Operational Guidelines on Infant and Young Child Feeding

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MINISTRY OF WOMEN AND CHILD DEVELOPMENT
GOVERNMENT OF INDIA

Towards a new dawn

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Introduction

Nutrition is an important indicator of human development, national development and growth. Malnutrition reflects an imbalance of nutrients that may be on account of inappropriate intake or/and inefficient biological utilization due to the external and internal environment. It includes both undernutrition and over nutrition.

The first two years of child's life provide a critical window of opportunity for appropriate growth, development and child survival. Optimal breastfeeding together with complementary feeding helps prevent malnutrition and can save about a million child lives. One-fifth of the under-five child mortality can be prevented through a single intervention of exclusive breastfeeding for the first six months and appropriate complementary feeding after six months along with continued breastfeeding for two years or beyond. Therefore, it is crucial to sustain optimal infant and young child feeding practices (IYCF) of newborn, infant and young children.

Infant and Young Child Feeding is a set of well-known recommendations for appropriate feeding of newborn and children under two years which include initiation of breastfeeding immediately after birth, exclusive breastfeeding for the first six months, and thereafter to meet the evolving nutritional needs, continued breastfeeding up to the age of two years or beyond with age-appropriate and adequate complementary feeding.

Initiation of breastfeeding immediately after birth (preferably within one hour of birth): Early initiation of breastfeeding is extremely important for establishing successful lactation as well as for providing 'Colostrum' (mother's first milk) to the baby. Ideally the baby should receive the first breastfeed as soon as possible, preferably within one hour of birth.The new born baby is very active during the first half an hour and if the baby is kept with the mother and effort is made to breastfeed, the infant learns sucking very fast. This early suckling by the infant starts the process of milk formationand helps in early secretion of breastmilk. In case of caesarean deliveries, new born infants can be started with breastfeeding as soon as the mother is out of anesthetic effect, with proper support. Newborn babies should be kept close to their mothers to maintain skin to skin contact so as to provide warmth and ensure frequent feeding. This also helps in early secretion of breast milk and better milk flow. During this period and later, the newborn should not be given any other fluid or food like honey, ghutti, animal or powdered milk, tea, water or glucose water since these are potentially harmful.

Exclusive breastfeeding for the first six months, i.e., the infant receives only breast milk and nothing else, no other milk, food, drink or water. Breast milk provides best and complete nourishment to the baby during the first six months. The babies who are exclusively breastfed do not require anything else, namely additional food or fluid, herbal water, glucose water, fruit drinks or water during the first six months. Breast

milk alone is adequate to meet the hydration requirements even under the extremely hot and dry summer conditions prevailing in the country.

Breastfeeding should be promoted to mothers and other caregivers as the gold standard feeding option for babies. Exclusive breastfeeding should be practiced from birth till six months. Mean intakes of human milk provide sufficient energy and protein to meet requirements during the first 6 months of infancy. Since infant growth potential drives milk production, the distribution of intakes likely matches the distribution of energy and protein. This means that no other food or fluids should be given to the infant below six months of age unless medically indicated.

Appropriate and adequate complementary feeding *from six months of age while continuing breastfeeding:* The purpose of complementary feeding is to complement the breastmilk and make certain that the young child continues to have enough energy, protein and other nutrients to grow normally. It is important that breastfeeding is continued upto the age of two years or beyond as it provides useful amounts of energy, good quality protein and other nutrients.

Active feeding styles for complementary feeding are also important. Appropriate feeding styles can provide significant learning opportunities through responsive caregiver interaction, enhancing brain development in the most crucial first three years of life.

Infants are particularly vulnerable during the transition period when complementary feeding begins. Ensuring that their nutritional needs are met thus requires that complementary foods should be:

- *timely* – meaning that they are introduced when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding;
- *adequate* – meaning that they provide sufficient energy, protein and micronutrients to meet the nutritional needs of a growing child;
- *safe*– meaning that they are hygienically stored and prepared and fed with clean hands using clean utensils and not bottles or teats.

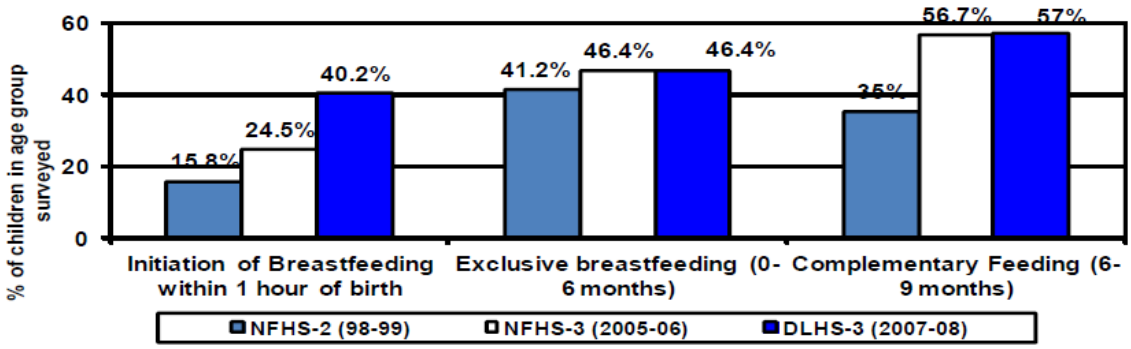
Continued Breastfeeding: After completion of six months of age, with introduction of optimal complementary feeding, breastfeeding should be continued for a minimum for 2 years or beyond depending on the choice of mother and the baby. Even during the second year of life, the frequency of breastfeeding should be 4-6 times in 24 hours, including night feeds.

