

20 years of BPNI



1991-2011



*An overview of
BPNI's
accomplishments*

BPNI Team



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An overview of BPNI's accomplishments

**ANALYTICAL REPORT OF EFFECTIVENESS AND IMPACT CREATED
BY BPNI ON POLICIES & PROGRAMMES OF BREASTFEEDING AND
INFANT AND YOUNG CHILD FEEDING PRACTICES IN INDIA**

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Finally, we take this opportunity to thank our families for their unconditional support rendered throughout our work as breastfeeding advocates.

BPNI over the years.....

To start with.....

In 1979 our daughter was born. My wife and I, being doctors and strong supporters of breastfeeding, decided that she should be breastfed exclusively for the first *few* months but we failed in a few days, there being no support available from the family or the health care system. The prevailing bottle-feeding culture was too strong. The little girl had to give up breastfeeding by 5-6 months. The story was repeated in 1981 when our son was born.

At that point of time we started looking for information on how one could succeed in breastfeeding but failed to find anything. We found ourselves in a position where women were only exhorted to follow optimal guidelines for breastfeeding but not supported to do so; so they often failed in their efforts to provide their babies with the best food. Years passed by, more and more women adopted bottle-feeding culture as a modern practice.

According to a simple research conducted by us in 1983-84, in Jalandhar town where we lived and practised, bottle-feeding was an accepted norm of feeding newborn babies and young infants in all the 17 maternity hospitals. We attempted to bring changes in the existing hospital practices through a campaign that included personal advocacy with the doctors and putting up posters in the maternity facilities; however, nothing seemed to work.

Commercial influence of infant formula industry on health care professionals was more than visible. The companies continued to benefit the health care system with 'free supplies' of infant formula as well as 'sponsorships' of their academic meetings. This had a visible impact on the attitude of doctors who were generally un-supportive to breastfeeding or would tend to ignore it because of their own lack of proper information. Bottle-feeding was not considered a health hazard. Their knowledge about 'breastfeeding or lactation management' (a term that came to the scene later) was as limited as ours. They strongly believed that exclusive breastfeeding was impossible to practice and the need of supplementary milk feeds during early days of child's life was justified and so infant formula came handy. Doctors believed they knew enough on breastfeeding, posed as a barrier.

At this point I got in touch with other like minded people, particularly Dr. Raj Anand from Mumbai, who had been spearheading consumer and breastfeeding issues. I invited him to Jalandhar during height of terrorist violence in Punjab to speak on how the baby food industry interfered with the feeding of babies. He came and spoke fearlessly to the surprise of audience. In the same year we also got involved in the advocacy work of the Voluntary Health Association of India (VHAI) for the enactment of a law to regulate marketing practices of baby foods companies.

Exploring how to intervene to bring about change in hospital practices and how to counsel mothers effectively became our objective in 1986. Fortunately, in 1989, I got linked to the

International Baby Food Action Network (IBFAN) and took part in its 10th year Forum in Manila where I met the stalwarts working on infant feeding issues. I got an opportunity to be being trained in 'breastfeeding and human lactation management'. I decided to take up the 5-day training and learn the skill. This was in spite of being ridiculed by friends and seniors. Next year, in 1990, my wife went for this training. The training gave us the light of hope, the knowledge and the skill we were missing. In the same year we decided to move to Delhi in a bid to take on the issue of breastfeeding along with other like minded friends. Little did we know what was in store for us, but we took the risk of giving up our 30-bed hospital in Jalandhar and start afresh in Delhi.

Birth of BPNI

In 1991 ACASH, IAP, and FOGSI organized the "Super- Trainer Workshop on Recent Advances in Human Lactation and Breastfeeding Management" at Wardha and I got invited. On the last day of training, December 3rd 1991, one of the crucial recommendation that emerged was to have an organized front for advocacy on breastfeeding. The participants even gave it a name. Thus Breastfeeding Promotion Network of India (BPNI) was born.

On 27 March 1992, Dr. R.K. Anand, Dr. N.B. Kumta, Dr. Tarsem Jindal and myself, met over an informal dinner at my place in Delhi. We decided to pool in some money and gave BPNI a go. Dr Anand asked me a question, "Would you be able to manage?". I could only answer "Yes", though I had not yet fully understood what challenges were ahead of me at that time.

Journey begins...

Thereafter, BPNI started functioning in full strength as a volunteer force of zonal coordinators who were trained together and sat together to set up BPNI. We began imparting training to our fellow colleagues and students of institutions we worked in. Formal activities started happening in the very next year like organizing World Breastfeeding Week (WBW) in India. It was here that BPNI got linked to a new global organization, the World Alliance for Breastfeeding Action (WABA) and they asked us to act as focal point of South Asia. Lobbying for a legislation to regulate marketing practices of baby food companies was a major work as a continuum of what we had been doing before. In 1992, first victory came when a battle in a bigger war was won as the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 (IMS Act)* was enacted. Over the years BPNI started playing an increasing role in policy analysis and development as well as monitoring the IMS Act and strengthening its position with the government. Many other areas of action evolved as we worked on broadening our agenda. BPNI was notified in the Gazette of India and was assigned a role to monitor the compliance of the Act along with ACASH and two more semi government organizations. While ACASH filed complaints against violations in Mumbai, BPNI filed one in Delhi on behalf of ACASH in 1994.

The major role of BPNI was being defined as a special advocate for sound infant feeding policies. We went to government offices to do advocacy, only to be shown the door. However, even as BPNI added new issues to its agenda, and the focus broadened to include issues like

child health, survival, nutrition and development, our advocacy was having its impact. In 1993 the first National Family Health Survey included an indicator on exclusive breastfeeding. Apart from having the IMS Act, over these years several milestones were achieved. In the year 2000 an additional legislative protection was granted to breastfeeding through the *Cable TV Networks Amendment Act* that banned any advertisement of the infant milk substitutes, infant foods and feeding bottles in the Cable TV network services.

BPNI entered the international arena as a member of the IBFAN movement; it had a role to stimulate action in the South Asian region. In 1996 BPNI was awarded to be - "Strong Regional Advocate" at the WABA Global Forum in Bangkok. In 1997, I was elected to represent South Asia in the International Baby Food Action Network (IBFAN). In 1998, the IBFAN network received the Right Livelihood Award, popularly known as the Alternative Nobel Prize. This was very encouraging for all of us to keep our energies high.

Year after year BPNI has led the initiative in the country to launch action during the World Breastfeeding Week (WBW) and followed it up. In this area, it is significant to mention the ever-increasing involvement of Rotary clubs in India for World Breastfeeding Week action. In 2007, BPNI setup the World Breastfeeding Week theme of "Begin Breastfeeding within an hour and save One Million Babies". Again, we will be the movers of the theme and action during World Breastfeeding Week in 2012, *Understanding the Past - Planning the Future: Celebrating 10 years of WHO/UNICEF's Global Strategy for Infant and Young Child Feeding*.

While focusing on policy development remained our core work, we did well in eliminating misinformation from the media with a sustained programme since 1998. The strategy that worked included weekly information from a press cuttings bureau, analysis and reaching out to media with correct information.

Monitoring the compliance of the IMS Act has remained one of our core activities. So has the follow up of the court case in Delhi, in which Nestle faces a criminal charge for violation of the IMS Act.

BPNI increased the scope of its work in Asia in 2002, when it became regional coordinating centre for whole of IBFAN Asia. As a strategic action to rejuvenate the existing network, BPNI organized Asia Pacific Conference on Breastfeeding in 2003; the event proved to be extremely successful in stimulating action.

In 2003 we took on the task of strengthening the medical education curriculum in more than 40 medical schools. BPNI by now was working close to several Indian Professional Organisations.

Building new alliances with rights based movements on health and right to food movements led BPNI to become an active member of the Working Group for Children Under- six (A Joint Working Group of the Right to Food Campaign and Jan Swasthya Abhiyan). Today, BPNI is on the steering committee of the Right to Food Campaign, where it has succeeded in incorporating

the food rights of infants and maternity protection rights of mothers to the campaign demands; BPNI is also a member of the National Coordination Committee of the Jan Swasthya Abhiyan a nation-wide People's Health Movement.

BPNI's legitimacy has been growing with the organization of several national and regional meetings. In response to our continuous advocacy, the Government of India launched its *National Guidelines on Infant and Young Child Feeding* in 2004 and then revised it in 2006. BPNI played a major role in widely sharing the Guidelines all over India.

In 2005, we saw a specific threat to breastfeeding from baby food companies as well as the global trade. The government proposed to repeal the existing IMS Act. We were furious and had to act fast, and we did, by calling on the partnerships developed with the civil society and professional organizations. Together with 26 organizations, we submitted a petition to the President, Prime Minister of India and others. Globally people sent letters of support to Prime Minister of India for saving the IMS Act. After spending four months on the road, and meeting several ministers, we succeeded in saving the Act. It was worth it!

One landmark event in 2005 was our involvement in initiating a comprehensive assessment of policy and programmes on breastfeeding and infant and young child feeding throughout South Asia, that led to clarity and understanding of several gaps by several people. The assessment in India provided a basis for development of a national plan of action to enhance the rates of breastfeeding.

BPNI was increasingly recognized for the role being played to protect, promote, and support breastfeeding. BPNI was now being called to support governments in planning their action plans to support breastfeeding mothers. With the 10th five-year Plan of Government of India, BPNI aligned its advocacy efforts to ask for goals to be achieved on early and exclusive breastfeeding for the first six months and succeeded in having breastfeeding indicators included in outcome measurement in the Plan. Throughout the Plan period, we reminded many a government functionaries that there are Goals for the 10th five-year Plan to enhance breastfeeding rates. But nobody took note. Five years passed, 11th Plan discussions began and we took up the initiative to reach the highest level and got the Prime Minister to think and worry about breastfeeding. So we forged/framed a partnership with 15 organizations and a 'Joint Statement on infant and young child feeding' was developed and presented to him. This action led to heightened attention being given to breastfeeding issues in the 11th Plan - breastfeeding was now on agenda and being given a new thrust. Thus, a new scheme to provide conditional cash support to women to help them with exclusive breastfeeding has emerged and is being implemented in 52 districts. The approach paper to 12th Plan now has a clear reference to deal with the issue seriously. One sub group of the 12th Plan discussed how to enhance rates of optimal breastfeeding practices.

