



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





World Breastfeeding Trends Initiative (WBTi)

Report



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The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Bangladesh

Year: 2020

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Acronyms

BFHI	Baby Friendly Hospital Initiative
BPNI	Breastfeeding Promotion Network of India
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization
GLOPAR	Global Participatory Action Research
GSİYCF	Global Strategy for Infant and Young Child Feeding
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
IFE	Infant and Young Child Feeding in Emergencies
ILO	International Labour Organization
IYCF	Infant and Young Child Feeding
LAM	Lactation Amenorrhoea Method
LLLI	La Leche League International
MICS	Multiple Indicator Cluster Survey
MPC	Maternity Protection Convention
MSG	Mother Support Groups
NCD	Non Communicable Disease
PMTCT	Prevention of Mother-to-Child Transmission
WABA	World Alliance for Breastfeeding Action
WBCi	World Breastfeeding Costing Initiative
WBTi	World Breastfeeding Trends Initiative
WHO	World Health Organization
WHA	World Health Assembly

The World Breastfeeding Trends Initiative

(WBTi)

About WBTi

The Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN) South Asia and the World Breastfeeding Trends Initiative (WBTi) Global Secretariat launched the innovative tool in 2004 at a South Asia Partners Forum.

The WBTi assists countries to assess the status and benchmark the progress in implementation of the *Global Strategy for Infant and Young Child Feeding* in a standard way. It is based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi programme calls on countries to conduct their assessment to measure strengths and weaknesses on the ten parameters of policy and programmes that protect, promote and support optimal infant and young child feeding (IYCF) practices. It maintains a Global Data Repository of these policies and programmes in the form of scores, color codes, report and report card for each country. The WBTi assessment process brings people together and encourages collaboration, networking and local action. Organisations such as government departments, UN, health professionals, academics and other civil society partners (without Conflicts of Interest) participate in the assessment process by forming a core group with an objective to build consensus. With every assessment countries identify gaps and provide recommendations to their policy makers for affirmative action and change. The WBTi Global Secretariat encourages countries to conduct a re- assessment every 3-5 years for tracking trends in IYCF policies and programme.

Vision & Mission

The WBTi envisages that all countries create an enabling environment for women to be successful in breastfeeding their babies optimally at home, health facilities or at work places. The WBTi aspires to be a trusted leader to motivate policy makers and programme managers in countries, to use the global data repository of information on breastfeeding and IYCF policies and programmes. WBTi envisions serving as a knowledge platform for programme managers, researchers, policy makers and breastfeeding advocates across the globe. WBTi's mission is to reach all countries to facilitate assessment and tracking of IYCF policies and programmes through mobilising local partnerships without conflicts of interest and building a data repository for advocacy.

Ethical Policy

The WBTi works on 7 principles of IBFAN and does not seek or accept funds donation, grants or sponsorship from manufacturers or distributors and the front organisations of breastmilk substitutes, complementary foods, infant and young child feeding related products like breast pumps, or any such organization that has conflicts of interest.

The WBTi 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)
<ol style="list-style-type: none"> 1. National Policy, Governance and Funding 2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Counselling services for the pregnant and breastfeeding mothers 7. Accurate and Unbiased Information Support 8. Infant Feeding and HIV 9. Infant and Young Child Feeding during Emergencies 10. Monitoring and Evaluation 	<ol style="list-style-type: none"> 1. Timely Initiation of Breastfeeding within one hour of birth 2. Exclusive Breastfeeding for the first six months 3. Median duration of Breastfeeding 4. Bottle-Feeding 5. Complementary Feeding- Introduction of solid, semi-solid or soft foods

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 for assessment as subset of questions to be considered in identifying strengths and weaknesses to document gaps.
- Annexes for related information

Part I: Policies and Programmes: The criteria of assessment has been developed for each of the ten indicators, based on the *Global Strategy for Infant and Young Child Feeding* (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005) as well as updated with most recent developments in this field. For each indicator, there is a subset of questions. Answers to these can lead to identification of the gaps in policies and programmes required to implement the *Global Strategy*. Assessment can reveal how a country is performing in a particular area of action on Breastfeeding /Infant and Young Child Feeding. Additional information is also sought in these indicators, which is mostly qualitative. Such information is used in the elaborate report, however, is not taken into account for scoring or colour coding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random national household surveys. These five indicators are based on the WHO's tool for keeping it uniform. However, additional information on some other practice indicators such as 'continued breastfeeding' and 'adequacy of complementary feeding' is also sought.

Scoring and Colour-Coding

Policy and Programmes Indicator 1-10

Once the information on the 'WBTi Questionnaire' is gathered and analysed, it is then entered into the web-tool. The tool provides *scoring* of each individual sub set of questions as per their weight age in the indicators 1-10 (policies and programmes). Each indicator has a maximum score of 10. Total score of ten indicators has a maximum score of 100.

The web tool also assigns *Colour- Coding* (Red/Yellow/Blue/Green) of each indicator as per the *WBTi Guidelines for Colour- Coding* based on the scores achieved.

In the part II (IYCF practices)

Indicators of part II are expressed as percentages or absolute number. Once the data is entered, the tool assigns *Colour coding* as per the *Guidelines*.

The WBTi Tool provides details of each indicator in sub-set of questions, and weight age of each.

Global acceptance of the WBTi

The WBTi met with success South Asia during 2004-2008 and based on this, the WBTi was introduced to other regions. By now more than 100 countries have been trained in the use of WBTi tools and 97 have completed and reported. Many of them repeated assessments during these years.

WBTi has been published as BMJ published news in the year 2011, when 33 country WBTi report was launched¹. Two peer reviewed publications in the international journals add value to the impact of WBTi, in Health Policy and Planning in 2012 when 40 countries had completed², and in the Journal of Public Health Policy in 2019³ when 84 countries completed it.

The WBTi has been accepted globally as a credible source of information on IYCF policies and programmes and has been cited in global guidelines and other policy documents e.g. WHO National Implementation of BFHI 2017⁴ and IFE Core group's Operational Guidance on Infant Feeding in Emergencies, 2017⁵.

Accomplishment of the WBTi assessment is one of the seven policy asks in the Global Breastfeeding Collective (GBC), a joint initiative by UNICEF & WHO to accelerate progress towards achieving the WHA target of exclusive breastfeeding to 50% by 2030. The Global

¹ BMJ 2011;342:d18doi: <https://doi.org/10.1136/bmj.d18> (Published 04 January 2011)

² <https://academic.oup.com/heapol/article/28/3/279/553219>

³ <https://link.springer.com/article/10.1057/s41271-018-0153-9>

⁴ <https://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/>

⁵ https://www.enonline.net/attachments/3028/Ops-Guidance-on-IFE_v3-2018_English.pdf

Breastfeeding Scorecard for tracking progress for breastfeeding policies and programmes developed by the Collective has identified a target that at least three-quarters of the countries of the world should be able to conduct a

WBT*i* assessment every five years by 2030.⁶ The report on implementation of the International Code of Marketing for Breastmilk Substitutes also used WBT*i* as a source. The Global database on the Implementation of Nutrition Action (GINA) of WHO has used WBT*i* as a source.⁷ Global researchers have used WBT*i* findings to predict possible increase in exclusive breastfeeding with increasing scores and found it valid for measuring inputs into global strategy.⁸ Other than this PhD students have used WBT*i* for their research work, and New Zealand used WBT*i* for developing their National Strategic Plan of Action on breastfeeding 2008-2012.

⁶ <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf?ua=1>

⁷ <https://extranet.who.int/nutrition/gina/>

⁸ <https://academic.oup.com/advances/article/4/2/213/4591629>

The WBTi Guidelines for Colour-Coding (Part I and II)

Table 1: WBTi Guidelines for Colour-Coding for Individual indicators 1-10

Scores	Colour-coding
0 – 3.5	Red
4 – 6.5	Yellow
7 – 9	Blue
> 9	Green

Table 2: WBTi Guidelines for Colour-Coding 1-10 indicators (policy and programmes)

Scores	Colour-coding
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9	Blue
91 – 100	Green

Table 3: WBTi Guidelines for Colour-Coding Individual indicators 11-15 (Practices)

WBTi Guidelines for Indicator 11 (Initiation of breastfeeding {within 1 hour})

Percentage (WHO's key)	Colour-coding
0.1-29%	Red
29.1-49%	Yellow
49.1%-89%	Blue
89.1-100%	Green

WBTi Guidelines for Indicator 12 (Exclusive Breastfeeding {for first 6 months})

Percentage (WHO's key)	Colour-coding
0.1-11%	Red
11.1-49%	Yellow
49.1-89%	Blue
89.1-100%	Green

WBTi Guidelines for Indicator 13 (Median Duration of Breastfeeding)

Months (WHO's key)	Colour-coding
0.1-18 months	Red
18.1-20 months	Yellow
20.1-22 months	Blue
22.1-24 months	Green

WBTi Guidelines for Indicator 14 (Bottle-feeding {0-12 months})

Percentage (WHO's key)	Colour-coding
29.1-100%	Red
4.1-29%	Yellow
2.1-4%	Blue
0.1-2%	Green

WBTi Guidelines for Indicator 15 (Complementary Feeding {6-8 months})

Percentage (WHO's key)	Colour-coding
0.1-59%	Red
59.1-79%	Yellow
79.1%-94%	Blue
94.1-100%	Green

Assessment process followed by the country:

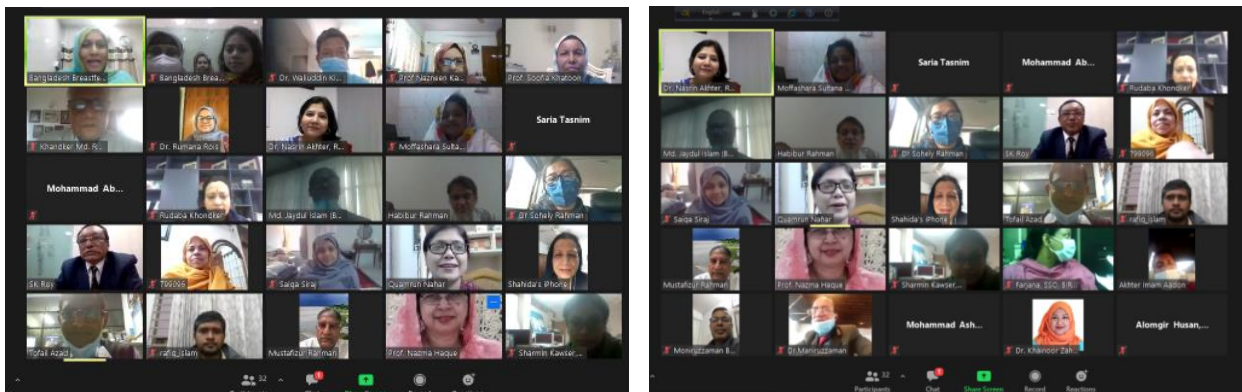
To conduct the World Breastfeeding Trend Initiative (WBTi) assessment in Bangladesh, one representative from Bangladesh Breastfeeding Foundation received three days of training on WBTi-IYCF assessment from IBFAN Asia in Delhi in the year 2008. After the training, a meeting conducted in Dhaka discussed these issues with key stakeholders, and further action resulted in preparing a report in 2008. And completed a repeat assessment was completed in 2012 and 2015. After 2015, other South Asia Countries have already completed their Assessment, and Bangladesh Breastfeeding Foundation received a request from IBFAN Asia to carry out this work for Bangladesh.

To uphold the Assessment in Bangladesh a National Consultative meeting and three Expert Committee meeting has been conducted through Zoom. The National Nutrition Services and Bangladesh Breastfeeding Foundation jointly completed the Assessment process.

National Consultative Meeting on WBTi Assessment 2020

The National consultation meeting on WBTi 2020 was held on 14th December, 2020 through 'Zoom' from 3.00 pm to 4.30 pm. More than 47 participants from different organizations attended the meeting.

The event was graced by the Chief Guest Dr. S M Mustafizur Rahman, Line Director, NNS and Director (acting), IPHN. Dr. Fatima Akhter, Program Manager, NNS, IPHN welcomed everyone. The Key note Presentation was given by Prof. Dr. S K Roy, Senior Scientist and Chairperson, BOT, BBF. The 'Group formation & Distribution of the responsibilities' session was moderated by Ms. Khurshid Jahan, Director, BBF and the vote of thanks was delivered by Dr. Supta Chowdhury, Deputy Program Manager, NNS, IPHN.



The Consultative Meeting on WBTi assessment 2020 in Bangladesh held on 14th December, 2020.

In the welcome speech, Dr. Fatima Akhter, Program Manager, NNS, IPHN stated that, WBTi is a tool for assessment of Policy, Program and output of IYCF in each country. The Breastfeeding Promotion Network of India (BPNI) and International Baby Food Action Network (IBFAN) launched the World Breastfeeding Trends Initiative (WBTi) in 2004 and more than 10

countries conducted WBTi Assessment. It is based on the WHO's tool for national assessment of policy and programmes on infant and young child feeding. The WBTi assesses the strengths and weaknesses in 10 indicators of policy and programmes on breastfeeding and IYCF and documents gaps. She also mentioned that, Though WBTi assessment was done in Bangladesh previously in 2005, 2008, 2012 and 2015, but this year for the first time NNS, IPHN is going to conduct the WBTi Assessment 2020 in Bangladesh with the technical support of BBF. She also hoped that this assessment will help to bridge gaps in policy and programmes in order to increase rates of breastfeeding and infant and young child feeding practices.

There after the key note presentation on 'The background and method of WBTi assessment' was delivered by Prof. Dr. S K Roy, Senior Scientist and chairperson, BOT, BBF. He said that, 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. He also mentioned that, WHO and UNICEF, has recognized conducting a WBTi assessment every five years. Further, it has set a target that at least 75 percent countries of the world should do their WBTi assessment by 2030. In his presentation he briefly discussed about the- the state of World Breastfeeding Trends Initiative (WBTi) in Bangladesh from 2005 to 2015, objectives of WBTi analysis, process of scoring and description of the indicators on Policies and Programmes (Indicator 01-10) and Practices (Indicator 11-15).

Values	Indicators	2005	2008	2012	2015	2020
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	4.5	4.5	6.5	9	
	Community outreach	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	

Key note presentation on 'The background and method of WBTi assessment' was delivered by Prof. Dr. S K Roy, Senior Scientist and chairperson, BOT, BBF.

After that, Ms. Khurshid Jahan, Director, BBF discussed about the **Group formation & Distribution of the responsibilities**. She explained that, here we form three groups and divide the indicators would like to request you to indicate the group you want to work. She also briefly explained the responsibilities and next meeting date and time for expert committee meeting.

Then the Chief Guest of the Ceremony, Dr. S M Mustafizur Rahman, Line Director, NNS and Director (Acting), IPHN was requested to deliver his speech.

Dr. S M Mustafizur Rahman, Line Director, NNS and Director (Acting), IPHN said, The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, as a system for analysis of policy & program and Tracking, Assessing and Monitoring the Global Strategy for Infant and Young Child Feeding (IYCF). The World breastfeeding trend provides a useful tool to assess how countries are faring, and what stands out as a gap. Use of



this information helps to galvanize action to achieve the targets at country level. Recently the WBTi assessment has been recognized by WHO and UNICEF. Today we all here to initiate our country assessment on IYCF and with the technical assistance of BBF, NNS, IPHN will conduct the whole process. For this, we will work in groups; discuss the gaps, build consensus and develop action plan to bridge them and will develop the country report & report cards and use these to advocate for increased funding of policy and programmes. I wish the success of the activity and announce the inauguration of the WBTi Assessment 2020.

At last the vote of thanks was delivered by Ms. Khurshid Jahan, Director, BBF. She thanked all for participate. She shows her special gratitude to the chief guest, Dr. S M Mustafizur Rahman, Line Director, NNS and Director (Acting), IPHN for his support and initiative. She specially thanked Prof. Dr. S K Roy for his spontaneous and vibrant delivery of the key note presentation which was so dynamic and informative. Lastly she specially thanked the team worked behind to make the event successful.

Following discussion and decision was made:

1. By the next three working days all the participants/experts will ensure their engagement in group (A, B or C) through mail.
2. The next meeting date for group work will be held through Zoom and will be notify by mail.

