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Baby-friendly Hospital Initiative (BFHI) in South Asia: Implementing Ten Steps to Successful Breastfeeding. India, Nepal and Bangladesh Challenges and Opportunities

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Baby-friendly Hospital Initiative (BFHI) in South Asia: Implementing Ten Steps to Successful Breastfeeding

India, Nepal and Bangladesh

Challenges and Opportunities

A REPORT

The World Bank

October 2019

SAFANSI

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Acronyms

BBF	Bangladesh Breastfeeding Foundation
BFHI	Baby-friendly Hospital Initiative
BMS	Breastmilk Substitutes
BPNI	Breastfeeding Promotion Network of India
CME	Continuing Medical Education
GOB	Government of Bangladesh
IPHN	Institute of Public Health and Nutrition
IQ	Intelligence Quotient
IYCF	Infant and Young Child Feeding
MAA	Mothers' Absolute Affection
MOHFW	Ministry of Health and Family Welfare
MWCD	Ministry of Women and Child Development
NEBPROF	Nepal Breastfeeding Promotion Forum
NNS	National Nutrition Services
PAHO	Pan American Health Organization
SDG	Sustainable Development Goal
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
WBT*i*	World Breastfeeding Trends Initiative
WHA	World Health Assembly
WHO	World Health Organization

Executive Summary

This report documents the challenges and opportunities for implementing the Baby-friendly Hospital Initiative (BFHI)/Ten Steps to Successful Breastfeeding (hereinafter called the Ten Steps) in India, Nepal, and Bangladesh. While BFHI was not being implemented well in Nepal and India, Bangladesh had recently made efforts to strengthen BFHI implementation. Therefore, a qualitative study was planned in India and Nepal to understand the challenges, and a case study was planned in Bangladesh to find out success factors. This report highlights not only challenges but also explores opportunities and provides recommendations for the successful implementation of BFHI/Ten Steps in the three South Asian countries.

Understanding challenges of implementing the ten steps is essential to improving the support and protection of optimal breastfeeding practices, so that newborns, infants and young children can reap the benefits as early and as long as possible. Breastfeeding provides unparalleled benefits for their health and development. Breastfeeding is associated with reducing episodes of diarrhea and respiratory diseases and deaths among newborn and young children. Breastfeeding is also important for women's health as it prevents cancer and reduces the probability of type 2 diabetes. Benefits of breastfeeding also include prevention of obesity, increase in intelligence quotient (IQ), and a positive impact on national economy (Victora et al 2016). Review of the global evidence reveals that implementing BFHI/Ten Steps is beneficial to enhance early and exclusive breastfeeding (Pérez-Escamilla et al 2016).

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) launched BFHI in 1991 to implement the Ten Steps, to improve breastfeeding outcomes in health facilities providing maternity services. Over the years, BFHI has been revised twice as new evidence emerged to bring improvements in quality and adaptation at the national level. The global policy environment strongly supports BFHI as a part of protection, promotion, and support of breastfeeding.

Despite the known benefits of BFHI, several challenges have emerged in BFHI implementation worldwide, especially in the South Asia region, where BFHI does not receive the attention it needs. Challenges found in the studies from Nepal and India include (a) lack of ownership and funding of BFHI, (b) inadequate human resources, (c) overburdened health facilities, (d) weak monitoring and evaluation mechanisms, (e) inability to involve private hospitals, (f) ineffective implementation of the International Code of Marketing of Breastmilk Substitutes (the Code), and (g) lack of proper mechanisms to provide technical support and leadership. At the hospital level, separation of babies from mothers especially in cesarean section births, more so in the private sector; inadequately trained health staff; unnecessary use of infant formula due to commercial influence of baby food industry on health facilities; and inadequate counseling and support to mothers during antenatal and postnatal periods were some additional barriers to success of BFHI implementation.

However, the study showed that there were opportunities for strengthening BFHI in both these countries, given the positive staff attitude and growing interest of countries to protect, promote, and support breastfeeding for improving child health outcomes.

Success factors in Bangladesh included strong political will, concrete planning and budgeting, coordinated action to build capacity, and regular monitoring. There were a few challenges that Bangladesh faced related to disbursement of funds, maintenance of skills in each staff member, and constant rotation of staff.

Given the impact that BFHI has on improving breastfeeding outcomes, countries could take steps to implement the following recommendations for India, Nepal, and Bangladesh.

Recommendations for India

The Mothers' Absolute Affection (MAA) Programme launched was in 2016, and its operational guideline provides a good opportunity to strengthen and scale up the Ten Steps. To address the challenges faced earlier and many barriers women faced, the following recommendations are made to the Government of India to strengthen implementation of the MAA Programme, matching the new guidance provided by the WHO on BFHI.

1. The Ministry of Health and Family Welfare (MOHFW), Government of India, may set up a national coordination and technical unit with clear terms of references (TORs) and identify state units to conduct assessments and facilitate technical guidance.
2. The national unit should develop a five-year plan with yearly components, linked to budgets for activities including enhancement of staff competency, appointment of new staff as lactation counselors, counseling and support services, periodic monitoring, and external assessment of health facilities at least every five years.
3. The national unit should involve professional associations to target health staff in all public and private hospitals for in-service training and preservice education.
4. The Government of India may notify each hospital for internal monitoring and quarterly reporting of indicators such as early breastfeeding within an hour and exclusive breastfeeding during hospital stay.
5. The Government of India may nominate civil surgeons at the district level as 'authorized officers' for effective enforcement of the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003. (IMS Act).

Recommendations for Nepal

Nepal showed weak implementation of the Ten Steps in both public and private hospitals. There was lack of awareness and enforcement of the Breastmilk Substitutes (BMS) Act. Mothers lacked the support they need during antenatal or postnatal periods, especially in cesarean deliveries. There was weak policy attention. To revive and sustain BFHI in Nepal, the following actions are recommended:

1. At policy level, the Government of Nepal may set up mechanisms to institutionalize the implementation of Ten Steps/BFHI and monitoring of breastfeeding monitoring with dedicated staff
2. The Ministry of Health and Population may organize a national-level discussion and conduct:
   (a) Health facility assessment, capacity building, certification/accreditation, and monitoring of BFHI/Ten Steps
   (b) Development of appropriate coordinating and monitoring mechanisms
3. The Government of Nepal may form a national mechanism to implement and monitor BMS Act.

Recommendations for Bangladesh

1. The Government of Bangladesh may continue investing in BFHI with increased incentives to healthcare providers and creation of community breastfeeding support groups.
2. The Government of Bangladesh may carry out an evaluation of BFHI to assess its outcomes and sustainability.

Introduction

This report documents the challenges and opportunities for implementing the Baby-Friendly Hospital Initiative (BFHI)/Ten Steps to Successful Breastfeeding (hereinafter called the Ten Steps) in India, Nepal, and Bangladesh. While BFHI was not being implemented well in Nepal and India, Bangladesh had recently made efforts to strengthen BFHI implementation. Therefore, a qualitative study was planned in India and Nepal to find out challenges and barriers, and a case study was planned in Bangladesh to find out success factors. This report highlights not only challenges but also explores opportunities and provides recommendations for the successful implementation of BFHI/Ten Steps in the three South Asian countries.

The Baby-friendly Hospital Initiative: History and Overview

The World Health Assembly (WHA) adopted the International Code of Marketing of Breastmilk Substitutes (the Code) in 1981 with the aim to regulate the commercial marketing of breastmilk substitutes, recognizing that it undermines breastfeeding and is injurious to infant health (WHO 1981). In 1989, the WHO and UNICEF developed a joint statement for protecting, promoting, and supporting breastfeeding in maternity services (WHO and UNICEF 1989). This joint statement, for the first time, defined the Ten Steps to be implemented in the health facilities providing maternity services. This led to the launch of the 'Baby-friendly Hospital Initiative' in 1991 (WHO, UNICEF, and Wellstart International 1991). BFHI aims to protect, promote, and support breastfeeding in the health facilities. It triggered changes such as having a written breastfeeding policy, training staff in necessary skills to counsel and support women and ensuring the Code implementation.

In the early 1990s, BFHI implementation began globally with designation of hospitals that adhered to the Ten Steps. To be designated as BFHI, a certification process included self-assessment and external assessment dependent on survey and assessment from mothers and staff in the maternity ward, along with direct observations. Most countries joined BFHI. Several WHA resolutions endorsed BFHI implementation, including in 2002, the action framework of the Global Strategy for Infant and Young Child Feeding (WHO and UNICEF 2003). BFHI was relaunched in 2009 (WHO and UNICEF 2009). Based on the new evidence, its training and assessment materials were updated. In 2015, the WHO began to review the evidence again and the BFHI processes in countries. This contributed to the development of a new draft 'Guideline' (WHO 2017a) that was presented in the 'BFHI Congress' in 2016 and finalized in 2017 with comments from people at the Congress and others. In 2018, the WHO also launched the Implementation Guidance (WHO 2018) and the revised Ten Steps. The new Ten Steps included two well-defined areas of operations: the management procedures in Steps 1 and 2 and standards of clinical care in Steps 3 to 10. Step 1 had an explicit inclusion to fully implement the Code. It also included 'internal monitoring' process for the remaining steps (Table 1).

According to the WHO estimates, only about 10 percent of births take place in BFHI-designated facilities (WHO 2017b) that provided maternity and newborn services. The WHO also observed that BFHI has led to improvements in the capacity and skills of health workers, strengthened overall protection and promotion of breastfeeding in the hospitals, and increased rates of early initiation of breastfeeding and

reduced the consumption of infant formula. The Guidance recommends integrating the Ten Steps within the health system to reach out to all hospitals especially those not using the designation process. It also observed that designation process has been in place in many countries and has played a useful role in transforming the environment around breastfeeding. The Guidance advises that countries already working on the designation process need not discontinue.

The WHO's Implementation Guidance and its nine principles (Annex 2) can provide useful contributions to scale up, maintain, and sustain this action in health facilities. Similarly, the revised Ten Steps are well compared and explained in the Guidance (Annexes 3 and 4).

Table 1. Ten Steps of BFHI 2018

Step	2018
Management Procedures	
1	1a. Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.
	1b. Have a written infant feeding policy that is routinely communicated to staff and parents.
	1c. Establish ongoing monitoring and data management systems.
2	Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.
Standards of Clinical Care	
3	Discuss the importance and management of breastfeeding with pregnant women and their families.
4	Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5	Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6	Do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated.
7	Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8	Support mothers to recognize and respond to their infants' cues for feeding.
9	Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers.
10	Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Status of Breastfeeding Practice, Policy, and Programs (Globally, South Asia)

All the three countries faced tremendous challenges in improving the health and nutrition status of their newborns, infants, and young children and in improving the run-up to the targets of the Sustainable Development Goals (SDGs). Table 2 shows the background information of three countries.

