

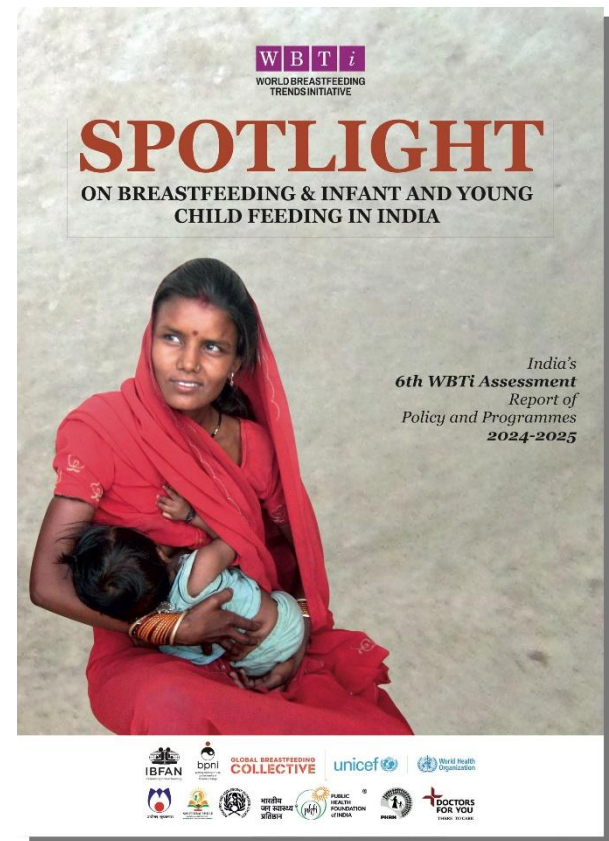
SPLOTLIGHT on Breastfeeding & IYCF in India- 6th WBTi Assessment Report of Policy and Programmes 2024-2025

Dr. Nupur Bidla PhD

Central Coordinator BPNI

At the Launch on 1st August 2025

New Delhi



Overview

- What is World Breastfeeding Trends Initiative(WBTi)
- Global Breastfeeding Collective Recommendations
- WBTi –Data Repository
- WBTi Indicators and Progress
- WBTi India 6th Assessment Report Findings
 - *Process and Methods*
 - *Findings (1-10 policy indicators & 11-15 Practice indicators)*
- Key Recommendations

What is World Breastfeeding Trends Initiative (WBTi)?

- The WBTi is adapted from WHO's *Infant and Young Child Feeding – A tool for assessing national practices, policies and programmes*.
- It evaluates the status of policies and programmes
- It has 15 indicators (10 policy and programs and 5 practice) derived from Global Strategy for IYCF.
- It is participatory, action oriented, and simple research of secondary data (national in scope)
- It has a unique web-repository of data from 100 countries
- BPNI serves as the global secretariat
- <https://www.worldbreastfeedingtrends.org/>



The Global Breastfeeding Collective (GBC) led by WHO and UNICEF recommends

“ WBTi assessment provides a snapshot of how well a country is implementing the WHO Global Strategy for Infant and Young Child Feeding. It is important that countries undertake an assessment at least every five years”

- Global Breastfeeding Collective (UNICEF- WHO)

We call upon implementers and donors from governments, philanthropies, international organizations, civil society to:

-  **1. Increase funding** to raise breastfeeding rates from birth through two years
-  **2. Fully implement the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions through strong legal measures that are enforced and independently monitored** by organizations free from conflicts of interest.
-  **3. Enact paid family leave and workplace breastfeeding policies**, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector.
-  **4. Implement the Ten Steps to Successful Breastfeeding in maternity facilities**, including providing breastmilk for sick and vulnerable newborns.
-  **5. Improve access to skilled breastfeeding counselling** as part of comprehensive breastfeeding policies and programmes in health facilities.
-  **6. Strengthen links between health facilities and communities**, and encourage community networks that protect, promote, and support breastfeeding.
-  **7. Strengthen monitoring systems that track the progress of policies, programmes, and funding** towards achieving both national and global breastfeeding targets.

Global Breastfeeding Collective



WBTi-UNICEF WHO Partnership (2024-2027)

- **Project:** Galvanising National Actions for Monitoring Breastfeeding Policies and Programmes Using WBTi Tools
- BPNI as the Global Secretariat of WBTi is expected to mobilise action in about 50 countries by September 2027.

From Assessment to Action

Implementing WBTi to Strengthen National Breastfeeding Policies

Webinar
3 July 2025

GLOBAL BREASTFEEDING
COLLECTIVE
unicef  |  World Health
Organization



GLOBAL BREASTFEEDING
COLLECTIVE



100 Country Global Repository

- WBTi Countries
- Country Report and Report Cards
- Country Ranking
- Generate Specific Reports

