

# World Breastfeeding Trends Initiative (WBTi)

Tracking, Assessing and Monitoring

Infant and Young Child Feeding Practices, Policies and Programmes Worldwide

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## BANGLADESH REPORT CARD 2012

The State of Infant and Young Child Feeding (IYCF)

**Policies and Programmes (Indicator 1-10)****Score Out of 10****1. National Policy, Programme and Coordination**

Concerns national policy, plan of action, funding and coordination issues.

10

**2. Baby Friendly Hospital Initiative**

Concerns percentage BFHI hospitals, training, standard monitoring, assessment and reassessment systems.

8.5

**3. Implementation of the International Code**

Concerns implementation of the Code as law, monitored and enforced.

8

**4. Maternity Protection**

Concerns paid maternity leave, paid breastfeeding breaks, national legislation encouraging work site accommodation for Breastfeeding and/or childcare and ratification of ILO MPC No 183.

4.5

**5. Health and Nutrition Care Systems**

Concerns health provider schools and pre-service education programmes, standards and guidelines for mother-friendly childbirth procedures, in-service training programmes.

6.5

**6. Mother Support and Community Outreach-**

Concerns skilled counseling services on infant and young child feeding, and its access to all women. (During pregnancy and after birth)

6

**7. Information Support**

Concerns national IEC strategy for improving infant and young child feeding, actively implemented at local levels.

8

**8. Infant Feeding and HIV**

Concerns policy and programmes to address infant feeding and HIV issue and on-going monitoring of the effects of interventions on infant feeding practices and health outcomes for mothers and infants.

7

**9. Infant Feeding during Emergencies**

Concerns policy and programme on infant and young child feeding in emergencies and material on IYCF in emergencies integrated into pre-service and in-service training for emergency management.

4

**10. Mechanisms of Monitoring and Evaluation System**

Concerns monitoring, management and information system (MIS) as part of the planning and management process.

8

**Practices (Indicator 11-15)**

41%

Indicator 11:  
**Early Initiation of  
Breastfeeding** (Score: 6/10)

64%

Indicator 12:  
**Exclusive Breastfeeding for the  
first 6 months** (Score: 9/10)

32.8 Months

Indicator 13: Median Duration of breastfeeding  
(score: 10/10)

16%

Indicator 14:  
**Bottle-feeding**  
(Score: 6/10)

69%

Indicator 15:  
**Complementary Feeding**  
(Score: 6/10)

## Total Score (Indicator 1-15): 107.5/150

### Key to scoring, colour- rating, grading and ranking:

1. The level of achievement of infant feeding practices is taken in 'percentage' except median duration, which is an absolute number of months.
2. In the case of indicators 11 to 15 on practices, key to rating is used from the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". Scoring and colour-rating are provided according to IBFAN Asia Guidelines for WBT. Each indicator is scored out of maximum of 10.
3. For indicators 1 to 10, there is a sub set of questions leading to key achievement, indicating how a country is doing in a particular area. Each question has possible score of 0-3 and the indicator has a maximum of 10.
4. IBFAN Asia Guidelines for WBT for rating and grading individual indicators 1 to 15 are as: 0 - 3 is rated Red, 4 - 6 is rated Yellow, 7 - 9 is rated Blue and more than 9 is rated Green.
5. Total score of all indicators 1 to 15 is calculated out of 150.

### KEY GAPS:

1. Maternity leave which is not applied in private sector, no provision of crèches and breastfeeding break in working place in public & private sector.
2. There is Lack of comprehensive training programme on IYCF for Health and Nutrition Care providers and does not contain adequate IYCF component.
3. Community based mother support system is working only in selected areas and there is a gap of skill training programme for GOB & NGOs community staff.
4. There is no regular and systematic Market or Hospital monitoring frame work for violation of code.
5. National IYCF Strategy and Draft national PPTCT (Prevention to Parent to Child Transmission) of HIV Guideline addressed Infant Feeding and HIV but activities are in a very limited scale.
6. National IYCF strategy has addressed Infant Feeding during Emergencies to some extent but there is no training course and skilled personnel for implementation of IYCF during emergency condition
7. Lack of funds is the largest limitation towards promoting, protecting and supporting IYCF.
8. Routine MIS is present but the IYCF indicators are not adequately represented.

### Key Recommendations

1. Increase IYCF training to health Staff
2. Regular monitoring, meeting and actions to be taken by National breastfeeding committee.
3. Govt. to increase allocation on IYCF.
4. Establish regular and systematic monitoring system for BMS Code.
5. Need to create awareness on BMS code among journalist, milk companies, all population segments through electronic and print media advocacy.
6. Build awareness to IYCF Capacity building.
7. Appropriate Breastfeeding and Complementary feeding practices need to be revisited.
8. Revitalization on BFHI needs monitoring system.
9. Information on MIS should be updated on IYCF and available.
10. Need to develop on Mother Support Group in the community to world level.

