



The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Bangladesh

Indicator 1: Early Initiation of Breastfeeding*Key question: Percentage of babies breastfed within one hour of birth***Guideline:**

Indicator 1	WHO's Key to rating %	Existing Status %
<i>Initiation of Breastfeeding (within 1 hour)</i>		✓ <i>Check appropriate box</i>
	0-29	
	30-49	✓
	50-89	
	90-100	

Source of data:

Bangladesh Demographic and Health Survey (BDHS) 2007

Summary Comments

The sample for the BDHS covered the entire population residing in private dwellings units in the country and a stratified, multistage cluster sample consisting of 361 PSUs, 134 in the urban and 227 in the rural areas. In total 11,500 mothers of under-five children was interviewed for this survey. However, data on IYCF were based on all children less than three years

Indicator 2: Exclusive breastfeeding for the first six months*Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?***Guideline:**

Indicator 2	WHO's Key to rating %	Existing Situation %
<i>Exclusive Breastfeeding (for first 6 months)</i>		✓ <i>Check appropriate box</i>
	0-11	
	12-49	✓
	50-89	
	90-100	

Source of data:

Bangladesh Demographic and Health Survey (BDHS) 2007

Summary Comments:

This data shows that 42.9% children's of below 6 months are breastfed exclusively. Twenty four hour Recall method (yesterday and the past night before the survey) has been used to collect this information and children's are classified as Not Breastfeeding, Exclusively breastfed, Breastfeeding and consuming plain water, non milk liquid /juice, other milk, and complementary foods. Total 483 children of below six months

are exclusively breastfed. Exclusive Breastfeeding rate among under-6 months becomes steady from several years and there is no improvement

Indicator 3: Median duration of breastfeeding

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

Guideline:

Indicator 3	WHO's Key to rating	Existing Situation %
Median Duration of Breastfeeding		✓ <i>Check appropriate box</i>
	0-17 Months	
	18-20 "	
	21-22 "	
	23-24 "	✓

Source of data:

Bangladesh Demographic and Health Survey (BDHS) 2007

Summary Comments

The median duration breastfeeding among Bangladeshi children is 32.8 months and the median duration of exclusive breastfeeding is estimated at 1.8 months. Analysis by other background characteristics indicates that educational level and socioeconomic level as measured by the wealth index have no relationship except that mothers who have completed primary school only are likely to breastfed for the longest periods and mothers who have at least attended secondary school breastfed for a slightly shorter duration than their lesser educated counterpart.

Indicator 4: Bottle feeding

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

Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
Bottle Feeding (<6 months)		✓ <i>Check appropriate box</i>
	30-100%	✓
	5-29%	
	3-4%	
	0-2%	

Source of data:

Child and Mother Nutrition Survey of Bangladesh, UNICEF, and Bangladesh Bureau Statistics 2005

Summary Comments

BDHS has not published this data. This Data has been obtained from Child and Mother Nutrition Survey of Bangladesh, UNICEF, and BBS 2005. The survey cover 3797 children aged 0-59 months in rural and urban areas in Bangladesh. The sample is taken from 80% (403) of the 504 Primary sampling Units (PSUs) of the Bangladesh Bureau of statistics (BBS) Household Income and expenditure Surveys (HIES) 2005. Almost 40.3% children age of 0-5 months has been bottle fed at some point and the percentage is significantly higher in urban area which is 49.8% and 39.7% in the rural areas. In the same time the rate of Exclusive Breastfeeding among under six months children is 58.4%

Indicator 5: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?

Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
<u>Complementary Feeding (6-9 months)</u>		✓ <i>Check appropriate box</i>
	0-59	
	60-79	✓
	80-94	
	95-100	

Source of data:

Bangladesh Demographic and Health Survey (BDHS) 2007

Summary Comments

Complementary Food was defined as any baby 6-9 months old receiving semi-solid or solid food along with breast milk. However, data do not provide any information regarding adequacy in energy, micronutrient or frequency. This is just a reflection of any amount of food/gruel fed to the baby during 6-9 months. Twenty-four hours Recall method (yesterday and the past night before the survey) has been used to collect this information

COMPARISON WITH 2005 ASSESSMENT (Only for South Asian Countries)

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Status in the last assessment in 2005	Current status
1. Percentage of babies breastfed within one hour of birth	24 %	42.6 %
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	46%	42.9 %
3. Babies are breastfed for a median duration of how many months	32	32.8
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	22% (BDHS)	40.3% (Child and Mother Nutrition Survey of Bangladesh, UNICEF, and Bangladesh Bureau Statistics 2005)
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	71 %	74.2 %

