

# ANNUAL REPORT

## 2013-2014



বাংলাদেশ ব্রেস্টিফিডিং ফাউন্ডেশন

### **Bangladesh Breastfeeding Foundation**

Address: Institute of Public Health (IPH), Room # 197-200 (Ground Floor), Mohakhali, Dhaka-1212, Bangladesh  
Office Phone : 880-2-9860801, 8813734, Fax : 880-2-9860801; E-mail: [info@bbf-bangladesh.org](mailto:info@bbf-bangladesh.org), Website: [www.bbf-bangladesh.org](http://www.bbf-bangladesh.org)  
IBFAN Representative in Bangladesh

# GLOBAL PARTNERS

Innocenti Declaration 2005



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WELLSTART  
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World Health  
Organization

## FOREWORDS

In Bangladesh a group of concerned and devoted medical professionals, scientists, public health professionals, individuals from government and non-government agencies and UN agencies joined hands under the name of Campaign for Protection and Promotion of Breastfeeding (CPPBF) in April 1989. In order to confer CPPBF into a legal status and to enable it to receive funds from donors, it was registered with NGO Bureau Affairs in August 1995 under the name of Bangladesh Breastfeeding Foundation (BBF). Since then BBF till date continues its movement to promote, protect and support optimal breastfeeding for all infants in the country with appropriate and adequate homemade complementary food after 6 months as well as ensure appropriate and adequate nutrition for the pregnant and nursing mothers.

Our deepest gratitude goes to Secretary, Ministry of Health and Family Welfare (MOH&FW), DG health and Director, Institute of Public Health Nutrition (IPHN) & Line Director, National Nutrition Service (NNS) for supporting us.

We are thankful to all of our national and international donors and partners organizations.

Finally, I appreciate the hard work of the staffs of BBF to complete all activities successfully.



Dr. SK Roy  
Senior Scientist & Chairperson  
Bangladesh Breastfeeding Foundation



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# Overview: Bangladesh Breastfeeding Foundation



# Overview: Bangladesh Breastfeeding Foundation

## **Background:**

In Bangladesh a group of concerned and devoted medical professionals, scientists, public health professionals, individuals from government and non-government agencies and UN agencies joined hands under the name of Campaign for Protection and Promotion of Breastfeeding (CPPBF) in April 1989 and initiated their peaceful but committed movement against the rapid decline of the breastfeeding practices in Bangladesh. UNICEF provided financial support from 1989 to 1995 through the Institute of Public Health Nutrition (IPHN) under a sub-project viz. 'Comprehensive Nutrition Project'. On 9 November 1991, the National Conference on Breastfeeding was held in which the Honorable President and the Honorable Prime Minister of Bangladesh signed the Dhaka Declaration.

The declaration pledged full support for the protection and promotion and support of breastfeeding. Since then the campaign has served as the national authority on breastfeeding in Bangladesh. In order to confer CPPBF into a legal status and to enable it to receive funds from donors, it was registered with NGO Bureau Affairs in August 1995 under the name of Bangladesh Breastfeeding Foundation (BBF). Since then BBF till date continues its movement to promote, protect and support optimal breastfeeding for all infants in the country with appropriate and adequate homemade complementary food after 6 month as well ensure appropriate and adequate nutrition for the pregnant and nursing mothers.

## **Goal:**

The single goal of BBF is to significantly lower the morbidity and mortality of children through protection, promotion & support of breastfeeding and optimal IYCF practices and ensure optimum maternal nutrition in Bangladesh.

### Specific Objectives:

1. Achieve and sustain universal exclusive breastfeeding for the first 6 months (180 days) and ensuring colostrums feeding for all babies from immediately after birth.
2. Continuation of breastfeeding at least up to 2 yrs with timely introduction of appropriate and adequate homemade complementary food after completion of 6 months (180 days)
3. Improve the nutritional status of pregnant and lactating mother.

### Strategies:

1. Effective national, sub-national and international networks;
2. Integration of breastfeeding protection, promotion and support with existing health care infrastructural;
3. Effective communication strategies and community participation;
4. Legal framework: BMS Code implementation
5. Intersectional and gender-sensitive linkages.



# Matrix of the Major Activities of BBF



## Matrix of the Major Activities of BBF

S/N	Project/Program Name	Donor	Implementation Period
1.	Training on “Infant and Young Child Feeding & Hygiene” Health Care Providers of 50 Smiling Sun Network Clinics	FANTA III, Fhi360, USAID	10 <sup>th</sup> Jul’13-30 <sup>th</sup> Oct’13
2.	World Breast Feeding Week’ 2013	BRAC, icddrb, WHO	1 <sup>st</sup> Aug’13-7 <sup>th</sup> Aug’13
3.	One Asia Breastfeeding Partners Forum-8	IBFAN	28 <sup>th</sup> Oct’13 -30 <sup>th</sup> Oct’13
4.	TOT Training on Infant and Young Child Feeding & Nutrition	Save the Children, Bangladesh	23 <sup>th</sup> Dec’13-28 <sup>th</sup> Dec’13
5.	Revitalization of BFHI	IPHN, MOH&FW	8 <sup>th</sup> January’14 to 13 <sup>th</sup> June’14
6.	Launching Ceremony of WBCi Financial Tool	IBFAN	29January’14
7.	GAVI CSO Constituency Project-2014	GAVI the Vaccine Alliance , CRS	February, 2014 to December,2014
8.	Basic Training for the Trainers on “ Infant and Young Child Feeding” for the Selected Staff of USAID/ DFID NGO Health Service Delivery Project.	Concern World Wide Bangladesh	April,2014 to June 2014
9.	Establishment of BMS Act monitoring System in Bangladesh	UNICEFF	May, 2013 to May 2014
10	Internee Doctors’ Training on Benefits of Breastfeeding, Hazards of Breastmilk Substitute and Maternal Nutrition	MOH&FW	July 2013 to June 2014
11	Effect of Traditional Food for Nutritional Rehabilitation of Hospitalized SAM Children in Dhaka	MOH&FW	July 2013 to June 2014
12	Seminars in Schools & Colleges on Benefit of Breastfeeding and Hazards of BMS	MOH&FW	July 2013 to June 2014

# Project 1:

Training on “Infant and Young Child Feeding & Hygiene” Health Care Providers of 50 Smiling Sun Network Clinics



The training on “Infant and Young Child Feeding & Hygiene” was carried out by BBF with the technical and financial support of FHI 360/Food and Nutrition Technical Assistance III Project (FANTA III), USAID, Bangladesh.

### TOT training of BBF Staff

BBF has provided TOT to 16 BBF staff for 5 days on a 24 hours course of GOB-approved IYCF training curriculum. TOT training was conducted from 25th August to 30th August, 2013. Participatory method was used to ensure equal participation in discussion, group work, role play and practical classes. Sessions had made task oriented through inter active process. Lively and friendly atmosphere established to uphold the optimum interest of the learners. At the end of each day a recapitulation exercise was carried out and each day started with recalling the previous days learning.



Participants of TOT



Facilitated by Khurshid Jahan, Director, BBF



TOT Certificate has been given by  
Dr. S. K. Roy, Chairperson, BBF.



TOT Certificate has been given by Shannon Young,  
Health Officer, Office of population, Health,  
Nutrition & Education, USAID

### Training for Health Service Providers of Smiling Sun Clinics:

BBF have conducted 63 batches training on a 24 hours course of GOB-approved IYCF training curriculum in 50 Smiling Sun Clinics of Dhaka, Khulna and Sylhet divisions from the given list of FANTA III and the duration of each batch training was 3 days Participatory method was used to ensure equal participation in discussion, group work, role play and practical classes. Sessions had made task oriented through inter active process. Lively and friendly atmosphere established to uphold the optimum interest of the learners. At the end of each day a recapitulation exercise was carried out and each day started with recalling the previous days learning.

BBF has successfully conducted TOT and 63 batches training according to the schedule and it is assumed to achieve optimal out come. Before the training the average pre test result on knowledge of IYCF and hygiene of the participants of TOT and 63 batches were 66%,44% respectively and after the training the average post test result of the participants of TOT and 63 batches were 75%,66% respectively. It shows that this training helped to increase their knowledge on IYCF and hygiene. Training will help the health workers of smiling sun clinics to implement the knowledge on breastfeeding, complementary feeding, and maternal nutrition appropriately during service delivery



Theory class of health service providers of Bharamara Smiling Sun Clinic



Khurshid Jahan, Director, BBF with the participants during monitoring training in Doulatpur Smiling Sun Clinic



Participants with certificate in Khulna



Role play by the Participants

# TOT Training on Infant and Young Child Feeding & Nutrition



## Project 2

# TOT Training on Infant and Young Child Feeding & Nutrition

The Training of trainers (TOT) of 'Infant and Young Child Feeding (IYCF)' was conducted to strengthen the skill & knowledge of health service providers on basic food & nutrition and Infant and young child feeding (IYCF). TOT was provided to the thirty Health Service Providers of Ministry of Health and Family Welfare (MOHFW) and NGOs workers in seven upazillas of Sylhet district in two batches. The training was organized by Civil Surgeon Office and DD-FP office, Sylhet. Technical assistance was provided by National Nutrition Services (NNS) and Bangladesh Breastfeeding Foundation (BBF) with the support of MaMoni. A three days training was provided in two batches. The first batch of training was conducted from 23rd -25th November, 2013 and the second batch of training was conducted from 26th -28th November, 2013 at the conference room of Hotel Metro International, Sylhet. Total 30 (in two Batches) participants received the training.



Participants



Lecture by Dr. S K Roy



# Project 3

## Revitalization of BFHI

### Background:

Baby Friendly Hospital Initiative (BFHI) is an important element of breastfeeding promotion and support and an approach that reached, trained, and energized a critical audience: professional and para-professional groups.