Expert Committee Meeting for the Assessment of World Breastfeeding Trend Initiative (WBTi):

The Participants were divided in three groups and separate group meeting was held through Zoom. The details of the meeting is as follows-

Date: 31st December, 2020 through “Zoom”

Time: Group A at 9.30 AM; Group B at 12.00 PM and Group C at 3.00 PM

Participants: Total 18 experts in Group A, 15 experts in Group B and total 16 experts in Group C from different GO, NGO and INGO were participated.

The following key action was taken in the meeting-



- Sharing the findings of WBTi-assessment process among the expert committee members
- Gap identification and brainstorming to frame recommendations.
- Incorporating comments or suggestions from the core group members.

Details:

The meeting was introduced by Dr. S M Mustafizur Rahman, Line Director, NNS and Director (Acting), IPHN. Dr. Fatima Akter, PM, NNS, delivered the welcome speech. The objectives and the process of WBTi assessment was explained by Prof. Dr. S K Roy, Chairperson, BOT, BBF. And Prof. Dr. Soofia Khaton, Vice chairperson, BOT, BBF in Group A, Prof. Dr. Saria Tasneem, Secretary, BOT, BBF in Group B and Khandker Md. Rezaul Haque Member, BOT, BBF in Group C shared their previous experience of conducting WBTi Assessment in Bangladesh with the technical experts. The Vote of Thanks was delivered by Ms. Khurshid Jahan, Director, BBF.

Thereafter, one by one the indicators were projected, elaborately discussed and analyzed in group in each meeting.

Decisions:

1. All the Comments will be adjusted, references will be added and the conclusion, gap and recommendation will be written by 2 Jan, 2021
2. The Draft of Assessment findings will be shared with the experts for comments on 2nd January, 2021.

Steps of reassessment of WBTi- 2020

Step	Key actions	Time and venue
Step -1 National consultation meeting on WBTi reassessment process with relevant stake holders	<ul style="list-style-type: none"> • Brief on WBTi assessment 2020 & sharing the Process of reassessment of WBTi-2020 • Formation of 3 technical groups on indicators and distribute the responsibility for assessment • Stakeholder's agreement on working framework and schedule 	14 December, 2020 at 3.00 p.m. through Zoom
Step-2 Expert Committee meeting: Update and follow up review meeting on WBTi assessment findings with technical groups.	<ul style="list-style-type: none"> • 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 	Meeting with group A: 31 December, 2020 at 9.30 a.m. through Zoom. Meeting with group B: 31 December, 2020 at 12.00 p.m. through Zoom. Meeting with group C: 31 December, 2020 at 3.00 p.m. through Zoom.
Step-3 Expert committee meeting on data finalization of WBTi-reassessment 2020.	<ul style="list-style-type: none"> • Sharing the findings of WBTi-assessment 2020 and correction/review • Gap identification and brainstorming to frame Recommendations and action plans • Incorporating comments or suggestions into the final report 	<ul style="list-style-type: none"> • Draft of Findings were sent to the groups members through Zoom on 9 January, 2021 • Expert members were requested to give feedback by 12 Jan, 2021.
Step-4 Finalization of the assessment report	<ul style="list-style-type: none"> • 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 	

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

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Si no	Organization	Name and Designation	Contact Number
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27.	Dhaka Medical College Hospital	Prof. Dr. Nilufar Sultana Head of Department (OBS & Gyn) Dhaka Medical College & Hospital, Dhaka	nilufar13gyne@yahoo.com 01713-201215
28.	BSMMU	Prof. Mohammad Shahidullah Chairman Dept of Neonatology Bangabandhu Sheikh Mujib Medical University (BSMMU).	shahidullahdr@gmail.com 1713003110

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30.	BAMANEH	Habibur Rahman Project Director, BAMANEH	bamaneh.pd@gmail.com 01715-547562
31.	NSB Executive Council for	Prof. Nurun Naher Begum General Secretary	jamiulislam1971@gmail.com 01712004544

Group B

Sl no.	Organization	Name and Designation	Contact Address
1.	Division of Women Affairs	Farhana Akhter Research Officer (Planning)	farhanaakhtar_09@yahoo.com 1911285500
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Assessment Findings

Indicator 1: National Policy, Governance and Funding

Key question/s: *Is there a national breastfeeding/ infant and young child feeding policy that protects, promotes and supports optimal breastfeeding and infant and young child feeding (IYCF) practices? Is the policy supported by a government programme? Is there a plan to implement this policy? Is sufficient funding provided? Is there a mechanism to coordinate like e.g. National breastfeeding committee and a coordinator for the committee?*

Criteria for Assessment –Policy and Funding	<i>Check all that apply</i>	
1.1) A national breastfeeding/infant and young child feeding policy/guideline (stand alone or integrated) has been officially approved by the government	✓ Yes = 1	No = 0
1.2) The policy recommends initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	✓ Yes = 1	No = 0
1.3) A national plan of action is approved with goals, objectives, indicators and timelines	✓ Yes = 2	No = 0
1.4) The country (government and others) is spending on breastfeeding and IYCF interventions ⁹ a. no funding b. < \$1 per birth c. \$1-2 per birth d. \$2-5 per birth e. =or >\$5 per birth	✓ Check one which is applicable 0 0.5 1 ✓ 1.5 2.0	
Governance		
1.5) There is a National Breastfeeding/IYCF Committee	✓ Yes = 1	No = 0
1.6) The committee meets, monitors and reviews the plans and progress made on a regular basis	Yes = 2	✓ No = 0
1.7) The committee links effectively with all other sectors like finance, health, nutrition, information, labor, disaster management, agriculture, social services etc.	✓ Yes = 0.5	No = 0
1.8) The committee is headed by a coordinator with clear terms of reference, regularly coordinating action at national and sub national level and communicating the policy and plans.	✓ Yes = 0.5	No = 0
Total Score	<u>7/10</u>	

⁹ Enabling Women To Breastfeed Through Better Policies And Programmes – Global Breastfeeding Scorecard, 2018
<https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018-methology.pdf?ua=1>

Additional useful information

1. What is the amount of money currently being spent annually on the breastfeeding and IYCF interventions?

- Around 264, 747, 6000 taka per year¹⁰ is being spent annually on the breastfeeding and IYCF interventions.

2. How many babies are born each year?

- In 2020, the crude birth rate of Bangladesh was 17.5 per 1,000 people and the total population of the country is 161,376,708 (2020 est.)¹¹ Therefore every year approximately 28 Lac 56 Thousand 3 Hundred 65 (2, 856, 367. 7) children are born in Bangladesh.

3. Is the food industry/representative a part of the breastfeeding/IYCF committee?

- Representatives of any food industries are not a part of the breastfeeding/IYCF Committee. (See Annex-2)

Information Sources Used:

1. National Nutrition Policy 2015 [<http://extwprlegs1.fao.org/docs/pdf/bgd152517.pdf>] (Criteria 1.1 and 1.2)
2. National Strategy of Infant and Young Child Feeding In Bangladesh. (https://extranet.who.int/nutrition/gina/sites/default/filesstore/BGD%202007%20IYCF_Strategy.pdf). (Criteria 1.1 and 1.2)
3. NNS operation Plan 2011-2016. (Criteria 1.3 and 1.4) [https://www.k4health.org/sites/default/files/nns_op.pdf]
4. NNS operation Plan 2017-2022. (Annex-1) (Criteria 1.3 and 1.4)
5. National plan of action on Infant and Young Child Feeding in Bangladesh. (Annex-2) (Criteria 1.3 and 1.4)
6. The national breastfeeding (infant and young child feeding) committee. (Annex-3) (Criteria 1.5, 1.7 and 1.8)

Conclusions:

Indicator 1 deals with national policy, program, and coordination. It deals with issues related to the action plan for implementing IYCF, the National breastfeeding committee, and budgetary allocation for the action plan for IYCF. Discussion on the issue was based on the national strategy on IYCF and the action plan. This group observed that most of the aspects of IYCF policy, program, and coordination would bring substantial benefits for individuals, 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 regular monitoring on this matter. However, National Breastfeeding Committee was not playing an active role. Though the District National Nutrition Committee (DNNC) and Upazilla Nutrition Committee (UNC) meetings are held regularly the group realized that we need

¹⁰ The Operational Plan of National Nutrition services (Jan, 2017- June, 2022) 4th Health population and Nutrition Sector Programme (4th HPNSP)

¹¹ Demographics of Bangladesh [https://en.wikipedia.org/wiki/Demographics_of_Bangladesh]

to activate National Breastfeeding Committee with specific TOR.

Gaps:

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

Recommendations:

1. Need to regulate the activities e.g, committee meeting of National Breastfeeding Committee.
2. Need to increase funding in the Operational Plan (OP)/on specific line items of relevant Ministries.

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

Key questions

- *What percentage of hospitals/maternity facilities are designated/ accredited/awarded OR what % of new mothers have received maternity care as per the 'Ten Steps' within the past 5 years?*

Quantitative Criteria for assessment

2.1) **593** out of **1091** total hospitals (both public & private) offering maternity services that have been designated/accredited/awarded/measured for implementing 10 steps within the past 5 years. = **54.35%**

Criteria for assessment	√ Check one which is applicable
0	<input type="checkbox"/> 0
0.1 – 20%	<input type="checkbox"/> 1
20.1 – 49%	<input type="checkbox"/> 2
49.1 – 69%	<input checked="" type="checkbox"/> 3
69.1-89 %	<input type="checkbox"/> 4
89.1 – 100%	<input type="checkbox"/> 5
Total score 2.1	<u>3/5</u>

Qualitative Criteria for assessment

Criteria for assessment	√ Check that apply	
2.2) There is a national coordination body/mechanism for BFHI/to implement Ten Steps with a clearly identified focal person.	<input checked="" type="checkbox"/> Yes = 1	<input type="checkbox"/> No=0
2.3) The Ten Steps have been integrated into national/regional/hospital policy and standards for all involved health professionals.	<input checked="" type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0
2.4) An external assessment mechanism is used for accreditation/designation/awarding/evaluate the health facility.	<input checked="" type="checkbox"/> Yes = 0.5	<input type="checkbox"/> No=0

Criteria for assessment	√ Check that apply	
2.5) Provision for the reassessment ¹³ have been incorporated in national plans to implement Ten Steps.	✓ Yes = 0.5	☐ No=0
2.6) The accreditation/designation/awarding/measuring process for BFHI/implementing the Ten Steps includes assessment of knowledge and competence of the nursing and medical staff.	✓ Yes = 1	☐ No=0
2.7) The external assessment process relies on interviews of mothers.	✓ Yes = 0.5	☐ No=0
2.8) The International Code of Marketing of Breastmilk Substitutes is an integral part of external assessment.	✓ Yes = 0.5	☐ No=0
2.9) Training on the Ten Steps and standard of care are included in the pre-service curriculum for nurses, midwives and doctors and other involved health care professionals.	✓ Yes = 0.5	☐ No=0
Total Score (2.2 to 2.9)	<u>5/5</u>	

Total Score (2.1 to 2.9)	<u>8/10</u>
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Additional information:

Can you explain the process in the country and how it is aligned to the earlier or revised ten Steps and if it relies on national or international criteria (see Appendix: indicators for monitoring)

According to the international criteria to make a hospital baby friendly following 6 steps are followed in Bangladesh-

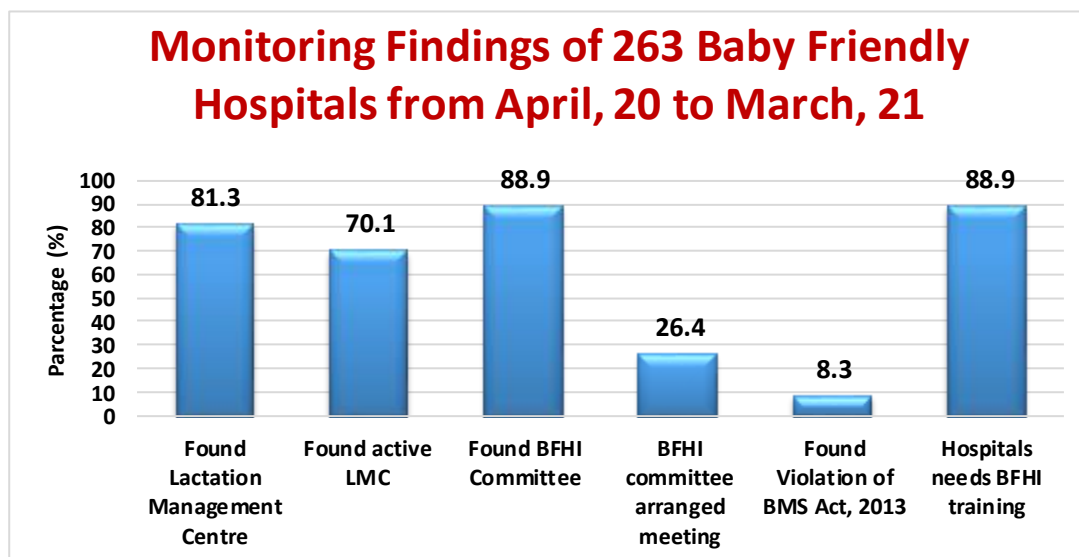
- **Training of the Trainers (TOT):** 4 days TOT on Protection, Promotion and Support of Breastfeeding is provided to the doctors from relevant departments engaged on IYCF and BFHI activities.
- **BFHI training to the maternity staff of the HFs:** After receiving the TOT on BFHI, the trainee's works as a core trainers to the '4 days training on BFHI to the maternity Hospitals' at their respective hospitals and other targeted maternity hospitals in need. A 20 hours training Course on BFHI conducted at the health facilities including 16.30 hours of theoretical session and 3.5 hours Practical sessions. The training is monitored by the implementing organization and the Government as well.
- **Formation of BFHI Committee and Establishment of LMC/BF Corner at HFs:** To sustain the BFHI activities and to establish & maintain a Lactation Management Centre (LMC) in every trained health facilities a committee is formed. In this regards during the 4 days long training period or just after the completion of the training, a LMC is established and the committees is formed according to the guideline approved by national breastfeeding Committee.
- **Practices 10 steps to successful breastfeeding:** Thereafter the trained health facilities are

given time of 6 weeks to practice the 10 steps of successful breastfeeding in their hospitals as well as private chambers, clinics and in the community. In this period to assess policies and practices of 10 steps the hospital BFHI committees are requested to do self-assessment and when the hospital is satisfied with their breastfeeding status, they prepared and asked for external assessment. Otherwise, after 6 weeks of practice period the national breastfeeding committee send a request to the trained hospital to prepare for external assessment.

- **Assessment of Trained Hospitals:** 1 to 2 days long assessment is performed and the “Global standard External Hospital assessment tool” is used which is included- interview with maternity staff, pregnant mothers, post natal mothers and auxiliary/ancillary staff including ward boys/ayas and cleaners and observation of the selected area of maternity services. During the assessment process, practice of each step was evaluated and if it fulfills the criteria then the hospital declared baby friendly (BFH).
- **Certification:** Declaration and certification of hospitals as baby friendly was made for the qualified hospitals. If any hospital did not meet the criteria, certificate of commitment was given time and asked to practice and retry the process of BFHI again.
- **Monitoring of Baby Friendly Hospitals:** To uphold the government investment & initiative and to strengthen the Baby Friendly Hospital (BFH) practices, BBF took the initiative to monitor the baby friendly hospitals in 2015. Till then, the BFHs are being continuously monitored through direct observation method by the divisional officers in eight Divisions of Bangladesh. The divisional officers are maintained necessary communication through physical visits and provided technical support. The report of monitoring visit is being submitted to the Head of health facility and BBF Central Office and the quarterly report is being submitted to Divisional Directors (Health), IPHN, DGHS and MOH&FW.

Findings-

In the period of July, 2020 to January, 2021- total 263 (out of 1091) BFHI trained hospitals has been monitored where 81.3% health facilities have found BFHI committee where 70% of them have active lactation management center.



According to the International guideline by WHO and UNICEF Country specific adaptation on BFHI was done to make a health facility ‘baby friendly’.

