**World Breastfeeding Trends Initiative (WBTi)**

**INDIA Report Card 2015**

**The State of Infant and Young Child Feeding (IYCF)**

**Policies and Programmes (Indicator 1-10)**

1. **National Policy, Programme and Coordination**
   - Concerns: national policy, plan of action, funding and coordination issues.
   - Score Out of 10: 1.5

2. **Baby Friendly Care & Baby Friendly Hospital Initiative**
   - Concerns: BFHI hospitals, training, standards monitoring, assessment and management systems.
   - Score Out of 10: 0

   - Concerns: implementation of the Code at site, monitored and enforced.
   - Score Out of 10: 9.5

4. **Maternity Protection**
   - Concerns: paid maternity leave, paid breastfeeding breaks, need for re-assessment systems.
   - Score Out of 10: 3.5

5. **Health and Nutrition Care Systems**
   - Concerns: skilled counseling services on infant and young child feeding, and its access to all women.
   - Score Out of 10: 7

6. **Mother Support and Community Outreach Community-based support for the pregnant and breastfeeding mother**
   - Concerns: skilled counseling services on infant and young child feeding, and its access to all women.
   - Score Out of 10: 6

7. **Information Support**
   - Concerns: national IEC strategy for improving infant and young child feeding, actively implemented at local levels.
   - Score Out of 10: 5.5

8. **Infant Feeding and HIV**
   - Concerns: policy and programmes to address infant feeding and HIV issues and on-going monitoring of the effects of interventions on infant feeding practices and health outcomes for mothers and infants.
   - Score Out of 10: 0

9. **Infant and Young Child Feeding During Emergencies**
   - Concerns: policy and programme on infant and young child feeding in emergencies and material on IYCF in emergencies integrated into pre-service and in-service training for emergency management.
   - Score Out of 10: 14.57%

10. **Mechanisms of Monitoring and Evaluation System**
    - Concerns: monitoring, management and information system (MIS) as part of the planning and management process.
    - Score Out of 10: 5

**Practices (Indicator 11-15)**

1. **Exclusive Breastfeeding for the first 6 months**
   - Score Out of 10: 9/10

2. **Median Duration of breastfeeding**
   - Score Out of 10: 10/10

**Total Score (Indicator 1-15): 78/150**

**Key GAPS**

- Lack of clear national policy with plan of action and allocated budgets for IYCF
- No concrete action to revive BFHI for many years
- Mechanisms to enforce the IMS Act are inadequate
- Maternity leave is inadequate for the woman to practice 6 months of exclusive breastfeeding and does not cover all women
- Inadequate skill based in-service training on IYCF for health care providers, including doctors
- Inadequate coverage of women having access to community-based support systems such as daycare services and services of infant and young child feeding counselling
- There is no strategy in place to provide a clear direction for communication for improving breastfeeding or infant and young child feeding practices in the country that takes commercial influence into account
- There is inadequate training of health staff and community workers on feeding options in the context of HIV/AIDS and therefore mothers are not properly supported in their decisions
- There is no policy or even a guideline to deal with infant and young child feeding during emergencies/disasters
- Lack of monitoring and evaluation of the IYCF components in government health and nutrition programme.

**Key Recommendations**

- A national policy on Infant and Young Child Feeding should be developed and the existing National Guidelines on IYCF may form a baseline document that could be reviewed
- MOHFW should take immediate steps at national and state level to revive BFHI and set up a national coordination committee and institutionalize it through NNM and child health division
- Government of India/State governments should develop an effective mechanism to enforce the IMS Act in its letter and spirit
- Government of India to take action for implementation of NFSA provision for uniform maternity entitlements for all women as a minimum maternity entitlement
- Government of India in partnership with States should develop standard training curriculum /module for in-service skill based training on IYCF counselling for health workers, including doctors
- Government of India/Ministry of Women and Child Development needs to make provisions for implementation of the existing laws & policies, so that all women have access to community-based services on infant and young child feeding counselling
- A strategy document on communication should be developed and part of the policy on IYCF that should guide the states for IEC for IYCF keeping commercial influence and conflict of interest in mind
- NACI and MOHFW should craft a clear policy on training of health workers on infant feeding options and how to support a mother in a given option to achieve good outcomes
- There should be a national policy to deal with infant and young child feeding during disasters and the National Disaster Management Authority (NDMA) should take responsibility for this work
- Government of India should have regular or periodical routine national surveys on IYCF practices.

![Image of WBTi report card showing scores and key recommendations](image-url)
India Assessment 2015

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

The core group comprised of few umbrella networks/organizations and an initial meeting was held on 17th March, 2015 to introduce the concept, tool and process. The core group comprised of the following organizations/networks:
1. Breastfeeding Promotion Network of India (BPNI)
2. Public Health Resource Network (PHRN)
3. National Institute of Public Co-operation and Child Development (NIPCCD)
4. Alliance for Right to ECD
5. Working Group for Children Under Six (WGCU6)
6. Doctor’s ForYou
7. Lady Harding Medical College (LHMC)

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

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

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

Convention on the Rights of the Child (CRC)

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

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

Recommendations of the CRC Committee Session 66/2014
Prioritize the development of the National Plan of Action to implement the 2013 National Policy for Children; expeditiously improve its data collection system; provide all professionals working for and with children with adequate and systematic training in children’s rights; the existing disparities in access to and quality of health services, including by establishing partnerships with the private sector; ensure that appropriate resources be allocated to the health sector, with particular attention to specific maternal and child health care policies, programmes and schemes to improve the health situation of children, in particular to respond to high rates of acute respiratory infections, malnutrition and diarrhoea; ensure the effective implementation of the National Food Security Act. Enhance efforts to promote exclusive breastfeeding practices, including the promotion of breastfeeding from birth, complementary feeding strategies with or without provision of food supplements as well as micronutrient interventions for mothers; ensure the effective implementation of, and compliance with, the International Code of Marketing of Breastmilk Substitutes, and establishment of a monitoring and reporting system to identify violations of the Code, as well as of stringent measures in all situations of violations of the Code. Violations include the promotion and distribution of samples and promotional materials by the private sector institutions involved in the Infant Formula marketing and distribution.