



**Breastfeeding  
Promotion Network of India**  
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**BPNI/IMS Act/2021/029**

**December 20, 2021**

**Shri Rajiv Gauba,  
Cabinet Secretary of India,  
Cabinet Secretariat,  
Rashtrapati Bhawan,  
New Delhi - 110 004.**

**Email- [cabinetsy@nic.in](mailto:cabinetsy@nic.in)**

**Sub:** Request to change the Rules of Business to effectively implement Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003(IMS Act)

Hon'ble Cabinet Secretary Shri Gauba Ji.

Greetings from Breastfeeding Promotion Network of India (BPNI)!

Breastfeeding Promotion Network of India (BPNI) is a 30 years old independent, nonprofit, national organization; working towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants & young children. In 1995, GOI notified BPNI in the Gazette of India to monitor the compliance of *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003* (IMS Act) in the country to monitor the compliance with the IMS Act. BPNI keeps a check on the baby food industry's manipulative promotional tactics to undermine breastfeeding in the hospitals in particular through sponsorships etc. BPNI reports to MOHFW and MOWCD on a regular basis.

According to the Rules of Business, the responsibility to implement the IMS Act, is assigned to MOWCD as per the letter from the Ministry of Health and Family Welfare to the Ministry of Women and Child Development ([No-Z.28020/87/2013-CH dated 15<sup>th</sup> January 2019](#)).

The IMS Act is a central Parliamentary Act '41 of 1992' and '38 of 2003' and was enacted as a follow up to the 'International Code of Marketing for Breastmilk Substitutes' adopted by the World Health Assembly in 1981. The IMS Act was enacted to control marketing of baby foods. According to the Statement of the Objectives and Reasons of the IMS Act.. "*Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute health hazard deaths*".

BPNI notes with grave concern, the blatant violations by the baby food companies due to lack of effective implementation, mostly in the health sector. BPNI likes to draw your attention to the recent report "Under Attack" <https://www.bpni.org/wp-content/uploads/2021/05/Under-Attack-Report-May-2021.pdf> that provides such evidence.

MOHFW has recently written to MOWCD to initiate action but nothing has been done so far as per our understanding.(Letter No-28020/47/2017-CH(Pt.6) Letter issued from MOHFW (Child Health Division) to, Secretary Women and Child Development dated 29<sup>th</sup> October 2021-Sub:-Violation of IMS Act-2003 by Nutricia International Pvt Ltd (DANONE)

**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.**

BPNI request you to take an appropriate action to change the rules of business so that MOHFW could deal with the IMS Act and create a section with legal staff and mechanisms in the ministry and appoint authorised officers in the States of India as decided in the meeting of the National Steering Committee on Infant and Young Child Feeding of 2015 and reinforced in 2017. (Attached minutes)

In this regard, BPNI submits as under why this change is justified:

1. Most of the provisions of the IMS Act pertain to the health care system. The SOR of the Act also makes clear reference that majorly it is the responsibility of the MOHFW. "The provisions relating to labelling and quality control of infant milk substitute, feeding bottles and infant foods are proposed to be implemented through the concerned Department in the State Government and Union territory administration under the overall control of the Ministry of Health and Family Welfare" (Annexure attached ;Bare Act-2016,Page No-2)
2. Operative Section 3 of the IMS Act is about prohibiting promotion and advertisements of baby foods for children under 2 years of age and feeding bottles; Section 4 is about incentives; Section 5 is about donations (linked to health sector), Section 6 is about labeling on baby foods (linked to health sector); Section 7 is about information to pregnant and lactating women ( linked to health sector); Section 8-9 are specific about use of health care systems ( linked to health sector); Section 10 is about commissions; Section 11 is about Food Standards ( linked to health sector).
3. As per BPNI's experience of more than 30 years, the scope of comprehensive implementation and enforcement of IMS Act is limited within MoWCD.


Therefore, we request you to change the Rules of Business to direct MOHFW to effectively implement this law.

We would be happy to present our arguments in person in case you so desire.

We hope to hear a positive response from you, as this is in the interest of the health and well being of India's women, infants and young children.

With our kindest regards,

Yours sincerely,



**Dr. Arun Gupta**  
Central Coordinator, BPNI

**Cc: - Shri Amitabh Kant, CEO, NITI Aayog**  
**Dr. Rajiv Kumar, Vice Chairman, NITI Aayog**  
**Shri Rajesh Bhushan, Secretary, MOHFW, GOI**  
**Shri Indevvar Pandey, Secretary, MOWCD, GOI**

## **Minutes of First Meeting of the National Steering Committee on Infant and Young Child Feeding held on 24<sup>th</sup> September, 2015**

The first meeting of the National Steering Committee on Infant and Young Child Feeding was held under the Chairpersonship of Secretary, MWCD, on 24<sup>th</sup> September, 2015 at 3:30 PM at Conference Hall, 112-C Wing Shastri Bhawan, New Delhi – 1. The list of participants is annexed.