Table 2. Background information

Indicators/background information	Bangladesh	Nepal	India	Source
Population	168.1 million	29.9 million	1,368.7 million	1
Literacy	73%	60%	69%	1
Children under-5 wasted	14%	10%	21%	2

Children under-5 overweight	1%	1%	2%	2
Children under-5 stunted	36%	36%	38%	2
Children under-5 underweight	33%	27%	36%	3
Neonatal mortality rate per 1000 live births	20	25	21	2
Exclusive Breastfeeding <6months age	55%	66%	55%	2
Minimum acceptable Diet 6-23 months age	23%	32%	10%	2
Infant mortality rate	27	28	32	4

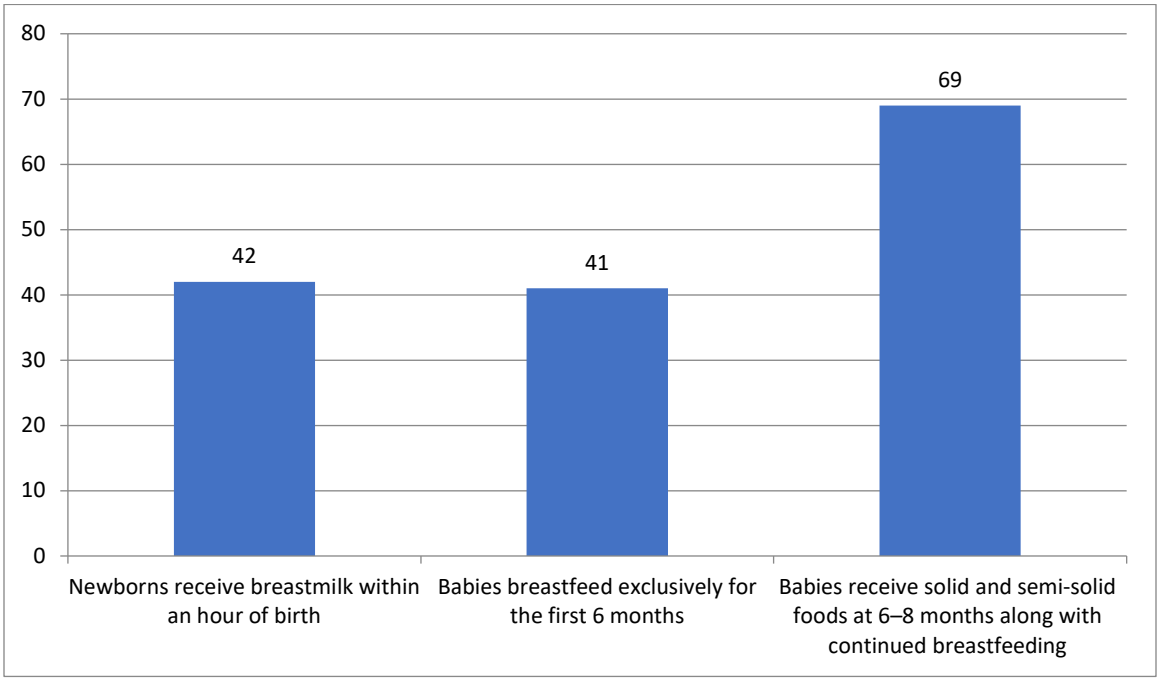
Sources: 1. World Population Dashboard, United Nations Population Fund (UNFPA). 2. UNICEF State of the World's Children 2017. 3. UNICEF/WHO/World Bank joint child malnutrition estimates 2019. 4. United Nations Inter-agency Group for Child Mortality Estimation (IGME) 2018 (Retrieved on July 25, 2019).

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that breastfeeding be initiated within one hour of birth, babies are exclusively breastfed with no other foods or liquids for the first six months of life, and breastfeeding be continued with adequate and appropriate complementary feeding (breastfeeding with other age-appropriate foods) until two years or beyond. According to the WHO (2014), suboptimal breastfeeding (specifically, nonexclusive breastfeeding) and inadequate complementary feeding contribute to stunting, wasting, and childhood overweight.

Suboptimal breastfeeding negatively affects health and development of infants and young children. The risk of death during the first 28 days of life is 33 percent higher for newborns who were breastfed 2–23 hours after birth and more than twice for those for whom breastfeeding was initiated 1 day or later after birth compared to those who were breastfed within 1 hour (Smith et al. 2017). Scaling up breastfeeding to nearly universal levels could prevent nearly 50 percent of diarrhea episodes and one-third of respiratory infections, save more than 820,000 child lives each year, and prevent an additional 20,000 cases of breast cancer in women annually (Victora et al. 2016). It could increase the intelligence quotient (IQ) of all children by 3 points and save nations more than US$300 billion that is spent on health care due to lack of breastfeeding and lost productivity. Breastfeeding has the potential to contribute to several SDGs including poverty, health, education, inclusive economic growth, and reducing inequalities (Rollins et al. 2016).

Despite all the known benefits of breastfeeding, globally fewer than half of newborns (42 percent) receive breastmilk within an hour of birth, only 41 percent of babies breastfeed exclusively for the first 6 months, and only 69 percent of babies receive solid and semisolid foods at 6–8 months along with continued breastfeeding, as seen in Figure 1 (UNICEF 2017).

Figure 1. Global breastfeeding and complementary feeding practices (%)



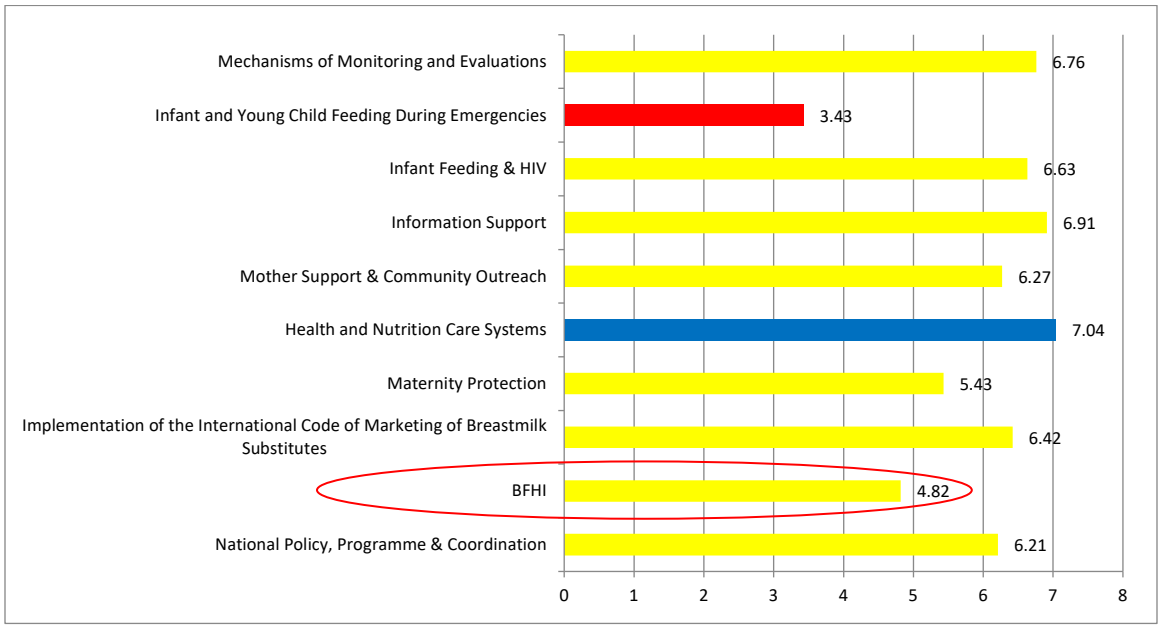
Source: UNICEF 2017.

Women continue to face several barriers at home, work, or health facilities, resulting in low breastfeeding rates (Kavle et al. 2017). Investment in policy and programs that can remove these barriers is inadequate worldwide (Editorial 2017; Gupta et al. 2019). Because the first few hours are critical for newborn babies to establish and be successful in breastfeeding, it is important that mothers are supported at this hour. According to a UNICEF study in 2016, globally, skilled health workers attended 81 percent deliveries, but only 42 percent mothers were able to breastfeed within an hour (UNICEF 2016).

An assessment of implementation of the Global Strategy for Infant and Young Child Feeding from 84 countries (Figure 2) shows the average score along with color coding for 10 indicators on a scale of 0–10. It also shows that the Ten Steps are not fully integrated into the health system in almost all the countries as BFHI scored the second lowest average score, 4.82 out of 10 (Gupta et al. 2019). The assessment was accomplished by the World Breastfeeding Trends Initiative (WBT*i*), which measures implementation of the Global Strategy including BFHI, and other policy and programs for supporting breastfeeding at the country level. It provides scoring as well as color coding (red, yellow, blue, and green in ascending order of performance) based on its guideline to benchmark performance.[1]

[1] World Breastfeeding Trends Initiative (WBTi), Guideline for scoring and color-coding. https://www.worldbreastfeedingtrends.org/uploads/resources/document/guideline-for-scoring-and-colour-coding.pdf, Accessed July 24.

Figure 2: Average score for 10 indicators of IYCF policy and programs in 84 countries on a scale of 10



Source: (Gupta et al 2019)

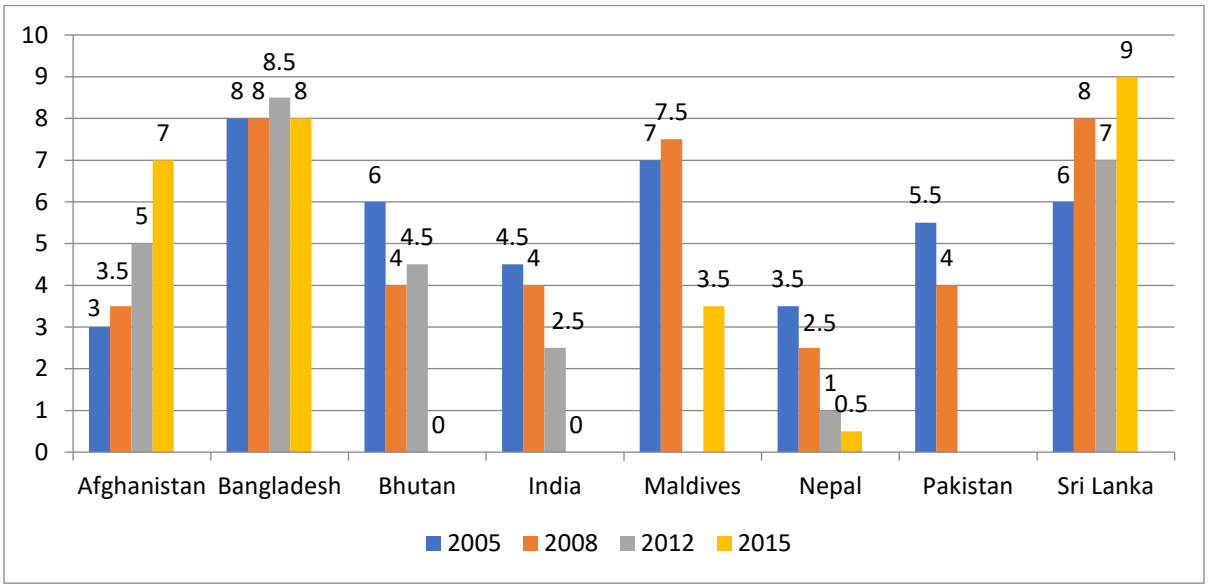
The State of Policy and Programs in South Asia

Launched in 2004, the World Breastfeeding Trends Initiative (WBTi) assists countries to assess the status of and benchmark the progress in implementation of the Global Strategy for Infant and Young Child Feeding in a standard way. It is based on the WHO's tool for national assessment of policy and program on infant and young child feeding. The WBTi assists countries to measure strengths and weaknesses on the ten parameters of policy and program that protect, promote and support optimal IYCF practices

Analysis of the WBT*i* assessment reports of South Asia[2] shows that BFHI has the lowest score among all policy indicators, only 4 out of 10. The WBT*i* findings also reveal that over the past four assessments from 2005 to 2015, Bangladesh and Sri Lanka have consistently maintained high scores for BFHI. Afghanistan has been improving its scores; however, the scores of India and Nepal have been sliding down (Figure 3).

[2] World Breastfeeding Trends Initiative (WBTi), Global data repository, WBTi Countries. https://www.worldbreastfeedingtrends.org/wbti-countries.php, Accessed July 24, 2019.

Figure 3. BFHI trends in South Asia (WBT*i score out of 10*)



Source: World Breastfeeding Trends Initiative (WBTi), Global data repository, WBTi Countries. https://www.worldbreastfeedingtrends.org/wbti-countries.php, Accessed July 24, 2019.

