

ANNUAL REPORT 2014-2015



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, Website: www.bbf-bangladesh.org
IBFAN Representative in Bangladesh

GLOBAL PARTNERS

Innocenti Declaration 2005



unicef



WELLSTART
INTERNATIONAL



World Health
Organization

Annual Report: 2014-2015



বাংলাদেশ ব্রেস্টিফিডিং ফাউন্ডেশন

FOREWORDS



Prof. Dr. S. K. Roy
MBBS, M.Sc. Nutr (London)
Dip-in-Biotech (UNU), PhD
(London), FRCP (Edin)

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 month as well ensure appropriate and adequate nutrition for the pregnant and nursing mothers.

Our deepest gratitude goes to the 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

ACRONYMS:

BBF	Bangladesh Breastfeeding Foundation
BFHI	Baby Friendly Hospital Initiative
BIRDEM	Bangladesh Institute of Research and Rehabilitation for Diabetes, Endocrine and Metabolic Disorders
BPNI	Breastfeeding Promotion Network of India
BRAC	Bangladesh Rural Action Committee
BSMMU	Bangabandhu Sheikh Mujib Medical University
CS	Civil Surgeion
CWCH	Centre for Woman and Child Health
DGFP	Director General of Family Planning
DGHS	Director General of Health Service
FAO	Food and agriculture organization
GAIN	Global Alliance for Improved Nutrition
IBFAN	International Baby Food Action Network
ICDDR	International Centre for Diarrhoeal Disease Research, Bangladesh
ICMH	Institute of Child & Mother Health
ICDC	International Code Documentation Centre
IPH	Institute of Public Health
IPHN	Institute of Public Health Nutrition
MCWC	Mother and Child Welfare Centre.
MIYCN	Maternal Infant, Young Child Nutrition
MOH	Ministry of Health
MOH&FW	Ministry of Health & Family Welfare
NFPCSP	National Food Policy Capacity Strengthening Programme
RCHCIB	Revitalization of Community Health Care Initiatives in Bangladesh
RMCH	Rajshahi Medical College Hospital
SAM	Severe Acute Malnourished
SHSMC	Shaheed Suhrawardy Medical College
UHC	Upazila Health Complex
UH&FPO	Upazila Health & Family Planning Officer
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
WBCi	World Breastfeeding Cost Initiative
WHO	World Health Organization

Table of Contents:

1.	Overview of Bangladesh Breastfeeding Foundation.....
2.	GAVI CSO Constituency Project-2014.....
3.	Dissemination Workshop on Child Nutrition and BMS Act Collaborated with BRAC.....
4.	World Breastfeeding Week-2014.....
5.	One Asia Breastfeeding Partners Forum-10.....
6.	Dissemination of BMS Act-2013 in Seven Divisions of Bangladesh.....
7.	Pilot Project on Improved Recipe Trial among Severely Wasted (SAM) and Severely Underweight Children to See Their Impact on Nutritional Status.....
8.	Television spot on “Benefits of Breastfeeding and Hazard of BMS”.....
9.	Television spot on “ Complementary Feeding Recipes for 6-24 months children.....
10.	Launching Meeting of National consultation on World Breastfeeding Trends initiative (WBTi)- 2015.....
11.	Expert Committee Meeting On World Breastfeeding Trends Initiative (WBTi)-2015.....
12.	STAKEHOLDER’S DISCUSSION MEETING FOR CHOOSING THE RIGHT MANAGEMENT FOR SAM.....
13.	RUTF.....
14.	Annual General Meeting.....

Overview of Bangladesh Breastfeeding Foundation

Background:

Bangladesh Breastfeeding Foundation (BBF) is a philanthropic and non-profitable organization where a group of concerned and devoted medical professionals, scientists, public health professionals, nutritionists and individuals from government and non-government agencies are working actively from 1989 with a single goal of ensuring highest level of protection, promotion, and support of breastfeeding and optimal IYCF and Maternal nutrition in Bangladesh. From the year 1989 to 1995 UNICEF provided financial support 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 home-made complementary food after 6 months as well ensure appropriate and adequate nutrition for the pregnant and nursing mother.