WBTi Countries

AFRICA REGION



GAMBIA

Global Rank - 5 Country Score - 83.0 Regional Rank - 1



KENYA

Global Rank - 10 Country Score - 77.0 Regional Rank - 2



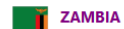
MALAWI

Global Rank - 12 Country Score - 75.5 Regional Rank - 3



SOUTH AFRICA

Global Rank - 17 Country Score - 71.5 Regional Rank - 4



ZAMBIA

Global Rank - 20 Country Score - 69.5 Regional Rank - 5



GHANA

Global Rank - 19 Country Score - 69.5 Regional Rank - 6



ZIMBABWE

EUROPE REGION



TURKEY

Global Rank - 7 Country Score - 80.0 Regional Rank - 1



UKRAINE

Global Rank - 14 Country Score - 74.0 Regional Rank - 2



CROATIA

Global Rank - 28 Country Score - 66.5 Regional Rank - 3



MALTA

Global Rank - 31 Country Score - 65.5 Regional Rank - 4



GEORGIA

Global Rank - 36 Country Score - 64.0 Regional Rank - 5



PORTUGAL

Global Rank - 46 Country Score - 60.5 Regional Rank - 6



BOSNIA AND HERZEGOVINA

NORTH AMERICA REGION



UNITED STATES

Global Rank - 87 Country Score - 40.5 Regional Rank - 1

PACIFIC/OCEANIA REGION



FIJI

Global Rank - 62 Country Score - 55.0 Regional Rank - 1



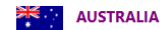
KIRIBATI

Global Rank - 65 Country Score - 53.5 Regional Rank - 2



PALAU

Global Rank - 94 Country Score - 35.5 Regional Rank - 3

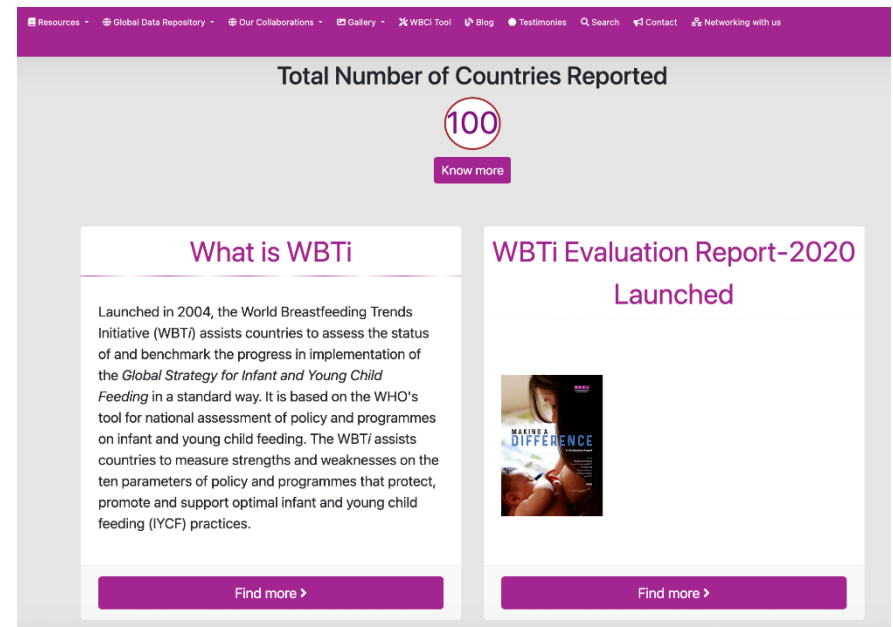


AUSTRALIA

Global Rank - 98 Country Score - 33.0 Regional Rank - 4

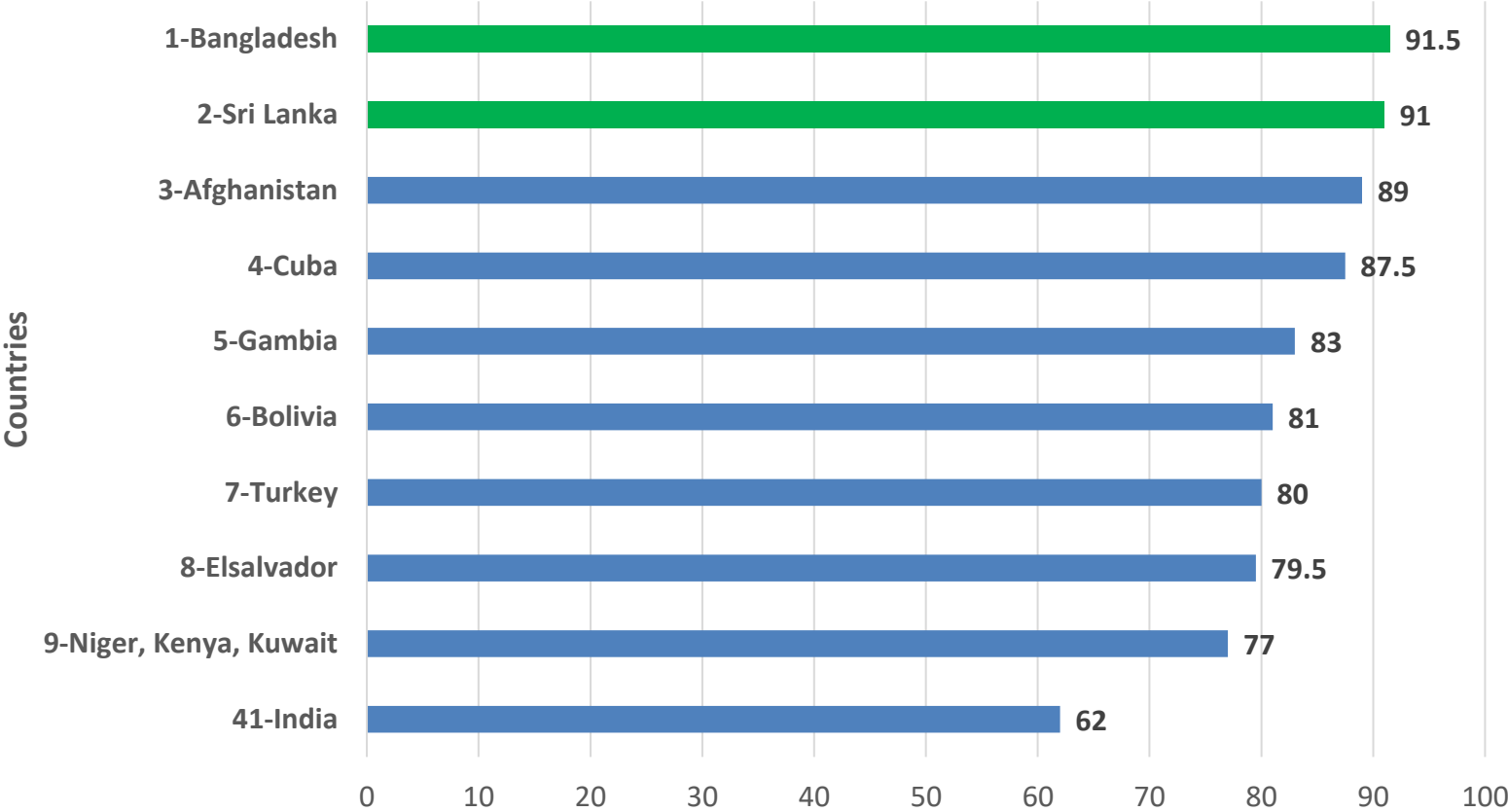
160 Assessment & Re-assessment Reports from 100 countries

