



BPNI BULLETIN

Number 25, July 2004

From the Desk of the National Coordinator

District level action: The Way to go!

In the month of July 2004, I made a field visit to District Vaishali of Bihar to learn the following facts;

1. 20-80% mothers in rural area of Vaishali, start some supplements within first 2 months.
2. Most mothers do so because they feel "not having enough milk"
3. Health Workers (HWs) and RMPs provide "top milk feeds" as an advice to mothers who are sick and complain of not enough milk.
4. Commercial formula and bottles are freely available and commonly used even in remote villages.
5. None of the 8 ANMs in one PHC, several anganwadi workers (one of whom was MSc Home Science) or anganwadi helpers could provide correct answer to what should be done.

These facts at least answer one question in the minds of many, that "there is a problem in India".

Today you are confronted with a question, how to build actions in the RCH II or ICDS III programmes to enhance exclusive breastfeeding during the first six months to 80% which is one of the 10th five-year plan goals. I am sure you all are aware of these goals. For the first time, the Government of India has included state specific goals in its 10th five-year plan goals, to improve infant and young child feeding practices to reduce infant mortality and malnutrition; promote integrated early child development. These goals aim to increase the rate of initiation of breastfeeding within one hour to 50% from the current level of 15.8%, to increase the exclusive breastfeeding rate to 80% for 0-6 months children, from the current level of 55.2% at 0-3 months and 27.3% at 4-6 months, and increase the rate of complementary feeding to 75% from the current level of 33.5%. The current levels reflect NFHS 2 data.

According to the BPNI's intervention study in Bhuj, Gujarat, and several other interventions proved that it is possible to achieve high rates of exclusive breastfeeding. But it comes with a price of time and resources, to provide, skills to health and child care workers and they in turn provide skilled counseling to mothers and families.

The RCH II to be launched soon will carry a district level focus. The planned expansion of NACO to put voluntary counselling and testing centers at all districts in next two years would generate a tremendous demand for trained counselors. The Department of Women and Child Development has launched the 'National Guidelines on Infant and Young Child Feeding' and will be planning to implement these effectively. The Government of India's plans also focus on strengthening and empowering district administration to reduce poverty and implement other programmes for the welfare of people.

BPNI started working on Infant and Young Child Feeding in 1991 and now we have moved to establish district branches. BPNI's vision is to have at least 200 district branches functioning by end of 2007 and membership enrollment from currently in 300 districts to 600 districts. This will help us work more effectively. Many of you have taken part in 49 districts study held in 2003. Also you are busy in mobilizing partnerships at district level, it would be very useful to involve as many partners as possible including Government persons in both Health and Child development, RCH, FNB, ICDS sectors, NGOs, professionals bodies like IMA, IAP, TNAI, NNF, etc. It is strongly urged to avoid collaborations or partnerships with any commercial baby foods manufactures so as to respect the IMS Act in letter and spirit.

Our role is very important that we create district level networks that could support governments in implementing their programmes on child health and development.

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