Goal of BBF

The single goal of BBF is to significantly lower the morbidity and mortality rate 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 colostrum feeding for all babies from immediately after birth.

2. Continuation of breastfeeding at least up to 2 years 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 with health care infrastructural;
3. Effective communication strategies and community participation;
4. Legal framework: BMS Code implementation
5. Intersectional and gender-sensitive linkages.

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.



Launching Ceremony of "Immunization Platform of Civil Society in Bangladesh (IPCSB)

Activities of the GAVI CSO Constituency Project-2014 have done (August ,2014– December,2015)

1. Two person of facilitating CSO (BBF) received Financial training in Nairobi, Kenya in August 11-15th 2014
2. Key Stakeholder meeting, Introductory meeting with the NGOs and dinner with key Stakeholders at Pan Pacific Sonargaon were conducted during September
3. 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.
4. 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
5. CRS has provided a training workshop on 'Advocacy Strategy of IPCSB' from 9th-13th November, 2014
6. Dissemination Seminar of Advocacy Strategy of IPCSB was conducted on 17th November, 2014
7. 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.
8. 3rd General Meeting of IPCSB
9. A day long workshop on "Media communication strategy for improving immunization coverage in Dhaka City Corporation".
10. Launching Ceremony of the 'Immunization Platform of Civil Society in Bangladesh (IPCSB)'
11. Exposure visit to India with 6 members (Dr. S.K. Roy, CHO (DNCC & DSCC), Afroza Begum, 2 NGO members)



Fig: Picture: Launching Ceremony of the 'Immunization Platform of Civil Society in Bangladesh (IPCSB)



Dissemination Workshop on Child Nutrition and BMS Act Collaborated with BRAC

Background:

To control unethical promotion of Breastmilk Substitutes (BMS) Government of Bangladesh published a law titled “Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories Thereof (Regulation of Marketing), act 2013.” BRAC in collaboration with Institute of Public Health Nutrition (IPHN) and Bangladesh Breastfeeding Foundation (BBF) and support of USAID, planned to disseminate BMS act, 2013 at divisional level. Six divisional level seminars have been organized in Barisal, Sylhet, Khulna, Rajshahi, Rangpur and Chiottagong on “Child Nutrition and BMS marketing and regulation act, 2013”. BBF provide technical support to the BRAC.

Additional divisional commissioner giving speech on BMS act, 2013 workshops in Khulna.



How the Workshops were conducted (Methodology):

Divisional Director (Health) of respective Division chaired the workshops. Divisional commissioner or Additional divisional commissioners were present as chief guest. A resource person from Brac gave a presentation on Chairperson; BBF presented the History of BBF. After that he described the clauses of the law. After that a short presentation on Violation on BMS Act, 2013 has been presented by him. After the presentation an open discussion session was operated by the chairman of the program. Resource persons were attained the question answers. After the open discussion session Participants fill up a commitment sheet where they wrote their suggestions and commitment to implement the law.

Summary of the workshop:

