



BPNI BULLETIN

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From the Desk of the National Coordinator

Repositioning Integrated Child Development Scheme

Exclusive breastfeeding has been identified as the single most effective preventive intervention, which could prevent 13 per cent of all childhood deaths. Adequate and appropriate complementary feeding from six months to 24 months could prevent additional 6 per cent of all such deaths. Translating these two optimal infant and young child feeding practices to a coverage of 90% could cut 19% deaths of under five, that means in India over 450,000 deaths could be saved.

Universally feeling among mothers is that they don't have enough breastmilk for their baby, and health workers offer supplements of milk to treat this 'perception' rather than building confidence of the mother using counseling skills. Mothers have 'little' or 'no awareness' about exclusive breastfeeding, and complementary feeding; what to give, how much to give and when. Confusing messages flow from different quarters including health personnel. Most health personnel use their 'own' experience or old knowledge. Aggressive commercial promotion of baby foods using market and health care system leads to adoption of bottle-feeding as a modern way of feeding even in remote villages of India.

Infant and young child feeding counseling service requires skilled training in IYCF counseling, which enhances providers' motivation to reach families and build trust as there is dialogue about the child during pregnancy and around birth. It aims at behavior change and positions ICDS as 'true' child development programme rather than 'food for the poor' as it is perceived now. IYCF counseling enables mothers to make informed decisions to choose feeding methods for their babies. It provides the best possible opportunity to improve coordination and linkage, as well as an integrated approach for the health and development sector, which is by far the weakest link. It also helps improve participation of women and contributes to their empowerment. Thus, it ensures fulfilling commitments to the rights of both mothers and children.

In India, efforts have been made to merely inform women and that too occasionally, like 'rooming in' and discouraging prelacteal feeds. Those less often implemented are 'counseling' and 'education'. This may be partly due to the fact that programme managers are not aware of much higher benefits of the counseling and education for optimal infant feeding and these are harder to implement effectively, and require more organization, generation of additional resources, more highly motivated and skilled staff, and in some cases, new staff. Fortunately, most of the needed interventions can be delivered through existing services, only needing improvement in the quality and responsiveness.

That means, there is a need to reposition ICDS as true development programme to produce 'Smart children' and thus a 'Smart society' and for ALL the rich and the poor. The action of course requires additional spending and needs high-level political response. Further, redefining the role of our frontline workers is essential, primarily the Anganwadi worker should perform the role of skilled counselor with a context of child development and other specific roles.

The most recent speech of Hon'ble Finance Minister on ICDS captures very clearly the understanding of decision makers when he said, The Universalisation of the ICDS scheme is overdue in which there is a functional anganwadi that provides full coverage for all children in every settlement. It calls for new ways and a clear preventive approach and not doling out food only.

What can be done at the level of health professional?

- We should all cooperate with the Govt of India in its efforts in implementing ICDS so that to make it a public campaign with larger participation of health professionals, NGOs and general public.
- Make every pregnant woman aware about the optimal infant and young child feeding at each antenatal visit. Obstetrician can do this job more effectively.
- Health awareness posters can be put in the waiting areas of the clinics and the hospitals in the departments of pediatrics and obstetrics devoted to infant feeding.
- Health personnel should discuss the issue of child feeding with the parents at each check up whether for routine well baby check up or when the child is sick.
- Health personnel can have written material in their clinics guiding the parents about optimal infant feeding.

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