11. To develop strong partnership with other stakeholders.
12. Enforcement of legislation for private sector and informal sector as well as monitoring/supervision of this legislation should be enforced.
13. Establishment of crèches at workplaces should be enhanced to support frequent breastfeeding within working hours.
14. Consultation with trade union regarding maternity leave
15. Training on IYCF for Health care providers and professional are on going to some extent but it need to be scaled up and made effective.
16. Training course on IYCF should be updated and strengthen in the pre-service and in service education programmes
17. Uniformity and harmonization on the IYCF training module is required.
18. Maternal nutrition should be build in IYCF training
19. National level training program on MSG (Mother Support Group) formation and function for community-based volunteers and health workers.
20. Evaluation and reporting of progress on MSG should be established.
21. IYCF information should be available at each community units.
22. Modern IT system of GOB should detect extent and type of IYCF problems and refer to local resource
23. MIS on IYCF should be integrated with health, Nutrition and Family planning outreach services.
24. Routine HIV counseling should be included in ANC clinics where indicated.
25. Roll out of National Nutritional guidelines for PLHIVs is required
26. Need to develop systematic training plan for emergency management.
27. Pre service and in service training for IYCF in Emergencies need to be incorporated.
28. System should be developed for central coordination in

## Country Assessment Bangladesh

### Process of assessment

To conduct the World Breastfeeding Trend initiative (WBTI)-IYCF assessment in Bangladesh, one representative from Bangladesh Breastfeeding Foundation received three days training on WBTI-IYCF assessment from IBFAN Asia at Delhi. After the training a meeting was organized in Dhaka where this issue was discussed with key stakeholders. In this connection National consultation meeting on World Breast Feeding Trends initiative (WBTI)-2012 was held on Saturday 21 January 2012 at MIS Conference room, DGHS Mohakhali, Dhaka. The Chief Guest was Prof. Dr. A F M Saiful Islam, Additional Director General of DGHS, the special guests were Prof. Dr. Abul Kalam Azad, Additional Director General & line Director of MIS and Prof. Dr. Ekhlasur Rahman, Director, IPHN & Line director of NNS. Dr. S. K. Roy, Chairperson, BBF welcomed & thanked all the participants and gave a presentation on the WBTI out line, what is World Breast Feeding Trends Initiative (WBTI)? Objectives, Basis, How it work, Assessment process, Indicator part-1, Part-2 and its outcome. He led the assessment process at national level and coordinated a core group to conduct the national assessment. The core group consisted of representatives of civil society organizations, governments, professional organizations, medical colleges, UNICEF and WHO, and other concerned organizations and individuals. There were three groups for the assessment. Dr. S.K Roy introduced the tool and the process to the three groups. Each member of the core group was assigned with a specific task to study the given indicators. In the 2nd and expert committee meeting, held on 14th February'12 at IPHN, they shared the key findings and suggested how to do the WBTI reassessment process. They discussed about the data source and which source is acceptable for this reassessment. It was decided that only national level survey/data should be used and acceptable. After that the 3rd meeting was held on 3rd June'12 in the IPH conference room for data finalization. Three core group leaders presented their draft document on different indicators and received comments and suggestion on 1-15 indicators. The core group members shared their findings, gaps through brainstorming to frame recommendations for action plans and suggested to make final report.

Data on IYCF practices were used from the BDHS 2011(Preliminary report) which are national and owned by the MOHFW. Information on policy and programmes was gathered using relevant documentation. All information provided have authentic source.

### Partner Organizations

1. Ministry of Health and Family Welfare (MOHFW)
2. Director General of Health Services (DGHS)
3. Directorate General of Family Planning (DGFP)
4. Community Clinic (CC)

5. United Nations Children's Fund (UNICEF)
6. World Health Organization (WHO)
7. Plan Bangladesh
8. Concern World Wide Bangladesh (CONCERN)
9. Bangladesh Institute of Development Studies (BIDS)
10. International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B)
11. Bangladesh Neonatal Forum (BNF)
12. Bangladesh prenatal Society (BPS)
13. LAB-AID
14. Bangladesh institute of Research and Rehabilitation in Diabetes Endocrine and Metabolic (BIRDEM)
15. Square Hospital
16. Sir Salimullah Medical Collage (SSMC)
17. Centre for Women and Child Health (CWCH)
18. World Vision-Bangladesh
19. Social Marketing Company (SMC)
20. Dhaka Medical Collage and Hospital (DMCH)
21. Bangladesh Paediatrics Association (BPA)
22. Kumudini Medical College
23. Helen Keller International (HKI)
24. Institute of Public Health Nutrition, (National Nutrition Service) (IPHN, NNS)
25. Food & Agriculture Organization (FAO)
26. National Institute for Population Research and Training (NIPORT)
27. Care Bangladesh
28. Bangladesh Medical Association (BMA)
29. Micronutrient Initiative (MI)
30. Thengamara Mohila Sabuj Sangha (TMSS)
31. Dhaka Shishu Hospital (DSH)
32. Save the Children (SC)
33. Save the Children Found (SCF)
34. Dusto Shastho Kendro (DSK)
35. Alive & Thrive
36. Research Training Management International(RTM)
37. Institute of Public Health (IPH)
38. Hope and Health Hospital (XWMC)
39. Revitalization of Community Health Care Initiative in Bangladesh (RCHCIB)
40. Bangabandhu Sheikh Mujib Medical University (BSMMU)
41. Bangladesh Rural Advancement Committee (BRAC)
42. Obstetrics and Gynaecological Society of Bangladesh (OGSB)
43. Shaheed Suhrawardy Medical College (ShSMC)
44. Eminence Associate (Eminence)
45. Bangladesh Institute of Health Services (BIHS)
46. Institute of Child and Mother Health (ICMH)
47. James P Grant School of Public Health, JPGPH
48. Bangladesh Bureau of Statistic (BBS)
49. Rangpur Dinajpur Rural Services (RDRS)
50. Urban Primary Health Care (UPHC)
51. Dhaka Medical Collage (DMC)
52. Bangladesh Breastfeeding Foundation (BBF)



