

# Breastfeeding practices in District Hospitals (Uttar Pradesh)



## UNICEF – AIIMS Gorakhpur facility assessment report -2022

Comparison of two rounds of assessments

Round-1 (April-September 22) & Round-2 (October –December 22)

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# Rewind 2022 – Breastfeeding actions during the year



**World Breastfeeding Week 2022 – Inauguration & release of Hospital breastfeeding policy by Mrs. Anandiben Patel, Hon'ble Governor of Uttar Pradesh**



**State Hospital Breastfeeding Policy**



**Media engagement during the year**



**State level review & orientation sessions - Four state-wide meeting organized during the year; including one with private practitioners**



**Hospital breastfeeding (BFHI) assessment report shared with DH for action**



**Breastfeeding initiation within one hour in Caesarean section cases**



**IEC released for the health facilities**



**Social Media messages and GIFs for larger reach**



**Capacity building by AIIMS team – special focus on breastfeeding support in CS cases and Expression of Breastmilk**

## Introduction:

**Breastfeeding is one of the most critical behavior for the child survival and growth.** The NFHS-5 (2019-21) shows very low rates of early initiation of breastfeeding (EIBF) within an hour of birth for Uttar Pradesh at 24 per cent. UNICEF, in collaboration with Department of Pediatrics, AIIMS Gorakhpur, is providing technical support to health department for improving breastfeeding practices within health facilities through periodic assessment and feedback sharing, generating evidence for program action and capacity building.

**Knowledge improved, but practice remains an area of challenge:** The external assessments undertaken by the AIIMS team between 2019-21 showed average EIBF rate ranging between 44–64 per cent in district hospitals. Training of facility staff on breastfeeding under the MAA programme and constant reinforcement from state has shown improvement in knowledge levels of the staff and mothers. However improved knowledge is not effectively translating into improved breastfeeding practices. Breastfeeding, being a softer behavioral intervention, is not a prioritized area of support and not a monitored behavior in most of the health facility. There is a general notion amongst health staff that the breastfeeding is a natural process, and it doesn't require any support.

**The “problem groups” requiring attention:** The deep dive into the factors contributing to the sub-optimal breastfeeding practices within health facilities identifies Caesarean section, Low-birth weight / pre-term and Primigravida as the “problem groups” with delayed breastfeeding initiation and with possible use of formula/animal milk. Community based anecdotal evidence also suggest that these are the cases with higher risk of lactation failure and/or mixed feeding (breastfeeding + bottle feeding) resulting in growth faltering during early years leading to wasting and stunting.

**Methodology and technical support strategy:** The previous years' learnings have led to revised programming approach focusing on the “problem groups” and keeping the “Hospital breastfeeding policy” as the guiding principle. In 2022, the AIIMS team focused on getting the disaggregated information of EIBF practices and usage of formula/animal milk/bottle feeding amongst “problem groups” and the status of overall systems, and processes (in line with Baby Friendly Hospital Initiative – BFHI standards) considered critical for ensuring optimal breastfeeding practices within health facilities. The assessments were followed by feedback sharing and orientation of facility staff. The periodic learnings & findings from these assessments were intensively used at NHM and DG-FW offices for programme actions which include sharing of facility wise report to the respective health facilities for taking apropos corrective actions; state level review meetings and orientation programme. In 2022, all 84 district hospitals were assessed and supported in two rounds by the team – first round of assessment done between April-September 2022 and second round was done between October – December 2022. The assessment was done by two teams throughout the year with each team consist of one IYCF trainer and one lactation counsellor.

**About this report:** This report captures and compares the important indicators related to breastfeeding practices and the status of various pre-requisites and processes supporting these practices within these health facilities between two rounds. The report has four sections – 1. Status of breastfeeding practices (provides state level summary), 2. Status of systems and process fostering positive enabling environment for optimal breastfeeding practices, 3. Learnings and recommendations, and 4. Facility wise factsheet for various breastfeeding related indicators.

## Assessment summary



**83** No. of District Hospitals assessed & supported in 74 districts

**63** (76%) DH shown improvement in breastfeeding rates between two rounds

	Round 1	Round 2
Period of assessment	April – September 22	October – December 22
Mothers of newborns interviewed	2050	1385
No. of CMS with whom feedback shared	72	71
Hospital staff sensitized	968	776
Mothers/caregivers counselled and supported	1213	1372

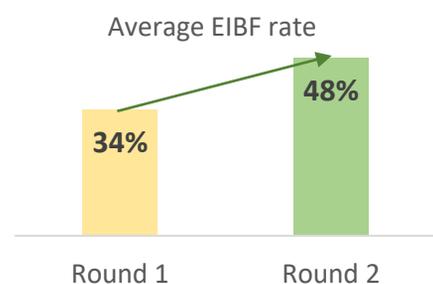
## Section 1: Status of Breastfeeding Practices within health facilities

The section provides the comparative summary of the status of EIBF practices within district hospitals with disaggregation of type of health facility, delivery type, birth weight and Gravida; Exclusive breastfeeding and use of formula/animal milk; and status of adherence to Infant Milk Substitute Act (IMS Act).

### 1.1 Early Initiation of Breastfeeding

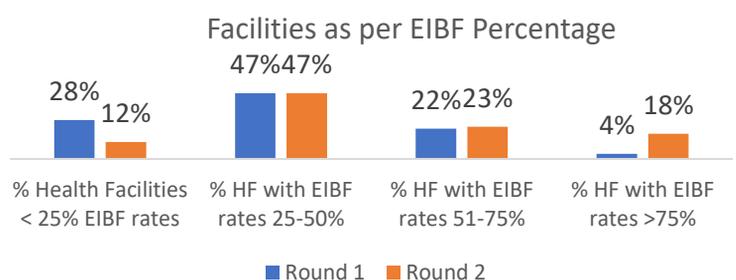


**48** per cent mothers-initiated breastfeeding within an hour of birth in district hospitals (in second round) with **14 per cent points increase observed between two periods**



