World Breastfeeding Trends Initiative (WBT*i*)

Assessment Report

IBFAN
defending breastfeeding

bpni
putting child nutrition at the forefront of social change

World Breastfeeding Trends Initiative (WBT*i*)

Report

International Baby Food Action Network (IBFAN) Asia
BP-33, Pitam Pura, Delhi-110034, India
Phone: 91-11-27343608, 42683059 Fax : 91-11-27343606,
E-mail: info@ibfanasia.org , wbti@worldbreastfeedingtrends.org
Website : www.worldbreastfeedingtrends.org

The World Breastfeeding Trends Initiative (WBT*i*)

Name of the Country: Bangladesh

Year: 2015

Introduction

The World Breastfeeding Trends initiative (WBTi) is a global innovation that assesses policy and programmes that support optimal IYCF practices. It measures the rates of practice for optimal IYCF, as well as the progress of nations on the ten indicators of policy and programmes based on the frame work of action in the Global Strategy for Infant and Young Child Feeding, an essential component of any strategy for meeting the rights of the child, particularly the child's right to survival, health and adequate nutrition. The Global Strategy was ratified at the World Health Assembly in 2002 and subsequently adopted by UNICEF.

World Breastfeeding Trends Initiative (WBT*i*) developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the global strategy for Infant and Young Child Feeding. The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, as a system for analysis of policy & program and Tracking, Assessing and Monitoring (TAM) the Global Strategy for Infant and Young Child Feeding using a web-based toolkit.

The WBTi is expected to create a data bank of infant feeding practices as well as policies and programmes. First WBTi assessment has done in South Asia in 2005 and after 3 years reassessments have been done. In 2005 Bangladesh came out with a report of the policies and programmes on IYCF the score was 90.5 out of 150. In 2008 similar assessment was again conducted and the score decline to 87 out of 150. In 2012 Bangladesh obtained the score 107.5 out of 150 & got BLUE color. World Breastfeeding Trends Initiative (WBTi) has been now introduced in 92 countries and aspires to cover 100 countries by next year.

Bangladesh for years has been making progress and advocating for change and slowly policies are being put in place that have now led to an increase in exclusive breastfeeding. IYCF indicators have been introduced into the National Nutrition Survey, which have ensured data is collected on Infant and Young Child Feeding practices. Bangladesh has also developed a National Strategy and Policy on IYCF.

Objectives

1. Situation analysis on Infant and Young child feeding practices.
2. To provide governments and other agencies and their international development partners with critical information needed to update the infant and young child feeding policy and practice in Bangladesh.
3. Comparison among the countries and for review of the policy and programme situation.
4. To provide evidence for IBFAN groups to advocate for greater effort and investment to promote optimal Infant and Young Child Feeding in the respective countries and regions.
5. To suggest necessary modification to the policy and programme in Bangladesh.

World Breastfeeding Trends Initiative (WBT*i*)

Background

The World Breastfeeding Trends Initiative (WBT*i*) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBT*i* is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
1. National Policy, Programme and Coordination 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. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Mechanisms of Monitoring and Evaluation System	11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBT*i* web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding. This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

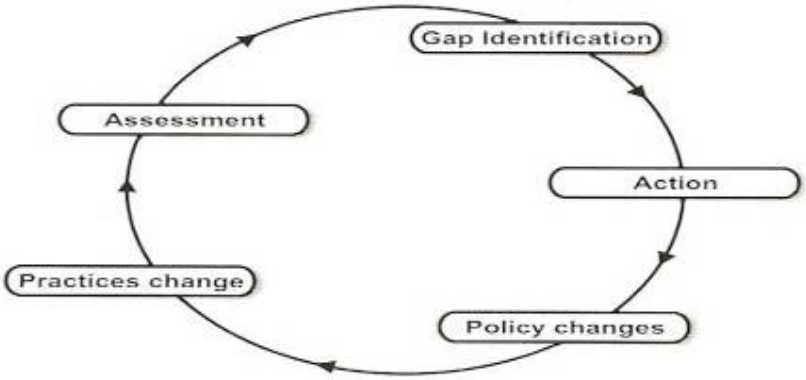
Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBT*i* Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

Background

World leaders present at the United Nations Millennium Summit in September 2000 agreed among others on eight critical Millennium Development Goals (MDGs) to be achieved by the year 2015. The fourth of these eight MDGs is to reduce by two thirds the mortality rate among children under five. The World Health Assembly (WHA) and the UNICEF Executive Board adopted the *Global Strategy for Infant and Young Child Feeding* in the year 2002, which recognized that: "Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life. No more than 35% of infants worldwide are exclusively breastfed during the first four months of life; complementary feeding frequently begins too early or too late, and foods are often nutritionally inadequate or unsafe.

The WBTi was first launched in the eight countries of south Asia Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka in 2005. A repeat assessment was carried out in all eight countries in 2008 and a third assessment was conducted in five of the countries Afghanistan, Bangladesh, Bhutan, India, and Sri Lanka in 2012. At the same time it is turning out to be a unique source of information on policy and programmes globally.

WBT*i* –How It Works?



WBTi Indicators and scores obtained in 2015 compare to earlier trend

Values	Indicators	2005	2008	2012	2015
IYCF Policies and programmes score out of 10	National Policy, Programme and coordination	4.5	6	10	9.5
	Baby Friendly Hospital initiative (Ten steps to successful Breastfeeding)	8	8	8.5	8
	Implementation of the international code	8	10	8	9
	Maternity Protection	5	1	4.5	5.5
	Health and Nutrition care system	4.5	4.5	6.5	9
	Mother Support and Community Outreach-Community-based Support for the pregnant and breastfeeding mother	6	6	6	9
	Information Support	6	5	8	10
	Infant Feeding and HIV	4.5	4.5	7	9
	Infant Feeding During Emergencies	7	4	4	10
	Monitoring and Evaluation	6	7	8	7
IYCF Practices Percentage (%)	Early initiation of Breastfeeding rate	3	6	6	9
	Exclusive Breastfeeding for first 6 months	6	6	9	9
	Median duration of Breastfeeding Rates	10	10	10	10
	Bottle Feeding Rates	6	3	6	6
	Complementary feeding rates	6	6	6	3
	Total	90.5	87	107.5	123

Assessment process followed by the country:

To conduct the World Breastfeeding Trend initiative (WBTi) assessment in Bangladesh, one representative from Bangladesh Breastfeeding Foundation received three days training on WBTi-IYCF assessment from IBFAN Asia at Delhi in the year 2008. After the training a meeting was organized in Dhaka where this issue was discussed with key stakeholders and further action resulted in preparing a report in 2008. A repeat assessment was conducted in 2012 to study trends.

For the present, National consultation meeting on World Breast Feeding Trends initiative (WBTi)-2015 was held on Thursday 02 April, 2015 in the Conference room of Institute of Public Health, Mohakhali, Dhaka, Bangladesh from 1.30 pm to 4.00 pm. More than 100 participants from different organizations attended the meeting.

The event was graced by the Chief Guest Prof. Dr. Abul Kalam Azad, Additional Director General, Director General of Health Services. Prof. Mohammod Shahidullah, President, Bangladesh Pediatric Association, and Dr. Asheque Ahmed Shahid Reza, Acting Director, Primary Health Care (PHC), MNCH & AH as Special guests. The event was chaired by Dr. Md. Alamgir Ahmed, Director, Institute of Public Health Nutrition (IPHN) & Line Director, National Nutrition Services (NNS).

Photo: Dignitaries of the WBTi National Consultation meeting

Dr. S. K. Roy, Chairperson, Bangladesh Breastfeeding Foundation (BBF) welcomed & thanked all guests& stakeholders. At the beginning, Dr. Roy congratulated Government of Bangladesh for remarkable improvement in the child and maternal nutrition situation in recent years. He also congratulated the development partners and other organizations for their cooperation with Government to go ahead the nutrition situation of Bangladesh. He also said that BBF is working in conjunction with Government and NGO. There are 80 countries including Bangladesh, where child health is analyze by the Breastfeeding policy. He said BBF represents Bangladesh in the IBFAN feeding network.

Photo: Presentation on "World Breast feeding Trends Initiative (WBTi)" outline by Dr. S. K. Roy, Senior Scientist, Chairperson, BBF

He presented key note speech on the theme of the ceremony. He gave the background information of the World Breastfeeding Trends Initiative (WBTi) and gave a presentation on the WBTi out line, what is World Breastfeeding Trends Initiative (WBTi), Objectives, How it works, Assessment process, Indicator part-1, Part-2 and its outcome and told the participants that International Breastfeeding Action Network (IBFAN) initiated WBTi assessment which acts as a continuous monitoring system of IYCF activities.

Prof. Soofia Khatoon, Secretary, Board of Trustee, Bangladesh Breastfeeding Foundation explained the process of WBTi assessment and methodology of WBTi. She described four time bound step for this assessment process.

Dr. AKM Iqbal Kabir, Vice Chairperson, Board of Trustee, Bangladesh Breastfeeding Foundation, introduced the tool and distributed the responsibilities to the three groups. Each group was assigned with a specific task to study the given indicators. Each group consisted of representatives of civil society organizations, governments, professional organizations, medical colleges, UNICEF and WHO, and other concerned organizations and individuals.

After the presentation, the floor was opened for discussion with stakeholders which lasted about forty minutes. During this session, concerns raised about The World Breast feeding Trends Initiative were clarified.

Special guest Dr. Ahmed Shahid Reza, Acting Director, Primary Health Care (PHC), MNCH & AH said that Breastfeeding is one of the national priorities in the health sector. Today Breastfeeding and complementary feeding movement is the perfect initiative for our country. Breastfeeding should be continued exclusively for first six months and then continued with complementary food for 2 years or beyond. He also said that Government, NGOs, Community clinics and other organizations need to work together to reach the target.

Prof. Mohammod Shahidullah, President, Bangladesh Pediatric Association said that the status of Breastfeeding is now satisfactory and we are successfully achieved MDG 4. He also said that government plays a vital role behind the success of health sector of Bangladesh.

The honorable Chief Guest Prof. Dr. Abul Kalam Azad, Additional Director General, Director General of Health Services inaugurated the ceremony by opening the WBTi. In his speech, He emphasized for skill and knowledge of health workers who can provide practical support to the mothers. It is necessary to take steps to decrease the maternal and child mortality rate in Bangladesh. He also said that National Health policy was established in 2011 however most of the people don't know about the policy. He also emphasized that if all the health worker work sincerely, achievement of goal is not difficult.

The Chairman of the meeting, Dr. Md. Alamgir Ahmed, Director, Institute of Public Health Nutrition (IPHN) & Line Director, National Nutrition Services delivered his valuable speech covering the breastfeeding as well as there is a lot of scope to go ahead. He concluded by thanking to Bangladesh Breastfeeding Foundation and also IBFAN to organize this assessment process.

Dr. S. K. Roy, chairperson, BBF expressed heartfelt thanks to the Chief Guest, special guests and participants for making time to grace this occasion in spite of their busy schedule and for their invaluable commitments. He also thanked IBFAN especially for their continuous coordinated efforts and financial support for arranging WBTi in Bangladesh and different countries.

Expert committee meeting on World Breast Feeding Trends initiative (WBTi)-2015 was held on Monday 27 April, 2015 in the Conference room of Institute of Public Health Nutrition (IPHN), Mohakhali, Dhaka, Bangladesh from 11.00 am to 2.00 pm. The meeting was chaired by Dr. Md. Alamgir Ahmed, Director, Institute of Public Health Nutrition (IPHN) & Line Director, National Nutrition Services.

Photo: Picture of participants

Dr. S. K. Roy, chairperson, BOT of BBF welcomed & thanked all guests & stakeholders.

The Chairman of the meeting, Dr. Md. Alamgir Ahmed, Director, IPHN & Line Director, NNS delivered his valuable speech about WBTi and Breastfeeding condition in Bangladesh. He also talked about BDHS 2014 report. He highlighted that the current rate of breastfeeding is lower than the BDHS 2011 report. He talked about BMS act also. In his speech, He also said that we should work hard on breastfeeding to make more oriented. I hope we will perform well at next time.

After the speech, Participants introduced themselves.

Dr. S. K. Roy, Chairperson, BOT of BBF gave a Power point presentation on the WBTi out line, How it work, Process of National Assessment, Steps of reassessment of WBTi-2015 Bangladesh, IYCF practices in Bangladesh and others possessions were discussed. Dr. Roy introduced the tool and distributed the responsibilities to the three groups. Each group was assigned with a specific task to study the given indicators. Three different technical groups worked on different set of WBTi indicators. The group members were taken from all the stake holders.

Expert committee meeting on World Breast Feeding Trends initiative (WBTi)-2015 was held on Monday 27 April, 2015 in the Conference room of Institute of Public Health Nutrition (IPHN), Mohakhali, Dhaka, Bangladesh from 11.00 am to 2.00 pm. The meeting was chaired by Dr. Md. Alamgir Ahmed, Director, Institute of Public Health Nutrition (IPHN) & Line Director, National Nutrition Services.

Dr. S. K. Roy, chairperson, BOT of BBF welcomed & thanked all guests & stakeholders.

The Chairman of the meeting, Dr. Md. Alamgir Ahmed, Director, IPHN & Line Director, NNS delivered his valuable speech about WBTi and Breastfeeding condition in Bangladesh. He also talked about BDHS 2014 report. He highlighted that the current rate of breastfeeding is lower than the BDHS 2011 report. He talked about BMS act also. In his speech, He also said that we should work hard on breastfeeding to make more oriented. There is a fact that when our leaders try to encourage people on breastfeeding they do not get votes from people that is why they avoid this. I hope we will perform well at next time.

After the speech, Participants introduced themselves.

Dr. S. K. Roy, Chairperson, BOT of BBF gave a Power point presentation on the WBTi out line, How it work, Process of National Assessment, Steps of reassessment of WBTi-2015 Bangladesh, IYCF practices in Bangladesh and others possessions were discussed. Dr. Roy introduced the tool and distributed the responsibilities to the three groups. Each group was assigned with a specific task to study the given indicators. Three different

technical groups worked on different set of WBTi indicators. The group members were taken from all the stake holders.

