

W B T i

WORLD BREASTFEEDING
TRENDS INITIATIVE

SPOTLIGHT

ON BREASTFEEDING & INFANT AND YOUNG
CHILD FEEDING IN INDIA

*India's
6th WBTi Assessment
Report of
Policy and Programmes
2024-2025*



GLOBAL BREASTFEEDING
COLLECTIVE



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SPOTLIGHT

ON BREASTFEEDING & INFANT AND YOUNG CHILD FEEDING IN INDIA

India's 6th WBTi Assessment Report of Policy and Programmes 2024-25

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Authors

ACRONYMS

AIIMS	All India Institute of Medical Sciences
BFHI	Baby Friendly Hospital Initiative
BPNI	Breastfeeding Promotion Network of India
CAGR	Compound Annual Growth Rate
CME	Continuing Medical Education
DFY	Doctors For You
ENN	Emergency Nutrition Network
F-IMNCI	Facility-Based Integrated Management of Neonatal and Childhood Illness
GNI	Gross National Income
HBNC	Home Based Newborn Care
HBYC	Home Based Care for Young Child
HTC	HIV Testing and Counselling
IBFAN	International Baby Food Action Network
IEC	Information, Education and Communication
IIPS	International Institute for Population Sciences
ILO	International Labor Organization
IMS Act	Infant Milk Substitute, Feeding Bottles and Infant Foods (Regulation of Production, Supply, and Distribution) Act, 1992, amended in 2003
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
KMC	Kangaroo Mother Care
KSCH	Kalawati Saran Children's Hospital
LAQSHYA	Labor Room Quality Improvement Initiative
MAA	Mother's Absolute Affection
MCP	Mother and Child Protection
MoHFW	Ministry of Health and Family Welfare
MoLE	Ministry of Labour and Employment
MoWCD	Ministry of Women and Child Development
NACO	National AIDS Control Organisation
NCDs	Non-Communicable Diseases
NDMA	National Disaster Management Authority
NFHS	National Family Health Survey
NIHFW	National Institute of Health and Family Welfare
NIPCCD	National Institute of Public Cooperation and Child Development

NRLM	National Rural Livelihood Mission
NQAS	National Quality Assurance Standards
ORF	Observer Research Foundation
PHFI	Public Health Foundation of India
PHRN	Public Health Resource Network
PHRS	Public Health Resource Society
PIF	Powdered Infant Formula
PIHTC	Provider- Initiated HIV Testing and Counselling
PIPs	Project Implementation Plans
PMMVY	Pradhan Mantri Matru Vandana Yojana
PPTCT	Parent-To-Child Transmission
PRIA	Participatory Research in Asia
PW&LM	Pregnant Women and Lactating Mothers
RTI	Right to Information
SBTi	State Breastfeeding Trends Initiative
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedures
SPNIWCD	Savitribai Phule National Institute of Women and Child Development
SUMAN	Surakshit Matritva Aashwasan
UNICEF	United Nations Children's Fund
VCCT	Voluntary and Confidential Counselling and Testing
WBCi	World Breastfeeding Costing Initiative
WBTi	World Breastfeeding Trends Initiative
WHA	World Health Assembly
WHO	World Health Organization

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EXECUTIVE SUMMARY

Optimal feeding of infants and young children includes early initiation of breastfeeding within an hour of birth, exclusive breastfeeding of 0-6 months and continued breastfeeding for 2 years and beyond along with appropriate and adequate complementary feeding beginning after 6 months. It is critical to the overall development, nutrition and health of infants and young children. As mounting evidence shows, it also provides long-term benefits to reduce non-communicable diseases (NCDs) and improving women's health. Yet, the majority of women continue to face barriers to successful breastfeeding and good complementary feeding of their babies at home, at health facilities or at work places. India's early breastfeeding rate of 41.8 %, exclusive breastfeeding 63.7 % and complimentary feeding 45.9 % indicate the need to increase support to women and children.

To achieve optimal feeding practices, the Global Breastfeeding Collective led by WHO and UNICEF recommends actions to be taken on at least seven policy and programmes with dedicated funding. One of the key areas is monitoring of the policy and programmes using the World Breastfeeding Trends Initiative (WBTi).

The WBTi is a flagship programme of the Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN). It is designed for the purpose of assessing and monitoring 10 indicators of policy and programmes and 5 practice indicators of Breastfeeding & IYCF. This is based on the *Global Strategy for Infant and Young Child Feeding (2002)*. The WBTi tools and questionnaire are adapted from the WHO's tool *“Infant and Young Child Feeding: A Tool for Assessing National Practices, Policies and Programmes (2003)*.

The WBTi work is lead and coordinated by BPNI, which hosts the WBTi Global Secretariat, which provides technical support to all countries. The WBTi tools are available in English, French, Russian, Spanish and Arabic to cater to the needs of diverse regions. The methodology and questionnaire are uniformly followed in each country. The WBTi has a participatory process of assessment. Each policy and programmes indicator has a key question to be answered along with a subset of questions. Each indicator of policy and programme carries a maximum score of 10, which means a country's performance is scored out of 100. IYCF practice indicators are colour coded based on performance. Once the assessment is done, the data is fed into a web-based toolkit for scoring, color-coding and ranking as per WBTi guidelines. Thus, the WBTi is building a unique global repository of policy and programmes, which provides access to data from 100 countries.

The present assessment is the 6th round of WBTi for India. Earlier rounds were in 2005, 2008, 2012, 2015 and 2018. The 6th assessment is led by BPNI and done jointly with the core group experts from National Institute of Health and Family Welfare (NIHFW), Savitribai Phule National Institute of Women and Child Development (SPNIWCD) (formerly NIPCCD), UNICEF India, Pediatric and Adolescent Nutrition (PAN) Society, Public Health Foundation of India (PHFI), Public Health Resource Society (PHRS) and Doctors For You (DFY). The core group met several times to analyse and discuss each indicator to arrive at a draft assessment. Further, the core group identified achievements and gaps and developed a set of recommendations by consensus. The draft report thus produced was shared with partners, experts and government departments for feedback and it was discussed in a meeting as well. Their feedback has been discussed in the core group and has been incorporated in the final report.

The 6th report of India's assessment shows an improved score in policy and programmes, showcasing key achievements and lays bare various gaps that are needed to be bridged.

KEY FINDINGS

The key findings from 10 indicators of policy and programmes, are as follows:

➔ **Indicator 1. National Policy, Governance and Funding**

India's score on Indicator 1 has improved from 1.5/10 to 5.5/10 between 2018 and 2024. This improvement in score of 4 points is because of available data on state wise allocation of funds in the MAA programme and lactation management centres. The tool also recognised existing national guidelines on IYCF as a policy. These are India's strengths in this indicator. However, there is weakness in overall coordination of the National Steering Committee on Infant and Young Child Feeding and lack of a documented plan of action with clear objectives and targets.

5.5/10

➔ **Indicator 2. Baby Friendly Hospital Initiative/Ten Steps to Successful Breastfeeding**

India's score has marginally increased from 0/10 to 1.5/10 from 2018 to 2024-2025. The MAA programme, launched in 2016 is the strength and it has the potential to implement all the Ten Steps to Successful Breastfeeding. The country has a certification system National Quality Assurance Standards (NQAS) and a training programme for the staff. However, NQAS and hospital staff training does not address all the Ten Steps to successful breastfeeding. There is weakness in overall coordination, process of external assessment/award system and monitoring and implementation of IMS Act. According to recently available data at the NHSRC portal, NQAS has covered only 899 (DH, SDH and CHC) out of 25000 delivery points. State wise data on MAA awards is also not available in the public domain.

1.5/10

➔ **Indicator 3. Implementation of the International Code of Marketing of Breastmilk Substitutes**

The score remains the same at 8.5/10 as it was in 2018. This indicator assesses India's implementation of the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly (WHA) resolutions. India enacted the Infant Milk Substitutes, Feeding Bottles, and Infant Foods (Regulation of Production, Supply, and Distribution) Act, 1992, and the Amendment Act in 2003 (IMS Act), which is India's strength. The IMS Act has enacted all the articles of the Code as law. At the same time several WHA resolutions have also been included in the legal framework. However, a specific resolution on risks of intrinsic contamination of powdered infant formula has not been addressed. Despite having a strong legal framework, enforcement is weak. This is because the baby food manufacturers continue to aggressively market their products, particularly within the healthcare system, exploiting gaps in enforcement. Online platforms and digital marketing have become a key space for indirect promotion, including discounts and endorsements by influencers and celebrities. BPNI's monitoring reports indicate several violations in the past without any concrete investigation or sanctions.

8.5/10

➔ **Indicator 4. Maternity Protection**

India's score on this indicator is 6/10 which is the same as 2018. This is a critical indicator that looks at how women are supported at work places. Maternity protection provisions exist under various laws, including the Maternity Benefit (Amendment) Act, 2017 and the PMVVY, which provides wage compensation to pregnant and lactating mothers. The MB Act has good provisions for the formal sector, however Implementation gaps remain in the informal sector, where the majority of women are employed. System exists to complain if the entitlements are not provided. Paternity leave is also recognised in the public sector but not in private sector. However, there is no legal provision for information to protect pregnant and breastfeeding workers from hazardous conditions in the workplaces.

6/10

➔ **Indicator 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)**

The score has marginally increased from 5 /10 in 2018 to 6/10 in 2024-2025. This is due to the availability of in-service training programmes on IYCF for health/nutrition care providers. The strength lies in the existing training programmes both at the pre-service and in-service areas. However, the pre-service curriculum does not cover all the 25 skills recommended by WHO. The private sector facilities are not included in the public programmes, which restricts the overall implementation. While training programmes under the MAA initiative incorporate several essential skills, the integration of the IMS Act remains weak.

6/10

➔ **Indicator 6. Counselling Services for the Pregnant and Breastfeeding Mothers**

India has made slight progress on this indicator; it has improved from 6/10 in 2018 to 7/10 in 2024-2025. This indicator evaluates the availability and outreach of breastfeeding and infant and young child feeding (IYCF) counselling services, both at facility and community levels. The strength of counselling services lies in universal coverage of services during pregnancy and community health workers being trained in counselling on IYCF. However, coverage of counselling services at birth, postnatal period and at community level is inadequate.

7/10

➔ **Indicator 7. Accurate and Unbiased Information Support**

This indicator has made little progress from 5/10 in 2018 to 6/10 in 2024-2025. This indicator looks at Information, Education and Communication (IEC) strategy, accuracy of messages, campaigns, communication on risks of artificial feeding etc. The strength lies in having accurate messages, being implemented at the national and local level, with the use of diverse channels and free from conflict of interest. However, it lacks a documented national IEC strategy for improving IYCF. Further, IEC materials on the risks of artificial feeding and the preparation of powdered infant formula are lacking.

6/10

➔ **Indicator 8. Infant Feeding and HIV**

This indicator has made good progress from 6/10 in 2018 to 9/10 in 2024-2025. This is because India has made commendable progress in aligning its national HIV and infant feeding policies with global guidance, especially through the adoption of lifelong ART for all HIV-positive pregnant and breastfeeding women and continued research on Infant feeding and HIV. However, information on training of health staff and community workers of HIV programmes is not available.

9/10

➔ **Indicator 9. Infant and Young Child Feeding during Emergencies**

This indicator has made good momentum from 0/10 in 2018 to 5.5 /10 in 2024-2025. This improvement is largely due to the inclusion of lactation counselling in the National Disaster Management Plan, 2019 which acts as a policy for the nation generating action at the state level. This work is coordinated by the Nutrition Division of the Ministry of Health and Family Welfare. The MAA programme and IYCF guidelines have integrated components on space for IYCF counselling and measures to minimise risks of artificial feeding components of IYCF during emergencies into its training programmes. However, the gaps exist in monitoring the programme and non-availability of information on financial resources allocated for this work and human resources.

5.5/10

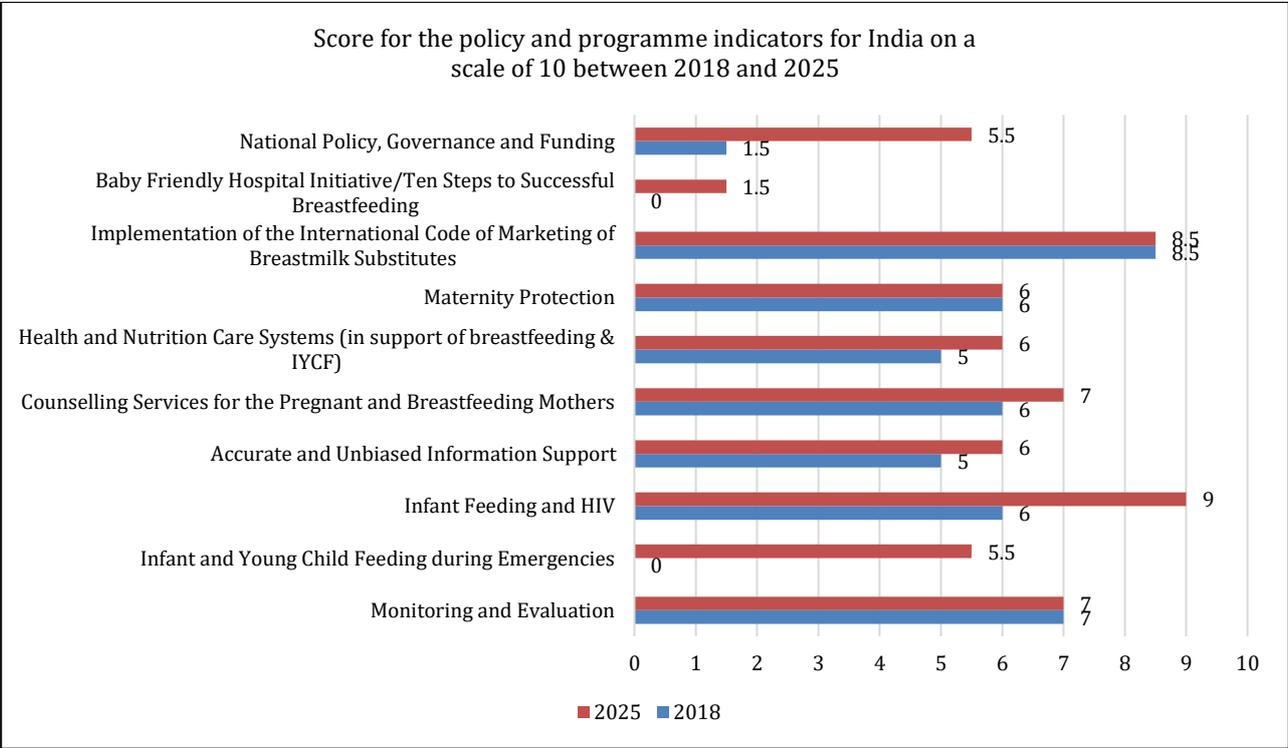
7/10

Indicator 10. Monitoring and Evaluation

This indicator has remained stagnant at 7 /10 in both 2018 and 2024-2025 years. The strength of this indicator lies in monitoring and evaluation programmes at all levels, data being collected through national family surveys and made available at national and sub national level. Data is also presented to the IYCF programme managers and decision makers. However, data on all IYCF indicators is not generated annually. Even the Poshan Tracker dashboard does not showcase data on breastfeeding and IYCF indicators.

India has achieved a total WBTi score of 62 out of 100, marking significant progress since 2018 with an increase of 17 points—from 45 to 62. Consequently, India’s global ranking has improved from 79th to 41st among 100 WBTi-assessed countries.

Figure 1: The graph below indicates progress in ten indicators between 2018 and 2025.



➔ Indicator 11-15 on Infant and Young Child Feeding Practices

These five indicators of the WBTi are based on secondary data from the NFHS-5, which is the latest available national in scope data provided by the Government of India.

Infant and young child feeding (IYCF) practice Indicators 11-15-Colour Coding as per WBTi Guideline. The colors depict ascending order from color red, yellow, blue and green.

IYCF Practice	Result	Colour-coding
Indicator 11: Initiation of Breastfeeding (within 1 hour)	41.8%	YELLOW
Indicator 12: Exclusive Breastfeeding under 6 months	63.7%	BLUE
Indicator 13: Median Duration of Breastfeeding	32.1 months	GREEN
Indicator 14: Bottle-feeding (0-12 months)	21.9 %	YELLOW
Indicator 15: Complementary Feeding (6-8 months)	45.9 %	RED

KEY RECOMMENDATIONS

The core group, having identified strengths and weaknesses in the policy and programme framework, makes the following recommendations specific to the ministries. This is to assist in prioritising actions for bridging the gaps identified in order to increase breastfeeding and IYCF rates in India.

Recommendations for Ministry of Health and Family Welfare

1. Strengthen the implementation, monitoring and evaluation of the MAA programme by increasing NHM fund allocation and awards for every hospital that qualifies a uniform criterion that includes all the Ten Steps via NQAS.
2. Additional 4- day training modules, specifically addressing Ten steps for hospital staff may be considered along with continued use of existing training modules for ANMs.
3. Issue an advisory to private sector hospitals to fully implement the MAA programme/Ten Steps.
4. Based on the NDMA policy, 2019 an advisory may be issued to the states to prepare a batch of at least 50 IYCF counsellors to be ready for deploying in situations of disaster and emergencies.
5. Develop and disseminate a joint MOHFW/WCD policy document as 'National IEC strategy' to improve IYCF indicators.

Recommendations for Ministry of WCD

1. Revive the working of the National Steering Committee on Infant and Young Child Feeding and prioritise agenda for development of a national action plan for next 4-5 years linked to budgets.
2. Monitor the plan of action every 6 months.

3. Share a joint WCD/MOHFW SOP for the implementation of IMS Act with the State Governments.
4. Generate annual data on IYCF indicators and make it available in the public domain.

Recommendation for Ministry of Labour

1. Expand maternity protection by amendment of the Maternity Benefit Act to include all working women and ensure provisions for paternity leave.

Recommendations for State Governments

1. Issue an advisory to the private sector hospitals of the State to implement the MAA programme/Ten Steps.
2. Develop a PIP that includes 4-days skill training of the staff addressing Ten Steps in the hospital setting.
3. In collaboration with State NDMA, plan deployment of trained nurses/health professionals during disasters and emergencies to assist mothers and babies.
4. Engage with civil society for implementation of IYCF plans.

Recommendations for the Civil Society/Partners

1. Assist the State and Central governments in planning, monitoring, training of maternity staff/ IYCF counsellors and reporting the compliance with the IMS Act.

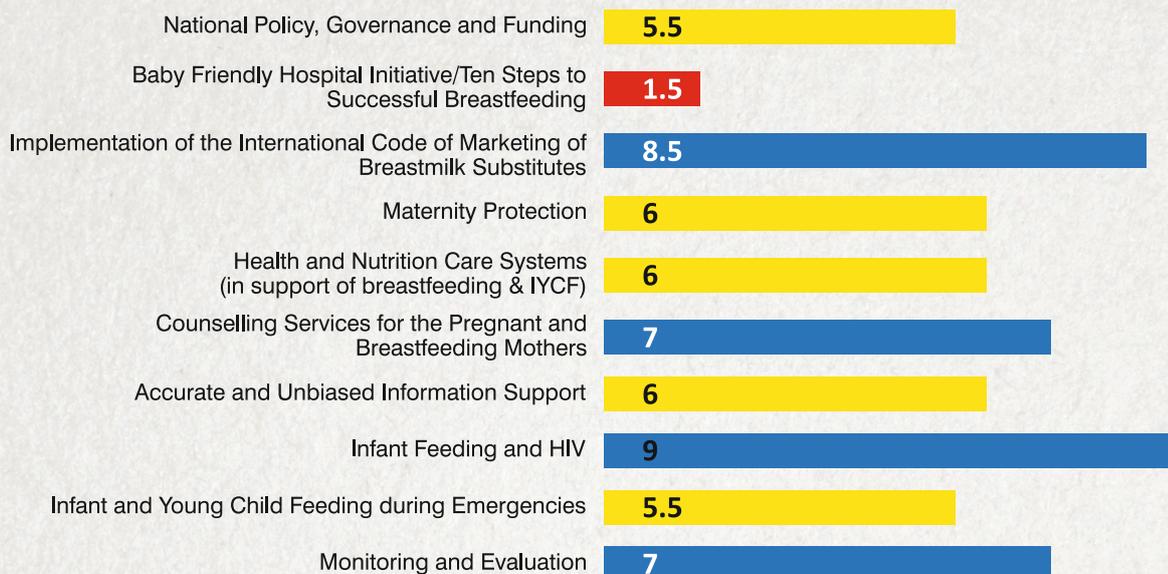
INDIA

Report Card 2024-25

THE STATE OF BREASTFEEDING & INFANT AND YOUNG CHILD FEEDING (IYCF)

Policies and Programmes (Indicator 1-10)

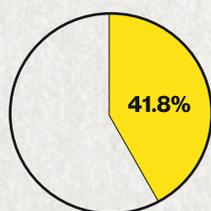
[score out of 10]



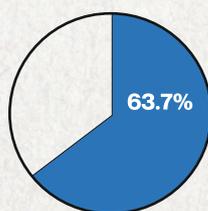
WBTi Guidelines for rating individual indicators 1 to 10 are as:
0 - 3.5 is rated Red, 4 - 6.5 is rated Yellow, 7 - 9 is rated Blue and more than 9 is rated Green.

Total Score (Policy and Programmes) 62/100

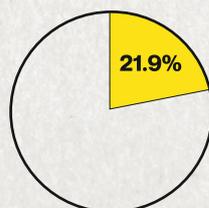
Practices (Indicator 11-15)



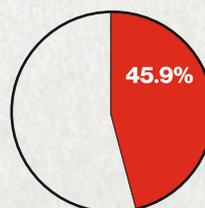
Indicator 11:
Early Initiation of Breastfeeding



Indicator 12:
Exclusive Breastfeeding for the first 6 months



Indicator 14:
Bottle-feeding



Indicator 15:
Complementary Feeding

32.1 months
Indicator 13:
Median Duration of breastfeeding

Source Practice Indicators: NFHS-5 (2019-21)

Key to scoring, colour-rating, grading and ranking:

- The level of achievement of infant feeding practices is taken in 'percentage' except median duration, which is an absolute number of months.
- For indicators 1 to 10, there is a sub set of questions leading to key achievement, indicating how a country is doing in a particular area.
- In the case of indicators 11 to 15 on practices, key to rating is used from the WHO's "Infant and Young

Child Feeding: A tool for assessing national practices, policies and programmes". Scoring and colour-rating are provided according to WBTi Guidelines.

<https://www.worldbreastfeedingtrends.org/uploads/resources/document/guideline-for-scoring-and-colour-coding.pdf>

- WBTi Guidelines for rating individual indicators 1 to 10 are as: 0 - 3.5 is rated Red, 4 - 6.5 is rated Yellow, 7 - 9 is rated Blue and more than 9 is rated Green.

WBTi India Assessment 2024-25

The present assessment is the 6th round of WBTi assessment for India since 2005. This assessment has been jointly carried out by the core group experts belonging to the Breastfeeding Promotion Network of India (BPNI), National Institute of Health and Family Welfare (NIHFW), Savitribai Phule National Institute of Women and Child Development (SPNIWCD), Public Health Foundation of India (PHFI), Public Health Resource Society (PHRS,) UNICEF India, Doctors For You (DFY) and Pediatric and Adolescent Nutrition (PAN) Society. These experts/organisations have been known to excel in the area of infant and young child health and nutrition. The core group met 3 times to gather information, analyse, discuss the findings of each of the indicators and reach a consensus on scoring, gaps, and recommendations. For each indicator, one member of the

core group was primarily responsible who created a draft analysis, gaps and recommendations for that indicator. Some of the evidence collected by BPNI was shared with the group. BPNI provided the verification and assisted all the members in compiling the report and report card.