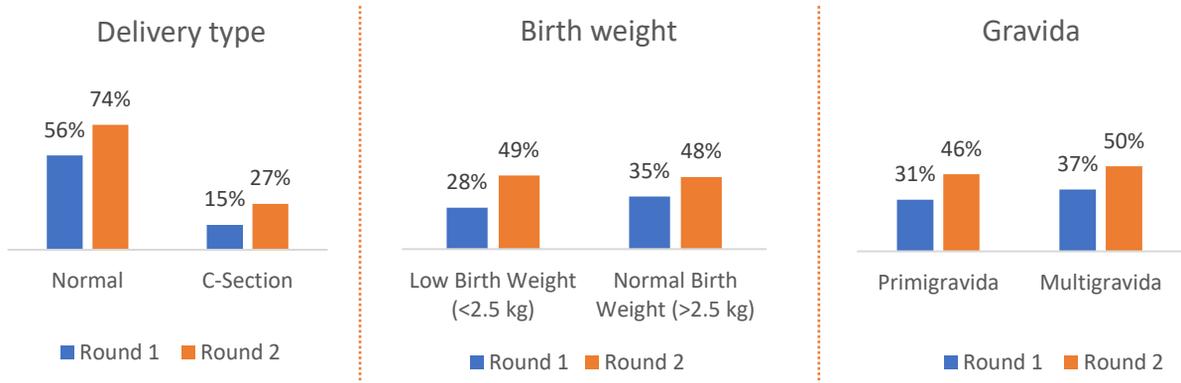
#### 1.1.a Facility wise categorization:

In second round, **34 (41 per cent)** DH had **EIBF rate above 50 per cent** – a significant improvement from first round which had only 21 (26 per cent facilities) DH with more than 50 per cent EIBF rate.



### 1.1.b EIBF Disaggregation:

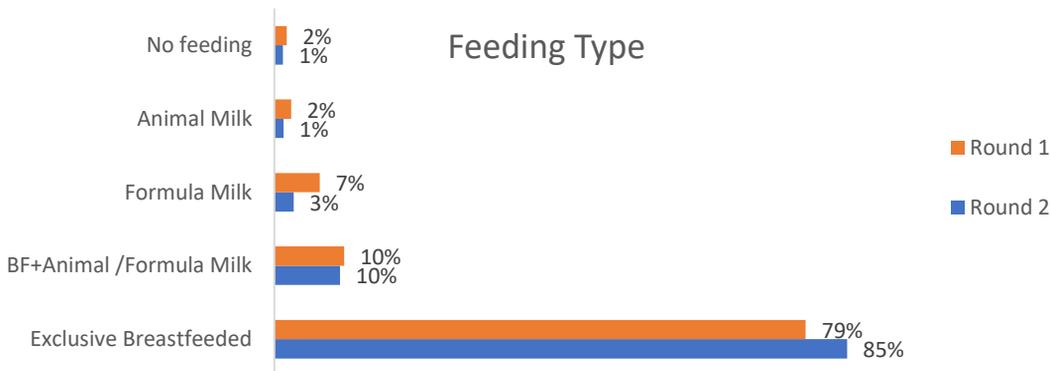
Disaggregated data on EIBF from both rounds re-affirms the breastfeeding issues in “problem groups” – newborns delivered through C-section delivery, Low birth weight newborns and in primigravida mothers. However, significant improvement observed in breastfeeding rates across all disaggregation types in round 2 compared with round 1.



### 1.2 Exclusive Breastfeeding



**85** per cent newborns were **fed only breastmilk** in last 24 hours during second round of assessment with a 6 per cent point increase compared to **first round with 79 per cent**



### 1.3 Adherence to IMS act:

Infant Milk Substitute Act protects and promotes breastfeeding through prohibition of promotion, free distribution and advertisement of formula milk and feeding bottles. Use of formula milk and/or use of bottles taken as proxy indicator for non-compliance of IMS act

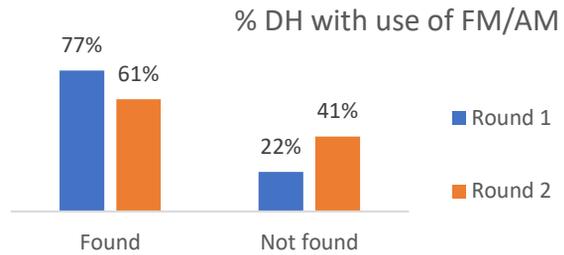


**14** per cent newborns were found **feeding Formula/Animal Milk** (with or without breastfeeding) during the second round – There has been a **decline in usage of FM/AM by six per cent points** from round 1 (with 20 per cent newborns feeding FM/AM)

**1** per cent newborns were found using **Feeding bottles** in **round 2 compared to 3 per cent in round 1.**

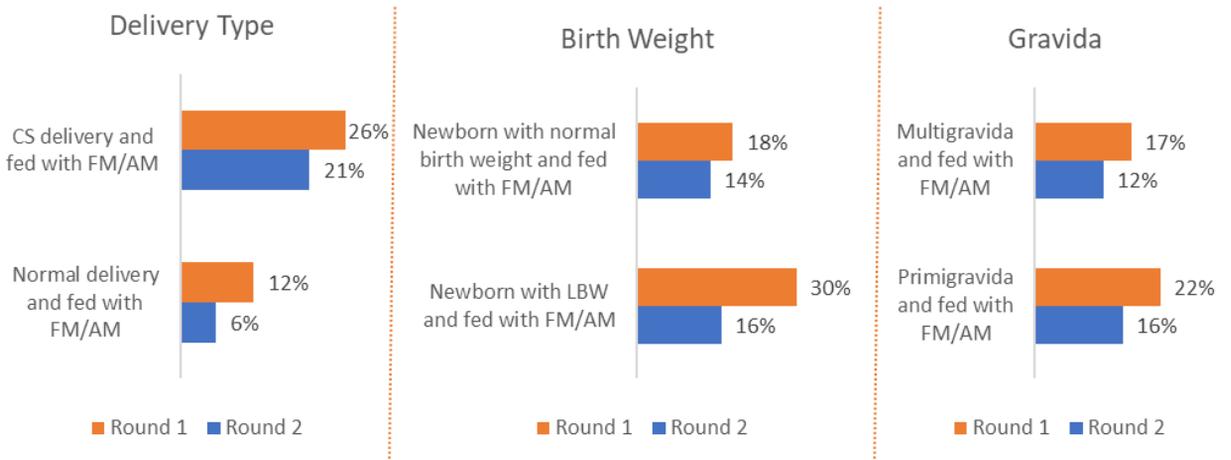
**1.3.a. Facility wise use of Formula/Animal Milk –**

**61%** DH (i.e. 51 DH) – found with usage of FM/AM (at-least one newborn on AM/FM) during the second round. **Usage of FM/AM within a DH has declined from round-1 by 16 per cent points** (with 77 per cent DH with usage of FM/AM in round 1)



