

# PATH



# ABOUT PATH

PATH is a global organization that works to accelerate health equity by bringing together public institutions, businesses, social enterprises, and investors to solve the world, most pressing health challenges. With expertise in science, health, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales solutions, including vaccines, drugs, devices, diagnostics, and innovative approaches to strengthening health systems worldwide. PATH has been working in India since the late 1990s, bringing governments, communities, private-sector companies, and experienced public health practitioners together to address some of the country, most crucial health problems. Today, PATH, projects in India focus on Tuberculosis, HIV, Neglected Tropical Diseases, Vaccines, and Maternal, New born Child health and Nutrition.

PATH provides technical support to the central government and multiple state governments on various health and nutrition issues. We also engage at the district level through our local partners. We are recognised as a key agency with vast technical expertise in health technology, health systems, and nutrition in India.

## Focus Area

Infant and Young Child Feeding practices (for e.g. Appropriate care-giving and feeding behavior e.g. exclusive breastfeeding and complementary feeding/ minimum dietary diversity/ responsive feeding, feeding behaviors and stimulation)

# TARGET STATE

**Seattle, USA**

## OBJECTIVES

**PATH focuses on strengthening newborn nutrition and essential health care services and practices. As a technical partner, we strengthen facilities in multiple states by promoting proven interventions like breastfeeding, donor human milk banking, kangaroo mother care (KMC); family centric care which empowers the family to take care of their newborns, especially those born vulnerable; optimal infection prevention and control, patient centric care practices and innovation. In India, PATH was part of the technical committee which supported the government in the development of the , National Guidelines on Lactation Management Centers in Public Health Facilities. The guidelines emphasize on setting up lactation management systems at all levels of public health facilities. Comprehensive Lactation Management Centres (CLMCs) are established at tertiary care facilities which promote and support breastfeeding and milk expression for vulnerable babies, encourages kangaroo mother care (KMC) and provides donor human milk for vulnerable babies for whom mothers, own milk is unavailable. WHO and other health leaders recommend donor human milk made available through human milk banks (HMB) as the next-best feeding option, when mothers, own milk is unavailable. KMC is another evidence based intervention to improve exclusive breastfeeding for vulnerable babies. KMC is a natural form of human care that stabilizes body temperature, improves breastfeeding, and prevents infection and other morbidities in newborns. Lactation Management Units (LMUs) are established at all sub-district hospitals to facilitate expression and collection of mother, own milk for consumption by own baby. Lactation Support Units (LSUs) will be constituted in all delivery points to provide round the clock breastfeeding support, lactation counselling and Kangaroo Mother Care (KMC) support to Mothers. PATH is now working with the central Government and multiple state governments to support the scale up of lactation management systems.**

# PATH



## COMPANY BRIEF



**COMPANY HEADQUARTER**

Seattle, USA

**GEOGRAPHICAL AREA(S)****WHERE THE INITIATIVE IS****OPERATIONAL**

iv. Bihar;vi. Delhi NCR;viii. Gujarat;xiii. Karnataka;xv. Madhya Pradesh;xvi. Maharashtra;xxi. Odisha;xxiii. Rajasthan;xxv. Tamil Nadu;xxvi. Telangana;xxviii. Uttar Pradesh

**MENTION THE NAMES OF THE SPECIFIC DISTRICTS/ VILLAGES/ AREAS IN THE CHOSEN STATE**

Patna, Delhi, Lucknow, Cuttack, Bhubaneswar, Bhopal, Indore, Gandhinagar, Vadodara, Surat, Jaipur. Churu, Beawar, Alwar, Bharatpur, Dholpur, Karauli, Sawai Madhopur, Tonk, Baran, Boondi, Udaipur, Baanswara, Rajsamand, Chittorgarh, Bhilwara, Sirohi, Jalore, Barmer, Jodhpur, Bangalore, Hyderabad, Chennai,

**THE INITIATIVE TAKEN BELONGS TO WHICH OF THE FOLLOWING CATEGORIES?**

Other

**IF THE INITIATIVE BELONGS TO THE "OTHER" CATEGORY IN QUESTION 5, PLEASE SPECIFY.**

We are a not for profit development organization

**SPECIFY THE TARGET GROUP OF THE INITIATIVE.**

Mothers, newborns, family members and health care facility staff

**WERE THERE ANY PARTNERS IN THE INITIATIVE?**

No

**IF YES, WHO WERE THE IMPLEMENTATION PARTNERS IN THE INITIATIVE?**

NA

**WAS THERE ANY BASELINE STUDY?**

Yes

**SPECIFY THE NAME OF THE PARTNERS INVOLVED IN THE INITIATIVE.**

NA

**IF THERE WAS A BASELINE STUDY, WHAT WERE THE FINDINGS OF THE STUDY?**

Paper attached

**WHAT WERE THE FINDINGS OF THE END-LINE STUDY?**

The study was conducted at a level III hospital to evaluate the impact of a strengthened MBFI+ model on an existing HMB program, and at a level II Hospital, without an HMB, was completed in 2018. The research hypothesis was that the MBFI+ model is superior to routine lactation support and HMB services in improving utilization of human milk for feeding neonates born at secondary- and tertiary-level health facilities. Data showed statistically significant improvement in breastfeeding indicators in healthy newborns and human milk feeding, and in KMC and survival without late onset sepsis indicators in very low birth weight neonates. Among healthy neonates, significant improvement in breastfeeding indicators was also observed. Importantly, end-line data showed that the majority of infants were on exclusive human milk feeding during the hospital stay. Safety, process, and quality improvement indicators also improved.