- Repository has 160 reports from 100 countries including repeat assessments.
- It's the unique resource where information on policy and programmes is available and accessible to any one.
- Web portal has facilities to download graphics and related documents.



The screenshot displays the WBTi website interface. At the top, a purple navigation bar contains links for Resources, Global Data Repository, Our Collaborations, Gallery, WBTi Tool, Blog, Testimonies, Search, Contact, and Networking with us. Below the navigation bar, the main content area features a large purple circle with the number '100' inside, indicating the total number of countries reported, with a 'Know more' button underneath. The page is divided into two columns. The left column is titled 'What is WBTi' and contains a paragraph explaining that the World Breastfeeding Trends Initiative (WBTi) assists countries in assessing and benchmarking progress in implementing the WHO's Global Strategy for Infant and Young Child Feeding. The right column is titled 'WBTi Evaluation Report-2020 Launched' and includes a small image of a book cover titled 'MAKING A DIFFERENCE'. Both columns have a purple 'Find more >' button at the bottom.

WBTi Web-Tool Provides, Scoring Colour Coding and Ranking



Color Code in Ascending order of performance



Red



Yellow



Blue



Green

WBTi Indicators

10 Policy & Programmes

(Each scored out of 10, making a total of 100)

1. National Policy, Governance and Funding
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding
3. Implementation of the International Code of Marketing of Breastmilk Substitutes
4. Maternity Protection
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)
6. Counselling services for the pregnant and breastfeeding mothers
7. Accurate and Unbiased Information Support
8. Infant Feeding and HIV
9. Infant and Young Child Feeding during Emergencies
10. Monitoring and Evaluation

5 Practices

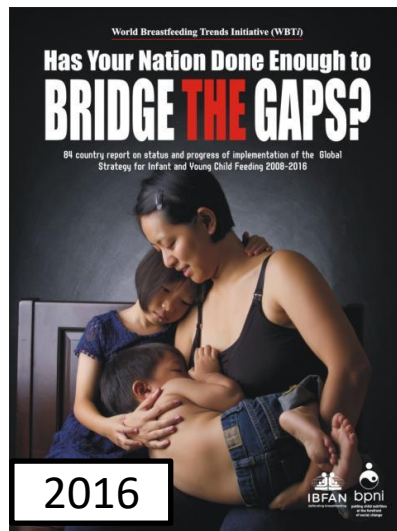
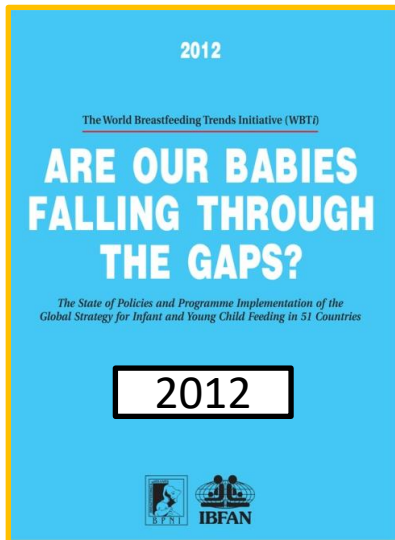
(Not scored only color coded)

11. Timely Initiation of Breastfeeding within one hour of birth
12. Exclusive Breastfeeding for the first six months
13. Median duration of Breastfeeding
14. Bottle- Feeding
15. Complementary Feeding- Introduction of solid, semi-solid or soft foods