Since 1992, 74 percent (498 out of 670) of the government maternity services are designated as “baby friendly” in Bangladesh. At one point baby-friendly certified hospitals represented more than one-third of all government and private hospitals, but the number of registered private hospitals continues to grow rapidly. The exact number of functioning private hospitals is unknown, and the percentage of all hospital births that take place in baby friendly hospitals is not available. BBF in collaboration with IPHN initiated revitalization of BFHI in 2013.

### Goal:

The primary goal of the project was to transform the facilities (n=340) providing maternity services to baby friendly hospitals through implementation of the Ten Steps to Successful Breastfeeding. Another goal was to implement of Breast Milk Substitute (BMS) marketing regulation ordinance in the hospitals by hospital administration.

### How the training was conducted:

The 1st phase of ‘Revitalization of BFHI’ was started in the middle of January 2014 to revitalize BFHI in selected 144 health facilities in Bangladesh. Resource persons were those who received 4 days TOT in earlier part of the project in 2013. Four days long BFHI hospital training carried out in medical college hospitals, sadar hospitals and upazila health complexes.



Picture: Dr. S K Roy, Chairperson, BBF is giving lecture in the training on Revitalization of BFHI at BSMMU



Picture: Practical session on "Position & Attachment" in Trishal UHC

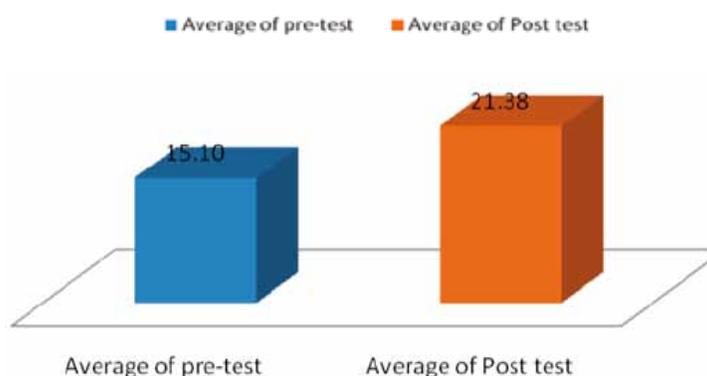
**Participants:** The training was conducted in Medical College Hospitals, District hospitals and Upazila and field level healthcare providers. In 1st phase, 404 resource person provided the BFHI training to the 144 selected health facilities (39 health facilities in Dhaka division, 17 in Chittagong division, 22 in Barisal division, 17 in Rajshahi division, 15 in Rangpur division and 25 in Khulna division).

Numbers of batches were depended upon the total number of participants. 10 participants were in each batch for Upazila Health Complexes and 20 participants were in each batch for Medical College Hospitals and District hospitals.

Category	Participants	Total Number of trainee
<b>Class I:</b>	<ul style="list-style-type: none"> <li>Doctors working in the Medical College hospitals District Hospitals</li> <li>Upazila Family Planning Officer (UFPO), Medical Officers, (MO, MCH, Gyn, Ped, TFPO)</li> </ul>	429
<b>Class II</b>	<ul style="list-style-type: none"> <li>SFWV (AFWO), Senior Staff Nurses, Nursing Supervisors, MTEPI, Community Skilled Birth attendant (Health Assistant )</li> </ul>	1114
<b>Class III/IV</b>	<ul style="list-style-type: none"> <li>Nurses Midwife, Female Medical Attendant, FWV Assistant, Nursing Attendant</li> </ul>	101

### Monitoring and Evaluation:

Monitoring team of BBF monitored the training sessions through direct observation method following a structured monitoring tool. In each health facility, pre and post test was carried out for the evaluation of the training. Out of 25, overall pretest score of all health facilities was 15.10 and the overall post test score was 21.38. 30 % of them were monitored by the monitoring team of BBF.



**Figure 1:** Overall score (average) of pre-test and post-test of all health facilities



**Picture:** Post test is going on in the training on Revitalization of BFHI at BSMMU



**Picture:** Certificate distribution session at Dhamrai UHC

### Formulation of BFHI Committee:

To sustain of the BFHI activities a committee is being formulated in each Hospitals and Upazila Health complex. After completion of the training a request letter to form BFHI hospital committee was sent to the hospitals where training was over. Out of 144 hospitals, 80 hospitals reported to form BFHI committee.

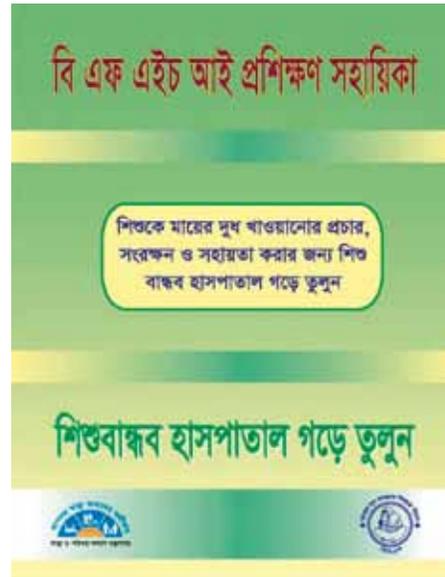
### Structure of the committee:

1. Chairperson-1
2. Cochaiperson-1
3. Secretary-1
4. Medical Officer-1
5. Nurse Superi8ntend-1
6. Nurse-3

### Re-assessment:

Through this 1st phase, training for revitalization of BFHI in 144 government health facilities has been successfully accomplished. Re-assessment of those hospitals is ongoing. In this step, all hospitals are given time to practice 10 steps of BFHI for at least 6 weeks. A request letter is sent to the hospitals for the re-assessment. At the beginning, 2 days training for the assessors are conducted for the re-assessment. Assessors are selected from different medical college hospitals and provided training on the purpose of assessment , assessor's tool, method of interviews and respective practical sessions.

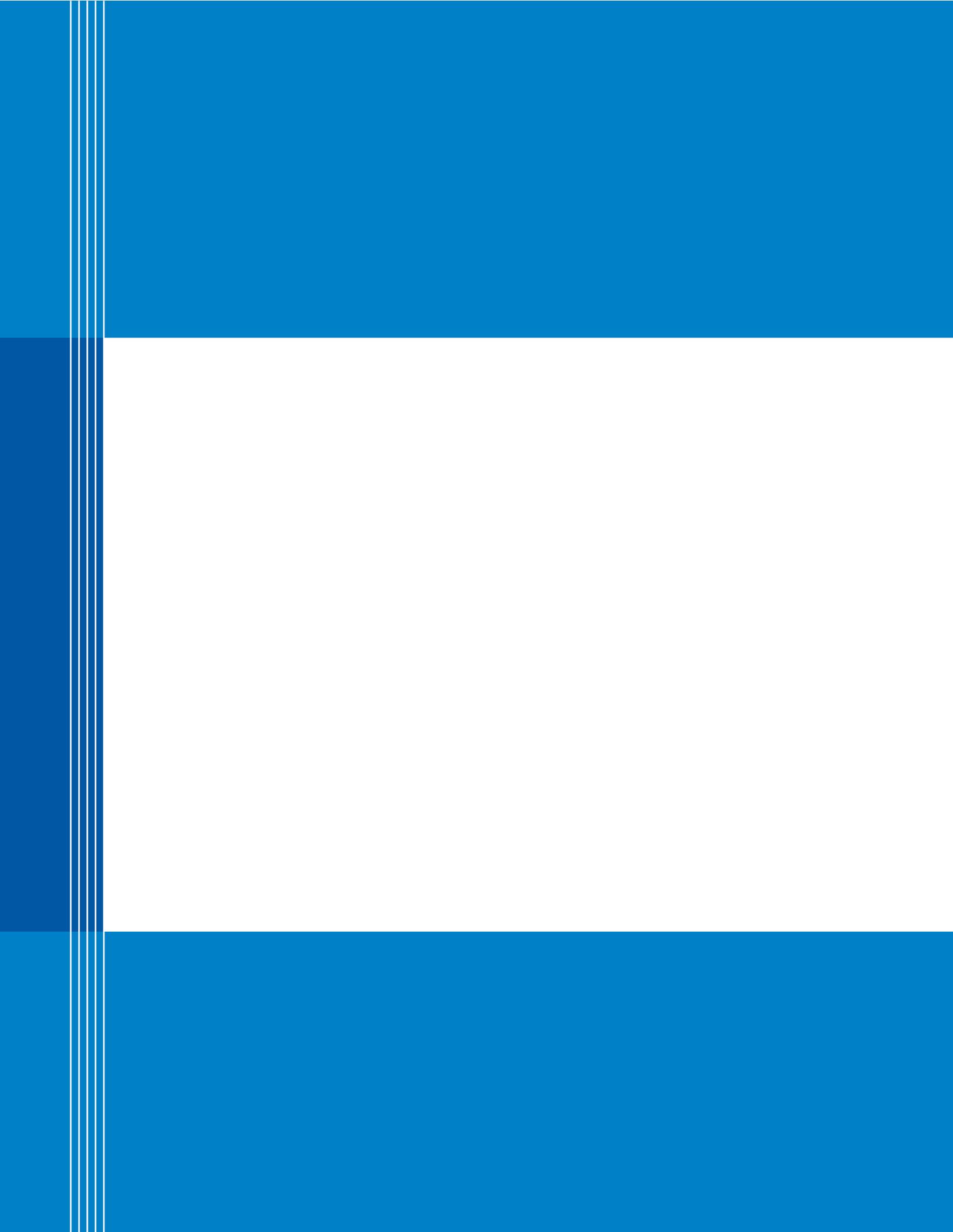
Then the assessors' team (3 person in one team) visit the hospital physically an assess their practice through interviewing doctors, nurses, recipient of the hospitals (mothers / caregivers) and direct observations. Standard evaluation materials of WHO 2009 are followed for this evaluation. Upon the score from the re-assessment , health facility will be declared and certified as baby friendly.



