The Breastfeeding Promotion Network of India (BPNI) was founded on 3rd December, 1991 at Wardha, Maharashtra. It is a national network of organisations and individuals dedicated to promote mother and child health through protection, promotion, and support of breastfeeding. 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 counselling on breastfeeding and infant and young child feeding; social mobilisation 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), for which it has been notified in the Gazette of India as Child Welfare NGO to initiate action under section 21(1)(c) of the Act.

BPNI is the Regional Focal Point of South Asia for the World Alliance for Breastfeeding Action (WABA) and the Regional Coordinating Office (RCO) of International Baby Food Action Network (IBFAN) Asia. In its capacity as RCO, BPNI launched the World Breastfeeding Trends Initiative (WBTI), a tool to track, assess and monitor the implementation of the Global Strategy for Infant and Young Child Feeding in 2005. Over 80 countries have used and are using this tool, of which many countries, including all South Asian countries, have used it more than once to study trends in breastfeeding action. The tool has demonstrated potential to generate action at local level. In 2008, the One Million Campaign Support Women to Breastfeed was launched in the wake of the infant formula disaster in Sanlu, China. A petition demanding support was signed by over 100,000 people and presented to the Chair of the World Health Assembly in 2009. At the World Breastfeeding Conference in 2012 we launched our flagship campaign called the “Babies Need mom Made Not Made” as an extension of “One Million Campaign” which was launched online in 2009. “Babies Need Mom Made Not Made” campaign advocates a universal approach that mothers know what’s best for their children and expresses it powerfully by placing it in contrast to the man-made alternative i.e. commercial baby food, industrially made. People need to compare and go for what is a better option for our children. This campaign’s focus is to expose misinformation spread by baby food companies and their allies. The year also saw the initiation of the World Breastfeeding Costing Initiative (WBCI), consisting of an advocacy document giving an indicative global estimate of the financial resources needed for supporting women to practise optimal breastfeeding, and a financial planning and costing tool to enable governments and planners to accurately budget national plans of action.

In 1996 BPNI was awarded to be “Strong Regional Advocate” at the WABA Global Forum in Bangkok. In 1998, the IBFAN network received the Right Livelihood Award, popularly known as the Alternative Nobel Prize.

**Vision Statement**
BPNI is viewed as the last word/leader in protecting breastfeeding from the industry, defending and supporting women and children's right to attain optimal health by ensuring correct IYCF practices

**Mission Statement**
BPNI works towards enhancing breastfeeding rates by ensuring protection, promotion and support of IYCF.

**Core Value and Funding Policy**
BPNI follows clear ethical and funding policies that do not lead to any conflicts of interest and BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipment, 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 Breastmilk Substitutes.
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As a policy BPNI does not accept funds of any kind from the companies manufacturing baby foods, feeding bottles etc. and from organization/industry having conflict of interest.
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From the National Coordinator's Desk

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BPNI Central Coordination Committee and BPNI/IBFAN Asia Team

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## Abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ASHA</td>
<td>Accredited Social Health Activists</td>
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<tr>
<td>BPNI</td>
<td>Breastfeeding Promotion Network of India</td>
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<tr>
<td>CCC</td>
<td>Central Coordination Committee</td>
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<td>CCNFSDU</td>
<td>Codex Committee on Nutrition and Foods for Special Dietary Uses</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>gBICS</td>
<td>global Breastfeeding Initiative for Child Survival</td>
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<tr>
<td>IBCoCo</td>
<td>IBFAN's Coordinating Council</td>
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<td>IBFAN</td>
<td>International Baby Food Action Network</td>
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<td>ICDS</td>
<td>Integrated Child Development Services</td>
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<td>IMCH</td>
<td>International Maternal and Child Health</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>MLTs</td>
<td>Middle Level Trainers</td>
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<tr>
<td>NACO</td>
<td>National AIDS Control Organisation</td>
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<tr>
<td>NIPCCD</td>
<td>National Institute of Public Cooperation and Child Development</td>
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<tr>
<td>Norad</td>
<td>Norwegian Agency for Development Cooperation</td>
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<td>NRHM</td>
<td>National Rural Health Mission</td>
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<td>PDC</td>
<td>Partner Driven Cooperation</td>
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<tr>
<td>RCO</td>
<td>Regional Coordinating Office</td>
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<tr>
<td>SAFANSI</td>
<td>South Asia Food and Nutrition Security Initiative</td>
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<tr>
<td>Sida</td>
<td>Swedish International Development Cooperation Agency</td>
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<td>WABA</td>
<td>World Alliance for Breastfeeding Action</td>
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<td>WBC</td>
<td>World Breastfeeding Conference</td>
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<td>WBCi</td>
<td>World Breastfeeding Costing Initiative</td>
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<td>WBTi</td>
<td>World Breastfeeding Trends Initiative</td>
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<td>WHO</td>
<td>World Health Organization</td>
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This annual report has highlighted some of the key activities undertaken by BPNI during the year 2012. The report not only emphasizes BPNI’s role in Protecting, Promoting and Supporting optimal Infant and Young Child Feeding (IYCF) in the country and beyond but also shows a need for continued efforts to achieve optimal IYCF practices to enhance the survival and development of infants.

BPNI, in its’ 20th year of existence, has ventured into many new areas like conflict of interest, qualitative research and state level advocacy etc.

BPNI’s work is increasingly being recognized by Government of India, state governments and other agencies in the form of increased collaboration in policy formulation, capacity building of health and nutrition care providers; monitoring of the IMS Act, celebration of the World Breastfeeding Week, research and campaigns.

A distinct highlight of the year was a successful hosting of the World Breastfeeding Conference in New Delhi in which more than 700 experts from 83 countries deliberated upon various aspects of IYCF over 4 days. Conference participants adopted “The 2012 World Breastfeeding Conference Declaration and Call to Action”.

Another important activity accomplished by BPNI in collaboration with the National Institute of Public Cooperation and Child Development (NIPCCD), Government of India was assessment of policies and programs on IYCF in India using the World Breastfeeding Trends Initiative (WBTi).

BPNI’s training wing achieved a unique feat in 2011 by upgrading the '3 in 1' Training Course (an integrated course on Breastfeeding, Complementary Feeding & Infant Feeding and HIV - Counseling)” to a ‘4 in 1’ Training Course (an integrated course on Breastfeeding, Complementary Feeding, Infant Feeding and HIV Counseling and Growth Monitoring). The updated course was used to conduct trainings of frontline workers in government health and nutrition programs in many states, apart from organizing training for the national trainers in New Delhi.

In collaboration with the International Maternal and Child Health (IMCH), Department of Women's and children’s health, Uppsala University, Sweden and University College of Medical Sciences, New Delhi, BPNI completed a qualitative research project on combining ‘Breastfeeding and Paid Work’. This was a unique experience as it also provided an opportunity for skill strengthening of the BPNI research team in qualitative research methods.

BPNI developed a number of publications including newsletters, reports, bulletin, report cards, and BPNI personnel contributed articles in the scientific journals.