WBTi's Progress



2012: Release of WBTi 51 country report



Journal of Public Health Policy
<https://doi.org/10.1057/s41271-023-00395-9>

ORIGINAL ARTICLE

Translating results into action: the global impact of the World Breastfeeding Trends Initiative

I. Umbelino-Walker¹ · A. Gupta² · J. P. Dadhich² · E. V. Syruina¹ · T. Cesuroglu¹

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Abstract

The World Breastfeeding Trends Initiative (WBTi) provides a participative framework to bridge the gaps in policies and programs on breastfeeding. This concurrent mixed-methods study investigated how and why carrying out WBTi evaluations in countries influences their breastfeeding policies and outcomes. We used data from WBTi's Global Repository to evaluate performance scores in 98 countries; an in-depth semi-structured interview to investigate the impact of WBTi's process, using the Managing for Development Results structure and actor-network theory. Countries that conducted WBTi multiple times seem to have better breastfeeding policies and practices than countries that have assessed only once. The central feature of the process and its subsequent impact is the dialectical interaction between the technical and political elements of the WBTi exercise. We believe that WBTi's framework is a promising monitoring and evaluation tool that could be used to engage dialogue in other public health areas.

Keywords Breastfeeding · Policy change · Public health dialogue · Infant and young children feeding · Global health

J Public Health Pol
<https://doi.org/10.1057/s41271-018-0153-9>

ORIGINAL ARTICLE

The World Breastfeeding Trends Initiative: Implementation of the Global Strategy for Infant and Young Child Feeding in 84 countries

Arun Gupta¹ · Shoba Suri¹ · J. P. Dadhich¹ · Marta Trejos² · Barbara Nalubanga³

© Springer Nature Limited 2018

Abstract Breastfeeding could save the lives of more than 820,000 children and 20,000 women. Worldwide, despite evidence of the importance of both, only 42% women begin breastfeeding within an hour of birth, and 41% practice exclusive breastfeeding. In 2002, to mobilise action and support optimal breastfeeding, the World Health Assembly adopted the *Global Strategy for Infant and Young Child Feeding*. The WHO identified the need to assess implementation of policies and programmes at the national level and provided an assessment tool, *International Baby Food Action Network Asia* adapted the tool to launch the *World Breastfeeding Trends Initiative* (WBTi). The WBTi facilitates measurement of the status of implementation of policy and programmes, and stimulates local action towards positive changes. Results of assessments from 84 countries reveal lack of attention to policy in almost all areas. Repeat WBTi assessments allowed us to analyse trends that showed positive changes towards strengthening the policy and programmes to support women to be successful in breastfeeding.

Keywords Breastfeeding · Global strategy · Infant and young child feeding · Policy and programmes · Nutrition · Child health



Received: 5 May 2022 | Revised: 8 July 2022 | Accepted: 21 July 2022
 DOI: 10.1111/mcn.13425

ORIGINAL ARTICLE

Maternal & Child Nutrition | WILEY

Infant feeding policies and monitoring systems: A qualitative study of European Countries

Helen Gray¹ · Irena Zakarija-Grkovic² · Adriano Cattaneo³ · Charlene Vassallo⁴ · Mariella Borg Buontempo⁴ · Susanna Harutyunyan⁵ · Maria Enrica Bettinelli⁶ · Stefanie Rosin⁷

¹Location Consultants of Great Britain, Bath, United Kingdom
²University of Split School of Medicine, Split, Croatia
³IRPAC Italia, Trieste, Italy
⁴Health Prevention and Disease Prevention Directorate, Malta, Malta
⁵Yemen State Medical University, Yemen, Aden
⁶Department of Mother and Infant Science, University of Milan, Milan, Italy
⁷Charité – Universitätsmedizin Berlin, Berlin, Germany

Correspondence

Abstract

Implementation of the *Global Strategy for Infant and Young Child Feeding* varies widely among countries. Policymakers would benefit from insights into obstacles and enablers. Our aim was to explore the processes behind the development and implementation of national infant and young child feeding policies and monitoring systems in Europe. A qualitative study design was employed to analyse open text responses from six European countries (Croatia, Germany, Lithuania, Spain, Turkey and Ukraine) using inductive thematic analysis. Countries were selected based on their World Breastfeeding Trends Initiative scores on national policy and monitoring systems. The 33-item online questionnaire was distributed to country representatives and completed by questionnaire. Key enablers and strengths

Zakarija Grkovic et al. *International Breastfeeding Journal* (2020) 15:51
<https://doi.org/10.1186/s13054-020-00282-z>

International Breastfeeding Journal

RESEARCH

Open Access

Are our babies off to a healthy start? The state of implementation of the *Global strategy for infant and young child feeding* in Europe

Irena Zakarija-Grkovic¹, Adriano Cattaneo², Maria Enrica Bettinelli³, Claudia Pilato⁴, Charlene Vassallo⁵, Mariella Borg Buontempo⁶, Helen Gray⁷, Clare Meynell⁸, Patricia Wise⁹, Susanna Harutyunyan¹⁰, Stefanie Rosin¹¹, Andrea Hemmett¹², Daiva Sriukaitė-Adrienė¹³, Marjolein Arentz¹⁴ and Arun Gupta¹⁵