Status of Infant and Young Child Feeding and Nutrition – Trend Analysis

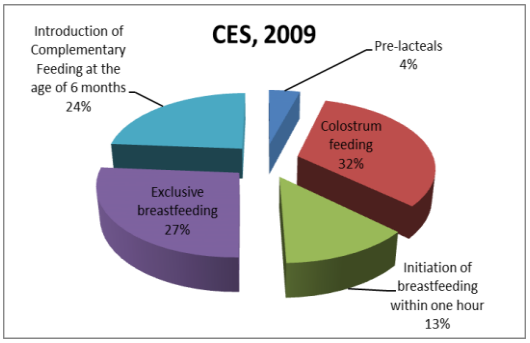
Undernutrition in young children continues to be a major public health problem in India. According to NFHS-2, 1998-99, the prevalence of underweight children (weight-for-age) below three years was 43%. While NFHS-3, 2005-06, reveals that 40.4% of the children below three years were underweight. With regard to anaemia, according to NFHS-2, 74.2% of children (6-32 months) were anaemic. The comparable figure in NFHS-3 was 79.2 %, showing a rise in anaemia in children.

It is important to recognise that underweight prevalence increases sharply from 0 to 6 months to more than 40% at 18 months.This can be attributed to suboptimal Infant and Young Child Feeding Practices - early initiation of breastfeeding within one hour is only 25% (NFHS-3) and 40% as per DLHS-3. Only 46% of infants younger than six months are exclusively breastfed, and at completion of 6 months, only 28% are exclusively breastfed (NFHS-3, 2005-06). However, there has been an increase in introduction of complementary feeding in children 6-9 months from 35% to 57% between NFHS-2 and NFHS-3.

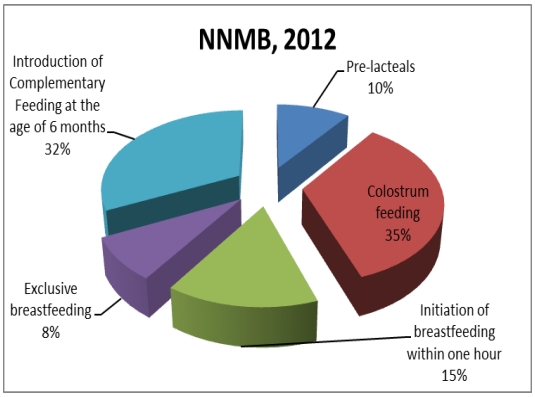
Country Level Trends in 3 major IYCF Indicators over the past 15 years



According to more recent data from the Coverage Evaluation Survey (CES -2009) colostrum was fed to 85.3% and 11.5 % were given prelacteal feeds, initiation of breastfeeding was within one hour was only 33.5%, exclusive breastfeeding was 69.9% and introduction of complementary feeding 62.6%.



The report of the NNMB third repeat survey, 2012, reveals that about 25% of mothers reportedly fed pre-lacteals to their babies, while proportion of mothers initiated breast feeding within one hour to their babies was 36% and 85% of mothers fed colostrum to their babies. The proportion of mothers who practiced exclusive breast feeding for the first 6 months of life was only 21%, while 79% of mothers initiated complementary feeding at the age of 6 months of their infants.



The report of the Rapid Survey on Children (RSoC) (2013-14) indicates that the rate of initiation of breastfeeding within 1 hour of birth was 44.6%, exclusive breastfeeding 64.9% and complementary feeding 50.5%. However, in terms of complementary feeding, only 36.3% of breastfed children were fed a minimum number of times and 19.9% had minimum dietary diversity.

Table 1: Summary Findings of CES, NNMB and RSoC Surveys

INDICATOR	CES, 2009	NNMB, 2012	RSoC, 2013-14
Pre-lacteals	11.5%	25%	-
Colostrum feeding	85.5%	85%	-
Initiation of breastfeeding within one hour	33.5%	36%	44.6%
Exclusive breastfeeding	69.9%	21%	64.9%
Introduction of Complementary Feeding at the age of 6 months	62.6%	79%	50.5%

Importance of Optimal Infant and Young Child Feeding Practices

Optimal infant and young child feeding is recognised as the most effective intervention to improve child health, prevent malnutrition and have a major role in determining the nutritional status of the child. Early and exclusive breastfeeding is now recognised as one of the most effective interventions for child survival. Scientific evidence shows that early initiation of breastfeeding can reduce neonatal mortality significantly. According to the WHO Global Strategy for infant and young child feeding, around two-thirds of undernutrition-related deaths are linked to inappropriate caring and infant and young child feeding practice and occur in the first year of life. Around

half of the mortality in children under 5 years and around 64% of infant mortality in India is constituted by neonatal mortality, highlighting the urgency for early preventive action.

The focus on infant and young child feeding has come because major killers of infants in India include neonatal infections, diarrhea and pneumonia. WHO estimates that 53% of pneumonia and 55% of diarrhea deaths globally are attributable to poor feeding practices during the first six months of life. Early breastfeeding within one hour reduced the infection-specific neonatal mortality, and this impact was independent of the effect of exclusive breastfeeding during the first month of life.

Suboptimal breastfeeding is estimated to be responsible for 1.4 million child deaths, 77% (1.06 million) of these due to non-exclusive breastfeeding during 0-6 months; and for 43.5 million DALYs, and 85% being due to non exclusive breastfeeding. Partial breastfeeding (breastmilk plus other milks or foods) increases child mortality by 2.8 times as compared to exclusive breastfeeding. The role of breastfeeding in preventing Non Communicable Diseases (NCDs) such as obesity, diabetes, and hypertension is well established. Breastfeeding is also positively related to brain development.