- **In the first tire improvement**, for the first time the training manual (UNICEF/WHO Breastfeeding Promotion and support in a Baby-friendly Hospital: A 20 hour Course for maternity staff) was adopted to the country context in 1992 and the 2nd time in 2020 according to the revised one also. The hospital external assessment tools was also adopted following the “Global standard External Hospital assessment tool” WHO 2009.
- **In the Second tire endorsement**, a fifteen steps policy for hospital was developed by BBF which was endorsed by the Government where 10 steps were included in this policy. The additional 5 steps of the policy are-
 1. Advise and encourage the relatives to help and support the mother with breastfeeding.
 2. Encourage mothers to practice exclusive breastfeeding for the first six months.
 3. Encourage mothers to give appropriate home based complementary food to the infant after 6 months and to continue breastfeeding thereafter for two years.
 4. Do not allow any promotional materials of artificial milk in the health facility nor shall the staff accept those from the milk company representative.
 5. Monitor the implementation of this policy at least every six months.
- **The third tire endorsement has done** in the BFHI status of health care facilities. Five steps (step-1, 2, 5, 6, 11) of BFHI (out of 10) and functional LMC in health facilities were considered to accredit a hospital as ‘Baby-friendly’.

Information Sources Used

1. Training Completion Report of Baby Friendly Hospital Initiative (BFHI), 2012 to 2016, 2017-18 FY and 2019-20 FY. (Criteria 2.1, 2.2 and 2.6) [<https://bbf.org.bd/baby-friendly-hospital-initiative-bfhi/>]
2. Training Manual of BFHI (Bangla and English) (Criteria 2.2 and 2.8) [<https://bbf.org.bd/baby-friendly-hospital-initiative-bfhi/>]
3. Govt Progress report (BFHI portion), FY-2015-16, 16-17, 17-18, 18-19 and 19-20 FY. (Criteria 2.3) [<https://bbf.org.bd/baby-friendly-hospital-initiative-bfhi/>]
4. Training Schedule on 4 days training on Baby Friendly Hospital Initiative. (Criteria 2.2) [<https://bbf.org.bd/baby-friendly-hospital-initiative-bfhi/>]
5. BFHI Assessment Tools and Summary Sheet. (Criteria 2.4, 2.5 and 2.9) [<https://bbf.org.bd/baby-friendly-hospital-initiative-bfhi/>]
6. NNS operation Plan 2011-2016. (Criteria 2.7) [https://www.k4health.org/sites/default/files/nns_op.pdf]
7. NNS Operation Plan 2017-2022. (Criteria 2.7) (Annex-1)

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. Recently, the new ‘Ten steps to Successful Breastfeeding’ by WHO is also adopted in breastfeeding policy. Most of the Government and nongovernment 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. Revitalization of previous BFHI hospitals were completed in 2016 under NNS and now the BFHI training in new hospitals and refreshers training is ongoing. Till June, 2019 BFHI training has been completed in 1091 health facilities, 4290 (need to update) participants received BFHI training. Total 593 hospitals has been accredited as baby friendly and rest of the hospital will be accredits by June 2022.

Gaps:

1. Regular monitoring system is absent.
2. Assessment and revitalization is inadequate.
3. Irregular activities for implementation.

Recommendations:

1. Need to establish a regular assessment and reassessment system in government program/project/activity.
2. Activities need to be regularized.

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

Key questions: Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions in effect and implemented in the country? Has any action been taken to monitor and enforce the above?

Criteria for Assessment (Legal Measures that are in Place in the Country)	
	Score
3a: Status of the International Code of Marketing	
<i>√ Check that applies upto the questions 3.9. If it is more than one, tick the higher one.</i>	
3.1 No action taken	<input type="checkbox"/> 0
1.2 The best approach is being considered	<input checked="" type="checkbox"/> 0.5
3.3 Draft measure awaiting approval (for not more than three years)	<input type="checkbox"/> 1
3.4 Few Code provisions as voluntary measure	<input type="checkbox"/> 1.5
3.5 All Code provisions as a voluntary measure	<input type="checkbox"/> 2
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	<input checked="" type="checkbox"/> 3
3.7 Some articles of the Code as law	<input checked="" type="checkbox"/> 4
3.8 All articles of the Code as law	<input checked="" type="checkbox"/> 5
3.9 Relevant provisions of World Health Assembly (WHA) resolution subsequent to the Code are included in the national legislation ¹²	
a. Provisions based on 1 to 3 of the WHA resolutions as listed below are included.	<input checked="" type="checkbox"/> 5.5
b. Provisions based on more than 3 of the WHA resolutions as listed below are included.	<input checked="" type="checkbox"/> 6
Total score 3a	6
3b: Implementation of the Code/National legislation	
<i>Check that applies. It adds up to the 3a scores.</i>	
3.10 The measure/law provides for a monitoring system independent from the industry	1
3.11 The measure provides for penalties and fines to be imposed to violators	<input checked="" type="checkbox"/> 1
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	<input checked="" type="checkbox"/> 1
3.13 Violators of the law have been sanctioned during the last three years	<input checked="" type="checkbox"/> 1
Total Score 3b	3
Total Score (3a + 3b)	9/10


¹² 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)
5. Ending inappropriate promotion of foods for infants and young children (WHA 69.9)

Additional Information

1. How often you see the violations of the Code or National law? (Attach some examples)

- I. Each Thursday of a week BBF divisional officers go to market monitoring for BMS act violation detection. They got BMS act violation each week.
- II. One remarkable BMS act violation is – The available BMS products found in the markets are unregistered.
- III. BBF divisional staff also visited BFHI trained hospital (1095 hospital in eight divisions) twice days in a week. Around 50% hospitals (private & public) had BMS act


Bangladesh Breastfeeding Foundation (BBF)
 Mymensingh Divisional Office, Mymensingh
 Director Health Office, S.K. Hospital, Mymensingh

Monthly Work Plan August, 2019

Name: Syed ~~Emomal~~ Islam Date 01/09/2019
 Assistant Program Officer, Mymensingh Division
 Bangladesh Breastfeeding Foundation (BBF)

(Tentative schedule)

Date	Time	Work Planned	Location	Remark
01/09/2019	Sunday	Desk Work	Mymensingh Regional Office	
02/09/2019	Monday	ADN Monitoring	Jamalgur Girls High School, Jamalgur	
03/09/2019	Tuesday	BPH & BMS act Monitoring	Serikhat UHC, Jamalgur	
04/09/2019	Wednesday	BPH & BMS act Monitoring	Falience Hospital, Jamalgur	
05/09/2019	Thursday	BMS Act Monitoring	Jamalgur Sadar (East-West Zone)	
06/09/2019	Friday			
07/09/2019	Saturday	MSG Monitoring	Banmola CC, Muktigacha, Mymensingh	
08/09/2019	Sunday	Desk Work	DDH Office and Regional Office	
09/09/2019	Monday	BPH & BMS act Monitoring	Zin Health Complex, Jamalgur	
10/09/2019	Tuesday	BPH & BMS act Monitoring	Masulgong UHC, Jamalgur	
11/09/2019	Wednesday	BPH & BMS act Monitoring	Health Care Hospital, Jamalgur	
12/09/2019	Thursday	BMS Act Monitoring	Malandaha Sadar Upazila, Jamalgur	
13/09/2019	Friday			

violation.

Some initiative of BMS act implementation in Bangladesh are-

- i. Mobile court arranged by Divisional director health, Civil Surgeon, DC (district commissioner) office and BBF divisional staff in Barisal division on **14.10.19** and gave penalty of 10,000 taka to 3 pharmacies of keeping BMS product illegally.
- ii. Mobile court arranged by Divisional Director-Health, IPHN, Civil Surgeon, DC office and BBF divisional staff in Khulna division on **17.10.19** and gave penalty of 30,000 taka to 3 pharmacies of keeping BMS product illegally.
- iii. In Rajshahi Division the Divisional Commissioner issue an office order for mobile court of BMS act -2013 & its rules-2017 violation for all Districts of Rajshahi.

To disseminate the code information among the health workers following activities were done so far-

1. Activities on BMS Act 2013 under, IPHN

From 2013 to 2016

During this period ‘Dissemination of Breast milk Substitutes, Infant food, Complementary Infant food manufactured commercially and the Accessories thereof (Regulation Marketing Act, 2013)’ was conducted all over the country.

In the FY 2018- 2019,

- BMS act Orientation arranged in Health facilities (divisional city, Sadar hospital, & UHC.). Total 29 BMS act orientation arranged in Divisional director health office, civil surgeon office, Upazilla health complex in each division. Out of 55-60 participants, the maximum participants were the health workers.
- In August 2019 and 2020 IPHN, WHO arranged BMS act orientation at 8 divisions.

In the FY 2017-2018,

- Total 101 BMS act orientation was arranged in Divisional director health office, civil surgeon office, Upazilla health complex

In the FY 2019-2020

BMS act orientation was arranged for

- All the health Inspectors of Joypurhat district of Rajsahi division.
- For the pharmacists, and shop owners of Khulna division city in Khulna civil surgeon office.
- To celebrate WBW-2020 with the support of NNS , BBF and the support of other national and international NGO organized online zoom webinar on BMS act -2013 and its rules-2017 for nursing and midwifery council at 23rd August, 2020; Drug and Chemist association at 18th August, 2020; Nutritionist association at 24th August, 2020; Pharmacist Association at 27th August, 2020. Besides this, Seminars & discussions meeting also arranged at the Divisional, District & UHC & CC level about breastfeeding and BMS act violations at 9-31 August, 2020

2. Orientation on BMS Act 2013 through BFHI program

- Under the project BFHI, Doctors, nurses, medical officers, pharmacists, aya, midwives, etc of 1095 hospitals were oriented on BMS act-2013 and its rules-2017.
- The divisional officers of BBF also continuing their monitoring activities (2 days in a week in BFHI trained health facilities). They discussed with the duty nurses, LMC nurses, midwives, medical officers, hospital authorities, admiration, directors, and other health professionals about BMS act -2013 and its violations and aware of it during monitoring.

3. Orientation on BMS Act 2013 through Mother Support Group (MSG) program

- Under this program the front line health workers of the community; such as CHCP (community health care provider), HA (health assistant), FWA(Family Welfare Assistant), community support group member of the Community clinic were oriented on BMS act 2013. Till now, 800 Community clinics covered.
- The members of MSG (13 members) were also trained on BMS act and its violations. Till now, total 1189 MSG is formed and 7534 members of MSG were introduced on BMS act. This activity is ongoing.

Information Sources Used:

1. BMS Act Sept 22, 2013. (Criteria 3.2, 3.7, 3.8, 3.9, 3.10 (Clause 9) and 3.11) [http://bdlaws.minlaw.gov.bd/bangla_all_sections.php?id=1124].
2. Rules of BMS Act, 2017. (Criteria 3.2, 3.7, 3.8, 3.9, 3.10 (Clause 8) and 3.11) [http://etoolkits.dghs.gov.bd/sites/default/files/breast-milk_substitutes_bms_rules_2017.pdf]
3. The Breast-Milk Substitutes (Regulation of Marketing) Ordinance, 1984. (Ordinance NO. XXXIII OF 1984). (Criteria 3.7 and 3.12) [<http://bdlaws.minlaw.gov.bd/act-671.html>]
4. Progress report of GOB Funded activities of Bangladesh Breastfeeding Foundation. (Criteria 3.2, 3.7, 3.8 and 3.9)
5. Copy of Letters on monitored and violations reported to concerned agencies. (Criteria 3.2) (Annex-4).
6. Copy of Letters on Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions. (Criteria 3.6) (Annex-5).
7. Evidence on The best approach is being considered. (Criteria 3.2) (Annex-6).
8. Some examples of violation reported and taken action. (Criteria 3.10 and 3.13) (Annex-7).

Conclusions:

(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)

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 22nd September, 2013.

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 Upazilla of sixty four districts from May 2013 to May 2014.

Marketing of non-registered Breast Milk Substitute (BMS) product is a public health concern. It is serious condition in Bangladesh, but can be controlled by proper policy. For this,

1. Every company should be registered through IPHN.
2. In some cases, client can be purchased by proper prescription.
3. Financing for more BMS act violation orientation need to increase more and more.
4. Awareness build up need increase from city to community level parents.
5. Illegal advertising of BMS product need to totally stop in online and offline platform.

Exclusive Breastfeeding (EIB) needs support with public health legislation to protect this valuable natural resource from companies' promotion of the use of formula. Mothers with limited education and resources are easily misled by deceptive advertising and are more vulnerable to the risks of BMS. Increasing violation through internet platforms, cellular phones, and social media such as Facebook, Twitter, You tube, and mobile applications, is remains one of the most challenge to monitor and enforcement of the Law. Promote and sell of BMS products including online ordering and coupons for free or low cost BMS are the different forms of violation. Therefore, monitoring of BMS act violation and enforcement of law for both in online and offline is needed for all types of violation.

Gaps:

1. Resource (human and financial) limitation
2. Regular monitoring system is absent.
3. Law enforcement system is weak.

Recommendations:

1. Need to increase resource allocation and utilization.
2. Monitoring needs to strengthen and stable in the government system.
3. Law enforcement system should be strict & strengthened.

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 mothers working in the informal*

Criteria for Assessment	Scores
4.1) Women covered by the national legislation are protected with the following weeks of paid maternity leave: a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	<i>Tick one which is applicable</i> <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input checked="" type="checkbox"/> 2
4.2) Does the national legislation provide at least one breastfeeding break or reduction of work hours? a. Unpaid break b. Paid break	<i>Tick one which is applicable</i> <input type="checkbox"/> 0.5 <input checked="" type="checkbox"/> 1
4.3) The national legislation obliges private sector employers to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	<i>Tick one or both</i> <input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0) <input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0)
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. a. Space for Breastfeeding/Breastmilk expression b. Crèche	<i>Tick one or both</i> <input checked="" type="checkbox"/> YES (1) <input type="checkbox"/> NO (0) <input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0)
4.5) Women in informal/unorganized and agriculture sector are: a. Accorded some protective measures b. Accorded the same protection as women working in the formal sector	<i>Tick one which is applicable</i> <input checked="" type="checkbox"/> 0.5 <input type="checkbox"/> 1
4.6) a. Accurate and complete information about maternity protection laws, regulations or policies is made available to workers by their employers on commencement.	<i>Tick one or both</i> <input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0)

b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	<input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0)
4.7) Paternity leave is granted in public sector for at least 3 days.	<i>Tick one which is applicable</i> YES (0.5) <input checked="" type="checkbox"/> NO (0)
4.8) Paternity leave is granted in the private sector for at least 3 days.	<i>Tick one which is applicable</i> YES (0.5) <input checked="" type="checkbox"/> NO (0)
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: 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.	<i>Tick one which is applicable</i> <input checked="" type="checkbox"/> YES (0.5) <input type="checkbox"/> NO (0)
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	<i>Tick one which is applicable</i> <input checked="" type="checkbox"/> YES (1) <input type="checkbox"/> NO (0)
Total Score	<u>8.5/10</u>

Any additional information

(Please provide information on the current situation regarding paternity leave and its relation to maternity leave.)

Does the financial allocation for paternity leave affect the maternity leave?

How best maternity leave is positioned in the context of optimal breastfeeding protection?

‘Bangladesh Sromo Ain’ and ‘Bangladesh service rule’ and ‘The Labour Act 2006, does not provide for paternity leave but six-month paid maternity leave in Bangladesh. In some private sector Paternity leave is granted.

The World Health Organization recommends to exclusively breastfeed up to the sixth month of life and to breastfeed with complementary foods until the age of 2. It is reported that maternity leave (ML) is one of the most important interventions for an extended breastfeeding duration. To accomplish a successful breastfeeding, some programs on maternity benefits are ongoing under different ministries i.g. Ministry of Women and Child Affairs (MOWCA), Ministry of Social Welfare (MOSWF) and groups,

- Under the Ministry of Women and Children Affairs (MoWCA’s) the Maternity Allowance and Working Lactating Mother Allowance Programme has running where the targeted population is poor working mother (pregnant & lactating) in 64 districts including BGMEA and BKMEA areas.
- Child Benefit Programme: MoWCA’s of Bangladesh and Manufacturers and Exporters Association (BGMEA) a program where the female garment workers with infants are being

supported. Every beneficiary gets Tk 800 per month for 36 months as allowance among 8,100 lactating mothers working in garment factories.

