

World Breastfeeding Trends Initiative (WBTi)

ARRESTED DEVELOPMENT

All is not well with our children's health

4th Assessment of India's Policy & Programmes
On Infant & Young Child Feeding

2015



Supported by

Swedish International Development Agency (Sida) and
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Acknowledgement

We are grateful to all our partners for facilitating the 4th assessment process of World Breastfeeding Trends Initiative (WBTi) in India. We deeply appreciate and acknowledge the contribution of civil society organisations, policy makers, professionals, and government representatives in the process of the National Level Assessment. This huge assignment would not have been possible without the support and commitment of the core group members: Dr. J.P. Dadhich and Dr. Shoba Suri from *BPNI*; Soma Sen from *Public Health Resource Network*; Dr. Rita Patnaik from *NIPCCD*; Dr. Dipa Sinha and Sejal Dand from *Working Group for Children Under 6*, Sudeshna Sengupta from *ECCD Alliances*, Dr. Praveen Kumar from *Lady Harding Medical College*; and Dr. Ravikant Singh from *Doctor's For You*, who helped to facilitate and conduct the assessment in India. We truly acknowledge the support of Dr. Dinesh Paul, Director *NIPCCD* in facilitation of consultation meetings. We would like to thank Karan Singh for his immense support in copy editing and valuable suggestions. To all the participants of the sharing workshops for their valuable inputs, which enabled this report to be complete and build consensus around it, we are very grateful. We would also like to record the support of *BPNI* and *PHRN* staff, who contributed significantly as behind-the-scene performers.

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Dr. Vandana Prasad and Dr. Arun Gupta

Acronyms

ACDPO	Assistant Child Development Project Officer
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal care
ANM	Auxiliary Nurse Midwives
ARIs	Acute Respiratory Infections
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWTCs	Anganwadi Workers Training Centre
AWW	Anganwadi Worker
BFHI	Baby Friendly Hospital Initiatives
BOT	Bottle Feeding Rate
BPNI	Breastfeeding Promotion Network of India
CEA	Clinical Establishment Act
CMB	Conditional Maternity Benefit
CRC	Convention on the Rights of the Child
DLHS	District Level Household & Facility Survey
DPT	Diphtheria, Pertussis, Tetanus
ECCE	Early Childhood Care and Education
F-IMNCI	Facility Based Integrated Management of Neonatal and Childhood Illnesses
FFHI	Family Friendly Hospital Initiatives
FNB	Food and Nutrition Board
gBICS	Global Breastfeeding Initiative for Child Survival
GOI	Government of India
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IBFAN	International Baby Food Action Network

ICDC	International Code Documentation Centre
ICDP	International Conference on Population and Development
ICDS	Integrated Child Development Services
ICMR	Indian Council of Medical Research
IEC	Information Communication and Education
IGMSY	Indira Gandhi Matritva Sahyog Yojana
IIPS	International Institute for Population Sciences
ILO	International Labour Organization
IMS Act	Infant Milk Substitute Act.
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IMR	Infant Mortality Rate
IYCF	Infant and Young Child Feeding
LBW	Low Birth Weight
LHMC	Lady Hardinge Medical College
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MCP	Mother and Child Protection
MDGs	Millennium Development Goals
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIS	Management Information System
MLTCs	Middle Level Training Centers
MOHFW	Ministry of Health and Family Welfare
MSG	Mother Support Group
MTCT	Mother To Child Transmission
MWCD	Ministry of Women and Child Welfare
NACO	National AIDS Control Organization
NCDs	Non Communicable Diseases
NDMA	National Disaster Management Authority
NFHS	National Family Health Survey
NFSA	National Food Security Act

NGOs	Non-Governmental Organisations
NHM	National Health Mission
NIHFW	National Institute of Health and Family Welfare
NIMS	National Institute of Medical Sciences
NIN	National Institute of Nutrition
NIPCCD	National Institute of Public Cooperation and Child Development
NIPi	Norway India Partnership Initiative
NNF	National Neonatology Forum
NORAD	Norwegian Agency for Development Cooperation
NRHM	National Rural Health Mission
NRP	Nutrition Resource Platform
PHRN	Public Health Resource Network
PIH	Pregnancy Induced Hypertension
PIHTC	Provider Initiated HIV Testing and Counselling
PMTCT	Prevention of Mother To Child Transmission
PNC	Post Natal Care
PNDT	Prenatal Diagnostic Techniques
RCH	Reproductive and Child Health
RTI	Reproductive Tract Infection
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SHG	Self Help Group
SIDA	Swedish International Development Cooperation Agency
TBA	Traditional Birth Attendant
TNAI	Trained Nurses Association of India
U5M	Under 5 Mortality
UNICEF	United Nations Children's Fund
UNSCN	United Nations Standing Committee on Nutrition
USAID	United States Agency for International Development
VCCT	Voluntary Confidential Counselling and Testing

VCT	Voluntary Counselling and Testing
WABA	World Alliance for Breastfeeding Action
WBTi	World Breastfeeding Trends Initiatives
WGPU6	Working Group for Children Under 6
WHA	World Health Assembly
WHO	World Health Organization

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The World Breastfeeding Trends Initiative (WBTi) is an innovative tool adapted from the WHO's "Infant and Young Child Feeding - A tool for assessing national practices, policies and programmes" that has been developed by International Baby Food Action Network (IBFAN) Asia, for assessing and monitoring the state of implementation of the Global Strategy for Infant and Young Child Feeding. The WBTi assessments are typically done every 3 to 5 years to study the impact and trends of various related policy measures.

The WBTi has 15 indicators. **Indicators 1 to 10 deal with IYCF policy and programmes and 11 to 15 deal with IYCF practices.** Each indicator has a key question, as well as a subset of questions, to be answered. Once the assessment is done, the data is fed into a web-based toolkit for scoring and colour rating, as per "IBFAN Asia's Guidelines".

The present assessment is the fourth round of WBTi for India following rounds in 2005, 2008, and 2012. This assessment has been carried out using the revised/updated WBTi 2014 tool. Public Health Resource Network (PHRN) and Breastfeeding Promotion Network of India (BPNI) jointly coordinated the India Assessment 2015, between February and June 2015. This was conducted along with other members of the core group, which met three times to discuss the findings of each of the indicators and reach a consensus on scoring, gaps, and recommendations.

This round of assessment and analysis for India comes at an interesting juncture. On the one hand, the Government has made significant moves in policy, where child health and nutrition are concerned, such as promulgating the National Food Security Act (NFSA), with its assurance of maternity protection and food security for children, and the ICDS restructuring document, which carries much-needed reforms for the only scheme for children under the age of six years. However, on the other hand, major cuts have been announced in the social sector budgets related to education, health, and nutrition, including a massive cut in the ICDS scheme. Even though it has been over two years to NFSA, rules have yet to be finalized. The experience of those working at the grass-roots also suggest that problems of implementation of existing schemes and programmes for children are grave and likely to be exacerbated by the budget cuts.

Some specific issues related to infant and young child feeding (IYCF), such as the failure to convert the national guidelines into policy remain an overarching handicap, which the WBTi tool continues to pick up round after round. Gains have been made in clarifying breastfeeding issues in the situation of HIV/AIDS, but these are offset by stagnation in the context of disaster-management and the most important indicator: monitoring health facilities using the "Baby Friendly Hospital" criteria. Perhaps **the matter of utmost concern is the fact that India does not currently monitor its public programmes for IYCF** though it is believed that some reforms of the MIS for ICDS are in the pipeline. Though new data has emerged, this has been provided by a "one-off" exercise, and there is no clear direction on how comprehensive nutrition data is to be collected routinely and periodically at one go rather than through many separate surveys.

Thus, in summary, **if we analyse the overall scores (78/150), it is clear that India has made little improvement since the last assessment in 2012 (74/150).**

The table below provides the breakdown of the overall score:

Indicator Part I – Policy & Programmes

Indicator	Indicator Name	India Score (Out of 10)
1	National Policy, Programme & Coordination	1.5
2	Baby Friendly Care & Baby Friendly Hospital Initiative	0
3	Implementation of Int. Code of Marketing of Breastmilk Substitutes	9.5
4	Maternity Protection	3.5
5	Health & Nutrition Care System	7
6	Mother Support & Community Outreach	6
7	Information Support	6
8	Infant Feeding & HIV	5.5
9	Infant and Young Child Feeding during Emergencies	0
10	Mechanisms of Monitoring & Evaluation System	5
Total		44/100

Indicator Part II-IYCF Practices

Indicator	IYCF Practices	Existing Status (%)	Score (Out of 10)
11	Initiation of Breastfeeding	44.6	6
12	Exclusive Breastfeeding for first 6 months	64.9	9
13	Median Duration of Breastfeeding	24.4 months	10
14	Bottle-Feeding	14.57	6
15	Complementary Feeding	50.5	3
Total			34/50

Total Scoring, Part I & II: 78/150

Key Findings and Recommendations

A brief summary of each indicator along with key recommendations is as follows:

Indicator 1-National Policy, Programme,& Coordination: This has slipped from 3 to 1.5, essentially since the National Breastfeeding Committee has become defunct* and there has been stagnation on the front of converting IYCF guidelines into policy, which could lead to firm action plans with budgeting. It needs coordinated action from the central government.

* Breastfeeding does not appear to be a on the priority list for the Ministry as there are no records of the committee meeting regularly to review the progress on Breastfeeding and Infant and Young Child Feeding across the country

Indicator 2-Baby Friendly Care & Baby-Friendly Hospital Initiative (BFHI) (Ten Steps to Successful Breastfeeding): This has slipped from 2.5 to 0 in the current assessment. Some early gains achieved are now lost due to the non-functioning of the programme for over a decade. This is a national shame. The Ministry of Health & Family Welfare should urgently work to set up a

national coordination committee to move on this indicator and help institutionalise BFHI programmes across India.

Indicator 3 - Implementation of the International Code of Marketing of Breastmilk Substitutes: This has improved from 8 to 9.5, mainly because of some progress in the implementation systems since the last round. The Government of India should put in place mechanisms for monitoring and implementation, and institutionalise the same.

Indicator 4 - Maternity Protection: The score for this indicator has decreased slightly, from 4.5 to 3.5, despite mention of maternity protection in the NFSA. India needs to carefully review its maternity benefit laws to provide an enabling environment to women to breastfeed successfully.

Indicator 5 -Health & Nutrition Care System: There has been a major improvement in scores in this indicator, from 4 to 7, and significant efforts have been made since the last round to incorporate IYCF in child health measures. The Government of India should act quickly to provide skilled counselling in the health and nutrition systems, as a universal measure.

Indicator 6 - Mother Support & Community Outreach: Community-based support for the pregnant and breastfeeding mother. There has been a minor increase in the score of this indicator, from 5 to 6, which reflects, essentially, the gains through ICDS restructuring, the National Policy for Children (2013), the National Policy on Early Childhood Care and Education (2013), and continuing progress under the NRHM for antenatal and delivery-related services. The Government of India should act quickly to provide universal access to systems such as day care services (on-site for breastfed children and also as a support for adequate complementary feeding).

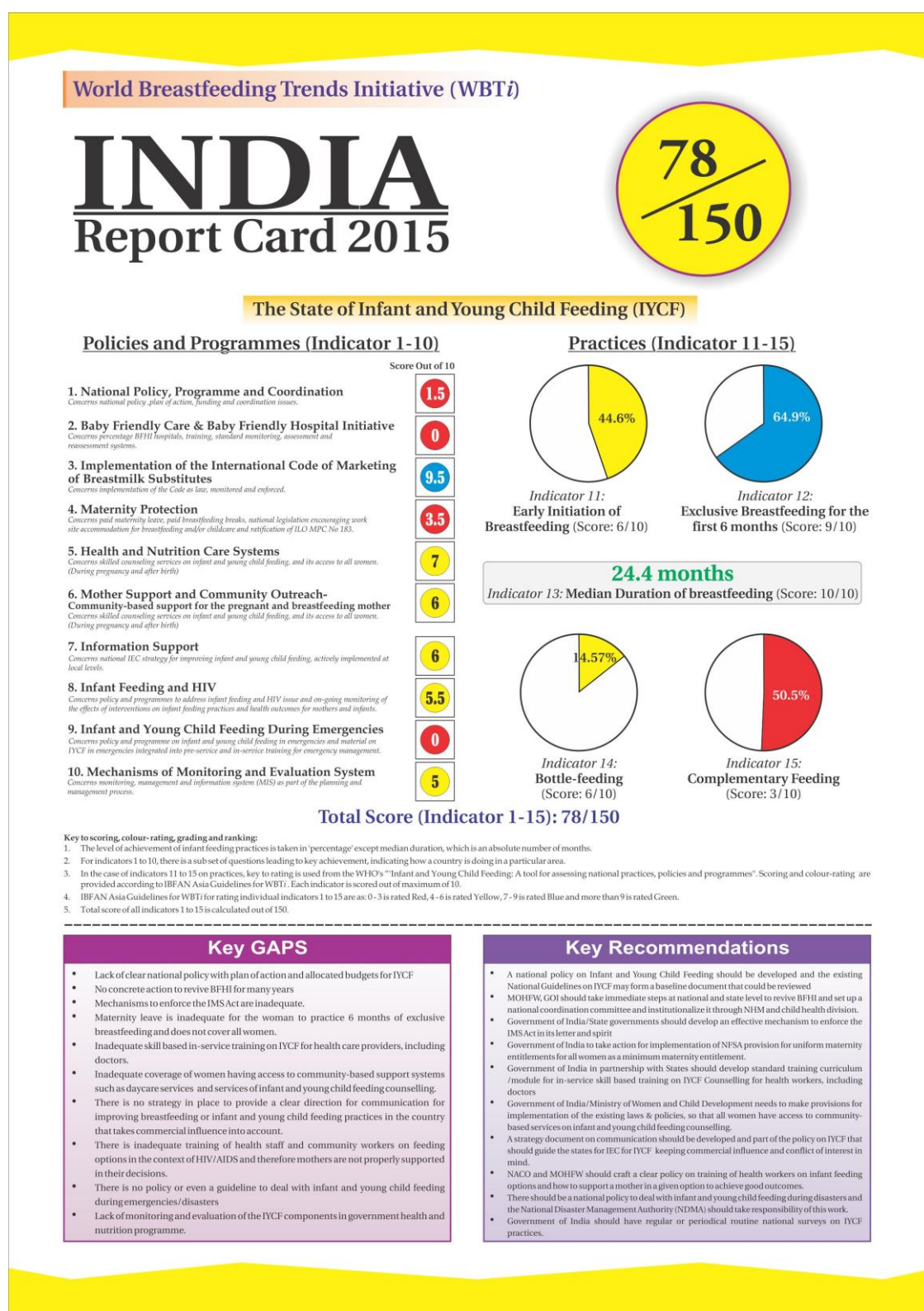
Indicator 7 - Information Support: The score for this indicator remains static at 6 in the absence of an IEC policy and failure to address the risks of using formula feeds in children. The Government of India should have a strategy document that guides states as well.

Indicator 8 - Infant Feeding &HIV: Here too, under the aegis of the Ministry of Health and Family Welfare, it is noted that there have been advances in creating guidelines and capacity building for health personnel for IYCF Counselling in the context of HIV/AIDS. The score has thus risen from 3 to 5.5. However, this progress is yet to take the shape of policy. The Ministry of Health and Family Welfare and NACO should work towards improving the quality of service for this indicator.

Indicator 9 - Infant & Young Child Feeding during Emergencies: India scores a pitiable zero on this front, since none of the child-related policies, or the policies related to disaster management, make any pronouncement on how to handle IYCF issues in the context of disaster management. NDMA should appoint a point-person and identify infant and young child feeding as an area of action on priority. MOHFW and UN guidance are available for this purpose to make progress in this area.

Indicator 10 -Mechanisms of Monitoring & Evaluation System: This score stands at 5 (down from 7 in the last round), as there has been no advance on creating programme systems that can monitor IYCF indicators and provide an internal feedback. Combined with **the infrequency of surveys and the paucity of national data, this is a serious gap in programming for IYCF.** The Government of India should build IYCF indicators in their MIS and evaluation systems as the key to child health and development.

Indicators 11-15- Infant and Young Child Feeding Practices: According to the newly released RSOC data¹, the score remains the same for indicators 11 and 15. But the scoring of indicator 12, on exclusive breastfeeding, has improved from 6 to 9. Thus, the total scoring of the indicators 11 to 15 is now 34/50. The bottle-feeding rates have been calculated using the BOT calculator provided by the WHO (2003). There has, however, been a positive trend related to the data from the Rapid Survey on Children, the final version of which is yet to be officially released.



¹RSOC are based on a nationwide household cum facility-based survey in 28 states and Delhi.

India Assessment 2015

The present assessment is the fourth round of WBTi for India following rounds in 2005, 2008, and 2012. This assessment has been carried out using the revised/updated WBTi 2014 tool. Public Health Resource Network (PHRN) and Breastfeeding Promotion Network of India (BPNI) jointly coordinated the India assessment 2015 between February and June 2015, along with other members of the core group, which met three times to discuss the findings of each of the indicators and reach a consensus on scoring, gaps, and recommendations.

The core group comprised of few umbrella networks/ organizations and an initial meeting was held on 17th March, 2015 to introduce the concept, tool and process. The core group comprised of the following organizations/ networks:

1. Breastfeeding Promotion Network of India (BPNI)
2. Public Health Resource Network (PHRN)
3. National Institute of Public Co-operation and Child Development (NIPCCD)
4. Alliance for Right to ECD
5. Working Group for Children Under Six (WGSU6)
6. Doctor's For You
7. Lady Harding Medical College (LHMC)

For each indicator, primary responsibility was invited from an organization that had been working on the issue. They were further advised to hold secondary meetings with other related organizations and create a draft analysis and score for their indicator. A template was provided to assist, as well as some material evidence that had been collected by BPNI.

Once a draft report had been created, another day-long meeting of the core group was called on 24th April, 2015 for further discussions. Recommendations from the core group were taken into account to create the final draft.

