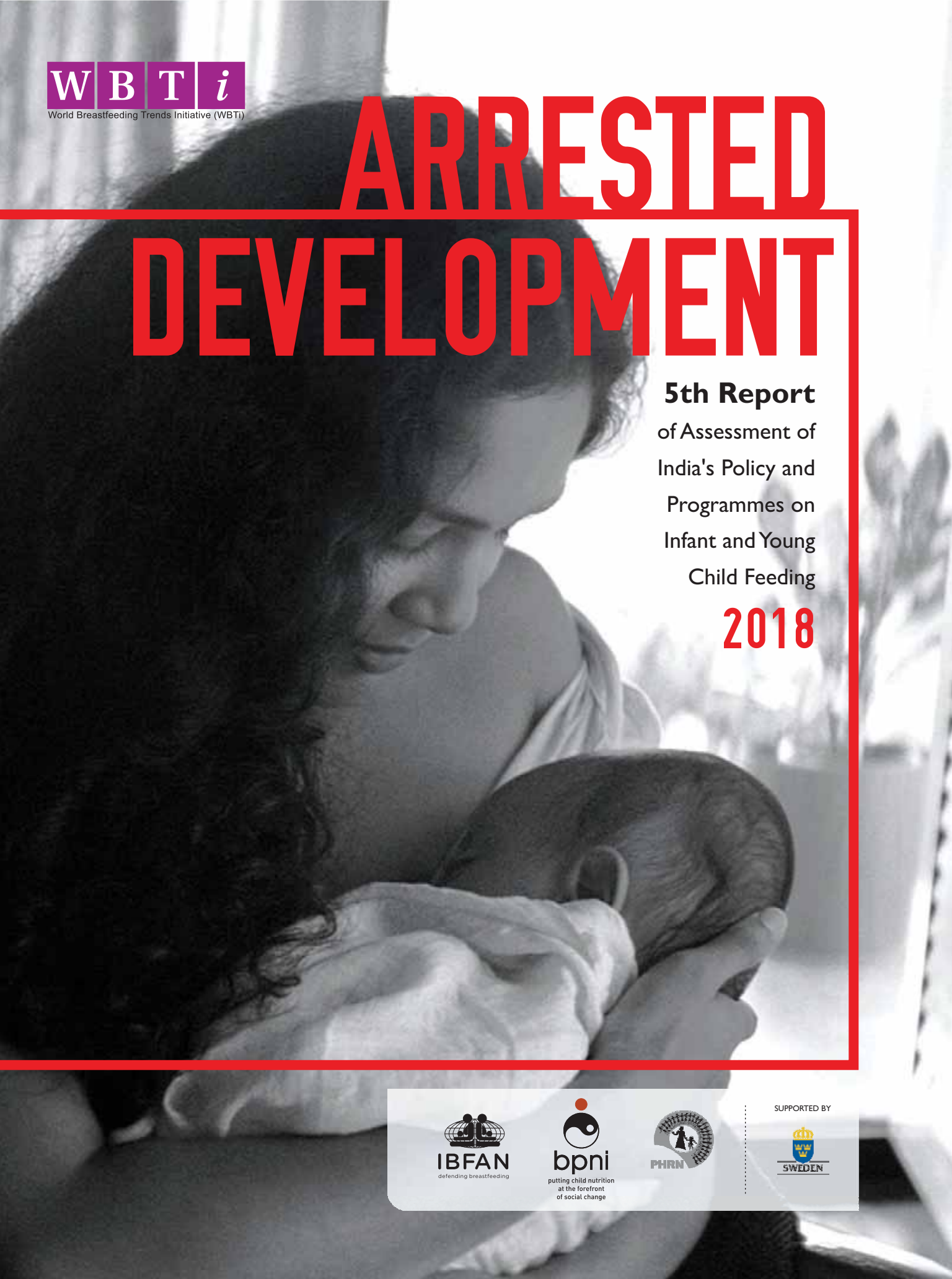
WBTi
World Breastfeeding Trends Initiative (WBTi)

ARRESTED DEVELOPMENT

5th Report

of Assessment of India's Policy and Programmes on Infant and Young Child Feeding

2018



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5th Report
of Assessment of India's Policy and Programmes on Infant and Young Child Feeding

2018

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MESSAGE

I am happy to launch "Arrested Development" the 5th Report of Assessment of India's Policy and Programmes on Breastfeeding and Infant and Young Child Feeding 2018. I understand that the report has used the tools and methodology of the World Breastfeeding Trends Initiative (WBT*i*), which is based on WHO tools. Timing of the Report could not be more appropriate as the launch comes on the concluding day of World Breastfeeding Week 2018 (August 1 to 7).

It is a valuable report prepared by the group of, professional agencies, public health and nutrition experts, international agencies, medical colleges, led by the Breastfeeding Promotion Network of India (BPNI) and Public Health Resource Network (PHRN). The report highlights the gaps and recommendations in ten areas concerning breastfeeding and IYCF, which include involvement of a wide range of sectors including Women and Child, Health and Family Welfare, Labour, Rural Development, NACO, NDMA and others.

The report envisages actions to bridge the gaps, which are worthy of consideration of the Government of India in leading the way towards developing a plan of action for National and State level activities. The report lists specific actions for moving forward and refers to tools for developing and costing of the National and State Action Plans. I believe that actions need to be coordinated both among Sectors and State Governments, and many types of activities are involved including capacity building, annual surveys, annual review meetings, planning and budgeting, among others. Needless to say, the way to put IYCF on a high priority deserves concerted efforts to improve the outcomes.

Government of India is committed to improve the health, nutrition and development of infants and young children as well as the health and nutrition of mothers. POSHAN *Abhiyaan*, a new initiative, provides a unique opportunity, synergizing maternal and child nutrition interventions under Anganwadi Services Scheme, Pradhan Mantri Matru Vandana Yojana, Pradhan Mantri Surakshit Matritva Abhiyan, Mission Indradhanush, National Health Mission and various other multi-sectoral initiatives.

I look forward to prioritised attention to IYCF-related policies and programmes and hope that every sector will respond to the gaps delineated in the report and possible actions suggested. This will certainly improve Infant and Young Child Feeding and caring practices. The report is a commendable input for the policy makers. I also express hope that similar actions may be undertaken at State and District levels, recognising the need to catalyse action at field levels.

I congratulate Breastfeeding Promotion Network of India for this pioneering effort and look forward to our continued and enriched partnership in promoting infant and young child survival, optimal growth and early development.

(Rakesh Srivastava)

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Acknowledgement

We are extremely grateful to the core group members Dr. Umesh Kapil, Department of Human Nutrition, All India Institute of Medical Sciences (AIIMS); Prof. HPS Sachdev, Sitaram Bhartia Institute of Science and Research; Dr. Praveen Kumar, Kalawati Saran Children's Hospital; Dr. Ravikant Singh, Doctors For You; Dr. Geeta Trilok Kumar, Institute of Home Economics; Dr. Rita Patnaik, National Institute of Public Cooperation and Child Development; and Ms. Gayatri Singh, UNICEF India, for their time and commitment and being part of conducting the 5th WBT*i* assessment of policy and programmes and reporting. We thankfully acknowledge the contribution of policy makers, government representatives, civil society organizations, professionals, and community leaders, in the process of developing recommendations to bridge the gaps. This huge assignment would not have been possible without the untiring efforts of our staff members who helped to facilitate in conducting the assessment and reporting. We specially thank AIIMS and UNICEF for having provided the space for discussions and sharing meetings.

Dr. Vandana Prasad and Dr. Arun Gupta
The World Breastfeeding Trends Initiative (WBTi), India 2018

Acronyms

AIIMS	All India Institute of Medical Sciences
ART	Anti-Retroviral Therapy
ARV	Anti-Retro Viral
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BFHI	Baby-Friendly Hospital Initiative
BMS	Breastmilk Substitutes
BPNI	Breastfeeding Promotion Network of India
BOT	Bottle Feeding Rate
DM	District Magistrate
FAO	Food and Agriculture Organization
FNB	Food & Nutrition Board
GNI	Gross National Income
HBYC	Home Based Care for Young Child
HIV	Human Immunodeficiency Virus
IAP	Indian Academy of Pediatrics
IBFAN	International Baby Food Action Network
ICDS	Integrated Child Development Services
IEC	Information, Education and Communication
IFE	Infant Feeding in Emergencies
IGMSY	Indira Gandhi Matritva Sahyog Yojana
ILO	International Labor Organization
IMNCI	Integrated Management of Newborn and Childhood Illness
IMS Act	Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003
INAP	India Newborn Action Plan
IYCF	Infant and Young Child Feeding
KSCH	Kalawati Saran Children's Hospital
MAA	Mothers' Absolute Affection
MBA	Maternity Benefit Act
MNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MoHFW	Ministry of Health and Family Welfare
MoWCD	Ministry of Women and Child Development

NABH	National Accreditation Board for Hospitals
NACO	National AIDS Control Organization
NCDs	Non-communicable Diseases
NDMA	National Disaster Management Authority
NFHS-4	National Family Health Survey 4
NGO	Non-governmental Organization
NFSA	National Food Security Act
NHM	National Health Mission
NIDM	National Institute of Disaster Management
NIPCCD	National Institute of Public Cooperation and Child Development
NITI	National Institution for Transforming India
PHRN	Public Health Resource Network
PIF	Powdered Infant Formula
PMMVY	Pradhan Mantri Matru Vandana Yojna
PMO	Prime Minister's Office
PMSSSY	Pradhan Mantri Stanpan Samvardhan evam Suraksha Yojna
POSHAN	PMs Overarching Scheme for Holistic Nourishment
PPTCT	Prevention of Parent-To-Child Transmission
RTI	Right to Information
SAARC	South Asian Association for Regional Cooperation
SDGs	Sustainable Development Goals
UNICEF	United Nations Children's Fund
VCCT	Voluntary and Confidential Counselling and Testing
WB	The World Bank
WBTi	The World Breastfeeding Trends Initiative
WHA	World Health Assembly
WHO	World Health Organization

Contents

PIC: RUHAAN

Executive Summary

Optimal feeding of infants and young children is critical to their overall development, nutrition and health. As mounting evidence shows, it also provides long-term benefits to reduce non-communicable diseases (NCDs). 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. To achieve the targets, global agencies like the World Bank, WHO and UNICEF recommend actions to be taken on at least seven interventions with a dedicated funding.

The World Breastfeeding Trends Initiative (WBT*i*) is a process that uses an innovative tool adapted from the WHO's tool and developed by Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN) Asia, for assessing and monitoring the state of implementation of the Global Strategy for Infant and Young Child Feeding. The WBT*i* assessments are typically done every 3 to 5 years to study the impact of existing interventions and actions being taken to bridge the gaps and remove barriers. The WBT*i* has 15 indicators: Indicators 1-10 deal with Infant and Young Child Feeding (IYCF) policy and programmes and 11-15 deal with IYCF practices. Each indicator has a key question to be answered along with subset of questions. Once the assessment is done, the data is fed into a web-based toolkit for scoring, and color-coding as per 'IBFAN Asia's guidelines'.

The focus of the WBT*i* assessment remains on policy and programmes considering the IYCF practices to be the result of inputs from these. The present assessment is the fifth round of WBT*i* for India following rounds in 2005, 2008, 2012 and 2015. Public Health Resource Network (PHRN) and BPNI jointly coordinated the India assessment from April to June 2018, along with core group partners. The group met to discuss the methodology, worked on the draft assessment of each indicator, shared the results with all members and sought clarifications on the findings, and then prepared the draft report to be shared and to reach a consensus on the gaps and recommendations. Once achieved the WBT*i* software provided the colour coding and scoring.

The 5th report of India's assessment lays bare various gaps in policy and programmes, showing that the country has failed to make progress in key indicators, gaining just one point (45/100) over the last assessment (44/100) in 2015. An overarching reason is that India has inadequate budget, plan and coordinated action on IYCF. The WBT*i* tool continues to pick up this weakness round after round.

India has failed to make progress in key policy and programme indicators, gaining just one point 45/100 over the last assessment 44/100 (2015)

The table 1 below provides the breakdown of the overall score:

Table 1: Indicators1-10 Policy & Programmes (WBT*i* part I)

INDICATOR	INDICATOR NAME	INDIA SCORE (out of 10) 2015	INDIA SCORE (out of 10) 2018
1	National Policy, Programme & Coordination	1.5	1.5
2	Baby Friendly Care &Baby Friendly Hospital Initiative	0	0
3	Implementation of Int. Code of Marketing of Breastmilk Substitutes	9.5	8.5
4	Maternity Protection	3.5	6
5	Health & Nutrition Care System	7	5
6	Mother Support & Community Outreach	6	6
7	Information Support	6	5
8	Infant Feeding & HIV	5.5	6
9	Infant and Young Child Feeding during Emergencies	0	0
10	Mechanisms of Monitoring & Evaluation System	5	7
Total		**44/100**	**45/100**

KEY FINDINGS AND RECOMMENDATIONS

The findings from 10 indicators of policy and programmes, present a composite index of level of support women receive to remove barriers. A brief summary of each indicator along with key recommendations is as follows:

Indicator 1 - National Policy, Programme and Coordination

India scored 1.5 out of 10 in 2015 and score in 2018 stands the same. The Ministry of Women and Child Development (MoWCD), which is responsible for overall coordination of the issues around breastfeeding and IYCF, does not have an officially adopted policy either dedicated to IYCF or within other relevant national policies though comprehensive guidelines have been in existence for some time. The lack of policy also hinders a dedicated plan of action and attached budgets. There is a National Steering Committee chaired by the Secretary MoWCD to take decisions on IYCF, and it has met twice till date in September 2015 and November 2017. Most of the decisions taken in these two meetings have not been implemented so far. MoWCD has developed national IYCF guidelines (2006), which need to be converted into policy, and coordination needs to be strengthened both at the centre and states. The way forward includes documented action plans addressing the interventions needed to remove the barriers women face. The central government and state governments need to allocate sufficient funds as

Dedicating funding for implementing policy and programme interventions could be a turning point

recommended by World Bank's "Framework for Investment in Nutrition", to implement these interventions. As MoWCD and the Ministry of Health and Family Welfare (MoHFW) are moving forward on the "Operational guidelines on infant and young child feeding", it may be worthwhile exploring funding for it through a special scheme. This could make a huge difference. Considering the high importance of IYCF to infant mortality, health and nutrition, giving it due weightage through the enactment of a policy / incorporation of the guidelines into policy or even giving it a legal status should be seriously considered. The newly launched POSHAN Abhiyaan and existing NHM are perfect platforms to act.

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

India launched the Mothers' Absolute Affection (MAA) programme in 2016 that subsumed all activities proposed under this indicator which addresses how health facilities assist women to breastfeed when they deliver and stay in hospitals before going home. This scheme is in an early phase and has some limitations such as not covering the private sector and not offering any accreditation or score. This indicator scored 0/10 in 2015 and has not made any progress in 2018. It is imperative to strengthen the implementation of this intervention and to scale it up. The Aspirational Districts programme is an opportunity that can be utilized in the first phase of scaling up. Coordinated approach at the centre and states, capacity building of states, appointing counsellors in health facilities, and monitoring every three years to assess how hospitals fare in process and outcome indicators are essential interventions. While the LaQshya programme emphasizes on first hour breastfeeding, it should add guideline on use of infant formula according to the WHO guidance.

Indicator 3 - Infant Milk Substitutes, Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003

This indicator looks at how India followed up the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions. 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). India scored 9.5/10 in 2015, but this has decreased to 8.5 in 2018. The enforcement of the law is losing ground as companies have stepped up their marketing and are aggressively promoting their products in the health sector. Monitoring of IMS Act is weak, with no authorised government officers right upto the district level, it largely depend upon a set of NGOs for monitoring the Act. Legislative proceedings against violators have also been tardy during this round of assessment. Unless the Act is effectively enforced the situation can worsen. What is required is to issue a notification under section 21(1)(c) of the Act to 'authorise officers' at the district level, build their capacity to take action against violators, and create awareness of the law among health workers and the general public, and that too in a time bound manner.

Indicator 4 - Maternity Protection

This is a critical indicator that looks at work place support, maternity leave, breastfeeding breaks in the formal sector and informal sector, as well as paternity leave, health protection to women and discrimination against them at the work place for an enabling environment for women to breastfeed successfully. India scored 3.5/10 in 2015, which has gone up to 6 in 2018 because of the revision of the

Maternity Benefit Act (MBA) of 1961 in 2017. This has increased maternity leave for women working in the formal sector from 12 weeks to 26 weeks. The Pradhan Mantri Matru Vandana Yojna (PMMVY), which is applicable to women working in the informal sector as well as home-makers, is not yet universalized, demonstrating a clear lack of intent to convert policies into actions that benefit all women. Further, there is very obvious discrimination between the entitlements due to women in the formal sector and those in the informal sector/home-makers, not only in terms of financial benefits, but also because there are several conditionalities attached to availing the benefits for women in the informal sector. The Government of India should consider creating a fund for PMMVY and a mechanisms to include all women under the MBA Act, which must be monitored closely along with information to all families about its provisions.

▼ **Indicator 5 - Health and Nutrition Care System**

This indicator looks at skills and capacity of health workers on breastfeeding/IYCF, pre-service curriculum, and birthing practices. In 2015, India scored 7/10, which has come down to 5/10 in 2018 essentially due to a lack of skilled capacity. As 18% of all births are low birth weight babies, they need intensive lactation support.

India has launched its new POSHAN Abhiyan (National Nutrition Mission) and announced 'Health and Wellness Centres' as a key strategy for preventive care, creating an opportunity for building the capacity of millions of community workers in skilled IYCF counselling, for increasing geographic spread, improved standards and guidelines for birthing, and training of workers on the IMS Act.