Information Sources Used:

1. Bangladesh Sromo Ain (The Bangladesh Labour Act), 2006, Ministry of Labour and Employment, Bangladesh' page 27, 59 (Maternity leave), page 38-39 (Maternity Benefits). **(Criteria 4.2, 4.5, 4.6 a and b, 4.9 and 4.10)**
[<https://www.ilo.org/dyn/travail/docs/352/A%20Handbook%20on%20the%20Bangladesh%20Labour%20Act%202006.pdf>]
[https://mole.gov.bd/sites/default/files/files/mole.portal.gov.bd/legislative_information/9934fb16_a880_45fd_9274_908038afa8b6/%E0%A6%B6%E0%A7%8D%E0%A6%B0%E0%A6%AE%20%E0%A6%86%E0%A6%87%E0%A6%A8,%20%E0%A7%A8%E0%A7%A6%E0%A7%AC.pdf]
2. Bangladesh service rule 1959. **(Criteria 4.1, 4.6)** [Annex: 8]
3. BRAC (NGO) Human Resource Policy about maternity and paternity leave for staffs [Annex: 9] **(Criteria 4.8)**
4. Prime Minister Declaration in the Inaugural Ceremony on the World Breastfeeding Week 2009, 2010, 2011 and 2014. **(Criteria 4.1, 4.3 and 4.4)** [<https://bbf.org.bd/pms-declaration/>]

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 Honorable Prime Minister also declared to provide maternity leave for 6 months to all Non-Govt. organizations in the inauguration Ceremony of WBW, 2011. There is no mention of breastfeeding breaks in the national legislation related to maternity benefits but in the inauguration of WBW 2009, 2010 and 2014, the Prime Minister declared to establish a breastfeeding corner and day care centre in courts, bank, insurance companies, hospitals, all Govt. and Non-Govt. organizations, shopping malls government and non-government offices where a mother can breastfeed her baby without any worry. 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. Paternity leave is granted in some private organization but not in every organization.

Gaps:

1. Lack of awareness/initiative/coordination on the importance of Maternity Protection in private sector.

Recommendations:

1. A separate guideline is needed to prepare for Maternity Protection for Government and Private Sector in align with all relevant Ministries.
2. It is necessary to consider paternity leave for both public and private through the formulation of national policy.

3. Maternity leave for 6 months in Private sector should be ensured.

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

Key question: Do care providers in the health and nutrition care systems undergo training in knowledge and skills, and do their pre-service education curricula support optimal infant and young child feeding; do these services support mother-friendly and breastfeeding-friendly birth practices, do the policies of health care services support mothers and children, and are health workers trained on their responsibilities under the Code? (See Annex 5.1, 5.2)

Criteria for assessment	√ Check ONE that applies in each question		
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ¹³ indicates that IYCF curricula or session plans are adequate/inadequate.	> 20 out of 25 content/skills are included <input type="checkbox"/> 2	5-20 out of 25 content/ skills are included <input checked="" type="checkbox"/> 1	Fewer than 5 content/skills are included <input type="checkbox"/> 0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care.	Disseminate to > 50% facilities <input checked="" type="checkbox"/> 2	Disseminate to 20-50% facilities <input type="checkbox"/> 1	No guideline, or disseminated to < 20% facilities <input type="checkbox"/> 0
5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers. ¹⁴	Available for all relevant workers <input checked="" type="checkbox"/> 2	Limited Availability <input type="checkbox"/> 1	Not available <input type="checkbox"/> 0
5.4) Health workers are trained on their responsibilities under the Code and national regulations, throughout the country.	Throughout the country <input checked="" type="checkbox"/> 1	Partial Coverage <input type="checkbox"/> 0.5	Not trained <input type="checkbox"/> 0
5.5) Infant and young child feeding information and skills are integrated, as appropriate, into training programmes not covered in 5.1 but where the care providers may have some contact with families with infants and young children. (Training programmes such as diarrhea control, HIV, NCDs, Women's Health etc.)	Integrated in > 2 training programmes <input checked="" type="checkbox"/> 1	1-2 training programmes <input type="checkbox"/> 0.5	Not integrated <input type="checkbox"/> 0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ¹⁵	Throughout the country <input checked="" type="checkbox"/> 1	Partial Coverage <input type="checkbox"/> 0.5	Not provided <input type="checkbox"/> 0

¹³ 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.

¹⁴ The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, midwifery, nutrition and public health.

¹⁵ 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. Partial could mean more than 1 provinces covered

5.7) Health policies provide for mothers and babies to stay together when one of them is hospitalized.	Provision for staying together for both ✓ 1	Provision for only to one of them: mothers or babies <input type="checkbox"/> 0.5	No provision <input type="checkbox"/> 0
Total Score	<u>9/10</u>		

Information Sources Used:

1. Curriculum for under graduate medical education in Bangladesh-2012. (**Criteria 5.1**)
[http://www.mmc.gov.bd/downloadable%20file/new_curriculum/The%20updated%20MBBS%20Curriculum%202012.pdf]
2. BANGLADESH ESSENTIAL HEALTH SERVICE PACKAGE (ESP) (**Criteria 5.2, 5.3, 5.4, 5.5, 5.6 and 5.7**) (<file:///C:/Users/Acer/Downloads/ESP-ESP%20Health%20Service%20Package.pdf>)
3. IYCF National plan of action 2009-2011. (**Criteria 5.4, 5.3**) (**Annex-2**)
4. BFHI training module. (**Criteria 5.4**)
[http://bbfbangladesh.org/sites/default/files/BFHI_Training_Module.pdf]

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

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. Lack of interest of service providers for best practices.
2. Adequate policy is there but practice is irregular.

Recommendations:

1. Health Systems needs to be strengthening in Nutrition Care system.
2. More training on Skills & Counseling on IYCF are needed
3. IYCF training should be included in all health services training.
4. Need to be regularize the existing system.

Indicator 6: Counselling Services for the Pregnant and Breastfeeding Mothers

Key question: Are there counselling services in place to protect, promote and support breastfeeding and optimal infant and young child feeding practices both at facility and community level (See Annex 6.1)

Criteria of assessment	√ Check ONE that applies in each question		
6.1) Pregnant women receive counselling services for breastfeeding during ANC.	>90% ✓ 2	50-89% <input type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.2) Women receive counselling and support for initiation breastfeeding and skin to contact within an hour birth.	>90% ✓ 2	50-89% <input type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.3) Women receive post-natal counselling for exclusive breastfeeding at hospital or home.	>90% ✓ 2	50-89% <input type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.4) Women/families receive breastfeeding and infant and young child feeding counselling at community level.	>90% ✓ 2	50-89% <input type="checkbox"/> 1	<50% <input type="checkbox"/> 0
6.5) Community-based health workers are trained in counselling skills for infant and young child feeding.	>50% ✓ 2	<50% <input type="checkbox"/> 1	No Training <input type="checkbox"/> 0
Total Score:	<u>10/10</u>		

Additional Information:

(If pre-lacteal feeding is going on, please give examples, share some challenges to providing counselling at community level.)

Practice of pre-lacteal feeding still exists in the community. Water, Sugar water, honey, glucose water, mustard oil, cow's milk, goat milk, powder milk etc. are being given as pre-lacteal feeding to the neonate. In community level there are few challenges to counsel the mothers such as-counsel mothers and the family members against the taboos regarding pre-lacteal feeding and colostrum feeding-

1. To overcome the Taboos and misconceptions regarding pre-lacteal feeding and colostrum feeding.
2. Lack of support from husband and family members (mother, mother in law).

Information Sources Used:

1. National Strategy for Infant and Young Child feeding in Bangladesh (IPHN, MOHFW). (Criteria 6.1, 6.3, 6.4 and 6.5)
[https://extranet.who.int/nutrition/gina/sites/default/filesstore/BGD%202007%20IYCF_Strategy.pdf]
2. Community Clinic Services_ Human Recourse Development. (Criteria 6.1, 6.3, 6.4 and 6.5) [<http://www.communityclinic.gov.bd/antenatal.php>]

3. Govt. Progress report, 2015-16, 2016-17, 2017-18, 2018-19, 2019-20, 2020-21. (Criteria 6.1, 6.3, 6.4 and 6.5)
4. IYCF indicator in 'Real time health information dashboard' of DGHS, MOHFW. (Criteria 6.1, 6.2 and 6.3)[<http://103.247.238.92/webportal/pages/>]

Conclusions: *(Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis):*

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.

The Government of Bangladesh recognizes the role of improved maternal and child nutrition for breaking intergenerational cycle of malnutrition and Bangladesh has made considerable progress in this sector. The Government of Bangladesh has, undertaken different strategies and programs to combat malnutrition in the country. In 4th Health, population and Nutrition sector program (4th HPNSP), orientation for Mother Support Group (MSG) and homemade complementary Feeding, Breastfeeding etc. are included as a part of priority component of 'Protection, Promotion and Support of Infant and Young Child Feeding (IYCF) Practices' under the ongoing 'National Nutrition Services Program, January, 2017 to June, 2022'. The activity is being implemented following the national IYCF strategy of 2007 under the number 08 which is 'Community Based Support'. Moreover, under the Community Based Healthcare (CBHC) program the mothers are being counselled on Breastfeeding, complementary feeding and Maternal Health and nutrition through Community Clinic (CC) and the counselling report has been sent and published in the 'Real time health information dashboard' of Directorate General of Health Services, MOHFW, regularly. To have the better outcome, further analysis is needed to establish a system of continuous monitoring and supportive supervision with adequate budget.

Gaps:

1. Gap of support in distant places.
2. Need to strengthen Supportive supervision.
3. Implementation of activities needs to be strengthened.

Recommendations:

1. Need to strengthen the program and policy on Mother Support Group (MSG).
2. In emergency situation like COVID 19, ANC and PNC counselling through telephonic message and online (video and audio) should be initiated through relevant department/organizations.

Indicatr 7: Accurate and Unbiased 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?

Criteria for assessment	√ Check that apply	
7.1) There is a national IEC strategy for improving infant and young child feeding.	YES ✓ 2	NO <input type="checkbox"/> 0
7.2) Messages are communicated to people through different channels and in local context.	YES ✓ 1	NO <input type="checkbox"/> 0
7.3) IEC strategy, programmes and campaigns like WBW and are free from commercial influence.	YES ✓ 1	NO <input type="checkbox"/> 0
7.4) Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	YES ✓ 2	NO <input type="checkbox"/> 0
7.5) IEC programmes (e.g World Breastfeeding Week) that include infant and young child feeding are being implemented at national and local level.	YES ✓ 2	NO <input type="checkbox"/> 0
7.6) IEC materials/messages include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ¹⁶	YES ✓ 2	NO 0
Total Score:	<u>10/10</u>	

Information Sources Used:

1. National Communication Framework and Plan for Infant and Young Child Feeding in Bangladesh. (Criteria 7.1, 7.2) [<https://scalingupnutrition.org/wp-content/uploads/2013/07/IYCF-Plan-Document-24-11-2010.pdf>]
2. National Strategy for Infant and Young Child feeding in Bangladesh (IPHN, MOHFW). [https://extranet.who.int/nutrition/gina/sites/default/filesstore/BGD%202007%20IYCF_Sstrategy.pdf] (Criteria 7.1, 7.2).
3. BFHI Training materials. (Criteria 7.3, 7.4, 7.5) [<http://bbf-bangladesh.org/programs/baby-friendly-hospital-initiative-bfhi>]
4. Report of WBW 2020 by BBF. (Criteria 7.3, 7.4, 7.5) [<https://bbf.org.bd/wp-content/uploads/2021/01/Report-of-WBW-2020.pdf>]
5. IEC materials developed by IPHN, MOHFW, BBF. (Criteria 7.3, 7.4, 7.5) [<https://bbf.org.bd/wp-content/uploads/2021/01/Report-of-WBW-2020.pdf>]

¹⁶ 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. This is to minimize health hazards. Parents 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.

8. NNS operation Plan 2011-2016.
[\[https://www.k4health.org/sites/default/files/nns_op.pdf\]](https://www.k4health.org/sites/default/files/nns_op.pdf) (Criteria 7.2)
9. NNS operation Plan 2017-2022. (Criteria 7.2)
10. BMS Act Sept 22, 2013. (Criteria 7.6)
[\[http://bdlaws.minlaw.gov.bd/bangla_all_sections.php?id=1124\]](http://bdlaws.minlaw.gov.bd/bangla_all_sections.php?id=1124).
11. Rules of BMS Act, 2017. (Criteria 7.6)
[\[http://etoolkits.dghs.gov.bd/sites/default/files/breast-milk_substitutes_bms_rules_2017.pdf\]](http://etoolkits.dghs.gov.bd/sites/default/files/breast-milk_substitutes_bms_rules_2017.pdf)

Conclusions

(Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis):

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.

To implement systematic multi-channel communication activities, a national communication framework and plan has been developed in 2010 and is a component of the National IYCF Strategy of Bangladesh. In order to achieve desired behavioral and social change objectives the IYCF framework and plan uses a mix of three key approaches, advocacy, Communication for Social Change and Behavior Change Communication (BCC). Social Behavior Change Communication (SBCC) has been included in the Operational Plan (OP) of National Nutrition services (NNS), 2011-2016 and in 2017-2022, as one of the priority activity focuses on 1000 days approach including IYCF practices. Under the OP -

- Special SBCC program and materials for hard to reach areas
- Develop and update SBCC materials including IEC materials for autistics, handicapped and disable people, Chottogram Hill trac area and other tribal population
- Fair/week at national or subnational level e.g. the WBW has been celebrated nationally since 2010;
- Comprehensive, coordinated and multichannel mass media campaign,
- Awareness rising through alternative media e.g. street drama, folk song road show etc. has been taken/organized.

We need to think about the availability of all materials/information on online platform and social media for the easy access to the people of hard to reach area, hill tract and to establish a strong monitoring system.

Gap:

1. Lack of regular monitoring system.
2. Lack of coordination with relevant ministries and departments

Recommendations:

1. All communication information should be promoted equally through social media and online platform.
2. Involvement of religious leaders.

3. Need to include risk of powder milk and use of bottle, teat etc. during COVID 19 and disseminated through social media and online platform partners.
4. Similar information should be disseminated from the concerned ministries and departments.

Indicator 8: Infant Feeding and HIV

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

<i>Criteria for Assessment</i> ¹⁷	<i>√ Check that apply</i>	
8.1) The country has an updated policy on Infant feeding and HIV, which is in line with the international guidelines on infant and young child feeding and HIV ¹⁸ .	YES ✓ 2	NO <input type="checkbox"/> 0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation.	YES ✓ 1	NO <input type="checkbox"/> 0
8.3) Health staff and community workers of HIV programme have received training on HIV and infant feeding counselling in past 5 years.	YES ✓ 1	NO <input type="checkbox"/> 0
8.4) HIV Testing and Counselling (HTC)/ Provider-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.	YES ✓ 1	NO <input type="checkbox"/> 0
8.5) The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	YES ✓ 1	NO <input type="checkbox"/> 0
8.6) Infant feeding counselling is provided to all mothers living with HIV appropriate to national circumstances.	YES ✓ 1	NO <input type="checkbox"/> 0
8.7) Mothers are supported and followed up in carrying out the recommended national infant feeding.	YES ✓ 1	NO <input type="checkbox"/> 0
8.8) Country is making efforts 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.	YES ✓ 1	NO <input type="checkbox"/> 0
8.9) Research on Infant feeding and HIV is carried out 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.	YES ✓ 1	NO <input type="checkbox"/> 0
Total Score:	<u>10/10</u>	

¹⁷ Some of the questions may need discussion among the core group, and based on information sources the Core group may decide about the strengths.

¹⁸ Updated guidance on this issue is available from WHO as of 2016. Countries who may be using the earlier guidance and are on way to use the new guidance if not completely may be included here.

