World Breastfeeding Trends Initiative (WBTi)

India Report 2012

National Institute of Public Cooperation and Child Development

Breastfeeding Promotion Network of India (BPNI)

World Breastfeeding Trends Initiative (WBTi)

India Report 2012

National Institute of Public Cooperation and Child Development

In collaboration with

Breastfeeding Promotion Network of India (BPNI)

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FOREWORD

It is well recognised that the period from birth to two years of age is the "critical window" for the promotion of good growth, health, and behavioural and cognitive development. Breastfeeding is nature's best way of nurturing the child. Learning begins right from the birth (or even in the womb) and from the moment an infant starts suckling milk from the mother's breast which stimulates all the five senses creating a strong bond between the mother and the child. It also enhances the capabilities of the child for the whole life. Breastfeeding is so much more than food alone; breastfed infants are much less likely to die from diarrhoea, acute respiratory infections and other diseases. Breastfeeding supports infants' immune system and helps protect from chronic conditions later in life such as obesity and diabetes.

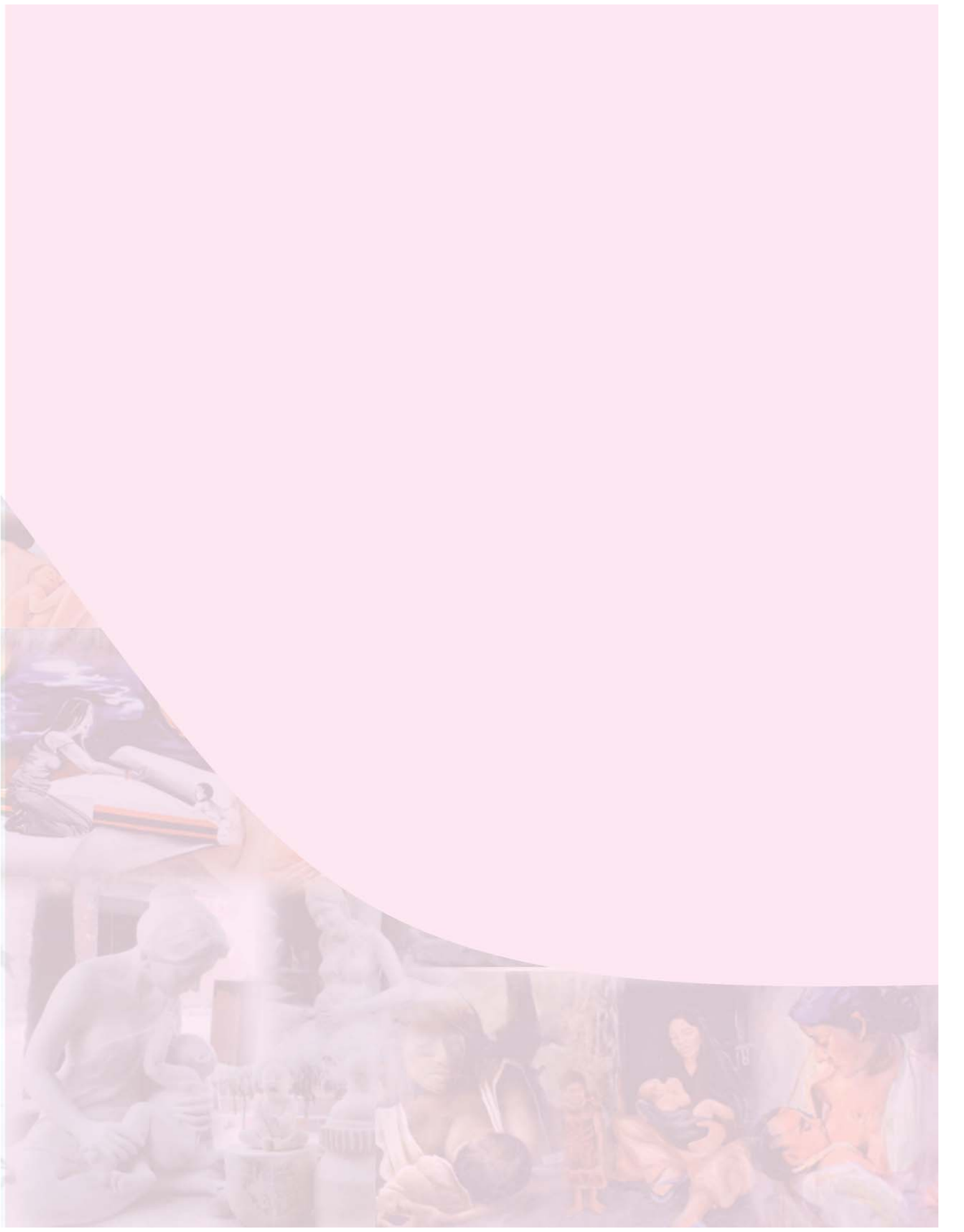
Under nutrition and morbidity is very high in India. In India, 20 per cent of children under five years of age suffer from wasting due to acute under nutrition. More than one-third of the world's children who are wasted live in India. Forty-three per cent of Indian children underfive years are underweight and 48 per cent (i.e. 61 children million) children are stunted due to chronic under nutrition. India accounts for more than 3 out of every 10 stunted children in the world. Optimal infant and young child feeding practices can contribute a lot to prevent and reduce this and accelerate the progress to keep India on track for meeting the Millennium Development Goal 4- Reduction in Child Mortality.

World Breastfeeding Trends Initiative (WBTi) is a global initiative to assess policy and programmes to track, assess and monitor IYCF practices in order to support women for breastfeeding. This is definitely a step forward initiative in order to protect, promote and support breastfeeding. *WBTi: India Report 2012* is the report of the assessment of the state of implementation of the Global Strategy for Infant and Young Child Feeding, reflecting current policy and programmes that support optimal infant and young child feeding (IYCF) practices in India. The *India Report 2012* provides in detail the findings of the assessment, compares it with the status in 2008, analyses gaps and offers some recommendations to bridge them. This process has helped to build understanding and trust between civil society groups on many issues for advocacy on policy and programme support to breastfeeding. Although India has issued the National Guidelines on Infant and Young Child Feeding in 2006 and enacted the Infant Milk Substitutes Feeding Bottles and Infant Foods (Regulation of production, supply, and distribution) Act 1992, IMS Act, which was further, amended in 2003; still effective implementation of both of these is necessity of the hour.

I hope, the India Country Report 2012 would address the main issue of empowering mothers to initiate breastfeeding within one hour of birth, breastfeed exclusively for the first six months and continue to breastfeed for two years or more, together with nutritionally adequate, safe, age appropriate, responsive complementary feeding starting at six months of age.

Dinesh Paul

(Dinesh Paul)
Director



ACKNOWLEDGMENTS

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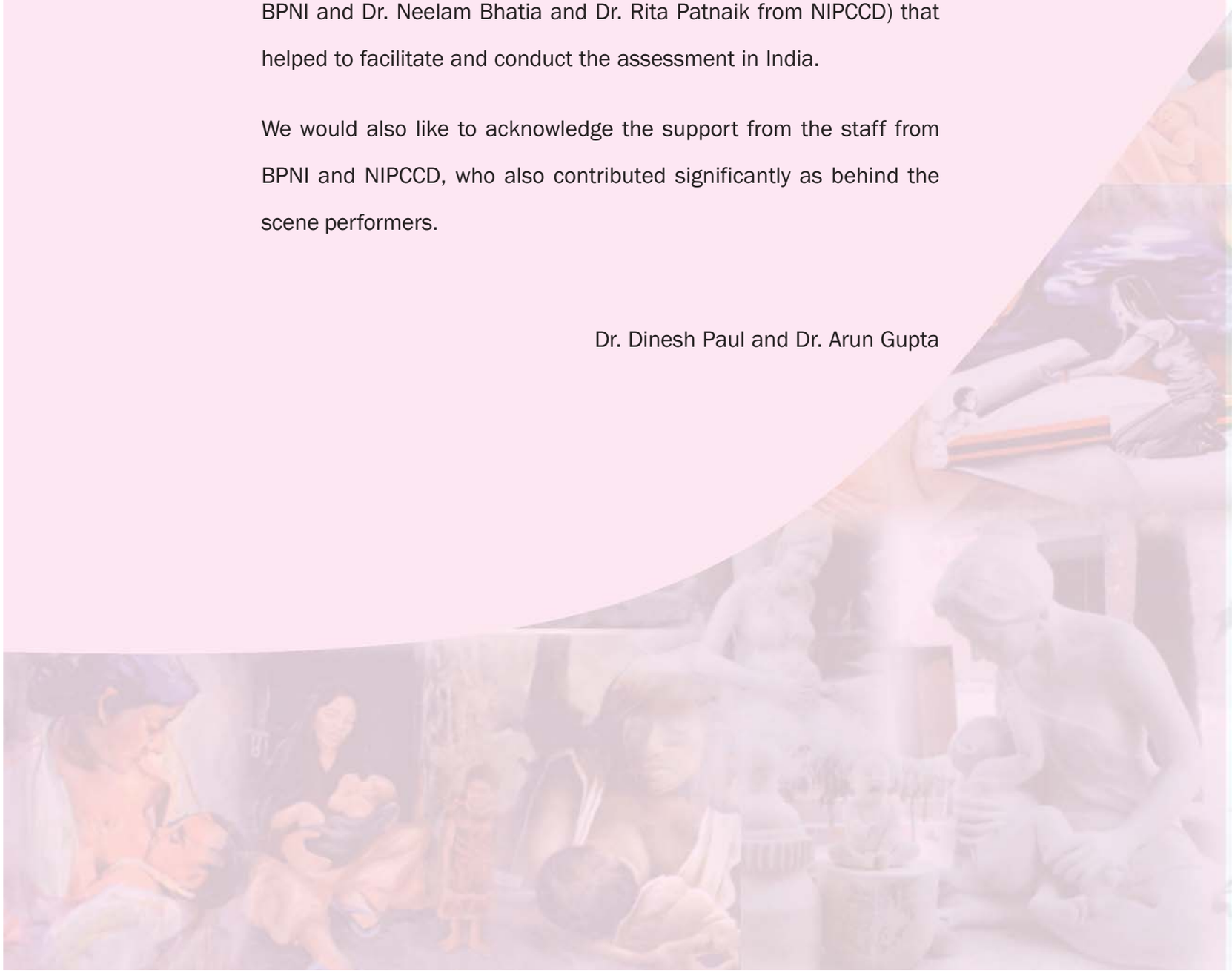
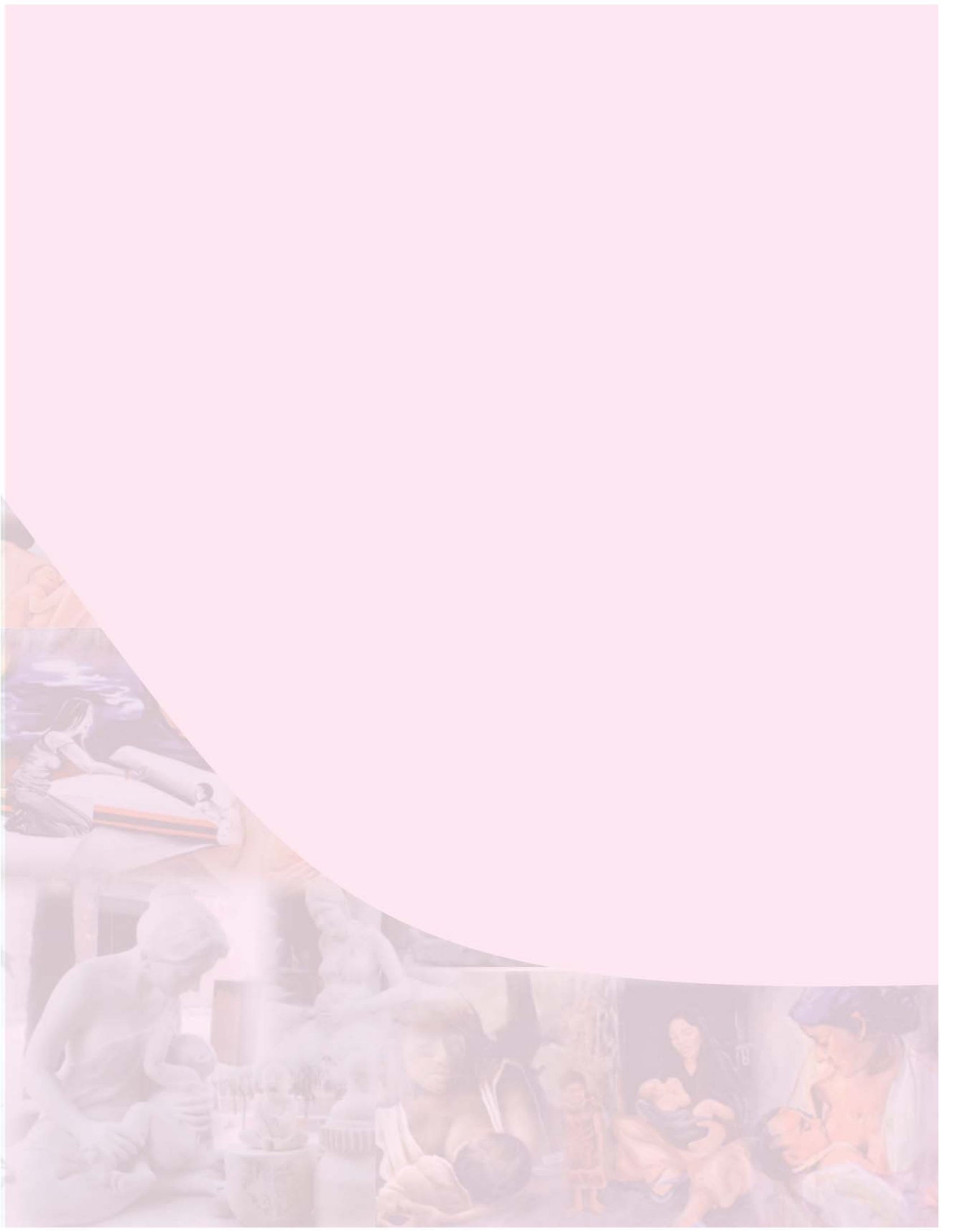
We would also like to acknowledge the support from the staff from BPNI and NIPCCD, who also contributed significantly as behind the scene performers.

Dr. Dinesh Paul and Dr. Arun Gupta





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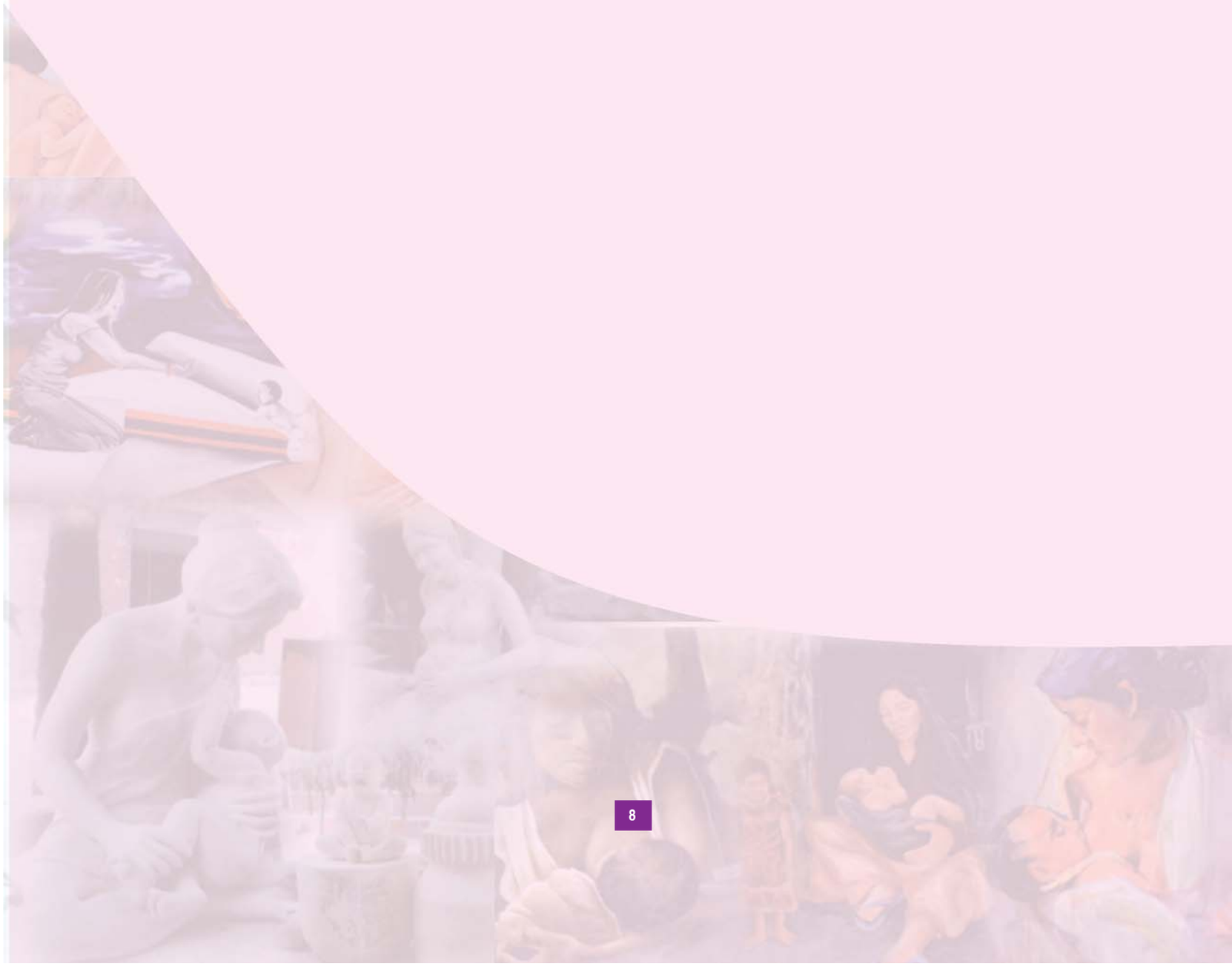


LIST OF ABBREVIATIONS

ACDPO	Assistant Child Development Project Officer
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
APH	Ante partum Haemorrhage
ART	Antiretroviral Therapy
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWTCs	Anganwadi Workers Training Centre
AWW	Anganwadi Worker
AYUSH	Department of Ayurveda, Yoga, Naturopathy, Unani, Siddha & Homoeopathy
BFHI	Baby-Friendly Hospital Initiative
BPNI	Breastfeeding Promotion Network of India
CDC	Centre for Disease Control and Prevention
CDPO	Child Development Project Officer
CHC	Community Health Centre
CMB	Conditional Maternity Benefit
CRC	UN Convention on Rights of the Child
DALYs	Disability Adjusted Life-Years
DLHS	District Level Health Survey
DPT	Diphtheria, Pertussis, Tetanus
ECCE	Early Childhood Care and Education
ECOSOC	Economic and Social Council of the United Nations
EDD	Expected Date of Delivery
ESI Act	Employees' State Insurance Act
F-IMNCI	Facility-based Integrated Management of Neonatal and Childhood Illnesses
FNB	Food and Nutrition Board
FRU	First Referral Unit
GBiCS	Global Breastfeeding Initiative for Child Survival
GOI	Government of India

HIV	Human Immuno Deficiency Virus
IBFAN	International Baby Food Action Network
ICDS	Integrated Child Development Services
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
IFA	Iron and Folic acid
IGMSY	Indira Gandhi Matritva Sahyog Yojana
ILO	International Labour Organisation
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IMR	Infant Mortality Rate
IMS Act	Infant Milk Substitute Act
IUD	Intra Uterine Death
IUGR	Intra Uterine Growth Retardation
IYCF	Infant and Young Child Feeding
J J Act	Juvenile Justice Act
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KSY	Kishori Shakti Yojana
LBW	Low Birth Weight
LHV	Lady Health Visitor
LMP	Last Menstrual Period
LSCS	Lower Segment Caesarean Section
MCH	Maternal and Child Health
MCPC	Mother & Child Protection Card
MDGs	Millennium Development Goals
MDM	Mid Day Meal
MICS	Multiple Indicator Cluster Sampling
MIS	Management Information System
MLTCs	Middle Level Training Centres
MMR	Maternal Mortality Rate
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare

MPR	Monthly Progress Report
MTCT	Mother-to-Child Transmission
MTP	Medical Termination of Pregnancy
MWCD	Ministry of Women and Child Development
NACO	National AIDS Control Organisation
NDMA	National Disaster Management Authority
NFHS	National Family Health Survey
NGOs	Non Governmental Organisations
NIN	National Institute of Nutrition
NIPCCD	National Institute of Public Cooperation & Child Development
NIPI	Norway India Partnership Initiative
NMR	Neonatal Mortality Rate
NNF	National Neonatology Forum
NORAD	Norwegian Agency for Developmental Cooperation
NPAG	National Programme for Adolescent Girls
NPDM	National Policy on Disaster Management
NREGA	National Rural Employment Guarantee Scheme
NRHM	National Rural Health Mission
NRP	Nutrition Resource Platform
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PHC	Primary Health Centre
PIH	Pregnancy Induced Hypertension
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Post Natal care
PNDT Act	Prenatal Diagnostic Test Act
PNMR	Perinatal Mortality Rate
POG	Period of Gestation
PPH	Post-Partum Hemorrhage
PPTCT	Prevention of Parent to Child Transmission
PSE	Preschool Education

RCH	Reproductive and Child Health
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
RTI	Reproductive Tract Infections
SBA	Skilled Birth Attendant
SHGs	Self-Help Groups
SIDA	Swedish International Development Agency
SNP	Supplementary Nutrition Programme
SRS	Sample Registration System
SSA	Sarva Siksha Abhiyan
STDs	Sexually Transmitted Diseases
TA	Travelling Allowance
TAM	Tracking, Assessing and Monitoring
TBA	Traditional Birth Attendant
TNAI	Trained Nurses Association of India
TT	Tetanus Toxoid
U5MR	Under Five Mortality Rate
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VCCT	Voluntary Confidential Counselling and Testing
VCT	Voluntary Counselling and Testing
VHND	Village Health and Nutrition Days
VIPP	Visualisation in Participatory Planning
WABA	World Alliance for Breastfeeding Action
WBTi	World Breastfeeding Trends Initiative
WBW	World Breastfeeding Week
WHA	World Health Assembly
WHO	World Health Organisation

EXECUTIVE SUMMARY

World Breastfeeding Trends Initiative (WBTi) is an innovative initiative developed by International Baby Food Action Network Asia (IFBAN Asia) as a system for Tracking, Assessing and Monitoring (TAM) - the Global Strategy for IYCF using the web-based toolkit. Further, WBTi has emerged as an effective tool to assess the state of implementation of the Global Strategy for IYCF and to find out gaps in country's policies and programmes on IYCF and help nations to initiate action to bridge these gaps in IYCF for comparison within countries. WBTi assessment is done every three years, earlier it was done in the years 2005 and 2008 wherein over 50 countries had participated.