## Convention on the Right of the Child (CRC)

### CRC Commitment

Convention on the Rights of the Child (CRC): The Convention on the Rights of the Child adopted by United Nations in 1990 is a legal obligation of the Member States to protect mothers and families to support breastfeeding practices. Article 24 (paragraph 2a) of the CRC states that State Parties shall “take appropriate measures to diminish infant and child mortality.” This article also says that State parties shall take appropriate measures....”To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition (and) the advantages of breastfeeding....”

Ministry of Women and Child Affairs (MOWCA) of Bangladesh has prepared and is implementing third National Plan of Action (NPA) to fulfil its national and international obligations on child rights. This NPA incorporated the objectives of the Millennium Development Goals (MDGs). Bangladesh has made big strides (EIB rate 41%, EBF rate 64%, CF rate 21%, NMR 32/1000, IMR 43/1000 & under five mortality rate 53/1000) in reducing infant and

### Recommendations of the CRC Committee 2004

The CRC Committee considered the second periodic report of Bangladesh in 30 September 2003, and adopted on 3 October 2003 on thirty forth session.

In the concluding observations the CRC committee made recommendations concerning infant feeding and child malnutrition. Paragraph 52 recommends state party to “facilitate greater access to free primary health services throughout the country as well as prevent and combat malnutrition, paying particular attention to pre and postnatal care for both children and their mothers; enhance its efforts to promote proper breastfeeding practices; explore additional avenues for cooperation and assistance with the aim of improving child health with, inter alia, WHO and UNICEF”.

mortality rates.

## Global Commitments on Infant and Young Child Feeding

**1. Global Strategy for Infant and Young Child Feeding 2002:** World Health Assembly (WHA) and UNICEF adopted the Global Strategy, which sets five additional targets: national policy on infant and young child feeding, community outreach, information support, infant feeding in difficult circumstances and monitoring and evaluation.  
[http://www.who.int/child-adolescent-health/New\\_Publications/NUTRITION/gs\\_jycf.pdf](http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/gs_jycf.pdf)

**2. Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding 1990:**  
<http://www.unicef.org/programme/breastfeeding/innocenti.htm>

**3. World Health Assembly Resolutions:** call upon Member States to implement policies and programmes to improve infant nutrition. The recent resolution adopted on May 27, 2006 calls on Member States to implement Global Strategy for Infant and Young Child Feeding and multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts. Resolutions 49.15, 58.32, 61.20 call upon member states to avoid conflicts of interests in programmes of child health.  
[http://www.who.int/gb/ebwha/pdf\\_files/WHA58/WHA58\\_32-en.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_32-en.pdf)  
[http://www.who.int/gb/ebwha/pdf\\_files/A61/A61\\_R20-en.pdf](http://www.who.int/gb/ebwha/pdf_files/A61/A61_R20-en.pdf)

**4. WHO HIV and Infant Feeding Technical Consultation Consensus Statement, Geneva, October 25-27, 2006:**  
<http://www.who.int/hiv/mediacentre/Infantfeedingconsensusstatement.pdf>

**5. Millennium Development Goals:**  
[www.un.org/millenniumgoals/](http://www.un.org/millenniumgoals/)

**6. Innocenti Declaration 2005 on Infant and Young Child Feeding:** [www.unicef.org/nutrition/index\\_breastfeeding.html](http://www.unicef.org/nutrition/index_breastfeeding.html)

**7. Maternity Protection Convention:** <http://www.ilo.org/>

For detailed report please contact:



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www.worldbreastfeedingmovement.org  
www.onemillioncampaign.org

The World Breastfeeding Trends Initiative (WBT ) is IBFAN Asia's flagship programme. WBT is being implemented as an integral part of two projects "Global Breastfeeding Initiative for Child Survival" (GBICS), in partnership with the Norwegian Agency for Development Cooperation (Norad) and Global Proposal for Coordinated Action of IBFAN and WABA: Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality" in partnership with Swedish International Development Agency (Sida).