Objectives of the Three Country Study

Considering the fact that Bangladesh has made some headway in implementing BFHI since 2012 while India and Nepal are still struggling, this study was planned to understand the challenges and learn some lessons to strengthen BFHI in South Asia. The specific objectives of the study were to:

1. Identify the challenges, barriers to, and facilitating factors for continuation, expansion, and strengthening of BFHI for promoting and protecting breastfeeding in health facilities during the time of delivery and hospital stay; and
2. Develop options to address the challenges identified, make policy and programmatic recommendations, and advocate for their adoption.

Methodology

India

The qualitative study in India was carried out in 16 hospitals, of which 8 were government hospitals, 4 were hospitals attached to medical colleges, and 4 were private hospitals (Table 3). The hospitals were situated in four geographical regions of Uttar Pradesh—one low performing and one moderate-to-high performing district in each region, based on rates of exclusive breastfeeding. The sample included 109 health functionaries, who are responsible for administrative decisions and care of the mothers and babies, and 154 mothers who were receiving care in these hospitals. Information on whether these hospitals were involved in earlier BFHIs is not available.

Table 3. Hospitals Included in the Study: India

Zone	District	Public Hospital/Medical College	Private Hospital
Bundelkhand	Jhansi	1. Maharani Laxmibai Medical College 2. District Women's Hospital	
	Banda	1. District Women's Hospital	Avani Paridhi Health Care Pvt. Ltd.
Western UP	Agra	1. Sarojini Naidu Medical College 2. District Women's Hospital	
	Bulandshahar	1. District Women's Hospital	Rana Hospital
Eastern UP	Gorakhpur	1. Baba Raghav Das Medical College 2. District Women's Hospital	
	Sultanpur	1. District Women's Hospital	Karunashray Hospital
Central UP	Lucknow	1. King George Medical University 2. District Women's Hospital	
	Sitapur	1. District Women's Hospital	Bishop Conrad Memorial Hospital

Nepal

The qualitative study in Nepal covered seven hospitals in three districts of Kathmandu Valley including three private institutions; two of the hospitals had earlier received BFHI certification (Table 4). Key respondents, numbering 56, included hospital staff—hospital directors, nursing administrators, head of the Department of Pediatrics, head of the Department of Obstetrics and Gynecology, nursing staff, and medical officers—and 70 mothers receiving care in these facilities. Content analysis was carried out to establish and derive meaning from the data collected and document accurate conclusions.

Table 4. Hospitals Included in the Study: Nepal

Location	Hospitals	Type of hospitals
Seven hospitals with maternity services were chosen for the study from the three districts of the Kathmandu Valley.	1. Tribhuvan University Teaching Hospital (TUTH)	Public
	2. Paropakar Maternity Hospital	Public
	3. Civil Service Hospital	Public
	4. Patan Academy of Health Science	Public
	5. KIST Medical College (KIST)	Private
	6. Siddhi Memorial Hospital	Private
	7. Kathmandu Medical College Teaching Hospital (KMCTH)	Private

Annex 6 provides the questionnaires used for India and Nepal.

Bangladesh

In the Bangladesh case study, information was gathered on capacity building, assessment process, and reach of BFHI in the country; number of health workers being trained; type of training, funding; monitoring mechanisms; and human resources. Interviews were conducted with key informants/implementers of BFHI including the Health Secretary, Government of Bangladesh (GOB); Director, Institute of Public Health and Nutrition (IPHN), GOB; and Chairperson, Bangladesh Breastfeeding Foundation (BBF). The discussion focused on the history of BFHI in Bangladesh and challenges to its implementation including the success factors and ways forward. A roundtable was held with experts—key technical officials of the GOB and health professionals from BFHI hospitals—to understand how well BFHI had been implemented. Visits were made to one public and one private hospital certified to be BFHI to observe the implementation. The national action plan on nutrition and its log frames, directives from the Prime Minister's Office, and related documents were reviewed, and information was confirmed during the meetings. The IPHN organized a monitoring session (through videoconferencing) with the upzila (district) hospitals to verify the actions these hospitals had taken on BFHI.

Findings

A summary of the findings of three countries is described in the following paragraphs. The findings of India and Nepal are also given in Annex 1 using the Ten Steps as a benchmark.

Challenges and Barriers

India

India began work on BFHI in 1993, which stopped in 1999–2000 due to many reasons. Several challenges existed at the policy and health facility level. At the policy level, these included weak overall management and coordination, lack of involvement of private hospitals, inadequate human resources, heavy workload of existing staff, weak monitoring systems in hospitals, and weak implementation of regulations to control marketing of baby foods. Health staff lacked skills to counsel or support mothers. Doctors and nurses believed they were doing enough, and babies were separated from mothers particularly in private hospitals. Health staff advised formula supplements without any indication. Baby food companies were active in capturing health facility spaces to influence health workers.

The key findings from India indicated lack of awareness of the hospital staff on the Infant Milk Substitute (IMS) Act,[3] and infant formula manufacturer's representatives were found to visit hospitals promoting their brands and assisting in medical education activities particularly in private hospitals. Though the hospital staff members were expected to initiate early breastfeeding and support women for exclusive breastfeeding, the actions were not secured with any policy, monitoring mechanism, and skilled training. Newborns were separated from the mothers specifically in cesarean section deliveries and in private hospitals. In case a mother complained of 'not enough milk', the health staff were found to prescribe infant formula or glucose water. The health system lacked any follow-up support mechanism for mothers who had breastfeeding issues.

Nepal

Nepal, working on BFHI since 1997, has not been able to implement the Ten Steps of BFHI. The program faces several challenges in implementation and monitoring. At the policy level, these include lack of will, weak human resource capacity, and lack of a clear policy and funding. At the health facility level, the barriers were administration being unaware of BFHI, staff not knowing all the Ten Steps, ad hoc training of health staff in lactation skills, no refresher training, poor awareness of the Breastmilk Substitutes (BMS) Act, poor follow-up after discharge from facility, and lack of internal monitoring of BFHI.

Hospitals in Nepal did not have a breastfeeding policy and dedicated staff for monitoring breastfeeding practices. Though most of the staff did receive some form of training on breastfeeding counseling/lactation management, the majority lacked the skills and competence to provide counseling to mothers. Mothers undergoing cesarean section deliveries were most affected by this incompetence

[3] Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and Amendment Act 2003.

and their babies were shifted to the neonatal intensive care unit (NICU) and were given formula. Formula feeding became a norm in the NICU except when expressed milk is specifically recommended. In the case of vaginal deliveries, the initiation of breastfeeding was timely and the practice of rooming-in was followed. Formula manufacturer's representatives were found to pay occasional visits to hospital staff, but no free samples were given.

Bangladesh

Even though Bangladesh made rapid strides in implementing BFHI over the past decade, there were challenges such as reluctance of doctors to be trained, absence of reading materials for parents, inability to reach every staff in maternity units with skill training, and creation of breastfeeding support groups in the communities. One other challenge was related to the late disbursement of funds, though Bangladesh had secured substantial financial resources for implementation.

Opportunities

Opportunities do exist nationally with global policy support to strengthen existing BFHIs. The new WHO Implementation Guidance provides for integration of the Ten Steps into existing health policies and standards.

Despite the challenges and barriers to breastfeeding, both India and Nepal have reported positive experiences in implementing certain actions in the health facilities. Both countries have strong legislations to protect breastfeeding from commercial interests. There are some ongoing training programs to provide skill training to staff, which could be scaled up.

India

Breastfeeding was revived in a different format as the Mothers' Absolute Affection (MAA) Programme in 2016. It focuses on promotion of breastfeeding and provision of counseling services for supporting breastfeeding through health systems and includes most of the Ten Steps but not necessarily in a particular order. The MAA Programme has provision of awards to hospitals, which implement the MAA Programme and the Ten Steps. It includes reference to antenatal and postnatal counseling, support to mothers to maintain lactation, and method of conducting skills training for staff. The MAA Programme has the potential to implement the Ten Steps of BFHI in health facilities. Training of staff under the MAA Programme has begun to a certain extent, and it needs to be scaled up. Staff have the knowledge and the desire to help mothers, and this attitude can be helpful. The MAA Programme can be strengthened and draw its funding from the National Health Mission. Current work in progress includes developing a tool for assessment and awarding the health facilities, which could be implemented in all states.

Implementing all the Ten Steps of BFHI could strengthen India's MAA Programme.

Nepal

Similarly, Nepal has shown interest in BFHI but has not been able to sustain it. However, there has been a positive shift in social norms and practices regarding formula and pre-lacteal feeding. Given that prelacteal feeding is no longer practiced, hospital staff are no longer supportive of formula feeding, and many mothers attend antenatal care, it gives an opportunity to implement best breastfeeding practices in the health facilities.

Nepal also has been implementing its second phase of Multi Sector Nutrition Plan (MSNP 2018-2022). Improving breastfeeding and complementary feeding practices are the outcomes desired in this plan. Given its role in improving health systems for better care, Ministry of Health and Population is better positioned to implement and monitor the BFHI/Ten Steps in the public facilities and make provisions and policies to support, implement and monitor the Ten Steps in private facilities which provide maternity and child care.

Bangladesh

The Bangladesh model seems to be worth learning from, wherein strong messages from the Prime Minister led to the development of a clear plan of action with assured funding. Establishing national and regional implementation and monitoring mechanisms, coordinating structures, and a well-defined plan to train health staff in maternity area both in public and private hospitals add value.

The case study of Bangladesh highlighted the fact that revitalization of BFHI was led by the Prime Minister during the World Breastfeeding Week of 2009 and 2010, which motivated the Ministry of Health and Family Welfare (MOHFW) to secure funding for this activity under its plans of the National Nutrition Services (NNS). The MOHFW established partnership with the BBF under the overall supervision of the IPHN. While the BBF provided the technical support including regional capacity building and training of trainers, assessors, and health workers, monitoring was led by the IPHN. 'Breastfeeding corners/lactation units' and 'BFHI committees' were established in each hospital and reports were reviewed every quarter. BFHI implementation included private hospitals as well. These interventions led to the revival of BFHI in Bangladesh.

Discussion

BFHI is one key element within a broad range of support that women require to be successful in breastfeeding. A study on the state of BFHI in 84 countries observed that only half the countries were making efforts to implement it and reassessment was being done (Gupta et al. 2019). When health facilities strengthen their programs to provide skill counseling and support to women, breastfeeding rates are likely to improve. In the three countries studied, only Bangladesh had strengthened the Ten Steps, while India and Nepal programs were found to be weak.

There is evidence that BFHI works (WHO 2019). More recently, a systematic review of 58 studies examined the impact of BFHI implementation on breastfeeding and child health outcomes (Pérez-Escamilla,

Martinez, and Segura-Pérez 2016). This review concluded that there is a dose-response relationship between the number of Ten Steps women are exposed to and the likelihood of improved outcomes (any breastfeeding, early initiation of breastfeeding, exclusive breastfeeding at time of discharge, and duration of breastfeeding). The study also showed that not giving supplements or other products during hospital stay was crucial for breastfeeding outcomes. Earlier, in Belarus, a randomized control trial showed a 43 percent increase in exclusive breastfeeding in BFHI hospitals compared to 6 percent in non-BFHI designated hospitals. It concluded that BFHI interventions—providing health care worker assistance with initiating and maintaining breastfeeding and lactation and postnatal breastfeeding support—resulted in increased duration and degree of exclusivity of breastfeeding and decreased risk of gastrointestinal tract infection and atopic eczema in the first year of life (Kramer et al. 2001).