After that the 3rd meeting on data finalization was held in the IPHN conference room. Three core group leaders presented their draft document on different indicators and received comments and suggestion on 1-15 indicators. The core group members shared their findings, gaps through brainstorming to frame recommendations for action plans and suggested to make final report.

Photo: Group work presentation

Steps of reassessment of WBTi- 2015

Step	Key actions	Time and venue
Step -1 National consultation meeting on WBTi reassessment process with relevant stake holders	▪ Brief on WBTi assessment 2012 & sharing the Process of reassessment of WBTi-2015 ▪ Formation of 3 technical groups on indicators and distribute the responsibility for assessment ▪ Stakeholder's agreement on working framework and schedule	02 April, 2015 at 1.30 p.m. conference room of IPH, Mohakhali, Dhaka.

Step-2 Expert Committee meeting: Update and follow up review meeting on WBTi assessment findings with technical groups	⌗ Sharing the findings of WBTi-assessment process among the expert committee groups ⌗ Gap identification and brainstorming to frame recommendations ⌗ Incorporating comments or suggestions from the core groups	27 April, 2015 at 11a.m, conference room of IPHN, Mohakhali, Dhaka.
Step-3 Expert committee meeting on data finalization of WBTi-reassessment 2015	⌗ Sharing the findings of WBTi-assessment 2015 and correction/review by group work ⌗ Gap identification and brainstorming to frame Recommendations and action plans ⌗ Incorporating comments or suggestions into the final report	07 July, 2015 at 10.30 am, conference room of IPHN, Mohakhali, Dhaka.
Step-4 Finalization of the assessment report	⌗ Finalizing the report and sharing with IBFAN for comments. ⌗ Verification of data is done at this stage to check quality, national scope etc and then share with the WBTi coordinating office. ⌗ Incorporating comments from IBFAN	BBF, office, Mohakhali , Dhaka

The details of core group activities are mentioned below.

Working indicators:

Core group A:

Indicator 1: National Policy, Programme and Coordination

Indicator 2: Baby Friendly Hospital Initiative

Indicator 3: Implementation of the International Code

Indicator 11: Early Initiation of Breastfeeding

Core group B:

Indicator 4: Maternity Protection

Indicator 5: Health and Nutrition Care Systems

Indicator 6: Mother Support and Community Outreach- Community-based Support for the pregnant and breastfeeding mother

Indicator 12: Exclusive Breastfeeding for the first 6 months

Indicator 14: Bottle-feeding

Core group C:

Indicator 7. Information Support

Indicator 8. Infant Feeding and HIV

Indicator 9. Infant Feeding during Emergencies

Indicator 10. Mechanisms of Monitoring and Evaluation System

Indicator 13: Median Duration of breastfeeding

Indicator 15: Complementary Feeding

List of the partners for the assessment process

Group A				
S/L	**Organization**	**Name**	**Email Address**	**Contact No**
1.	UNICEF	Dr. Md. Mohsin Ali Nutrition Specialist, Nutrition Section UNICEF Bangladesh	mohali@unicef.org	01819242007
2.	CWCH	Dr. Khurshid Talukdar Member of BOT,BBF	khurshidtalukder@yahoo.com.uk	01713047131
3.	BRAC	Farhana Rahman Senior Sector Specialist HNPP, BRAC	farhana.rahman@brac.net	01730347978
4.	DGFP	Dr. Rezaul Karim Assistant Director MCH, DGFP	rezaulkarim1952@yahoo.com	01712291017
5.	BAMANEH	Md. Tarequl Islam CM BAMANEH Nakhalpara	bamaneh.nakhalpara@gmail.com	01721186324
6.	Swanirvar Bangladesh	Mr. Rafiqul Islam Project Director, Shawnirvar, Bangladesh	sbnsdp@yahoo.com	01711431315
7.	Ruposhi Bangla TV (USA), Dhaka	Belayet Hossain Senior Reporter Ruposhi Bangla TV (USA), Dhaka	bhossainbd@gmail.com	01552318957
8.	BKMI/IPHN	Dr. Tofail Md. Alamgir Azad, PhD Member of BOT, BBF	tofail.azad@gmail.com	01711151342
9.	MI	Dr. S M Mustafizur Rahman Member of BOT, BBF Country Director MI	mmrahman@micronutrient.org	01711056953
10.	ShsMC	Prof. Tamanna Begum Associate Professor Department of Pediatrics ShsMC	dr_tbegum@yahoo.com	01711637371
11.	ShsMC	Prof. Dr. Syeda Afroza Head Dept. of Pediatrics ShsMC	s_afroza@yahoo.com	01915326302
12.	SCJ	Dr. Golam Mothabbir Sr. Additional HGS SCJ		01714088400
13.	WHO	Ms Farzana Bilkes NPO - Nutrition & Food	bilkesf@who.int	01714134578

		Safety WHO, Bangladesh		
14.	BBF	Md. Eshaque Ali Treasurer, BOT Bangladesh Breastfeeding Foundation	dehprc@yahoo.com bnnc@dhaka.net	01715-110554, 9134394
15.	IPHN/NNS	A M Zakir Hussain Sr. Advisor IPHM/NNS	amzakirhussain@hotmail.com	01715948366
16.	IPHN/NNS	Dr. Tapan Kumar Biswas DD, IPHN DM, NNS	tapanbiswas11@yahoo.com	01715468001
17.	IPHN/NNS	Dr. Md. Moudud Hossain DD, DGHS PM, NNS	drmoudud82@gmail.com	01714052116
18.	DGFP	Dr. Md. Ali Zulkawsar Assistant Director DGFP	dr.zulkawsar@gmail.com	01711437336
19.	BBF	Prof. Soofia Khatoon Secretary,BOT,BBF	soofia_icmh@yahoo.com	01911-342511
20.	IPHN/NNS	Mohammad Aman Ullah DPM NNS/IPHN	amanmph@gmail.com	01672049970
21.	BBF	Khurshid Jahan Director BBF	khurshidjahan77@gmail.com	+8801712967727
22.	BBF	Tanzina Tabassum Program Assistant BBF	tanzina_suma@yahoo.com	01736433496

Group B				
S/L	**Organization**	**Name**	**Email Address**	**Contact No**
1.	Plan International Bangladesh	Dr. Ikhtiar Uddin Khandakar Health Advisor Plan Bangladesh	ikhtiar.khandakar@plan-international.org	01713336308
2.	NSB	Mr. MA Wahed Vice President Nutrition Society of Bangladesh (NSB)	wahedma67@yahoo.com	01716442101
3.	FAO	Aklima Parvin	aklima.parvin@fao.org	01718011142
4.	Swanirvar Bangladesh	Dr. Syed Md. Ismail Jamil Monitoring officer (Quality Assurance) USAID, BSID, NHSPP Swanirvar Bangladesh	ismailjamil85@yahoo.com	01732200646

5.	UNDP	Md. Ruhul Amin Nutrition Coordinator Urban Partnerships for Poverty Reduction Project UNDP	md.ruhul@upprbd.org	01714021206
6.	Swanirvar Bangladesh	A.K.M. Jahidul Islam	jahid15121974@gmail.com	01715684444
7.	CWCH	Dr. Wahiduz Zaman	abulkalamwahid@yahoo.com	01910889248
8.	Dhaka Ahsania Mission	Md. Jahangir Hossen Project coordinator 10/2, Iqbal road, Dhaka	sbakul10.08@gmail.com	01712862338
9.	Save the children	Dr. Hasinul Islam Project Manager-Tackling Childhood Malnutrition Save the Children	hasinul.islam@savethechildren	01711278069
10.	IPHN	Dr. Ismat Ara Applied Nutritionist IPHN	ismatdr@gmail.com	01819288235
11.	MOWCA	Dr. Asma Akter Jahan Deputy Secretary Ministry of Women and Children Affairs	jahanasma2009@yahoo.com	01552365116
12.	BRAC	Riffat Ara Senior sector specialist HNPP, BRAC	rifat.ara@brac.net	01729070530
13.	UNICEF	Farzana Akter Nutrition consultant Nutrition Sector UNICEF	farzana.akter.official@gmail.com	01817049270
14.	DGFP	Dr. Naimunessa Assistant Director (MPH) MCH services unit DGFP	dr.naimundgfp@gmail.com	01720205029
15.	IPHN	Dr. Shamsuzzahan Rakibunnessa Chowdhury Deputy program manager, NNS	drsrcnilu@gmail.com	01832151534 01552479610
16.	BBF	Dr. A. K. M. Iqbal Kabir Vice-chairperson, BOT, BBF	ikabir78@yahoo.com	01730095515
17.	WFP	Md. Sameul Nawaz	sameul.nawaz@wfp.org	01755642162
18.	Population Council	Md. Lutful Bin Faruq	lbinfaruq@popcouncil.org	01713005099
19.	IPHN	Dr. Zakia Alam Junior Clinician	zak09.alam@gmail.com	01716074720
20.	IPHN	Dr. Salma Siddiqa Junior Clinician		01711462675

21.	DMCH	Dr. Sultana Afroj Asst. Professor	safroj31@yahoo.com	01714262412
22.	BBF/FAO	Dr. M. A. Manna Vice Chair, BBF National Advisor, FAO	abdul.mannan@fao.org	01726311315
23.	ICMH	Prof. Dr. Nazneen Kabir Head of Gyne, ICMH & Member of BOT, BBF	drnazneendec@yahoo.com	01711-563876, 9338211
24.	BBF	Syeda Mahsina Akter Assistant Director BBF	syedamahsina.akter@yahoo.com	01711183177
25.	BBF	Sayeda Sumaiya Islam Program Assistant BBF	sumaiyanice512@gmail.com	01722288948

Group C				
S/L	**Organization**	**Name**	**Email Address**	**Contact No**
1.	CARE Bangladesh	Dr. Khan Tawhid Parvez	parvez@bd.care.org	01915981280
2.	IPHN	Momena Shirin Food Chemist, IPHN	momena.shirin@yahoo.com	01711615292
3.	Eminence	Arafin Afroj Laxmi Assistant coordinator, Nutrition security department Eminence	arafinafroj@eminence-bd.org	01918916650
4.	MCHTI	Dr. Shah Tahmina Islam MCHTI		01711437237
5.	BUHS	Prof. Dr. Rowshan Ara	rowshanhakim@gmail.com	01713036846
6.	ShSMC	Prof. Dr. Fatema Ashraf Obstetrics & Gynaecology Shaheed Suhrawardy Medical College Hospital	fatema.phfbd@gmail.com	01711855941
7.	ICMH	Dr. Md. Jahangir Chowdhury Associate Professor & Head of the Dept pediatrics ICMH	jahangir1961@gmail.com jahangir01556344430@gmail.com	01556344430
8.	SHIKHA Project FHI360	Saydur Rahman Siddiquee Program Manager USAID SHIKHA Project House 5, Road 35 Gulshan 2, Dhaka-1212.	msiddiquee@fhi360.org	01711137319
9.	TMSS	Golam Morshed Hasan Research Officer TMSS 63/1 west kazipara Mirpur, Dhaka	prptmss@gmail.com	01819128697

10.	BRAC	Dr. Md. Abbas Uddin Khan Senior program Manager BRAC, HNPP	abbasuddin.k@brac.net	01711837753
11.	ICMH	Prof. Dr. Saria Tasnim ICMH	sariatasnim2007@gmail.com	01819221096
12.	IPHN	Mohammad Aman Ullah Deputy Program Manager, NNS	amanmph@gmail.com	01672049970
13.	Max Foundation Bangladesh	Afroza Begum Manager (Health and Nutrition) Max Foundation Bangladesh	afroza@maxfoundation.nl	01911064660
14.	IPH	Dr. Shyamlal Paul DD, IPH		01711706371
15.	MCHTI	Dr. Nadira Afroz Junior Consultant MCHTI	nadia.afroz@yahoo.com	01817549903
16.	NNS	Dr. Shahriar Farid Consultant DFID, NNS	mfarid@path.org	01716506580
17.	MCHTI	Dr. Nazia Ahmed Jr. Consultant MCHTI	saikatnazia@yahoo.com	01711677750
18.	SHIKHA FHI360	Nasrin Banu	NBanu@fhi360.org	01819800508
19.	NNS	Dr. Alamgir Murshid DPM, NNS	murshid4004@yahoo.com	01713030328
20.	BBF	Samina Israt Program Manager, BBF	saminaisrat@gmail.com	017112434
21.	BBF	Suraya Bintay Salam Program Manager, BBF	bintay1287@gmail.com	01717463855

Assessment Findings

Indicator 1: 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 a coordinator for the committee?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	✓
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	✓
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	✓
Total Score	**9.5/10**	

Information Sources Used:

1. National Nutrition Policy 2015 (awaits cabinet approval; We will let you know when this link will be available in government website)
2. NNS operation Plan 2011-2016 [**https://www.k4health.org/sites/default/files/nns_op.pdf**]
3. IYCF Alliance Bulletin *(See Annex: 1)*
4. National IYCF Alliance of Bangladesh (TOR) *(See Annex: 2)*

Conclusions*:*

The Indicator 1 deals with national policy, programme and coordination. It deals with issues related with action plan for implementing IYCF, National breastfeeding committee and budgetary allocation for action plan for IYCF. Discussion on the issue was based on national strategy on IYCF and action plan. This group observed that most of the aspect of IYCF policy, programme and coordination would bring substantial benefits for individual, families and the entire nation. A national IYCF policy has been officially adopted by the government. It promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to two years and beyond. Besides, a National Plan of Action has been developed with the policy and a National Breastfeeding Committee was created in order to have a regular monitoring on this matter. However National Breastfeeding Committee was not playing active role. The group realized that we need to activate National Breastfeeding Committee with specific TOR.