During the year, BPNI continued to develop newer collaborations and partnerships. One such collaboration was established with the World Bank under the South Asia Food and Nutrition Security Initiative (SAFANSI) for implementing advocacy, capacity building and awareness generation activities in South Asian countries.

On administrative front, BPNI continued to host the Regional Coordinating Office (RCO) of IBFAN Asia coordinating IYCF related activities in 25 Asian countries. BPNI also hosts the WABA focal point office for South Asia. This year, BPNI conducted elections for the Central Coordination Committee (CCC).

For BPNI, yearlong activities provided a sense of accomplishment and satisfaction and provided stimulus to achieve more.

Dr J.P. Dadhich
National Coordinator, BPNI
The Breastfeeding Promotion Network of India (BPNI) is spreading the cause of breastfeeding & infant and young child feeding (IYCF) since 1991, its year of inception. While a focus on policy development remained our forte, monitoring the compliance of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, as Amended in 2003 (IMS Act) has remained as one of our core activities.

BPNI is being increasingly recognised for its role in protecting, promoting, and supporting breastfeeding, and is now being called upon to support governments in developing action plans to support breastfeeding mothers. Continued advocacy with policy makers and stakeholders has led to the 12th Five Year Plan, making a clear reference to improving optimal infant and young child feeding practices, especially exclusive breastfeeding for the first six months, continued breastfeeding for 2 years or beyond, and timely and appropriate complementary feeding after six months along with continued breastfeeding.

BPNI is 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).

BPNI’s priority programme of capacity building in IYCF counselling is gaining acceptance with many state governments. In 2005, BPNI had launched a comprehensive training programme by merging the three courses provided by World Health Organization (WHO) on breastfeeding, complementary feeding and infant feeding and HIV into one course, The ‘3 in 1’ course- Infant and Young Child Feeding Counselling: A training course (an integrated course on Breastfeeding, Complementary feeding and Infant feeding & HIV). This course has been revised and updated in 2012 to include growth monitoring and has now been launched in several Indian states and a few other countries as the ‘4 in 1’ course- Infant and Young Child Feeding Counselling: A training course (An Integrated course on Breastfeeding, Complementary feeding, HIV & infant feeding counselling & growth monitoring).

This annual report for the period of January 2012 to December 2012 provides details of the work done towards strengthening the policies and programmes on breastfeeding and IYCF in the country and globally and also advocacy and networking to impact the nutrition, health, development, and survival of infants and young children.
ADVOCACY

National Level Advocacy Initiatives
BPNI continued its advocacy for early initiation of breastfeeding, exclusive breastfeeding for the first six months of life, followed by continued breastfeeding along with introduction of adequate and appropriate complementary feeding till two years and beyond.

Child Rights Come First
Participation in the National Convention on Children’s Right to Food. A workshop on “Conflict of Interest” was hosted by BPNI on the 2nd day of the National Convention on children’s right to food, where BPNI raised issues of conflict of interest in research. The convention was organised by Jan Swasthya Abhiyan and the Working Group for Children Under Six along with other Child Rights networks and organisations such as FORCES, IACR, HAQ, etc. 730 members from 26 states participated in this action packed convention having plenary sessions, parallel workshops, technical sessions, cultural activities, etc., and facilitating sharing of grassroots activities. Towards the end of convention various resolutions on ICDS & Mid-day Meals and Maternity Entitlement, Research and Food Security Bill (PDS) were passed.

Technical Inputs to the Government
Inputs provided in the working paper on National Policy for Children to the Ministry of Women and Child Development. BPNI provided inputs to the working paper on National Policy for Children developed by the Ministry of Women and Child Development. The policy was silent on breastfeeding, including on the IMS Act; our suggestions included “Enhancing the rate of early (within 1 hour), exclusive (0-6months), continued breastfeeding for 2 years or beyond, adequate and appropriate complementary feeding after 6 months, protection of women and children from commercial interest of baby food industry through universal/essential service and on breastfeeding through IYCF Counseling. Support system for women at workplace should be created envisaging maternity entitlements as well as facilities for breastfeeding.”

BPNI also suggested ethical norms to be followed before networking and collaborating with any corporate company especially for infant and young child nutrition to avoid conflict of interest. Industries, corporate and public private partnerships can be categorised as service providers rather than blanketing them under stakeholders.

Building Global Partnerships
New Project developed for strengthening Infant and Young Child Feeding (IYCF) capacity in South Asian Region as a part of South Asia Food and Nutrition Security Initiative. This project, which was initiated in 2012, has seen advocacy meetings to enhance optimal breastfeeding practices and media briefings in Afghanistan, Nepal, Bangladesh and India. The meetings and briefings shared the analysis of the three WBTi assessments in the countries, as well as the recommendations made by country groups.

Teaming up with Pioneer Government Bodies
World Breastfeeding Trends Initiative (WBTi)-India Assessment 2012
The World Breastfeeding Trends Initiative (WBTi) is a global initiative to assess policy and programmes that support women for breastfeeding developed by International Baby Food Action Network Asia (IBFAN Asia) as a system for Tracking, Assessing and Monitoring (TAM) the Global Strategy for IYCF. The WBTi involves reassessments every three years to fine tune action to universalize optimal infant and young child feeding. The WBTi India assessment 2012 was conducted during the period of June to September 2012 using the web-based toolkit. National Institute of Public Cooperation and Child Development and Breastfeeding Promotion Network of India (BPNI) jointly coordinated the India assessment-2012.
India Report 2012 provides in detail the findings of the assessment, compares it with the status in 2008, analyses gaps and offers some recommendations to bridge them. This process has helped to build understanding and trust between civil society groups on many issues for advocacy on policy and programme support to breastfeeding. 

(http://www.worldbreastfeedingtrends.org/report/WBTi-India-2012.pdf)

Meeting to finalise report of the “World Breastfeeding Trends Initiative (WBT) India Assessment 2012”. A meeting was jointly organized by BPNI and National Institute of Public Cooperation and Child Development (NIPCCD) to finalize the report of “World Breastfeeding Trends Initiative (WBT)-India Assessment 2012” on 6th September 2012 at NIPCCD Headquarters, New Delhi. Experts from the field were invited so that they could give their valuable inputs and a consensus could be achieved on the scoring and the report. The final report was developed after the necessary changes and inputs from the meeting. For detailed report www.worldbreastfeedingtrends.org/report/WBTi-India-2012.pdf

Meeting to finalise report of WBT India 2012 at NIPCCD

Advocacy with state governments on training related activities: Various meeting and visits were made and discussions held which led to the development of capacity building programmes in various states. Proposals for capacity building have been submitted with Nagaland government for the training of National trainers. Meetings and discussions are on with the state government of Bihar, Haryana and Karnataka for trainings on IYCF.

