

The chief components of demand generation at national/state and sub-district levels include the following:

B1.1: Mass media activities

- The Ministry of Health and Family Welfare (MoHFW) has developed branded audio visual materials with Madhuri Dixit as the celebrity advocate for wider publicity. Audio spots would be aired on Prasar Bharti (DD and AIR) and my.gov.in. Newspaper advertisements would be published in national dailies at a decided frequency. Bulk SMS and voice messages would be sent using Mother and Child Tracking System (MCTS) and *Kilkari*. At the national level the Programme would be launched by Hon'ble Union Minister Health of and Family Welfare on 5th August 2016. To highlight the messages on breastfeeding, engagement with private media and language media will be an integral part of the national launch.
- Launch events with political leaders such as the Chief Minister/Health Minister at State levels; MP/MLA or other public figures at district levels, will be organized.
- The various types of IEC material has been developed at the national level for use by the States:

TV Commercials*
<ul style="list-style-type: none"> • Vaada: 60 seconds • Bada bhai: 60 seconds • Treasure hunt: 60 seconds • Maa sab seconds janti hai: 60 seconds
Radio Spots
<ul style="list-style-type: none"> • Vaada: 30 seconds • Bada bhai: 30 seconds • Treasure hunt: 30 seconds
Print and outdoor
<ul style="list-style-type: none"> • Hoarding, posters, bus panels • Posters (7 prototypes) for use at health facilities and outdoors • Wall painting prototypes for villages • Info-kit for ASHAs • Counselling flip chart for ANMs

- States and District may plan similar launch event in the month of August 2016, after the National level launch. Audio visual materials developed in Hindi and English at the

national level may be used by States after translation/adaptations if required. States may publish newspaper advertisements in local dailies, air TV commercials and radio jingles on local channels and FM radio. Wide outdoor publicity such as hoardings in open public spaces – bus stops, railway stations, market – may also be taken up.

B1.2: Mid media activities

- Song and Drama Division activities, folk performances, street theatre, puppet shows, video vans, and also fairs and exhibitions regarding 'MAA' Programme may also be taken up to have a local connect with communities.

B1.3: Community engagement/ inter-sectoral convergence

The following activities may be carried out State and District levels to convert the 'MAA' Programme into a people's movement:

- Involving private sector is important as large proportion of deliveries take place in private facilities. Advocacy meetings may be planned with professional bodies of private sector professional bodies such as Indian Medical Association/Indian Academy of Pediatrics/Federation of Obstetric and Gynaecological Societies of India (IMA/ IAP/FOGSI)
- Inter-sectoral involvement with line ministries, such as Women and Child Development, Tribal Welfare, Panchayati Raj and Urban Development, is required for a multiplier effect to reach pregnant and lactating mothers.
- Involvement of all development partners for focused implementation in High Priority Districts is essential.
- Public meetings/workshops may be organized for advocacy at State, District, Block levels involving leaders, actors, social activists, religious leaders, ANM schools/ nursing schools, Panchayat leaders, religious heads, teachers, or other potential influencers.

*Ensure violation of the IMS ACT in terms of involvement of agencies/funding or using prohibited under the IMS Act during advocacy. Orientation on IMS act would be provided in the training module.



B2. COMMUNITY LEVEL ACTIVITIES

- ◆ **Orientation of ASHAs/AWs and interpersonal communication and community dialogue through mothers' meeting conducted by ASHA**
- ◆ **Trained ANMs at sub-centres for providing skilled care in the communities**

Community level activities for promotion and counselling support for breastfeeding is an important element of the Programme, as it provides the opportunity for advocacy of not only with mothers but also gatekeepers such as mother-in-laws, husbands and other family members. It also provides an opportunity for a one-to-one contact with mothers and their families for dissemination of correct messages, providing support to address problems such as correct positioning and attachment, sore breasts/breast engorgements, and to generate support from family members for the mother on breastfeeding.

Community activities by frontline workers not only provide correct information at first contact itself, but also appropriate referral for cases requiring lactation management and support. Additionally, it helps in sustaining the advice of doctors/skilled nursing staff after discharge.

The role of ASHAs along with anganwadi workers, in the Programme is of a community mobilizer for advocacy on breastfeeding along with support and counselling for optimal IYCF practices. The ASHA will promote breastfeeding at the community level, she will counsel mothers regarding management of breast engorgement and inverted nipples, to save of valuable time and significant discomfort in the mother. However, the cases requiring further help may be referred to ANMs at sub-centre or health facilities.

ANMs at all sub-centres, in a phased manner over a one-year period, will be trained for developing skills on lactation management and support. The skilled ANM will be a major resource in the community. Skilled ANMs will address all referred cases requiring lactation support such as breast engorgement, lactation failure, inverted nipples, breast abscess, insufficient milk, counselling for lactation support, etc. She will provide breastfeeding counselling during Village Health and Nutrition Days (VHNDs) and routine immunization sessions.