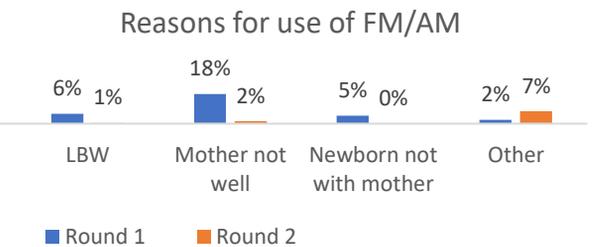
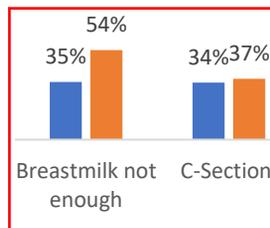
**1.3.b. Formula/Animal milk usage disaggregation:**

- Disaggregated data of formula/animal milk usage with in DH for the two rounds highlights higher usage in “**problem groups**”.
- In second round, **21 per cent newborns with CS** were on FM/AM compared to 6 per cent with normal delivery; **16 per cent newborns with LBW** were on FM/AM compared to 14 per cent with normal birth weight; and **16 per cent newborns born to primigravida** mothers were on FM/AM compared to 12 per cent multigravida mothers.
- In all disaggregated groups, there has been reduction in usage of FM/AM in second round compared to the first round.



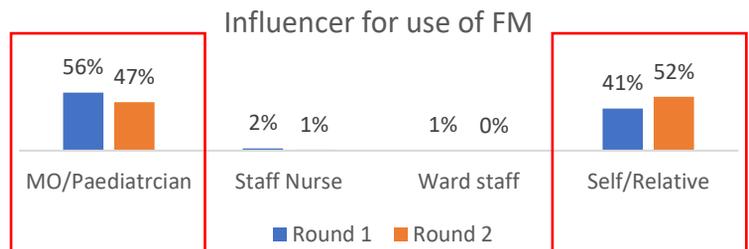
**1.3.c. Reasons stated for use of animal/ formula feeds**

Maternal conditions like Caesarean section and perception of not having enough milk (self reported insufficient milk –SRIM) were stated most common reasons for the use of FM/AM by the mothers using it.



**1.3.d. Decision making/Influencer of use of formula milk**

As per the mothers' feedback, the MO/Pediatrician and family members were the key influencer or decision maker for use of formula / animal milk.





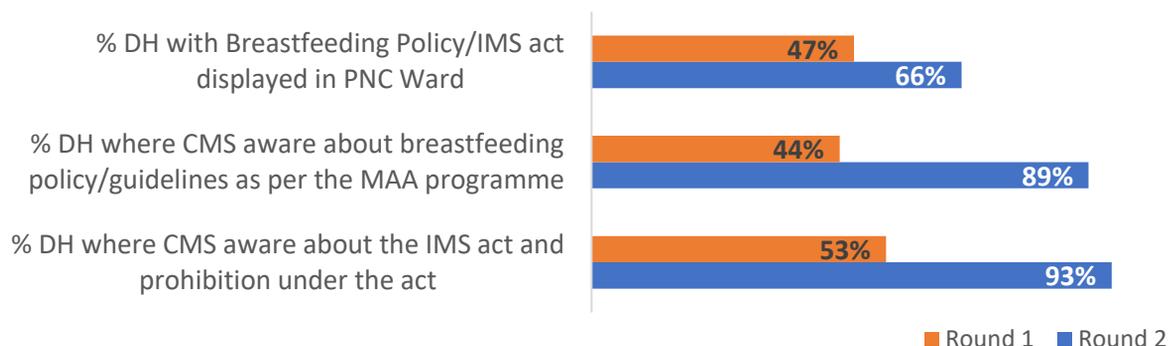
## Section 2: System and process influencing breastfeeding practices

The section provides the summary of the assessment findings for system and processes which influences the breastfeeding practices within health facilities. These include overall leadership and monitoring systems, availability of trained staff to support practices, staff’s knowledge and perception and overall service delivery.

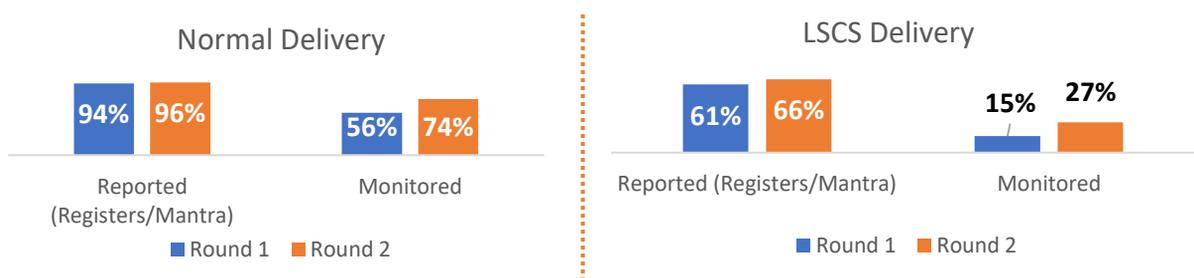
### 2.1 Leadership and Management

Leadership and monitoring system are critical enablers for positive breastfeeding environment within health facilities. This includes active involvement of CMS/Matron, strong monitoring, data and review systems, strong enforcement of hospital breastfeeding policy. Significant improvement observed in the overall leadership and management processes during the second round.

#### 2.1.a. Improved awareness about the IMS act and hospital breastfeeding policy.



#### 2.1.b Huge mismatch between monitored EIBF and reported EIBF rates; no major change between two rounds



## 2.2 Human Resources and Capacities

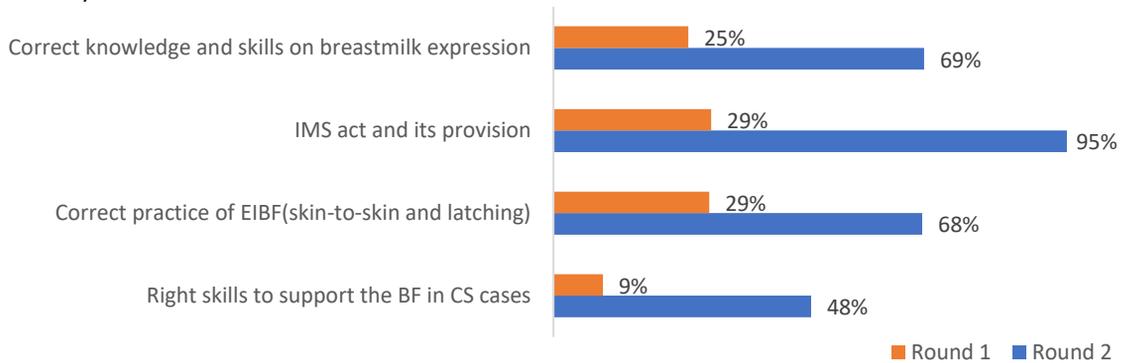


**23** per cent staff nurses working in maternity wards and available at the time of second visit **received training on breastfeeding** (total SNs – 723)