Contribution to GOI guidelines on Infant Feeding

Member, group for developing GOI- NRHM operational guidelines on IYCF- BPNI was invited to be a member of the group for developing the "MOHFW Operational Guidance Note Enhancing Optimal Infant and Young Child Feeding Practices" and provided its inputs at several stages. It led to finally incorporating almost all the recommendations of the Global Strategy as well as BPNI's recommendations to address IYCF in health sector. Examples include setting up IYCF counselling centres in Distt. Hospitals and First Referral Units, intensive training of ASHA and other health workers, training of trainers to enhance the State' capacity, home visiting as a key strategy for IYCF, action on IMS Act and on pre-service education, and development of state resource centres in medical colleges.

Member, group for developing NACO guidelines on Nutrition for HIV exposed children- BPNI contributed as a member of the expert group constituted by the National AIDS Control Organisation (NACO), Government of India to formulate nutrition guidelines in HIV exposed children

Member, group for contributing IYCF component in the 12th Five Year Plan- Dr Arun Gupta was invited to chair a sub group on Breastfeeding and IYCF within the Nutrition chapter of Women and Child Rights Agency. It led to the inclusion of breastfeeding and infant and young child feeding in a most comprehensive manner for the first time in the country’s five-year plan and to recognizing partnerships with BPNI.

Member, Shadow committee on CCNFSDU- BPNI is a member of shadow Codex Committee on Nutrition and Food for Special Dietary Use (CCNFSDU) and participates in the meetings of the committee regularly to contribute in formulating India’s position on various proposals being discussed in the CCNFSDU at international level.

International Level Advocacy Initiatives

The World Breastfeeding Conference 2012

As a part of its global action and strategic plan, IBFAN
Asia organised the World Breastfeeding Conference (WBC), held in New Delhi from 6th to 9th December which was inaugurated by the Minister of External Affairs Sh. Salman Khurshid and Minister of Women and Child Development Mrs. Krishna Tirath, Government of India. The first of its kind conference brought together more than 700 participants from 83 countries, including 22 least developed countries, 138 participants from 49 governments, and 26 UN participants from 19 countries, and provided a platform for exchange of ideas, sharing of information, reinforcing bonds, and creating new partnerships.

The Government of India, Norwegian Agency for Development Cooperation (NORAD), and the Swedish International Development Cooperation Agency (Sida) supported the World Breastfeeding Conference 2012. UK Aid and AusAID’s assistance through the South Asian Food and Nutrition Security Initiative (SAFANSI) Trust Fund was routed through the World Bank; USAID and the Marcia Brady Tucker Foundation co-sponsored it. UNICEF and WHO provided assistance through technical support in the concept and content as well as in bringing in participants from various countries that have programmes supported by them.

The World Breastfeeding Conference 2012 theme, "Babies Need Mom-Made Not Man-Made!" was echoed in over 100 presentations in three busy working days by facilitators and the participants across nation. There were 13 Plenary sessions, 6 Interactive sessions, 6 Panel Discussions, 2 group works, and 17 Technical sessions hosted over 3 days with participation of . Each session resulted in a set of recommended actions. Conference participants also adopted a call for action in the form of a declaration which was later adopted (The 2012 World Breastfeeding Conference Declaration and Call to Action Babies Need Mom-Made Not Man-Made!). Detailed information on each, including people who presented, declaration and report is available on www.worldbreastfeedingconference.org.
**Reaching out to Donors Globally**

Organised the special session Meeting with Development Partners on 8th December 2012, as part of the World Breastfeeding Conference 2012, held in New Delhi from 6th to 9th December 2012. The session was attended by delegates from Afghanistan, Australia, Bangladesh, Burkina Faso, Cameroon, Egypt, Eritrea, Finland, Ghana, Kenya, Korea, Malaysia, Mauritius, Nepal, New Zealand, Nicaragua, Sudan, Swaziland, Sweden, Switzerland, Tanzania, and Uganda.

The objective of the session was to share with the participants, including the donor community, an estimation of the costs of scaling up breastfeeding/infant and young child feeding interventions, and the strategic plans of the global Breastfeeding Initiative for Child Survival (gBICS), over the next 10 years to meet the goal of such scaling up. The special meeting stressed the need to have a ‘budget line’ for implementing the Global Strategy/national plans on IYCF. Participants found this a useful exercise to work further towards dedicated financial and related resources globally, regionally and locally. A tool to help take such decisions and track donor funding towards such interventions would be developed.

**South Asia Region Infant and Young Child Feeding Workshop : A BPNI-World Bank Initiative**

IBFAN Asia organised a Planning Workshop on Strengthening Infant and Young Child Feeding Practices and Programmes in South Asia Region (SAFANSI Project), in New Delhi on 10th December 2012, bringing together 54 participants from eight SA countries - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka, and experts from SAIFRN and World Bank.

During the workshop participants from the seven South Asian countries prepared national plans of action for advocacy to implement the Global Strategy for IYCF based on the information shared at the conference and existing priorities and action by the governments. These plans were expected to be shared with multiple stakeholders and the media at the country level at subsequent meetings and briefing sessions.
**BPNI at International Forums**

IBFAN Asia took part in key events globally and provided inputs to the global agenda:

**Participation at the World Health Assembly Meeting, Geneva:** Dr Arun Gupta advocated the need to prevent and manage conflict of interests in policy and programme development both at international and national level. BPNI’s comments on this issue were included in the submission of the Government of India at the WHA. Along with other team members of IBFAN, he worked with other government delegates, especially the Swaziland delegation, and succeeded in having a resolution of the World Health Assembly that clearly refers to the need to avoid and manage conflicts of interests. ([http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R6-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R6-en.pdf)) At the World Health Assembly, Dr Gupta also read the official statement of IBFAN/Consumers on Infant and Young Child Nutrition agenda.

He was also able to promote the World Breastfeeding Conference 2012 through Government of India. Government of India helped to share the invite for the conference to other countries through its Permanent Mission in Geneva. The brochures and bookmarks were delivered to the Mission.

**Development of the Network**

**Core Partners Meeting of gBICS, New Delhi:**
BPNI/IBFAN Asia took part in the core partners meeting of the gBICS project to discuss the development and finalizing of the new cycle of funding with NORAD and Sida. Inputs were given on new and extended work that BPNI/IBFAN Asia intends to take up in the next cycle.

Organised the IBFAN Coordination Council (IBCoCo) Meeting, New Delhi and acted as host of the impact of the policy development meeting of the network.