The following activities will be implemented at community level under the Programme:

B.2.1: One day sensitization of ASHA – to develop them as the first information link on breastfeeding in the community

ASHAs will be orientated on the benefits of breastfeeding and ideal practices, along with their role on promotion of breastfeeding, and identification and referral of cases. The one day orientation will be conducted during monthly review meetings at the block level. Relevant portions on breastfeeding in the Module 6 and 7 should be used for this one day orientation. Also the one day sensitization module may be used for orientation of ASHAs.

This orientation will cover basic concepts of breastfeeding and complementary feeding to enable ASHAs to provide correct and complete information to families and the community, and clear misconceptions and myths. Their role in delivering breastfeeding related advice in routine home visits for newborns would also be detailed, along with brief content on basic breast conditions and their management.

B.2.2: ASHAs conduct mothers' meetings to promote, protect, manage and support breastfeeding, and complementary feeding

At the community level, the ASHA will disseminate breastfeeding messages and undertake community dialogue by conducting mothers' meetings.

- The ASHA will carry out interpersonal communication and inform pregnant and lactating women on benefits and techniques of successful breastfeeding. She will conduct mothers' meetings for all pregnant and lactating women in her village. The aim is to generate community advocacy and to provide preliminary counselling.
- The set of information/messages to be provided by the ASHA is annexed (Annexure I). She will also use the ASHA infokit and flip charts developed for the MAA Programme.
- The ASHA would prepare a micro plan, with line listing of antenatal care (ANC) mothers and lactating mothers. In a typical village, around 40-50 mothers are eligible for enrollment in a mother's meeting. An ideal mothers' meeting would have 5-8 such mothers. There would be 3 meetings

per month and 8–10 meetings per quarter. The ASHA would cover all pregnant and lactating mothers every quarter.

- The ASHA would repeat the mothers meeting every quarter of the financial year.
- The ASHA would be given an incentive of Rs. 100 per round per quarter for conducting all mothers' meeting in her village in each quarter, i.e. an incentive of Rs. 300 for 3 quarters, after orientation in the first quarter.
- If mother support groups have been institutionalized in the states, the available platform may be used for conducting mothers' meetings.

B.2.3: Reinforcement of routine activities of ASHAs on breastfeeding

The above mentioned orientation of the ASHA would also enable her to effectively deliver enlisted breastfeeding activities (elaborated in point No. 3 of Annexure II), during her routine home visits for home-based newborn care, follow up of babies with low birth weight and those discharged from Sick Newborn Care Unit (SNCU).

B.2.4: IYCF trainings for ANMs of all sub-centres in a phased manner

After the launch of the 'MAA' programme, ANMs would be orientated in a 1 day 'MAA' sensitization module. However, in a phased manner, ANMs at all sub-centres would be trained in a 4 day IYCF training module. States would prepare a training plan and IYCF implementation framework to saturate 4 day IYCF trainings of all sub-centre ANMs, will be trained by a pool of IYCF master trainers (trained MOs/ trained pediatricians/trained staff nurses) at District or State level. This would be an ongoing activity budgeted in State PIP under National Health Mission. ANMs should be provided with training kit consisting of MAA participant manual and IYCF counselling flip chart.

B.2.5: Breastfeeding support and management services at sub-centres and VHNDs

Skilled ANMs will provide breastfeeding and IYCF management and support to referred cases at sub-centre and during VHNDs. ANMs should use the 'MAA' flip chart for counselling.



B3. CAPACITY BUILDING OF HEALTHCARE PROVIDERS

- ◆ Capacity building of ANMs/nurses/doctors – at all delivery points
- ◆ Role re-enforcement regarding lactation support services

It is a well-established fact that support for initiating and establishing successful breastfeeding at health facilities after delivery goes a long way in achieving high breastfeeding rates after discharge. Once breastfeeding is successfully established immediately after birth and the mother is counselled before discharge, and repeated counselling is provided on every health contact with the newborn (immunization/well baby clinic), high rates of exclusive breastfeeding for the first 6 months can be achieved.

Key areas requiring counselling are correct positioning and attachment for breastfeeding, frequency of breastfeeding, emotional support by the family, confidence building of mothers, on demand feeding, night feeding, clearing myths of not enough milk and support for special situations, such as working mother. Each contact point with the newborn at health facilities should be optimized for breastfeeding/IYCF counselling.

The following activities will be implemented at facility levels under the Programme:

B3.1: Reinforcing roles and responsibilities regarding breastfeeding – one day orientation

- A one day sensitization (using the one day MAA sensitization module) along with orientation on roles and responsibilities (as per Annexure II) and review of health workers' involvement in promotion of breastfeeding at facilities should be taken up in August 2016, after launch of the

Programme. The aim of the one day sensitization is to quickly provide brief knowledge to healthcare workers and equip them for assisting mothers, till their IYCF training (4 days) is undertaken. This would be done for RMNCH+A counsellor/staff nurses/ANMs/MOs of all delivery points and of ANMs of all sub-centres. Breastfeeding support through RMNCH+A counsellors, ANMs/staff nurses/MOs would be restated. These meetings will take place at District and Block levels. Details of roles and responsibilities of healthcare providers for IYCF is annexed (Annexure II).