Picture: BFHI Training Manual



Picture: Training kits (Doll and breast model)



# Project 4

## Establishment of BMS Act monitoring System in Bangladesh

### Background:

To ensure adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, International Code of Marketing Breast Milk Substitutes was adopted by World Health Organization on 21 May 1981 (Resolution Number 34.22,) with votes of 118 countries. Government of republic of Bangladesh developed code on marketing of breast milk substitutes in 1984 Ordinance no. (XXXIII), which was amended in 1990. Government of Bangladesh preceded and wined three cases against Dauphin Ubique Trade Limited in 1999, Lalmai Limited in 1997, Urmi Enterprise Pvt. Limited in 2000 and companies were fined according to the BMS code ordinance 1984.

The BMS code, 1984 ordinance was weak; therefore according to the Prime Minister's declaration on the World Breastfeeding Week (WBW) in 2010, ordered to strengthen the BMS Act. Government along with BBF and civil societies has developed a new law which is adaptation of international law. The new law passed by the Parliament and has received the consent of the President on 22th September, 2013. The bylaw of new BMS act 2013 is under preparation.

In 2012 BBF along with IPHN carried out a pilot project titled "BMS Act 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 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 pre-selected upazila of sixty four districts from May, 2013 to May 2014.

### Implementation of the project:

Four monitoring officers were recruited and trained to detect BMS Act violation. IPHN issued a letter to the Civil Surgeons to form a BMS Act monitoring committee in each districts. With assistance of the sanitary inspectors (SI) monitoring officers visited the shops, hospitals and clinics and private practitioner's chambers to detect violations. Monitoring officers visited those places three times in one year and organized some awareness program along with monitoring the BMS code violations. After data collection monitoring officers submitted reports to the Civil Surgeons and UH&FPOs for taking action against violations. A copy of the report was sent to BBF office as BBF can assist IPHN for further actions.

### Major activities and Outcome of the project:

#### 1. Formulation of BMS code Monitoring Committees:

Monitoring Committees has been formulated in sixty four districts:

#### Structure of the monitoring Committee:

Chairperson:	Civil surgeon
Members:	<ul style="list-style-type: none"><li>• UH&amp;FPOs of the Upazila</li><li>• Health Education Officer,</li><li>• Sanitary Inspector</li></ul>

## 1. Awareness programs:

S/N	Types of program	Number of program	Participants	Outcome
1.	Round table discussions	2	Government high officials, renowned doctors, journalist and reporters from national newspapers and TV channels, NGO representatives.	<ol style="list-style-type: none"> <li>1. Two paper supplements were published.</li> <li>2. Media personnel and health professionals became aware about the law.</li> <li>3. Important recommendations were made by the participants.</li> </ol>
2.	Orientations with Manufacturers and Shopkeepers	22	Salesman, shopkeepers and dealers of BMS.	Shopkeepers became aware about the BMS act 2013 and stopped selling BMS.
3.	Orientations with Media personnel	21	reporters from national and local newspapers, TV reporters	Journalist and the reporters of local newspapers of different districts became aware about the law.
4.	Workshops with the media personnel organized by IPHN	2	Reporters and journalist from different part of the country	<p>Participants have done Exercise on</p> <ol style="list-style-type: none"> <li>1. Role of media personnel against BMS code violation</li> <li>2. How to collect news and reporting on BMS act violation</li> </ol>
5.	Workshop on Development of messages to create awareness on BMS law, 2013:	1	Reporters and journalist from different part of the country, Development partners, NGO representatives	<p>Messages and materials were developed to create awareness about the BMS act 2013 for different level. i.e.</p> <ol style="list-style-type: none"> <li>1. Consumer's level</li> <li>2. Commercial level</li> <li>3. Services providers' level</li> <li>4. Retailer's levels</li> </ol>
6.	Orientation to the Nurse and Health workers on BMS code and IYCF:	27	Nurses, health workers of Sadar Hospitals and Upazila Health Complexes (UHC) and Mother and Child Welfare Centre (MCWC).	<p>Participants have been known about</p> <ul style="list-style-type: none"> <li>• Importance of breastfeeding and complementary feeding</li> <li>• BMS act 2013</li> <li>• Hazards of BMS act 2013</li> </ul>

S/N	Types of program	Number of program	Participants	Outcome
1.	Orientations in the School and College	21	Students of the government high school	Student of high school have been known about the BMS act 2013
2.	High level advocacy meeting with the policy makers:	1	High government officials and policy makers	Recommendations were made on implementation of the New BMS act.
3.	National BMA act Advisory Committee meeting:	2	Members of National Advisory Committee (NAC) and the representatives of UNICEF and WHO	Decision were made about <ul style="list-style-type: none"> <li>the by-law of the BMS act 2013</li> <li>How to implement the new law.</li> </ul>
4.	Television Talk show:	4	Renowned pediatricians, nutritionist and political leader	Mass people have known about <ol style="list-style-type: none"> <li>importance of breastfeeding and complementary feeding</li> <li>Hazards of BMS</li> <li>Punishment of BMS act violation</li> </ol>



Picture: Secretary, MOH&FW was the chief guest in the round table discussion with the Daily Prothom Alo.



Picture: Orientation with the Shopkeepers' at Habiganj Civil Surgeon Office

### 3. Detection of Violations of BMS act, 2013 and Action taken against violations:

Monitoring officers visited 128 upazilas and detected violation from different sectors and some action has been taken:

	Violations	Action taken by BBF	Action taken by IPHN/CS	Outcome
<b>Hospital Clinics and Private practitioners</b>				
1.	BMS Manufacturing companies distributed leaflets of their products in hospitals and clinics.	Monitoring officers of BBS inform to the civil surgeon and requested to take action.	In some upazila Civil surgeon give notice to the hospitals and clinics to avoid the activities related to BMS act violation in some district	Hospital management became aware about BMS Act 2013 and the company representatives were not allowed to visit their health facilities.
2.	BMS Manufacturing companies offer gifts such as pen, pad, paper weight, literature, shampoo, containers, cooker etc. to the nurses and the Doctors in hospitals and clinics and the private practitioners.			



Picture: Pens are collected from a Doctors chamber which were gifted by the representatives of BMS company in Bagherhat



Picture: Dr. Radha Binode Shaha suggested BMS by a leaflet which was collected from Bogura

Shops and Market				
3.	BMS products were displayed in all the shops. Manufacturing companies gave 200-700 taka per month for displaying their products	Monitoring officers of BBF inform to the civil surgeon and requested to take action.	According to the consent of the Civil Surgeon, Sanitary Inspectors aware the shopkeepers about BMS act violation.	Display of BMS product has been reduced in some district
	<b>Violation</b>	<b>Action taken by BBF</b>	<b>Action taken by IPHN/CS</b>	<b>Outcome</b>

