

The State of the World's Breastfeeding **Bangladesh Report Card 2006**



Bangladesh Scores
91.5/150
MILES TO GO.. STILL..



IBFAN

International Baby Food Action Network (IBFAN), Asia Pacific

The State of the World's Breastfeeding: Bangladesh Report Card - 2006

Bangladesh Scores 91.5/150

This report card is an assessment of the implementation of *Global Strategy for Infant and Young Child Feeding*, which was conducted as part of IBFAN Asia Pacific's World Breastfeeding Trends Initiatives (WBTi) in South Asian countries in 2005-2006. The recent focus on improving infant survival and nutrition led to the need to find out where Bangladesh stands on breastfeeding policies and programmes. The assessment was carried out by partners in breastfeeding movement including government of Bangladesh, professionals and NGOs. Bangladesh Breastfeeding Foundation (BBF) coordinated this activity. Such assessments need to be repeated every three years to monitor trends.

The Bangladesh report card reveals that Bangladesh falls in the Blue category or Grade 'B',

scoring 91.5/150. It ranks second among eight South Asian countries. The assessment is based on a set of 15 indicators, ten for policies and programmes and five for the resultant practices. As per IBFAN Asia Pacific's Guidelines for WBTi, each indicator has an objective score out of total of 10. A specially designed web-based toolkit WBTi, helps in scoring, colour-rating, grading and ranking of each country. Red or grade 'D' is the lowest rating, rising through Yellow or grade 'C' to Blue or grade 'B' to Green or grade 'A'. For policies and programmes, Bangladesh gets 1 Red, 5 Yellows and 4 Blues. For the 5 resultant practices, Bangladesh has 1 Red, 3 Yellows and only 1 Green, totaling to grade 'B', good level of achievement. The Report Card highlights the fact that there is still much to work up in terms of policies and programmes.

In Bangladesh, the infant mortality rate (IMR) is 56, indicating that more than 200,000 babies are likely to die during their first year of life. According to new evidence, 22% of all neonatal deaths could be prevented if breastfeeding is initiated within one hour by all mothers (*Pediatrics*, March 2006;117:380-386). More than 13% of child deaths could be averted in Bangladesh, if optimal breastfeeding practices were scaled up to 90%. (*Lancet*, 2003). The *UNICEF 2006 Report Card on Nutrition*, WHO's *World Health Report 2005*, and World Bank's 2005 report, *Repositioning Nutrition as Central to Development*, clearly recognize the need to scale up optimal infant and young child feeding practices in order to tackle child malnutrition and infant mortality.

IYCF Practices

1. Initiation of Breastfeeding (within 1 hour)

Key: 0-29% scores as 3/Red; 30-49% as 6/Yellow; 50-89% scores as 9/Blue; 90-100% scores as 10/Green.

Result

24%

Score and Colour

3

2. Exclusive Breastfeeding (for first 6 months)

Key: 0-11% scores as 3/Red; 12-49% as 6/Yellow; 50-89% scores as 9/Blue; 90-100% scores as 10/Green.

46%

6

3. Median Duration of Breastfeeding

Key: 0-17 months scores as 3/Red; 18-20 as 6/Yellow; 21-22 scores as 9/Blue; 23-24 or beyond scores as 10/Green.

32 months

10

4. Bottle Feeding (<6 months)

Key: 30-100% scores as 3/Red; 5-29% as 6/Yellow; 3-4% scores as 9/Blue; 0-2% scores as 10/Green.

22%

6

5. Complementary Feeding (6-9 months)

Key: 0-59% scores as 3/Red; 60-79% as 6/Yellow; 80-94% scores as 9/Blue; 95-100% scores as 10/Green.

71%

6

Disclaimer :

1. This report card is based on the individual country assessment reports and IBFAN Asia Pacific has provided scoring, color-rating, grading and ranking.

2. IBFAN Asia Pacific is not liable for national and international boundaries and our aim is mapping. (Maps used from "India-Physical and adjacent countries, published by: Nawnit Rai Chawla & Sons, Delhi")

IYCF Policies and Programmes

Score and Colour

6. National Policy, Programme and Coordination

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

2.5

7. Baby Friendly Hospital Initiative

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

8.5

8. Implementation of the International Code

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

9

9. Maternity Protection

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

7

10. Health and Nutrition Care

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

4.5

11. Community Outreach

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

6

12. Information Support

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

6

13. 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.

4

14. 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.