Evidence from Cochrane reviews (Renfrew and Lang 2000) suggests that helping with positioning and other breastfeeding techniques (step 5), demand feeding (step 8), and postnatal support (step 10) increases duration and exclusivity of breastfeeding. In 2000, UNICEF India commissioned a study, which compared infant feeding practices between baby-friendly (300) and non-baby-friendly hospitals (300) in 13 states of India. The study showed improvement in breastfeeding practices in the BFHI hospitals and reduction in prelacteal feeding as well as supplements during hospital stay. The study identified 'training of health workers' as a key factor (Gupta 2000). A Brazilian study showed that the chance of being breastfed in the first hour of birth for those in baby-friendly hospitals was twice as high compared to those in non-accredited hospitals (de Carvalho et al. 2016).

Such evidence justifies action; however, BFHI faces challenges. In 2016, the Pan American Health Organization (PAHO) did a study on BFHI in Latin America involving 26 countries. It showed that BFHI designation was being pursued during the initial phase with enthusiasm that died down later except in a few countries such as Mexico, Uruguay, and Brazil. The challenges that emerged were resistance to change and lack of ownership by the medical staff and policy makers, inadequate staffing, constant rotation of staff, and lack of time and funding for training, aggressive marketing of formula and violations of the Code, and lack of committed financial resources to support and sustain the initiative. In some countries, there were gains such as baby-friendly legislation, integration with health programs, and ongoing training programs. This evaluation recommended sustained political and financial commitment with willingness to provide the necessary human resources and funding (PAHO 2016). Nepal and India face similar challenges and need this same kind of high-level commitment for BFHI.

In 2017, the WHO/UNICEF conducted case studies and in-depth interviews of key informants from several countries (UNICEF and WHO 2016). This study showed a successful increase in the capacity and skills of health workers for strengthening protection, promotion and support to breastfeeding mothers in hospitals, a drop in the use of infant formula, and reduction in the separation of babies from mothers. The study also revealed many challenges possibly hindering the progress or scaling-up of BFHI. These included reliance on champions, dependency on donor funding, running of a vertical program, focus only on government hospitals leaving the private, ongoing staff competence, insufficient progress in preservice education, focus on one-time designation and falling back, and lack of full compliance with the Code implementation.

Bangladesh, having shown the willingness to implement BFHI, nationally backed by national funding and planning, is still facing some challenges such as reluctance of doctors, imparting of skill training to every staff member in maternity units, and creation of breastfeeding support groups in the communities. In the near future, Bangladesh needs to conduct an evaluation to show how BFHI is working to achieve sustainable breastfeeding outcomes

BFHI is about supporting mothers and immediate family members who attend with the mothers to the health facilities. But more needs to be done other than support at health facilities. The country should also address shifting societies' and communities' beliefs around breastfeeding and practices that undermine breastfeeding. Breastfeeding is a shared goal that communities, families and society need to work toward to protect, promote and support adoption of optimal breastfeeding practices.

Conclusion and Way Forward

Breastfeeding provides newborns and infants with unparalleled benefits for their health and development. It is critical to support pregnant and breastfeeding mothers to be successful in breastfeeding when they come for delivery in health facilities. Evidence exists that implementation of BFHI/Ten Steps works to improve breastfeeding outcomes in the health facilities. At the regional meeting on April 23, 2019, to share the study findings from the three countries, many experts spoke about the way forward (Annex 5).

Bangladesh has shown a high-level political will and has a clearly documented plan of action with assured funding for 2019–2022. It has demonstrated success in implementation since 2012. Bangladesh has plans to scale up training of private hospitals and conduct refresher training and assessment of hospitals. Nepal has aspired to reach out to mothers for promoting breastfeeding during antenatal counseling and perform monitoring of the BMS Act. India showed interest to scale up the MAA Program with stronger coordination mechanisms and technical support.

Both India and Nepal need to demonstrate greater high-level political will and commitment toward implementing all ten steps of BFHI. Different stakeholders working to improve breastfeeding should come together and keep advocating with the government to invest in breastfeeding. Economic arguments can be made regarding the costs of not breastfeeding to help leverage increased resources and political will toward improving breastfeeding practices.[4]

The following recommendations are based on these discussions and review of challenges in each country.

Recommendations for India

[4] A study done by Walters et al (2016) study found that over 12,400 preventable child and maternal deaths per year in the seven countries could be attributed to inadequate breastfeeding. The economic benefits associated with potential improvements in cognition alone, through higher IQ and earnings, total $1.6 billion annually. The loss exceeds 0.5% of Gross National Income in the country with the lowest exclusive breastfeeding rate (Thailand).

The MAA Programme was launched in 2016, and its operational guideline provides a good opportunity to strengthen and scale up the Ten Steps. To address the challenges faced earlier and many barriers women faced, the following recommendations are made to the Government of India to strengthen implementation of the MAA Programme, matching the new guidance provided by the WHO on BFHI.

1. The MOHFW, Government of India may set up a national coordination and technical unit with clear terms of references (TORs) and identify state units to conduct assessments and facilitate technical guidance.
2. The national unit should develop a five-year plan with yearly components, linked to budgets for activities including enhancement of staff competency, appointment of new staff as lactation counselors, counseling and support services, periodic monitoring, and external assessment of health facilities at least every five years.
3. The national unit should involve professional associations to target health staff in all public and private hospitals for in-service training and preservice education.
4. The Government of India may notify each hospital for internal monitoring and quarterly reporting of indicators such as early breastfeeding within an hour and exclusive breastfeeding during hospital stay.
5. The Government of India may nominate civil surgeons at the district level as 'authorized officers' for effective enforcement of the IMS Act.

Recommendations for Nepal

Nepal showed weak implementation of the Ten Steps in both public and private hospitals. There was lack of awareness and enforcement of the BMS Act. Mothers lacked the support they need during antenatal or postnatal period, especially in cesarean deliveries. Policy attention was weak. To revive and sustain BFHI in Nepal, the following actions are recommended:

1. At policy level, the Government of Nepal may set up mechanisms to institutionalize the implementation of Ten Steps/BFHI and monitoring of breastfeeding monitoring with dedicated staff
2. The Ministry of Health and Population may organize a national-level discussion and conduct:
    (a) Health facility assessment, capacity building, certification/accreditation, and monitoring of BFHI/Ten Steps
    (b) Development of appropriate coordinating and monitoring mechanisms
3. The Government of Nepal may form a national mechanism to implement and monitor BMS Act.

Recommendations for Bangladesh

1. The Government of Bangladesh may continue investing in BFHI with increased incentives to healthcare providers and creation of community breastfeeding support groups.
2. The Government of Bangladesh may carry out an evaluation of BFHI to assess its outcomes and sustainability.

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Annex 1: Comparison between BFHI (2018) Ten Steps and Hospital Practice in India and Nepal

Ten Steps of BFHI (2018)	Study Findings	
	India	Nepal
1a. Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.	No checks on use of formula, more so after cesarean section delivery, no use of WHO guidance. Formula companies conducted continuing medical education (CME) in private hospitals. Awareness of the IMS Act was found to be low.	Awareness of the BMS Act was found to be low. In most of the hospitals, the baby food companies were restricted from promoting any food products within the hospital premises to health staff and mothers of children under two years of age. The companies gave doctors free samples of preterm formula in some hospitals. Some hospitals had posters donated by companies. Formula companies conducted CME in hospitals and scholarships for doctors for online nutrition courses.
1b. Have a written infant feeding policy that is routinely communicated to staff and parents.	No breastfeeding policy	While a few hospitals had a written policy hung in a corner, this policy was not discussed or communicated among the staff members. Other than pediatricians and heads of nursing departments, health staff in general were not familiar with the Ten Steps.
1c. Establish ongoing monitoring and data management systems.	Not established	Not established
2. Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.	Ad hoc capacity training ranging from a few hours to half day. Support was limited to urging mothers to breastfeed.	Inconsistent training except in two government hospitals, which had a provision of regular in-service training on breastfeeding. Nursing staff had adequate knowledge but not skills in initiating breastfeeding after cesarean section or maintaining breastfeeding.
3.Discuss the importance and management of breastfeeding with pregnant women and their families.	Only few mothers received ANC counseling on optimal breastfeeding practices.	Only two government hospitals had regular antenatal counseling on breastfeeding. Risks of artificial feeding and breastfeeding problems were rarely discussed.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth	Weak support systems especially in case of cesarean section delivery	Skin-to-skin care practiced for about 15 minutes, though not in case of cesarean section.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.	Weak support systems in the health facility—left to mothers to do the best they could	Most of the mothers with normal delivery breastfed their baby within one hour and nursing staff helped them.
6. Do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated.	No checks on use of formula, more so after cesarean section delivery, no use of WHO guidance. The study showed that nurses often	Prelacteal feeding was not practiced in any of the study hospitals nor did the nurses advise it. The mothers informed that they did not give water or any other fluid to babies.

Ten Steps of BFHI (2018)	Study Findings	
	India	Nepal
	believe that mother's milk is insufficient for the baby.	
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.	Many babies separated; cesarean section delivery was the primary reason.	In normal delivery cases, most babies were kept with their mothers, unless they required admission in NICU; a few were kept with relatives. There was no difference regarding rooming-in practice between the government and private hospital.
8. Support mothers to recognize and respond to their infants' cues for feeding.	Such support was missing.	Some mothers were given advice to feed on demand, some others were advised to feed at 1–2 hour intervals, and the rest received no advice at all.
9. Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers.	Mothers were generally not informed about these risks.	Mothers were not informed about the hazards of bottles, teats, and pacifier use. However, when formula feeding was used, it was given by spoon.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.	No follow-up program	No follow-up program

Annex 2: Nine Key Responsibilities of a National BFHI

1. Establish or strengthen a national breastfeeding coordination body.
2. Integrate the Ten Steps into relevant national policy documents and professional standards of care.
3. Ensure the competency of health professionals and managers in implementation of the Ten Steps.
4. Utilize external assessment systems to regularly evaluate adherence to the Ten Steps.
5. Develop and implement incentives for compliance and/or sanctions for non-compliance with the Ten Steps.
6. Provide technical assistance to facilities that are making changes to adopt the Ten Steps.
7. Monitor implementation of the initiative.
8. Advocate for BFHI to relevant audiences.
9. Identify and allocate sufficient resources to ensure the ongoing funding of the initiative.

Source: UNICEF-WHO 2018.

Annex 3: Ten Steps to Successful Breastfeeding in Lay Terms

	Hospitals support mothers to breastfeed by…	Because…
a. Hospital policies	• Not promoting infant formula, bottles, or teats • Making breastfeeding care standard practice • Keeping track of support for breastfeeding	Hospital policies help ensure that all mothers and babies receive the best care.
b. Staff competency	• Training staff on supporting mothers to breastfeed • Assessing health workers' knowledge and skills	Well-trained health workers provide the best support for breastfeeding.
c. Antenatal care	• Discussing the importance of breastfeeding for babies and mothers • Preparing women on how to feed their baby	Most women are able to breastfeed with the right support.
d. Care right after birth	• Encouraging skin-to-skin contact between mother and baby soon after birth • Helping mothers to put their baby to the breast right away	Snuggling skin-to-skin helps breastfeeding get started.
e. Support mothers with breastfeeding	• Checking positioning, attachment, and suckling • Giving practical breastfeeding support • Helping mothers with common breastfeeding problems	Breastfeeding is natural, but most mothers need help at first.
f. Supplementing	• Giving only breastmilk unless there are medical reasons • Prioritizing donor human milk when a supplement is needed • Helping mothers who want to formula feed to do so safely	Giving babies formula in the hospital makes it hard to get breastfeeding going.
g. Rooming-in	• Letting mothers and babies stay together day and night • Making sure that mothers of sick babies can stay near their baby	Mothers need to be near their babies to notice and respond to feeding cues.
h. Responsive feeding	• Helping mothers know when their baby is hungry • Not limiting breastfeeding times	Breastfeeding babies whenever they are ready helps everybody.
i. Bottles, teats, and pacifiers	• Counseling mothers about the use and risks of feeding bottles and pacifiers	Everything that goes in the baby's mouth needs to be clean.
j. Discharge	• Referring mothers to community resources for breastfeeding support • Working with communities to improve breastfeeding support services	Learning to breastfeed takes time.