S/N	Division	Venue	Date of the workshops	Resource person from BBF
1.	Barisal	Brown Complex, Barisal	6 th July, 2014	1. Dr. SK Roy, Senior Scientist & Chairperson, BBF 2. Kaniz Ferdouse, Program Manager, BBF
2.	Sylhet	Conference room, Divisional Commissioner's Office, Sylhet	28 th August, 2014	1. Khurshid Jahan, Director (Admin, Finance & ERID) BBF 2. Kaniz Ferdouse, Program Manager, BBF
3.	Khulna	Conference room, Divisional Commissioner's Office, Khulna	29 th September, 2014	1. Dr. SK Roy, Senior Scientist & Chairperson, BBF 2. Kaniz Ferdouse, Program Manager, BBF
4.	Rajshshi	Conference room, Divisional Director (Health), Rajshshi	22 th October, 2014	1. Kaniz Ferdouse, Program Manager, BBF 2. MS. Lutfunnesa, Program Officer, BBF
5.	Rangpur	Conference room, Divisional Director (Health), Chittagong	13 th October, 2014	1. Dr. Iqbal Kabir, Senior Scientist & Chairperson, BBF. 2. Kaniz Ferdouse, Program Manager, BBF
6.	Chittagong	Conference room, Divisional Director (Health), Chittagong	14 th October, 2014	1. Dr. Iqbal Kabir, Senior Scientist & Chairperson, BBF. 2. Kaniz Ferdouse, Program Manager, BBF



Participants of divisional workshop in Barisal.

Recommendation:

- 1) This law should be included in the mobile court law.
- 2) Need to disseminate the new BMS law in the all districts and upazila of.
- 3) More awareness program needed to aware the parents about hazards of BMS.
- 4) To implement the law media person should be involved.
- 5) More action should be taken against the violators of the law.
- 6) Health service providers (i.e. doctors, nurses, health workers, staffs of EPI) should be trained as they can council the mothers to increase the amount of breast milk if there is insufficient breast milk.
- 7) Doctors can play important role to implement the law
- 8) Each member of family is responsible to implement the law.
- 9) Breastfeeding corner and crèches should be establish in each working places as working mothers can breastfeed her child.
- 10) Punishment should be given to the law violators

World Breastfeeding Week-2014

Background:

This year marks the 22nd year the world has celebrated World Breastfeeding Week (WBW), and the fourth time the Government of Bangladesh has observed the event. WBW shines the international spotlight on infant and young child feeding issues for one week every year. Each year WBW is celebrated, the movement grows in prestige and popularity, and the Bangladesh Breastfeeding Foundation is proud to be a key event organizer and partner of WBW in Bangladesh. The slogan for World Breastfeeding Week -2014 was :

Mayer Dudh ar Ghorer Toiry Khabar ,

Lokkho Hok Sofol Jibon Pabar

Preparatory meeting: For the 2014 event, BBF executed the primary event preparation which involved a preparatory meeting with stakeholders including Government and development agencies.

Development of Promotional Materials: BBF developed promotional materials i.e. Souvenir, Action Folder, Leaflet, Poster and Cover Folders on WBW 2014



Honorable Prime Minister, Shiekh Hasina and other guest in the dais unveiled the first Bangla Complementary Feeding Recipe Book in Bangladesh

BTV Talk Show: A BTV Program 'discussion on WBW'14' was telecasted on 5 August at 7.00 p.m. Dr SK Roy, Chairperson of BBF attended as a guest on a BTV Talk Show, alongside esteemed Ministers of the Government. At this BTV Talk Show, the Ministers informed the benefits of breastfeeding and appropriate complementary feeding.

Mobile phone Message: A WBW themed text message was sent to everyone in Bangladesh through mobile phone.

Newspaper Supplement: For observing WBW, paper supplement containing messages published in four newspapers on 6 August (Figure 15). The newspapers are: The Samakal, The Daily Janakantha, The Amader Arthonoty and Bangladesh Protidin.

Press Briefing:

A press conference was held on 5th August 2014 at the conference room of MOH&FW. Honorable Health Minister Mohammad Nasim MP, addressed at a press briefing on the event of the formal inauguration of World Breastfeeding Week-2014.

The Health Minister informed the media about the Government's week long WBW program across the nation. The Health Minister requested to the print and electronic media to stop accepting advertising money from BMS companies immediately.