The indicators of 1-5 deals with infant feeding practices regarding initiation, exclusive breastfeeding rates, bottle feeding rates, median duration of breastfeeding and complementary feeding rates. In 2000 & 2004 the rate of breastfeeding initiation within 1 hour of birth was 18% & 27% respectively. Existing status of indicator No 1, 2, 3 & 5 was determined on the basis of Bangladesh Demographic Health Survey (BDHS). Calculation for the indicator on bottle feeding rates was done using Child and Mother Nutrition Survey UNICEF and BBS-2005 which was higher than the previous Bangladesh Report Card 2006 published by IBFAN Asia. It should be mentioned that the rate of Bottle feeding in BDHS survey yet to be published .This is noted that the rate of bottle feeding was 22% in 2004 (BDHS). The rate of receiving complementary feeding was just a reflection of any amount of food/gruel fed to the baby during 6-9 months but the data do not provide any information regarding adequacy in energy, micronutrient or frequency and safety (food hygiene).

Indicator 6: National Policy, Programme and Coordination

Key Question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Criteria of Indicator 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
6.3) A National Plan of Action has been developed with the policy	2	✓
6.4) The plan is adequately funded	1	
6.5) There is a National Breastfeeding Committee	1	
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
Total Score	6/10	6

Information and Sources Used:

1. National IYCF strategy
2. Draft five year action plan document

Gaps:

The group realized that we need to form National breastfeeding committee with specific TOR. There is needed to incorporate maternal nutrition and Operations Research in IYCF policy, programme and coordination which are very much important to achieve optimal IYCF practices. Regarding the breastfeeding committee the group thought that no actively initiative pursued by breastfeeding stakeholders.

Recommendations:

Form National breastfeeding committee

Indicator 7: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI program implementation?

7A) Quantitative

7.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

Criteria	Score	Results ✓ Check any one
0 - 7%	1	
8 – 49%	2	
50 – 89%	3	✓ 70%
90 - 100%	4	
Rating on BFHI quantitative achievements:	---/4	3

7B) Qualitative

7.2) What is the skilled training inputs and sustainability of BFHI?

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

Criteria	Score	Results ✓ Check any one
0-25%	1	
26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	✓ 70%
Total Score	----/3.5	3.5

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ Check that apply
7.3) BFHI programme relies on training of health workers	.5	✓
7.4) A standard monitoring system is in place	.5	
7.5) An assessment system relies on interviews of	.5	✓

mothers		
7.6) Reassessment systems have been incorporated in national plans	.5	
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	✓
Total Score	/2.5	1.5
Total Score 7A, 7B and 7C	8/10	8

Information and Sources Used:

1. BFHI achievement report 07
2. Text book on Breastfeeding by BBF (Not published)

Gaps:

Our group felt that there is **no proper standard monitoring system** for implementation of 10 steps of BFHI in hospital through Baby Friendly hospital committee. **Transfer of trained staff** is the one of the major obstacle which leads to more decline in the Baby Friendly activities of most of the hospitals.

Recommendations:

1. To overcome this situation, adequate regular supervision and monitoring and evaluation should be in place which is compatible with Govt (Institutionalizing MIS in Government system.) and IYCF working partners.
2. Refresher training of maternity staff should be regularize.

Indicator 8: Implementation of the International Code

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

Criteria	Scoring	Results
		✓ Check those apply.If more than one is applicable, record the highest score.
8.1) No action taken	0	
8.2) The best approach is being studied	1	✓
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures	3	

other than law), awaiting final approval		
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	✓
8.10) All articles of the Code as law, monitored and enforced	10	✓
Total Score:	10/10	10

Information and Sources Used:

1. National code of Breast milk substitute (BMS)
2. Rules and regulation of BMS code

Gaps:

This group expressed their opinion that there is **no regular and systematic Market or Hospital monitoring frame work** for violation of code. Awareness building of the law is not adequately addressed for professional groups, policy planners, law enforcement agency and general public.

Recommendations:

1. Establish regular and systematic monitoring system for BMS Code
2. Start effective advocacy and awareness building through all (mass, electronic and print) media

Indicator 9: Maternity Protection

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

Criteria	Score	Results Check ✓ that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	
b. 14 to 17weeks	1	✓

c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.	1	
a. Unpaid break	0.5	
b. Paid break	1	
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
Total Score:	1/10	1

Information and Sources Used:

1. Bengal Maternity protection Rule1 953
2. Bengal maternity protection act 1993
3. Bangladesh service rule.

Gaps:

This group was concern with maternity leave which is **not applied in private sector, no provision of crèches and breastfeeding break** in working place in public & private sector. They also realized that, country should gear up to implement the existing legislation of maternity leave in all sector and take strong initiative for extending the maternity leave at least to 6 months.