This was then presented to a larger group of experts at a dissemination meeting attended by 41 persons from government, quasi governmental bodies, resource organizations, field based organizations, and academic institutions etc. on 5th June 2015. Significant suggestions were made by the invitees; though overall there was a high level of consensus on the scores. The discussions at the dissemination meeting were taken into account into finalizing this report.

Convention on the Rights of the Child (CRC)

CRC Commitment

On the 3rd of June 2014, the Committee on the Rights of the Child completed its consideration of the combined 3rd and 4th periodic report of India on the implementation of the provisions of the Convention on the Rights of the Child in the country.

IBFAN presented an alternative report to inform the CRC Committee on the situation on the issue of infant and young child feeding in India.

Recommendations of the CRC Committee Session 66/ 2014

Prioritize the development of the National Plan of Action to implement the 2013 National Policy for Children; expeditiously improve its data collection system; provide all professionals working for and with children with adequate and systematic training in children's rights, the existing disparities in access to and quality of health services, including by establishing partnerships with the private sector; ensure that appropriate resources be

allocated to the health sector, with particular attention to specific maternal and child health care policies, programmes and schemes to improve the health situation of children, in particular to respond to high rates of acute respiratory infections, malnutrition and diarrhoea; ensure the effective implementation of the National Food Security Act, enhance efforts to promote exclusive breastfeeding practices, including the promotion of breastfeeding from birth, complementary feeding strategies with or without provision of food supplements as well as micronutrient interventions for mothers; ensure the effective implementation of, and compliance with, the International Code of Marketing of Breastmilk Substitutes, and establishment of a monitoring and reporting system to identify violations of the Code, as well as of stringent measures in all situations of violations of the Code. Violations include the promotion and distribution of samples and promotional materials by the private sector institutions involved in the Infant Formula marketing and distribution.

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The World Breastfeeding Trends Initiative (WBTi) is IBFAN Asia's flagship programme. WBTi is being implemented as an integral part of two projects "Global Breastfeeding Initiative for Child Survival" (GBiCS) in partnership with the Norwegian Agency for Development Cooperation (Norad) and Global Proposal for Coordinated Action of IBFAN & WABA: Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality" in partnership with the Swedish International Development Cooperation Agency (Sida).

August 2015

This is the report of the assessment of policy and programmes on breastfeeding and infant and young child feeding, done under the World Breastfeeding Trends Initiative (WBTi). This report reveals findings of the fourth such assessment, carried out every three years or so since 2005, and reflects the state of implementation of the *Global Strategy for Infant and Young Child Feeding* in India.

WHO and UNICEF jointly adopted the *Global Strategy* with an aim to revitalise efforts to protect, promote, and support appropriate Infant and Young Child Feeding practices. WBTi is an innovative initiative developed by International Baby Food Action Network Asia (IBFAN Asia) to assess the implementation of the *Global Strategy*. **The WBTi serves as a lens to find out gaps in policy and programmes at the national level and help nations initiate action to bridge these gaps.**

WBTi assessments are being implemented in more than 100 countries now all across the world, except North America and Australia. A total of 55 countries have already completed the assessment and published their country report. Some of the countries have done the assessment more than once. India is such a country, which is doing it for the fourth time.

WBTi is an integral part of the two projects “Global Breastfeeding Initiative for Child Survival” (gBICS), in partnership with Norad, and the Sida supported “Global Project for Coordinated Action of IBFAN and WABA: “Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality”.

Jointly achieved by Public Health Resource Network (PHRN) and Breastfeeding Promotion Network of India (BPNI), between the months of February and June 2015, this report also reflects the efforts of several others. This assessment round has used the updated tool of the WBTi 2014.

Within the report, the reader will find a brief background and the current state of infant and child health and nutrition in India. The methodology / process of assessment is also provided.

When it comes to findings, the report discusses each indicator, from 1 to 10, answering the questions with sources. The results have also been compared to those of 2012. The reader will find a list of gaps and a set of recommendations at the end of each indicator, following a concluding remark garnered from the analysis made by the group, based on available information. The recommendations are an attempt to bridge the gaps in each indicator.

Indicators 11 to 15 reflect the impact of policy and programmes on the overall situation of infant and young child feeding practices in India.

South Asia has the highest number of under-five deaths and under-five children who are underweight. **More than 2 million out of a total of 6.5 million under-five child deaths each year are contributed by South Asia, out of which 1.4 million are contributed by India alone (UNICEF SOWC 2014)².** According to the projections made by UNICEF – NIMS – ICMR (2014)³, India may not succeed in achieving the Millennium Development Goal 4 (target U5M 39/1000 live births) for child survival at the end of 2015. According to the estimation done by United Nations Standing Committee on Nutrition (UNSCN), 16 countries contributed 80% of underweight children in the world, 5 of these countries are from South Asia; India leads the countries with 40% of the global burden.⁴ Optimal infant and young child feeding – which includes initiation of breastfeeding within an hour of birth, exclusive breastfeeding for the first six months, complementary feeding after six months along with continued breastfeeding for 2 years and beyond – has been identified as a public health intervention to prevent child morbidity, child mortality, and malnutrition (both under as well as over nutrition). The World Health Organization has identified “poor infant feeding” as a risk factor for survival of the child.⁵ The WHO estimates the contribution of undernutrition to mortality due to diarrhea is about 73 percent⁶. Various studies, published as a Lancet series on child survival and maternal and child undernutrition have analysed and confirmed the importance of exclusive breastfeeding for the first six months and **appropriate complementary feeding after six months⁷⁻⁸. The WHO also estimates that 53 percent of pneumonia and 55 percent of diarrheal deaths are attributable to poor feeding practices during the first six months of life.⁹ Early and exclusive breastfeeding contributes to improving women’s health in the period following childbirth and in later life. Breastfeeding benefits for maternal health include: improved postpartum recovery, reduced iron loss, delayed fertility return, decreased breast and ovarian cancers, and reduced bone loss with aging.**

Studies have shown that initiation of breastfeeding within the first hour of birth decreases neonatal deaths by 22%.¹⁰ Similarly, exclusive breastfeeding for first six months of life prevents morbidity and mortality due to common childhood illnesses like diarrhea and pneumonia.¹¹ The role of

² <http://www.unicef.org/sowc2014/numbers/>

³ http://unicef.in/CkEditor/ck_Uploaded_Images/img_1365.pdf

⁴ <http://www.unsystem.org/scn/Publications/AnnualMeeting/SCN34>

⁵ WHO. (2009). “World Health Statistics 2009”, available at: <http://www.who.int/whosis/whostat/2009/en/index.html>. Accessed on October 3, 2009.

⁶ WHO. (2009). “Global Health Risks: mortality and burden of disease attributable to selected major risks”, available at: http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf

⁷ Jones, Gareth; Richard W. Steketee; Robert E. Black; Zulfiqar A. Bhutta; Saul S. Morris and the Bellagio Child Survival Study Group. (2003). “How many child deaths can we prevent this year?” *The Lancet*, Vol. 362, No. 9377, pp. 65–71.

⁸ Bhutta, Zulfiqar A.; Tahmeed Ahmed; Robert E. Black; Simon Cousens; Kathryn Dewey; Elsa Giugliani; Batool A. Haider; Betty Kirkwood; Saul S. Morris; H.P.S. Sachdev and Meera Shekar for the Maternal and Child Undernutrition Study Group. (2008). “What works? Interventions for maternal and child undernutrition and survival”, *The Lancet*, Vol. 371, No. 9610, pp. 417–40.

⁹ Lauer, J.A.; A.P. Betrán; A.J.D. Barros; and M. de Onís. (2006). “Deaths and years of life lost due to suboptimal breast-feeding among children in the developing world: A global ecological risk assessment”, *Public Health Nutrition*, Vol. 9, No. 6, pp. 673–685.

¹⁰ Edmond K.M.; Zandoh C.; Quigley M.A.; Amenga-Etego S.; Owusu-Agyei S.; Kirkwood B.R. “Delayed breastfeeding initiation increases risk of neonatal mortality”, *Pediatrics* 2006; 117: e380–e386.

¹¹ Black R.E.; Victora C.G.; Walker S.P.; Bhutta Z.A.; Christian P.; de Onis M.; Ezzati M.; Grantham-McGregor S.; Katz J.; Martorell R.; Uauy R.; Maternal and Child Nutrition Study Group. “Maternal and child undernutrition and overweight in low-income and middle-income countries”, *Lancet*.

optimal breastfeeding in preventing Non-Communicable Diseases (NCDs) such as obesity, diabetes, and hypertension, has been documented well, as has been its positive relation with brain development.¹² **Breastfeeding also leads to higher IQ and earning capacity later in life as proved in a recent research showing increasing IQ, educational attainment and monthly income with increasing breastfeeding duration¹³.**

In spite of a crucial role of optimal IYCF in preventing child morbidity, child mortality, NCDs, and malnutrition, as well as positive role of breastfeeding in attaining high IQ and earning capacity, the situation of IYCF practices globally, as well as in India, remains dismal.

Globally, only 43% infants are initiated into breastfeeding within an hour of birth, 38% are exclusively breastfed for the first six months of life, and solid, semi-solid or soft foods are introduced at 6–8 months in only 55% of infants. In India these figures are 41%, 46%, and 56% respectively.¹⁴On the other hand, sale of baby foods (infant formulas and infant foods) are increasing at a rapid pace in India. A report of Euromonitor International ¹⁵ has estimated a market worth 22 billion Rupees in India, and one that is growing each year, (Rupees 12666 to 22693 million from 2008 to 2012), which is a cause of concern.

Analysis of Infant & Young Child Feeding Practices in India

Annually about 26 million babies are delivered in India. According to the recent Rapid Survey on Children (2013-14)¹⁶, timely initiation of breastfeeding is at 44.6%, and exclusive breastfeeding up to the age of six months has shown a rise and is 64.9%. However, introduction of complementary feeding to children 6-8 months has shown decline and is at 50.5% as compared to the NFHS-3 (2005-06). DLHS 4 data reveals a large number of states showing gains in exclusive breastfeeding rates; few have shown some decline. Data available from DLHS 4¹⁷ shows an average of about 65%. Now the DLHS 4 data shows an increase in initiation of breastfeeding within an hour of birth in 10 states. However, in others, it has shown a downward trend. It varies from 32% to 84% in states, with an average of 58%. Introduction of complementary feeding along with continued breastfeeding in the 6-9 months age shows some positive changes in few states in past years; in many states, this indicator has also shown a significant decline over these years. DLHS 4 shows an encouraging trend in an average of about 66% in terms of complementary feeding rate. But there is some inconsistency in reporting of the indicator as well. Unfortunately, **infant and young child feeding indicators have not shown a consistent rise. This is a worrying trend.** The reasons are manifold; they include aggressive promotion of baby foods by commercial interests, lack of support to women in the family and at work places, inadequate health care support, and weak overall policy and programmes.

2013 Aug 3; 382 (9890), pp. 427-51.

¹²Horta B.L. and Victora C.G. (2013) Long term effects of breastfeeding: A systemic review. http://apps.who.int/iris/bitstream/10665/79198/1/9789241505307_eng.pdf.

¹³Victora C.G.; Horta B.L.; Loret de Mola C.; Quevedo L.; Pinheiro R.T.; Gigante D.P.; Gonçalves H.; Barros F.C. "Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil". *Lancet Global Health*. 2015 Apr;3(4):e199-205.

¹⁴ <http://www.unicef.org/sowc2014/numbers/>

¹⁵EuromonitorInternational.Euromonitor Passport Market Information Database. London2014.

¹⁶Rapid Survey on Children (2013-2014).Ministry of Women and Child Development, Government of India: http://wed.nic.in/issnip/National_Fact%20sheet_RSOC%20_02-07-2015.pdf

¹⁷District Level Household Survey (2012-13).Ministry of Health and Family Welfare. <https://nrhm-mis.nic.in/SitePages/DLHS-4.aspx>

Lack of progress in 10 areas of Policy & Programme

The World Breastfeeding Trends Initiative (WBTi) report of 2012, completed by the National Institute of Public Cooperation and Child Development and BPNI jointly, revealed policies and programmes supporting breastfeeding and IYCF practices showing no progress whatsoever on almost all indicators. Figure 1 provides a view of the ten indicators on policy and programmes, over 2005 to 2012, showing little progress. Key indicators on national policy and coordination, baby friendly hospital initiative (BFHI), and implementation of the International Code showed decline in performance over these years. According to the 2012 report, there was no effectively functioning coordination mechanism at the central government level or in coordination with state governments, no plan of action, and no budget line¹⁸. It would be hard to expect an advance in IYCF rates in such a situation.

Opportunity for Action

The new National Nutrition Mission provides an opportunity for action. The critical period of tackling undernutrition is under the age of two years; a significant amount of the brain grows (almost by 90%) by two years and this has huge influence on the development of the child, and is irreversible¹⁹. Undernutrition sets in during the first two years of life, and even more so during the first year. The WHO has provided a clear meaning of what optimal breastfeeding is: i.e. beginning to breastfeed within first hour, exclusive breastfeeding during the first six months, followed by introduction of complementary foods, along with continued breastfeeding for two years or beyond.²⁰

India's National Guidelines on Infant and Young Child Feeding (2006) are also based on this strategy. The Ministry of Health and Family Welfare (2013) has developed "Operational Guidelines to Enhance Optimal IYCF Practices". The guidelines give ample emphasis on the need to strengthen counselling skills of health care providers at all levels. Some more initiatives of the Government of India have taken note of the public health importance of optimal IYCF practices, which is reflected in the 12th Plan chapters on "Women's Agency and Child Rights" and "Health", which includes a well conceptualized section on nutrition, dealing especially with "*infant and young child feeding*". The ICDS Mission, the broad framework for implementation by Ministry of Women and Child Development, has taken into account optimal IYCF promotion and counselling as a service. The National Policy on Early Childhood Care and Education and National Policy for Children reflect on provisions of counselling services to the women. The Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, and Amendment Act, 2003, are laws that clearly provide a basis for action. Similarly, the Maternity Benefit Act, 1961, though antiquated, also provides a legal framework.

It is in this context that the fourth round of the WBTi has been undertaken.

¹⁸Web link of the WBTiReport 2012 provides details. <http://www.worldbreastfeedingtrends.org/report/WBTi-India-2012.pdf>.

¹⁹ Tracking Progress on Child And Maternal Nutrition: A survival and development priority, 2009, United Nations Children's Fund, 3 United Nations Plaza, New York, NY 10017, USA: http://www.childinfo.org/files/Tracking_Progress_on_Child_and_Maternal_Nutrition_EN.pdf

²⁰WHO 2003. Global Strategy for Infant and Young Child Feeding. Available at: http://www.who.int/nutrition/publications/gi_infant_feeding_text_eng.pdf

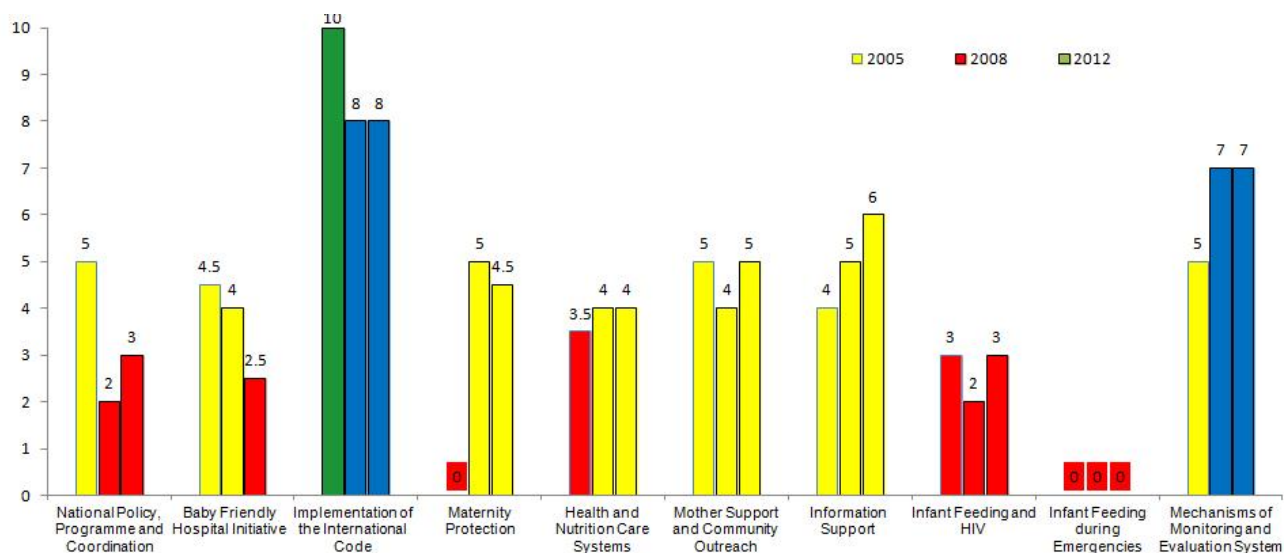


Figure 1: Trends in scores for policy & programme indicators for India on a scale of ten

Note: Colours Red, Yellow, Blue, to Green indicate increasing grade of performance, according to the IBFAN Asia WBTi guideline.

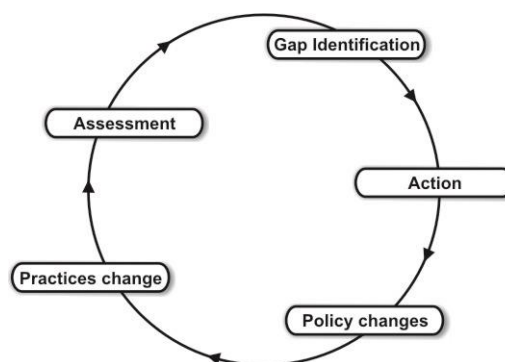
The **first phase** involves initiating a national assessment of the implementation of the *Global Strategy*. It guides countries and regions to document gaps in existing practices, policies, and programmes. This is done based on national documentation by involving multiple partners. Their analysis and the process itself bring governments and civil society partners together to analyse the situation and determine gaps. The gaps identified are used for developing recommendations on priority for advocacy and action. The WBTi thus helps in establishment of a practical baseline, demonstrating to programme planners and policy makers where improvements are needed to meet the aims and objectives of the *Global Strategy*. It assists in formulating plans of action that are effective to improve infant and young child feeding practices and offers a guide to allocation of resources. It works as a consensus building process and helps to prioritize action. The initiative can thus impact policy at the country level, leading to action resulting in better practices and impact.