Rally on WBW 2014:

On 7th August, prior to the commencement of the Inauguration ceremony, a Rally held to raise awareness of WBW and infant and young child feeding issues in the public area. The Rally was started from Dhaka Shishu Park and finished at in front of the National Press Club. Honorable State



Picture : Honorable Health Minister is giving a press briefing on WBW'14 Minister, Mr. Zahid Maleque MP, MOH&FW, was the chief guest on that event

Inauguration ceremony:

The Honorable Prime Minister of the People's Republic of Bangladesh, Sheikh Hasina, Inaugurated the World Breast-feeding Week 2014 event as the Chief Guest at the Osmani Memorial Auditorium. Esteemed guests included: Honorable Minister, Mohammad Nasim, MOHFW; Honorable State Minister, MOHFW, Mr Zahid Maleque; MM Neazuddin, Secretary MOHFW; Dr Deen Mohammad Nurul Haque, Director General, DGHS; Md. Noor Hossain Talukder, Director General, DGFP; Dr. Md. Shah Nawaz, Director, IPHN and Line Director, NNS, and Chairperson, Board of Trustees of BBF, Dr S.K Roy. The ceremony was chaired by MM Neazuddin, Secretary, MOHFW.

The Honorable Prime Minister's speech acknowledged the importance of breastfeeding for the health of both women and their children, with particular emphasis on the positive impact breastfeeding has on the mother child relationship. She used the forum to announce the delivery of 10,000 additional nurses into the health system and instructed the Ministry to commence planning the development of appropriate public spaces for women to breastfeed in.

During the Inauguration ceremony, a documentary displaying the preparation activities for the event was screened, followed by the Prime Minister unveiling the first Bangla Complementary Feeding Manual in Bangladesh, which was developed by BBF with the financial and technical support of FAO and NFPCSP.



Picture: Stalls of “Health and Nutrition Fair”



WBW'14 observation by the Medical College Hospitals

The World Breastfeeding Week 2014 is being celebrated by the all Government medical college hospitals through seminar, and an hour long session on the importance of breastfeeding. Information materials like posters, folders and leaflets are being sent to the medical college hospitals from the BBF office. IPHN is providing a financial support to the 7 divisional level hospitals, nursing colleges, 64 district hospitals and 499 Upazila health complexes.

WBW'14 Observation by the NGOs:

Different NGOs are also observing the WBW through different activities in their field sites.

Save the Children: During the week TCM project (Tackling Childhood Malnutrition) of Save the Children organized Rally, discussion meetings, Special breastfeeding counseling from IMCI & Nutrition Corner and Community Clinics, Campaign on breastfeeding and IYCF using loudspeakers (Mike) in Nakla (Sherpur), Muladi (Barisal), Satkania (Chittagong) and Kulaura (Moulvibazar) upazillas:

BRAC: BRAC has organized Community Mobilization sessions in its 140 Sub districts to convey the messages of Breastfeeding with 3000 mothers successfully in the community. In collaboration with MoH&FW, BRAC has provided 4,879 orientation sessions with 3,775 community people, 29,153 pregnant women and 23,926 mothers who have children less than 2 years of age through Community Clinic (CC), Family Welfare Center (FWC) and rural dispensaries at the district and sub districts level. BRAC has also participated in the rallies organized by the Civil Surgeon Office at the district level and UH&FPO at the sub districts level to remind families about the importance of exclusive breastfeeding during the first six months of life and continued breastfeeding up to 2 years.

Concern Worldwide: Concern Worldwide has also celebrated WBW in their field sites. Orientation, discussion meetings were held on the World breastfeeding week 2014

One Asia Breastfeeding Partners Forum-10

Background

One Asia Breastfeeding Partners Forum-10 was held in Brunei Darussalam on 27-30 October 2014, and brought together over 100 participants from 21 countries of Asia and Ocean region: Afghanistan, Bangladesh, Bhutan, Brunei Darussalam, Peoples Republic of China, Hong Kong, India, Indonesia, Republic of Korea, Lao PDR, Malaysia, Maldives, Nepal, Philippines, Palau, Singapore, Civil Society, professionals, and International organizations.