2. At the outset, Secretary, WCD, Chairman of the Committee, welcomed all the members present in the meeting.

3. Dr. Rajesh Kumar, Joint Secretary (Nutrition), in his keynote address highlighted the importance of Infant and Young Child Nutrition and the need for Nation-wide implementation of the National Guidelines on Infant and Young Child Feeding and IMS Act. He also highlighted the ToRs of the Committee.

4. Dr. J.H. Panwal, Joint Technical Adviser and Member Secretary of the Committee shared the status of implementation of IMS Act in the country.

5. Secretary, WCD, desired that dissemination of IYCF messages be done by launching a sustained awareness campaign. The IYCF messages can also be taken up during the joint Village Health Sanitation and Nutrition Committee meetings. He further highlighted the issue of designating an IYCF Counsellor in every hospital. He also informed the members about the Ministry's proposal regarding the maternity leave to be increased to 8 months. Secretary (WCD) also suggested various strategies for effective dissemination and nation-wide reach of IYCF messages through inter-ministerial convergence. The platforms of Ministry of Panchayati Raj (Child Friendly Panchayats) and National Health Mission may be utilized to mobilize community and inclusion of module in trainings organized by the Ministry of Rural Development.

6. Ms. Nutan Guha Biswas, Additional Secretary, MWCD, opined that Ministry of Health & Family Welfare and Ministry of Women & Child Development should work together to create awareness about IMS Act and its enforcement. She further stressed upon the need to adopt a multi-pronged approach using ICDS as well as National Health Mission platform to improve IYCF practices. She also suggested inclusion of IYCF practices in the school curriculum of Secondary classes.
7. Dr. Rakesh Kumar, Joint Secretary, Ministry of Health & Family Welfare said that there is need to develop a strategy for implementation of the IMS Act and promotion of IYCF related activities for improvement in the rates of Infant and Young Child Feeding practices which could be the main key to make a dent on malnutrition. He further informed that training modules are being worked out and both the Ministries may work jointly in this regard. He further shared that Human Milk Bank guidelines are being prepared by the Ministry. He also stressed for propagation of IYCF messages through radio and television, etc.
8. Dr. Prema Ramachandran, Director, Nutrition Foundation of India, New Delhi, mentioned that one of the most important tools for communicating correct IYCF messages is the Mother Child Protection Card. The outreach of the same needs to be increased.
9. Dr. Umesh Kapil, AIIMS, stressed upon the need for dissemination of information about the IMS Act and IYCF practices among the medical fraternity as well as the community. He also mentioned that adequate provision of maternity leave for the working mothers in the country and supportive environment at public places and work areas need to be created.
10. Dr. Arun Gupta, BPNI, highlighted the need to disseminate the National Guidelines on IYCF across the country. He opined that a nodal person in the State empowered to take action under the IMS Act may be appointed. He further mentioned that the Baby Friendly Hospital Initiative is one of the key strategies to improve the IYCF practices in the country. He also suggested creating a National Resource Group and shared the interventions undertaken in Brazil to improve the rates of breastfeeding in the country.
11. Dr. Rajesh Kumar, Joint Secretary (Nutrition), MWCD, stressed the need to improve IYCF practices in the country, for which he suggested:
- Extensive IEC Campaign to disseminate the message.
  - Conditional maternity benefit may be universalized to follow IYCF practices.
  - The mothers may be given a small booklet after delivery
  - A 15-minute advocacy and training film be shown to mothers before

discharge from the hospital.

- YCF counsellor in each hospital to counsel mothers before discharge.
- Finalization and implementation of operational guidelines on YCF.

12. Ms. Sarada Muralidharan, Joint Secretary, Ministry of Panchyati Raj, informed that training manuals are being developed under which a module on YCF may be included.

13. After detailed deliberations, the Committee took the following decisions:

Extensive IEC Campaign to disseminate the message.

Universalization of conditional maternity benefit.

Development of advocacy booklets for mothers after delivery.

Development and screening of YCF training film at maternity wards of the hospitals.

Identification/ notification of YCF Counsellor in hospitals for counselling.

Inclusion of YCF module under training programmes of Ministry of Panchayati Raj and Rural Development.