Abstract

Background: To protect children's right to optimal nutrition, WHO/UNICEF developed a *Global Strategy for Infant and Young Child Feeding*, endorsed by all 53 WHO/EURO Member States. The *World Breastfeeding Trends Initiative* (WBTi) is a tool for monitoring implementation of the *Global Strategy*. It comprises 15 indicators, ten referring to policies and programmes, and five feeding practices. Each is scored on a scale of 10, giving a total score of 150 for *Global Strategy* implementation. To date, 18 WHO/EURO Member States – Armenia, Austria, Belgium, Bosnia and Herzegovina, Croatia, France, Georgia, Germany, Italy, Lithuania, North Macedonia, Malta, Moldova, Portugal, Spain, Turkey, Ukraine and United Kingdom – have conducted a WBTi assessment and produced a report.
Methods: Between June 2018 and May 2019, all 18 WBTi European reports were carefully read and analysed by a group of national WBTi coordinators. Descriptive data analysis, including inter-country comparisons, was conducted using frequencies and percentages. This paper summarises the findings. The full 88 page report will be published on the WBTi website.
Results: Three quarters of 18 European countries have adequate maternity protection, and two-thirds have breastfeeding initiation rates of 50% or higher. However, preparedness and planning for appropriate and safe infant and young child feeding (IYCF) in emergencies is seriously neglected. Breastfeeding duration is far below WHO recommendations, with an average of 8.7 months. Only three European countries have a budget allocated for implementing IYCF policies and plans, and a third currently have no baby-friendly designated maternity facilities. Bottle feeding is prevalent, despite its inherent risks, monitoring of IYCF practices is inadequate, with most countries not routinely collecting data, and violations of the International Code of Marketing of Breast-milk Substitutes are commonplace.

(Continued on next page)

India's 6th WBTi Assessment (2024-2025)

WBTi India 6th Report Partners



GLOBAL BREASTFEEDING
COLLECTIVE



आरोग्यम् सुखसम्पदा



भारतीय
जन स्वास्थ्य
प्रतिष्ठान



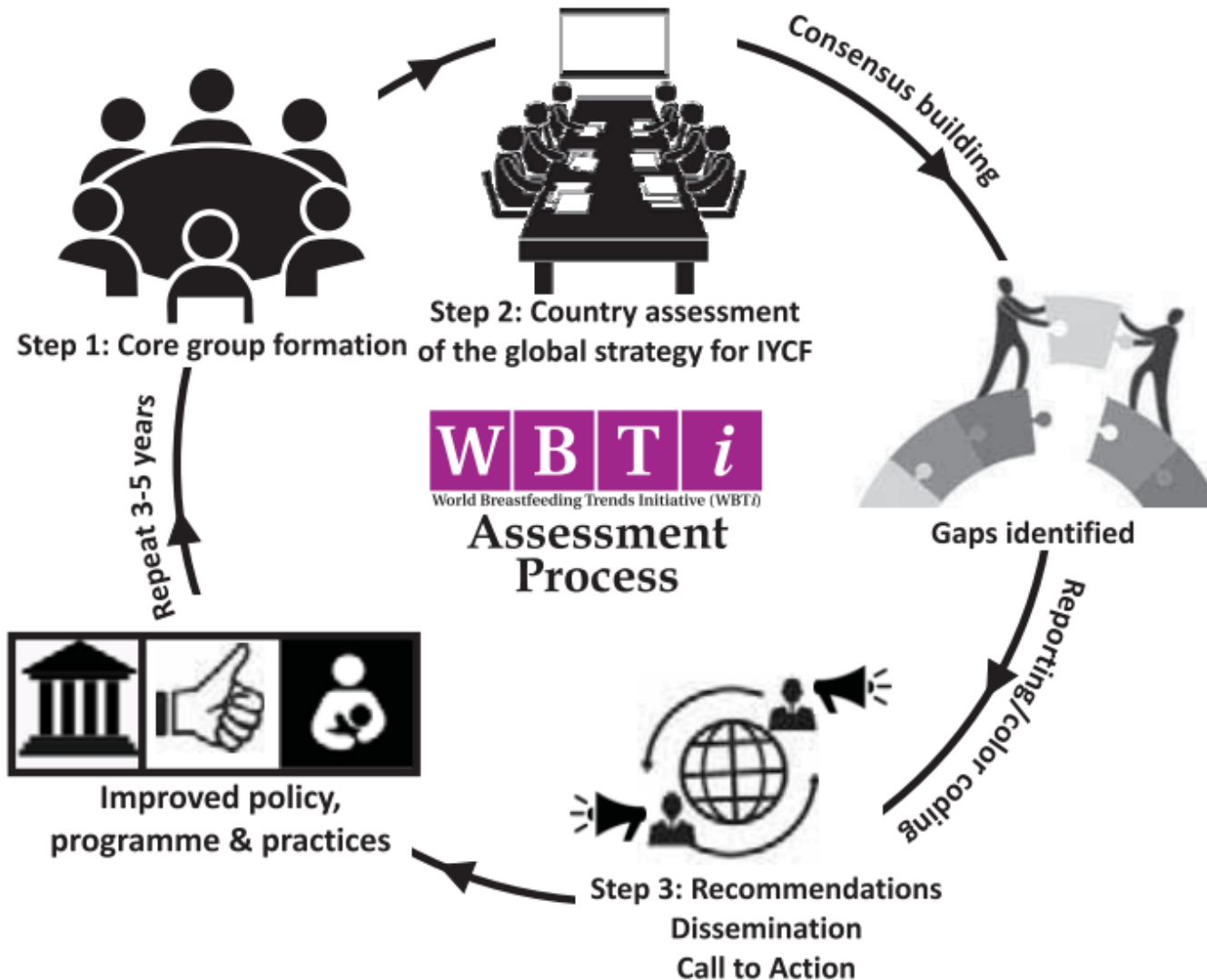
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Objectives WBTi India Assessment