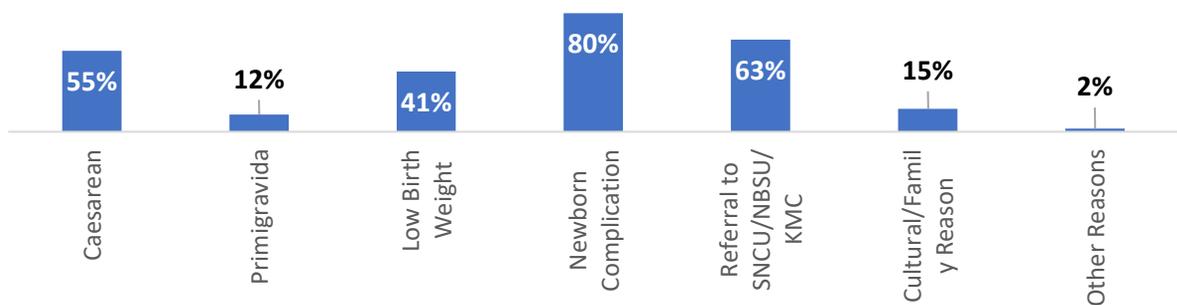


**58** per cent monitored health facility had some **trained and skilled staff** to support breastfeeding and provide lactation management.

**2.2.a. Staff nurses' knowledge and skills – Around 50 per cent staff nurses had correct knowledge and skills to support and provide lactation management. Knowledge improved from first round.** (assessed for SNs working in LR/CS-OT/PNC/KMC wards; round 1 -360 SNs & round 2 - 291 SNs)

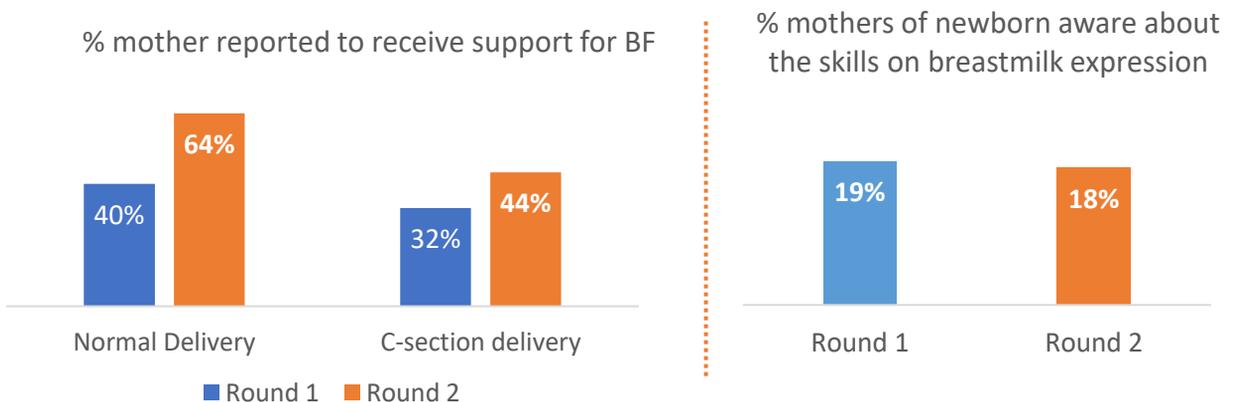


**2.2.b. Staff nurses' perception about the condition where formula and animal milk can be used (Only Round 2)**



## 2.3 Support for breastfeeding

There has been **moderate improvement in the BF support** provided to the mother of newborn. However, **awareness on expression of breastmilk process found to be very low**, with no change between two rounds.