❚❚ **Indicator 6 - Mother Support and Community Outreach: Community-based support for the pregnant and breastfeeding mother**

This indicator looks at the outreach programmes to families and mothers on infant and young child feeding practices. India scored 6/10 in 2015, as well as in 2018. There are gaps in the ante-natal and post-natal counselling services and support including day care services and on site support. Further, the outreach is not universal. Community based counselling currently relies on the ASHA or AWW, however they lack adequate training. Therefore, the governments should strengthen the block level team and link to village level peer/mother support networks/groups.

▼ **Indicator 7 - Information Support**

This indicator looks at Information, Education and Communication (IEC) strategy, accuracy of messages, campaigns, communication on risks of artificial feeding etc. without any bias, conflict of interest and interference from the commercial sector. In 2015, India scored 6/10, and in 2018, 5/10. Lack of an IEC policy and strategy on optimal feeding practices, failure to address the risks of using formula feeding, and lack of attention to W.H.O. guidance on safe preparation of infant formula are reasons behind the low score. POSHAN Abhiyaan could enhance positive behaviour change in IYCF practices. It would add great value if the IEC is used as a strategy along with counselling services to reach all women.

▲ **Indicator 8 - Infant Feeding and HIV**

This indicator looks at the national policy to deal with infant feeding options for HIV positive parents.

India scored 5.5/10 in 2015 and 6/10 in 2018. MoHFW and National AIDS Control Organization (NACO) have made advances in creating guidelines and capacity building of Anti-Retroviral Therapy (ART) counsellors for IYCF Counselling in the context of HIV/AIDS; the guidelines need to be aligned with updated global recommendations. Opportunity lies in the newly launched MAA programme to integrate this component, build the skills of all ART counsellors on breastfeeding and IYCF and reach out to all HIV positive parents as well as other situations like disasters. India has made significant progress in the form of updating Prevention of Parent-To-Child Transmission (PPTCT) guidelines and recommending lifelong ART to all pregnant women irrespective of their immunological or clinical stage.

Indicator 9 - Infant and Young Child Feeding during Emergencies

This indicator looks at how we handle safety of infant feeding during disasters, how women and children are supported for appropriate feeding given that disasters occur frequently in the country. India scored a zero on this front. In fact, the National Disaster Management Plan, 2016 makes provisions for baby foods without addressing its safety during feeding. It does not address the supply issue for supporting breastfeeding. In spite of available global guidance, no one is designated as a nodal person. This may be an area that the National Disaster Management Authority (NDMA) and MoHFW could jointly address and develop a policy and plan that includes capacity building, skilled trainings for preparing a team of counsellors in each district to help provide emotional support to women with young infants to breastfeed and reduce the risk of artificial feeding.

Indicator 10 - Mechanisms of Monitoring & Evaluation System

India gets a score of 7 out of 10 in this indicator, which is an increase of 2 points since 2015. Monitoring and evaluation are critical components of strong policy support for IYCF. The higher score indicates a positive progress in monitoring and evaluation components, which are gradually being built into major infant and young child feeding programmes. However, the response is weak and needs to be strengthened. Annual surveys may be added with representative samples at sentinel sites. Opportunity lies in the India's new Aspirational District programme in which Health and Nutrition is given 30% weightage and has 13 indicators including 2 on early breastfeeding and adequacy of complementary feeding.

Indicators 11-15 - Infant and Young Child Feeding Practices

The WBT*i* gathers data on five indicators of infant and young child feeding practices from the latest national health surveys. Table 2 presents the comparison of IYCF practices in 2015 and 2018. The data highlights the drop in exclusive breastfeeding, and a substantial reduction in timely introduction of complementary feeding, reflecting lack of progress on implementation of interventions that make a difference.

The total scores of indicators 11-15 remain the same as it was in 2015 i.e. 34/50. The data source for IYCF practices is National Family Health Survey (NFHS)-4 (2015-16). The bottle-feeding rates have been calculated using BOT calculator given by WHO. Recommendations to improve policy and programmes are discussed in detail as the key to improvement lies in strengthening policies and programmes.

The table 2 provides status and scores of IYCF practices (WBT*i* part II)

Table 2: Indicators 11-15 IYCF Practices

INDICATOR	IYCF PRACTICES	STATUS IN 2015	Score 2015 (out of 10)	STATUS IN 2018 (NFHS 4)	Score 2018 (out of 10)
11	Early Initiation of Breastfeeding	44.6% *	6	41.5%	6
12	Exclusive Breastfeeding for the first 6 months	64.9% *	9	54.9%	9
13	Median Duration of Breastfeeding	24.4 months **	10	29.6 months	10
14	Bottle–Feeding	14.6% **	6	17.3%	6
15	Complementary Feeding - introduction of solid, semi-solid or soft foods	50.5% *	3	42.7%	3
Total			**34/50**		**34/50**

* RSOC ** NFHS-3

WBTi
World Breastfeeding Trends Initiative (WBTi)

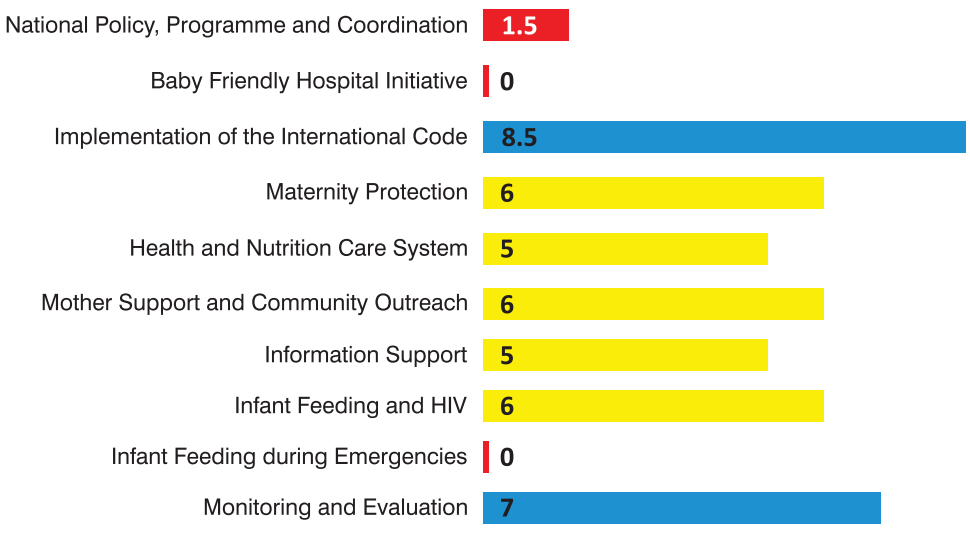
INDIA
Report Card 2018

79/150

THE STATE OF INFANT AND YOUNG CHILD FEEDING (IYCF)

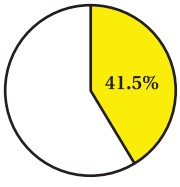
Policies and Programmes (Indicator 1-10)

[score out of 10]

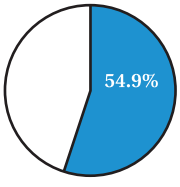


Total Score (Policy and Programmes) 45/100

Practices (Indicator 11-15)

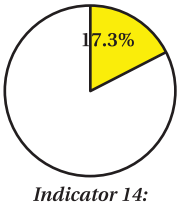


Indicator 11:
Early Initiation of Breastfeeding (Score: 6/10)

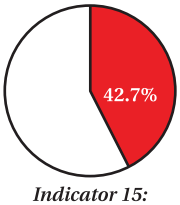


Indicator 12:
Exclusive Breastfeeding for the first 6 months (Score: 9/10)

29.6 months
Indicator 13:
Median Duration of breastfeeding
(Score: 10/10)



Indicator 14:
Bottle-feeding (Score: 6/10)



Indicator 15:
Complementary Feeding (Score: 3/10)

Total Score (Practices) 34/50

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

1. The level of achievement of infant feeding practices is taken in 'percentage' except median duration, which is an absolute number of months.
2. 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.
3. 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 IBFAN Asia Guidelines for WBTi . Each indicator is scored out of maximum of 10.
4. IBFAN Asia Guidelines for WBTi 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.
5. Total score of all indicators 1 to 15 is calculated out of 150.

India Assessment 2018

The present assessment is the fifth round of WBTi for India following 2005, 2008, 2012, and 2015. This assessment has been jointly carried out by the core group i.e. Breastfeeding Promotion Network of India (BPNI), Public Health Resource Network (PHRN), WHO, UNICEF, All India Institute of Medical Sciences (AIIMS), Sitaram Bhartia Institute of Science and Research, National Institute of Public Co-operation and Child Development (NIPCCD), Institute of Home Economics, Doctors for You and Kalawati Saran Children's Hospital between April and June 2018. The core group met twice to discuss the findings of each of the indicators and reach a consensus on scoring, gaps, and recommendations.

For each indicator, primary responsibility was invited from an organization that has been working on the issue. They were further advised to hold secondary meetings with other related organizations and create a draft analysis, gaps and recommendations for their indicator. Some of the evidences collected by BPNI were shared with the group.

Once the draft report had been created, a consensus meeting was called upon and the findings were presented to a larger group of experts attended by 33 persons from governments, academic institutions, civil society organization etc. The invitees made significant suggestions; however there was a high level of consensus on the findings. The discussions at the consensus meeting were taken into account into finalizing this report.

Key GAPS

1. Coordination on breastfeeding/IYCF issues is lacking at Centre and States.
2. No plan of action or dedicated funding for implementation of breastfeeding/IYCF policies and programmes.
3. Mechanisms to enforce the IMS Act are inadequate.
4. Weak implementation of 'Ten steps to successful breastfeeding"
5. Community support and counselling is inadequate.
6. Current laws and policies on maternity benefits do not include majority of the women working in informal sector.

Key Recommendations

1. Strengthen coordination, develop a plan of action for the country and each state including fixing targets to achieve by 2025.
2. Allocate funding for achieving the targets by 2025.
3. Strengthen capacity of the maternity staff in skills for counselling and support to women both in public and private health facilities.
4. Set up block level teams to supervise and mentor family level counselling in the community.
5. Enforce IMS Act at district level by authorsing officers.
6. The Maternity Benefit (Amendment) Act 2017 may be clarified to include all women workers engaging in the informal/unorganized and agricultural sectors, and universalise PMMVY urgently.

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 on the situation on the issue of infant and young child feeding in India.

Recommendations of the CRC Committee 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.

For detailed report please contact:

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July 2018

Introduction

In the year 2002, the WHO and UNICEF jointly developed the *Global Strategy for Infant and Young Child Feeding* in consultation with over 100 Member States. The World Health Assembly later adopted this. With an aim to revitalize efforts to protect, promote and support breastfeeding and optimal infant and young child feeding practices, the strategy called for a plan of action with clear objectives, outputs and monitoring indicators as well as allocation of resources. The strategy provided a framework for action in ten areas of policy/programmes. To assess and track it, the WHO provided a tool in 2004, "Infant and Young Child Feeding - A tool for assessing national practices, policies and programmes"

In 2005, IBFAN Asia at BPNI adapted the WHO tools to launch the World Breastfeeding Trends Initiative (WBT*i*). The WBT*i* has four components. One, it serves as a lens to find out gaps in policy and programmes in a standard way. Other three are reporting, colour coding/ranking and generating action to call for a change at country level.

The World Health Assembly (WHA) adopted a resolution in 2012 to set global nutrition targets that included increasing exclusive breastfeeding from 38% in 2012 to 50% in 2025. In 2017, the Global Breastfeeding Collective has been formed to achieve these targets. WHO and UNICEF lead the Collective, with 20 international networks/organizations as its members including IBFAN. The Collective has called upon all nations to implement 7 policy asks, one of which is monitoring the progress of policy, programmes and funding for breastfeeding. By 2030, at least three-quarters of the countries of the world (meaning more than 150 Member States) are expected to conduct WBT*i* assessment at least every 3-5 years. WBT*i* also keeps updating the tool to reflect World Health Assembly resolutions.

In 2018, the World Health Assembly (WHA) adopted a resolution which urged the Member States to increase investment in monitoring and evaluation of laws, policies and programmes on breastfeeding.

The WBT*i* is now being implemented in more than 120 countries from all regions of the world and 97 have completed the exercise and have prepared reports. The WBT*i* recommends repeating the assessment every three to five years to look at trends, and 35 countries have done so more than once. India is doing it for the fifth time.

The 5th WBT*i* assessment of India has been achieved in key partnership of PHRN and BPNI, along with the core group of several organizations including UNICEF, NIPPCD, Kalawati Saran Children's Hospital, Sitaram Bhartia Institute of Science and Research, Doctors for You, Institute of Home Economics and All India Institute of Medical Sciences.

From April to June 2018, an initial assessment and analysis was accomplished on all the policy, programme and practice indicators taking into consideration national programmes and guidelines that exist. Draft findings were later shared with a larger group of partners in India on 8th June, 2018 to seek their inputs and build consensus around gaps and recommendations. Further, meetings with respective departments of the Government of India were arranged to share draft findings with Secretary MoWCD, Member, Niti Aayog, NDMA and seek feedback from policy makers on the recommendations and way forward.

The WBTi is now being implemented in more than 120 countries from all regions of the world and 97 have completed the exercise and have prepared reports.

Presenting draft findings to Sh. Rakesh Srivastava, Secretary, MoWCD, GOI on 13 July 2018

The result is the 5th Report of assessment of India's policy and programmes on breastfeeding and IYCF 2018 based on WBT*i* tools.

The report includes a brief background, and the current state of infant and child health and nutrition in India. It also gives the methodology/process of assessment. Each indicator, from 1-10, with its subset of questions and scores are discussed and the sources of the evidence behind the scores are also included. The results of the 2018 assessment are compared with the 2015 assessment to study trends. A list of gaps and a set of recommendations are included at the end of each indicator after a concluding remark that emerged from the analysis the group made based on available information, global guidance and updated scientific evidence. The recommendations are meant to assist the removal of barriers to breastfeeding and bridge the gaps in each indicator.

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

Finally, the report includes the details of the process followed, decisions of the National Steering Committee on IYCF and the comments on the WBT*i* questionnaire itself.

Background

According to the available scientific evidence, globally breastfeeding could save lives of more than 820,000 children and 20,000 women annually. It can also save more than 300 billion dollars for the nations every year, the money spent on healthcare costs of not breastfeeding and not achieving potential gains in earning capacity[1]. According to a study by the World Bank[2], the return on every dollar invested in reaching the global nutrition targets of exclusive breastfeeding is $35. The analysis of the Global Breastfeeding Collective 2017 notes that for India "Despite a reported 55 percent exclusive breastfeeding rate in children below the age of six months, the large population in India and high under five mortality means that an estimated 99,499 children die each year as a result of diarrhea and pneumonia that could have been prevented through early initiation of breastfeeding, exclusive breastfeeding for the first six months, and continued breastfeeding. The high level of child mortality and growing number of deaths in women from cancers and type II diabetes attributable to inadequate breastfeeding is estimated to drain the Indian economy of $7 billion. Together with another $7 billion in costs related to cognitive losses, India is poised to lose an estimated $14 billion in its economy, or 0.70 percent of its GNI each year."

Breastfeeding plays a role in decreasing mothers' risk for breast cancer and reduces the risk of non-communicable diseases, such as type 2 diabetes and prevalence of overweight / obesity. Breastfeeding also helps to increase children's IQ[3] and promotes a strong bond between the mother and infant. Finally, breastfeeding is directly linked to the attainment of at least four of the Sustainable Development Goals (SDGs) i.e. health, nutrition, poverty and inequity reduction.[4] According to WHO, suboptimal breastfeeding (specifically non-exclusive breastfeeding) and inadequate complementary feeding contributes to stunting, wasting and childhood overweight.[5]

The high level of child mortality and growing number of deaths in women from cancers and type II diabetes attributable to inadequate breastfeeding is estimated to drain the Indian economy of $7 billion.

Only 2 out of 5 women initiate early breastfeeding, 1 out of 2 women are able to exclusively breastfeed and only 1 out of 10 children get adequate complementary feeding

State of infant and young child feeding practices in India

Despite all this evidence, breastfeeding rates are low and stagnant, and the country is unable to reap its benefits. India's nutrition status is making slow progress in reduction of underweight, stunting and wasting. NFHS-4[6] data shows that for children below five-years 38.4% are stunted, 21% wasted and 35.7% underweight. Undernutrition sets in during the first two years of life, and even more so during the first year. The period is critical from the development point of view as the brain develops about 85% by the end of two years. On the health front, infant mortality (79 to 41) and under-five mortality (109 to 50) is slowly coming down since NFHS-1 (1992-93) to NFHS-4 (2015-16), but there is an opportunity to improve it rapidly.

Early initiation of breastfeeding within one hour of birth is 41.5%, i.e. only 2 out of five women are practicing it. Exclusive breastfeeding for the first six months is 54.9% i.e. 1 out of 2 women are able to carry out exclusive breastfeeding. Introduction of complementary feeding between 6-8 months is 42.7%, and adequate complementary feeding and minimum acceptable diet among 6-23 months children is alrmingly low at 9.6% i.e only 1 out of 10 children get adequate complementary foods. On the other hand, the sale of baby foods (infant formula and infant foods) is increasing at a rapid pace in India. A report of the Euromonitor International has shown a market worth of 23,840 million rupees (349.05 Million USD) in 2012 which has increased to 40,386 million rupees (591.3 Million USD) in 2016 (conversion rate USD 1 = INR 68.29), which is a cause of concern. This primarily denotes aggressive marketing practices by the baby food companies.[7]

Analysis of progress in infant and young child feeding practices

In terms of breastfeeding practices, India has come a long way since the decline in 70s and 80s of the last century.[8] Analysis of data on time trends in infant feeding practices between NFHS-3 (2005-06)[9] and NFHS-4 (2015-16)[10] shows that there has been an increase in early initiation of breastfeeding and exclusive breastfeeding up to 6 months.