Once the draft report was created, and consensus was achieved, the findings were presented to a larger group of concerned experts from governments, academic institutions, civil society organizations etc. The participants made significant suggestions while agreeing with the gaps and recommendations. The discussions were taken into account into finalizing this report.

KEY RECOMMENDATIONS

Based on the assessment findings, and by identifying strengths and weakness in each of the 10 indicators, the core group has developed a set of recommendations for relevant Ministries of the Government of India and Civil Society.

Recommendations for Ministry of Health and Family Welfare

1. Strengthen the implementation, monitoring and evaluation of the MAA programme by increasing NHM fund allocation and awards for every hospital that qualifies a uniform criterion that includes all the Ten Steps via NQAS.
2. Additional 4- day training modules, specifically addressing Ten steps for hospital staff may be considered along with continued use of existing training modules for ANMs.
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4. Based on the NDMA policy, 2019 an advisory may be issued to the states to prepare a batch of at least 50 IYCF counsellors to be ready for deploying in situations of disaster and emergencies.
5. Develop and disseminate a joint MOHFW/WCD policy document as 'National IEC Strategy' to improve IYCF indicators.

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1. Revive the working of the National Steering Committee on Infant and Young Child Feeding and prioritise agenda for development of a national action plan for next 4-5 years linked to budgets.

2. Monitor the plan of action every 6 months.
3. Share a joint WCD/MOHFW SOP for the implementation of IMS Act with the State Governments.
4. Generate annual data on IYCF indicators and make it available in the public domain.

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Recommendations for the Civil Society/Partners

1. Assist the State and Central governments in planning, monitoring, training of maternity staff/ IYCF counsellors and reporting the compliance with the IMS Act.



GLOBAL BREASTFEEDING COLLECTIVE



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PUBLIC HEALTH FOUNDATION of INDIA



INTRODUCTION

Optimal infant and young child feeding (IYCF) comprises of early initiation of breastfeeding within an hour of birth, exclusive breastfeeding for the first six months, and continued breastfeeding alongside appropriate complementary feeding after 6 months to 2 years and beyond. It is fundamental to child survival, health, nutrition, and development. These practices not only reduce child morbidity, mortality, undernutrition, obesity and non-communicable diseases, but also contribute significantly to improving women's health.

In 1981, the World Health Assembly adopted the International Code of Marketing of Breastmilk Substitutes (the Code) and urged Member States to translate its guidelines into legal mandates. Building on this commitment, India enacted its Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)

The WHO and UNICEF developed the Global Strategy for Infant and Young Child Feeding. In 2002 the World Health Assembly adopted it. This strategy was designed to mobilize action in Member States to enhance breastfeeding and infant feeding practices, acknowledging the detrimental effects of aggressive commercial formula marketing on infant health. The strategy outlined key interventions and laid the groundwork for subsequent guidance and tools for national assessments. India strengthened its policy and programmes in line with the strategy.

In 2003, the WHO provided tools for national assessment of the Global Strategy. Based on these tools, and adapting them to create more easily understandable and action oriented, the Breastfeeding Promotion Network of India (BPNI) which is a part of the IBFAN conceptualised and developed the World Breastfeeding Trends Initiative (WBTi)¹. It is now a globally recognized, valid and reliable tool for assessment of policies and programmes related to Breastfeeding and IYCF. The WBTi helps not only in assessment but also objectively provides scores and colour coding as well as ranking to the WBTi countries.

WBTi is designed to evaluate the status of implementation of the Global strategy at country level. Policies and programmes that support breastfeeding & infant and young child feeding (IYCF) are part of the tool. The tool has been used by over 100 countries, making it the most widely applied and valid policy and programme assessment tool. The tool allows the assessment team to identify the strengths and

¹ <https://www.worldbreastfeedingtrends.org/>

weaknesses of a country in breastfeeding and IYCF interventions, suggest recommendations for improvement and launch a call to action.

This report “**SPOTLIGHT ON BREASTFEEDING & INFANT AND YOUNG CHILD FEEDING IN INDIA 2024-25**” provides analysis and reports on assessment findings making it India’s 6th national report since 2005, using the WBTi framework. The WBTi process is systematic, participatory and evidence-based. It relies solely on information available in the public domain, particularly at the national level, ensuring that the analysis reflects the official status of implementation. The process is not based on opinions and supports evidence-based objectivity during the assessment. However, this reliance on national-level data can be a limitation for certain subset questions, where detailed or disaggregated information is not publicly available. The WBTi uses secondary data and does not lead any new surveys.

The WBTi has a very strong participatory process that begins with country coordinator and constitution of a core group without conflicts of interest. It allows building consensus among the core group members who conduct the assessment. The process also includes seeking comments from other partners interested in or having a role in breastfeeding and IYCF domain. This transparent, expert-led process enhances both the credibility and accountability of the findings.

The Breastfeeding Promotion Network of India (BPNI), which also served as the core group coordinator of the WBTi in India, brings three decades of specialised expertise in breastfeeding advocacy, policy analysis, training, and monitoring of IMS Act. The core group’s sustainability lies in its composition of long-standing institutions and experts committed to maternal and child health, ensuring continuity across WBTi assessments. With their technical expertise and policy experience, the group is well-positioned to support the government in strengthening breastfeeding and IYCF policies, programme implementation, and guiding strategic investments.

To complement the national-level insights, this 6th assessment also refers to two state-level demonstration reports from Karnataka and Maharashtra, where local state experts and organisations conducted assessments during 2020 and 2021 using an adapted tool known as the State Breastfeeding Trends Initiative (SBTi)². These reports provide valuable sub-national insights. However, since such assessments have not yet been conducted in other states, this also reflects a limitation in capturing the full diversity of implementation across India.

The 6th WBTi report used ten policy and programme Indicators and five IYCF practice indicators. The report has a chapter on methodology, about WBTi tools, the guidelines for scoring and color coding, findings of

² <https://www.bpni.org/state-breastfeeding-trends-initiative-sbti/>

each indicator in details along with sources of information. The core group has provided a set of recommendations in each indicator. The report ends with conclusions and a way forward. Notes of all the participatory meetings have been annexed in the report. This report is not only a reflection of current progress but also a call to action, emphasizing that every woman in India deserves protection and support to breastfeed and every child deserves the best nutritional start in life.

BACKGROUND

The Value of Optimal Breastfeeding

Optimal breastfeeding is one of the most powerful and cost-effective interventions to improve child and maternal health. Scientific evidence shows that globally, optimal breastfeeding practices could save the lives of over 820,000 children and 20,000 women every year. Moreover, the economic benefits are enormous, with potential savings of more than USD 300 billion annually in healthcare costs and productivity losses due to not breastfeeding and not achieving full economic potential³.

A study by the World Bank (WB) estimates that every dollar invested in achieving global nutrition targets for exclusive breastfeeding yields a return of USD 35⁴. The Global Breastfeeding Collective⁵ led by the WHO and UNICEF emphasises that early initiation of breastfeeding within the first hour of birth and exclusive breastfeeding for the first six months are critical interventions to reduce child mortality.

Breastfeeding also reduces the risk of non-communicable diseases (NCDs), such as type 2 diabetes and obesity in mothers, and is associated with increased IQ and stronger mother-infant bonding⁶. It contributes directly to the achievement of at least four Sustainable Development Goals (SDGs): health, nutrition, poverty reduction, and reduced inequalities⁷.

The World Health Organization (WHO) highlights that suboptimal breastfeeding, especially non-exclusive breastfeeding and inadequate complementary feeding, contributes significantly to childhood stunting, wasting, and overweight⁸. The 2023 Lancet Breastfeeding Series underscores the impact of aggressive marketing by commercial milk formula manufacturers, which undermines breastfeeding practices worldwide. These marketing strategies often exploit parents' concerns and can lead to early cessation of breastfeeding. The series calls for stronger enforcement of the national laws to protect breastfeeding.

State of Infant and Young Child Feeding (IYCF) Practices in India

In India, according to NFHS-5 (2019–21)⁹: 35.5% of children under five are stunted (a decline from 38.4% in NFHS-4), 19.3% are wasted (down from 21%), 32.1% are underweight (slightly down from 35.7%).

³ Victora CG, et al. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*, 387(10017): 475–90.

⁴ Kakietek J, et al. (2017). Unleashing gains in economic productivity with investments in nutrition. World Bank.

⁵ World Health Organization (WHO) & United Nations Children's Fund (UNICEF). (2017). *Global Breastfeeding Scorecard, 2017: Tracking Progress for Breastfeeding Policies and Programmes*. Retrieved from <https://www.globalbreastfeedingcollective.org>

⁶ Victora CG, et al. (2015). Association between breastfeeding and intelligence, educational attainment, and income. *Lancet Glob Health*, 3(4): e199–205.

⁷ Rollins NC, et al. (2016). Why invest, and what it will take to improve breastfeeding practices. *Lancet*, 387(10017): 491–504.

⁸ WHO. (2017). *Global Nutrition Targets 2025: Policy brief series*.

⁹ International Institute for Population Sciences (IIPS) and MoHFW. (2021). *National Family Health Survey (NFHS-5), 2019–21: India fact sheet*. DHS Program.

Despite nearly 90% women give birth in a health facility, the NFHS-5¹⁰ data indicates that only 41.8% of Indian infants are breastfed within the first hour of birth, highlighting a significant gap in early initiation practices. While good progress is visible in the exclusive breastfeeding rates, complementary feeding rates also indicate stronger action to improve. Following are key indicators from NFHS-5:

- Early initiation of breastfeeding (within one hour of birth): 41.8% (almost unchanged from NFHS-4).
- Exclusive breastfeeding (0–6 months): 63.7% (an improvement from 54.9%).
- Introduction of complementary feeding (6–8 months): 45.9% (slight increase from 42.7%).
- Minimum acceptable diet (6–23 months): 11.3% (an increase from 9.6%, but still alarmingly low).

These rates (Fig.2) underscore a critical gap in both early breastfeeding complementary feeding practices even as exclusive breastfeeding improved. Dietary diversity remains a major challenge in improving child nutrition outcomes. Nationally, only 9.6% of children aged 6-23 months receive a minimum acceptable diet.

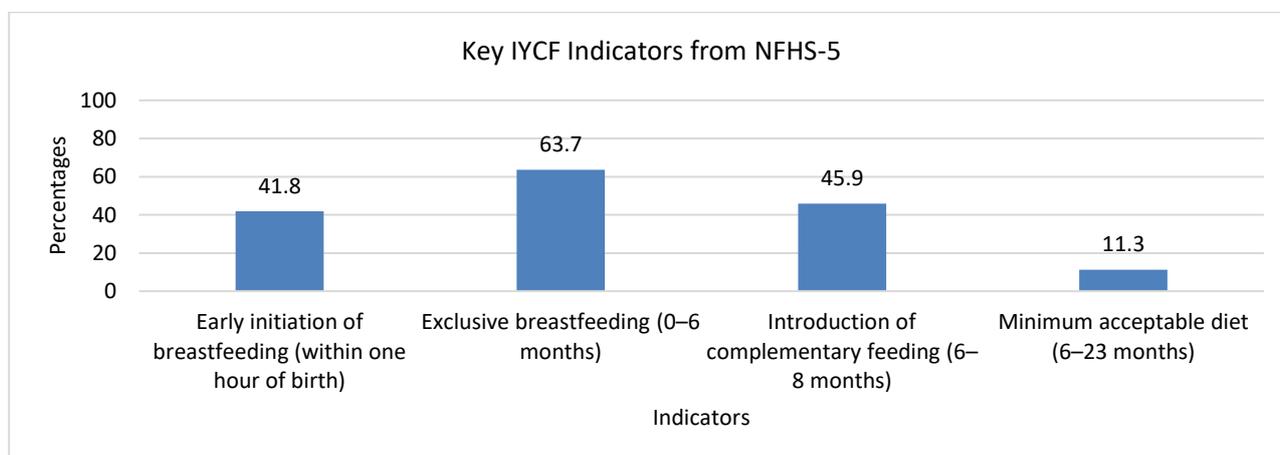


Figure 2: Key IYCF Indicators from NFHS-5

Marketing of Baby Foods in India

Despite a strong law to protect and promote breastfeeding, baby food companies continue to violate (See Indicator 2). Thus, requiring stronger enforcement.

Global and National Commitments

To address these challenges, the Global Breastfeeding Collective advocates for increased investment in breastfeeding support, implementation of the 'Ten Steps to Successful Breastfeeding' in maternity facilities, and strengthening of policies that protect and support breastfeeding. Sustained efforts are essential to

¹⁰ IIPS & ICF. (2021). *National Family Health Survey (NFHS-5), 2019–21: India Fact Sheet*. International Institute for Population Sciences (IIPS) and ICF. Retrieved from <https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf>

further enhance breastfeeding and IYCF practices to improve nutrition and reduce preventable child deaths associated with inadequate breastfeeding. The *Collective* in partnership with the Breastfeeding Promotion Network of India, a part of International Baby Food Action Network (IBFAN), has initiated a 3-year project to mobilise action in countries across all regions of the world. The *Collective* has set an ambitious target to increase the global rate of exclusive breastfeeding from 48% in 2024 to 60% by 2030, meaning that every country contributes to this rise.¹¹ An additional investment of at least USD 4.70 per child to achieve WHA target on exclusive breastfeeding was suggested.

It is with this background that India's 6th WBTi report has been conducted, having conducted detailed analysis of existing programmes and policies.

¹¹ World Health Organization. (2023). *Global breastfeeding scorecard, 2023: Tracking progress for breastfeeding policies and programmes*. World Health Organization. Retrieved from <https://www.who.int/publications/i/item/9789240064185>

THE WBTi: HOW IT WORKS

The Purpose

1. To provide critical information to governments, needed to bridge gaps in policy and programmes in order to increase rates of breastfeeding and infant and young child feeding practices and to use the WBTi tools to galvanise action at country level.
2. To maintain a global data repository of information on policies in programmes related to breastfeeding and IYCF.

The Components

WBTi has 4 components

1. A process of national assessment of policy and programmes.
2. A process for generating country reports on the gaps.
3. A web-based tool for colour coding and objective scoring of indicators, as well as a data bank on policy & programmes.
4. A system to use the findings and launch a 'Call to Action'.

1. A process of national assessment of policy and Programmes

Key objective of a national assessment is to document the gaps in 'Ten' policy and programmes that are required to support women in breastfeeding their babies. It involves initiating a national assessment through coordinating a core group and national partners to work together. They identify gaps in existing policies and programmes, build consensus around the gaps and develop recommendations for action to bridge the gaps. The WBTi encourages reassessment every 3-5 years.

2. A process for generating country reports on the gaps

Having information in hand the core group helps facilitate debates and discussions around the findings with a larger audience for developing recommendations to bridge the gaps. A draft report emerges which is shared with the WBTi global secretariat for verification of accuracy and quality. After having it finalised, the core group assists in advocacy for improving infant and young child policies and allocation of resources. The WBTi report and report card can be developed using the templates.

(available at <https://www.worldbreastfeedingtrends.org/resources/reporting-templates>)

3. A web-tool for colour coding and objective scoring of indicators, as well as a data repository on policy & programmes.

The WBTi has a web-tool on its portal www.worldbreastfeedingtrends.org

After having finalised the report, data on all 15 indicators is fed into the web-tool. Score is generated for each individual indicator or all indicators together. The toolkit objectively quantifies the data to provide a colour coding i.e. 'Red', Yellow, Blue and Green based on ascending order of performance. The web-tool has the capacity to generate visual graphics in easily understandable formats to assist in developing reports/report cards and advocacy at all levels e.g. national, regional and international. These graphics quickly present the status and progress. It helps in demonstrating to the programme planners and policy makers where improvements are most needed. Focus of WBTi assessment remains on policy and programmes. (Annexure-2)

The web-tool stores information on policy and programmes, accessible to everyone. It serves as a unique global data bank of policies and programmes on breastfeeding and infant and young child feeding.

4. A system to use the findings and launch a 'Call to Action'

Once the process of WBTi is complete the core group prepares for the launch of the final report of assessment findings along with 'Call to action' to the respective governments and others concerned. The World Breastfeeding Costing (WBCi) tool is also available to create a budgeted plan of action, which can be used to advocate for funding with policy makers and programme managers.

The 15 indicators of WBTi

The WBTi assessment focuses on a wide range of indicators, which provide an impartial global view of key factors. It has 15 indicators with each indicator having specific significance. These are 10 parameters related to policy/programmes, including how women are supported by the national policy, by the health care system both during delivery and in the community, by labour policies for maternity protection, by legal protection from commercial sector, by breastfeeding counselling and support under disaster management policies, by policies of HIV department and monitoring of all of these. And 5 indicators are on infant and young child feeding practices based on secondary data which is national in scope. Each indicator has a subset of questions to be answered. Questionnaires are available at <https://www.worldbreastfeedingtrends.org/resources/wbti-tool>.

The WBTi 15 Indicators

Policy & Programme

1. National Policy, Governance and Funding
2. 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 and Nutrition Care Systems (in support of breastfeeding & IYCF)
6. Counselling services for the pregnant and breastfeeding mothers

7. Accurate and Unbiased Information Support
8. Infant Feeding and HIV
9. Infant and Young Child Feeding during Emergencies
10. Monitoring and Evaluation

Practices

11. Timely Initiation of Breastfeeding within one hour of birth
12. Exclusive Breastfeeding for the first six months
13. Median duration of Breastfeeding
14. Bottle- Feeding
15. Complementary Feeding-Introduction of solid, semi-solid or soft foods

METHODOLOGY

The World Breastfeeding Trends Initiative (WBTi) is a globally standardised assessment tool used in over 100 countries to evaluate the status of policies and programmes on Infant and Young Child Feeding (IYCF), particularly breastfeeding, its adapted from WHO's *Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes (2003)*, WBTi supports countries in identifying gaps, mobilising local leadership, and advocating for improved national policies and programmes.

For the 6th WBTi Assessment for India (2024–2025), a national core group of experts was constituted, representing a range of institutions including the Breastfeeding Promotion Network of India (BPNI) as the national core group coordinator. All core group members have given volunteer time for this assessment. UNICEF, a global leader in child rights, brings extensive experience in supporting governments to strengthen maternal and child nutrition programmes. The Public Health Foundation of India (PHFI) contributes its expertise in public health research, capacity building, and policy advocacy. Public Health Resource Network (PHRN) offers a grassroots perspective, focusing on equity-driven capacity building for health and nutrition. Doctors for You, a humanitarian organisation, provides practical insights from delivering health services in underserved and disaster-affected areas. The National Institute of Health and Family Welfare (NIHFW), under the Ministry of Health and Family Welfare, adds academic and policy depth through its training and research on maternal and child health. Pediatric and Adolescent Nutrition (PAN) Society, a premier pediatrics nutrition association, brings in clinical and academic expertise in child nutrition and breastfeeding. Savitribai Phule National Institute of Women and Child Development (SPNIWCD), contributes its longstanding experience in child development, early childhood care, and policy support the first core group meeting was held on 4th May 2023 and marked the formal initiation of the assessment. In the meeting the core group was oriented about the WBTi tool and the assessment process. During this meeting individual core group members volunteered to assess indicators of their interest and expertise. The indicators include policies, governance, funding, coordination mechanisms, maternity protection, service support systems, enforcement of the IMS Act, communication strategies, emergency preparedness, and monitoring frameworks.

Following table showcases the allocation of indicators to each core group member.

Indicators	Allocation of Indicators to Core group Member
	Part I: Policy Indicators
1	Dr. Sameer Pawar, Nutrition Specialist, UNICEF India.
2	Dr. Geetanjaly Singh, Chief Medical Officer, National Institute of Health and Family Welfare (NIHFW).
3	Dr. Arun Gupta, Chief Coordinator & Dr. Nupur Bidla, Central Coordinator, Breastfeeding Promotion Network of India (BPNI).
4	Dr. Dipa Sinha, Member, Public Health Resource Society (PHRS).
5	Dr. Vandana Prasad, Principal Technical Advisor & Dr. Rupa Prasad, Executive Director, Public Health Resource Society (PHRS).
6	Dr. Jyoti Sharma, Professor, IIPH, Delhi, Public Health Foundation of India (PHFI).
7	Dr. Rita Patnaik, Regional Director, Savitribai Phule National Institute of Women and Child Development (SPNIWCD), Regional Centre, Indore.
8	Dr. Praveen Kumar, Director Professor, Dept. Pediatrics, Lady Hardinge Medical College and Associated Kalawati Saran Children’s Hospital and Past President, Pediatric and Adolescent Nutrition (PAN) Society
9	Dr. Prakerti Kashyap, Director, Clinical Health, Doctors For You (DFY).
10	Dr. Rita Patnaik, Savitribai Phule National Institute of Women and Child Development (SPNIWCD).
	Part II: Practice Indicators
11-15	Dr. Jyoti Sharma, Public Health Foundation of India (PHFI).

The second core group meeting held on 7th July 2023, involved detailed presentations of initial findings by each core group member. Constructive discussions were held to review the secondary data collected from national sources, and indicator drafts were refined accordingly. A dedicated WhatsApp group was created for ongoing coordination, allowing members to stay connected, share updates, and conduct virtual follow-ups. The WBTi process in India was based entirely on robust secondary research. Core group members referred to national-level data available in the public domain and accessed information through Right to Information (RTI) responses from the concerned Ministries. This evidence-based approach ensured a credible, transparent, and policy-relevant assessment.

The third and core group meeting took place on 30th April 2025, a draft report was presented to the core group by BPNI. Each indicator received comments and suggestions for further improvement. A consensus was sought on the findings, recommendations of each indicator and overall report.

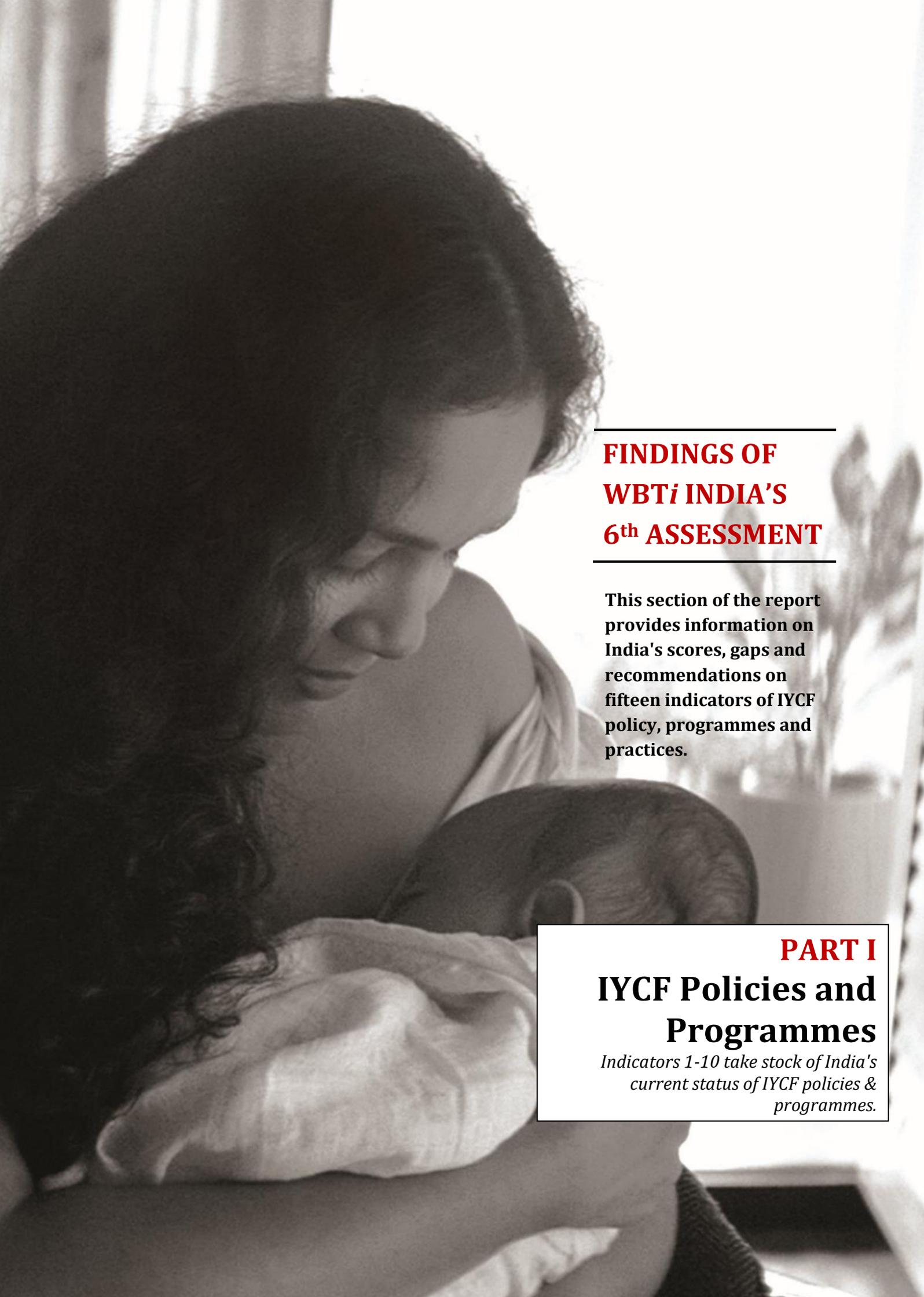
Following this, the draft assessment report was shared with key Government of India ministries; Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Development (MoWCD), Ministry of Labour and Employment (MoLE), National AIDS Control Organisation (NACO), Savitribai Phule National Institute of Women and Child Development (SPNIWCD), and National Disaster Management Authority (NDMA) for their review and feedback.