The WBTi, which serves as a lens to find out gaps in policy and programmes, helps nations initiate action to bridge these gaps. This programme is already running in over 80 countries. The brainchild of IBFAN Asia, WBTi is an integral part of two global projects jointly funded by NORAD and SIDA. National Institute of Public Cooperation and Child Development and Breastfeeding Promotion Network of India jointly coordinated the India 2012 WBTi assessment. The India's 2012 Report is the assessment of the state of implementation of the Global Strategy for Infant and Young Child Feeding, and accomplished under the World Breastfeeding Trends Initiative (WBTi) of IBFAN Asia.

The WBTi has identified 15 indicators. Each indicator has its specific significance. Part I has 10 indicators, based on the WHO tool, dealing with policies and programmes and Part II has 5 indicators, dealing with infant feeding practices. Once assessment of gaps is carried out and data verified, the data on 15 indicators is fed into the web-based toolkit. Scoring, colour-rating and grading is done for each individual indicator. The toolkit objectively quantifies the data to provide a colour- rating and grading i.e. Red or 'Grade D', Yellow or 'Grade C', Blue or 'Grade B' and Green or 'Grade A'. The toolkit can generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator has the 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 requiring improvement, with guidelines for scoring, rating and grading and how well the country is doing.
- Background on why the practice, policy or programme component is important.

This report has been developed after a detailed study and analysis of existing policy and programme documentation. For individual indicator, available supporting documents were searched to answer each subset of the questionnaire. Pertinent information was procured from Government of India, and several key documents, websites, and published information and the Report was analysed. In order to finalise the Assessment Report, a meeting of experts had been called on 6thSeptember, 2012 at NIPCCD premises. Assessment findings were also discussed with the experts and consensus was achieved in identification of gaps and recommendations for bridging them.

The web-based tool kit, according to WBTi guidelines, has rated the findings. India scores 74 out of total of 150 and stands in YELLOW band in grid of Red, Yellow, Blue, and Green in ascending order of performance or achievement. The report has found gaps in both policy and programmes and has not shown much improvement since 2008 when a similar assessment was conducted.

Following are the salient features of the report. The gaps and indicator-wise recommendations for Indicators 1-10 related to policy and programmes are as given below.

Indicator 1: National Policy, Programme and Coordination

Gaps

- Lack of effective coordination mechanisms despite of having infrastructure
- Lack of policy status for National Guidelines on IYCF
- Guidelines do not have clear plan with objectives and allocated budgets

Recommendations

- The National Guidelines should be reviewed, and given the shape of a national policy with plans and budgets, implementation and operational guidelines, for capacity building on indicators to implement the remaining indicators.
- National Breastfeeding Committee should meet twice a year and review the progress.
- National coordination mechanism should be developed with a secretariat and technical support to follow up on action in States.
- Budgetary provisions should be made available for the activities that emerge.

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

Gaps

- No concrete action to revive BFHI
- BFHI has not shown progress since 2005 in any manner, whether quantity or quality
- Reach of NRHM to extent to incorporate BFHI, especially with reference to hospitals and nursing homes that will be contracted for conducting deliveries under Janani Suruksha Yojana

Recommendations

- Immediate action should be taken to revive the BFHI programme in its spirit to implement the 10 Steps.
- BFHI should be prominently placed in all child health policies and programmes.

- Health MIS should include BFHI indicators: percentage babies receiving pre-lacteal feeds, initiation of breastfeeding within an hour, and discharged on exclusive breastfeeding
- There is a need to increase the perceived value of BFHI, so that providers and consumers both see benefits of the same. It is only when there is more awareness among consumers that providers would also like to see the benefit of accreditation.
- Interventions required including access to counselling and support to all women regarding breastfeeding should be put in place, in all public and private hospitals. These should include skill training of nursing staff, appointing IYCF counsellors in facilities.
- Regular monitoring of the health facilities should be in place.

Indicator 3: Implementation of the International Code

Gaps

- Inadequate mechanism to enforce IMS Act
- Lack of a stringent system for reporting violations at state and district level
- Lack of skilled training of officials in monitoring the implementation of IMS Act
- Lack of awareness and poor knowledge about the provisions of the IMS Act

Recommendations

- Appoint more proactive organisations/have more new organisations for monitoring IMS Act.
- IMS Act should be enforced more effectively.
- Reporting mechanism for violations to be made easier and faster.
- Appoint nodal officers at state and district level for effective monitoring and implementation of IMS Act.
- Strong feedback mechanism need to be set up that can help in reporting violation of the IMS ACT (2003). Also there is a need to check if baby food industry is using online media to promote their products.

Indicator 4: Maternity Protection

Gaps

- The National legislation does not cover women working in private and informal sector
- Maternity leave does not cover all states, only the central government employees
- No monitoring mechanism for implementation of maternity protection as part of policy framework

Recommendations

- Uniform policy for protecting and supporting breastfeeding for mothers including informal & private sectors.
- Contract workers/adhoc workers from both private and public sector should be entitled to Maternity leave/benefits.
- The six months maternity leave and paternity leave pattern to be expanded to all state governments, autonomous institutions and also private sector.
- Monitoring mechanism needs to be in place for implementation for maternity protection as part of policy framework.
- Child Care Leave to be scrutinised and should be conditional.
- Schemes like IGMSY may be extended to all districts and use of MCP card may be promoted.

Indicator 5: Health and Nutrition Care System

Gaps

- No skill training during pre service training of doctors and nurses
- Listening and counselling skills for IYCF are not a part of the pre service or in service training of health workers like AWW, ANM and ASHA

Recommendations

- Training on IYCF to be included in doctors and nurses curriculum and internship.
- The in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers should be more stringent.
- Training of AWW and ASHA should be closely monitored.
- Refresher course on IYCF for community health workers should be conducted on regular basis.

Indicator 6: Mother Support and Community Outreach

Gaps

- Counselling for IYCF is not provided as a service to lactating women in NRHM or ICDS
- Crèche facility not considered in Unorganised Workers Bill
- NREGA worksite facilities includes provision for children below age of 6 years but is conditional (in case the number of children below 6 years accompanying the working women at any site are 5 or more)

Recommendations

- Crèches at the worksite should be implemented and monitored as it is an important tool for support to lactating mothers and IYCF.

- Unorganised workers bill should contain provision of crèches.
- Training of Community Health Workers on counselling and listening skills on IYCF should be strengthened.

Indicator 7: Information Support

Gaps

- Lack of National IEC Strategy for improving IYCF practices
- Inadequate coverage, restricted only during WBW in print
- Convergence of IEC efforts for IYCF from NGOs, multilateral, bilateral agencies is required
- Proper IEC material is required even for health care providers to refresh and complement their knowledge regarding breast feeding. These sets of health care providers include doctors, paramedics and AYUSH doctors.

Recommendations

- Advocacy for comprehensive National IYCF policy that includes an IEC Strategy.
- There should be budget allocation for IEC for IYCF (district/block level) for adequate coverage.
- There is a need to allocate a certain proportion of budget for IYCF from the media budget of NRHM so that the Govt mandate can be seen clearly.
- There should be display of IEC material in Maternity wards and OPDs regarding breastfeeding.

Indicator 8: Infant Feeding and HIV

Gaps

- National guidelines not yet made into policy
- BFHI does not include HIV/AIDS-related indicators
- Inadequate counselling to HIV+ women regarding infant nutrition
- Inadequate training for PPTCT
- Follow-up of mothers not adequate

Recommendations

- There should be emphasis on training on counselling practices (PPCT) in HIV/AIDS and impact upon breastfeeding.
- Further research is required on transmission through breastfeeding on infant feeding practices and effects of counselling on HIV/AIDS on overall health outcomes for mothers and infants.

- There should be special efforts for creating awareness to counter misinformation on HIV/AIDS.
- There should be a comprehensive national policy including IYCF in HIV/AIDS.
- Private sector hospital staff should also be trained on IYCF in HIV/AIDS.
- Inclusion of HIV/AIDS related indicators for BFHI.
- Emphasis on Training PPCT (counselling practices) including private sector hospital staff.

Indicator 9: Infant Feeding during Emergencies

Gaps

- There is no policy on IYCF in contingency action plans
- There is no mechanism to monitor violations of IMS Act during relief operations
- There is no training for disaster management teams on IYCF or provision of breastfeeding support counsellors as a response during disaster management supply chain

Recommendations

- Include IYCF guidelines in case of disaster (from national guidelines) in contingency action plans.
- Monitor/document use of infant milk substitutes and support to breastfeeding during disasters/emergencies.
- Monitor/document for violations of IMS Act during disaster/emergencies.
- Training and Sensitisation of 'disaster managers' from Govt. institutes, ICDS functionaries, NGOs and other organisations with a mandate to work in emergency situations.

Indicator 10: Monitoring and Evaluation

Gaps

- Huge gap between the National surveys
- NNMB does not include IYCF indicators under its Nutritional surveillance

Recommendations

- Annual Health Survey should be conducted throughout the country.
- There should be Annual Rapid assessment surveys on IYCF with a representative sample size to help in planning and designing of capacity building programs, media strategy, and advocacy efforts etc.
- IYCF indicators to be included in the health MIS of MOHFW and in the IVRS reporting system of AWW.
- NFHS-4 should be initiated as early as possible.

In spite of the overwhelming evidence of its role in achieving Millennium Development Goals it is quite evident that IYCF practices have not shown considerable progress and not much has significantly changed when compared with earlier assessment conducted in 2008. The 2012 report reveals glaring gaps in policy and programmes that protect, promote support breastfeeding.

Indicator 11-15

Early Initiation Rates of Breastfeeding have shown a rise, which is a positive development. Much more needs to be done to reach out to all women locally with correct information and to provide practical support for breastfeeding at the time of birth. There are various challenges in our country which hamper exclusive breastfeeding; these include cultural practices, lack of correct information and, interference by the commercial sector. Women need skilled counselling on optimal IYCF practices on continued basis beginning from conception. Women also need support at the work place in form of crèches and maternity leave to all working women that allows for exclusive breastfeeding for 6 months. Median duration of breastfeeding is excellent in India, which has been a traditionally breastfeeding nation. However India is losing out on value of breastfeeding along with complementary feeding in second year of life. Bottle feeding is on the rise owing to urbanisation and life style changes. Effective communication is required to create public awareness about the risks of bottle and formula feeding. There is a need to enhance the quality of complementary feeding and this requires accurate information and skilled counselling to be given. This is of utmost importance along with provision of food in food insecure populations. Skilled counselling is required for understanding about the introduction of complementary foods, its quality, quantity and frequency to be given to child.

Key Findings (Indicator 11-15)		2012	Score (out of 10)
11	Early Initiation of Breastfeeding	40.5%	6
12	Exclusive Breastfeeding for the first six months	46.8%	6
13	Median Duration of Breastfeeding	24.4 months	10
14	Bottle Feeding	12.5%	6
15	Complementary Feeding	57.1%	3

World Breastfeeding Trends Initiative (WBTi)

INDIA

74/150

REPORT CARD 2012

Indicators Part 1: Policy and Programmes

Indicator	Policy and Programme	Score (Out of 100)
1	National Policy, Programme and Coordination	3
2	Baby-Friendly Hospital Initiative	2.5
3	Implementation of the International Code	8
4	Maternity Protection	4.5
5	Health and Nutrition Care Systems	4
6	Mother Support and Community Outreach	5
7	Information Support	6
8	Infant Feeding and HIV	3
9	Infant Feeding during Emergencies	0
10	Monitoring and Evaluation	7
Total		**43/100**

Indicators Part 2: Infant and Young Child Feeding Practices

Indicator	IYCF Practices	Result (%)	Score (Out of 50)
11	Initiation of Breastfeeding	40.5	6
12	Exclusive Breastfeeding for 6 months	46.8	6
13	Median Duration of Breastfeeding	24.4 months	10
14	Bottle Feeding (<6 months)	12.5	6
15	Complementary Feeding	57.1	3
Total			**31/50**

Scores for Part I & II	Color Rating	Grading	Existing Situation
0-45	RED	D	
46-90	YELLOW	C	**74/150**
91-135	BLUE	B	
136-150	GREEN	A	

India Report Card 2005	India Report Card 2008	India Report Card 2012
68/150	**69/150**	**74/150**

WBTi India Report Card 2012 : Key Gaps and Recommendations

Indicator	Key Gaps	Key Recommendations
Indicator 1:National Policy, Programme and Coordination	Lack of effective coordination mechanisms despite infrastructure in place, and lack of policy status for National Guidelines on IYCF	The National Guidelines should be reviewed, and given the shape of a national policy
Indicator 2: Baby-Friendly Hospital Initiative	No concrete action to revive BFHI	Immediate action should be taken to revive the BFHI programme in its spirit to implement the 10 Steps
Indicator 3: Implementation of the International Code	Inadequate mechanism to enforce IMS Act and lack of awareness and poor knowledge about the provisions of the IMS Act	IMS Act should be enforced more effectively and strong feedback mechanism needs to be set up that can help in reporting violation of the IMS Act (2003)
Indicator 4: Maternity Protection	The National legislation does not cover women working in private and informal sector. Maternity leave does not cover all states, only the central government employees and no monitoring mechanism for implementation of maternity protection as part of policy framework	Uniform policy for protecting and supporting breastfeeding for mothers including informal & private sectors and monitoring mechanism needs to be in place
Indicator 5: Health and Nutrition Care System	No skill training during pre-service training of doctors and nurses and listening and counselling skills for IYCF are not a part of the pre-service or in-service training of health workers like AWW, ANM and ASHA	Training on IYCF to be included in doctors and nurses curriculum and internship and in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/ nutrition care providers should be more stringent
Indicator 6: Mother Support and Community Outreach	Counselling for IYCF is not provided as a service to lactating women in NRHM or ICDS; Crèche facility not considered in Unorganized Workers Bill, NREGA worksite facilities include provision for children below age of 6 years but is conditional	Crèches at the worksite should be implemented and monitored and Unorganized workers bill should contain provision of crèches. Training of Community Health Workers on counselling and listening skills on IYCF should be strengthened
Indicator 7: Information Support	Lack of National IEC Strategy for improving IYCF practices, inadequate coverage, lack of Convergence of IEC efforts for IYCF from NGOs, multilateral, bilateral agencies and lack of proper IEC material	Advocacy for comprehensive National IYCF policy that includes an IEC Strategy with proper budget allocation for adequate coverage
Indicator 8: Infant Feeding and HIV	National guidelines not yet made into policy, BFHI does not include HIV/ AIDS-related indicators, inadequate counselling and follow up to HIV+ women regarding infant nutrition	There should be emphasis on training on counselling practices (PPCT) in HIV/AIDS and impact upon breastfeeding. There should be a comprehensive national policy including IYCF practices in HIV/AIDS
Indicator 9: Infant Feeding during Emergencies	No policy on IYCF in contingency action plans and no mechanism to monitor violations of IMS Act during relief operations	Include IYCF guidelines in case of disaster (from national guidelines) in contingency action plans
Indicator 10: Monitoring and Evaluation	Huge gap between the National surveys	Annual Health Survey should be conducted throughout the country. NFHS-4 should be initiated as early as possible

INTRODUCTION

The period between a woman's pregnancy and her child's 2nd birthday with focus on nutrition for mothers and children offers a unique window of opportunity which is bound to have a profound impact on the child's growth and development and also, one of the best investments in order to achieve lasting progress in global health and development. Under nutrition is still a leading cause of death of young children throughout the world and optimal infant and young child-feeding (IYCF) practices are crucial for a good headstart of the child. Nutritional status, growth, development, health, and ultimately the survival of infants and young children can be achieved through improved IYCF practices. Despite numerous recognised advantages, early and exclusive breastfeeding rates in most states of the India are low. The big challenge is how to mainstream IYCF counselling and support interventions to help women to succeed both in early and exclusive breastfeeding for six months. The poor complementary feeding practices make many children vulnerable to irreversible outcomes of stunting, poor cognitive development, and significantly increased risk of infectious diseases, such as diarrhoea and acute respiratory infection. This has a tremendous impact in a developing country, like India, with a high burden of disease and low access to safe water and sanitation.

In India, recent innovations in IYCF include the adoption of the Mother and Child Protection Card and the new WHO growth standards endorsed jointly by both Ministry of Women and Child development and Health and Family Welfare. The new WHO growth standards describe normal child growth from birth to 5 years under optimal environmental conditions and can be applied to all children everywhere, regardless of ethnicity, socioeconomic status and type of feeding. Implications for use of New Child Growth Standards & Improved Counselling and monitoring child growth through MCP Card helps in correct assessment of child under nutrition, link to improved care of the girl child, greater attention to pregnant mother's health & early infancy for timely interventions, promote early and exclusive breastfeeding for the first six months of life & optimal Infant and Young Child Feeding, respond to improved care, feeding, health referrals.

Recent schemes of the Ministry of Women and Child Development (MWCD), Government of India include the Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit (CMB) Scheme aiming at improving optimal IYCF practices including health and nutrition status of pregnant and lactating (P&L) women; Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG) or SABLA initiated with the objective to empower adolescent girls. IGMSY and SABLA are being implemented through ICDS platform in selected districts. Other positive steps taken by MWCD is ICDS strengthening and restructuring with special focus on children under 3 years and pregnant and lactating mothers, strengthening and repackaging of service including care and nutrition counselling services, care of severely underweight children and provision for an additional Anganwadi Worker-cum-Nutrition Counsellor with focus on children under 3 years of age and to improve the family contact, care and nutrition counseling for P&L mothers in the selected 200 high-burden districts across the country. Besides having pilots on link worker, 5 per cent anganwadis are to be converted into Anganwadi-cum-crèche centre etc.

The draft National Food Security Bill also pledges to deliver the 'right to food' to its people undertaking to provide subsidised grains and food assistance to 64 per cent of its population.

The Food Bill stands to primarily address just one aspect of India's food insecurity: access to grain. The Food Bill aims to reach 75 per cent of India's rural population and 50 per cent of the urban population. Also the Janani–Shishu Suraksha Karyakram (JSSK) - a national initiative to make available better health facilities for women and child would provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and new born sick (up to 30 days after birth) in Government health institutions in both rural and urban areas.

The World Breastfeeding Trends Initiative (WBTi) is a global initiative to assess policy and programmes that support women for breastfeeding developed by International Baby Food Action Network Asia (IBFAN Asia) as a system for Tracking, Assessing and Monitoring (TAM) the Global Strategy for IYCF. WBTi assessments are being implemented in more than 80 countries now, and have helped create one of the largest databases for information on policy and programmes that support breastfeeding women in the world.

In earlier meets held in 2005 and 2008, over 50 countries had participated. WBTi measures the rates of practice of optimal infant and young child feeding, as well as the progress of nations on the ten indicators of policy and programmes based on the framework of action in the Global Strategy for Infant and Young Child Feeding, an essential component of any strategy for meeting the rights of the child, particularly the child's right to survival, health and adequate nutrition. It is worth mentioning that WBTi has emerged as an effective tool to assess the state of implementation of the Global Strategy for IYCF and to find out the gaps in the country's policies and programmes on IYCF and help nations to initiate action to bridge these gaps in IYCF for comparison within countries.