BPNI's training programme on capacity building in IYCF counseling is gaining acceptance with many state governments. BPNI has been working on training of health workers in breastfeeding

and lactation management as a priority. BPNI has developed a comprehensive training programme by merging the three courses offered by W.H.O. on breastfeeding, complementary feeding and infant feeding and HIV into one course. The new '3 in 1' Infant and Young Child Feeding Counseling: A training course (An Integrated course on Breastfeeding, Complementary feeding and Infant feeding & HIV- Counseling)' training programme has been launched in several states of India and also in few countries outside. The international community is increasingly recognising the course. It is now in progress of becoming a '4 in 1' training course to include crucial growth monitoring in it.

In 2005, BPNI launched a global programme, the World Breastfeeding Trends Initiative (WBTi), in eight countries of South Asia to initiate local action after having completed policy and programme assessment of infant and young child feeding. In 2009 this was taken to other regions and now 81 countries are involved from all regions of the world. In 2008, we also launched an e-activism global web campaign titled as “One Million Campaign” to support women for safe birth, access to health care and support required for optimal breastfeeding. BPNI has grown into an institution and a network of more than 3600 people. Most of the members are a volunteer force.

Dr. Arun Gupta MD FIAP
Central Coordinator, BPNI

Introduction

BPNI has been involved in carrying out several activities for the past 20 years; may it be advocacy, training or exposing the bad marketing practices of baby food industry. As BPNI is increasingly involved into different areas of work, it becomes important to study its effectiveness to serve as a guide for future work and for others. This is an attempt to document BPNI's effectiveness, which we did earlier in 1997. We are making this effort to analyse and document the impact of our work over all these years.

For the evaluation, we used the framework developed by the New Economic Foundation¹ that helped us to evaluate our efforts earlier. Once again we use it and learn from the past and present experience. BPNI's campaign seems to have met with considerable success at the national and international level. One concrete example of this is that new work that originates in BPNI has now been accepted globally in more than 80 countries and several states of India.

The first part of this analytical report is a year-wise list of various activities and projects. In the second part an attempt has been made to study the effects of BPNI activity and campaigns in India on the policies, programmes, or practices and how it was achieved. In the third part, BPNI presents its challenges for the next decades. The report, "20 years of BPNI" also provides information 'About BPNI', its vision and mission statements that have been developed in 2011 as a part of its strategic planning exercise.

About BPNI

The Breastfeeding Promotion Network of India (BPNI) was founded on 3rd December, 1991 at Wardha, Maharashtra. BPNI is a national network of organizations and individuals dedicated to promote mother and child health through protection, promotion, and support of breastfeeding. BPNI is the Regional Focal Point of South Asia for the World Alliance for Breastfeeding Action (WABA) and International Baby Food Action Network (IBFAN) Asia. BPNI acts on the targets of Innocenti Declarations, Convention on the Rights of the Child (CRC), International Code of Marketing of Breastmilk Substitutes, and the Global Strategy for Infant and Young Child Feeding (WHO 2002). In the context of breastfeeding and infant and young child feeding, BPNI works on several areas, including policy advocacy to educate policy makers, managers, and health workers; training of care providers; capacity building of the states in counseling on breastfeeding and infant and young child feeding; social mobilization especially initiating work on World Breastfeeding Week each year; information sharing and monitoring the compliance of the “*Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and Amendment Act 2003*” (IMS Act).

The Breastfeeding Promotion Network of India (BPNI) that started with four members in 1991 now has more than 3600 members in almost all the states of India; members include doctors, nurses, lawyers, health activists, mothers, and fathers from almost all the states and Union Territories in India.

BPNI has been working in the field of breastfeeding and infant and young child feeding since 1991 and has demonstrated leadership in technical, advocacy, communication and skill training areas. The Central Coordination Committee (CCC) oversees BPNI's work and plans. It has a national secretariat, which is managed on day to day basis by a national and central coordinator along with a team of programme persons and associates. Its credibility is well established with the Government and other agencies.

BPNI has also supported the implementation of the *National Guidelines on Infant and Young Child Feeding* (IYCF) and the IMS Act. BPNI was also notified in the Gazette of India as Child Welfare NGO to initiate action under section 21(1)(c) of the IMS Act.

BPNI has achieved significant successes in partnerships with the GOI especially in the past 5 to 10 years. Major areas of work include: policy analysis and advocacy, action on World Breastfeeding Week (WBW) each year since 1992, development of training programme and training materials, monitoring of the IMS Act.

Vision and the Mission Statements

Optimal breastfeeding and infant and young child feeding is established as a societal norm in all communities, in the best interest of the child and to ensure the best possible start in life for each child as a foundation for fulfillment of every child's right to survival, growth and development. BPNI has maintained its leadership in the breastfeeding support movement across the nation. By the end of 2016, breastfeeding support will be available in all States of India through district

/block level “Infant and Young Child Feeding Counselling Centres” and linked to growth monitoring. BPNI is also seen as a challenging force to counter conflicts of interests in policy and programmes.

BPNI seeks enhanced nutrition, health, and development of infants and young children through programmes designed to increase national and state commitments for lactation management education and skill building of public and health care workers, countering commercial influence of baby food industry, social mobilization to improve optimal infant and young child feeding practices. Working through decentralized capacity development, providing technical support and training and by collaborations and strengthened partnerships with Governments and other concerned agencies to ensure achievement of its objectives.

BPNI believes that breastfeeding is the basic right of every mother and child. BPNI endorses national and international instruments committed to improve infant feeding practices. We follow a clear ethical and funding policy that avoids any conflicts of interest.

BPNI's Policy on receiving funds

As a policy, BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant foods (*cereal foods*) or from those who have been ever found to violate the IMS Act or the International Code of Marketing of Breast-milk Substitutes.

BPNI- Credits and Niche

- BPNI is a special and strong national network for protecting, promoting and supporting optimal infant and young child feeding with global recognition.
- BPNI successfully brings issues of infant nutrition and survival from the grassroot level to policy and planning level at the state and central government in partnership with other public groups without conflicts of interests.
- BPNI is a national NGO with a mandate to work on IMS Act, infant and young child feeding issues combining technical, networking, advocacy, mobilization and training experience.
- BPNI has pioneered in research and documentation in various of infant and young child feeding issues.
- BPNI has worked successfully with all Government ministries, central and state, ministries including WCD/Health/ICDS/NACO/National Disaster Management Authority, health professional bodies and NGOs. BPNI is a member of the National Breastfeeding/Infant and Young Child Feeding Committee.
- BPNI is the member of Prime Ministers' Council on India's Nutrition Challenges through its Central Coordinator.
- BPNI is synonymous with capability, commitment, and credibility.
- BPNI has managed to link infant nutrition with other development issues such as poverty alleviation, gender bias, women's empowerment, environment, peace, agriculture, labor issues, natural resource management, right to food, right to health, sanitation and hygiene. It has also brought together for the first time more than 20 organizations to work and support the same.

- BPNI achieved a land mark through successful integration of breastfeeding, complementary feeding and HIV infant feeding by developing a training programme on *"Infant and Young Child Feeding Counseling- A Training Course, the "3 in 1" course (An integrated course on breastfeeding, complementary feeding and infant feeding & HIV- counselling) . This is further being developed into a "4 in 1" course with the inclusion of growth monitoring module in it.*
- BPNI also acts as IBFAN Asia Regional Coordinating Office and assists countries in the region to build their capacities. Further more , BPNI has now launched a global programme- World Breastfeeding Trends Initiative (WBTi).

SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis

Strengths

- Registered NGO, based at Country Capital-New Delhi
- Nationally and globally recognised for effective networking at regional/national/state level.
- High credibility with government, professional bodies, international agencies and national and international partners.
- Very effective collaboration with national partners for promoting optimal breastfeeding and infant and young child feeding practices.
- Extremely effective training capacity with training experience of diverse groups.
- Excellent national level advocacy and mobilization capability.
- Strong presence and technical capability.
- Officially recognized as one of the guardians of the IMS Act in India, which resulted in reduction of commercial influence on breastfeeding.
- Values and commitment to respond to challenging and dynamic environment.
- Extremely committed cadre of members.
- Highly efficient and skilled national secretariat.
- Member of Prime Minister's Council on India's Nutrition Challenges.
- Unbiased internal monitoring.
- Broadening and diversification of work sphere.
- Use of modern technology for better communication and freedom of work.

Weaknesses

- Inadequate resources to mobilise district or block level action.
- Inadequate human resources for effective follow-up at different levels, including executive capacity at state/ district level.
- Uncertain financial resources.
- Unplanned action, including emergency and daily basis response to various issues, supporting the network all over the world, which is time consuming.
- Secretariat team not large enough to respond to big demands.
- Unclear perception of leadership roles at various levels of the organisations.
- Rented office structure.

Opportunities

- Forthcoming 12th five-year Plan with a strong focus on breastfeeding.
- Upcoming 200 District multisectoral plan of action on Nutrition.
- Restructuring of ICDS
- Increasing evidence for benefits of breastfeeding on adult health and its outcomes in reducing NCDs
- Growing global concern on infant nutrition and inputs for long term prevention of child malnutrition.
- UN Secretary General's Global Strategy for Women's and Children's Health has an output to enhance exclusive breastfeeding for the first six months by 21.9 million by 2015.
- Global networking through World Breastfeeding Trends Initiative (WBTi)

Threats

- Changing resource environment and funding priorities.
- New challenges to infant and young child feeding, like trade practices and pressures using WTO.
- Intensified commercial marketing practices in Asia.
- Increasing Public Private Partnerships (PPPs) without any regulations, controls or management of conflicts of interests.
- Lack of political support for breastfeeding.
- Deregulation of existing legislations protecting breastfeeding.
- New attempts to undermine breastfeeding through corporate driven research.
- Lack of understanding about how breastfeeding rates can be increased
- New thrust of UN and private sector to consume ready to use foods.
- UN and GAVI led emphasis on newer vaccines for child survival.
- Gross neglect of underlying determinants of health in market friendly environments.