On 22nd May 2025 a meeting was organised inviting several partners who have interest and role in breastfeeding and IYCF interventions. About 30 participants attended the meeting including a representative from MoHFW. The meeting was chaired by Prof. Harish Chellani. All participants provided inputs and comments on the findings of each indicator and MoHFW committed to provide written comments later. Comments from the meeting discussion and from the MOHFW were discussed among the core group members in detail during a special meeting called for this purpose. Inputs of the participants and the government were incorporated in the report based on agreement within the core group. This led to the finalisation of the report including scores for each indicator, total score and color coding. Once these findings are fed into the WBTi web-based repository it will generate the country ranking.

Limitation of the WBTi Tool

The WBTi assessment process, while robust and standardized, has certain limitations. One key limitation is its reliance on national-level secondary data, which may not capture detailed or disaggregated information required for certain subset indicators. The WBTi does not undertake any primary data collection or new surveys; instead, it depends on the availability of existing official, national data sources. While this ensures national representation and comparability, it may lead to gaps in evidence for areas where data is outdated, inaccessible, or non-existent.

Furthermore, the tool is a globally uniform assessment framework, developed for use across more than 100 countries to maintain international comparability. To ensure consistency in reporting, the same tool has been translated and adapted linguistically for use in different regions. However, this standardized approach may not always fully accommodate local policy nuances and context-specific challenges. Though countries are encouraged to provide additional information in each indicator qualitatively along with the objective score.



**FINDINGS OF
WBTi INDIA'S
6th ASSESSMENT**

This section of the report provides information on India's scores, gaps and recommendations on fifteen indicators of IYCF policy, programmes and practices.

PART I
**IYCF Policies and
Programmes**

Indicators 1-10 take stock of India's current status of IYCF policies & programmes.

5.5/10

INDICATOR 1**National Policy, Governance and Funding****KEY QUESTIONS**

- Is there a national breastfeeding/ infant and young child feeding policy that protects, promotes and supports optimal breastfeeding and infant and young child feeding (IYCF) practices?
- Is the policy supported by a government programme? Is there a plan to implement this policy?
- Is sufficient funding provided?
- Is there a mechanism to coordinate like e.g. National Steering Committee on Infant and Young Child Feeding and a coordinator for the National Steering Committee on Infant and Young Child Feeding?

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
1.1) A national breastfeeding/infant and young child feeding policy/guideline (stand alone or integrated) has been officially approved by the government.	1	✓
1.2) The policy recommends initiation of breastfeeding within one hour of birth and 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 is approved with goals, objectives, indicators and timelines (stand alone or integrated).	2	
1.4) The country (government and others) is spending on breastfeeding and IYCF interventions ¹² <ul style="list-style-type: none"> a. no funding b. < \$1 per birth c. \$1-2 per birth d. \$2-5 per birth e. e. =or >\$5 per birth 	0 0.5 1 1.5 2	✓
Governance		
1.5) There is a National Breastfeeding/IYCF Committee	1	✓
1.6) The Committee meets, monitors and reviews the plans and progress made on a regular basis.	2	

¹² Global Breastfeeding Scorecard, 2023 (Unicef) <https://www.unicef.org/documents/global-breastfeeding-scorecard-2023>

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
1.7) The Committee on Infant and Young Child Feeding links effectively with all other sectors like finance, health, nutrition, information, labor, disaster management, agriculture, social services etc.	0.5	
1.8) The Committee is headed by a coordinator with clear terms of reference, regularly coordinating action at national and sub national level and communicating the policy and plans.	0.5	✓
TOTAL SCORE	5.5/10	

➔ ADDITIONAL USEFUL INFORMATION

Estimated 22 million babies are born in India based on a projected population of 1.36 billion (as per census projection for 2021) and birth rate of 16 per 1000 population (World Bank estimate based on Census reports and other statistical publications from national statistical offices). Based on publicly available data (for Government National Health Mission Programme Implementation Plans), it is estimated that approximately USD 0.54 is budgeted for directly improving IYCF interventions. This does not include budgets for salaries of approximately 2.4 million frontline functionaries and operations of services on ground. According to information received through Right to Information, 50.18 Crore was allocated for the MAA programme in the year 23-24 but 33.20 crores was spent by all States and UTs. In most states, the allocated fund was not spent fully. Information on the detailed expenditure is not available in the public domain.

India's flagship nutrition mission launched in 2018, prioritizes focus on maternal nutrition, infant and young child feeding norms, treatment of MAM/SAM and wellness through AYUSH. Further, India's National Food Security Act 2013 mandates that for children below the age of six months, exclusive breastfeeding shall be promoted. This positive policy environment and the national guidelines on infant and young child feeding issued in 2006, has led to prioritizing IYCF in several programmatic guidelines viz. Mothers Absolute Affection (MAA) programme, Labor room quality improvement initiative (LAQSHYA), and Surakshit Matritva Aashwasan (SUMAN) for improved facility-based interventions; and Home Based Newborn Care (HBNC), Home Based Care for Young Child (HBYC), weekly / monthly CBE, bi-annual campaigns like Poshan Maah and Poshan Pakhwada, and home visit under Saksham Anganwadi and Poshan 2.0 for community-based intervention. The policy/programmes integrate all key recommendations for IYCF.

In addition to the expenditure on the MAA programme, the Government of India invests in all other initiatives mentioned above. However, it remains challenging to determine dedicated or disaggregated budget estimates specifically attributable to breastfeeding-related components within these programmes. The Comprehensive Lactation management expenditure in last year has been significant to the tune of more than 1100 crores across 20 States.

While the global investment framework for breastfeeding, led by the World Bank and UNICEF recommended an additional USD \$4.70 per birth to scale up exclusive breastfeeding in 2012, this estimate focuses heavily on counselling (80%) and promotional campaigns (18%). It was taken as an indicative figure for monitoring but this amount may not just be sufficient to implement all the interventions including maternity protection. Notably, maternity protection is costed separately at USD 24 billion globally. In India there has been attempts to arrive at estimates¹³. It estimated nearly 700 Crore annual recurring expenses in 2011. However, tools are available to accurately estimate and develop plans¹⁴. This highlights the need for India to adopt a more comprehensive investment approach—one that strengthens institutional structures, allocates funding for maternity entitlements, enforces the IMS Act, and expands hospital-based and community-level skilled support.

The National Steering National Steering Committee on Infant and Young Child Feeding on Infant and Young Child Feeding (IYCF) is a body responsible for providing policy guidelines, coordinating activities related to breastfeeding and IYCF, and advising on measures to promote optimal feeding practices. Its first meeting was held in 2015 and the Government of India decided to formulate a Plan of Action for the country. Second meeting was held in 2017. Decisions of both the meetings, if implemented, can move ad hoc to coordinated actions on breastfeeding and infant and young child feeding. It is important to note that the national breastfeeding/IYCF National Steering Committee on Infant and Young Child Feedings are free from Conflict of Interest.

The Government of India has also established National Council on India's Nutrition challenges in 2018 (NITI Aayog) and Empowered Programme National Steering Committee on Infant and Young Child Feeding under Ministry of WCD in 2018 (revised in 2022). Further, state and district level nutrition governance structures have been established and a standing agenda on IYCF programme review could be incorporated.

State level plans under NHM and ICDS do have indicators as well targets with timelines. As all interventions are implemented by states and different states in India are at different levels of achievement, having targets at state level is more relevant in India's context. Tools of assessment have been adapted for the States. Two States have reported State Breastfeeding Trends Initiative (SBTi) in using the Sub-national tools adapted from National WBTi tools. The report of the state of Maharashtra in 2021 and Tamil Nadu in 2020, reflect weak coordination and inadequate funding for implementing breastfeeding and IYCF policy and programmes. This indicates further expansion of state level documentation on SBTi.

Another important information is that the National guidelines on IYCF are being updated.

¹³ <https://www.bpni.org/research/Report-National-Consultation.pdf>

¹⁴ <https://www.worldbreastfeedingtrends.org/resources/wbci-tool>

➔ INFORMATION SOURCES USED

For subset questions 1.1, 1.2 and 1.3:

1. Ministry of Women and Child Development. (2006). National guidelines on infant and young child feeding. Government of India.
https://wcd.gov.in/images/uploaded/1706696277_FpDyN3f4Su.pdf
2. Ministry of Women and Child Development. (2022). Mission Saksham Anganwadi and Poshan 2.0: Guidelines. Government of India.
<https://wcd.gov.in/documents/uploaded/Mission%20Saksham%20Anganwadi%20and%20Poshan%20.0%20scheme%20guidelines.pdf>
3. Ministry of Health and Family Welfare. (2016). MAA: Programme for promotion of breastfeeding: Operational guidelines. Government of India. https://nhm.gov.in/MAA/Operational_Guidelines.pdf
4. Ministry of Health and Family Welfare. (2017). LAQSHYA: Labour room quality improvement initiative: Guidelines. Government of India.
https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCH_MH_Guidelines/LaQshya-Guidelines.pdf
5. Ministry of Health and Family Welfare. (2019). Surakshit Matritva Aashwasan (SUMAN): Standard operational guidelines. Government of India.
https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/MH/Guidelines/SUMAN%20Guideline%202020%20Web%20Version.pdf
6. Ministry of Health and Family Welfare. (2014). Home based newborn care: Revised operational guidelines. Government of India. <https://nhsrcindia.org/sites/default/files/2021-03/Revised%20HBNC%20Operational%20Guidelines%202014%20English.pdf>
7. Ministry of Health and Family Welfare. (n.d.). Handbook for ASHA on home-based care for young child. Government of India. <https://nhsrcindia.org/sites/default/files/2021-05/Handbook%20for%20ASHA%20on%20Home%20Based%20Care%20for%20Young%20Child-English.pdf>

For subset question 1:4:

8. Government of India. (2013). National Food Security Act. <https://nfsa.gov.in/portal/nfsa-act>
9. World Breastfeeding Trends Initiative. (2018). The 5th WBTi report: India.
<https://www.worldbreastfeedingtrends.org/uploads/country-data/country-report/WBTi-India-Report-2018.pdf>
10. Breastfeeding Promotion Network of India. (2020). Spotlight on infant feeding in Tamil Nadu 2020: Tracking policies and programmes in support of women and children to adopt optimal feeding practices: From conception to 2 years. <https://www.bpni.org/wp-content/uploads/2020/12/BPNI-SBTI-Report-TN.pdf>

11. Breastfeeding Promotion Network of India. (2021). Spotlight on infant feeding in Maharashtra 2021: Tracking policies and programmes in support of women and children to adopt optimal feeding practices: From conception to 2 years. <https://www.bpni.org/wp-content/uploads/2021/02/SBTi-Maharashtra-Report.pdf>
12. RTI Response from MoHFW, 2023 (mohfw/r/e/23/01403) response letter dated 29 May 2023
13. RTI Response from MoHFW, 2024 (mohfw/r/e/24/03163) response letter dated 1 October 2024

For subset questions 1.5.-1.8:

14. Ministry of Women and Child Development. (2015). Minutes of the National Steering Committee on Infant and Young Child Feeding on Breastfeeding and IYCF. <https://www.bpni.org/Advocacy/Minutes-of-first-meeting-of-the-national-steering-committe-on-iycf.pdf>
15. RTI Response from MoWCD, 2024 (mowcd/r/e/25/00524) request transferred to other public authority- rti-2025 (mohfw/r/t/25/00666) response letter dated 29 April 2025

➔ CONCLUSIONS

For indicator 1 on ‘**National Policy, Governance and Funding**’, India has shown some progress from a score of 1.5 out of 10 in 2018 to 4 out of 10 in 2025. The Government of India accords high priority for protecting, promoting and supporting breastfeeding and infant and young child feeding (IYCF). State level programme implementation plans / convergent action plans for ICDS (including Poshan 2.0) and NHM include all key IYCF indicators and targets with timelines. The MAA programme provides guidance for hospitals and with a dedicated budget allocation and spending. MAA programme funds are under-utilised. It is challenging to specifically reach a per child estimate of expenditure on other breastfeeding related interventions. The National Steering Committee on Infant and Young Child Feeding on breastfeeding and IYCF is not optimally functional. India requires a specific plan of action indicating the targets at national level.

➔ GAPS

1. National plan of action is not documented including targets for IYCF indicators.
2. The National Steering Committee on Infant and Young Child Feeding on IYCF is not functional for 7 years.
3. Inadequate allocation and utilisation of funds for breastfeeding and IYCF interventions.

➔ RECOMMENDATIONS

1. The National Steering Committee on Infant and Young Child Feeding may be revived on a high priority, to kick start coordinated actions with the agenda for development of national action plan for next 4-5 years, along with a review mechanism of meeting every 6 months.
2. Activities generated in the action plan may be linked to budget lines from Poshan Abhiyan and Child Health Accounts.

1.5/10

INDICATOR 2**Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding****KEY QUESTION/S**

- What percentage of hospitals/maternity facilities are designated/ accredited/awarded OR what % of new mothers have received maternity care as per the 'Ten Steps' within the past 5 years?
- What is the quality of implementation of BFHI?

Quantitative Criteria for assessment

2.1) _____ Out of _____ total hospitals (both public & private) offering maternity services- what % have been designated/accredited/awarded/measured for implementing 10 steps within the past 5 years.

Criteria for assessment	Guideline for scoring	RESULTS AS PERTICKED
0	0	✓
0.1 – 20%	1	
20.1 – 49%	2	
49.1 – 69%	3	
69.1-89 %	4	
89.1 – 100%	5	
Total score 2.1	0/5	0

Qualitative Criteria for assessment

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
2.2) There is a national coordination body/mechanism for BFHI / to implement Ten Steps with a clearly identified focal person.	1	
2.3) The Ten Steps have been integrated into national/ regional/hospital policy and standards for all involved health professionals.	0.5	
2.4) An external assessment mechanism is used for accreditation /designation/awarding/evaluate the health facility.	0.5	
2.5) Provision for the reassessment ¹⁵ have been incorporated in national plans to implement Ten Steps.	0.5	

¹⁵ *Reassessment* can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other baby friendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
2.6) The accreditation/designation/awarding/measuring process for BFHI/implementing the Ten Steps includes assessment of knowledge and competence of the nursing and medical staff.	1	✓
2.7) The external assessment process relies on interviews of mothers.	0.5	
2.8) The International Code of Marketing of Breastmilk Substitutes is an integral part of external assessment.	0.5	
2.9) Training on the Ten Steps and standard of care are included in the pre-service curriculum for nurses, midwives and doctors and other involved health care professionals.	0.5	✓
TOTAL SCORE	1.5/10	

➔ ADDITIONAL USEFUL INFORMATION

The Government of India MOHFW launched the Mothers Absolute Affection (MAA) programme in 2016 with the objective to improve early breastfeeding rates and skin to skin contact. The MAA programme is based on Ten Steps to successful breastfeeding launched by WHO and UNICEF. Its operational guideline provides a good opportunity to strengthen and scale up the Ten Steps in order to increase early breastfeeding rates across the Nation both in public and private hospitals. The MAA programme has been rolled out in all States and UTs except the private sector.

The package of training in the MAA programme was developed with an aim to reach out to community workers and it does not address all the ten steps (Annexure-7) and IMS Act. This calls for additional training programmes for the hospital staff. There has been no monitoring and evaluation of the MAA programme. The programme also has inadequate budget allocation and shows underutilization (refer to indicator 1).

The National Guidelines for Comprehensive Lactation Management Centre, launched in 2017, provides scope to appoint lactation support staff, set up human milk banks and avoid commercialisation of human breastmilk. The Breastfeeding Promotion Network of India (BPNI) in partnership with MOHFW and WHO, developed and tested tools for assessing such hospitals and also developed a programme for accreditation of maternity hospitals. It is slowly showing positive gains on early breastfeeding rates in the hospitals who have been accredited breastfeeding friendly¹⁶.

Health is a state subject and states are expected to submit their Project Implementation Plans (PIPs). In the SBTI report of Tamil Nadu, there is some progress on training and data management, however, it misses antenatal counselling, assessment of hospitals and implementation in the private sector. Similarly in Maharashtra, there is progress but the private sector is not involved. Maharashtra report shows some processes of monitoring and awarding public hospitals via external assessment with funding from

¹⁶ <https://www.bfhi-india.in/home.php>

Government of India. It led to 34 hospitals undergoing baseline assessment. This suggests an increased need for technical support to States.

➤ INFORMATION SOURCES USED

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3. Breastfeeding Promotion Network of India. (n.d.). List of accredited hospitals. BFHI India. <https://www.bfhi-india.in/list-of-accredited-hospitals>
4. Indian Academy of Pediatrics. (2022, April). *Child India*. <https://iapindia.org/pdf/child-india/2022/CHILD-INDIA-APRIL-2022.pdf>

For subset questions 2.2, 2.4, 2.5, 2.6 & 2.7:

5. Ministry of Health and Family Welfare. (2016). MAA – Mother's Absolute Affection: Operational guidelines. National Health Mission, Government of India. https://nhm.gov.in/MAA/Operational_Guidelines.pdf
6. National Health Systems Resource Centre. (n.d.). NQAS Map Report. Quality Improvement Division, Ministry of Health and Family Welfare, Government of India. https://qps.nhsrindia.org/nqas-map-report?utm_source

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7. Ministry of Health and Family Welfare. (2019). Breastfeeding and Infant and Young Child Feeding (IYCF) report card: India, States and UTs. https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/CH/Schemes/Maa/Brestfeeding_and_IYCF_Report_Cards.pdf

For subset questions 2.3 & 2.8:

8. Breastfeeding Promotion Network of India (BPNI). (2020). Elements of MAA Programme. <https://www.bpni.org/wp-content/uploads/2020/03/elementns-of-MAA-Programme.pdf>

For subset question 2.9:

9. Indian Nursing Council. (2020). Syllabus and regulations (M.sc Nursing)
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10. National Medical Commission. (2019). Competency based undergraduate curriculum for the Indian medical graduate: Vol. II. <https://www.nmc.org.in/wp-content/uploads/2020/01/UG-Curriculum-Vol-II.pdf>

Additional information

11. Singh, S. K., & Srivastava, S. (2020). Tracking the Progress in Breastfeeding after Implementation of MAA Programme in India. https://assets-eu.researchsquare.com/files/rs-134258/v1_covered.pdf
12. NITI Aayog. (2020). Accelerating Progress on Nutrition in India: What will it take? Third Progress Report (page no 53 & 78) <https://www.niti.gov.in/sites/default/files/2020-10/AbhiyaanMonitoringReport.pdf>
13. Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO <https://www.bfhi-india.in/admin/uploads/documents/who-bfhi-imp-guidance-2018--803.pdf>

➔ CONCLUSIONS

India scores 1.5/10 on this indicator as against 0/10 in the 2018 assessment. Early breastfeeding rates remained stagnant between NFHS-4 and NFHS-5, despite nearly 90% of births occurring in health facilities, reflecting inadequate breastfeeding support within these settings. There is no publicly available information on the status of awards in the MAA programme or the number of healthcare staff trained. NQAS assessment and certification covers less than five percent of the total delivery points in India and does not cover all the ten steps to successful breastfeeding. Additionally, private hospitals, which account for almost half of the births, remain outside the scope of MAA and NQAS. There is overall weakness in implementation of the MAA programme with respect to coordination and monitoring.

➔ GAPS

1. The NQAS assessment and certification system does not cover all the Tens Steps to successful breastfeeding and private hospitals.
2. Lack of national leadership and inadequate funding for effective implementation of the MAA programme.
3. Lack of public data on MAA awards given to health facilities.
4. Training package being offered in the MAA programme does not address the IMS Act and all the Ten Steps.

➔ RECOMMENDATIONS

1. The NQAS assessment and certification system may include all the ten steps to successful breastfeeding.
2. A clear framework must be developed to give MAA awards.
3. The MAA programme should include an additional training module for staff nurses and doctors to specifically address all the Ten steps in hospital settings including the IMS Act.
4. In addition, the core group also recommends setting up a national technical support unit as envisaged in the MAA programme guidance, strengthen the implementation of the MAA program by increasing budgets for skill training (as in Chhattisgarh) and formally reach out to the private sector as done in Karnataka recently. (Annexure 9.1 & 9.2)
5. Formally, Government of India may consider to invite private sector to implement MAA programme/ Ten Steps.

INDICATOR 3

Implementation of the International Code of Marketing of Breastmilk Substitutes /Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)

KEY QUESTIONS

- Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions in effect and implemented in the country?
- Has any action been taken to monitor and enforce the above?

CRITERIA FOR ASSESSMENT <i>(Legal Measures that are in Place in the Country)</i>	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
3a: Status of the International Code of Marketing		
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 Draft measure 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 World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation ¹⁷		
a) Provisions based on 1 to 3 of the WHA resolutions as listed below are included	5.5	✓

¹⁷ Following 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. Labeling 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)
5. Ending inappropriate promotion of foods for infants and young children (WHA 69.9)

CRITERIA FOR ASSESSMENT <i>(Legal Measures that are in Place in the Country)</i>	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
b) Provisions based on more than 3 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 independent from the industry	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	
TOTAL SCORE	8.5/10	

➔ ADDITIONAL USEFUL INFORMATION

According to WHO 136 out of 194 Member States have adopted Code related legal measures, however just 35 countries incorporate all or most of the provisions of the Code into law.¹⁸ India enacted the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)*. Despite this strong law, online promotion via sponsored advertisements on social media platforms like *Instagram* and *YouTube* is rampant for the *infant milk substitutes (IMS)* and *infant food* products under the scope of the national legislation. Discounts are given to promote IMS and *Infant Foods* on online platforms and social media. Use of babies and animated graphics is common on labels and advertisements. Feeding bottles are also being sold with discounts on online platforms with celebrity endorsements.