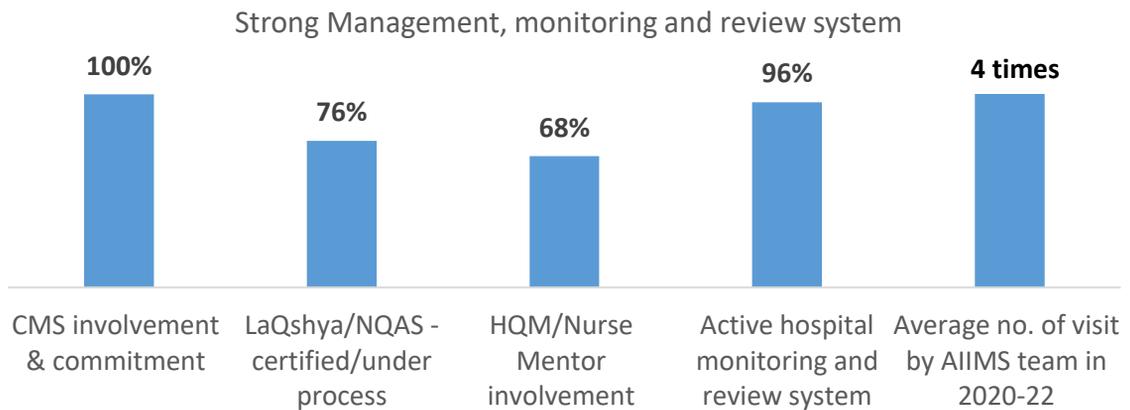


## Key Observation and Learnings:

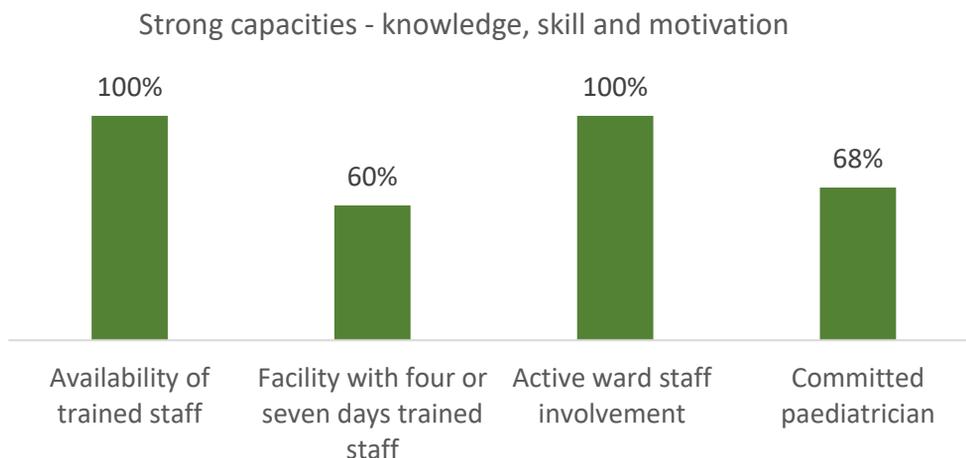
- Breastfeeding is not a monitored behavior** in most of the health facilities. Hospital administration of majority health facilities were in complete denial on usage of formula milk within facilities as that was the general perception due to lack of monitoring and awareness on IMS act.
- Strong management system and strong capacities are two key pillars** for realizing optimal breastfeeding practices within health facilities. A sub-group analysis of factors contributing better breastfeeding practices in DH was done in **19 top\* performing district hospitals**. Annexure provide details of these 19 health facilities. Following factors emerged most common in the top performing health facilities –

*\*facilities where at-least 10 mothers were interviewed and with overall EIBF rate above 50 per cent and EIBF in CS above 30 per cent in second round assessment*

**A. Strong management system** – Active involvement of Chief Medical Superintendent, Strong monitoring and review systems, Hospital under LaQshya/NQAS certification, Active involvement of Hospital Quality manager/Nurse Mentors and regular visits & technical support of AIIMS team were key standout factors.



**B. Strong capacities** – Availability of trained and motivated staff within wards and LR and active involvement of paediatrician crucial for translating knowledge into optimal practices.



- Breastfeeding starts after two days in CS cases** as a general practice in many health facilities. Delay in BF in CS happening due to lack of awareness, skill, conviction, and confidence in the OT/ward staff. Use of formula/ animal milk also found in many such cases in first two days with gradual transition to breastfeeding.



4. **Formula milk generally not prescribed but suggested by pediatrician/ MO** – In many cases, where caregiver informed that FM was recommended by the paediatrician/MO, no prescription or valid reason for recommendation was found. Many a times, for purchase from pharmacy, its written on a piece of paper .
5. **Self-reported Insufficient Milk (SIRM) emerged as major reason of use of formula/animal in mothers.** This has also resulted in use of formula/animal milk directly by the caregivers themselves without involvement of hospital staff. However, availability of FM with the mothers within ward also highlights the lack of monitoring and counselling support leading to individual decision making and use of FM.
5. **Use of video IEC** to demonstrate breastfeeding initiation and support to staff for Caesarean section delivery cases proved effective in building conviction and confidence.
6. **Lack of trained and skilled lactation counsellor** who can support breastfeeding in special cases in most of the health facilities. They are critical for ensuring the optimal practices and need-based support, especially in high caseload delivery points as the ward staff is usually overstretched.
7. **Hospital breastfeeding policy, launched** and rolled out across the state in August 2022, were found to be displayed in many district hospital. However, staff's awareness on the policy was found to be low.
8. **Limited capacities of staff nurses in Kangaroo Mother Care (KMC) centres on feeding protocols** - Low birth weight/pre-term newborn requires extra care and support especially for feeding. The KMC staff needs to ensure the LBW newborn receives best form of feeds with breastfeeding and expressed breastmilk (EBM) as top two options. However, KMC staff nurses in most of the facilities had limited capacities on feeding.