- Adherence to the IMS Act is an essential component for protecting breastfeeding in health facilities and thus information on the IMS Act must be included in the one day sensitization during August.
- Special emphasis will be on providing breastfeeding counselling on 9th of every month where essential maternal health services are being provided at identified health facilities under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).
- The role of the birth companion towards initiating early breastfeeding at health facilities would be stressed under the Programme to promote ownership of family towards their role in breastfeeding.

B3.2: Capacity building of ANMs/nurses and developing master trainers

The process of preparing a pool of master trainers would be initiated at the earliest after launch of the 'MAA' programme and it will continue through the year by involving Pediatric/PSM departments of Medical Colleges. The master trainers in turn will impart 4 day training to MOs, SNs of all delivery points and of the ANMs of all sub-centres in a phased manner. The healthcare providers of high case load facilities should be prioritized for training. A plan would be formulated for conducting trainings of ANMs/nurses using the 4 day training module. Trainings should be initiated in August and aim to saturate high case load delivery points and sub-centres by July 2017.

Dedicated training packages have been developed for the MAA Programme such as the one day sensitization module, 4 day IYCF training package for ANM and nurses and the trainer's guide. The one day module may be used for use in August during the launch. The 4 day (MAA training module) is a comprehensive module and includes all aspects of breastfeeding, complementary feeding, counselling, growth monitoring and breastfeeding in special situations.

B3.3: Facility strengthening

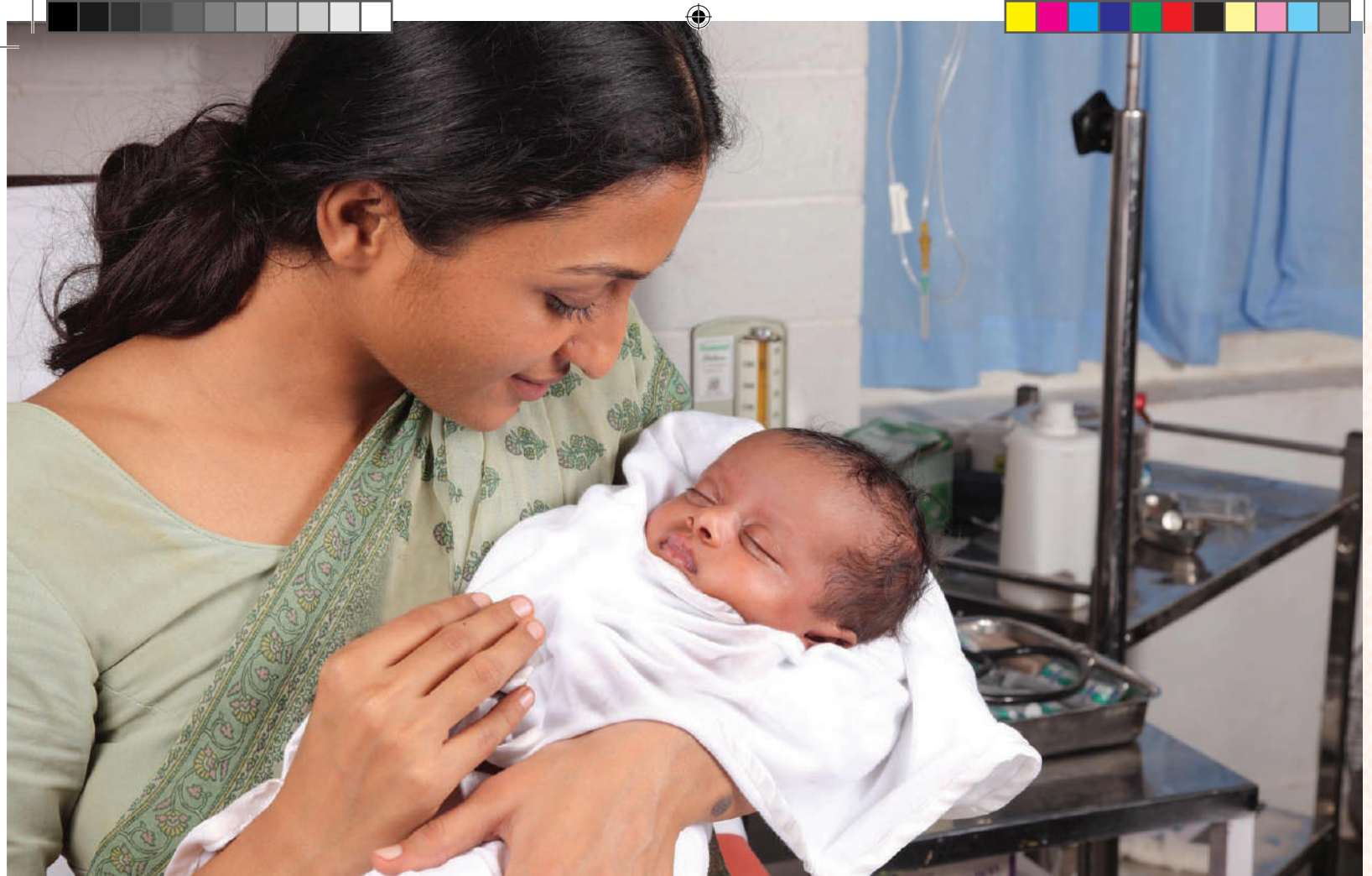
All the delivery points will be equipped with necessary IEC material and display of IEC on breastfeeding will be ensured in ANC ward/delivery ward and ANC clinics. Facilities having facilities for projecting AV materials will use the AV materials developed for the programme in the OPDs and wards. Prototype of the materials will be provided to the states for printing and adaptation in local languages 10 steps of Baby Friendly Health Facilities should be displayed and disseminated at the health facilities.