Source: UNICEF-WHO 2018.

Annex 4: Ten Steps to Successful Breastfeeding - Revised 2018 Version: Comparison to the Original Ten Steps and the New 2017 WHO Guideline

Ten Steps to successful breastfeeding - revised 2018	Corresponding recommendations from WHO guideline: protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services (2017)	Ten Steps in protecting, promoting and supporting breastfeeding: the special role of maternity services (1989)
Critical management procedures		
1a. The International Code of Marketing of Breast-milk Substitutes (de Carvalho 2016; PAHO 2016; UNICEF and WHO 2017): Comply fully with the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions.	n.a.	n.a. (incorporated in the hospital self-appraisal and monitoring guidelines and the external assessment)
1b. Infant feeding policy: Have a written infant feeding policy that is routinely communicated to staff and parents.	Recommendation 12: Facilities providing maternity and newborn services should have a clearly written breastfeeding policy that is routinely communicated to staff and parents.	Step 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.
1c. Monitoring and data management systems: Establish ongoing monitoring and data management systems.	n.a.	n.a.
2. Staff competency: Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding.	Recommendation 13: Health facility staff who provide infant feeding services, including breastfeeding support, should have sufficient knowledge, competence, and skills to support women to breastfeed.	Step 2: Train all health care staff in the skills necessary to implement this policy.
Key clinical practices		
3. Antenatal information: Discuss the importance and management of breastfeeding with pregnant women and their families.	Recommendation 14: Where facilities provide antenatal care, pregnant women and their families should be counseled about the benefits and management of breastfeeding.	Step 3: Inform all pregnant women about the benefits and management of breastfeeding.
4. Immediate postnatal care: Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate	Recommendation 1: Early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and	

Ten Steps to successful breastfeeding - revised 2018	Corresponding recommendations from WHO guideline: protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services (2017)	Ten Steps in protecting, promoting and supporting breastfeeding: the special role of maternity services (1989)
breastfeeding as soon as possible after birth.	encouraged as soon as possible after birth.	
	Recommendation 2: All mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery.	Step 4: Help mothers initiate breastfeeding within half hour of birth.
5. Support with breastfeeding: Support mothers to initiate and maintain breastfeeding and manage common difficulties.	Recommendation 3: Mothers should receive practical support to enable them to initiate and maintain breastfeeding and manage common breastfeeding difficulties.	Step 5: Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
	Recommendation 4: Mothers should be coached on how to express breastmilk as a means of maintaining lactation in the event of they being separated temporarily from their infants.	
6. Supplementation: Do not provide breastfed newborns any food or fluids other than breastmilk, unless medically indicated.	Recommendation 7: Mothers should be discouraged from giving any food or fluids other than breastmilk, unless medically indicated.	Step 6: Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Rooming-in: Enable mothers and their infants to remain together and to practise rooming-in throughout the day and night.	Recommendation 5: Facilities providing maternity and newborn services should enable mothers and their infants to remain together and to practise rooming-in throughout the day and night. This may not apply in circumstances when infants need to be moved for specialized medical care.	Step 7: Practise rooming-in—allow mothers and infants to remain together—24 hours a day.
8. Responsive feeding: Support mothers to recognize and respond to their infants' cues for feeding.	Recommendation 6: Mothers should be supported to practise responsive feeding as part of nurturing care. Recommendation 8: Mothers should be supported to recognize their infants' cues for feeding, closeness and comfort, and enabled to respond accordingly to	Step 8: Encourage breastfeeding on demand.

Ten Steps to successful breastfeeding - revised 2018	Corresponding recommendations from WHO guideline: protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services (2017)	Ten Steps in protecting, promoting and supporting breastfeeding: the special role of maternity services (1989)
	these cues with a variety of options, during their stay at the facility providing maternity and newborn services.	
9. Feeding bottles, teats, and pacifiers: Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers.	Recommendation 9: For preterm infants who are unable to breastfeed directly, non-nutritive sucking and oral stimulation may be beneficial until breastfeeding is established. Recommendation 10: If expressed breastmilk or other feeds are medically indicated for term infants, feeding methods such as cups, spoons or feeding bottles, and teats may be used during their stay at the facility. Recommendation 11: If expressed breastmilk or other feeds are medically indicated for preterm infants, feeding methods such as cups or spoons are preferable to feeding bottles and teats.	Step 9: Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Care at discharge: Coordinate discharge so that parents and their infants have timely access to ongoing support and care.	Recommendation 15: As part of protecting, promoting, and supporting breastfeeding, discharge from facilities providing maternity and newborn services should be planned for and coordinated, so that parents and their infants have access to ongoing support and appropriate care.	Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: UNICEF-WHO 2018.

Annex 5: Report of the Meeting: A Regional Consultation on Sharing the Study Findings from Bangladesh, India, and Nepal and Way Forward

23rd April 2019, India International Centre Annexe, New Delhi

The regional consultation started with an introductory note from Dr. Arun Gupta, Central Coordinator, Breastfeeding Promotion Network of India. He introduced the objective and agenda of the regional consultation to the august gathering followed by a round of introduction of all the participants. In total 35 participants from government, academia, research, IYCF technical units, national programmes, relevant civil societies, development agencies, medical and nursing background attended the consultation.

Dr. Ajay Khera, Deputy Commissioner, Child Health, Ministry of Health and Family Welfare chaired the consultation. Dr. Khera addressed the participants and in his opening remarks expressed the need to strengthen Baby Friendly Hospital Initiative through capacitating the health system staff because it lacks capacity at health facilities. The initial 48 hours is the most critical window and it can make or break breastfeeding therefore there is dire need to have BFHI at every facility to pay the attention Initiation of Breastfeeding it requires. He also expressed that we continue to neglect the protection aspect of implementation of the IMS Act, which is a missing link and violations of the IMS Act are rampant in the private set up. Dr. Khera also shared information about the MAA programme and its components that address some aspect of BFHI and IMS Act implementation.

Dr. Arun Gupta thanked Dr. Ajay Khera for agreeing to attend this consultation and rendering his support and guidance.

The meeting headed ahead with presentation by Prof. S.K Roy, Chairperson & Executive Director, Bangladesh Breastfeeding Foundation. Prof. Roy's presentation captured the essence of Bangladesh's capacity, political commitment and resources invested in breastfeeding promotion, protection and support work. He emphasized that government made investments in training people in both public and

private hospitals. He said that a robust monitoring mechanism is essential to check the progress and they have been able to monitor their upzillas with ease with their technological driven monitoring mechanism. Also, new interventions like providing mothers with Okitani massage to increase the supply of milk in mothers who feel they don't have enough milk and has been a great initiative from Bangladesh. BBF has been given the national role under IPHN and their plan are dedicatedly funded. The participants post his presentation asked the following questions:

Questions for Bangladesh:

a. How do the breastfeeding committee in hospitals functions?
   Dr. SK. Roy responded that the director of the hospital heads the committee either gynecology or pediatrics. There are ten people in hospital team, 7 at district and 6 in upzilla. A proper format is there to report the status. And both private and government hospital follow it.

b. What is the proportion of Pvt. Vs. Govt. facilities in Bangladesh?
   Government hospitals are more as compared to private. But, did not give any specific number.

c. What is the criteria for giving okitani massage? When do you know mothers don't have enough milk?
   We give this service to mothers who complain or not enough milk and follow criteria to check it.

d. Has anyone been booked under the BMS Act of Bangladesh?
   Yes, as of now there have been 8 writ petitions under this law and GSK was booked too.

Dr. Khera specifically asked the following questions to Dr. Roy:

e. Does their 20 hour training package has a component on Low Birth Weight Babies?

f. How is the maternity leave/protection scenario in Bangladesh?

   All the govt. staff do get it for 6 months paid maternity leave but the private still gets 4 months and we need to work on it.

Followed by the question answer round for Dr. Roy, Nepal started their presentation.

Dr. Marina Shrestha, Member, NEBPROF, Nepal presented the findings of the study they conducted in Kathmandu Valley. They shared their findings under the ten steps of BFHI and concluded that Nepal has faced challenges in the area policy, human resource, capacity building, awareness about BMS Act and dedicated space for breastfeeding. Nepal concluded that they need support in the afore mentioned areas to improve the status of breastfeeding and infant health. Dr. Khera specifically mentioned that Nepal's finding lay stress on capacity building.

The participants post Dr. Marina's presentation asked /gave the following questions and comments:

Comments for Nepal:

a. Dr. S.K. Roy said that the Nepal study findings were more on the negative side and this gives a strong signal that medical professional lack knowledge of the topic.

Questions for Nepal:

b. What was the total no. of mothers covered in the study?
100 mothers

c. What was the frequency of the medical representatives from baby food industry visits examined?
Post the question answer round for Nepal, India started to share its findings from the study they conducted in Uttar Pradesh. Dr. Arun Gupta started the presentation by building the context and need of BFHI programme in India. He shared the history of the programme and how it eventually collapsed due to lack of resources and political attention. Dr. Arun Gupta concluded that India's hospital environment does not fully support mothers to be successful in breastfeeding. According to the study findings mothers continue to face several barriers to breastfeeding in the health facilities, which can be especially hard for new mothers. Health staff lends support to introducing unnecessary formula feeding, Caesarean sections contribute to babies being separated from mothers and formula fed, breastfeeding practices are monitored in the hospitals and lack of time does not allow the staff to help mothers, and there are no dedicated skilled counselors either. Dr. Arun in the end of his presentation urged the policy makers present in the consultation to develop a plan of action with state government without conflict of interest.

The participants post Dr. Arun Gupta's presentation asked /gave the following questions and comments:

Comments for India:

a. Dr. Khera commented that India's findings are important for policy makers and antenatal period should serve as the deciding period for mothers about breastfeeding.

b. Dr. Himabindu from IAP Andhra Pradesh said India needs a checklist for monitoring and it should not be done in an authoritative manner.

c. Representative from IAP Andhra Pradesh said FOGSI, IAP and BPNI could work together towards projects like "Mission Lakshya 100 days" where birth companions are trained (Asha and AWW)

d. Representatives from Alive and Thrive hared their work in the field of IMS Act and IYCF promotion and volunteered to partner with BPNI for taking this work forward.

e. Dr. Meera Shiva commented that implementation of IMS Act is important and along with BFHI we need mother friendly work places also. She mentioned that because of C section the first hour is gone and initiation of breastfeeding suffers. She requested Dr. Khera that there is need for medical audit in c-section and others it should be asked "what was the prescription for giving formula and separation of babies. This is facilitate avoidance of unnecessary separation and use of formula.

f. Representatives from Alive and Thrive suggested that adherence to IMS Act is crucial in IYCF work in India. PCPNDT Act implementation could be used as a reference the way practitioners have to give indications for sonography, they should have medical indications for prescribing and giving formula.

g. Dr. Seema Puri said BPNI should keep a check on small fishes in the baby food industry apart from Nestle because they are also engaging with doctors e.g. Abbott. Also, some emphasis should be given to complementary feeding. Also, NABH protocol can be applied for lactation services.

h. Now a days babies are born in 36 weeks and are considered at full term, which it is not. Can rules for doctors be made for prescribing formula in that case? Also, dedicated lactation support can help pre term babies.

i. Dr. NB Mathur said, an infrastructure can be envisaged and a post for lactation support manager can be created. A plan can be developed along with the states.

j. Dr. Shushma Kamwal, CMS from Sitapur shared her experience and the best practice they follow in their district women hospital in Sitapur. She shared that they never let the mother leave the labour room until she has initiated breastfeeding. And this practice is followed in C-Section cases as well.

k. Dr. Himabindu from Nilofer Hospital, Hyderabad said birth companion involvement in c-section support is needed to help to practically help the mother. High load centres face problems, and it becomes all the more important to have dedicated lactation counselor.