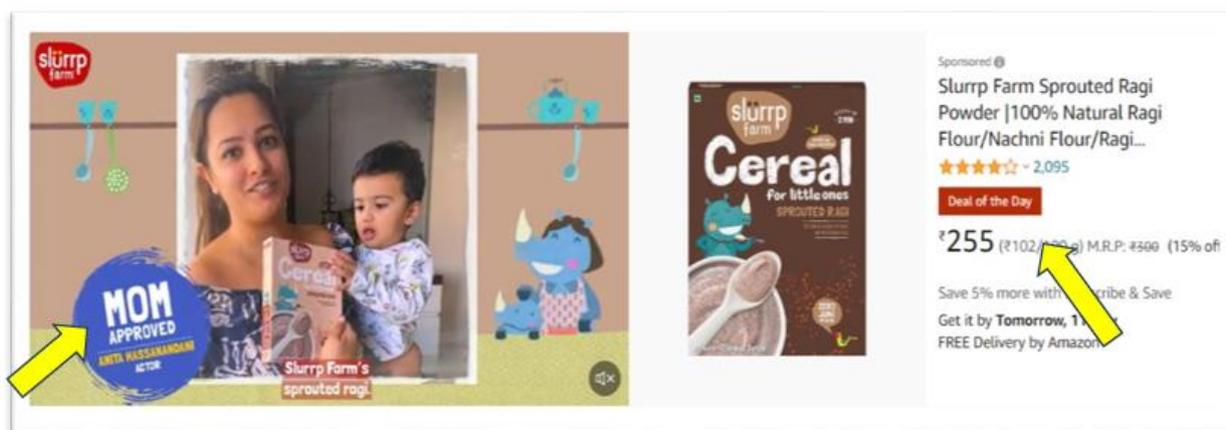
More recently the reports of sponsoring health professionals, especially pediatricians and neonatologists by baby food manufacturers have been in the news. There are reports of whistle blowers sharing how monetary benefits are given to doctors.

Regarding its implementation, in 2019, MoHFW's former secretary and Addl. Secretary & Mission Director, NHM supported IMS Act advocacy for appointing authorised officers at district level to take action and suo motto cognizance.

¹⁸ The 2018 joint report by WHO-UNICEF-IBFAN "Marketing of Breast-milk Substitutes-National implementation of the International Code: Status Report 2018"

Here are some examples of violation from BPNI’s monitoring report submitted to the MoWCD and MoHFW in 2022-2023.

A brand named Slurrp Farm’s product “Sprouted Ragi Powder infant food” was found being sold on ww.amazom.in. The product was advertised and offered discount and using “Mom Approved” words violating section 3(a), 4(c) and 6(2) (c) and rule 8 of the IMS Act that prohibits advertisement , featuring infant, any kind of inducement to increase the salability of the product and maternalised terms.

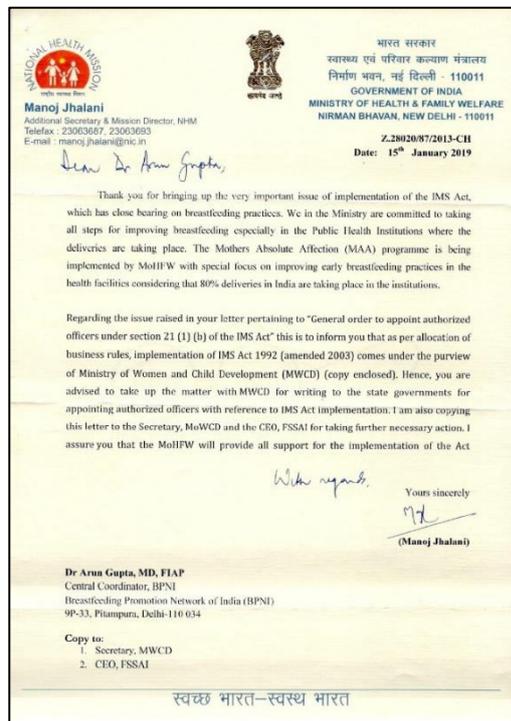
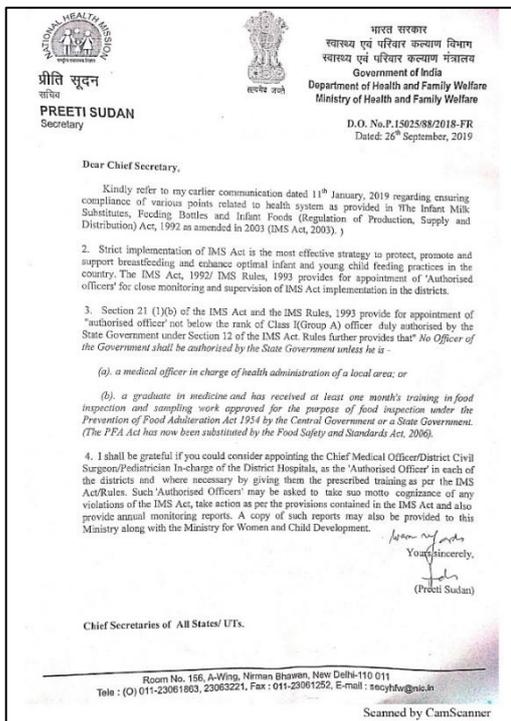


Accessed on 10/05/2023 15.46 pm on www.amazon.in Link: <https://rb.gv/7did2>



Accessed on 10/04/2023 at 8:43 am and 18/05/2023 at 3:12 pm
 Link: <https://www.youtube.com/shorts/TnMfjSZxdM> and <https://www.youtube.com/@Litleglove>

A brand-named Enfamil A for 8+ months was advertised by a mother influencer featuring her child on YouTube channel @Litleglove. She was promoting infant milk substitute on her channel with 11.2 million followers violating section 3(c) and 8(3) that prohibits taking part in infant milk substitute promotion and demonstrating feeding of infant milk promotion other than a health worker.



The State Breastfeeding Trends reports of Maharashtra and Tamil Nadu show that awareness about the IMS Act is not being organised. Both states have not done any monitoring and reported on its implementation.

Based on the RTI responses received from the Ministry of Women and Child Development (MoWCD) on 28/06/2023, it was revealed that two complaints regarding violations of the Infant Milk Substitutes (IMS) Act were received over the past three years. These complaints, originally submitted by the Breastfeeding Promotion Network of India (BPNI), alleged that Danone Nutricia International Pvt. Ltd. (2020) and PharmEasy (2021) had engaged in promotional activities that contravened the provisions of the IMS Act, such as offering discounts or incentives on infant milk substitutes. In response, the Ministry sought written explanations from both entities, requesting them to submit their clarifications along with supporting documentary evidence. No further investigations or prosecutions were reported during this period, as per the Ministry's reply. While MoHFW, response received on 7/06/2023 mentioned "NIL" on asking details of the companies that have been sanctioned under the IMS Act in the last three years. Of the four gazetted organizations and welfare bodies designated to monitor the IMS Act, only BPNI is actively engaged in regular monitoring and reporting to the Ministry of Women and Child Development (MoWCD) and the Ministry of Health and Family Welfare (MoHFW). Monitoring under the IMS Act is voluntary and receives no government funding for this monitoring work, which significantly limits its reach. This restricts nationwide oversight of activities such as sponsorship of continuing medical education (CME), research

funding, distribution of free gifts to health professionals, direct contact with mothers and digital marketing practices.

➡ INFORMATION SOURCES USED

For subset question 3.9 and 3.11:

1. Government of India. (2003). The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as amended in 2003 (IMS Act).
2. <https://www.bpni.org/documents/IMS-act.pdf>
3. World Health Assembly. (1994). Resolution WHA 47.5 – Donation of free or subsidized supplies of breast-milk substitutes. <http://www.ibfan.org/issueinternational-code-full-47-5>
4. World Health Assembly. (1996). Resolution WHA 49.15 – Labelling of complementary foods. <http://www.ibfan.org/issue-internationalcode-full-49-15>
5. World Health Assembly. (2005). Resolution WHA 58.32 – Health and nutrition. http://www.who.int/nutrition/topics/WHA58.32_icycn_en.pdf
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For subset question 3.11-3.12:

7. Breastfeeding Promotion Network of India. (2022). Under Attack (2022–2023) & Under Attack (2021–2022): Monitoring reports submitted to MWCD. <https://www.bpni.org/national-policy-programme-4/>
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11. Ravishanker, R. (2018, February 14). Ads for baby food are banned in India – only in theory, says expert. The News Minute. <https://www.thenewsminute.com/health/ads-baby-food-are-banned-india-only-theory-says-expert-76478>
12. MoWCD RTI response 2023 (MOWCD/R/E/23/00538) to letter dated 28 June 2023
13. FSSAI RTI response 2025 (FSSAI/R/E/25/00230) to letter dated 15 April 2025

Additional information:

14. Breastfeeding Promotion Network of India. (2020). Spotlight on infant feeding in Tamil Nadu 2020: Tracking policies and programmes in support of women and children to adopt optimal feeding practices: From conception to 2 years. <https://www.bpni.org/wp-content/uploads/2020/12/BPNISBTI-Report-TN.pdf>
15. Breastfeeding Promotion Network of India. (2021). Spotlight on infant feeding in Maharashtra 2021: Tracking policies and programmes in support of women and children to adopt optimal feeding practices: From conception to 2 years. <https://www.bpni.org/wp-content/uploads/2021/02/SBTi-Maharashtra-Report.pdf>

➔ CONCLUSIONS

India's score for Indicator 3 remains 8.5/10, unchanged since 2018. Despite the IMS Act being in force for over 33 years, implementation remains weak particularly through digital marketing, indirect promotions and support to healthcare professionals. Warnings about the risks of intrinsic contamination of powdered infant formula are not yet included on infant formula packaging, as required under WHA Resolution 58.32. State-level implementation remains poor. The lack of action threatens early breastfeeding practices, particularly in health facilities.

➔ GAPS

1. Non-implementation of WHA Resolutions 58.32 and 61.20, which mandate warnings on the risk of intrinsic contamination in infant formula.
2. Monitoring of the IMS Act is limited.
3. Ineffective investigation and prosecution into reported violations of the baby food companies and zero sanction in the past three years.

➔ RECOMMENDATIONS

1. The Ministry of Health and Family Welfare (MoHFW), Government of India, should ensure warnings on labels related to the risk of intrinsic contamination in the powdered infant formulas.
2. A joint Standard Operating Procedures (SOP) may be developed by MoWCD and MoHFW to implement and monitor the IMS Act that includes state level mechanisms such as appointing Civil Surgeons as authorized officers to investigate alleged violations.
3. Allocating specific funding for district level capacity building and awareness of IMS Act from NHM/Child Health Accounts/Poshan may be considered.
4. Funding support to volunteering monitoring organisations may be earmarked for effective monitoring and annual reporting of the IMS Act.

INDICATOR 4

Maternity Protection

KEY QUESTION

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

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
4.1) Women covered by the national legislation are protected with the following weeks of paid maternity leave: a. Any leave less than 14 weeks b. 14 to 17 weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	✓
4.2) Does the national legislation provide at least one breastfeeding break or reduction of work hours? a. Unpaid break b. Paid break c. No break	0.5 1 0	✓
4.3) The national legislation obliges private sector employers to (<i>more than one may apply</i>) a. Give at least 14 weeks paid maternity leave b. 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 the same protection as women working in the formal sector	0.5 1	✓

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
c. No measures	0	
4.6) (more than one may apply)		
a. Accurate and complete information about maternity protection laws, regulations or policies is made available to workers by their employers on commencement.	0.5	
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	✓
4.7) Paternity leave is granted in the public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	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.	0.5	
TOTAL SCORE		6/10

➔ ADDITIONAL USEFUL INFORMATION

A report on the progress of Pradhan Mantri Matru Vandana Yojana (PMMVY) by experts in this field is notable. It showcases limited progress. In their 2023 article titled "Maternity Entitlements in Freefall"¹⁹, they highlight significant challenges in the scheme's implementation. Declining Coverage: Between 2019-20 and 2021-22, PMMVY's reach diminished across most states, with only 13% of annual births receiving the third installment in 2021-22. The COVID-19 pandemic had disrupted PMMVY's progress. The number of women who received some PMMVY benefits reduced from 96 lakh in

Estimated coverage of PMMVY (at least one instalment)

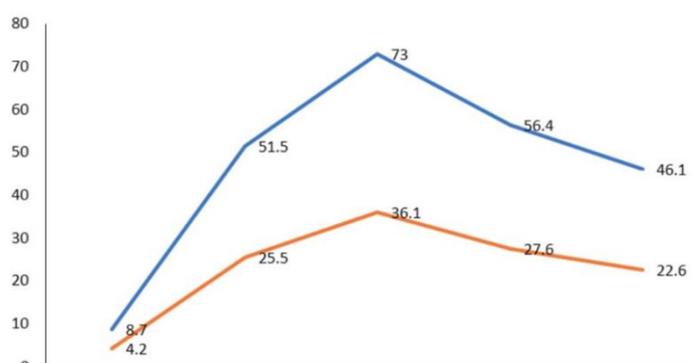


Fig. 4.1: This highlights the issue of the large percentage of women who work in the unorganised sector.

¹⁹ <https://www.theindiaforum.in/public-policy/maternity-entitlements-freefall>

2019-20 to 75 lakh in 2020-21 and 61 lakh in 2021-22 – a decline of nearly 40% over two years. Barely 23% of these births were covered under PMMVY in 2021-22 (see Fig.4.1). This scheme is also lacking because of the low amount of transfer and exclusion of higher-order births, although recently the scheme has been amended to include benefits for the second child, but only if it is a girl child.

RTI information received on April 5th 2023 reveals no data on complaints and redressal done in the past three years as per MoLE.

The Tamil Nadu state report reveals that more than 80% women are under PMVVY scheme. Creche facilities are available to less than 30%. In Maharashtra, Shops and Establishment Act mandated creche if there are more than 50 employees and 30% do get the creche facility.

➔ INFORMATION SOURCES USED

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For subset question 4.5

6. Government of India. (2005). The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), 2005. https://rural.gov.in/sites/default/files/nrega/Library/Books/1_MGNREGA_Act.pdf
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https://labour.gov.in/sites/default/files/unorganised_workers_social_security_act_2008.pdf

For subset question 4.6

11. MoLE RTI response 2023 (NO. N/76(12)/2023-RTI) dated 5 April 2023

For subset questions 4.7 and 4.8

12. Government of India. (1972). Central Civil Services (Leave) Rules, 1972, Rule 551(A): Paternity leave for male government employees. Ministry of Personnel, Public Grievances and Pensions, Department of Personnel and Training.

<https://documents.doptirculars.nic.in/D2/D02est/updatedccsleaverulesN9ExV.pdf>

13. Jothimani, S. (2019). The Paternity Benefit Bill, 2019. Bill No. 305 of 2019

<https://sansad.in/getFile/BillsTexts/LSBillTexts/Asintroduced/305%20o%202019%20as.pdf?source=legislation>

➔ CONCLUSIONS

India gets a score of 6 out of 10 on the Maternity Protection indicator, that is the same as the last assessment in 2018. The Maternity Benefit Act that was amended in 2017 to increase the period of paid leave. The MB Act includes women working in the mines and under the Shops and Establishment Act. However, it does not apply to more than 90% of women in the country who are in the informal sector. Further, the coverage under the Pradhan Mantri Matru Vandana Yojana (PMMVY), launched in 2017 to provide a cash transfer of Rs. 5000/- to Pregnant Women and Lactating Mothers (PW&LM) has also been very low and declining. The Paternity leave of 15 days to male employees is provided by Central Civil Service Rules 1972. Monitoring and compliance are not effective.

➔ GAPS

1. A vast majority of working women, especially in the unorganized sector, lack access to maternity benefits.
2. The PMMVY provides only a partial wage compensation of ₹5,000, which is insufficient for maternity needs.
3. Lack of provision of space for breastfeeding/expression of breastmilk at the workplace.
4. Information regarding hazardous conditions in workplaces or provision of alternative work is not provided in the law.
5. There is no provision of paternity leave in the private sector.
6. The Maternity Benefit Act lacks a strong monitoring system.

➔ RECOMMENDATIONS

1. The Government of India should ensure that the current legislation for maternity benefits is enabled to cover all workers engaging in the informal/unorganized and agricultural sectors, with adequate mechanisms for implementation.

2. The Government of India should ensure that stringent monitoring for/under this Act for both the formal, as well as informal sectors.
3. The PMMVY scheme should be streamlined to provide wage compensation and adequate funds must be earmarked for this scheme.
4. The Government of India should ensure that women have space for breastfeeding/expression of breastmilk close, or attached, to all work sites.
5. Paternity entitlements should be made mandatory for the private sector.

INDICATOR 5**Health and Nutrition Care Systems (in support of breastfeeding & IYCF)****KEY QUESTIONS**

- Do care providers in the health and nutrition care systems undergo training in knowledge and skills, and do their pre-service education curricula support optimal infant and young child feeding?
- Do these services support mother-friendly and breastfeeding-friendly birth practices?
- Do the policies of health care services support mothers and children, and are health workers trained on their responsibilities under the Code?

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING		
	RESULTS AS PERTICKED		
5.1) A review of health provider schools and pre-service education programmes for healthcare professionals, ²⁰ indicates that IYCF curricula or session plans are adequate/ inadequate (See Annex 8.1)	> 20 out of 25 content/skills are included 2	5-20 out of 25 content/ skills are included 1 ✓	Fewer than 5 content/skills are included 0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care. (See Annex 8.2)	Disseminate to > 50% facilities 2	Disseminate to 20-50% facilities 1 ✓	No guideline, or disseminated to < 20% facilities 0
5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers. ²¹	Available for all relevant workers 2 ✓	Limited Availability 1	Not available 0

²⁰ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

²¹ The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, midwifery, nutrition and public health.

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING		
	RESULTS AS PERTICKED		
5.4) Health workers are trained on their responsibilities under the Code and national regulations, throughout the country.	Throughout the country 1	Partial Coverage 0.5 ✓	Not trained 0
5.5) Infant and young child feeding information and skills are integrated, as appropriate, into training programmes not covered in 5.1 but where the care providers may have some contact with families with infants and young children.(Training programmes such as diarrhea control, HIV, NCDs, Women’s Health etc.)	Integrated in > 2 training programmes 1 ✓	1-2 training programmes 0.5	Not integrated 0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ²²	Throughout the country 1	Partial Coverage 0.5 ✓	Not provided 0
5.7) Health policies provide for mothers and babies to stay together when one of them is hospitalised.	Provision for staying together for both 1	Provision for only to one of them: mothers or babies 0.5	No provision 0 ✓
Total Score	6/10		

➔ ADDITIONAL USEFUL INFORMATION

The report is based on information about private hospitals covering almost half of the births. It is of course recommended under the MAA programme, but specific information is lacking about training of health workers for their responsibility under IMS Act. No explicit policy is there to ensure mother and baby to be staying together, however, according to MOHFW the breastfeeding policy for hospitals encourages hospitals that mother and baby stay together.

Also, there is little regulation of the private sector with respect to mother and child friendly childbirth practices. This highlights a strong need to formalise standards and guidelines for mother-friendly childbirth and other hospitalization procedures and ensure dissemination to the private sector. A review of health care education institutions and pre-service education programmes in the country indicates that IYCF

²² Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction. Partial could mean more than 1 provinces covered.

curricula are only partially adequate resulting in the loss of another point. Further, while material for in-service training programmes has been upgraded, dissemination of the same to healthcare workers is uncertain.

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➔ CONCLUSIONS

India gets a score of 6 out of 10 on the 'Health and Nutrition Care System' indicator. The score has increased by 1 point for this indicator since the last assessment in 2018 because in-service training programme materials providing knowledge and skills related to IYCF have been strengthened for all relevant health/nutrition care providers. As per recommendation in the previous report, training manuals have been created for Community Health Officers in Health and Wellness Centers so they can support early initiation of breastfeeding and provide counselling services to improve IYCF practices. This assessment has identified that there are no policies in place to ensure that mothers and babies are kept together when one is hospitalized. Further, the teaching of the IMS Act and the promotion of breastfeeding is inadequate resulting in widespread violations and promotion of formula feeds by doctors. Despite recommendations in the previous report, it was found that in-service training programmes largely focus on knowledge, while skills tend to be ignored.

➔ GAPS

1. Inadequate pre-service training on breastfeeding/IYCF practices for health care providers, including doctors.
2. Poor monitoring of in-service training programmes for breastfeeding/IYCF practices for health care providers.
3. Inadequate training of health workers on IMS Act and its implementation.
4. Poor monitoring and dissemination of guidelines stating that mothers and babies are to be together while in health care institutions, especially if the mother is admitted.
5. There is a lack of dissemination of guidelines for mother-friendly childbirth procedures especially to the private sector.

➔ RECOMMENDATIONS

1. Strengthen skill based pre-service training on breastfeeding/IYCF practices for health care providers, including doctors.
2. Disseminate standards and guidelines for mother-friendly childbirth procedures to all facilities, including private facilities, within which maternity care is being provided.
3. Training on the IMS Act, its provisions, as well as monitoring and reporting violations at the local level be included in all training programmes.
4. IYCF education should be an essential part of the pre-service education in India. Streams like home science, public health, nursing should impart this knowledge in the pre-service phase itself.

INDICATOR 6**Counselling Services for the Pregnant and Breastfeeding Mothers****KEY QUESTIONS**

- Are there counselling services in place to protect, promote and support breastfeeding and optimal infant and young child feeding practices both at facility and community level

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING RESULTS AS PERTICKED		
	>90%	50-89%	<50%
6.1) Pregnant women receive counselling services for breastfeeding during ANC.	2 ✓ (90.2%)	1	0
6.2) Women receive counselling and support for initiation breastfeeding and skin to contact within an hour birth.	2	1 ✓ (76%)	0
6.3) Women receive post-natal counselling for exclusive breastfeeding at hospital or home.	2	1 ✓ (81%)	0
6.4) Women/families receive breastfeeding and infant and young child feeding counselling at community level.	2	1 ✓ (53% ICDS, 59.5% NFHS 5)	0
6.5) Community-based health workers are trained in counselling skills for infant and young child feeding.	2 ✓ (83%)	1	No Training 0
Total Score	7/10		

➔ ADDITIONAL USEFUL INFORMATION

As per NFHS data 15.5% children received pre-lacteals feeds. This practice is more common among urban mothers (17.8%) compared to mothers in rural areas (14.4%). Practice of giving pre-lacteals is often influenced by commercial

factors such as marketing of infant formula and traditional practices. The State Breastfeeding Trends analysis report in 2021 of Maharashtra shows that more than 50% women receive counselling during pregnancy and more than 50% community workers are trained in IYCF counselling. Similarly, in Tamil Nadu, more than 90% mothers receive counselling during pregnancy and more than 50% receive support for initiating breastfeeding within an hour. Both the states reported that such services are lacking in the private sector. Though it's not representative of the entire country but gives an idea on state level status of counselling of pregnant and lactating women.

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➔ CONCLUSIONS

India scored 7/10, reflecting marginal progress from 6/10 in 2018. Coverage of counselling during pregnancy is nearly universal but at birth support, post-natal counselling and community level support requires improvement. Community-based health workers are trained in counselling skills for infant and young child feeding.

➔ GAPS

1. Inadequate coverage of counselling and support services for women at birth, hospital stay and the community.

➔ RECOMMENDATIONS

1. Increase the coverage of breastfeeding counselling and support services for women at birth, during hospital stay and the community in order to increase breastfeeding rate effectively.
2. In addition, the core group recommends quality of training may be improved by including hands-on training and harmonising the it between MoHFW and MoWCD and strengthen the support for breastfeeding initiation within an hour of birth and post-natal period in both public and private health facilities.

6/10

INDICATOR 7**Accurate and Unbiased Information Support****KEY QUESTIONS**

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

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
7.1) There is a national IEC strategy for improving infant and young child feeding.	2	
7.2) Messages are communicated to people through different channels and in local context.	1	✓
7.3) IEC strategy, programmes and campaigns like WBW and are free from commercial influence.	1	✓
7.4) Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	2	✓
7.5) IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at national and local level.	2	✓
7.6) 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	
TOTAL SCORE	6/10	

➔ ADDITIONAL USEFUL INFORMATION

The IEC messages highlighting the importance of dietary diversity in complementary feeding need backing for better nutritional scoring in monitoring systems (like NFHS data shows poor scoring in dietary diversity of complementary feeds at all India level). IEC messages on infant and young child feeding are not only campaigned during WBW but also accentuated during yearly campaigns in Poshan Pakhwada and Poshan Maah. Although there is an increase in availability of breastfeeding/IYCF IEC materials and messages, their dissemination in regional languages is uncertain.