Information Sources Used:

1. 4 th National Strategic Plan For HIV and AIDS Response 2018-2022. (Criteria 8.1, 8.2 and 8.9) [https://www.unicef.org/bangladesh/sites/unicef.org.bangladesh/files/2018-10/NSP%204th%20%202018-2022_draft-250517-2.pdf].
2. Nutritional Guideline for PLHA, 2008. Last updated in 13 June, 2013. (Criteria 8.4, 8.5, 8.6, 8.7 and 8.8) [<https://www.dghs.gov.bd/index.php/bd/resource/2013-06-23-07-52-27/item/plhiv-পুষ্টিগত-গাইডলাইনের-উন্নয়ন>]
3. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV. (Criteria 8.4, 8.5, 8.6 and 8.7) [https://dghs.gov.bd/liets_file/images/Module/2009_PPTCTDraftTrainingModule.pdf]
4. National HIV Testing Services (HTS) Guideline. (Criteria 8.2 and 8.5) [http://asp.portal.gov.bd/sites/default/files/files/asp.portal.gov.bd/page/2d04f70c_c5e54d3d_9a13_e8cc7e5af9c9/2020-10-13-15-08-4a1e3ea20e31310a8d86f2512d8a933c.pdf]
5. National Guidelines for the Prevention Vertical Transmission of HIV and Congenital Syphilis. (Criteria 8.4) [www.aidsspace.org/getDownload.php?id=2166]
6. National AIDS/STD Control, Directorate General of Health Services, Ministry of Health and Family Welfare. [<http://www.asp.gov.bd/>]
7. National HIV AIDS Disclosure Guideline 2018 (Criteria 8.4 and 8.5) [<http://www.asp.gov.bd/site/page/f7690003-c427-46c8-a135-566ae8b16fc0/->]
8. IYCF National plan of action 2009-2011 (Criteria 8.3)
9. BFHI training module. (Criteria 8.3) [http://bbfbbangladesh.org/sites/default/files/BFHI_Training_Module.pdf]

Conclusions (Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis):

We need to increase the HIV testing facility and number of testing especially in private sector. The capacity of all District Hospitals and Medical College Hospital laboratories need to use RTD for HIV testing. Furthermore, we have to establish a strong collaboration with relevant ministries such as. Ministry of foreign Affairs and Ministry of Overseas Expatriate and Employment to track the HIV positive returnee and their enrollment into ART services should be established. The Pregnant Mother to Child Transmission (PMTCT) programme is also need to incorporate with regular Government health services through ANC. Larger planning and further analysis about STI/RTI investigation, treatment, and care support needs to mitigate the increase risk of HIV transmission.

Gaps:

1. Less awareness among the community members and health workers.
2. Insufficient counselling & follow up reports.
3. Routine availability of VCCT to risk/couple- less.

Recommendations:

1. Need to strengthen the program and implementation.

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 for assessment	√ Check that apply	
9.1) The country has a comprehensive Policy/Strategy/ Guidance on infant and young child feeding during emergencies as per the global recommendations with measurable indicators.	YES ✓ 2	NO <input type="checkbox"/> 0
9.2) Person (s) tasked to coordinate and implement the above policy/strategy/guidance have been appointed at the national and sub national levels	YES ✓ 2	NO <input type="checkbox"/> 0
9.3) The health and nutrition emergency preparedness and response plan based on the global recommendation includes:		
a. Basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately skill trained counsellors, and support for relactation and wet-nursing.	YES ✓ 0.5	NO <input type="checkbox"/> 0
b. Measures to protect, promote and support appropriate and complementary feeding practices	YES ✓ 0.5	NO <input type="checkbox"/> 0
c. Measures to protect and support the non-breast-fed infants	YES ✓ 0.5	NO <input type="checkbox"/> 0
d. Space for IYCF counselling support services.	YES ✓ 0.5	NO <input type="checkbox"/> 0
e. Measures to minimize the risks of artificial feeding, including an endorsed Joint statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and minimize the risk of formula feeding, procurement management and use of any infant formula and BMS, in accordance with the global recommendations on emergencies	YES ✓ 0.5	NO <input type="checkbox"/> 0
f. Indicators, and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.	YES ✓ 0.5	NO <input type="checkbox"/> 0
9.4) Adequate financial and human resources have been allocated for implementation of the emergency preparedness and response plan on IYCF.	YES ✓ 2	NO <input type="checkbox"/> 0
9.5) 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.	YES ✓ 0.5	NO <input type="checkbox"/> 0
9.6) Orientation and training is taking place as per the national plan on emergency preparedness and response is aligned with the global	Yes	NO <input type="checkbox"/> 0

recommendations (at the national and sub-national levels).	✓ 0.5	
Total Score:	<u>10/10</u>	

Additional Information: Please share any stories of implementing the IFE in your country during a disaster.

Stories in Rohingya:

1. During the Rohingya crisis in Bangladesh in 2017, BMS companies donate breast Milk Substitute for infant of Rohingya camp and RUTF was ready to distribute for Infants with SAM/CMAM which was clearly a violation of BMS Act, 2013 and its rules 2017 and totally against the ‘INFANT AND YOUNG CHILD FEEDING in EMERGENCIES JOINT STATEMENT ON ACTION’. To prevent it immediate action was taken by the IPHN, NNS, MOH&FW, BBF and relevant ministries, make decision to stop the distribution and compliance with law and statement of IYCF in Emergency.
2. Prevalence of Severe Acute Malnutrition (SAM) among Rohingya children aged 6-59 months who took shelter in refugee camp in Cox’s Bazar district, Bangladesh was found to be 7.5%. To document efficacy of homemade diet on recovery from Severe Acute Malnutrition of Rohingya children, Bangladesh Breastfeeding Foundation has carried out a study in 2017. In total 645 SAM children (MUAC <11.5 cm) aged 6-59 months were selected and fed the home made diet for three months and followed up for next two months. Nutrition counseling, demonstration of food preparation and the ingredients of food (rice powder, egg, sugar and oil) were supplied to families for three months to cook ‘Egg-suji’ to feed the children.

The study children were assessed for nutritional status. After intervention, energy intake from diet increased from 455.3±120.9 kcal/day to 609.6±29.5 kcal /day (P=0.001) in three months. Frequency of daily food intake improved from 4.9±1.0 to 5.9±0.3 (P=0.001). The body weights increased from 6.3±1.0 kg to 9.9±1.3 kg, height increased from 67.9±6.2 cm to 73.9±0.4 cm and MUAC improved from 11.1±1.4 cm to 12.8±0.4 cm (P=0.001). HAZ improved from -3.64±1.35 to -2.82±1.40, WHZ improved from -2.45±1.23 to 1.03±1.17, WAZ improved from -3.8±0.61 to -0.69±0.78, MUACZ improved from -3.32±0.49 to 1.79±0.54 (P=0.001) from beginning to end of follow up. Morbidity was found in 5.12% children in the first month which reduced to 0.15% at the end of follow up. Nutritional counseling and supply of food ingredients at refugee camps resulted in complete recovery from severe malnutrition for all children which was sustainable.

COVID 19:

Bangladesh Breastfeeding Foundation is continuing online services through Facebook from few years ago. But in the March of last year (2020) Lactation Management Center (LMC) of BBF was closed due to COVID 19 situation. Since then online activities through Facebook has been started in a broad way. BBF provided following IFE service through online activities through Facebook- Live program with Nutritionists, Gynecologists and Pediatricians, Short videos with different topic,

Picture and related information post, Online counseling through video call and Online audio call counseling on complementary feeding, nutrition of pregnant and lactating mother and some health problems of mother and child.

Information Sources Used

1. INFANT AND YOUNG CHILD FEEDING in EMERGENCIES JOINT STATEMENT ON ACTION. (Criteria 9.1, 9.2) (https://reliefweb.int/sites/reliefweb.int/files/resources/171018_iycfe_joint_statement_fian3.pdf)
2. OPERATIONAL GUIDELINE FOR INFANT AND YOUNG CHILD FEEDING in EMERGENCIES for BANGLADESH. (Criteria 9.1, 9.2, 9.3 and 9.4) (https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iycfe_guideline_final_debrief_dhaka.pdf)
3. Government action on COVID-19 - COVID-19 in Bangladesh. (Criteria 9.1, 9.2, 9.3 and 9.4) https://corona.gov.bd/?gclid=CjwKCAiAp4KCBhB6EiwAxRxbpFusnXo9vCS_KnYgMnOPrDBSzaOc784pi6b8fVa4PJ7LnHjzJjNzBoC6JIQAvD_BwE
4. National Strategy for Infant and Young Child feeding in Bangladesh (IPHN, MOHFW). [https://extranet.who.int/nutrition/gina/sites/default/filesstore/BGD%202007%20IYCF_Strategy.pdf] (Criteria 9.1, 9.2)
5. Covid in pregnancy_ [https://dghs.gov.bd/images/docs/Notice/22_03_2020_SOP_Pregnancy%20%20%20Family%20in%20COVID-19.pdf].
6. STANDARD CLINICAL MANAGEMENT PROTOCOLS AND FLOWCHARTS ON EMERGENCY OBSTETRIC AND NEONATAL CARE 2019 (Criteria 9.1, 9.2, 9.3 and 9.4) [<https://dghs.gov.bd/images/docs/Guideline/EmONC%20Protocol%20High%20Res.pdf>]
7. National Guideline for providing essential Maternal, Newborn and Child Health Services in the context of COVID-19 Updated on 18 May 2020. (Criteria 9.1, 9.2, 9.3 and 9.4) [https://dghs.gov.bd/images/docs/Guideline/Covid19_MNCH_guideline.pdf]

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis):*

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.

- Through the Department of Disaster Management, Ministry of disaster management and relief,
 - all the vulnerability regarding IYCF practices;
 - different impacts of disaster and
 - Strengthening & coordinating programmes related to IYCF undertaken by the government and different stakeholders are being managed to disaster risk reduction and emergency response.
- The recent emergency in Bangladesh like Rohingya (Forcibly Displaced Myanmar National to Bangladesh) and COVID 19 pandemic, “INFANT AND YOUNG CHILD FEEDING in EMERGENCIES JOINT STATEMENT ON ACTION” has issued by the government. Need to collaborate among the relevant ministries to comply with the country interest and BMS Act,

2013 to avoid the conflict such as the access to BMS product and companies. In this regards, a regular monitoring and follow up system should be established.

Recommendations:

1. Need to strengthen the coordination system within the relevant ministries.
2. Regular training program should be arranged widely and specially in the disaster prone area.
3. The message need to convey to the international bodies like red cross of Bangladesh or other donor agencies about the BMS Act 2013 that, “It has restricted to donate/provide any BMS, baby food, commercially produced complementary food and accessories to rescue for children and mother.
4. BMS Act 2013 and its rules 2017 should be disseminated to relevant ministries.

Indicator 10: Monitoring and Evaluation

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

Criteria for assessment	√ Check that apply	
10.1) Monitoring and evaluation of the IYCF programmes or activities (national and sub national levels) include IYCF indicators (early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding)	YES ✓ 2	NO <input type="checkbox"/> 0
10.2) Data/information on progress made in implementing the IYCF programme is used by programme managers to guide planning and investment decisions.	YES ✓ 1	NO <input type="checkbox"/> 0
10.3) Data on progress made in implementing IYCF programme and activities are routinely or periodically collected at the sub national and national levels.	YES ✓ 3	NO <input type="checkbox"/> 0
10.4) Data/information related to IYCF programme progress are reported to key decision-makers.	YES ✓ 1	NO <input type="checkbox"/> 0
10.5) Infant and young child feeding practices data is generated at least annually by the national health and nutrition surveillance system, and/or health information system.	YES ✓ 3	NO <input type="checkbox"/> 0
Total Score	<u>10/10</u>	

Additional Information

Please share challenges being faced at national level, and solutions offered for monitoring the infant and young child feeding practices.

From 2011 to till date BBF has been conducted the IYCF activities of NNS all over the country and a continuous monitoring of these activities and collection of data on IYCF indicators is also being done by BBF through a monitoring team. All 64 districts 414 Upazila and a total 800 CC from all over the Bangladesh currently under work and observations of BBF. With the Civil Surgeon (CS) office for the establishment of BMS Act-2013 and to detect the violation. In District Sadar Hospitals, Medical College Hospitals, Private hospitals & clinics and Mother & Child welfare centers (MCWC) for the activation and sustainability of BFHI. Training in community clinic to form mother support group (MSG) followed by the courtyard sessions in the respected communities of eight divisions.

On the other hand though the exclusive breastfeeding 0-6 months, counselling on Complementary Feeding (CF) are being collected monthly from the health facilities through the national HMIS from national and subnational level, the main challenges is to monitor early Initiation of Breastfeeding within an hour, continued breastfeeding, complementary feeding and

adequacy of Complementary Feeding as this data are not available in health facility/not reported to HMIS. There is an activity named Orientation Program on IYCF: courtyard session on homemade complementary feeding under the OP of NNS however the activity is not monitored. Establish a monitoring system of all the indicators of IYCF practices for both community and health facility level might be established to the improvement of the practices nationally.

Information Sources Used

1. Operation Plan of NNS (2011-2016). (**Criteria 10.1, 10.2**)
(<https://www.unicef.org/bangladesh/sites/unicef.org.bangladesh/files/2018-10/NNS%20OP%202011-2016.pdf>)
2. Operation Plan of NNS (2017-2022) (**Criteria 10.1, 10.2**)
3. Bangladesh Health and Demographic Survey (BDHS) 2017-18. (**Criteria 10.4 and 10.5**)
(<https://www.dhsprogram.com/pubs/pdf/PR104/PR104.pdf>)
4. Real Time Health Information Dashboard of DGHS. (**Criteria 10.3, 10.4 and 10.5**)
(<http://103.247.238.92/webportal/pages/>)

Conclusions (*Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis*):

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.

Under the department called Management Information System (MIS), DGHS, MOH&FW, the health workforce in the entire health sector from national to the sub-national and grassroots community is digitally connected to interact in real time with robust national databases. The one of the objectives of this section is to improve existing health information system and eHealth through Strengthen monitoring and evaluation (M&E) processes for the sector-wide program including IYCF programme through effective utilization of evidences available from all possible sources (routine data, surveillance, CRVS, survey, research, etc.). The MIS Unit manages health service information from community to the central level through 3 sections- 1. Health Information System, 2. eHealth section, and 3. Medical Biotechnology section (MBT).¹⁹

This system provides the basic information for planning, monitoring, and evaluation of the health system at all levels. The department ensure the monitoring and evaluation of IYCF programme, monitoring and MIS data in the planning and management process of IYCF programme following some innovative activities were conducted on a regular or ad-hoc basis such as-

- **Online Local Health Bulletins-** the Automated Local Health Bulletins were updated every month. Almost all health facilities under the DGHS—from community clinics to the specialized hospitals—produced the bulletins. The bulletins contain indicator wise aggregated information,
- **District Health Information Software2-** Data ranging from community clinics to tertiary level health facilities and programs are being flown to the national HMIS through this

¹⁹ [https://dghs.gov.bd/images/docs/Publicaations/Health%20Bulletin%202019%20Print%20Version%20\(2\)-Final.pdf](https://dghs.gov.bd/images/docs/Publicaations/Health%20Bulletin%202019%20Print%20Version%20(2)-Final.pdf)

software. More than 90% of the government health facilities are using DHIS2 for reporting their routine health service data.

- **Real-time Online Dashboard on Health Information-** Through this dashboard, information on routine health service data and survey data can be viewed. Also, data on almost all activities can be shown through this dashboard.²⁰

Though the system is well designed and adequate but all the IYCF indicators are not covered and separately done. Further investment and designed needs to carry out. Furthermore the sub-sequential monitoring system is absent and indicator wise budget allocation for this might be one of the solution.

Gaps:

1. IYCF indicators are being monitored through DHS2, DGHS though a separate monitoring couldn't be done through the existing system done.

Recommendations:

1. More IYCF indicators to be included if possible in the current DHS2.

²⁰ [https://dghs.gov.bd/images/docs/Publications/Health%20Bulletin%202019%20Print%20Version%20\(2\)-Final.pdf](https://dghs.gov.bd/images/docs/Publications/Health%20Bulletin%202019%20Print%20Version%20(2)-Final.pdf)

Indicator 11: Initiation of Breastfeeding (within 1 hour)

Key question: What is the percentage of newborn babies' breastfed within one hour of birth?

