Overview

Where do we stand today on child nutrition, survival and breastfeeding programmes and roles and trends?

What can be done to enhance breastfeeding roles?

How can we do it?
Three Major Killers

Mostly preventable

Years of life

First year is critical


Breastfeeding is the No. 1 preventive intervention compared to any other intervention.
**Child Feeding**
Optimal Infant and Young Children Feeding

- Feeding decisions are crucial to poor WHO: 2/3rd of all under-five deaths are related to poor feeding. Two years of breast feeding.
- Continued breastfeeding for at least 6 months during complementary feeding.
- Introducing appropriate feeds within one hour of birth.
- Staying breast feeding.

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SRS/ MOH data on IMR/NMR

not declining enough
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<tr>
<th>Color</th>
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<th>Exclusive in first 6 months</th>
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<td>192 (60.9%)</td>
<td>138 (42.3%)</td>
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**Number of Dishes Out of 534-DHSS 2008**

**Breastfeeding Practices NFRS 3**

**First Year**
Why Stagnation?

Trends in 3 Indicators
Policy Environment

India Report 2008

Breastfeeding

Enhance required to OF action

All ten areas

Gaps found in

NT, 96.7% NTP, 96.7% NTP

•

Health

breastfeeding

India Report 2008

World Health Organization 2004

•

National Maternal and Child Nutrition Program

•

Health System

•

Health Infrastructure

•

Policy Environment
Early In-Hospital Feeding Practices

Neonatal Morbidity Risk by

So many benefits!

In spite of
What can we do to change?
Some basics:

- For enhancing exclusive breastfeeding for the first six months mothers and babies MUST stay together, rest, food, stay at home, time for caring their baby.

- If child health and nutrition is in focus benefits must be there from birth onwards.

- Not enough milk is a universal feeling among women which can be improved if we could build their confidence.

- Women have to go to work.

The Critical hormone link to breastfeeding:

For milk ejection:
- These HELPS relax.
- For milk ejection.

For milk ejection:
- Milk from baby
- Sound of baby
- Confidence

For milk ejection:
- Worry
- Stress
- Doubt

For milk ejection:
- These HELP relax.

What WORKS?
counselors (convergence),
woman in each village who serve as
women (AWW, ASHA, TBA, or other
supervisors and trainers, provide
trained as mentors, trainers, provide
8 graduate women in each block were
about 1 million.
years in whole district, population of
services have been created within 2
Breastfeeding Counseling and Support

Lalitpur Model

in prolonging exclusive breastfeeding
WHO UNICEF Training was effective
prolonging exclusive breastfeeding
Additional lay support was effective in
from 14 countries
34 inals (29,385 mother-infant pairs)

Issue 4

Birth C of all Cohomane Dohdrose of Systemthic Reviews 2006.
Cohomane Review on Support for
Breastfeeding mothers
Inkat and young child feeding practices before and after intervention in Lalipur district (600 villages)
Counselling is Critical

Trainers trained by M&E level districts of Punjab in Lahore and 2. Have been trained (ANM & ASHA) front line workers approximately 5500 CSHC/FHC of ANM & ASHA at

Three days training

Training of Frontline Workers
7 Actions

- Appoint 8 full-time nutrition Counselors in each block, train and pay them well. 
- Breastfeeding and IYCF activities should be coordinated at the national state level.  
- Allocate resources and coordination for this. 

Universalise Maternity benefit scheme along with Creches at workplace.

Mainstream breastfeeding action in our programmes on health and nutrition. Add on Infant and Young Child Feeding Counselling as a specific component.

- Breastfeeding programmes should be budgeted activity rather than current adhoc actions. Planning commission did this in 2008. Need another exercise. Supreme court decision of Rupees 4 per day child should be applied to 0.6 months babies also.

- Make sure you have goal to enhance ALL the three indicators, and its monitored at high level along with MDGs etc.
What are the costs?

- Training cost: 150 crores. (One phase period: Say 30
- Consultation
- Nutrition consultation and children's workshops without
- Total for the country: 48 crores per annum
- Total per city: 8 crores
- Coordination: 1 lakh per block per annum was
- Formerly proposals for PC: 50 crores. 50 crores per
- Implementation was AC. Rs. 50 crores per block per
- Component development in local languages,
- Side and state resource centers. For one
- District:

For One District:

What are the costs?

- Training: About 25-25 districts (one time cost)

Coming, new mother-child care plan

We did it!
Control diarrhoea control and pneumonia newborn infections, other than
Costs savings in family planning,
Achieving MDGs esp. 1, 4, 5 Rapidly
Contribution to knowledge economy
Women
and nutrition status of children and
Tremendous improvements in health

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Health: 2000
Assessment by the national commission on macro economics and
Health Interventions
Savings on the core package of essential
Thanks!

The Prime Minister's speech on 15th August

LET'S FULLfill PM'S VISION