**ARE YOU LOOKING FORWARD TO PARTNERSHIPS OR COLLABORATION IN FUTURE?**

Yes

**IF YES, WHAT TYPES OF COLLABORATIONS ARE BEING THOUGHT OF?**

Joint advocacy on newborn nutrition, joint material development and cobranding , planning joint events, joint awareness raising on breastfeeding and KMC, financial support to effectively implement newborn nutrition and care model across all neonatal care facilities in India.

## IMPLEMENTATION

In India, PATH was part of the technical committee which supported the government in the development of the National Guidelines on Lactation Management Centers in Public Health Facilities. The national guidelines propose the CLMC model which is an adaptation of PATH's Mother Baby Friendly Initiative Plus (MBFI+) model. PATH is now working with the government and partners to support the effective implementation of these guidelines across newborn care facilities in multiple states by system strengthening, supporting regulation formulation and also supporting setting up of select CLMCs including few Zonal reference centres (to mentor existing and new CLMCs) in tertiary care facilities. Our work is being implemented in multiple states like Uttar Pradesh, Maharashtra, Odisha, Delhi and Madhya Pradesh and Rajasthan, Bihar and Karnataka. We are supporting the government of Rajasthan in the evaluation of 19 existing CLMCs in medical colleges and district hospitals on baby friendly hospital initiative (BFHI), KMC, CLMC processes and infection control parameters.

## ACHIEVEMENTS

Establishment of the MBFI+/CLMC model has been successful. As a direct result of this project, scale-up programming is in place and infants in the country have improved access to human milk through strengthened systems for lactation and breastfeeding support, as well as for provision of quality donor human milk when needed. Exclusive human milk diet for newborns has increased in facilities. The government led the development of national guidelines, with PATH providing critical technical assistance. PATH is now supporting the state governments to scale up CLMCs and LMUs in multiple states.

## DO YOU HAVE ANY PLANS TO SCALE UP THE CURRENT INITIATIVE? IF YES, PLEASE MENTION DETAILS OF WHERE, WHEN AND HOW.

Yes. As the national guidelines roll out, PATH is working with a vision that by 2023 all health facilities (50 tertiary care hospitals, 793 district SNCUs and delivery points) have access to lifesaving human milk as part of integrated newborn care. CLMCs will be established at tertiary hospitals and well performing district hospitals, LMUs will be established at district hospitals and LSUs at all delivery points. If facilities are strengthened, the chances of continued breastfeeding and effective infant feeding practices are higher.

## MENTION ABOUT THE SUCCESSFUL CASE STORIES THAT HAVE EMERGED FROM THE IMPLEMENTATION.

### Case study 1

Rashmi, a mother of a low birth weight baby, mentioned the importance of breastfeeding and mother's own milk for her child: I feel that breastfeeding is like God's gift. Expression using a pump was new to everyone (neighbors, relatives, etc.) due to lack of awareness. I was only able to feed Rewa because I was expressing milk. There is a need to increase awareness among mothers and the community on milk expression.

On breastfeeding, Rashmi mentioned that she received no information despite the fact that she was admitted in the private hospital for nearly five months while she was pregnant.

In India, doctors don't talk about breastfeeding during pregnancy. In fact, we receive most information from our mothers and grandmothers. But a lot of times they, also not able to understand the problems we go through. For the previous generation, getting pregnant and feeding came much easier than it did to us. Hence, right advice from the right doctor is very important, she said.

## Case Study 2

Another mother named Neha, a working mother, talks about the importance and availability of lactation experts, as a result of whose support she could feed her baby after 20 days of birth: thought it was a miracle (donating milk). Anyone can donate blood, but not everyone can donate milk.

She also mentioned, when I donated milk, I felt on the top of the world. I thought that I'm a mother of so many babies. We even had a party to celebrate the donation.

Neha continued, think awareness should really increase about milk donating and milk banks. Every woman should donate. Why can we promote breastfeeding the way we promote top-up feeds (formula). We need to counsel mothers on breastfeeding because top-up feeds aren't good. I wanted to contribute towards building.

## CHALLENGES

Hiring appropriate project staff was a major challenge. Candidates for the lactation counselor position tended to be highly paid, and they were understandably reluctant to take a salary cut to join the project.

Tendering process is highly bureaucratic delaying the procurement of equipment

## MAJOR FINDINGS/ FINAL ANALYSIS

Project activities complement and support the government, work to scale up CLMCs and to improve breastfeeding practices in the country. India's Ministry of Health aims to expand lactation management systems nationally; this project has directly strengthened the technical capacity and available resources to enable expansion of health facilities. The initiative has helped strengthen systems through evidence generation, tool development, training, development of monitoring and evaluation formats communication materials development, supportive supervision and mentoring contributing to robust facility based newborn nutrition and care services

## Weakness/learning

Stabilization of CLMC operations takes time and intensive mentorship and resources to achieve a high standard of safety and quality both mandatory for direct delivery of a biological substance to a vulnerable neonate. This requires nurturing and ongoing and concentrated engagement from PATH to mitigate potential risks, build local technical competency, and secure a fully operational system.

## NOTE FROM THE CEO/MD/ PROGRAM IN-CHARGE:

There needs to be a focus on an integrated approach that includes support for breastfeeding, milk expression and KMC, provision of donor human milk for sick babies without access to mothers own milk, family centric care and infection prevention and control. Patient centric care should form the cornerstone of this approach. At the same time country specific policy guidance based on this integrated approach needs to be in place to universalize access to optimal newborn nutrition for all babies. Ensuring local ownership and raising awareness on the guidelines among stakeholders is important to engage them in effectively rolling out the guidelines. To ensure that our neonates get the best start in life, mothers need to get support from all stakeholders such as family and health facilities to support her in breastfeeding. The staff at the health facilities should be adequately motivated and supported to ensure quality delivery of services for mothers and babies.