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➔ CONCLUSIONS

India scores 6/10 on this indicator with an increase of 1 point, because since the launch of Poshan Abhiyan, promotion of IYCF has been intensely emphasized and the IEC messages are accurate and in line with national and international standards. During the World Breastfeeding Week national and local action is generated that is free from commercial influence. However, the country lacks a documented IEC strategy, which could guide all states to improve breastfeeding and infant and young child feeding. Another weakness lies in IEC materials/messages targeting information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula.

➔ GAPS

1. The IEC strategy on Breastfeeding and IYCF is not documented for the whole country. The IEC materials do not address the risk of using formula feeds on preparation and handling of powdered infant formula.

➔ RECOMMENDATIONS

1. Government should develop specific guidelines on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula. It may be done through a national consultation with professional groups.
2. A comprehensive IEC strategy for the whole country should be documented to provide clear direction on how to influence IYCF knowledge, attitude and practices.
3. The core group also recommends intensified use of available IEC material such as videos, radio jingles on a more frequent basis.

INDICATOR 8

Infant Feeding and HIV

KEY QUESTIONS

- Are policies and programmes in place to ensure that mothers living with HIV are supported to carry out the global/national recommended Infant feeding practice?

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
8.1) The country has an updated policy on Infant feeding and HIV, which is in line with the international guidelines on infant and young child feeding and HIV ²³ .	2	✓
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation.	1	✓
8.3) Health staff and community workers of HIV programmes have received training on HIV and infant feeding counselling in the past 5 years.	1	
8.4) HIV Testing and Counselling (HTC)/ Provider- 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	✓
8.5) The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	1	✓
8.6) Infant feeding counselling is provided to all mothers living with HIV appropriate to national circumstances.	1	✓
8.7) Mothers are supported and followed up in carrying out the recommended national infant feeding and HIV guidelines	1	✓
8.8) Country is making efforts 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	✓
8.9) Research on Infant feeding and HIV is carried out 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	✓
TOTAL SCORE	9/10	

²³ Updated guidance on this issue is available from WHO as of 2016. Countries who may be using the earlier guidance and are on way to use the new guidance if not completely may be included here.

➔ ADDITIONAL USEFUL INFORMATION

According to the Government response the updated guidelines for IYCF are under development which may address the training issues on HIV and infant feeding. The core group observed that both public and private health sectors need to implement national and WHO guidelines, integrate IMS Act awareness in HIV-related programmes, and strengthen follow up of HIV positive infants.

➔ INFORMATION SOURCES USED

For subset questions 8.1 and 8.2

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2. World Health Organization, & United Nations Children's Fund. (2016). Guideline: Updates on HIV and infant feeding: The duration of breastfeeding, and support from health services to improve feeding practices among mothers living with HIV. World Health Organization. <http://apps.who.int/iris/bitstream/handle/10665/246260/9789241549707-eng.pdf?sequence=1>

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3. National AIDS Control Organization. (n.d.). Training module for labour room nurses on guidelines for lifelong ART for all HIV-positive pregnant and breastfeeding women to prevent parent-to-child transmission (PPTCT) of HIV and syphilis. Ministry of Health and Family Welfare, Government of India.
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11. Ray, S., Seth, A., Bajjal, N., Singh, S., Sharma, G., Kumar, P., & Chandra, J. (2019). Comparison of feeding options for HIV-exposed infants: A retrospective cohort study. *Indian Pediatrics*, 56(6), 476–480. PMID: 31278227

➔ CONCLUSIONS

India's performance on infant feeding and HIV has improved, with a score of 9 out of 10 in 2025 compared to 6 in 2018. This improvement is attributed to adoption of WHO-recommended policies, such as lifelong ART for all HIV-positive pregnant and breastfeeding women, which are key to improving child survival and reducing HIV transmission. Despite this policy progress, there are notable gaps in translating these policies into practice, especially in terms of capacity-building among ART counsellors and the need for systematic monitoring of feeding practices in HIV-exposed infants. Continued investment in training, communication, and integration with IYCF strategies is essential to ensure that all mothers receive accurate support, and that infant feeding practices are optimized both in the context of HIV and in the general population.

➔ GAPS

1. Gaps persist in the HIV programme with regard to supporting infant feeding, including inadequate skill training of ART counsellors and staff to counsel HIV-positive breastfeeding mothers.

➔ RECOMMENDATIONS

1. NACO should organize structured IYCF training for ART counsellors and health staff involved in HIV care.
2. In addition, the core group suggests that monitoring and follow-up mechanisms for HIV-exposed infants be strengthened as well as strict enforcement of IMS Act in the HIV infant feeding programme.

INDICATOR 9**Infant and Young Child Feeding during Emergencies****KEY QUESTIONS**

- 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 FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
9.1) The country has a comprehensive Policy/Strategy/ Guidance on infant and young child feeding during emergencies as per the global recommendations with measurable indicators.	2	✓
9.2) Person(s) tasked to coordinate and implement the above policy/ strategy/guidance have been appointed at the national and sub national levels.	2	✓
9.3) The health and nutrition emergency preparedness and response (stand alone or integrated) recommendation includes:		
a. Basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately skill trained counsellors, and support for relactation and wet-nursing.	0.5	
b. Measures to protect, promote and support appropriate and complementary feeding practices.	0.5	
c. Measures to protect and support the non-breast-fed infants	0.5	
d. Space for IYCF counselling support services.	0.5	✓
e. Measures to minimize the risks of artificial feeding, including an endorsed Joint statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and minimize the risk of formula feeding, procurement management and use of any infant formula and BMS, in accordance with the global recommendations on emergencies.	0.5	✓
f. Indicators, and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.	0.5	

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
9.4) Adequate financial and human resources have been allocated for implementation of the emergency preparedness and response plan on IYCF.	2	
9.5) 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 relevant health care personnel.	0.5	✓
9.6) Orientation and training is taking place as per the national plan on emergency preparedness and response is aligned with the global recommendations (at the national and sub-national levels).	0.5	
TOTAL SCORE	5.5/10	

➔ INFORMATION SOURCES USED

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For subset question 9.2

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For subset questions 9.3-9.6

4. Breastfeeding Promotion Network of India. (2020). Spotlight on infant feeding in Tamil Nadu 2020: Tracking policies and programmes in support of women and children to adopt optimal feeding practices: From conception to 2 years. <https://www.bpni.org/wp-content/uploads/2020/12/BPNI-SBTI-Report-TN.pdf>
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8. RTI response from MoHFW /R/T/23/00874 dated 18/09/2023 transferred from MoWCD. Response received on 9/05/2023.
9. RTI response from MoWCD on application MoWCD/R/E/23/00345 dated 17/04/2023 as received on 16/10/2023.

➔ CONCLUSIONS

This indicator has made good momentum from 0/10 in 2018 to 5.5 /10 in 2024-2025. This improvement is largely due to the inclusion of lactation counselling in the National Disaster Management Plan, 2019 which acts as a policy for the nation generating action at the state level. The NDMA's earlier work plan on preparedness included procuring 'baby foods', which is now deleted. This work is coordinated by the Nutrition Division of the Ministry of Health and Family Welfare. The MAA programme and IYCF guidelines have integrated components on space for IYCF counselling and measures to minimise risks of artificial feeding components of IYCF during emergencies into its training programmes. However, the gaps exist in monitoring the programme and non-availability of data/information on financial and human resources allocated for this work.

➔ GAPS

1. The health and nutrition emergency preparedness response on IYCF does not include components on relactation, wet nursing, measures to protect and support feeding of the non breast-fed infants and complementary feeding.
2. The IYCF in emergencies being coordinated by MoHFW through the MAA programme does not fully align with IFE global recommendations.
3. Lack of specific financial and human resources to be available for preparedness to serve during emergencies.

➔ RECOMMENDATIONS

1. The health and nutrition emergency preparedness response on IYCF may include components on re-lactation, wet nursing, measures to protect and support feeding of the non-breast-fed infants and complementary feeding.
2. The IYCF in emergencies training plans may align with global IFE recommendations.
3. The Ministry of Health and Family Welfare (MoHFW), in collaboration with the National Disaster Management Authority (NDMA), should prioritize the development of comprehensive guidelines and policies to address Infant and Young Child Feeding in Emergencies (IYCF-E).

4. Identify and train batches of Breastfeeding/IYCF counsellors at State Level to be ready for deployment during any emergency.
5. Additionally, the core group also recommends that the MoHFW and NDMA should encourage research and foster innovation in the field of IYCF-E to generate evidence-based strategies suitable for India's diverse humanitarian and disaster contexts.

INDICATOR 10

Monitoring and Evaluation

KEY QUESTIONS

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

CRITERIA FOR ASSESSMENT	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
10.1) Monitoring and evaluation of the IYCF programmes or activities (national and sub national levels) include IYCF indicators (early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding).	2	✓
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investment decisions.	1	✓
10.3) Data on progress made in implementing IYCF programme and activities are routinely or periodically collected at the sub national and national levels.	3	✓
10.4) Data/information related to IYCF programme progress are reported to key decision-makers.	1	✓
10.5) Infant and young child feeding practices data is generated at least annually by the national health and nutrition surveillance system, and/or health information system.	3	
TOTAL SCORE	7/10	

➔ ADDITIONAL USEFUL INFORMATION

Positive progress has been made by NITI Aayog in terms of Aspirational district programme and their effort in providing progress reports on nutrition and health indicators including IYCF. Annual data on all IYCF practices is not available for effective planning. Poshan tracker and HIMS are real time monitoring tools for community as well as health systems. They do not publicly provide access to all IYCF indicators. While NFHS is a nationally representative household survey to provide key health indicators for policy making and international reporting externally validated. NFHS is usually conducted every 4-5 years.

➔ INFORMATION SOURCES USED

For subset question 10.1

1. Ministry of Women and Child Development. (n.d.). *Resource materials on infant and young child feeding*. Poshan Tracker. Retrieved May 16, 2025, from <https://www.poshantracker.in/resources>
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For subset questions 10.2 -10.5

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15. International Institute for Population Sciences. (2021). National Family Health Survey (NFHS-5), 2019–21. Ministry of Health and Family Welfare. <http://rchiips.org/nfhs/>

➔ CONCLUSIONS

This indicator has scored 7/10, same as in 2018. The NFHS provides nationally representative data for the policy makers on all IYCF indicators. But, the weakness in this Indicator lies in not generating IYCF data at least annually by the national health information system.

➔ GAPS

1. Data on all IYCF indicators is not captured annually in HIMS and Poshan tracker. And it is not available in the public domain.

➔ RECOMMENDATIONS

1. The core group recommends data on all the breastfeeding and IYCF indicators may be generated annually and made publicly accessible and may conduct annual sentinel surveys.



PART II

IYCF Practices

*Indicators 11-15
on infant and young child
feeding practices are based
on NFHS-5 (2019-21).*



INDICATOR 11

Initiation of Breastfeeding (within 1 hour)

KEY QUESTION

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

	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	<i>RESULTS</i> %	<i>Colour-rating</i>
Indicator 11: Initiation of Breastfeeding (within 1 hour)	0.1-29%		Red
	29.1-49%	41.8%	Yellow
	49.1-89%		Blue
	89.1-100%		Green

➔ DATA SOURCE USED

National family health Survey-5 (2019-21)

IIPS & ICF. (2021). *National Family Health Survey (NFHS-5), 2019–21: India Fact Sheet*. International Institute for Population Sciences (IIPS) and ICF. Retrieved from <https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf>

➔ ADDITIONAL USEFUL INFORMATION

- It is observed that in 18 states the initiation of breastfeeding within an hour of birth has declined between NFHS 4 and NFHS 5 which is concerning and needs immediate attention. There is wide variation in this indicator across different states.
- Despite the fact that 88.6% of births take place in health facilities, only 41.4% children start breastfeeding within one hour after birth; indicating a huge gap in breastfeeding support in the health facilities.
- Proportion of initiation of breastfeeding is slightly higher in urban areas (44.7%) compared to rural areas (40%).
- Since 2015-16, the rate of C-sections increased, from 17% to 22% in 2019-21. Studies suggested that cesarean section deliveries are associated with delayed initiation of breastfeeding. C-sections are particularly common in private sector health facilities (48% of deliveries).
- In the NFHS-5 report 15.5% children received prelacteal feeds.



INDICATOR 12

Exclusive Breastfeeding under 6 months

KEY QUESTION

- What is the percentage of infants less than 6 months of age who were exclusively breastfed in the last 24 hours?

	<i>Key to rating adapted from WHO tool</i>	<i>Please enter your country data in %</i>	<i>Colour-rating</i>
Indicator 12: Exclusive Breastfeeding under 6 months	0.1-11%		Red
	11.1-49%		Yellow
	49.1-89%	63.7%	Blue
	89.1-100%		Green

➔ DATA SOURCE USED

National family health Survey -5 (2019-21)

IIPS & ICF. (2021). *National Family Health Survey (NFHS-5), 2019–21: India Fact Sheet*. International Institute for Population Sciences (IIPS) and ICF. Retrieved from <https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf>

➔ ADDITIONAL USEFUL INFORMATION

- Increasing trends in exclusive breastfeeding are encouraging. Exclusive breastfeeding among children under six months increased from 55% in 2015-16 to 63.7% in 2019-21.
- Consumption of other liquids, such as plain water (10%), other milk (8%), or complementary foods (11%) was reported in addition to breastmilk in this age group.
- Proportion of exclusive breastfeeding is higher in rural areas (65.1%) compared to urban areas (59.6%).



INDICATOR 13

Median Duration of Breastfeeding

KEY QUESTION

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

Indicator 13: Median Duration of Breastfeeding	Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in months	Colour-rating
	0.1-18 Months		Red
	18.1-20 "		Yellow
	20.1-22 "		Blue
	22.1-24 or beyond "	32.1 months	Green

➔ DATA SOURCE USED

National family health Survey-5 (2019-21)

IIPS & ICF. (2021). *National Family Health Survey (NFHS-5), 2019–21: India Fact Sheet*. International Institute for Population Sciences (IIPS) and ICF. Retrieved from <https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf>

➔ ADDITIONAL USEFUL INFORMATION

- Children 12-23 months are currently breastfeeding 80.2% according to NFHS-5.



INDICATOR 14

Bottle-feeding

KEY QUESTION

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

	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	<i>Please enter your country data in %</i>	<i>Colour-rating</i>
Indicator 14: Bottle-feeding (0-12 months)	29.1-100%		Red
	4.1-29%	21.9%	Yellow
	2.1-4%		Blue
	0.1-2%		Green

➔ DATA SOURCE USED

National family health Survey -5 (2019-21)

IIPS & ICF. (2021). *National Family Health Survey (NFHS-5), 2019–21: India Fact Sheet*. International Institute for Population Sciences (IIPS) and ICF. Retrieved from <https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf>

➔ ADDITIONAL USEFUL INFORMATION

- The bottle –feeding in children has shown an increase from 17.3% in NFHS-4 (2015-16) to 21.9 % in NFHS-5 (2019-21). It is an alert for the health system.



INDICATOR 15

Complementary Feeding (6-8 months)

KEY QUESTION

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

Indicator 15: Complementary Feeding (6-8 months)	Key to rating adapted from WHO tool (see Annex 11.1)	Please enter your country data in %	Colour-rating
	0.1-59%	45.9%	Red
	59.1-79%		Yellow
	79.1-94%		Blue
	94.1-100%		Green

➔ DATA SOURCE USED

National family health Survey -5 (2019-21)

IIPS & ICF. (2021). *National Family Health Survey (NFHS-5), 2019–21: India Fact Sheet*. International Institute for Population Sciences (IIPS) and ICF. Retrieved from <https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf>

➔ ADDITIONAL USEFUL INFORMATION

- This Indicator has shown a small increase from 42.7% to 45.9%. It requires more support as breastfed children age 6-23 months who received an adequate diet is only 10.8%, fed Minimum dietary diversity is 24.1%, minimum meal frequency is 31.2 % and who consumed foods rich in iron in last 24 hour is 20.6%.

Summary Part I: IYCF Policies and Programmes

INDICATOR	INDICATOR NAME	SCORE (OUT OF 10)
1.	National Policy, Governance and Funding	5.5
2.	Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	1.5
3.	Implementation of the International Code of Marketing of Breastmilk Substitutes	8.5
4.	Maternity Protection	6
5.	Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	6
6.	Counselling Services for the Pregnant and Breastfeeding Mothers	7
7.	Accurate and Unbiased Information Support	6
8.	Infant Feeding and HIV	9
9.	Infant and Young Child Feeding during Emergencies	5.5
10.	Monitoring and Evaluation	7
Total Score INDIA		62/100

➔ GUIDELINES FOR WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	Total Score (INDIA)	Colour-coding
0 – 30.9		Red
31 – 60.9		Yellow
61 – 90.9	62	Blue
91 – 100		Green

Summary Part II: Infant and young child feeding (IYCF) practices

INDICATOR	IYCF PRACTICE	Existing status	Colour-coding
11	Initiation of Breastfeeding (within 1 hour)	41.8%	YELLOW
12	Exclusive Breastfeeding under 6 months	63.7%	BLUE
13	Median Duration of Breastfeeding	32.1 months	GREEN
14	Bottle-feeding (0-12 months)	21.9 %	YELLOW
15	Complementary Feeding (6-8 months)	45.9 %	RED

CONCLUSION AND WAY FORWARD

Indian public health and nutrition experts, who have interest in infant and young child feeding joined hands to conduct the 6th World Breastfeeding Trends Initiative (WBTi) assessment of policy and programmes in India as per the framework of the WBTi and following due processes necessary for reporting including keeping it free from conflicts of interest.

This group of experts designated as “core group” in this report has done extensive study and analysis of the existing policies and programmes related to breastfeeding and infant and young child feeding. Having done that they have come up with the report “Spotlight on Breastfeeding & Infant and Young Child Feeding in India”, which is the 6th such report since 2005 when the process was first used in India.

The report is based on the global uniform tool for assessment, used everywhere in the world in more than 100 countries to carry out this assessment. The tools may have certain limitations but to maintain consistency in reporting, the same tools in different languages have been used in different regions. The report presented strengths and weaknesses in both policy and programmes and used these findings to develop a set of recommendations and call to action towards bridging the gaps. The WBTi tools are capable of producing objective scoring and colour coding based on findings. Further a dynamic ranking of countries is also available.

India has achieved a total WBTi score of 62 out of 100, marking significant progress since 2018 with an increase of 17 points—from 45 to 62. Consequently, India’s global ranking has improved from 79th to 41st among 100 WBTi-assessed countries. If India were to be among the global leaders, and come up among the first 10 Nations, India must improve its score to above 80/100.

Strengths: A national coordination mechanism exists, India has strong legal framework to protect breastfeeding, IMS Act, Maternity Benefit Act, a national programme to promote breastfeeding in health facilities, National guidelines on IYCF, backed by extensive network of community workers in health systems and ICDS. Besides this, the strengths also include addressing some components of feeding during emergencies, infant feeding during HIV and MAA programme implementation. India has certainly made good progress.

However, there are reported weaknesses, which need to be discussed and prioritised to enable India to reach the category of global leaders in breastfeeding. These include several implementation issues of existing policy and programmes.

India needs to turn ad-hoc actions into coordinated ones. Revitalising the National Steering Committee on Infant and Young Child Feeding is one such action. It can lead to development of a national action plan with a set of activities linked to budgets and objective targets to achieve in the next 4-5 years. This action may also spur coordinated actions at the state level. Institutionalising monitoring of policy and programmes and making course corrections, would also be helpful to India. Increased technical support to States should be considered with a focus on health facilities and implementing the IMS Act. On the maternity protection policy front India must discuss the possibility of including all women in the Maternity Benefit Act.

If we take a look at the infant and young child feeding practices in India, the report has used NFHS-5 data, which is the latest available national scope study. It shows good progress on exclusive breastfeeding. One of the key indicators i.e. early initiation of breastfeeding within an hour of birth remains stagnant from NFHS-4 at 41% against 90% women giving birth in the hospital. It shows a lack of health care support for breastfeeding especially to C-section mothers. This is an area, which can be quickly improved by use of training, scaling up and monitoring of all the Ten Steps to successful breastfeeding in all health facilities. It can contribute to improvement of other indicators as well as health and nutrition inputs during neonatal period and infancy. Further, complementary feeding requires greater attention in programmes.

The MoHFW may consider reviewing the MAA Programme on breastfeeding in hospitals, as it is the weakest component and the only indicator marked in Red. The government may consider allocating increased funding for interventions related to breastfeeding and IYCF indicators. This funding could be specifically earmarked for the MAA Programme, IMS Act enforcement, training initiatives, and awareness campaigns, with a focus on increasing their frequency and reach.

The way forward would be for the Ministry of women and child development to immediately call a meeting of the National Steering Committee on Infant and Young Child Feeding, discuss the strengths and weaknesses in the report and develop a plan of action to address them in the next four years. In addition, a consideration may be given to State-level policy and programme reporting at least once in 3-5 years using sub national SBTi tools. Strengthened action over the next 3-5 years when the 7th round will be in place, India must aim to be among the top 10 of the WBTi Nations.

ANNEXURES

ANNEXURE 1

List of Partners

- Breastfeeding Promotion Network of India (BPNI)
- Doctors For You (DFY)
- National Institute of Health and Family Welfare (NIHFW)
- Pediatric and Adolescent Nutrition (PAN) Society
- Public Health Foundation of India (PHFI)
- Public Health Resource Society (PHRS)
- Savitribai Phule National Institute of Women and Child Development (SPNIWCD)
- UNICEF India

ANNEXURE 2

WBTi Guidelines for Color Coding of the Indicators

Each indicator in policy and programmes has a subset of questions that go into finer details of the achievements or gaps. In Part I, each question has a possible score of 0-3 and the indicator has a maximum score of 10. The maximum score for indicators 1-10 of policies and programmes is 100. The level of achievement on each policy and programme indicator is then color coded **Red, Yellow, Blue** and **Green** based on the guidelines as suggested below. The colors red, yellow, blue and green are in ascending order.

Part I: WBTi Guidelines for Colour-Coding for Individual indicators 1-10

Scores	Colour-coding
0 – 3.5	Red
4 – 6.5	Yellow
7 – 9	Blue
> 9	Green

Part I: WBTi Guidelines for Colour-Coding 1-10 indicators (policy and programmes)

Scores	Colour-coding
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9	Blue
91 – 100	Green

In Part II the IYCF practices indicators (11-15) are not scored but color coded based on WHO Tool percentage ranges. These five practice indicators dealing with infant and young child feeding practices reveal how effectively a country has implemented its policies and programmes. The countries need to use secondary data which is national in scope and representative of the country's population as an information source. The WBTi does not undertake primary household surveys for this assessment. The tables below provide guidelines for colour coding based percentages ranges adapted for IYCF practice indicators for indicators 11-15.