In the **second phase**, WBTi findings of phase 1 are fed into the web-based toolkit to provide colour rating, scoring, and ranking for each country or region, based on IBFAN Asia's Guidelines for WBTi, thus building some healthy competition among the countries in the region or among regions. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional, and international.

In the **third phase**, WBTi calls for re-assessment after 3-5 years, to analyze trends in programmes and practices and identify areas that still need more investment/action. This can also be used to study the impact of a particular intervention over a period of time.

WBTi:

- A:** Action oriented
- B:** Brings people together
- C:** Consensus and commitment building
- D:** Demonstrates achievements and gaps
- E:** Efficacious in improving programmes



The 15 indicators of WBTi

The WBTi focus is based on a wide range of indicators, which provide an impartial global view of key factors. The WBTi has identified 15 indicators. Each indicator has its specific significance. Part I has 10 indicators dealing with policies and programmes and Part II has 5 indicators, based on the WHO tool, dealing with infant feeding practices.

Each indicator has the following components:

- The key question that needs to be investigated.
- A list of criteria as a subset of questions to consider, in identifying achievements and areas needing improvement, with guidelines for scoring and rating how well the country is doing.
- Background on why the practice, policy, or programme component is important.

Part I: WBTi takes into consideration most of the targets of the *Global Strategy*. For each indicator, there is a subset of questions. Answers to these can help identify achievements and gaps. This shows how one country is doing in a particular area of action on infant and young child feeding.

Part II: Infant and young child feeding practices in Part II ask for specific numerical data on each practice, based on data from a random household survey that is **national in scope**.

Indicators	
<p>Part -I</p> <ol style="list-style-type: none"> 1. National Policy, Programme, &Coordination 2. Baby Friendly Care &Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding) 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health & Nutrition Care System (in support of breastfeeding & IYCF) 6. Mother Support & Community Outreach – Community-based support for the pregnant & breastfeeding mother 7. Information Support 8. Infant Feeding & HIV 9. Infant & Young Child Feeding During Emergencies 10. Mechanism of Monitoring & Evaluation Systems 	<p>Part –II</p> <ol style="list-style-type: none"> 11. Percentage of babies breastfed within hour of birth 12. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours 13. Babies are breastfed for a median duration of how many months 14. Percentage of breastfed babies less 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles 15. Percentage of breastfed babies receiving complementary foods at 6-8 months of age

Methodology

As mentioned above, the objective of the WBTi exercise is as much to create consensus as it is to have a globally comparable measure to rate the country's advance on IYCF related policies.

Keeping this in mind, each WBTi process has been participatory, even though slightly different methods have been employed during each round. Since rating the scores requires in-depth knowledge and expertise of the subject matter, it is also important that key governmental and non-governmental organisations and networks working in the area of public health, child health, women's rights, and child rights be involved.

Keeping these factors in mind, a primary collaboration was set up between **Breastfeeding Promotion Network Initiatives (BPNI)** and **Public Health Resource Network (PHRN)** to coordinate the process. A core group was then constituted comprising a few such umbrella networks/organisations and an initial meeting was held on 17th March 2015 to introduce the concept, tool, and process. The core group comprised of the following organisations/networks:

1. Breastfeeding Promotion Network of India (BPNI)
2. Public Health Resource Network (PHRN)
3. National Institute of Public Co-operation and Child Development (NIPCCD)
4. Alliance for Right to ECD
5. Working Group for Children Under Six (WGPU6)
6. Doctor's For You
7. Lady Hardinge Medical College (LHMC)

For each indicator, primary responsibility was invited from an organisation working on the issue. They were further advised to hold secondary meetings with other related organisations and create a draft analysis and score for their indicator. A template was provided for assistance, as well as some material evidence that had been collected by BPNI. Members from BPNI and PHRN attended the secondary meetings to facilitate and assist. These organisations were also charged with the task of collecting additional reference material for current data, which has been listed under each indicator.

Thus, the indicators were allocated as follows:

Indicators	Name of the Organisation
1	BPNI & Alliance for Right to ECD
2	Dr. Praveen Kumar, Lady Harding Medical College
3	BPNI
4	Working Group for Children Under Six
5	NIPCCD & PHRN
6	Alliance for Right to ECD & PHRN
7	NIPCCD & BPNI
8	Dr. Praveen Kumar, Lady Harding Medical College
9	Dr. Ravikant Singh, Doctors For You
10	NIPCCD & PHRN
11-15	NIPCCD

Once a draft report had been created, another day-long meeting of the core group was called on 24th April 2015 for further discussions with the larger group. Recommendations from the core group

were taken into account to create the final draft. This was then presented to a larger group of experts at a dissemination meeting attended by 41 persons from the government, quasi-governmental bodies, resource organisations, field-based organisations, and academic institutions (*see Annexure V for details*) on 5th June 2015.

The invitees made significant suggestions, though overall there was a high level of consensus on the scores. The discussions at the dissemination meeting were taken into account into finalizing this report and all the additionally suggested evidence was also examined. However, the scores for Section I (indicators 1-10) did not alter as a result. Soon after this meeting, the national data from the Rapid Survey of Children (RSOC) was released by the GOI and this was taken into account, raising the scores in Indicator 12.

Assessment Findings

Part I: IYCF Policies & Programmes

Indicator 1: National Policy, Programme & Coordination. **India scores 1.5/10**

Key Questions:

- Is there a national infant and young child feeding/breastfeeding policy that protects, promotes, and supports optimal infant and young child feeding and is the policy supported by a government programme?
- Is there a mechanism to coordinate the national infant and young child feeding committee and a coordinator for the committee?

<i>Criteria</i>	<i>Guidelines for Scoring</i>	<i>Results as per ticked</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months, and continued breastfeeding up to 2 years and beyond	1	
1.3) A national plan of action developed, based on the policy	2	
1.4) The plan is adequately funded	2	
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	√
1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors, and reviews on a regular basis	2	
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information, etc.	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district, and community level	0.5	√

India Score 1.5/10

Information Sources Used:*

1. National Guidelines on Infant and Young Child Feeding, Ministry of Women and Child Development, FNB, Government of India
2. *The Twelfth Five Year Plan (2012-17) from chapter on Health and Women's Agency and Child Rights, Planning Commission, Government of India*
3. *Guidelines for enhancing optimal infant and young child feeding practices, Ministry of Health and Family Welfare, Government of India, 2013*
4. *ICDS Mission-The broad framework for implementation, Ministry of Women and Child Development, Government of India*
5. National Breastfeeding Coordination Committee <http://wcd.nic.in/fnb/fnb/notifications/fnb-CC-24092013.pdf>
6. National Steering Committee on Breastfeeding and Infant & Young Child Feeding (IYCF) <http://wcd.nic.in/fnb/fnb/notifications/fnb-IYCF-24092013.pdf>
7. RTI responses on National Breastfeeding Committee

*The evidence/information source post 2012 assessment have been put in italics

Changes in the Revised Tool & Trends in Assessment

Indicator 1 deals with the status of national policy and programme on IYCF, as well as the coordinating mechanisms for its implementations. In the earlier questionnaire, more emphasis was on the presence of the policy and mechanism for coordination. In the revised questionnaire in 2014, it has been changed with a balanced weightage to the implementation as well. Therefore, the possible scoring has gone down for the subset question 1.1 on appropriate policy in place whereas the scoring has gone up (from 1 to 2) for the subset question 1.4 on plan being adequately funded and the functioning of the breastfeeding committee.

The score of the indicator has slipped from 3 to 1.5, essentially since the National Breastfeeding Committee has become defunct and there has been stagnation on the front of converting IYCF guidelines into policy, which could lead to firm action plans with budgeting both are crucial and missing in 2015.

Conclusions

India scores 1.5 out of 10 in this critical overarching indicator on policy, programme, and coordination, which is very poor. Since the last ten years, the struggle is on and there has been no progress on this indicator that ensures action on all the indicators that follow. There is a lack of serious action to bridge this gap and ineffective coordination mechanisms between the departments of Health and Women & Child Development as well as between centre and states. **The National Breastfeeding Committee has become defunct. Even though some national policies have included issues related to IYCF; there is no dedicated national policy on infant and young child feeding as per the commitment to the *Global Strategy for Infant and Young Child Feeding*. National guidelines were a positive step forward but they have yet to be converted to**

policy, which would give far more stability and regulatory framework to the subject than mere guidelines. These guidelines have no plans or budgeting. Logically, the policy would also result in plans of action and budgets allocated to move things in the right direction and link to action at the state level.

Gaps

- Lack of clear policy with plan of action and allocated budgets
- National Breastfeeding Committee has been totally inactive
- Lack of effective coordination mechanisms within Ministries and between central & state Ministry/Departments

Recommendations

- A national policy on Infant and Young Child Feeding should be developed and the existing National Guidelines on IYCF may form a baseline document that can be reviewed.
- The policy needs to be accompanied by plans, budgets, implementation, and operational guidelines, for examples on capacity building.
- The National Breastfeeding Coordination Committee & National Steering Committee on Breastfeeding & Infant & Young Child Feeding (IYCF) should meet regularly and review progress.
- A national coordination mechanism should be developed with a secretariat and technical support to follow up on action in states. This should preferably be supra-ministerial and high level to overcome coordination difficulties between ministries.

Indicator 2: Baby Friendly Care & Baby-Friendly Hospital Initiative (BFHI)
(Ten Steps to Successful Breastfeeding)

India Scores 0/10

Key Questions:

- What percentage of hospitals and maternity facilities that provides maternity services have been designated as “Baby Friendly,” based on the global or national criteria?
- What is the quality of BFHI program implementation?

2.1) _____ out of _____ total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years (_____%).

Guideline for Scoring	Results as per ticked
0	0
0.1-20%	1
20.1-49%	2
49.1-69%	3
69.1-89% %	4
89.1-100%	5

Quality of BFHI Programme Implementation

Guideline for Scoring	Results as per ticked
2.2) BFHI programme relies on training of health workers, using at least 20 hours training programme	1.0
2.3) A standard monitoring system is in place	0.5
2.4) An assessment system includes interview of health care personnel in maternity and postnatal facilities	0.5
2.5) An assessment system relies on interview of mothers	0.5
2.6) Reassessment systems have been incorporated in national plans with time bound implementation	1.0
2.7) There is/was a time –bound program to increase the number of BFHI institutions in the country	0.5

2.8) HIV is integrated to BFHI programme	0.5
2.9) National criteria are fully implementing global BFHI criteria	0.5

India Scores 0/10

Information Sources Used:*

1. Proceedings of workshop on revisiting training of health workers, Baby-Friendly Hospital Initiative, organized by MOHFW GOI at NIFHW, Delhi, held on 18th June 2008
2. Interaction with Ministry of Health & Family Welfare, GOI
3. Interaction with NHM, Madhya Pradesh
4. Interaction with UNICEF, Bihar
5. Website of NHM of States

*The evidence/information source post 2012 assessment have been put in italics

Changes in the Revised Tool & Trends in Assessment

Indicator 2 deals with the Baby Friendly Hospital Initiative. The questionnaire has two parts, quantitative and qualitative. Scoring for the quantitative question has been made more objective with a change in the range of numbers as well as putting a ceiling of last 5 years for the assessment process. In the qualitative section, duration of the training of health workers (using at least 20 hours training programme) has been added with an increased scoring for the indicator on reassessment (from 0.5 to 1) as well. An indicator on integration of HIV into BFHI programme has also been added.

The score of this indicator has slipped from 2.5 to 0 since the 2012 assessment. Some early gains achieved are now lost due to non-functioning of the programme for more than a decade.

Conclusions

India scores ZERO out of 10 in this indicator on Baby Friendly Hospital Initiative (BFHI) (Ten Steps to Successful Breastfeeding). Ever since the BFHI was launched in 1993, there have been no concrete steps taken by Ministry of Health, Government of India, for its implementation. Most of the hospitals that were certified as “Baby Friendly” were declared so in the 1990s. No efforts have been made to re-assess their existing status. Thus, despite strong scientific evidence, no concrete steps/actions have been taken to revive and update BFHI. Opportunities do exist within the Ministry of Health’s new “*Guidelines for Enhancing Optimal Infant and Young Child Feeding Practices*”, which does take note of “Ten steps to successful breastfeeding”. This needs to be implemented in the health facilities and also assessed periodically. **The country needs to prioritise and take action if it cares about breastfeeding, and support women when they come for delivery of their babies.**

Gaps

- No concrete action to revive BFHI for many years
- No progress in BFHI, both in terms of quantity and quality
- Lack of standard guidelines for assessment & monitoring the BFHI programme
- Lack of training to health professionals on implementation of BFHI programme

Recommendations:

- MOHFW, GOI, should take immediate steps at national and state level to revive BFHI and set up a national coordination committee and institutionalize it through NHM and child health division.
 - This committee should consider adaptation of updated BFHI guideline for assessment of health facilities, both public and private.
 - Skilled training of health staff in maternity area should be done to support women.
 - **Appoint dedicated IYCF counsellors/lactation management counsellors in health facilities.**
 - Involvement of mothers in implementation of the programmes should be made as basic principles in ensuring quality.
 - BFHI status should be used as an indicator in the Clinical Establishments Act (CEA).
-

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

India Scores 9.5/10

Key Questions:

- Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution in effect and implemented?
- Has any new action been taken to give effect to the provisions of the Code?

Criteria (Legal Measures in Place in the Country)	Guidelines for Scoring	Results as per ticked
3a: Status of the International Code of Marketing		✓ (If more than one applicable, record highest score)
3.1) No action taken	0	
3.2) The best approach is being considered	0.5	
3.3) National Measures awaiting approval (for not more than three years)	1	
3.4) Few Code provisions as voluntary measure	1.5	
3.5) All Code provisions as a voluntary measure	2	
3.6) Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7) Some articles of the Code as law	4	
3.8) All articles of the Code as law	5	
3.9) Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation ²¹ a) Provisions based on at least 2 of the WHA resolutions as listed below are included	5.5	✓

²¹Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labelling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	
3b): Implementation of the Code/National legislation		
3.10) The measure/law provides for a monitoring system	1	√
3.11) The measure provides for penalties and fines to be imposed to violators	1	√
3.12) The compliance with the measure is monitored and violations reported to concerned agencies	1	√
3.13) Violators of the law have been sanctioned during the last three years	1	√

India Scores 9.5/10

Information Sources Used:*

- Information Sources Used for the status of the International Code of Marketing in the country (3.1 - 3.9)
 - The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and amendment Act 2003 (IMS Act) <http://wcd.nic.in/infantmilkpact1.pdf>; <http://wcd.nic.in/IMSamendact2003.pdf>
 - Rules for the IMS Act, 1992 and revised rules 2003: <http://wcd.nic.in/cw/GOI1.pdf>; <http://wcd.nic.in/cw/GOI2.pdf>
 - The Gazette of India, 8th September 2000, Cable Television Networks (Regulation) Act, 1995 <http://www.ibfindia.com/sites/default/files/oth11.pdf>
 - The International Code of Marketing of Breastmilk Substitutes. Available at: http://www.who.int/nutrition/publications/code_english.pdf
 - State of the Code by Country 2014 –International Code Documentation Centre (ICDC)
- Information Sources Used for Implementation of the Code/National legislation
 - IMS Act. <http://wcd.nic.in/infantmilkpact1.pdf>; <http://wcd.nic.in/IMSamendact2003.pdf>; <http://wcd.nic.in/cw/GOI1.pdf>; <http://wcd.nic.in/cw/GOI2.pdf>
 - Government of India notification for authorization of voluntary organisations <http://www.wcd.nic.in/cw/GOI3.pdf>
 - Government of India letters to state government for effective implementation of the IMS Act <http://www.bpni.org/IMS-ACT/Govt-letter-sponsorship.pdf>; http://www.bpni.org/IMS-ACT/Joint_MOH_WCD_Ltr_IMS_Act.pdf
 - BPNI Bulletin 2012-Dark Clouds and a Silver Lining http://bpni.org/Bulletin/Bulletin_36.pdf
 - Breaking the Law and Undermining Breastfeeding, Series 5 (2013)*

<http://www.bpni.org/IMS-ACT/BTL-Series-5-2013.pdf>

- Haryana Government Gazette nominating Civil Surgeon as nodal person to monitor implementation of the law - <http://bpni.org/IMS-ACT/Haryana-Government-order.pdf>
- *Media Reports: <http://bpni.org/heinz-nestle-abbott-breaking-the-law-misleading-mothers-31st-july-2013>; <http://bpni.org/IMS-ACT/Media-coverage-Raid-on-infant-milk-substitute-products-holesaler.pdf>*

*The evidence/information source post 2012 assessment have been put in italics

Changes in the Revised Tool & Trends in Assessment:

Indicator 3 deals with the Implementation of the International Code on Marketing of Breastmilk Substitutes (Code). In the earlier version of the questionnaire, the scoring was skewed in favour of the status of the Code, in terms of inclusion in the regulatory mechanism of the country. There was less emphasis on the monitoring of the Code/national law. In the revised questionnaire, if a country achieves including all the provision of the Code in its national law, it gets a 50% score. A country can add to this score if it has also included some of the relevant World Health Assembly resolutions – a new inclusion in the questionnaire. For implementation of the Code/national law, due emphasis has been included for provision of a monitoring system; penalties and fines; and reporting of action taken for violations.

The score for this indicator has improved from 8 to 9.5, mainly because of some progress in the implementation systems since the last round.

Conclusions:

India gets a score of 9.5 out of 10, which is an improvement from the past assessment of 2012.