Gaps:

1. Action plan needs to be executed fully
2. Although some funds were allocated, timely release and utilisation was challenging

Recommendations:

1. Capacity building of NNS/IPHN for improved planning and fund utilisation
2. IYCF-programs need to be carried out by Health Systems workers
3. Adequate funding need to be ensured for 5 years development budget
4. UN Agencies & DPs need to support IYCF programs

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[1])

Key questions:

- *What percentage of hospitals and maternity facilities that provide maternity services have been designated as "Baby Friendly" based on the global or national criteria?*
- *What is the quality of BFHI program implementation?*

Guidelines – Quantitative Criteria

2.1) 361 out of 678 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly" in the last 5 years ***53.24%***

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check only one which is applicable**
0	**0**	
0.1 - 20%	1	
20.1 - 49%	2	
49.1 - 69%	3	✓
69.1-89 %	4	
89.1 - 100%	5	
Total rating	**3 / 5**	

[1] **The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check that apply**
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme[2]	1.0	✓
2.3) A standard monitoring[3] system is in place	0.5	✓
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers.	0.5	✓
2.6) Reassessment[4] systems have been incorporated in national plans with a time bound implementation	1.0	✓
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	✓
2.8) HIV is integrated to BFHI programme	0.5	✓
2.9) National criteria are fully implementing Global BFHI criteria	0.5	✓
Total Score	**5/5**	
Total Score	**8/10**	

Information Sources Used:

1. BFHI Programme report of Bangladesh Breastfeeding Foundation (BBF) [**http://bbf-bangladesh.org/programs/baby-friendly-hospital-initiative-bfhi**]

[2] IYCF training programmes such as IBFAN Asia's '4 in1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

[3] ***Monitoring*** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

[4] ***Reassessment*** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team.Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.#

Conclusions*:*

Indicator 2 deals with Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding). BFHI in Bangladesh started in 1992 with Master training for the professional in breastfeeding management. A policy with fifteen points for hospital was developed by BBF which was endorsed by the Govt. and send to all BFHs to develop their own policy. Most of the Government and non government hospitals, some city clinics, upazila health complexes and (MCWC) were included in BFH programme.

In 2012 National Nutrition Services of MOHFW and BBF jointly started the revitalization of 499 hospitals. Now revitalization of previous BFHI hospitals is ongoing under NNS. As BFHI training has been completed in 361 health facilities, 4290 participants received BFHI training. Now the BFHI accreditation process is ongoing. Rest of the hospital will be revitalized by June 2016.

Gaps:

1. Regular monitoring system is absent
2. Refreshers training has been done only in last 3 years
3. Assessment and revitalization is inadequate
4. Time-bound program is slow due to fund availability

Recommendations:

1. Regular monitoring of BFHI status is needed
2. Publication of monitoring of assessment reports
3. Annual evaluation should be done with publication

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breas*
tmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Guidelines for scoring		
Criteria (*Legal Measures that are in Place in the Country*)	**Scoring**	**Results**
3a: Status of the International Code of Marketing		✓ **(*Check that apply. If more than one is applicable, record the highest score.)***
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	✓
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	✓
3.7 Some articles of the Code as law	4	✓
3.8 All articles of the Code as law	5	✓
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation[5] a) Provisions based on at least 2 of the WHA resolutions as listed below are included b) Provisions based on all 4 of the WHA resolutions as listed below are included	 5.5 6	 ✓ ✓

[5] Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.
1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

3b: Implementation of the Code/National legislation		✓ *Check that apply*
3.10 The measure/law provides for a monitoring system	1	
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12The compliance with the measure is monitored and violations reported to concerned agencies	1	✓
3.13 Violators of the law have been sanctioned during the last three years	1	✓
Total Score (3a + 3b)	**9/10**	

Information Sources Used:

1. BMS Act Sept 22, 2013 [**http://bdlaws.minlaw.gov.bd/bangla_all_sections.php?id=1124**]

Conclusions:

Indicator 3 deals with Implementation of the International Code of Marketing of Breastmilk Substitutes (BMS). It focuses issues related to adoption of International code as a national legislation. The BMS code of 1984 Ordinance in Bangladesh was weak. According to the Honorable Prime Minister's declaration on the World Breastfeeding Week (WBW) in 2010, to strengthen the BMS code. Government along with BBF and civil societies has developed a new law which is the adaptation of international law with more strict & severe clauses. The new law has been passed by the Parliament and has received the consent of the Honorable President on 22th September, 2013. The rule of new BMS Act 2013 is in nearly final stage.

In 2012 BBF along with IPHN with UNICEF support, carried out a pilot project titled BMS code monitoring in Bangladesh where several BMS code violations were detected from eight districts of four divisions. From the findings of the pilot project it was realized that to reduce unethical act a monitoring system should be established in the Government health system. To serve that purpose, BBF with collaboration of IPHN and support of UNICEF Bangladesh a project titled "Establishment of BMS code monitoring

system in Bangladesh was carried out in 128 preselected upazila of sixty four districts from May 2013 to May 2014.

Gaps:

1. Resource (human and financial) limitation
2. Lack of awareness for all segment of population
3. Monitoring is weak
4. Funding for monitoring should be regular
5. Law enforcement is weak

Recommendations:

1. Ensure appropriate resource allocation and utilization
2. Monitoring needs to be strengthened and stable in permanent set up
3. Funding should be adequate & stable
4. Law enforcement should be strict & strengthen

Indicator 4: Maternity Protection

Key question: *Is there a 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
4.1) 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	
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks. *(more than one may be applicable)* a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	 0.5 0.5	 ✓ ✓
4.4) 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	
4.5) Women in informal/unorganized and agriculture sector are:		
a. accorded some protective measures	0.5	✓
b. accorded the same protection as women working in the formal sector	1	
4.6) *(more than one may be applicable)* 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	
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) 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	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	**5.5/10**	

Information Sources Used:

1. Bangladesh Sromo Ain (The Bangladesh Labour Act), 2006, *Ministry of Labour and Employment*, Bangladesh [**http://bdlaws.minlaw.gov.bd/bangla_all_sections.php?id=952**]
2. Bangladesh service rule 1959 [See Annex: 3]
3. BRAC (NGO) Human Resource Policy about maternity and paternity leave for staffs [See Annex: 4]

Conclusions:

Indicator 4 deals with maternity protection. It includes duration of maternity leave, maternity protection in formal and informal sector, and provision of mother friendly workplace and country status of ILO MPC No 183. In Bangladesh full 6 months (24 weeks) paid maternity leave is being practiced in the public sector from January, 2011. The Labour Act 2006 does not provide for paternity leave. There is no mention of breastfeeding breaks in the national legislation related to maternity. However, it establishes that employers at establishments with 40 or more workers should provide and maintain a suitable room or rooms for the use of children under the age of 6 years and

their mother. The room shall be furnished with at least one chair or equivalent seating accommodation for the use of each mother while she is feeding or attending to her child.

Gaps:

1. No legislation established for private sector to comply government Law
2. No private sector legislation of leave of law
3. Practice gap is in govt sector also
4. Not in Act, but prime minister has given declaration for establishing day care centre & lactation corner.
5. Law dissemination gap

Recommendations*:*

1. Paid/non paid break should be given in private sector
2. Private sector leave should be ensured
3. Maternity Law Should be monitored
4. Paternity leave need to be considered for law (2 weeks) in public & private sector

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

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*?

	Scoring √ ***Check that apply***		
Criteria	**Adequate**	**Inadequate**	**No Reference**
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[6] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
	✓		
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. *(See Annex 5b Example of criteria for mother-friendly care)*	2	1	0
	✓		
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[7]	2	1	0
	✓		
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
	✓		
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes	1	0.5	0

6 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.

7 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.

focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)		✓	
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[8]	1	0.5	0
		✓	
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
	✓		
Total Score:	**9/10**		

Information Sources Used:

1. Medical Curriculum book **[** **https://docs.google.com/viewer?url=http://bmdc.org.bd/wp-content/bmdc/c2012/4-Community%20Medicine.pdf**]
2. IYCF National plan of action 2009-2011 (See Annex: 5)
3. BFHI training module
   [**http://bbfbangladesh.org/sites/default/files/BFHI_Training_Module.pdf**]

Conclusions:

Indicator 5 deals with review of schools and pre-service education programme for the health providers, standards and guidelines for mother friendly childbirth procedures and support, in service training programmes providing skills and knowledge related to infant and young child feeding. Many training programmes are being conducted by the Ministry of health and family welfare at different levels. IYCF skill training for in-service training is not regular and systematic. More attention should be given to counselling and problem solving and support of breastfeeding & IYCF for Health and Nutrition Care providers.

Gaps:

1. Dissemination of knowledge and implementation are inadequate
2. Inadequate practice policy is there but there is scope for improvement for better practice
3. Adequate policy is there but practice is low
4. In some private hospitals, babies are not kept with mothers & gives BMS

8 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.

5. Lack of interest of service providers for best practices

Recommendations:

1. Revised curriculum should be developed for primary and secondary level health provider schools and pre-service education programmes in the country
2. Health Systems to be strengthen in Nutrition Care system
3. More training on Skills & Counseling are needed
4. IYCF training should be included in other health services training
5. Private hospitals to bring under IYCF strategy & regulations

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

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

Criteria	**Scoring** √ *Check that apply*		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
	✓		
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
	✓		
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
	✓		
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
	✓		
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	**9/10**		

Information Sources Used:

1. National Strategy for Infant and Young Child feeding in Bangladesh (IPHN, MOHFW) [**http://www.unicef.org/bangladesh/IYCF_Strategy.pdf**]
2. Community Clinic Services documents **[http://www.communityclinic.gov.bd/antenatal.php]**

Conclusions:

Indicator 6 deals with mother support through community outreach. It includes issues like access to counseling services on infant and young child feeding in the community during pregnancy and after birth. It also included the status of skill training for the counselors.

Gaps:

1. Not fully implemented
2. Gap of support in distant places
3. Gap is hard to reach area
4. IYCF strategy- practice gap
5. Inadequate coverage in training for health systems staff

Recommendations*:*

1. Should be fully implemented
2. To cover HTR areas
3. Need to monitor & report practices-indicator wise
4. Training to health service staff be extended

Indicator 7: Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

Guidelines for scoring			
Criteria	**Scoring** √ ***Check that apply***		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts of interest are avoided.	2	0	0
	✓		
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
	✓		
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
	✓		
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
	✓		
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
	✓		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[9]	2	0	0
	✓		
Total Score:	**10/10**		

[9] to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Information Sources Used:

1. National Strategy for Infant and Young Child feeding in Bangladesh (IPHN, MOHFW) [**http://www.unicef.org/bangladesh/IYCF_Strategy.pdf]**
2. BFHI Training materials [**http://bbf-bangladesh.org/programs/baby-friendly-hospital-initiative-bfhi**]
3. Report of WBW 2014 by BBF [**http://bbfbangladesh.org/sites/default/files/WBW%20Report-%2014.pdf**]
4. IEC materials developed by IPHN, MOHFW, BBF [**http://bbfbangladesh.org/wbw/world-breastfeeding-week-2014**]

Conclusions*:*

Indicator 7 deals with information support. At present different agencies of Government (DGHS, DGFP, NNS) and NGOs (BBF, UNICEF) are using their own methods and materials which can be used by all public and private agency to ensure optimal IYCF practices at household level.

Recommendations*:*

1. BMS Act should be implemented and monitoring should be regular
2. Strengthening of the campaign involving social media on IYCF, legal action on advertisement on BMS and baby food, complementary food
3. All Media and Strategic govt and non govt administration should be used for dissemination of IYCF information & practices

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
	✓		
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
	✓		
8.3) 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
	✓		
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ 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
	✓		
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
	✓		
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
	✓		
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
	✓		
8.8) 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
	✓		

8.9) 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
			✓
Total Score:	**9/10**		

Information Sources Used:

1. National Guidelines for the Prevention Vertical Transmission of HIV and Congenital Syphilis [**www.aidsspace.org/getDownload.php?id=2166]**
2. IYCF National plan of action 2009-2011 (See Annex: 6)
3. BFHI training module [**http://bbfbangladesh.org/sites/default/files/BFHI_Training_Module.pdf**]

Conclusions*:*

Indicator 8 deals with HIV and infant feeding. It looks for a comprehensive policy on HIV & Infant feeding practices. It also addresses various services accessible to the HIV positive mother and training of Health Care providers on HIV and Infant feeding practices.

Gaps:

1. Lack of infant feeding and HIV policy in the BMS ACT
2. Strengthening infant feeding and HIV training
3. Routine availability of VCCT to risk/couple- less dissemination –less awareness
4. Insufficient counselling & follow up reports
5. Strengthening monitoring of ARV compliance
6. Less awareness of the community member and health workers on 6 month exclusive breast feeding

Recommendations*:*

1. Dissemination of feeding guidelines to be increased to HIV affected women
2. Increase training to health staff on HIV & breast feeding HIV affected mothers should be informed on infant feeding practice
3. Training and counselling on HIV to be increased
4. ART receiving breastfeeding mothers need to be follow up & counselled
5. Counter misinformation for EBF by HIV mothers
6. Intervention should be monitored

Indicator 9: Infant and Young Child Feeding during Emergencies

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

Criteria	**Scoring** √ **Check that apply**		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
	✓		
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
	✓		
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:	1	0.5	0
a) basic and technical interventions to create an enabling environement for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding	✓		
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsollicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0
	✓		
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
	✓		

9.5) a) Appropriate orientation and training 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. b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
	✓		
	1	0.5	0
	✓		
Total Score:	**10/10**		

Information Sources Used:

1. BMS Act Sept 22, 2013 [**http://bdlaws.minlaw.gov.bd/bangla_all_sections.php?id=1124**]
2. National Strategy for Infant and Young Child feeding in Bangladesh (IPHN, MOHFW) [**http://www.unicef.org/bangladesh/IYCF_Strategy.pdf**]

Conclusions:

Indicator 9 addressed Infant Feeding during Emergencies. It included policy on infant feeding, promotion of optimal IYCF practices, to minimize the risk of artificial feeding and inclusion of pre-service and service training materials on IYCF during emergency situation.