Critical Issues and strategies

BPNI has identified several critical issues but and gives priority to the most important ones. These include weak coordinating mechanisms, inadequate information to people, lack of clear policy with action plans, lack of earmarked budgets, continued commercial pressure on health system, inadequate skills of health care providers, weak operational & other research on breastfeeding, and poor maternity protection to unorganized sector.

BPNI would address these critical issues through a focused approach. Strategies used for this would include advocacy at national and state level, creation of decentralized capacity building, strengthening network partnerships through collaborations, challenging PPPs and conflicts of interests, updating training and providing technical support to ICDS/NRHM/RCH, and keeping track of companies behavior and exposing malpractices.

BPNI's Goals

To empower all women to exclusively breastfeed their children for the first six months and continue breastfeeding till two years along with appropriate introduction of complementary foods after the age of six months.

BPNI's Objectives

1. To advocate and support creation of sound policies on breastfeeding and infant & young child feeding both at national and state government level.
2. To assist in analysis of policies, programmes and document progress in 10 areas of action.
3. To assist government and other agencies to mainstream skilled counseling on breastfeeding and IYCF linked to growth monitoring.
4. To initiate social mobilization action during World Breastfeeding Week.
5. To contribute to global agenda on infant and child health.
6. To facilitate research and training in breastfeeding issues and related subjects.
7. To monitor compliance of the IMS Act and report it.

BPNI's Areas of Work

To achieve its objectives, BPNI works in the following areas:

1. Policy analysis, development, advocacy and support.
2. Social mobilization especially for World Breastfeeding Week action every year and for the One Million Campaign.
3. Capacity development for Training in skilled counseling on breastfeeding.
4. Monitoring and implementation of the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003*.
5. Assessment of policies and programmes using the World Breastfeeding Trends Initiative (WBTi) tool.
6. Networking, collaborations and challenging conflicts of interests in public policy.

I. BPNI's activities over the years

This part of the report presents a yearwise summary of activities from 1991 to 2011 and provides information on World Breastfeeding Week, monitoring of the IMS Act, other projects and activities as well as materials developed and disseminated. These activities are indicative of escalating action year after year, reflective of BPNI's accomplishments. (See details in Annexure-1).

Twenty years of breastfeeding movement in India has led to an unprecedented momentum towards recognition of 'breastfeeding interventions' as a core component of infant survival and growth and development.

A fortnightly publication, "Civil Society", issued a 'Special extract'² showing what it takes to be an advocate of breastfeeding and legislative support to protect it. A global publication also commented on BPNI's efforts in saving the IMS Act from being repealed as one of the best conquest so far.³

II. Effectiveness of BPNI Activities

This second part of the report shows how international and national collaborative efforts have contributed to the overall effectiveness of BPNI campaign. The report lists out several success stories and strategies which worked and also the challenges which are ahead of BPNI. Three tables have been included in second part of the report. Table 1: briefly summarizes the success of the effort, Table 2: shows the working of BPNI at different levels, and Table 3: gives a summary of activities at different levels that made this effort successful. We believe that our goals were achieved because of national and international efforts at different levels.

Effect of international advocacy

The baby food campaign has been a long established international campaign with significant direction given by the International Baby Food Action Network (IBFAN) established in 1979 and has expanded over the years into a global network of public interest groups and individuals in 166 countries. IBFAN has led many campaigns since then and has acted on many fronts to ensure full compliance with the *International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly Resolutions*. Latest among the resolutions are: 61.20 of 2008 and 63.23 of 2010 that provide an important tool for worldwide policy advocacy.

BPNI has been active not only in India but also in South Asia (1997-2002), some other regions of Asia were added in (2002-2011), and since 2009, BPNI has taken up global programmes like World Breastfeeding Trends Initiative (WBTi) and One Million Campaign. BPNI was chosen to serve as the South Asia coordinating office for IBFAN in 1997. And further since 2002, BPNI acts as a host office to IBFAN Asia Pacific coordinating action in more than 42 countries. In 2007, IBFAN Oceania became an independent regional office and IBFAN Asia now coordinates action in 25 countries. The World Alliance for Breastfeeding Action (WABA) founded in 1992, spearheaded campaigning and social mobilization all around the world through one of its major tools, the World Breastfeeding Week (WBW) celebrated each year from 1 August -7 August. BPNI has been on the forefront of coordinating a massive movement in the country during the WBW from the last 20 years, where every sector now participates and in this activity. WABA chose BPNI to be its South Asia regional focal point and it continues since 1997.

Effect of national advocacy

BPNI supports and works in close liaison with national programmes of the Ministry of Health and Family Welfare (MOHFW) and the Ministry of Women and Child Development, (MoWCD) of Government of India and State governments. Among many of its partners, 16 organizations⁴ have played a key role in effecting change by issuing a Joint Statement in 2006, to the Prime Minister of India to focus on breastfeeding and infant survival; the Prime Minister gave us a hearing, which later resulted in getting a scheme for women to receive some wage compensation.

With tremendous pressures from various groups in India, and under the influence of global

⁴ Indian Academy of Pediatrics (IAP), Federation of Obstetric and Gynaecological Societies of India (FOGSI), Breastfeeding Promotion Network of India (BPNI), The Christian Medical Association of India (CMAI)-CMAI is a national Centre for Women's Development Studies (CWDS), Indian Medical Association (IMA), Indian Association of Preventive and Social Medicine (IAPSM), Jan Swasthya Abhiyan, Indian Public Health Association (IPHA), Association for Consumer's Action on Safety and Health (ACASH), Navdanya, National Neonatology Forum (NNF), Trained Nurses Association of India (TNAI), All India Drug Action Network (AIDAN), Samyak Foundation, Right to Food Campaign

advocacy, work on the control of marketing of breastmilk substitutes progressed fairly quickly. The Parliament of India enacted the *"Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992"* (The IMS Act). The Act and its Rules came into force from 1st August 1993. As companies continued to violate the provisions of the Act, it was amended in 2003 to strengthen it and complementary foods and in fact all foods meant to be consumed for children below two years of age were included within its scope.

Since 1995, when BPNI was gazetted⁵ to be the official monitoring agency under the IMS Act; some of our efforts, including legal action against some companies, has made considerable progress in making it work, to an extent that advertising giants like 'Lintas', global giants like 'Johnson and Johnson', national shopping corporates like 'Shoppers Stop', and pharmaceutical companies like 'Wockhardt' had tendered a written apology in the Courts of Mumbai to escape a criminal trial for an alleged criminal offence. Nestle still continues to face a criminal trial in Delhi. The giant baby food manufacturer filed a Writ Petition in the High Court to challenge the constitutional validity of the IMS Act and the complaint. Both cases are pending orders. Advocacy with the Indian Academy of Pediatrics led to a general body resolution, that IAP shall not receive money from industry related to infant formula/infant foods. Indian Medical Association (IMA) also asked all its branches not to accept funds from infant formula industry. However, baby food companies continued to support select groups of pediatricians, community workers and even homeopaths. In fact, now they are focussing on sponsoring doctors meetings using their newly set-up front organizations. Government of India has recently sent out a guideline to implement the IMS Act in letter and spirit to all states and all professional bodies.

In 1993, creating Baby Friendly Hospitals' which was one of the initial themes of WBW, BPNI trained a large number of health workers who, in collaboration with UNICEF, GOI and others besides becoming involved in the Baby Friendly Hospital Initiative (BFHI) and WBW activities, today are strong advocates of breastfeeding in their area of influence.

BPNI's Successes

Table 1 briefly summarizes the success of the BPNI effort.

How did we achieve this success?

The factors that contribute to the success and change are many including collaborations, legitimacy, individuals, mobilization, and specific focus, the role of government, the international context, and ability to challenge commercial forces. Striving to make the issue recognised at highest political level is another effective strategy, which is arduous and requires a lot of efforts.

It is not a single event that has brought about changes but a continuous movement and cumulative result of BPNI and its partners work over the years. Our campaign work does not have a very clearly defined beginning or an end, but from the stages of setting the agenda, needs, lessons, and observations have led to the emergence of newances and progress of are activities.

⁵ Gazeetted NGO under section 21(1) C of the "Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, as Amended in 2003" (The IMS Act)

Table 1: BPNI's Success Stories

| Level or area | Effect of work in India |
|--|--|
| International Foray | <ul style="list-style-type: none"> Regular inputs into international agenda contributed to several effective World Health Assembly resolutions and latest among them are 61.20 and 63.23; the ILO recommendations (2000), new definition of exclusive breastfeeding in 2001, the Global Strategy for Infant and Young Child Feeding (2002); UN Secretary General's Global Strategy for Women's and Children's Health which aims to enhance the number of exclusively breastfed infants to 21.9 million by 2015. |
| Grassroots | <ul style="list-style-type: none"> In India, data on initiation of breastfeeding, exclusive breastfeeding and complementary feeding indicators available. Changes over a period are also available: (NFHS: 1 and NFHS:2 and NFHS-3 and DLHS 3 in 2008). |
| Infant formula Industry | <ul style="list-style-type: none"> BPNI and ACASH are notified in the Gazette under the IMS Act to initiate legal action against violators. Ban on the promotion of any baby food for first 2 years, infant formulas, infant foods and feeding bottles. Complaint against one major company pending in court, many others have apologized, withdrawn their promotion or products, several others served legal notices. Vigilant and active breastfeeding advocates report violations of the IMS Act. Conflict of interests are being exposed in partnerships. Government of India recently sent letters to all professional associations and state governments to implement the IMS Act effectively. |
| Health and nutrition workers, medical nursing colleges | <ul style="list-style-type: none"> Increased awareness, syllabus of ANMs, AWWs and ASHA health workers to stress the importance and technique of breastfeeding. Training of health workers /professionals going on though small numbers. Pre-service education going on in many institutions and also strengthening of IMNCI programme to include breastfeeding adequately. |
| Professional bodies | <ul style="list-style-type: none"> Indian Academy of Pediatrics (IAP) would not accept any funds from formula industry, IAP passed a resolution at the AGM, 1997. Indian Medical Association (IMA) declared that they do not accept any funds from formula industry in 1995 and circulated the decision to all branches. Journal of Indian Medical Association (JIMA) took out a special issue on breastfeeding. FOGSI set up a committee and took out special issue on breastfeeding after declaring 1999 as the year for Breastfeeding. TNAI takes active part in national programmes including BFHI and also in implementing the IMS Act (e.g.: recent letter by Government of India published in their Journal.) IAPSM and IAP endorse BPNI's '3 in 1' Infant and Young Child feeding Counseling A training programme, (Integrated breastfeeding, complementary feeding and infant feeding & HIV counseling). All partners participate in national and regional consultation on breastfeeding, nutrition and survival. |
| Government | <ul style="list-style-type: none"> Ministry of Women and Child Development brings the IMS Act, enacted in 1992, comes into force in 1993, amended in 2003. Data about breastfeeding statistics included in demographic surveys, NFHS 1, 2 and 3 (1992, 1999, 2005) and DLHS 3 (2008). Government of India in 2010 launched a National scheme to support women for their nutrition and practice breastfeeding in 52 districts (IGMSY scheme) Prime Ministers' Council on India's Nutrition Challenges in its meeting stressed on breastfeeding as a key component of Child Health and Nutrition. MOH/NRHM has developed indicators for monitoring initiation of breastfeeding within one hour, exclusive breastfeeding (0-6 months), complementary feeding after six months and continued breastfeeding upto 2 years or beyond. Training of health professionals in breastfeeding counseling to support BFHI get recognition. Research into breastfeeding behaviors is getting on the agenda. |