Early initiation of breastfeeding within one hour

Between NFHS-3 (2005-06)[9] and NFHS-4 (2015-16)[10] there has been an increase in early initiation of breastfeeding from 23.4 to 41.5% (1.7% increase per year). State- wise analysis reveals that there has been improvement from NFHS-3 all over India, except in Uttarakhand, Himachal Pradesh, and Tamil Nadu. The NFHS-4 also shows that 21% newborns receive pre-lacteal feeds (any feeds given before breastmilk is regularly given). While around 79% mothers had institutional delivery only 41.5% succeeded in initiating breastfeeding within an hour.

Exclusive breastfeeding during 0-6 months

Data from NFHS-4 indicate that during 0-6 months, 54.9% women exclusively breastfeed their infants (improvement of 1% per year since NFHS-3). Most of the states except Arunachal Pradesh, West Bengal, Kerala, Karnataka, Chhattisgarh, and Uttar Pradesh showed an improvement. Median duration of exclusive breastfeeding increased from 2 months to 2.9 months; exclusive breastfeeding rate at 6 months has gone up from 26 to 41%.

Median Duration of Breastfeeding
Median Duration of Breastfeeding had increased from 24.4 months in NFHS-3 to 29.6 months in NFHS-4.

Complementary Feeding
Data from NFHS-4 indicate that, 10% of infants receive complementary feeding before 6 months, 58% infants get complementary feeds after 8 months. Between NFHS-3 and NFHS-4 there has been a 10% point decline in infants initiating complementary feeding between 6-8 months. Only 9.6% children 6-23 months (1 out of 10) were reported to have received minimum acceptable diet, i.e. children get a variety of at least 4 food groups to ensure nutrient intake e.g. fruits, vegetables, grains, pulses, oils etc. and with minimum meal frequency.

Barriers women face in India

In India, there are many barriers to optimal feeding practices at the level of the community, the work place and the health facilities. These include lack of supportive work environment, inadequate skills of health care providers in health facilities, lack of counselling during ante-natal period and later during first six months in the community for exclusive breastfeeding, pre-lacteal feeding and associated myths and misconceptions, cesarean deliveries, use of infant formula when it is not medically indicated, breastfeeding problems and percieved insufficiency of breastmilk. There is enough evidence to address these barriers through policy support, comprehensive programming in the health facilities and community support structures at district and block level.

Setting targets

WHO and UNICEF jointly developed the *Global Strategy for Infant and Young Child Feeding*[11] that provides the basic framework of action. The World Health Assembly in 2012 set targets for nutrition by 2025 that include increasing exclusive breastfeeding rates to at least 50%. WHO has provided a tool[12] to set country targets. It calculates to a minimum of 1.2% increase per year for every nation. For India, each state and district would have to contribute towards reaching the national target of exclusive breastfeeding, some will contribute more and other less (Fig. 1)

To achieve this target the 'Global Breastfeeding Collective' has been formed led by UNICEF and WHO, of which, International Baby Food Action Network (IBFAN) is also a member. [13] In its report the collective has highlighted the lack of funding support and low compliance to investing in policy and programmes.[14] However, in India donor spending in 2013 was mere US$ 0.15 on breastfeeding.[15] The World Bank's "Investment Framework for Nutrition"[16] in 2016 estimated that $4.7 per child born might be invested additionally to achieve the WHA targets over the next 10 years. This money would be spent essentially on interventions to implement the IMS Act, improve breastfeeding in maternity facilities, ensure skilled counselling at community level, initiate campaigns linked to counselling and community mobilization/ support, and capacity building, planning, coordination & monitoring. The World Bank report also emphasizes that maternity protection requires additional funds.

The Joint Operational Guidelines of MoWCD and MoHFW has set targets for key practices for India.

Each state will have to contribute to the rise of breastfeeding rates.

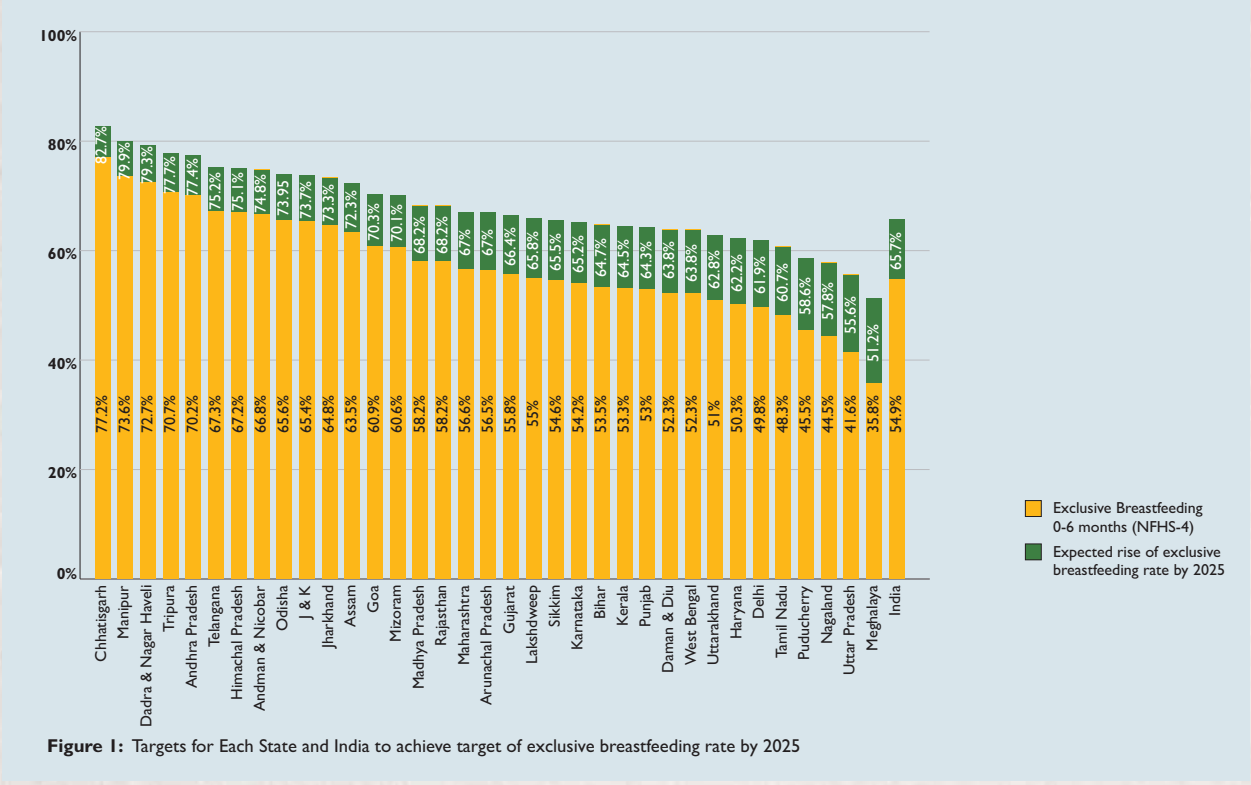

Figure 1: Targets for Each State and India to achieve target of exclusive breastfeeding rate by 2025

According to the final draft of the guideline, targets set for 2025 include: 80% mothers to initiate breastfeeding within an hour, 70% to exclusively breastfeed for the first 6 months of life, 80% to introduce complementary feeding to infants between 6-8 months and 60% of children are fed minimum acceptable diet at 6-23 months. These are ambitious targets, however, if guidelines are implemented in letter and spirit, it is possible to achieve them.

Lack of progress in 10 areas of policy and programmes

The WBT*i* assessment of 2018 showed that India has made little improvement in their policy and programme score and no progress whatsoever on almost all indicators. Figure 2 shows the ten indicators on policy and programme, comparing 2015 and 2018. The key indicators on national policy, programme and coordination, baby friendly hospital initiative, health & nutrition care system, and infant feeding in emergencies have shown a decline in performance over these years.

Opportunity for Action

There is unique consensus globally on the action to be taken in many areas that address barriers and India has also made certain strides in this direction. The Maternity Benefit Act 1961 has been revised Maternity Benefit (Amendment) Act 2017, The Pradhan Mantri Matru Vandana Yojana (PMMVY) 2017 is

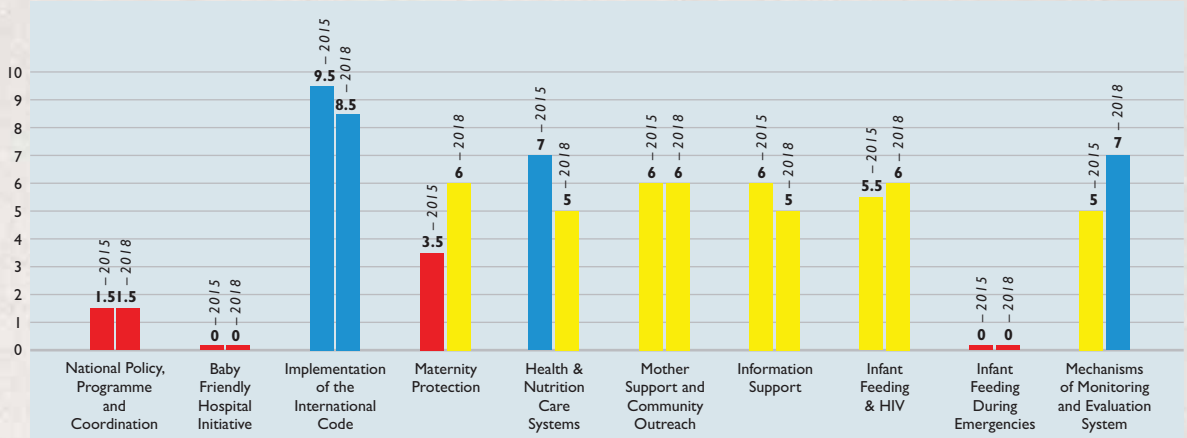

Figure **2**: Trends in score for policy and programme indicators for India on a scale of ten over 2015-2018.
Note: Colours Red, Yellow, Blue to Green indicate **increasing** grade of performance, according to the IBFAN Asia WBTi guideline.

waiting to be universalised. The *Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003* is a strong legal framework to check and control marketing of baby foods. The Ministry of Health and Family Welfare launched a programme MAA (Mother's Absolute Affection) to promote, protect and support breastfeeding in health facilities in 2016. The newly launched National Nutrition Strategy and the National Nutrition Council headed by the Vice Chairperson of Niti Aayog are great opportunities and platforms. Decisions of the National Steering Committee on IYCF and the joint Operational Guidelines on Infant and Young Child Feeding are key to action.

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The WBTi: How it works

Purpose

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 various WBT*i* tools to galvanise action at country level.

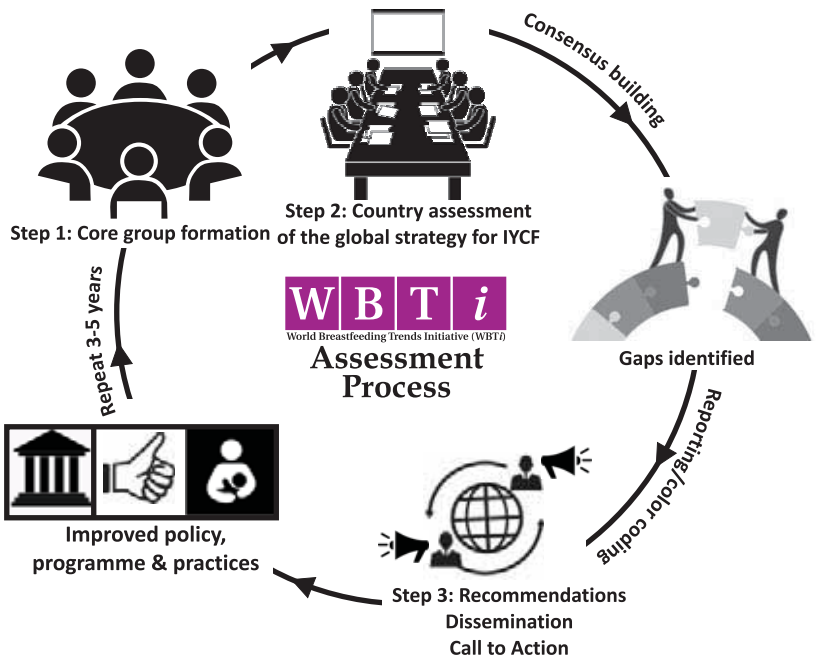
The Components

WBT*i* has 4 components

1. A system of national assessment of policy and programmes.
2. A process for generating country reports on the gaps.
3. A web-based tool for color 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 system of national assessment of policy and programmes

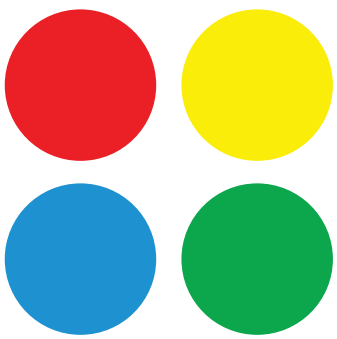
The key objective of a national assessment is to document the gaps in policy and programmes that are required to support women in breastfeeding and caring their young babies. It involves initiating a national assessment through coordinating a core group and local partners to work together. They identify gaps in existing policy and programmes and build consensus around the gaps and recommendations for action to bridge them. WBT*i* encourages re-assessment every 3-5 years which helps to track trends on the various indicators, assess the progresss and study the impact of any particular intervention.



2. A process for generating country reports on the gaps

Once the information is gathered, the gaps can be identified and discussions within the core group lead to the list of recommendations for action to bridge the identified gaps. The core group helps facilitate debates and discussions around the findings to a larger audience locally. They use the findings and develop a draft report to be shared with the WBT*i* global secretariat at BPNI for verification. After the scores are finalized, the core group assists in formulating recommendations of action for improving infant and young child feeding policy, programmes and allocation of resources. The WBT*i* assessment thus helps in establishment of practical baseline information that is used for benchmarking and comparisons after reassessment. Every country develop a WBT*i* report and a report card.

3. A web-based tool for color coding and objective scoring of indicators, as well as a databank on policy & programmes



The WBT*i* has a web-based software that runs on the portal www.worldbreastfeedingtrends.org . Once assessment of gaps is carried out, it is subjected to a verification process for quality. Finalized data on 15 indicators are fed into the web-based software toolkit, which provides colour coding and scoring, based on IBFAN Asia guidelines for WBT*i*. Each indicator is individually scored and color coded by the web tool which also provides scoring and color coding for all indicators together. The tool kit objectively quantifies the data to provide a colour coding i.e. Red, Yellow, Blue and Green based on ascending order of performance. Annexure 2 provides IBFAN Asia guidelines for color coding of the indicators. The web software has the capacity to generate visual maps or graphic charts in easily understandable formats to assist in developing reports for advocacy at all levels e.g. national, regional and international. It stores all the country information on policy and programmes that makes it accessible to every one and serve as a unique global data bank of policy and programmes on breastfeeding and infant and young child feeding. Thus, it helps in tracking trends over the years. The software is capable of generating and sharing graphics of the findings.

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

Once the process of WBT*i* is complete the core group prepares for the launch of final report of assessment findings along with 'Call to action' to the respective governments. The core group also develops action plans to bridge the identified gaps in the policy and programmes. It is recommended to also utilize the World Breastfeeding Costing (WBCi) tool to create a budgeted plan of action, which can be used to advocate with policy makers and programme managers.

The 15 indicators of WBT*i*

The WBT*i* focus is based on a wide range of indicators, which provide an impartial global view of key factors. The WBT*i* has identified 15 indicators, each with its specific significance. Part I has 10 indicators

dealing with policy and programmes and Part- II has 5 indicators, dealing with the status data on infant and young child feeding practices.

Each indicator has following components:

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

INDICATORS

Part I

1. National Policy, Programme & Coordination
2. Baby Friendly Care &Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)
3. Implementation of the International Code of Marketing of Breastmilk Substitutes
4. Maternity Protection
5. Health & Nutrition Care System (in support of breastfeeding & IYCF)
6. Mother Support & Community Outreach – Community-based support for the pregnant & breastfeeding mother
7. Information Support
8. Infant Feeding & HIV
9. Infant & Young Child Feeding During Emergencies
10. Mechanism of Monitoring & Evaluation Systems

Part II

11. Early initiation of breastfeeding
12. Exclusive breastfeeding for the first 6 months
13. Median duration of breastfeeding
14. Bottle feeding
15. Complementary feeding - introduction of solid, semi-solid or soft foods

Methodology

The objective of the WBT*i* exercise is as much to create consensus, as it is to have a globally comparable measure to rate a country's advance on IYCF related policy and programmes.

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

Thus, a core group was constituted for undertaking the India assessment 2018 and coordinating the process. An initial meeting was held on 26th April, 2018 to introduce the concept, tool, and process. The core group comprised of following organizations/ networks: BPNI, PHRN, Department of Human Nutrition, AIIMS, Department of Pediatrics, Sitaram Bhartia Institute of Science and Research, Department of Pediatrics, Kalawati Saran Children's Hospital (KSCH), Institute of Home Economics, NIPCCD, UNICEF, and Doctors For You.