Early initiation of breastfeeding is extremely important in establishing successful lactation as well as for providing 'Colostrum' (mother's first milk) to the baby. If the baby receives the first breastfeed as soon as possible, preferably within one hour of birth, it also lowers mothers risk for excess post-partum bleeding and anaemia. The early suckling by the infant starts the process of milk formation in the mother and helps in early secretion of breastmilk. Data indicates that 22% of all newborn deaths can be averted, if initiation of breastfeeding becomes a universal practice within one hour of birth. In India, 16% of all under-five child deaths can be averted if exclusive breastfeeding for the first six months of life becomes a universal practice. Additionally, 6% of all child deaths can be averted with universal practice of good complementary feeding.

Breastfeeding also provides constant positive interactions between mother and child which can contribute to emotional and psychological development of infants. It has been found to have direct positive impact on brain development.

Policy Initiatives for addressing the Challenge

Nutrition is a crucial, universally recognized component of the child's right to the enjoyment of the highest attainable standard of health as stated in the Convention on the Rights of the Child. Children have the right to adequate nutrition and access to safe and nutritious food and both are essential for fulfilling their right to the highest attainable standard of health.

Optimal infant and young child feeding practices are crucial for good nutritional status, growth, development, health, and ultimately the survival of infants and young children. Poor feeding practices mean that many children continue to be vulnerable to irreversible outcomes of stunting, poor cognitive development, and significantly increased risk of infectious diseases, such as diarrhoea and acute respiratory infection. This has a tremendous impact in a developing country like India with a high burden of disease and low access to safe water and sanitation, and prevalent poor infant feeding practices

The Government of India has positioned the development of children at its centre and has recognized nutrition as critical for ensuring child survival and development. It has accorded high priority to addressing maternal and child under nutrition through multi-sectoral interventions by different sectors.

The World Health Assembly in 1981 adopted an International *Code of Marketing of Breast milk Substitutes* (Code), as a minimum standard. The Government of India followed it and this led to enactment of the ***Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act*****,** which came into force in 1993. The Act was strengthened and Amended in 2003 to include all baby foods for children under the age of 2 years. Major provision of the IMS Act is to prohibit all kinds of promotion/advertisement for the milks or foods meant for children under the age two, including a ban on sponsorship of doctors by the baby food companies (Details of the Act can be seen at Annexure-1).

The National Guidelines on Infant and Young Child Feeding, 2006, recommend exclusive breastfeeding for the first six months of life with early initiation within one hour and continuation of breastfeeding for two years or more together with nutritionally-adequate, age-appropriate and safe complementary feeding starting at six months.

The **12th Five year plan** also envisages improvement in breastfeeding and complementary feeding practices. It identifies the need to focus on early preventive action in public health perspective to be promoted by reaching pregnant and breastfeeding mothers and children under three years more effectively in the family and community. The plan also points out another vital intervention of growth monitoring and promotion, wherein all eligible children 0-3 years would be weighed monthly and 3-6 years children on quarterly basis. Identification of early growth faltering and appropriate counselling of caregivers especially on optimal infant and young child feeding and health care would be reinforced. Family retained Mother and Child Protection Card would be used by caregivers to monitor the growth of their children.

The **ICDS Mission-Framework** also suggest focusing on the under-3s and early childcare by developing and implementing key strategies to promote IYCF practices

through intense home visits, use of relevant IEC, improving knowledge and skill base of nutrition counsellors, supervisors and frontline workers.

Institutional Arrangements for IYCF

a) Recently, the National Steering Committee on Breastfeeding and Infant and Young Child Feeding under the Chairpersonship of Secretary, MWCD has been re-notified as **National Steering Committee on Infant and Young Child Feeding** (Notification can be seen at Annexure-2)

b) National Breastfeeding Coordination Committee has also been re-notified as **National Coordination Committee on Infant and Young Child Feeding**. (Notification can be seen at Annexure-3).

These committees will have linkages with health and ICDS and will give policy guidelines, coordinate and integrate all activities relating to breastfeeding and IYCF, advise on measures to promote breastfeeding and mobilize and support States for organizing activities for promoting breastfeeding and enhancing infant and young child feeding practices.

Role of ICDS functionaries in promoting IYCF Practices

ICDS is the largest national programme committed to the welfare of children under 6 years of age and pregnant and lactating women. It caters to the most vulnerable and critical age group of under three, a period marked by most rapid growth and development. The objectives of ICDS Mission would be to institutionalize essential services and strengthen structure at all levels to enhance capacity at all levels, to ensure appropriate inter-sectoral response at all levels, to raise public awareness and participation, and to create database and knowledge base for child development services.

The ICDS Mission will provide leadership, policy support and guidance to the States, district, block & village level through the various institutional arrangements. The roles of functionaries pertaining to IYCF are described below:

National Resource Centre:

- Provide necessary technical assistance to the Mission Directorate in planning and implementation, supervision and monitoring of IYCF under ICDS.
- Also improve quality and relevance of work by creating a network of State and district resource to promote local capacity development.
- Monitor and review nutritional status of children below 6 years, weightment, roll out of WHO growth standards and joint mother and child protection cards, and reduction in proportion of underweight and severely undernourished children.

State Resource Centre:

- Monitor and review overall progress made by States/UTs with regard to nutritional status of children below 6 years, weightment, roll out of WHO growth standards and joint mother and child protection cards, reduction in proportion of underweight and severely undernourished children.
- Convergence with line departments/programmes like Health/NRHM for promotion of IYCF.