7

15. Monitoring and Evaluation

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

6

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 1 to 5 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, colour-rating and grading are provided according to IBFAN Asia Pacific's Guidelines for WBTi. Each indicator is scored out of maximum of 10.
3. For indicators 6 to 15, 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 Pacific's Guidelines for WBTi for rating and grading individual indicators 1 to 15 are as: 0-3 is rated Red or graded D, 4-6 is rated Yellow or graded C, 7-9 is rated Blue or graded B and more than 9 is rated Green or graded A.
5. Total score of all indicators 1 to 15 is calculated out of 150. Countries are then graded as: 136-150 in grade 'A', 91-135 in grade 'B', 46-90 in grade 'C' and 0-45 in grade 'D'
6. Ranking of the country is based on their respective total scores achieved in eight South Asian countries in descending order (ref. The State of the World's Breastfeeding: South Asia Report Card 2006)

Details of this report card are available at <http://www.worldbreastfeedingtrends.org>

Bangladesh's total score of indicators 1-15 : 91.5/150
Ranks 2nd among eight South Asian Countries

Colour	Grade
Blue	B

About WBTi

WBTi is an innovative initiative of the International Baby Food Action Network (IBFAN) Asia Pacific for tracking, assessing and monitoring the *Global Strategy for Infant and Young Child Feeding* in response to the global need for focus on infant nutrition and survival. This need is more critical in developing countries. WBTi involves a three phase process. The first phase involves initiating national assessment of the implementation status of the *Global Strategy*. The process brings governments and other civil society partners together to analyse the situation in their country and find out gaps. It thus helps achieve consensus on gaps and action required. During the second phase, the WBTi uses these findings for scoring, colour-rating and grading each indicator and each country as per IBFAN Asia Pacific's Guidelines for WBTi, to inform where it currently is. WBTi also ranks countries in order of their performance, thus initiating some competition among them. During the third phase, the WBTi encourages repeat assessment after 3-5 years to analyse trends in each indicator as well as the overall breastfeeding rates in a country, as well as the impacts of particular interventions over a period of time.

WBTi puts these results in easily understandable and quickly demonstrable format using visual mapping and graphics, so that policy makers and programme managers can effectively target resources. For the donors, it provides information on where to invest their money at the click of a mouse.

What can Bangladesh do!

1. Address gaps found in Red and Yellow indicators to move to next category.
2. Mainstream IYCF in the child health and development programmes.
3. Take urgent action, to enhance timely initiation of breastfeeding within one hour, like a campaign to save babies through this action.
4. Establish a clear mechanism for coordination at national level, with clear terms of reference to monitor the progress on indicators.
5. Develop a plan of action with committed funds.
6. Support maternity protection in private as well as informal/unorganized sector.
7. Effective IEC strategies should be identified and implemented under government outreach setup.
8. Develop comprehensive national policy on HIV and IYCF.
9. IYCF indicators like early initiation (within one hour) and exclusive breastfeeding (0-6 months) should be monitored and published on a regular basis under surveillance reports.

Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding 1990: adopted by participants at the WHO/UNICEF policymaker's meeting on "Breastfeeding in the 1990s: A Global Initiative" set four targets for governments, i.e., formation of national committees/programmes; ensuring that the national health services meet the '10 steps to Successful Breastfeeding' by 1995; giving effect to *International Code of Marketing of Breast-milk Substitutes* and protecting breastfeeding rights of working women.

<http://www.unicef.org/programme/breastfeeding/innocenti.htm>

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...."

World Health Assembly Resolution: calls 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* and multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts.

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_iycf.pdf

UN Framework for Priority Action on HIV and Infant Feeding 2003: provides a clear five-point framework for action to minimize infant mortality as a goal while implementing Mother to Child Transmission programmes.

www.who.int/child-adolescent-health/publications/NUTRITION/HIV_IF_Framework.htm

Millennium Development Goals: The eight Millennium Development Goals which range from halving extreme poverty to halting the spread of HIV/AIDS, all by the target date of 2015, form a blueprint for development. The MDG has been agreed to by all the world's countries and all the world's leading development institutions. The fourth of these eight MDGs is to reduce by two-thirds the mortality rate among children under five.

www.un.org/millenniumgoals/

Innocenti Declaration 2005 on Infant and Young Child Feeding: This calls for allocating adequate resources for action plans to implement the *Global Strategy for Infant and Young Child Feeding*.

www.unicef.org/nutrition/index_breastfeeding.html

Maternity Protection Convention: The International Labour Office (ILO) set basic standards in 1919, which were revised in 1952 (ILO Convention No. 3 and Convention No. 103) and in 2000 (Convention 183). These entitle working mothers to 14 weeks of paid maternity leave and one or two paid breastfeeding breaks per working day when they return to work.

<http://www.ilo.org/>

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International Baby Food Action Network (IBFAN), Asia Pacific

BP-33, Pitampura, Delhi 110 034, India

Tel: +91-11-27315936, 42683059 Fax: +91-11-27343606

Email: info@ibfan-asiapacific.org

Website: www.ibfan-asiapacific.org

The International Baby Food Action Network (IBFAN) is a 1998 Right Livelihood Award recipient. It consists of more than 200 public interest groups working together around the world to save lives of infants and young children and bring lasting change in infant feeding practices at all levels. IBFAN aims to promote the health and well-being of infants and young children and their mothers through protection, promotion and support of optimal breastfeeding and infant and young child feeding practices. IBFAN works for the universal and full implementation of International Code of Marketing of Breast-milk Substitute and subsequent relevant World Health Assembly (WHA) resolutions. IBFAN Asia Pacific consists of 42 countries with 4 sub regions, South Asia, East Asia, Southeast Asia and Pacific; each sub region being coordinated by the sub regional representative (RR) and overall coordination is done by the regional coordinator in Delhi.