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

Thus, the indicators were allocated as follows:

INDICATORS	NAME OF THE ORGANISATION
1	Breastfeeding Promotion Network of India
2	Kalawati Saran Children's Hospital
3	Breastfeeding Promotion Network of India
4	Public Health Resource Network & Institute of Home Economics
5	Public Health Resource Network & Institute of Home Economics
6	Public Health Resource Network & Institute of Home Economics
7	National Institute of Public Co-operation and Child Development
8	Kalawati Saran Children's Hospital
9	Doctors For You
10	National Institute of Public Co-operation and Child Development
11-15	UNICEF

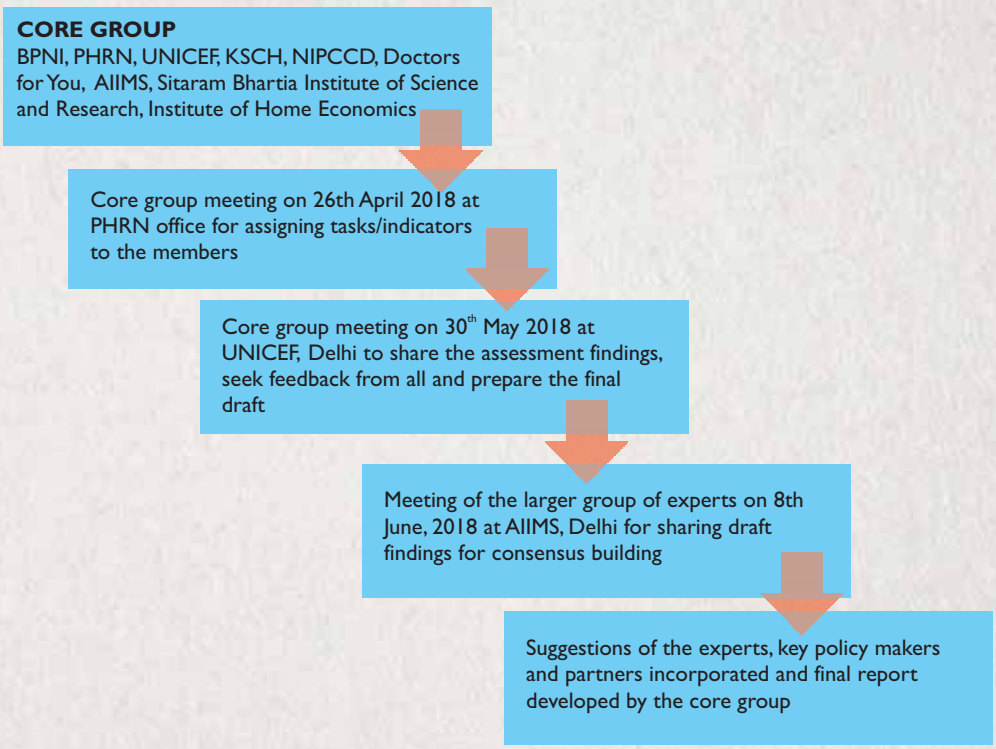
Once the draft findings were put together, a meeting was organised on 30th May 2018 for sharing among all the members of the core group (Annexure-4). Discussions led to in-depth analysis of each question and subset of questions. The group that worked on a particular indicator provided clarifications during the discussion. The recommendations from the core group were taken into account to create the final draft. This was then presented to a larger group of partners and experts at a dissemination meeting attended by 36 persons from government departments, quasi governmental bodies, field based organizations, and academic institutions etc. (Annexure-5) on 8th June 2018.

Core group meeting on 30th May 2018 at UNICEF, Delhi to share and discuss the assessment findings

Meeting of the larger group of experts on 8th June 2018 at AIIMS, Delhi to share draft findings & consensus building

The invitees made significant suggestions and there was a high level of consensus on the scores. The discussions at the dissemination meeting were taken into account while finalizing this report and all the additionally suggested evidence was also examined. Further draft report was prepared and shared with key policy makers and their feedback has been included in the report.

Flow chart of methodology



Findings of India Assessment 2018

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

Part 1
IYCF Policy & Programmes

Indicators 1-10 take stock of India's current status of IYCF policies & programmes in context of available scientific evidence and global guidance.

1.5 / 10

INDICATOR 1

NATIONAL POLICY, PROGRAMME AND COORDINATION

India scores 1.5 / 10

KEY QUESTIONS

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

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

India score 1.5 / 10

Dedicated funding is key to improving breastfeeding rates

INFORMATION SOURCES USE

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10. RTI response from Ministry of Women and Child Development and Food and Nutrition Board, received on 14th May 2018
11. World Breastfeeding Costing Initiative (WBCi) tool. http://www.worldbreastfeedingcosting.org/
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CONCLUSIONS

India scores 1.5 out of 10 in this critical overarching indicator on policy, coordination, planning and funding. The National Nutrition Policy of 1993 does make a mention of issues related to infant feeding, however it needs a review for inclusion of all the indicators of the Global Strategy for IYCF with a robust implementation plan. India has a coordination mechanism in the form of a National Steering Committee on IYCF. However, decisions taken in 2015 and 2017 have largely not been implemented or followed up. The Government of India or state governments do not have a clear plan of action with defined outputs, indicators, time lines and identified resources. A dedicated coordinator can play a significant role in bridging the gap between the State and Centre.

The National Nutrition Strategy launched in August 2017 is a positive step forward, which calls for a plan of action on IYCF as one of the 'enabling actions' for improving India's nutrition problem. However, allocation of budgetary resources for all interventions on breastfeeding and infant and young child feeding needs to be specified. While the World Bank estimates that US $ 4.7 is needed to be spent per child born for next 10 years to achieve the World Health Assembly targets (not accounting for funds required for essential support systems such as maternity entitlements). In India donor spending in 2013 was mere US$ 0.15. Noting that India would need to increase its exclusive breastfeeding rates by at least 10% by 2025, and all states would have to contribute their share, allocation and spending a dedicated fund towards this activity would be crucial. The NFSA also mandates for promotion of exclusive breastfeeding during 0-6 months. The National Health Mission (NHM), Ministry of Health and Family Welfare (MoHFW)'s provides for resources to implement activities under 'MAA' programme, however it does not cover all the interventions required. The recently launched 'POSHAN Abhiyaan' by Government of India, the setting up of a National Nutrition Council that reports to the Prime Minister, a National Technical Board for Nutrition, and new 'Operational guidelines on IYCF' provides platform for action to lead this work.

GAPS

- No documented policy on breastfeeding & IYCF even though National guidelines on IYCF are used as reference.
- National Nutrition Policy and National Plan of Action on Nutrition have not been reviewed since its inception in 1995 and need updating as well as incorporation of IYCF guidelines.
- The decisions of the 'National Steering Committee on Infant and Young Child Feeding' lack on-ground implementation and the overall coordination of IYCF programmes is weak.
- Lack of dedicated funding and budget lines within nutrition programmes.

RECOMMENDATIONS

- A clear and comprehensive policy on protection, promotion and support of breastfeeding and optimal infant and young child feeding practices needs to be documented.
- Strengthen the national planning and management of IYCF programmes in both MoWCD and MoHFW.
- For implementing, tracking and reviewing the decisions of the National Steering committee on IYCF a full time officer /coordinator should be appointed.
- Implement the decisions of the national steering committee *"……..develop Institutions across the country as Resource Centres with engagement of WCD, Health and BPNI for training of master trainers on IYCF at State" and "Joint operational guidelines on IYCF by MoWCD and MoHFW to be rolled out with common training module on IYCF".*
- Government of India and State governments and district magistrates (DMs) should develop, document and share a 5-year plan of action addressing all barriers to optimal feeding in partnerships with "WBT*i* India Core group" of civil society organizations and professional groups.
- The plan of action may be costed and presented to the National Economic Advisory Council and finance ministry for approval and to PMO for establishing a scheme.
- Donors should enhance the funding for breastfeeding interventions to achieve World Health Assembly targets.

0 / 10

INDICATOR 2

BABY FRIENDLY CARE AND BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI)

(Ten Steps to Successful Breastfeeding)

India scores 0 / 10

KEY QUESTIONS

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

2.1) _____ out of _____ total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly" in the last 5 years (0 %).

GUIDELINE FOR SCORING	RESULTS AS PER TICKED
0	0 √
0.1 – 20%	1
20.1 – 49%	2
49.1 – 69%	3
69.1 – 89%	4
89.1 – 100%	5

QUALITY OF BFHI PROGRAMME IMPLEMENTATION

GUIDELINE FOR SCORING		RESULTS AS PER TICKED
2.2	BFHI programme relies on training of health workers using at least 20 hours training programme	1.0
2.3	A standard monitoring system is in place	0.5
2.4	An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5
2.5	An assessment system relies on interviews of mothers.	0.5
2.6	Reassessment systems have been incorporated in national plans with a time bound implementation	1.0
2.7	There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5
2.8	HIV is integrated to BFHI programme	0.5
2.9	National criteria are fully implementing Global BFHI criteria	0.5

India score 0 / 10

The country needs to prioritise and take action if it cares about breastfeeding by supporting women when they come for delivery of their babies

INFORMATION SOURCES USED

1. Reply to RTI queries from MOHFW informing there is no assessment but there is provision of award under MAA Program for health facilities.
2. Operational Guidelines 2016-'MAA' Programme for Promotion of Breastfeeding. http://nhm.gov.in/MAA/Operational_Guidelines.pdf
3. WHO & UNICEF- Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised Baby Friendly Hospital Initiative- Implementation Guidance 2018. http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf?ua=1
4. WHO-National implementation of Baby Friendly Hospital Initiative 2017. http://apps.who.int/iris/bitstream/handle/10665/255197/9789241512381-eng.pdf;jsessionid=427A29351004801O7BE65ECA0C009548?sequence=1
5. WHO-Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services- Guideline 2017. http://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf?sequence=1
6. LaQshya 2017. Labour room quality improvement initiative, National Health Mission, MoHFW, Government of India. http://nhsrcindia.org/sites/default/files/LaQshya-%20Labour%20Room%20Quality%20Improvement%20Initiative%20Guideline.pdf

Use of infant formula, a common practice in hospitals

CONCLUSIONS

India scored zero out of 10 on this indicator in 2015, and maintains a similar position in 2018 as well. It indicates lack of priority action even as the Mother's Absolute Affection (MAA) programme of MoHFW, launched in 2016, subsumed the Baby Friendly Hospital Initiative. MAA programme has certain limitations, it does not provide accreditation and not applicable to private sector institutions within which a large percentage of deliveries currently take place and caesarean sections are high needing intensive support. The programme is in its early stages and not yet amenable to assessment. Thus the group was not able to consider MAA as a replacement for the BFHI. Assessment of health facilities every 3 years should be an integral part of MAA programme as all is not well in hospitals. If India wanted to increase its rate of initiation of breastfeeding within an hour of birth from 40% to 80%, strengthening of MAA programme as well its implementation is a pre-requiste.

GAPS

- The operational guidelines of MAA programme do not indicate a time bound plan for building capacity and imparting skilled training of health staff.
- Monitoring of health facilities under MAA programme is yet to be rolled out.
- Lack of standard tools for assessment /re-assessment of health facilities.
- MAA programme criteria does not take into consideration all 10 steps to successful breastfeeding for meeting the global criteria e.g. use of formula at birth without any indication.
- MAA programme does not cover the private sector.

RECOMMENDATIONS

- Strengthen the implementation of MAA programme including monitoring and assessment of public and private health facilities as soon as possible and scale it up with a plan and timeline to implement it in all districts and states, priortising aspirational districts.
- Rapidly implement the decision of the National Steering Committee "Identification/notification of IYCF Counsellor in hospitals for counselling" and appoint dedicated/certified IYCF counsellor/ lactation management counsellors in health facilities/delivery points both in public and private sector.
- Skill training of all staff in maternity units of public and private hospitals should be made mandatory with approved training curriculum.
- LaQshyas programme to include an essential component on avoidance of formula feeding.
- MoHFW, may issue a notification for information on WHO's acceptable medical reasons for giving breastmilk substitutes.
- MoHFW, may recommend to the National Accreditation Board for Hospitals (NABH) to include lactation management skills as a basic requirement for all maternity hospitals, both public and private.

8.5 / 10

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)

India scores 8.5 / 10

KEY QUESTIONS

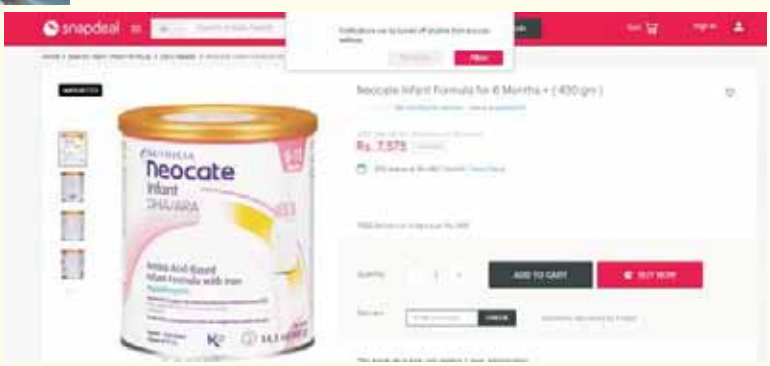
- Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented?
- Has any new action been taken to give effect to the provisions of the Code?

CRITERIA *Legal Measures in Place in the Country*	**GUIDELINES FOR SCORING**	**RESULTS AS PER TICKED**
3a: Status of the International Code of Marketing		√ *(If more than one applicable, record highest score)*
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation[17]		
a) Provisions based on at least 2 of the WHA resolutions as listed below are included	**5.5**	√
b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	

CRITERIA *Legal Measures in Place in the Country*	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
3b: Implementation of the Code/National legislation		
3.10 The measure/law provides for a monitoring system	1	√
3.11 The measure provides for penalties and fines to be imposed to violators	1	√
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	√
3.13 Violators of the law have been sanctioned during the last three years	1	

India score 8.5 / 10

Aggressive promotion of baby foods by sponsoring doctors conference



Aggressive promotion of baby foods by selling on discount

Constant vigil is required for detecting violations and taking action at district level & below

INFORMATION SOURCES USED

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2. Resolution WHA 47.5 - Donation of free or subsidized supplies of BMS. http://www.ibfan.org/issue-international-code-full-47-5
3. Resolution WHA 49.15 - Labelling of complementary foods. http://www.ibfan.org/issue-international-code-full-49-15
4. Resolution WHA 58.32 - Health and nutrition. http://www.who.int/nutrition/topics/WHA58.32_iycn_en.pdf
5. Resolution WHA 58.32, 61.20 - Labels of covered products have warnings on the risks of intrinsic contamination. Http://www.who.int/nutrition/topics/WHA61.20_iycn_en.pdf
6. Monitoring reports submitted by BPNI to MWCD. https://www.bpni.org/protecting-breastfeeding
7. RTI information from Government of India and States.

CONCLUSIONS

This indicator looks at how the International Code of Marketing of Breastmilk Substitutes or subsequent resolutions are being implemented in India. India has scored 8.5 out of 10; the score has dipped by one point from the last assessment in 2015. The reason for this decrease can be attributed to lack of official sanctions to the violators of IMS Act in the last 3 years and India not been able to notify warning on inherent contamination of powdered milk formulas. India has one of the strongest laws in the World that controls the marketing of infant milk substitutes in the country with a spirit of protecting breastfeeding and shows India's commitment to breastfeeding. However, despite having a strong law, the baby food industry still manages to enter health facilities and influence health workers and doctors. The national steering committee took note of this and recommended "effective monitoring of the implementation of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution)". Weak implementation of the law is an underlying problem even though India scores seem to be high in this indicator. Both the ministries MoHFW and MoWCD need to proactively monitor the implementation of the IMS Act as information reveals that States are not even aware of this Act, rather than leave it upto non-governmental organisations. The government needs to invest in training its health staff/professionals for building awareness on implementation of the IMS Act at the state and district level. District Magistrate in the aspirational districts could take this action forward as critical intervention to protect breastfeeding.

GAPS

- The World Health Assembly resolutions 58.32, 61.20 that provide for warnings on the risks of intrinsic contamination have not been implemented in India.
- Weak implementation and monitoring of the IMS Act.
- Lack of coordination in Government of India and State governments.

- The health system staff lack awareness on the provisions of the IMS Act and therefore find it challenging to identify and report violations occurring in their own health set ups.
- Baby food companies continue to violate the IMS Act without being punished.

RECOMMENDATIONS

- Government should organize a consultation to implement the WHA resolutions on warnings on the risk of intrinsic contamination and other subsequent resolution.
- Government should issue a notification to all concerned for effective implementation of the IMS Act under the MAA programme including WHO guidance on safety and indications for giving infant milk substitutes.
- Government of India and the State governments should establish an effective mechanism for Monitoring of the IMS Act by
    - — Implementing the decision of National Steering Committee in 2017. "Appointment of nodal officer in the states empowered to take action under the IMS Act". This can be notified under IMS Act section 21(c)
    - — Capacity building of nodal officers.
    - — Organize sensitization and awareness workshops of health system staff and public on provisions of IMS Act.
    - — Nodal officers should publish an annual monitoring report on compliance with the IMS Act and monitor the health worker's conference by the baby food companies or their Front organizations.
- Advocate for inclusion of IMS Act provisions and implications in the curriculum of the undergraduate medical students as they need to understand the significance as upcoming medical professionals.

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. Labelling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

6 / 10

INDICATOR 4

MATERNITY PROTECTION

India scores 6 / 10

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 those working mothers in the informal sector?

CRITERIA	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
4.1 Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	**2**	√
4.2 Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	**1**	√
4.3 Legislation obliges private sector employers of women in the country to (*more than one may apply*)		
a. Give at least 14 weeks paid maternity leave	**0.5**	√
b. Provide paid nursing breaks	**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 (*more than one may apply*)		
a. Space for Breastfeeding/Breastmilk expression	1	
b. Crèche	**0.5**	√
4.5 Women in informal/unorganized and agriculture sector are:		
a. Accorded some protective measures	**0.5**	√
b. Accorded same protection as women in formal sector	1	

Maternity protection is critical for the success of breastfeeding and needs to reach every women

CRITERIA	GUIDELINES FOR SCORING	RESULTS AS PER TICKED
4.6 (*More than one may apply*) a. Information about maternity protection laws, regulations, or policies is made available to workers	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 public sector for at least 3 days	**0.5**	√
4.8 Paternity leave granted in 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	1	

India score 6 / 10

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Government of India to take action for implementation of NFSA provision for uniform maternity entitlements for all women as a minimum maternity entitlement

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11. Central Civil Services (Leave) (Amendment) Rules, 2009. Government of India. Available at: https://cgstaffnews.com/?p=37
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20. Response to RTI filed, M/o Labour and Employment, 2018
21. Pradhan Mantri Matru Vandana Yojana (PMMVY) 2017 http://www.wcd.nic.in/sites/default/files/PMMVY%20Scheme%20Implemetation%20Guidelines%20._0.pdf
22. National Food Security Act (NFSA) 2013.