The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and Amendment Act 2003 (IMS Act) contains all the provisions of the ‘International Code of Marketing of Breastmilk Substitutes’ and its scope expands to all the foods meant for children up to the age of 2 years. The IMS Act also includes three out of four relevant resolutions of the World Health Assembly. In terms of the implementation, the enactment of the IMS Act has led to a curb on the promotional activities by the manufacturers of products under purview of the Act directly to the public through print and electronic media. However, examples of promotion through the Internet and e-marketing websites, as well as sponsorship of health workers, have come to notice. Constant vigil is thus required for detecting the violations and taking action. Funding/sponsorships of health care workers and their associations, by the industry or its front organisations is an issue that demands inquiry and action. Though the Government of India has responded through ad-hoc measures, like writing letters to state governments and health professional associations but it is not serving its purpose. Barring the government of Haryana, no other state government has so far authorised a government official to monitor the Act. Currently, a few committed civil society groups are reporting about violations, which is just a tip of the iceberg.

Therefore, although this assessment gives a very good picture about the law and its implementation, there are issues requiring government attention both at the level of the central and state governments to institutionalize implementation and monitoring.

The WBTi tool may also need further attention to maintain a greater focus on monitoring.

Gaps

- IMS Act does not conform to all the WHA resolutions subsequent to the Code.
- Mechanisms to enforce the IMS Act are inadequate.

Recommendations

- **Government of India / State governments should develop an effective mechanism to enforce the IMS Act** in its letter and spirit. The following actions should be taken:
 - ✓ Set up systems for monitoring and reporting violations
 - ✓ Appoint designated officer at state and district level, as per clause 12(1), 21(c), and rule 4 of IMS Act for monitoring & implementation
 - ✓ Organise sensitization/capacity building of health officials
 - ✓ Organise awareness generation of the community on provisions of the Act

Indicator 4: Maternity Protection:**India Scores 3.5/10****Key question:**

- Is there legislation & are there other measures (policies, regulations, & practices) that meet or go beyond the International Labor Organization standards for protecting, and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Criteria	Guidelines for Scoring	Results as per ticked
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	√
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	√
4.3) Legislation obliges private sector employers of women in the country to (<i>more than one may apply</i>) a. Give at least 14 weeks paid maternity leave b. Provide paid nursing breaks	0.5 0.5	√
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector (<i>more than one may apply</i>) a. Space for Breastfeeding/Breastmilk expression b. Crèche	1 0.5	
4.5) Women in informal/unorganized and agriculture sector are: a. Accorded some protective measures b. Accorded same protection as women in formal sector	0.5 1	√
4.6) (<i>More than one may apply</i>) a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5 0.5	√

b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided		
4.7) Paternity leave is granted in public sector for at least 3 days	0.5	√
4.8) Paternity leave granted in private sector for at least 3 days (<i>No legislation</i>)	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding	0.5	
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period	1	

India Scores 3.5/10

Information Sources Used:*

1. Maternity Benefits Act, 1961. Government of India. Available at: http://pblabour.gov.in/pdf/acts_rules/maternity_benefit_act_1961.pdf
2. Anita Abraham, Devika Singh, & Poulomi Pal (2014). Critical assessment of Labour Laws, Policies and Practices through a Gender Lens, National Resource Centre for Women, National Mission for Empowerment of Women, Ministry of Women and Child Development, Government of India
3. Factories Act 1948. Government of India. Available at: http://www.pblabour.gov.in/pdf/acts_rules/factories_act_1948.pdf
4. Plantation Labour Act 1951 Government of India. Available at: http://teaboard.gov.in/pdf/policy/Plantations%20Labour%20Act_amended.pdf
5. Mines Act 1950. Government of India. Available at: <http://indiacode.nic.in/rspaging.asp?tfnm=195235>
6. MGNREGA, 2005. Government of India. Available at: <http://nrega.nic.in/netnrega/home.aspx>
7. Construction Workers Act 1996. Government of India. Available at: http://www.delhi.gov.in/wps/wcm/connect/doi_labour/Labour/Home/Acts+Implemented/Summary+of+the+Acts+Implemented/The+Building+And+Other+Construction+Workers+Act%2C+1996
8. Abraham, Singh and Pal (2014). *Report of National Consultation on Maternity Benefits Act, National Mission for Empowerment of Women, Ministry of Women and Child Development, Government of India*
9. *National Food Security Act, 2013. Government of India. Available at: <http://indiacode.nic.in/acts-in-pdf/202013.pdf>*
10. Guidelines for Indira Gandhi Matritva Suraksha Yojana, Unorganised Sector Workers Act, 2008. Available at: <http://wcd.nic.in/schemes/sabla/IGMSYImpGuidelinesApr11.pdf>
11. <http://maternityleaverules.indianworkingwoman.org/maternity-leave-rules-women-psu-private-sector-it-ites>

12. <http://www.citehr.com/428811-employees-resigning-after-maternity-leave-not-returning.html>
13. http://www.medindia.net/indian_health_act/maternity-benefit-rules-1961-payment-of-maternity-and-other-benefit.htm
14. Information gathered with representatives of labour unions including AITUC, NTUI, & Construction Workers' Union
15. Response to RTI filed
16. Government of India and state government leave rules

*The evidence/information source post 2012 assessment have been put in italics

Changes in Revised Tool & Trends in Assessment:

Indicator 4 deals with the Maternity Protection: Scoring for various questions has been rationalized by introducing subsections for different actions, e.g. in question number 4.3 and 4.4 (with increased scoring). Questions related with the ratification and enactment of the ILO MPC 183 have been dropped from the new questionnaire, as very few countries have ratified or enacted the Convention and also as most of the components of the Convention have been reflected in other questions. Question (4.10) regarding legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period has been provided an increased score (from 0.5 to 1).

Thus, the score for this indicator has slightly decreased from 4.5 to 3.5, despite the mention of maternity protection in the NFSA.

Conclusions

India gets a score of 3.5 out of 10 in Maternity Protection.

The issue of maternity protection is one of the most critical for the success of breastfeeding and has been most neglected so far. However, there have been some gains since the 2012 WBTi assessment report. This is mainly because of the inclusion of maternity entitlements in the National Food Security Act. Provisions for maternity benefits in the country, both in legislation and policy/programme are rather inadequate. There is basically no maternity benefit (as wage compensation) for more than 90% of the women in the informal sector. Even those who are technically covered under the Maternity Benefits Act, other than government employees, are many times left out, as per information available. There is no proper monitoring of the provisions under this Act. Further, the Act is inadequate; it provides for leave/wage compensation for only 12 weeks. It does not talk about crèches or space for breastfeeding or expression of breastmilk, and its rules make the nursing breaks a very limiting entitlement. Needless to say it needs a thorough review.

Gaps:

- Maternity leave is inadequate for the woman to practice 6 months of exclusive breastfeeding

- Current laws and policies do not include 90% of the women working in informal sector
- Lack of implementation of benefits like nursing breaks under the Maternity Benefit Act
- Lack of provision of space for breastfeeding/expression of breastmilk at work site
- Lack of information made available to workers on their maternity entitlements
- Lack of paternity leave and inadequate provisions of maternity leave in much of the private sector without any regulatory mechanisms
- Lack of monitoring systems of the Maternity Benefit Act
- Lack of job protection for women during pregnancy and breastfeeding period

Recommendations

- **Government of India to take action for implementation of NFSA provision for uniform maternity entitlements for all women as a *minimum* maternity entitlement.**
 - Government of India should look for improved monitoring of existing provisions under the Act and right to information to women employees on their maternity entitlements.
 - Government of India should initiate urgent review to amend the Maternity Benefits Act to cover all women and for a period of 9 months (providing for 6 months post-delivery).
-

Indicator 5: Health & Nutrition Care System (in support of breastfeeding & IYCF).
India scores 7/10

Key Questions:

- Do care providers in these systems undergo *skills training*, and do their pre-service education curriculum support optimal infant and young child feeding?
- Do these services support mother and breastfeeding friendly birth practices?
- Do the policies of health care services support mothers and children?
- Are health workers' responsibilities to Code in place?

Criteria	Guidelines for Scoring and results as per ticked		
	Adequate	Inadequate	No Reference
5.1. A review of health provider schools and pre-service education programmes in the country indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2 √	1	0
5.2. Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care	2 √	1	0
5.3. There are in-service training programmes providing knowledge and skills related to IYCF for relevant health/nutrition care providers	2	1 √	0
5.4. Health workers are trained with responsibility towards Code implementation as a key input	1	0.5 √	0
5.5. Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhea disease, ARI, IMNCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1 √	0.5	0
5.6. These in-service training programmes are being provided throughout the country.	1	0.5 √	0
5.7. Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0 √

Information Sources Used:*

1. Medical Council of India regulations on graduate medical education, 1997; amended upto February 2012. Available at: http://www.mciindia.org/Rules-and-Regulation/GME_REGULATIONS.pdf
2. Syllabus MBBS at AIIMS. Available at: <http://www.aiims.edu/aiims/academic/aiims-syllabus/Syllabus%20-%20MBBS.pdf>
3. Syllabus Nursing at AIIMS. Available at: http://www.aiims.edu/aiims/academic/aiims-syllabus/Syllabus%20Nursing_Hons-Post%20Certificate.pdf
4. Amendments A.N.M. Syllabus & Regulations. Available at: <http://www.indiannursingcouncil.org/pdf/Amendments-ANM-syllabus.pdf>
5. Government training-IMNCI Participant's Manual (Module 4): Treat the young Infant and Counsel the Mother-MOHFW 2003
6. Reading material for ASHA-Book No-1 MOHFW-GOI, 2005
7. Reading material for ASHA-Book No-2 MOHFW-GOI, 2006
8. National Training Strategy for in service training under NRHM-MOHFW-GOI,2008
9. Facilitator's Guide for training Yashoda/Mamta-NIHFW/TNAI/NNF/NIPI, 2008
10. Facility based Integrated Management of Neonatal and Childhood Illness (F-IMNCI)-MOHFW-GOI, 2009
11. Navjaat Shishu Suraksha Karyakram. Basic Newborn Care and Resuscitation Program Training Manual-MOHFW-GOI, 2009
12. Induction Training Module for ASHA-MoHFW (Section 9: Newborn care, & Section 10: Infant & Young Child Nutrition)
13. Module on SABLA, NIPCCD-2011 (Chapter on Breastfeeding)
14. Facility based Newborn Care Operational Guide, MoHFW 2011 (Chart 6)
15. *Training Manual for Sneha Shivir, MWCD 2014 (day 3 Module VI-Nutrition Counselling)*
16. Infant & Young Child Feeding Counselling: A Training course; The '4 in 1' course, BPNI 2012
17. Growth Monitoring Manual-NIPCCD, 2012
18. BetiBachaoBetiPadhao Module for Master Trainers, Ministry of Women and Child Development, Govt. of India
19. Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs/SNs, Maternal Health Division, MoHFW,2010
20. *Maternal &Newborn Health Toolkit, MH Division, MoHFW 2013*
21. *Kangaroo Mother Care & Optimal Feeding of LBW Infants, MOHFW-NRHM-Operational Guidelines, 2014*
22. MCP Guidebook – MWCD &MoHFW, 2012
23. Operational Guidelines for Implementation of Integrated Management of Neonatal and Childhood Illness (IMNCI)

24. *India New Born Action Plan, MoHFW, 2014*
25. Job Training Curriculum for CDPOs/ACDPOs, anganwadi workers, and supervisors, also in refresher courses.
26. Job training Course curriculum of ICDS functionaries, NIPCCD, 2004 (The topic of IMS Act, 1992 is certainly covered in the courses under IYCF practices in ICDS trainings)
27. Job training Course curriculum of ICDS functionaries, NIPCCD, 2004
28. Facilitators guide IMNCI, (F-IMNCI), Chart Booklet, MOHFW 2009
29. Syllabus for Job Training Course for CDPO's/ACDPO's Project Udhisha NIPCCD, 2006 (IMNCI is included in Job training curriculum for CDPOs/ACDPOs, anganwadi workers and supervisors through AWTCs/MLTCs/NIPCCD)
30. Refresher Training (in-service, once in every two years) and various skill Development training on IYCF

*The evidence/information source post 2012 assessment have been put in italics

Changes in Revised Tool & Trends in Assessment

Indicator 5 deals with the Health and Nutrition Care Systems in support of breastfeeding and IYCF. In the new questionnaire, there is no major change in this questionnaire except tweaking of the text at some places. There has been a major improvement in scores in this indicator from 4 to 7 and significant efforts have been made since the last round to incorporate IYCF in child health measures.

Conclusions

India scores 7 out of 10 in this Indicator.

A review of health provider schools and pre-service education programmes in the country indicates that infant and young child feeding curricula or session plans are adequate as compared to previous years. However, the in-service training programmes on infant and young child feeding, counselling for the health and nutrition care providers, is inadequate, in content as well as in geographical coverage. There is also a need to incorporate the IMS Act in the curriculum of health workers, with an emphasis on their responsibility towards its implementation as the key to enhance infant and young child feeding practices.

Even though it requires more action in terms of bridging the gaps noted in the form of skill-based training, yet the health system can provide a suitable platform to build on.

Gaps

- Inadequate skill based in-service training on IYCF for health care providers, including doctors.
- Inadequate training of health workers on IMS Act and its implementation
- Lack of child health policy that provides for mothers and babies to be together while in health care institutions.

Recommendations

- The Government of India, in partnership with states, should develop standard training curriculum/module for in-service skill-based training on IYCF Counselling for health workers, including doctors. It should include:
 - Training on the IMS Act and its provisions
 - Growth monitoring
 - Refresher on IYCF for community health workers on a regular basis
 - **Government of India and state governments should strengthen training and capacity building through training resource centers** for ICDS, strengthening of MLTCs and AWTCs, and evaluation /monitoring
 - Government of India should issue an order to all hospitals for mother & child to stay together
-

Indicator 6: Mother Support and Community Outreach – Community based support for the pregnant and breastfeeding mother

India Scores 6/10

Key question:

- Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Criteria	Guidelines for Scoring results as per ticked		
	Yes	To Some Degree	No
6.1) All pregnant women have access to community-based ante-natal and post natal support systems with counselling services on infant and young child feeding	2	1 ✓	0
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation	2	1 ✓	0
6.3) All women have access to counselling support for infant & young child feeding & support services have national coverage	2	1 ✓	0
6.4) Community based counselling through mother support groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy (IYCF/Health/Nutrition policy)	2 ✓	1	0
6.5) Community based volunteers and health workers are trained in counselling skills for infant and young child feeding	2	1 ✓	0

India Scores 6/10

Information Sources Used:*

1. *District Level Household and Facility Survey–4, 2012-13* <https://nrhm-mis.nic.in/SitePages/DLHS-4.aspx>
2. *Annual Health Survey 2012-13* http://www.censusindia.gov.in/vital_statistics/AHSBulletins/AHS_Factsheets_2012_13.html
3. ICDS Mission-The broad framework for implementation, Ministry of Women and Child Development, Government of India
4. National Guidelines on Infant and Young Child Feeding, Ministry of Women and Child Development, FNB, Government of India, 2006
5. Implementation guidelines for Indira Gandhi Matritva Sahyog Yojana – a conditional maternity benefit scheme. Available at: <http://wcd.nic.in/schemes/sabla/IGMSYImpGuidelinesApr11.pdf>
6. *National Policy on Early Childhood Care and Education, 2013* <http://www.childlineindia.org.in/pdf/The-National-Policy-for-Children-2013.pdf>
7. Rajiv Gandhi National Crèche Scheme <http://wcd.nic.in/RajivGandhiCrecheScheme.pdf>
8. National Nutrition Mission, 2012-13
9. National Health Mission, <http://nrhm.gov.in/>
10. *National Policy for Children, 2013* <http://wcd.nic.in/childreport/npc2013dtd29042013.pdf>
11. Government training - IMNCI Participant's Manual - Treat the young infant and Counsel the mother: MoHFW, 2003
12. Facility based Integrated Management of Neonatal and Childhood Illness (F-IMNCI), MOHFW, 2009
13. ASHA Book, MoHFW: <http://nrhm.gov.in/communitisation/asha/about-asha.html>
14. National Training Strategy for in service training under NRHM, 2008: http://nrhmmeghalaya.nic.in/guidelines/National_Training_Strategy_Final.pdf
15. Facilitator Guide for training Yashoda Mamta- NIFHW/TNAI/NNF/NIPI

*The evidence/information source post 2012 assessment have been put in italics

Changes in Revised Tool & Trends in Assessment

Indicator 6 deals with Mother Support and Community Outreach. There have been some changes in the criteria in the questions dealing with availability of the access to counselling services to the women by including antenatal, at birth, and postnatal periods to give the questions some specificity. However it was found that points 6.1 and 6.3 have become composite indicators, which have partial overlap and this is difficult to quantify.

There has been a mild increase in this indicator from 5 to 6, which reflects, essentially, the gains through ICDS restructuring, the National Policy for Children (2013), National Policy on Early Childhood Care and Education (2013), and continuing progress under the NRHM for antenatal and delivery-related services.

Conclusions

India scores 6 out of 10. Universalised access to community-based infant and young child feeding counselling support system for each woman is the key to optimal infant and young child feeding practices. All women need access to skilled counselling, provision of maternity benefits, and daycare services on work-sites so that mother and child are together to be able to sustain exclusive breastfeeding for first 6 months. Day care services are also required to sustain adequate complementary feeding in the context of inadequate support to women who carry the triple burden of wage work, housework and childcare. There has been some positive movement in the policy environment since 2011, which promotes counselling and support services for pregnant and lactating mothers and IYCF practices through community-based programmes as mentioned above, that emphasize the community-based support for pregnant and lactating women. However, what is lacking in India is implementation as well as development of skilled capacity despite availability of large number of community health workers. There is large discrepancy when it comes to states and districts with regard to provision of support services to mothers on infant and young child feeding counselling.

The possible reason could be attributed to lack of political will, lack of trained human resources as per the need and no expansion of the schemes such as IGMSY to other districts. This has proven to be an impediment in reaching to all pregnant and lactating women for counselling support in IYCF.