Part II: WBTi Guidelines for Colour-Coding Individual indicators 11-15 (Practices)

WBTi Guidelines for Indicator 11 (Initiation of breastfeeding {within 1 hour})

Percentage (WHO's key)	Colour-coding
0.1-29%	Red
29.1-49%	Yellow
49.1%-89%	Blue
89.1-100%	Green

WBTi Guidelines for Indicator 12 (Exclusive Breastfeeding {for first 6 months})

Percentage (WHO's key)	Colour-coding
0.1-11%	Red
11.1-49%	Yellow
49.1-89%	Blue
89.1-100%	Green

WBTi Guidelines for Indicator 13 (Median Duration of Breastfeeding)

Months (WHO's key)	Colour-coding
0.1-18 months	Red
18.1-20 months	Yellow
20.1-22 months	Blue
22.1-24 months	Green

WBTi Guidelines for Indicator 14 (Bottle-feeding {0-12 months})

Percentage (WHO's key)	Colour-coding
29.1-100%	Red
4.1-29%	Yellow
2.1-4%	Blue
0.1-2%	Green

WBTi Guidelines for Indicator 15 (Complementary Feeding {6-8 months})

Percentage (WHO's key)	Colour-coding
0.1-59%	Red
59.1-79%	Yellow
79.1%-94%	Blue
94.1-100%	Green

ANNEXURE 3

Minutes of First Core Group Meeting, 2023

Dated: 4th May 2023

Venue: UNICEF India Office, Lodhi Road, New Delhi between 10:00 am to 3:00 pm

The World Breastfeeding Trends Initiative (WBTi) Global Secretariat held its first core group meeting at the UNICEF India Office on May 4, 2023 (Thursday). The purpose of the meeting was to discuss India's sixth WBTi Assessment. The meeting was attended by all 10 core group members. The following Core group members attended the meeting:

1. Dr. Rupa Prasad, Public Health Resource Society (PHRS).
2. Dr. Jyoti Sharma, Public Health Foundation of India (PHFI).
3. Dr. Geetanjaly Singh, National Institute of Health and Family Welfare (NIHFW).
4. Dr. Sameer Pawar, UNICEF India.
5. Dr. Richa S. Panday, UNICEF India.
6. Dr. Rohini, Doctors for you (DFY).
7. Dr. Praveen Kumar, Kalawati Saran Children's Hospital.
8. Dr. Arun Gupta, Breastfeeding Promotion Network of India (BPNI).
9. Ms. Nupur Bidla, Breastfeeding Promotion Network of India (BPNI).
10. Ms. Reema Dutta, Breastfeeding Promotion Network of India (BPNI).

The BPNI National Coordinator, Ms. Nupur Bidla, welcomed everyone to the meeting and shared the agenda with the core group members. The World Breastfeeding Trends Initiative (WBTi) was introduced by Dr. Arun Gupta, BPNI's Central Coordinator. He covered its objectives, uniqueness, numerous reports, and global commitments towards WBTi. He also provided an overview of the WBTi Colour Rating process, Assessment Process guidelines, the IYCF Policy and Programme Indicator, and the IYCF Practice Indicator. He also went into detail about the analysis, verification and report-finalization process with a demonstration of WBTi Website <https://www.worldbreastfeedingtrends.org/>

Ms. Nupur Bidla presented on the WBTi 5th Assessment Report (2018) of India's Policy and Programme and IYCF Practices along with Key Gaps and Recommendations and also discussed on how to complete the following 6th Assessment with updated indicators.

Later, to clarify how to proceed with the work, there was a discussion on potential sources of information along with a brief exercise in which the members of the core group practiced carrying out various indicators. As a result, there were questions raised about the process for scoring various indicators, which led to additional discussion on the topic.

Following a thorough discussion, different indicators were assigned to the Core group members throughout the exercise session. With a sense of agreement, the distribution of indicators among Core group members was then carried out as follows:

Indicators	Allocation of Indicators to Core group Member
Part I: Policy Indicators	
1	UNICEF India and Breastfeeding Promotion Network of India (BPNI).
2	National Institute of Health and Family Welfare (NIHFW)
3	Breastfeeding Promotion Network of India (BPNI).
4	Public Health Resource Society (PHRS)
5	Public Health Resource Society (PHRS).
6	Public Health Foundation of India (PHFI).
7	National Institute of Public Cooperation and Child Development (NIPCCD) (Voluntarily Selected)
8	Kalawati Saran Children’s Hospital.
9	Doctors For You (DFY)
10	National Institute of Public Cooperation and Child Development (NIPCCD) (Voluntarily Selected)
Part II: Practice Indicators	
11-15	Public Health Foundation of India (PHFI).

Following mutual allocation of the indicators to each Core Group member, it was decided to hold a second Core Group Meeting on June 27 2023 (Tuesday). At that meeting, each Core Group Member was invited to present their significant findings for discussion pertaining to their indicator.



(First Core Group Meeting for 6th World Breastfeeding Trends Initiative (WBTi) Assessment)

ANNEXURE 4

Minutes of Second Core Group Meeting, 2023

Dated: 7th July 2023

Venue: UNICEF India Office, Lodhi Road, New Delhi between 10:30 am to 4:30 pm

The World Breastfeeding Trends initiative (WBTi) Global Secretariat held its second core group meeting at the UNICEF India Office on July 07, 2023 (Friday). During this meeting key findings of the assessment for each indicator was discussed. The meeting was attended by ten core group members. The following core group members attended the meeting:

1. Ms. Shalmalee Aidoor, Public Health Resource Society (PHRS).
2. Ms. Rishita Maiti, Public Health Resource Society (PHRS).
3. Dr. Jyoti Sharma, Public Health Foundation of India (PHFI).
4. Dr. Geetanjaly Singh, National Institute of Health and Family Welfare (NIHFW).
5. Dr. Sameer Pawar, UNICEF India.
6. Dr. Prakerti Kashyap, Doctors for you (DFY).
7. Dr. Rita Patnaik, National Institute of Public Cooperation and Child Development (NIPCCD).
8. Dr. Dipa Sinha, PHRS (Joined Online)
9. Dr. Praveen Kumar, Kalawati Saran Children's Hospital (Indicator information was communicated by email)
10. Dr. Arun Gupta, Breastfeeding Promotion Network of India (BPNI).
11. Ms. Nupur Bidla, Breastfeeding Promotion Network of India (BPNI).
12. Ms. Reema Dutta, Breastfeeding Promotion Network of India (BPNI).



Dr. Arun Gupta, the BPNI's Central Coordinator, delivered a brief introduction and summary of the first core group meeting. The core group members or organizations then presented the findings for each indicator that was assigned to them. Following each indicator, there was discussion on suggestions and comments were taken.

Indicator 1: National Policy Governance and Funding

Presented by: Dr. Sameer Pawar, UNICEF India.

The tool used in this indicator focuses on policy and guidelines, encompassing both stand-alone and integrated guidelines. Key ministries, MoHFW and MoWCD, have guidelines available, as well as prioritization in the National Nutrition Mission and POSHAN 2.0 guidelines. LAQSHYA and SUMAN-specific guidelines also integrate into other issues around Mother and Child Health.

The National Plan of Action is discrepant, as India has many states and UTs, making it difficult to collate actions into a national plan. Instead, several state action plans are available in the public domain, such as State NHM PIPs and an ICDS APIP under WCD. The maximum score is 2, but partial scoring is not possible in this current tool.

MoHFW and MoWCD have a PIP guideline available with them, which is not aggregated at the national level but has state-wise action. However, there is no single document available that affects the scoring. The funding for the which is 48 Crore for the MAA programme (Training, incentive for mother meetings, and IEC) and 49 Crore for LMCs (Infrastructure, equipment, operational costs, and staff), but no information is available on the budget provided in the public domain. which is 6 million each for these two interventions. The total of two becomes roughly 12 million, and when we divide it by 22 million children, it comes out to be 0.5 USD per child, which is not enough but enough to score 0. There is budget in the ICDS APIP as well, which contributes to this outcome, especially community-based events, IC-related budgets, and POSHAN Maah-related budgets, but no information is available in terms of what amount of budget is provided for this in the public domain. Governance is also unclear, with a National Steering Committee on Infant and Young Child Feeding notified in 2017 that met last in 2017 and not after that, and no information on their meetings or linkages available. As a result, there's not much score for this. The total score becomes 4. Dr. Sameer Pawar stated that in order to meet the final report requirement, he will provide any gaps and key recommendations.

Indicator 2: Baby Friendly Hospital Initiative (BFHI)/Ten steps to successful Breastfeeding *Presented by: Dr. Gitanjali, NIHFV*

RTI information for indicator 2.1 has been filed, but no information has been received on the Ten Steps to Successful Breastfeeding (BFHI) in India. The WHO Report shows no baby-friendly hospital in India, but data from 2017 is outdated. BPNI is assisting in BFHI accreditation, with around 17 hospitals already receiving accreditation. NHM Kerala also launched a mother-and- baby-friendly hospital programme, but no data is available on their processes. There are 20,000 public hospitals and 40,000 private hospitals in India, including maternity hospitals.

The MAA Guideline provides information on setting up a National Resource Centre, but no information is available on the National Resource Centre setup. There are three funds under the MAA Programme: IEC, Training, and Mothers Meeting, but no funding for operations. so that can be included as a part of the recommendation as suggested by Ms. Shalmalee Aidoo, PHRS.

For indicator number 2.3, only BPNI August 2020 is available, this policy is required for awards, but otherwise it is not mentioned in the MAA programme. The MAA programme says there are criteria to develop, but there is no information on implementation available. The tool for Mothers interviews and to assess service providers knowledge is not available. However, BPNI uses a tool for the accreditation process that was developed under the guidance of Government of India along with an official correspondence available - In a meeting asked NHSRC to roll out this programme with BPNI. BPNI will share that. MAA's programme guidelines do not include Private Sector hospitals, which can be mentioned in gaps. MAA Has no criteria for IMS in the external assessment. The curriculum of the nursing council includes information that they need to be taught about physiology and BFHI. Ms. Gitanjali will provide any gaps and key recommendations on the tool provided.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes *Presented by: Ms. Nupur Bidla, BPNI*

There are Online promotion via sponsored advertisements on social media platforms like Instagram and YouTube is rampant for infant milk substitutes and infant food products. Discounts are given to promote IMS and Infant Foods on online platforms and social media. Use of babies and animated graphics on labels and advertisements. Feeding bottles are also being sold with discounts on online platforms with celebrity endorsements. Monitoring is not as strong as it should be since only one organisation is working on it. Weightage of implementation of IMS Act can be changed. In 2019, MoHFW's former secretary and Assistant Secretary and Mission Director, NHM, supported IMS Act advocacy for appointing authorised officers at district level to take action and suo motto cognizance. BPNI, without any financial support from the government has been reporting violations of the IMS Act. Unfortunately, there is no report of action taken by the states on the letters sent by BPNI. For Code information Dissemination MoHFW's MAA programme mentions providing orientation in the training. BPNI training and information sheets are disseminated to our members and in meetings. MoWCD does not have any mechanism for disseminating information on the IMS Act to its field workers. MAA Programme Operational Guidelines do include information on the IMS Act under Capacity Building, Community Engagement, Inter-Sectoral Convergence, and Provision of Services Related to IYCF in Health Facilities. So, the government may launch an investigation as per law into alleged violations through appropriate mechanisms and prosecution if required. The government may consider commissioning an annual monitoring report on compliance with the IMS Act, which can be done regionally in phases. Launch an education and awareness campaign for the community on the provisions of the IMS Act. The government, through its communication, could encourage citizen reporting of violations to BPNI or the Civil Surgeon. BPNI offers its Mobile App "Stanpan Surakhsha" for this purpose. State governments may organise IMS Act workshops for health professionals. Public awareness-related questions are missing from the tool, as they can spur action. It is possible to evaluate how much importance is placed on the monitoring system's implementation and to suggest changes in 3.11 and 3.12 at the time of review as suggested by Ms. Shalmalee Aidoor, PHRS.

Indicator 4 Maternity Protection

Presented by: Dr. Dipa Sinha, PHRS

Overall, there is no change in scoring compared to last time because nothing significant has happened given the kind of indicators given for the scoring. For the 4.1 indicator, we have the Maternity Benefit Act, which provides provision for 2 weeks of paid maternity leave, so the score will be 2. For 4.2, the Maternity Benefit Act does give a paid break, so the score will be

For 4.3, the Maternity Benefit Act is applicable to the Private sector, but not all of them, but only the organized private sector. So, here, the scores given are 0.5 and 0.5 each. For Indicator 4.4, there is no space for breastfeeding; breastmilk expression is not mentioned, but creche is mentioned in the Maternity Benefit Act where there are more than 50 workers, which results in a score of 0.5. In indicator 4.5, there are some protective measures under the Pradhan Mantri Matru Vandana Yojana' (PMMVY), but there is also the Construction Workers Act and the Social Security Code, which have not yet been notified. But the benefits are not equivalent to those in the formal sector.

Indicator 4: Information on Maternity Protection Laws: Here we won't give a score of 0.5, which can also be boosted by the RTI responses, where most of the states and other offices responded that they don't do really anything to actively make the workers aware of the act.

Whether there is a system for monitoring compliance needs to be discussed because, based on the RTI responses, a grievance redressal system called "SAMADHAN" is there but they never received any complaints, which shows that it's not working properly. For indicator 4.7, Paternity leave is granted in the public sector, but there is no law for this in the private sector, and few companies give it for indicator 4.8. For indicator 4.9, the second part is about providing information about hazardous conditions in the workplace and providing alternative work that does not happen, but the Maternity Benefit Act mentions the no discrimination clause that pregnant women should not be discriminated against, so the way this has been worded, we thought this doesn't come under this, so accordingly scoring is done. For Indicator 4.10, legislation prohibiting employment discrimination and assuring job protection for women workers during the breastfeeding period gets no score because the Maternity Benefit Act mentions the pregnancy period but does not include the breastfeeding period. So, the total score is 6 out of 10. Pradhan Mantri Matru Vandana Yojana's (PMMVY) coverage and budget have been going down, which should be highlighted. Data is an issue because the scoring is not looking for this in terms of percentage, but if sometimes it includes percentage, then there will be a problem as no data is available. Only one RTI provided data on the number of women, which was a small number.

Indicator 5: Health and Nutrition Care systems (in support of breastfeeding & IYCF)

Presented by: Ms. Shalmalee Aidoor, Public Health Resource Society (PHRS)

Based on review while giving the score it was found that since ASHA and ANM are the ones who actually work with women and are the biggest stakeholders, and since they have more than 15 and around 20 skills,

a score of 1.5 can be given because 1 seems less and 2 is a lot. The suggestion was made to add this to the part of comments and recommendations if it was possible to make these modifications, but it was then discussed that the software is different and won't accept such a score. As a result, indicator 5.1 received a score of 1.

In the case of indicator 5.2, the procedures and support are mentioned in multiple programmes, such as facility-based newborn care, home-based care, MAA, and LAQSHYA, where it is mentioned that mother and child shouldn't be separated. It's mentioned everywhere, but the score asks whether they are disseminated to all facilities and personnel, so the challenge faced was that exact dissemination data was not found from the scheme to the facilities. So, a proxy indicator is used i.e., ROP or PIP of a particular state and a training module which has been approved, that can be considered as dissemination. However, there is no room for dissemination to private facilities because none of this is included. So based on this score, 1 was given.

For indicator 5.3 technically under the MAA project, there is a 4-day training service which is intended for MOs, Frontline workers, etc., but it is better suited for the community rather than facility which is also mentioned in comments. So, from the standpoint of a tool, it is true that it exists. It is also included in the facility-based integrated management of neonatal and childhood illness (F-IMNCI) programme guidelines. Under the programme there is very specific kind of guidelines for EIBF and also mother and child friendly practices so that doesn't mention there again ICDS functionaries there is enough training and only in 2021 they come up with newborn and child health for community health officers, Ayushman Bharat Health and wellness centers. Considering that these programmes are available for all relevant workers a score of 2 was given.

For Indicator 5.4 In pre-service, there is absolutely no training; in the MAA programme, there is supposed to be some training where some training has been conducted under the trainer's guide, which has a very large portion on the IMS Act. So, here there was confusion about whether to score 0 to 0.5 because technically there is no evidence of training. It was discussed in the meeting to give a partial score of 0.5.

For indicator 5.5, the information was checked for Diarrheal disease, AIDS Control, TB control, and COVID-19 but not in any Disaster Management training module, So a score of 1 was given. However, it was also suggested to check National rural livelihood mission (NRLM) where Self- help Groups under a strategy FNHW where they are also promoting awareness with women's group.

For indicators 5.6 PIP and ROP were referred of different states, some have used the training and some have used different parts of different funds, so it was decided to give partial coverage a 0.5 score because there is little evidence available.

For the 5.7 indicator, through the RTI response received, it was found that there is a breastfeeding policy for the hospital, but it didn't attach a copy and it was not available online, so it was discussed that practically, it is not happening, but we need to see if in the policy it is mentioned or not. The previous report's score was therefore reviewed, and it was recorded as 0. The final score then was 6 out of 10.

Indicator 6: Counselling services for the pregnant and breastfeeding mothers

Presented by: Dr. Jyoti Sharma (PHFI)

Primarily referred to the NFHS-5 report and HMIS data, but could not find data for indicator 6.1, but NFHS gave data on the percentage of pregnant women receiving counselling services for breastfeeding during ANC, which was 90%. Similarly, for the 6.2 indicator, again NFHS-5 Data was used i.e., under the delivery section: women receive support on the initiation of breastfeeding and skin-to-skin contact, which is around 76% of those who delivered in a facility. Indicator 6.3 in NFHS Data shows women receiving post-natal counselling for exclusive breastfeeding at the hospital or at home. That is the percentage of women who were counselled on breastfeeding, which is 81%. No data is available for the 6.4 indicator for community-level counselling services. For the 6.5 indicator, no data was available, but a report of the NHSRC on the ASHA 2021 Update says 50% of them received training on the HBYC programme, which translates into IYCF practises, but no other programme report is available. One of the point highlighted was that data on number of women counselled during VHSND or home visit not available and there is lack of monitoring.

Indicator 7: Accurate and Unbiased Information Support

Presented by: Dr. Rita Patnaik (NIPCCD)

India gets a score of 6 out of 10 on comprehensive Information, education, and communication (IEC) strategies for improving infant and young child feeding indicators, which is a 1-point rise since the last assessment in 2018. The score has observed an increase since the launch of Poshan Abhiyan, and the promotion of IYCF has been intensely emphasised, resulting in an improved reach of messages in local contexts and through different mediums in the last few years. IEC messages on infant and young child feeding are not only promoted during WBW but also accentuated during yearly campaigns in Poshan Pakhwada and Poshan Maah. Although there has been a huge increase in the availability of breastfeeding/IYCF IEC materials and messages, their dissemination in regional languages is uncertain. Further, IEC messages highlighting the importance of dietary diversity in complementary feeding need backing for better nutritional scoring in monitoring systems (such NFHS data revealing subpar results in dietary diversity of complementary feeds at the level of all of India). Exclusive IEC materials and messages targeting information on the risks of artificial feeding in line with WHO/FAO Guidelines on the preparation and handling of powdered infant formula are scarcely available in the Indian context.

India received a score of 6 out of 10, an increase of 1 point from the previous assessment in 2018, comprehensive Information, education, and communication (IEC) strategies for improving infant and young child feeding indicators. Since the introduction of the Poshan Abhiyan, the score has risen, and the IYCF has received significant promotion. As a result, messages have been delivered to more people locally and via a variety of media in recent years. In addition to being highlighted during WBW, IEC messages on infant and young child feeding are also highlighted during yearly campaigns in Poshan Pakhwada and Poshan Maah.

The distribution of breastfeeding/IYCF IEC materials and messaging in regional languages remains uncertain despite a significant rise in their availability. Additionally, IEC messages highlighting the importance of dietary diversity in complementary feeding need backing for better nutritional scoring in monitoring systems (such as NFHS data revealing subpar results in dietary diversity of complementary feeds at the level of all of India). In the Indian context, it is difficult to find exclusive IEC materials and messages that provide information on the risks of artificial feeding in accordance with WHO/FAO Guidelines on the preparation and handling of powdered infant formula.

To address the risk of feeding children formula feeds as well as the preparation and handling of powdered infant formula, exclusive IEC materials must be created. There is a need for a clear IEC strategy that emphasises the role of medical professionals to institutional promotion of IYCF practises. In a local and regional context, state engagement in the development of IEC messages needs to be ensured. To prove that IEC plans, programmes, and campaigns like WBW are free from commercial influence, more data is required.

Therefore, in accordance with WHO and FAO Guidelines on the preparation and handling of powdered infant formula, the government ought to develop specific guidelines on the risks of artificial feeding. For wider distribution, IEC materials created at the central level should be available in regional and local languages. To promote IYCF practises, targeted programmes like Poshan Maah and Pakhwara should be increased.

Indicator 8: Infant Feeding and HIV

Presented by: Dr. Praveen Kumar (KSCH)

On this specific indicator, India receives a score of 9, which is higher than the previous assessment. There is no information available for indicator 8.3, but training continues to take place, hence a score of 1 was assigned. Since there are no partial or exact data for indicator 8.7, it receives a score of 1. Again, indicator 8.8, which received a score of 1, required additional work. It was noted that the National Guideline 2021 was used. The possibility of requesting confirmation of the research that was done and the information sources has been done for this indicator by email was discussed. For the final report requirement, it was requested to provide any gaps and important recommendations.

Indicator 9: Infant and young child feeding during Emergencies

Presented by: Dr. Prakerti Kashyap, Doctors for you (DFY).

There was no mention of infants in any of the disaster preparedness and response guidelines. There is no policy available for the use of infant food or formula during emergencies. There is a lack of guidelines for the implementation of IYCF in emergencies. No data is available. ASHA Workers is overburdened. We need a definite task force that can work towards it. There is a need for some guidelines and framework, a coordination mechanism, essential supplies for IYCF, Community awareness and education, and a monitoring and evaluation system to assess the implementation and impact of IYCF interventions during

emergencies. We should encourage research and innovation in IYCF in emergencies. This includes studies on the effectiveness of interventions, the development of context-specific tools and resources, and the sharing of best practises and lessons learned. Internet banking should be given importance during a disaster. There is a need to incorporate the existing IYCF guidelines with emergency preparedness and response mechanisms. An advocacy campaign for the subject can be initiated.

Indicator 10: Monitoring and Evaluation

Presented by: Dr. Rita Patnaik (NIPCCD)

This indicator receives a score of 7 out of 10. Monitoring and evaluation systems that routinely or periodically collect, analyse, and use data to improve infant and young child feeding practises have scored 7 as an indicator. When compared to the most recent assessment conducted in 2018, the progress is stagnant and no improvement has been seen. There is no annual data available on IYCF practises for effective planning, despite the positive progress made by NITI Aayog in terms of the Aspirational District Programme and their efforts to provide progress reports on nutrition and health indicators, including IYCF, which are regularly available to programme managers to guide planning and investment decisions. Even though HMIS data partially document "initiation of breastfeeding within one hour of birth," data on other IYCF indicators are not routinely gathered. Additional efforts are being made to compile and provide data at the national and district levels on a single platform; however a mechanism is required to gradually add data on IYCF programmes to national-level monitoring systems like HMIS, Poshan Tracker, Jan Andolan Dashboard, etc.

There is not a channel or medium that refers to those data or information regarding the IYCF scheme. Key decision-makers are informed of progress. IYCF indicators need to be added to the Poshan Tracker by MoWCD. An MCP card can be used to monitor the inclusion of IYCF as one of the requirements for providing incentives to beneficiaries of the Pradhan Mantri Matru Vandana Yojana.

Indicator 11-15

11. Timely initiation of Breastfeeding within one hour of birth
12. Exclusive Breastfeeding for the first six months
13. Median Duration of Breastfeeding
14. Bottle-Feeding
15. Complementary Feeding -Introduction of solid-semi-solid or soft foods

Presented by: Dr. Jyoti Sharma (PHFI)

- The NFHS-5 report was the main source of information for indicator 11, which displays data of 41.4%, almost identical to the data from 2016, indicating no change. However, there is a significant difference between the various states and UTs. Additionally, compared to rural areas, urban areas had an increased rate of breastfeeding starting within an hour. 15.5% of children receive prelacteal feeds on average, according to more information about the practice. This information is also gathered from

NFHS data. According to data from 2015–16, the percentage of caesarean sections rose from 17% to 22%. Early breastfeeding initiation is hampered by C-sections. In cities, it is higher. The BFHI Accreditation process must be implemented by MoHFW in both public and private maternity care facilities. For prelacteal feeding and newborn formula usage in hospitals, no additional information was discovered.