CONCLUSIONS

India gets a score of 6 out of 10 on Maternity Protection indicator, that is a 2.5 point increase since the last assessment in 2015. The main reason for the increase in score over the previous assessment is the Maternity Benefit (Amendment) Act (MBA), 2017. However, due to a lack of coverage by the legislation, women in the informal sector are largely excluded. A stringent monitoring system does not exist. While there is mention of a creche facility at work place, there is still no mention of a separate space for breastfeeding or expression of breastmilk in the MBA. Paternity benefits are still missing for the private sector, though the Paternity Benefit Bill, 2017, if passed, may possibly correct this.

Considering this indicator reflects a critical support to enable women to breastfeed, serious efforts should be made to reach out to all women with maternity benefits with special focus on creating systems to enable these for women working in the informal sector.

Also, general public need to be made aware of the provisions of the MBA through mass media campaigns so as to avoid any level of exploitation of pregnant and lactating mothers at the work place. PMMVY is not being implemented universally in spite of the provisions in the NFSA 2013 and has many conditionalities that marginalize poor women and children further. It has also contravened the NFSA by not providing the Rupees 6000/- mandated, as the minimum quantum of benefits.

GAPS

- Current laws and policies covering maternity protection do not include majority of the women working in informal sector.

- There is a lack of provision of space for breastfeeding/expression of breastmilk at work place/site.
- Information regarding maternity entitlements is not always made available to employees.
- There is a lack of paternity leave in the private sector.
- The Maternity Benefit Act lacks a strong monitoring system.
- There is a lack of job protection for women during pregnancy and breastfeeding period, or after miscarriage.

RECOMMENDATIONS

- 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.
- The Government of India should ensure that stringent monitoring for/under this Act for both the formal, as well as the informal sector.
- Information on maternity entitlements should be made available to all female employees, in the formal and informal sector. Additionally PMMVY scheme should be universalized to provide wage compensation and funds earmarked for this scheme.
- The Government of India should ensure that women have a space for breastfeeding/expression of breastmilk close, or attached, to all work sites.
- Paternity entitlements should be made mandatory for the private sector.
- Technology can be utilized to monitor the MBA with people's engagement e.g. a mobile App could be launched.

5 / 10

INDICATOR 5

HEALTH AND NUTRITION CARE SYSTEM

(in support of Breastfeeding and IYCF)

India scores 5 / 10

KEY QUESTIONS

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

CRITERIA	GUIDELINES FOR SCORING RESULTS AS PER TICKED		
	Adequate	Inadequate	No Reference
5.1 A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	**1 √**	0
5.2 Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care	2	**1 √**	0
5.3 There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers	2	**1 √**	0
5.4. Health workers are trained on their responsibility under the Code implementation/national regulation throughout the country	1	**0.5 √**	0
5.5. Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	**1 √**	0.5	0
5.6 In-service training programmes referenced in 5.5 are being provided throughout the country	1	**0.5 √**	0
5.7 Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0

India score 5 / 10

INFORMATION SOURCES USED

1. Medical Council of India regulations on graduate medical education, 1997; amended upto May 2018. https://www.mciindia.org/CMS/wp content/uploads/2017/10/GME_REGULATIONS-1.pdf
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Counselling session during antenatal period at Medical College Hospital, Aligarh

Antenatal, at birth and postnatal counselling and support is the key for success in health system

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CONCLUSIONS

India gets a score of 5 out of 10 on the 'Health and Nutrition Care System' indicator. The score for this indicator has dipped by two points since the last assessment in 2015 because the sub-set question 5.2 mentions 'all facilities' whereas the private sector is not covered at all and the public sector facilities are partially covered. A review of health care education institutions and pre-service education programmes in the country indicates that IYCF curricula are only partially adequate resulting in the loss of another point; the teaching of the IMS Act and the promotion of breastfeeding is inadequate resulting in widespread violations and promotion of formula feeds by doctors in particular. Although, a number of new documents/guidelines have been introduced, their dissemination to all public/private facilities is uncertain. It was also found that in-service training programmes largely focus on knowledge, while skills tend to be ignored. Additionally, there are some pockets all around the country where adequate skill training is still unavailable.

GAPS

- Inadequate skill based in-service training on breastfeeding/IYCF for health care providers, including doctors.
- Inadequate training of health workers on IMS Act and its implementation.
- There is a lack of health policy and facilities that provide for mothers and babies to be together while in health care institutions, specially if the mother is admitted.

RECOMMENDATIONS

- Standards and guidelines for mother-friendly childbirth procedures and support need to be developed and disseminated to all facilities, including private facilities, within which maternity care is being provided.
- This should include training on the IMS Act, its provisions, as well as monitoring and reporting violations at the local level.
- There is a need to monitor health worker's in-service refresher training with improved coverage and quality.
- IYCF education should be an essential part of the pre-service education in India. Streams like home science, public health, nursing should imparted this knowledge in pre-service phase itself.
- Health and wellness centre should have core competence in skilled counselling and assistance. It should be a part of their key responsibilities for improving breastfeeding to prevent NCDs.

6 / 10

INDICATOR 6

MOTHER SUPPORT AND COMMUNITY OUTREACH

Community based support for the pregnant and breastfeeding mother

India scores 6 / 10

KEY QUESTION

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

CRITERIA	GUIDELINES FOR SCORING RESULTS AS PER TICKED		
	Yes	To some degree	No
6.1 All pregnant women have access to community-based ante-natal and post -natal support systems with counselling services on infant and young child feeding	2	**1 √**	0
6.2 All women receive support for infant and young child feeding at birth for breastfeeding initiation	2	**1 √**	0
6.3 All women have access to counseling support for Infant and young child feeding counselling and support services have national coverage	2	**1 √**	0
6.4 Community-based counselling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/ Nutrition Policy	**2 √**	1	0
6.5 Community-based volunteers and health workers are trained in counselling skills for infant and young child feeding	2	**1 √**	0

India score 6 / 10

Government of India and state governments should strengthen training and capacity building through training resource centers upto block level

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All women need access to skilled counselling, provision of maternity benefits, and daycare services at work-sites upto block level

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CONCLUSIONS

India gets a score of 6 out of 10 on the indicator 'Mother Support and Community Outreach'. Even though the score remains same, there have been improvements in coverage and implementation since the last assessment. However, it is imperative that every woman has access to community-based IYCF counselling support system, which is the key to attain optimal IYCF practices. What is lacking in India is implementation as well as development of skilled capacity, despite availability of large number of community health workers. There is large discrepancy when it comes to states and districts with regard to provision of support services to mothers on infant and young child feeding counselling. The possible reason could be attributed to lack of political will, lack of trained human resources as per the need and poor coverage of schemes such as PMMVY (earlier IGMSY) to all districts. These factors have proven to be an impediment in reaching all pregnant and lactating women for counselling support in IYCF.

GAPS

- Insufficient reach of community-based support systems to women for IYCF counselling is insufficient.
- There is inadequate coverage of women who receive counselling and support for initiation of breastfeeding within an hour of birth.
- Inadequate skill training to community health workers to support breastfeeding initiation and continuation.

RECOMMENDATIONS

- The Government of India should strengthen the capacity building component of community health workers in harmony with the MAA programme training by implementing the national steering committee decision taken in 2017, "Joint operational guidelines on IYCF by MoWCD and MoHFW to be rolled out with common training module on IYCF"
- Scale up efforts so that all women have access to community-based services on infant and young child feeding counselling.
- Support for initiation of breastfeeding needs to be expanded to all public as well as private facilities at which women are undergoing deliveries.
- Setup block mentoring teams to provide training, supervision and referral support.
- Utilise home based care of young child (HBYC) - strengthening of health & nutrition through home visits. Operational guidelines 2018 by MoHFW and MoWCD can be used as reference for recording data on mother support and community outreach.

5 / 10

INDICATOR 7

INFORMATION SUPPORT

India scores 5 / 10

KEY QUESTION

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

CRITERIA	GUIDELINES FOR SCORING RESULTS AS PER TICKED		
	Yes	To some degree	No
7.1 There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials arefree from commercial influence/ potential conflicts or interest are avoided	2	-	**0**
7.2 a) National health/nutrition systems include individual counseling on infant and young child feeding	**1** √	0.5	0
7.2 b) National health/nutrition systems include group education and counseling services on infant and young child feeding	**1** √	0.5	0
7.3 IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	**2** √	1	0
7.4 IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	**1** √	0
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF)	2	-	**0**

India score 5 / 10

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Information on risks of use of formula be made available to families

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CONCLUSIONS

India scores 5 out of 10 on Information Support. In fact, it has gone down by one point from the 2015 assessment. There is no strategy in place to provide clear direction on communication about breastfeeding and IYCF. There are several communication materials within existing platforms of POSHAN Abhiyan/MAA Programme/others and these are quite accurate but these need to be consistent and persistent as well as in local context. The IEC messages neither deal with artificial feeding & its risks nor WHO guidance on use of powdered infant formula (PIF). There is no information available whether the implementation of IEC messages in the periphery is free from conflicts of interest given in the new guidance of National Nutrition Strategy. Our collective experience continues to be that many events and materials, specially in small towns are sponsored by industries in contravention to the IMS Act and with clear conflict of interest and this has caused the downward shift in the score of 7.4.

GAPS

- There is no national IEC strategy for improving infant and young child feeding in the country.
- IEC fails to address the risk of using formula feeds in children on preparation and handling of powdered infant formula.
- The existing IEC material has not been able to reach to the targeted audience.

RECOMMENDATIONS

- The decision of the National Steering Committee to provide information booklets to pregnant women needs to be implemented.
- Government should develop a clear strategy for IEC on breastfeeding and IYCF.
- Government of India and media should communicate what are the WHO/FAO guidelines on safe preparation of powdered infant formula to the people, especially to those who choose to feed their babies on infant formula.
- The existing IEC should be disseminated through mass media to general public through campaigns which are devoid of conflict of interest.

6 / 10

INDICATOR 8

INFANT FEEDING AND HIV

India scores 6 / 10

KEY QUESTION

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

CRITERIA	GUIDELINES FOR SCORING RESULTS AS PER TICKED		
	Yes	To some degree	No
8.1 The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	**1 √**	0
8.2 The infant feeding and HIV policy gives effect to the International Code/ National Legislation	**1 √**	0.5	0
8.3 Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support	1	**0.5 √**	0
8.4 HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	**0.5 √**	0
8.5 Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers	1	**0.5 √**	0
8.6 Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	**0.5** √	0

CRITERIA	GUIDELINES FOR SCORING RESULTS AS PER TICKED		
	Yes	To some degree	No
8.7 HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake	1	**0.5** √	0
8.8 Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	**1** √	0.5	0
8.9 On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	**0.5** √	0

India score 6 / 10

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Skill training of every ART counsellor in infant feeding & HIV could add valvue

CONCLUSIONS

India has scored 6 out of 10 on HIV and infant feeding indicator, marginally up by 0.5 since the last assessment in 2015. The WHO has periodically revised the HIV & Infant feeding guidelines since 2010 with the emerging evidence. Although, India has made significant progress in form of updating PPTCT guidelines and recommending lifelong ART to all pregnant women irrespective of their immunological or clinical stage, the guidelines need to be updated to align with the current global recommendation. Analysis of the NACO documents reveals the need to amend and review the concept of mixed feeding in HIV and step up skilled care & counselling for the HIV positive parents.

GAPS

- There are partial gaps in each area of policy, outreach or capacity building for this indicator.
- NACO guidelines on HIV-Exposed and Infected Children do not conform to the WHO Guideline Updates of 2016 on HIV and Infant Feeding.
- Health staff lacks skill training to support HIV positive breastfeeding mothers.
- Gaps exist in monitoring and follow up of children of HIV positive mothers.

RECOMMENDATIONS

- NACO, Government of India should update its guidelines on HIV-Exposed and Infected Children as per the latest WHO recommendations and give effect to these as a national policy on Infant Feeding and HIV. This could be a part of the IYCF policy recommended earlier.
- Ensure all ART counsellors are trained in skilled IYCF counselling for infant feeding options.
- Ensure all HIV positive parents receive skilled counselling on infant feeding options.

0 / 10

INDICATOR 9

INFANT AND YOUNG CHILD FEEDING DURING EMERGENCIES

India scores 0 / 10

KEY QUESTION

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

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

India score 0 / 10

NDMA could address the issue of safe infant feeding to support women & children during disasters

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CONCLUSIONS

India has been scoring nil on this indicator because IYCF and breastfeeding has never been the priority of NDMA; it has not been recognized as an effective intervention that can save infant lives during emergencies.

The Government of India MoHFW and MoWCD need to be proactive in their advocacy to achieve best outcomes for all babies during emergency/disaster situations. The NDMA's current work plan on preparedness includes procuring baby foods but lacks action to ensure its safety or the promotion of breastfeeding in emergency situations. NDMA should recognize IMS Act in letter and spirit while procuring supplies of infant formula in its rapid response because that can have serious health implications for children considering the availability of safe drinking water and incorrect usage due to poverty.

To facilitate breastfeeding, the plan lacks on the supply side, which entails skilled breastfeeding counsellors. NDMA has not been able to address this issue at all and needs utmost attention while dealing with policies to support and rehabilitate people struck with disaster. NDMA, which is currently revising its plans, can make use of the global guidance which has been updated in 2017.

GAPS

- NDMA has no policy to deal with infant and young child feeding during disasters even though 'National Guidelines on Infant and Young Child Feeding' do make a mention, thus demonstrating a lack of coordination.
- There is no designated person or specified financial resources for this work.
- There is no emergency preparedness plan for addressing safety of infant feeding during emergencies.

RECOMMENDATIONS

- The NDMA in collaboration with MoHFW and MoWCD should develop a clear policy direction to deal with IYCF and breastfeeding during emergencies and build into its revision of plans.
- The plan of action should include provision of skilled counsellors (Health, WCD, PPTCT), who can address confidence building for one to one support to breastfeeding women and ensure safety of artificial feeding if it has to be given.
- Identify a nodal person and resources within NDMA to respond, implement the plan and monitor it.
- NDMA should document case studies on how communities deal with infant feeding issues during emergencies to build a better understanding of their needs for infant care during emergencies.

7 / 10

INDICATOR 10

MECHANISMS OF MONITORING AND EVALUATION SYSTEM

India scores 7 / 10

KEY QUESTION

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

CRITERIA	GUIDELINES FOR SCORING RESULTS AS PER TICKED		
	Yes	To some degree	No
10.1 Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	**1 √**	0
10.2 Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	**1 √**	0
10.3 Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	**1 √**	0
10.4 Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	**2 √**	1	0
10.5 Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	**2 √**	1	0

India score 7 / 10

INFORMATION SOURCES USED

1. National Family Health Survey (NFHS-4) 2015-16. http://rchiips.org/NFHS/factsheet_NFHS-4.shtml
2. Nourishing India-National Nutrition Strategy- NITI Ayog 2017. http://niti.gov.in/writereaddata/files/document_publication/Nutrition_Strategy_Booklet.pdf
3. National Nutrition Mission 2018-recently launched Guidelines for Organising Community-Based Events To Promote and Support Behaviour Change to Improve Maternal and Child Nutrition, Ministry of Women and Child Development Government of India. New Delhi. https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/CBE/CBE_Guidelines_NNM.pdf
4. Operational Guidelines 2016-'MAA' Programme for Promotion of Breastfeeding. http://nhm.gov.in/MAA/Operational_Guidelines.pdf
5. Aspirational District Programme and its indicators. http://pibphoto.nic.in/documents/rlink/2018/mar/p201832801.pdf

CONCLUSIONS

Monitoring and evaluation provide strong support to breastfeeding and IYCF programmes and the score for this indicator is 7 (a 2 point increase from the last assessment). There is positive progress in monitoring and evaluation components which are gradually being built into major infant and young child feeding programme activities and also used by the programme managers; however it needs further strengthening. The newly launched aspirational district programme with ongoing monitoring of two of the five indicators of IYCF practices offers an opportunity for further action in remaining districts in a phased manner (Annexure 7).

GAPS

- Sub national data at the state or district level is not annually or routinely collected.

RECOMMENDATIONS

- MoHFW and MoWCD running two largest programmes ICDS and NHM should provide regular monitoring and evaluation for outcome indicators.
- Both ministries (MoWCD & MoHFW) and NITI Aayog should organise annual rapid surveys on breastfeeding and complementary feeding indicators on sentinel sites with a representative sample size to feed into programming of future actions.
- Standard breastfeeding indicators need to be revisited to be able to indicate exclusive breastfeeding for a period of six months more accurately.

Part II
Infant and Young Child Feeding Practices

Indicators 11-15 on infant and young child feeding practices are based on NFHS-4 (2015-16).

41.5%

INDICATOR 11

EARLY INITIATION OF BREASTFEEDING

KEY QUESTION

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

SOURCE OF DATA: NFHS-4, 2015-16

INDICATOR 11	WHO'S KEY TO RATING %	RESULTS %	IBFAN ASIA GUIDELINE FOR WBTi	
			SCORES	COLOUR RATING
Early Initiation of Breastfeeding (Within 1 hour)	0.1 – 29%		3	RED
	29.1 – 49 %	**41.5**	6	YELLOW
	49.1 – 89 %		9	BLUE
	89.1 – 100%		10	GREEN

COMMENTS

Early initiation of breastfeeding within one hour of birth boosts child's survival. Evidence indicates that infants who were initiated breastfeeding within 2-23 hours of birth have a 33 percent higher risk of neonatal mortality, and for infants starting breastfeeding after 24 hours or later the risk of mortality increases by 50 per cent[18]. In India 41.5 per cent children start breastfeeding within one hour of birth despite the fact that nearly 80 per cent of births take place in institutions. Provision of skilled human resource to provide necessary support to mothers for breastfeeding at the time of birth will go a long way in improving and sustaining early initiation of breastfeeding within one hour of birth. The score for this indicator has not changed since 2015 though the rates of initiation of breastfeeding within one hour have deteriorated, due to the nature of the categories for rating.