However, there is huge opportunity to reach out to all women with good counselling and support services on breastfeeding and infant and young child feeding both in health facilities and in the community. What is required is to translate the mother support and community outreach systems available in entirety on ground.

Gaps

- Inadequate coverage of women having access to community-based support systems such as daycare services and services of infant and young child feeding counselling.
- Inadequate coverage of women who receive counselling support for breastfeeding at birth.
- Inadequate training or capacity building of community based volunteers and health workers on skilled counselling for IYCF.

Recommendations

- Government of India/Ministry of Women and Child Development needs to make provisions for implementation of the existing laws & policies, so that **all women have access to community-based services on infant and young child feeding counselling.**
- Ministry of Women and Child Development needs to establish stringent mechanisms to monitor the community support programmes and their implementation
- Ministry of Women and Child Development/Government of India to strengthen the training of community health workers on skilled counselling
- Ministry of Health & Family Welfare should capture data on what percentage of women are provided support for breastfeeding initiation within one hour of birth.

Indicator 7: Information Support

India Scores 6/10

Key Question:

- Are comprehensive Information, Education, & Communication (IEC) strategies for improving infant & young child feeding (breastfeeding & complementary feeding) being implemented?

Criteria	Guidelines for Scoring results as per ticked		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/potential conflicts of interest are avoided.	2	0.5	0 √
7.2 a) National health /nutrition systems include individual counselling on infant and young child feeding.	1 √	0.5	0
7.2 b) National health/nutrition systems include group education and counselling services on infant and young child feeding	1 √	0.5	0
7.3) IYCF IEC materials are objective, consistent, and in line with national and/or international recommendations and include information on the risks of artificial feeding	2 √	1	0
7.4) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being implemented at the local level and are free from commercial influence	2 √	1	0
7.5) IEC materials/messages include information on the risks of artificial feeding in line with WHO/FAO guidelines on preparation and handling of powdered infant formula (PIF)	2	0	0 √

India Scores 6/10

Information Sources Used:*

1. *Guidelines for enhancing optimal infant and young child feeding practices, Ministry of Health and Family Welfare, Government of India, 2013*
2. *ICDS Mission-The broad framework for implementation, Ministry of Women and Child Development, Government of India*
3. Sneha Shivir (Training Manual for Sneha Shivirs) MWCD, GOI
4. IEC material related to breastfeeding on Nutrition Resource Platform (NRP) – MWCD initiative
5. National Health Systems Resource Centre Portal at:
http://nhsrcindia.org/index.php?option=com_content&view=featured&Itemid=435
6. *Infant and Young Child Feeding Counselling: A training Course the 4 in 1 course: BPNI, IBFAN, April 2013*
7. Breastfeeding Counselling: a training course: World Health Organization, 1993
8. *Guidelines for Control of Iron Deficiency Anemia: Iron Plus Initiative: NRHM, UNICEF, 2013*
9. Integrated Management of Neonatal and Childhood Illness(IMNCI)- Modules 1 to 9, Ministry of Health and Family Welfare, Government of India, 2009
10. Infant and Young Child Feeding, Model Chapter for textbooks for medical students and allied health professionals: World Health Organization, 2009
11. Vikaspedia – A portal developed as part of the national level initiative – India Development Gateway (InDG), dedicated for providing information / knowledge and ICT based knowledge products and services in the domain of social development
12. Health education to villages an initiative to help support breastfeeding (hetv.org)
13. UNICEF – IEC Warehouse – IYCF
14. *Breast feeding intensified under diarrhea Control Fortnight 2014, MOHFW*

*The evidence/information source post 2012 assessment have been put in italics

Changes in Revised Tool & Trends in Assessment

Indicator 7 deals with the Information Support. In the new questionnaire, emphasis has been given that the national IEC strategy on IYCF ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided. The questions have been reorganized and individual/group counselling has been upgraded in the questionnaire to subset question number 7.2, which has also been divided into 7.2a & 7.2b, giving equal weightage to each type of the counselling. Due emphasis has been added to the questionnaire about the risks of using infant formula and availability of the IEC material on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula.

The score for this indicator remains static at 6 in the absence of an IEC policy that fails to address the risks of using formula feeds in children.

Conclusions

India scores 6 out of 10 in this indicator, but ideally should aspire to score 10 as this is achievable rapidly. This indicator is about providing populations with accurate information without any bias and conflict of interest and interference from the commercial sector. The Indian law, the IMS Act, gives guidelines for providing information to all pregnant and lactating women. However, as such there is no national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence and potential conflicts of interest are avoided. Each state perhaps would need similar guidance; in fact decentralized local-language communication campaigns would be required to achieve the objective of this indicator.

Gaps

- There is no strategy in place to provide a clear direction for communication for improving breastfeeding or infant and young child feeding practices in the country that takes commercial influence into account.
- **The current IEC messages do not deal with WHO guidance on powdered infant formula preparations and its safety.**

Recommendations

- **A strategy document on communication should be developed and part of the policy on IYCF that should guide the states for IEC for IYCF keeping commercial influence and conflict of interest in mind.**
 - WHO/FAO guidance on safe preparation of powdered infant formula should be communicated to people to ensure safety for those who choose to feed babies on infant formula.
-

Indicator 8: Infant Feeding & HIV **India Scores 5.5/10**

Key Question:

- Are policies and programmes in place to ensure that HIV-positive mothers are supported to carry out the national recommended infant feeding practice?

Criteria	Guidelines for scoring and results as per ticked		
	Yes	To Some Degree	No
8.1 Country has comprehensive/updated policy on infant & young child feeding & HIV, in line with international guidelines	2	1	0 √
8.2 The infant feeding and HIV policy gives effect to the International Code/National Legislation	1 √	0.5	0
8.3 Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers, and how to provide counselling and support	1	0.5 √	0
8.4 HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1 √	0.5	0
8.5 Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1 √	0.5	0
8.6 Mothers are supported, in carrying out the recommended national infant feeding practices, with further counselling and follow-up to make implementation of these practices feasible.	1	0.5 √	0
8.7 HIV positive breastfeeding mothers, who are supported		0.5	

through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	√	0
8.8 Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5 √	0
8.9 Ongoing monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5 √	0

India Scores 5.5/10

Information Sources Used:*

1. Website of the National AIDS Control Organization (NACO): <http://www.nacoonline.org/NACO>.
2. *Updated guidelines for Prevention of Parent to Child Transmission (PPTCT) of HIV using Multi Drug Anti-retroviral Regimen in India, December 2013*
3. *Guidelines for Enhancing Optimal Infant and Young Child Feeding Practices, Ministry of Health and Family Welfare, Government of India, 2013*
4. *Pediatric Anti-retroviral Therapy (ART). NACO, 2013*
5. Nutrition Guidelines for HIV-exposed and infected children (0-14 years). NACO. Ministry of Health and Family Welfare, Government of India
6. *Annual Report, Department of AIDS Control. NACO, Ministry of Health and Family Welfare, Government of India, 2013-14*
7. HIV Counselling Training Modules for VCT, PPTCT, and ART Counselors-Facilitator's Guide and handouts. National AIDS Control Organization. Ministry of Health and Family Welfare, Government of India. Published by NACO, UNICEF, WHO, CDC, May 2006

*The evidence/information source post 2012 assessment have been put in italics

Changes in Revised Tool & Trends in Assessment

Indicator 8 deals with the infant feeding and HIV. Questions have been modified to make them more objective like including an emphasis on having a policy on infant feeding and HIV, which is in line with the international guidelines; aligning with newer initiatives like HIV Testing and Counselling (HTC)/ Provider Initiated HIV Testing and Counselling (PIHTC), etc. A new question on providing ARV support to HIV positive breastfeeding mothers has been added. The question on HIV being included in the BFHI programme has been deleted to avoid repetition.

The score has thus risen from 3 to 5.5, due to the advances in creating guidelines by the Ministry of Health and Family Welfare and capacity building for health personnel for IYCF counselling in the context of HIV/AIDS.

Conclusions

India scores 5.5 out of 10 in this indicator. India has created guidelines and done some capacity building for health personnel for IYCF counselling in the context of HIV/AIDS. However, this advance is yet to take the shape of a clear policy and ensure quality in implementation.

HIV and infant feeding is an area that needed updating with international guidelines, as there have been several changes. WHO updated its recommendations in 2010 based on new research and knowledge that replacement feeding is harmful in several settings, and ARVs are useful in limiting transmission risks. India's programme on HIV and infant feeding is in line with it as far as voluntary counselling and testing is concerned. However, it fails at the implementation level in its quality and quantity both. Government of India is making some efforts to promote exclusive breastfeeding in general populations through its guidelines; but it does not deliver the right kind of skilled counselling to ensure avoidance of mixed feeding in HIV positive cases. HIV positive women would need intensive counselling support in making and carrying out their infant feeding decisions. Follow up is not adequate in such babies. There are also issues of supply side of ARV drugs even though NACO provides guidance. If there is any effort to revive breastfeeding in health facilities like BFHI it should have HIV and infant feeding options training integrated within it.

Gaps

- There is inadequate training of health staff and community workers on feeding options in the context of HIV/AIDS and therefore mothers are not properly supported in their decisions.
- Availability of ARV drugs for prophylaxis remains a critical bottleneck.
- Monitoring systems are weak to prevent transmission through breastfeeding and there is inadequate follow-up of babies born to positive mothers for their health outcomes.

Recommendations

- NACO and MOHFW should **craft a clear policy on training of health workers on infant feeding options** and how to support a mother in a given option to achieve good outcomes.
 - NACO should also build a plan to operationalize this through the health system with specific budget allocation.
 - NACO should ensure availability of ARV prophylaxis drugs without interruption.
-

Indicator 9: Infant and Young Child Feeding during Emergencies. India Scores 0/10

Key Question:

- Are appropriate policies and programmes in place to ensure that mothers, infants, and young children will be provided adequate protection and support for appropriate feeding during emergencies?

Criteria	Guidelines for scoring and results as per ticked		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies & contains all basic elements included in the IFE Operational Guidance	2	1	0
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners, such as the UN, donors, military, and NGOs regarding infant and young child feeding in emergency situations, have been appointed	2	1	0
9.3) An emergency preparedness and response plan, based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:			
a) Basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately trained counselors, support for re-lactation and wet-nursing, and protected spaces for breastfeeding	1	0.5	0
b) Measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles & teats, & standard procedures for handling unsolicited donations, & procurement management & use of any infant formula & BMS, in accordance with strict criteria, the IFE Operational Guidance, & the International Code & subsequent relevant WHA resolutions	1	0.5	0
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
9.5) a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and	1	0.5	0

relevant health care personnel. b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
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India Scores 0/10

Information Sources Used:*

1. National Guidelines on Infant and Young Child Feeding, II Edition, 2006 Ministry of Women and Child Development, FNB, Government of India
2. National Nutrition Policy 1993
3. NDMA (National Disaster Management Authority) website: <http://ndma.gov.in/en/>
4. NIDM (National Institute of Disaster Management) website: <http://nidm.gov.in/tdesigns.asp>
5. Report of the working group on disaster management, for the eleventh five year plan (2007-12) Government of India, Planning Commission, December 2006
6. Ministry of Women & Child Development website: <http://wcd.nic.in/>
7. National Steering Committee on Breastfeeding and Infant & Young Child Feeding (IYCF): <http://wcd.nic.in/fnb/fnb/notifications/fnb-IYCF-24092013.pdf>
8. Meeting with NHM Joint Secretary at NirmanBhawan, Government of India
9. *National Policy for Children, 2013* <http://wcd.nic.in/childreport/npc2013dtd29042013.pdf>
10. Meeting with NDMA members & UNICEF Nutrition Specialist
11. National Plan of Action on Nutrition <http://wcd.nic.in/publication/FNB-npan.pdf>
12. Meetings with Joint Secretary National Health Mission, UNICEF, WCD officials in Delhi and state level consultations in Assam, Bihar, J&K and Uttarakhand

*The evidence/information source post 2012 assessment have been put in italics

Changes in Revised Tool & Trends in Assessment

Infant Feeding during Emergencies: In the revised tool the subset question 9.3 dealing with plan to ensure exclusive breastfeeding and minimize the risks of formula feeding has been divided into a & b to provide separate scoring to both infant feeding methods. Question on minimising the risks of infant formula has been made more objective with dos and don'ts for the plan. Similarly subset 9.5 has been sectioned as a & b to account for availability of "appropriate orientation and training material on infant and young child feeding in emergencies being integrated into pre-service and in-service training for emergency" and "orientation and training is taking place as per the national emergency preparedness and response plan". This will enable scoring of at least one of the two options happening in the country.

India scores a pitiable zero on this front since none of the child-related policies, or the policies related to disaster management make any pronouncement on how to handle IYCF issues in the context of disaster management.

Conclusions

India scores a dismal ZERO, because it has not done anything, and has not been doing anything for the past decade. A nation so full of disasters in all seasons should be assessed for how it deals with its children during disasters as they are the most vulnerable. Infant and young child feeding during such situations is critical for their survival. It is a matter of urgency to respond during emergency/disasters and within that rapid response many end up supplying infant milk substitutes or infant foods that may not be needed or even be harmful. Outbreaks of diarrhea in infants and young children are common in emergencies due to lack of hygienic conditions, unclean water, and infant formula increases their vulnerability to diarrhea because they can be exposed to pathogens contained within powdered breast-milk substitutes or introduced through contaminated water.²² In India there is hardly any concern whatsoever visible or on paper on how to deal with the issue of infant and young child feeding during emergencies, though Ministry of Health has developed an operational guideline on infant and young child feeding which mentions infant feeding in emergency situation. India is however not prepared to serve its populations with teams of skilled counselors to provide any kind of de-stressing and appropriate feeding counselling to women /families under such situations. Even if India has a law, there is no process in place to monitor if infant formula or other substitutes unnecessarily flow into disaster areas. This entire gap exists in spite of the fact that global guidance on the subject matter is there, and India has a National Disaster Management Authority (NDMA) to deal with disasters.

Gaps

- There is no policy or even a guideline to deal with infant and young child feeding during emergencies/disasters, though MOHFW has a guideline on enhancing optimal infant and young child feeding, it has not been able to communicate the same to the nodal authority of NDMA and does not find any reflection in NDMA documents.
- There is no coordinator or person designated with such a responsibility.
- There is hardly any capacity at district or block level that exists as per the UN guidance both on counselling and reducing the risks of formula feeding.
- The issue has neither been addressed in the curriculum for health or community workers nor is any training of health workers or disaster management team happening to tackle it.
- There are no resource allocations for the above.

²²Gribble KD, McGrath M, MacLaine A, Lhotska L. Supporting breastfeeding in emergencies: protecting women's reproductive rights and maternal and infant health. *Disasters*. 2011 Oct;35(4):720-38

Recommendations

- There should be a **national policy to deal with infant and young child feeding during disasters** and the National Disaster Management Authority (NDMA) should take responsibility of this work.
 - **The NDMA should also have a plan of action based on UN Guidance on Infant and young child feeding during emergencies for capacity building, trainings and orientation in states and districts most prone to annual disasters.**
 - The NDMA should, in collaboration with MOHFW, run in-service skill training programmes on infant and young child feeding practices during disasters for preparing counselors who could help in management of breastfeeding and re-lactation.
 - **The NDMA should appoint a focal person responsible for infant and young child feeding and allocate specific resources to its plans.**
-

Indicator 10: Mechanisms of Monitoring and Evaluation System. India Scores 5/10**Key question:**

- Are monitoring and evaluation systems in place that routinely collect, analyze and use data to improve infant and young child feeding practices?

Criteria	Guidelines for scoring and results as per ticked		
	Yes	To Some Degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities	2	1	0 √
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0 √
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1 √	0
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2 √	1	0
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2 √	1	0

India Scores 5/10**Information Sources Used:***

1. DLHS-4 2012-13 <https://nrhm-mis.nic.in/SitePages/DLHS-4.aspx>
2. NFHS-3 2005-06 <http://www.rchiips.org/nfhs/factsheet.shtml>
3. NNMB <http://nnmbindia.org/activites.html>
4. *Rapid Survey on Children 2013-14*

*The evidence/information source post 2012 assessment have been put in italics

Changes in Revised Tool & Trends in Assessment

Indicator 10 deals with Mechanisms of Monitoring and Evaluation System. The questionnaire has been made more objective with inclusion of specific reference to infant and young child feeding data in the questions.

The score for this indicator stands at 5 (down from 7 in the last assessment) since there has been no advance on creating programme systems that can monitor IYCF indicators and provide internal feedback.

Conclusions

India gets a score of 5 out of 10 in this indicator.

It is expected that major infant and young child feeding programmes would take into consideration infant and young child feeding practices data from national surveillance systems. At the same time, routine large-scale national household surveys have not been held since 2005 and only likely to come up in 2016. Meanwhile, It fortunate there is some national data from the RSOC; state data from the same has still not been approved for release.

To monitor progress in achieving goals and to evaluate the impact of interventions, there is a need to include IYCF indicators in programmes and projects like ICDS and NHM, being implemented at the community level.

Gaps

- Lack of monitoring and evaluation of the IYCF components in ICDS
- Inadequate public health data available on IYCF indicators in the HMIS even though two indicators are currently present.
- Huge gaps between the national health surveys that include breastfeeding and IYCF indicators.
- NNMB does not include IYCF indicators under its nutritional surveillance.

Recommendations

- Government of India should **have regular or periodical routine national surveys**. The need for annual surveys on IYCF is underlined, as malnutrition peaks within the first two years of life; only then can interventions be fine-tuned according to needs.
 - Data from ICDS and NHM should include all relevant IYCF indicators for monitoring and evaluation. This data from NRHM and ICDS should become a part of the routine process of development of action plans at all levels, which could help to identify vulnerable groups requiring support.
 - Government of India should work on establishing a national nutritional surveillance system, which would include IYCF indicators.
-

Part II Findings

Infant and Young Child Feeding Practices

Indicators 11-15; Status of Infant and Young Child Feeding practices in India: According to the RSOC 2013-14 data, the score remains same for indicators 11 and 15 as in the last assessment done in 2012. But the scoring of the indicator 12 on exclusive breastfeeding has improved from 6 to 9. Thus, the total scoring of the indicators 11-15 has become 34/50. The bottle feeding rates have been calculated using BOT calculator given by WHO (2003).