- The NFHS data were also used to gather information on exclusive breastfeeding. Since the 2015–16 data, there has been an increase in the rate of exclusive breastfeeding. Children under the age of six consumed other liquids in addition to breastfeeding, including plain water (10%), other milk (8%), and complementary foods (11%). Compared to urban settings, where less than 60% of women breastfeed, rural areas have a greater percentage (65%). The comment has been updated with more details because it has not yet been finalised.
- It was discovered that 34.1 months was the median duration of breastfeeding. Data for the 12–23-month age group was considered because 80.2% of children currently breastfed are between 1-2 years old. Only 67% of children aged between 12 and 23 months got complementary foods; these infants may have breastfed exclusively for a long time. It is possible for the Exclusive BF to incorporate median data. The lack of a strong community-based framework makes urban settings weaker than rural ones. However, later it was discussed that this indicator has shown a large improvement, which is a tremendous gain and shows that community-based platforms have performed better than facilities.
- The bottle-feeding indicator had a difficulty in that the data set only included information for children under 3 years old (21.9%), with no separate information for infants between 0 and 12 months available. It is challenging to do an in-depth investigation for this indicator. In order to obtain a precise response, it was proposed to divide the total number of children interviewed between 0 and 2 years old by the total number of children between 0- and 2- years old bottle-fed. Data, for instance, reveals that 10% of children between the ages of 0 and 2 were fed by bottles. The entire number of children aged 0 to 2 interviewed must then be seen in the NFHS data, which is also available there. It was preferred to compare rural and urban areas.
- Complementary Feeding: Introduction of solid-semi-solid or soft foods has not yet improved in many years; according to the last five years' NFHS report, it is deteriorating. It displayed a very unimpressive image. There haven't been any comments yet, but they will be included.

Way forward:

- Core group members shall share their final findings with scores on their respective indicators within 2-3 weeks after the second core meeting.
- BPNI shall verify the findings at WBTi Global Secretariat within 2 weeks of receiving all the indicators.
- A virtual meeting shall be planned after the verification to build the final consensus among the core group members. In this meeting a date shall be finalised for developing and sharing the draft report with relevant partners and policy makers.

ANNEXURE 5

Minutes of Third Core Group Meeting, 2025

Dated: 30th April 2025

Venue: UNICEF India Office, Lodhi Road, New Delhi

Agenda points:

- Final review and consensus on indicator scores.
- Clarifications and final inputs from stakeholders.
- Finalization of recommendations.

Discussion Summary:

Opening Remarks:

- Welcome and brief address by Ms. Marie Claude from UNICEF, highlighting the importance of breastfeeding policy review.
- Round of introductions.
- Agenda for the day was shared and agreed upon.

Indicator-wise Discussions and Observations:

Indicator 1: Infant and Young Child Feeding Policy

- Consensus achieved.
- MAA program does not cover all aspects.
- More information is needed for justifying score changes from government and other partners during the larger meeting.

Indicator 2: BFHI (Baby-Friendly Hospital Initiative)

- No updated data on % of hospitals certified as BFHI.
- Certification has diminished over time.
- Majority of deliveries now occur in the private sector where BFHI is not followed.
- There could be retrievable data from MoHFW.
- The MAA programme award does not address all Ten Steps to Successful Breastfeeding.
- Training is not fully integrated into the health professional education system.
- Consensus was built after discussion.



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

- Consensus achieved.
- Some observations noted but no changes in score.

Indicator 4: Maternity Protection

- Discussion on consensus and adequacy of existing legislation.

Indicator 5: Health and Nutrition Care Systems

- Consensus reached.

Indicator 6: Community-Based Support

- Consensus achieved.

Indicator 7: Information Support

- Consensus achieved.

Indicator 8: Infant Feeding and HIV

- Consensus achieved.

Indicator 9: Infant and Young Child Feeding During Emergencies

- Delays in integrating IYCF in emergency response plans remain.
- Responsibility lies with the Ministry of Health.
- Recommendation 2 needs to be updated and tweaked.

Indicator 10: Monitoring and Evaluation

- Poshan tracker not accessible to people. Not all information is not in the public domain.
- Even HIMS is not in the public domain.
- Additional information must convey that MoWCD data portals are not accessible to all.
- The poshan tracker does not showcase breastfeeding indicators in the public domain. The internal data is only accessible to the government and the block level officers.
- Eventually consensus was built.

Other suggestions:

- In recommendation 4 includes the private sector. (Dr.Dipa)
- In recommendation 6 mention data transparency in all aspects. (Dr.Dipa)
- Divide gaps 1 and 2 into 3 points (Dr.Sameer)
- Add indicator names in the executive summary.

- Add 2018 scores in the report card and showcase a comparison with 2024-2025 score.
- All agreed on the title of the report.

Action Points:

- Final edits to be incorporated into the report.
- Recommendations updated based on consensus.
- Organise the larger draft findings sharing meeting around 19-22 May 2025.
- Invite all relevant ministries, civil society partners, research institutes, Academicians, Medical colleges and breastfeeding and IYCF experts and receive comments and feedback for finalising the report to be launched in August 2025 during the World Breastfeeding Week 2025.

List of attendees

1. Dr. Jyoti Sharma, PHFI
2. Dr. Sameer Pawar, Unicef India
3. Dr. Dipa Sinha, PHRS
4. Dr. Arun Gupta, BPNI
5. Dr. Geetanjaly Singh, NIHFV
6. Dr. Rupa Prasad, PHRS
7. Dr. Prakerti Kashyap, Doctors for You
8. Dr. Nupur Bidla, BPNI

ANNEXURE 6

Minutes of WBTi 6th India Assessment Draft Findings Sharing Meeting, 2025

Dated: 22nd May 2025

Venue: Magnolia Hall, India Habitat Centre (IHC), New Delhi (1.00 pm to 5.00 pm)

The meeting convened to discuss the draft findings of the 6th India Assessment Report under the World Breastfeeding Trends Initiative (WBTi). The session commenced with a welcome and introduction by the Chief Coordinator and Advisor of the Breastfeeding Promotion Network of India (BPNI).



Dr. Arun Gupta, Chief Coordinator, BPNI

Dr. Arun highlighted that the World Breastfeeding Trends Initiative (WBTi) was conceptualized in 2003–04 as a tool for national assessment of infant and young child feeding (IYCF) policies and programs. The initiative introduced a web-based platform featuring a color-coded scoring system to evaluate countries' performance across various indicators. Initially launched in Bangladesh, WBTi expanded throughout South Asia and now encompasses over 100 countries. Dr. Arun emphasized the importance of forming multi-sectoral core groups to conduct assessments, fostering collaboration among stakeholders. He mentioned that many South Asian countries are undertaking their sixth assessment, with India currently in its sixth cycle. The partnership between the Breastfeeding Promotion Network of India (BPNI) and the World Health Organization (WHO) has been instrumental in this process. He also mentioned that one of the key indicators evaluates whether a country has conducted a WBTi assessment, which contributes to its overall score.

Dr. Harish Chellani, DCH, Distinguished Scientist and Researcher

Dr Harsh Chellani in his address emphasized the critical importance of the WBTi assessment in addressing the challenges of infant and young child feeding in India. He acknowledged that while breastfeeding is a natural practice, its consistent implementation faces obstacles, particularly among vulnerable groups such as preterm infants. Highlighting the country's high institutional birth rate of 90%, he pointed out that early discharges often hinder adequate breastfeeding support. He advocated for the integration of home-based new-born care tools to ensure continued support for mothers and infants post-discharge. He also encouraged the incorporation of audience feedback into the draft findings to refine and finalize the assessment, aiming to enhance breastfeeding practices nationwide.

Following the address by Dr. Arun and Dr. Harsh, Dr Nupur Bidla Central Coordinator, BPNI presented the draft findings of the assessment to the audience.

Dr. Nupur Bidla, Central Coordinator, BPNI

Dr Nupur Bidla began her presentation by introducing the core group members, the WBTi assessment- its process and methodology.

India Score Card - India has scored 55 out of 100 which is 10-point increase from last assessment. Indicators- their gaps, recommendations and comments by the audience are as below.

Indicator 1- National Policy, Governance and Funding

The score was 4 out of 10. The discussion on Indicator 1 highlighted the evolution and current status of India's efforts in promoting breastfeeding through national policies and programs. The Mothers' Absolute Affection (MAA) programme, launched in 2016 with technical support from BPNI and UNICEF, aims to promote breastfeeding through health systems. However, it currently lacks formal policy status and dedicated funding, with approximately ₹33.2 crores spent to date—translating to less than \$1 per child, against the recommended \$5 per child.

Dr. Arun explained that the improvement in the WBTi score from 1.5 to 4 is attributed to recognized policy advancements and partial funding allocations. He emphasized that one of the key indicators evaluates whether a country has conducted a WBTi assessment, which contributes to its overall score.

Dr. Vandana Prasad inquired about the improvement in the WBTi score and emphasized the need to focus on budget lines and policy to address breastfeeding and IYCF challenges in India. She also noted the limitations of the WBTi tool in capturing certain nuances.

Dr. Zoya Ali Rizvi highlighted that while a national programme exists, funding mechanisms involve state-level allocations, and discussions on nutrition-related issues are ongoing with the Ministry of Women and Child Development. She emphasized the importance of considering state-level plans and actions.

Dr. Harish underscored the necessity of authenticating information and considering comprehensive packages, including interventions like Kangaroo Mother Care (KMC), under the National Health Mission. He stressed the importance of presenting actionable recommendations, suggesting that each state should undertake its own assessment, given that health is a state subject.

Dr. Omesh pointed out significant investments in facility-based new-born care, while Mr. Praful mentioned that states have their own plans of action and requested for partial scoring if it can be given. Dr. Nupur mentioned that partial scoring is not feasible under the current WBTi tool, which was revised in 2019 to enhance objectivity.



In summary, while progress has been made in policy recognition and planning, challenges remain in funding, implementation, and state-level adaptation. The MAA programme's integration into national policy and budget lines is crucial for sustaining and scaling up breastfeeding promotion efforts across India.

Indicator 2 Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding

The discussion on Indicator 2, focusing on the Baby-Friendly Hospital Initiative (BFHI) and the implementation of the "Ten Steps to Successful Breastfeeding," revealed significant challenges. India scored 0.5 out of 10, primarily due to the inclusion of training on the Ten Steps in the pre-service curriculum for healthcare professionals. However, there was a lack of information on the accreditation or designation of hospitals implementing the Ten Steps within the past five years. Dr. Arun Gupta emphasized that without concrete evidence, scores cannot be adjusted, highlighting the necessity for objective data. Dr. Zoya pointed out that while programs like MusQan exist, they do not fully align with BFHI standards. Dr. Geetanjal mentioned the absence of relevant information in the public domain, and the core group agreed that the Ten Steps are not comprehensively implemented. Dr. Harish suggested that the Ministry of Health should engage private hospitals more actively, possibly by issuing directives. The consensus underscored the need for a dedicated national resource centre, inclusion of the private sector, and the development of a five-year implementation plan with allocated budgets to enhance BFHI practices across the country.

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

The discussion centred on the declining enforcement of the International Code of Marketing of Breast-Milk Substitutes in India. India's score decreased from 9.5 in 2015 to 8.5 in 2018, primarily due to aggressive digital marketing and violations of the IMS Act. Despite the IMS Act's strong legal framework, enforcement remains weak. BPNI, the designated monitoring agency since 1995, reported only two complaints in recent years, both initiated by themselves. Dr. Arun emphasized the need for the government to authorize civil surgeons and district health officers to take action under Section 21 of the IMS Act. Dr. Harish suggested strengthening bodies like the NMC. Dr. Sebanti drew parallels with the PNDT Act, advocating for district-level authorities with enforcement powers. Dr. Shweta Khandelwal proposed collaboration with organizations like FOGSI and IAP to discourage unethical practices. Dr. Nupur highlighted the need to shift the IMS Act's oversight from the Ministry of Women and Child Development to the Ministry of Health for better enforcement. The consensus was that while the law is robust, its implementation requires urgent attention.

Indicator 4 Maternity Protection

The score in this indicator is 6 out of 10. During the discussion several speakers highlighted persistent challenges affecting women's access to maternity benefits in India. Dr. Sonia, a clinical researcher, recounted her personal experience of being misled by her employer regarding maternity entitlements, underscoring the lack of awareness and enforcement of maternity rights in the workplace she suggested

there should be something sort of a helpline so that women can reach there directly. Dr. Latha from the Trained Nurses Association of India emphasized the absence of facilities for expressing and storing breast milk post-maternity leave, which poses significant challenges for working mothers striving to continue breastfeeding. Mr. Dheeraj suggested leveraging data framework to assess and enhance private sector compliance with maternity benefit provisions. Also, Mr. Kuldeep Singh highlighted the increasing shift of contractual workers over permanent workers. Dr. Harish highlighted the increasing trend of contractual employment, which often circumvents maternity benefit obligations. He advocated for the formation of a government task force to address these systemic issues and ensure that contractual workers receive adequate maternity protection. Dr. Nupur acknowledged that while the 2017 amendment to the Maternity Benefit Act aimed to extend coverage to both organized and unorganized sectors, significant implementation challenges persist, particularly in reaching women in the informal workforce. Dr. Arun proposed documenting case studies, such as Dr. Sonia's experience, to highlight systemic issues and advocate for stronger enforcement of maternity benefit laws. Dr. Vandana mentioned that there was an improvement from 3 to 6 due to the 2017 amendment. Dr. Sebanti brought attention to the plight of home-based workers such as beedi workers, who are often excluded from maternity benefits due to their employment in the informal sector.

Indicator 5 Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Indicator 5, focusing on Health, Nutrition, and Care in Support of Breastfeeding and Infant and Young Child Feeding (IYCF), received a score of 6 out of 10, reflecting modest progress since the last assessment. Despite the integration of the Infant Milk Substitutes (IMS) Act into health workers' training, challenges persist, including poor monitoring and dissemination of guidelines, lack of standards for mother-friendly childbirth procedures, and limited awareness among health workers about their legal responsibilities under the IMS Act.

Dr. Rupa pointed out to a one-point increase from the previous assessment, attributing this improvement to the availability of in-service training programs that provide knowledge and skills related to IYCF for relevant health and nutrition care workers. Dr. Harish emphasized the importance of integrating various components of new-born care, such as thermal protection and early initiation of breastfeeding, into a comprehensive package of care. He also highlighted the significance of documenting practices like positive pressure ventilation in new-born care, as undocumented activities are often not counted.

Dr. Arun pointed out that while the launch of programs is a positive step, it does not automatically translate to improved practices. He stressed the need for effective monitoring and data collection to ensure that interventions lead to tangible outcomes. Dr. Harish further stated that many activities in labour



rooms are not documented, leading to a lack of accountability and hindering the assessment of program effectiveness.

Dr. Sugandha Arya also mentioned that work is ongoing at Safdarjung Hospital, where any mishap is recorded, indicating a move towards better documentation and accountability in maternal and new-born care. Dr. Harish added that delivery tables are becoming more comfortable for obstetricians, and there is a focus on improving new-born care units to enhance the quality of care provided.

Indicator 6 Counselling services for the pregnant and breastfeeding mothers

Between 2018 and 2025, India's maternal counselling services saw a modest improvement, with the score rising from 6 to 7 out of 10. This enhancement is attributed to the revised assessment tool emphasizing objective metrics, such as the number of pregnant women receiving antenatal counselling and support for initiating breastfeeding and skin-to-skin contact. Despite this progress, significant gaps persist. There is a lack of publicly available data on counselling coverage during pregnancy, community outreach activities, and support services during childbirth. Limited skill training for both facility-based and community-based health workers has resulted in ineffective counselling. Dr. Nupur highlighted the improvement in indicator 6.1 from a score of 1 to 2, attributing it to the revised assessment tool. Dr. Jyoti expressed concern about the lack of data on the extent of training and its implementation. Dr. Sebanti inquired about the consideration of pre-service training for doctors and nurses. Dr. Harish emphasized the need for a clear exit point in the counselling process to ensure effectiveness. Dr. Latha noted that the government has appointed community health officers who conduct monthly meetings with pregnant women for counselling. To address these issues, recommendations include expanding and strengthening training institutions at district and sub-district levels for in-service training of healthcare providers, standardizing and harmonizing skill training for community workers with a focus on hands-on skills, ensuring stronger support for early initiation of breastfeeding within one hour of birth in both public and private facilities, and regularly reporting on counselling coverage and effectiveness at block and district levels, making the data publicly accessible. These measures aim to enhance the effectiveness of maternal counselling services and ensure better health outcomes for mothers and children.

Indicator 7 Accurate and Unbiased Information Support

Between 2018 and 2025, India's score for Indicator 7—focused on Accurate and Unbiased Information Support improved from 5 to 6 out of 10. Despite this progress, the absence of a national strategy for Infant and Young Child Feeding (IYCF) remains a significant gap. Existing guidelines lack operational plans and exclusive Information, Education, and Communication (IEC) materials, particularly concerning the risks associated with formula preparation. Dr. Rita emphasized the need for a comprehensive national IYCF strategy, noting that while guidelines exist, they lack the necessary operational planning. Dr. Arun pointed out the absence of a clear plan to promote early breastfeeding initiation. Dr. Harish mentioned the need to check home-based new-born care guidelines. He highlighted the importance of formalizing visits and

integrating counselling and stimulation into the program. Dr. Rita also mentioned the development of a document- *Navchentna* on urgent stimulation for children aged 0 to 3 years, which includes practical stimulation and IYCF counselling as key components. Recommendations include developing a national IYCF strategy aligned with WHO standards, enhancing IEC materials focusing on the risks of formula feeding, intensifying targeted campaigns during key events like Poshan Pakhwada, formalizing counselling and stimulation visits, and collaborating with professional bodies to ensure alignment and support for the IYCF strategy. Implementing these recommendations aims to strengthen the effectiveness of maternal counselling services and improve maternal and child health outcomes in India.

Indicator 8 Infant Feeding and HIV

Between 2018 and 2025, India improved its score for Indicator 8—Infant Feeding and HIV—from 6 to 8 out of 10, reflecting progress in policy alignment and research. Despite these advancements, significant gaps persist, particularly in the training of ART counsellors to support HIV-positive breastfeeding mothers. Dr. Harish raised concerns about the lack of maintained training logs and the absence of national-level training in the past five years. Dr. Vandana mentioned that the group looks at the training curriculum to give the score. Ms. Vatchala mentioned that the last comprehensive training, the Global Fight Training for TB and AIDS for all nurses, occurred in 2015-2016. Dr. Arun pointed out the challenges in engaging government officials to address these issues effectively. Furthermore, the enforcement of the IMS Act provisions within HIV-related infant feeding programs remains insufficient.

Indicator 9 Infant and Young Child Feeding during Emergencies

Between 2018 and 2025, India's score for Indicator 9—Infant and Young Child Feeding (IYCF) during emergencies—improved from 0 to 2 out of 10, primarily due to policy announcements in the National Disaster Management Authority (NDMA) Plan. However, significant gaps remain in implementing comprehensive guidelines for IYCF during emergencies. The 2019 Disaster Management Plan mentions breastfeeding counselling but lacks clear operational directives. Dr. Harish inquired about the existence of WHO guidelines for emergency feeding, to which Dr. Prakerti responded that, apart from the MAA program, no specific guidelines are in place. Dr. Harish emphasized the need for a framework, suggesting that if one doesn't exist, it should be recommended. Mr. Praful highlighted that existing IYCF guidelines include a section on emergencies, and Dr. Gitanjali confirmed the presence of an emergency plan.

Indicator 10 Monitoring and Evaluation

India's score for Indicator 10 on Monitoring and Evaluation has remained stagnant at 7 out of 10 from 2018 to 2025. Dr. Rita Patnaik highlighted that subnational data at the district level is neither collected annually nor routinely, and existing platforms like the Poshan Tracker lack publicly accessible data on breastfeeding and Infant and Young Child Feeding (IYCF) indicators. While the Poshan Tracker facilitates real-time monitoring of nutrition indicators across Anganwadi Centres, its restricted access limits its utility for

broader policy and programmatic decisions. To address these gaps, it is recommended that the Ministry of Women and Child Development incorporate IYCF indicators into the decision tracker and ensure their public accessibility. Additionally, implementing annual surveys to collect data on IYCF practices and developing channels to report this data to key decision-makers are crucial steps towards strengthening India's IYCF policies and practices, thereby ensuring better nutrition outcomes for infants and young children.

Practice Indicators

Regarding practice indicators, the timely initiation of breastfeeding within one hour of birth stands at 41.8%, placing it in the yellow colour code. Exclusive breastfeeding for the first six months is at 63.7%, categorized as green, indicating good performance. The median duration of breastfeeding is 13 months, also in the green zone. Bottle-feeding among infants aged 0 to 12 months is at 21.9%, falling into the yellow category. However, complementary feeding for infants aged 6 to 8 months is at 45.9%, which is in the red colour code, highlighting a significant area for improvement.

Key Achievements and Recommendations

Dr. Arun highlighted significant achievements in India's IYCF initiatives, such as the MAA program and training programs developed by the Breastfeeding Promotion Network of India (BPNI). He emphasized the need to reignite the National Steering Committee on Infant and Young Child Feeding, secure dedicated funding, strengthen the enforcement of the IMS Act, and revamp the MAA program. Dr. Vandana mentioned that while programs remain consistent, it's fair to assess their effectiveness. Dr. Harish pointed out gaps in data collection and analysis, as well as the need for behaviour change interventions.