B3.4: Room for breastfeeding

At all health facilities a dedicated space/room would be provided so that breastfeeding mothers who have come for consultation if they desire can breastfeed in privacy. Information about breastfeeding space will be prominently displayed for providing greater visibility and support for breastfeeding.

B3.5: Setting up of National Resource Centre

The activities for supporting massive IYCF trainings and monitoring would be supported through National Resource Centre being established at the Department of Paediatrics, University College of Medical Sciences, New Delhi in technical collaboration with UNICEF and Breastfeeding Promotion Network of India (BPNI). The National Resource Centre will guide states, support in the development of trainers and in quality assurance for the training conducted by the states. States may contact the National Resource Centres for facilitation on matters related to training, monitoring, etc.



B4. AWARDS

Recognition for best performing baby friendly facilities

In order to complement efforts on strengthening health facilities, an initiative to provide recognition and appreciation to delivery points that demonstrate efforts towards delivering services for breastfeeding is planned.

B4.1: Award for facilities

Those facilities that perform well on promoting, protecting and supporting breastfeeding as per designated criterion (as per assessment report of the assessors) would be awarded and recognized at State level. This would act as a confidence and motivation for continuing the work.

B4.2: About the award

The nominated and certified facility would be awarded as '**MAA**' (**Mothers' Absolute Affection**) award.

- Only 1 award per district would be provided for the best facility meeting the criterion for the award.
- A team cash award of Rs. 10,000 per facility would be provided, which would be shared by the ANM, SN, Doctor, Pediatrician/obstetrician/gynecologist.

- The award would be given after certification from accredited monitors and validation of the criterion.

B4.3: Criterion for award

Health facilities meeting the following criterion and sustaining it for at least 6 months will be awarded:

- Have a written breastfeeding/IYCF policy (as per National IYCF guidelines of MoHFW) that is routinely communicated to all health care staff.
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one-hour of birth.
- Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
- Give newborn infants no food or drink other than breast milk unless medically indicated.
- Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Link mothers to trained ANM in the community on discharge from the hospital or clinic.

B4.4: Facility monitoring

The monitoring of the ongoing efforts to strengthen facilities would be undertaken by assessors for nominated facilities on quarterly basis for 200 districts in 2016. A pool of assessors would be created at State/District level, under the oversight of National Resource Centre. The assessors would be qualified personnel, trained and willing to carry out assessment of high case load delivery points regarding IYCF/breastfeeding counselling. Simultaneously, efforts will be made to integrate assessment of breastfeeding practices into the existing systems of facility assessment of State Quality Assurance Committee (SQAC) and District Quality Assurance (DQAC).

B4.5: Target

It is targeted that all high case load facilities are converted to awarded facilities.

C. Programme Implementation

The following implementation mechanism is suggested for successful roll out of the MAA Programme:

A, MAA coordination committee formed at State level may oversee the implementation of suggestive activities as below:

- Disbursal of guidelines (translated if needed) and funds to Districts.
- Adaptation of IEC material as per local needs.
- Preparing state and district plans for trainings.
- Identifying IYCF master trainers and chalking out training strategy.
- Conducting inter-sectoral meeting with WCD department and lead development partners for implementation.
- Preparing monitoring plan for monthly reporting.
- Identifying monitors for conducting monitoring for providing awards, in consultation with National Resource Centre.
- Printing of IEC material at State/district level
- Conducting meeting to orient district and block-level health officials on roll out of MAA programme.
- State level launch in August 2016 by Hon'ble Chief Minister or the Health Minister.

District largely have the mandate of implementation of the programme and need careful planning for conducting the following activities:

- District level launch by noted leader/ MP/MLA.
- Conducting one day sensitization in August and achieve high coverage.
- Sensitize health facilities in-charges for MAA awards.
- Complete orientation of all ASHAs by September and roll out the activity.
- Plan for reporting by health facilities, ANM and ASHA.

D. Monitoring & evaluation

- Each ASHA shall provide the filled monitoring formats at the end of the month to the ANM.
- ANM will submit the compiled report to the Block Medical Officer. Block reports will be compiled submitted to District Official. I
- District and States would submit monthly reports on progress of trainings, monitoring and visits at monthly basis. The reporting formats are placed in Annexures IV & V.
- The key monitor able indicators are as below:
 - » Number and % of ASHAs for whom sensitization on IYCF was conducted in block meetings.
 - » Number of districts conducted launch of MAA programme.
 - » Number of Mothers' meetings held.
 - » Number and % of Pregnant & lactating mothers who attended mother's meetings.
 - » Number and % of ASHAs having IYCF infokit.
 - » Number and % of ASHAs provided incentive for mothers' meetings.
 - » Number and % of ANMs for whom one day sensitization was undertaken.
 - » Number & % of ANMs & nurses trained on 4 day trainings.
 - » Number and % of delivery points, where healthcare providers have been oriented using one day sensitization module.
 - » Number of Facilities received MAA awards (at State level).
 - » A State wide evaluation survey would be undertaken after one year of implementation of MAA programme.