Assessment

Indicator 11: Initiation of Breastfeeding (within 1 hour)	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	<i>Please enter your country data in %</i>	<i>Colour-rating</i>
	0.1-29%		Red
	29.1-49%		Yellow
	49.1-89%	69%	Blue
	89.1-100%		Green

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2017-18
(<https://dhsprogram.com/pubs/pdf/PR104/PR104.pdf>) (Page-36)

Additional Information

Please provide information on use of pre-lacteal feeds, use of formula during stay in health facility, with specific challenges in cesarean section delivery, or any other relevant information you want to share in the report.

Percentage of babies' breastfed within one hour of birth is 69%. This data has been obtained from Bangladesh Demographic and Health Survey (BDHS) 2017-18.

The 2017-18 BDHS collected data on infant feeding for the youngest children under 2 who were living with their mother using a 24-hour recall period (yesterday and last night). According to the report, 5.4% children of 0 to 1 months consume breastmilk and water only, 0.5% (0 to 1 months) consumed breastmilk with nonmilk liquid (juice, juice drinks or other liquid) and 9.1% (0 to 1 months) consumed breastmilk with other milk.

In BFHS 2017-18, there is no separate data regarding pre-lacteal feeding and use formula during hospital staying period.

Indicator 12: Exclusive Breastfeeding under 6 months

Key question: What is the percentage of infants less than 6 months of age who were exclusively breastfed²⁹ in the last 24 hours?

Assessment

Indicator 12: Exclusive Breastfeeding under 6 months	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	<i>Please enter your country data in %</i>	<i>Colour-rating</i>
	0.1-11%		Red
	11.1-49%		Yellow
	49.1-89%	65%	Blue
	89.1-100%		Green

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2017-18
<https://dhsprogram.com/pubs/pdf/PR104/PR104.pdf> (Page-46)

Additional Information

Please provide information on cultural use supplements during this period, challenges to achieve exclusivity, or any other relevant information you want to share in the report.

Sixty-five percent of infants under age 6 months are Exclusively Breastfed (EBF) who are living with their mother. The proportion of children under 6 months exclusively breastfed in 2017 is remarkably higher than that reported in 2014 (55%). During the 0 to 6 months of the baby mostly the baby was given breastmilk and plain water only or nonmilk liquid (i.e juice, juice drinks, or other liquids) or other milk or complementary foods (solids and semisolids).

Challenges:

1. 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 13: Median Duration of Breastfeeding

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

Assessment

Indicator 13: Median Duration of Breastfeeding	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	<i>Please enter your country data in months</i>	<i>Colour-rating</i>
	0.1-18 Months		Red
	18.1-20 ''		Yellow
	20.1-22 ''		Blue
	22.1-24 or beyond ''	4.1 months	Green

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2017-18. [FR344] (<https://dhsprogram.com/pubs/pdf/FR344/FR344.pdf>) (Page-181)

Additional Information

The median duration of breastfeeding among Bangladesh babies is estimated at 4.1 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?

Assessment

Indicator 14: Bottle-feeding (0-12 months)	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	<i>Please enter your country data in %</i>	<i>Colour-rating</i>
	29.1-100%		Red
	4.1-29%	17%	Yellow
	2.1-4%		Blue
	0.1-2%		Green

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2017-18. [FR344] (<https://dhsprogram.com/pubs/pdf/FR344/FR344.pdf>) (Page- 190, Table 11.3)

Additional Information

Please provide information if bottle feeding is on the rise and is that related to advertising etc or any other relevant information on bottle –feeding may be useful.

Bottle feeding is common in Bangladesh. According to the BDHS 2017-18, 18.9 percent of children aged 4-5 months, 22.1 percent of infants aged 6-8 months and 19.4 percent of infants aged 9-11 months are fed with a bottle with and nipple. There is increased in the rate of bottle feeding from 2014 (14%) to 2017-18 (17%). The adverse and tricky marketing of Breast Milk Substitute (BMS) products is remains the main concern for increase rate.

Indicator 15: Complementary Feeding (6-8 months)

Key question: Percentage of breastfed babies receiving complementary foods at 6-8 months of

Assessment

Indicator 15: Complementary Feeding (6-8 months)	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	<i>Please enter your country data in %</i>	<i>Colour-rating</i>
	0.1-59%	34%	Red
	59.1-79%		Yellow
	79.1-94%		Blue
	94.1-100%		Green

Data Source (including year): Bangladesh Health and Demographic Survey (BDHS) 2017-18, Key indicators. (<https://www.dhsprogram.com/pubs/pdf/PR104/PR104.pdf>) (Page 42-summary and Figure 6.3, page 48)

Additional Information

Please provide information on the adequacy and quality of complementary feeding e.g. minimum acceptable diet of children 6-23 months, dietary diversity or consumption of iron-rich foods? This will be useful addition to the report to advocate from improved feeding practices.

Overall, 34% of children age 6–23 months are fed appropriately according to recommended IYCF practices; that is, they are given milk or milk products and foods from the recommended number of food groups and are fed at least the recommended minimum number of times. Overall, infant and child feeding practices have improved considerably from the 2014 level (23%). This improvement has occurred across all wealth quintiles. The 4 th HPNSP aims to ensure that 45% of children age 6–23 months will consume appropriate foods by 2022 according to recommended IYCF practices.

Inadequate Campaign & Communication to parents on need of timely introduction of complementary feeding and less resource is allocated to improve the BCC on complementary feeding are remains barriers of complementary feeding practices.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Governance and Funding	7
2. Baby Friendly Hospital Initiative /Ten Steps to Successful Breastfeeding	8
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	9
4. Maternity Protection	8.5
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	9
6. Counselling Services for the Pregnant and Breastfeeding Mothers	10
7. Accurate and Unbiased Information Support	10
8. Infant Feeding and HIV	10
9. Infant and Young Child Feeding during Emergencies	10
10. Monitoring and Evaluation	10
Total Country Score	91.5

Guidelines for WBTi

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

Scores	Total Country Score	Colour-coding
0 – 30.9		Red
31 – 60.9		Yellow
61 – 90.9		Blue
91 – 100	91.5	Green

Conclusions (Summarize the achievements on the various programme components, what areas still need further work)²¹:

1. Improved in policy areas specially on maternity protection
2. Program execution on IYCF is not evaluated & monitored
3. Resource Allocation
4. IYCF practices on Complementary feeding and
5. BMS Act implementation

²¹ 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	Colour-coding
Indicator 11: Initiation of Breastfeeding (within 1 hour)	<u>69</u> %	Blue
Indicator 12: Exclusive Breastfeeding under 6 months	<u>65</u> %	Blue
Indicator 13: Median Duration of Breastfeeding	<u>4.1</u> months	Green
Indicator 14: Bottle-feeding (0-12 months)	<u>17</u> %	Yellow
Indicator 15: Complementary Feeding (6-8 months)	<u>34</u> %	Red

Conclusions

(Summarise the achievement on policy and programme and identify key gaps. Here analyse the gaps with the core group and provide a summary of what needs to be done to bridge the gaps. Also include analysis of the 5 IYCF practices and its colour coding. Summarise which infant and young child feeding practices are good and which need improvement and why, any further analysis needed.)

A list of recommendations for your health and nutrition managers and policy makers, keeping in mind the gaps you have on policy & programmes.)

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 Bangladesh in 2005 and after every 3 years reassessments in 2008, 2012 and 2015 has done and came out with the score on 90.5 out of 150, 87 out of 150, 107.5 out of 150 and 123 out of 150 respectively. 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. Allocation of fund in every indicator has increased and the substantial improvement is being observed on IYCF policy, maternity protection, Baby Friendly hospital initiative, implementation of BMS act etc. Moreover, the linkage of the Operation Plan (OP) of NNS, with MNC&AH, MCRH and other relevant OPs has been established to ensure and implement IYCF care through health facilities and community based approaches.

Following key gaps are analysed by the core group-

Key Gaps:

1. Though the District National Nutrition Committee (DNNC) and Upazilla Nutrition Committee (UNC) meeting held regularly, the National Breastfeeding Committee meeting is not held regularly.
2. Action plan needs to be executed fully aligned with the policy.
3. Although funds were allocated in timely release and utilisation was challenging.
4. Regular monitoring system is absent.
5. Assessment and revitalization is inadequate.
6. Resource (human and financial) limitation
7. Regular monitoring system is absent.
8. Law enforcement is weak.
9. Guideline for Maternity Protection is absent in MOHFW and other relevant ministries.
10. No legislation for informal sector.
11. Lack of awareness/initiative/coordination on the importance of Maternity Protection in private sector.
12. Practice gap is in Govt. sector also.
13. Not fully implemented
14. Gap of support in distant places

15. Regular monitoring system is absent.
16. Lack of regular monitoring system.
17. Less awareness of the community members and health workers.
18. Insufficient counselling & follow up reports on HIV.
19. Routine availability of VCCT to risk/couple- less dissemination–less awareness.
20. Regular coordination with relevant ministries is absent.
21. Lack of trained workforce.
22. IYCF monitoring is not separately done.

Inappropriate child feeding and nutrition practices are the primary cause of childhood malnutrition. Formula milk or breast-milk substitute is a widespread alternative option for child feeding which partially or totally replaces breastfeeding resulted adverse health outcomes. The breastfeeding practice in Bangladesh is not at the expected level. Yet work needs to further improvement in all indicators of Breastfeeding. The percentage of complementary feeding is far below the expected level on 34% gets acceptable diet and the bottle feeding rate is 17% much higher than the expected level. NPAN 2 targets at least 40% children to get minimum acceptable diet (MAD) for 6-23 months old children. To achieve the SDGs by the year 2030 a sustainable approach as complementary feeding awareness building program in Bangladesh should be given the highest priority. This needs to be highly emphasized on separate policy, guideline, and country wise crash program and resource allocation on Complementary Feeding. BMS Act implementation and monitoring is also strongly needed. This in turn will improve the nutritional status, dietary diversity; reduce the morbidity as well as mortality among the infants and young children of Bangladesh.

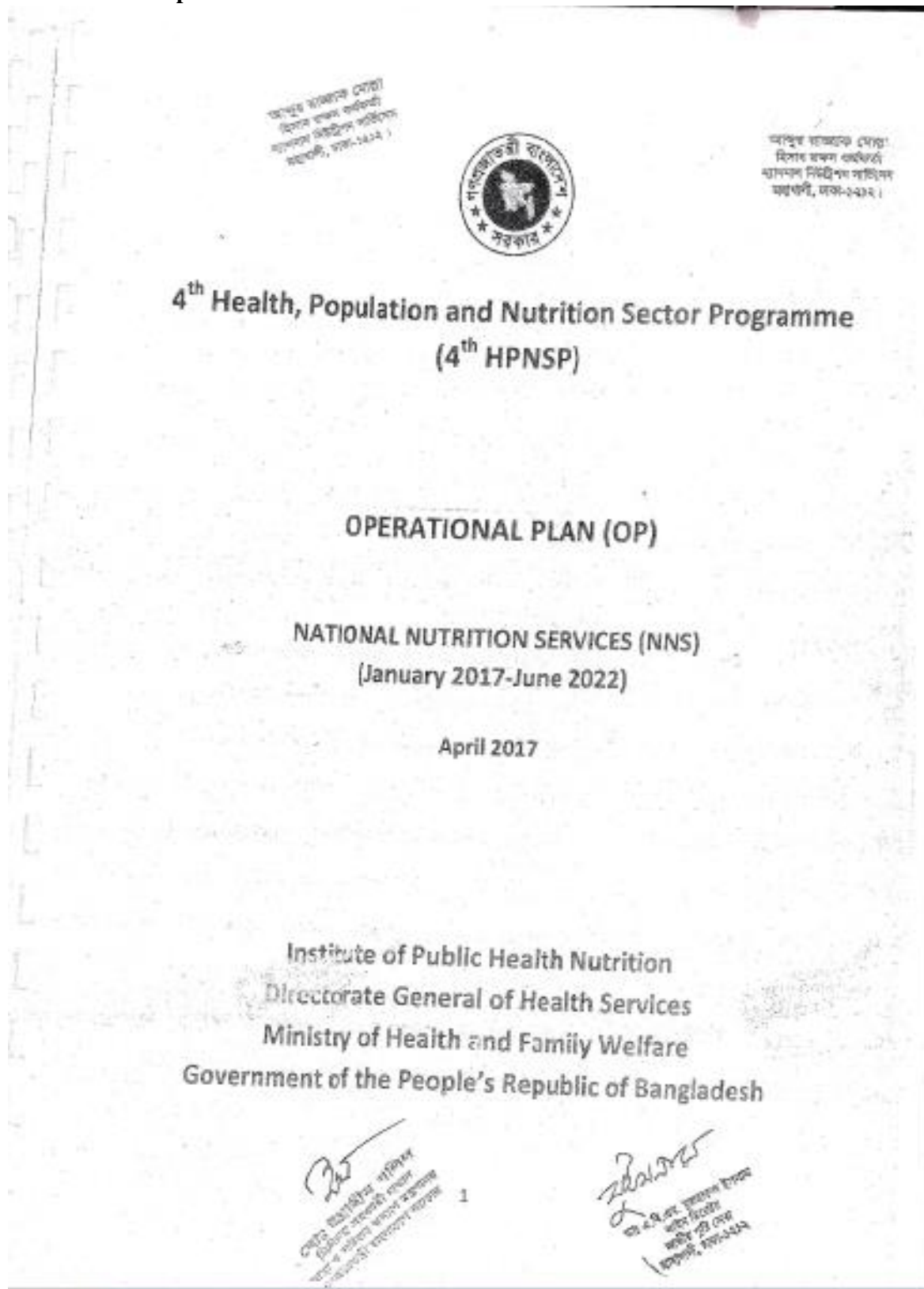
A list of recommendations for your health and nutrition managers and policy makers are listed below-

1. Need to regulate the activities e.i. committee meeting of National Breastfeeding Committee.
2. Need to increase funding in the Operational Plan (OP)/on specific line items of relevant Ministries.
3. Need to establish a regular assessment and reassessment system in government program/project/activity.
4. Ensure appropriate resource allocation and utilization
5. Monitoring needs to be strengthen and stable in government system
6. Law enforcement should be strict & strengthened.
7. A guideline need to prepare for Maternity Protection for Government and Private Sector in align with all relevant Ministries.
8. Paternity leave need to be considered for both Govt. and Private Sector.
9. Private sector leave should be ensured.
10. Need to strengthen the program and policy on Mother Support Group (MSG).
11. In emergency situation like COVID 19, ANC and PNC counselling through telephonic message and online (video and audio) should be initiated through relevant department/organizations.
12. All communication information should be promoted equally through social media and online platform.

