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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**



भारतीय  
जन स्वास्थ्य  
प्रतिष्ठान



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## EXECUTIVE SUMMARY

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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 6<sup>th</sup> round of WBTi for India. Earlier rounds were in 2005, 2008, 2012, 2015 and 2018. The 6<sup>th</sup> 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 6<sup>th</sup> 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

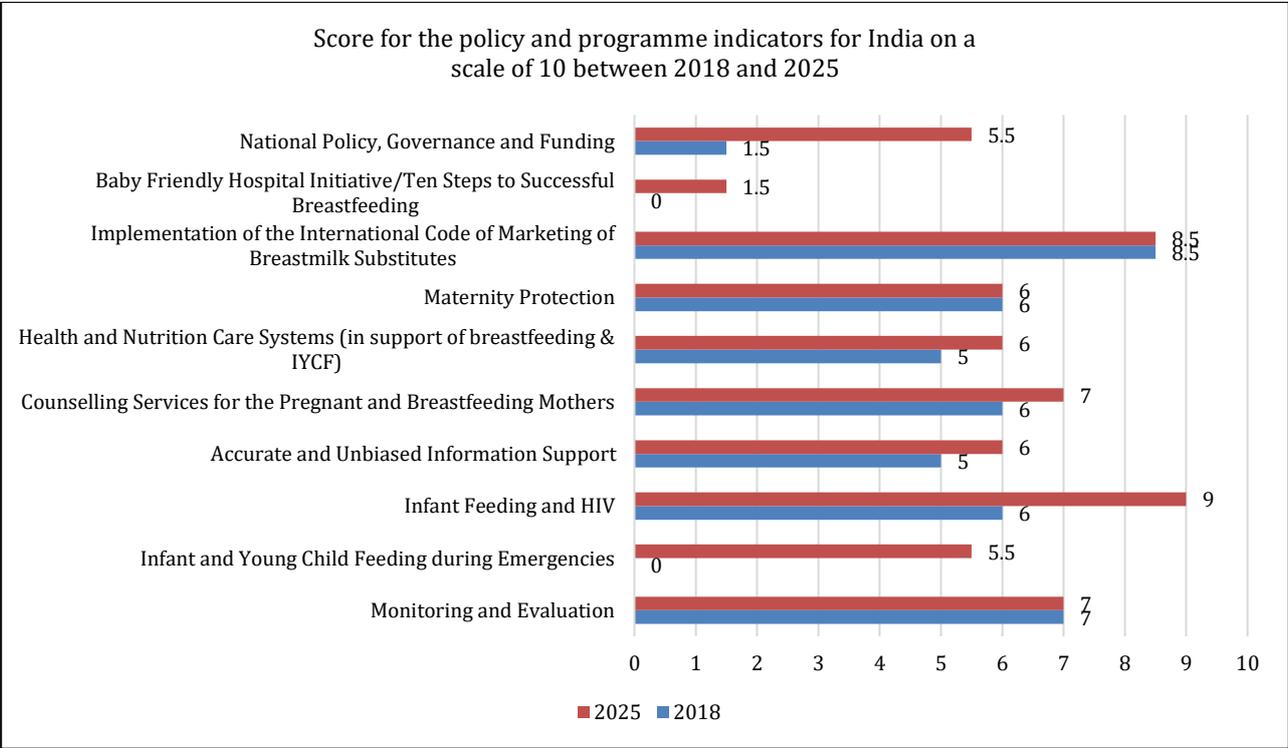


**Indicator 10. Monitoring and Evaluation**

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 79<sup>th</sup> to 41<sup>st</sup> 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.



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