E. COSTING OF 'MAA' (Mothers' Absolute Affection) Programme

The Programme would be an annual activity and incur recurring expenditure for its components. Estimates are as below:

S. No.	Activity	Cost/District (Rs. lakhs)
I. DEMAND GENERATION		
1.1	Development of IEC materials /Branding of IEC Programme	National level activity. No costs involved for State/ District
1.2	IEC activities (in addition to funds sanctioned under PIP) Apart from Audio visual, includes printing of ASHA infokit, ANM flipchart,	Rs. 0.5 lakh per district. (This fund may be utilized at State level for IEC activities. States may take a call on its utilization.)
1.3	Costing for Air time /Newspaper ads	Already sanctioned funds under NHM PIP
II. COMMUNITY MOBILISATION		
2.1	Orientation of ASHA on breastfeeding/IYCF	No dedicated funds- to be clubbed with monthly block review meeting.
2.2	ASHA incentive @ Rs. 100 per ASHA for quarterly mothers' meetings.	Rs. 3.2 lakh per district (Estimated 1066 ASHA/ district x Rs. 300 for 3 quarters in 2016-17)
2.3	4 days IYCF training for all sub-centres/delivery points	Already an ongoing activity by States under PIP.
III. CAPACITY BUILDING AT DELIVERY POINTS		
3.1	One day sensitization of ANM/Nurses/Doctors of delivery points and sub-centres at District and Block level meetings. Along with orientation on role clarity on breastfeeding & review on breastfeeding. This includes cost for printing of sensitization module, arranging training.	Rs. 0.5 lakhs per district
3.2	National Resource Centre	National level activity. No costs involved for State/ District
IV. AWARDS		
4.1	Monitoring & Award/Recognition (Budgeted for 10,000 for one facility /district)	Rs. 0.1 lakhs per district
	GRAND TOTAL	Rs. 4.3 lakhs/district

Budgetary provision in annual PIPs: Planning for IYCF trainings, IEC, BCC material and tools should be undertaken as part of the PIP planning process. This will ensure that training manuals, guidelines, appropriate audio-visual aids and IPC-BCC tools (like flip charts) are available with ANM and ASHA to facilitate IPC/BCC. IPC tools developed at State level can be made available to community workers as job aids. Adequate budget provisions should be available in the PIP to develop, print and disseminate IEC material.

ANNEXURE – I

Interpersonal Communication – Messages by ASHA during mothers' meetings and community dialogue

Mother meetings* will be conducted by an ASHA, for pregnant and lactating women along with their family members, such as mother in law or sister in law and mothers who have successfully breastfed their children. The goal of mothers' meetings is to help mothers to breastfeed by (a) Providing the practical and scientific information to help her decision to breastfeed and (b) Giving women the moral and emotional support they need, to carry out their decision and to feel good about their experiences.

Key messages to be delivered by ASHA in mother's meeting are as below

- a) Early initiation of breastfeeding; immediately after birth, preferably within one hour.
- b) Breast-milk alone is the best food and drink for an infant for the first six months of life. No other food or drink, not even water, is usually needed during this period. But allow infant to receive ORS, drops, syrups of vitamins, minerals and medicines when required for medical reasons.
- c) After 6 months of age, babies should be introduced to semi-solid, soft food (complementary feeding) but breastfeeding should continue for up to two years and beyond, because it is an important source of nutrition, energy and protection from illness.
- d) From the age of 6–8 months a child needs to eat two to three times per day and thereafter, three to four times per day starting at 9 months – in addition to breastfeeding. Depending on the child's appetite, one or two nutritious snacks, such as fruit, home-made energy dense food, may be needed between meals. The baby should be fed small amounts of food that steadily increase in variety and quantity as he or she grows.

- e) During an illness, children need additional fluids and encouragement to eat regular meals, and breastfeeding infants need to breastfeed more often. After an illness, children need to be offered more food than usual, to replenish the energy and nourishment lost due to the illness.
- f) Benefits of Breastfeeding to the baby and mother as below:

Benefits for the baby

- Early skin-to-skin contact keeps the baby warm.
- It helps in early secretion of breastmilk.
- Feeding first milk (colostrum) protects the baby from diseases.
- Helps mother and baby to develop a close and loving relationship.
- Decreased risk of illness such as diarrhoea, pneumonia, ear and throat infections.
- Improved intelligence.
- Ensures development and growth.