- Assess and track the status of Breastfeeding & Infant and Young Child Feeding (IYCF) policies and programmes at country level.
- Identify strengths and weaknesses/gaps.
- Provide this information to the governments and civil society to bridge the gaps.
- Contribute to Improved BF & IYCF rates.
- Build and strengthen local leadership.

WBTi Process



Methodology

- A national core group of experts was constituted for India's 6th WBTi assessment in 2023 without any Conflict of Interest.
- Experts from UNICEF, NIHFW, PHRN, PAN Society, PHFI, Doctors for You, SPNIWCD, and BPNI were identified as the core group.
- All members volunteered their time for the assessment process.
- BPNI served as the core group coordinator.
- Core group members divided work among themselves based on expertise.
- Three Core group meetings were conducted between May 2023 -April 2025.

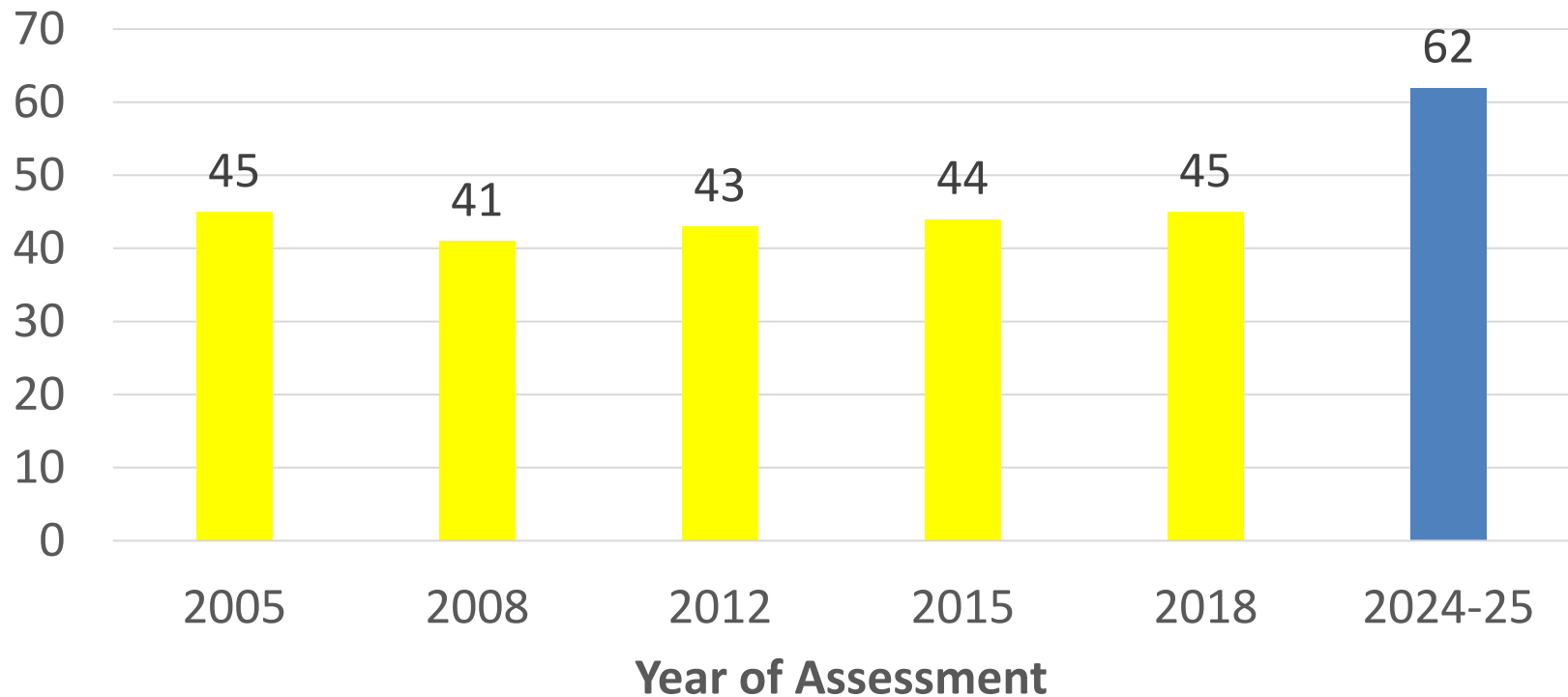
Contd...