18 Smith ER, Hurt L, Chowdhury R, Sinha B, Fawzi W, Edmond KM, et al. (2017) Delayed breastfeeding initiation and infant survival: A systematic review and meta-analysis. PLoS ONE 12(7): e0180722.

54.9%

INDICATOR 12

EXCLUSIVE BREASTFEEDING FOR THE FIRST SIX MONTHS

KEY QUESTION

What is the percentage of infants 0-5 months were exclusively breastfed in the last 24 hours?

SOURCE OF DATA: NFHS-4, 2015-16

INDICATOR 12	WHO'S KEY TO RATING %	RESULTS %	IBFAN ASIA GUIDELINE FOR WBTi	
			SCORES	COLOUR RATING
Exclusive Breastfeeding for the first six months	0.1 – 11%		3	RED
	11.1 – 49 %		6	YELLOW
	49.1 – 89 %	54.9	9	BLUE
	89.1 – 100%		10	GREEN

COMMENTS

Exclusive breastfeeding that is giving children only breastmilk for the first six month of life is the safest and healthiest option for ensuring child's optimal nutrition. Exclusive breastfeeding provides protection from pneumonia and diarrhoea. Exclusive breastfeeding promotes bonding between the mother and child. It provides an opportunity for the mother to interact with the child and provide early stimulation to support in brain development of the child.

Improvement in exclusive breastfeeding is critical for attainment of not only SDG 2 'Zero Hunger' and 3 'Good Health and Well-being' but also for other development goals related to education and poverty reduction. In India 54.9 per cent of children are exclusively breastfed. Survey data indicates that exclusive breastfeeding decreases from 72.5 per cent for infants less than two months to 41.5 per cent between 4-5 months of age. Introduction of water and milk are the major reasons adversely impacting exclusive breastfeeding. Women need skilled counselling on optimal IYCF practices on continued basis, beginning from conception. Women also need support at the work place in form of crèches and maternity leave to all working women, that facilitate exclusive breastfeeding for 6 months. The score for this indicator has not changed since 2015 though the rates have deteriorated, due to the nature of the categories for rating.

29.6months

INDICATOR 13

MEDIAN DURATION OF BREASTFEEDING

KEY QUESTION

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

SOURCE OF DATA: NFHS-4, 2015-16

INDICATOR 13	WHO'S KEY TO RATING (Months)	RESULTS months	IBFAN ASIA GUIDELINE FOR WBTi	
			SCORES	COLOUR RATING
Median duration of breastfeeding	0.1 – 18		3	RED
	18.1 – 20		6	YELLOW
	20.1 – 22		9	BLUE
	22.1 – 24+	**29.6**	10	GREEN

COMMENTS

Children should be breastfed for at least first two years of age. Children on completion of six months should receive semi- solid/soft foods along with breastmilk to meet their nutritional requirements.

India continues to do well in this indicator with a median duration of breastfeeding of 29.6 months. However, there are various factors, mainly interference by commercial sector, which need to be tackled to sustain focus on this important indicator. Simultaneously, the focus needs to be on timely introduction of complementary foods along with breast milk on completion of 6 months of age. The score for this indicator has not changed since 2015 though the rates have improved, due to the nature of the categories for rating.

17.3%

INDICATOR 14

BOTTLE-FEEDING

KEY QUESTION

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

SOURCE OF DATA: NFHS-4, 2015-16
BOTTLE-FEEDING RATE CALCULATED USING BOT WHO (2003) CALCULATOR

INDICATOR 14	KEY TO RATING ADAPTED FROM WHO TOOL	RESULTS %	IBFAN ASIA GUIDELINE FOR WBTi	
			SCORES	COLOUR RATING
Bottle Feeding (0-12 months)	29.1 – 100%		3	RED
	4.1 – 29%	**17.3**	6	YELLOW
	2.1 – 4%		9	BLUE
	0.1 – 2%		10	GREEN

COMMENTS

Bottle-feeding in children below one year has shown an increase from 14.6 percent in NFHS-3 to 17.3 percent in NFHS 4. Bottle feeding is viewed as a modern and convenient method of feeding and there is lack of awareness among caregivers about its harmful effects and a potential source of infections for the babies. There is a need for effective communication to create public awareness about the dangers and risks of bottle and formula feeding. The score for this indicator has not changed since 2015 despite the increase in rate, due to the nature of the categories for rating.

42.7%

INDICATOR 15

COMPLEMENTARY FEEDING

Introduction of solid, semi-solid or soft foods

KEY QUESTION

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

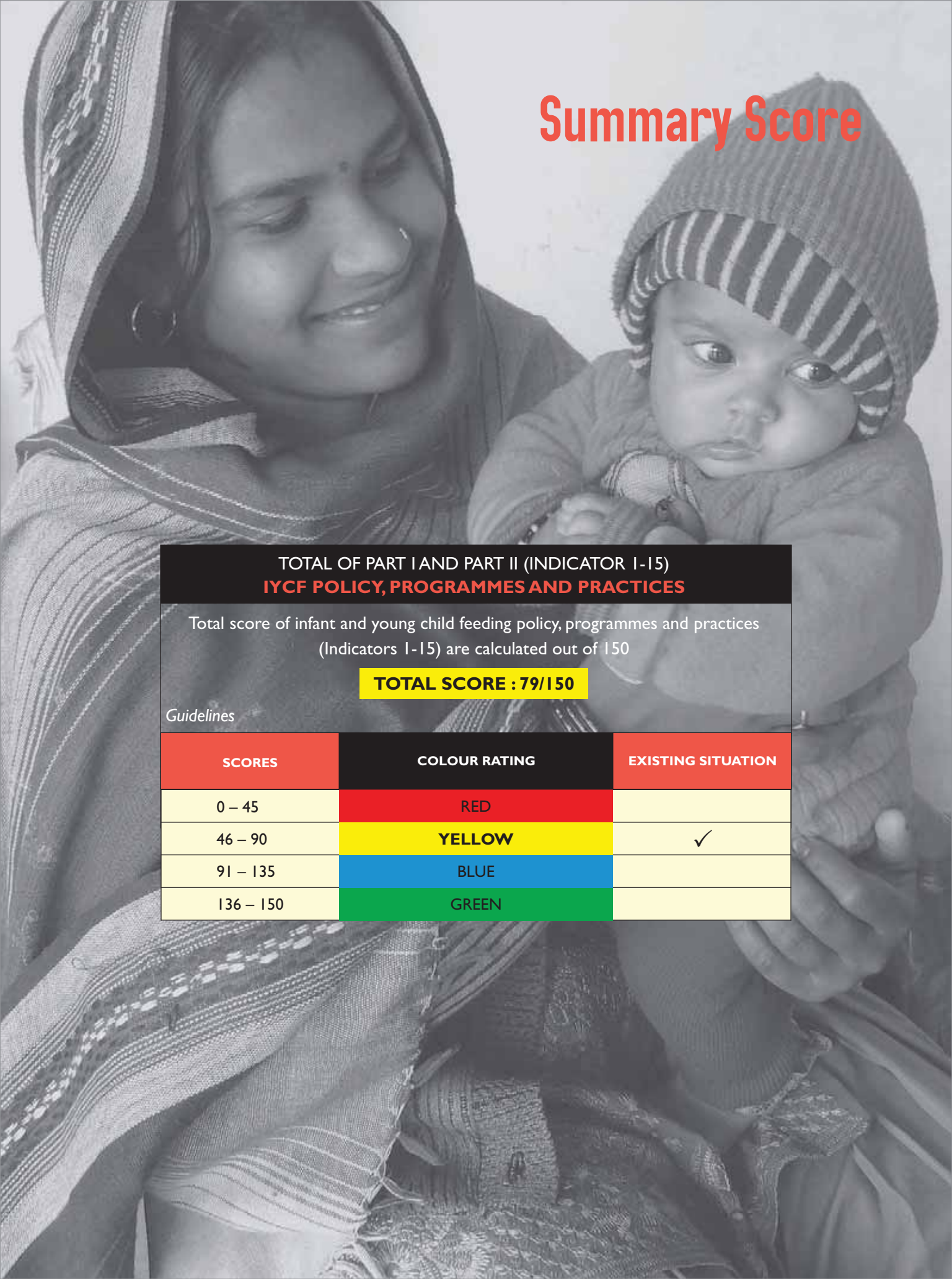
SOURCE OF DATA: NFHS-4, 2015-16

INDICATOR 15	WHO'S KEY TO RATING %	RESULTS %	IBFAN ASIA GUIDELINE FOR WBTi	
			SCORES	COLOUR RATING
Complementary Feeding	1.0 – 59 %	**42.7**	3	RED
	59.1 – 79 %		6	YELLOW
	79.1 – 94 %		9	BLUE
	94.1 – 100 %		10	GREEN

COMMENTS

On completion of six months, children along with breastmilk need nutritious and safe semi-solid/soft foods for their optimal growth and development of their bodies and brain. In India only 42.7 per cent children between 6-8 months receive complementary foods along with breastmilk. There has been a decline in the percentage of children 6-8 months who have received timely complementary foods in India. Timely introduction of nutritious and safe complementary foods is important to prevent stunting and other forms of malnutrition.

The recently launched POSHAN Abhiyaan includes improvements in complementary foods and feeding as a priority area. Through 'Jan Andolan' (peoples' movement) it aims to increase awareness among caregivers on the importance of complementary foods and feeding for the optimal brain development of the child, and help caregivers to improve dietary diversity and nutrient density of the foods fed to the young child. Concerted efforts need to be made to improve the quality of complementary feeding as only 9.6% children between 6-23 months in India are fed adequately to support their optimal growth and development. Strategies to improve availability and access to a variety of diverse complementary foods at family level need to be implemented at scale to bring about the required improvements in the diets of young children. The score for this indicator has not changed since 2015 despite the deterioration in rate, due to the nature of the categories for rating.



Summary Score

TOTAL OF PART I AND PART II (INDICATOR 1-15)
IYCF POLICY, PROGRAMMES AND PRACTICES

Total score of infant and young child feeding policy, programmes and practices (Indicators 1-15) are calculated out of 150

TOTAL SCORE : 79/150

Guidelines

SCORES	COLOUR RATING	EXISTING SITUATION
0 – 45	RED	
46 – 90	**YELLOW**	✓
91 – 135	BLUE	
136 – 150	GREEN	

India gets 3 Reds, 5 Yellows and 2 Blues in its policy and programme scores

Summary Indicator Part I – Policy & Programmes		
INDICATOR	**INDICATOR NAME**	**SCORE** *Out of 10*
1	National Policy, Programme & Coordination	1.5
2	Baby Friendly Care & Baby Friendly Hospital Initiative	0
3	Implementation of Int. Code of Marketing of Breastmilk Substitutes	8.5
4	Maternity Protection	6
5	Health & Nutrition Care System	5
6	Mother Support & Community Outreach	6
7	Information Support	5
8	Infant Feeding & HIV	6
9	Infant and Young Child Feeding during Emergencies	0
10	Mechanisms of Monitoring & Evaluation System	7
Total		**45/100**

Guidelines

SCORES (TOTAL) PART - I	COLOUR RATING	EXISTING SITUATION
0 – 30	RED	
31 – 60	**YELLOW**	✓
61 – 90	BLUE	
91 – 100	GREEN	

Summary Indicator Part II - IYCF Practices			
INDICATOR	**IYCF PRACTICES**	**EXISTING STATUS** (%)	**SCORE** Out of 10
11	Early Initiation of Breastfeeding	41.5	6
12	Exclusive Breastfeeding for the first 6 months	54.9	9
13	Median Duration of Breastfeeding	29.6 months	10
14	Bottle–Feeding	17.3	6
15	Complementary Feeding	42.7	3
Total			**34/50**

IBFAN Asia's Guidelines for Scoring and Colour Rating

SCORES (TOTAL) PART - II	COLOUR RATING	EXISTING SITUATION
0 – 15	RED	
16 – 30	YELLOW	
31 – 45	**BLUE**	✓
46 – 50	GREEN	

TOTAL SCORE : 79/150

Conclusions and the Way Forward

In spite of the fact that optimal infant and young child feeding contributes hugely to child nutrition, health, survival and development, and also to women's health; barriers continue to exist in creating an enabling and supportive environment for women to optimally feed babies.

Primarily, this assessment raised the issue of the lack of a national vision; as reflected in policy, that would direct a sustained and well coordinated nation-wide effort on IYCF to attain better and accelerated results. It is noted that many significant piece-meal initiatives have been taken for IYCF. These could all be consolidated if there is a strong coordination framework. The POSHAN Abhiyan offers such an opportunity and we look forward to its roll-out. We anticipate that the next assessment would be able to capture its impact, and are committed to supporting its positive elements. The failure to steward easily achievable changes, such as the incorporation of IYCF guidelines into disaster management is a result of this lack of coordination and could have a large impact on the lives of children and subsequent scores.

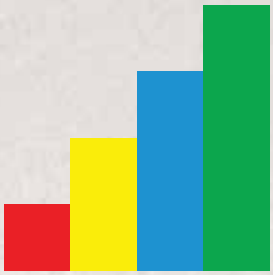
The other key concern raised by this 5th round of assessment, is the failure to acknowledge the role being played by private health care institutions and monitor them for IYCF practices. The disappearance of the BFHI contributes to this failure, and is not entirely replaced by the newer initiatives such as MAA programme.

Further, as an extension to the point above, commercialization in this sector is also largely un-curtailed due to the lack of attention to the effective implementation and monitoring of the IMS Act.

Many small but significant barriers still exist on the ground for effective IYCF practices. These include lack of supportive work environment, inadequate skills of health care providers in health facilities, lack of skilled counselling during ante-natal period in health facilities and later, during first six months in the communities; poor family support, use of infant formula without medical indication, aggressive marketing and promotion of baby foods, lack of guidelines for breastfeeding following cesarean section delivery, and lack of skilled assistance for common breastfeeding problems like sore nipples and mastitis, and perceived insufficiency of breastmilk. Addressing these barriers is critical to achieve higher rates of optimal feeding practices. Similarly for 6-24 month babies inadequate availability of diverse foods, poor knowledge and skill of parents as well as lack of child care support/facilities for working parents contributes to sub optimal feeding practices.

The 5th report on assessment of India's policy and programmes on breastfeeding and IYCF lays bare gaps and it is imperative that coordinated efforts are mounted to remove these barriers.

Global guidance[19] and scientific evidence[20] is available to initiate and sustain recommended actions. One of the most significant gaps lies in funding of these interventions to implement the IMS Act, improve breastfeeding in maternity facilities, ensure skilled counselling at community level, initiate campaigns linked to counselling and community mobilization/ support[21], capacity building, planning and coordination and monitoring. The World Bank's Investment Framework on Nutrition provides an estimate of funding to be about INR 320 (4.7 US$) per child born, additional costs being required for maternity protection.



The National Food Security Act (NFSA) also mandates promotion of exclusive breastfeeding for the first six months but failed to allocate any funds for activities during 0-6 months period, may be under the impression that women do it anyway. The time has come to understand that it costs to remove barriers.

Some specific actions are detailed below

First among all actions and that could be a turning point in how India assists women to remove barriers is to strengthen national and state coordination along with dedicated funding. Implementing the decisions of 'National Steering Committee on IYCF' meeting held in in 2015 and 2017 can kick start this action. Government of India and State governments could organize a workshop to develop plan of action for IYCF interventions for 5 years. This plan can be simultaneously costed for which tools and technical support is available. The plan should be presented to the National Nutrition Council and National Economic Advisory Council for mobilization of funds. The Prime Minister could lead the way by launching a special scheme *'Pradhan Mantri Stanpan Samvardhan evam Suraksha Yojna'* (PMSSSY), which could be under the ICDS umbrella.

Actions would then follow from here on two fronts; policy and programmes.

On the policy front: first and foremost, the IYCF guidelines should be elevated to policy. The IMS Act, a globally appreciated law that protects women and families from aggressive promotion of baby food companies, needs effective enforcement. Authorised officers at district level should monitor and report annually as well as initiate action on violators. Maternity Benefit Act requires specific attention for supporting women in the informal sector and the existing PMMVY should be universally applicable with allocation of required resources.

On the programming side: Strengthening coordination, planning and implementation of the MAA programme in health facilities is an imperative to achieve success and is eminently doable with many success stories of such programmes from around the world. However, the MAA programme should be expanded to include the private sector and should also have an accreditation process. MoHFW should champion this work. Appointment of a full time officer to coordinate and support at Centre and in each State is one important way forward. Specific guidance is required for mothers who had cesarean sections, or with low birth weight babies. There is evidence available from India as a recent experimental study from Aligarh (in process of publication) that demonstrates having a full time IYCF counsellor to support women during pregnancy in the health facility and postpartum at home, almost doubled the early initiation of breastfeeding rates and exclusive breastfeeding at 6 months and reduced bottle-feeding rates significantly.

Strengthening the capacity of community health workers and providing community support and counselling on infant and young child feeding practices is the third such action. Opportunity lies in newly launched POSHAN Abhiyaan. State action plans should include replication of Lalitpur[22] district model to scale up optimal feeding practices in the community, which entails creating / appointing a capable team of at least 4 persons at block level, who are adequately trained for mentoring and supervision of village level mother support group and provide referral support if required.

There are a few low hanging fruits that can help to increase breastfeeding support and so the score quickly. The NDMA can address the issue of infant feeding during emergencies by providing support and counselling to mothers for continued breastfeeding and eliminate use of breastmilk substitutes unless medically indicated and ensure its safety. Similarly the indicators related to IEC call for specific action to include risks of formula feeding and documenting a national strategy towards IEC on IYCF. These can be quickly achieved.