Recommendations*:*

1. Ministry of Disaster Management and Relief are responsible for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations
2. BMS Act 2013 should be disseminated to minimize the risks of artificial feeding
3. Separate module on infant and young child feeding in emergencies need to be implemented

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: *Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?*

Guidelines for scoring			
Criteria	**Scoring** ✓ **Check that apply**		
	Yes	To some Degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		✓	
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
		✓	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
	✓		
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
	✓		
Total Score:	**7/10**		

Information Sources Used:

1. National Nutrition Service (NNS) Bulletin-2015 (See Annex: 7)
2. Bangladesh Health and Demographic Survey (BDHS) 2014 **[http://dhsprogram.com/pubs/pdf/PR56/PR56.pdf]**

Conclusions*:*

Indicator 10 deals with monitoring and evaluation. The major components of this indicator were monitoring and evaluation of IYCF programme, monitoring and MIS data in the planning and management process of IYCF programme. It also included the collection of baseline and follow up data to measure outcomes of IYCF activities.

Gaps:

1. IYCF monitoring is not separately done
2. Regular data feedback is absent
3. Only yearly information is available
4. Infrequently shared with policy makers to DGHS, DGFP, Secretary

Recommendations*:*

1. Separate monitoring of IYCF situation
2. Program feedback to managers to be given frequently
3. Data quality need to be ensured
4. Key policy makers should be informed regularly on IYCF situation
5. National Nutrition surveillance system need to income details of key indicators

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?.....57%*

Guideline:

Indicator 11	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**Existing status %**	**IBFAN Asia Guideline for WBTi**	
Initiation of Breastfeeding (within 1 hour)			***Scores***	***Colour-rating***
	0.1-29%		3	**Red**
	29.1-49%		6	**Yellow**
	49.1-89%	57	9	**Blue**
	89.1-100%		10	**Green**

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2014 ***[http://dhsprogram.com/pubs/pdf/PR56/PR56.pdf]***

Summary Comments:

Percentage of babies breastfed within one hour of birth 57%.

This data has been obtained from Bangladesh Demographic and Health Survey (BDHS) 2014. The 2014 BDHS collected data on infant feeding for the youngest children under 2 who were living with their mother using a 24-hour recall period.

Gaps:

1. There is less campaign on Early Initiation of Breastfeeding
2. Not all health workers/MCHFP staff are aware of the benefit of breastfeeding within 1hour

Recommendations*:*

1. IEC campaign & Mass Media campaign on early initiation of Breastfeeding
2. Adequate IEC materials & display on <1 hour Breastfeeding
3. All IYCF Training should include <1 hour Breastfeeding benefits with Caesarian section technique

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed[10] in the last 24 hours?.....55%*

Guideline:

Indicator 12	*Key to rating adapted from WHO tool* (see Annex 11.1)	Existing status %	IBFAN Asia Guideline for WBT*i*	
			Scores	*Colour-rating*
Exclusive Breastfeeding (for first 6 months)	0.1-11%		3	Red
	11.1-49%		6	Yellow
	49.1-89%	55	9	Blue
	89.1-100%		10	Green

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2014 ***[http://dhsprogram.com/pubs/pdf/PR56/PR56.pdf]***

Summary Comments:

Fifty-five percent of infants under age 6 months are exclusively breastfed. There is a declining trend in exclusive breastfeeding rates under 6 months between 2012 (64%) and 2014 (55%). In spite of the decline in exclusive breastfeeding between 2011 and 2014, the prevalence of exclusive breastfeeding of infants up to 6 months in 2014 is 5 percentage points higher than the HPNSDP target of 50 percent of exclusive breastfeeding by 2016 (MOHFW, 2011).

Comments:

BDHS data included 657 under six month infants only.

Recommendations:

Separate IYCF Survey on large sample should be done.

[10] Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* **.....30 months**

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**Existing status %**	**IBFAN Asia Guideline for WBT*i***	
Median Duration of Breastfeeding			***Scores***	***Colour-rating***
	0.1-18 **Months**		3	**Red**
	18.1-20 ’’		6	Yellow
	20.1-22 ’’		9	**Blue**
	22.1- 24 or beyond ’’	30 Months	10	Green

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2014 ***[http://dhsprogram.com/pubs/pdf/PR56/PR56.pdf]***

Summary Comments:

The median duration of breastfeeding among Bangladesh babies is estimated at 30 months. Regarding other characteristics, as the educational and socioeconomic level, women who have completed primary school are more likely to breastfed for the longest period than women who only reached secondary school.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?* **..... 14%**

Guideline:

Indicator 14	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**Existing status %**	**IBFAN Asia Guideline for WBTi**	
			Scores	**Colour-rating**
Bottle Feeding (0-12 months)	29.1-100%		3	**Red**
	4.1-29%	14	6	**Yellow**
	2.1-4%		9	**Blue**
	0.1-2%		10	**Green**

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2014 ***[http://dhsprogram.com/pubs/pdf/PR56/PR56.pdf]***

Summary Comments:

Bottle feeding is common in Bangladesh. According to the BDHS 2014, 26 percent of children aged 4-5 months are bottle fed and 22 percent of infants 6-9 months are fed with a Bottle with a nipple. There is decreased in the rate of bottle feeding from 2007 to 2014.

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-9 months of age?* **..... 23%**

Guideline

Indicator 15	WHO's	Existing status %	IBFAN Asia Guideline for WBTi	
	Key to rating		***Scores***	***Colour-rating***
Complementary Feeding (6-9 months)	0.1-59%	23	3	**Red**
	59.1-79%		6	Yellow
	79.1-94%		9	**Blue**
	94.1-100%		10	Green

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2014 ***[http://dhsprogram.com/pubs/pdf/PR56/PR56.pdf]***

Summary Comments:

23 percent of children ages 6-23 months are fed appropriately according to recommended IYCF practices; that is, they are given foods from the recommended number of food groups and are fed at least the recommended minimum number of times. Infant and young child feeding practices have changed very little (2 percentage point increase) between 2011 and 2014 BDHS, and are far below the HNPSDP target for 2016 of 52 percent (MOHFW, 2011).

Gaps:

1. Inadequate Campaign & Communication to parents on need of timely introduction of complementary feeding
2. Less resource is allocated to improve the BCC on complementary feeding

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**9.5**
2. Baby Friendly Hospital Initiative	**8**
3. Implementation of the International Code	**9**
4. Maternity Protection	**5.5**
5. Health and Nutrition Care Systems	**9**
6. Mother Support and Community Outreach	**9**
7. Information Support	**10**
8. Infant Feeding and HIV	**9**
9. Infant Feeding during Emergencies	**10**
10. Monitoring and Evaluation	**7**
Score Part I (Total)	**86**

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	**Colour- rating**	**Existing situation**
0 – 30.9	**Red**	
31 – 60.9	**Yellow**	
61 – 90.9	**Blue**	✓
91 – 100	**Green**	

Conclusions[11] ***:***

1. Improved in policy areas
2. Program execution on IYCF is not evaluated & monitored
3. Resource allocation

[11] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	57 %	9
Indicator 12 Exclusive Breastfeeding for first 6 months	55%	9
Indicator 13 Median duration of Breastfeeding	30 months	10
Indicator 14 Bottle-feeding	14%	6
Indicator 15 Complementary Feeding	23%	3
Score Part II (Total)		37

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating	Existing situation
0 – 15	**Red**	
16 – 30	**Yellow**	
31 – 45	**Blue**	✓
46 – 50	**Green**	

Conclusions[12] ***:***

The breastfeeding practice in Bangladesh is not at the expected level. Yet work needs to further improvement in all indicators of Breastfeeding, caesarean section, private clinics. The percentage of complementary feeding is far below the expected level on 23% gets acceptable diet. This needs to be highly emphasize on policy, programme and resourse allocation needed. BMS Code implementation is also strongly needed.

[12] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **practices, policies and programmes (indicators 1-15)** are calculated out of 150. Countries are then rated as: **Blue**

Scores	Colour- rating	Existing situation
0 – 45.5	**Red**	
46 – 90.5	**Yellow**	
91 – 135.5	**Blue**	**123/150** ✓
136 – 150	**Green**	

Key Gaps:

1. There is no regular and systematic monitoring system for BMS Act 2013
2. Awareness of the law is not adequately addressed for professional groups, policy planners, law enforcement agency and general public
3. Insufficient service on IYCF & Maternal Nutrition in Health Centers
4. Lack of Skill training programmes for health staff
5. Maternity Protection law & facilities not in private sector
6. Insufficient Breastfeeding & IYCF counseling support in community
7. Inadequate Campaign & Communication to parents on need of timely introduction of appropriate complementary feeding
8. Less awareness of the community member and health workers on 6 month exclusive breastfeeding
9. Lactation Management Corner (LMC) in BFH is not effectively functioning in government Health policy
10. Insufficient Resources for implementation of the IYCF policy during emergencies

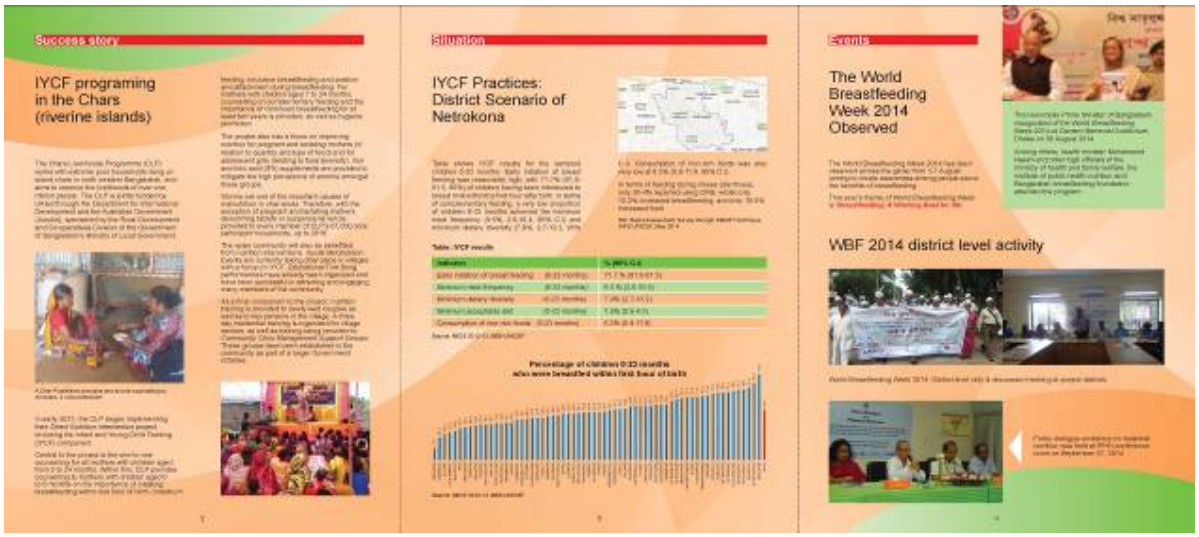
Key Recommendations:

1. BMS Act should be implemented and monitoring should be regular
2. Ensure appropriate resource allocation and utilization for BMS Act
3. Need to ensure effective advocacy and awareness building through all (mass, electronic and print) media

4. IYCF-programs need to be ensured by Health Systems workers
5. Paternity leave need to be considered for law (2 weeks) in public & private sector
6. Strengthening of the IYCF campaign involving social media on IYCF, legal action on advertisement on BMS and baby food, complementary food
7. Maternity benefit Law Should be implemented and monitored
8. Paternity leave need to be considered for law (2 weeks) in public & private sector
9. National Nutrition surveillance system need to include details of key indicators
10. Refresher course on IYCF for community health workers should be conducted on regular basis.

Annexure

Annex 1: IYCF Alliance Bulletin



Annex 2: National IYCF Alliance of Bangladesh (TOR)

(Final)

National IYCF Alliance of Bangladesh
TERMS OF REFERENCE
April, 2013

1. Background

The national IYCF Alliance of Bangladesh comprises partners from Government, UN, Development Partners, agencies, organization, academia, media, private sector and NGOs who wish to strengthen and harmonize programming and communication efforts to accelerate improvements in Infant and Young Child Feeding practices.

The IYCF Alliance evolved around the development process of the National Communication Framework and plans to implement systematic multi-channel communication activities, in 2010 through a participatory process which involved different stakeholders under the leadership of Institute of Public Health Nutrition (IPHN). The framework aims to create demand for early initiation, exclusive breastfeeding and quality complementary feeding for infant and young children and facilitate improved IYCF norms. It is based on a synthesis of past and new formative research, national and district level information and data. Twenty five organizations contributed to its development. Following the finalization and publication of the Framework and Plan and launch of the IYCF campaign at the end of 2010, Alliance members decided to continue to meet to share lessons learned during field implementation. It was expected that the communication plan would be revised as guided by implementation experiences and informed by monitoring data.

In July 2011, the GOB's National Nutrition Services (NNS) program was initiated and gave priority to IYCF though mainstreaming of IYCF counseling at all routine service delivery points in health and family planning, improved medical and nursing curriculum, and Behavior Change Communications (BCC). IYCF counseling was mandated at:

- Community level
- Community Clinic level
- Union level (UHSC/UHFWC)
- Upazila level (UHC & MCWC)
- District and Tertiary Hospital level

2. Objective of the National IYCF Alliance of Bangladesh

To provide a forum for guiding and monitoring the programmes and communications aimed at accelerating improvements in Infant and Young Child Feeding.

To share lessons learned, review and learn frominformation and evidence, and track progress towards the targets and goals of the NNS-IYCF plans (2011-2016).

To develop and maintain coordination and mapping of activities being supported by different agencies/partners in the country, promoting a more comprehensive and effective program optimal use of resources and avoidance of duplication.