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**IBCoCo Meeting in progress**
NETWORKING AND SOCIAL MOBILISATION

**WBW 2012 Celebration**
Organised the 20th World Breastfeeding Week on the theme “Understanding the past, planning for the future”. BPNI had prepared announcement and brochure on the theme, which was disseminated to all stakeholders including professional bodies like IAP, IMA, FOGSI, NNF, ICDS, RCH, FNB, state, and NGOs, national partners and other collaborators. To stimulate and sustain the activity on infant and young child feeding all through the country, BPNI coordinated the WBW celebrations, including clarifying queries, and providing guidance and support to all. BPNI then received the reports of WBW activities from various parts of the country. These reports were collected, categorised, and then analysed and submitted to the award committee for the selection for awards according to the criteria already announced. The year 2012 received a total of 103 reports of WBW activities. These reports covered 91 organisations and 12 individual categories.
Awards for World Breastfeeding Week 2012

Organisations

- PSG College of Nursing, Tamil Nadu
- District Women & Child Development, Vizianagaram, Andhra Pradesh
- ICDS Project Kudair, Ananatapur Andhra Pradesh
- NRI Academy of Sciences, Andhra Pradesh
- Dept. of Community Medicine & Public Health, Uttar Pradesh
- ICDS Project Singhmala Mandal Andhra Pradesh
- ICDS, Project Hindupur, Andhra Pradesh
- National Rural Health Mission, Kerala
- Dist. Women and Child Development Agency, Guntur, Andhra Pradesh
- ICDS Nizamabad (Rural), Andhra Pradesh

Individuals

- Prof. Rajesh Patel, Gujarat
- Dr. Kamalendu Chakrabarti, West Bengal
- Dr. H. V. Kotturesha, Karnataka
- Dr. Amit Aggarwal, Punjab
- B. N. Sreedevi, Andhra Pradesh
- Dr. Neelam Deshpande, Maharashtra
- Chittem Bharathamma, Andhra Pradesh
- Ramola Balan, Maharashtra
- Mrs Joyce Jayaseelam, Karnataka
- Dr. Anurag Aggarwal, Delhi

**Dialogue on Policy and Programmes**

Gaps on Breastfeeding in the 12th Five year plan

IBFAN Asia/Breastfeeding Promotion Network of India (BPNI) celebrated the concluding eve of World Breastfeeding Week 2012 on 7 August 2012 by organizing “Dialogue on Gaps in Policy and Programmes for Breastfeeding”: How to bridge them in the 12th Five Year Plan” at National Institute of Public Cooperation and Child Development (NIPCCD), Government of India.
TRAINING AND CAPACITY BUILDING

Strengthening the Technical Front
BPNI recruited three full time Programme officers (training) in May 2012. They received training as national trainers in June 2012 at GTB Hospital. They are now engaged in upgrading training modules, advocacy with state governments, conducting trainings and writing reports.

Updation of Training Programme
With the availability of ‘growth monitoring training materials of WHO, and Government of India’s keen interest in linking this to infant and young child feeding counselling and launching of the maternity entitlement scheme “Indira Gandhi Matritya Sahyog Yojna” (IGMSY), BPNI/IBFAN Asia added the growth monitoring component to the existing training materials and launched on 3rd December 2011 an updated training programme - Infant and Young Child Feeding Counselling: A Training Course”, the 4 in 1 Course, (integrated course on breastfeeding, complementary feeding, Infant feeding and HIV and growth monitoring). This training programme provides skills on the subject for different levels, family level and health facility (specialist) level. Further the programme has a capacity building component for developing trainers at both levels. All the material - the various publications/ modules/flip charts/schedules and the brochure have been updated accordingly. It was decided to translate the training material in Hindi and other regional languages (Kannada) for wider reach and utilization.

Capacity Building Across States
Andhra Pradesh
The Women Development and Child Welfare Department, Government of Andhra Pradesh organised training of IYCF Counselling Specialist in the “4 in 1” IYCF Counselling Specialist course at Hindupur. In this training total of 31 IYCF counselling specialist were trained.

New Delhi
The training programme developed five Master Trainers on IYCF Counselling who further trained twenty two IYCF Counselling Specialist in the ‘4 in 1’ IYCF Counselling Specialist course held at University College of Medical Sciences and Guru Tegh Bahadur Hospital, Delhi in May 2012.

IYCF COUNSELING SPECIALIST COURSE
21ST TO 27TH JUNE 2012
Govt. Dist. Hospital, Hindupur. A.P.
**Punjab**
A capacity building training with the intent to enhance optimal breastfeeding rates was jointly organised by NRHM Punjab and BPNI for Middle Level Trainers (MLTs) and Front line workers/ Community health workers in ten districts of Punjab, to strengthen the districts’ capacity for counselling on breastfeeding and complementary feeding. A total of around 600 MLTs and 8600 frontline workers were trained over a period of 10 months.

**Rajasthan**
A capacity building training was jointly organised by NRHM Rajasthan, NIPI-UNOPS and BPNI for MLTs (district level doctors and nurses) and Yashoda workers with an objective to enhance early and exclusive breastfeeding for the first six months in 33 districts of Rajasthan state.

The programme included training of MLTs and Yashoda workers in all 33 districts of Rajasthan. A total of 105 MLTs and 567 Yashoda workers were trained over a period of two and half months between January 2012 and March 2012. Full report available at [http://bpni.org/Training/Report-Rajasthan-Training.pdf](http://bpni.org/Training/Report-Rajasthan-Training.pdf)
BPNI is a notified NGO by the government of India for monitoring the compliance with the Infant Milk Substitutes, Infant Foods and Feeding Bottles (Regulation of Production, Distribution and Supply) Act, 1992 as amended in 2003.

**BPNI-The Whistle Blowers**

Nestlé’s Greenwash was developed while the company was facing a criminal trial in a court in Delhi for violating the IMS Act! BPNI’s immediate alerts worked and the Minister of Women and Child Development; Government of India refused to participate in a promotional event of Nestle! http://www.bpni.org/Nestle-Does-a-GREENWASH.html

Nestle products seized by the Department of Health, Haryana - this was the first state action in the country to implement Infant Milk Substitute (IMS) Act. The premises of M/s Satnarayan & Company, a wholesale distributor of Nestle infant milk substitute food products, located at New Grain Market, Rohtak has been raided jointly by a team of Health Department and Food and Drug Administration (FDA), Haryana on 1st August 2012, and tins of infant milk substitutes, whose labels violated the IMS Act, have been confiscated. Later on Nestle’s factory at Samalkha, near Panipat, was raided by FDA and containers of IMS products were seized.

Conspiracy by Nestle unearthed- The alarming news of a “secret” meeting of doctors at Gorakhpur on 25th August 2012 sponsored by Nestle was given to the media by Dr. KP Kushwaha, Principal and Head of Pediatrics, Department of BRD Medical College, Gorakhpur whose a member of BPNI. He informed the media to visit the venue to capture photo evidences but when the media reached there, organizers of the meeting did not allow any kind of photography or recording of the event.

The matter was taken up by IMA and IAP Gorakpur to take action against doctors for their participation in a conference that violates IMS Act. The secretary, IAP Gorakhpur resigned from his post accepting his moral responsibility, as he was one of the participants of the secret conference.

IAP members boycott scientific conference organised by NNI- A scientific conference organised by Nestle Nutrition Institute at Surat on 24th April 2012 was boycotted by paediatricians, as a result of IAP taking prompt action against this violation of the IMS Act.

**Government of India issues communication to apprise state on IMS Act**- Section (9) of the IMS prohibits any sponsorship of health workers or their association or health system by manufacturer of the products under the scope of law directly or indirectly. Taking note of this, the Joint Secretary, Ministry of Women and Child Development wrote to state governments (letter no. d.o.No.5(5)/2011/ND-Tech dated 7.3.2012) to take strict action against such programmes, sponsored by infant food manufacturers companies as well as those who attend them.
BPNI continued to keep its members updated with the latest information on breastfeeding and infant and young child feeding by developing regular Bulletin/Newsletters, State Report Cards, articles and scientific publications.