District Resource Centre:

- Planning, implementing, monitoring and evaluating the progress of IYCF practices along with growth monitoring.
- Review child related indicators and outcomes and make recommendations for intervention.
- Outcome based assessment of progress, with nutrition status of young children under three years as the lead outcome indicator
- Overall progress in implementation of nutritional status of 0-3 and 3-6 years, weightment, roll out of WHO growth standards and joint mother and child protection cards, block wise comparison of proportion of moderate and severely undernourished children, measures being taken for addressing them and progress thereon.

District Program Officer (DPO):

- Review of the status of IYCF practices during the monthly meeting with CDPOs to be done by DPOs.
- Review the functioning of AWW's in promoting exclusive breastfeeding for first 6 months and timely and appropriate complementary feeding after 6 months along with continued breastfeeding, infant and young child feeding as well as lactation support counseling services, status of growth monitoring and would work to accelerate progress in nutrition and survival of women and children at block and village level.

Block Resource Centre:

Block Development Officer (BDO):

- Finalize block level child development plan to meet the needs of children in the block.
- Track nutrition status of young children with intensive support to lagging villages.
- Providing supportive supervision to supervisors and AWWs.
- Facilitate organizing a fixed monthly mother-child day linked to NRHM Village Health and Nutrition Day.

Block ICDS Resource Centre (BIRC):

- Accelerate progress on nutrition and survival of women and children at block and village level by effectively promoting exclusive breastfeeding for the first six months and timely and appropriate complementary feeding after six months along with continued breastfeeding.
- Oversee growth monitoring to ensure it is being done regularly for all children.
- Focused attention on training and capacity building for all personnel and service providers on nutrition, IYCF, and growth monitoring.

Child Development Project Officer:

- CDPOs have greater responsibility to ensure IYCF practices in their concerned Project area.
- Track nutrition status of young children, especially children showing growth faltering, with intensive support to lagging villages/habitations.
- Focussed attention on promoting ECCE activities and training & capacity building for all personnel and service providers on nutrition, IYCF, ECCE, growth monitoring and other related services.
- CDPO would review during monthly meeting with ICDS supervisors (Mukhya Sevikas) the present status of IYCF practices and growth monitoring in their sectors & activities conducted in this context.
- CDPO would also be required to observe the situation of IYCF practices and growth monitoring during his field visits by interacting with AWW & beneficiaries in the community.
- CDPO could be trained as middle level trainers and can further impart training to ICDS Supervisors and AWWs.

ICDS Supervisor (Mukhya Sevika):

- Focus on under 3's growth monitoring (with special focus on growth faltering) & IYCF: Training & Capacity building at all levels.
- Mukhya Sevika is the link between AWC & the project and she bears the responsibility of regularly observing the situation of IYCF in her sector.She has the role of a mentor & coach and can act as a trainer to capacitate Aganwadi workers on IYCF practices.
- Mukhya Sevika will be responsible for observing the IYCF practices in the community, further she should share the observation with the Anganwadi workers for improvement.
- She should also demonstrate AWW how to counsel for breastfeeding and complementary feeding.

- She could develop interesting activities by including role play on IYCF practices during the sector meeting.

Village Resource Centre:

Anganwadi worker (AWW):

- AWW would be responsible for giving home-based guidance to parents on early stimulation, optimal IYCF practices and monthly growth monitoring and promotion of child growth and development milestones.
- Should take session on IYCF practices during group meetings on Village Health and Nutrition Day (VHNDs).
- Provide counseling on exclusive breastfeeding and appropriate complementary feeding with continued breastfeeding to the mother and also counsel the family members (i.e. the mother in law, grandmother, etc.) so that they support the mother/caregiver to ensure optimal feeding practices.
- If AWW is unable to convince mother/family for exclusive breastfeeding/complementary feeding, then she should take the help of her supervisor or she may also take help of ANM and ASHA to convince the mother/family.
- AWW should counsel the pregnant mothers during the last trimester of pregnancy on her home visits for early initiation of breastfeeding within one hour of birth and further ensure exclusive breastfeeding for first 6 months.
- AWW should conduct group meetings with pregnant & lactating mothers during VHND sessions & at AWC.
- During home visits, AWW should counsel about correct methods of breastfeeding and solve problem if any or refer child to health center.

In order to focus on under 3 and to improve the family contact, care and nutrition counselling for pregnant and lactating mothers and children under three years of age, there is a need to enhance human resource at the grassroots level in terms of introduction of a care and nutrition counsellor/ additional AWW in AWCs. Accordingly, provision for an additional AWW cum Nutrition Counsellor has been made in the selected 200 high-burden districts that would be provided on demand by State Governments through APIPs. This would be followed over the next five years in other districts.

Role of Additional AWW cum Nutrition Counsellor

- Prime worker for pregnant and lactating mothers and children under three years.
- Ensuring the promotion, protection and support of optimal infant and young child feeding practices, especially early and exclusive breastfeeding for the first six months of life.

- Contributing to the operationalization of the National Guidelines on Infant and Young Child Feeding (MWCD 2006) and effective implementation of the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act), IMNCI.
- Ensuring services at family level for nutrition counselling.
- Monitoring and promotion of young child growth and development with special attention given to identify early growth faltering.
- Ensuring full usage and compliance of new joint Mother and Child Protection Card
- Supporting community based child care arrangements and linkages with child care provisions.
- Coordinate with ASHA and ANM for health and nutrition related services for under 3 children.
- Organisation of SNEHA SHIVIRS at the AWC, jointly with the AWW and ASHAs.
- Facilitating linkage of mothers with IGMSY, a scheme addressing the inter-generational cycle of undernutrition and anaemia.
- Interaction with community /family in respect of under twos and pregnant and lactating mothers.

