

Community Health Cell

From: Vandana Prasad [chaukhat@yahoo.com]
Sent: Tuesday, October 10, 2006 11:07 AM
To: Arun Gupta
Cc: pha-ncc@yahooogroups.com; circusplus@googlegroups.com
Subject: [pha-ncc] Re: Call for Development of a Joint Statement on IYCF

dear arun ji,
i have gone through the statement and i agree with it.
just few small points -

1. the overall format of the first section is proving to be awkward because not each bullet is able to start with '...ing' - why not just convert all to simple statements?
2. in the maternity ent recommendation, let us suggest the TN model as one example of a minimum doable thing rather than 'the' model, just in case someone wants to do more!
3. some minor editing reqd.

rest is fine. i personally think it is wise to go for specific participation in national nutrition mission rather than a seperate commission on iycf, and glad you have taken that approach. i am forwarding the draft to jsa and the rt2fd group on children also for their information and suggestions.

warm regards
vandana

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10/10/06*
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Joint Statement on Infant and Young child Feeding 9 10 06

We, a group of health professional organizations and citizens movements on health, gathered here today, Thursday, the 19th October 2006,

- Aware that optimal infant nutrition is critical for rapidly improving infant survival;
- Recalling the actions contained in the National Guidelines on Infant and young child feeding and the Infant Milk Substitutes, Infant Foods and Feeding Bottles (Regulation of Production, Supply and Distribution) Act 1992, as Amended in 2003(IMS Act), Recalling the "Delhi Declaration on Infant and Young Child Feeding" adopted on 3rd December 2003 at the Asia Pacific Conference on Breastfeeding.¹
- Recalling that India is committed to World Health Assembly (WHA) Resolutions on Infant and Young Child Nutrition and Convention on the Rights of the Child (CRC) and Convention on Elimination of all forms of Discrimination Against Women (CEDAW).
- The Global Strategy for Infant and Young Child Feeding adopted by the World Health Assembly in 2002, recognises that *"Inappropriate feeding practices and their consequences are major obstacle to sustainable socioeconomic development and poverty reduction. Governments will be unsuccessful in the efforts to accelerate economic development in any significant long-term sense until optimal child growth and development, especially through appropriate feeding practices, are ensured."*
- Concerned with the continued deaths of infants in India about 16 lac die each year, and two thirds of these die during first month of life, another 8 lac children die during 2nd to 5th year of their lives.
- Given that they die of mostly preventable sickness, like newborn infections, diarrhea and pneumonia, this misery must end, as these deaths are mostly related to poorer infant nutrition and preventable.
- Recognizing that for all these 3 major causes of deaths, exclusive breastfeeding for the first six months of life is the number 1 intervention;
- Noting the new evidence that beginning breastfeeding within one hour of birth can save 2.5 lac newborn deaths in an year²
- Concerned that only 15.8% mothers are able to practice initiation of breastfeeding within one hour of birth; and only 20% of babies are exclusive breastfeeding at 6 months.³
- Aware that it has been too long, Infant mortality rate is not declining rapidly and significantly, India needs to increase its Annual reduction rate of IMR to 6.6 from the current of about 2;

¹ <http://www.ibfan-asiapacific.org/img/delhideclaration.pdf>

² *Pediatrics* 2006;117;380-386

³ <http://www.nfhsindia.org/pnfhs2.html>

- Recognising what works but need to scale up exclusive breastfeeding that can save 13% of all child deaths, adequate complementary feeding can save additional 6 percent child deaths if coverage was universal⁴
- Aware that government is planning to address infant mortality in 11th plan through NRHM RCH and ICDS and commits to National Plan of Action for Children;
- Believing that only a logical budget allocation will allow action that can make a difference;
- Believing that core issues should be re-defined in national rural health mission (NRHM) to include addressing infant nutrition as a key to infant survival and can be implemented at a scale;
- Considering that proven benefits of breastfeeding include better brain development and preparing children for better learning;
- Recognising that optimal breastfeeding protects from obesity, diabetes and heart disease; and if we allowed to perpetuate artificial feeding of infants as a norm, it will affect generations to come with obesity and related problems;
- Believing that fulfillment of infants right to food and survival depends on how we support the mothers; and is in accordance with the spirit of Supreme Court Order on right to food;

Call upon the Prime Minister of India, Chairman of the Planning Commission Government of India, to

- Recognise achieving optimal Infant and young child feeding practices within national food security plans for first 2 years,
 - Recognise that optimal Infant and young child feeding is a Poverty Reduction strategy
 - Declare 'breastfeeding' as a national asset and priority for ensuring nutrition security of infants to lower INFANT MORTALITY RATE (IMR) rapidly in 11th plan,
 - Recognise breastfeeding as infant's right to food, (beginning with in first hour of birth, and exclusive breastfeeding for the first six months) to make it a core intervention, central to both health and nutrition sectors, through following 5 actions.
1. Ensure adequate budgets are earmarked for protecting, promoting and supporting breastfeeding in 11th plan; to implement National Guidelines on Infant and Young Child Feeding and kick start work of the National Breastfeeding Committee established in 1997 (Order... in MWCD); and under NRHM to provide incentives to ASHA for ensuring breastfeeding within one hour equal to what she gets for immunization. (Through cash coupons held by the mothers)

⁴ LANCET 2003; 362:65-71

2. Create specific coordination for optimizing infant nutrition under the National Nutrition Mission.
3. Establish accountability mechanisms in MOH and MWCD and direct them to make plans of action to enhance optimal breastfeeding rates and review on a yearly basis.
4. Provide legislative support to all women to enable them to begin breastfeeding within one hour of birth, holding it health workers' obligation, and maternity entitlements for at least BPL women in un organised sector giving cash benefit Rs 1000 per month for six months (Tamil Nadu model).
5. Put "breastfeeding education" as a 'service delivery' equal to 'immunization' both health sector and nutrition sector.

Draft 10/6/2006 10:11 PM (AG/NBM/DP)