| Level or area | Effect of work in India |
|--|--|
| | <ul style="list-style-type: none"> State governments are using breastfeeding indicators and bringing focus on programmes. National Advisory Council of the Government of India is in process of drafting a Bill of Food Security that talks about infant and young child feeding as a component of 'food'. |
| NGO groups, Peoples Health Movement (Jan Swasthya Abhiyan) Right to Food campaign. | <ul style="list-style-type: none"> Collaboration with these groups leads to Breastfeeding and Complementary feeding on their agenda. Maternity entitlements are an important area for policy reform. Working with public service groups like Rotary Clubs on World Breastfeeding Week celebration. Collaboration with Right to Food Campaign leads to inclusion of infants in food security debate. Joint statement on 'Food Security of Infants' signed and shared. Partners join hands to assess infant and young child feeding policy and programmes and jointly advocate for change. |
| Consumer groups | <ul style="list-style-type: none"> Trained consumer groups on IMS Act and vigilant groups available throughout India. Collaboration and liaison with consumer groups on the issue. |
| Politicians and policy makers, national commissions | <ul style="list-style-type: none"> Sensitized key MPs, MLAs and key policy makers, members of Human Rights Commission and National Commission for Protection of Child Rights. High level advocacy with ministers and PMO, Planning commission is on. |

We also introduced logical framework analysis approach in 2003, and since then it has tremendously improved our internal monitoring and evaluation capacity. Donor reporting is another important work.

Following are a few examples of how success was achieved and how functioning at various levels worked:

Working at different levels

We envisaged that to be successful work has to be done at different levels. We targeted groups such as UN bodies, governments, public, health workers, and community workers. We worked in campaign mode, which started with a narrow focus on protecting breastfeeding from aggressive marketing of baby food companies, and found our mission broadening to promoting better nutrition and child health. The levels that have proved most helpful in achieving the results are listed in Table 2.

Effective campaign strategies

BPNI's campaign seeks to bring about changes in national policy. It has grown from people's personal commitment, experience and opportunities. It started with a few committed persons, who have made the difference. Individual motivation has been the driving force and the campaign has relied much on the voluntary efforts. After the year 1999, we have grown by strengthening the capacity of the office and its role, which has enhanced to coordinate the whole of Asia. When the National Coordinator turned full time into breastfeeding advocate by leaving his clinical practice, a turning point was reached, with a positive impact on BPNI's capacity and capabilities. Such contributions help in intensifying the aims of BPNI. The increased number of BPNI trainers contributed to advocacy and creating an environment

Table 2: Arena of work and what is helpful

| Level | Whom to work with | What is helpful |
|------------------------------------|---|---|
| International | <ul style="list-style-type: none"> • IBFAN and WABA • Other International Groups like conflicts of interests • United Nations • World Health Organization • UNICEF • Governments • Bilateral • Donors | <ul style="list-style-type: none"> • The existence of International code and WHA resolutions, Global Strategy for Infant and Young Child Feeding • Lancet series on maternal and child undernutrition, child survival, and newborn survival • Active international campaign • Other national legislations • Independent monitoring of compliance with the Code • Exposure of conflicts of interests • UN Secretary General's Global Strategy for Women's and Children's Health's clear reference to enhance exclusive breastfeeding for the first six months |
| National/States | <ul style="list-style-type: none"> • National and State Govt. • People's groups • National NGOs • Media | <ul style="list-style-type: none"> • Legislation • Aware public • Aware NGOs • Independent monitoring and evaluation • Media advisory • Report cards on gaps in policy and practice • Opinion of groups |
| Grassroots/community/civil society | <ul style="list-style-type: none"> • Communities • Families • Individuals • Grassroots NGOs • Peoples health groups • Media | <ul style="list-style-type: none"> • Aware policy makers • Active individuals • Aware programme managers • Public opinion • New research findings |

favorable to breastfeeding. Lateral impact of health workers who were trained also helped a lot.

Gaining Legitimacy

BPNI spent time and energy to establish its legitimacy and also contest industries claims. It was found to be the essential component of BPNI's initial work and its success. To mobilize resources, legitimacy has been an important factor. One major activity that contributed in establishing our legitimacy was documentation of the Infant and Young Child Feeding practices in 49 districts (98 blocks) of India in 2003-04. This served as a major advocacy tool. Similarly, the development of '3 in 1' training course provided increased BPNI's legitimacy not just as advocates of breastfeeding, but also having the capacity to train health workers to become effective counselors. Having breastfeeding highlighted in the Lancet series on child survival, neonatal survival and now on maternal and child under nutrition was a major global work that immensely contributed in not just placing IYCF on top of the list of priorities, but also to BPNI's growing legitimacy. BPNI also contributed articles to national and international journals. Further, legitimacy was granted when BPNI was invited to become a member of the National Breastfeeding Committee and its Central Coordinator was invited to be one of the five non-government members of the Prime Ministers' Council on India's Nutrition Challenges.

Collaboration

For effective work, we observed that collaborations (both formal and informal) are an essential strategy to move forward. However, when more people and organisations are involved the

cooperation becomes a bit complex but, it is challenging to maintain the pressures of the campaign in which BPNI has been involved. This strategy has been particularly effective in setting a national agenda on fighting for justice for children's right to food and health, especially to create resistance to the primacy being given to business interests rather than for benefit of public under the growing banner of Public Private Partnerships (PPPs). Sincere collaborations can make a difference, and as it did in the area of Infant and Young Child Feeding and Nutrition. BPNI in collaboration with 26 organizations led the campaign to stop the repealing IMS Act and succeeded in it. Similarly, BPNI also led the campaign against the Global Alliance for Improved Nutrition (GAIN) who were about to capture national coordination of infant and young child feeding and nutrition issues. BPNI along with 19 organisations successfully thwarted this effort. Effective partnership with all public interest groups led us to reach the Prime Minister and getting the issues of support to women on breastfeeding recognised.

Individuals and mobilization of people

The commitment of the founders of BPNI and their passion has been key to mobilization of people. At an individual level, these founders have succeeded in passing on the passion for breastfeeding and infant feeding to other individuals which is reflected in the growing membership. Also, they have taken up challenges and have added their voice and strength to BPNI. At the organizational level, BPNI has been able to motivate other organisations and movements, including rights based movements, to include infant and young child feeding in their list of priorities, through advocacy and dissemination of latest scientific information. Continuing advocacy and strategic planning, especially by the founder members, has helped BPNI mobilize policy makers, especially bureaucrats and members of the legislature, to take up the issue of breastfeeding as a vital priority and do something commendable for making it happen.

Role of governments and parliamentarians

The Government of India played a significant role in setting agenda with the National Plan of Action and National Nutrition Policy. The IMS Act came into force in 1993 with the strong efforts of key individuals in the Parliament and the central and state governments. The Cable TV Networks Regulations Act was amended in September 2000 which proved to be a historical moment for the Government to ban advertisements of infant foods on the cable TV service. The government has also been involved in positioning breastfeeding in its national guidelines on Infant and Young Child Feeding, National Rural Health Mission and other programmes related to children and women. Young MPs have provided their support to the child malnutrition issues and breastfeeding in particular. Challenges however remain, as, the policy makers do not fully understand how to enhance breastfeeding rates.

Narrow focus to begin which broadened on the move

BPNI started with a narrow focus to monitor the compliance of International Code and later the IMS Act and benefits of breastfeeding. About two decades back, it was essential to set an agenda for the public as well as the policy makers. It was not easy to move forward without a focused agenda. This has been a significant contribution to BPNI's work. Later, the work got broadened into areas of malnutrition, child and women health.

International context

For making the campaign advance, collaboration with the international groups of IBFAN was very crucial. Especially groups in the UK, Switzerland and Malaysia did very useful work to put the issue on agenda. It helped in our advocacy work and brought the Code into practice as the IMS Act. The groups used the International Code, the WHA resolutions, the Global Strategy for Infant and Young Child Feeding, Innocenti Declaration (1995 and 2005), CRC and other instruments very intelligently. To continue to work with WABA is an important element internationally that would help in setting the context on related issues and more importantly on the World Breastfeeding Week. Their role continues to be significant even now and will continue to be critical for any national work. The follow on to the UN Secretary General's Global Strategy for Women's and Children's Health, recent World Health Assembly resolutions, and entering into new partnerships such as International Maternal and Child Health Institute (IMCH) Sweden has proved to be significant.