To harmonize BCC activities related to IYCF(including mass media, print materials, community engagement, advocacy and counseling through health workers and other sectors).

To guide standards related to BFHI, BMS code, medical/nursing curriculum and other actions that directly impact IYCF outcomes.

3. Formation and Governance

IYCF Alliance will be an open forum. IPHN/NNS will be the Convener organization. Secretariat will be at IPHN with a staff member ofIPHN having the responsibility of maintaining the functions, who may be supported by alliance members.

4. Participants

The Alliance is a multi-sectoral group with the following participants. Others may join as they start implementing IYCF activities. The current participants are from following agencies and organizations:

- **Government**: DGHS including IPHN, DGFP, Community Clinic Revitalization Project, Islamic Foundation, Directorate of Primary Education, Bureau of Non Formal Education, National Curriculum and Text Book Board, Bangladesh Television, Bangladesh Betar, Institute of Mother and Child Health (ICMH)
- **NGOs**: Alive & Thrive, BBF, BRAC, CARE Bangladesh, Save the Children International, Concern Worldwide , Eminence, HKI, , Plan International Bangladesh, ICDDRB, ACF, Centre for Women and Children Health (CWCH), MSF Belgium, THAN Foundation, LAMB
- **Professional bodies and academia**: BPA, OGSB
- **Development Partners and UN Agencies**: DFID (Shiree, CLP and UPPR), FAO, UNHCR, UNICEF (Nutrition and C4D Section), USAID (FANTA-3, Spring, Smiling sun Network, Ma Moni Project), WFP, WHO, World Bank, MI
- **Private sector**: Asiatic JWT, Dhansiri Communication, Neilsen and other media production and media monitoring companies

5. Roles and Functioning of the Alliance

The Alliance is undertaken through quarterly meetingscalled by Director IPHN/NNS. As the focal point for all nutrition activities in the country, IPHN/NNS of DGHS is the lead and convening institution.

Members are expected to identify their roles within the alliance and to define their contribution in areas such as support to monitoring, convening working-groups on specific issues and ensuring the objectives of the alliance are met.

6. Key Outputs and Deliverables

a) Quarterly meetings.
b) Biannual monitoring reports on key indicators using standard indicators
c) Annual priorities developed and time-limited task groups established to undertake specific tasks.
d) Standardized monitoring tools to collect data on IYCF by all stakeholders
e) Sharing of monitoring data from NNS mainstreaming activities and NGO programs, with special reference to IYCF related NNS indicators, for example, coverage and reach of IYCF counseling in health and family planning services, and mass media communication activities.
f) Development of tools, job aid, and materials as national reference
g) Updating of the IYCF Communication Framework and Plan as needed
h) Updating Bangladesh map showing areas where different stakeholders are working or plan to work on IYCF.

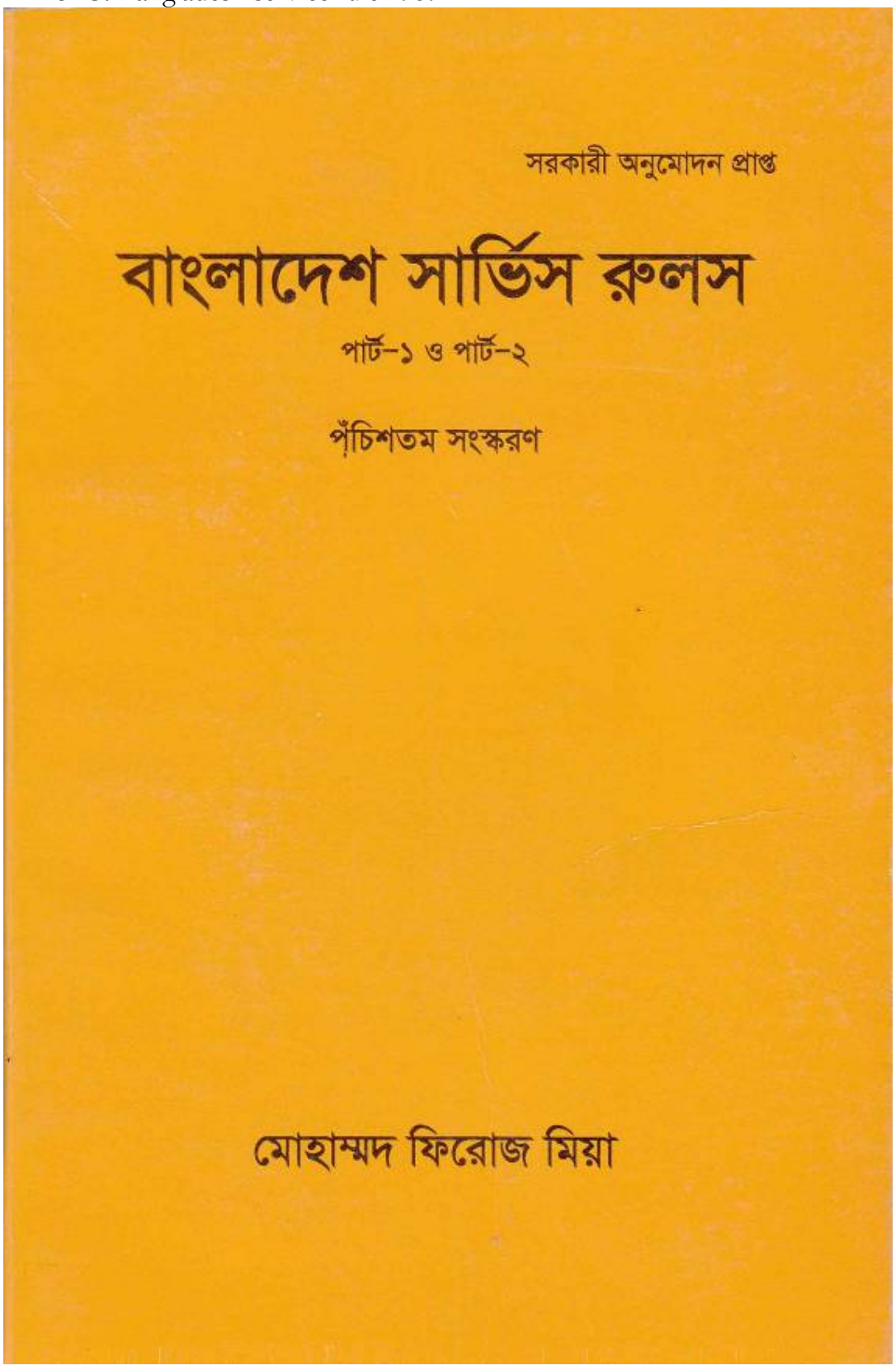
7. Schedule of Alliance Meetings

Quarterly(Last week of January, March, June and September).

8. Review, Modification and Amendment

The TOR is subject to periodic review, modification and amendment as determined by the Alliance members.

Annex 3: Bangladesh service rule 1959



বিশ্লেষণ: (৩) এই প্রকার ছুটি "ছুটি হিসাব" এর জমা ছুটি হইতে বাদ যায় না এবং ছুটির প্রাপ্যতা নির্ণয়ের ক্ষেত্রে এই প্রকার ছুটি কর্মকাল হিসাবে গণ্য হয়।

বিধি-১৯৭। (১) কোন মহিলা কর্মচারী প্রসূতি ছুটির জন্য আবেদন করিলে, প্রযোজ্য ক্ষেত্রে, বিধি ১৪৯ অথবা বিধি-১৫০ তে বর্ণিত কর্তৃপক্ষ ছুটি আরম্ভের তারিখ অথবা সন্তান প্রসবের উদ্দেশ্যে আতুর ঘরে আবদ্ধ হওয়ার তারিখ, ইহার মধ্যে যাহা পূর্বে ঘটিবে, ঐ তারিখ হইতে ৬ (ছয়) মাসের ছুটি মঞ্জুর করিবেন।

(১এ) এই বিধির অধীনে প্রসূতি ছুটি একজন মহিলা কর্মচারী সমগ্র চাকরিজীবনে ২ (দুই) বারের অধিক পাইবেন না।

(১বি) এই বিধির অধীন মঞ্জুরকৃত প্রসূতি ছুটি মহিলা কর্মচারীর "ছুটি হিসাব" এ জমাকৃত ছুটি হইতে বাদ যাইবে না এবং ছুটিতে যাওয়ার প্রাক্কালে উত্তোলিত বেতনের হারে পূর্ণ বেতন পাইবেন।

(২) মেডিকেল সার্টিফিকেট সহকারে আবেদন করা হইলে বিধি ১৮৪ এর (বি) অনুচ্ছেদে বর্ণিত সীমা সাপেক্ষে গড় বেতনে ছুটিসহ অন্য যে কোন প্রকার ছুটি প্রসূতি ছুটির সহিত সংযুক্তভাবে প্রাদান করা যাইবে।

নোট: বিলুপ্ত। (এস. আর. ও নং ৮৪/নথি নং ০৭.০০.০০০০.১৭১.০৮. ০০১.১২/ আইন/২০১২, তারিখ: ১ এপ্রিল, ২০১২।)

মূল বিধি

Rule-197. (1) Where a female Government servant applies for maternity leave, the authority mentioned in rule 149 or, as the case may be, rule 150 shall grant such leave for a period of four months from the date of commencement of the leave or her confinement for the purpose of delivery, whichever is earliar.

(1A) Maternity leave under this rule shall not be admissible more than twice during the tenure of service of a female Government servant.

(1B) The maternity leave granted under this rule shall not be debited against the leave account of the female Government servant and she shall be entitled to receive full pay for the leave period at the rate she was drawing at the time of taking such leave.

(2) Leave of any other kind, including leave on average pay to the extent admissible under clause (b) of rule 184, may be granted in continution of maternity leave if the request for its grant be supported by a medical certificate.

বিশ্লেষণ: (১) সন্তান প্রসবের সম্ভাব্য তারিখে চাকরির মেয়াদ নয় মাস পূর্ণ হয় নাই, এইরূপ অস্থায়ী কর্মচারীকে প্রসূতি ছুটি প্রদান না করা সংক্রান্ত উপরোক্ত নোট বিলুপ্ত করায় চাকরির মেয়াদ নির্বিশেষে সকল অস্থায়ী ও শিক্ষানবিশ কর্মচারীগণ প্রসূতি ছুটি পাইবেন।

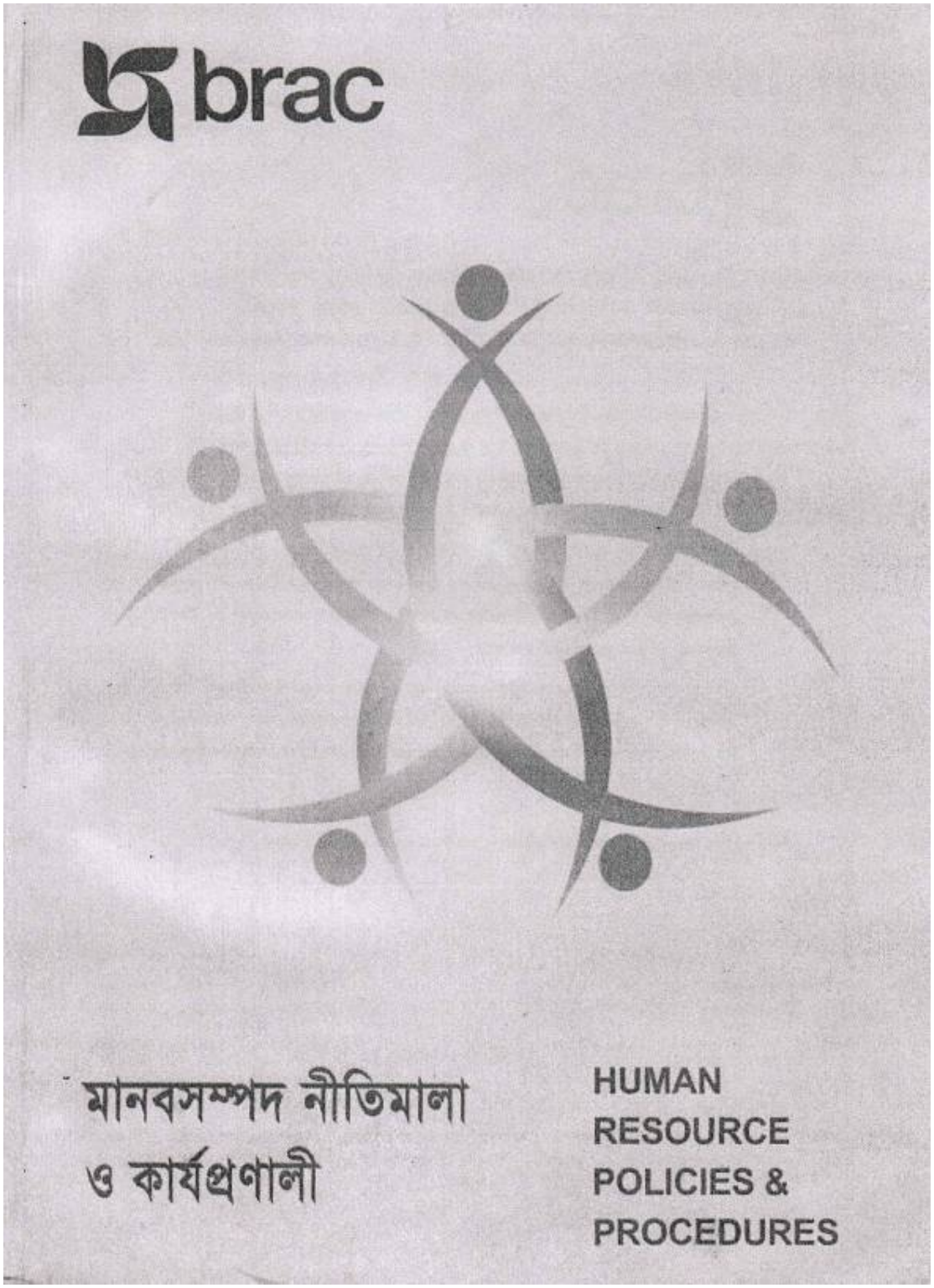
বিশ্লেষণ: (২) অর্থ মন্ত্রণালয়ের অর্থ বিভাগের প্রবিধি শাখা-২ এর প্রজ্ঞাপন এস, আর, ও নং ১৮৬ অম/অবি/প্রবি-২/ছুটি-৩/২০০১, তারিখ: ৯ জুলাই, ২০০১/ ২৫ আষাঢ়, ১৪০৮ দ্বারা উপ-বিধি-(১) এর পরিবর্তে উপ-বিধি-১, (১এ) ও (১বি) প্রতিস্থাপন করা হয়। পরবর্তী পর্যায়ে এস, আর, ও নং ০৫/নথি নং ০৭.১৭৫.০০৮.০৮.০০.০০১.২০০০/আইন/২০০১, তারিখ: ৯ জানুয়ারি, ২০১১ দ্বারা উপবিধি (১) সংশোধন করত প্রসূতি ছুটির মেয়াদ চার মাস হইতে ছয় মাসে বর্ধিত করা হয়।

