

National Plan of Action for Promoting Breastfeeding : An Outline

ARUN GUPTA*, DEEPIKA SHRIVASTAVA**

The International Code of Marketing of Breast Milk Substitutes came into existence in 1981. The Innocenti Declaration was signed in 1990 for protection, promotion and support of breastfeeding. A significant development took place with the enactment of "Infant Milk Substitutes, Infant Foods and Feeding Bottles Act 1992". The establishment of the Breastfeeding Promotion Network of India (BPNI) in 1991 led to several significant initiatives in partnership with Association for Consumers Action on Safety and Health (ACASH) and several other NGOs and professional associations. After 10 years of movement, a meeting of the key partners was thought of to review the ongoing initiative to protect, promote and support breastfeeding. In the meeting the partners discussed objectives, key issues, advocacy and policy development, training and capacity development, communication and social mobilisation, community action and intervention, monitoring, evaluation and research. It was hoped that this would provide the necessary impetus for concerted action to be taken by different partners at all levels to organise "baby friendly communities" a reality in India where young children's rights to breastfeeding for survival, growth and development would be fulfilled in partnership with families and communities.

Key words : Breastfeeding, infant and young child feeding, International Code of Marketing of Breast Milk Substitutes, national partners, baby friendly communities.

The International Code of Marketing of Breast Milk Substitutes came into existence in 1981. The Innocenti Declaration [Meeting in Florence in July 1990, government policy-makers from more than 30 countries adopted the Innocenti Declaration. The Forty-fourth World Health Assembly, in 1991, welcomed the Declaration as "a basis for international health policy and action" and requested the Director-General to monitor achievement of its targets (resolution WHA 44.33)] was signed in 1990 for the protection, promotion and support of breastfeeding. The four operational targets of Innocenti Declaration included:

- (1) Appointing a national breastfeeding co-ordinator with appropriate authority, and establishing a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organisations (NGOs), and health professional associations.
- (2) Ensuring that every facility providing maternity services fully practises all the "Ten steps to successful breastfeeding" set out in the WHO/UNICEF statement on breastfeeding and maternity services.
- (3) Giving effect to the principles and aim of the International Code of Marketing of Breast Milk Substitutes and subsequent relevant Health Assembly resolutions in their entirety.
- (4) Enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement.

The ratification of the UN Convention of the Rights of the Child by the Government of India in 1992, the National Plan of Action for Children in 1990 and the adoption of National Nutrition Policy in 1993 marked progressive national commitment to promote the fulfillment of children's rights to survival, protection and participation, including the young child's right to breastfeeding for better survival, growth and development. The ratification of CEDAW by India also reinforced the recognition of fulfillment of

women's rights including the right to accurate information, informed choice, working conditions that support their role as mothers, enabling family and community support, adequate care and nutrition and special protection. To quote the Innocenti Declaration, "Efforts should be made to increase women's confidence in the ability to

*MD (Paediatric), FIAP, National Co-ordinator, Breastfeeding Promotion Network of India (BPNI), Delhi 110088

**Project Officer, Child Development and Nutrition, UNICEF, India

breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behaviour towards breastfeeding”.

A significant development took place with the enactment of “Infant Milk Substitutes, Infant Foods and Feeding Bottles (Regulation of Production, Supply and Distribution) Act 1992” (IMS Act). The establishment of the Breastfeeding Promotion Network of India (BPNI) in 1991 led to several significant initiatives in partnership with Association for Consumers Action on Safety and Health (ACASH) and several other NGOs and professional associations. The initiatives such as the World Breastfeeding Week and Baby Friendly Hospital Initiative (BFHI) have given effect to the Innocenti Declaration targets. The BPNI has been working as a catalyst in this movement and is a key agency to mobilise countrywide action in collaboration with the governments, NGOs and UNICEF.

National Partners' Meeting :

After 10 years of the movement, it was thought that a meeting of key partners be held to review the ongoing initiative to protect, promote and support breastfeeding, discuss key issues and strategise on a new plan of action in the perspectives of promoting appropriate infant and young child feeding.

The BPNI in consultation with the Department of Women and Child Development (DWCD), Ministry of Human Resource Development, Government of India, organised a National Partners' Meeting on *Promoting Breastfeeding: The Way Forward* on 20-22 November, 2001. The aim of this meeting was to develop a national action plan on promoting breastfeeding through a wider consultative process and considering the recent scientific developments in the field of infant feeding particularly the period of exclusive breastfeeding for first six months. This meeting was attended by 17 key persons from several organisations including Government of India (the DWCD), National Institute of Public Co-operation and Child Development (NIPCCD), Forum for Child Care Services (FORCES), ACASH, Indian Medical Association (IMA), Indian Academy of Pediatrics (IAP), Federation of Obstetrics and Gynecological Societies of India (FOGSI), and Trained Nurses Association of India (TNAI), WHO and UNICEF.