Table 3: Summary of activities at different levels and Real Change

| Target Group | Getting Issue on Agenda | Intervention / Actions | | | Real Change |
|----------------|---|---|---|--|---|
| Mothers | Benefits of breastfeeding and dangers of formula feeding and bottle-feeding, adult health, IQ, obesity, benefits for preventing NCDs. | Media support | Government of India programmes like NRHM, RCH, ICDS | BPNI and other campaigns of other partners | At least there is a check on DECLINE. Results are available from the 3 NFHS studies 1992, 1999 and 2006 showing slow increase in early and exclusive breastfeeding. DLHS 3 2008 shows mild increase in initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months. Complementary feeding rates have not shown much change. |
| Health workers | Awareness, poor skills, unsupportive system, needed support at birth, data does not show much change | Targeted for training in-service and pre-service, | Training being conducted on a regular basis by BPNI, directives by Government of India, some state governments are taking on. | Advocacy to GOI, State governments, concerned agencies Advocacy with Medical Council of India Working with team of medical teachers Training of trainers Updating training materials | Many health workers trained and made aware of the issue. Training is becoming a regular feature at many medical schools and is led by medical college Gorakhpur in UP and GTB UCMS in Delhi. Sensitized faculty of 40 medical schools are teaching a basic module on infant and young child feeding integrated in UG teaching curriculum. Breastfeeding Counseling included in undergraduate medical curriculum at MCI level also. Government of India has issued new directions to state governments and health professionals. |

UG: Undergraduate
MCI: Medical Council of India
IAP: Indian Academy of Pediatrics
IMA: Indian Medical Association
FOGSI: Federation of Obstetrics and Gynecological Societies of India

Table 3: Summary of activities at different levels and Real Change (cont)

| Target Group | Getting Issue on Agenda | Intervention / Actions | | | Real Change |
|---|--|---|---|---|---|
| Health professional bodies | The IMS Act, Curriculum needs, Commercial influence, Need for training in skills. | Sensitization, orientation, advocacy meetings by IAP and IMA and other partners | The IMS Act, its Amendments and Media briefing | Analysis of Curriculum, advocacy by BPNI/ACASH/ other partners | IAP and IMA refusing industry money. FOGSI brought out special issue on BF, JIMA bringing out special issue on BF, TNAI uses its journal for WBW promotion and other news, IAP and IAPSM endorse BPNI training, IAP published editorial to save IMS Act in 2005, and many such actions. |
| Infant food and breastmilk substitutes industry | Violating the IMS Act | Media/Public action | Monitoring the compliance by BPNI and ACASH Reporting to Government of India Publication of reports | Legal actions by ACASH and BPNI GOI Circulars/letters | Decreased violations, Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, Amendment Act 2003, under threat of repeal but saved; Nestle faces a criminal trail for alleged violation. |
| Employers: Government and Private | Debate for increasing the maternity leave in the interest of women's health and child survival | Maternity Benefit Act India, ILO convention, Government of India notifications, new schemes | Debate going on International campaign Advocacy with planning commission, Linkages with Right to Food movements | Mother friendly workplace initiatives Lobbying for cash benefits to poor women | Government of India provides six months maternity leave for its central government employees. Government of India provides a cash assistance to all women in 52 districts Some industries provide maternity leave and crèches lacks universal reach. |
| Planning commission, PMO Government of India | Discussions on gaps in 10th Five year plan, stated goals, and opportunity for action in 11th plan. | Meetings and presentations on role of breastfeeding in child survival and development | Preparing a budget for action on breastfeeding and advocate for line item in the budget. | Maternity entitlements needed a budgetary provision for poor women | 11th five year plan led the way for maternity benefits PMO, finance and Planning commission are also thinking of a key provision for promotion of breastfeeding and skill building training of workers 12th Plan approach paper commits to lay strong emphasis on breastfeeding |
| Ministry of Health | BFHI, High IMR CRC Int. Code and WHA resolutions | Advocacy with NRHM officers | Effort to make more BFHI hospitals, provide breastfeeding counseling and support | RCH project covering breastfeeding & complementary feeding | Launched BFHI in 1993 Syllabus review for ANMs, MOH involved much more in promotion of BFHI and campaign. |

JIMA: Journal of Indian Medical Association
 Indian Association of Preventive and Social Medicine
 ANM: Auxiliary Nurse Midwife, a grassroots level worker in MOH
 CRC: Convention on the Rights of Child

Table 3: Summary of activities at different levels and Real Change (cont)

| Target Group | Getting Issue on Agenda | Intervention / Actions | | | Real Change |
|---|---|---|---|--|---|
| | | | | | ASHA the new female worker at village level is asked to counsel on breastfeeding. Module on HNBC has breastfeeding issues Letters sent to state governments and professional bodies to effectively implement the IMS Act. |
| Ministry of Women and Child Development | CRC, National plan of action for Children and pledge to reduce malnutrition | CRC Advocacy with GOI | WCD focus on AWWs training and revision, new 2nd worker to work on Under 3. | IMS Act Advocacy for setting up NBC | Breastfeeding component strengthened, National Breastfeeding Committee meets to set up future agenda, CRC reports focus on malnutrition in children under two years, IMS Act empowers citizen groups to initiate legal actions, WBW a routine in all government sectors, new campaigns being launched |
| Ministry of Information and Broadcasting | Illegal and Unethical promotion of infant foods by the industry | | Child Nutrition and Media a workshop for sensitization of media | Political advocacy | I&B pass a Cable TV Networks Regulation prohibiting advertisements of infant milk substitutes, infant foods and feeding bottles. |
| Peoples groups on right to food and health, Working Group for Children Under- six (A Joint Working Group of the Right to Food Campaign and Jan Swasthya Abhiyan) NACO | Awareness, working jointly to call for action or protest | Targeted on WBW | Mobilization of community groups | Writing on nutrition issues for Economic and Political Weekly (EPW) | Public and community groups involved in promotion of breastfeeding e.g. having Joint Statement on Infant and Young Child Feeding, protesting to ouster GAIN. EPW publishes important articles. Creating a paper on Strategies for children Under Six on request of Planning commission A new alliance against conflicts of interests (AACI) has emerged. Rotary clubs and local groups in BPNI network. |
| Academics and researchers in India | Need for a change in breastfeeding practices | Research commissioned on practices and strategy of BFHI | | BF statistics added to demographic surveys of 1992, 1999, & 2005, 2008 | Research highlights the areas to strengthen future work. |

GOI: Govt. of India

AWW: Anganwadi Worker, a grassroots worker in ICDS, Ministry of Women and Child.

WBW: World Breastfeeding Week

BFHI: Baby Friendly Hospital Initiative

III. Challenges ahead

In this part we examine lessons learnt over the years, as well as take a look at the future challenges. With its impressive gains made at policy level, BPNI marches ahead with many challenges. The real change or long term goal of BPNI is to achieve increased rates of exclusive breastfeeding and timely complementary feeding at the community level. To bring about this change only advocacy is not enough, many factors would come into play.

Lessons learnt

Some of the key lessons that emerge from BPNI's campaign are:

- Effective change requires long-term campaigns and results at different levels.
- Collaboration with all groups who are concerned with child health and development, working groups on right to health or right to food, peoples health movement, professional bodies etc. is essential to achieve desired results and to bring changes in policy and programme focus.
- Individuals have a key role to play and provide leadership.
- While campaigns are essential, additional inputs are required to achieve results at grassroots level for e.g. government programme focus as well other groups that work at grassroots level.
- Even though campaigns start with a narrow focus, there is a need to broaden the focus at a later stage to achieve real changes at grassroots level.
- People do understand about conflicts of interests in the policy making only if this issue is highlighted. It is a major problem and needs to be tackled on a war footing through firm as well as bold stands/positions or legislation.
- It is critical to stand up for children and right actions.

Challenges

Public Private Partnerships

Public Private Partnerships, PPP is a common buzz word, promoted by the UN, governments and other agencies without any regulations on these or any systems to manage conflicts of interests. These are of major concern. The organisations having interest in market solutions to child health and malnutrition are flourishing. In such an environment what is left out or put on the back seat are interventions like enhancing breastfeeding, more structural support to women or skill based health care programmes. Focus on local or natural foods is being replaced by packaged ones. Food and drink companies are entering the business of child malnutrition and also supporting global organisations which come in the disguise of NGOs internationally. Corporate houses involved in food business are making inroads into 'school education'. Baby food companies are making all efforts to sponsor doctors through their front organizations or as educational institutes of nutrition. The real challenge is not only to expose the links but to get a piece of legislation to identify, prevent and manage conflicts of interest.

The another way to look at, is the collaborations, how they work and what threatens such fusions, where there is need to change or broaden the focus etc. Efficacy of collaborative efforts could be seen in one of the most recent campaigns⁶ against PPPs.

⁶ See the Food Issue: Frontline, a Hindu group publication May 9, 2008
<http://www.frontlineonnet.com/fl2509/stories/20080509250912700.htm>

Research and documentation

There is a special need of continuous research on infant feeding practices and interventions for behaviour change behavior. It is also a priority to ensure that this research is free from commercial influence of food and drug corporations. For BPNI, this poses a special challenge developing a research unit within the organisation that would promote basic research, qualitative and operational research to model needed interventions. International agencies are laying more focus on treatment-based interventions, which are of course needed but which push the cost effective evidence based interventions out of agenda.

Political and programme understanding

An important challenge is the perception that “India is a breastfeeding country”, that breastfeeding is something that comes naturally to women and nothing special needs to be done for it, and further a belief among many policy makers or doctors that they know about it all. These perceptions have serious impacts and implications, especially for creating budgets, recognising the need for providing health workers with counselling skills, etc. Financial implications for enhancing rates of exclusive breastfeeding and adequate complementary feeding as well maternity protection are not studied or calculated. Therefore, breastfeeding does not enjoy a policy support for funding. It makes future work even more challenging.