We note that these recommendations are entirely feasible in India and that neighbouring countries have shown positive results. To have sustained results in breastfeeding and complementary feeding practices, it seems justified to act on all policies & programmes and Bridge the gaps that exist. WBT*i* analysis from three countries, which scored high in policy and programmes, (Afghanistan, Bangladesh and Sri Lanka) reveals how the rates of exclusive breastfeeding go up along with rise in scores on policy and programmes and rates are sustained in Sri Lanka (Fig. 3).

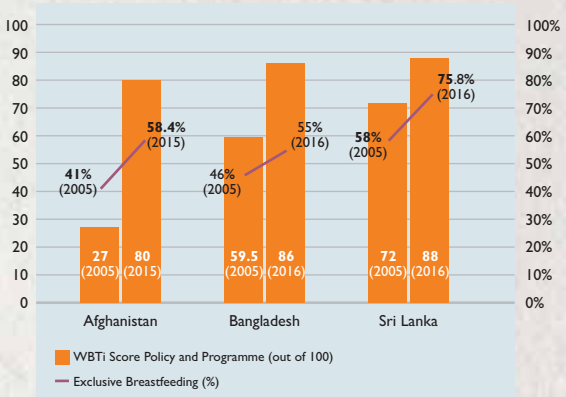


Figure **3**

Evidence and analysis[22] also shows that WBTi is a valid tool for measuring inputs into policy and programmes and increasing score can be predictive of increase in exclusive breastfeeding rates. The WBT*i* process and its partnership exists to create visibility around these issues and to increase and support governments' commitment. The members of civil society and professional groups involved in the process would continue to support both technically and programmatically towards creating enabling environments for women to successfully breastfeed their babies.

India has remained more or less stagnant since the first WBT*i* assessment in 2005. The 5th report is yet another reminder to Government of India to take the matter seriously. India's 5th report of WBT*i* has taken a note of recent positive efforts that might offset the gaps delineated in this report and look forward to a major positive shift by the next round in 2021.

19 http://www.who.int/nutrition/publications/infantfeeding/global-bf-collective-calltoaction/en/
20 Sinha et al. Interventions to improve breastfeeding outcomes: a systematic review and meta□analysis Acta Pædiatrica 2015 104, pp. 114135 https://onlinelibrary.wiley.com/doi/abs/10.1111/apa.13127
21 Lessons can be learnt from the success stories of other countries in the region and District Lalitpur (U.P.)in India.
22 5. Kushwaha KP, Sankar J, Sankar MJ et al. Effect of Peer Counselling by Mother Support Groups on Infant and Young Child Feeding Practices: The Lalitpur Experience. Plos One 2014; 9(11): e109181
23 Chessa K. Lutter, Ardythe L. Morrow; Protection, Promotion, and Support and Global Trends in Breastfeeding, Advances in Nutrition, Volume 4, Issue 2, 1 March 2013, Pages 213219, https://doi.org/10.3945/an.112.003111 https://academic.oup.com/advances/article/4/2/213/4591629 Accessed 25 June 2018

Annexures

ANNEXURE I

List of Partners

- AJK MCRC, Jamia Milia Islamia, Central University
- Alive & Thrive (A&T)
- All India Institute of Medical Sciences (AIIMS)
- Association of Lactation Professionals India (ALPI)
- Breastfeeding Promotion Network of India (BPNI)
- Doctors For You
- Initiative for Health Equity & Society (IHES)
- Institute of Home Economics (IHE)
- Kalawati Saran Children's Hospital (KSCH)
- Ministry of Health & Family Welfare, Government of India
- Ministry of Women & Child Development, Government of India
- Mobile Creches
- National Health Systems Resource Centre (NHSRC)
- National Institute of Public Co-operation and Child Development (NIPCCD)
- Project Concern International (PCI)
- Public Health Nutrition & Development Centre
- Public Health Resource Network (PHRN)
- Dr. Ram Manohar Lohia Hospital and Post Graduate Institute of Medical Education and Research
- Safdarjung Hospital, New Delhi
- Sitaram Bhartia Institute of Science and Research
- United Nation Children's Fund (UNICEF)
- World Health Organisation, India Office

ANNEXURE 2

IBFAN 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.

In Part II the IYCF practices, the method of the cut-off point for each level of achievement has been adapted from the WHO tool.[24] Each practice indicator is assigned according to its achievement a 'score' and 'colour coding' as per IBFAN Asia's guidelines. The cut off points for each of these levels of achievement were selected systematically, based on an analysis of past achievements on these indicators in developing countries.

Five 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 as information source. The WBT*i* does not undertake primary household surveys.

The maximum score for indicators 1-10 of policies and programmes is 100, and for 11-15 on practices are 50, thus an overall score totals to 150. The level of achievement on each indicator **then coded Red, Yellow, Blue and Green based on the guidelines as suggested below.** In the WBT*i* tool, a score of 90% and above is coded green and considered to be maximum achievement. The other three colours in descending order of performance are Blue, Yellow and Red.

Tables below provide guidelines for colour coding based on objective scoring.

Part I: IYCF Policy & Programme Indicators- scores & colour coding (maximum score 10)

IBFAN Asia Guidelines for WBT*i*	
Scores	**Colour- coding**
0-3.5	**RED**
4-6.5	**YELLOW**
7-9	**BLUE**
> 9	**GREEN**

Part I: Total score & colour coding of IYCF Policy and Programme Indicator 1-10 (out of 100)

Scores	Colour- coding
0-30.9	**RED**
31-60.9	YELLOW
61-90.9	**BLUE**
91-100	**GREEN**

Part II: IYCF Practices- scores & colour coding (maximum score 10)

Indicator 11	Key to rating adapted from WHO tool	IBFAN Asia Guidelines for WBT*i*	
		Scores	Colour-coding
Initiation of Breastfeeding (within 1 hour)	0.1-29%	3	RED
	29.1-49%	6	YELLOW
	49.1-89%	9	BLUE
	89.1-100%	10	GREEN

Indicator 12	Key to rating adapted from WHO tool	IBFAN Asia Guidelines for WBT*i*	
		Scores	Colour-coding
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	RED
	11.1-49%	6	YELLOW
	49.1-89%	9	BLUE
	89.1-100%	10	GREEN

Indicator 13	Key to rating adapted from WHO tool	IBFAN Asia Guidelines for WBT*i*	
		Scores	Colour-coding
Median Duration of Breastfeeding	0.1-18 months	3	RED
	18.1-20 months	6	YELLOW
	20.1-22 months	9	BLUE
	22.1-24 months	10	GREEN

Indicator 14	Key to rating adapted from WHO tool	IBFAN Asia Guidelines for WBT*i*	
		Scores	Colour-coding
Bottle Feeding (0-12 months)	29.1-100%	3	RED
	4.1-29%	6	YELLOW
	2.1-4%	9	BLUE
	0.1-2%	10	GREEN

Indicator 15	Key to rating adapted from WHO tool	IBFAN Asia Guidelines for WBT*i*	
		Scores	Colour-coding
Complementary Feeding (6-8 months)	0.1-59%	3	RED
	59.1-79%	6	YELLOW
	79.1-94%	9	BLUE
	94.1-100%	10	GREEN

Part II: Total score & colour coding of IYCF Practice Indicators 11-15 (out of 50)

IBFAN Asia Guidelines for WBT*i*	
Scores	**Colour- coding**
0-15	**RED**
16-30	**YELLOW**
31-45	**BLUE**
46-50	**GREEN**

Part I & II: Total score & colour coding of IYCF Policy, Programme & Practices (out of 150)

Scores	Colour- coding
0-45.5	**RED**
46-90.5	YELLOW
91-135.5	**BLUE**
136-150	**GREEN**

ANNEXURE 3

Recommendations towards the WBTi tool

The assessing core group appreciated the fact that the WBT*i* is a global tool that has to encompass the domain of IYCF in many different countries with different policy, programmes and schemes. It thus allows for comparisons across countries. However, many recommendations arose from the fact that nutrition and IYCF being a rapidly changing domain, it may need to be revised and updated. Some indicators, it was felt, were unable to capture the facts that needed to be scored and some were difficult to use by the nature of the question itself which was composite or overlapping or in contradiction with other questions. These recommendations will be shared with the global WBT*i* group, which may consider them for the future updation of the *tool*. It was also felt that an India state specific tool could be devised by the group in any case, to support and supplement the global tool.

Some specific concerns and recommendations are as below:
Indicator 1 - the tool depends upon the formulation of a well-defined policy on IYCF which is entirely valid. However, other relevant documents such as the National IYCF Guidelines in India are not able to receive any score at all, even if they have a fair and sustained impact on IYCF. Perhaps a sub-point may be added here. Specific expenditure in a year may also be captured.

Indicator 2 - BFHI guidelines have been revised (http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/) which is not reflected in the tool. The new BFHI guidelines recommend that in countries where BFHI programme is not functional, other initiatives aimed at improving hospital practices should be encouraged. India falls in this category of countries.

Indicator 3 - This indicator gets a high score merely by the existence of the Act without taking implementation into account. For question 3.9, the scoring jumps from 5.5 to 6 based on whether 2 or 4 provisions of WHA resolutions are included. It needs to provide a score if 3 provisions are included.

Indicator 4 - The tool fails to recognise situations where existing laws do not cover the majority of working women since they are engaged in the informal sector and therefore gives rise to a falsely high score on subset question 4.1.

Indicator 6 - Indicators 6.1 and 6.3 need to be modified to prevent partial overlap and to create discrete single indicators rather than composite ones. It is also almost impossible to cover/check on all women, and this criterion is almost impossible to achieve with evidence. Perhaps a quantitative bracket such as 'over 90% women' may be used to replace 'all women'.

Indicator 8 - The WHO recommendations 2016 allow continuation of breastfeeding even if it is not exclusive in mothers receiving ARV. In view of this, subset question 8.8 may require a rewording.

Indicator 11 to 15- The intervals of the categories for rating used are too broad to reflect small changes in percentages and thus are not able to reflect trends. More categories need to be created to be able to capture trends every three years. It is recommended to include additional indicator for complementary feeding such as minimum dietary diversity.

The tool and questionnaire is available freely at this website.
http://worldbreastfeedingtrends.org/wbti-tool/

ANNEXURE 4

Minutes of First Core Group Meeting for WBTi India Assessment, 2018

Dated: May 30th, 2018
Venue: UNICEF India Office, Lodhi Road, New Delhi between 10:00 am to 4:00 pm

Dr. Arun Gupta, Central Coordinator, BPNI and Dr. Vandana Prasad, PHRN gave an overview of the programme and shared the agenda of the meeting to the core group members. As per the agenda it was decided that each indicator will be presented by the core group member working on it.

The indicators were allocated to the core group working on the issue, which are as follows:

Indicator	Core Group Member
1	Breastfeeding Promotion Network of India
2	Kalawati Saran Children's Hospital
3	Breastfeeding Promotion Network of India
4	Public Health Resource Network & Institute of Home Economics
5	Public Health Resource Network & Institute of Home Economics
6	Public Health Resource Network & Institute of Home Economics
7	National Institute of Public Cooperation and Child Development
8	Kalawati Saran Children's Hospital
9	Doctors for You
10	National Institute of Public Cooperation and Child Development
11-15	UNICEF India

Based on the references and evidence available for each indicator the core group came to the following conclusions post deliberation:

Indicator 1

National Policy, Programme and Coordination
Presented by: Ms. Nupur Bidla , BPNI

Major Findings and Discussion:

- The core group suggested checking other policy frameworks to see whether they encompass infant and young child feeding action or not. Frameworks like National Child Health Policy and National Nutrition Policy were decided to be reviewed before scoring for sub-indicator 1.1.

- There was much discussion on what is considered a policy and what is not. The WBT*i* tool mentions the word policy, therefore as per the guidelines other relevant documents may not be scored, even if they have an impact on IYCF.
- Dr. H.P.S. Sachdev made a remark on policy implementation, according to him only policy formulation will not help the country. If the policy is not translated to action on ground and this should be considered while scoring. The steering committee minutes indicate that it has met twice in 2015 and 2017,but unfortunately the decisions of the committee were not translated on ground.
- The total score given for this indicator is 1.5/10

Indicator 2

Baby Friendly Hospital Initiative (ten steps to successful Breastfeeding)

Presented by: Dr.Meenakshi Moga, Kalawati Saran Children's Hospital

Major findings and Discussion:

- BFHI guidelines have been revised (http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/) which is not reflected in the tool.
- The ten steps to successful breastfeeding have been revised by WHO , but there is no implementation at country level. The MAA programme does mention the ten steps to successful breastfeeding but the implementation is weak.
- Dr. J. P. Dadhich mentioned that the new BFHI guidelines recommendation strengthen the MAA programme and should be considered.
- The country has no standard of care at the national level. The emerging Kaya Kalp programme of health facilities can be reviewed and also the 2012 IPH standards.
- The total score given for this indicator is 0/10.

Indicator 3

Implementation of the International Code

Presented by: Dr. Neelima Thakur, BPNI

Major findings and Discussion

- India has a well-framed law IMS Act with additions more than what is prescribed in the international code of marketing. But, the government does not invest in its monitoring and implementation and it's only left to the civil societies for monitoring.
- Prof. HPS Sachdev mentioned that indicator 3.9, the scoring jumps from 5.5 to 6 based on whether 2 or 4 provisions are included. It does not give an additional score if 3 provisions are included.
- There was much discussion on the definition of "sanction" and whether the action taken by the government for violations is qualified under sanction or not. The ministry of WCD wrote letters to two violators this time but that is not called sanctioning therefore it was recommended to changed the term from sanction to "action initiated" in the next tool review. Therefore the score has been dropped from last year on sub indicator 3.13 on sanctioning the violators.
- The total score given for this indicator is 8.5/10.

Indicator 4

Maternity Protection

Presented by: Dr. Aditi Hegde, PHRN

Major findings and Discussions:

- The tool fails to recognise situations where existing laws i.e Maternity Benefit Act of 2017 and NFSA do not cover the majority of working women since they are engaged in the informal sector and therefore gives rises to a falsely high score on indicator 4.1.
- Also, the RTI response in this indicator does not much provide information on all the sub set questions.
- The total score given for this indicator is 6/10.

Indicator 5

Health and Nutrition Care System

Presented by: Dr. Aditi Hegde, PHRN

Major Findings and Discussion:

- The analysis recommended that the private sector need to be scrutinized as well by MoHFW because data from deliveries occurring the private set ups are not being reflected, which are substantive in number.
- More documents need to be considered for reviewing the score for sub set question 5.2. It may reduce from 2 to 1 based on further review.
- The total score given for this indicator is 6/10.

Indicator 6

Mothers Support and Community Outreach

Presented by: Dr. Aditi Hegde, PHRN

Major Findings and Discussion:

- There is no national indicator to record this data.
- Subset questions 6.1 and 6.3 need to be modified to prevent partial overlap and to create discrete single indicators rather than composite ones. It is also almost impossible to cover/check on all women.
- The total score given for this indicator is 6/10.

Indicator 7

Information Support

Presented by: Dr.Rita Patnaik, NIPPCD

Major Findings and Discussion:

- On subset question 7.3 it was suggested to check MAA programme collaterals on artificial feeding and their reach.
- On indicator subset question 7.4 there should be partial scoring
- On indicator subset 7.1 and 7.5 its score zero.
- The total score given for this indicator is 5/10.

Indicator 8

Infant Feeding and HIV

Presented by: Dr.Meenakshi Moga, Kalawati Saran Children's Hospital

Major findings and discussion:

- On subset question 8.3 there should be a partial scoring of 0.5 as there is no refresher trainings and also the extent of trainings are not known.
- On subset question 8.4 there is no information on its coverage.
  It is well known that the current recommendations from WHO suggest continuing breastfeeding by HIV infected mothers. So, the subset question 8.9 may be irrelevant as he transmission criterions have changed over the years and therefore this question is irrelevant.
- Total score given on this indicator is 6/10.

Indicator 9

Infant Feeding in Emergencies

Presented by: Dr. Ravikant , Doctors for You

Major findings and Discussion:

- There was no mention of infant in any of the disaster preparedness and response guidelines.
- There is no policy for use of infant foods and formula during emergencies.

- National Disaster Management Plan need to be reviewed to see if IYCF is covered.
- IEC budgets in guidelines needs to be reviewed for conducting IYCF awareness.
- Total score given on this indicator is 0/10.

Indicator 10

Monitoring and Evaluation

Presented by: Dr. Rita Patnaik, NIPCCD

Major findings and Discussion:

- The monitoring and evaluation under the National Nutrition mission was exxplained.
- However it was mentioned that the MIS data is not reliable most of times
- The total score given on this indicator was 7/10.

Indicator 11 to 15

Infant and Young Child Feeding Practices

Presented by: Ms. Gayatri Singh, Unicef

Major findings and discussion:

- Median duration of exclusive breastfeeding has raise fom 1.9 months to 2.9 months now which is an achievement.
- The analysis needs qualitative comments to be put in details for all 3 breastfeeding practice indicators.
- Bottle feeding rates have gone up from 14.6 to 17.3

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

Organisation	Contact Person
BPNI	Dr.Shoba Suri
PHRN	Dr.Vandana Prasad, Dr. Osama, Dr.Aditi
Kalawati Saran Children's Hospital	Dr. Praveen Kumar, Dr. Meenakshi Moga
NIPCCD	Dr. Rita Patnaik
UNICEF India	Ms. Gayatri Singh
Doctors for You	Dr. Ravikant Singh

ANNEXURE 5

Minutes of Sharing the Draft Findings and Consensus Building Meet 2018

Dated: June 8, 2018

Venue: AIIMS, New Delhi

These are records of the discussion between members of the core group and various development partners and experts. The consensus building meeting was chaired by Dr. Sila Deb, DC-Child Health, MoHFW and Dr. Sheila Vir, Director, Public Health Nutrition and Development Centre. The key findings of the assessment for each indicator were shared during the meeting and a consensus on each indicator's scoring was arrived.