Objectives — The nature of the meeting was participatory, open ended, and yet focused on clear goals to emerge out with a national action plan to protect, promote and support breastfeeding. The objectives of this consultation were : (1) To explore key issues in the breastfeeding movement. (2) To take stock of progress on Innocenti targets/key national targets and identify strategies and actors to move forward. (3) To understand new and critical issues. (4) To identify and define areas of collaboration with new and old partners. (5) To develop a National Plan of Action for the breastfeeding movement.

Key issues — During the meeting the key issues that were discussed included women and work, implementation of the IMS Act, BFHI and support to women in the community. The leading experts in the respective field discussed every issue at length. Challenges and gaps in the current programme and actions, emerging issues, lessons learnt and useful experiences were shared. This helped us to develop future action and draft recommendations. Some of the key challenges identified at the meeting included a sustained communication initiative, revision/strengthening of curriculum at all levels, strengthening legislation on maternity leave, promotion of optimal infant and young child feeding through the health care delivery system and effective implementation of law to stop aggressive marketing of infant formula and complementary foods.

Threats to breastfeeding were also discussed and plans were formulated to include these issues in future action plans viz, breastfeeding and HIV/AIDS, globalisation, trade and infant feeding and breast milk contaminants.

The outline of the national plan of action was developed within a framework for action and major recommendations were given below. The indicators of progress of work were identified as: (1) Initiation of breastfeeding within one hour of birth (2) Exclusive breastfeeding for the first six months.

The conceptual shift in the current programmes to lead to this action plan is projected in Table 1.

Recommendations — Advocacy and policy development :

- Expand National Breastfeeding Committee (NBC) to National Infant and Young Child Feeding (NIYCF) Committee.
- Set up core group to finalise National Plan of Action for promoting breastfeeding.
- Set up State level Infant and Young Child Feeding Committees.

Table 1 — *The Conceptual Shift*

From	To
(a) Fragmented approach – different partners – different things	Convergent approach
(b) Responsibility of promoting breast feeding in community with DWCD	Shared ownership
(c) Responsibility of promoting BF Hospitals through BFHI with MOHFW	Shared ownership
(d) No link between (b) and (c)	Linking hospital and community (since only 34% of women to access hospitals for deliveries, therefore the concept of “Baby Friendly Community”)
(e) Breastfeeding counsellors assumed from the health care delivery system	From local community
(f) Counselling based on knowledge	Counseling based on successful experience and local context
(g) Medicalised approach	Family/community approach
(h) Knowledge/information dissemination approach	Increased role of mothers' support groups
(i) Breastfeeding mainly promoted for reducing infant morbidity and mortality	Behaviour change approach enabling change in breastfeeding practices
(j) Promoting “breastfeeding”	Breastfeeding as an entry point for early child care for survival, growth and development
(k) Emphasis on protecting and promoting breastfeeding but not enough for supporting it	Focus on promoting “exclusive breastfeeding” Balanced emphasis on - Protecting - Promoting - Supporting breastfeeding
(l) Centralised strategies mostly advocacy activities at national level	Decentralised state specific strategies for community action in partnership
(m) Dependence on BPNI to train all groups	Create decentralised state/district resource groups, local capacity development
(n) Links with RCH/ICDS not so explicit, large scale action not thought of	Taking the concept into practice through existing outreach systems (RCH/ICDS/ Panchayats)

- Integrate breastfeeding / IYCF into training programmes of all major existing programmes eg, RCH, ICDS, Panchayats Raj and Nagarpalikas (for different levels of functionaries).
- Conduct training of trainers/ training institutions for major programmes.
- Training and creation of state resource groups (WCD, FW, NGOs, UNICEF, WHO, FOGSI, IMA, IAP, TNAI, etc).
- Training and creation of district resource group.
- Training and creation of block / cluster level resource group and village level peer counsellors/ mothers' support groups.
- Strengthen existing module / guidelines for peer counsellors / mothers' support group.
- Orientation of all members of professional body partners (IAP, FOGSI, IMA, etc).
- Strengthen pre-service curriculum of nursing and medical education on breastfeeding and IYCF, including IMS Act.
- Initiate action project to strengthen pre-service curriculum in collaboration with medical colleges.
- Orientation of key faculty of medical colleges/hospitals.

Communication and social mobilisation :

- Conduct state specific action research to understand current feeding practices, barriers, and locally relevant promotional strategies to guide the state committees.
- Involve partners in breastfeeding movement in creating the right messages.
- Launch an effective national media campaign, including celebrities.
- Design a comprehensive IEC strategy consistent with technically correct messages and identify role of different media channels, purpose and modality of usage.
- Develop a resource inventory of potential partners, IEC materials and strategies developed in different languages.

- Initiate state plans for promoting infant and young child feeding (IYCF) as a part of State Plans of Action for Child Development.