Globalisation and threats of trade

As the world trade deepens, developing countries are put under severe pressure to de-regulate existing legislative frameworks. Protection of breastfeeding and infant feeding from commercial side requires deeper understanding beyond trade and its benefits. For instance, the baby food companies want to introduce new products, and old products including breastfeeding need to be removed to create a market for the new. Similarly, increasing feminization of labour on one hand, and changes in laws related to workers safety and social security needs, including industry's accountability to provide maternity protection, on the other hand, place a serious challenge for enhancing breastfeeding rates. The business lobby, including food business lobby, is actively influencing policy decision making.

Work at grassroots level

Without working at grassroot level it is difficult to bring a real change in breastfeeding practices and children would continue to be offered bottle-feeding when mothers opt for this method of feeding early in life. We believe that it is crucial that grassroot workers have correct information regarding breastfeeding initiation, establishment and maintenance of breastfeeding, and that they have skills to help mothers and support women working out side home. These are major tasks ahead for all at BPNI, particularly to build capacity in each state and district/block to take this work forward. BPNI has already achieved success in Lalitpur, UP to develop a model in a population of 1 million in partnership with a UP medical school. It shows promising results at a minimal cost. However many such models are required to make a reasonable impression on the policy makers. Government, being the only agency having the largest reach has a challenge to train the grassroot workers in health and nutrition sector to bring about real changes at the grassroot and at people/community level; that could be done by creating teams at block level. Strong linkages are also required from national coordinating mechanisms to state level.

Implementation and monitoring of the IMS Act

Simply having policies and legislation is not enough; enforcement is crucial for achieving the objectives for which the law is made. The IMS Act has rarely been implemented, and continues to have loopholes. It needs to be strengthened and its implementation requires systematic approach, greater emphasis, resources and planning. Government of India should put this on high priority. One priority task should be publicising the Act through Billboards and other advertising methods in local languages. Media will have to be mobilised.

Promoting the national and international instruments

It is an important area of work to promote tools that are helpful in keeping the agenda active for a sustainable change. Like for example CRC; a report that is expected from the Government in every five years at the UN Committee for CRC where NGOs can also contribute in reporting to the committee. It provides transparent mechanism about the functioning and feedback by the way of which action is taken at the government level. Other international documents that need continuous monitoring are the Global Strategy for Infant and Young Child Feeding, International Code of Marketing of Breast-Milk Substitutes, and subsequent World Health Assembly resolutions. UN Secretary General's Global Strategy for Women's and Children's Health is the most recent one that has a clear output to enhance exclusive breastfeeding for the first six months by 40%.

Assessing the policy and stimulating change

It is required that local policy and programme assessments are carried out to find out gaps and attempts are made to bridge these. To keep on assessing the effectiveness of our work is important to BPNI and to monitor the targets to achieve a real change. Many complex areas are operating. But there are no general rules for assessment as the areas of activities are different. As one moves ahead, certain parameters can be drawn that help to assess the change, for example, change in policy, programme focus, number of health workers trained, violations reported and legal actions taken, rates of exclusive breastfeeding in the area etc, can be used to assess the volume of work done in one area.



Summary of year wise Programme / Projects / Publications

Year wise Programme / Projects / Publications

| | | |
|------|--|--|
| 1991 | Programme & Projects/Advocacy <ul style="list-style-type: none"> ▶ The birth of BPNI, 3rd December 1991. • BPNI born as a recommendation of the workshop on "Recent Advances in Human Lactation and Breastfeeding Management at Wardha, India" organized by ACASH/FOGSI/IAP on 21 Nov. to 3 Dec. 1991. | Publications <ul style="list-style-type: none"> • BPNI born as a recommendation of the workshop on "Recent Advances in Human Lactation and Breastfeeding Management at Wardha, India" organized by ACASH/FOGSI/IAP at Wardha, on 21 Nov. to 3 Dec. 1991. |
| 1992 | Programme & Projects/Advocacy <ul style="list-style-type: none"> ▶ Launched the first World Breastfeeding Week (WBW) on the theme "Baby Friendly Hospital Initiative (BFHI)" • BPNI registered as a Society under the Societies Registration Act XXI of 1860, at Delhi (S-23144, July 1992). • Study: "Infant Feeding Practices among patients of doctors" in collaboration with Indian Medical Association (IMA). • Training Courses: Three Human Lactation Management Training (HLMT) courses, in Karnal, Gorakhpur (North India) and Karamsad (Gujarat) • Five zonal coordinators appointed • Members enrolled: 55 • Participation and exhibition at annual conference of Indian Academy of Pediatrics (IAP) • "Breastfed" Baby Show at Delhi. • National Consultation on World Breastfeeding Week theme. | Publications <ul style="list-style-type: none"> ✕ Breastfeeding and Infant feeding: Guide for the parents (in Hindi and English). ✕ Booklet: Exclusive breastfeeding: For the Baby You Love. (in English) ✕ Fact sheet 1: Infant Feeding Practices ✕ Fact sheet 2: Baby Food Code. ✕ HLMT course brochure ✕ Launch of BPNI Bulletin (Number 1) ✕ Published a paper in Indian Journal of Pediatrics: Infant feeding Practices Among Patients of Pediatricians and general Practitioners |
| 1993 | Programme & Projects/Advocacy <ul style="list-style-type: none"> ▶ Launch of WBW '93 theme: Mother-Friendly Workplace Initiative • Community Seminars. • Members enrolled: 136 • Participation in the meeting "Infant feeding & Law" by National Commission for Women • HLMT Course (4th) at Shantiniketan, West Bengal • IMS Act got enacted and came into force. | Publications <ul style="list-style-type: none"> ✕ Poster on "Not enough milk" ✕ WBW action folders in English ✕ Fact sheet 3: What scientific research says about breastfeeding? ✕ Fact sheet 4: Economics of breastfeeding ✕ Stickers: "I support breastfeeding" ✕ BPNI Bulletin (Number 2 & 3) ✕ Published a paper on Economics of Breastfeeding in Economic and Political Weekly. |

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Programme & Projects/Advocacy

► Launch of WBW'94 theme: Protect Infant Health - Making the Act Work

- Organised a National Workshop - "IMS Act: Making it Work"
- National consultation on the IMS Act organized by NIPCCD.
- Members enrolled: 251
- National Task Force on BFHI established- BPNI is made a member
- Participation at Indira Gandhi National Open University (IGNOU) committee on MCH curriculum development
- Seminars in ten hospitals
- Analysis of the alleged violations of IMS Act
- Filed a complaint against Nestle in the Court of Delhi.

Publications

- ✕ WBW action folder in English
- ✕ A report on National Workshop: Infant Feeding Act (Making it Work)
- ✕ HLMT Course: Guidelines for trainers.
- ✕ Fact sheet 5: on "Not Enough Milk"
- ✕ BPNI Bulletin (Number 4)
- ✕ Paper on Infant Feeding and Law published in IMA Journal.

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Programme & Projects/Advocacy

► Launch of WBW '95 theme: Breastfeeding: Empowering Women

- Breastfeeding: Empowering Women, A National Workshop
- Members enrolled: 413
- IAP National Meeting
- Developed a Home Study Course in lactation management for IMA.
- Participation at trainers course for senior health professionals in Sri Lanka.
- BPNI invited to be a member of the Task Force on IMS Act to look into its Amendments.
- WABA Forum in Thailand. BPNI awarded one of the 12 for "strong regional advocacy"

Publications

- ✕ WBW action folder in English
- ✕ BPNI So-far (1991-1995) A Report
- ✕ Assessing & Changing Practice Form (BFHI)
- ✕ BPNI Bulletin (Number 5 & 6)
- ✕ Fact sheet 6: "Breastfeeding: A women's issue"
- ✕ Fact sheet 7: "Working mothers and Breastfeeding".

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Programme & Projects/Advocacy

► Launch of WBW '96 theme: Breastfeeding: A Community Responsibility

- National Task force BFHI: Review meeting
- Members enrolled: 579
- HLMT course at Puri, and Guwahati
- Mobilised opinion at national IAP AGM, a resolution passed at AGM to refuse infant formula industry money for IAP activities.

Publications

- ✕ WBW action folder in English
- ✕ Posters - The Magic Only A Mother Can Do (Hindi & English)
- ✕ BPNI Bulletin (Number 7)

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Programme & Projects/Advocacy

- ▶ Launch of WBW'97 theme: Breastfeeding: Nature's Way
- ▶ Project: Information & Social Mobilization

- Memorandum submitted to the President of India for support to enhance maternity leave
- Training course to increase capacity of BPNI coordinators on monitoring the IMS Act, Delhi
- HLMT courses in Assam, Punjab & Andhra Pradesh.
- Members enrolled: 753
- National Breastfeeding Committee constituted with IMA, BPNI and ACASH as members.

Publications

- ✕ WBW action folder in English
- ✕ WBW poster
- ✕ BPNI 'Souvenir'
- ✕ Book titled "The Law to Protect and Promote Breastfeeding"
- ✕ A video "Maa Ka Pyar Sishu Ahaar" (in Hindi & English)
- ✕ BPNI Bulletin (Number 8-11)
- ✕ Fact sheet 8: Breastfeeding Nature's Way
- ✕ A report: "Code Compliance: The Indian Scene"

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Programme & Projects/Advocacy

- ▶ Launch of WBW'98 theme: Breastfeeding: The Best Investment

- Public seminar held at 10 hospitals in Delhi
- Research - Rapid Survey (Infant Feeding Practices)
- A workshop "Child Nutrition and Media" (GOI/UNICEF/BPNI)
- Training of Trainers: Breastfeeding Counseling & Complementary Feeding (BPNI/WHO/UNICEF)
- HLMT course at Gorakhpur, UP
- Training of Leaders in Monitoring: The IMS Act - A Training Course (BPNI/IBFAN/OXFAM)
- Members enrolled: 947
- State Coordinators: 18
- City Coordinators: 135
- National Task Force on amendments to the IMS Act reports to Government of India

Publications

- ✕ WBW action folder in English
- ✕ WBW poster
- ✕ Fact sheet 9: Right to Information, Mother and Children
- ✕ Paper published in National Medical Journal on Economic Value of Breastfeeding in India 1998
- ✕ A report "Under Attack" on monitoring the compliance of IMS Act
- ✕ A report "Commercial Infant Food-Analysis of Promotion"
- ✕ BPNI Bulletin (Number 12 - 14)