Research
BPNI is implementing a Partner Driven Cooperation (PDC) with a Swedish partner International Maternal and Child Health (IMCH), Department of Women’s and Children’s Health, Uppsala University, titled “using evidence-based advocacy to improve infant and young child health and survival in India” since 2011.

As a part of the PDC initiative a collaborative research project on Combining Breastfeeding and Paid Work: A Qualitative Research Study in India was undertaken. Before the onset the research team at BPNI received intensive 3-day training on qualitative research methods in February 2012. Data collection for qualitative research was accomplished by the research team during March-April 2012. There were a total of 20 in-depth interviews to be conducted. The interviews were recorded, transcribed, translated and analysed using grounded theory.

Also as a part of the research methodology, the research team attended a one-day training on counselling skills on 6th March 2012 at UCMS & GTB Hospital, New Delhi, India. This helped during conducting the in-depth interviews with subjects in the field for the Qualitative research. As a next step Dr. J.P. Dadhich and Dr. Shoba Suri from BPNI participated in a workshop on qualitative data analysis at IMCH, Uppsala, from 27-31st August 2012. The workshop was to understand the qualitative data analysis method of “grounded theory” being applied to analyse data of the qualitative research on “Combining Breastfeeding and Paid Work”.

District survey on infant and young child feeding practices
The Women’s Development and Child Welfare Dept., Government of Andhra Pradesh entrusted the task of conducting the baseline and endline evaluation on infant and young child feeding practices in Nizamabad district, Andhra Pradesh to BPNI under their proposal on IYCF assessment in Nizamabad district with UNICEF. The baseline assessment of IYCF practices and KAP on IYCF practices was planned, executed and report submitted to the Women Development and Child Welfare Dept., Government of Andhra Pradesh in May 2012.

The baseline survey showed only 42% mothers initiated breastfeeding within one hour, 58% mothers exclusively breastfed their infant till 6 months and only 37% mothers started complementary feeding at the onset of 7 months. Prelacteal feed like honey or milk other than breastmilk was common practice.

Bulletin/Newsletter/Reports
BPNI Bulletin No 35 on “Skilled Counselling on IYCF- An effective intervention to promote optimal infant feeding” illustrates the importance of counselling skills as an effective intervention to promote optimal infant feeding. Http://bpni.org/bulletin/Bulletin_35.pdf
IBFAN Asia Position Statement on HIV and Infant Feeding documents the current research findings, protocols, and guidelines.

Article on ‘Does Formula Feeding contributes to childhood obesity?’ in Centre for Science and Environment
http://www.cseindia.org/content/does-formula-feeding-contribute-childhood-obesity

Marketing Offenders - Examples of inappropriate baby food promotion from around the world
http://worldbreastfeedingconference.org/images/marketing_offenders.pdf

Are our babies falling through the gaps? The state of policies and programme implementation of the Global Strategy of Infant and Young Child Feeding in 51 countries

Developed and printed 13 State Report Cards (Madhya Pradesh, Karnataka, Andhra Pradesh, Tamil Nadu, Kerala, Arunachal Pradesh, Mizoram, Jharkhand, West Bengal, Haryana, Uttar Pradesh, Gujarat, and Maharashtra).
http://bpni.org/pdc.html
Articles & Scientific publications

I. Ready to use therapeutic food is not the solution to malnutrition in World Nutrition, April 2012, 3, 4, 168-171.
http://www.wphna.org/htdocs/2012_apr_wn6_rutf_letter.htm

II. Tackling Conflict of Interest and Misconduct in Biomedical Research in Indian Paediatrics 2012; 49: 527-531.
http://indianpediatrics.net/july2012/527.pdf

III. The status of policy and programmes on infant and young child feeding in 40 countries in Health Policy and Planning, doi: 10.1093/heapol/czs061
http://heapol.oxfordjournals.org/content/early/2012/07/01/heapol.czs061.full.pdf

IV. Article on “Commodifying Malnutrition” in Infochange India’s 2012 issue on Malnutrition
http://infochangeindia.org/agenda/malnutrition/commodifying-malnutrition.html

V. Article on Two Contemporary Challenges: Corporate Control over Food and Nutrition and the Absence of a Focus on the Social Determinants of Nutrition in Right to Food and Nutrition Watch 2012
BABIES NEED MOM-MADE NOT MAN-MADE!

The campaign is based on the recognition that mothers know what is best for their children; the tag line expresses it powerfully by placing it in contrast to the man-made alternative i.e. commercial industrially made baby food. People need to compare and go for what is a better option.

A major reason for decline in breastfeeding rates in the 20th century is the popularisation of alternatives through the market-based approach. Lack of proper support in health care system, social taboos, cultural barriers and lack of support for working women at the worksite are some other reasons. Use of clever marketing techniques by baby food manufacturing companies have upturned basic human child-rearing and food habits, all the while making people believe that they have chosen a better way to feed and raise their children on the man-made (factory made) stuff. This is the big fight that has to be won by the people.

BPNI through its social media and Facebook page on BABIES NEED MOM-MADE NOT MAN-MADE!, updates its members and people with the latest developments in the processed baby food sector, debunks misinformation and busts the myth that man made food is equal or better than mom-made (natural). The page also stresses the need to re-establish in the popular mindset that breastfeeding for first six months and homemade complementary foods with continued breastfeeding for two years are unquestionably the natural ways to feed babies.

Theatre for a cause organised a powerful piece of art in the form of one-act play during the WBC 2012 called “I will not cry” directed and scripted by the famous Indian theatre director Arvind Gaur and performed by Lushin Dubey, a known Indian theatre artist. The play focussed on the issue of increasing number of child deaths in our country and reminded us of our collective responsibility as a nation to act together.

Breastfeeding support through visual, paint, graphic art- During the WBC 2012, student volunteers of College of Art, Delhi University created and displayed an overwhelming range of sculptures, paintings and digital posters on breastfeeding focusing on the theme Babies Need Mom-Made Not Man-Made!. The exhibition turned out to be the ultimate platform for depicting the value of breastfeeding through art and culture. In total 14 sculptures, 25 paintings and 20 posters were exhibited at the conference for all three days. Photographs of the exhibits are available on the conference website.

Song on breastfeeding titled “Ma”- The student volunteers from AJK Mass Communication and Research Centre, Jamia Milia Islamia, New Delhi composed the lyrics and performed the song titled “Ma” which depicted the importance of breastmilk as the best for the baby.
OTHER ACTIVITIES/DEVELOPMENT

Organisational Capacity Building
A BPNI-IBFAN Asia Strategic Planning Meeting held at Nainital, India from 25-27th Sept 2012 to discuss and develop work plan and activities for next five years 2013-17.