Finalization and implementation of operational guidelines on YCF.

Inclusion of YCF practices in the school curriculum of Secondary classes.

States/UTs would be advised to make provisions for creation of facilities for supporting breastfeeding at public places.

Appointment of nodal officer in the States empowered to take action under the IMS Act.

The meeting ended with a vote of thanks to all the members by the Chairman.

**Annexure**

**List of participants**

1. Shri V. Somasundaran

Secretary

Ministry of Women and Child Development

New Delhi

1. Ms. Nutan Guha Biswan

Additional Secretary

Ministry of Women and Child Development

New Delhi

1. Dr. Rajesh Kumar

Joint Secretary (Nutrition)

Ministry of Women and Child Development

New Delhi

1. Dr. Rakesh Kumar

Joint Secretary (RCH)

Ministry of Health and Family Welfare

New Delhi

1. Ms. Sarada Muralidharan

Joint Secretary

Ministry of Panchayati Raj

New Delhi

1. Shri Arun Kumar Misra

Special Secretary (ICDS)

Department of Women and Child Development

Lucknow, UP

1. Shri. J. N. Kansotia

Secretary

Department of Women and Child Development

Government of MP

Bhopal

1. Dr. Pradeep Saxena

Additional DDG

Directorate General of Health Services

Ministry of Health and Family Welfare

1. Dr. Prema Ramachandran

Director, Nutrition Foundation of India

New Delhi

1. Shri Raj kumar Tyagi

Deputy Director

Department of Consumer Affairs

1. Ms. Jyoti Pahwa

Under Secretary

Department of School Education & Literacy

Ministry of Human Resource Development

New Delhi

1. Ms. L. Renthlei

Assistant Director

Ministry of Tribal Affairs

1. Ms. Sukhmani Singh

Technical Officer

FSSAI

1. Shri P Kartikeyan

Assistant Director

FSSAI

1. Dr. Dinesh Paul

Director

NIPCCD

1. Dr. Umesh Kapil

Professor

Human Nutrition Unit

AIIMS

1. Dr. A. S. Vasudev

National Joint Secretary

Indian Academy of Pediatrics

New Delhi

1. Dr. Arun Gupta

Central Coordinator

Breastfeeding Promotion Network of India

1. Dr. J. H. Panwal

Joint Technical Adviser,

FNB, MWCD, New Delhi

1. Dr. S. Premi Devi



Deputy Technical Adviser

FNB, MWCD, New Delhi

1. Ms. Anita Makhijani

Deputy Technical Adviser

FNB, MWCD, New Delhi

1. Shri R. P. Yadav

Assistant Technical Adviser

FNB, MWCD, New Delhi

1. Ms. Shalini Gupta

Assistant Technical Adviser

FNB, MWCD, New Delhi

**Minutes of Second Meeting of the National Steering  
Committee on Infant and Young Child Feeding held on  
23<sup>rd</sup> November, 2017.**

The Second meeting of the National Steering Committee on Infant and Young Child Feeding (IYCF) was held on 23<sup>rd</sup> November, 2017 at 10.00 AM at Conference Hall (Room No. 602), A-Wing, Shastri Bhawan, New Delhi under the Chairmanship of Secretary, Ministry of Women and Child Development (MWCD) to review progress made on the recommendation of the first meeting of Steering Committee. The list of participants is annexed.

2. At the outset, Secretary, WCD, Chairman of the Committee, welcomed all the members present in the meeting.

He stressed upon low prevalence of Complementary Feeding along with continued Breastfeeding which is matter of concern. He suggested that Ministry of Health and Family Welfare and Ministry of Women and Child Development should jointly work on strategies to arrest the declining trend of complementary feeding in the country. He also advised that this Committee should regularly meet once/twice in a year. The platforms of Ministry of Panchayati Raj (Child Friendly Panchayats) and National Health Mission may be utilized to mobilize community and inclusion of module in trainings organised by the Ministry of Rural Development.

3. Joint Secretary (Nutrition), highlighted the importance of Infant and Young Child Nutrition and the progress made so far. He emphasised that awareness should be created among expecting mothers, pregnant women for imparting valuable education. This may be done by dissemination of an Audio Visual created by Ministry named Navjat-ki-Suraksha which is shared with the line Ministries and all States/UTs for wide screening, including in district hospitals for the expecting mothers. He also highlighted the role of doctors in initiation of

breastfeeding within one hour of child birth and shared the brief on maternity benefit Scheme of the Ministry i.e. Pradhan Mantri Matru Vandana Yojna (PMMVY). He also emphasized on release of joint guidelines with Ministry of Health and Family Welfare (MoHFW) on IYCF.