The WBTi involves reassessments every three years to fine tune action to universalise optimal infant and young child feeding. The report assesses the state of implementation of the Global Strategy for Infant and Young Child Feeding, reflecting current policy and programmes that support optimal infant and young child feeding (IYCF) practices in India. The WBTi serves as a lens to find out gaps in policy and programmes at national level and help nations initiate action to bridge these gaps.

The brainchild of IBFAN Asia, WBTi is an integral part of the project "Global Breastfeeding Initiative for Child Survival" (GBiCS), in partnership with NORAD, in line with Norway's flagship programme, the 'Global Campaign for the Health Millennium Development Goals' launched in September 2007. The initiative is also receiving support from SIDA through a "Global Proposal for Coordinated Action of IBFAN and WABA: Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality". So far the initiative has succeeded in not just involving, but creating a level of enthusiasm seldom seen before, amongst several IBFAN and other civil society groups as well as governments across Asia, Latin America and Africa.

The present assessment was conducted during the period, June to September 2012 using the process of the World Breastfeeding Trends Initiative (WBTi) with the help of a web-based toolkit. National Institute of Public Cooperation and Child Development (NIPCCD) and Breastfeeding Promotion Network of India (BPNI) jointly coordinated the India assessment-2012.The India Report 2012 provides in detail the findings of the assessment, compares it with the status in 2008, analyses gaps and offers some recommendations to bridge them. This process has helped to build understanding and trust between civil society groups on many issues for advocacy on policy and programme support to breastfeeding.

BACKGROUND

Millennium Development Goal- 4 aims to reduce under-five child mortality by two-third by 2015. In order to accelerate the progress on child survival there is heightened global interest in increasing the rates of optimal infant and young child feeding practices, especially the exclusive breastfeeding for the first six months. The UN Secretary General's Global Strategy for Women's and Children's Health, 2012 has set a specific target for increasing 21.9 million infants who are exclusively breastfed for the first six months of life, by 2015, in 49 least developed countries. The World Health Organisation's Implementation plan on Maternal, Infant and Young Child Nutrition presented at the World Health Assembly, 2012 has also set a global target to increase exclusive breastfeeding rates in the first six months of life by at least 50 per cent. This target implies that the current global average, estimated to be 37 per cent for the period 2006–2010, should increase to 50 per cent by 2025.

According to the WHO's 2002 Global Strategy for Infant and Young Child Feeding, 'Malnutrition has been responsible, directly or indirectly, for 60 per cent of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life. No more than 35 per cent of infants worldwide are exclusively breastfed during the first four months of life; complementary feeding frequently begins too early or too late, and foods are often nutritionally inadequate or unsafe. Malnourished children who survive are more frequently sick and suffer life-long consequences of impaired development. Rising incidences of overweight and obesity in children are also a matter of serious concern. Because poor feeding practices are a major threat to social and economic development, they are among the most serious obstacles to attaining and maintaining health that face this age group' (Global Strategy 2002).[1]

Optimal infant feeding contributes significantly to the overall development of those who survive, as its promotion leads to prevention of child malnutrition. While the importance of optimal infant feeding practices in contributing to normal child health, survival and development is well documented, out of about 136 million babies born each year, around 90 million are not breastfed exclusively for the first six months (UNICEF, 2009).[2]

India's Situation

The under-five mortality rate (U5MR) for India was estimated at 59 for the year of 2010 (SRS 2010). India has made progress in the reduction of child mortality since 2006; however, if India is to reach the MDG Goal of 42 by 2015, the average annual rate of reduction over the next three years must be far higher. Infant Mortality Rate (IMR) in India has registered a decline from 58 in 2005 to 44 in 2011 (SRS 2012)[3].

In India 20 per cent of children under-five years of age suffer from wasting due to acute under nutrition[4]. More than one-third of the world's children who are wasted live in India. Forty-three per cent of Indian children under-five years are underweight and 48 per cent (i.e. 61 million children) are stunted due to chronic under nutrition. India accounts for more than 3 out of

[1] WHO/UNICEF: Global strategy for infant and Young Child Feeding, 2002, World Health Organisation (WHO), http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/index.html)
[2] UNICEF November 2009, Tracking Progress on Child and Maternal Malnutrition: A survival and development priority
[3] Bulletin of the SRS 2012, Published and issued by Office of the Registrar General, India, Ministry of Home Affairs, GOI
[4] National Family Health Survey-3, 2005-06, International Institute for Population Sciences,MoHFW, GOI

every 10 stunted children in the world. Under nutrition is substantially higher in rural than in urban areas. Short birth intervals are associated with higher levels of under nutrition.

WHO has identified 'poor infant feeding' as a risk factor for survival of the child (World Health Statistics 2009)[5]. Lancet Series on child survival (Jones et al, 2003)[6], neonatal survival (Darrmstadt et al 2005)[7], and maternal and child undernutrition (Bhutta et al 2008)[8], have analysed almost all existing evidence and published the importance of exclusive breastfeeding for the first six months, and appropriate complementary feeding after six months with continued breast feeding for two years and beyond. WHO also estimates that 53 per cent of acute pneumonia and 55 per cent of diarrhoea deaths are attributable to poor feeding practices during the first six months of life (Lauer et al, 2006)[9]. Initiation of breastfeeding within an hour of birth has been shown to reduce infection specific neonatal mortality, and this impact was found to be independent of the effect of exclusive breastfeeding during the first month of life (Edmond et al, 2007[10], Edmond et al, 2006[11]). According the estimates in the Lancet, sub-optimal breastfeeding is estimated to be responsible for 1.4 million child deaths and 44 million Disability Adjusted Life Years (DALYs), with non-exclusive breastfeeding during 0-6 months accounting for 77 per cent the deaths and 85 per cent of the DALYs (Black et al 2008[12]). The role of optimal breastfeeding in preventing Non-Communicable Diseases (NCDs) such as obesity, diabetes, and hypertension, has been documented well, as well as its positive relation with brain development (Horta et al, 2007[13]). After six months of age timely and appropriate complementary feeding after six months along with continued breastfeeding is critical to infants' physical growth and cognitive development (Bhutta et al, 2008).

Annually about 26 million babies are delivered in India. According to National Family Health Survey -3, 2005-06[14] data, 20 million babies are not able to receive exclusive breastfeeding for the first six months and about 13 million do not get good timely and appropriate complementary feeding after six months along with continued breastfeeding. Unfortunately, exclusive breastfeeding for the first six months has not shown any rise over the past two decades since India began measuring them. Only 25 per cent of newborns were put to the breast within one hour of birth. Less than half of children (46%) under six months of age are exclusively breastfed. Only 20 per cent children age 6-23 months are fed appropriately according to all three

[5] WHO. World Health Statistics 2009. Available at http://www.who.int/whosis/whostat/2009/en/index.html

[6] Jones G, Steketee RW, Black RE, Bhutta ZA, Morris S S, and the Bellagio Child Survival Study group. How many child deaths can we prevent this year? Lancet 2003; 362:65-71

[7] Darmstadt GL, Bhutta ZA, Cousens S, Adam T, Walker N, de BL. Evidence-based, cost-effective interventions: how many new born babies can we save? *Lancet 2005; 365:977-98*

[8] Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giuliani E, et al. What works? Interventions for maternal and child undernutrition and survival. Lancet 2008; 371:417–40

[9] Lauer JA, Betran AP, Barros AJD, Onis MD. Deaths and years of life lost due to suboptimal breastfeeding among children in the developing world: a global ecological risk assessment. Public Health Nutrition 2006 Sept; 9:673-685

[10] Edmond KM, Kirkwood BR, Amenga-Etego S, Owusu-Agyei S, Hurt LS. Effect of early infant feeding practices on infection-specific neonatal mortality: an investigation of the casual links with observational data from rural Ghana. Am J Clin Nutr 2007:86:1126-1131

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

[12] Black RE, Allen LH, Bhutta ZA, et al. Maternal and child undernutrition: global and regional exposures and health consequences. The Lancet 2008:371:243-260

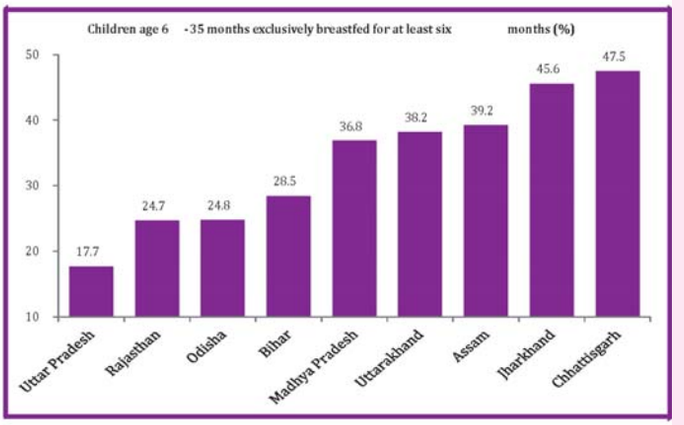
[13] Horta BL, Bahl R, Marties JC, Victoria CG, editors. Evidence on the long-term effects of breastfeeding: systematic reviews and meta-analysis. World Health Organization, Geneva; 2007

[14] National Family Health Survey-3 . International Institute for Population Sciences. MoHFW, GOI, 2005-06

recommended practices for infant and young child feeding.Only one- third (33%) Indian children receive any service from an anganwadi centre; less than 25 per cent receive supplementary foods through ICDS; and only 18 per cent have their weights measured in an AWC.

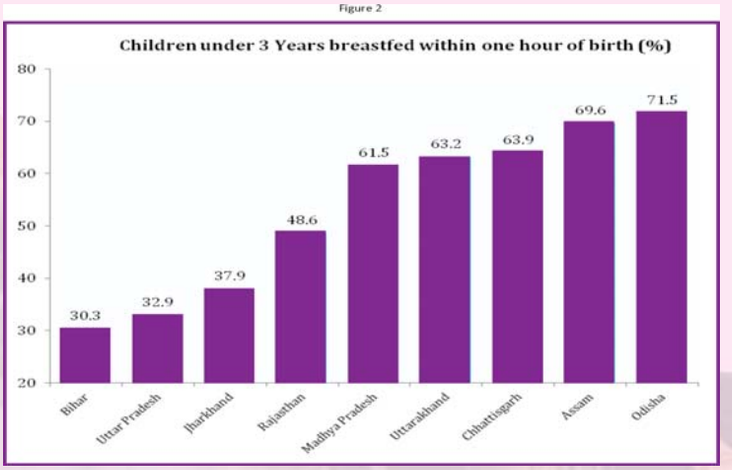
Annual Health Survey (AHS 2010-11[15]) being conducted in 284 districts of 8 Empowered Action Group States (Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Orissa and Rajasthan) and Assam which account for about 48 per cent of the total population, 59 per cent of Births, 70 per cent of Infant Deaths, 75 per cent of Under 5 Deaths and 62 per cent of Maternal Deaths in the country. Institutional delivery is below 60 per cent in170 districts out of the 284 districts and about one-fourth of the districts have reported less than 50 per cent of safe deliveries. Universal coverage of JSY remains a concern in most of the states. New-born checked up within 24 hours of birth exceeds 50 per cent in all AHS States. 90 districts are below 50 per cent level of full immunisation. At least every 2nd child aged 6-35 months has received Vitamin A supplement in all AHS States except Uttar Pradesh where it is every 3rd child. Children exclusively breastfed for at least 6 months ranges from 17.7 in UP to 47.5 per cent in Chhattisgarh (Figure 1) and children under three years breastfed within one hour of birth ranges from 30.3 per cent in Bihar to 71.5 per cent in Odisha (Figure 2) .

Figure 1



Source AHS: 2010-11

Figure 2



Source: AHS 2010-11

[15] Annual Health Survey 2010-11, Office of Registrar General India, Ministry of Home Affairs , 2011

Global and National Commitments

The World Health Assembly (WHA) adopted the Global Strategy for Infant and Young Child Feeding in May 2002 and the UNICEF Executive Board in September 2002 endorsed it. In addition to four targets suggested by the Innocenti Declaration (1990)[16], the Global Strategy provided five additional targets to achieve optimal infant and young child feeding practices as a means to prevent child malnutrition and reduce infant and young child mortality. WHA Resolution 58.32 urges Member States to protect, promote and support exclusive breastfeeding for six months, as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding, and to provide for continued breastfeeding up to two years of age or beyond. It reiterates full implementation of the Global Strategy, which encourages Member States, among other actions, to formulate a comprehensive national policy, a legal framework to promote maternity leave and a supportive environment for six months exclusive breastfeeding, a detailed plan of action to implement, monitor and evaluate the policy, and allocation of adequate resources for this process.

UN member countries, along with national and international partners, reaffirmed their commitment to further reduce infant and child mortality by adopting the Millennium Development Goals (MDGs) (UN 2001), which represent the widest possible commitment in history to address global poverty and ill health. The fourth goal (MDG-4), relates to reducing U5MR by two-thirds between 1990 and 2015. Public health experts predict that the MDG to reduce under-5 mortality by two-thirds cannot be met unless neonatal mortality is at least halved, which will require greater emphasis on measures to improve newborn health as well as to increase the reach to all. Recent commitments also include Innocenti Declaration 2005 on IYCF calling for protection, promotion and support of breastfeeding urgently for achievement of the Millennium Development Goals by 2015 (UN, 2005). World Health Assembly resolution 61.20 adopted in May of 2008 calls for heightened action on Infant and Young Child Feeding and reiterating implementation of the Global Strategy for Infant and Young Child Feeding, and Innocenti declarations, as well as avoiding conflicts of interests in programmes on child health.

[16] Innocenti Declaration on the Protection, Promotion and Support to Breastfeeding, 1990

WBTi: HOW IT WORKS?

The National Assessment of implementation of Global Strategy through Web-based tool involves a three-phase process.

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

During the second phase, WBTi uses the findings of phase 1 to score, rate, grade and rank each country or region based on IBFAN Asia's Guidelines for WBTi thus building some healthy competition among the countries in the region or among regions. The web-based tool kit objectively scores, colour rates and grades each indicator as well as the entire set of indicators.

In the third phase, WBTi calls for repetition of the assessment after 3-5 years to analyse trends in programmes and practices as well as overall breastfeeding rates in a country, to report on programmes and identify areas which require still improvement. This repetition can be also used to study the impact of a particular intervention over a period of time.

The WBTi focus is based on a wide range of indicators, which provide an impartial global view of key factors.

WBTi is:

A: Action-oriented

B: Brings people together

C: Consensus and commitment building

D: Demonstrates achievements and gaps

E: Efficacy improving programme

The WBTi has identified 15 indicators. Each indicator has its specific significance. Part I has 10 indicators, based on the WHO tool, dealing with policies and programmes and Part II has 5 indicators, dealing with infant feeding practices. Once assessment of gaps is carried out and data verified, the data on 15 indicators is fed into the web-based tool kit. Scoring, colour-rating and grading is done for each individual indicator. The tool kit objectively quantifies the data to provide a colour- rating and grading i.e. Red or 'Grade D' Yellow or 'Grade C', Blue or 'Grade B' and Green or 'Grade A'. The tool kit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

INDICATORS	
Part I	Part II
1. National Policy, Programme and Coordination 2. Baby-friendly Hospital Initiative (Ten Steps to successful breastfeeding) 3. Implementation of International Code 4. Maternity Protection 5. Health and Nutrition Care System 6. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Monitoring and Evaluation	11. Early Initiation of Breastfeeding 12. Exclusive Breastfeeding for the first six months 13. Median duration of Breastfeeding 14. Bottle Feeding 15. Complementary Feeding

Each indicator has the 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, rating and grading how well the country is doing.
- Background on why the practice, policy or programme component is important.

Part I: A set of criteria has been developed for each target based on the Innocenti Declaration of 2005, which set 5 additional targets. It takes into consideration most of the targets of the Global Strategy. For each indicator, there is a subset of questions. Answers to these can lead to identifying achievements and gaps. This shows how one country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices asks for specific numerical data on each practice based on data from random household survey that is national in scope.

Once information about the indicators is gathered and analysed, it is then entered into the web-based toolkit through the 'WBTi Questionnaire'. Further, the toolkit scores, colour- rates and grades each individual indicator as per IBFAN Asia's Guidelines for WBTi.

METHODOLOGY

In view of the fact that WBTi Assessment is done every three years to document the progress on implementation of IYCF Global Strategy and IYCF being a major area of concern of MWCD and NIPCCD and hoping that the assessment would bring out the progress as well as identify the gaps in the breastfeeding indicators, NIPCCD and BPNI jointly coordinated the WBTi India Assessment -2012.

The Core Group: A core group comprising of the following members as given below was formed for undertaking the assessments.

1. Dr. Dinesh Paul, Director NIPCCD
2. Dr. Arun Gupta, Regional Coordinator, IBFAN Asia
3. Dr. J.P.Dadhich, National Coordinator, BPNI
4. Dr. Neelam Bhatia, Joint Director, NIPCCD
5. Dr. Rita Patnaik, Deputy Director, NIPCCD
6. Dr. Shobha Suri, Senior Programme Officer, BPNI
7. Ms. Arooshi Garg, Research Assistant, BPNI

The process of the assessment was discussed and indicators for data collection were discussed among the members. The data was collected from secondary sources and the core group had several meetings and electronic interactions to prepare a draft assessment document. For the individual indicator, available supporting documents were searched to answer each subset of the questionnaire. The information was procured from several key documents, websites, published information, and data of National scope.

Finalisation of the Report

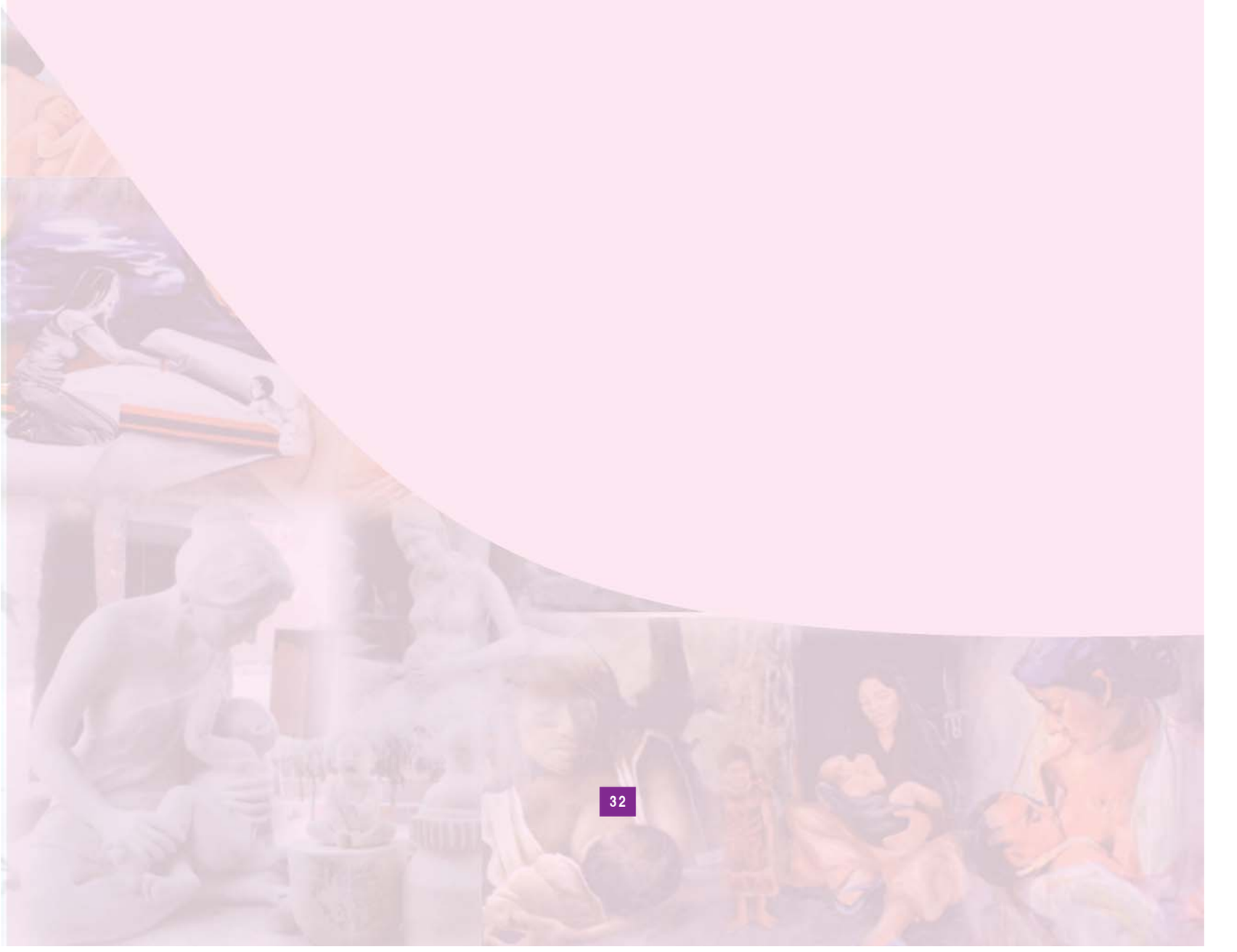
The Report was discussed with policy makers, professionals, and civil society organisations in a meeting held at NIPCCD to finalize report of World Breastfeeding Trends Initiative (WBTi): India Assessment 2012 on 6th September 2012. The meeting was organised to discuss and

finalise WBTi: India Assessment 2012. Agenda for the Meeting is placed at Annexure 1. For the discussion, experts from the pertinent field were invited so that they could give their valuable inputs and a consensus could be achieved on the scoring and the Report. The minutes of the meeting and list of participants are placed at Annexure 2 and Annexure 3 respectively. The presentation of various indicators and discussions on the report were carried out and the importance of WBTi as an advocacy tool for policy change and making a conducive environment to promote breastfeeding was emphasised upon.