- Formulate a Child Care Code as policy with ‘Baby Friendly Communities’ as a societal norm.

- Review the Maternity Benefit and Child Care Services Entitlement Act in collaboration with the Ministry of Labour/ Health looking at the unorganised sector.

- Prepare a concept paper for revitalisation of BFHI including issues related to re-certification.

- BFHI National Committee to be linked to NIYCF as a sub group.

- Prepare a draft paper on NIYCF guidelines (based on WHO/ UNICEF draft global strategy on IYCF) for consideration.

- Advocate with the MOHFW for inclusion of breastfeeding and IYCF in draft national health policy.

Training and capacity development :

- Agreement on a common core module/ unit on breastfeeding / IYCF.

- Develop a core communication package for different target groups .
- Involve and select AWTs in communication research to assess practices and implement and refine strategies and materials to monitor behaviour change.

- Link with several media outreach programmes of MOHFW and ICDS/DWCD.

Community action and intervention :

- Orientation of CDPOs/AWWs/village team on "baby friendly communities" in select districts/blocks.
- All AWCs to organise 'mahila shivirs' on breastfeeding in a phased manner in blocks/districts on "baby friendly communities", set up mothers' support groups by identifying potential peer counsellors.
- Community level monitoring/tracking of key indicators of "baby friendly communities" (by women panchayat members/AWWs).

- Felicitation and recognition of panchayats/AWWs of "baby friendly communities".

Networking and co-ordination :

- Annual meeting of national partners.
- Annual state planning workshops of state resource groups.
- Theme based workshops of national resource group (eg, on developing IYCF guidelines).
- Biannual meetings of the National Breastfeeding Committees (NBC).
- Quarterly meeting of state breastfeeding committee / IYCF committees.
- Quarterly meeting of National BFHI Committee.
- Follow-up workshop on the concept of "baby friendly communities".

Monitoring, evaluation and research :

- Synthesise baseline data on key outcomes (MICS, NFHS).
- Launch India PAR (with State PAR – participatory action research).
- Link community based monitoring of key indicators with ICDS CDPOs, QRPs and MPRs.
- Monitoring and evaluation of BFHI as a continued process.
- Link evaluation plan with next round of MICS/NFHS.
- Launch systematic monitoring of IMS Act as routine exercise every 2-3 years.

The outline was discussed at the last meeting of the NBC and a detailed plan of action was finalised. It was hoped that this would provide the necessary impetus for concerted action to be taken by different partners, at all levels to make " baby friendly communities" a reality in India where young children's rights to breastfeeding – for survival, growth and development would be fulfilled in partnership with families and communities.

(Continued from page 494)

- 1970; **42**: 967-78.
- 3 Merton PA — Voluntary strength and fatigue. *J Physiol (Lond)* 1954; **123**: 553-64.
- 4 Waud BE, Waud DR — The relation between tetanic fade and receptor occlusion in the presence of competitive neuromuscular block. *Anesthesiology* 1971; **35**: 456-64.
- 5 Engbaek J, Ostergaard D, Viby-Mogensen J — Double burst stimulation (DBS): a new pattern of nerve stimulation to identify residual neuromuscular block. *Br J Anaesth* 1989; **62**: 274-8.
- 6 Tripathi M, Singh PK, Ambesh SP, Kaushik S — Comparison of sensitivity of neuromuscular monitoring tests: twitch versus tetanic test. *J Anesth* 1997; **11**: 245-9
- 7 d' Hollander AA, Duvaldestin P, Delcroix C, Nevelsteen M, Desmonts JM — Evolution of single twitch and train-of-four response and of tetanic fade in relation to plasma concentration of fazadinium in man. *Anesth Analg* 1982; **61**: 225-30.
- 8 Bowman WC — Prejunctional and post junctional cholinceptors at the neuromuscular junction. *Anesth Analg* 1980; **59**: 935-43.
- 9 Huemer G, Schwarz S, Gilly H — Pharmacodynamic, pharmacokinetics and intubation conditions after priming with three different doses of veuronium. *Anesth Analg* 1995; **80**: 538-42.
- 10 Hennis PJ, Stanski DR — Pharmacokinetic and pharmacodynamic factors that govern the clinical use of muscle relaxants. *Semin Anaesth* 1985; **4**: 21-30.
- 11 Gibb AJ, Marshall IG — Pre- and post- junctional effects of tubocurarine and other nicotinic antagonists during repetitive stimulation in the rat. *J Physiol (Lond)* 1984; **351**: 275-97.
- 12 Bowman WC, Marchall IG, Gibb AJ, Harborne AJ — Feedback control of transmitter release at the neuromuscular junction. *Trends Pharmacol Sci* 1988; **9**: 16-20.
- 13 Benumoff JL, Partidge BL, editors. *Advances in the Use of Muscle Relaxants: Anesthesiology Clinics of North America*. Philadelphia: Saunders, 1993.