Administrative meetings
- The Annual General Body Meeting of BPNI was held on 14th June 2012 from 10 am to 1 pm at BPNI HQ, SU-74, Pitampura, New Delhi.
- Elections for appointing of the Central Coordination Committee (CCC) members (5), Chief Coordinator, Central Coordinator and Treasurer was held on 14th June 2012 from 10 am to 1 pm at BPNI HQ, SU-74, Pitampura, New Delhi. The new CCC members are Dr.Ajay Gaur-Madhya Pradesh, Dr.K.Kesavulu-Andhra Pradesh, Dr.Sunita Katyayan-Ranchi, Dr.Dinesh Khosla-Haryana, and Dr.Alka Kuthe-Maharashtra. The Chief Coordinator is Dr.K.P.Kushwaha-Uttar Pradesh, Central Coordinator Dr.Arun Gupta-New Delhi, and Treasurer Dr.Pawan Garg-New Delhi.
BPNI/IBFAN Asia acknowledges the support and contribution of all partners (national and international) who have helped BPNI in its work to protect promote and support breastfeeding.

BPNI host the Regional Coordinating Office (RCO) of IBFAN Asia coordinating IYCF related activities in 25 Asian countries. BPNI also hosts the WABA focal point office for South Asia.

Government of India, the Planning Commission, Ministry of Women and Child Development and Ministry of Health and Family Welfare for placing breastfeeding and infant and young child feeding at the centre of their policies related to child survival and health and always extending support to BPNI in all its endeavours.

State Governments, NRHM Punjab, NRHM Rajasthan, Government of Andhra Pradesh who contributed along the way, without which it is not possible to carry out the work.

Swedish Development Cooperation Agency (Sida) and the Norwegian Agency for Development Cooperation (NORAD), who have been primarily responsible for funding our work on breastfeeding.

We received national and international funding from many sources during the year 2012, for the World Breastfeeding Conference. To begin with NORAD and Sida supported our five-year strategic plan, of which the conference is an integral activity. We are grateful to Ministry of Women and Child Development for partnering with us in hosting the conference, and Ministry of Health and Family Welfare for the support given. We acknowledge with appreciation the financial assistance given by USAID and the Marcia Brady Tucker Foundation for the conference. The SEARO-WHO for supporting the travel and boarding of selected participants. The World Bank for its contribution through the SAFANSI Trust Fund (contribution by DFID and USAID) is sincerely appreciated.

Partners
- Centre for Women’s Development Studies (CWDS)
- Association for Consumer Action on Safety & Health (ACASH)
- Indian Academy of Pediatrics (IAP)
- Parliamentarian Forum on Human Rights for Global Development
- Christian Medical Association of India (CMAI)
- National Neonatology Forum of India (NNF)
- Federation of Obstetric and Gynaecological Societies of India (FOGSI)
- Initiative for Health Equity & Society (IHES)
- Public Health Resource Society
- NAVDANYA
- Indian Medical Association (IMA)
- Indian Alliance for Child Rights (IACR)
- Trained Nurses association of India (TNAI)
- Jan Swasthya Abhiyan Secretariat (PHM India)
**MANAGEMENT & STAFF**

### CENTRAL COORDINATION COMMITTEE

**Chief Coordinator**
Dr. K.P. Kushwaha, Gorakhpur, Uttar Pradesh

**Central Coordinator**
Dr. Arun Gupta, New Delhi

**Finance Coordinator**
Dr Pawan Garg, New Delhi

**Members**
Dr. Ajay Gaur, Gwalior, Madhya Pradesh
Dr. Sunita Katyayan, Ranchi, Jharkhand
Dr. Dinesh Khosla, Rohtak, Haryana
Dr. K. Kesavulu, Hindupur, Andhra Pradesh
Dr. Alka V. Kuthe, Amravati, Maharashtra

### BPNI/IBFAN ASIA STAFF 2012

Dr Arun Gupta, Central Coordinator (BPNI) & Regional Coordinator (IBFAN Asia)
Dr JP Dadhich, National Coordinator (BPNI)
Ms. Radha Holla Bhar, Campaign Coordinator
Mr PK Sudhir, Coordinator, Training & Finance
Dr Shoba Suri, Senior Programme Officer (Research)
Ms Beena Bhatt, Senior Programme Officer (IT)
Mr LR Gupta, Programme Officer (Administration)
Ms. Veena Rawat, Programme Officer (Information & Social Mobilization)
Dr Neelima Thakur, Programme Officer (Research)
Ms Nupur Bidla, Programme Officer (Research & Communication)

Mr Manish Kumar, Programme Officer (Training)
Ms Fariha Siddiqui, Programme Officer (Training)
Ms Arnika Sharma, Programme Officer, Training
Mr Amit Dahiya, Programme Officer (DTP/IT/Training)
Ms Arooshi Garg, Research Assistant
Mohd Kashif Khan, Programme Assistant (Accounts)
Mr Vijay Pal, Assistant cum Driver
Mr Suresh Kumar, Office Assistant
Mr Ashok Kumar, Assistant cum Driver
Mr Vinay Kumar, Office Assistant
Breastfeeding Promotion Network of India
BP-33, Pitampura, Delhi - 110034

Balance Sheet as on 31 March 2012

<table>
<thead>
<tr>
<th>Source of Funds (Liabilities)</th>
<th>Amount Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Fee</td>
<td>1,812,718.00</td>
</tr>
<tr>
<td>Add: Received</td>
<td>14,000.00</td>
</tr>
<tr>
<td>Donation for Corpus</td>
<td>25,000.00</td>
</tr>
<tr>
<td></td>
<td>1,851,718.00</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
</tr>
<tr>
<td>Sundry Creditors</td>
<td>811,941.47</td>
</tr>
<tr>
<td>Expenses Payable</td>
<td>47,737.00</td>
</tr>
<tr>
<td>Fixed Assets Fund</td>
<td>727,633.53</td>
</tr>
<tr>
<td>Grant in advance</td>
<td>862,995.26</td>
</tr>
<tr>
<td>Training fee in advance</td>
<td>23,903.00</td>
</tr>
<tr>
<td>TDS payable</td>
<td>42,464.00</td>
</tr>
<tr>
<td></td>
<td>2,516,674.26</td>
</tr>
<tr>
<td>Profit &amp; Loss a/c</td>
<td></td>
</tr>
<tr>
<td>Excess of Receipt over Expenditure for last year</td>
<td>119,539.83</td>
</tr>
<tr>
<td>Add: Excess of Receipt over expenditure for current yr</td>
<td>303,619.07</td>
</tr>
<tr>
<td></td>
<td>422,559.90</td>
</tr>
<tr>
<td></td>
<td>4,796,951.16</td>
</tr>
</tbody>
</table>

Application of Funds (Assets)