He also emphasized on the real time monitoring on nutrition indicators including IYCF through Integrated Child Development Services - Common Application Software (ICDS-CAS) and Hon'ble Prime Minister's decision on dedicated focus on improving outcomes at District level on nutrition indicators with quarterly review and convergence between key departments (Health, WCD, Water & Sanitation, Panchayati Raj) at district level on nutrition issues.

4. States representatives of Himachal Pradesh, Bihar and Maharashtra shared a brief on IYCF practices in their respective states with status on maternity benefits given to Pregnant Women under PMMVY.

5 . Dr. Arun Gupta, Breastfeeding Promotion Network of India (BPNI), pointed out weak implementation of the IMS Act, lack of awareness at grassroot level, shared the utility of BPNI mobile application and discussed the use of App by the Government of India. He also suggested nomination of District. Civil Surgeon as an authorised officer under the IMS Act. For capacity building offered his services to help build the capacity at State and District level. He also suggested that a dedicated budget may be created for IYCF interventions.

6. Dr. Ajay Khera, Deputy Commissioner, Ministry of Health & Family Welfare suggested that five master trainers at each district should be trained who, in turn, will train the frontline workers i.e ANM, AWW and ASHA. He also proposed to create around 3500 middle level trainers over 3 years. It was decided to build State Institutions as Resource Centres and engage with BPNI to build capacity of these State Resource Centres. Antenatal Care (ANC) may be used to introduce IYCF counselling and decisions on feeding of the baby be recorded along with other family members. Common training (as in Mothers Absolute Affection programme of MoHFW) module on

IYCF by both Ministries was agreed and its roll out will be done through the operational guidelines on IYCF which will be jointly issued soon.

7. Ms. Kalpana Rajput, Joint Secretary, Ministry of Labour and Employment discussed Maternity Benefit Act and stressed on its implementation in corporate/private sectors effectively and sensitization of the industries on these matters.

8. Dr. Prema Ramachandaran, Director, Nutrition Foundation of India, suggested use of existing facility like NIPCCD, State Institute of Health and Family Welfare and also linked Medical and Home Science Colleges available in the States for sustainable progress. She also suggested use of wasting as an indicator which can be reversed in a period of 3 months unlike Stunting which might take 4-5 years to show results.

9. Secretary, WCD shared the initiative of inclusion of IYCF practices, health education component in school curriculum of NCERT wherein information about Protection of Children from Sexual Offences Act (POCSO), Child Health Line to be printed on the covers all NCERT books and a chapter on Beti Bachao, Beti Padhao (BBBP) has been included in the curriculum and is in the process to incorporate the same in State Board curriculum.

**10. After detailed deliberations, the Committee made the following recommendations:**

- To develop Institutions across the country as Resource Centres with engagement of WCD, Health and BPNI for training of master trainers on IYCF at State.
- Joint operational guidelines on IYCF by MoWCD and MoHFW to be rolled out with common training module on IYCF.
- As per meeting held under the Chairpersonship of Principal Secretary to Prime Minister on "Nutrition" on 4<sup>th</sup> November 2017, wherein it was decided to extend home based care of infants and MoHFW should implement two monthly home visits of ASHAs from a child attaining the age of four months onwards, with an objective to ensure counselling for complementary feeding, growth monitoring, vaccinations and

- sickness related counselling.
- District Magistrate to review nutrition components in convergence with line Departments (Health, WCD, Water and Sanitation, Panchayati Raj) by meeting every quarter at District Level. (10<sup>th</sup> January, 10<sup>th</sup> April, 10<sup>th</sup> July, 10<sup>th</sup> October).
  - To examine BPNI's Stanpan Surksha Mobile Application which can be adopted as an addendum to "MAA" programme of MoHFW.
  - Identification/ notification of IYCF Counsellor in hospitals for counseling.
  - Inclusion of IYCF module under training programmes of Ministry of Panchayati Raj and Rural Development.
  - Effective monitoring of the implementation of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution).

The meeting ended with a vote of thanks to the Chair.