Questions for India:

a. As the findings show that separation of babies due to C-Section from mothers is increasing does MAA programme have some regulation on the need for C-section in place to tackle this?
No, there have been no such mechanism in place.

In the end Dr. Khera concluded the consultation with the following points for attention and action:

- A major take away from Bangladesh's case study is their political commitment and India and Nepal can learn from it and keep up the political advocacy with new evidence to motivate them and get their attention. There is a need to do more research and evidence generation.
- BFHI mechanism need to be institutionalized, BFHI is a known concept but requires continuity through institutionalization. It should be a part of the standards for care.
- India needs a health system approach that covers all steps of BFHI. Capacity building and supportive supervision should become an integral part of health system quality of care.
- IMS Act is missing link and 90% default in IMS Act occurs in the health system. Health systems need to own IMS Act and ensure its implementation through innovative ways.
- Private sector is a big elephant and we need to engage with them to check what is the reality of C-section.

- Complementary feeding is another missing link in IYCF work. We need to discuss it as its rates are dropping and it's a serious concern. IYCF activities need to track this component as well. Guidelines from MoHFW for home based care of young children can be referred and worked upon.
- An idea of zero separation policy of mother and babies can be figured out.

Agenda of the meeting

Time	Subject	Resource Person
09.00 – 09.30 am	Registration	
09.30 – 10.00 am	Welcome Introduction Objectives of the meeting Comments by the Chair	Dr. Arun Gupta Dr. Ajay Khera (MOHFW)
10.00 am – 12.30 pm	Sharing of findings, challenges, policy and programme recommendations • Bangladesh • Nepal • India Discussion	Dr. SK Roy, Chairperson, BBF Dr. Merina Shrestha, NEBPROF Dr. Arun Gupta, BPNI
11.30 – 11.45 am	Tea/Coffee break	
12.30 – 01.00 pm	Way Forward – Discussion on recommendations and next steps	All participants
01-00 pm --	Lunch	

List of Participants

S. no	Name	Organization	Contact No	Email id
1	Dr. Prakash Sunder Shrestha	Nepal Breastfeeding Promotion Forum	977-9841276339	prakashsunder@hotmail.com
2	Dr. Merina Shrestha	Nepal Breastfeeding Promotion Forum	977-9841268580	drmerinashrestha@gmail.com
3	Dr. Arun Gupta	Breastfeeding Promotion Network of India	9899676306	arun.ibfan@gmail.com
4	Prof. Dr. S. K. Roy	Bangladesh Breastfeeding Foundation (BBF)	182998865	skroy1950@gmail.com
5	Dr. J. P. Dadhich	Breastfeeding Promotion Network of India	9873926751	jpdadhich@bpni.org
6	Sunaina Thakur	Lady Irwin College	9818363568	sunaina.thakur147@gmail.com
7	Dr. Mira Shiva	Initiative for Health, Equity and Society (IHES)	9810582028	mirashiva@gmail.com
8	Dr. Sebanti Ghosh	Program Director, Alive & Thrive India	981849133	sghosh@fhi360.org
9	Dr. Vishal	Ministry of Health and Family Welfare	9023283943	vishal_1957@yahoo.co.in

S. no	Name	Organization	Contact No	Email id
10	Ms. Archana Ghosh	Alive & Thrive	9873232463	aghosh@fhi360.org
11	Dr. J. H. Panwal	Food & Nutrition Board, Ministry of Women & Child Development	9711995999	jtafnb-wcd@nic.in
12	Ms. Sanghamitra Sawant	Trained Nurses Association of India (TNAI)	9971453721	tnai_2003@yahoo.com
13	Mr. Ravi Shankar	Retired Joint Director, MWCD	9811912098	ravishankar0147@rediffmail.com
14	Ms. Jessy George	Surakshit/IHES	9871891386	jessykageorge1961@gmail.com
15	Ms Urvashi	Institute of Home Economics	9871176945	mehlawat.urvashi@gmail.com
16	Dr. Ved Prakash	General Manager (Child Health), National Health Mission Uttar Pradesh	7897829999	gmchildhealthnrhm@gmail.com
17	Dr. Pawan Garg	Can Support	9313745960	gargpawan080@gmail.com
18	Dr. Sushma Kandwal	Women's Hospital, Sitapur, Uttar Pradesh	9889088417	cms.mh123@gmail.com
19	Mr. Amit Dahiya	Breastfeeding Promotion Network of India	9891109224	amit@bpni.org
20	Ms. Nupur Bidla	Breastfeeding Promotion Network of India	9958163610	nupur@bpni.org
21	Ms. Geetanjali Tahilramani	NHM/Hindurao Hospital	9971389293	geet.tahilramani@gmail.com
22	Dr. Nanthini	National Institute of Health & Family Welfare (NIHFW)	9810334505	nanthini@nihfw.org
23	Ms. Rizu	National Health Systems Resource Centre (NHSRC)	8448810662	rizu@nhsrcindia.org
24	Dr. Seema Puri	Institute of Home Economics	9810003220	dr.seemapuri@gmail.com
25	Dr. Shailesh Jagtap	Alive & Thrive	9971154455	sjagtap@fhi360.org
26	Ms. Surbhi	Lady Irwin College	9971540654	bhalla.surbhi.7@gmail.com
27	Ms. Pooja Akshay	Lady Irwin College	9910606581	poojaakshay.phd@gmail.com
28	Ms. Arshiya Wadhwa	Lady Irwin College	9999893319	wadhwa.ashiya@gmail.com
29	Dr. Minakshi Saxena	Paras Hospital , Gurugram	9811046799	minakshi.saxena@gmail.com
30	Ms. Veena Rawat	Breastfeeding Promotion Network of India	9350848000	veena@bpni.org
31	Dr. Pallavi	Fortis La femme	9873798911	pallavikhugh09@gmail.com
32	Dr. NB Mathur	Department of Pediatrics, Maulana Azad Medical College	9818979311	drnbmathur@gmail.com
33	Dr. Shacchee Baweja	ALPI	9810768952	dockhare@yahoo.com

S. no	Name	Organization	Contact No	Email id
34	Mr. P K. Sudhir	Breastfeeding Promotion Network of India	9810673476	pksudhir2013@gmail.com
35	Mr. Vijay Prabhkranan	World Bank	6379373630	vijaynns@gmail.com
36	Dr. Himabindu Singh	Niloufer Hospital, Hyderabad	9849024007	dr.himabindusingh@gmail.com

Photographs of the Event

Registration Desk

Dr. Arun Gupta addressing the participants

Dr. Ajay Khera (R) addressing the participants

Participants engaging in discussion

Dr. S. K. Roy presenting the Bangladesh Case Study findings

Dr. Merina Shrestha presenting the Nepal's study

Dr. Arun Gupta presenting India's study findings

Annex 6: Questionnaires

(INDIA)

Checklist for CMS

Identification Particulars		
1	Name of District	
2	Name of Medical College/Hospital	
3	Type of Medical College/Hospital	1. Govt.
		2. Private
4	Name of respondent	
5	Since how long you have been working as Medical Superintendent in this hospital?	**…….years**
6	How many deliveries are conducted in a year in your hospital?	
7	Of these deliveries, how many are -	
	Normal	
	Cesarean	

Implementation Status of BFHI

1. Availability of IYCF counseling centre, Nutrition/ IYCF counselor, SNCU/ NSU, NRC, etc.
2. Availability of Nutrition/ IYCF counselor at the facility
3. What different initiatives are taken under Baby Friendly Hospital Initiative (BFHI) by your facility? When was this initiative started at this facility? How are these initiatives implemented? Is there a designated nodal officer responsible for the implementation? Who is that?
4. What are the 10 Steps to successful breastfeeding? Has this hospital implemented this? If yes, how? If not, why?
5. What are the monitoring mechanisms? How is the data recorded and reported? What indicators? Do you think monitoring of BFHI is adequate? If not, how do you plan to improve it? What are the challenges for improving monitoring? Are resources an issue?
6. Do you see improvement in BFHI over the time? If yes, how? If no, why?
7. What are the reasons behind BFHI not performing as expected? Was there external support when it started and now it is not there? Is it that government's capacity is not there? Is it resources that are not there for training and retraining? Why is it so?

Implementation Status of IYCF

8. How IYCF is implemented at this facility? (Probe for early initiation of breastfeeding for normal babies, breastfeeding to cesarean babies, colostrum feeding, feeding to sick new born, exclusive breast feeding, etc.). What measures have been taken to implement IYCF? If not, why? How many

health officials/ workers are trained in IYCF? Is there a breastfeeding room/ corner at this hospital? Where is it?

9. What are the monitoring mechanisms? How is the data recorded and reported? What indicators?
10. What challenges you face in the implementation of IYCF? How did you cope up with these challenges?
11. How counseling is provided to pregnant women specifically to the first time pregnant? What kind of IEC materials are displayed specifically in the areas such as ANC and Post natal wards, labor room, etc.? Is the nutrition counselor received training on IYCF?
12. How have you implemented Mothers' Absolute Affection (MAA) at this facility? How MAA has contributed in the improvement of breastfeeding status to new born and young children? What challenges you face in the implementation of MAA?

Baby Food Products

13. What are the different baby foods products prescribed/ distributed by food companies? Is this allowed at this facility? (Probe for gift packs, commercial samples, promotional materials, etc.)
14. Any promotional material like pamphlets/reading material/baby food being displayed/distributed by any baby food company in your hospital? Has any baby food company organized any baby show or film show in your hospital? What are those? What is the mechanism for such kind of activities? Are you aware of IMS Act? What is that?
15. How many of your staff member trained in lactation management?
16. What would you like to do to improve early initiation of breast feeding, exclusive breastfeeding, MAA, etc. What support do you need to improve the status of breastfeeding to infants?

Checklist for Medical Officers of the Hospital
(OBGY and Pediatrics Departments)

Identification Particulars	
Name of District	
Name of Medical College/Hospital	
Type of Medical College/Hospital	1. Govt.
	2. Private
Department	1. Obstetrics 2. Gynecology
Name of respondent	
Since how long you have been working in this department?	

Implementation Status of BFHI

1. Availability of IYCF counseling centre, Nutrition/ IYCF counselor, SNCU/ NSU, NRC, etc.
2. Availability of Nutrition/ IYCF counselor at the facility
3. What different initiatives are taken under Baby Friendly Hospital Initiative (BFHI) by your facility? When was this initiative started at this facility? How are these initiatives implemented? Is there a designated nodal officer responsible for the implementation? Who is that?
4. What are the 10 Steps to successful breastfeeding? Has this hospital implemented this? If yes, how? If not, why?
5. What are the monitoring mechanisms? How is the data recorded and reported? What indicators? Do you think monitoring of BFHI is adequate? If not, how do you plan to improve it? What are the challenges for improving monitoring? Are resources an issue?
6. Do you see improvement in BFHI over the time? If yes, how? If no, why?
7. What are the reasons behind BFHI not performing as expected? Was there external support when it started and now it is not there? Is it that government's capacity is not there? Is it resources that are not there for training and retraining? Why is it so?

Implementation Status of IYCF

1. How IYCF is implemented at this facility? (Probe for early initiation of breastfeeding for normal babies, breastfeeding to cesarean babies, colostrum feeding, feeding to sick new born, exclusive breast feeding, etc.). What measures have been taken to implement IYCF? If not, why? How many health officials/ workers are trained in IYCF? Is there a breastfeeding room/ corner at this hospital? Where is it?
2. What are the monitoring mechanisms? How is the data recorded and reported? What indicators?
3. What challenges you face in the implementation of IYCF? How did you cope up with these challenges?