Interventions for Promoting IYCF practices

Objectives

These operational guidelines for implementation of infant and young child feeding in restructured ICDS propose operational steps that need to be taken at National, Regional, State, District, and Block level and look at overcoming the programmatic and operational gaps. Given the promise to achieve enhanced rates of optimal feeding practices, the operational guidelines provide what action should be taken. These guidelines are framed to intensify promotion of IYCF practices in all of India:

- To reemphasize the need of optimal IYCF practices and growth monitoring to be increased as envisaged in the 12th Five year plan so as to achieve reduction in malnutrition levels in children.
- To help plan efforts for raising awareness and increase commitment of the concerned sectors of government/functionaries of ICDS for achieving higher rates of optimal feeding practices for infants and young children.
- To strengthen ICDS infrastructure for enhancing optimal feeding practices along with regular growth monitoring Nationwide.
- To enable health workers in providing skilled counseling and to link growth monitoring with IYCF activities.
- To establish a coordinated approach for promotion, protection and support mechanisms for breastfeeding to all women.

I. PROMOTING IYCF PRACTICES AT COMMUNITY OUTREACH LEVEL

AWW has the responsibility to counsel the mothers/caregivers on optimal IYCF practices and provide home based guidance to parents. She can also take support from ASHA or ANM for counseling during community outreach services. AWW would be responsible for monthly monitoring and promotion of child growth and development.AWW will need to be provided with intensive and skilled training so as to equip them for promoting IYCF practices.

1. Contact opportunities for promoting IYCF Practices:

a) Village Health and Nutrition Days
b) Routine immunization sessions.
c) Biannual rounds
d) Special campaigns and events (e.g.; during Breastfeeding Week, National Nutrition week, organizing Annaprasana, etc.)
e) Sneha Shivirs

2. **Package of Services for promoting IYCF Practices:**
   a. Growth Monitoring: Monthly growth monitoring, identification of growth faltering and counseling needs to be done and MCP cards should be used for showing the mother the growth of the child.
   b. Communication and counselling on IYCF.
   c. Information about the services available.
   d. Implementation of IMS Act: One key strategy is to protect breastfeeding from commercial influence. Care providers must not allow the promotion of any baby foods or companies manufacturing such foods. Activities for implementation of this Act may include sensitization programmes on IMS Act. Under the IEC, hoardings on IMS Act provisions could be installed at prominent public places.

3. **Activities for reaching out to mothers/caregivers at community:** Mothers and caregivers can be reached through:
   a. **Growth Monitoring** (weight recording in MCP card) undertaken at AWC and/or during VHND provides a good opportunity to identify children who are undernourished. This activity also provides a good entry point for nutrition counseling and promoting optimal IYCF practices.

   b. **Group counseling sessions** at fixed day and time, should be organized at VHND. As VHND is attended by pregnant women for antenatal check-up, it is a good opportunity to start preparing mothers for early initiation and exclusive breastfeeding. Mothers accompanying children for immunization, micronutrient supplementation provide a captive audience for discussing infant and young child feeding practices. The VHND can be utilized for appropriate food demonstration and promotion of local foods and family feeding.

   c. **One to one counseling** and group counseling is to be conducted during outreach services by the AWW for children with moderate/severe undernutrition. Children with severe undernutrition need to be referred to an appropriate facility for further evaluation after screening. One to one counseling provides an opportunity to assess the socio economic and cultural barriers in the practice of optimal IYCF and then to customize key messages accordingly. Home based counseling for essential newborn care and counseling and lactation support and management of lactation failure can be done during home visits. Also counseling for promotion of local foods and family feeding for complementary feeding.

   d. **Display of Appropriate IEC material** (e.g., posters): IEC material in local language should be displayed at strategic locations (e.g.; community walls,

AWC, Panchayat Bhawansetc). Context specific messages promoting local cultural practices that are beneficial in dispelling locally prevalent myths can be developed and displayed at VHND sessions. Planning for IEC, BCC material and tools should be undertaken as part of the PIP planning process. This will ensure that appropriate IPC-BCC tools (like flip charts) are available with AWW to facilitate discussions.

e. **Organizing campaigns:** World Breastfeeding Week is observed across India during 1-7 August every year. Communication campaigns can be planned for increasing awareness about the benefits of breastfeeding; partnership can be forged with agencies/professional bodies that are involved in promotion of child health, breastfeeding and IYCF. Campaigns can also be organized during Nutrition Week and ICDS day.

- ❖ A theme or a slogan can be chosen each year for the 'Breastfeeding Campaign' so that the key message is retained in the community for a long time.
- ❖ Special guests (e.g., community leaders, local influential persons) can be invited to speak during the event.
- ❖ Competitions for parents, mothers, fathers and family members can be organized around the theme of breastfeeding and IYCF.
- ❖ Information should be disseminated in an entertaining and interactive way. This can include activities like organizing NukkadNataks, puppet shows and similar events that will attract and hold the attention of the local community members.
- ❖ Inviting journalists to cover these events is another way of generating awareness among the general population.

f. **Food Demonstrations and displays**: Demonstration of food preparation and sharing of recipes using the locally available nutritious food for children should be conducted.

Under the ICDS Mission, Sneha Shivirs have been conceptualized as a community based programme for reduction in moderate and severe undernutrition in children. Sneha Shivir would be organised in the selected 200 high burden districts and those identified as endemic with Japanese Encephalitis. These would be held at an Anganwadi Centre selected from amongst the cluster of 4-5 Anganwadi Centres. Hands on training on caring practices may be given at Sneha Shivirs to mothers and caregivers of underweight children at AWCs for 12 days, followed by 18 days of home practice. The best practices prevalent in the community pertaining to optimal infant and young child feeding practices may be shared and learnt by the caregivers so that they can sustain the rehabilitation and prevent malnutrition in other siblings.