1999

Programme & Projects/Advocacy

- ▶ Launch of WBW'99 theme: Breastfeeding: Education for Life.
- ▶ Project Information for Action: BPNI-GOI-UNICEF

- Research Study- UNICEF Study on Newborn Care and Infant feeding Practices in 13 States (600 Hospitals)
- WABA/BPNI: Planning workshop for World Breastfeeding Week for South Asian Countries held at New Delhi, India
- Members enrolled: 1131
- State Coordinators: 22
- City Coordinators: 195
- Consultation on revision of curriculum of grassroot Anganwadi workers (GOI/DWCD)

Publications

- ✕ WBW action folder in English
- ✕ WBW calendar
- ✕ Position statement on HIV and Infant Feeding
- ✕ Fact Sheet: Breastfeeding & Intelligence
- ✕ Infant and Young Child Feeding Update 1 "Exclusive Breastfeeding-the first 6 months"
- ✕ A report on the workshop Child Nutrition and Media.
- ✕ A report on Training of Trainers: Breastfeeding Counseling and Complementary Feeding.
- ✕ Paper "Breastfeeding & Medical Education" in special FOGSI issue
- ✕ Paper "Cup feeding: an Alternative to Bottle Feeding in a Neonatal Intensive Care Unit" in Journal of Tropical Pediatrics
- ✕ A report on Training of Leaders in Monitoring The IMS Act
- ✕ BPNI Bulletin (Number 15)

2000

Programme & Projects/Advocacy

- ▶ Launch of WBW'00 theme: Breastfeeding It's your right.
- ▶ Launch of Website: <http://www.bpni.org>
- ▶ Launch of Resource Centre on Infant Nutrition.
- ▶ New South Asia project is funded by DGIS.

- World Health Organization Executive Board Meeting at Geneva.
- Codex training course at Bangkok. (IBFAN/CI)
- Codex Committee on Food Labeling (CCFL)- Ottawa
- ILO Convention at Geneva
- Strategic Planning on Infant and Young Child Feeding meeting of experts at Delhi
- National Breastfeeding Committee meeting
- Sensitization of MP's on Infant Feeding Issues (GOI/UNICEF/BPNI)
- Training of Trainers: Breastfeeding & Complementary Feeding: A Counseling course (BPNI/UNICEF) at Gorakhpur, UP
- BPNI /IBFAN Regional Training Seminar for South Asia
- Members enrolled: 1207
- State Coordinator: 26
- City Coordinators: 250
- State Chapters: 7
- City Chapters: 2

Publications

- ✕ WBW action folder in Hindi & English.
- ✕ Breastfeeding & Complementary Feeding - Guidelines for pediatricians
- ✕ Breastfeeding & Complementary Feeding - Guidelines for nurses
- ✕ Breastfeeding & Complementary Feeding - Guidelines for nutrition professionals
- ✕ Breastfeeding & Complementary Feeding - Guidelines for primary care doctor
- ✕ BPNI Bulletin (Number 16 & 17).
- ✕ WBW calendar
- ✕ Poster adapted from Swedish poster "Closeness and Warmth"
- ✕ Infant and Young Child Feeding Update 2 "Complementary Feeding"
- ✕ Infant and Young Child Feeding Update 3 "Problems in initiating breastfeeding"
- ✕ Infant and Young Child Feeding Update 4 "Not enough milk"
- ✕ Advocacy kit for Politicians
- ✕ A report "Under Attack" on the compliance with the IMS Act
- ✕ Resource centre: Brochure and catalogue

Programme & Projects/Advocacy

- ▶ Launch of WBW' 01 theme: Breastfeeding in the Information Age
- ▶ Project with CARE-India
- ▶ Launch of the project Protection of Breastfeeding in India - UNICEF/ NATCOM Luxembourg

- Participation in WHO meeting on training at Indonesia
- Advocacy for ILO campaign with NHRC
- Meeting on Maternity Benefits for Working Women - 25th May 2001
- Meeting on Infant Feeding Issues - Challenges for Research - 26th May 2001
- National Partners Meeting 20-22 November 2001
- Members enrolled: 1485
- State Coordinator: 26
- City Coordinators: 250
- State Chapters: 9
- City Chapters: 7

Publications

- ✘ A flyer and a catalogue were developed
- ✘ What is BPNI
- ✘ Position statement on HIV and infant feeding
- ✘ BPNI's recommended feeding practices for infant and young children
- ✘ Bulletin (Number 18 & 19)
- ✘ Breastfeeding and Food security
- ✘ Guidelines for breastfeeding and complementary feeding (Information Sheet-1)
- ✘ World Breastfeeding Week Kit
- ✘ BFHI brochure
- ✘ Infant and Young Child Feeding Update-5 "Breast Problems"
- ✘ Plan of Action to support infant feeding in South Asia
- ✘ State to support infant feeding in South Asia
- ✘ Health futures: challenges for the 3rd millennium - A report
- ✘ Book: Breastfeeding and Complementary Feeding - Guidelines for doctors
- ✘ Book: Breastfeeding and Complementary Feeding - Guidelines for nurses
- ✘ Book: Breastfeeding and Complementary Feeding - Guidelines for nutritional professionals
- ✘ Infant and Young Child Feeding Update-6 "Nutrition of the young child during first two years"
- ✘ Resource Centre Flyer

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Programme & Projects/Advocacy

- ▶ Launch of WBW'02 theme: Breastfeeding: Healthy Mothers and Healthy Babies
- ▶ Project: Strengthening Breastfeeding Activities at Grassroots level
- ▶ Launch of qualitative & quantitative study on Breastfeeding

- Capacity Building Grants (9 groups received seed grants)
- Training of Trainers in Breastfeeding and Complementary Feeding Counseling (5 teams trained India, Philippines, Bangladesh, Maldives, Sri Lanka)
- Logical Framework Approach (LFA) Training (6 countries including India benefited)
- IBFAN South Asia Council (IBSAC) Meeting
- WHO Executive Board Meeting, Geneva
- UN General assembly Special session (UNGASS) at New York
- WABA Global Forum at Arusha, Tanzania
- Intervention with community workers on IYCF
- 4 Regional seminars on IMS Act
- World Health assembly (WHA) at Geneva
- Mother Support and Maternity Protection at Kuala Lumpur
- National Planning Workshop on Infant and Young Child Feeding
- 4 Regional Planning Workshop on Infant and Young Child Feeding
- Total Members enrolled 1750
- State Coordinator 30
- District branches 50

Publications

- ✕ Summary Guidelines on Infant and Young Child Feeding available in 31 state specific languages
- ✕ The Science of Infant Feeding
- ✕ Breastfeeding and Complementary Feeding: A Guide for the Parents
- ✕ Unethical Marketing of Infant Foods
- ✕ The IMS Act: Salient Features
- ✕ Core Training Package for the Community Workers.
- ✕ BPNI Bulletin Number 20.

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Programme & Projects/Advocacy

- ▶ Launch of WBW'03 theme: Breastfeeding in a Globalised World for Peace and Justice

- Organised Asia Pacific Conference on Breastfeeding, 38 countries took part
- Organised "Infant Feeding & HIV- A regional colloquium for the Asia Pacific, Delhi, 29 countries took part
- Regional Workshop on Infant & Young Child Feeding in Bihar
- Breastfeeding & Complementary Feeding- A training Course at GTB Hospital, Delhi
- Assessment of Policy in Vietnam
- Regional Workshop on ICDS.

Publications

- ✕ BPNI year planner
- ✕ Working method for State/ District Branch
- ✕ BPNI Bulletin (Number 21-23)
- ✕ A report on "How Industry Undermine Breastfeeding"
- ✕ Protecting Mothers and Children-A Law to protect, promote and support Breastfeeding (Information Sheet-2)
- ✕ Delhi Declaration on Infant and Young Child Feeding-a call for urgent action for child survival was formulated in the 2003 Convention

Programme & Projects/Advocacy

- ▶ Launch of WBW'04 theme: Exclusive Breastfeeding: the Gold Standard
- ▶ Release of the report of Revitalizing Breastfeeding: a report on Asia Pacific Conference on Breastfeeding & National Convention of BPNI
- ▶ Shri Jairam Ramesh, launched "Status report of 49 districts on on Infant and Young Child Feeding"
- ▶ The National Guidelines on Infant and Young Child Feeding report was released on 6th August during World Breast Feeding Week

- HIV & Infant Feeding Field Trips & Planning meeting at Zambia
- APCON follow up meeting of Infant Feeding Experts- recommendations for key actions at Mussoorie
- 31st Standing Committee on Nutrition (SCN) meeting at New York
- Orientation of BPNI National Trainers in Infant Feeding & HIV Counselor's at GTB Hospital, Delhi
- World Health Assembly at WHO Geneva
- Release of 2nd edition of the book- "The Law to protect, promote & Support Breastfeeding"
- IBFAN Coordinating Council (IBCoCo) meeting held at Costa Rica
- IBFAN 25th Anniversary at Costa Rica
- Attended WABA 3rd Global breastfeeding Partner's Meeting (GBPM)
- South Asia Breastfeeding Partners Forum-I at Bangladesh
- Workshop on ICDS held at Mussoorie
- Preparatory Committee meeting for the 7th East Asia & Pacific Ministerial Consultation on Children held at Bangkok
- National Coordination Committee of JSA
- Training of Trainers (TOT) on Breastfeeding & Complementary Feeding Rajasthan, Bhopal

Publications

- ✖ BPNI year planner
- ✖ U-5 child deaths (%) saved with preventive interventions (Information Sheet-3)
- ✖ Where Under-5 children die? (Information Sheet-4)
- ✖ How many Under-5 children Die in India alone? (Information Sheet-5)
- ✖ How 9.7 million U-5 children die in 42 countries (Information sheet-6)
- ✖ Questions and answers sheet on exclusive breastfeeding and complementary feeding of infant and young children (Information Sheet-7)
- ✖ Achieving High Rate of exclusive breastfeeding -Technical Information (Series-6)
- ✖ BPNI Annual Report- 1st April 2003 to 31st March 2004
- ✖ Infant and Young Child Feeding Update-7 "Protecting Breastfeeding from Commercial Influence"
- ✖ Reference of interventions to improve initiation and duration of breastfeeding (Information Sheet-8)
- ✖ BPNI Bulletin (Number 24-26)