Indicator 11: Early Initiation of Breastfeeding

Key Question:

- What is the percentage of babies' breastfed within one hour of birth?

Source of Data: RSOC, 2013-14 Data

Indicator 11	WHO's Key to Rating %	Results (%)	IBFAN Asia Guideline for WBTi	
Initiation of Breastfeeding (Within 1 hour)			<i>Scores</i>	<i>Colour rating</i>
	0.1-29%		3	RED
	29.1-49 %	44.6	6	YELLOW
	49.1-89 %		9	BLUE
	89.1-100%		10	GREEN

Comments

Evidence has shown that this indicator has significant impact on reducing child malnutrition²³. Much more needs to be done to reach out to all women locally with correct information and to provide practical support for breastfeeding at the time of birth (please refer to Indicator 6). As per RSOC, 78.7% women deliver in institutions; there is a need for serious efforts by MOHFW to link it with BFHI, and it can be achieved universally. A mere 4% rise in initiation of breastfeeding within one hour of birth from 40% in the last round, based on DLHS 3, is no good. **This indicator can be easily scaled up and linked with BFHI, to 80-90% over three years, and scores can go up.**

²³Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. Delayed breastfeeding initiation increases risk of neonatal mortality. Pediatrics 2006; 117: e380-e386.

Indicator 12: Exclusive Breastfeeding for the first six months

Key Question:

- What is the percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?

Source of Data: RSOC, 2013-14 Data

Indicator 12	WHO's Key to Rating %	Result %	IBFAN Asia Guideline for WBTi	
Exclusive Breastfeeding for the first six months			<i>Scores</i>	<i>Colour-rating</i>
	0.1-11 %		3	RED
	11.1-49 %		6	YELLOW
	49.1-89 %	64.9	9	BLUE
	89.1-100 %		10	GREEN

Comments:

According to RSOC data, there is an improvement in the score of the indicator 12 on exclusive breastfeeding, from 6 to 9, comparing the earlier data with NFHS 3. Exclusive breastfeeding is complex and needs behavior change and social support at many specific times. There are various challenges, including cultural practices, still prevailing in India, which hamper exclusive breastfeeding. There is lack of correct information and interference by the commercial sector. Women need skilled counselling on optimal IYCF practices on continued basis, beginning from conception. Women also need support at the work place in form of crèches and maternity leave to all working women, one that allows for exclusive breastfeeding for 6 months. Exclusive breastfeeding is an important pathway indicator to check upon the impact on malnutrition

GOI should make all efforts to strengthen all support systems to create enabling environments to maintain and aspire for rise in exclusive breastfeeding both for nutrition and survival of babies. **It is important to provide support otherwise it can lead to rapid fall back in rates.**

Indicator 13: Median Duration of Breastfeeding

Key Question:

- Babies are breastfed for a median duration of how many months?

Source of Data: NFHS 3 (2005-06)

Indicator 13	WHO's Key to Rating (months)	Results (%)	IBFAN Asia Guideline for WBTi	
Median duration of breastfeeding			<i>Scores</i>	<i>Colour-rating</i>
	0.1-18 months		3	RED
	18.1-20 months		6	YELLOW
	20.1-22 months		9	BLUE
	22.1-24 or beyond	24.4	10	GREEN

Comments

Median duration of breastfeeding is near perfect in India, being a breastfeeding country. However, there are various factors, mainly interference by commercial sector, which need to be tackled. It is important to maintain focus on this important indicator.

Indicator 14: Bottle-Feeding

Key Question:

- What is the percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?

Source of Data: NFHS 3(05-06); bottle-feeding rate calculated using BOT WHO (2003) calculator

Indicator 14	Key to rating adapted from WHO tool	Result(%)	IBFAN Asia Guideline for WBTi	
Bottle Feeding (0-12 months)			Scores	Colour-rating
	29.1-100%		3	Red
	4.1-29%	14.57	6	Yellow
	2.1-4%		9	Blue
	0.1-2%		10	Green

Comments

Bottle-feeding is more to do with change in lifestyle and urbanization. It has been looked up as a modern and convenient method of feeding. There is lack of awareness among the population on its harmful effects and source of infection to the babies. There is a need for effective communication to create public awareness about the dangers and risks of bottle and formula feeding.

Note: Changes in the Updated WBTi 2014 Tool

In the revised tool for this indicator, the age of babies studied has been harmonized with the WHO tool and changed from 0-6 months to 0-12 months.

Indicator 15: Complementary Feeding

Key Question:

- Percentage of breastfed babies receiving complementary foods at 6-8 months of age?

Source of Data: RSOC, 2013-14 Data

Indicator 15	WHO's Key to Rating %	Result(%)	IBFAN Asia Guideline for WBTi	
Complementary Feeding			<i>Scores</i>	<i>Colour-rating</i>
	1.0-59 %	50.5	3	RED
	59.1- 79 %		6	YELLOW
	79.1-94 %		9	BLUE
	94.1-100 %		10	GREEN

Comments

This indicator is of utmost importance but not understood fully. Here it only gives food given to percentage of children, and that too has gone down from 57% in the last round. There is lack of understanding of what adequate complementary feeding entails. **There is a need to provide accurate information on the quality, quantity, and frequency of complementary food to be given to infants.** There is a need to provide skilled counselling to health workers to impart the correct knowledge to the community. Also the needs of a food insecure population require tackling through supplementation.

Summary Score

The table below provides the breakdown of the overall score:

Summary Indicator Part I – Policy & Programmes

Indicator	Indicator Name	Score (Out of 10)
1	National Policy, Programme & Coordination	1.5
2	Baby Friendly Care & Baby Friendly Hospital Initiative	0
3	Implementation of Int. Code of Marketing of Breastmilk Substitutes	9.5
4	Maternity Protection	3.5
5	Health & Nutrition Care System	7
6	Mother Support & Community Outreach	6
7	Information Support	6
8	Infant Feeding & HIV	5.5
9	Infant and Young Child Feeding during Emergencies	0
10	Mechanisms of Monitoring & Evaluation System	5
Total		44/100

Guidelines

Scores (Total) Part-I	Colour-rating	Existing Situation
0 – 30	RED	
31 – 60	YELLOW	✓
61 – 90	BLUE	
91 – 100	GREEN	

Summary Indicator Part II-IYCF Practices

Indicator	IYCF Practices	Existing Status (%)	Score (Out of 10)
11	Initiation of Breastfeeding	44.6	6
12	Exclusive Breastfeeding for first 6 months	64.9	9
13	Median Duration of Breastfeeding	24.4 months	10
14	Bottle-Feeding	14.57	6
15	Complementary Feeding	50.5	3
Total			34/50

IBFAN Asia' Guidelines for Scoring and Colour Rating

Scores (Total) Part-II	Colour-rating	Existing Situation
0 – 15	RED	
16 – 30	YELLOW	

31 – 45	BLUE	✓
46 – 50	GREEN	

Total of Part I and Part II (Indicator 1-15)

IYCF Policies & Programmes and Practices

Total score of infant and young child feeding practices; policies and programmes (indicators 1-15) are calculated out of 150

Total Score 78/150

Guidelines

Scores	Colour-rating	Existing Situation
0 – 45	RED	
46 – 90	YELLOW	✓
91 – 135	BLUE	
136 – 150	GREEN	

Way Forward

This WBTi assessment report of 2015 highlights gaps in all ten areas of policy and programmes to be implemented for enhancing breastfeeding rates. The WBTi report provides an objective assessment, and India scores 44 out of 100 for indicators on policy and programme. In the five indicators on infant and young child feeding practices, India scores 34 out of 50. Total scores are thus 78 out of 150. If we take a look at the past three WBTi assessments of 2005, 2008, and 2012 **India scored 40,41, and 43 out of 100 in policy and programmes** and the total scores have been 68, 69, and 74 respectively. **These scores highlight gaps in policy and programmes and a decade-long stagnation.**

The assessment report is an opportunity. It provides policy makers and programme managers the chance to reflect upon their work, to refine the same, and to raise India's score by the time the next assessment comes around. In the process of doing so, it encourages improvement in optimum breastfeeding and infant and young child feeding practices in the country. **The fifth WBTi assessment will come up again in 2018 and India will be judged by what it *has done* versus what it *could have done* over these years.**

The WBTi programme rates the country's individual indicators by colour, from 'Red' to 'Yellow' to 'Blue' and finally to 'Green', in ascending order of performance, based on the scores. India has remained in 'Yellow' since 2005. This is the unfortunate news. The good news is that 'Blue' is well within reach for 2018. Thus, policy makers and programme managers can make it their mission that India attains a 'Blue' score that is the higher colour rating, by the next round of WBTi assessment.

While there is scope for improvement in all the indicators, India can make significant gains over the next three years if it addresses indicators 1 (Policy, Programme,& Coordination), 2 (Baby Friendly Hospital Initiative), and 9 (Infant Feeding during Emergencies) as a priority. For all three indicators, India is currently in the 'Red' zone according to the WBTi colour rating. The fourth in Red is on Maternity Protection needs utmost attention too. All these indicators can be improved by simple and doable means not requiring vast investment but better coordination and conscious governance. There is scientific evidence available to support the actions that need to be taken in these indicators and the tools and training materials are also readily available.

Addressing these indicators would thus be like picking low-hanging fruits. If the needed action can be taken, the soaring scores will swiftly reflect the initiative taken, and build even greater motivation for change.

To address Indicator 1, India needs to invest in its national coordination mechanisms and ensure that there is a plan of action and a budget line. Indicator 2 is about creating the Baby Friendly Hospital Initiative (BFHI), which is something that policy-makers need to bring back into the discussion and implement. India boasts of institutional deliveries of over 80%. In this light, the statistic of the initiation of breastfeeding within one hour being at only 44% is something that can be easily remedied. Institutionalising the ‘ten steps to successful breastfeeding’ is an opportunity that the Ministry of Health & Family Welfare (MOHFW) can champion and rollout countrywide. Having state action plans and establishing standards, counselling centres with skilled counsellors, and re-assessment plans would be needed to make this a reality. As for Indicator 9, it centres on having a plan for ensuring children are breastfed during disasters and emergencies. Incorporating appropriate guidelines and programmes in disaster preparedness can be done swiftly and easily as UN guidance already exists. The National Disaster Management Authority can make use of these in consultation with the Ministry of Health. In sum, all the three indicators can be swiftly addressed provided there is a decision to prioritise them in order to improve India’s scores in the 2018 assessment. Indicator 2 will impact on indicator 12 as well. On Indicator 4 by including maternity protection all women and increasing its level can help increase the score.

India also needs to take note that other countries in the region have managed to advance much further and with greater impetus. Afghanistan was at 30 out of 150 in 2005 (Red), and moved to 86.5 (Yellow) in 2008, and to 99 (Blue) in 2012, despite the tumult related to the conflict. This is because the policy makers prioritised optimum breastfeeding and infant and child feeding, something India has not chosen to do so far.

Bangladesh was on 90.5 out of 150 in 2005 (Yellow) and moved to 107.5 in 2012 (Blue).

Sri Lanka, which stands at number one among the 55 countries that have done the WBTi assessment, stood at 116 out of 150 in 2005 and 129 out of 150 in 2012. Sri Lanka remains in Blue colour today (<http://worldbreastfeedingtrends.org>). The island nation has shown tremendous support to the programme and maintained it.

The South Asian examples show that progress is possible, provided one prioritises and invests. If India puts its plan together, improvements in scores and thereby in the health of mothers and children can show even more dramatic improvements in just three years. Apart from increasing scores, such intent will also help India fulfil its commitment to the Convention on the Rights of the Child (CRC) for which the CRC Committee made specific recommendations on breastfeeding in 2014, urging India to enhance its efforts on breastfeeding promotion.

In conclusion, **though there are some welcome advances displayed in India's current assessment, there are even more missed opportunities to actualise potentially easy gains; these missed opportunities reflect the failure of key decision makers in giving issues related to IYCF priority and due attention.**

The WBTi process is committed to creating visibility for these issues and increasing the momentum of their progress. India should act **now**, and urgently. Civil Society groups reaffirm the support and participation in creating an optimal environment for IYCF towards the health and well-being of India's all children and their families.

Annexures

Annexure I

Partner Organisations

- Public Health Resource Network (PHRN)
- Breastfeeding Promotion Network of India (BPNI)
- National Institute of Public Cooperation and Child Development (NIPCCD)
- Doctors for You
- Lady Hardinge Medical College
- Working Group For Children Under-6
- Alliance for Right to ECD

Annexure II

The World Breastfeeding Trends Initiative (WBTi), Tool and Questionnaire

The tool and questionnaire is available freely at this website.

<http://worldbreastfeedingtrends.org/wbti-tool/>

Annexure: III

**Minutes of
First Core Group Meeting for WBTi India Assessment, 2015
Dated: March 17, 2015
Venue: NIPCCD, New Delhi**

The first core meeting of WBTi India Assessment 2015 was held at NIPCCD on the **17th March 2015**.

Dr. Dinesh Paul, Director of NIPCCD, gave the welcome address and he was happy to collaborate with BPNI for the WBTi assessment again after 2012. He welcomed all present and especially Dr. Ravikant Singh, from Doctors For You organization, coming all the way from Mumbai.

Dr. Arun Gupta, Regional Coordinator, followed this, IBFAN Asia welcoming all present and requesting for round of introduction. He briefed about history and background of WBTi, how it was adapted from the WHO tool on Infant and Young Child Feeding developed in 2003. He mentioned that the tool was first introduced in Africa and Asia, it was found that the tool was more subjective and bit complex. IBFAN Asia adapted the tool and developed into a more objective, web based user-friendly tool, and also developed guidelines for scoring and colour coding. WBTi helps study trends and encourages country to do a reassessment over 3-5 years to see the impact on policy and subsequently the practices. Till date 94 countries have been introduced to WBTi and we plan to spread all over the world in years to come.

Dr. Vandana Prasad, National Convener, PHRN, expressed her pleasure to be part of this event. She said that this is the meeting of the core group and wherein the working groups will be formed who will be doing the work and also monitoring it. After that there will be a larger consultation to present the assessment in order to debate & discuss, take comments and suggestions before finalizing the report. The important part of the WBTi trends analysis is that bring experts from the groups together, do the quality work on policy issues, do the analysis and assess. Maternity Protection and International Code of Marketing of Breastmilk Substitutes are the two radial and important elements. Maternity Protection continues to be the weakest component due to being poorly understood and weakly implemented, and the issue increasing commercialization of Breastmilk substitutes for which we are looking at implementation of various legal structures for its prevention. She highlighted that this is the important tool to spark debate to create consensus, to move forward and for advocacy and action. She expressed that interesting part of assessment; it is neat and can be finished within 2- 3 months, unlike other assessments which go on and on to decades and decades.

Dr. Shoba Suri, Policy & Programme Coordinator gave an overview of how to do the National assessment from start to finish. All the indicators with their subset of questions and possible source of information were discussed in detail.

This was followed by discussion on certain questions being close ended and others with more subjective responses based on the actual situation. Also as the first indicator pertains to Policy and

Programmes, law/legislations need to be answered under Indicator 1 as well as in relevant sections. Dr. Praveen commented on IYCF practice indicators, enough information is available on breastfeeding & complementary feeding and at present we are assessing just the basic elements. This was clarified, as the IYCF practice indicators have been adopted from WHO, the indicators cannot be changed because as per the part of tool assessment the uniformity must be maintained globally and will get difficult to measure. Dr. Vandana said that though we can't change the practice indicator but this is very important for core group to put down what problem were faced during this exercise and based on problem make recommendation toward the country position. She said that data is already available from NFHS-3 and hence she recommended that the core group must prepare a note on issues which have been already taken-up regarding complementary feeding and the issues which have been left out in the assessment, so that the same can be used for country advocacy.

The indicators were allocated to the core group members by individual choice, which are as follows:

Indicator	Core Group Member assigned
1	BPNI & Alliance for Right to ECD
2	Dr. Praveen Kumar, Lady Harding Medical College
3	BPNI
4	Working group for children under 6
5	NIPCCD & PHRN
6	Alliance for Right to ECD & PHRN
7	NIPCCD & BPNI
8	Dr. Praveen Kumar, Lady Harding Medical College
9	Dr. Ravikant Singh, Doctors For You
10	NIPCCD & PHRN
11-15	NIPCCD

The point person responsible for contacting at any point of time from the core group organisations are as follows:

Organization	Contact Person
ECCD Alliance	Ms. Sudeshna Sengupta
PHRN	Ms. Soma Sen
NIPCCD	Dr. Rita Patnaik
Working Group for Children Under 6	Ms. Dipa Sinha
Doctor For You	Dr. Ravikant Singh
Lady Harding Medical College	Dr. Parveen Kumar
BPNI	Dr. Shoba Suri

The next core group meeting will be held at NIPCCD on 24th April 2015, from 10-3 pm. The larger group meeting has been tentatively scheduled for 8th May 2015. It was decided to form an e-mail group to stay connected and further discussion.

List of Participants:

Sl. No.	Name	Organization
1	Dr. Dinesh Paul	NIPCCD
2	Dr. Rita Patnaik	NIPCCD
3	Dr. Vandana Prasad	PHRN
4	Ms. Soma Sen	PHRN
5	Mr. Ajay Kumar Chawariya	PHRN
6	Dr. Ravikant Singh	Doctors For You
7	Dipa Sinha	WGGCU6
8	Sejal Dand	WGCU6
9	Dr. Praveen Kumar	Lady Harding Medical College
10	Ms. Sudeshna Sengupta	Alliance for Right to ECD
11	Dr. Arun Gupta	BPNI
12	Dr. Shoba Suri	BPNI
13	Dr. Neelima Thakur	BPNI
14	Ms. Nupur Bidla	BPNI

Annexure: IV

Minutes of 2nd Core Group Meeting for WBTi India Assessment, 2015 Dated: April 24, 2015 Venue: NIPCCD, New Delhi

The **2nd Core Group Meeting of WBTi India Assessment, 2015** was started with a welcome note by Dr. Arun Gupta followed by introduction of the highlights of 4th WBTi India assessment tool. He introduced the agenda and set the tone of the meeting. He suggested that the presentation will be done indicator wise to share findings along with gaps & recommendations. Every presentation will be followed by a discussion for consensus building on scoring. He also mentioned that plan for the final larger group meeting would also be in the agenda.