<table>
<thead>
<tr>
<th>Fixed Assets</th>
<th>Amount Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAI per annum (&quot;A&quot;)</td>
<td>229,770.37</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash &amp; Bank Balances</td>
<td></td>
</tr>
<tr>
<td>Cash in Hand</td>
<td>21,057.89</td>
</tr>
<tr>
<td>Canara Bank (Corpus) a/c 84677</td>
<td>737,732.43</td>
</tr>
<tr>
<td>Canara Bank (FCRA) a/c 84701</td>
<td>336,343.86</td>
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<tr>
<td>Canara Bank a/c 17392</td>
<td>26,963.60</td>
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<tr>
<td>Canara Bank a/c 266720</td>
<td>26,097.61</td>
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<td>ICICI Bank a/c 0150410012949</td>
<td>118,413.12</td>
</tr>
<tr>
<td>Deposits with Bank</td>
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<tr>
<td>Canara Bank, Pitampura, Delhi</td>
<td>194,068.75</td>
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<tr>
<td></td>
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<tr>
<td>Deposits</td>
<td></td>
</tr>
<tr>
<td>Misc. Security Deposit</td>
<td>98,750.00</td>
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<tr>
<td></td>
<td>98,750.00</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Deducted at Source</td>
<td></td>
</tr>
<tr>
<td>TDS - 2006-2007</td>
<td>16,369.00</td>
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<tr>
<td>TDS - 2007-2008</td>
<td>17,486.00</td>
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<tr>
<td>TDS - 2008-2009</td>
<td>28,453.00</td>
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<tr>
<td>TDS - 2009-2010</td>
<td>14,068.00</td>
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<tr>
<td>TDS - 2010-2011</td>
<td>184,743.00</td>
</tr>
<tr>
<td>TDS - 2011-2012</td>
<td>125,950.00</td>
</tr>
<tr>
<td></td>
<td>387,079.00</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans &amp; Advances</td>
<td></td>
</tr>
<tr>
<td>Grant Receivable</td>
<td>2,770,585.36</td>
</tr>
<tr>
<td>Sundry Debtors</td>
<td>496,375.00</td>
</tr>
<tr>
<td>Loans &amp; Advances</td>
<td>50,348.00</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>70,291.00</td>
</tr>
<tr>
<td></td>
<td>3,337,619.36</td>
</tr>
<tr>
<td></td>
<td>4,796,951.16</td>
</tr>
</tbody>
</table>

As per our Report, this is the Last Statement Attached
For BHAPNI, Pitampura, Delhi
Chartered Accountants,

H.P.Singh
Partner

Dr. Pravat Garg
Treasurer

Dr. Arun Gupta
Central Cooridnator

Date: 31-3-2012
Place: Delhi

Breastfeeding Promotion Network of India
BP-33, Pitampura, Delhi 110 034
Breastfeeding Promotion Network of India  
BP-33, Pitam Pura, Delhi - 110034

Income & Expenditure Account for the year ended 31 March 2012

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Received</td>
<td>12,310,766.32</td>
</tr>
<tr>
<td>IBFAN Asia Project</td>
<td>3,969,859.74</td>
</tr>
<tr>
<td>SIDA-POC- Improving Infant Health &amp; Survival</td>
<td>2,194,934.00</td>
</tr>
<tr>
<td>Training of MLT &amp; Yashodas, Rajasthan</td>
<td>1,231,809.00</td>
</tr>
<tr>
<td>Plan Int - Improving BF Practices UP &amp; Bihar</td>
<td>771,488.00</td>
</tr>
<tr>
<td>Capacity Building training in Punjab</td>
<td>436,019.09</td>
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<tr>
<td>National Consultation-Burig, HP</td>
<td>352,000.00</td>
</tr>
<tr>
<td>TYCP Counseling Specialist Courses</td>
<td>172,621.00</td>
</tr>
<tr>
<td>Assessment of TYCP Practices in Nizamabad, AP</td>
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</tr>
<tr>
<td>Publication Receipts</td>
<td>1,520,363.00</td>
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<tr>
<td>Supply of miscellaneous training tools</td>
<td>168,225.00</td>
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<tr>
<td>Bank Interest</td>
<td>177,201.00</td>
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<tr>
<td>BPNI Coordination Rajasthan training</td>
<td>50,055.00</td>
</tr>
<tr>
<td>Misc. Income</td>
<td>7,820.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23,363,141.15</strong></td>
</tr>
</tbody>
</table>

As per our Report of Even Date Attached  
For BHAVIK RAVAL & ASSOCIATES  
Chartered Accountants  
H.P. Singh  
Partner

For Breastfeeding Promotion Network of India  
Dr. Pawan Garg  
Treasurer  
Dr. Arun Gupta  
Central Coordinator  

BREASTFEEDING PROMOTION  
NETWORK OF INDIA  
BP-33, Pitam Pura , Delhi-110 034
## Breastfeeding Promotion Network of India

BP-33, Pitam Pura, Delhi - 110034

Income & Expenditure Account for the year ended 31 March, 2012

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Expenses</td>
<td>12,310,766.32</td>
</tr>
<tr>
<td>IBFAN Asia Project</td>
<td>3,969,839.74</td>
</tr>
<tr>
<td>SIDA-PDC - Improving Infant Health &amp; Survival</td>
<td>2,229,934.00</td>
</tr>
<tr>
<td>Training of M.T. &amp; Yashodhara, Rajasthan</td>
<td>1,142,645.00</td>
</tr>
<tr>
<td>Plan Int'l - Improving BF Practices UP &amp; Bihar</td>
<td>599,290.00</td>
</tr>
<tr>
<td>Capacity Building training in Punjab</td>
<td>436,019.09</td>
</tr>
<tr>
<td>National Consultation- Barog, HP</td>
<td>329,275.00</td>
</tr>
<tr>
<td>IYCF Counseling Specialists Courses</td>
<td>172,621.00</td>
</tr>
<tr>
<td>Assessment of IYCF Practices in Nizamabad, AP</td>
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</tr>
<tr>
<td>Production of Material</td>
<td>1,103,450.00</td>
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<tr>
<td>BPNI Core Activity Expenses</td>
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<tr>
<td>Advocacy Expenses</td>
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<tr>
<td>Audit fee</td>
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<tr>
<td>Bank Charges</td>
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</tr>
<tr>
<td>BPNI Core expenses</td>
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<tr>
<td>Depreciation</td>
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<td>General Expenses</td>
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<tr>
<td>Membership Subscription charges</td>
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<tr>
<td>BPNI Admn. Costs</td>
<td>70,616.00</td>
</tr>
<tr>
<td>Postage &amp; Courier</td>
<td>29,680.00</td>
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<tr>
<td>Printing &amp; Stationery</td>
<td>6,080.00</td>
</tr>
<tr>
<td>Staffs welfare expenses</td>
<td>1,556.00</td>
</tr>
<tr>
<td>Short &amp; excess written off</td>
<td>0.43</td>
</tr>
<tr>
<td>Telephone &amp; communication expenses</td>
<td>13,100.00</td>
</tr>
<tr>
<td>Travelling &amp; Conveyance</td>
<td>81,132.74</td>
</tr>
</tbody>
</table>

**Excess of Income over Expenditure**

363,019.07

23,363,141.15

As per our Report of these date Attached
For BREASTFEEDING PROMOTION NETWORK OF INDIA

Firm Name: BHAWANA ASSOCIATES
Chartered Accountants

H.P. Singhal
Partner

21/03/2012

For Breastfeeding Promotion Network of India

Dr. Pawan Garg
Treasurer

Dr. Arun Gupta
Central Coordinator

BREASTFEEDING PROMOTION
NETWORK OF INDIA

BP-33, Pitam Pura, Delhi - 110 034
Almost 7 million children under five years of age die globally every year mostly in the poor countries, largely from preventable causes. Of these, two thirds die before they reach their first birthday, most from pneumonia, diarrhoea and newborn infections. One third of all under-five deaths are due to undernutrition.