**31**

per cent staff nurses of the KMC ward (of 71 DH; one SN per KMC) had adequate knowledge on feeding protocols for LBW/Pre-term newborns.



**28**

per cent newborns in the KMC wards were on feeds other than breastfeeding or expressed breastmilk

### Feeding practices in KMC wards

### Key Recommendations:

1. Mandatory roll-out & display of **hospital breastfeeding policy** and regular communication to all the staff involved in delivery and newborn care; including private health facilities.
2. **Strict adherence to IMS act** – No use of Formula Milk/feeding bottles within health facilities except in special circumstances with written prescription by pediatrician.
3. Nomination of a **nodal officer** within health facility responsible for monitoring compliance.
4. Each facility to have a **trained and skilled allied health staff** who provide lactation management. RMNCHA counsellor, Nurse mentor or staff nurse can be equipped with skills. Staff nurses of Lactation Management Unit made responsible for BF support in wards.
5. **Training/ re-orientation of KMC/SNCU staff nurses** on the feeding protocols for LBW/Pre-term newborns.
6. **Mandatory counselling and support** to all mothers of newborn for positioning, attachment, and breastmilk expression.
7. **Special focus and efforts for breastfeeding in CS cases** is required which include building staff's capacities, regular monitoring of practices and ensuring support to the mothers during the stay.
8. **Annual external breastfeeding assessment** of all medical colleges and district hospitals.
9. Periodic **state/district level review** of the breastfeeding practices.



## Top 19 District Hospital and contributing factors

### Top 19 District Health facilities

(with at-least 10 mothers interviewed and total EIBF rate above 50 per cent and EIBF in CS cases above 30 per cent)

- Subgroup analysis of the factors

Facility name	Normal	CS	Total	Active CMS	Trained Staff	Committed Staff to support BF	Committed MO/ Pediatrician	No. of AIIMS team visit in 2020-22	LaQshya/Nqas/B FHI Certified	Active monitoring and review system	Involvement of HQM
Moradabad DWH	100%	100%	100%	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes
Muzaffarnagar DWH	93%	89%	91%	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes
Banda DCH	100%	50%	85%	Yes	Yes	Yes	Yes	4	Yes	Yes	Yes
Gorakhpur DWH	100%	75%	84%	Yes	Yes	Yes	Yes	6	Yes	Yes	Yes
Ghaziabad DWH	90%	60%	84%	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes
Baghpat DCH	88%	50%	80%	Yes	Yes	Yes	Yes	4	Yes	Yes	Yes
Rampur DWH	88%	60%	77%	Yes	Yes	Yes	No	5	Yes	Yes	Yes
Farrukhabad DWH	85%	33%	75%	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes
Amroha DCH	100%	57%	73%	Yes	Yes	Yes	Yes	4	Yes	Yes	No
Jaunpur DWH	100%	47%	73%	Yes	Yes	Yes	Yes	4	Yes	Yes	Yes
Bulandshahar DWH	73%	67%	71%	Yes	Yes	Yes	No	4	No	Yes	No
Bareilly DWH	100%	30%	70%	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes
Pilibhit DWH	75%	53%	61%	Yes	Yes	Yes	No	5	Yes	Yes	No
Badaun DWH	75%	33%	60%	Yes	Yes	Yes	Yes	4	Yes	Yes	Yes
Prayagraj DWH	100%	33%	58%	Yes	Yes	Yes	No	4	Yes	No	No
Bijnor DWH	78%	43%	57%	Yes	Yes	Yes	Yes	5	Yes	Yes	Yes
Avanti Bai Lucknow DWH	67%	50%	56%	Yes	Yes	Yes	Yes	4	Yes	Yes	No
Aligarh DWH	75%	31%	52%	Yes	Yes	Yes	Yes	3	Yes	Yes	Yes
Ambedkar Nagar DCH	100%	46%	50%	Yes	Yes	Yes	No	2	Yes	Yes	No