বিশ্লেষণ: (৩) বিধি-১৮৪(বি) প্রযোজ্য নাই। বর্তমানে উক্ত বিধির পরিবর্তে নির্ধারিত ছুটি বিধিমালা, ১৯৫৯ এর বিধি-৩ ও বিধি-৭ তে ছুটির সর্বোচ্চ সীমা সংক্রান্ত বিধান এইক্ষেত্রে প্রযোজ্য হইবে।

বিশ্লেষণ: (৪) বিধি-১৯৭ সংশোধিত হওয়ায় প্রসূতি ছুটি সংক্রান্ত বিদ্যমান বিধানসমূহ নিম্নরূপ:

(ক) প্রসূতি ছুটির মেয়াদ ৬ (ছয়) মাস। গর্ভবতী হওয়ার পর যে তারিখ হইতে ছুটিতে যাওয়ার আবেদন করিবে, ঐ তারিখ হইতে ৬ (ছয়) মাসের ছুটি মঞ্জুর করিতে হইবে। তবে উক্ত ছুটি আরম্ভের তারিখ সন্তান প্রসবের উদ্দেশ্যে আতুর ঘরে আবদ্ধ হওয়ার তারিখের পরবর্তী কোন তারিখ হইতে পারিবে না। অর্থাৎ ছুটি আরম্ভের সর্বশেষ তারিখ হইবে আতুর ঘর প্রবেশের তারিখ। সন্তান ভূমিষ্ট হওয়ার পূর্বের যে কোন তারিখ হইতে এই প্রকার ছুটির আবেদন করা যাইবে। উল্লেখ্য গর্ভবতী হওয়ার স্বপক্ষে ডাক্তারী সার্টিফিকেটসহ আবেদন করিলে এবং আবেদনকৃত প্রসূতি ছুটি ২ (দুই) বারের অধিক না হইলে প্রসূতি ছুটির আবেদন না মঞ্জুর কিংবা আবেদনকৃত ৬ (ছয়) মাস অপেক্ষা কম সময়ের জন্য ছুটি মঞ্জুর কিংবা ছুটির তারিখ পরিবর্তন করার ক্ষমতা ছুটি মঞ্জুরকারী কর্তৃপক্ষের নাই। বিধি-১৯৭(১)

Annex 4: BRAC (NGO) Human Resource Policy about maternity and paternity leave for staffs



brac

Memo No: HR/11/PCD/07 – 06

Ref: HRPP Implementation- 0003

জুন ২৩, ২০১১

পরিপত্র

মানবসম্পদ নীতিমালা ও কার্যপ্রণালীর তৃতীয় অধ্যায় ধারা ৩.০১.০৪(৩) মাতৃত্বজনিত ছুটি (Maternity Leave) এর ক্ষেত্রে নিম্নলিখিত পরিবর্তন জুলাই ০১, ২০১১ থেকে কার্যকর হবে-

- নিয়মিত নিশ্চিতকৃত নারীকর্মী এবং ন্যূনতম এক বছর ব্র্যাকে চাকরি করেছে এমন গ্রেডভুক্ত নারী সেবাকর্মী একনাগাড়ে ছয় (০৬) মাস বেতনসহ মাতৃত্বজনিত ছুটি পাবে। তবে শিক্ষানবিশকালে মাতৃত্বজনিত ছুটি বিনা বেতনে হবে এবং কর্মী চাকরির জ্যেষ্ঠতা হারাবে।
- মাতৃত্বজনিত কারণে নিশ্চিতকৃত সকল নারীকর্মী এবং ন্যূনতম এক বছর ব্র্যাকে চাকরি করেছে এমন গ্রেডভুক্ত নারী সেবাকর্মী সন্তান জন্মদানের আগে বা পরে প্রয়োজনে বিনাবেতনে আরও ছয় (০৬) মাস পর্যন্ত বিশেষ ছুটি নিতে পারবে। এক্ষেত্রে কর্মী বিনাবেতনে চাকরিকালের জন্য চাকরির জ্যেষ্ঠতা হারাবে। তবে শিক্ষানবিশকালে মাতৃত্বজনিত ছুটি বর্ধিত করা যাবে না।

উপরে উল্লেখিত পরিবর্তন ছাড়া মাতৃত্বজনিত ছুটি সংক্রান্ত অন্যান্য নিয়মাবলী অপরিবর্তিত থাকবে।

মাহবুব হোসেন
নির্বাহী পরিচালক

brac

Memo No: HR/11/PCD/07 – 06

Ref: HRPP Implementation- 0003

জুন ২৩, ২০১১

পরিপত্র

মানবসম্পদ নীতিমালা ও কার্যপ্রণালীর তৃতীয় অধ্যায় ধারা ৩.০১.০৪(৩) মাতৃত্বজনিত ছুটি (Maternity Leave) এর ক্ষেত্রে নিম্নলিখিত পরিবর্তন জুলাই ০১, ২০১১ থেকে কার্যকর হবে-

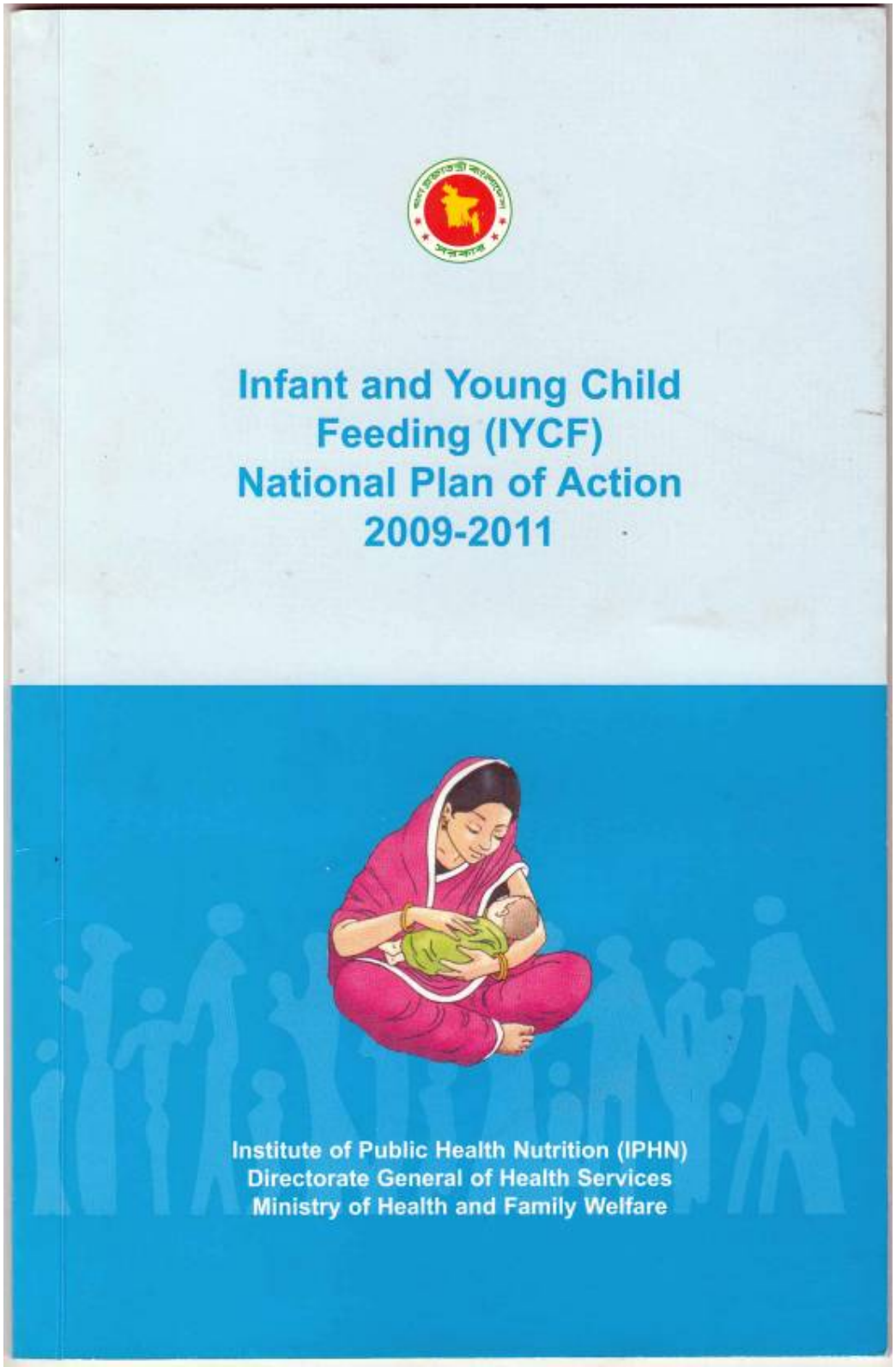
- নিয়মিত নিশ্চিতকৃত নারীকর্মী এবং ন্যূনতম এক বছর ব্র্যাকে চাকরি করেছে এমন গ্রেডভুক্ত নারী সেবাকর্মী একনাগাড়ে ছয় (০৬) মাস বেতনসহ মাতৃত্বজনিত ছুটি পাবে। তবে শিক্ষানবিশকালে মাতৃত্বজনিত ছুটি বিনা বেতনে হবে এবং কর্মী চাকরির জ্যেষ্ঠতা হারাবে।
- মাতৃত্বজনিত কারণে নিশ্চিতকৃত সকল নারীকর্মী এবং ন্যূনতম এক বছর ব্র্যাকে চাকরি করেছে এমন গ্রেডভুক্ত নারী সেবাকর্মী সন্তান জন্মদানের আগে বা পরে প্রয়োজনে বিনাবেতনে আরও ছয় (০৬) মাস পর্যন্ত বিশেষ ছুটি নিতে পারবে। এক্ষেত্রে কর্মী বিনাবেতনে চাকরিকালের জন্য চাকরির জ্যেষ্ঠতা হারাবে। তবে শিক্ষানবিশকালে মাতৃত্বজনিত ছুটি বর্ধিত করা যাবে না।

উপরে উল্লেখিত পরিবর্তন ছাড়া মাতৃত্বজনিত ছুটি সংক্রান্ত অন্যান্য নিয়মাবলী অপরিবর্তিত থাকবে।

M. Hoseen

মাহবুব হোসেন
নির্বাহী পরিচালক

Annex 5: IYCF National plan of action 2009-2011

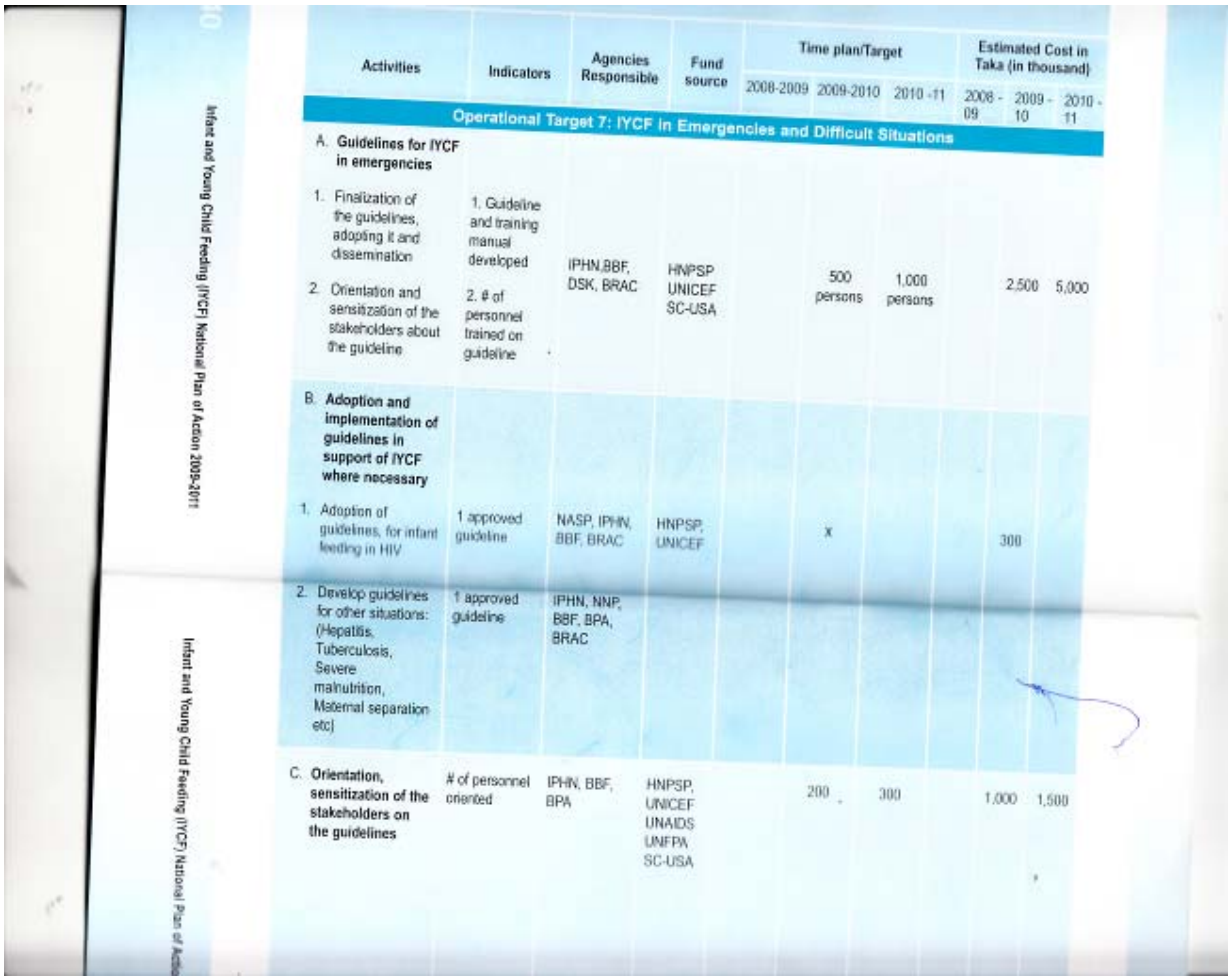


Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 9: Training									
A. **Strengthening Training on IYCF:**									
1. Reviewing and updating training materials of the existing courses	1. Training manuals dew/updated developed	IPHN, NNP, BRAC, ICMH, BBF, ICDDRB IPH, BPA	HNPSP, UNICEF, MI, WHO,				200	300	
2. Developing a training plan on IYCF	2. A training plan prepared				X	X	100	100	
3. Developing a core trainers teams, national and sub national	3. Core trainers developed						300	500	
4. Capacity building of regional centers	4. # (Divisional) regional centers						400	800	