Benefits for the mother

- Helps womb to contract and the placenta is expelled easily.
- Reduce the risk of excessive bleeding after delivery
- Reduces the risk of breast cancer, uterine cancer and ovarian cancer
- Lessens osteoporosis
- Benefits child spacing
- Promotes post-partum weight loss
- Costs less to feed the child

Note: Resources for ASHA

- Training: One day sensitization: a) 'MAA' one day sensitization module a) ASHA would be orientated as per ASHA training Module 6 (Page 50-56) & Module 7 (Page 7-17), before the implementation of programme in order to effectively deliver these messages.
- Counselling material: a) 'MAA' Infokit; b) 'MAA' counselling flipchart.

ANNEXURE – II

Roles of various Health care workers w.r.t. breastfeeding and IYCF at health facilities

The roles and responsibilities of health workers are divided as below:

1. IYCF services at health facilities
2. IYCF services at the community level (outreach)
3. IYCF services through home visits

Each level is elaborated below:

1. IYCF SERVICES AT HEALTH FACILITIES

1.1 Guiding principles for IYCF promotion in health facilities

- The substantial increase in institutional deliveries following the launch of Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram has brought the tremendous opportunity for ensuring early

initiation of breastfeeding during a stay at the health facility. Health facilities must aim for 100% coverage for early initiation of breastfeeding, i.e. within one hour for all normal deliveries and at the earliest possible, within 4 hours for complicated deliveries. All other contact points of the children up to 2 years with health facilities should be effectively used for counselling and support to promote appropriate IYCF practices, including breastfeeding.

- The key responsibility for communication and counselling of mothers/caregivers on IYCF is that of staff nurses, RMNCH+A counsellors and Medical Officers. In addition, the staff nurses should be instructed to take weight and length/height of all children admitted to health facilities and provide appropriate nutrition counselling to caregivers of children

identified as underweight or stunted. In high case load facilities (e.g.; a district hospital), RMNCH+A counsellor/s may be employed. The role of RMNCH+A Counsellor is to provide IYCF counselling to inpatient, outpatient and in labour rooms.

Where a nutrition counsellor is already associated or part of the National Resource Centre, her services should be used to educate and counsel mothers with young children admitted to the hospital.

The dedicated staff nurses employed in the Special SNCUs should be trained in lactation management. As many babies admitted to the SCNU are likely to be low birth weight and/ or preterm and sick babies, optimal support for breastfeeding has to be provided in the follow up period after discharge. Trained staff nurses must provide counselling and support not only to mothers/ caregivers of children admitted in SNCUs but also to caregivers of other babies including LBW and preterm babies born at these facilities or referred from peripheral health facilities. They should also counsel caregivers of admitted children identified as underweight or stunted.

'Rooming-in' and 'bedding-in' facilities for mothers of all healthy newborns delivered at health facilities, should be provided as this will go a long way in instilling confidence in mothers and improving breastfeeding rates once discharged.

Rooming in is defined as placement of a newborn with its mother, rather than in a nursery, during the postpartum hospital stay. Bedding-in' is defined as keeping the mother and baby in the same bed, for improved bonding and ease of breastfeeding. Separation of mother and baby is not warranted unless required due to serious illness of any one of them, where also efforts should be made to promote breastfeeding/feeding the newborn own mother's expressed milk.

- One key strategy is to protect breastfeeding from commercial influence. Healthcare providers must not allow the health systems to be used for promotion of any baby foods/Infant milk substitutes or companies manufacturing such foods. During Breastfeeding Week, the Civil Surgeon, Chief Medical Officer, doctors and nurses may be sensitized in this aspect also.

1.2 Activities for reaching out to mothers/ caregivers at the health facility

Mothers and caregivers can be reached through any of the following ways in various settings in health facility, based on availability of time and resources:

- One to one counselling by the service provider is the best way to reach out to mothers and caregivers in the postnatal period when they are more receptive to messages on child care and feeding. Similarly, one to one counselling is required with first time mothers, mother of a sick child for review of child feeding practices and reinforcement of key messages related to feeding during and after illness. Mothers of undernourished children and low birth weight babies should also receive one to one counselling regarding specific feeding needs. Communication guides (flip charts) are recommended to be used along with skilled counselling to make it more effective.
- Group counselling sessions on fixed days and time, should be organized at Maternal and Child Health (MCH) facilities at pre-decided contact points that include: mothers attending the outpatient ANC services, child health services, immunization services; admitted in postnatal wards/with their newborns; and young children admitted in pediatric wards, newborn care units and Nutrition Rehabilitation Units.
- Use of audio-visual aids in waiting areas of the ANC clinic and postnatal ward and at ANC clinics is a good way of reaching out to mothers and family members who also have a critical role in supporting optimal child feeding practices.
- Appropriate IEC material (eg; posters) in the local language should be displayed at strategic locations e.g., waiting areas, in and around labour room, outdoor consultation rooms, obstetric and pediatric wards) in health facilities.

1.3 Provision of services related to IYCF in health facilities

Antenatal Clinic: at all MCH facilities and Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT)/ delivery points

Actions & key practices:

- Breast examination and counselling on importance of colostrum feeding and role of early initiation of breastfeeding in establishing exclusive breastfeeding subsequently, during third trimester.
- Specific counselling and management if mother is HIV positive.
- Provide information on where to seek further advice and support for breastfeeding.
- Advocacy for breastfeeding and providing information on correct breastfeeding practices.
- Counsel on the 9th of every month where ANC clinics are being held under Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA).