- The core group did the analysis based on secondary data that was national in scope from Govt sources, government portals and RTI responses.
- Respective indicator analysis was presented to the core group members for inputs.
- BPNI presented the draft report and consensus was reached on findings and recommendations.
- On 22nd May 2025, a larger partner meeting was held with participation from various relevant organisations. The Ministry of Health and Family Welfare (MoHFW) also participated.
- Comments received from MoHFW, reviewed and incorporated.
- The report was finalized with per indicator score (out of 10), total score (out of 100 for 10 policy & programme indicators), colour coding (all 15 indicators) and ranking (among 100 countries).

FINDINGS

India's WBTi Trends

Policy and Programme Scores out of 100 (2005-2025)



India ranks on the 41st Position among the 100 WBTi Countries

Indicator 1. National Policy, Governance and Funding

India's score has improved from 1.5/10 (2018) to 5.5/10 (2024-25)



5.5/10

Strengths

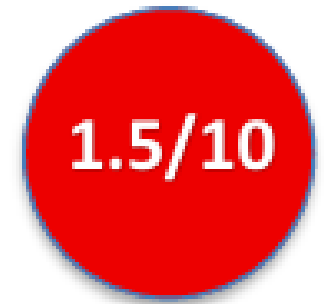
- Data on state wise expenditure on MAA programme and Lactation Management Centers is available.
- Existing National IYCF guideline is recognized as a policy by WBTi.

Weaknesses/Gaps

- Overall coordination of the National Steering Committee on IYCF
- Lack of a documented plan of action with clear objectives and targets.

Indicator 2. Baby Friendly Hospital Initiative/Ten Steps to Successful Breastfeeding

India's score has marginally increased from 0/10 (2018) to 1.5/10 (2024-2025)



Strengths

- The Mothers Absolute Affection (MAA) programme by MoHFW
- National Quality Assurance Standards (NQAS)

Weakness/Gaps

- Lack of coordination and monitoring of MAA programme.
- The existing MAA prog training does not address the hospital setting and all the ten steps.
- Lack of monitoring and implementation of IMS Act.
- NQAS does not cover all ten steps and have limited reach (*only 899 (DH, SDH and CHC) out of 25000 delivery points.*)

Indicator 3. Implementation of the International Code of Marketing of Breastmilk Substitutes /IMS Act in India

Score remains steady at 8.5/10, same as in 2018.



8.5/10

Strengths:

- The IMS Act (1992, Amended in 2003)
- It includes Code and several WHA resolutions

Weaknesses/Gaps:

- The WHA resolution on intrinsic contamination of powdered infant formula is yet to be implemented.
- Weak enforcement despite frequent reported violations, lack of investigation and sanctions.
- Continued aggressive marketing by baby food companies , especially within healthcare settings and digital platforms.

Indicator 4. Maternity Protection


Score remains at 6/10, consistent with 2018.

Strengths:

- 26 weeks paid maternity leave under Maternity Benefit (Amendment) Act, 2017 for formal sector.
- Complaint mechanism exists
- Pradhan Mantri Matru Vandana Yojana (PMMVY) provide cash benefits of Rs.5000/- to pregnant mothers.
- Paternity leave is recognised in the public sector.

Weaknesses/Gaps:


- Informal sector women are not covered by the MB Act.
- Paternity leave is not mandated in the private sector.
- No legal provision ensuring protection of pregnant and breastfeeding workers from hazardous workplace conditions.



6/10

Indicator 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Score improved from 5/10 (2018) to 6/10 (2024–2025)



6/10

Strengths:

- In-service training programmes on IYCF are available for health and nutrition care providers.
- Training exists in both pre-service and in-service education systems.
- MAA programme training includes several essential breastfeeding skills.

Weaknesses/Gaps:

- Pre-service curriculum does not cover all 25 WHO-recommended skills.
- Private sector facilities are not included in public training programmes.
- Integration of IMS Act in training modules remains weak.

Indicator 6. Counselling Services for the Pregnant and Breastfeeding Mothers

Score improved from 6/10 (2018) to 7/10 (2024–2025)



7/10

Strengths:


- Counselling services have universal coverage during pregnancy.
- Community health workers are trained in IYCF counselling.

Weaknesses/Gaps:

- Inadequate coverage of counselling services at birth and during the postnatal period.
- Community-level counselling services remain limited in outreach and availability.

Indicator 7. Accurate and Unbiased Information Support

Score improved from 5/10 (2018) to 6/10 (2024–2025).



6/10

Strengths:

- Accurate IYCF messages are disseminated at national and local levels.
- Diverse communication channels are used.
- IEC materials are free from conflict of interest.

Weaknesses/Gaps:

- National IEC strategy for improving IYCF is not available.
- IEC materials on risks of artificial feeding and on preparation of powdered infant formula are inadequate or missing

Indicator 8. Infant Feeding and HIV

Score improved significantly from 6/10 (2018) to 9/10 (2024–2025).



9/10

Strengths:

- India has aligned national HIV and infant feeding policies with global guidance.
- Lifelong ART is adopted for all HIV-positive pregnant and breastfeeding women.
- Ongoing research on infant feeding and HIV supports evidence-based policy.

Weaknesses/Gaps:

- No available information on training of health staff and community workers under HIV programmes.