4. How counseling is provided to pregnant women specifically to the first time pregnant? What kind of IEC materials are displayed specifically in the areas such as ANC and Post natal wards, labor room, etc.? Is the nutrition counselor received training on IYCF?
5. How have you implemented Mothers' Absolute Affection (MAA) at this facility? How MAA has contributed in the improvement of breast feeding status to new born and young children? What challenges you face in the implementation of MAA?

Baby Food Products

1. What are the different baby foods products prescribed/ distributed by food companies? Is this allowed at this facility? (Probe for gift packs, commercial samples, promotional materials, etc.)
2. Any promotional material like pamphlets/reading material/baby food being displayed/distributed by any baby food company in your hospital? Has any baby food company organized any baby show or film show in your hospital? What are those? What is the mechanism for such kind of activities? Are you aware of IMS Act? What is that?
3. How many of your staff member trained in lactation management?
4. What would you like to do to improve early initiation of breast feeding, exclusive breast feeding, MAA, etc. What support do you need to improve the status of breast feeding to infants?

Checklist for Nurses of the Hospital
(OBGY and Pediatrics Departments)

Identification Particulars		
Name of District		
Name of Medical College/Hospital		
Type of Medical College/Hospital		1. Govt.
		2. Private
Department		1. Obstetrics 2. Gynecology
Name of respondent		
Since how many years after passing out, you have been working as nurse?		**……..years**
S. No	**Question**	**Responses**
1	Status of training in lactation management	(Trained: Yes = 1, No = 0)
2	When did you receive training (month & year)?	a._____
		b. Not applicable
3	What was the duration of the training	a. _____ hours/days
		b. Not applicable
4	**Have a written breastfeeding/IYCF policy (as per National IYCF guidelines of MoHFW) that is routinely communicated to all health care staff**	Yes (1) No (2)
4.1	Are you aware of the 10 steps to successful breastfeeding?	Yes (1) No (2)
5	Are you aware of the IMS act?	a. Yes
		b. No
6	After how much time mother is discharged after a normal delivery in your facility?	Days……..Hours……..
7	What do you understand by early initiation of breastfeeding?	
8	Who helps mothers to initiate breastfeeding within one hour?	
9	How much duration, after Normal Delivery, are infants placed in skin-to-skin contact with their mother?	

10	How much duration after cesarean section Delivery, are infants placed in skin-to-skin contact with their mother?	
11	After how long the baby is shifted with mother	
11.1	Normal deliveries	
11.2	Cesarean section	
12	Are babies and mothers allowed to remain in the same room (rooming-in) throughout the hospital stay?	Yes (1) No (2)
12.1	If no, explain the circumstances under which they are kept separately.	
13	Do you provide any support to Non-breastfeeding mothers	a. Yes
		b. No
14	If Yes, what kind of support is provided to Non-breastfeeding mother?	
15	Do you have a follow-up clinic in the hospital?	Yes (1) No (2)
16	At the time of discharge, do you suggest her to seek help if required from any community worker?	a. Yes
		b. No
17	If yes, then to whom?	

Checklist for Mothers in the Postnatal Ward

Identification Particulars	
Name of district	
Name of Medical College/Hospital	
Type of medical college/hospital	1.Govt.
	2. Private
Department	1. Obstetrics
	2. Paediatrics
Name of respondent	
Caste	General
	SC
	ST
	Other
Religion	1. Hindu
	2. Muslim
	3. Sikh
	4. Christian
	5. Other (specify)
Area in which living	1. Urban
	2. Rural

Particulars of baby:

DOB…….Date/……Month/…….Year…….

Age ……hrs

Sex M(1)/F(2)

Birth Weight ……..in grams

S. No	**Particular**	**Response**
1	How many antenatal visits did you make to health facility for care before you gave birth?	_____ visits
		None
3	What type of delivery did you have?	a. Normal (vaginal)
		b. Cesarean section with spinal anaesthesia
		c. Cesarean section with general anaesthesia
		d. Other: (describe)
4	Where was your baby while you were in the labor room after giving birth?	a. With you
		b. SNCU/NICU
		c. Other
5	What did your child receive since birth?	a. Breastfeeding
		b. Expressed breastmilk

		c. Top feed
		d. Honey/ghutti/goat milk
		e. Other: (please describe):_____
6	Did you feed water to your child since birth?	a. Yes
		b. No
7	Why was Pre Lacteal feed/water given ?	a??
		b. Family members insisted
		c. The hospital staff suggested
		d. Other
8	If supplements were given, were they fed by you?	Spoon
		Bottle with nipple
		Cup
		Other_____
9	How long after birth did you first hold your baby?	a.
		b. Immediately
		c. Within half hour
		d. Within an hour
		e. More than one hour
		f. Can' t remember
		g. Other (specify)
11	When did you breastfeed your child for the first time after birth?	a. Within 1 hour
		b. Within 2 hours
		c. Within 3 hours
		d. After one day
		f. Other
12	Did the staff give you any help with positioning and attaching your baby for breastfeeding before discharge?	a. Yes b. No
13	What advice have you been given on how often to feed your baby?	a. No advice given
		b. Every time my baby seems hungry (as often as he/she wants)
		c. Every hour
		d. Every 1–2 hours
		e. Every 2–3 hours
14	Has your baby been separated from you during the hospital stay?	a. Yes
		b. No
14.a	If yes, what was the reason?	a. Cesarean delivery b. Premature birth-child very low weight c. Child got jaundice after delivery d. Other (specify)……

15	Has someone helped you to maintain breastmilk supply during separation of the infant by expressing the milk?	a. Yes b. No
15.1	If yes, by whom?	a. Nurse in the ward b. Ayah c. Other (specify)
16	Have you received instruction on safe use of infant formula?	a. Yes b. No
16.1	If yes, who provided the information?	a. Nurse b. Doctor c. Other (specify)
17	Have you been given any leaflets or supplies that promote baby food?	a. Yes b. No
17.1	If yes, who gave the item to you?	a. Nurse b. Baby food company representative c. Other (specify)
	Mothers unable to breastfeed their infant	
18	Have you been given any suggestions by the staff about how or where to get help, if you have problems with feeding your baby after you return home?	a. Yes b. No
19	Was your child kept away from you post delivery?	a. Yes b. No
20	Have you been able to feed breastmilk to your child?	a. Yes b. No
21	Did the staff show you or give you information on how you could express your milk by?	a. Yes b. No
22	Have you tried expressing your milk yourself?	a. Yes b. No
23	Was it your own decision not to breastfeed the baby?	a. Yes b. No
24	If no, why did you not breastfeed? Please give reasons.	1. 2. 3.

Thank You

Questionnaires (Nepal)

Checklist for CMS

Identification Particulars		
1	Name of District	
2	Name of Medical College/Hospital	
3	Type of Medical College/Hospital	1. Govt. 2. Private
4	Name of respondent	
5	Since how long you have been working as Medical Superintendent in this hospital?	**.....years**
6	How many deliveries are conducted in a year in your hospital?	
7	Of these deliveries, how many are -	
	Normal	
	Caesarian	

Implementation Status of BFHI

1. Availability of IYCF counseling centre, SNCU/ NSU, NRC, etc
2. Availability of Nutrition/ IYCF counselor at the facility
3. What different initiatives are taken under Baby Friendly Hospital Initiative (BFHI) by your facility? When was this initiative started at this facility? How are these initiatives implemented? Is there a designated nodal officer responsible for the implementation? Who is that?
4. What are the 10 Steps to successful breastfeeding? Has this hospital implemented this? If yes, how? If not, why?
5. What are the monitoring mechanisms? How is the data recorded and reported? What indicators? Do you think monitoring of BFHI is adequate? If not, how do you plan to improve it? What are the challenges for improving monitoring? Are resources an issue?
6. Do you see improvement in BFHI over the time? If yes, how? If no, why? What are the challenges for improving successful breastfeeding?
7. What are the reasons behind BFHI not performing as expected?Was there external support when it started and now it is not there? Is it that government's capacity is not there? Is it resources that are not there for training and retraining? Why is it so?

Implementation status of IYCF

8. How IYCF is implemented at this facility? (Prob for early initiation of breastfeeding for normal babies, breastfeeding to caesarian babies, colostrum feeding, feeding to sick new born, exclusive breast feeding, etc.). What measures have been taken to implement IYCF? If not, why? How many health officials/ workers are trained in IYCF?Is there a breast feeding room/ corner at this hospital? Where is it?
9. What are the monitoring mechanisms? How is the data recorded and reported? What indicators?

10. What challenges you face in the implementation of IYCF? How did you cope up with these challenges?
11. How counseling is provided to pregnant women specifically to the first time pregnant? What kind of IEC materials are displayed specifically in the areas such as ANC and Post natal wards, labor room, etc.?Is the nutrition counselor received training on IYCF?
12. How have you implemented Mother's Absolute Affection (MAA) at this facility? How MAA has contributed in the improvement of breast feeding status to new born and young children? What challenges you face in the implementation of MAA?

Baby Food Products

13. What are the different baby foods products prescribed/ distributed by food companies? Is this allowed at this facility? (Probe for gift packs, commercial samples, promotional materials, etc.)
14. Any promotional material like pamphlets/reading material/baby food being displayed/distributed by any baby food company in your hospital? Has any baby food company organized any baby show or film show in your hospital? What are those? What is the mechanism for such kind of activities? Are you aware of IMS Act? What is that?
15. How many of your staff member trained in lactation management?
16. What would you like to do to improve early initiation of breast feeding, exclusive breast feeding, MAA, etc. What support do you need to improve the status of breast feeding to infants?

Check-list for Medical Officers of the Hospital

(OBGY and Paediatrics departments)

Identification Particulars	
Name of District	
Name of Medical College/Hospital	
Type of Medical College/Hospital	1. Govt.
	2. Private
Department	1. Obstetrics 2. Gynecology
Name of respondent	
Since how long you have been working in this department?	..... Years

Implementation Status of BFHI

1. Availability of IYCF counseling centre, SNCU/ NSU, NRC, etc
2. Availability of Nutrition/ IYCF counselor at the facility
3. What different initiatives are taken under Baby Friendly Hospital Initiative (BFHI) by your facility? When was this initiative started at this facility? How are these initiatives implemented? Is there a designated nodal officer responsible for the implementation? Who is that?
4. What are the 10 Steps to successful breastfeeding? Has this hospital implemented this? If yes, how? If not, why?
5. What are the monitoring mechanisms? How is the data recorded and reported? What indicators? Do you think monitoring of BFHI is adequate? If not, how do you plan to improve it? What are the challenges for improving monitoring? Are resources an issue?
6. Do you see improvement in BFHI over the time? If yes, how? If no, why? What are the challenges for improving successful breastfeeding?
7. What are the reasons behind BFHI not performing as expected?Was there external support when it started and now it is not there? Is it that government's capacity is not there? Is it resources that are not there for training and retraining? Why is it so?

Implementation status of IYCF

8. How IYCF is implemented at this facility? (Prob for early initiation of breastfeeding for normal babies, breastfeeding to caesarian babies, colostrum feeding, feeding to sick new born, exclusive breast feeding, etc.). What measures have been taken to implement IYCF? If not, why? How many health officials/ workers are trained in IYCF?Is there a breast feeding room/ corner at this hospital? Where is it?
9. What are the monitoring mechanisms? How is the data recorded and reported? What indicators?
10. What challenges you face in the implementation of IYCF? How did you cope up with these challenges?

11. How counseling is provided to pregnant women specifically to the first time pregnant? What kind of IEC materials are displayed specifically in the areas such as ANC and Post natal wards, labor room, etc.? Is the nutrition counselor received training on IYCF?
12. How have you implemented Mother's Absolute Affection (MAA) at this facility? How MAA has contributed in the improvement of breast feeding status to new born and young children? What challenges you face in the implementation of MAA?