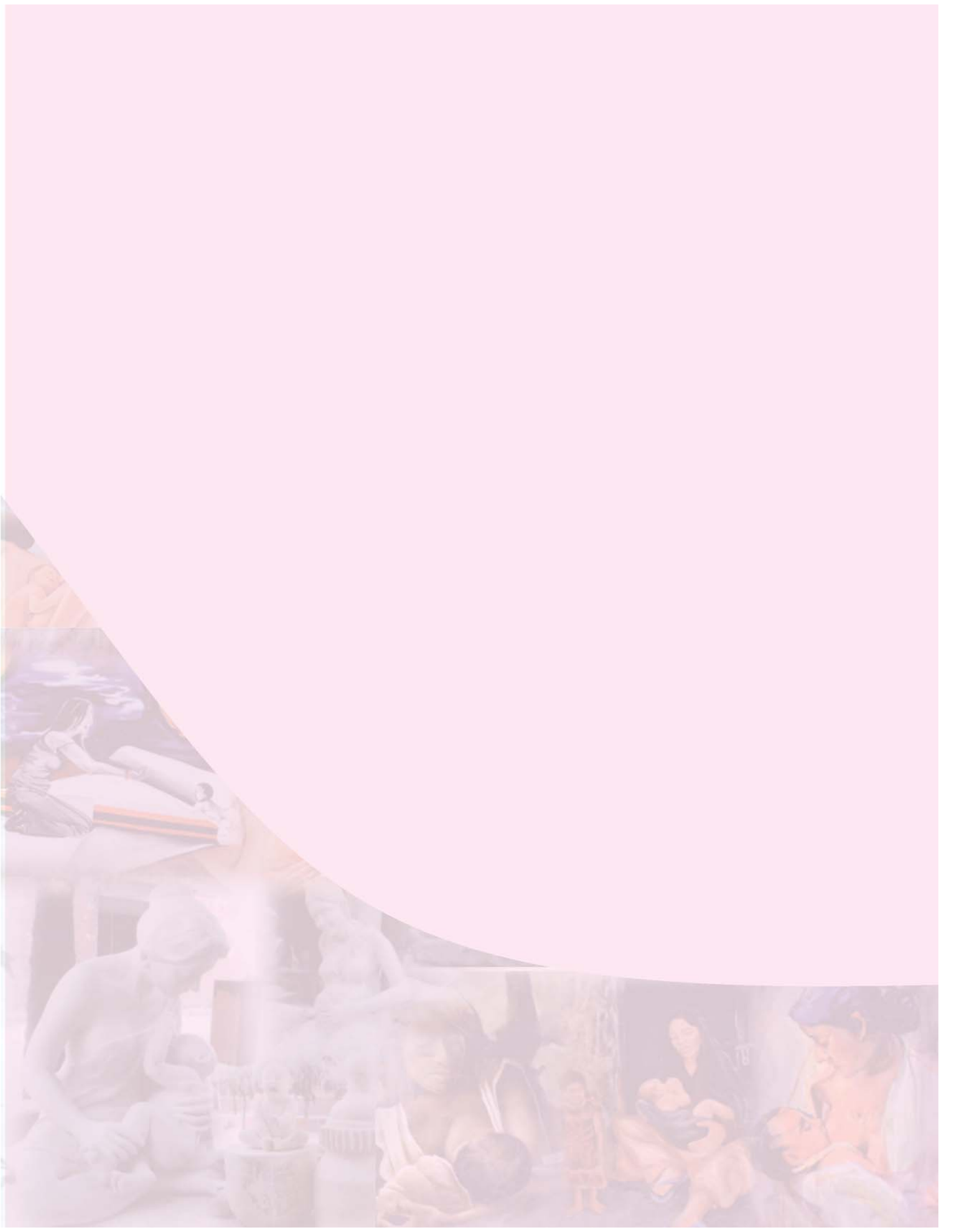
Dr. J.P. Dadhich, National Coordinator, BPNI in his presentation on 'Current Breast Feeding Trends in India' shared a comparative scenario on IYCF practices using NFHS and DLHS data which aptly helped to set the right atmosphere for WBTi: India Assessment 2012. Dr. Arun Gupta, Regional Coordinator, IBFAN Asia in his introduction to WBTi gave a brief history of the WBTi tool based on the WHO tool to assess the breastfeeding environment in the country. Dr Rita Patnaik, Deputy Director (Nutrition), NIPCCD made the presentation on Assessment of WBTi (2011-12) and the participants were explained about the reasons behind the scoring with facts. All the 15 indicators were specified and qualitative and quantitative aspects were explained. Dr. Arun Gupta helped in channelising the discussion by asking the audience feedback on the scoring. The agreed scores were written and points taken well. The document was circulated electronically to all the participants who attended the meeting with the suggestions duly incorporated in the draft document and were asked to respond back for further suggestions, if any, and this helped in the final completion of the report.

PARTNER ORGANISATIONS

1. Breastfeeding Promotion Network of India (BPNI)
2. Department of Community Medicine, University College of Medical Science (UCMS) & GTB Hospital
3. Initiative for Health, Equity and Society (IHES)
4. Lady Harding Medical College (LHMC)
5. Maulana Azad Medical College (MAMC)
6. National Commission for Protection of Child Rights (NCPCR)
7. National Institute of Public Cooperation and Child Development (NIPCCD)
8. Trained Nurses Association of India (TNAI)



Assessment Findings



PART I: IYCF POLICIES & PROGRAMMES

INDICATOR 1: National Policy, Programme and coordination

Key Question: 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 like National Infant and Young Child Feeding Committee and Coordinator?

Criteria	Scoring	Results ✓	Background Information & Source
1.1. A National Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2		• National Guidelines for Infant & Young Child Feeding, MWCD, 2006
1.2. The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2		• National Guidelines for Infant & Young Child Feeding, MWCD, 2006 • Joint Circular of MWCD & MoHFW, D.O.No.16-7/2009-ND dated 10th March 2010 -MCP Card • Joint Circular of MWCD & MoHFW D.O. No .9-5/2010-IGMSY dated 28th March 2011
1.3. A National Plan of Action has been developed with the policy	2		• The National Plan of Action for Children (2007-11) • The 11th Plan Document 2007-2012, Planning Commission, GOI
1.4. The plan is adequately funded	1		• The National Plan of Action for Children (2007-11) • The 11th Plan Document 2007-2012, Planning Commission, GOI
1.5. There is a National Breastfeeding Committee	1	✓	• National Breastfeeding Committee Meeting Minutes
1.6.The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓	• National Breastfeeding Committee Meeting Minutes
1.7. The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓	• MWCD Circular no. F.No. 5-37/2009-ND/ Tech. dated 2nd Dec 2010
1.8. Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓	• MWCD Circular No. F.No. 5-37/2009-ND/ Tech. dated 2nd Dec. 2010
Total Score	3/10		

Gaps

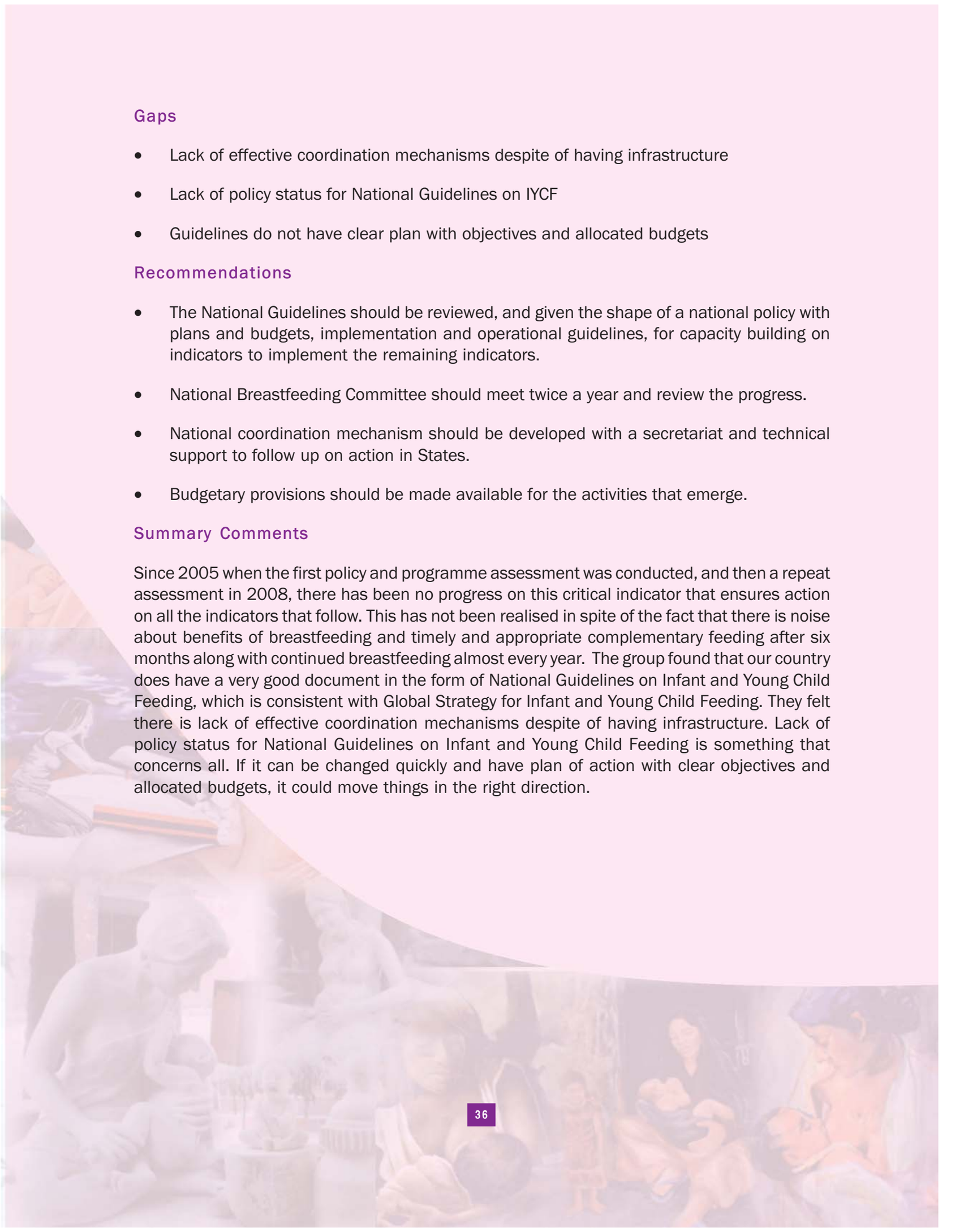
- Lack of effective coordination mechanisms despite of having infrastructure
- Lack of policy status for National Guidelines on IYCF
- Guidelines do not have clear plan with objectives and allocated budgets

Recommendations

- The National Guidelines should be reviewed, and given the shape of a national policy with plans and budgets, implementation and operational guidelines, for capacity building on indicators to implement the remaining indicators.
- National Breastfeeding Committee should meet twice a year and review the progress.
- National coordination mechanism should be developed with a secretariat and technical support to follow up on action in States.
- Budgetary provisions should be made available for the activities that emerge.

Summary Comments

Since 2005 when the first policy and programme assessment was conducted, and then a repeat assessment in 2008, there has been no progress on this critical indicator that ensures action on all the indicators that follow. This has not been realised in spite of the fact that there is noise about benefits of breastfeeding and timely and appropriate complementary feeding after six months along with continued breastfeeding almost every year. The group found that our country does have a very good document in the form of National Guidelines on Infant and Young Child Feeding, which is consistent with Global Strategy for Infant and Young Child Feeding. They felt there is lack of effective coordination mechanisms despite of having infrastructure. Lack of policy status for National Guidelines on Infant and Young Child Feeding is something that concerns all. If it can be changed quickly and have plan of action with clear objectives and allocated budgets, it could move things in the right direction.



Indicator 2: Baby-friendly Hospital Initiative

(Ten Steps to Successful Breastfeeding)

Key Question

2A. Quantitative

2.1. what per centage of hospitals and maternity facilities that provide maternity services have been designated "Baby-friendly" based on the global or national criteria?

Ans. 10 % (Proceedings of workshop on re-visiting Baby-Friendly Hospital Initiative held on 18th June 2008 organised by MOHFW GOI at NIFHW, Delhi)

Score: 2

2B. Qualitative

2.2. What is the skilled training inputs and sustainability of BFHI?

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for its entire staff working in maternity services

Ans. NA

Qualitative

2C. What is the quality of BFHI program implementation?

Criteria	Score	Results ✓	Background Information and Source
2.3. BFHI programme relies on	0.5		• Proceedings of workshop on re-visiting training of health workers Baby-Friendly Hospital Initiative organised by MOHFW GOI at NIFHW, Delhi held on 18th June 2008 • Kumar. S, Promotion of Breastfeeding and Baby-friendly Hospital Initiative (BHFI). The Science of Infant Feeding, Ch: 17, 2002. • Revitalisation of the BFHI in India. Concept Note from MOHFW, March 2002
2.4. A standard monitoring system is in place	0.5		
2.5. An assessment system relies on interviews of mothers	0.5	✓	
2.6. Reassessment systems have been incorporated in national plans	0.5		
2.7. There is a time-bound programme to increase the number of BFHI institutions in the country	0.5		
Total Score 2C	0.5		
Total Score 2A, 2B and 2C	2.5/10		

Gaps

- No concrete action to revive BFHI
- BFHI has not shown progress since 2005 in any manner, whether quantity or quality
- Reach of NRHM to extent to incorporate BFHI, especially with reference to hospitals and nursing homes that will be contracted for conducting deliveries under Janani Suruksha Yojana

Recommendations

- Immediate action should be taken to revive the BFHI programme in its spirit to implement the 10 Steps.
- BFHI should be prominently placed in all child health policies and programmes.
- Health MIS should include BFHI indicators, percentage of babies receiving pre-lacteal feeds, began breastfeeding within an hour, and discharged on exclusive breastfeeding.
- There is a need to increase the perceived value of BFHI, so that providers and consumers both see benefits of the same. It is only when there is more awareness among consumers that providers would also like to see the benefit of accreditation.
- Interventions required to provide access to counselling and support to all women regarding breastfeeding should be put in place all public and private hospitals. These should include skill training of nursing staff, appointing IYCF counsellors in facilities.
- Regular monitoring of the health facilities should be in place.

Summary Comments

Ever since BFHI was launched in 1993, there has been some discussion going on. While there was resistance in 1993 for this initiative being called Baby-Friendly, this continues even today. Except that there was an agreement on breastfeeding interventions and their importance has been well documented, interest in BFHI has gone down since then. There have been weak attempts to revive it, but without any concrete action or understanding of how it will really be implemented. Assessments of 2005 or 2008 have used the same data that existed then. As there is some interest on having breastfeeding interventions implemented, this requires a serious thinking and planning in order to provide support to women while they deliver in the health facilities. There is concern over the increasing institutional deliveries without adequate space, or staff or infrastructure and exclusive breastfeeding for the first six months, even the initiation of breastfeeding within one hour of birth has not shown same kind of rise since then. It could be discussed if the brand BFHI does not work, it could be suitable changed and breastfeeding support provided in hospitals. There is a need to look at it from both mother and child-friendly perspective.

Baby-Friendly Hospital Initiative was aimed at improving the standard of care in the health facilities through improved early and exclusive breastfeeding. It also included continued support in the community through fostering support groups. The MoHFW, GOI and State Governments should take effective steps to revive the much fading off initiative as improved IYCF interventions are becoming more relevant as institutional deliveries are on the rise.

Indicator 3: Implementation of the International Code

Key Question: Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Criteria	Scoring	Results ✓	Background Information and Source
3.1. No action taken	0		• Infant Milk Substitute, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003 (38 of 2003) S.O. Communication 880 (E). The Gazette of India, 1st August 2003. Ministry of Human Resource Development, GOI • The Gazette of India, 8" September 2000. Cable Television Networks (Regulation) Act, 1995 (7 of 1995) GSR710 (E). Ministry of Information and Broadcasting, GOI • Times of India, Times News Network. Nestle India hauled up for flouting ad norms;P-11;19th March, 2012 (www.onemillioncampaign.org/news) • Dhar A. Violation Galore, The Hindu, 18th March 2012 • Food Giant Nestle charged for violating of an Infant milk Law: trial to begin on 21st July, 20th March 2012 (www.fnbnews.com) • Nestle silent on alleged Indian Law violations but defends breast-milk substitutes marketing, 20th April 2012 (www.dailyreporter.com) • Gupta A. Choudhary P. Protecting IMS Act: Balancing Trade Interest and Child Health. Indian Pediatrics, March 2005; 42:211-213 • One Million Campaign. Global campaign in support of a woman's right to be breast feed. Press release on 9th February 2009 (www.babymilkaction.org) • Implementation of IMS Act 1992.Letter No. D.O.N.o.5-20/2010-ND/Tech.Joint Letter by Secretary. MoHFW & MWCD, GOI, 17th August 2010 • Implementation of IMS Act 1992, Letter No. D.O.Z. 28015/12/2010; Letter by additional Secretary MoHFW, GOI, 29th December 2010
3.2. The approach is being studied	1		
3.3. National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2		
3.4. National measures (to take into account measures other than law), awaiting final approval	3		
3.5. Administrative directive/ circular implementing the Code in full or in part in health facilities with administrative sanctions	4		
3.6. Some articles of the Code as a voluntary measure	5		
3.7. Code as a voluntary measure	6		
3.8. Some articles of the Code as law	7		

Criteria	Scoring	Results ✓	Background Information and Source
3.9. All articles of the Code as law	8	✓	• Effective implementation of IMS Act 1992. Letter.D.O.No.5(5)/2011/ND- Tech. Letter by Jt. Secretary WCD, GOI, 7th March 2012 • Web news dated 30th September 2011 on Breastfeeding: Haryana to strictly enforce IMS Act (http://www.24duniya.com/english-news/search/holidays-act-haryana.html) • Media clipping in the The New Indian Express from Odisha-Government check on promotion of infant milk substitutes-13th June 2012 (www.newindianexpress.com.)
3.10 All articles of the Code as law, monitored and enforced	10		
Total Score	8/10		

Gaps

- Inadequate mechanism to enforce IMS Act
- Lack of a stringent system for reporting violations at state and district level
- Lack of skilled training of officials in monitoring the implementation of IMS Act
- Lack of awareness and poor knowledge about the provisions of the IMS Act

Recommendations

- Appoint more proactive organisations/have more new organisations for monitoring IMS Act.
- IMS Act should be enforced more effectively &reporting mechanism for violations to be made easier and faster.
- Appoint nodal officers at State and district level for effective monitoring and implementation of IMS Act.
- Strong feedback mechanism need to be set up that can help in reporting violation of the IMS ACT (2003). Also there is a need to check if baby food industry is using online media to promote their products.

Summary Comments

India has been successful in implementing the code as a follow up to the International Code. It has been able to effectively curtail the promotion by the baby food industry through electronic and print media. It has been able to ban sponsorships by the industry to medical professionals, but still there are loop holes and doctors are being lured by the baby food industry to support their activities. Thus effective enforcement of the IMS Act is what is required by having explicit monitoring mechanisms at state and district levels.