Dr. Vandana Prasad from PHRN shared her experience on association with BPNI on WBTi assessments and also on assessing the 3 indicators (Indicators 5, 6 and 10) at present. She opined that it was a rigorous exercise and was conducted at 2 levels; scoring level and the reflection on tool and the processes. She mentioned that reflection on the tool is an important exercise towards improvement of the tool for future assessment. She suggested that community wellbeing should be the prime concern of the group while scoring.

The inputs given by her on tools and the processes are as follows:

- Tool is useful for evaluating policies but not implementation- which is very crucial.
- The framework of the tool not provided flexibility of scoring
- Views on gaps on implementation need to be reflected in the assessment process for all indicators.

This was followed by presentations, though these were not done according to the Indicator number but for the ease of reading it has been presented Indicator-wise from 1-15 in this report.

Indicator 1: National Policy, Programme and Coordination Presented by: Dr. Shoba Suri, BPNI

Major findings:

- In the subset 1.7 the word “effectively” was suggested to be discussed with the group for understanding the interpretation of the word in the required context.
- The gaps include lack of national policy and plan on IYCF, inactive IYCF committee and lack of effective coordination mechanism among centre, state, ministry and department.
- In the conclusion Dr. Shoba shared that there is no progress on this critical indicator. There is an urgent need for a policy in synchronization with Global Strategy on IYCF. A clear budget allocation and state linked action are also required.
- The total score given for this indicator is **1.5/10**

Discussion:

- Ms. Sudeshna Sengupta from ECCD Alliance asked whether the group is suggesting for an addition of IYCF in the existing Child Health Policy or a separate policy on IYCF.
- Dr. Vandana asked whether it is necessary to integrate all the aspects of child rights together.
- Dr. J. P. Dadhich mentioned that Global Strategy for IYCF specified the requirement of a National Policy on IYCF. India is a signatory in World Health Assembly resolution. So separate IYCF policy is a requirement.
- Ms. Deepika Srivastava said that there is a gap between policy rhetoric and implementation. The states need guidance and mentoring for some way out. She suggested that if the states get resources along with inputs on resource mobilization the status of the IYCF indicators would surely improve. All the recommendations should be action oriented. State's plan of action is needed. Recommendation should include Conflict of Interest and how the policy is addressing it.
- Dr. Vandana Prasad added that though the Global Strategy for IYCF is adhered to in Indian context but there is no concern for the comprehensive policy. The score have to be either zero, or negative, or positive. For example NRHM and ICDS are not policy but programmes but still these programmes try to address the relevant issues in the country. No guidance is provided or recommended to the state to utilize the 0.3% allocation on health from the GDP.
- Dr. J. P. Dadhich mentioned that there is no separate allocation for IYCF as per the budget heads of restructured ICDS.
- Dr. Arun Gupta added some states have used it mostly in NRHM from the training head. But other programmes are only lip service.
- Dr. Vandana Prasad added it seems things are in place in ICDS as well. She highlighted a critical point stating that the comment section should state "programmes exist but lack targeted allocation."
- Dr. Arun Gupta mentioned how the central government shifts the responsibility of the health budgets to states and the states find it difficult to analyze. The work is under process towards the state adaption of the WBTi tool which will be helpful for state level assessing.
- Ms. Deepika Srivastava mentioned that the Child Health Policy and restructured ICDS should be added in the resources.
- Dr. J. P. Dadhich informed that tool was revised in 2013 -14 by the global group as it was mild on quantifying implementation of the policies and programmes.
- It was decided that BPNI will make a technical comment on the decision of relocating the scores for subset 1.1 & 1.2 by one point each to subset 1.4 & 1.6 respectively in the coming global review meeting. This relocation of scores indicates that the greater emphasis is given to implementation part than just having a policy in place.
- In recommendations the country needs a national policy as is the basis to influence all other indicators. The central coordination by the central government is also an essential component for implementation.

- The total score given for this indicator is **1.5/10**.

Indicator 2: Baby Friendly Hospital Initiative (ten steps to successful Breastfeeding)

Presented by: Dr. Praveen Kumar, Lady Harding Medical College.

Major Findings:

- Response to the letter sent to Dr. Sila Deb and Ruchika in the Ministry of Health regarding BFHI mentioned “training of health staff is a priority and do not have BFHI progress in the country.”
- For quantitative scoring of BHFI, official data is not available.
- Only available data is from 1990’s and no reassessment has been after that.
- Madhya Pradesh does have some internal data.

Discussion:

Ms. Deepika Srivastava suggested that NHM/NRHM PIP is on ministry’s website. Letter can be sent to the ministry quoting the few states that have already implemented it. She also added that though BHFI is not systemic in India, but policy exists to some extent. So the marking should be 1 instead of 0.

It was suggested to the assessing team to contact Madhya Pradesh for their state assessment documentation on BFHI in last five-year status.

The score given to this indicator **0/10**

Indicator 3: Implementation of the International Code

Presented by: Dr. J .P. Dadhich from BPNI.

Major Findings:

- India has a well-framed IMS law with additions more than what is prescribed in the international code of marketing.
- The National law includes three World Health Assembly resolutions except one pertaining to label warning on the risk of intrinsic contamination.
- Subset 3.13 need to be discussed
- A series of online marketing and labeling violations and action taken by BPNI being a monitoring agency for prevention and registering complain to the government has been shared.
- The tool does not suffice the purpose clearly and portrays a perfect picture. Though it seems to be very close to perfection but this is not the actual scenario.
- The tool does not allow us to record coordination for effectiveness mechanisms in implementing the law.

Discussion:

- The group dropped the point for 3.13 sub-set as there are very few anecdotal evidences, and it is worded wrongly. The idea of violation vis-a-vis no violation is questionable.

- On reply to the question on whether there was any instance where action has not been taken on reported case, it was mentioned that though prevention was possible in the case dealt with but in few cases the guilty has been sanctioned.
- Ms. Deepika Srivastava mentioned that as it is coming out as a progressive score it would not be possible to question the resources and mechanisms.
- It was mentioned that there is a gap between current scenario and available secondary data, latest available data is NFHS- 3; NFHS-4 is yet to come.
- It was suggested that the word in the subset 3.11 “provide” depends a lot on interpretation. An asterisk should be put to mention, “it’s adequate but there are deficiencies in resources and mechanisms”. Otherwise only scoring doesn’t reflect the lacunas.
- The total score given for this indicator is **9.5/10**.

Indicator 4: Maternity Protection

Dr. Dipa Sinha and Ms. Sejal Dand, from Working Group for Children under Six and Right to Food Campaign assessed Indicator 4. The team was not available for the presentation but the presentation on findings was sent to the coordination team in advance. The group decided to look through the presentation and discuss to reach a consensus.

Discussion:

- For subset 4.4 the assessment group asked the core group to decide whether to give a zero or 0.5 scoring. The group built a consensus on giving a zero score as the national legislation doesn’t explicitly states provisions for breastfeeding and/or childcare in work places.
- For subset 4.6, b as “Monitoring” and “Compliance” both are mentioned under same point to avoid confusion, these should be put as separate sub-points. The assessment group need to rework on it.
- For subset 4.10 the crucial point is breastfeeding period, so the group decided to give a score of 1 instead of zero.
- The total score given for this indicator is **3.5/10**.

Indicator 5: Health and Nutrition Care System

Presented by: Dr. Rita Patnaik, NIPCCD

Major Findings:

- The score of the subset 5.1 has gone up by 1 as the literature, manuals and training guides do cover IYCF adequately.
- For subset 5.2 the scoring given was 2.
- For sub set 5.3, the score remain same as the doctor’s and nurse’s inservice curriculum does not include knowledge and skill related to IYCF

Discussion:

- Dr. Vandana Prasad mentioned that subset 6.1 and 6.2 looked like replication. But Dr. Rita Patnaik referred annexure 5.2 and explained the justification of the existing of separate sub-sets 6.1 and 6.2.
- For subset 5.3 it was discussed that not only for the front line health workers but doctors and nurses curriculum should covered IYCF focusing on skilled component.
- The group decided to make the recommendation for this indicator stronger in terms of increasing the capacity of the state.
- The total score given for this indicator is **7/10**.

Indicator 6: Mothers Support and Community Outreach

Presented by: Ms. Shubhika, ECCD Alliances

Major Findings:

- For subset 6.1 score was based on NFHS 3 data, as no fresh data is available
- For subset 6.2, score was based on DLHS-AHS
- In Subset 6.4 community support and policy are clubbed together which is confusing.

Discussion:

- Dr. Arun Gupta explained, subset 6.2 talks of support at birth that means the women are receiving support at the time of initiation.
- Dr. Vandana Prasad added that initiation and support for it depends on access. As institutional delivery had increased, neonatal care has also been addressed and that reflects the initiation of breastfeeding should be practiced.
- Dr. Arun Gupta suggested having an additional column on analytical comment. Data of quality assurance for institution delivery which supports initiation of breastfeeding need to be checked.
- The subset 6.3 is scored 1 as it talks about overall coverage, though quantifying is an issue. ANC and PNC should be proxy indicator in this regard.
- Subset 6.4 is given a score of 2, the sources utilized were restructured ICDS. A lot of new policies are there e.g. ECCE 2013.
- Ms. Sudeshna asked the group whether there was any intension to incorporate the Mothers Support Group (MSG) from systemic mechanism. It was suggested to have Mothers support group like SHG which is more voluntary in nature.
- Dr. Vandana Prasad asked the group whether the indicator can be scored on partial/second component of the subset only. Following which Dr. J. P. Dadhich read the annexure on community outreach. According to Dr. Vandana Prasad the annexure only talks about the counselling part, which has been exhausted in subset 6.2. She also added that community support cannot be restricted to only counselling, there is much more to it in terms of maternity protection, crèches, overlap problems etc. The interpretation may vary for this indicator.
- Dr. Arun Gupta added that in community support counselling means skilled based counselling. BPNI provides a separate 7-day skilled-based training on counselling.
- There was no debate on subset 6.4 scoring and it was scored 2.

- For subset 6.5 the given score was 1 but it was discussed that it needs for investigation and clarity. Implementation and budget cut is a problem here.
- The total score given for this indicator is **6/10**.

Indicator 7: Information Support

Presented by: Dr. Rita Patnaik, NIPCCD.

Note: While putting down the minutes it was found out that by mistake old template was used for scoring. She has been informed about the same and suggested to rework on new template and share the findings as soon as possible.

Indicator 8: Infant Feeding and HIV

Presented by: Dr. Praveen Kumar, Lady Harding Medical College.

Major findings:

- In IYCF Guideline, there is a specific section on HIV and infant feeding and algorithm.
- PMTCT guidelines from NACO recommendation says that if the mother is HIV positive then breastfeeding is a choice but advice to continue breastfeeding is recommended.

Discussion:

- The guideline cannot be considered to be a policy.
- The group discussed the difference between the policy and a guideline. It was suggested that the questions in the subset in this indicator need to be reviewed.
- The group decided to recommend changes in the subset question where the policy word can be expanded with more options like “Policy/Guidelines/Operational Guidelines”.
- For subset 8.6 the score has been reduced.
- Subset 8.7 was discussed in details as the language says adherence but the greater problem is adherence and supply both. It was decided that the group need to develop a note for this subset. If possible the assessing group should get the supply data. Also existing documents should be analyzed for HIV.
- For subset 8.7 the group has to decide between some extent and zero.
- Dr. Vandana Prasad added that IYCF guideline does cover HIV and infant feeding, so should not be discredited. For subset 8.1 the score should be 1 with an explanation in asterisk saying “as HIV is treated well in operational guidelines by NACO”.
- Dr. Arun Gupta added that BPNI will recommend the subset 8.1 as “Infant Feeding & HIV Policy”.
- The total score given for this indicator is **5.5/ 10**.

Indicator 9: Infant Feeding in Emergencies

Presented by: Dr. Anurag Mishra from Doctors for you

Note: The findings were shared for this indicator but while putting down the minutes it was found out that by mistake he had used the old template for scoring. He has been informed about the same and asked to rework on the new template and share the finding as soon as possible.

Indicator 10: Monitoring and Evaluation

Presented by: Dr. Rita Patnaik, NIPCCD.

Major Findings:

- ICDS doesn't have IYCF programme monitoring in their MIS
- Dr. Vandana Prasad added that though FHWs are doing their work on ground but there is no systemic monitoring to reflect their work. Some study available for reference. One of the major weaknesses is no public health data available on IYCF monitoring and evaluation.
- Dr. Arun Gupta raised his concern that as the budget for health has already been cut there might be a possibility in future to abolish IYCF from the programmes.
- The assessment group decided to give a score of 5 earlier but later on decided to give zero for all the subset except 10.3 which was scored as 1.
- The total score given for this indicator is **5/10**.

Indicators 11-15: Infant and Young Child Feeding Practices

Presented by: Dr. Rita Patnaik, NIPCCD

It was informed that indicator 11, 12 and 14 are in yellow, indicator 13 is in green whereas indicator 15 is in red.

The group was told regarding submitting a summary of 2 pages on respective indicator on findings with the comments along with the presentations to PHRN to enable them to finalize the draft report.

It was decided that Dr. J. P. Dadhich will prepare the list of invitees and Dr. Vandana Prasad will recommend some names to be added in the list for the larger meeting scheduled from 5th June (Friday), 2015 from 10:00 am to 1:00 am.

List of participants:

S. No.	Name	Organization
1	Dr. Arun Gupta	BPNI
2	Dr. Vandana Prasad	PHRN
3	Dr. J.P. Dadhich	BPNI
4	Ms. Deepika Srivastava	Niti Aayog
5	Dr. Shoba Suri	BPNI
6	Ms. Soma Sen	PHRN
7	Dr. Rita Patnaik	NIPCCD
8	Ms. Sudeshna Sengupta	Alliance for Right to ECD
9	Ms. Shubhika	Alliance for Right to ECD
10	Dr. Neelima Thakur	BPNI
11	Ms. Nupur Bidla	BPNI
12	Mr. Ajay Chawariya	PHRN
13	Dr. Praveen Kumar	LHMC
14	Dr. Anurag Mishra	Doctor's for you

Annexure: V

Minutes of Sharing and Consensus Building Meet 4th Assessment of India's Policy and Programmes on Infant and Young Child Feeding World Breastfeeding Trends Initiative (WBTi) 5 June 2015 India International Centre –Annexe, Lecture Room 1

The meeting of the 4th Assessment of World Breastfeeding Trends Initiatives (WBTi) of India's Policy and Programmes on Infant and Young Child feeding (IYCF) was organized on June 5, 2015 at India International Centre, New Delhi. The objectives of the meeting were to share the findings and building consensus to seek the suggestions and views of the larger group for the final report/ranking of the country on various IYCF indicators, in addition to consensus building for the advocacy of IYCF. A total of 41 members from the partner organisations, various government departments and ministry representatives, UNICEF, individuals working on child nutrition and child rights were participated in the meeting.

The meeting began with a welcome address by Dr. Arun Gupta followed by a brief introduction on WBTi. International Baby Food Action Network (IBFAN) Asia has adapted the WHO's tools to assess the implementation of the Global Strategy for Infant and Young Child Feeding and developed World Breastfeeding Trends Initiative (WBTi), and made it a unique web based programme that generates action at country level and now being run in 104 countries. Many countries in South Asia have done this assessment 3 to four times and studying trends. India is also done this 4th time in 2015. Earlier assessments were done in 2005, 2008 and 2012. The WBTi tool has 15 indicators, 10 for policy and programmes and 5 for practices and assessment has been completed for all of them on the structured tool.

Breastfeeding Promotion Network of India (BPNI) jointly undertook the 4th Assessment, in collaboration with Public Health Resource Network (PHRN). The other partners who participated in the assessment were ECCD alliance, Mobile Crèches, National Institute of Public Cooperation and Child Development (NIPCCD), Lady Harding Medical College and Doctors For You.

Dr. Arun Gupta informed that the draft report has been prepared on the basis of the findings by the core group and compiled together. The research has been participatory and many experts were consulted and information collated on the 15 indicators.

The final scoring has been decided after rounds of meetings, sharing of initial findings within the core group organisations and discussions. The communication also included telephonic conversation and e-mail exchange. Different resources like RTIs, government reports, websites, newspaper articles, interviews, etc. which are possibly most recent, but not older than five years have been referred as sources of information.

The findings indicated that the scoring has not changed much from the previous assessment, as very limited progress happened in India in terms of IYCF policies and programme and practices.

The next session was on presentations of the findings of the assessment reports/indicators by three organisations BPNI, PHRN and NIPCCD. The first set of indicators 1-5 was presented by Dr. ShobaSuri from BPNI, indicator 6-10 by Soma Sen from PHRN and indicator 11-15 by Dr. Rita Patnaik from NIPCCD. Dr. Vandana Prasad, National Convener, Public Health Resource Network and Dr. J.P. Dadhich, National Coordinator, BPNI chaired the session.

Indicator1: National Policy, Programme& Coordination

Indicator 1 deals with the status of national policy and programme on IYCF, as well as the coordinating mechanisms for its implementation. India scores 1.5 out of 10 in this critical indicator on policy, programme and coordination. This indicator is very important being overarching to all other indicators, scores very low. Since last ten years struggle has been on but no progress has been observed on this indicator which actually overlooks action on all the other indicators. The national breastfeeding committee has become defunct and there has been stagnation to convert IYCF guidelines into policy, the document that could lead to firm action plans and budget allocation to facilitate its implement at the state level.