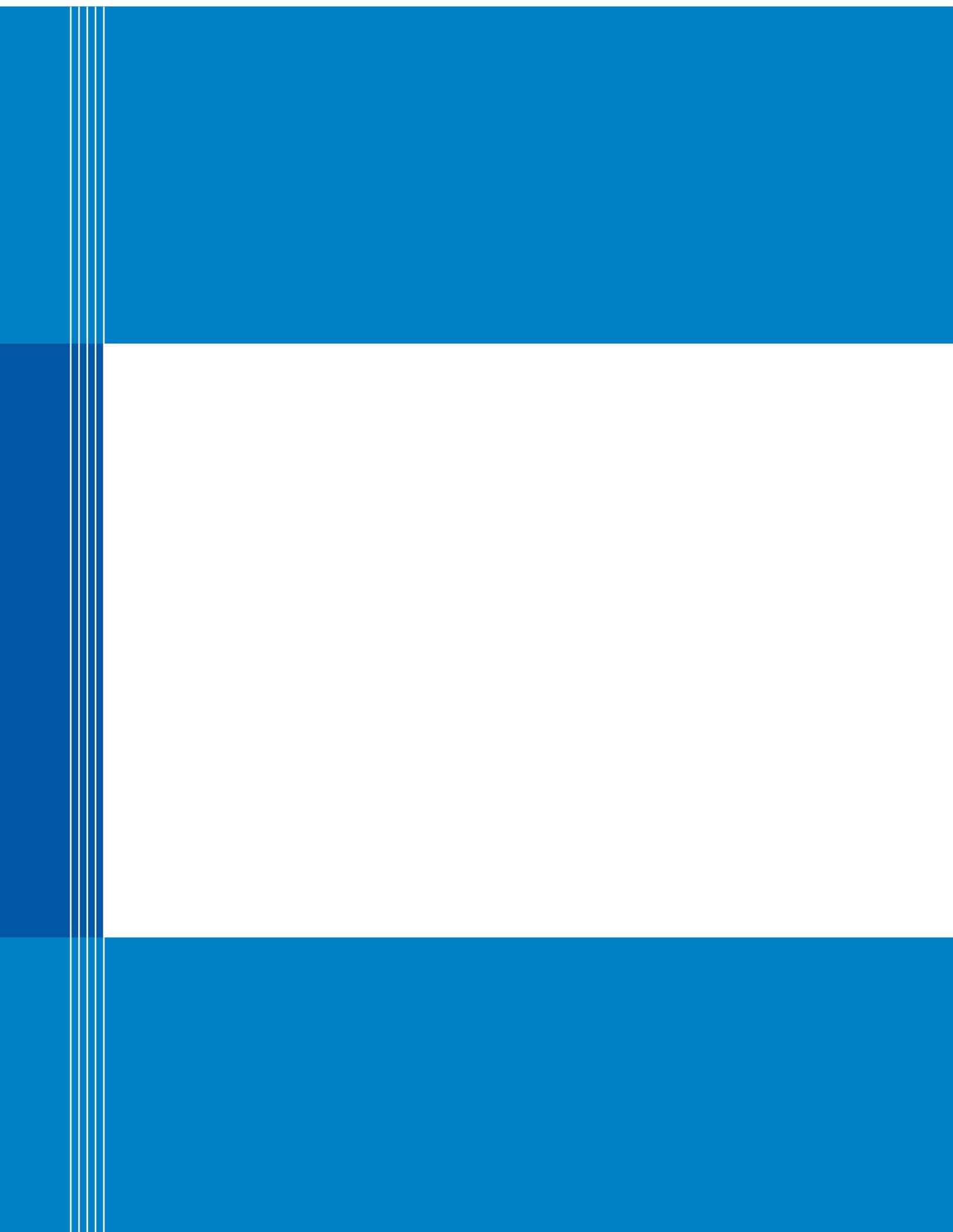


**Picture: A monitoring officer of BBF is checking products for detecting violation in a Shop at Jamalpur.**

	Violation	Action taken by BBF	Action taken by IPHN/CS	Outcome
4.	Registration number was not found on some product's container.	BBF sent letter to IPHN to take legal action	IPHN sent letters to Nestle Bangladesh Ltd, Baby Nutrition Ltd.	Those companies also replied to IPHN.
5.	Nestle Bangladesh Limited and Abul Khayer Consumer Product Ltd. organized seminars with the shopkeepers in some districts in February and March, 2014 to promote their products.	BBF sent letter to IPHN to take legal action.	IPHN with help of CS stopped a seminar in Chittagong.	
6.	..Foundation (founded by Nestle), planned to organize a quiz competition collaborated with BPAMPA	BBF sent letter to IPHN to take legal action.	IPHN send letter to the president of BPAMPA to stop Quiz competition collaboration with BMS companies.	The quiz competition was stopped.
<b>Media</b>				
7.	Abul Khayer Consumer Ltd. published advertisement of their products with healthy babies in the facebook page.	BBF called the advertizing company and informed about the violation of BMS law 2013.		The advertizing company apologized and removed the pictures of advertisements with healthy babies within one week.

#### Recommendations:

1. To sustain the activities of BMS code monitoring committee members of the committee should be trained on new BMS law 2013
2. Sanitary Inspectors of the Civil Surgeon's office, UH&FPO office, city corporation should be trained on BMS law
3. More awareness programs needed to aware Mothers and caregivers of the children about hazards of BMS
4. Need to develop a regular reporting system on BMS law violation
5. Need to include BMS code monitoring in monthly meeting of Government health systems
6. Adequate funding needed.



# Project 5

## GAVI CSO Constituency Project-2014

### Background:

Bangladesh is a leading country in immunization coverage and activity. Yet there is considerable deficit in valid dose of immunization and challenge for sustainable high level coverage. GAVI was established as an alliance in recognition of the fact that expanding and maintaining immunization coverage in developing countries depend on strong partnerships, involving both the private and public sectors. Therefore, a civil society of NGOs would be working alongside the MOH&FW, EPI and MOLGRD activity. Bangladesh Breastfeeding Foundation (BBF) with the support of MOH&FW, EPI, MOLGRD, Global Alliance for Vaccination and Immunization (GAVI) & Catholic Relief Services (CRS) has established a Civil Society NGO Platform called 'Immunization Platform of Civil Society in Bangladesh (IPCSB)'. The objective of this platform is to strengthen the health systems of the Government of Bangladesh in achieving excellence of immunization with NGOs who are engaged in immunization work. Twelve NGOs from Dhaka City Corporation (DCC) are part of this platform.

Activities of the GAVI CSO Constituency Project-2014 have done (February – December, 2014)

1. Received training in Uganda from 2-7 Feb
2. Agreement and financial assessment took place from Feb to March 2013 (The agreement was signed on 29th March 2014)
3. Several meetings were conducted with EPI to brief about the project and EPI agreed to collaborate with the platform (Dr. Syed Abu Jafar Md. Musa, Director PHC & Line Director, MNC&AH, DGHS 12.02.2014, Dr Shafiqur Rahman, PM, EPI and Dr. MD. Tajul Islam A. Bari, AD, EPI & Surveillance, DGHS).
4. Formed a core committee to get advice for implementing the project activities
5. Opened an email account for CSO (cso.bbf.bd@gmail.com ) and Preparing the website format for the platform
6. BBF Published EOI in the Daily Prothom

Alo Newspaper to invite the CSO to the platform and the last date was on 10th April. About 500 EOI were received; EOI Review Committee primarily selected 64 organizations based on selection criteria. Questionnaires for field visit were developed and physical visits were conducted in the 64 NGOs; Finally, 25 organizations have been selected by the EOI selection Committee. Finally it



Picture: Dissemination Seminar of Advocacy Strategy of CSO Platform on Immunization

was decided that they will be treated as auxiliary member, when the platform expand its activities, they will become a general member.

was decided that they will be treated as auxiliary member, when the platform expand its activities, they will become a general member.

1. Several meetings with governments and development partners (WHO, UNICEF etc) were conducted to share the project activities and the major recommendation from those meetings were to focus on city corporation areas as the coverage of EPI in City Corporation areas are comparatively less compared to rural areas. On the other hand most of the EPI activities in city corporation areas are performing by NGOs.
2. Several meetings has been done with two Dhaka City Corporations, North and South
3. Communicated with those CSOs and collect their contract address and sent the EOI format by email
4. Three staff of facilitating CSO (BBF) received Media and communication training in Nairobi, Kenya in June 11-14th 2014
5. Two person of facilitating CSO (BBF) received Financial training in Nairobi, Kenya in August 11-15th 2014
6. Key Stakeholder meeting, Introductory meeting with the NGOs and dinner with key Stakeholders at Pan Pacific Sonargaon were conducted during September
7. Two general meetings with platform members were held during November. Platforms name, (Immunization platform of civil society in Bangladesh (IPCSB)), logo, mission, vision and committee were formed during those meetings.
8. M&E training for facilitating CSO (BBF) and GAVI HSS funding for the NGOs were conducted by the Brenda Hegarty, Technical Advisor, Gavi CSO Constituency Project, Catholic Relief Services during September, 2014
9. CRS has provided a training workshop on 'Advocacy Strategy of IPCSB' from 9th-13th November, 2014
10. Dissemination Seminar of Advocacy Strategy of IPCSB was conducted on 17th November, 2014
11. A consultant is working on to identify the gaps and bottle necks of the immunization related national and international policies as well as the strategies and to develop a policy brief for the government and other stakeholders.
12. 3rd General Meeting of IPCSB
13. A day long workshop on "Media communication strategy for improving immunization coverage in Dhaka City Corporation".
14. Launching Ceremony of the 'Immunization Platform of Civil Society in Bangladesh (IPCSB)'
15. Exposure visit to India with 6 members (Dr. S.K. Roy, CHO (DNCC & DSCC), Afroza Begum, 2 NGO members )



## Project- 6

# Effect of Traditional Food for Nutritional Rehabilitation of Hospitalized SAM Children in Dhaka

### **Introduction:**

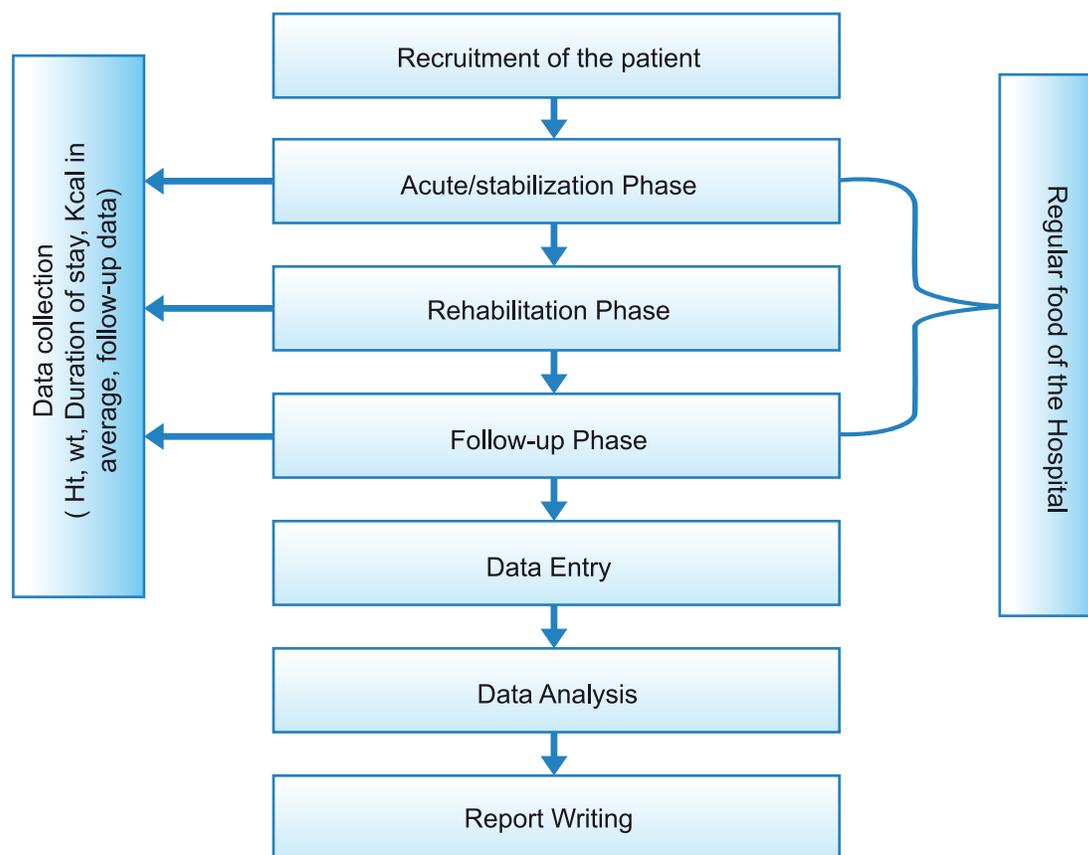
In Bangladesh malnutrition is one of the major public health problems that have been linked to a substantial increase in the risk of mortality and morbidity. According to BDHS 2011, 4% children are severely wasted ( $<-3\text{WHZ}$ ) and have nine times more risk to die than a child who is not wasted. Acute childhood malnutrition not only leads to greater risk of death but also increases disability from common illnesses which disrupt country's economic development and also sticks up people of their earning potential. Successful management of severely malnourished children can remarkably reduce the under-five mortality and morbidity and contribute to achieve MDG Goal 4. There is no appropriate statistical evidence of the effect of treatment, case-fatality rates and the coverage and sustainability of the management SAM through local therapeutic diets till now.