Indicator 4: Maternity Protection

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

Criteria	Score	Results ✓	Background Information and Sources
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	✓	• Maternity Benefit Act, 1961 (Act. No. 53 of year 1961 dated 12th December, 1961), GOI. • The Factories Act, 1948 (Act no. 63 of 1948). • The Employees' State Insurance Act, 1948 (Act No. 34 of Year 1948, dated 19th. April, 1948).
b. 14 to 17 weeks	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	1		• The Maternity Benefits Act 1961 • The Factories Act 1948 • The ESI Act 1948
a. Unpaid break	0.5		
b. Paid break	1	✓	
4.3. Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1		• The Factories Act 1948 • The ESI Act 1948
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.	1	✓	• The Maternity Benefits Act 1961 • The ESI Act 1948

Criteria	Score	Results ✓	Background Information and Sources
4.5. Women in informal/ unorganised and agriculture sector are: a. Accorded some protective measures b. Accorded the same protection as women working in the formal sector	0.5 1.0	✓	• The Gazette of India on National Rural Employment Guarantee Act 2005 • Indira Gandhi Matritva Sahyog Yojana - a conditional maternity benefit scheme • Joint Circular of MWCD & MoHFW D.O. No. 9-5/2010-IGMSY dated 28th March 2011 • Janani Suraksha Yojana (JSY) 2005 • Article on India's Janani Suraksha Yojana: further review needed. Lancet;377:295-96
4.6. a. Information about maternity protection laws, regulations, or policies is made available to workers b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided'	0.5 0.5		• Web news on Leave policy for different sectors in India (available at http://www.paycheck.in/main/labour-law-india/leave-policy) • Web News dated 14/2/2008 on More maternity benefits for working women (available at http://www.rediff.com/money/2008/feb/14mat.htm) • Web news dated 10/6/2011 on Maternity leave rules for women in PSU/Private sector/IT/ITES (available at http://www.maternityleaverules.in/maternity-leave-rules-women-psu-private-sector-it-ites) • Supreme court orders on right to food dated 28th November 2001 calls for prompt implementation of National Maternity Benefit Scheme • Praveen N & Patil NH, Women in informal sector: a case study of construction industry. International Research Journal 2010 • Swaminath M: The continuum of maternity and child care support. Center for Women's Studies. Indian Association of Women's Studies. Sixth National Conference on Women's Studies. The Dynamics of the New Economic Policy: Implications for Women. P. 186-217 (available at http://www.womenstudies.in/elib/others/ot_the_continuum.pdf) • Joint Circular of MWCD & MoHFW D.O. No .16-7/2009-ND dated 10th March 2010-MCP Card • Joint Circular of MWCD & MoHFW D.O. No .9-5/2010-IGMSY dated 28th March 2011
4.7. Paternity leave is granted in public sector for at least 3 days	0.5	✓	• Government of India Leave rules to all central government civilian employees (http://nccindia.nic.in/pdf/leave rules.pdf) • Notifications by government of Punjab on Maternity leave Government of Punjab

Criteria	Score	Results ✓	Background Information and Sources
			(Department of Finance).Vide Letter No. 2/3/JJ-3FPII/2939. Maternity Leave. Rule No.127 (a) of Punjab, C.S.R.Volume I, Part I-Clarification. Notification dated 2nd April 1991 • Government of Haryana. Maternity Leave notification dated 27th January 2009 • Notifications by Government of Tamil Nadu (Personnel and Administrative Reforms (FR.III) Department). Vide Letter G.O. (Ms). No. 51: Maternity Leave Rules: Enforcement of Maternity Leave to 180 Days dated 16th May 2011
4.8. Paternity leave is granted in the private sector for at least 3 days	0.5	✓	• Web news dated 26th December 2010 on Paternity Laeve: Daddy Days off? (http://vaishalipargaonkar.blogspot.in/2010/12/paternity-leave-daddies-days-off.html)
4.9. There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that 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		• The Maternity Benefits Act 1961
4.10. There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓	• The Maternity Benefits Act 1961
4.11. ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183	0.5		• List of countries who have been ratified per ILO MPC No 183 (available at http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:32205162699029::NO:12100:P12100_INSTRUMENT_ID:312328: NO
4.12. The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183	0.5		• List of countries who have been ratified per ILO MPC No 183 (available at http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:32205162699029::NO:12100:P12100_INSTRUMENT_ID:312328: NO
Total Score	4.5/10		

Gaps

- The National legislation does not cover women working in private and informal sector
- Maternity leave does not cover all states, but only the central government employees
- No monitoring mechanism for implementation of maternity protection as part of policy framework

Recommendations

- Uniform policy for protecting and supporting breastfeeding for mothers including informal and private sectors.
- Contract workers/adhoc workers from both private and public sector should be entitled to Maternity leave/benefits.
- The six months maternity leave and paternity leave pattern to be expanded to all state governments, autonomous institutions and also private sector.
- Monitoring mechanism in place for implementation for maternity protection as part of policy framework.
- Child Care Leave to be scrutinised and should be conditional.
- Schemes like IGMSY may be extended to all districts and use of MCP card may be promoted.

Summary Comments

This indicator is very critical for successful breastfeeding. However unless the mother and the baby are together, it would not be possible to enhance exclusive breastfeeding. It is also important that all other actions for promotion and protection must also be in place to realise the benefits of maternity entitlements otherwise women may still fall out of exclusive breastfeeding and adopt harmful practices of formula feeding, if they don't have access to accurate and unbiased information and counselling on breastfeeding and complementary feeding. The group felt the need to extend support and maternity benefits to women in the unorganised sector as well as they form the major chunk (almost 90%) of working women.

Indicator 5: Health and Nutrition Care System

Key Question: 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, and whether health workers responsibilities to Code are in place?

Criteria	Results (✓)			Background Information and Source
	Adequate	Inadequate	No Reference	
5.1. A review of health provider schools and pre-service education programmes in the country[17] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1 ✓	0	• Government training-IMNCI Participant's Manual (Module 4): Treat the young Infant and Counsel the Mother-MOHFW 2003 • Reading material for ASHA-Book No-1 MOHFW-GOI, 2005 • Reading material for ASHA-Book No-2 MOHFW-GOI, 2006 • National Training Strategy for in service training under NRHM-MOHFW-GOI, 2008 • Facilitator's Guide for training Yashoda/Mamta-NIHFW/TNAI/NNF/NIPI, 2008 • Facility based Integrated Management of Neonatal and Childhood Illness (F-IMNCI)-MOHFW-GOI, 2009 • Navjaat Shishu Suraksha Karyakram. Basic Newborn Care and Resuscitation Programme Training Manual-MOHFW-GOI, 2009
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 (Annexure 4)	2	1 ✓	0	• Guidelines for antenatal care and skilled attendance at birth by ANMs/LHVs/SNs, Maternal Health Division, MoHFW,2010

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

Criteria	Adequate	Inadequate	No Reference	Background Information and Source
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[18]	2	1 ✓	0	• Job Training Curriculum for CDPOs/ ACDPOs, anganwadi workers and supervisors, also in refresher courses
5.4. Health workers are trained with responsibility towards Code implementation as a key input	1	0.5	0 ✓	
5.5. Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMNCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5 ✓	0	• Job training Course curriculum of ICDS functionaries, NIPCCD, 2004 • Facilitators guide IMNCI, (F-IMNCI), Chart Booklet, MOHFW 2009
5.6. These in-service training programmes are being provided throughout the country[19]	1	0.5 ✓	0	• Syllabus for Job Training Course for DPOs/ACDPOs Project Udhisha NIPCCD. 2006 (IMNCI is included in Job training curriculum for CDPOs/ ACDPOs, anganwadi workers and supervisors through AWTCs/MLTCs/ NIPCCD) • NIPI covers focus states Orissa/ MP/ Rajasthan/ Bihar/UP
5.7. Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0 ✓	National Policy for Children (under revision)
Total Score:	4/10			

[18] The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

[19] Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Gaps

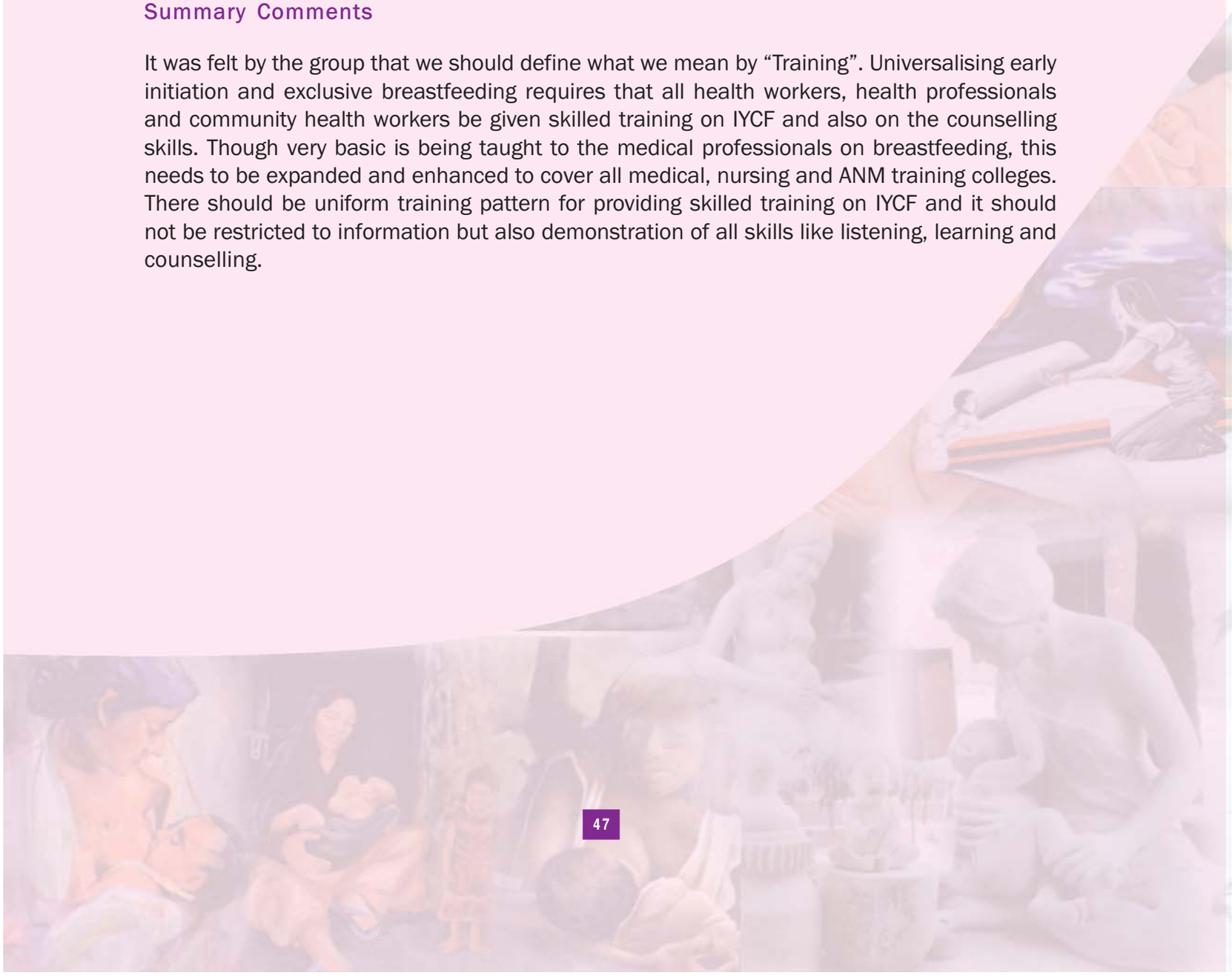
- No skill training during pre service training of doctors and nurses
- Listening and counselling skills for IYCF are not a part of the pre service or in service training of health workers like AWW, ANM and ASHA

Recommendations

- Training on IYCF to be included in doctors and nurses curriculum and internship.
- The in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers should be more stringent.
- There should be monitoring of training of AWW and ASHA.
- Refresher course on IYCF for community health workers should be conducted on regular basis.

Summary Comments

It was felt by the group that we should define what we mean by “Training”. Universalising early initiation and exclusive breastfeeding requires that all health workers, health professionals and community health workers be given skilled training on IYCF and also on the counselling skills. Though very basic is being taught to the medical professionals on breastfeeding, this needs to be expanded and enhanced to cover all medical, nursing and ANM training colleges. There should be uniform training pattern for providing skilled training on IYCF and it should not be restricted to information but also demonstration of all skills like listening, learning and counselling.



Indicator 6: Mother Support and Community Outreach

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

Criteria		Results ✓		Background Information and Source
	Yes	To some degree	No	
6.1. All pregnant women have access to community-based support systems and services on infant and young child feeding	2	1 ✓	0	• Annual Report to the people on Health-MOHFW-GOI 2010 (51% pregnant women received 3 or more antenatal care checkups and Since JSY 7.39 lac beneficiaries in 2005-06 to about 1 crore in 2009-10) • NFHS 3 International Institute for Population Sciences. MoHFW, GOI, Vol:1, 2005-06. (10.7% women are informed about supplementary food by Community health worker) • NFHS 3 (37.1% of all women received post natal care within 48 hours)
6.2. All women have access to support for infant and young child feeding after birth	2	1 ✓	0	• NFHS 3 (10.7% women are informed about supplementary food by Community health worker) • NFHS 3 (37.1% of all women received post natal care within 48 hours)
6.3. Infant and young child feeding support services have national coverage	2	1 ✓	0	• Indira Gandhi Matritva Sahyog Yojana-a conditional maternity benefit scheme-2010, GOI (piloted in 53 districts) • Rajiv Gandhi National Creche Scheme for the Children of Working Mothers. Ministry of Human Resource Development (Dept. OF Women & Child Development), GOI, 1st January 2002 • The National rural Employment Guarantee Act (NREGA), Operational Guidelines Ministry of Rural Development (Dept. of Rural Development), GOI, 2005.

Criteria		Results ✓		Background Information and Source
	Yes	To some degree	No	
6.4.Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral.	2	1 ✓	0	• Indira Gandhi Matritva Sahyog Yojana-a conditional maternity benefit scheme-2010 (piloted in 53 districts) • Rajiv Gandhi National Creche Scheme for the children of working mothers
6.5.Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding	2	1 ✓	0	• Government training-IMNCI Participant's Manual (Module 4): Treat the young Infant and Counsel the Mother-MOHFW 2003 • Reading material for ASHA-Book No-1 MOHFW-GOI, 2005 • Reading material for ASHA-Book No-2 MOHFW-GOI, 2006 • National Training Strategy for in service training under NRHM-MOHFW-GOI, 2008 • Facilitator's Guide for training Yashoda/Mamta-NIHFW/TNAI/NNF/NIPI, 2008 • Facility based Integrated Management of Neonatal and Childhood Illness (F-IMNCI)-MOHFW-GOI, 2009 • Navjaat Shishu Suraksha Karyakram. Basic Newborn Care and Resuscitation Program Training Manual-MOHFW-GOI, 2009
Total Score	5/10			

Gaps

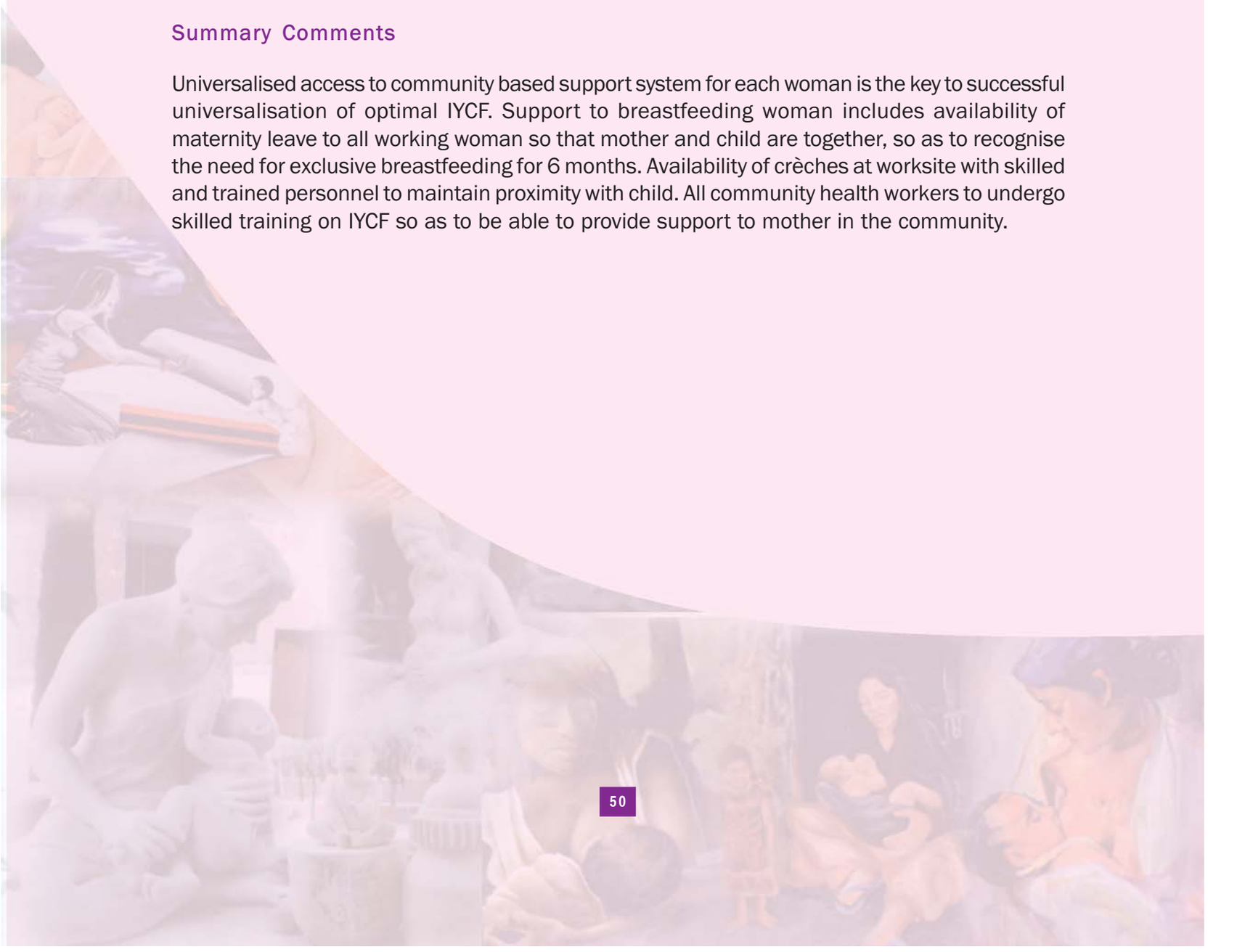
- Counselling for IYCF is not provided as a service to lactating women in NRHM or ICDS
- Creche facility not mentioned in Unorganised Workers Bill
- NREGA Worksite facilities includes provision for children below age of 6 years but is conditional (in case the number of children below 6 years accompanying the working women at any site are 5 or more)

Recommendations

- Crèches at the worksite should be implemented and monitored as it is an important tool for support to lactating mothers and IYCF.
- Unorganised workers bill should contain provision of crèches.
- Training of Community Health Workers on counselling and listening skills on IYCF should be strengthened.

Summary Comments

Universalised access to community based support system for each woman is the key to successful universalisation of optimal IYCF. Support to breastfeeding woman includes availability of maternity leave to all working woman so that mother and child are together, so as to recognise the need for exclusive breastfeeding for 6 months. Availability of crèches at worksite with skilled and trained personnel to maintain proximity with child. All community health workers to undergo skilled training on IYCF so as to be able to provide support to mother in the community.