Primary Responsibility: Staff nurses; RMNCH+A counsellor (when available at the facility) ; ICTC counsellor

Supporting Role: Medical Officer.

Labour Room: at all delivery points

Action & key practices:

- Undertake breast crawl and initiate breastfeeding. Every newborn, when placed on the mother's abdomen, soon after birth, has the ability to find its mother's breast all on its own and to decide when to take the first breastfeed. This is called the 'Breast Crawl', which is helpful to the baby as early breastfeeding is successfully established for nutrition and to the mother as it helps in uterine contraction for faster expulsion of the placenta, reduces maternal blood loss and prevents anaemia.
- Support the mother to provide confidence and direction to the baby.

Primary Responsibility: ANM/SN/MO conducting delivery, preferably those trained in SBA/NSSK

Supporting role: Doctors, staff nurses

Post-natal ward: at all delivery points

Actions & key practices:

- Ensure initiation of breastfeeding within one hour.
- Support for early initiation of breastfeeding, avoiding pre lacteal feeds, promoting colostrum feeding, and establishing exclusive breastfeeding.
- Management of breast conditions.
- Direct observation by the health service provider for technique and attachment while breastfeeding the infant for the first time and on a subsequent occasion.
- Recoring birth weight, identification of LBW babies and appropriate management.
- Counselling on infant feeding options in context of HIV (for mothers identified as HIV positive) during antenatal period and after birth.
- Appropriate data entry for early initiation of breastfeeding column in all delivery registers.
- PNC ward and delivery room must have IEC materials on walls for early initiation of breastfeeding & exclusive breastfeeding in local language.

Primary Responsibility: ANM/SN/MO conducting delivery, preferably those trained in SBA/NSSK; RMNCH+A counsellor at high load facilities

Supporting role: Doctors, staff nurses

Outpatient services/consultations (immunization, Well-Baby Clinic, paediatric OPD, ICTC)

At all MCH facilities/ delivery points

Actions & key practices:

- Ensure exclusive breastfeeding message and complementary feeding messages are reinforced.
- Breastfeeding problems are discussed and addressed.
- Growth monitoring of all inpatient children and use of WHO Growth Charts for identification of wasting and stunting and appropriate management.
- Group counselling on IYCF and nutrition during pregnancy and lactation.
- Review of breastfeeding practices of individual child and nursing mother and counselling on age appropriate infant feeding practices.
- Review of feeding practices, counselling & support on feeding options in context of HIV (for mothers identified as HIV positive)

In high case load facilities with an IYCF counselling centre already established, a RMNCH+A counsellors/ designated staff nurse should be available for fixed hours (coinciding with the timing of outpatient services) at this centre to counsel and solve referral problems. The above package of services may also be provided at dedicated IYCF centres.

Primary Responsibility: ANM if only she is available, staff nurses; RMNCH+A counsellor at high case load facilities; ICTC counsellor

Supporting Role: Medical Officer

Inpatient services (sick children admitted in paediatric wards)

At all MCH facilities delivery points

Actions & key practices:

- Monitoring of lactation and breast conditions, support to resolve any breastfeeding related problems.
- Anthropometric measurements of all inpatient young children; identification of children with undernutrition and appropriate nutrition counselling and management.
- Implementation of the IMS Act.
- Age appropriate messages regarding feeding of sick child and child care practices.

Primary Responsibility: Staff nurses; RMNCH+A counsellor at high case load facilities

Supporting Role: Matron, Medical Officer

Special Newborn Care Units and Newborn Stabilization Units**Actions & key practices:**

- Counselling on breastfeeding/breast milk feeding of low birth weight and preterm babies, helping mother for cup feeding the baby and, age appropriate feeding advice before discharge.

Primary Responsibility: Staff nurses; RMNCH+A Counsellor at high case load facilities

Supporting Role: Medical Officer

2. IYCF SERVICES AT COMMUNITY OUTREACH LEVEL

2.1 Guiding principles for provision of services on IYCF promotion at community outreach levels

- △ The following contacts are critical opportunities for IYCF promotion:
 - Village Health and Nutrition Days.
 - Home visits by ASHAs.
 - Routine immunization sessions at sub-centres.
 - Growth monitoring and promotion sessions at Anganwadi Centres.
 - Biannual rounds.
 - IMNCI/sick child consultation at community level.
 - Special programmes (eg.; during Breastfeeding Week, Wajan Divas, etc.).
 - Any other state specific initiative like screening drives for identification of SAM children.
- △ The key responsibility for communication and counselling of mothers /care givers during these contacts is of ANMs along with support from ASHAs. ASHAs act as facilitators for promoting IYCF and they need to be provided orientation so as to equip and position them as effective promoters of IYCF practices. The role of the ASHA in the Programme is of a community mobilizer and an advocate for breastfeeding. The ASHA would thus protect and promote breastfeeding at the community level and refer the cases requiring support/management to the trained ANM. An ANM is the key resource person for IYCF at community level and would be provided IYCF trainings in order to assess and support referred cases by the ASHAs. ANMs may seek support of Anganwadi Workers.