\*\*\*\*\*

### **List of Participants**

1. Shri Rakesh Srivastava, **Chairperson**, Secretary, MWCD
2. Dr. Rajesh Kumar, Joint Secretary, Nutrition, MWCD
3. Ms. Kalpana Rajaput, Joint Secretary, Dept. Labor & Empowerment
4. Ms. Priya Kumar, ADG, DAVP, Ministry of Information and Broadcasting
5. Dr. Chinmoyee Das, DADG, DTE, GHS, Ministry of Health & Family Welfare
6. Shri Manoj Kumar Singh, Director, MWCD

7. Dr. J H Panwal, Joint Technical Adviser, Food and Nutrition Board, MWCD
8. Dr. Ajay Khera, Deputy Commissioner & In-charge (Child Health), MoHFW
9. Dr. Sila Deb, Deputy Commissioner (Child Health), MoHFW
10. Ms. Vandana Gautam, Deputy Director, Tribal Affairs, Delhi
11. Shri D. J. Mundhe, Deputy Commissioner, ICDS, WCD, Maharashtra
12. Shri Ranjit Singh, District Programme Officer, WCD, Himachal Pradesh
13. Ms. Bharti Priyambada, Assistant Director, ICDS, Bihar
14. Ms. BaniBrata Roy, Deputy Secretary, Dept. Of Consumer Affairs
15. Shri Alok Kumar Dubey, Research Assistant (RA), Niti Aayog
16. Ms. Sneha Palit, YP, WCD & N, Niti Aayog, Delhi
17. Ms. Kriti Chugh, Assistant Director, FSSAI
18. Shri Mahabir Prasad, Consultant, Ministry of Panchayati Raj, Delhi
19. Ms. Prema Ramachandran, Director, Nutrition Foundation of India, Delhi
20. Dr. Arun Gupta, General Coordinator, BPNI
21. Ms. Nupur Bidla, Communication & Companion Manager, BPNI
22. Dr. Sutapa S Mukherjee, Deputy Technical Adviser, Food and Nutrition Board, MWCD

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**The  
Infant Milk Substitutes,  
Feeding Bottles and Infant  
Foods (Regulation of Production,  
Supply and Distribution)  
Act, 1992**  
(41 of 1992)

*with*

**The Infant Milk Substitutes, Feeding Bottles and  
Infant Foods (Regulation of Production, Supply and  
Distribution) Rules, 1993**

**2016**

**BARE ACT  
WITH SHORT NOTES**



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development. The anti-infective properties of mother's milk protect infants against diseases. The effect of breast-feeding on child spacing, on the health and well being of the mother, on family health and on national economy is well recognised. Breast-feeding is, therefore, a key aspect of self-reliance and primary health care. It is, therefore, essential to protect and promote breast-feeding and to protect pregnant women and nursing mothers from any influence that could disrupt it.

2. Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more extensive and pervasive than the dissemination of information concerning the advantages of mother's milk and breast-feeding and contributes to decline in breast-feeding. In the absence of strong interventions designed to protect, promote and support breast-feeding this decline can assume dangerous proportions subjecting millions of infants to greater risks of infections, malnutrition and death.

3. In the light of the foregoing considerations and in view of the vulnerability of infants in the early months of life to the aforesaid risks and the risks involved in inappropriate feeding practices including the unnecessary and improper use of infant milk substitutes, feeding accessories and infant foods, it has become necessary to regulate the marketing of such products. For the proper nutrition and health of the world's children, the World Health Assembly adopted in May, 1981 an International Code for marketing of Breast Milk Substitutes. The Government of India recognised this Code and adopted the "Indian National Code for Protection and Promotion of Breast-Feeding" (hereinafter referred to as the Code) in December, 1983.

4. The Code envisages that there shall be no advertising or other form of sales promotion of infant milk substitutes, feeding bottles and teats. The Code, in accordance with this general principle enjoins the health authorities to encourage and protect breast-feeding and also prescribes several measures to control the marketing and promotion of infant milk substitutes, feeding bottles, teats and infant foods.

5. The Bill proposes to give effect to the principles and aims of the Code. Accordingly, it prohibits advertisement of infant milk substitutes and feeding bottles and also prescribes measures to ensure that in the marketing of infant milk substitutes no impression is given that feeding of these products is equivalent to, or better than, breast-feeding. The provisions relating to labelling and quality control of infant milk substitutes, feeding bottles and infant foods are proposed to be implemented through the concerned Departments in the State Government and Union territory administrations under the overall control of the Ministry of Health and Family Welfare. Contravention of the provisions of the Bill will be punishable with imprisonment for a term which may extend to three years, or with fine which may extend to five thousand rupees, or with both. However, the contravention of certain provisions of the Bill relating to labelling or quality control of such substitutes or food will be punishable with imprisonment for a term which shall not be less than six months but which may extend to three years and with fine which shall not be less than two thousand rupees.

6. The Bill seeks to achieve the above objects.