Indicator 9. Infant and Young Child Feeding during Emergencies

Score improved significantly from 0/10 (2018) to 5.5/10 (2024–2025)



5.5/10

Strengths:

- Lactation counselling included in the NDM Plan, 2019
- Work is coordinated by the Nutrition Division of the Ministry of Health and Family Welfare.
- The MAA programme and IYCF guidelines integrate components on:
 - ✓ Counselling space during emergencies
 - ✓ Minimising risks of artificial feeding through training.

Weaknesses/Gaps:

- Monitoring mechanisms for IYCF in emergencies are inadequate.
- Lack of information on financial and human resource allocation for emergency-related IYCF interventions.

Indicator 10. Monitoring and Evaluation

Score remains stagnant at 7/10 in both 2018 and 2024–2025.

Strengths:

- Monitoring and evaluation systems are in place across all levels.
- Data is collected through national family surveys and made available at national and sub-national levels.
- Data is shared with IYCF programme managers and decision-makers for planning and action.

Weaknesses/Gaps:

- Annual data on all IYCF indicators is not generated.
- The Poshan Tracker dashboard does not display breastfeeding and IYCF-related data for public access.



7/10

Indicator 11-15 (IYCF Practices)

IYCF Practice	Result	Colour-coding
Indicator 11: Initiation of Breastfeeding (within 1 hour)	41.8%	YELLOW
Indicator 12: Exclusive Breastfeeding under 6 months	63.7%	BLUE
Indicator 13: Median Duration of Breastfeeding	32.1 months	GREEN
Indicator 14: Bottle-feeding (0-12 months)	21.9 %	YELLOW
Indicator 15: Complementary Feeding (6-8 months)	45.9 %	RED

Source: NFHS-5 (2019-20)

India's WBTi Progress : 2018 to 2025

2018

INDICATORS	SCORE(out of 10) -COLOR CODE
1. National Policy, Governance and Funding	1.5
2. Baby Friendly Hospital Initiative/Ten Steps to Successful Breastfeeding	0
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	8.5
4. Maternity Protection	6
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	5
6. Counselling Services for the Pregnant and Breastfeeding Mothers	6
7. Accurate and Unbiased Information Support	5
8. Infant Feeding and HIV	6
9. Infant and Young Child Feeding during Emergencies	0
10. Monitoring and Evaluation	7

2025

INDICATORS	SCORE(out of 10) -COLOR CODE
1. National Policy, Governance and Funding	5.5
2. Baby Friendly Hospital Initiative/Ten Steps to Successful Breastfeeding	1.5
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	8.5
4. Maternity Protection	6
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	6
6. Counselling Services for the Pregnant and Breastfeeding Mothers	7
7. Accurate and Unbiased Information Support	6
8. Infant Feeding and HIV	9
9. Infant and Young Child Feeding during Emergencies	5.5
10. Monitoring and Evaluation	7

Total score 45/100

Color Code in Ascending order of performance



Red



Yellow



Blue



Green

Total score 62/100

KEY RECOMMENDATIONS

Recommendations for Ministry of Health and Family Welfare

1. Strengthen the implementation, monitoring and evaluation of the MAA programme by increasing funding
2. Awards system with uniform criterion may be created to implement all Ten Steps and same in NQAS.
3. Additional 4- day training modules for hospital staff , specifically addressing Ten steps, may be considered along with continued use of existing training modules for ANMs/ASHA.

Continued..

4. Issue an advisory to private sector hospitals to fully implement the MAA programme/Ten Steps.
5. Based on the NDMA policy, 2019 an advisory may be issued to the states to prepare a batch of at least 50 IYCF counsellors to be ready for deploying in situations of disaster and emergencies.
6. Develop and disseminate a joint MOHFW/WCD policy document as 'National IEC strategy' to improve IYCF indicators.

Recommendations for Ministry of Women & Child Development

1. Revive the working of the **National Steering Committee on Infant and Young Child Feeding** and prioritise agenda for development of a national action plan for next 4-5 years linked to budgets.
2. Monitor the plan of action every 6 months.
3. Share **a joint WCD/MOHFW SOP** for the implementation of IMS Act with the State Governments.
4. Generate annual data on IYCF indicators and make it available in the public domain.

Recommendation for Ministry of Labour

1. Expand maternity protection by amendment of the Maternity Benefit Act to include all working women and ensure provisions for paternity leave.

Recommendations for State Governments

1. Issue an advisory to the private sector hospitals of the State to implement the MAA programme/Ten Steps.
2. Develop a PIP that includes 4-days skill training of the staff addressing Ten Steps in the hospital setting
3. In collaboration with State NDMA, plan deployment of trained nurses/health professionals during disasters and emergencies to assist mothers and babies.
4. Engage with civil society for implementation of IYCF plans.

Recommendations for Civil Society

Assist the State and Central governments in planning, monitoring, training of maternity staff/ IYCF counsellors and reporting the compliance with the IMS Act.

BPNI can assist the Government

In the following areas:

- In the work of the national steering committee
- Monitoring the IMS Act
- Strengthening MAA programme
- Training of IYCF counselling for health staff
- Offering Breastfeeding Accreditation and technical support to all public and private hospitals



Thank you!

nupur@bpni.org

nupurbidla@gmail.com

<https://www.worldbreastfeedingtrends.org/>