# District Health Facility wise Breastfeeding Monitoring Data

Sl. No.	Name of Facilities	Assessment Date		Breastfeeding Rate within one hour (EIBF)							Compliance to IMS act (Use of Formula/Animal Milk)									
				Normal Cases		C-Section Cases		Total (Normal +CS)			Formula/Animal Milk Found		Infant on Formula/Animal Milk found		CMS aware about the IMS act and what is prohibited under the Act		Availability of trained and skilled staff to support breastfeeding		IMS act poster displayed in PNC Ward	
		First Assessment	Second Assessment	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Change	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22
<b>State Total</b>				<b>56%</b>	<b>74%</b>	<b>15%</b>	<b>27%</b>	<b>34%</b>	<b>48%</b>	<b>▲</b>	<b>64</b>	<b>51</b>	<b>20%</b>	<b>14%</b>	<b>38</b>	<b>68</b>	<b>12</b>	<b>42</b>	<b>39</b>	<b>55</b>
1	Bhadohi MBH DWH	12-05-22	18-11-22	100%	100%	17%	100%	29%	100%	▲	Yes	No	100%	0%	Not Aware	Aware	No	No	No	No
2	Chitrakoot DCH	23-11-22	16-12-22	90%	100%	NA	NA	90%	100%	▲	No	No	0%	0%	Not Aware	Aware	No	No	No	No
3	Jhansi DWH	31-08-22	29-10-22	0%	100%	NA	NA	0%	100%	▲	Yes	No	40%	0%	Not Aware	Aware	No	No	No	Yes
4	Moradabad DWH	26-05-22	20-12-22	63%	100%	8%	100%	22%	100%	▲	Yes	Yes	6%	7%	Not Aware	Aware	No	Yes	Yes	Yes
5	Shamli DCH	26-05-22	28-12-22	67%	100%	NA	NA	28-12-22	100%	▲	No	No	0%	0%	NA	Aware	NA	No	No	No
6	Sonbhadra DCH	25-07-22	11-11-22	0%	100%	NA	NA	0%	100%	▲	No	No	0%	0%	Not Aware	NA	No	NA	Yes	No
7	Lalitpur DWH	30-08-22	11-11-22	72%	95%	27%	NA	58%	95%	▲	Yes	No	8%	0%	Aware	Aware	No	Yes	No	Yes
8	Muzaffarnagar DWH	26-05-22	29-12-22	100%	93%	47%	89%	59%	91%	▲	No	No	0%	0%	Aware	Aware	Yes	Yes	Yes	Yes
9	Banda DCH	25-11-22	15-12-22	67%	100%	57%	50%	63%	85%	▲	Yes	No	5%	0%	NA	NA	NA	NA	No	Yes
10	Gorakhpur DWH	14-09-22	28-12-22	75%	100%	38%	75%	54%	84%	▲	Yes	No	4%	0%	Aware	Aware	Yes	Yes	Yes	Yes
11	Ghaziabad DWH	21-09-22	24-12-22	68%	90%	11%	60%	43%	84%	▲	Yes	No	16%	0%	Aware	Aware	No	Yes	Yes	Yes
12	Aligarh DCH	24-09-22	23-12-22	86%	80%	0%	NA	75%	80%	▲	No	No	0%	0%	Not Aware	Not Aware	No	No	Yes	Yes
13	Baghpat DCH	24-05-22	30-12-22	80%	88%	17%	50%	56%	80%	▲	Yes	Yes	31%	10%	NA	NA	NA	NA	No	Yes
14	Shikohabad DCH	20-09-22	12-11-22	100%	75%	0%	100%	90%	80%	▼	Yes	Yes	10%	20%	Not Aware	NA	No	NA	Yes	Yes
15	Rampur DWH	18-06-22	20-12-22	67%	88%	15%	60%	25%	77%	▲	Yes	Yes	31%	8%	Aware	Aware	No	Yes	Yes	Yes
16	Farrukhabad DWH	27-08-22	18-11-22	69%	85%	0%	33%	56%	75%	▲	No	Yes	0%	13%	Aware	Aware	No	Yes	Yes	Yes
17	Shahjahanpur DWH	18-06-22	14-12-22	20%	82%	0%	0%	13%	75%	▲	Yes	Yes	75%	17%	Not Aware	NA	No	NA	No	No
18	Amroha DCH	22-06-22	21-12-22	100%	100%	60%	57%	71%	73%	▲	No	No	0%	0%	Aware	Aware	Yes	Yes	Yes	Yes
19	Jaunpur DWH	10-05-22	19-11-22	89%	100%	24%	47%	37%	73%	▲	Yes	Yes	15%	3%	Aware	Aware	No	Yes	Yes	Yes
20	Bulandshahar DWH	24-09-22	27-12-22	55%	73%	0%	67%	51%	71%	▲	Yes	No	15%	0%	Aware	Aware	No	No	Yes	Yes
21	Ghaziabad DCH	21-09-22	24-12-22	50%	80%	33%	50%	38%	71%	▲	Yes	Yes	13%	14%	Not Aware	Aware	No	Yes	Yes	Yes
22	Kaushambi DCH	26-07-22	22-11-22	83%	100%	10%	33%	38%	71%	▲	Yes	No	56%	0%	Not Aware	Aware	No	No	Yes	No
23	Mathura DWH	22-09-22	22-12-22	30%	82%	0%	0%	21%	70%	▲	Yes	Yes	29%	20%	Not Aware	Aware	No	No	No	No
24	Bareilly DWH	21-06-22	22-12-22	69%	100%	5%	30%	32%	70%	▲	Yes	No	8%	0%	NA	Aware	NA	Yes	Yes	Yes
25	Bhadohi MCH DCH	12-05-22	18-11-22	0%	NA	NA	67%	0%	67%	▲	No	Yes	0%	33%	Not Aware	Aware	No	Yes	No	Yes
26	Laxmi Bai Lucknow DCH	25-06-22	13-12-22	0%	75%	60%	50%	38%	63%	▲	Yes	No	13%	0%	Aware	Aware	Yes	No	No	Yes
27	Pilibhit DWH	17-06-22	19-12-22	90%	75%	0%	53%	45%	61%	▲	Yes	Yes	30%	4%	NA	Aware	NA	Yes	Yes	Yes
28	Badaun DWH	17-06-22	19-12-22	85%	75%	0%	33%	61%	60%	▼	Yes	Yes	29%	8%	Aware	Aware	No	No	Yes	Yes
29	Prayagraj DWH	26-07-22	16-11-22	58%	100%	21%	33%	31%	58%	▲	Yes	Yes	9%	13%	Aware	Aware	Yes	Yes	Yes	Yes
30	Bijnor DWH	20-06-22	29-12-22	86%	78%	14%	43%	32%	57%	▲	No	No	0%	0%	Aware	Aware	Yes	Yes	No	Yes
31	Avanti Bai Lucknow DWH	25-06-22	12-12-22	100%	67%	50%	50%	60%	56%	▼	No	No	0%	0%	Aware	Aware	Yes	Yes	Yes	Yes
32	Sultanpur DCH	24-08-22	21-11-22	21%	91%	0%	23%	8%	54%	▲	Yes	Yes	26%	4%	Not Aware	Not Aware	No	No	No	No
33	GB Nagar DCH	21-09-22	28-12-22	50%	64%	0%	0%	41%	53%	▲	Yes	Yes	16%	6%	Aware	Aware	No	Yes	No	Yes
34	Aligarh DWH	24-09-22	23-12-22	33%	75%	12%	31%	26%	52%	▲	Yes	No	20%	0%	Aware	Aware	No	Yes	Yes	Yes
35	Ambedkar Nagar DCH	28-04-22	03-12-22	80%	100%	29%	46%	42%	50%	▲	Yes	No	11%	0%	Aware	Aware	No	Yes	No	Yes
36	Auraiya DCH-100 BED	29-08-22	21-11-22	50%	50%	NA	NA	50%	50%	▲	No	No	0%	0%	Not Aware	Aware	No	Yes	No	Yes
37	Auraiya DCH-50 BED	29-08-22	21-11-22	80%	50%	NA	NA	80%	50%	▼	No	No	0%	0%	Not Aware	Aware	No	Yes	No	Yes
38	Balrampur DCH	15-07-22	01-12-22	40%	100%	0%	0%	33%	50%	▲	Yes	No	17%	0%	Not Aware	Aware	No	No	No	No
39	Kannauj DCH	27-08-22	19-11-22	75%	60%	NA	0%	75%	50%	▼	No	Yes	0%	17%	NA	Aware	NA	Yes	No	Yes
40	Kasganj DCH	19-09-22	23-12-22	0%	100%	0%	33%	0%	50%	▲	No	Yes	0%	75%	Aware	NA	No	NA	Yes	No
41	Sambhal DCH	22-06-22	21-12-22	33%	50%	0%	NA	30%	50%	▲	Yes	No	20%	0%	Aware	Aware	No	Yes	No	Yes
42	Jalaun DWH	29-08-22	28-11-22	88%	52%	0%	25%	58%	48%	▼	Yes	Yes	17%	36%	Not Aware	Aware	No	No	No	No