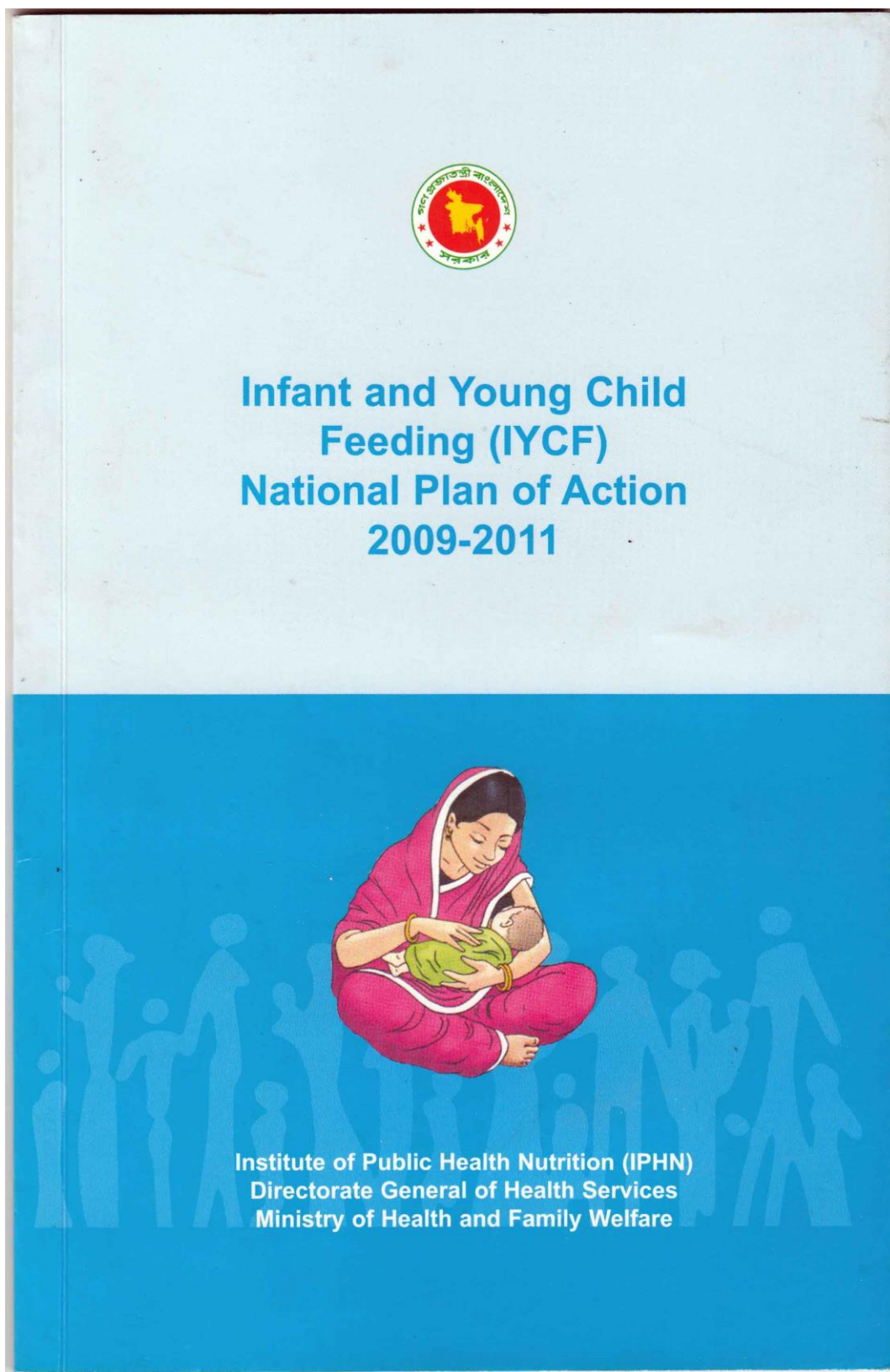
13. Involvement of religious leaders.
14. Need to include risk of powder milk and use of bottle, teat etc. during COVID 19 and disseminated through social media and online platform partners.
15. All Media and Strategic Govt. and non Govt. administration should be used for dissemination of IYCF information & practices.
16. Need to strengthen the program and implementation.
17. Intervention should be monitored.
18. Need to strengthen the coordination system within the relevant ministries.
19. Regular training program should be arranged widely and specially in the disaster prone area.
20. The message need to convey to the international bodies like red cross of Bangladesh or other donor agencies about the BMS Act 2013 that, “It has restricted to donate/provide any BMS, baby food, commercially produced complementary food and accessories to rescue for children and mother.
21. BMS Act 2013 and its rules 2017 should be disseminated to relevant ministries.
22. Separate monitoring system to see the IYCF situation should be established.

Annex

Annexure 1: NNS operation Plan 2017-2022.



Annexure 2: 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 dev/updated developed						200	300	
2. Developing a training plan on IYCF	2. A training plan prepared	IPHN, NNP, BRAC, ICMH, BBF, ICDDRDB	HNPSP, UNICEF, MI, WHO,		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, ICDDRDB	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, ICDDRDB	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 counseling 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	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 professionals and media.	A reporting system in place, reports available	IPHN, BBF, CAB	HNPSP		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	700	700

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

Annexure 3: The national breastfeeding (infant and young child feeding) committee.

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
জনস্বাস্থ্য-২ অধিদপ্তর

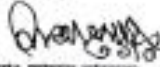
নং: ৪৫.১৫১.১২৩.০০.০০.০০২.২০১০- ৩৮

তারিখ: ৩১.১.২০১৬ খ্রিঃ

প্রজ্ঞাপন

শিশুদের স্বাস্থ্য পান, উপযুক্ত সম্পূর্ণ খাবার ও মাতৃপুষ্টি সম্পর্কে কার্যক্রম জোরদার করণ লক্ষ্যে গণপ্রজাতন্ত্রী বাংলাদেশ সরকার নিম্নলিখিত সদস্য সমন্বয়ে National Breastfeeding Committee কমিটি গঠন করিল:

১. সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়	সভাপতি
২. অতিরিক্ত সচিব (জনস্বাস্থ্য ও বিশ্বস্বাস্থ্য), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়	সদস্য
৩. মহাপরিচালক, স্বাস্থ্য অধিদপ্তর	সদস্য
৪. মহাপরিচালক, পরিবার পরিকল্পনা অধিদপ্তর	সদস্য
৫. প্রতিনিধি, মহিলা ও শিশু বিষয়ক মন্ত্রণালয় (যুগ্মসচিবের নীচে নয়)	সদস্য
৬. প্রতিনিধি, বাণিজ্য মন্ত্রণালয় (যুগ্মসচিবের নীচে নয়)	সদস্য
৭. প্রতিনিধি, আইন মন্ত্রণালয় (যুগ্মসচিবের নীচে নয়)	সদস্য
৮. প্রতিনিধি, অর্থ বিভাগ (যুগ্মসচিবের নীচে নয়)	সদস্য
৯. প্রতিনিধি, কৃষি মন্ত্রণালয় (যুগ্মসচিবের নীচে নয়)	সদস্য
১০. প্রতিনিধি, শিক্ষা মন্ত্রণালয় (যুগ্মসচিবের নীচে নয়)	সদস্য
১১. প্রতিনিধি, স্থানীয় সরকার বিভাগ (যুগ্মসচিবের নীচে নয়)	সদস্য
১২. যুগ্মপ্রধান, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়	সদস্য
১৩. পরিচালক, কমিউনিটি ক্লিনিক	সদস্য
১৪. পরিচালক, জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান ও লাইন ডাইরেটর, জাতীয় পুষ্টি সেবা-----	সদস্য সচিব
১৫. চেয়ারপারসন, বাংলাদেশ প্রেসিডেন্সি ফাউন্ডেশন	সদস্য
১৬. প্রতিনিধি, বিশ্বস্বাস্থ্য সংস্থা	সদস্য
১৭. প্রতিনিধি, ইউনেস্কো	সদস্য
১৮. সেশীয় এনজিও প্রতিনিধি-১ জন	সদস্য
১৯. আঞ্চলিক এনজিও প্রতিনিধি- ১জন	সদস্য
২০. প্রতিনিধি, বিজিএমইএ-	সদস্য
২১. প্রতিনিধি, এফবিসিসিআই-	সদস্য
২২. প্রতিনিধি, বিএমএ- Bangladesh Medical Association	সদস্য
২৩. প্রতিনিধি, বিপিএ- Bangladesh Paediatric Association	সদস্য
২৪. প্রতিনিধি, বিপিএস- Bangladesh pharmaceutical society	সদস্য
২৫. প্রতিনিধি, বিএনএফ- Bangladesh Neonatal Forum	সদস্য
২৬. প্রতিনিধি, ওজিএসবি- Obstetrical and Gynecological Society of Bangladesh	সদস্য
২৭. প্রতিনিধি, বিপিএমপিএ- Bangladesh Private practitioners Association.	সদস্য


(মোঃ আব্দুল হালেক)
যুগ্মসচিব
ফোন: ৯৫১৫৫৫১

বিকল্প (জ্যেষ্ঠতার ক্রমানুসারে নয়):

- ১। সিনিয়র সচিব/সচিব, মহিলা ও শিশু বিষয়ক মন্ত্রণালয় (যুগ্মসচিব মর্যাদার একজন প্রতিনিধি মনোনয়নের অনুরোধ সহ)
- ২। সিনিয়র সচিব/সচিব, বাণিজ্য মন্ত্রণালয় (যুগ্মসচিব মর্যাদার একজন প্রতিনিধি মনোনয়নের অনুরোধ সহ)
- ৩। সিনিয়র সচিব/সচিব, আইন মন্ত্রণালয় (যুগ্মসচিব মর্যাদার একজন প্রতিনিধি মনোনয়নের অনুরোধ সহ)
- ৪। সিনিয়র সচিব/সচিব, অর্থ বিভাগ (যুগ্মসচিব মর্যাদার একজন প্রতিনিধি মনোনয়নের অনুরোধ সহ)
- ৫। সিনিয়র সচিব/সচিব, কৃষি মন্ত্রণালয় (যুগ্মসচিব মর্যাদার একজন প্রতিনিধি মনোনয়নের অনুরোধ সহ)
- ৬। সিনিয়র সচিব/সচিব, শিক্ষা মন্ত্রণালয় (যুগ্মসচিব মর্যাদার একজন প্রতিনিধি মনোনয়নের অনুরোধ সহ)
- ৭। সিনিয়র সচিব/সচিব, স্থানীয় সরকার বিভাগ (যুগ্মসচিব মর্যাদার একজন প্রতিনিধি মনোনয়নের অনুরোধ সহ)
- ৮। মহাপরিচালক, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।
- ৯। মহাপরিচালক, পরিবার পরিকল্পনা অধিদপ্তর
- ১০। যুগ্মপ্রধান, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

E-F-30LETTER.doc

Annexure-4: Copy of Letters on monitored and violations reported to concerned agencies

- a. Mobile court arranged by District commissioner Barisal and IPHN, DDH Barisal, CS and City Corporation, BBF in Barisal sadar and gave penalty for 10,000 BDT. TK



Mobile court was ongoing at 14 October, 2019 in Khulna sadar by executive magistrate



- a. Mobile court arranged by District commissioner Khulna and IPHN, DDH Khulna, CS and City Corporation, BBF in Khulna sadar and gave penalty



Mobile court was ongoing at 17th October, 2019 in Khulna sadar by executive magistrate Mijanur Rahman

for 30,000 BDT. TK.



Annexure-5: Copy of Letters on Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions.

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
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স্মারক নং- ০৫.১০.০৬০০.১১৫.৫৭.০০৭.২০১৯(অংশ-১)- ২৬৬

তারিখ: ২৬ কার্তিক ১৪২৬
১১ নভেম্বর ২০১৯


বিষয়ঃ স্বাস্থ্যসেবা বা ঔষধ বিক্রয় কেন্দ্র ব্যবহার করে শিশুখাদ্যের বিজ্ঞাপন প্রচার না করা।

সূত্রঃ বাংলাদেশ ব্রেস্টফিডিং ফাউন্ডেশন এর ১৭/১০/২০১৯ খ্রিঃ তারিখের আবেদন।

উপর্যুক্ত বিষয়ের আলোকে জানানো যাচ্ছে যে, মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য বা উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রন) আইন, ২০১৩ এর ধারা ৪ অনুসারে স্বাস্থ্যসেবা কেন্দ্র বা ঔষধ বিক্রয় কেন্দ্র ব্যবহার করে মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদির আমদানি, স্থানীয়ভাবে উৎপাদন, বিপণন, বিক্রয় বা বিতরণের উদ্দেশ্যে কোন বিজ্ঞাপন মুদ্রণ, প্রদর্শন, প্রচার বা প্রকাশ করা যাবে না। বাংলাদেশ ব্রেস্ট ফিডিং ফাউন্ডেশন সূত্রোক্ত পত্র (ছায়ালিপি সংযুক্ত) মারফত এ বিষয়ে ব্যবস্থা গ্রহণের জন্য অত্র অফিসে আবেদন জানিয়েছেন।

(২) এমতাবস্থায়, সংশ্লিষ্ট আবেদনের আলোকে উল্লিখিত আইনের প্রতি শ্রদ্ধাশীল থেকে মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদির আমদানি, স্থানীয়ভাবে উৎপাদন, বিপণন, বিক্রয় বা বিতরণের উদ্দেশ্যে কোন বিজ্ঞাপন মুদ্রণ, প্রদর্শন, প্রচার বা প্রকাশ করার উদ্দেশ্যে কোন ব্যক্তি বা প্রতিষ্ঠান যাতে স্বাস্থ্য সেবা কেন্দ্র বা ঔষধ বিক্রয় কেন্দ্র ব্যবহার করতে না পারে সে বিষয়ে প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য অনুরোধ করা হলো।

সংযুক্তিঃ ০১ (এক) ফর্দ।


তাহমিদুল কামরান পাভেল
অতিরিক্ত জেলা প্রশাসক (সার্বিক)
বরিশাল।

ফোনঃ ০৪৩১-৬৪৯৫৯

- ০১। পরিচালক, শের-ই-বাংলা মেডিকেল কলেজ ও হাসপাতাল, বরিশাল।
০২। পুলিশ কমিশনার, বরিশাল মেট্রোপলিটন পুলিশ, বরিশাল।
০৩। সিভিল সার্জন, বরিশাল।
০৪। পুলিশ সুপার, বরিশাল।
০৫। বিজ্ঞ অতিরিক্ত জেলা ম্যাজিস্ট্রেট, বরিশাল।
০৬। উপজেলা নির্বাহী অফিসার (সকল).....বরিশাল।
০৭। উপ-পরিচালক, পরিবার পরিকল্পনা অধিদপ্তর, বরিশাল।
০৮। উপ-পরিচালক, ঔষধ প্রশাসন অধিদপ্তর, বরিশাল।

অনুলিপিঃ জ্ঞাতার্থে ও কার্যার্থেঃ

- ০১। সহকারী কমিশনার, গোপনীয় শাখা, জেলা প্রশাসকের কার্যালয়, বরিশাল (জেলা প্রশাসক, বরিশাল মহোদয়ের সদয় অবগতির জন্য)।
০২। সিনিয়র প্রোগ্রাম অফিসার, ডিভিশনাল কোঅর্ডিনেটর(ইন-চার্জ), বরিশাল বিভাগ, বাংলাদেশ ব্রেস্টফিডিং ফাউন্ডেশন (বি বি এফ)।

Additional District Magistrate of Barisal District gave instruction to all concern people to take necessary action against BMS product promotion in health facilities and pharmacy.

Annexure-6: Evidence on The best approach is being considered.

Activate W
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গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
বিভাগীয় কমিশনারের কার্যালয়
রাজশাহী বিভাগ, রাজশাহী
(সাধারণ শাখা)
www.rajsahidiv.gov.bd

স্মারক নং- ০৫.৪৩.০০০০.০১২.২৫.০১৫.১৯. ২৪০৫ তারিখ : ২৪/১২/২০১৯ খ্রি.

বিষয়: মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রণ) আইন, ২০১৩ ও এর বিধিমালা ২০১৭ এর পরিপন্থি মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য এবং উহা ব্যবহারের সরঞ্জামাদি বিপণনের বিরুদ্ধে ব্যবস্থা গ্রহণ

উপর্যুক্ত বিষয়ে প্রোগ্রাম ম্যানেজার ও ডিভিশনাল কো-অর্ডিনেটর, রাজশাহী বিভাগ, বাংলাদেশ ব্রেস্ট ফিডিং ফাউন্ডেশন মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রণ) আইন, ২০১৩ ও এর বিধিমালা ২০১৭ অনুযায়ী নিবন্ধনবিহীন পণ্য বিপণনের বিরুদ্ধে প্রয়োজনীয় আইনানুগ ব্যবস্থা গ্রহণের অনুরোধ জানিয়ে এ কার্যালয়ে আবেদন করেছেন।

এমতাবস্থায়, মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রণ) আইন, ২০১৩ ও এর বিধিমালা ২০১৭ অনুযায়ী নিবন্ধনবিহীন মাতৃদুগ্ধের বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য বিপণনের বিরুদ্ধে প্রয়োজনীয় আইনানুগ ব্যবস্থা গ্রহণের জন্য নির্দেশক্রমে অনুরোধ করা হলো।

মো: সৈকত ইসলাম
সিনিয়র সহকারী কমিশনার
ফোন : ০৭২১-৭৭২৯৮৭
e-mail: generalsection012@gmail.com

জেলা প্রশাসক
রাজশাহী/ নাটোর/ নওগাঁ/ চাঁপাইনবাবগঞ্জ
পাবনা/ সিরাজগঞ্জ/ বগুড়া/ জয়পুরহাট

অনুলিপি: জ্ঞাতার্থে:
ডিভিশনাল কো-অর্ডিনেটর
রাজশাহী বিভাগ
বাংলাদেশ ব্রেস্ট ফিডিং ফাউন্ডেশন

Divisional Commissioner Rajshahi gave office order to all district of Rajshahi to arrange mobile court for BMS act -2013 & its rules-2017 violation.