2005

Programme & Projects/Advocacy

- ▶ Launch of WBW'05 theme: Breastfeeding and Family Foods: Loving & Healthy
- ▶ Uttaranchal Project on IYCF
- ▶ Haryana Project training in IYCF

- Workshop to disseminate findings of the project "Training of Counselors of VCTC under PPTC of HIV Infection"
- National Breastfeeding Committee (NBC) meeting
- CARK Region- wide conference on Prevention of HIV infection in Infants at Kazakhstan.
- 7th Ministerial Consultation on Children at Cambodia
- World Health Assembly at Geneva
- State DWCD meeting of ministers & Secretaries at Parliament House Annexe
- Regional Consultation meet on Nutrition at Bhubneshwar
- National workshop on Rapid Assessment of the Status of GSIYCF
- WABA- GBPM-4 meeting at Penang
- Meeting of the National Committee on Infant & Young Child Feeding (IYCF) in Delhi
- South Asia Breastfeeding Partners Forum-2 held at Nepal
- Meeting with Sida

Publications

- ✖ BPNI Year Planner 2005
- ✖ BPNI Bulletin (Number-27)
- ✖ Series-1 Breaking the law
- ✖ Series-2 Nestle Breaks the law
- ✖ Breastfeeding and Brain Development (Cognitive Development) (Information Sheet-9)
- ✖ World Breastfeeding Trends Initiative (WBTi) Report on "Assessment of Status of IYCF"- Achievements and Gaps 2005
- ✖ Compilation of the documents on IYCF

2006

Programme & Projects/Advocacy

- ▶ Launch of WBW'06 theme: The IMS Act: Making it Known to People

- Meeting with Planning Commission in Delhi
- Regional workshop on "Promoting Child Survival, Nutrition and Health by Achieving Optimal IYCF Practices" in Delhi.
- Regional Consultation meet on Nutrition at Chandigarh.
- 1st International Training on IYCF counseling at GTB Hospital, Delhi
- South Asia Breastfeeding Partner's Forum-3 held at Kabul.
- WBTi report cards released.

Publications

- ✖ BPNI Year Planner 2006
- ✖ BPNI Bulletin (Number 28)
- ✖ World Breastfeeding Week 2006 (Announcement)
- ✖ Creating a District Level Model for Effectively Scaling Up/Universalizing - BPNI HQ
- ✖ Series-3 Breaking the law and undermining Breastfeeding
- ✖ Mother to Child Transmission of HIV- Some facts (Hindi & English) (Information Sheet-13)
- ✖ Violation of IMS Act is if any Infant Food company (English & Hindi) (Information Sheet-14)

Programme & Projects/Advocacy

- ▶ Launch of WBW'07 theme: "Breastfeeding: the 1st Hour Save ONE million babies!"
- ▶ Study "Status of IYCF Uttarakhand" conducted by BPNI in 13 districts

- National workshop on strengthening pre-service curriculum of IYCF
- 2nd International Training on IYCF counseling
- National Consultation on 19th and 20th January for developing a National Plan of Action on IYCF
- Organized 2nd International Training on IYCF Counseling to train the trainers of various countries
- Strengthening Pre-service Medical Education on IYCF" in Punjab and Gujarat

Publications

- ✕ Study report IYCF Uttarakhand- 2006
- ✕ BPNI Bulletin (Number 29-30)
- ✕ Series-4 Nestle provokes formula feeding in baby care books.

Programme & Projects/Advocacy

- ▶ Launch of WBW'08 theme: "Mother Support: Going for the Gold"
- ▶ Launch WBTi India Report and Report Card

- WBTi/assessment
- Organized South Asia Breastfeeding Partners Forum-5 at Thimphu, Bhutan in collaboration with the MOH, Royal Government of Bhutan
- Position statement on HIV and infant feeding and a document "call to drop mixed feeding"
- Organized the evaluation of a district level project
- Setting up BPNI's IYCF Counseling Specialist Google Group
- Translation of 3 day training material in Punjabi and Telugu
- Protest against Conflict of Interest - Silent protest meeting of GAIN, New Delhi
- PM of Norway visited BPNI booth at Health camp in Rajasthan.
- Media workshop on infant nutrition and survival.

Publications

- ✕ WBTi India Report and Report Card
- ✕ BPNI Bulletin (Number 31 & 32)
- ✕ Initiation of Breastfeeding within one hour (Information Sheet-16)
- ✕ Exclusive Breastfeeding (0-6 months) (Information Sheet-17)
- ✕ Complementary Feeding (6-9 months) (Information Sheet-18)
- ✕ Find out more IMR per 1000 live births (Information Sheet-19)
- ✕ ORS Given to Children with Diarrhoea (Information Sheet-20)
- ✕ Under 3 years who are underweight (information Sheet-21)
- ✕ Report Card of children 12-23 months fully immunized (Information Sheet-23)
- ✕ Report card of children 12-23 months given Vitamin A (Information Sheet-24)
- ✕ Infant Survival and Development State Report Cards (Information Sheet-25)
- ✕ A consensus call to national child health programs "Drop mixed-feeding" (Information Sheet-26)
- ✕ The State of Infant Nutrition, Health & Survival (Information Sheet-27)

Programme & Projects/Advocacy

- ▶ Launch of WBW'09 theme: "Breastfeeding - A Vital Emergency Response"
- ▶ Launch One Million Campaign globally an international web campaign to build global opinion to support women and mothers (includes developing, designing, hosting and maintaining website)

- Training of 107 Middle Level Trainers and more than 2000 field workers in 2 districts of Punjab, 200 Middle Level Trainers in Andhra Pradesh and Haryana
- Training in Yemen and Bhutan
- Organized Global Conference on "Meeting Nutritional Challenges with Sustainability and Equity" that resulted in a Peoples Charter
- Workshop on IMS Act in Haryana
- One Asia Breastfeeding Partners Forum-6 in Colombo, Sri Lanka
- Release India report of World Breastfeeding Trends Initiatives (WBTi)
- Participated in 7th Asia Pacific United Nations Prevention of Mother-to-Child Transmission (PMTCT) held in Chennai
- Participated, discussed and commented on Codex Proposal of Government of India.
- Participate in the 2nd International Disaster Management Congress (NIDM) held in New Delhi.
- BPNI provides inputs to Member Health, Planning Commission, GOI on maternity entitlements.
- Participates and delivered a lecture in the Workshop on National Consensus on Management of SAM children at New Delhi.

Publications

- ✕ The '3 in 1' Training Programme
- ✕ Book "Recipes for Complementary feeding for Children"
- ✕ Peoples Charter for Food and Nutrition Security
- ✕ Report of Global Conference on Meeting Nutritional Challenges with Sustainability and Equity
- ✕ Release of the BPNI '3 in 1' training programme
- ✕ An article "Mainstreaming early and exclusive breastfeeding for improving child survival" written by National Coordinator BPNI published Indian Pediatrics

Programme & Projects/Advocacy

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Programme & Projects/Advocacy

- Launch of WBW'10 theme: "Breastfeeding Just 10 Steps! The Baby Friendly Way!!
- Promotion and training of breastfeeding under NRHM in 8 districts of Punjab

- Training of 650 Middle Level Trainers in Punjab
- Organized skill training on IYCF to develop IYCF Counseling Specialists.
- One Asia Breastfeeding Partners Forum-7 in Jakarta, Indonesia
- The Prime Ministers Council on India's Nutrition Challenges met Dr. Arun Gupta, Central Coordinator BPNI has been nominated a member, provided inputs at first meeting.
- Secretaries of the Ministry of Health and Ministry of Women and Child Development write jointly to the state administrations to implement the IMS Act more effectively
- BPNI organized a conference to release the report of findings of the project on Baby Friendly Community Health Initiative at Lalitpur.
- BPNI is a member of the three working groups for the protection, promotion and support of breastfeeding in the NBC
- BPNI key people spearheaded the formation of the Alliance Against Conflict of Interest (AACI) to initiate a movement on this issue.

Publications

- ✕ Review article "Breastfeeding and complementary feeding as a public health intervention for child survival in India" In Indian Pediatrics Dr. Arun Gupta, Dr. JP Dadhich and Dr. MMA Faridi contributed a
- ✕ BPNI published the report of findings of the project on Baby Friendly Community Health Initiative at Lalitpur.

Programme & Projects/Advocacy

- ▶ Launch of WBW'11 theme: - "Talk to me! Breastfeeding - a 3D Experience".
- ▶ New project in selected districts of Bihar and Uttar Pradesh supported by Plan India.
- ▶ New project in Partnership Driven Cooperation with IMCH Sweden, supported by Swedish International Development Cooperation Agency (Sida).

- Training of 96 IYCF Counselling Specialists in Delhi, Andhra Pradesh and Gwalior
- Development of Middle Level Trainers in UP & Bihar.
- Baseline survey in select districts of Uttar Pradesh and Bihar
- One Asia Breastfeeding Partners Forum-8 in Mongolia
- BPNI provides inputs to the 12th Five year Plan of the Planning Commission Government of India.
- Organised "National Consultation to Develop a Plan of Action Resource-Requirements for Enhancing Rates of Breastfeeding & Infant and Young Child Feeding in the 12th Plan" supported by Planning Commission.
- Organised a national function "20 years of BPNI"
- Organised a strategic planning meeting of the IBFAN network.

Publications

- ✕ An article "Enhancing Optimal Infant Feeding Practices in India" published in India Health Beat (The World Bank)
- ✕ An article "The first priority for Children (Short communication: breastfeeding)" published in World Nutrition.
- ✕ BPNI Bulletin No. 33 and 34.
- ✕ Published report on "Training course on IYCF in 8 districts of Punjab"
- ✕ Published report on "National Consultation to - Develop a Plan of Action Resource - Requirements for Enhancing Rates of Breastfeeding & Infant and Young Child Feeding in the 12th Plan".



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