B. **Develop in-service training plan for all appropriate health service provider.** Training of service providers on IYCF	# of persons trained	DGHS, DGFP, IPHN, NNP, ICMH, BBF, BRAC, ICDDRB	HNPSP, CIDA, UNICEF		5,000	10,000	2,000	10,000	20,000
C. **Monitoring and Evaluation:** Developing training quality monitoring tools and systems	Checklist developed, Half yearly report	IPHN, NNP, BBF, ICDDRB	HNPSP, CIDA, UNICEF		X	X	500	500	500
D. **Revise curriculum for pre-service and in-service training of health service providers at all level to include appropriate content on IYCF**	1.In medical and Nursing curriculum 2.Inservice IYCF counselling course	DGHS IPHN,CME, BBF	HNPSP		x	x	200	300	400

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 3: Strengthening Breast milk Substitute Marketing Act									
A. Review BMS act and make amendments for adequate market control	Law amended	IPHN , MOHFW		X X X X	X X X X		100		
B. Develop forms and comprehensive, performing code monitoring system (Tool, MIS, HR)	District committees formed, Monitoring report available	IPHN, CAB BBF	HNPSP		X X X X			200	
C. Establish a system to document the reporting of code violations and actions taken and subsequent dissemination among profes-sionals and media.	A reporting system in place, reports available	IPHN, BBF, CAB	HNPSP		X X X X X X X X			300	400
D. Orientation and Training of concerned persons associated with legal process on BMS act.	Number of persons trained	IPHN, BBF	HNPSP		X X X X X X X X			700	700

Annex 6: IYCF National plan of action 2009-2011



Infant and Young Child Feeding (IYCF) National Plan of Action 2009-2011

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 7: IYCF in Emergencies and Difficult Situations									
A. **Guidelines for IYCF in emergencies**									
1. Finalization of the guidelines, adopting it and dissemination	1. Guideline and training manual developed	IPHN,BBF, DSK, BRAC	HNPSP UNICEF SC-USA		500 persons	1,000 persons		2,500	5,000
2. Orientation and sensitization of the stakeholders about the guideline	2. # of personnel trained on guideline								
B. **Adoption and implementation of guidelines in support of IYCF where necessary**									
1. Adoption of guidelines, for infant feeding in HIV	1 approved guideline	NASP, IPHN, BBF, BRAC	HNPSP, UNICEF		x			300	
2. Develop guidelines for other situations: (Hepatitis, Tuberculosis, Severe malnutrition, Maternal separation etc)	1 approved guideline	IPHN, NNP, BBF, BPA, BRAC							
C. **Orientation, sensitization of the stakeholders on the guidelines**	# of personnel oriented	IPHN, BBF, BPA	HNPSP, UNICEF UNAIDS UNFPA SC-USA		200	300		1,000	1,500

Infant and Young Child Feeding (IYCF) National Plan of Action

Annex 7: NNS Bulletin

NNS Newsletter
A Quarterly Bulletin of National Nutrition Services
Institute of Public Health Nutrition, Ministry of Health and Family Welfare, Bangladesh Issue # 5 July 2015

Editorial

Dr. Md. Alamgir Ahmed
Director
Institute of Public Health Nutrition &
Line Director, National Nutrition Services
Directorate General of Health Services
Ministry of Health & Family Welfare
Government of the People's Republic of Bangladesh

I am very delighted to let all know that the National Nutrition Services (NNS) of the current sector program of the Ministry of Health and Family Welfare is publishing 5th issue of the NNS newsletter.

The Government of Bangladesh has embarked on accelerating the progress in reducing the high rates of maternal and child under-nutrition by mainstreaming of nutrition interventions into health (DGHS) and family planning (DGFP) services, scaling-up the provision of area-based community nutrition. This publication will be a necessary source of information containing the service statistics of nutrition sector.

The newsletter reports on some programmatic information and decisions, current activities, progress and coverage of NNS supported services at facility levels and also on community-based nutrition activities, including the service status of IMCI & Nutrition corners and Community Clinics. The newsletter also covers different approaches taken by government and its partners.

I thank the respectable Secretary, MoH&FW, and the Director Generals of DGHS & DGFP for their continuous support to NNS, and acknowledge the contribution of health managers and other service providers who collaborate with NNS. Finally, I would also like to acknowledge the commitment and efforts of the professionals of Nutrition Information and Planning Unit (NIPU) staff and UNICEF in making this newsletter a successful monitoring, knowledge sharing and advocacy tool for improving nutrition in the population of Bangladesh. I express my sincere thanks to the entire team of NNS for their support and contribution to publishing this newsletter.

Dr. Md. Alamgir Ahmed

National Vitamin A Plus Campaign 2015

Picture 1: Launching of National Vitamin A plus campaign 2015

National "Vitamin-A plus Campaign (NVAC)" was observed on 25 April 2015 to prevent Vitamin-A deficiency disorders which have consequences on child morbidity and mortality. The Honorable Member of the Parliament and Minister, Ministry of Health and Family Welfare His Excellency Mr. Mohammad Nasim, inaugurated the campaign at the Institute of Public Health Nutrition (IPHN), Mohakhali, Dhaka.Honourable State Minister, Ministry of Health & Family Welfare, His Excellency was also present on the occasion.Over 20 million children, aged 6-59 months were supplemented with a preventive dose of Vitamin A from 120,000 health centres across the country during the campaign. Bangladesh continues to maintain high universal coverage of vitamin A in all divisions.

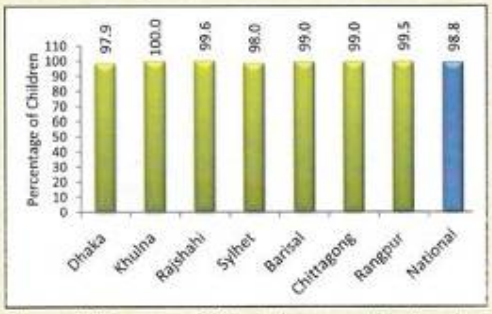


Figure 1: Coverage of Vitamin A consumption based on target in seven divisions of Bangladesh.

Micronutrient Initiatives (MI) on the occasion,jointly with IPHN/NNS implemented "Vitamin-A Supplementation Hard to Reach (HtR) Area Program" in 24 upazilas of 6 districts besides NVAC. Total of four child to child searches were conducted in those upazilas after NVAC and 42072 Vitamin-A capsule were distributed among the missed out children.

Key Highlights (April- June 2015)

Training of Trainers (TOT) on M&E on Nutrition Activities

A two-day ToT was organized to orient district and upazilla level supervisor on the basics of Monitoring & Evaluation, monitoring issues for implementing nutritional activities, nutrition information system and role of supervisor.

The first TOT was held on 24-25 May 2015 at IPHN Conference room and 34 participants attended in this training session. The 2nd ToT was held in 26-27 May 2015 at IPHN Conference Room where 34 participants attended.

Outcomes of the Workshop:

- Agreements on standards for routine monitoring of nutrition interventions
- Enhanced knowledge and skill on nutrition monitoring and evaluation; supervision issues, using standard tools & templates.
- Clarity of roles & responsibilities of supervisors on nutrition activities.

Picture 2: Participants of TOT on M&E on Nutrition Activities

Workshop on 'Harmonizing Nutrition Information System among NGOs working on Nutrition

NNS organized a workshop on 21 May 2015 at Lake Breeze hotel to initiate the standardization of nutrition information system of NGO's. There were a total of 38 participants in the workshop representing of different NGOs working on Nutrition throughout Bangladesh and professionals of NNS were presented in this workshop. Dr. Md. Moudud Hossain, Deputy Director- DGHS and Program Manager- NNS inaugurated the workshop and facilitated the discussion sessions.

Currently there is intermittent flow of information on nutrition program performance from NGOs which result in lack of legible data, duplication of efforts and inefficient distribution of resources among different geographic areas in the country. NNS is working to standardize and harmonize the reporting system to enable data use for analyse the full situation, prioritize activities and used for efficient resource allocation. Program Manager of NNS presented about NNS operation plan and nutrition situation in Bangladesh and Mohammad Aman Ullah, DPM of NNS, presented the workshop objectives respectively Dr. Sharear Farid and Aweke Teklu, DFID Consultants, presented DNI indicators and mapping of nutrition indicators respectively. Representatives of different NGOs made presentation to share their experiences. Next meeting will be arranged to discuss on the detail mapping of nutrition indicators and draft harmonized reporting formats.

Picture 3: Participants of the workshop at Lake Breeze Hotel

Picture 4: Program Manager, NNS is presenting NNS Operational Plan and activities at the workshop

Scale up Iron Folic Acid (IFA) supplementation Program

Micro-nutrient Initiatives (MI) and IPHN/NNS jointly implemented IFA supplementation demonstration program in Narshingdi and Satkhira from 2011-2014 and the findings were shared at a workshop titled `Strengthening Iron and Folic Acid Supplementation Program to Reduce Anaemia Among Pregnant Women' at Hotel Lakeshore in Dhaka on 19 April 2015. Ms Roxana Quader, Additional Secretary (Public Health & WHO) Ministry of Health and Family Welfare, was the chief guest of that workshop, Dr Shah Newaz, Additional Director General (Admin), DGHS, Dr Md. Alamgir Ahmed, Director- IPHN and Line Director- NNS, John McCullough, MI Regional Director- Asia and Heather McBride, Deputy Director, Planning and Lead Analyst, High Commission of Canada. Dr Deepika Nayar Chaudhery, MI Deputy Regional Director, Asia and other govt. officials and representatives from UNICEF, WFP, WHO, CARE, Save the Children, Alive & Thrive, BBS, BRAC, Plan International, GAIN, etc were attended in the workshop.

Picture 5: Ms Roxana Quader, Additional Secretary, Ministry of Health and Family Welfare, was speaking in the workshop

Partners meeting

A quarterly meeting was held with various stakeholders and partners of NNS ON May 2015 at IPHN Conference Room. The meeting was held to share and discuss with the partner supported nutrition activities, harmonize strategies and identification gaps. Total of 24 participants from WFP, TDH, Save the Children (MAMI & TCM project), BBF, SPRING, World Vision and MI presented their organizational activities, performance, learning and best practices in the meeting. Everybody participated actively in the discussion session. Planning Specialist of NNS Dr. Md. Moinul Haque presented the details of reporting status of nutritional data of the partners.

Picture 6: Participants of the Partners Meeting

Multisectoral workshop

Workshop on "Multisectoral collaboration among different ministries" held on 1 June 2015 at MIS conference room.
Ms. Roxana Quader, Additional Secretary (PH & WHO), MoHFW welcomed the participants and discussed on the nutritional status in Bangladesh and the achievements of the NNS. Then Dr. Moudud Hossain, Deputy Director, DGHS and Program Manager, NNS talked about the nutrition target groups, current nutrition activities and objectives of the workshop. After that Dr. A.M Zakir Hussain, Senior Advisor, NIPU, NNS discussed in detail about the nutrition situation in Bangladesh and relationship among different ministries with their respective activities. Then Professor Dr Abul Kalam Azad, ADG (Planning and Development) and Director Management Information System under DGHS mentioned the progress on nutrition related MDG. He also mentioned about the responsibility of the different ministries to support the nutrition activities.

Picture 7: Participants of the Partners Meeting

Dr. Mohsin Ali, Nutrition Specialist, UNICEF Bangladesh also presented the nutrition related results framework and logical framework. Then Dr. K.M Azad, Deputy Program Manager, NNS and Dr. Mohammad Shahrear Farid, Consultant (M&E), NNS facilitated the workshop. Some findings and decisions were come out from the group discussion. Finally, Mr Shuvash Chandra Sarker, Additional Secretary, MoHFW announced the ending of the workshop with a vote of thanks.
Dr. Sharear Farid Consultant (M&E) from DFID presented on indicator and theme of specific and nutrition sensitive intervention. He also discussed about concept of common result framework of nutrition.

More News

SUN Self Assessment Workshop

SUN Self Assessment Workshop was held on 11 May 2015 at IPHN Conference Room. Ms. Roxana Quader, Additional Secretary (PH & WHO), MOHFW and Country Focal Person on Nutrition and SUN presided over the meeting. Representatives from Government and non-government organizations attended the workshop.