Breastfeeding is a public health imperative. There is no food more nutritious, locally produced, affordable and sustainable than breastmilk. Artificial feeding increases the risk of not only childhood infections, but also of non-communicable diseases (NCDs) such as diabetes, obesity, cardiovascular disease and cancers, which are assuming epidemic proportions. But two out of three infants or 92 million infants of 136 million born - are either artificially or mixed fed.

Initiating breastfeeding within the first hour of birth can reduce neonatal mortality by 20%, but shockingly, more than half the world’s newborns are not breastfeed within an hour of birth. Globally less than 40% of infants under six months are exclusively breastfed. Infants need continued breastfeeding along with adequate amounts of complementary foods after they are six months old and continued breastfeeding for two years or beyond. Yet, only a minority of children continue breastfeeding until the age of two.

Breastfeeding has enormous benefits for maternal health, and is an important factor in child spacing for the millions of women who have no access to modern forms of contraception. Optimal breastfeeding and infant and young child feeding rates are low because:

- Women lack support for breastfeeding and for appropriate complementary feeding.
- There is widespread ignorance and lack of awareness of their importance.
- Baby food and feeding products industries continue to mislead parents and market products aggressively.
- The commercial, for-profit sector and their front organizations are unduly influencing national and international decision-making processes, policies and programmes.
- Glaring gaps exist in national policy and programmes as documented by the World Breastfeeding Trends Initiative (WBTI) and others.
- Ready to use or processed foods are being pushed to replace appropriate family foods after six months.

Over the last four decades, the global community has failed to achieve its commitments to improve children’s health. The Alma Ata Declaration of Health for All by the Year 2000 has not been realized. The Convention on the Rights of the Child, endorsed by all but two countries of the world, has not yet been fulfilled. Therefore the Millennium Development Goals to reduce poverty, maternal and child mortality significantly by 2015 will be largely unmet.

Today, at the first World Breastfeeding Conference 2012, we, the participants from 83 countries coming from diverse groups including governments, breastfeeding organisations, health providers, peoples organisations and movements, international NGOs and individuals - are all concerned at the continuing inequality in health and nutrition and the subjugation of these concerns to the business objectives of corporations.

We recognize that protection, promotion and support of breastfeeding and optimal infant and young child feeding is a human rights issue and should be entrenched in the public policy and programmes as a necessary condition needing resources.
We call upon all concerned to take the following actions:

1. Adopt a human right-based approach to the protection, promotion and support of breastfeeding and infant and young child feeding at international, national, sub-national and community levels.

2. Establish institutional mechanisms to avoid and manage conflicts of interest in health and nutrition decision-making and programme implementation.

3. Support all women with a comprehensive system of maternity protection at work, including the non-formal sector, with a provision of financing.

4. Ensure appropriate and adequate education and training of all health care professionals and allied health and community workers both in pre-service and in-service, and in all sectors, to counter widespread ignorance.

5. Establish clear budget lines for breastfeeding and infant and young child feeding policy and programme interventions to ensure adequate human and financial resources in order to enhance optimal practices.

6. Invest in the Baby Friendly Hospital Initiative including mother friendly practices and link it to community initiatives. Further this should be rooted in all maternal and neonatal health programmes, and with due attention to low birth weight babies.

7. Publicise widely the multiple risks of artificial feeding, bottles and teats as well as early complementary feeding through all kinds of media campaigns.

8. Ensure universal access to accurate information and counselling on breastfeeding and infant and young child feeding to all mothers, and to do that provide skilled counsellors in the health facilities and in the community so that they are available for any situation.

9. Monitor and track the Global Strategy for Infant and Young Child Feeding in every country using World Breastfeeding Trends Initiative (WBTi) and advocate to bridge the gaps.

10. Protect breastfeeding from commercial sector, by strictly enforcing the International Code of Marketing of Breastmilk Substitutes and subsequent related World Health Assembly Resolutions and prohibit all kinds of promotion of commercial foods for children for two years or beyond.

11. Promote the use of affordable and diverse, locally grown, indigenous foods for timely and appropriate complementary feeding after six months along with continued breastfeeding.

12. Enhance and support breastfeeding related research with public funding.
BPNI’S SWOT (STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS) ANALYSIS

**Strengths**
- Established credibility with the government of India & state governments, professional bodies, national & international agencies and partners
- Established a Gazetted status from Government of India - notified under Gazette of India
- Follows a clear Ethical (core value) and funding policy
- Strong technical knowledge hub (training) & programme analysis
- Openness to evolve, broaden and diversification of work sphere
- Extreme perseverance to achieve goals
- Establishing a research team
- Excellent training team with experience of diverse groups of health systems & front line workers
- Commitment to respond to challenging and dynamic environment
- Supportive environment and staff with flexibility of work and timing
- Dedicated and committed leader since 20 years
- Flag bearers on infant and young child feeding
- Recognition as premier organisation for breastfeeding work

**Weaknesses**
- Lack of field based programmes and resources to mobilise district or block level action
- Lack of visibility despite doing good work
- Not widening our reach, stuck to monitoring the IMS Act and advocacy role
- Weak communication/campaign strategies
- Lack of communication staff and inadequate human resources for effective follow up at different levels
- Uncertain financial resources
- Improper utilisation of available human resources
- Communication gap within the network
- Lack of organised work planning
- Lack of research opportunity
- Infrastructure (office rented)

**Opportunity**
- Networking with governments
- Partnership with professional organisation like FOGSI
- Partnership with NIPCCD for World Breastfeeding Trends Initiative India Assessment 2012
- Advocacy efforts have led to inclusion of IYCF in the 12th five year plan and focus on under two years children in the restructuring ICDS-Mission mode document
- Networking with other organisations of similar interest
- Conflict of Interest more understood as an issue
- Increased global appreciation of issue of breastfeeding
- Monthly donor base idea to generate funding opportunity
- Using communication as an opportunity
- Global and national networking
- Growing interest in nutrition
- Social mobilisation through WBW catching up further
- Developing and promoting new tagline-Babies need mom made not man made
- Developing the tool State Breastfeeding Trends Initiative for assessment of state policy and programme

**Threat**
- Corporate/Food industry/Infant milk substitutes companies are constant threat
- Misinformation/lack of awareness on formula feeding among people
- Misleading propaganda by commercial agencies in collaboration with politicians
- Lack of continuous funding and resources
- New attempts to undermine breastfeeding and growing strength of industry
- Commercial green wash from corporate & industry, manipulative strategies of association
- Lack of political support for breastfeeding
- Violations of protecting legislations
- Partnerships growing globally in Nutrition