### **Objective:**

The objective of the proposed study is to evaluate the efficacy of WHO (old) recommended/regular/traditional food to manage severe acute malnutrition (SAM) at facility level.

### **Methodology:**

The study was a cross sectional analytical retrospective study. 46 Severe acute malnourished children ( $<-3\text{WHZ}$ ) aged 6-36 months were selected from nutrition unit of Dhaka Shishu Hospital (DSH), and Shaheed Suhrawardy Medical College Hospital (ShSMCH). Information of children was collected from the hospital records from July, 2013 to May, 2014 using a structured questionnaire.



**Figure: Flow Chart of the study**

**Result:**

This study is the first retrospective cohort study for evaluating the efficacy of WHO recommended diet to manage severe acute malnutrition (SAM) at facility level in a real setting. This study showed a little improvement of WHZ and WAZ but was not able to show significant difference in weight gain between admission and discharge. This study showed that almost 33% of SAM children were suffered pneumonia. Researcher showed that risks of death are high when children with pneumonia also have severe acute malnutrition (SAM) as co-morbidity. It has been observed that only 9% of children were suffered from diarrhea. Among all children 39% (18) were Vitamin A deficit.

Average mean body weight of the SAM children during admission was 5.61 kg on admission for all cases whereas 6 kg was in edematous children and 5.5 kg was in non-edematous children. No remarkable weight gain between admission and discharge was seen among the groups. Weight was bit higher among the edematous children group compared to non-edematous group which is obvious. Mean height and weight of the children was 56.28 cm and 11.34cm respectively. Mean weight and MUCA were higher among the edematous group compared to non-edematous group but for height it was other way around.

The mean ( $\pm$ SD) duration of hospital stay was 8.78 ( $\pm$ 4.4) days. Thirty seven percent children had oedema during the admission. therefore, no significant weight gain was found.

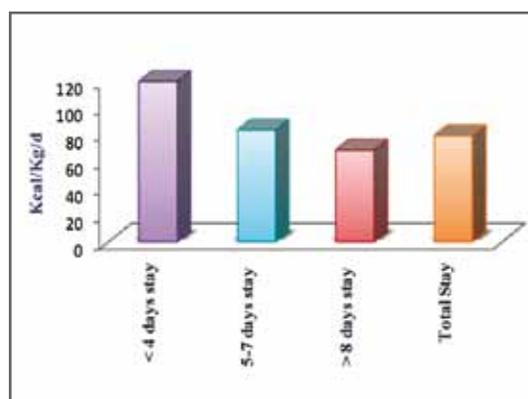
During the hospital stay almost 94% children received F-75, 22% children received F-100, 48% children received rice suji, 17% children received Lactose free milk and 4% children received soya milk. Beside those therapeutic feeding 61% children received egg albumin. Most of the children received khucuri in ad libitum.

Daily mean energy and mean protein intake were 80 kcal/kg/day and 1.8 g/kg/day respectively. . Conversely micronutrient supplement was given to the study children. Total 39% children were given Vitamin-A, 87% were given zinc and 16% were given multivitamin.

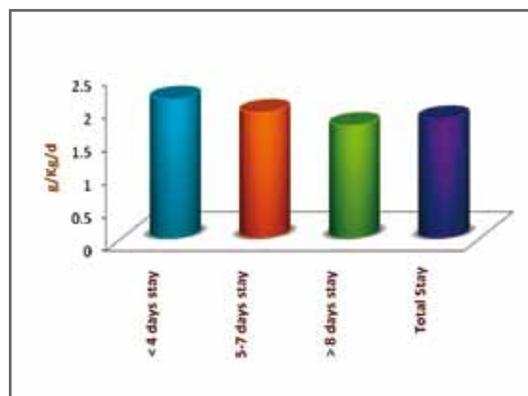
The patients of the hospitals released early could be due to hospital bed limitation, resource limitation and also due to probability of getting frequent infection. Seventy percent of the SAM children were admitted with a secondary infection.

The patients were released when they were getting better from the infection and the parents were also not willing to stay after the child gets better from the sickness. On the other hand the study was a retrospective study that's why it was not possible to get lots of information and also there was lots of missing values in different variables. We also missed the follow-up data for that reason it is not possible to say whether there was any follow of those children or not.

However, it is expected that this research will have substantial impact on child health and will help with the development of public health nutrition policies for children in Bangladesh.



**Figure:** Energy intake per kg per day by the categorization of hospital stay



**Figure:** Protein intake per kg per day by the categorization of hospital stay



## Project - 7

# Internee Doctors' Training on Benefits of Breastfeeding, Hazards of Breast Milk Substitute and Maternal Nutrition

### Background:

Appropriate feeding (Early initiation of breastfeeding, exclusive breastfeeding and complementary feeding) and care of infants and young children is essential to preventing malnutrition, morbidity and mortality. Medical doctors worldwide play a key role in advocating for breastfeeding and maternal nutrition and they interact with women and children throughout the lifespan. To advocate for breastfeeding, educate families about breastfeeding, and provide optimal clinical management of breastfeeding, these medical doctors must be skilled on prevention, diagnosis and treatment of breastfeeding difficulties along with maintenance of breastfeeding.

It has been noted that often the doctors prescribe artificial feeding for the neonates and infants. This is because the medical and nursing curriculum currently does not adequately cover the issues of optimal breastfeeding and infant & young child feeding. Moreover, the young doctors are influenced by the subtle and tricky promotion of commercial baby foods. To overcome the situation, BBF with the support of MOH&FW provided two-day training on 'Benefits of breastfeeding, Hazards of Breast milk Substitute and Maternal Nutrition' to the four batches intern doctors of Saheed Suhrawardi Medical College Hospital (ShSMCH) and six batches of Mymensingh Medical College Hospital (MMCH).

### Training Method:

Two days long training sessions were conducted by participatory method. Sessions were made task oriented through inter active process in a lively and friendly atmosphere. Participatory method was used to ensure equal participation in discussion. The practical sessions, pre-testing and post-testing evaluation were conducted to stimulate the learning activities and study environment.

Through this process, participants were able to practice the knowledge in infant and young child feeding to applying practical experience and lastly the participants were able to determine the importance of the key element to infant and young child feeding.

### Day Wise Session Plan:

#### Sessions of Day-1:

Session-1: Inauguration to training:

- Introductions
- Overview of the training
- Objectives of the training
- Pre test

Session-2: Benefits of Breastfeeding and Hazard of not Breastfeeding



Picture: Lectures is providing at ShSMCH

Session-3: How Breastfeeding Works

Session-4: Helping Mother with EBF (Position and Attachment)

Session-5: Counseling Mothers and Building Confidence

Session-6: Promoting BF through Pregnancy & Delivery

Session-7: Maternal Nutrition during Pregnancy & Lactation



Picture: Helping mother with EBF (Showing Position & Attachment) in MMCH

Sessions of Day-2:

Session-8: Milk Expression and Re-lactation

Session -9: Common Breast Problems

Session -10: Breastfeeding in Special Situation

Session -11: Complementary Feeding: why/when/what

Session.-12: Protection of Breastfeeding and Complementary feeding: National Code of Marketing of Baby Food- Your Role

Session -13: Helping mother to EBF with Position & Attachment, Observing and Assessing Breastfeeding in the Post natal ward and LMC

Session-14: ANC for Breastfeeding

Session-15: Commitment/ Pledge from the Internee doctors in promoting and Protecting optimum Breastfeeding and IYCF

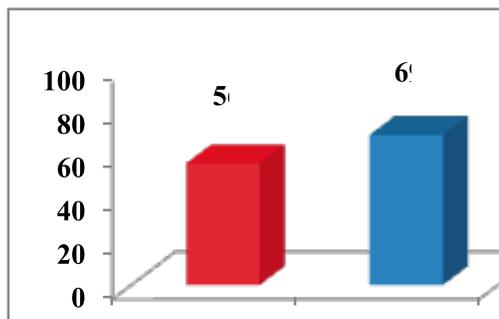
Session-16: Post test, certificate distribution & Closing

Evaluation of the training:

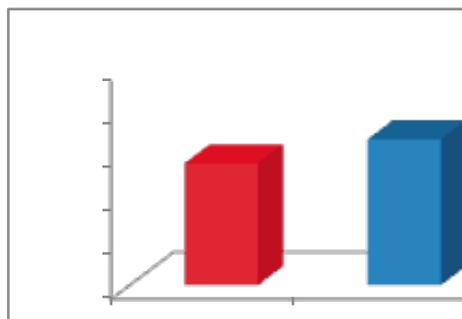
To assess knowledge or skill of the participants pre-test was held before the training and post test exams was held after the training.