Baby Food Products

13. What are the different baby foods products prescribed/ distributed by food companies? Is this allowed at this facility? (Probe for gift packs, commercial samples, promotional materials, etc.)
14. Any promotional material like pamphlets/reading material/baby food being displayed/distributed by any baby food company in your hospital? Has any baby food company organized any baby show or film show in your hospital? What are those? What is the mechanism for such kind of activities? Are you aware of IMS Act? What is that?
15. How many of your staff member trained in lactation management?
16. What would you like to do to improve early initiation of breast feeding, exclusive breast feeding, MAA, etc. What support do you need to improve the status of breast feeding to infants?

Check-list for Nurses of the Hospital

(OBGY and Paediatrics departments)

Identification Particulars		
Name of District		
Name of Medical College/Hospital		
Type of Medical College/Hospital		1. Govt. 2. Private
Department		1. Obstetrics/ Gynaecology 2. Paediatrics
Name of respondent		
Since how many years after passing out, you have been working as nurse?		**.....years**
S.NO	**Question**	**Responses**
1	Status of training in lactation management	(Trained: Yes = 1, No = 0)
2	When did you receive training (month & year)?	a.___Year..... Month.....
		b. Not applicable
3	What was the duration of the training?	a._____hours/ .....days
		b. Not applicable
4	**Have a written breastfeeding/IYCF policy (as per National IYCF guidelines of MoHFW) that is routinely communicated to all health care staff**	Yes (1) No (2)
4.1	Are you aware of the 10 steps to successful breastfeeding? What are those?	Yes (1) No (2)
5	Are you aware of the IMS act? What are those?	a.Yes
		b.No
6	After how much time mother is discharged after a normal delivery in your facility?	Days.....Hours.....
7	What do you understand by early initiation of breastfeeding?	
8	Who helps mothers to initiate breastfeeding within one hour?	
9	How much duration, after Normal Delivery, are infants placed in skin-to-skin contact with their mother?	
10	How much duration after C-section Delivery, are infants placed in skin-to-skin contact with their mother?	

11	After how long the baby is shifted with mother	
11.1	Normal deliveries	
11.2	C-section	
12	Are babies and mothers allowed to remain in the same room (rooming-in) throughout the hospital stay?	Yes (1) No (2)
12.1	If no, explain the circumstances under which they are kept separately.	
13	Do you provide any support to Non-breastfeeding mothers	a. Yes
		b.No
14	If Yes, what kind of support is provided to Non-breastfeeding mother?	
15	Do you have a follow-up clinic in the hospital?	Yes (1) No (2)
16	At the time of discharge, do you suggest her to seek help if required from any community worker?	a. Yes
		b.No
17	If yes, then to whom?	
18	Do you record the feeding status of newborn in any register? What information is recorded?	Yes – 1 No – 2
19	Where is this information reported? Who use this information and for what purpose?	HMIS – 1 Other than HMIS – 2 Don't know – 3

Check-list for Mothers in the Post-natal ward

पोस्ट-नटल वार्डमा आमाहरूका लागि चेक-सूची

Identification Particulars पहिचान विवरणहरू	
Name of district जिल्लाको नाम	
Name of Medical College/Hospital मेडिकल कलेज/अस्पतालको नाम	
Type of medical college/hospital मेडिकल कलेज/अस्पतालको प्रकार	1.Govt. सरकारी 2. Private निजी
Name of respondent उत्तरदाताको नाम	
Education z}lifs of]Uotf	Illiterate – 1 अनपढ
	Literate / 1-2 years of schooling – 2 साक्षर/१२ साल की स्कूल की पढाई
	Primary – 3 प्रारंभिक
	6-10th – 4 ६ देखि १० कक्षा
	12+ - 5 १२ वा त्यो भन्दा माथी
Occupation पेशा	Working outside home and paid – 1 घर बाहिरको तलबी काम
	Working outside home but not paid – 2 विना तलब घर बाहिरको काम
	Housewife – 3 गृहणी
	Not working – 4 कुनै काम नभएको
Caste जाति	१. ब्राम्हिन
	२. तराई/मधेसी
	३. दलित
	४. नेवार
	५. जनजाती
	६. मुस्लिम
	७. अन्य
Religion धर्म	१. हिन्दु
	२. बौद्ध धर्म
	३. इसाई
	४. मुस्लिम नेवार
	५. अन्य
Area in which living रहने क्षेत्र	1. Urban शहरी 2. Rural ग्रामीण
Particulars of baby: शिशु सम्बन्धि जानकारी DOB.....Date/.....Month/.....Year..... जन्म मिती.....मिती/.....महिना/.....वर्ष.....	

Age .....Days.....hrs
उमेर..... दिन..... घण्टा

Sex M(1)/F(2)
लिंग: छोरा (१) छोरी (२)

Birth Weight .....in grams
जन्मिदाको तौल..... ग्राम

S.No क.सं	Particular प्रश्न	Response प्रतिक्रिया
1	How many antenatal visits did you make to health facility for care before you gave birth? बच्चा जन्मदिनुअघि तपाई कति चोटी स्वास्थ्य केन्द्र गई जाँच गराउनु भएको थियो ?	_____ visits ..... पटक
		None छैन
3	What type of delivery did you have? कुन प्रकारको डेलिवरी भएको थियो ?	a. Normal (vaginal) सामान्य (प्रसव नली)
		b. Caesarean section with spinal anaesthesia स्पाइनल एनेस्थीसिया दिएर ऑपरेशन (शल्यक्रियात्मक प्रसव)
		c. Caesarean section with general anaesthesia सामान्य एनेस्थीसिया दिएर ऑपरेशन (शल्यक्रियात्मक प्रसव)
		d. Other: (describe) अन्य वर्णन गर्नुस्
4	Where was your baby while you were in the labor room after giving birth? जन्मपछि तपाई प्रशव कक्षमा रहदाँ बच्चालाई कहाँ राखिएको थियो ?	a. With you तपाई संग
		b. Neonate/Postnatal ward एसएनसीयू/एनआइसीयू
		c. Other अन्य
5	What did your child received since birth? बच्चा जन्मिने वित्तिकै उसलाई के खुवाइएको थियो ?	a. Breastfeeding स्तनपान
		b. Expressed breastmilk दुध डुवेर
		c. Honey/ghutti मह/जन्मघुटी
		d. Powdered milk/animal milk पाउडर दुध/ पशुको दुध
6	Did you feed water to your child since birth? जन्मेपछि के बच्चालाई पानी खुवाउनु भयो ?	a. Yes छ
		b. No छैन
7	If yes, why was Pre Lacteal feed / water given? यदि हो भए किन बच्चालाई पानी वा अरु वस्तु खुवाउनु भएको थियो ?	a. Family members insisted परिवारको सदस्यले नै जोड दिको हुदाँ
		b. The hospital staff suggested अस्पताललको कर्मचारिले सुझाव दिएको हुदाँ
		c. Other अन्य
8	If supplements were given, were they fed by यदि बाह्य वस्तु खुवाइएको भए त्यसलाई के ले खुवाउनु भयो ?	Spoon चम्चा
		Bottle with nipple बोतल र निपल
		Cup कप
		Other_____ अन्य

9	How long after birth did you first hold your baby? बच्चा जन्मिसके पछि पहिलो पटक कतिबेर बच्चा लिनु/बोक्नु भयो ?	..... Hrs घण्टा
11	When did you breastfeed your child for the first time after birth? जन्मेको कतिबेर पछि पहिलो पटकदुध चुसाउनु भयो ?	a. within 1 hour एक घण्टा भित्र ..... Hrs १ घण्टामा b. Not breastfed yet अहिले सम्म छैन
12	Did the staff give you any help with positioning and attaching your baby for breastfeeding before discharge? अस्पतालबाट डिसचार्ज हुनु अघि कुनै कर्मचारीले तपाईलाई बच्चालाई कसरी बोक्ने वा दुधमा टस्याउने लागि मद्त गर्न भयो ?	a. Yes छ b. No छैन
13	What advice have you been given on how often to feed your baby by the hospital staff? बच्चालाई कतिपटक दुध चुसाउने बारेमा अस्पतालका कर्मचारीले कुनै सल्लाह दिनु भयो ?	a. No advice given कुनै सल्लाह दिइएन b. Every time my baby seems hungry (as often as he/she wants) जति पटक बच्चालाई भोक लाग्छ c. Every hour हरेक घण्टा d. Every 1-2 hours १-२ घण्टा e. Every 2-3 hours २-३ घण्टा
14	Has your baby been separated from you during the hospital stay? अस्पतालमा रहँदा के तपाई र बच्चालाई छुट्याएएको थियो ?	a. Yes हो b. No होइन
14.a	If yes, what was the reason? थियो भए यसको के कारण थियो ?	बा। Caesarian delivery अपरेसन भएको हुदाँ दा। Premature birth-child very low weight छिटो/कम तौलको बच्चा आ। Child got jaundice after delivery जन्मपछि जन्डिस मा। Mother not well आमा विसंचो e. Other (specify)..... अन्य
15	Has someone helped you to maintain breast milk supply during separation of the infant by expressing the milk? बच्चा संग अलग सहँदा के कसैले तपाईलाई दुध निकाल्न मद्त गरेको थियो ?	a. Yes हो b. No होइन
15.1	If yes, by whom? यदि हो भने कस्ले ?	बा। Nurse in the ward वार्डको नर्स b. Ayah/Attendant in ward पिउन/आया c. Other (specify) अन्य?
16	Have you received instruction on safe use of infant formula? के तपाईले पाउडर दुध सुरक्षित संग वचाउनका लागि कुनै निर्देशन पाउनु भएको थियो ?	a. Yes हो b. No होइन
16.1	If yes, who provided the information? यदि छ भए कस्ले ?	a. Nurse नर्स दा। Doctor डाक्टर c. Other (specify) अन्य
17	Have you been given any leaflets or supplies that promote baby food? बच्चाको खान प्रबन्धन गर्नका लागि के तपाइ कुनै पाम्लेट वा सामान पाउनु भएको थियो ?	a. Yes हो b. No होइन
17.1	If yes, who gave the item to you? छ भए त्यो कस्ले दिएको थियो ?	बा। Nurse नर्स दा। Baby food company representative बेबी फूड कंपनीको प्रतिनिधिले c. Other (specify) अन्य
	NON-Breast feeding mother	

18	Have you been given any suggestions by the staff about how or where to get help, if you have problems with feeding your baby after you return home? घर गएकको पछि बच्चालाई दुध चुसाउन समस्या भए कता र कसरी यसको बारेमा सल्लाह/सुझाव लिने भनेर के तपाईलाई अस्पतालको कर्मचारीले जानकारी दिनुभएको छ ?	a. Yes हो b. No होइन
19	Was your child kept away from you post delivery? जन्मपछि के तपाई र बच्चालाई अलग राखिएको थियो ?	a. Yes हो b. No होइन
20	Have you been able to feed breast milk to your child? के तपाईले आफ्नो बच्चालाई दुध चुसाउन सक्नु भएको थियो ?	a. Yes हो b. No होइन
21	Did the staff show you or give you information on how you could express your milk? के अस्पतालको कर्मचारीले कसरी दुध निचोंने र कसरी खुवाउन सकिन्छ भनेर जानकारी अथवा कसरी निचोंन भनेर देखाउनु भएको थियो ?	a. Yes हो b. No होइन
22	Have you tried expressing your milk by yourself? के तपाई आफैले दुध निचोंन कोशिस गर्नु भएको छ ?	a. Yes हो b. No होइन
23	Was it your own decision not to breastfeed the baby? के बच्चालाई दुध नखुवाउने आफैले निर्णय गर्नुभएको थियो ?	a. Yes हो b. No होइन
24	If no, why did you not breastfeed? Please give reasons. के कारणले तपाईले बच्चालाई दुध नचुसाउनु भएको थियो ?	1. 2. 3.

Thank You

धन्यवाद