List of Attendees

1. Dr. Harish Chellani, Former Head of Pediatrics, Safdarjung Hospital
2. Dr. Arun Gupta, Chief Coordinator and Advisor, BPNI
3. Dr. C.B. Dasgupta, Director, Aatmic Child Healthcare
4. Dr. Omesh Khurana, Member, IAP Chhattisgarh
5. Mr. Prafulla, Nutrition Officer, UNICEF India
6. Dr. Shweta Khandelwal, Senior Advisor, Jhpiego
7. Dr. Sugandha Arya, Professor Pediatrics, Safdarjung Hospital
8. Dr. Prakreti Kashyap, WBTi Core Group Member, Doctors For You
9. Mr. Kuldeep Singh Sisiniwar, Senior Program Officer, Jhpiego
10. Dr. Sonia Mor, Programme Officer, Independent Clinical Researcher
11. Mrs. S. Vatchala Dhinakaran, Assistant Secretary General, TNAI
12. Dr. Yasir Alvi, Associate Professor, Hamdard Institute of Medical Sciences and Research (HIMSR)
13. Dr. Srishti Arora, Senior Consultant, NOE-SAM, Kalwati Saran Children's Hospital
14. Ms. Jhumki Dutta, Lead, Participatory Research in Asia (PRIA)/PIC
15. Dr. Jyoti, Professor, Public Health Foundation of India (PHFI)
16. Dr. Rita Patnaik, Joint Director, NIPCCD
17. Dr. Sebanti Ghosh, Independent Senior Consultant, —
18. Dr. Shobha Suri, Senior Fellow, Observer Research Foundation (ORF)
19. Dr. Vandana Prasad, Technical Advisor, Public Health Resource Society (PHRS)
20. Dr. Geetanjal, Chief Medical Officer, National Institute of Health and Family Welfare (NIHFW)
21. Dr. Zoya Ali Rizvi, Deputy Commissioner (Nutrition), Ministry of Health and Family Welfare (MoHFW)
22. Dr. Rupa Prasad, Executive Director, Public Health Resource Society (PHRS)
23. Dr. Latha Venkatesan, Professor, All India Institute of Medical Sciences (AIIMS)
24. Mr. Dheeraj, Lead, Praxis
25. Dr. Richa S. Pandey, Nutrition Specialist, UNICEF India
26. Dr. Nupur Bidla, Central Coordinator, Breastfeeding Promotion Network of India (BPNI)
27. Ms. Reema Dutta, Programme Officer, BPNI
28. Ms. Gayathri Arunachalam, Programme Officer, BPNI
29. Ms. Veena Rawat, Programme Officer, BPNI
30. Ms. Mansi Kulashri, Social Media Manager, BPNI

ANNEXURE 7

Comparison between MAA Programme IYCF Training for ANMs and BFHI Counselling-Based Skill Training

MAA Programme: Infant And Young Child Feeding- Training for ANMs	Breastfeeding Friendly Hospital Initiative (BFHI): Counselling based-Skill Training of Maternity Staff
Why optimal infant and young child feeding	Why Breastfeeding is Important?
Production and intake of breastmilk	Hormonal Control of Breastmilk Production and Flow
Assessing and observing a breastfeed	Assessing a Breastfeed Observing a Breastfeed
Listening and learning	Listening and Learning
Building confidence, giving support and checking understanding	Building Confidence, Giving Support and Checking Understanding
Antenatal preparation and establishing community breastfeeding support	Antenatal education for breastfeeding
Positioning the baby at the breast	Positioning a Baby at the Breast
	Breastfeeding Friendly Hospital Initiative-WHO's Ten Steps to Successful Breastfeeding in the Maternity Hospitals
	Initiation of Breastfeeding in Caesarean Section
Breast conditions	Breast Conditions (Sore nipple, engorgement nipple, mastitis)
Refusal to breastfeed and crying	Refusal to Breastfeed and Crying
Expressing breastmilk	Expressing Breastmilk
Not enough milk	"Not Enough Milk"
	Breastfeeding History – taking
	The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as Amended in 2003 (IMS Act)
Breastfeeding low birth weight babies and twins	Breastfeeding Low birth weight (LBW) and Sick infants
Complementary feeding: foods to fill the nutrient gap	

MAA Programme: Infant And Young Child Feeding- Training for ANMs	Breastfeeding Friendly Hospital Initiative (BFHI): Counselling based-Skill Training of Maternity Staff
Feeding techniques and strategies	
Sustaining optimal infant and young child feeding	Nutrition of Lactating Mothers and their Health and Fertility
Women’s nutrition, health and fertility	
Women and work	Breastfeeding by Working Mothers
Breastfeeding in special circumstances	Overview of Infant Feeding in Special Situations
Growth monitoring and recording	
Growth monitoring by growth charts	
Measuring growth: taking action	
	Discharge coordination and follow up, support to sustain breastfeeding
	Counseling practice using stories
	Assessment of Breastfeeding Friendly Hospital Initiative and Accreditation

ANNEXURE 8.1

Education checklist Infant and young child feeding topics

Objectives <i>(to be achieved by all health students and trainees who will care for infants, young children and mothers)</i>	Content/skills <i>(to achieve objectives)</i>
1. Identify factors that influence breastfeeding and complementary feeding.	National/local breastfeeding and complementary feeding rates and demographic trends; cultural and psychosocial influences; common barriers and concerns; local influences.
2. Provide care and support during the antenatal period.	Breastfeeding history (previous experience), breast examination, information targeted to mother's needs and support.
3. Provide intra-partum and immediate postpartum care that supports and promotes successful lactation.	The Baby-friendly Hospital Initiative (BFHI), <i>Ten steps to successful breastfeeding</i> ; supportive practices for mother and baby; potentially negative practices.
4. Assess the diets and nutritional needs of pregnant and lactating women and provide counselling, as necessary.	Nutritional needs of pregnant and lactating women, dietary recommendations (foods and liquids) taking account of local availability and costs; micronutrient supplementation; routine intervention and counselling.
5. Describe the process of milk production and removal.	Breast anatomy; lactation and breastfeeding physiology
6. Inform women about the benefits of optimal infant feeding.	Benefits of breastfeeding for infant, mother, family, and community; benefits of exclusive breastfeeding for 0–6 months; options and risks when unable to breastfeed.
7. Provide mothers with the guidance needed to successfully breastfeed.	Positioning/ attachment; assessing effective milk removal; signs of adequate intake; practise observing and assessing breastfeeding and suggesting improvements.
8. Help mothers prevent and manage common breastfeeding problems. Manage uncomplicated feeding difficulties in the infant and mother.	Normal physical, behavioural and developmental changes in mother and child (prenatal through lactation stages); feeding history; observation of breastfeeding; suckling difficulties; causes and management of common infant feeding difficulties; causes and management of common maternal feeding difficulties.
9. Facilitate breastfeeding for infants with special health needs, including premature infants.	Risk/benefit of breastfeeding/breast milk; needs of premature infants; modifications; counselling mothers.
10. Facilitate successful lactation in the event of maternal medical conditions or treatments.	Risk/benefit; modifications; pharmacological choices; treatment choices.
11. Inform lactating women about contraceptive options.	Advantages and disadvantages of various child spacing methods during lactation; counselling about LAM; cultural considerations for counselling.
12. Prescribe/recommend medications, contraceptives and treatment options compatible with lactation.	Compatibility of drugs with lactation; effects of various contraceptives during lactation.
13. Assist mothers to sustain lactation during separation from their infants, including during hospitalization or illness of mother or child and when returning to work or school.	Milk expression, handling and storage; alternative feeding methods; cup-feeding; cause, prevention and management of common associated difficulties such as low milk supply; coordinating out-of-home activities with breastfeeding; workplace support.

Objectives <i>(to be achieved by all health students and trainees who will care for infants, young children and mothers)</i>	Content/skills <i>(to achieve objectives)</i>
14. Explain the <i>International Code of Marketing of Breast-milk Substitutes</i> and World Health Assembly resolutions, current violations, and health worker responsibilities under the <i>Code</i> .	Main provisions of the <i>Code</i> and WHA resolutions, including responsibilities of health workers and the breast-milk substitute, bottles and teats industries; violations by infant food companies; monitoring and enforcement of the <i>Code</i> .
15. Describe what foods are appropriate to introduce to children at various ages and which foods are available and affordable to the general population.	Developmental approach to introduce complementary foods; foods appropriate at various ages; available foods and their costs; incomes of local families and how income levels affect their abilities to afford various foods.
16. Ask appropriate questions of mothers and other caregivers to identify sub-optimal feeding practices with young children between 6 and 24 months of age.	Growth patterns of breastfed infants; complementary foods: when, what, how, how much; micronutrient deficiencies/supplements; young child feeding history; typical problems.
17. Provide mothers and other caregivers with information on how to initiate complementary feeding, using the local staple.	Local staples and nutritious recipes for first foods; practise counselling mothers; common difficulties and solutions.
18. Counsel mothers and other caregivers on how to gradually increase consistency, quantity, and frequency of foods, using locally available foods.	Guidelines for feeding young children at various ages and stages of development; potential difficulties and solutions regarding feeding and weaning; Essential Nutrition Actions.
19. Help mothers and other caregivers to continue feeding during illness and assure adequate recuperative feeding after illness.	Energy and nutrient needs; appropriate foods and liquids during and after illness; strategies for encouraging child to eat and drink; local beliefs about feeding during illness; appropriate feeding support during hospitalization; re-lactation.
20. Help mothers of malnourished children to increase appropriate food intake to regain correct weight and growth pattern.	Feeding recommendations for malnourished children; micronutrient supplements for malnourished children.
21. Inform mothers of the micronutrient needs of infants and young children and how to meet them through food and, when necessary, supplementation.	Micronutrient needs of infants and young children (iron, vitamin A, iodine, others); meeting these needs with food (breastfeeding and complementary foods); supplementation needs.
22. Demonstrate good interpersonal communication and counselling skills.	Listening and counselling skills, use of simple language, providing praise and support, considering mother's viewpoint, trials of new practices.
23. Facilitate group education sessions related to infant and young child nutrition and maternal nutrition.	Adult education methods; strategies for preparing and facilitating competency-based, participatory sessions.
24. Counsel mothers about prevention and reduction of mother-to-child transmission of HIV/AIDS; options and risks of various feeding methods to consider when HIV-positive.	Modes of mother-to-child transmission of HIV and how to prevent or reduce them; counselling confirmed HIV-positive mothers about feeding options and risks.
25. Provide guidance on feeding of infants and young children in emergencies and appropriate protection, promotion and support in these circumstances.	Policies and guidelines on feeding in emergencies; appropriate promotion and support; compliance with the <i>International Code of Marketing of Breast-milk Substitutes</i> and WHA resolutions.

ANNEXURE 8.2

Criteria for mother-friendly care²⁴

A woman in labour, regardless of birth setting, should have:

- Access to care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's culture, ethnicity and religion.
- Access to birth companions of her choice who provide emotional and physical support throughout labour and delivery.
- Freedom to walk, move about, and assume the positions of her choice during labour and birth (unless restriction is specifically required to correct a complication). The use of the lithotomy position (flat on back with legs elevated) is discouraged.
- Care that minimizes routine practices and procedures that are not supported by scientific evidence (e.g. withholding nourishment; early rupture of membranes; IVs (intravenous drip); routine electronic fetal monitoring; enemas; shaving).
- Care that minimizes invasive procedures (such as rupture of membranes or episiotomies) and involves no unnecessary acceleration or induction of labour, and no medically unnecessary caesarean sections or instrumental deliveries.
- Care by staff trained in non-drug methods of pain relief and who do not promote the use of analgesic or anaesthetic drugs unless required by a medical condition.

A health facility that provides delivery services should have:

- Supportive policies that encourage mothers and families, including those with sick or premature newborns or infants with congenital problems, to touch, hold, breastfeed, and care for their babies to the extent compatible with their conditions.
- Clearly-defined policies and procedures for collaborating and consulting throughout the perinatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary; and linking the mother and baby to appropriate community resources, including prenatal and post-discharge followup and breastfeeding support.
- A policy on mother-baby-friendly services (as outlined above) and staff who are trained to understand that the health and well-being of the mother, her fetus, her newborn, and the successful initiation of breastfeeding, are all part of a continuum of care.

²⁴ WHO's "Infant and Young Child Feeding-A tool for assessing national practices, policies and programmes". Available at <https://iris.who.int/bitstream/handle/10665/42794/9241562544.pdf?sequence=1> (accessed on 23 March 2024)

ANNEXURE 9.1

Circular issued by DME Karnataka to implement MAA programme and WHO's Ten Steps to Successful breastfeeding in teaching hospitals to improve breastfeeding rates


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ಕರ್ನಾಟಕ ಸರ್ಕಾರ
DIRECTORATE OF MEDICAL EDUCATION
BMC&RI (Old Building), 1st Floor, Fort, K.R. Road, Bengaluru-560002.

Phone: 91-80-22870060
Fax: 91-80-22875798
dme.karnataka@yahoo.com

No- DME/ADN2/104/2025 E 1761495 Date: 30.05.2025

Circular

Sub: Effective implementation of the MAA Programme and WHO "Ten Steps to Successful Breastfeeding" in Teaching Hospitals to improve early breastfeeding rates

According to the National Family Health Survey-5 (NFHS-5) data, there has been a decline in early initiation of breastfeeding in Karnataka. The current rate stands at 49.1%, which is a 7.2% decrease compared to NFHS-4's figure of 56.3%. This reduction is concerning.

In alignment with the Government of India's Mother's Absolute Affection (MAA) programme and the WHO/UNICEF "Ten Steps to Successful Breastfeeding", all maternity hospitals linked to medical colleges in Karnataka are advised to adopt institutional breastfeeding policies and practices that support early initiation and exclusive breastfeeding during hospital stay.

This step is critical to improving early breastfeeding and skin to skin contact in both vaginal and cesarean birth. This would ensure better maternal and child health outcomes.

Following actions will be most helpful:

1. Work towards becoming a *Breastfeeding-Friendly Hospital* using a standardised implementation framework.
2. Nominate a breastfeeding focal person (faculty/staff) to coordinate internal efforts and liaise with the support agency.

To support this transition, the Breastfeeding Promotion Network of India (BPNI), an independent national organisation notified in the Gazette of India to monitor IMS Act compliance, has offered to provide:

- Free access to resource kit (policy templates, videos, training content)
- Technical support, training, and assessment over a 12-month period
- Guidance for quality improvement and potential accreditation as Breastfeeding-Friendly

Nodal College:
Department of Pediatrics, headed by Dr Suhana Devdas, Bangalore Medical College and Research Institute (BMCRI) will serve as the state focal point for academic coordination and implementation support. Colleges may reach out to BMCRI or BPNI for assistance in planning and execution.

Let us ensure that Karnataka's teaching hospitals lead by example in protecting, promoting, and supporting breastfeeding from birth. We hope to implement similar actions in District hospitals having some experience lessons learnt.


Director,
Directorate of Medical Education,
Bengaluru.

Submitted for necessary action:

1. The Director/Principal, All Government Medical Colleges and Private Medical Colleges, Karnataka

Copy submitted for information:

1. PA to Principal Secretary, Department of Medical Education, M S Building, Bengaluru
2. Office copy

ANNEXURE 9.2

Circular issued by Department of Health Chhattisgarh to implement MAA programme for the financial year 2025-26

संचालनालय स्वास्थ्य सेवायें छत्तीसगढ़

स्वास्थ्य भवन, सेक्टर-19, भू-तल, नवा रायपुर, अटल नगर

क्र./शि.स्वा./2025/GENS-11/1305/ 65 अटल नगर, नवा रायपुर दिनांक 04/05/2025
प्रति

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
जिला-समस्त, छ.ग.।

विषय:-Mother Absolute Affection (MAA) कार्यक्रम के क्रियान्वयन हेतु वित्तीय दिशा-निर्देश वर्ष 2025-26 के संबंध में।

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उपरोक्त विषयांतर्गत लेख है कि राष्ट्रीय स्वास्थ्य मिशन (NHM) अंतर्गत स्वास्थ्य एवं परिवार कल्याण मंत्रालय (MoHFW) भारत शासन से वित्तीय वर्ष 2025-26 में बजट (RoP) की प्राप्त स्वीकृति अनुरूप Mother Absolute Affection (MAA) कार्यक्रम का क्रियान्वयन किया जाना है। कार्यक्रम के सफल क्रियान्वयन हेतु आवश्यक विभिन्न कार्य प्रशिक्षण, IEC आदि के लिए आर.ओ.पी. 2025-26 में विभिन्न लेखांकन मदों में राशि प्रावधानित है। जिसका उपयोग निम्नांकित नियम-शर्तों का पालन करते हुये अंकित लेखांकन मदों में किया जावे:-

Physical Target				Financial Budget (In lakh)		
S.No	District	No. of Batch for IYCF/MAA Training	No. of district for IEC activities	4 day IYCF/MAA training @Rs. 241270/- per batch for MO, SN, ANM (FMR- RCH.7 Nutrition- S.No 56.1)	IEC Activities@Rs. 25000/- per district (FMR- RCH.7 Nutrition- S.No 56.4)	Total
1	Balod	1	1	2.41	0.25	2.66
2	Balodabazar	1	1	2.41	0.25	2.66
3	Balrampur	1	1	2.41	0.25	2.66
4	Bastar	1	1	2.41	0.25	2.66
5	Bemetara	1	1	2.41	0.25	2.66
6	Bijapur	1	1	2.41	0.25	2.66
7	Bilaspur	1	1	2.41	0.25	2.66
8	Dantewada	1	1	2.41	0.25	2.66
9	Dhamtari	1	1	2.41	0.25	2.66
10	Durg	1	1	2.41	0.25	2.66
11	Gariyaband	1	1	2.41	0.25	2.66
12	Gourela Pendra Marvahi	1	1	2.41	0.25	2.66
13	Janjgir-Champa	1	1	2.41	0.25	2.66
14	Jashpur	1	1	2.41	0.25	2.66
15	Kanker	1	1	2.41	0.25	2.66
16	Kawardha	1	1	2.41	0.25	2.66
17	Khairagarh	1	1	2.41	0.25	2.66

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Physical Target				Financial Budget (In lakh)		
S.No	District	No. of Batch for IYCF/MAA Training	No. of district for IEC activities	4 day IYCF/MAA training @Rs. 241270/- per batch for MO, SN, ANM (FMR- RCH.7 Nutrition- S.No 56.1)	IEC Activities@Rs. 25000/- per district (FMR- RCH.7 Nutrition- S.No 56.4)	Total
18	Kondagaon	1	1	2.41	0.25	2.66
19	Korba	1	1	2.41	0.25	2.66
20	Koriya	1	1	2.41	0.25	2.66
21	Mahasamund	1	1	2.41	0.25	2.66
22	Manendragarh	1	1	2.41	0.25	2.66
23	Mohla-Manpur	1	1	2.41	0.25	2.66
24	Mungeli	1	1	2.41	0.25	2.66
25	Narayanpur	1	1	2.41	0.25	2.66
26	Raigarh	1	1	2.41	0.25	2.66
27	Raipur	1	1	2.41	0.25	2.66
28	Rajnandgaon	1	1	2.41	0.25	2.66
29	Sakti	1	1	2.41	0.25	2.66
30	Sarangarh	1	1	2.41	0.25	2.66
31	Sukma	1	1	2.41	0.25	2.66
32	Surajpur	1	1	2.41	0.25	2.66
33	Surguja	1	1	2.41	0.25	2.66
Total		33	33	79.62	8.25	87.87

उपरोक्त के संबंध में वित्तीय दिशा-निर्देश निम्नानुसार है:-

FMR: RCH.7 Nutrition-S.No 56.1- 4 days IYCF/MAA training - Mother Absolute Affection (MAA) कार्यक्रम अंतर्गत चिकित्सा अधिकारी, स्टाफ नर्स, ANM आदि के चार दिवसीय प्रशिक्षण हेतु राशि रु 2,41,270/- प्रति बैच (प्रति जिला दो बैच) हेतु स्वीकृत है।

FMR: RCH.7 Nutrition-S.No 56.4 IEC Activities - Mother Absolute Affection (MAA) कार्यक्रम अंतर्गत स्तनपान से संबंधित प्रचार-प्रसार हेतु IEC के लिए प्रति जिला राशि रु 25,000/- की दर से स्वीकृत है।

नियम-शर्तें:-

- 1) राशि का व्यय आर.ओ.पी. 2025-26 के अनुरूप ही किया जावे।
- 2) स्वीकृत राशि से अधिक का व्यय मान्य नहीं किया जावेगा।
- 3) व्यय करते समय शासन के मितव्ययता संबंधी समय-समय पर जारी निर्देशों का कड़ाई से पालन किया जावे।
- 4) स्वीकृत राशि को केवल RCH Flexipool संबंधित मद में ही उपयोग किया जावे। अन्य कार्यों/मदों में उपयोग नहीं किया जावे।
- 5) व्यय का मिलान संबंधित माह के व्यय पत्रक से होना चाहिए।
- 6) व्यक्तिगत अग्रिमों का समायोजन 15 दिवस के भीतर किया जावे।
- 7) छत्तीसगढ़ शासन द्वारा निर्धारित भण्डार क्रय नियम का कड़ाई से पालन किया जावे।

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- 8) राशि का उपयोग करते समय शासन/योजना/मिशन द्वारा निर्धारित नियम एवं प्रक्रिया का पालन करना होगा।
- 9) उक्त मद के अंतर्गत प्रदायित राशि का व्यय इसी वित्तीय वर्ष में नहीं किये जाने की स्थिति में अगामी वित्तीय वर्ष में बजट अग्रेषित (Carry Forward) नहीं किया जावेगा तथा अगामी वित्तीय वर्ष में किये गये व्यय मान्य नहीं किया जायेगा।
- 10) योजना अंतर्गत स्वीकृत मद कार्य आवंटित राशि के विरुद्ध आहरण करते समय देयकों के परीक्षण उपरांत ही जिस मद में आबंटन प्राप्त हुआ हो, से आहरित किया जावे।
- 11) मासिक व्यय पत्रको में शीर्ष का उल्लेख अवश्य किया जावे।
- 12) किसी भी प्रकार के अनियमित आहरण एवं व्यय की संपूर्ण जिम्मेदारी संबंधित आहरण एवं संवितरण अधिकारी की होगी।
- 13) सामग्री क्रय तथा सेवाएं लेने हेतु विधिवत् क्रय नियमों का पालन किया जावे।
- 14) समस्त भुगतान आयकर एवं कराधान नियमों का पालन करते हुये किया जावे।
- 15) वर्तमान में दी जाने वाली राशि के लेखों का संधारण अलग अलग मदवार पंजी प्रविष्टी कर रखी जावे।
- 16) उपकरणों की क्रय प्रक्रिया पूर्ण होने उपरांत प्राप्त उपकरणों एवं देयकों का सत्यापन, परीक्षण, स्टॉक एन्ट्री, फिक्सड एसेट्स एन्ट्री, कंटेन्जेसी एन्ट्री इत्यादि सुनिश्चित करें।
- 17) उक्त मद मासिक व्यय पत्रक मदवार व्यय प्रत्येक माह के 5 तारीख तक निश्चित रूप से इस कार्यालय को उपलब्ध कराये। राशि समाप्ति या वित्तीय वर्ष की समाप्ति पर अंकेक्षित उपयोगिता प्रमाण पत्र (जो भी पहले हो) निर्धारित प्रारूप में (फार्म जी.ए.आर.12 सी) में दिया जाना सुनिश्चित करें।
- 18) समस्त लेखों का संधारण टैली में ही किया जावे एवं खर्चा पत्रक लेखों के आधार पर ही अग्रिम का समायोजन किया जावे।
- 19) समस्त अन्य संस्थानों एवं व्यक्तिगत अग्रिमों का लेखांकन अलग से एडवांस रजिस्टर के माध्यम से किया जावे। बैंक रजिस्टर का मिलान टैली से होना अनिवार्य है।
- 20) व्यय से संबंधित व्हाउचर्स जहां भुगतान किया जाना है वहीं संधारित किया जावे। भुगतान किये जाने से पूर्व व्हाउचर्स पर समस्त प्रक्रिया है जैसे सत्यापन, स्टॉक एन्ट्री, पारस फोर पेमेन्ट, पैड एण्ड कैन्सलड इत्यादि पूर्ण कर ही पी.एफ.एम.एस./चैक के माध्यम से ही भुगतान किया जाना सुनिश्चित करें। रू.पांच हजार एवं उससे ऊपर के भुगतान केवल "एकाउंट पेयी एण्ड क्रोसड चैक" के माध्यम से ही किए जावे।


उप संचालक
(शिशु स्वास्थ्य)

संचालनालय स्वास्थ्य सेवायें

पु.क्र./शि.स्वा./2025/GENS-11/1305/ 66
प्रतिलिपि:-

अटल नगर, नवा रायपुर दिनांक 09/05/2025

- 1 सचिव, छत्तीसगढ़ शासन, स्वास्थ्य एवं परिवार कल्याण विभाग, अटल नगर, छ.ग.
- 2 आयुक्त सह संचालक, स्वास्थ्य सेवायें, अटल नगर, नवा रायपुर, छ.ग।
- 3 आयुक्त सह मिशन संचालक, राष्ट्रीय स्वास्थ्य मिशन, अटल नगर, नवा रायपुर, छ.ग।
- 4 राज्य वित्त प्रबंधक, राष्ट्रीय स्वास्थ्य मिशन, अटल नगर, नवा रायपुर, छ.ग।
- 5 जिला कार्यक्रम प्रबंधक, राष्ट्रीय स्वास्थ्य मिशन, जिला-समस्त, छ.ग।


उप संचालक
(शिशु स्वास्थ्य)

संचालनालय स्वास्थ्य सेवायें
अटल नगर, नवा रायपुर छ.ग.



**WORLD BREASTFEEDING
TRENDS INITIATIVE**

Breastfeeding Promotion Network of India

WBTi Global Secretariat

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