It has also been mentioned that there is a change in scoring for the tool used from the previous assessment. In the scoring for the earlier questionnaire, more emphasis was on the presence of the policy and mechanism for coordination. In the revised questionnaire, it has been changed with a balanced weightage to the implementation as well. Now the scoring has gone down for the indicator on appropriate policy in place. But the scoring has gone up (from 1 to 2) for the indicators on adequacy of fund and also functioning of the breastfeeding committee.

Discussion:

- In response to the question of absence of policy but guideline, it was mentioned that the Government of India has dropped using the term policy rather standard operating procedure, operation strategy of the programme, guidelines, etc. are in use.
- WBTi assesses implementation of the Global Strategy for IYCF, which has specified the requirement of a National Policy on IYCF as mandatory criteria for the indicator. Therefore, the IYCF policy for the country is required with a clear plan of action and specific budget.
- There is no separate allocation for IYCF as per the budget heads of restructured ICDS.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (BFHI) (Ten Steps to Successful Breastfeeding)

India scores 0 out of 10 in this indicator and the score has slipped from 2.5 since 2012. Ever since the BFHI was launched in 1993 there has been no concrete steps taken toward it's implementation. Most of the "Baby Friendly Hospitals" were set up in early 1990s. In spite of strong scientific evidence, no concrete steps/actions have been taken to revive and update BFHI and to re-assess the existing status of the BHFI hospitals so far. Opportunities do exist within the Ministry of Health's new "Guidelines for Enhancing Optimal Infant and Young Child Feeding Practices" which does take note of ten steps to successful breastfeeding. This needs to be prioritized and implemented in the health facilities and also to be assessed periodically.

Discussion:

- It was mentioned by Dr. Ajay Khera, DC –Child Health and Immunizations, MOHFW, GOI that though there is no separate training for standard guidelines and procedures on BFHI but many on-going programmes like IMNCI, RMNCHA+ have components of training for baby and mother friendly hospitals. Further training can be arranged and fund is already available for this activity.
- BFHI envisaged to creating demand for breastfeeding. There are number of private as well as public hospitals who expressed their desire to become baby friendly. In 2002 government of India took decision to recreate BHFI again after 1998. Committees were formed but no progress was made. No concrete steps were taken by the Ministry of Health and Family Welfare, Government of India for its implementation.
- So BFHI needs to be prioritized and addressed urgently by the health ministry.
- Representative from UNICEF expressed their eagerness to support the health ministry in this regard and also to work towards making the initiative sustainable. BPNI extended their support and expressed their desire to work with Ministry of Health and UNICEF in collaboration towards BFHI initiatives.
- It was also suggested that the BFHI certificate should be made visible in the institutions by pasting it in a prominent place like it is practiced in PNDT Act and encourage rooming in and discourage bottle-feeding.
- It was suggested to look at Family Friendly hospital Initiative (FFHI) in India and its present status. This will be done by the members of the core group.
- It was suggested to incorporate BFHI indicators in the Clinical Establishment Act.
- Though there was a suggestion to separately treat public and private sectors, but it was emphasized that the tool is based on the global framework, which does not separate the public and private hospitals. As per the framework the national data should be referred for information.

Indicator 3: Implementation of the International Code of Marketing of Breast milk Substitutes

India gets a score of 9.5 out of 10. The score has improved from the last assessment of 2012. This is because of change in the structure of the tool and improvement in the implementation systems in one state i.e. Haryana.

The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and Amendment Act 2003 (IMS Act) contains all the provisions of the 'International Code of Marketing of Breast milk Substitutes' and its scope expands to all the foods meant for children up to the age of 2 years. The IMS Act also includes three out of four relevant resolutions of the World Health Assembly. In terms of the implementation, the enactment of the IMS Act has led to a curb on the promotional activities by the manufacturers of products under purview of the Act directly to the public through print and electronic media. However, examples of promotion through Internet and e-marketing websites as well as sponsorship of health care providers still in practice. Constant vigil is thus required for detecting the violations, demanding inquiry and taking action. Though the Government of India has responded through ad-hoc measures like writing letters to the State governments and health professional associations but it is not serving its purpose. Apart from Government of Haryana, no other state government has so far

authorized a government official to monitor the Act. Currently, a few committed civil society groups are reporting about violations, which is just a tip of the iceberg.

Discussion:

- The tool does not allow recording coordination for effective mechanisms in implementing the law.
- Although this assessment reflects a very good score on the contents and implementation of the IMS Act, there are issues requiring government attention both at the central and the state level to institutionalize its implementation and monitoring.
- The indicator is almost near to the perfect score and if some amendments are made to the law it might get the perfect score of 10 out of 10. On the other hand, implementation of the IMS Act is still not perfect. Therefore the efficiency of the tool to detect the factual prevailing situation is needed to be discussed.

Indicator 4: Maternity Protection

India gets a score of 3.5 out of 10 in Maternity Protection. In 2012 it was almost same and since 2005 not much improvement has been taken place in this indicator.

The issue of maternity protection is one of the most critical for the success of breastfeeding and has been most neglected so far. However there have been some gains since 2012 WBTi assessment report. This is mainly because of the inclusion of maternity entitlements in the National Food Security Act, 2013 (NFSA). Provisions for maternity benefits in the country both in legislation and policy/programme are very inadequate. There is basically no maternity benefit (as wage compensation) for more than 90% of the women in the informal sector. Even those who are technically covered under the Maternity Benefits Act, other than government employees are, many times left out due to lack of awareness and inadequacy of information. There is no proper monitoring of the provisions under this Act. Further, the benefits under this Act are inadequate as it provides for leave/wage compensation for only 12 weeks. It does not talk about crèches or space for breastfeeding and its rules make the nursing breaks a very limiting entitlement.

Discussion:

- Existing maternity protection laws are very old and are many provisions are irrelevant in the present context.
- Maternity protection laws in India need a thorough review to make it relevant under the present situation.

Indicator 5: Health and Nutrition Care System

India scores 7 out of 10 on this Indicator. A review of pre-service teaching curriculum of health care providers and frontline health workers indicated that India has made significant progress in the curricula or session plans as compared to previous years. However, the in-service training curriculum on infant and young child feeding Counselling for frontline health workers is inadequate in content as well as in geographical coverage. There is also a need to incorporate the IMS Act in

curriculum of health workers with an emphasis on their responsibility towards its implementation as the key to enhance infant and young child feeding practices.

Discussion:

- Need of skill based training was emphasized.
- It was mentioned that many on-going programmes like IMNCI, RMNCHA+ have components of training for IYCF Counselling.
- Health workers cannot be made responsible for regulation of the Act but proper orientation will help them to bring the violation of the IMS Act in the notice of the government to take proper action.
- The concern was raised that as the budget for health has already been cut there might be a possibility in future to abolish IYCF from the programmes

Indicator6: Mother Support and Community Outreach-Community based support for the pregnant and breastfeeding mother

India scores 6 out of 10 on this indicator. Little progress has been made from 2012 through ICDS restructuring, the National Policy for Children (2013), National Policy on Early Childhood Care and Education (2013) and continuing progress under the NRHM for antenatal and delivery related services.

Initiation and support for breastfeeding depends on access. As institutional delivery had increased, neonatal care has also been addressed and that reflects the initiation of breastfeeding in practice. In subset 6.3, the question was all women have access to Counselling support for Infant and young child feeding and support services have national coverage, as ICDS MIS does not capture any IYCF indicators (including the number of women counseled), so quantification of Counselling coverage was an issue. So indicators captured In NFHS 3 on at least 3 ANC visits and getting PNC within 48 hours of delivery were used as proxy indicators.

Discussion:

- Community support in sub-set 6.3 indicates skill based Counselling.
- For subset 6.5 the given score is 1 but it was discussed that it needs investigation and clarity.
- Implementation and budget cut in ICDS and health will impact training and capacity building for FHWs.
- It was also mentioned that 6.1 and 6.3 have become composite indicators which have partial overlap and this is difficult to quantify the trends.

Indicator 7: Information Support

India scores 6 out of 10 in this indicator, ideally should aspire to score 10 as this is achievable rapidly. No change has been taken place since 2012; it remains static at 6 in the absence of an IEC policy. This indicator is about providing populations with accurate information without any bias and conflict of interest and interference from the commercial sector. The Indian law, the IMS Act provides guidelines for providing information to all pregnant and lactating women. However, as such there is no national IEC strategy for IYCF that ensures all information and materials are free from commercial influence and potential conflicts of interest avoided. Each State perhaps would

need similar guidance, in fact decentralized local language communication campaigns would be required to achieve the objective of this indicator.

Discussion:

- In the new questionnaire on indicator 7, emphasis has been given that the national IEC strategy on IYCF ensures all information and materials are free from commercial influence/potential conflicts of interest.
- The questions have been reorganized and individual/group counselling has been upgraded in the questionnaire to subset question number 7.2 which has also been divided into 7.2a & 7.2b, giving equal weightage to each type of the counselling, individual and group.
- Due emphasis has been added to the questionnaire about the risks of using infant formula and availability of the IEC material on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula.
- It was mentioned by the Ministry of Health and Family Welfare that there are guidelines for IEC for IYCF available. The core group/ concerned to follow up with the ministry.

Indicator8: Infant Feeding and HIV

India scores 5.5 out of 10 in this indicator. The score has gone up from 2012 assessment from 3 to 5.5 as India has developed guidelines and conducted capacity building for health personnel on IYCF Counselling in the context of HIV/AIDS. However, this advance is yet to take the shape of a clear policy and ensure quality in implementation.

Discussion:

- HIV and infant feeding is an area that needed updating with international guidelines as there have been several changes.
- WHO updated its recommendations in 2010 based on new research and knowledge that replacement feeding is harmful in several settings, and ARVs are useful in limiting transmission risks.
- India's programme deals with HIV and infant feeding voluntarily as far as Counselling and testing are concerned. However, it fails at the implementation level in its quality and quantity, mainly attributed to poor capacity building of the health workers.
- Government of India guidelines failed to deliver the right kind of skilled Counselling to ensure avoidance of mixed feeding in HIV positive cases. HIV positive women would need intensive Counselling support in making and carrying out their infant feeding decisions. Follow up is not adequate in such babies.
- Another issue for non-compliance for continuous treatment is inadequate supply of ARV drugs even though NACO provides guidance.
- In order to promote and implement, BFHI should have HIV and infant feeding training integrated within it.
- In reference to indicator 8, sub set 8.1 which states; the country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV. As India does not have a policy document on IYCF, it was decided by the group that BPNI will recommend to develop a policy document on Infant

feeding and HIV by collating all the guidelines presently available in different documents related to Infant feeding and HIV.

Indicator 9: Infant and Young Child Feeding during Emergencies

India scores zero again on this indicator, because nothing has happened since 2012 assessment. There is no policy or even a guideline to deal with breastfeeding and infant and young child feeding during emergencies/disasters till date. There is hardly any capacity at district or block level that exist as per the UN guidance both on counselling and reducing the risks of formula feeding. The issue has neither been addressed in the curriculum for community workers nor in the training of health providers or disaster management team to tackle breastfeeding and infant and young child feeding during emergencies/disasters.

Discussion:

- India is not prepared to serve its population with team of skilled counselors to provide any kind of de-stressing and appropriate feeding counselling to women /families under emergency/ disaster
- Even in India there is no process to monitor if infant formula or other substitutes unnecessarily flow into disaster areas. This entire gap exists in spite of the fact that global guidance on IYCF under emergency/disaster is existed, and India has a National Disaster Management Authority (NDMA) to deal with disasters.
- It was mentioned that the guidelines on IYCF in emergency/disaster situation are available with the Ministry of Health and Management. The Core group/ concerned has to follow up with the ministry.

Indicator 10: Mechanisms of Monitoring and Evaluation System

India gets a score of 5 out of 10, which indicates lack of efficient monitoring & evaluation system for improving infant and young child feeding practices. Major infant and young child feeding programmes like ICDS-MIS does not capture indicators on IYCF practices. At the same time there is a huge gap in large-scale national household surveys. After NFHS 3 in 2005-06, NFHS 4 would likely to come up in 2016. Health MIS only capture two indicators on child nutrition but not on IYCF. Therefore not many achievements have been made for tracking data on IYCF practices.

Discussion:

- Though FHWs are doing their work on ground but there is no systemic monitoring to reflect their work. Some study available for reference.
- Public health data on IYCF is not available.
- To monitor progress in achieving goals and to evaluate the impact of interventions, there is a need to include IYCF indicators in programmes and projects like ICDS and NHM.

Indicator 11: Early Initiation of Breastfeeding

India scores 6/10 in this indicator. Though institutional deliveries have gone up but not much progress has been observed on this indicator. Efforts need to be made for skill based training of

FHWs to reach all women in the community to make them aware and assist them for initiation of breastfeeding after delivery.

Indicator 12: Exclusive breastfeeding for the first six months

India scores 6/10 in this indicator. Latest national data is not available, so we have used the same data as used in last assessment. Exclusive breastfeeding is a complex issue and needs behavior change. Women need skilled counselling on optimal IYCF practices on continued basis beginning from conception. There are number of barriers including cultural practices still prevailing in the country. Lack of provisions in working places like absence of crèches and maternity leaves have led to hindrance towards exclusive breastfeeding for first 6 months. There is also lack of correct information and influence of commercial sectors.

Indicator 13: Median Duration of Breastfeeding

India scores 10/10 in this indicator. Median duration of breastfeeding is near perfect in India, being a breastfeeding country. However there are various factors mainly being interference by commercial sector which needs to be tackled. It is important to maintain focus on this important indicator

Indicator 14: Bottle Feeding

India scores 6/10 in this indicator. Bottle Feeding is rising due to change in life style and urbanization and commercial influence. It has been looked up as a modern and convenient method of feeding. There is lack of awareness among the population on its harmful effects and as source of infection to the babies. There is a need for effective communication to create public awareness about the dangers and risks of bottle and formula feeding.

The bottle- feeding rates have been calculated using BOT calculator given by WHO (2003).

Indicator 15: Complementary Feeding

India scores 3/10 in this indicator. Delayed complementary feeding is one of the major factors of child malnutrition. There is a gap in understanding on all aspects of complementary feeding like right time of initiation, quality and quantity of feed and its frequency etc. Along with skilled counselling to health workers to impart knowledge to the community and promote good practices, food security also needs to be ensured.

Discussion:

- It was mentioned that the score of Infant and Young Child Feeding practices in India remains the same at 31/50 since last assessment in 2012. This is due to lack of latest official data since the DLHS-3 (2007-08), which was also used in the previous round.
- The lack of data itself correlates well with the poor score under the monitoring and evaluation head, and is a matter of concern.
- In the key to rating, it was suggested that 11-49% is one category is a big range and should be relooked e.g. 20% and 49% are in the same category whereas this represents huge different in achievement. It was informed that key ratings from WHO tool 2003 was used for the assessment.

Other discussions:

- It was also suggested that the IYCF practice data which has been referred during the assessment is very old. Though in such sense the whole exercise seems to be useless but also strongly reflects that no improvement has taken place in last 3 years. There was discussion on the RSOC data to be considered once officially declared.
- It was suggested that though there was focus on HIV but many women who suffer from TB are told not to breastfeed. So TB cases should be considered in the tool dealing with Counselling.
- Guidelines on IYCF during emergencies in presentation with the Ministry of Health representative to be forwarded to BPNI for consideration.
- AHS data were not included as it does not cover EAG states, and the score depends on availability of national data.
- The importance of generating data set on IYCF was also mentioned.

Concluding remarks:

Dr. Vandana Prasad in her concluding remarks mentioned that India has been using the Asia Specific Participatory Action Research (APPAR) Tool kits adapted from the Who's National Assessment Tools. The tools have limitations but forced us to look at the available data and to find out the trends. There were introduction of new documents like restructuring of ICDS and the policy initiative which includes policy on ECCD and National Policy on Children for which the score in certain indicators have improved. But budget cut in ICDS will certainly have an effect in tackling malnutrition in the country. She also suggested to adopting a country specific tool.

Dr. Arun Gupta suggested that the Ministry of Health, UNICEF and BPNI can work in collaboration towards baby friendly hospital initiatives. BPNI can take the lead. He suggested convergence is important among the ministries like health, Women and Child Development, and Ministry of labour towards the progress of IYCF policies, programmes and practices.

List of Participants

S. No	Name	Organization
1	Aarushi Kalra	Right to Food Secretariat
2	Ajay Khera	MoHFW
3	Ajay Kumar Chawariya	PHRN
4	Amit Dahiya	BPNI
5	Anita Gupta	UCMH
6	Arun Gupta	BPNI
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8	Evelyn	TNAI
9	Fariha Siddiqui	BPNI
10	Isha Chhabra	SSMI
11	J. P. Dadhich	BPNI
12	Jasmeet	CES
13	K Ashok Rao	SSMI
14	Mira Shiva	Initiatives for Health equity for Society
15	Padam Khanna	NHSRC
16	Panna Choudhury	IAP
17	Pawan Garg	BPNI
18	Praveen Kumar	LHMC
19	R. S. Gupta	NACO
20	Rajat Jain	Doctors for You
21	Rajni Bagga	NIHFW
22	Rita Patnaik	NIPCCD
23	S Aneja	LHMC
24	S Sawant	TNAI
25	Saba Mehbanu	UNICEF
26	Sangeeta	BHV
27	Sangeeta Rani	GGSG Hospital
28	Satya Prakash Madhesiya	BPNI
29	Savitri Ray	CWDS- FORCES
30	Seema Puri	Institute of Home Economics
31	Sejal Dand	WGFCU6
32	Shikha Nehra	CES
33	Shikha Yadav	NHSRC
34	Shoba Suri	BPNI
35	Shubhika	ECCD Alliance
36	Sila Deb	MOHFW
37	Soma Sen	PHRN
38	Sonal Mathur	CES
39	Vandana Prasad	PHRN
40	Veena Rawat	BPNI
41	Vibharika Chandola	BPNI