\*NA- Cases were not available

<b>EIBF Rate</b>	<b>&lt;25%</b>	<b>25-50%</b>	<b>51-75%</b>	<b>&gt;75%</b>
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# District Health Facility wise Breastfeeding Monitoring Data

Sl. No.	Name of Facilities	Assessment Date		Breastfeeding Rate within one hour (EIBF)							Compliance to IMS act (Use of Formula/Animal Milk)									
				Normal Cases		C-Section Cases		Total (Normal +CS)			Formula/Animal Milk Found		Infant on Formula/Animal Milk found		CMS aware about the IMS act and what is prohibited under the Act		Availability of trained and skilled staff to support breastfeeding		IMS act poster displayed in PNC Ward	
		First Assessment	Second Assessment	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Change	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22	Apr-Sept'22	Oct-Dec'22
<b>State Total</b>				<b>56%</b>	<b>74%</b>	<b>15%</b>	<b>27%</b>	<b>34%</b>	<b>48%</b>	<b>▲</b>	<b>64</b>	<b>51</b>	<b>20%</b>	<b>14%</b>	<b>38</b>	<b>68</b>	<b>12</b>	<b>42</b>	<b>39</b>	<b>55</b>
43	Unnao DWH	16-06-22	23-11-22	73%	75%	0%	23%	31%	48%	▲	Yes	Yes	3%	12%	NA	Aware	NA	Yes	Yes	Yes
44	Raibareilly DWH	27-07-22	22-11-22	56%	100%	13%	37%	28%	47%	▲	Yes	Yes	14%	13%	Aware	Aware	No	Yes	Yes	Yes
45	VJB Lucknow DWH	23-06-22	12-12-22	100%	100%	8%	38%	17%	43%	▲	Yes	No	7%	0%	Aware	Aware	Yes	Yes	Yes	Yes
46	Deoria DWH	20-10-22	05-12-22	67%	79%	0%	12%	27%	42%	▲	Yes	No	8%	0%	Aware	NA	No	NA	No	No
47	Basti DWH	07-05-22	14-10-22	36%	100%	15%	0%	24%	40%	▲	Yes	No	8%	0%	Not Aware	NA	No	NA	Yes	No
48	Chandauli DCH	25-07-22	12-11-22	100%	100%	0%	33%	25%	40%	▲	Yes	Yes	100%	50%	Aware	Aware	No	No	No	No
49	Varanasi DWH	13-05-22	24-11-22	100%	67%	13%	33%	31%	40%	▲	No	Yes	0%	3%	Not Aware	Aware	No	No	Yes	No
50	Meerut DWH	23-05-22	26-12-22	60%	100%	40%	31%	47%	39%	▼	No	Yes	0%	22%	Aware	Aware	No	No	Yes	Yes
51	Lok Bandhu Lucknow DCH	23-06-22	13-12-22	100%	75%	63%	22%	75%	38%	▼	No	Yes	0%	8%	Aware	Aware	Yes	Yes	Yes	Yes
52	Ballia DWH	19-07-22	30-11-22	47%	60%	14%	27%	38%	38%	▲	Yes	Yes	25%	13%	Aware	Aware	No	Yes	No	Yes
53	Agra DWH	20-09-22	16-11-22	46%	67%	0%	15%	30%	36%	▲	Yes	Yes	19%	18%	Aware	Aware	Yes	No	Yes	Yes
54	Hamirpur DWH	25-08-22	26-11-22	55%	60%	9%	0%	32%	35%	▲	Yes	No	5%	0%	Not Aware	Aware	No	Yes	No	Yes
55	Mainpuri DWH	26-08-22	15-12-22	39%	75%	0%	0%	33%	35%	▲	Yes	Yes	19%	35%	Aware	Aware	No	Yes	Yes	Yes
56	Pratapgarh DWH	29-07-22	15-11-22	40%	71%	21%	19%	26%	35%	▲	Yes	Yes	16%	22%	Aware	Aware	No	Yes	Yes	Yes
57	Bahraich DWH	21-07-22	02-12-22	37%	88%	0%	11%	10%	33%	▲	Yes	Yes	35%	26%	Not Aware	Aware	No	No	No	Yes
58	Etah DWH	19-09-22	15-11-22	71%	50%	17%	0%	46%	33%	▼	Yes	Yes	8%	33%	Aware	Aware	Yes	No	No	No
59	Etawah DWH	26-08-22	16-12-22	44%	38%	0%	0%	38%	33%	▼	Yes	No	31%	0%	Not Aware	Aware	No	Yes	No	Yes
60	Hapur DCH	24-05-22	26-12-22	40%	100%	0%	0%	33%	33%	▲	Yes	No	33%	0%	Not Aware	Aware	No	No	No	No
61	Kushinagar DCH	06-05-22	21-10-22	60%	44%	NA	0%	60%	33%	▼	No	Yes	0%	17%	NA	Aware	NA	No	Yes	No
62	Sant Kabir Nagar DCH	26-04-22	21-10-22	NA	100%	50%	23%	50%	33%	▼	No	Yes	0%	13%	Aware	Aware	No	No	Yes	No
63	Sitapur DWH	16-06-22	24-11-22	64%	57%	0%	12%	54%	32%	▼	Yes	Yes	15%	26%	Aware	Aware	Yes	Yes	Yes	No
64	Saharanpur DWH	25-05-22	27-12-22	83%	63%	9%	14%	24%	32%	▲	Yes	Yes	17%	14%	Not Aware	Aware	No	Yes	Yes	Yes
65	Hardoi DWH	24-06-22	25-11-22	17%	50%	0%	0%	11%	31%	▲	Yes	Yes	52%	46%	Aware	Aware	No	Yes	No	Yes
66	Azamgarh DWH	28-04-22	29-11-22	33%	75%	0%	19%	7%	28%	▲	Yes	Yes	29%	20%	Not Aware	Aware	No	Yes	No	Yes
67	Kanpur Nagar DWH	28-07-22	21-10-22	59%	50%	16%	22%	27%	27%	▲	Yes	Yes	18%	20%	Not Aware	Aware	No	No	Yes	Yes
68	Kheri DWH	27-07-22	14-12-22	27%	100%	0%	11%	11%	27%	▲	Yes	Yes	56%	5%	Not Aware	Aware	No	Yes	No	Yes
69	Kanpur Dehat DWH	25-08-22	28-10-22	50%	29%	0%	0%	26%	27%	▲	Yes	No	52%	0%	Not Aware	Aware	No	No	No	Yes
70	Mirzapur DWH	11-05-22	17-11-22	67%	57%	6%	13%	31%	26%	▼	Yes	Yes	41%	70%	Not Aware	Aware	No	Yes	No	Yes
71	Hathras DWH	23-09-22	14-11-22	33%	33%	0%	0%	13%	25%	▲	Yes	Yes	38%	25%	Not Aware	Not Aware	No	No	No	No
72	Mahoba DWH	26-09-22	26-11-22	47%	67%	0%	0%	37%	25%	▼	Yes	Yes	16%	13%	Aware	NA	No	NA	Yes	No
73	Mau DWH	19-05-22	19-10-22	60%	71%	0%	0%	50%	25%	▼	Yes	Yes	17%	30%	Aware	Aware	No	No	Yes	No
74	Siddharthnagar DWH	12-07-22	19-10-22	50%	100%	8%	19%	13%	23%	▲	Yes	Yes	47%	32%	Aware	NA	No	NA	No	No
75	Firozabad DWH	20-09-22	12-11-22	60%	33%	8%	11%	24%	22%	▼	Yes	Yes	59%	11%	NA	Aware	NA	No	No	No
76	Amethi DCH	29-07-22	30-11-22	50%	33%	0%	14%	17%	20%	▲	Yes	Yes	33%	50%	Not Aware	Aware	No	No	No	No
77	Ayodhya DWH	24-08-22	31-10-22	29%	33%	0%	7%	18%	20%	▲	Yes	Yes	32%	30%	Aware	Aware	No	Yes	No	Yes
78	Shravasti DCH	21-07-22	02-12-22	75%	NA	0%	20%	27%	20%	▼	Yes	Yes	27%	40%	NA	Not Aware	NA	No	No	Yes
79	Ghazipur DWH	10-05-22	14-11-22	100%	100%	0%	13%	13%	19%	▲	Yes	Yes	47%	44%	Not Aware	Aware	No	Yes	No	Yes
80	Balrampur DWH	15-07-22	01-12-22	41%	75%	10%	0%	31%	17%	▼	Yes	Yes	41%	22%	Aware	Aware	No	Yes	Yes	Yes
81	Barabanki DWH	24-06-22	31-10-22	50%	50%	7%	0%	11%	17%	▲	Yes	Yes	20%	33%	NA	Aware	NA	No	No	No
82	Maharajganj DWH	26-04-22	20-10-22	0%	50%	75%	0%	56%	17%	▼	Yes	No	6%	0%	Not Aware	Not Aware	No	No	No	No
83	Fatehpur DWH	26-09-22	17-11-22	38%	0%	0%	20%	11%	14%	▲	Yes	Yes	54%	50%	Not Aware	Aware	No	Yes	No	Yes

\*NA- Cases were not available

<b>EIBF Rate</b>	<25%	25-50%	51-75%	>75%
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***“Confidence building and support to a mother of newborn by health staff and family members is critical for successful breastfeeding.”***