Picture: Certificate distribution session at ShSMCH



**Figure-1:** Average pre and post test marks obtained by the participants of ShSMCH



**Figure-2:** Average pre and post test marks obtained by the participants of MMCH

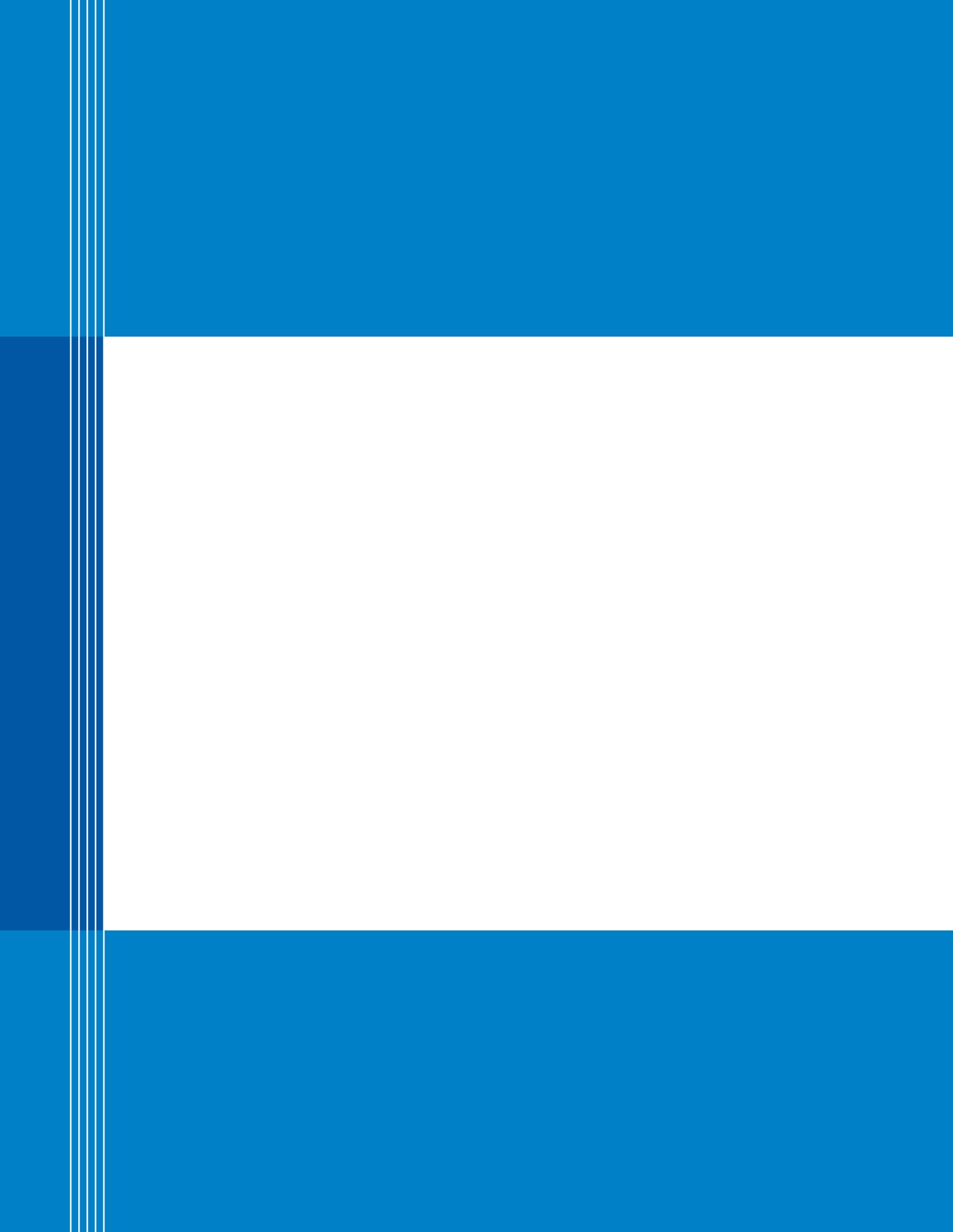
The findings of the training showed that the average of pre-test marks was 56% both in Shaheed Suhrawardi Medical College Hospital (ShSMC) and Mymensingh Medical College Hospital (MMCH). After successful completion of training 69 % marks was obtained by ShSMC and 67% marks by MMC in post test and the overall improvement was 13% in ShSMC and 11% in MMC between pre and post test marks.

Recommendation:

1. Training of the internee doctors should be a continuous process.
2. All internee doctors all over the country should be trained on Benefits of Breastfeeding, Hazards of Breast Milk Substitute and Maternal Nutrition to serve better quality of service to the mother
3. Anthropometric instruments were needed for each department of the hospital to assess nutritional status of children.
4. It was also deemed necessary to orient internee doctors on hazards of BMS to prevent the aggressive promotion of BMS.

Limitations:

All the internee doctors of the medical college hospitals could not attend the training sessions due to their duties.



## Project -8

# Basic Training for the trainers on 'Infant and Young Child Feeding' for the selected staff of USAID/DFID NGO Health Service Delivery Project

### Background:

Concern Worldwide is an international, humanitarian organization dedicated to the reduction of extreme Poverty in World's Poorest Countries. Since 1968, through its work in emergencies, livelihoods, health, HIV & AIDS, and education, Concern has saved countless lives, and transformed lives of millions of people. Concern receives a grant from Multi Annual Programme Scheme (MAPS) for implementing five years length Project namely 'Integrated Urban Nutrition Project' (IUNP). The objective of the project is by increasing access to and utilization of integrated, sustainable, quality nutrition services, nutritional status of woman and Children of Pavement and squatter dwellers will be improved through existing primary health care networks.

The Project interventions start with a partnership with three local NGOs under City Corporation of Dhaka and Chittagong division and eventually seven local and teaching partners and city Corporation are involved to implement several component of the project. Concern Worldwide, Bangladesh (Concern) and NGO Health Service Delivery Systems (NHSDP) signed an MOU where it is mentioned that Concern will support to provide TOT on IYCF to their selected staffs to integrate nutrition component into their 330 clinics all over Bangladesh. Concern Worilwide's mandate is to incorporate nutrition component specially IYCF into 330 clinics so that urban dwellers especially extreme poor can get health and nutrition services through these dispensaries and clinics. Services and counseling

#### Training Method:

Four days long training sessions were conducted by participatory method to ensure equal participation in discussion. The group work, role play, video, practical sessions, pre-testing and post-testing evaluation were conducted to stimulate the learning activities and study environment.

Through this process, participants were able to practice the knowledge in infant and young child feeding to applying practical experience and lastly the participants were able to determine the importance of the key element to infant and young child feeding. At the end of each day a recapitulation exercise was carried out and each day was started with recalling the previous days learning.

#### Training Materials

- Breast model and Dummy Doll
- Re-lactation equipment (bowl and spoon )
- Four express breast milk equipment (bowl and spoon )
- Bowls for serve and storage of complementary food
- Foods from different food Group
- Day wise PowerPoint presentations and handouts.
- Training schedule.
- Marker, sign pen, Flip paper, VIP Card, Color Paper,
- Weighting scale
- Height measuring scale
- MUAC tape

Participants of the training:

Total 50 (in two Batches) participants received the training and the participants were by NHSDP. Medical Doctor, Monitoring officer, Program Manager, paramedics, counselors, Clinic manager, Service provider (SP) etc; none of them had received any formal training on IYCF though most of have vast experience in health related services. (link with appendix)

### Day wise session plan for TOT:

#### Day-1:

- 1.Introduction to training
- 2.Use of Misoprostol to prevent Post Partum Hemorrhage (PPH)
- 3.What is Food & Nutrition & Classification of food.
- 4.Importance of breastfeeding & recommended practices.
- 5.Positioning, attachment & manual expression of breastfeeding.
- 6.Common breastfeeding problem and Breastfeeding in special situation and Relactation.



Picture: Session on Food & Nutrition facilitate by Dr. S K Roy

## Day-2:

- 1.Nutritional Measurement
- 2.Breastfeeding difficulties & overcoming.
- 3.Video session on position, attachment & expression.
- 4.Nutrition of pregnant and lactating mother.
- 5.Performance improvement cycle of health worker.
- 6.Introduce to job aid & observation checklist
- 7.Counseling about breastfeeding & role play.
- 8.Identify reasons and solutions of poor



**Picture: Group work on Breastfeeding difficulties and overcoming**

### Day-3:

Session-1: Complementary feeding, its importance and recommendations

Session-2: Hands on training on age-specific complementary family food for child

Session-3: Introduction to job aid and observation check list on complementary feeding

Session-4: Role Play: Counseling the mother on complementary feeding

Session-5: Video and discussion on complementary feeding

Session-6: High risk age groups.