Dr. Arun Gupta, Central Coordinator ,BPNI gave a brief introduction and overview on the WBT*i* and the process of India assessment 2018. Then each indicator findings were presented by the core group member/organizations having done the assessment. There were discussion and comments taken after each indicator.

Indicator 1 on Policy, Programme and Coordination scored 1.5 out of 10. There were discussions on the availability of dedicated funding and the community is suffering. Funds are required for all IYCF indicators and comprehensive planning is required as 'MAA' programme does not cover all. According to Dr. Sila Deb funds are available with ministry but district level implementation is problematic. Ms. Ashalata, Consultant, MoHFW 'MAA' programme provides incentives to ASHAs on quarterly basis. POSHAN Abhiyaan to be reviewed for IYCF dedicated work and funding. There is no overarching guidance and that is what WBT*i* recommend for coordinated mechanism. Dr. Shiela Vir suggested to work with other ministries and should not be seen in isolations.

Indicator 2 on Baby Friendly Hospital Initiative scored nil this assessment again. There is a need to scrutinize private sectors as 70%delivery occur there. District planning is required to roll out BFHI and need to be included and added in the recommendations.

Indicator 3 on International Code of Marketing of Breastmilk Substitutes scored 8.5 out of 10. India has a strong law the IMS Act. The consensus was build on advocating for inclusion of IMS Act provisions and implications in the curriculum of the undergraduate medical students as they need to understand its significant being a upcoming medical professionals. It was also decided with consensus that district level sensitization of health professionals is essential for effective implementation of the IMS Act at the ground level. As a recommendation it came out that front organization of baby food industries are not covered in the law and nor in the Code. So, putting a scrutiny on them is also important. The MAA programme by MoHFW only has a component of IMS Act awareness and does cover its implementation plan. It was suggested that MoHFW can issue a notification or may be write to MoWCD for its effective enforcement.

Indicator 4 on Maternity Protection scored 6 out of 10. The assessment finding show that small percentage of women are covered under the recently amended Maternity Benefit Act (MBA) 2017. Inclusion of all women i.e. 97% of whom are working in the informal sector was disregarded. The gender neutrality of the MBA Act in providing crèche facilities at the workplace was questioned by the house to which Dr. Vandana Prasad responded that at 50 employees of all gender the workplace has to have a crèche. So, it is gender neutral in that aspect. It was suggested to highlight the plight of the women working in informal sectors in the qualitative comments.

Indicator 5 on Health and Nutrition Care System scored 6 out of 10. The assessment analysis suggested private sector to be scrutinized as well by MoHFW because else data from deliveries occurring the private set ups are being left out. Dr. Praveen, Kalawati Saran Children's Hospital contributed that IYCF education should be an essential part of the pre-service education in India. Streams like home science, public health, nursing should be imparted this knowledge in the pre service phase itself. It was suggested that more documents need to be considered for reviewing the score for subset question 5.2. It may reduce from 2 to 1 based on further review. The implementation of this indicator can be addressed through legal protection . Clinical Establishment Act (CEA) can be implemented to address this issue.

Indicator 6 on Mother Support and Community Outreach scored 6 out of 10. It was discussed that a national indicator is required to record this data and it could be done at the health facility level where it can also come under HMIS. Dr. Ajay Khera, WHO mentioned that under the Aspirational district the District Collector would keep a track on early initiation data. It will be closely monitored. According to him counseling is the only way out. HMIS is also recording but very objectively as "Yes" or "No", this data is monthly recorded and is in public domain.

Indicator 7on Information Support scored 6 out of 10. Anita Makhijani, F&B, MoWCD suggested to review the new modules from MoWCD available on their internet portals.

Indicator 8 on Infant Feeding & HIV scored 6 out of 10. Dr. Vandana Prasad, PHRN suggested to review the concept of mixed feeding policy of the government. It has been amended and requires review. The indicator is losing out on its score because of this and the tool needs modifications.

Indicator 9 on Infant Feeding during Emergencies scored a 0. It was suggested to review the ASHA manual which covers emergency response. Dr. Kusuma, AJK MCRC suggested that case studies are required on how communities deal with the situation during emergencies and what are their priorities. This will help in understanding the perspective of the community, need assessment and the understanding for infant care and feeding.

Indicator 10 on Monitoring and Evaluation scored 5 out of 10. The house made a common agreement on its findings and no comments or suggestions were made.

Indicators 11-15 on IYCF Practices and the information source was NFHS 4 (2015-16). Dr. Vandana Prasad mentioned that India's national data on exclusive breastfeeding for 6 months is unsatisfactory. Dr. Shiela Vir resonated with her analysis. She also mentioned that this data acts as proxy data for 6 months. According to her falsification data exists and its harmful.

Concluding Remarks

Dr. Vandana Prasad made the concluding remarks about the consensus meeting in the end. She mentioned that the trends which WBT*i* has been studying since 2005 has been outstanding. Though it has been found out that the tool requires to be reviewed before the next assessment. According to her this exercise has been a learning experience for the entire core group. It helped the team to relook at the national data , policies and helped advocate for Infant and Young Child Feeding issues. The fact that Poshan Mission is rolled out , the core group is excited but the group awaits its consequences and impact at the community level. Also, the programme isn't specifically for IYCF so that is one apprehension in its contribution. Underfunding and under implementations are constant refrains for IYCF in the country and decentralization is the key to achieve IYCF targets. Convergence is needed and the core group is quite hopeful about the Government's attention to nutrition issues and concerns through POSHAN Abhiyaan but despondently the civil society has not been engaged in the programme. Civil society engagement in such programmes is crucial and the group can't see that participations. This non involvement of civil society and opening doors for private sector remains the key reason of dipping indicators. Privatization and commercialization are overarching issue affecting us. The National Nutrition Policy of 1993 can be accommodated in the operational IYCF guidelines. Accreditation of facilities is important. It can be done under any programme whether its MAA, Kaya Kalp or POSHANAbhiyaan. What is important is the uniformity of accreditation. This can be forced through MoHFW as it can be easily done. Regarding IMS Act only NGOs are taking lead and working. The government needs to be more proactive for IMS Act implementation. For maternity protection and IYCF in the country the MBA Act was so critical but unfortunately it disregarded the informal sector in its coverage. It is inexplicable to understand that why IYCF in emergencies is still lagging behind and stands at zero. Since 2005 WBT*i* there has been no

changes in the score for this particular indicator. WBT*i* core group will be happy to assist government to work on this indicator for improved score. There are lot of long hanging fruits in IYCF and an ultimate thrust is required through strong policy frameworks.

Dr. Ajay Khera in the concluding remarks said the MAA programme is lacking on aggressive implementation. He mentioned that there are two key opportunities that are needed to be tapped. One is the Health and Wellness centres and another is the Ayushman Bharat. IYCF needs to be repositioned in the health and wellness centres. Revamped MIS system i.e CAS system has lot positioned to gather data on IYCF. The role of private sector and IYCF goes hand in hand because if IYCF fails the health care providers are to blame. The disconnect in the private sector pertaining to knowledge is alarming therefore there is need to have a counselor at each private hospital. Mothers need to be properly informed and consent is a very crucial aspect for not breastfeeding the child. Associations like IAP, IMA can be approached for this work. Also, participation of Obstetricians is crucial when it comes to IYCF.

Dr. Sila Deb said that we need to give attention to the rates of increasing C-Section because it hinders the exclusive breastfeeding rate. Therefore, engaging FOGSI is important.

Dr. Arun Gupta concluded that similar action can be done at the state level i.e WBT*i* state level assessments can be conducted in partnership with NHSRC. As an overall recommendation from the participants it was suggested that MoHFW should use WHO guidelines on formula usage and notify government officials at the state level. It will help dealing with the stark data of 10% children receiving adequate diet. The message from the ministry to people should be focusing on exclusive breastfeeding without any water or any other thing to be given to the child and information on formula usage.

List of Participants:

	Name	Organization
1.	Dr. Aditi Hegde	PHRN
2.	Dr. Ajay Khera	WHO
3.	Anita Makhijani	MoWCD
4.	Archana Ghosh	MoHFW
5.	Dr. Arti Maria	RML Hospital
6.	Dr. Arun Gupta	BPNI
7.	Dr. Arun Singh	MoHFW
8.	Dr. Ashalata	MoHFW
9.	Gayatri Singh	UNICEF India
10.	Dr. Geeta Trilok Kumar	IHE, DU

11.	Jessy George	IHES
12.	Dr. JP Dadhich	BPNI
13.	Dr. K.S. Kusuma	JMI
14.	Dr KC Agarwal	Safdarjung Hospital
15.	Meenakshi Monga	KSCH
16.	Dr. Mira Shiva	IHES
17.	Navneet	AIIMS
18.	Dr. Neelima Thakur	BPNI
19.	Nupur Bidla	BPNI
20.	Osama Ummer	PHRN
21.	Dr Padam Khanna	NHSRC
22.	Pragati Paul	JMI
23.	Dr. Praveen Kumar	KSCH
24.	Radha Holla	Consultant
25.	Rajshree Das	Project Concern International
26.	Dr. Rita Patnaik	NIPCCD
27.	Rohini Saran	FSSAI
28.	Ruchika Chugh	PATH
29.	Dr. Sheila Vir	Public Health Nutrition and Development Centre
30.	Dr. Shoba Suri	BPNI
31.	Dr. Sila Deb	MoHFW
32.	Sumitra Mishra	Mobile Creches
33.	Tanya	IHE
34.	Dr. Umesh Kapil	AIIMS
35.	Victoria C. Kumar	ALPI
36.	Vidhi Singh	IHE

ANNEXURE 6

Decisions of First and Second Meeting of the National Steering Committee on IYCF

S.No.	First meeting on 24.9.2015	Second meeting on 23.11.2017
1.	Extensive IEC Campaign to disseminate the massage	To develop Institutions across the country as Resource Centres with engagement of WCD, Health and BPNI for training of master trainers on IYCF at State.
2.	Universalization of conditional maternity benefit.	Joint operational guidelines on IYCF by MoWCD and MoHFW to be rolled out with common training module on IYCF.
3.	Development of advocacy booklets for mothers after delivery	As per meeting held under the Chairpersonship of Principal Secretary to Prime Minister on "Nutrition" on 4th November 2017, wherein it was decided to extend home based care of infants and MoHFW should implement two monthly home visits of ASHAs from a child attaining the age of four months onwards, with an objective to ensure counselling for complementary feeding, growth monitoring, vaccinations and sickness related counselling.
4.	Development and screening of IYCF training film at maternity wards of the hospitals.	District Magistrate to review nutrition components in convergence with line Departments (Health, WCD, Water and Sanitation, Panchayati Raj) by meeting every quarter at District Level. (10th January, 10th April, 10th October).
5.	Identification/notification of IYCF Counselor in hospitals for counseling.	To examine BPNI's Stanpan Surksha Mobile Application which can be adopted as an addendum to "MAA" programme of MoHFW.

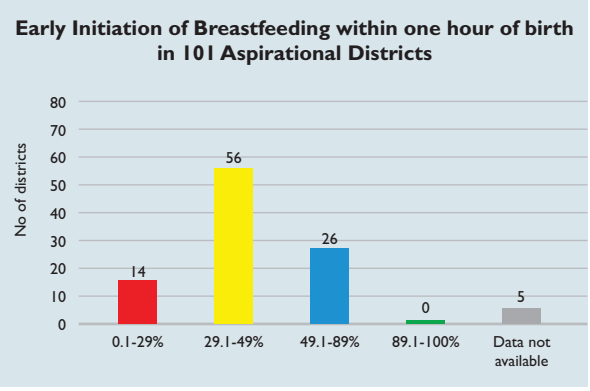
6.	Inclusion of IYCF module under training programmes of Ministry of Panchayati Raj and Rural Development	Identification/ notification of IYCF Counsellor in hospitals for counseling.
7.	Finalization and implementation of operational guideline on IYCF	Inclusion of IYCF module under training programmes of Ministry of Panchayati Raj and Rural Development.
8.	Inclusion of IYCF practices in the school curriculum of Secondary classes	Effective monitoring of the implementation of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution).
9.	States/UTs would be advised to make provisions for creation of facilities for supporting breastfeeding at public places.	
10.	Appointment of nodal officer in the states empowered to take action	

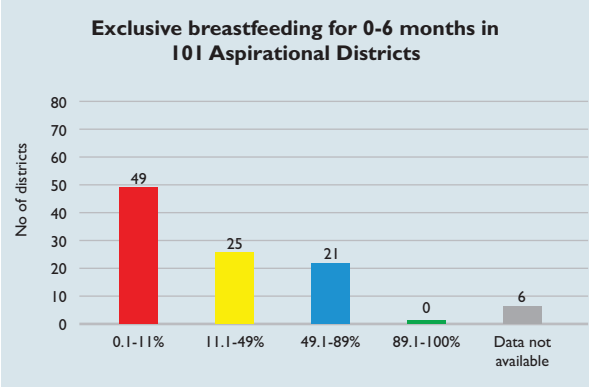
Source: RTI response No. ND-T-20/1/2017-ND-TECH. dated 14th May, 2018, Government of India. Ministry of Women and Child Development. Food and Nutrition Board.

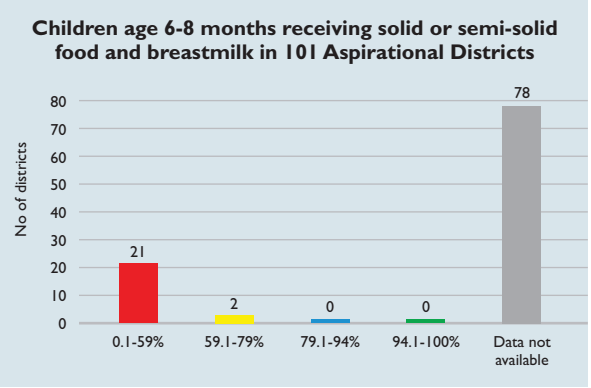
ANNEXURE 7

Status of IYCF Practices in Aspirational Districts

Recently launched 'Transformation of Aspirational Districts' programme, 2018 aims to improve lives of people in 101 Aspirational Districts and includes action on health and nutrition. Given below are the status of Breastfeeding and Complementary Feeding practices of the 101 Aspirational Districts as per NFHS-4 (2015-16).







ADDENDUM

Feedback on the 5th report of assessment of India's Policy and Programmes on Infant & Young Child feeding 2018 by Ministry of Women and Child Development and the response from the core group

S. No.	Page No	Paragraph	Statement made	Actual situation	Response from Core Group
1.	11	1	PMMVY, which is applicable to women in informal sector as well as home makers, isn't yet universalized	PMMVY has been universalized from 1st September, 2017. The beneficiaries of the scheme are ALL PREGNANT WOMEN AND LACTATING MOTHERS. The scheme provides benefit of Rupees 5,000 to every pregnant women and lactating mothers for their first child. The scheme covers all the women working in informal sector, belonging to SCs/STs, OBCs and all others. The scheme shows a clear intention of MWCD to implement the scheme in letter and spirit and to benefit all women of the country	Our interpretation is based on the group observation that all the mothers are not receiving the benefit, and its only for the first child. This is more of a definition issue while the group is aware of implementation guidelines. This does not cover all women and infants. There is also a shortage of AWWS currently who are assigned with the implementation of the scheme. As stated in Hindu, 11 June 2018, the group took cognizance of. "Many States like Tamil Nadu, Telangana, Odisha and West Bengal have not yet come on board to implement the scheme. As these States account for nearly 25% of the total beneficiaries, we have actually been able to serve 23.6 lakh of the 38 lakh beneficiaries or more than 60% of women," R.K. Shrivastava, Secretary, Women and Child Development, has said in an interview.
2.	14		Wrong calculation in the report card	Report card carries a total of 15 indicators, with 5 indicators for Practices, whereas in the Total Score for practices (written in second half of the page) denominator is mentioned to be 100 which should be 50.	Typo error corrected to 50 instead of 100
3.	21	3	PMMVY is waiting to be universalized	Please refer serial number 1	PMMVY Scheme: Same as point 1.
4.	22	1	National Nutrition Council is headed by Deputy Chairperson of NITI Aayog	National Nutrition Council is headed by Vice Chairperson of NITI Aayog	It was inadvertent typo error, and is corrected by addendum
6.	43	Recommendations (3rd)	Additionally PMMVY scheme should be universalized toprovide wage compensation and	The funds are already earmarked in the scheme and regularly transferred to the states under	Recommendations on PMMVY: Our basis was our observations as in point 1.

S. No.	Page No	Paragraph	Statement made	Actual situation	Response from Core Group
			funds earmarked for this scheme	different heads for different purposes. The Ministry has recently taken various steps to increase the scheme's, awareness by promoting various IEC activities. States are provided specified funds under Admin for the purpose of IEC/BCC, Training etc. Funds for beneficiaries are transferred in respective escrow account of State's/UTs	
7.	50	Conclusions (8th line)	Lack of trained human resources and poor coverage of schemes like PMMVY	The scheme is being run throughout the nation through AWWs and ASHA workers. The AWW and ASHA workers are being given training under PMMVY. Master trainers are there to provide training at grassroots level.	PMMVY: Response as point 1. About trained human resources the group observed that there is need for more capacity building of skilled counselors. It has been expressed in the minutes of the National Steering Committee of IYCF in Nov 2017, that country needs trained human resources.
8.	54	Gaps	There is no national IEC strategy…..	There is a national strategy and funds also earmarked for IEC	IEC Strategy: 7.1 is very specific: There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts of interest are avoided. While the group did receive many documents from the ministry on IEC materials, but did not get this one. The group could not find the national strategy. This indicator was headed by the NIPCCD and the group relied on. The group acknowledged the IEC materials that were shared. If ministry makes it available to us we will be happy to incorporate in the report.
9.	62	Conclusions	There is no positive progress in monitoring and evaluation…..	ICDS-CAS and PMMVY-CAS are already functioning for monitoring and evaluation, providing inputs on a real time basis.	The report does not mention "**NO**"; It in fact says there is positive progress.

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