Indicator 7: Information Support

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

Criteria	Results ✓			Background Information and Source
	Yes	To some degree	No	
7.1. There is a comprehensive national IEC strategy for improving infant and young child feeding	2	1	0 ✓	• Joint Circular of MWCD & MoHFW D.O. No .16-7/2009-ND dated 10th March 2010-MCP Card
7.2. IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local across India (2011) levels	2	1 ✓	0	• Press cuttings and print media coverage during WBW celebrations (2010 & 2011) • Web News on WBW • Rally/Campaign/Street plays mentioned in WBW reports from
7.3. Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1 ✓	0	• Impact of community based awareness campaign on breastfeeding among lactating women in Chandigarh. The Internet Journal of Health, 2008 Volume 7, Number 1 • Joint Circular of MWCD & MoHFW D.O. No .16-7/2009-ND dated 10th March 2010
7.4. The content of IEC messages is technically correct, sound, based on national or international guidelines	2 ✓	1	0	• IEC/BCC Gallery on Maternal Child Health in India-NCHCR, NIFHW • IEC (hoardings/booklet/pamphlet/ poster/flip book/film radio spot/flex board stickers/exhibition panel on IYCF- UNICEF in Hindi and other regional languages (2008-2011) • Posters (FNB)

Criteria	Results ✓			Background Information and Source
	Yes	To some degree	No	
7.5. A national IEC campaign or programme[20] using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months	2 ✓	1	0	• NRHM TV Spots crystal ball-Antenatal Care/Jagmag animated spot-Antenatal care/Radheyshyam ke motorcycle-Newborn Care/Badhte shishu ke badhte zaroorat-Nutrition and Breastfeeding • Radio Spots on Antenatal Care/ Institutional Delivery & JSY • Video Spot on Optimal IYCF practices by DWCD, Madhya Pradesh • Print ads on various schemes-IGMSY/ ICDS/JSSK by key ministries • Websites: www.bpni.org/ www.ibfanasia.org
Total Score	6/10			

Gaps

- Lack of National IEC Strategy for improving IYCF practices
- Inadequate coverage, restricted only during WBW in print
- Convergence of IEC efforts for IYCF from NGOs, multilateral, bilateral agencies is required
- Proper IEC material is required even for health care providers to refresh and complement their knowledge regarding breast feeding. These sets of health care providers include doctors, paramedics and AYUSH doctors

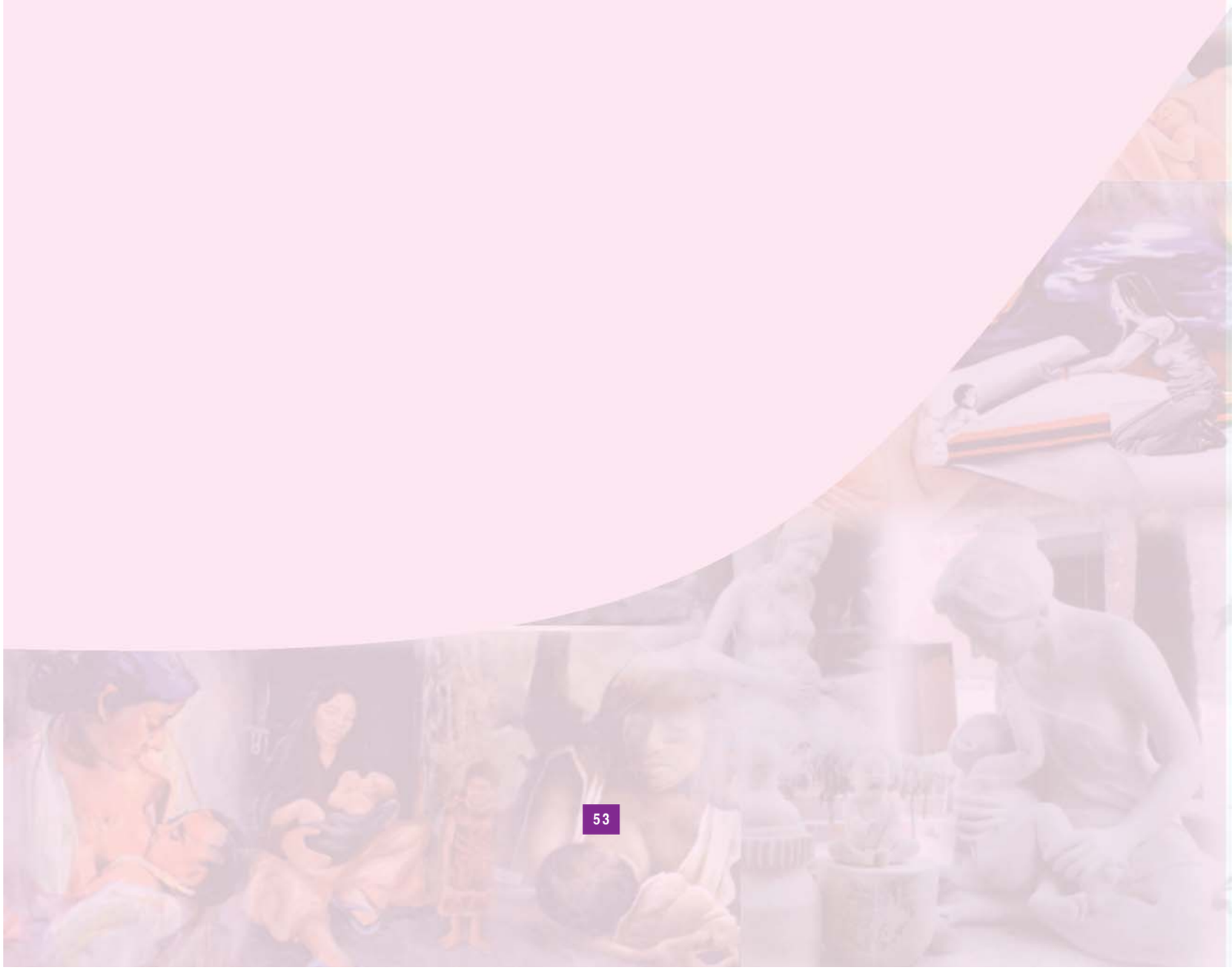
Recommendations

- Advocacy for comprehensive National IYCF policy that includes an IEC Strategy.
- There should be budget allocation for IEC for IYCF (district/block level) for adequate coverage.
- There is a need to allocate a certain proportion of budget for IYCF from the media budget of NRHM so that the Govt mandate can be seen clearly.
- There should be display of IEC material in Maternity wards and OPD's regarding Breast feeding. If standardised material is available then private sector hospitals and providers can be tapped for the same. When women come for antenatal check-up, during delivery and post natal visits, they and their caregivers are more receptive to the information given to them, hence display of IEC material will help in tapping this opportunity.

[20] An IEC campaign or programme is considered "national" if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

Summary Comments

There is a need to develop a strategy or policy to communicate and educate on optimal IYCF at all levels using the National media as well as locally available sources. There should be appropriate budget allocation to be earmarked specifically for this activity. Such promotions on initiation of breastfeeding, exclusive breastfeeding for 6 months, timely introduction of complementary feeding and continued breastfeeding thereafter for upto 2 years or above to be more frequent and regular basis rather than being limited to the World Breastfeeding Week.



Indicator 8: Infant Feeding and HIV

Key Question: Are policies and programmes in place to ensure that HIV-positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Results ✓			Background Information and Source
	Yes	To some degree	No	
8.1. The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0 ✓	• Website of the national AIDS control organization (NACO). http://www.nacoonline.org/NACO • Guidelines for HIV Care and Treatment in Infants and Children. NACO/Indian Academy of Paediatrics, with support from Clinton Foundation, UNICEF, WHO. November 2006 • National Guidelines on Infant and Young Child Feeding, II Edition 2006. Ministry of Women and Child Development. Food and Nutrition Board. Government of India 2006 • Annual Report. Department of AIDS Control. National AIDS Control Organization. Ministry of Health and Family Welfare, Government of India. 2011-12
8.2. The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0 ✓	• Website of the national AIDS control organization (NACO). http://www.nacoonline.org/NACO • Guidelines for HIV Care and Treatment in Infants and Children. NACO/Indian Academy of Paediatrics, with support from Clinton Foundation, UNICEF, WHO. November 2006 • National Guidelines on Infant and young child feeding, II Edition 2006. Ministry of Women and child development. Food and Nutrition board. Government of India 2006. • Annual Report. Department of AIDS Control. National AIDS Control Organization. Ministry of Health and Family Welfare, Government of India. 2011-12

Criteria	Results ✓			Background Information and Source
	Yes	To some degree	No	
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	• Annual Report. Department of AIDS Control. National AIDS Control Organization. Ministry of Health and Family Welfare, Government of India. 2011-12 • Website of (NACO). http:// www.nacoonline.org/NACO • Guidelines for HIV Care and Treatment in Infants and Children. NACO/Indian Academy of Paediatrics, with support from Clinton Foundation, UNICEF, WHO. November 2006 • HIV Counselling Training Modules for VCT, PPTCT and ART Counsellors-Facilitator's Guide and handouts. National AIDS Control Organization. Ministry of Health and Family Welfare, Government of India. Published by NACO, UNICEF, WHO, CDC. May 2006
8.4. 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	• Annual Report. Department of AIDS Control. National AIDS Control Organization. Ministry of Health and Family Welfare, Government of India. 2011-12 • Website of the national AIDS control organization (NACO). http:// www.nacoonline.org/NACO • Guidelines for HIV Care and Treatment in Infants and Children. NACO/Indian Academy of Paediatrics, with support from Clinton Foundation, UNICEF, WHO. November 2006
8.5. Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers	1 ✓	0.5	0	• Annual Report. Department of AIDS Control. National AIDS Control Organisation. Ministry of Health and Family Welfare, Government of India. 2011-12 • Guidelines for HIV Care and Treatment in Infants and Children. NACO/Indian Academy of Paediatrics, with support from Clinton Foundation, UNICEF, WHO. November 2006

Criteria	Results ✓			Background Information and Source
	Yes	To some degree	No	
8.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible	1	0.5 ✓	0	• Annual Report. Department of AIDS Control. National AIDS Control Organisation. Ministry of Health and Family Welfare, Government of India. 2011-12 • HIV Counselling Training Modules for VCT, PPTCT and ART Counsellors-Facilitator's Guide. National AIDS Control Organisation. Ministry of Health and Family Welfare, Government of India. Published by NACO, UNICEF, WHO, CDC. May 2006
8.7) 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 ✓	• Annual Report. Department of AIDS Control. National AIDS Control Organisation. Ministry of Health and Family Welfare, Government of India. 2011-12 • HIV Counselling Training Modules for VCT, PPTCT and ART Counsellors-Facilitator's handouts Guide. National AIDS Control Organization. Ministry of Health and Family Welfare, Government of India. Published by NACO, UNICEF, WHO, CDC. May 2006 • Website of the National AIDS Control Organization (NACO). http://www.nacoonline.org/NACO • National Guidelines on Infant and Young Child Feeding, II Edition 2006. Ministry of Women and child development. Food and Nutrition Board. Government of India 2006 • Operational Guidelines for Community Care Centres. National AIDS Control Organization. Ministry of Health and Family Welfare, Government of India. August 2007

Criteria	Results ✓			Background Information and Source
	Yes	To some degree	No	
8.8. 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	• Annual Report. Department of AIDS Control. National AIDS Control Organisation. Ministry of Health and Family Welfare, Government of India. 2011-12 • Website of the National AIDS Control Organization (NACO). http://www.nacoonline.org/NACO • Operations Manual for Strategic Information Management Unit. National AIDS Control Organisation. Ministry of Health and Family Welfare, Government of India. August 2007
8.9. The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers	1	0.5	0 ✓	• Website of the National AIDS Control Organization (NACO). http://www.nacoonline.org/NACO • Proceedings of workshop on re-visiting Baby-friendly Hospital Initiative held on 18th June 2008 • Chapter 17 Promotion of Breastfeeding and Baby-friendly Hospital Initiative (BFHI) by Sanjiv Kumar in The Science of Infant Feeding 2002, Publishers: Jaypee Brothers Publishers (P) Ltd. • BFHI Concept Note from MOHFW
Total Score		3/10		

Gaps

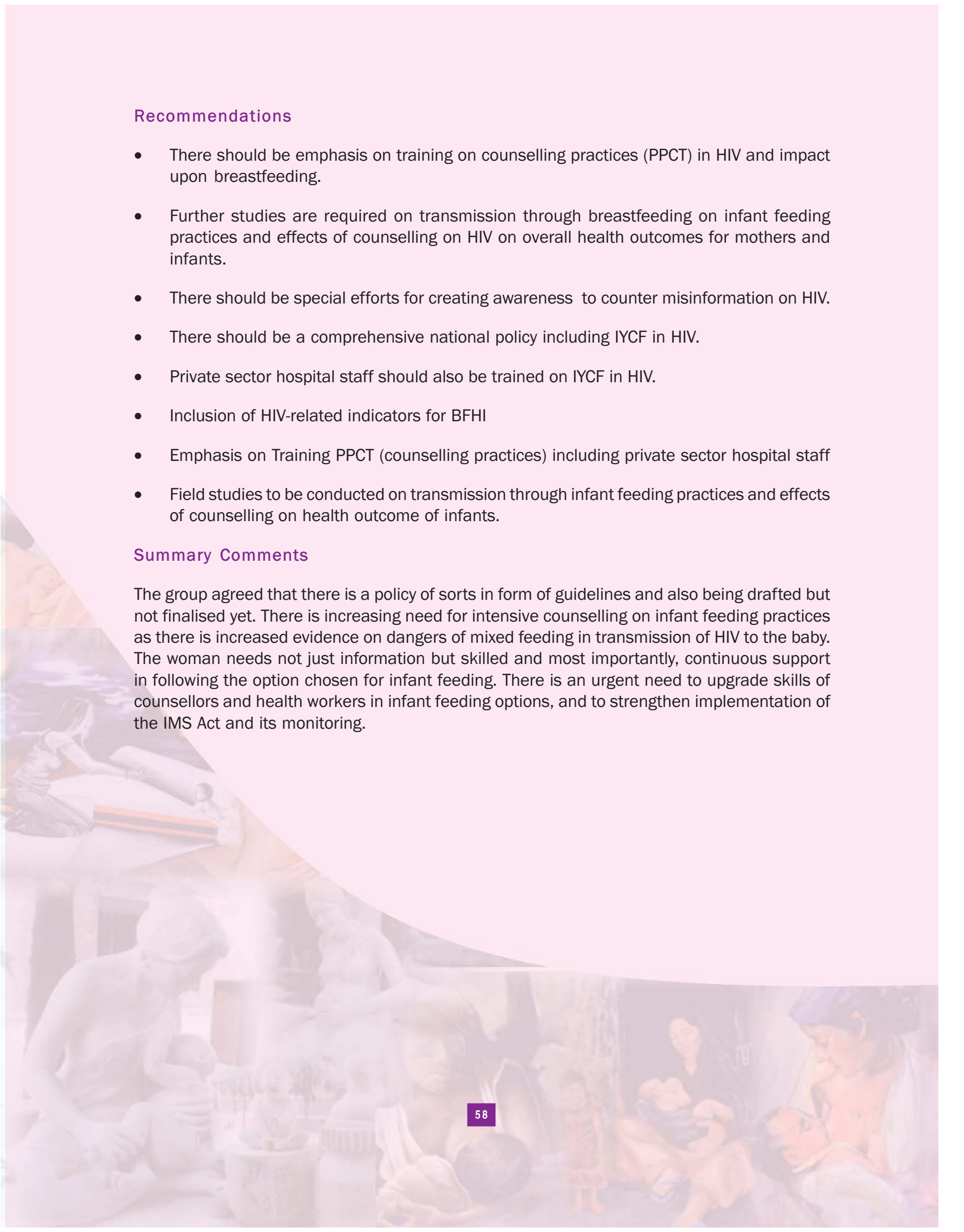
- National guidelines not yet made into policy
- BFHI does not include HIV-related indicators
- Inadequate counselling to HIV women regarding infant nutrition
- Inadequate training for PPTCT
- Follow-up of mothers not adequate

Recommendations

- There should be emphasis on training on counselling practices (PPCT) in HIV and impact upon breastfeeding.
- Further studies are required on transmission through breastfeeding on infant feeding practices and effects of counselling on HIV on overall health outcomes for mothers and infants.
- There should be special efforts for creating awareness to counter misinformation on HIV.
- There should be a comprehensive national policy including IYCF in HIV.
- Private sector hospital staff should also be trained on IYCF in HIV.
- Inclusion of HIV-related indicators for BFHI
- Emphasis on Training PPCT (counselling practices) including private sector hospital staff
- Field studies to be conducted on transmission through infant feeding practices and effects of counselling on health outcome of infants.

Summary Comments

The group agreed that there is a policy of sorts in form of guidelines and also being drafted but not finalised yet. There is increasing need for intensive counselling on infant feeding practices as there is increased evidence on dangers of mixed feeding in transmission of HIV to the baby. The woman needs not just information but skilled and most importantly, continuous support in following the option chosen for infant feeding. There is an urgent need to upgrade skills of counsellors and health workers in infant feeding options, and to strengthen implementation of the IMS Act and its monitoring.



Indicator 9: Infant Feeding during Emergencies

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

Criteria	Results ✓			Background Information and Source
	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	2	1	0 ✓	• National Guidelines on Infant and Young Child Feeding, II Edition 2006. Ministry of Women and Child Development. Food and Nutrition Board. Government of India 2006 • National Policy on Disaster Management (NPDM). National Disaster Management Authority, Ministry of Home Affairs, Government of India, 2009 • Report of the Working Group on disaster Management, for the Eleventh Five Year Plan (2007-2012). Government of India, Planning Commission. December 2006. • National Disaster Management in India website- http://www.ndmindia.nic.in/ • National Disaster Management Authority in India website- http://ndma.gov.in/ndma/index.htm
9.2. Person(s) with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0 ✓	• National Guidelines on Infant and Young Child Feeding, II Edition 2006. Ministry of Women and Child Development. Food and Nutrition Board. Government of India 2006 • National Policy on Disaster Management (NPDM). National Disaster Management Authority, Ministry of Home Affairs, Government of India, 2009 • Report of the Working Group on disaster Management, for the Eleventh Five-Year Plan (2007-2012). Government of India, Planning Commission. December 2006 • National Disaster Management in India website- http://www.ndmindia.nic.in/ • National Disaster Management Authority in India website- http://ndma.gov.in/ndma/index.htm

Criteria	Results ✓			Background Information and Source
	Yes	To some degree	No	
9.3. An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimise the risk of artificial feeding has been developed	2	1	0 ✓	• National Guidelines on Infant and Young Child Feeding, II Edition 2006. Ministry of Women and Child Development. Food and Nutrition Board. Government of India 2006 • National Policy on Disaster Management (NPDM). National Disaster Management Authority, Ministry of Home Affairs, Government of India, 2009 • Report of the Working Group on disaster Management, for the Eleventh Five-Year Plan (2007-2012). Government of India, Planning Commission. December 2006 • National Disaster Management in India website- http:// www.ndmindia.nic.in/ • National Disaster Management Authority in India website- http:// ndma.gov.in/ndma/index.htm
9.4. Resources identified for implementation of the plan during emergencies	2	1	0 ✓	• National Guidelines on Infant and Young Child Feeding, II Edition 2006. Ministry of Women and Child Development. Food and Nutrition Board. Government of India 2006 • National Policy on Disaster Management (NPDM). National Disaster Management Authority, Ministry of Home Affairs, Government of India, 2009 • Report of the Working Group on disaster Management, for the Eleventh Five-Year Plan (2007-2012). Government of India, Planning Commission. December 2006 • National Disaster Management in India website- http:// www.ndmindia.nic.in/ • National Disaster Management Authority in India website- http:// ndma.gov.in/ndma/index.htm

Criteria	Results ✓			Background Information and Source
	Yes	To some degree	No	
9.5. Appropriate teaching 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	2	1	0 ✓	• National Guidelines on Infant and Young Child Feeding, II Edition 2006. Ministry of Women and Child Development. Food and Nutrition Board. Government of India 2006 • National Policy on Disaster Management (NPDM). National Disaster Management Authority, Ministry of Home Affairs, Government of India, 2009 • Report of the Working Group on disaster Management, for the Eleventh Five Year Plan (2007-2012). Government of India, Planning Commission. December 2006 • National Disaster Management in India website- http://www.ndmindia.nic.in/ • National Disaster Management Authority in India website- http://ndma.gov.in/ndma/index.htm
Total Score	0/10			

Gaps

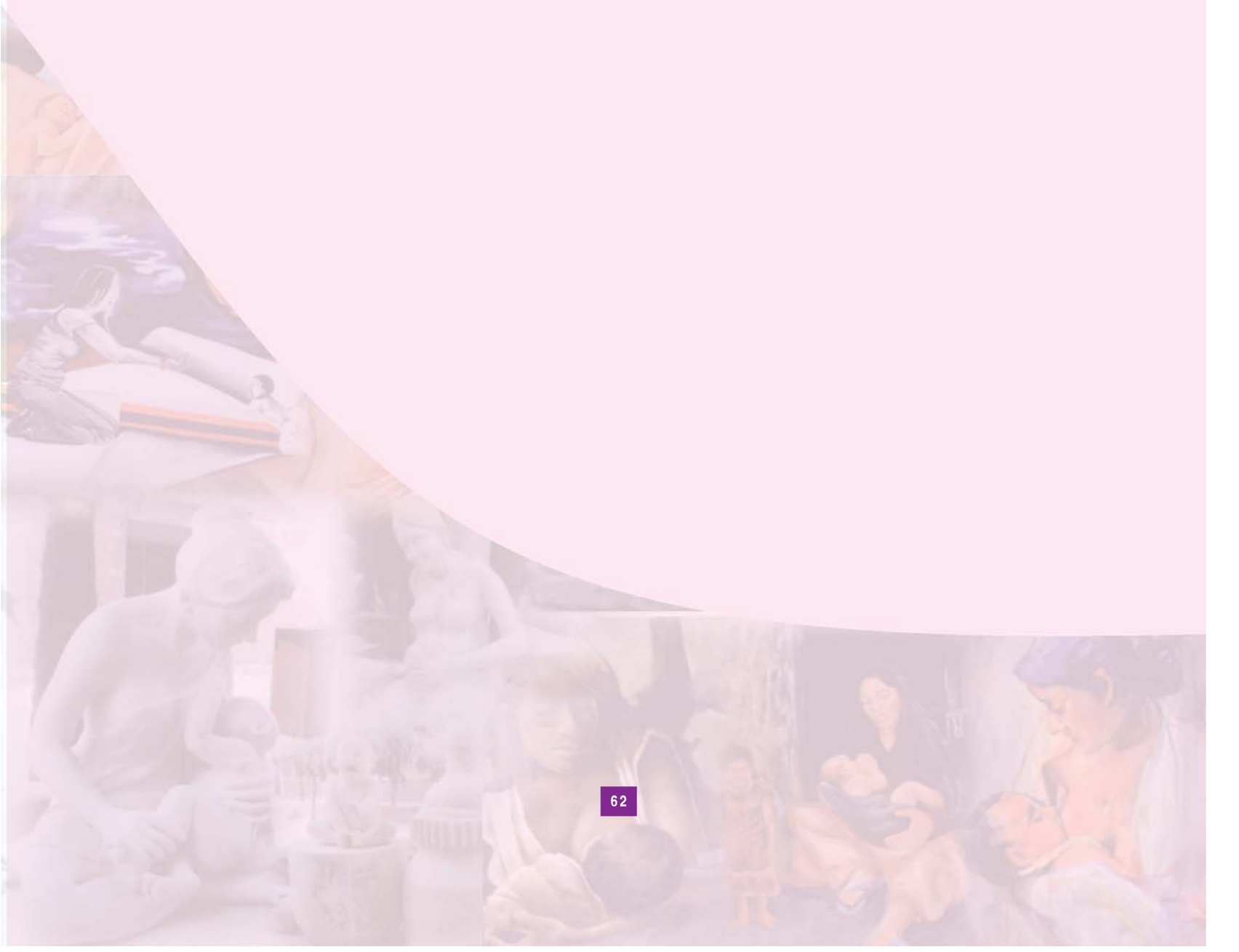
- There is no policy on IYCF in contingency action plans
- There is no mechanism to monitor violations of IMS Act during relief operations
- There is no training for disaster management teams on IYCF or provision of breastfeeding support counsellors as a response during disaster management supply chain

Recommendations

- Include IYCF guidelines in case of disaster (from national guidelines) in contingency action plans.
- Monitor/document use of infant milk substitutes and support to breastfeeding during disasters/emergencies.
- Monitor/document for violations of IMS Act during disaster/emergencies.
- Training & Sensitisation of 'Disaster Managers' from Government institutes, ICDS functionaries, NGOs and other organisations with a mandate to work in emergency situations.