Self-assessment exercise gave a snapshot of progress and current status of institutional transformations for scaling-up nutrition in Bangladesh through scoring and feedback from the attendees of the workshop.

Picture 8: Participants of the SUN Self Assessment Workshop.

MAMI Project Visit in Barisal

Dr. Md. Moudud Hossain, Deputy Director, DGHS and Program Manager, NNS along with Dr. Md. Moinul Haque, Planning Specialist, NNS/IPHN visited Barisal Sadar upazila and observed MAMI research activities on 19 May 2015 long with Dr Yasir Arafat, Project Manager, MAMI Research .

They observed ongoing prevalence survey for infants <6 months with acute malnutrition in Billubari village of Kashipur union and Dharmadi village of Roypasha Korapur union. They observed the methods and quality of data collection using tablet computers at various research sites, and its supervision process onsite and offsite. They also visited the referral site for infants <6months with Severe Acute Malnutrition (SAM) at Sher-E-Bangla Medical College Hospital, Barisal to observe their involvement and readiness in the SAM corner at the Paediatric unit.

Picture 9: At Household in Billubari village of Kashipur union, Barisal Sadar; observing prevalence survey data collection process using tablet

Launching Mobile Voice Call on Nutrition

Nutrition related Mobile Voice Call of the Government of Bangladesh was launched by the Honorable Speaker and Member of the Parliament of Bangladesh Parliament, Dr. Shirin Sharmin Chaudhury, MP on 18 March, 2015 at CIRDAP International Conference Centre, Dhaka. The theme of the Launching of the mobile Voice Call has been enunciated for "Creating awareness: Combat malnutrition" This 29 seconds voice call focused on Infant and Young Child Feeding (IYCF), Maternal Nutrition and message on services availability.

This was an exciting initiative. The mobile voice call will directly contribute in improving awareness, behavior changes and nutritional practices for saving lives in Bangladesh.

Picture10: Launching Ceremony of "Nutrition related Mobile Voice Call".

Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare, was the Chief Guest, Mr. Md. Nur Hossain Talukder, Director General- Directorate General of Family Planning, Dr. Makhduma Nargis, Additional Secretary-MoHFW and Project Director- RCHCIB and Dr. Md. Shah Nawaz, Additional Director General (Admin) Directorate General of Health Services were present as special guest. Ms. Roxana Quader, Additional Secretary (PH & WHO), MOHFW presided over the launching ceremony. Dr. Md. Alamgir Ahmed, Director, IPHN and Line Director, NNS was also present in the occasion.

Other activities

Workshop on "Other Micronutrients" in Araihazar upazila

Workshop on "Other Micronutrients" was held in Araihazar upazila of Narayanganj district. Dr. Md. Moudud Hossain, Deputy Director, DGHS & Program Manager, NNS; Dr. Taherul Islam Khan, Program Manager, NNS; Dr. Fatema Akter, Deputy Program Manager, NNS; Dr. Dulal Chandra Chowdhury, Civil Surgeon, Narayanganj and Dr. Ramesh Chandra Saha, UH&FPO, Araihajar UHC were present in the program.


আমাদের আড়াইহাজার

আড়াইহাজারে ৬ দিন ব্যাপী পুষ্টি বিষয়ক কর্মশালা শুরু

News 1: The nutrition workshop was reported on a local weekly newspaper named "Amader Araihazar"

Progress Review Meeting on Mainstreaming Nutrition of TCM project

Picture 11: Participants of the meeting

TCM (Tackling Childhood Malnutrition) project of Save the Children organized a "Pregress Review Meeting on Mainstreaming Nutrition" on 13 April 2015 at BRAC-CDM, Rajendrapur The main objectives of the meeting were to share the progress and challenges in implementing nutrition interventions at Satkania, Kulaura, Nakla and Muladi upazilas and to identify recommendations for scaling up NNS recommended nutrition activities throughout the country.

The meeting was chaired by Dr. Taherul Islam Khan, PM-NNS/IPHN while Dr. Md. Shah Nawaz, ADG (Admin), DGHS was present as Chief Guest in the meeting. The Civil Surgeons, DDFPs, UH&FPOs and UFPOs from the participating upazilas attended the meeting and discussed on different issues regarding mainstreaming nutrition at all level.

Picture 12: Participants of the workshop

Training on IYCF and Maternal Nutrition for Internee Doctors

A training program on IYCF and Maternal Nutrition for Internee Doctors was conducted by Bangladesh Breastfeeding Foundation (BBF) and was supported by NNS/IPHN in Sher-e-Bangla Medical College Hospital, Barisal. Dr. Md. Moudud Hossain, Deputy Director, DGHS and Program Manager, NNS was the Chief Guest in the inaugural session of the training program held on 19 May 2015. Dr. Md. Moinul Haque, Planning Specialist, NNS/IPHN and facilitators from SBMCH and BBF were also present on the occasion.

Picture 13: Participants of the meeting

COVERAGE OF NUTRITION SERVICES

Nutrition Services from IMCI-N corners

Figure 6 shows the online reporting status of IMCI & Nutrition corners in the 4th quarter of 2014 collected through HMIS software. Currently almost 300 IMCI & Nutrition Corners at upazila and district levels are reporting on nutrition related services through online HMIS software. In June 2015, online reporting came from 337 IMCI & Nutrition corners including nutrition service data (approximately).

In April, the number of reporting was little bit lower as 313 which collected on mid of May. Figure 7 shows, the graphs of services provided in the IMCI & Nutrition corners in the 5th quarter of 2015, sent through DHIS2 software. The graph shows that IYCF practices have decreased in the last month the reporting month (June, 2015).

Monthly Progress Report On IMCI-N Corners

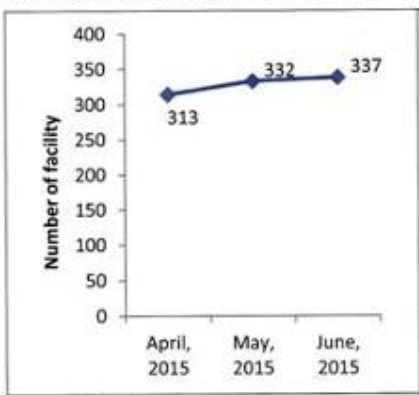


Figure 6: Monthly online reporting status from IMCI & Nutrition corners (April –June 2015)

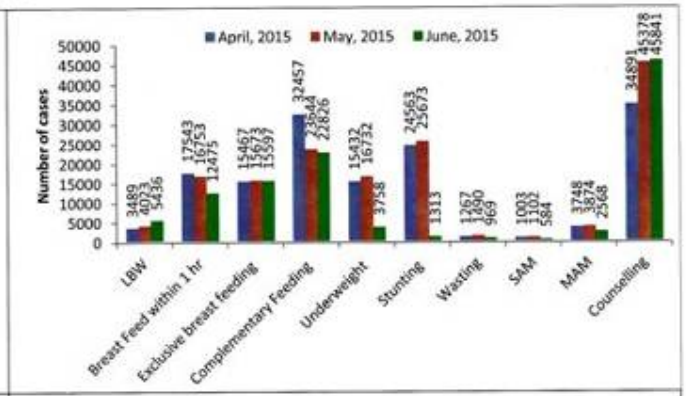


Figure 7: Number of under 5 children reached by IMCI & Nutrition corners and PLW who have taken nutrition counseling (April –June 2015)

Source: Online HMIS, MIS-DGHS

Nutrition Services from SAM units

Figure 8 shows that the Percentage of SAM facilities those provided SAM information in the last 3 months. These facilities have been providing reports to IPHN through e-mail or postal address. It is shown that the reporting rate, June is higher (70.1%) than month of May.

Figure 9 shows the status of discharged patients from different SAM units in the last 3 months. Among these the Cure-Rate is higher (70%) than others in the month of May. On the other hand, transferred or referred rates are lower than defaulter patients. It may be a reflection of the mahagement of severe acute malnutrition the relevant SAM units which might have been improving with time.

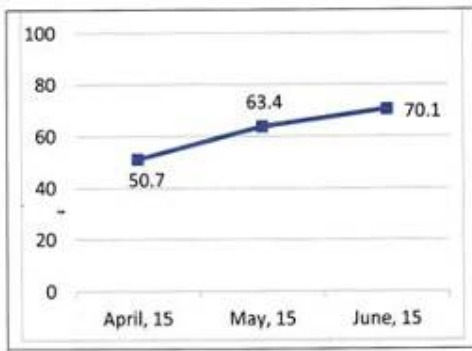


Figure 8: Percentage of received report from SAM Units by months (April –June 2015)

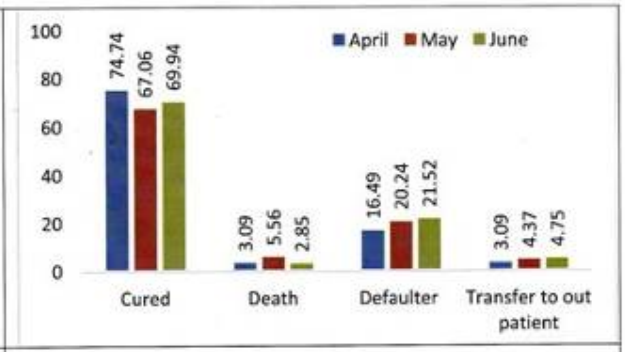


Figure 9: Percentage of SAM patients according to the discharged type by months (April –June 2015)

Nutrition Services from Community Clinic

Figure 10 shows, the number of community clinics sending aggregated online reports on nutrition related indicators in the 1st quarter of 2015 through HMIS data management software DHIS2. The figure shows the reporting tendency is increasing day by day. At present the reporting has increased more than 11000 CCs are reporting through online.

Figure 11 shows the graphs of services provided in Community Clinics in the 2nd quarter of 2015 submitted through online HMIS. The graph shows that the IYCF practice has been increasing in the last 3 months (April-June, 2015) in Community Clinics.

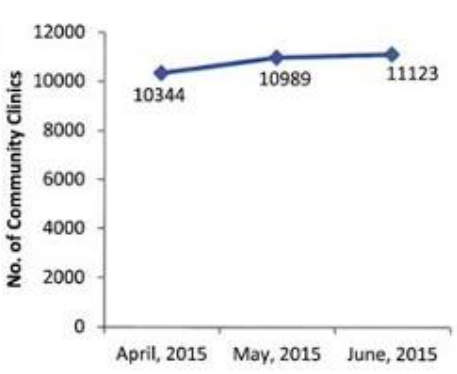


Figure 10: Number of CCs providing nutrition related monthly aggregated online report (April –June 2015)

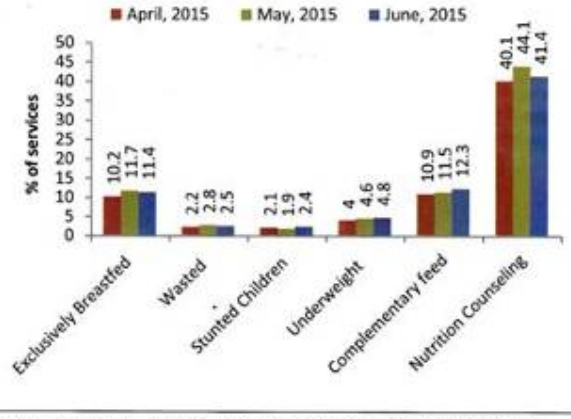


Figure 11: Percentage of under 5 children reached by Community Clinics (April –June 2015)

Source: Online HMIS, MIS-DGHS

DGFP Reporting and Service Status

Figure 12 shows, the number of services provided in the UH&FWC in the last reporting month collected from DG-Family Planning, collected through its online information system. In this graph, counseling is comparatively high.

As well as, Figure 13 shows the graphs of services provided by FWAs showing IYCF practice which has been increasing gradually in the last month. Figure 9, describes the nutrition related services provided in Satellite Clinics in the last month.

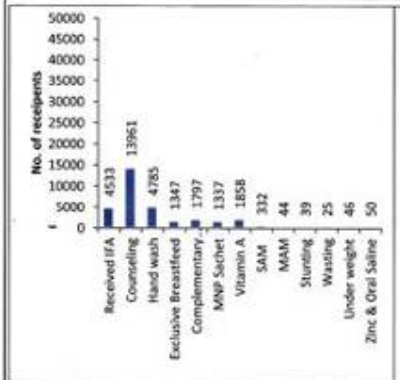


Figure 12: Number of service provided by UH&FWC in the month of June, 2015

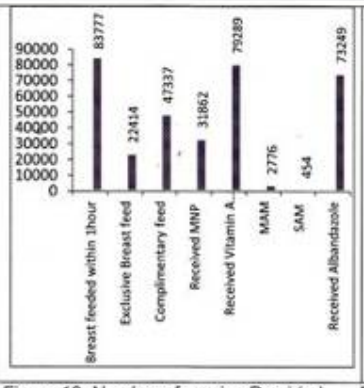


Figure 13: Number of service Provided by FWA in the month of June, 2015

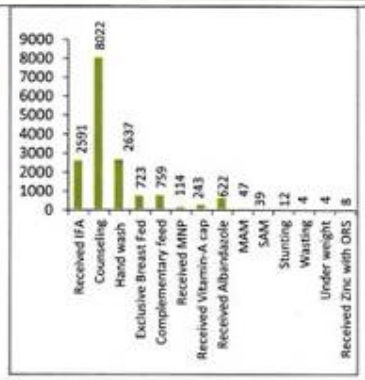


Figure 14: Number of Service provided by Satellite Clinic in the month of June

Editorial Board

Acknowledgement

Nutrition Information & Planning Unit (NIPU)
UNICEF, DFID and USAID

Photo credit

Nutrition Information Planning Unit (NIPU)
Save the Children, DFID, USAID

Published by: National Nutrition Services (NNS)
Institute of Public Health Nutrition (IPHN)
Web: www.iphn.gov.bd
Email: iphn.gov@gmail.com