Recommendations:

1. There is provision of paid maternity leave for public sector for four months but it should be extended to 6 months to breastfed babies exclusively.
2. Enforcement of legislation for private sector and informal sector as well as monitoring/supervision of this legislation should be enforced.
3. Establishment of crèches at workplaces should be enhanced to support frequent breastfeeding within working hours.
4. Consultation with trade union regarding maternity leave
5. Need to rectify the MPC 183

Indicator 10: <i>Health and Nutrition Care System</i>
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Key Question: Do care providers in these systems undergo *skills training*, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Criteria	Results		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	◀
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
		✓	
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2	1	0
		✓	
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
		✓	
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
		✓	
10.6) These in-service training programmes are being provided throughout the country. ³	1	0.5	0
		✓	
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
			✓
Total Score:		---5/10	

Check here

Information and Sources Used:

1. Module on Primary Health care Providers
2. IMCI training module
3. Post Graduation courses of medical graduates includes this issues
4. Operation Project on reproductive health, DGHS 2004-2011,
5. Operation Project of NNP, 2004-2011

Gaps

¹ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

² The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

³ Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

It was observed by this group that, there is **Lack of comprehensive training programme on IYCF** for Health and Nutrition Care providers. IYCF skill training for in-service training is **not regular and systematic**. Other child friendly programs **does not contain adequate IYCF component**. Maternal Nutrition is hardly addressed in any health care system.

Recommendations

1. Training on IYCF for Health care providers and professional are on going but it need to be scaled up and made effectives .
2. Training course on IYCF should be incorporated in the pre-service and in service education programmes if possible all sector.
3. Need to improve existing training programme & curriculum on IYCF for Health care providers.
4. Maternal nutrition should be build up with IYCF training.

Indicator 11: *Mother Support and Community Outreach*

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

Criteria	Results		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		✓	
11.2) All women have access to support for infant and young child feeding after birth.	2	1	0
		✓	
11.3) Infant and young child feeding support services have national coverage.	2	1	0
		✓	
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
	✓		
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	6/10		

Check here

Information and Sources Used:

1. NNP project report
2. Plan Bangladesh activity report
3. Project document of Jibon O Jibika of SC-USA
4. Project document of Access programme of SC-USA
5. National IYCF strategy.
6. Saving New Born Lives Bangladesh programme evaluation, January 2004-SC-USA (NGO)
7. Effect of community-based newborn-care intervention package implemented through two service-delivery strategies in Sylhet district, Bangladesh: a cluster-randomised controlled trial. (*Lancet* 2008; 371: 1936–44)

Gaps:

It was also observed that community based support system is working in selected areas, particularly NNP areas. In Bangladesh, community based support systems and services on IYCF are available for pregnant and lactating mother through National Nutrition Program (NNP) in 109 upazilas of 34 districts of 6 divisions. Besides the NNP there are some nutrition program is running by International and national NGOs in other part of the country to some extent where community based nutrition workers are available who act as organizer and mentor. **Insufficient service facilities** on IYCF, **lack of skill training programme** for GOB & NGOs community staff were also observed.

Recommendations:

1. National level structured training program need to be available for community-based volunteers and health workers on effective counseling .
2. Community network to be established, monitored and supported from Central IYCF authority.
3. GOB community staff training on IYCF should be started soon
4. Evaluation and reporting of progress should be installed

Indicator 12: Information Support

Criteria	Results		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
			✓
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
		✓	
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
		✓	
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	✓		
12.5) A national IEC campaign or programme ⁴ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
		✓	
Total Score:	5/10		

Check here

Information and Sources Used:

1. WBW reports 08 by BBF & SC-USA
2. Plan Bangladesh Nutrition Programme ,
3. IEC material of Govt & NGOs
4. IEC materials of NNP

Gaps:

No national advocacy throughout the year and **Insufficient IYCF counseling** support in community. Lactation Management Corner (LMC) in BFH is not effectively functioning.

Individual counseling and group education services related to infant and young child feeding are available within NNP area and also other area implemented by INGOs and NGOs. It should be integrated with health and Family planning outreach services.