2.2 Activities for reaching out to mothers/ caregivers at community outreach

- △ Mothers and caregivers should be reached at community outreach level through:
 - **Growth monitoring sessions:** Growth monitoring (weight recording in MCP

card) is undertaken at AWC and/or during VHNDs. This activity is a good entry point for nutrition counselling and promoting IYCF practices.

- **Group counselling sessions:** at fixed day and time, should be organized on VHNDs. Mothers accompanying children for immunization/micronutrient supplementation provide a captive audience for discussing infant and young child feeding practices.
- **One to one counselling** and group counselling on benefits of breastfeeding should be conducted during outreach by the ANM/ ASHA for children with moderate/ severe undernutrition. Young children with severe undernutrition are to be referred to an appropriate facility for further evaluation after screening (using MUAC cut off of < 115 mm as the criteria). One to one counselling to the mothers of infants and young children provides an opportunity to assess the socio-economic and cultural barriers in the practice of optimal IYCF practices including breastfeeding practices and then to customize key messages accordingly.
- **Display of Appropriate IEC material** (e.g. posters): IEC material in local languages should be displayed at strategic locations e.g. community walls, AWCs, Panchayat Bhawans, etc). Context specific messages promoting local cultural practices that are beneficial and dispelling locally prevalent myths can be developed and displayed at VHND sessions.
- However, the various actions for behaviour change communication on child feeding practices should not be restricted to special events (like the Breastfeeding Week or Nutrition Week) but be a part of all the health related events and activities taking place throughout the year. This will not only reinforce key messages but also reach to more audiences in the community and promote adoption of correct IYCF practices.

2.3 Provision of services related to IYCF at community outreach levels

Village Health & Nutrition days (VHND):

AWC or sub-centre, as relevant

Actions & key practices to be promoted:

Counselling and practical guidance on breastfeeding as an integral component of birth preparedness package – prepare mothers for early initiation of breastfeeding

Activities: Group counselling on maternal nutrition and infant feeding

Health service provider: ANM

Where feasible, demonstration of food preparation and sharing of recipes for optimal use of locally available foods for children 6-23 months; In special situation, demonstrate preparation of safe replacement feed

Supporting Role: AWW, ASHA, LHV and ICDS supervisor

Routine Immunization sessions (RI sessions):

AWC or sub-centre, as relevant

Activities: Group counselling on age appropriate IYCF practices and maternal nutrition

Health service provider: ANM

Supporting Role: ASHA, AWW

Biannual Rounds for Vitamin A supplementation; or during months dedicated to child health (e.g.; Shishu Sanrakshan Maah)- AWC or sub-centre, as relevant

Activities: Group counselling on IYCF and maternal nutrition;

Health service provider: ANM

Supporting Role: ASHA, AWW

IMNCI/sick child consultation: community level, sub-centre, AWC

Activities: Assessment of age appropriate feeding and feeding problems; counselling on age appropriate feeding and feeding during illness

Health service provider: ANM

Supporting Role: ASHA and AWW

III. IYCF SERVICES THROUGH HOME BASED CARE

3.1 Guiding principles for promotion of IYCF practice through home visits

- △ Frontline health workers (ANMs and ASHAs), as a policy, conduct home visits for providing postnatal and newborn care as part of various MCH schemes. ASHAs also make home visits under home-based newborn care programme and for following up the newborns with LBW for a longer period (up to 2 years).
- △ **MCH contact opportunities for the ASHA during her routine home visits include:**
 - Postnatal home visits.
 - Home visits for mobilizing families for VHNDs.
 - Growth monitoring and health promotion sessions at AWCs.
 - Mothers' group meetings /Self Help Groups' meetings.
- △ An ASHA is also oriented to have a vigil to notice if the infant or under two years child is not feeding well or is appearing malnourished. Subsequent to necessary advice, this has to be brought to the notice of the ANM for appropriate advice. The child should also be linked up with the AWW.
- △ It is important to detect early growth faltering during first few months; it is usually due to faulty feeding and/or infection. Appropriate diagnosis must be made at this time and faulty feeding practices must be corrected. Identified children must be referred for suitable management and advice, if required.
- △ Under the Programme, an ASHA is given an additional incentive of Rs. 100 per quarter for conducting mothers' meetings/mother support group (MSG) meetings* in her village on the topic of breastfeeding.
- △ During the Programme, an ASHA should also be monitored for her routine HBNC activity related to support for early initiation of breastfeeding, colostrum feeding and establishment of exclusive breastfeeding, and support, to resolve any problems along with advice on feeding frequency and duration and other IYCF advice for LBW and preterm babies.
- △ An ASHA is also be expected to track children for IYCF advice as per the MCTS workplans along with ANMs.

* At places, mothers' Groups and /or Self Help Groups are active through the year, for e.g., Andhra Pradesh, these offer a good platform for discussing IYCF practices. These groups are facilitated by AWWs and themes for discussion include IYCF and child care.