II. PROMOTING IYCF PRACTICES AT COMMUNITY AND HOME BASED CARE

Frontline workers (AWW and ASHA) have the key responsibility for conducting home visits for providing pre & postnatal and newborn care as part of various MCH schemes. At places, Mothers' Groups and/or Self Help Groups are active and offer a good platform for discussing IYCF practices. These groups are facilitated by AWWs on themes for discussion on IYCF and child care.

1. **Contact opportunities during community and home visits** are mainly the following:
   a. Antenatal Home visits.
   b. Home visits for mobilizing families for VHND.
   c. Growth monitoring and health promotion sessions at AWC.
   d. Mothers' Group Meetings /Self Help Groups' Meetings.

2. **Activities for reaching out to mothers/caregivers during home visits and community level activities:** Mothers and caregivers can be reached through:

   a. **One to one counselling** during home visits by the AWW is the best way to reach out to mothers and caregivers in the community. One to one counselling provides an opportunity to assess the socioeconomic and cultural barriers in the practice of optimal IYCF and then to customize key messages accordingly. Home visits are an opportunity to provide support to mothers by counseling for birth preparedness and teaching them about proper positioning and attachment for initiating and maintaining breastfeeding. Counseling for exclusive breastfeeding, management of lactation failure, care of low birth weight baby and counseling and follow up for appropriate complementary feeding with continued breastfeeding are the various activities of the AWW during home visits.

   b. **One to one contact** with mothers whose babies are born with low birth weight or lagging behind or with growth faltering on the growth chart can be given specific feeding advice and counseling. Feeding problems can be identified and addressed. It is important to detect early growth faltering during first few months so that baby can be referred for suitable management and advice.

   c. **Group counseling sessions** at fixed day and time should be organized, where AWWs conduct sessions on key IYCF messages for expectant mothers and lactating women. Counselingon exclusive breastfeeding and complementary feeding and follow up for appropriate feeding with continued breastfeeding should be also done. Also, appropriate food demonstration and method of preparation of complementary foods using local foods available should be done.

Similar approach should be used during Growth Promotion and Monitoring Sessions and Group counseling sessions at AWC. Mothers of children identified as Grade III/IV malnutrition or with weight plotted in yellow & orange zone of the growth chart should be counseled more intensively as a group. Mothers of children with normal growth pattern can be included in the discussion (Positive Deviance Model) so that they can share information and experiences with new mothers and offer practical solutions to common problems.

During the sessions, these mothers or AWW can demonstrate the best use of locally available and acceptable foods.

d. **Display of Appropriate IEC material** (e.g., posters): IEC material in local language should be displayed at strategic locations (e.g., community walls, AWC, Panchayat Bhawans, etc.). Context specific messages promoting local cultural practices that are beneficial and dispelling locally prevalent myths can be developed and displayed.

   IPC Tools for home visits (like flipcharts) developed by organizations in the State can be made available to community workers as job aides for counseling.

e. **Behavior Change Communication:** Knowledge alone does not lead to behavioural change, particularly for translating knowledge regarding exclusive breastfeeding into adoption of appropriate practices. Besides undertaking effective communication for influencing community norms and improving household IYCF practices, an enabling environment needs to be created which involves reduction in workload, support from family members, as well as counseling support**.**

   BCC on child feeding practices should not be restricted to special events (like the Breastfeeding Week) and should be part of all the health & nutrition related events and activities taking place throughout the year. This will not only reinforce key messages but also reach out to more audiences in the community.

Training on IYCF for ICDS Functionaries

All care providers who interact with mothers and young children should acquire the basic knowledge and skills to integrate breastfeeding, lactation management and infant and young child feeding principles into the care that they routinely provide.This could be done by providing essential information on breastfeeding and complementary feeding, counselling and supporting mothers/caregivers in solving common feeding problems.

Why is such training needed?

Skilled training and capacity building is the most crucial element, since the achievement of programme goals depends upon the effectiveness of frontline workers in improved delivery of packages. Based on training need assessment, regular training and capacity building of all service providers and functionaries at all levels need to be ensured to equip and enhance their skills and knowledge on child care and development standards.

One to one or group counselling on breastfeeding increases breastfeeding rates and has one of the greatest potentials to reduce the burden of child mortality and morbidity. Complementary feeding could also be improved through nutrition counselling, although additional measures may be necessary in food insecure settings. Majority of mothers do not get antenatal information about advantages of breastfeeding, risk of artificial or replacement feeding, techniques of feeding and how to breastfeed their babies. False perception of "not enough milk" leads to early and unnecessary formula feeding resulting in repeated episodes of diarrhoea and pneumonia and undernutrition. Thus skilled and adequately trained healthcare providers are needed at two levels. One, at the specialist level for a given population of 5000-10000, and second is at the family level for a population of about 1000. Both these counsellors are required as manpower available to improve the rates of optimal feeding practices through a behaviour change in the society and family.

According to WHO, if one has to acquire specialized skills, he/she must undergo training on breastfeeding, complementary feeding and HIV and infant feeding counselling. Growth monitoring consists of routine weighing and watching developmental milestones to observe pattern of growth and combined preventive action when deviations are detected. Through discussion and counselling, growth monitoring increases the participation and capabilities of families to understand and improve child care and feeding practices.

Skill Trainings on IYCF for ICDS functionaries and the counselling by them can yield quick results, increase exclusive breastfeeding for the first six months, and rapidly

reduce newborn and child deaths significantly. This is achievable, feasible and will lead to convergence in delivery of care.