### Day-4:

Session-1:Anthropometric Measurements

Session-2: Practice on BF counseling in the health facility

Session-3: Counseling practice with real mother & baby on complementary feeding

Session-4: Counseling practice & observation with high risk age group mother & baby on IYCF

Session-5: Closing Ceremony of 3 days training:



**Picture: Session on Anthropometric Measurements**

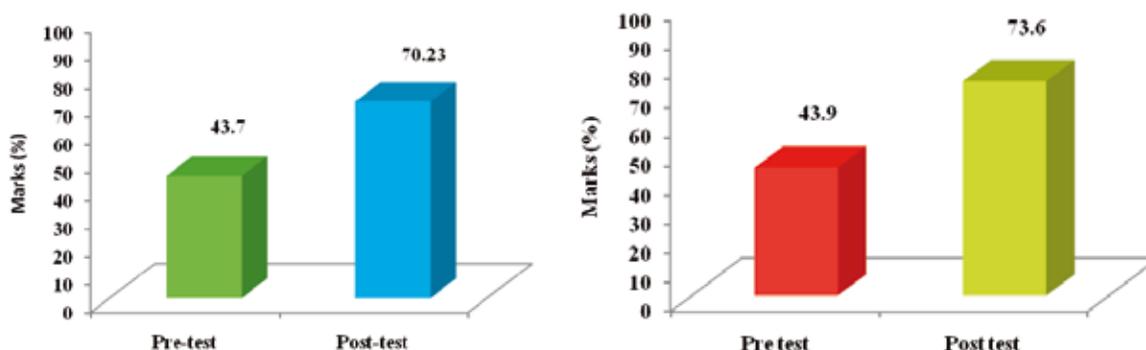


**Picture: Certificate distribution**

## Evaluation

Pre test and post test exams was held during the training to assess knowledge or skill level of the participants. Pre & post test questioner were same. (ANNEX)

### Average Pre & Post test Marks:.



Recommendations:

1. Need to conduct refreshers training after one year.
2. Participants should train and motivate their Health workers to work in the communities.
3. Health Service providers should built their monitoring system, so that they can ensure appropriate massage is given to the mothers or caregivers through their health workers.
4. Training of the health workers (doctors, nurses, health assistants) should be a continues process.
5. All health workers should be trained on basic nutrition, breastfeeding, IYCF and BMS act.
6. Anthropometric instruments need for each clinic to assess nutritional status of children.
7. To prevent promotion of BMS necessary action should be taken.
8. Message on IYCF and hazards of BMS act should be spread through the media.
9. NHSDP should be taken necessary action to protect all violation of BMS in smiling sun clinics.

**Program-1**

**Launching Ceremony of WBCi  
Financial Tool**

# Launching Ceremony of WBCi Financial Tool

The Launching Ceremony of World Breastfeeding Costing Initiative (WBCi) with the theme: “The Need To Invest In Babies: Why, Where and How much” has been successfully accomplished in Bangladesh. The ceremony has been held today 29 January, 2014 in the conference room of Institute of public health, Mohakhali, Dhaka, Bangladesh from 10.30 am to 1 pm.

The purpose of this ceremony of WBCi was to implement Global Strategy of IYCF in its entirety, spread awareness and raise political will to invest in all interventions required with a human rights perspective. This ceremony focused on the discussion on economic and financial implications of breastfeeding and complementary feeding including its health cost savings, and helps in making financial decisions. Also to introduce the ‘financial planning tool’ developed for action and accurate budget estimates.

Dr. Subash Chandra Saha, Assistant Director General, Directorate General of Health Services, Ministry of Health and Family Welfare (MOH&FW) was present as the Chief Guest. Dr. Makhduma Nargis, Additional Secretary & Project Director, Community Clinic Project, Mr. Subhash Chandra Sarkar, Joint Secretary (Public Health), MOH&FW, Mr. Ganesh Chandra Sarker, Director General, Directorate General of Family Planning, DGFP, Dr. Subimal Sinha Chowdhury, Director, Institute of Public Health (IPH) were present as Special Guests. The Chairman of the ceremony was Dr. Mohammad Hedayetul Islam, Director, Institute of Public Health Nutrition (IPHN), & Line Director, National Nutrition Services (NNS). More than 152 representatives from 37 organizations attended the event.



Picture: Dr. S K Roy is giving his speech

Dr. S. K. Roy, Chairperson, Bangladesh Breastfeeding Foundation welcomed all guests, development partners, and stakeholders. He presented key note speech on the theme of the ceremony. He gave the background information of the The World Breastfeeding Costing Initiative and explained the necessity of investment in babies, specifically why, where and how much to invest. He presented the status of the implementation of the global strategy and the glaring gaps in the policies and programmes, as well as the stand of Bangladesh.

Special Guest, Dr. Subimal Sinha Chowdhury, Director, Institute of Public Health (IPH) mentioned in his speech, “there is no different views about breastfeeding, Bangladesh has made significant progress in different indicators of MDG-4 & 5 in last few years, which was possible by the coordinated efforts of all us. However, there are still lot to do in IYCF and maternal nutrition”.

Special guest, Mr. Ganesh Chandra Sarker, Director General, DGFP, mentioned that the budget need for BMS Code implementation and awareness program for the mothers. He said “if we invest 1 USD for maternity entitlement, it will return as benefit of 10 USD”. He also emphasized on need of policy dialogue and involvement before national budget.

The Chief Guest, Dr. Subash Chandra Saha, Assistant Director General, Directorate General of Health Services, MOH&FW inaugurated the ceremony by opening the WBCi Tool Guide.

The chairman of the ceremony, Dr. Mohammad Hedayetul Islam, Director, Institute of Public Health Nutrition (IPHN), & Line Director, National Nutrition Services (NNS) said that Bangladesh is improving day by day but there is lot of scope to go ahead. He gave emphasis to effective behavior change communication and education program in different level.

Prof. Soofia Khatoon, Secretary, Board of Trustee, and Bangladesh Breastfeeding Foundation said, “Breastfeeding is not free, it cost people’s time and resources, cost is need for communication materials, training”. The ceremony was concluded through the vote of thanks.

### Key Recommendations:

1. Coordinated efforts and investment in all components (maternity entitlement, training of the health workers and regular monitoring, coordination, monitoring violations of the International Code, maternity benefits, data management, research, and updating of policies and legislation and awareness program for the mothers) of IYCF are required urgently to get the highest benefit.

2. Activities of the national breastfeeding committee should be increased.
3. There is need for area specific investment during the allocation or reallocation of the National budget. Policy dialogue and involvement are required before national budget.
4. For breastfeeding movement, social movement is necessary beside the investment of money.
5. Community Support group (volunteer women groups in each community), community group (community elite persons) and as well as general public in the community need to be trained. Effective behavior change communication and education program in different level.
6. We need to invest special attention to IYCF field. Breastfeeding is not free, it cost people's time and resources, cost is need for communication materials, training. Few commitments from GoB have come out in this launching ceremony: Directorate General of Health Services, Directorate General of Family Planning (DGFP) will provide all types of support from their part.

# Program: 2

# Seminars in schools & colleges on benefit of breastfeeding and hazards of BM

## Background:

Breastfeeding is the traditional way of child feeding in Bangladesh although the practice deviates far from optimal prior to starting of movement for promotion, protection and support of breastfeeding. Besides a large portion of the population of the society are unaware of the advantages of breastfeeding and the dangers of BMS products/artificial /bottle-feeding. Unethical and aggressive marketing of BMS/Powder Milk obstructs the practice of optimum breastfeeding. The commercial marketing of infant feeding products has been shown to have a negative impact on breastfeeding. Limiting the effect of BMS products on infants by counseling can help mothers and families make appropriate and informed decisions about infant feeding. The curriculum of students does not adequately cover the issues of optimal breastfeeding, BMS law and the adverse effect of BMS. It was also found that BMS manufacturer companies were targeted to the young generation and conducting lots of activities for them to promote their products.

Therefore BBF took this initiative to create awareness among the future generation of Bangladesh on benefit of breastfeeding and hazards of BMS with the support of MOH&FW. To serve these purpose six seminars were conducted in six schools and colleges. Approximately 100 participants were in each seminar. Sessions were conducted attractively specially for the students through power point presentations so that they can get knowledge in a lively and friendly atmosphere .Through this process, participants were able to get knowledge on benefit of breastfeeding and hazard of BMS and were able to determine the importance of the key message to benefit of breastfeeding and hazard of BMS.

## Date of the Seminar:

S/ N	Name of the School/ College	Date of seminar	Participants	Number of participants
1.	National College of Home Economics	31 <sup>st</sup> March 2014	B Sc Honrs'	106
2.	Kisholoy Girls' School and College	10 <sup>th</sup> April, 2014	Class-X and HSC first year	92
3.	Narail Govt. Girls' High School	23 <sup>rd</sup> April, 2014	Class-X and Class-IX (Science group)	102
4.	Dighapotia M K Degree College, Nator	30 <sup>th</sup> April, 2014	HSC first year to Honors' final year	100
5.	Government Paionior Mohila College, Khulna	4 <sup>th</sup> May, 2014	HSC first year, second year & B.A	100
6.	Bagerhat Govt. girls' High School, Bagerhat	6 <sup>th</sup> May, 2014	Class-X and Class-IX	120

## Facilitator of the Seminar:

1. Dr. S K Roy, Senior Scientist & Chairperson, BBF.
2. Mr. Md. Eshaque Ali, treasurer, BOT, BBF.
3. Khurshid Jahan, Director (Finance, admin and ERID), BBF.
4. Afroza Begum, Director (Research, Program and Implementation), BBF.
5. Suraya Bintay Salam, Program Officer, BBF.
6. Polash Kumar Majumder, Monitoring and Evaluation Officer, BBF
7. Md. Akram Hossain, Monitoring and Evaluation Officer, BBF

## Session plan:

Session-1: Benefits of breastfeeding (Early initiation of breastfeeding and Exclusive breastfeeding)

- Benefits of breastfeeding,
- Recommendation of breastfeeding
- and its benefits, risks, inhibitors.