Summary Comments

The National Guidelines for Infant and Young Child Feeding has stressed the need for ensuring optimal breastfeeding in disasters and emergencies. It is very crucial to keep down mortality and prevent disease. Women are neither counselled nor supported for IYCF during emergencies. Also there is added danger of promotion of formula feeding, which threatens exclusive breastfeeding. There is a need to monitor IMS Act in emergency situations. There is a need for Disaster Management policy and contingency plans for all kinds of emergencies and disasters for IYCF support and to integrate counselling and training of workers involved in disaster management.



Indicator 10: Monitoring and Evaluation

Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results ✓			Background Information and Source
	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	• ICDS under Ministry of Women & Child Development • ICDS and Nutrition in 11th Five-Year plan (2007-2012) • NRHM under Ministry of Health & Family Welfare* • MCP card: Joint Circular of MWCD & MoHFW D.O. No .16-7/2009-ND dated 10th March 2010- MCP Card
10.2. Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process	2	1 ✓	0	• Ministry of Health & Family Welfare-HMIS • Revised MIS in ICDS Programme-Guidelines-2012
10.3. Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities	2	1 ✓	0	• NFHS 3 (2005-06) • DLHS 3 (2007-08) • MICS 4 (2009-11)
10.4. Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2 ✓	1	0	Results are considered at Policy Level
10.5. Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys	2 ✓	1	0	• NNMB/NIN does not cover IYCF indicators • MCP Card: Joint Circular of MWCD & MoHFW D.O. No .16-7/2009-ND dated 10th March 2010
Total Score	7/10			

*NRHM has incorporated the indicators on exclusive breastfeeding and complementary feeding in MCP Card.

Gaps

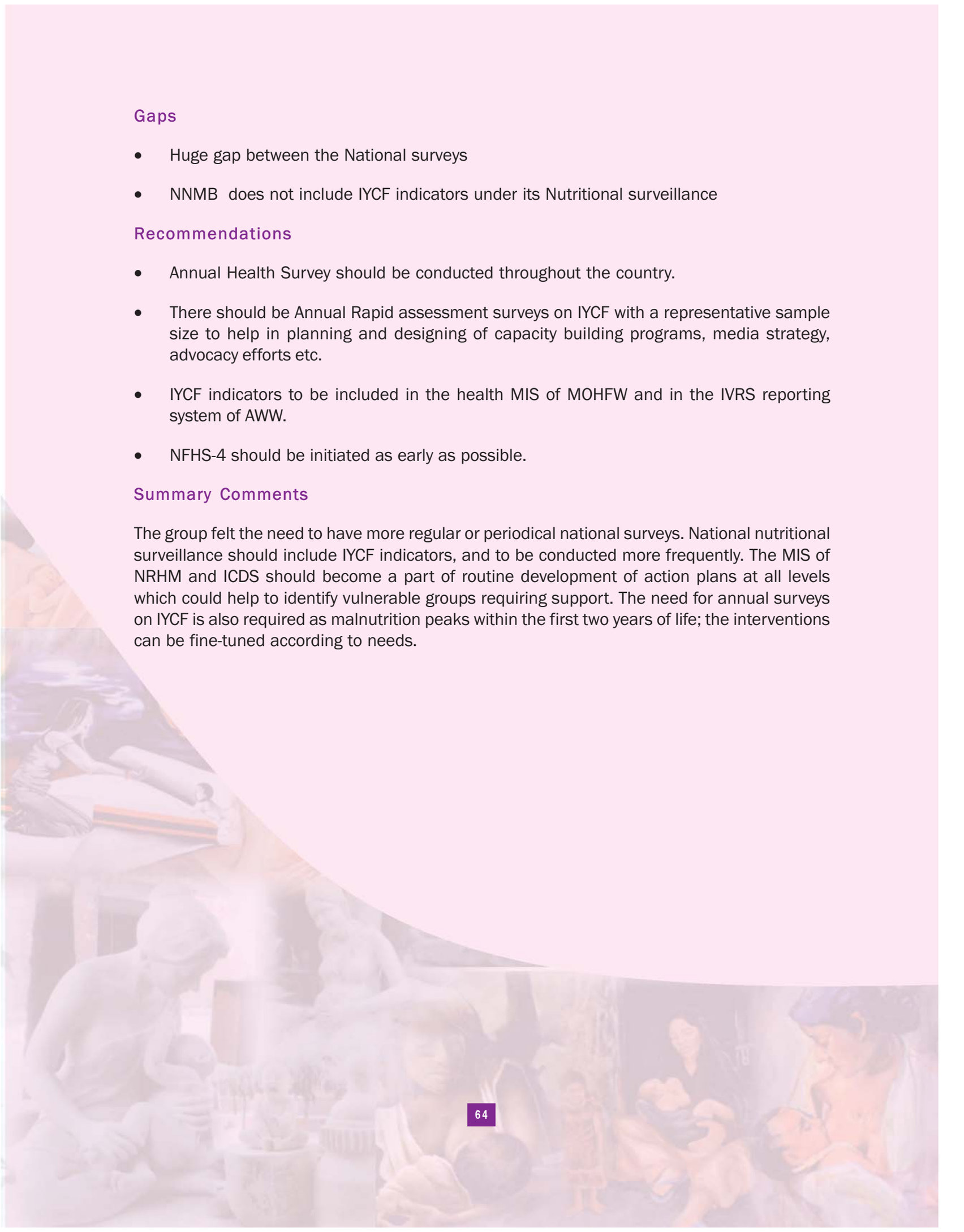
- Huge gap between the National surveys
- NNMB does not include IYCF indicators under its Nutritional surveillance

Recommendations

- Annual Health Survey should be conducted throughout the country.
- There should be Annual Rapid assessment surveys on IYCF with a representative sample size to help in planning and designing of capacity building programs, media strategy, advocacy efforts etc.
- IYCF indicators to be included in the health MIS of MOHFW and in the IVRS reporting system of AWW.
- NFHS-4 should be initiated as early as possible.

Summary Comments

The group felt the need to have more regular or periodical national surveys. National nutritional surveillance should include IYCF indicators, and to be conducted more frequently. The MIS of NRHM and ICDS should become a part of routine development of action plans at all levels which could help to identify vulnerable groups requiring support. The need for annual surveys on IYCF is also required as malnutrition peaks within the first two years of life; the interventions can be fine-tuned according to needs.



Part II: Infant and Young Child Feeding Practices

Indicator 11: Early Initiation of Breastfeeding

Key Question: Percentage of babies breastfed within one hour of birth

Ans. 40.5%

Source : DLHS 3 (2007-08)

Indicator 11	WHO's Key to rating %	Existing Status %	IBFAN Asia Guideline for WBTi		
Initiation of Breastfeeding (within 1 hour)			Scores	Color-rating	Grading
	0-29		3	RED	D
	30-49	40.5	6	YELLOW	C
	50-89		9	BLUE	B
	90-100		10	GREEN	A

Summary Comments

India's early initiation rates have shown a rise, which is a positive development. Much more needs to be done to reach out to all women locally with correct information and to provide practical support for breastfeeding at the time of birth. More and intense support is required in case of low birth weight babies. There is evidence that this indicator has significant impact on reducing child malnutrition.

Indicator 12: Exclusive breastfeeding for the first six months

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?

Ans. 46.8%

Source: DLHS 3 (2007-08)

Indicator 12	WHO's Key to rating %	Existing Status %	IBFAN Asia Guideline for WBTi		
Exclusive Breastfeeding for the first six months			Scores	Color-rating	Grading
	0-11		3	RED	D
	12-49	46.8	6	YELLOW	C
	50-89		9	BLUE	B
	90-100		10	GREEN	A

Summary Comments

Exclusive breastfeeding has not shown any rise since last assessment. It is a complex behaviour and needs behaviour change at many specific times. There are various challenges including cultural practices still prevailing in our country which hamper exclusive breastfeeding. These are lack of correct information and, interference by the commercial sector.

There is a strong need to give more attention to this aspect. 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 allows for exclusive breastfeeding for 6 months. Exclusive breastfeeding is an important indicator to check upon the rise in malnutrition, which is on increase.

Indicator 13: Median duration of breastfeeding

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

Ans. 24.4 months

Source: NFHS 3 (2005-06)

Indicator 13	WHO's Key to rating %	Existing Status %	IBFAN Asia Guideline for WBTi		
Median during of breastfeding			Scores	Color-rating	Grading
	0-17		3	RED	D
	18-20		6	YELLOW	C
	21-22		9	BLUE	B
	23-24	24.4	10	GREEN	A

Summary Comments

Median duration of breastfeeding is excellent in India, which has been a traditionally breastfeeding nation. However India is losing out on value of breastfeeding along with complementary feeding in second year of life. It is important to maintain focus on this important indicator.

Indicator 14: Bottle feeding

Key Question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?

Ans. 12.5%

Source: NFHS 3 (2005-06)

Indicator 13	WHO's Key to rating %	Existing Status %	IBFAN Asia Guideline for WBTi		
Bottle Feeding (< 6 months)			Scores	Colour-rating	Grading
	30-100		3	RED	D
	5-29	12.5	6	YELLOW	C
	3-4		9	BLUE	B
	0-2		10	GREEN	A

Summary Comments

Bottle feeding is on the rise owing to urbanisation and life style changes. It has been perceived as a modern method of feeding without knowing the harmful effects. Effective communication is required to create public awareness about the risks of bottle and formula feeding.

Indicator 15: Complementary feeding

Key Question: Per centage of breastfed babies receiving complementary foods at 6-9 months of age?

Ans. 57.1%

Source: DLHS 3 (2007-08)

Indicator 13	WHO's Key to rating %	Existing Status %	IBFAN Asia Guideline for WBTi		
			Scores	Colour-rating	Grading
Complementary Feeding	0-59	57.1	3	RED	D
	60-79		6	YELLOW	C
	80-94		9	BLUE	B
	95-100		10	GREEN	A

Summary Comments

This indicator is of great value but the complementary feeding rates in India have been stagnated and not shown any rise. We need to enhance the quality of complementary feeding and to maintain it. This requires accurate information to be given and skilled counselling. This is of utmost importance along with provision of food in food insecure populations. Skilled counselling is required for understanding about the introduction of complementary foods, its quality, quantity and frequency to be given to child.

Summary of Indicators Part 1: Policy and Programmes

Indicator	Policy and Programme	Score(out of 10)
1	National Policy, Programme and Coordination	3
2	Baby-friendly Hospital Initiative	2.5
3	Implementation of the International Code	8
4	Maternity Protection	4.5
5	Health and Nutrition Care Systems	4
6	Mother Support and Community Outreach	5
7	Information Support	6
8	Infant Feeding and HIV	3
9	Infant Feeding during Emergencies	0
10	Monitoring and Evaluation	7
	Score (Part 1)	43/100

Guidelines

Scores (Part 1)	Colour Rating	Grading	Existing Situation
0-30	RED	D	
31-60	YELLOW	C	√
61-90	BLUE	B	
91-100	GREEN	A	

Summary of Indicators Part 2: Infant and Young Child Feeding Practices

Indicator	IYCF Practices	Result (%)	Score(out of 10)
11	Initiation of Breastfeeding	40.5	6
12	Exclusive Breastfeeding for 6 months	46.8	6
13	Median Duration of Breastfeeding	24.4 months	10
14	Bottle Feeding (< 6 months)	12.5	6
15	Complementary Feeding	57.1	3
	Score (Part 2)		31/50

Guidelines

Scores (Part 2)	Colour Rating	Grading
0-15	RED	D
16-30	YELLOW	C
31-45	BLUE	B √
46-50	GREEN	A

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

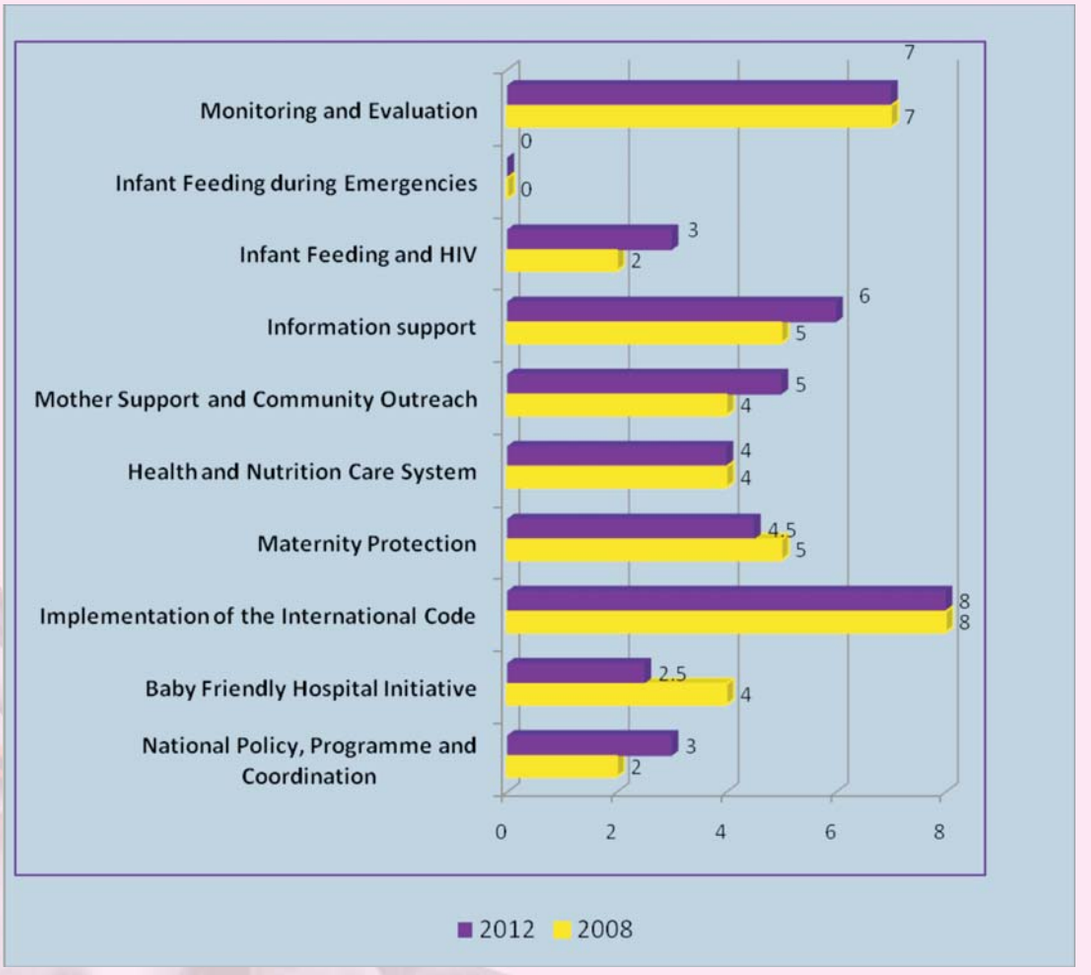
Total score of infant and young child feeding practices, policies and programmes are calculated out of 150

Scores	Colour Rating	Grading	Existing Situation
0-45	RED	D	
46-90	YELLOW	C	74/150 √
91-135	BLUE	B	
136-150	GREEN	A	

CONCLUSION AND RECOMMENDATIONS

Optimal infant and young child feeding (IYCF) practices form the cornerstone of childcare and development. In spite of the overwhelming evidence of its role in achieving Millennium Development Goals it is quite evident that IYCF practices have not shown considerable progress and not much has significantly changed when compared with earlier assessment conducted in 2008 (Figure 3). Despite breastfeeding's numerous recognised advantages, and several initiatives taken so far to promote breastfeeding, early and exclusive breastfeeding rates in most states of the India are low. The 2012 report reveals glaring gaps in policy and programmes that protect, promote support breastfeeding.

Figure 3: Comparison of WBTi Score of 2008 and 2012 in India



Lack of policy status for Infant and Young Child Feeding is something that concerns all. There is an urgent need to consider formulation of IYCF Policy along with Plan of Action with clear objectives and allocated budgets. The National Breastfeeding Committee and constitution of three working groups namely: Promotion of IMS Act, Promotion of Breastfeeding and Breastfeeding Support should be proactive in order to shoulder the responsibility of improving optimal IYCF practices in the country.

There are areas which have shown a decline or have remained static over the past few years in quantity or quality, like the Baby-Friendly Hospital Initiative. In view of the fact that no concrete efforts and actions have been taken to revive BFHI that supports breastfeeding and infant and young child feeding, it has declined from 4.0 points in 2008 to 2.5 points in 2012. The MOHFW, GOI and State Governments should take effective steps to revive the much fading off initiative as improved IYCF interventions are becoming more relevant in the present context as institutional deliveries are on the rise. Though India is quite ahead in the implementation of the International Code and has received the highest score of 8, but lacks its effective implementation. The preparedness to meet the needs of women and children during emergency must recognise breastfeeding support as an "emergency response" and includes "establishing breastfeeding support" in the supply chain. Indicator on Infant Feeding in Emergencies has not shown any progress since the last 2 assessments.

Government acknowledges the importance of crèches and has initiated a Scheme for Crèches to support women at work but considerable efforts are required for women in informal sector. There should be a provision of crèches, and if need be, more to be setup maintaining the quality. Laws regulating the provision of crèches need to be strictly implemented. All this requires trained manpower and adequate resources. Programme focus on breastfeeding and complementary feeding is just a lip service; serious inputs are needed to increase early and exclusive breastfeeding which can only be bridged through active implementation of the recommendations being made in the report. Policy on maternity entitlements must be universalised and extended to all working women.

The indicator on Information Support has shown slight improvement. There has been marked improvement in the national IEC campaigns and programmes on infant and young child feeding to target audiences in the past years. A National IEC Campaign against Malnutrition has been launched by MWCD, GOI on the 19th November, 2012 by Hon'ble President of India Shri Pranab Mukherjee with the technical support of UNICEF. The IEC campaign has the benefit pro-bono services of Shri Aamir Khan, a famous actor and active supporter for creating awareness on social issues. The campaign will be carried out through a multi-channel approach at the national, state and local levels. Still there is a need develop a policy to communicate and create awareness on optimal IYCF at all levels with appropriate budget allocation year marked specifically for this activity.

Early initiation rates of breastfeeding have shown a rise, which is a positive development. Much more needs to be done to reach out to all women locally with correct information and to provide practical support for breastfeeding at the time of birth. There are various challenges in our country which hamper exclusive breastfeeding which include cultural practices, lack of correct information and, interference by the commercial sector. Women need skilled counselling on optimal IYCF practices on continued basis beginning from conception. Median duration of breastfeeding is excellent in India, which has been a tradition in the country. However, India is losing out on value of breastfeeding along with complementary feeding in second year of life. Bottle feeding is on the rise owing to urbanization and life style changes. Effective communication is required to create public awareness about the risks of bottle and formula feeding. There is a need to enhance the quality of complementary feeding and this requires accurate information to be given by a skilled counsellor. Skilled counselling is required for understanding about the introduction of complementary foods, its quality, quantity and frequency to be given to child.

Recommendations

- Breastfeeding should be promoted, protected and supported as the gold standard feeding option for babies and should be backed by a budgetary support which is compelling for our country. The big challenge is how to mainstream IYCF counseling and support interventions to help women to succeed both in early and exclusive breastfeeding. Child health and development policies should urgently address this major concern.