Revision and development of course curricula/modules/training materials: Revision/modification and development of training curricula/modules/training and learning materials for ICDS functionaries should be given high priority. Strengthening the training contents on the roles and responsibilities of functionaries with emphasis on providing more hands on training to various levels of functionaries is important.

The existing training package that can be used for this purpose is the "Infant and Young Child Feeding Counselling: A Training Course", the '4 in 1'course, (integrated course on breastfeeding, complementary feeding, infant feeding and HIV and growth monitoring). The training programme provides skills on the subject for different levels, family level and health facility (specialist) level. Further the programme has a capacity building component for developing trainers at both levels. This programme has been field tested by National Institute of Public Cooperation and Child Development (NIPCCD) and found useful.

Supervision, Monitoring and Evaluation

Crucial to all the actions to achieve the target of enhanced IYCF practices is focused monitoring and evaluation with effective use of the data generated. The progress will be supervised and monitored at the national level.

Indicators for Monitoring and Evaluation:

A. Process Indicators:

- Number of trainings conducted on IYCF.
- Number of functionaries trained at the National, State, District, and block level.

B. Outcome Indicators: These operational guidelines aim to achieve improved infant and Young Child Feeding Practices in the community. This would be indicated by**:**

- Early initiation of breastfeeding: Percentage of children who were initiated breastfeeding within one hour of birth.
- Exclusive breastfeeding until 6 months of age: Proportion of Infants 0-6 months of age who received breast milk exclusively for 6 months.
- Timely introduction of age-appropriate complementary feeding after 6 months along with continued breastfeeding: Proportion of infants 6-8 months of age who received solid, semi-solid or soft foods along with breast milk
- Minimum dietary diversity: Proportion of children 6-23 months of age who received foods from 4 or more food groups
- Continued breastfeeding for 2 years or beyond: Proportion of children 6-23 months of age who received breastfeeding along with complementary foods.

Monthly/Quarterly Reports: Each month, the data pertaining to the above indicators is to be reported in the MIS. The sample reporting formats can be seen at Annexure – 5.

ANNEXURES

1. The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and As Amended Act in 2003

INTRODUCTION

Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as Amended in 2003 (IMS Act)

The increased availability of infant milk substitutes in the market has lead to extensive promotions by the infant food manufacturing companies, through advertisements, free samples, gifts to mothers and health workers to convince them that bottle feeding is as good as breastfeeding. This undermines breastfeeding in many ways and has contributed to the decline of breastfeeding rates. This is assuming dangerous proportions, subjecting millions of infants to great risk of infection, malnutrition and death.

This Act provides for the regulation of production, supply and distribution of infant milk substitutes, feeding bottles and infant foods with a view to the protection and promotion of breastfeeding and ensuring proper use of infant foods and for matters connected to it. It extends to the whole of India. It also lays the responsibility of health workers and of the government to provide accurate information to people.

Care providers must not allow the promotion of any baby foods or companies manufacturing such foods. The Act prohibits any kind of direct or indirect benefit from the manufacturers of baby food companies including sponsorships, research grants, funding of seminars or association of health workers.

OBJECTIVES OF THE ACT

- Prohibit the promotion of infant foods, infant milk substitutes and feeding bottles. The Government is committed to promote and protect breastfeeding.

- Educate pregnant women and mothers of infants about breastfeeding. By creating awareness among pregnant and lactating mothers about the benefits of breastfeeding and by providing accurate and factual information the government is striving to reverse the decline in breastfeeding.
- Ensure the proper use of infant milk substitutes and infant foods. Feeding babies with infant milk substitutes and infant foods. Feeding babies with infant milk substitutes and infant foods can be harmful. The idea of the government is to restrict and control the use of these products by advocating their use only on the advice of a health worker.
- Define the role and responsibilities of health care institutions and health workers to ensure the proper use of infant milk substitutes, feeding bottles and infant foods.

HIGHLIGHTS OF THE ACT

- Prohibits the advertisement of infant milk substitutes and feeding bottles to "ensure that no impression is given that feeding of these products is equivalent to, or better than, breastfeeding.
- Prohibits providing free samples and gifts to pregnant women, mothers of infants and members of the families.
- Prohibits donation of free or subsided supplies of products for health care institutions and prohibits incentives and gifts to health workers.
- Prohibits display of posters at health care facilities / hospitals /health centers.
- The Act also prescribes that all labels of IMS /Infant food, must say in English and local, languages that breastfeeding is the best. Also, the labels must not have pictures of infants or women or phrases designed to increase the sale of the product.
- Prohibits any contact of employers manufacturing and distributing company with pregnant women, even for providing educational material to them.
- Any audio, visual, reading material/for prenatal/ postnatal care or for infant feeding should have clear information regarding:
    a. Benefits of breastfeeding
    b. Hazards of using substitute products

No infant food manufacturing company will link its employees' salary or other benefits with the volume of sales of IMS, feeding bottles and infant food.

PENALITIES FOR CONTRAVENTION

Violations of the Act attract imprisonment for up to three years and/or fine up to Rs.5000.

Penalty with regard to the Label on container or quality of infant milk substitute, feeding bottle and infant food is punishable with imprisonment up to 6 month extended to 3 years and fine at least Rs.2000. (So far nobody is punished under IMS Act by any court).

