequate protection for women in informal /unorganised and agriculture sectors • Lack of paternity leaves in public /private sectors which need to be expanded • No legislation, providing health protection for pregnant and breastfeeding workers
Health and Nutrition Care System	<ul style="list-style-type: none"> • Inadequate IYCF curricula • Inadequate guidelines for mother-friendly childbirth procedures and support • Listening and counselling skills for IYCF are not a part of the pre service or in service training of health workers like AWW, ANM and ASHA

⁹ Implemented in India through the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 (IMS Act)*

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INDICATORS	GAPS
	<ul style="list-style-type: none"> • Inadequate information to health and nutrition workers about IMS Act • Inadequate information about HIV/ AIDS
Mother support and Community Outreach	<ul style="list-style-type: none"> • Inadequate community based support system and services on infant and young child feeding (IYCF) practice • Counselling for IYCF is not provided as a service to lactating women in National Rural Health Mission or ICDS • Poor national coverage for IYCF support services • Inadequate training of community workers in IYCF counselling
Information Support	<ul style="list-style-type: none"> • Lack of national information, education and communication (IEC) Strategy for improving IYCF practices • Inadequate coverage, restricted only during the World Breastfeeding Week (WBW) • Inadequate counselling and group education services • Lack of local consistent and intensified IEC
HIV and Infant Feeding	<ul style="list-style-type: none"> • National guidelines not yet made into policy • Need to upgrade skills of counsellors and health workers in infant feeding options, and to strengthen implementation of the IMS Act and its monitoring. • Lack of training on counselling practices (PPCT) in HIV and impact upon breastfeeding. • Inadequate VCCT (Voluntary and Confidential Counselling and Testing) • Inadequate counselling to HIV women regarding infant nutrition • Follow-up of mothers not adequate. • No special efforts for creating awareness to counter misinformation on HIV • Lack of monitoring system to prevent HIV transmission through breastfeeding on infant feeding practices
Infant feeding during emergencies	<ul style="list-style-type: none"> • There is no policy on infant feeding in emergency contingency action plan • No persons have appointed to coordinate national and international donor agencies on IYCF. • No monitoring / document use of infant milk substitute and support to breastfeeding during disasters/ emergencies • There is no mechanism to monitor violations of IMS Act during relief operations • There is no pre-service and in-service training for disaster

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INDICATORS	GAPS
	management on IYCF or provision of breastfeeding support counsellors as a response during disaster management supply chain.
Monitoring and evaluation	<ul style="list-style-type: none">• Inadequate monitoring and evaluation programme activities related to IYCF• Need to improve MIS system and reporting to decision makers and programme managers• Huge gap between the National surveys• NNMB does not include IYCF indicators under its Nutritional surveillance