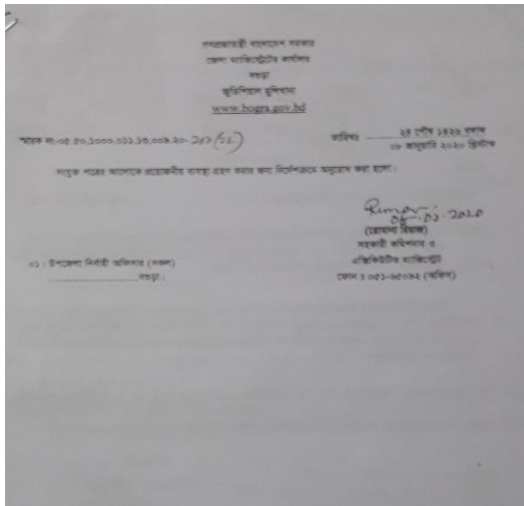


Figure: Additional District Magistrate, Bogura gave instruction to all concern people to take necessary action against

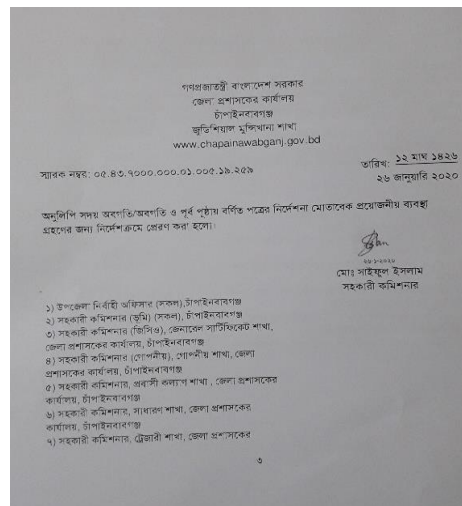


Figure: Additional District Magistrate, Chapai Nababgonj gave instruction to all concern people to take necessary action against BMS product.

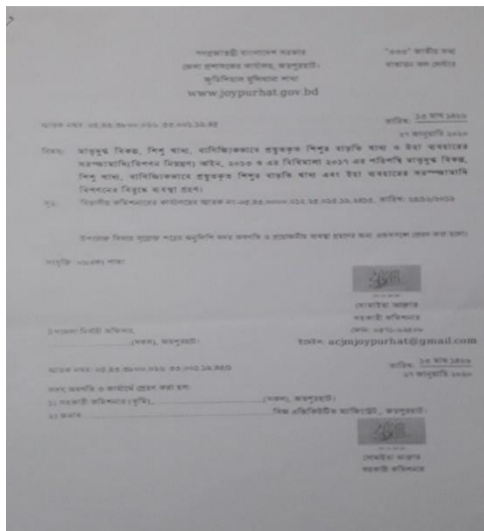


Figure: Additional District Magistrate, Joypurhat gave instruction to all concern people to take necessary action against BMS product.

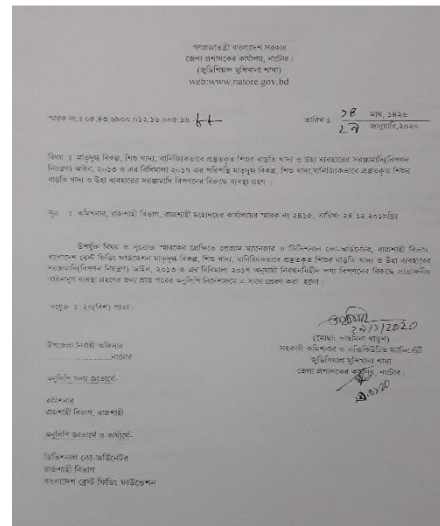


Figure: Additional District Magistrate, Natore gave instruction to all concern people to take necessary action against BMS product.

Annexure-7: Violation reported and take action

UJJAL KUMAR ROY

Advocate

Supreme Court of Bangladesh

Chamber : Room # 4028, Annex Building, Bangladesh Supreme Court Bar Association, Dhaka and 16, Court House Street, Kotwali, Dhaka-1100.

Evening Chamber : Shahjahan & Associates, 25/A, Indira Road, Farmgate, 3rd Floor, Tejgaon, Dhaka-1215. Cell : 01716-346451, 01911-771493

Ref :

Date: 21.05.18

To

1. Secretary, Ministry of Health and Family Welfare Affairs , Bangladesh Secretariat , Dhaka
2. Chairman, National Advisory Committee মাতৃ দুগ্ধ বিকল্প, শিশুখাদ্য, বণিজ্যিকভাবে প্রস্তুতকৃত শিশুর খাদ্যের উচ্চ ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রণ) আইন, ২০১০, Ministry of Health and Family Welfare Affairs , Bangladesh Secretariat , Dhaka
3. Secretary, Ministry of Women and Children Affairs, Bangladesh Secretariat, Dhaka
4. Secretary, Ministry of Commerce, Bangladesh Secretariat, Dhaka
5. Director, Institution of Public Health Nutrition (IPHN), Mohakhali, Dhaka
6. Abul Khair Consumers, represented by its Managing Director, House No-75 (new) Road No-9/A, Dhanmondi R/A Dhaka

Subject: Notice Demanding Justice

Dear Sir/s

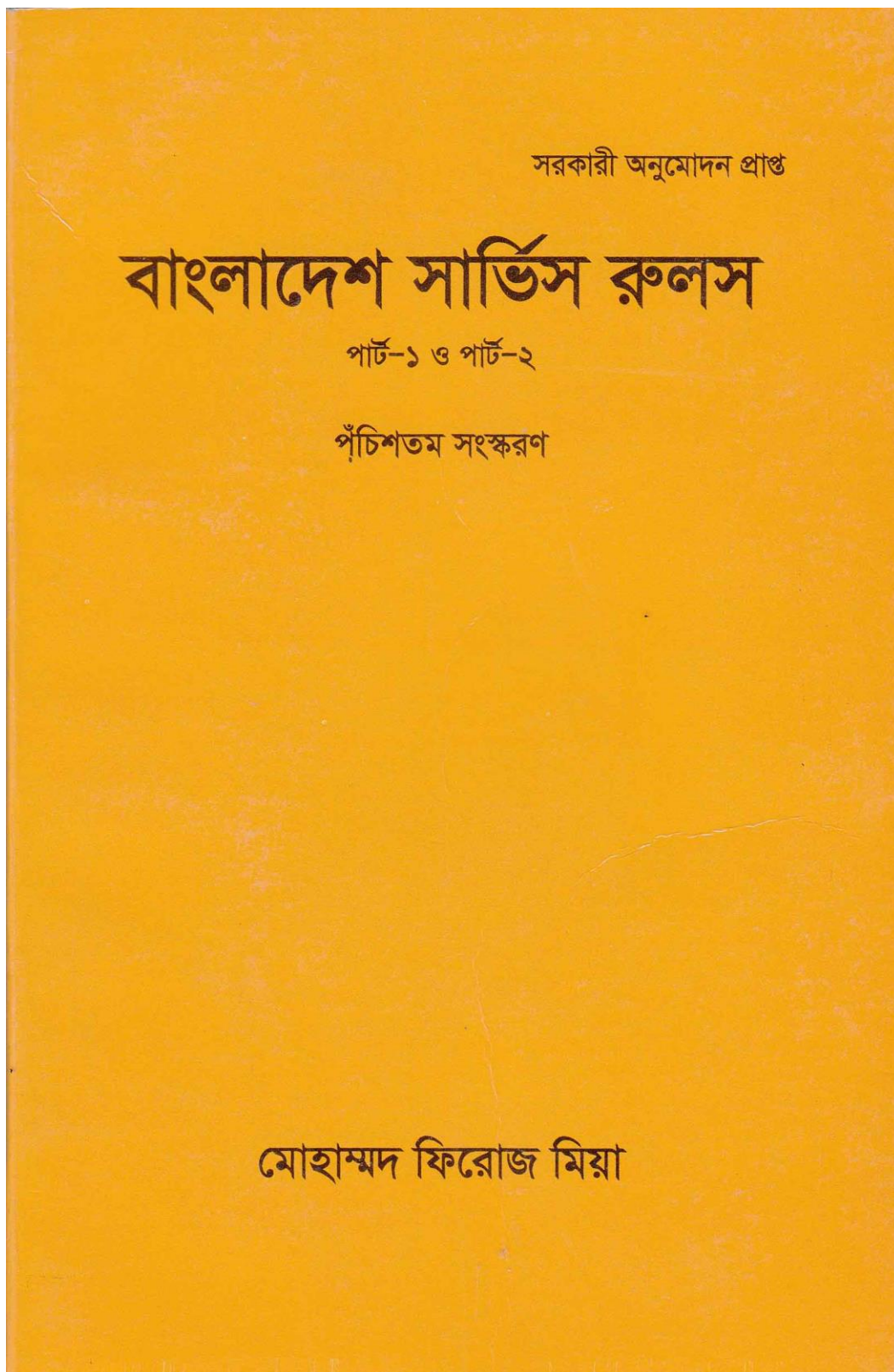
We write on behalf of Bangladesh Breastfeeding Foundation (BBF) represented by its Director, Mohakhali, Dhaka to address you as under

1. That the Notice Receiver No-6 Abul Khair Consumers, is importing, manufacturing and marketing various Breast milk Substitutes, Infant Foods in Bangladesh including MARK full cream milk powder, MARK Active Schools, MARK young star, Endo Milk etc in the name of substitute of breast milk and infant's food
2. That the government of Bangladesh enacted a law under title মাতৃদুগ্ধ বিকল্প, শিশুখাদ্য, বণিজ্যিকভাবে প্রস্তুতকৃত শিশুর খাদ্যের উচ্চ ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রণ) আইন, ২০১০ to control any offer, discount and publicity of breast milk substitutes and infants food. Section 4 of the said law is as follows

81 (3)

কোন ব্যক্তি মাতৃ দুগ্ধ বিকল্প, শিশুখাদ্য, বণিজ্যিকভাবে প্রস্তুতকৃত শিশুর খাদ্যের উচ্চ ব্যবহারের সরঞ্জামাদির আমদানি, স্থানীয়ভাবে উৎপাদন, বিপণন, বিক্রয় বা বিতরণের উদ্দেশ্যে কোন বিজ্ঞাপন মুদ্রণ, প্রদর্শন, প্রচার বা প্রকাশ করিবেন না বা অনুরূপ কোন কাজে নিজেদের নিয়োজিত করিবেন না।

Annexure 8: 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 earlier.

(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.

১৬৬ বাংলাদেশ সার্ভিস রুলস

(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 continuation 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।

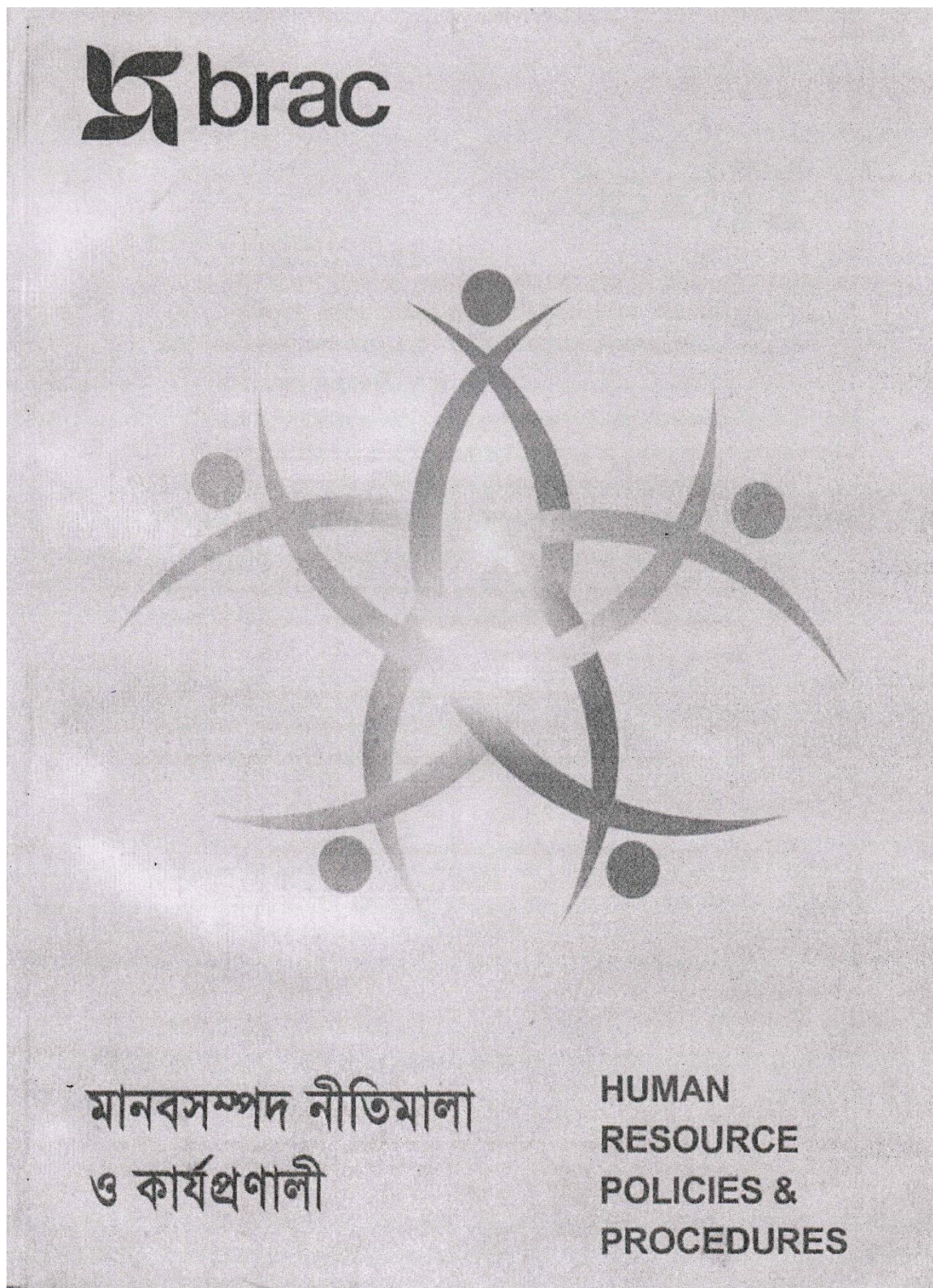
বিশ্লেষণ: (২) অর্থ মন্ত্রণালয়ের অর্থ বিভাগের প্রবিধি শাখা-২ এর প্রজ্ঞাপন এস, আর, ও নং ১৮৬ অম/অবি/প্রবি-২/ছুটি-৩/২০০১, তারিখ: ৯ জুলাই, ২০০১/ ২৫ আষাঢ়, ১৪০৮ দ্বারা উপ-বিধি-(১) এর পরিবর্তে উপ-বিধি-১, (১এ) ও (১বি) প্রতিস্থাপন করা হয়। পরবর্তী পর্যায়ে এস, আর, ও নং ০৫/নথি নং ০৭.১৭৫.০০৮.০৮.০০.০০১.২০০০/আইন/২০০১,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

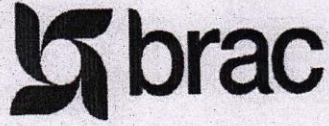
বিশ্লেষণ: (৩) বিধি-১৮৪(বি) প্রযোজ্য নাই। বর্তমানে উক্ত বিধির পরিবর্তে নির্ধারিত ছুটি বিধিমালা, ১৯৫৯ এর বিধি-৩ ও বিধি-৭ তে ছুটির সর্বোচ্চ সীমা সংক্রান্ত বিধান এইক্ষেত্রে প্রযোজ্য হইবে।

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)

Annexure 8: BRAC (NGO) Human Resource Policy about maternity and paternity leave for staffs





Memo No: HR/11/PCD/07 – 06

Ref: HRPP Implementation- 0003

জুন ২৩, ২০১১

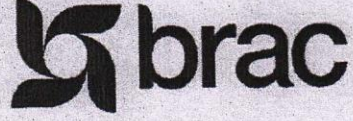
পরিপত্র

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



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