- The Government of India has approved to strengthen and restructure ICDS Scheme, putting ICDS in a Mission mode through a series of programmatic management and institutional reforms in the 12th Five-Year Plan. Adequate attention and focus should be directed with special focus on children under 3 years and pregnant and lactating mothers , strengthening and repackaging of service including care and nutrition counselling services, care of severely underweight children and provision for an additional Anganwadi Worker-cum-Nutrition Counsellor for focus on children under 3 years of age and to improve the family contact, care and nutrition counseling for P&L mothers in the selected 200 high-burden districts across the country. Besides having pilots on link worker, 5 per cent anganwadis are to be converted into Anganwadi-cum- crèche centre etc.

- Pre-birth counseling individually or in groups should be organised in maternity facility regarding advantages of breastfeeding and dangers of artificial feeding to prepare expectant mothers for successful breastfeeding. Myths and beliefs about infant feeding should be clarified by appropriate communication strategy.

- There is a need to ensure that the provisions of Infant Milk Substitute Act (IMS Act) are widely disseminated among all stakeholders at all levels in a user-friendly manner and to ensure strict compliance of the provisions of the Act. The main aim should be to educate and sensitise people and masses regarding the IMS Act and target group could be mothers, pregnant women, medical students and others in order to educate the community regarding the Act. Public should be informed about provisions through advertisements, hoardings and pamphlets. State level workshop with key policy planners should be organised to orient them about IMS Act. District level procedures should be clearly defined.

- There is an imperative need to revitalise the Baby-Friendly Hospital Initiative and strengthen the implementation of the IMS Act. Field workers curriculum should include key provisions of IMS Act and their role and responsibility of NOT to associate with baby food companies. Baby food companies and their allies and front organisations should not be allowed to conduct meetings or workshops for educating medical or nursing personnel. Civil surgeons should investigate to prescription of infant milk substitutes, infant foods and bottles and apply the provisions of IMS Act in their district and report to state. They should do regular checks on chemist shops to stop promotional practices like special displays of baby foods. Guidelines should be developed to ensure that concerned persons of any health professional/medical association are not supported by baby food industries and civil surgeons should be authorised to give clearance for such activities of meetings or conferences. Government orders have to be made to make it more effective.

- Scaling up schemes of the Ministry of Women and Child Development (MWCD), Govt of India which includes the Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit (CMB) Scheme that aims at improving optimal IYCF practices including health and nutrition status of pregnant and lactating (P&L) women whereas Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG) or SABLA would prove to be helpful.

- Popularising the Janani–Shishu Suraksha Karyakram (JSSK) - a national initiative to make available better health facilities for women and child would provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas is the need of the hour.

- Critically addressing children under 6 months (addressing the first day, week, month (neonatal care) and early infancy) would prove to be a key strategy for accelerating reductions in neonatal and infant mortality and malnutrition. The 0-6 months infant is often left out of initial weighing/ child care counseling sessions, when deliveries take place at home, mothers are superstitious about newborns being weighed, and also because 0-6 months infants are to be exclusively breastfed and hence no SNP is to be provided to them and most ICDS records/ reporting is SNP centred. Creation of Nutrition and breastfeeding support centres, initially in all district hospitals and followed by at CHC, PHC levels in a phased manner – manned by skilled counsellors to provide lactation management support, and management of all forms of malnutrition, mild, moderate and severe.

- Use of Joint Mother and Child Protection Card (MCPC) for growth monitoring should be universalised and the New WHO Child growth standards should be followed to monitor each child with the basis understanding "How a child should grow." Growth faltering should be detected early and timely corrective actions should be taken at different levels including intensive counselling and provision of food. The Joint MCP Card would enable the large network of ASHAs, AWWs and ANMs to converge their efforts and utilise the critical contact opportunities more effectively. Being an entitlement Card, it would ensure greater inclusion of unreached groups to demand and universalise access to key maternal and child care and health services.

- There is an urgent need enhancing capacity building of field level functionaries on IYCF practices. It is imperative to build knowledge and skills, capacity for behaviour change communication, counselling and develop problem solving skills for Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) for improving the IYCF practices. This action should include training of workers using BPNI's training modules that have been tested by NIPCCD and include growth monitoring component to it.

- Pre-service curriculum strengthening for doctors and nurses will help reduce the need of in-service training and improve knowledge and skill of doctors and nurses, which is seriously lacking. BPNI and a technical group of medical college teachers have developed a teaching

module that can be easily integrated in undergraduate medical education without increasing the duration of teaching. Medical colleges should be involved for this purpose.

- Skilled nutrition counselling with recognition and provision of resources for skilled nutrition counselling as a service with a support chain from village level to sub centre, PHC, CHC, subdivision, district and state levels, including mother and child cohort tracking and linking with referral services would be a welcome suggestion. This also requires a common core counselling strategy and resource kit for ICDS, NRHM, and TSC for joint action on key interventions.

- Role of media is very important in creating awareness. There is a need for a national nutrition communication campaign linking concerned sectors (e.g. gender related issues, health and hygiene practices). Modalities for broadcasting/insertion of short health and nutrition messages in public interest, at low cost and tapping the potential of community radios should be explored by I&B. A national movement for promoting IYCF by a national IEC campaign to improve IYCF practices using media may be implemented early in the Country. Review of up-linking /down linking guidelines 2005 to make it mandatory for the private satellite channels to carry advertisements/public messages in the public interest is also desirable.

- A joint operational framework for optimal IYCF must be developed between the ministries of Health and Family Welfare and Women and Child Development to achieve the convergence of purpose and synergy in implementation and joint monitoring. Opportunities for behavioral change are diverse and need to be coordinated at the local, district, state and national levels with programmes reaching caregivers of children under two (NRHM & ICDS).

- Appropriate IEC and Nutrition messages and regulation of information communication technology, behaviour change communication needs to be strengthened. Content of messages should be standardised but made appropriately sensitive to local traditions, practices and needs. These messages should be disseminated using all relevant media. Framework of a comprehensive communication strategy for nutrition and link with other programs for prevention and control of malnutrition at all levels has to be coordinated and this has to be done at states level for their strategies for nutrition communication and provide prototypes of standardised nutrition messages.

- Nutrition Resource Platform (NRP) an innovation of MWCD, GOI should be popularised. NRP would act as a single window & resource hub for child & nutrition- related knowledge/ work/research/resource platform which would facilitate interactive discussions and knowledge sharing online for creating awareness and act as interactive platform for Nutrition and Health Education volunteers, frontline workers, functionaries and the policy makers and end users(mothers, family).

We hope the next three years would result in bridging these gaps and the next assessment would reveal more positive changes. The country needs to progress and aspire to reach the green band as defined by WBTi in order to ensure that every child born meets its right to survival with health.

Questionnaire to assess Impact of WBTi

1. Has any NEW policy or programme on breastfeeding or infant and young child feeding been formulated after 2010 on any of the 1-10 WBTi indicators?

NO

2. Has there been any inclusion of reference of "breastfeeding" or infant and young child feeding" in the government policy or programme documents?

YES (in the 12th Five-Year Plan Document, Planning Commission, Government of India)

3. Has there been any specific allocation of funding for programmes related to breastfeeding or infant and young child feeding?

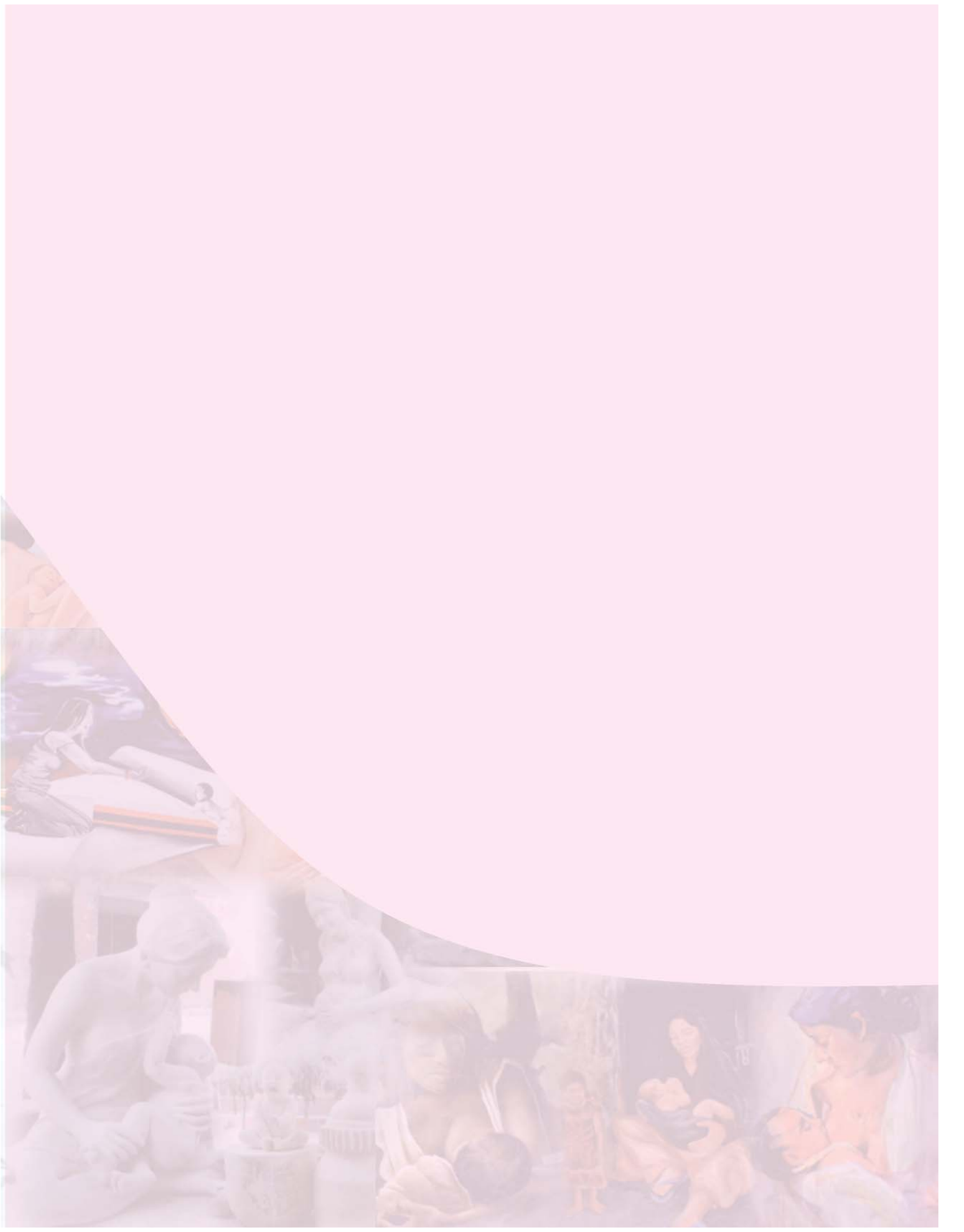
NO

4. Do you think WBTi assessment had any influence on above mentioned achievements?

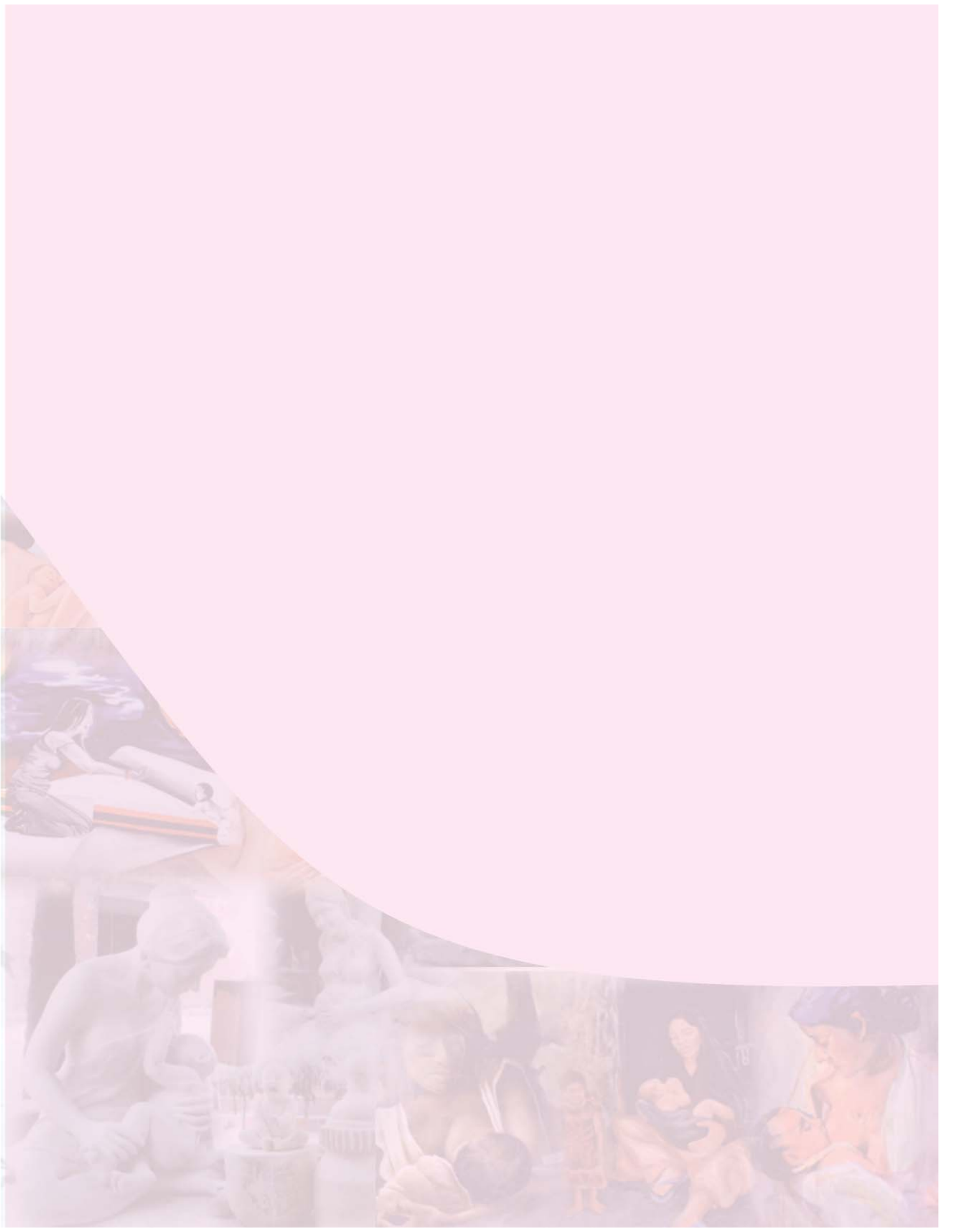
YES

5. Did you use the WBTi findings for advocacy at local/regional/global level?

YES (Extensively used for advocacy at National Consultations, Regional Consultations and during advocacy meeting with stakeholders)



Annexures



Meeting to Finalise Report of World Breast Feeding Trends Initiative (WBTi): India Assessment 2012

6 September 2012,
Venue: NIPCCD, New Delhi

Agenda

Welcome	**Shri. S.K. Srivastava** **Additional Director, NIPCCD**
Introduction to WBTi	**Dr. Arun Gupta** **Regional Coordinator, IBFAN Asia**
Current Breast Feeding Trends in India	**Dr. J.P. Dadhich** **National Coordinator, BPNI**
Assessment of WBTi (2011-12)	**Dr. Rita Patnaik** **Deputy Director, NIPCCD**
Open House Discussion	**Participants**
Vote of Thanks	**BPNI**

Minutes of the Meeting to Finalize Report of World Breast Feeding Trends Initiative (WBTi): India Assessment 2012

6 September 2012
Venue: NIPCCD, New Delhi

World Breastfeeding Trends Initiative (WBTi) is an innovative initiative developed by International Baby Food Action Network Asia (IFBAN Asia) as a system for Tracking, Assessing and Monitoring (TAM), the Global Strategy for IYCF using the web based toolkit. The present meeting was organised to discuss and finalise WBTi: India Assessment 2012. For the discussion experts from the pertinent field were invited so that they could give their valuable inputs and a consensus could be achieved on the scoring and the Report.

2. The welcome address was given by Shri S.K. Srivastava Additional Director, NIPCCD. He extended a hearty welcome to all the participants. Shri S.K. Srivastava in his address emphasised the importance of optimal infant and young child-feeding (IYCF) practices for a good head start of the child. He mentioned about WBTi as an innovative initiative developed by International Baby Food Action Network Asia (IBFAN Asia) as a system for Tracking, Assessing and Monitoring (TAM) the Global Strategy for IYCF. He expressed his enthusiasm regarding NIPCCD's collaboration with BPNI in carrying out the WBTi Assessment for the year 2011-12. He again extended a warm welcome to all present reiterating that useful suggestions would emerge at the end of the meeting which would prove to be fruitful to finalise the Assessment Report before it is sent to IBFAN Asia.

4. Dr. Arun Gupta, Regional Coordinator, IBFAN Asia in his introduction to WBTi gave a brief history of the WBTi tool based on the WHO tool to assess the breastfeeding environment in the country. He said that the tool was first introduced in South Asia and later it was adopted in rest of the world. The main aim behind the tool was not only for assessment but also for advocacy at policy and planning level to bring change.

5. Dr. J.P. Dadhich, National Coordinator, BPNI in his presentation on Current Breast Feeding Trends in India shared a comparative scenario on IYCF practices using NFHS and DLHS data which aptly helped to set the right atmosphere for WBTi: India Assessment 2012. His presentation on the progress made by the districts as depicted graphically was appreciated by the house.

6. Dr. N.B Mathur (HOD, Paediatrics), Maulana Azad Medical College & LNJP Hospital raised an important point saying that data of NFHS 3 should not be used again for 2012 analysis of breastfeeding indicators as it was earlier used in 2008 assessment. Dr Arun Gupta said that in the assessment the latest National level data has to be considered that is available.

7. Dr Rita Patnaik, Deputy Director (Nutrition) made the presentation on Assessment of WBTi (2011-12). Two presentations were made simultaneously, one on the scoring pattern and other informing the audience about the basis of scoring and the factors behind the achievements. The participants were explained about the reasons behind the scoring with facts. All the 15

indicators were specified and qualitative and quantitative aspects were explained. Dr. Arun Gupta helped in channelising the discussion by asking the audience feedback on the scoring.

The main points that emerged during the discussion are as follows:

- Dr Arun Gupta informed about the BFHI Plus Strategy which is being proposed at present in some countries, but in India no progress has been made in this regard. Dr Neelam Bhatia, Joint Director NIPCCD also said that we need to revive this concept as guidelines are available. She underscored a strong need for its implementation.
- Regarding IMS Act the group felt that there is a strong need to increase awareness about the Act in the community. Dr Mira Shiva said that even doctors are not aware of the IMS Act and companies like Nestle keep flowing resources to promote their products. Dr Aneja (HOD (Paed.), LHMC) gave the example of the Nestle 1000 days event that was organized in Delhi and that the event was prominently covered by the media and she said that such events need to be monitored. Dr. Anita Gupta, CMO, Department of Community Medicine, UCMS & GTB Hospital said that doctors are being made aware about the act these days.
- Talking about Maternity benefits and current laws Ms Vandana Prasad (Child Rights activist) said that there is a need to educate women about the law especially in the informal sector. Dr Mira shared that women are getting employed in big companies but they do not get Maternity benefits.
- Regarding training aspect Dr Aneja said that training is provided at different levels but is not adequate. Dr Faridi said that there is a need to define the term training as for this topic it should be counselling based skills training that should be imparted.

Some points for considerations expressed by the group

- Ms Vandana Prasad: Information reaching women in informal sector about maternity benefits is very important and needs consideration.
- Dr Faridi: There is a need to define training and revive the concept of BFHI.
- Dr Aneja: The progress made by the districts should be covered in the report as was evident from Dr. Dadhich's presentation.
- Dr Praveen Kumar: There is a strong need for checking the quality of trainings at all levels.
- Dr Anita Gupta: Stressed on reviving BFHI.
- Dr Mathur: Evaluation of WBTi Report to be done stringently.
- Dr Meera Shiva: Need to revive BFHI and need to create awareness among women regarding maternity entitlements.

Dr Arun Gupta thanked the participants for their valuable inputs. He said that the report was drafted with the best possible knowledge available with BPNI and NIPCCD. But seeing keen interest of the group and after commendable deliberations, he said that new things could be drawn from the report. So, after making the necessary changes, the document would be circulated to the group for comments and feedback. The meeting ended with a vote of thanks to the chair.

List of Participants

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Example of criteria for mother-friendly care[21]

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

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

A health facility that provides delivery services should have:

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

[21] Adapted with permission from the Mother-Friendly™ Childbirth Initiative of the CIMS (Coalition for Improving Maternity Services) and from the ten priorities for perinatal care developed during a meeting of the Task Force on Monitoring and Evaluation of Perinatal Care (Bologna, Italy, 2000) organised by the Child Health and Development Unit of the WHOs Regional Office for Europe. More information on this Initiative and references for the scientific evidence for these recommendations can be found on *www.motherfriendly.org* and in *Birth*, 2001, 28(2):79–83) and *Birth*, 2001, 28(3):202–207).


MEETING TO
FINALIZE DRAFT REPORT
OF ASSESSMENT OF
WBTI
- 6 Sept. 2012 -

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