⁴ An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

IYCF information should be available at each community units. Modern IT system of GOB should detect extent and type of IYCF problems and refer to local resource. MIS on IYCF should be integrated in health, Nutrition and Family planning outreach services

Recommendations:

1. IYCF information should be available at each community units.
2. Modern IT system of GOB should detect extent and type of IYCF problems and refer to local resource
3. MIS on IYCF should be integrated with health, Nutrition and Family planning outreach services.

Indicator 13: Infant Feeding and HIV

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

Criteria	Results		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0
	✓		
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
	✓		
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
			✓
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
		✓	
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5	0
		✓	
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5	0
		✓	
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
			✓

Check here

13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
			✓
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0
			✓
Total Score:	4.5/10		

Information and Sources Used:

1. National Strategy
2. Draft National PPTC guideline.

Gaps:

This group assessed that National IYCF Strategy and Draft National PPTCT Guideline addressed the issue but Activities are in a very **limited scale**. Some NGOs are conducting VCCT in some areas with most risk groups. But they did not **routinely offer** their services to the couples who are expecting to be parents, pregnant women and their partners. **No ANC-VCT monitoring system** was available in the country.

Recommendations:

The group also felt that routine HIV counseling should be included **in ANC clinics** where indicated.

Indicator 14: Infant Feeding during Emergencies

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

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
	✓		
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			✓
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
		✓	
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
		✓	
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
			✓
Total Score:	4/10		

Check here

Information and Sources Used:

1. National IYCF strategy,
2. Joint statements of breastfeeding protect children in Bangladesh by BBF, UNICEF.

Gaps:

The group thought that National IYCF strategy has addressed the issue to some extent .Translation of a standard **training module** for the field workers in local language are underway. The emergency preparedness plan for infant feeding is **not adequate**. In addition there is **no training course** and **skilled personnel** for implementation on IYCF during emergency condition. There is no system to take action early during natural calamity.

The group also felt initiative should be taken for developing **systematic training plan** for **emergency management**. Pre service and in service training for IYCF in Emergencies need to be incorporated. System should be developed for central coordination in emergency for IYCF.

Recommendations:

1. Need to develop systematic training plan for emergency management.
2. Pre service and In service training for IYCF in Emergencies need to be incorporated.
3. System should be developed for central coordination in emergency for IYCF.

Indicator 15: Monitoring and Evaluation
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Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results <i>✓ Check that apply</i>		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		<input checked="" type="checkbox"/>	
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
		<input checked="" type="checkbox"/>	
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
		<input checked="" type="checkbox"/>	
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
	<input checked="" type="checkbox"/>		
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
	<input checked="" type="checkbox"/>		
Total Score:	7/ 10		

Check here

Information and Sources Used:

1. National IYCF strategy
2. Monitoring & evaluation report of NNP
3. BDHS report
4. Monthly monitoring report of NNP
5. Periodic report of IMCI
6. Baseline survey report of BDHS in 2004
7. Performance evaluation report by Gano Unnayan Songhstha in 2006,
8. Project evaluation report of BBF- NNP in 2006.

Gaps:

The group felt that NNP and other IYCF implementing NGOs have own M&E component for their program and also use monthly progress report to monitor major IYCF program activities. Monitoring of Key IYCF practices of Nutrition Surveillance Program to some extent which collected data every 4months. Routine MIS is present but the **IYCF indicators** are not **adequately represented**. However, some national level periodic surveys (3 yrs) including BDHS and MICS include key IYCF indicators.

Recommendations:

1. Strengthening the routine MIS system on IYCF.
2. DGHS, DGFP and NNP should include IYCF indicators and report the evaluation .
3. GOB planning on MDG target should allocate resources
4. A national IYCF activity coordinating body should be engaged to run a regular surveillance and report

List of the partners for the assessment process

Bangladesh National Nutrition Programme
Bangladesh Demographic & Health Survey
Director General of Health Services
Director General of Family Planning
Helen Keller International
Institute of Public Health and Nutrition
Institute of Nutrition & Food Science
Institute of Child and Mother Health
Integrated Management Childhood Illness
Mother and Child Health Training Institute
Ministry of Health & Family Welfare
Maternal and Child Welfare Centre
National Institute of Preventive Social Medicine
National Nutrition Programme
Obstetrics and Gynecological Society of Bangladesh
United Nations Children Fund
World Health Organization
Food & Agriculture Organization
World Vision-Bangladesh
Save the Children USA
Save the Children UK
Plan Bangladesh
Care Bangladesh
CONCERN Bangladesh
BRAC
Eminence Associate
Nutrition Foundation of Bangladesh
Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders
Bangabandhu Sheikh Mujib Medical University
Home Economics College