Session-2: Complementary feeding and Continuation of breastfeeding: why/when/what

- Definition of complementary feeding (CF) and its importance.
- Why complementary feeding will be started after completion of 6 months
- Recommendation of CF and its benefits.

Session -3: Hazards of BMS products, Protection of Breastfeeding and BMS Law 2013.

- What is BMS
- Disadvantages of formula feeding for the infant.
- BMS code-2013 and its important



Picture: Principle of National College of Home Economics delivering the welcome speech



Picture: Palash Kumar Mojumder, MO, BBF, providing lecture at Government Paionior Mohila College, Khulna



Picture: Seminar at the Bagherhat Govt. Girls' High School, Bagherhat



Picture: Mr. Md. Eshaque Ali, treasurer, BOT, BBF providing lecture at Kisholoy Girls' School and College:

#### Recommendations:

- 1.The students were very much eager to learn about breastfeeding and complementary feeding therefore more and frequent program is needed for students.
- 2.It would be more effective if Benefits of breastfeeding, complementary feeding and hazards of BMS are included in the text book.
- 3.It would be more cost effective if the teachers are trained on IYCF practices and BMS Law.
- 4.Some portion of Government health related fund should be allocated to orient the young generation on optimal breastfeeding, complementary feeding and hazards of BMS at school and college levels.
- 5.A major program should be taken to orient all students of the country through ministry of Education with adequate budget.

# Program: 3

# World Breastfeeding Week-2013

For the fourth time the Government of Bangladesh nationally observed the World Breastfeeding Week (WBW) this year with the theme “Breastfeeding Support-Close to the Mother” as declared by the Honorable Minister, Ministry of Health and Family Welfare during inauguration of WBW 2013. This year our Bangla slogan was

‘Mayer dudh e shisur hasi  
Ma tomake valovashi’

The Honorable Minister of the Ministry of Health and family Welfare, People's Republic of Bangladesh Prof. Dr. A. F. M. Ruhul Haque MP inaugurated the World Breastfeeding Week as the Chief Guest on the 27th of August at 3.00 P.M at the Auditorium of Sasakawa, ICDDR,B, Prof. Dr. Syed Modasser Ali, Health and Social Welfare Adviser to Honourable Prime Minister and Dr. Captain (Retd.) Mozibur Rahman Fakir M.P. Hon'ble State Minister for Ministry of Health & Family Welfare, Mr. Shafiqul Islam Laskar, Mr. Mohammad Neaz Uddin, Health Secretary, Prof. Dr. Khandaker Md. Sefayet Ullah, Director General, Directorate General of Health Services (DGHS), Mr. A K M Amir Hossain, Director General, Directorate General of Family Planning (DGFP), Prof. Dr. Ekhlashur Rahman, Director of Institute of Public Health and Line Director of National Nutrition Services and Dr. S. K. Roy, Chairperson of Bangladesh Breastfeeding Foundation (BBF) were present as Special Guests.



Honorable Health minister Dr. Prof. A.F.M. Ruhul Haque inaugurated the WBW-2013

The above dignitaries re-emphasized their commitment to further the promotion, protection and support of breastfeeding, complementary feeding and maternal nutrition in this year through the thematic approach to enhance support to the mother involving the health systems and support of non government partners and stakeholders. The inaugural ceremony was supported by WHO and other stakeholders.

### Development of BCC Materials and their distribution for WBW'13

On the occasion of World Breastfeeding Week 2013, the following BCC materials were developed and printed:

- a. Poster
- b. Flyers
- c. Action Folder
- d. Folder
- e. Souvenir
- f. Videos telecasted in BTV on folk songs on Breast-feeding (IPHN) and Complementary Feeding (FAO support)

These printed materials were distributed throughout the country to:

- a) Different institutions and medical college hospitals in Dhaka city
- b) Divisional Directors, Family Planning
- c) Divisional Directors, Health Services
- d) Different NGO offices in Dhaka city
- e) District Commissioner (DC) Office
- f) Upazila Nirbahi Officers (UNO) Office
- g) Govt. Medical College hospitals
- h) Private Medical College hospitals
- i) Civil Surgeon (CS) Office
- j) Upazila Health and Family Planning Offices (UHFPO)
- k) Mother and Child Welfare Centers (MCWC)

## TV Talk Show

There have been two BTV talk shows telecasted on WBW'13, participated by Honourable State Minister of Ministry of Health and family welfare, National Prof MR Khan, Prof Md. Shahidulla, Pro-Vice Chancellor, BSMMU, Prof. MS Akbar MP, Chairman, Bangladesh Red Crescent Society, Prof. Eklasur Rahman, Director, IPHN and Line Director NNS and Dr. S. K. Roy, Chairperson, Bangladesh Breastfeeding Foundation.

## Round table Discussion on BMS CODE

For the observance activity of WBW'13 Ministry of Health and family Welfare, Bangladesh Breastfeeding Foundation (BBF) and Institution of Public Health and Nutrition (IPHN) jointly organized a round table discussion on Breast milk Substitute Code for strengthening practice of infant and young child feeding (IYCF) in Bangladesh. This meeting was supported financially by UNICEF Bangladesh. This was held on Sunday, 3rd August 2013 at 10.00 AM in the conference room of Kaler Khantha, Bashundhara, Dhaka.

The aim of the meeting was to build consensus among the stakeholders including Journalist to the violation of Breast Milk Substitute (BMS) in hospitals and clinics and conflict of interest by health professionals practice. It also targeted to promote partnership of the journalist and incorporate BF with government activities who has powerful tool to sensitize the people on their issue. Around 23 participants and resource persons were attended the meeting.

The meeting was chaired by Mr. Shuvash Chandra Sarker, Joint Secretary, Ministry of Health and Family Welfare, Dr. S. K. Roy, Chairperson, BBF, Mr. Mostafa Kamal, Executive editor, Daily Kaler Khantha; Prof. Soofia Khatoon, Secretary, BBF; Dr. Muztafizur Rahman, Program Manager, NNS attended the meeting as key note presenters and Mr. Taufiq Maruf as a moderator.

## Press Conference

On the occasion of Ministry of Health and Family Welfare, Institute of Public Health and Nutrition (IPHN) and Bangladesh Breastfeeding Foundation organized a Press conference, on 4th August 2013 at the conference room of Ministry of Health and Family Welfare. Around 50 journalists were present in that conference.

## Program 4:



# One Asia Breastfeeding Partners Forum-9

One Asia Breastfeeding Partners Forum-9 was held on at Luang Prabang, Laos, 28-30 October, 2013. The forum Organized by IBFAN Asia and AIMI in collaboration with Ministry of Health, supported by Ministry of Women Empowerment and Child Protection, WHO, UNCEF and sponsored by CARE, Save The Children, WVI, Mercy Corps. More than 100 participants representing several Asian countries are sharing the status of breastfeeding in their countries as well as their current violations to the International Code for Marketing of Breastmilk Substitutes as well as the actions their governments are taking in this context. The Forum is an important event to build national and international networks and strengthen civil society and government collaboration for protecting, promoting and supporting breastfeeding.

Mr. Suvash Chandra Sarker, Joint Secretary, MOHFW was attended as Special guest at opening ceremony in the forum. Theme of the Forum was 'Food Security and Climate Change'. Dr. S.K. Roy was attended in this Forum and presenting following topics

- ☒ World Breastfeeding Trends Initiative (WBTi) Perspectives in challenges and future actions
- ☒ Complementary Feeding: the gap, causal analysis and possible solution in resource and knowledge poor situation.
- ☒ Status of formula feeding, commercial foods, trends, possible GHG emissions. (need to include pics and presentation)



**Bangladesh Breastfeeding Foundation**  
**Room #197-200, Institute of Public Health (IPH)**  
**Mohakhali, Dhaka-1212, Bangladesh**

**Statement of Financial Position At June'2014**

<b>Assets :</b>	
Fixed Assets :	1,801,041.43
<b>Current Assets:</b>	
Cash in Hand	10,000.00
Cash at Bank	967,693.87
Loan and Advance	-
<b>Total Current Assets :</b>	<u>977,693.87</u>
<b>Total Assets:</b>	<u><u>2,778,735.30</u></u>
<b><u>Capital &amp; Liabilities:</u></b>	
Unsecured Loan	3,076,864.42
Sundry Creditor	-
Providend Fund	453,552.54
<b>Total Current Liabilities:</b>	<u>3,530,416.96</u>
<b>Fund Accounts :</b>	<u>(751,681.66)</u>
<b>Total Liabilities :</b>	<u><u>2,778,735.30</u></u>

**Statement of Financial Activities For July 1st, 2013 - June 30th, 2014**

<b>Income :</b>	
<b>Project Income:</b>	
BFHI - NNS	11,522,153.00
Govt. Project	4,553,723.00
UNICEF for BMS Code Project	3,098,951.00
GAVI CSQ HSFP Project	1,073,380.00
<b>WBW Income:</b>	637,586.00
<b>Others Income:</b>	5,609,356.04
<b>Total Income:</b>	<u>26,495,149.04</u>
<b>Expenditure :</b>	
<b>Project Expenses:</b>	
IYCF project Expenses	1,036,450.00
BFHI Project Expenses	11,520,000.00
BMS Law'13 Project Expenses	3,095,460.00
<b>WBW Expenses</b>	702,892.00
<b>Others Expenses:</b>	7,240,516.11
<b>Total Expenditure:</b>	<u>23,595,318.11</u>
<b>Fund Accounts :</b>	<u><u>2,899,830.93</u></u>

Signed in terms and separate report on even date.



Place : Dhaka  
Date : 22 December, 2015

Dewan Nazrul Islam & Co  
Chartered Accountants