MONITORING AGENCIES FOR THE IMPLEMENTATION OF IMS ACT

Under the Act, the following voluntary organisations have been notified as monitoring agencies:

1. Central Social Welfare Board (CSWB)
2. Indian Council for Child Welfare (ICCW)
3. Association for Consumer Action on Safety and Health (ACASH)
4. Breastfeeding Promotion Network of India (BPNI)

2. FEEDING IN DIFFICULT CIRCUMSTANCES:

1. Feeding during Illness

Feeding during sickness is important for recovery and for prevention of undernutrition. Even sick babies mostly continue to breastfeed and the infant can be encouraged to eat small quantities of nutrient rich food but more frequently and by offering foods that the child likes to eat. After the illness, the nutrient intake of child can be easily increased by increasing one or two meals in the daily diet for a period of about a month by offering nutritious snacks between meals, by giving extra amount at each meal, and by continuing breastfeeding.

2. Malnourished infants

- Infants and young children who are malnourished are most often found in environments where improving the quality and quantity of food intake is particularly problematic. To prevent a recurrence and to overcome the effects of chronic malnutrition, these children need extra attention both during the early rehabilitation phase and over the longer term. Continued frequent breastfeeding and, when necessary, re-lactation are important preventive steps since malnutrition often has its origin in inadequate or disrupted breastfeeding.

- Nutritionally adequate and safe complementary foods may be particularly difficult to obtain and dietary supplements may be required for these children. Mothers of malnourished children could be invited in a camp and provided with a fortnight's ration of roasted cereal-pulse mixes with instructions. The children could be followed up every fortnight for growth monitoring, health check up and supply of instant food ration for a period of three months. When malnourished children improve with appropriate feeding, they themselves would become educational tools for others.

3. Preterm or Low Birth Weight Infants

- Breastmilk is particularly important for preterm infants and babies with low birth weight (newborn with less than 2.5kg weight) as they are at increased risk of infections, long term ill health and death.

- Keep preterm or low birth weight baby warm. Practice Kangaroo care. Kangaroo care is a care given to a preterm baby in which baby is kept between the mother's breast for skin to skin contact as long as possible as it simulates intrauterine environment and growth. This helps the baby in two ways, (i) the child gets the warmth of the mother's body, and (ii) the baby can suck the milk from the mother's breasts as and when required. Such babies may need to suck more often for shorter duration. If the baby is not able to suck, expressed breastmilk may be fed with a katori or tube.

4. Feeding During Emergencies

Infants and young children are among the most vulnerable victims of natural or human induced emergencies. Interrupted breastfeeding and inappropriate complementary feeding heighten the risk of malnutrition, illness and mortality. Uncontrolled distribution of breastmilk substitutes, for example in refugee settings, can lead to early and unnecessary cessation of breastfeeding. Although breastfeeding is the safest and often the ONLY reliable choice for young infants, one is likely to overlook the basics like breastfeeding for those who need it the most, in the rapid response that is needed to provide relief during emergencies. There is surplus availability of milk powder which is invariably donated liberally. Protecting, promoting and supporting breastfeeding in disaster areas with due focus on the following is essential to ensure child survival, nutrition and health:

- Emphasis should be on protecting, promoting and supporting breastfeeding and ensuring timely, safe and appropriate complementary feeding.
- Infants born into populations affected by emergencies should normally be exclusively breastfed from birth to 6 months of age. Every effort should be made to identify alternative ways to breastfeed infants whose biological mothers are unavailable.
- Pregnant and lactating women should receive priority in food distribution and should be provided extra food in addition to the general ration.
- Complementary feeding of infants aged six months to two years should receive priority.
- Donated food should be appropriate for the age of the child.
- Immediate nutritional and care needs of orphans and unaccompanied children should be taken care of.
- Efforts should be made to reduce ill effects of artificial feeding by ensuring adequate and sustainable supplies of breastmilk substitutes, proper preparation of artificial feeds, supply of safe drinking water, appropriate sanitation, adequate cooking utensils and fuel.

5. Infant feeding in Maternal illnesses

Painful and/or infective breast conditions like breast abscess and mastitis and psychiatric illnesses which pose a danger to the child's life e.g. postpartum psychosis, schizophrenia may need a temporary cessation of breastfeeding. Treatment of primary condition should be done and breastfeeding started as soon as possible.

Chronic infections like tuberculosis, leprosy, or medical conditions like hypothyroidism need treatment of the primary condition and don't warrant discontinuation of breastfeeding.

Breastfeeding is contraindicated when the mother is receiving certain drugs like anti-neoplastic agents, immuno-suppressants, anti-thyroid drugs like thiouracil, amphetamines, gold salts, etc. Breastfeeding may be avoided when the mother is receiving following drugs- atropine, reserpine, psychotropic drugs. Other drugs like antibiotics, anaesthetics, anti-epileptics, antihistamines, digoxin, diuretics, prednisone, propranolol etc. are considered safe for breastfeeding.

5. Monthly Reporting Format for Anganwadi Workers on IYCF (Breastfeeding):

Name of AWW: **Name of AWC:** **State/UT:**

Name of Project	District/Block	Total No. of Children 0-6 months	No. of Children Exclusively Breastfed	Reasons for not exclusively Breastfeeding	Action Taken	No. of Children 0-6 months underweight	Action taken

6. Monthly Reporting Format for Anganwadi Workers on IYCF (Complementary feeding and continued breastfeeding):

Name of AWW: **Name of AWC:** **State/UT:**

Name of Project	District /Block	Total No. of Children 6 mon-3yr	No. of Children initiated with complementary feeding at 6 months	No. of Children not initiated with complementary feeding at 6 months	Reasons for not initiating complementary feeding at 6 months	Action taken	No. of children breastfed along with Complementary Feeeding	If not breastfed, Action taken

7. Quarterly Reporting Format on IYCF Trainings (from District/State)

Trainings on IYCF						
Sl.No.	Name of the training	Date	Duration of the training	No. of grassroots functionaries	No. of BDOs, CDPOs and Supervisors	Other Participants