The theme of the Forum was “Complementary Feeding of Infants and Young Children-Give Mom Access to Appropriate Food, No Child will Go Hungry”. It was jointly hosted by Ministry of Health (MOH) Brunei Darussalam and International Baby Food Action Network (IBFAN) Asia. Bangladesh joined the forum with a large group (10) of govt. high officials, scientist, academicians, pediatricians and researchers to present our achievement till now and to show their commitment and integrity toward improvement of infant and young child feeding in Bangladesh. Dr. S K Roy, Chairperson, BBF and Arda Jahan, Program Assistant, BBF were also joined from Bangladesh.



Picture: Participants of One Asia Breastfeeding Partners Forum-10



Picture: Dr. SK Roy giving speech on the opening ceremony

Opening Ceremony:

The 3 day long forum was officially opened on 27th October, 2014 by the Royal Highness Paduka Seri Pengiran Anak Puteri Hajaj Masna binti Al-Marhum Sultan Haji Omar “Ali Saifuddien Se’adul Khairi Waddien. In the opening ceremony she also launched the “Brunei Darussalam: Journey towards Comprehensive Maternal, Infant and Young Child Nutrition (MIYCN)” and the “National Strategy of Maternal, Infant and Young Child Nutrition in Brunei Darussalam 2014-2020”. The ceremony continued with the key note presentation on “Feeding the future-Challenges and Opportunities” by Dato Anwar Fazal, Co-founder of IBFAN and WABA from Malaysia.



Picture: Poster on BFHI in Bangladesh

Exhibition:

Different countries participated in the Poster presentation and displayed posters and different IYCF materials. Bangladesh presented 2 posters on BMS Act Monitoring and revitalization BFHI in Bangladesh.

Sessions of 1st day's Scientific Program: Complementary Feeding for Asia's Children and Resources'

1: “Global Recommendations on Complementary Feeding-Need for a Relook”.

Speaker: Dr. KP Kushwaha, Principal and Head of Pediatrics Department, BRD Medical College, Gorakhpur, India.

2: “The ‘Hottest’ Products In Baby Food Marketing Today”.

Speaker: Annelies Allain, Director of International Code Documentation Centre (ICDC), Co founder of IBFAN, Netherlands and Malaysia.

3: “Growing up Milk Perceptions”.

Speaker: Professor Dr. Adlina Suleiman, Medical professor, National Defense University of Malaysia, Malaysia.

4: Food in Emergencies.

Speakers:

- Dr. Romelei Camiling-Alfonso, Family Medicine Trainer for essential Interpartum and Newborn Care, Maternal and Child Health Integrated Program of Mag-Ina Kalusugan, Manila, Phillipines
- Dr. Renuka Jayatissa, Consultant Medical Nutritionist, MOH, Colombo, Srilanka
- Dr. Chwang Leh Chi, Nutrition Professor, Taipei Municipal Gan-Dau Hospital, Chinese Taipei
- Mia Sutanto, Founder and Chairman of Indonesian Breastfeeding Mothers' Association, Indonesia

In the 1st day of scientific program it was summarized that the ever-emerging scientific evidence indicates the need for revisiting the WHO guideline for complementary feeding. It was noted that loopholes exist in the current guidelines on complementary feeding for breastfed children, which are being used as entry points by commercial vested interests in pushing of commercial products as complementary foods. Phillipines, Srilanka, Chinese Taipei and Indonesia shared their experiences in managing and saving lives of children during emergencies with appropriate IYCF. It was recognized that good complementary feeding based on indigenous foods is the sustainable way forward.

Sessions of 2nd day's Scientific Program: Food Security and Safety

1: "Using Home-made, Local Food to treat Acute Malnutrition".

Speaker: Dr. S K Roy, Senior Scientist, Chairperson, BBF, Bangladesh.

2: "Food in preventing Diseases and Improving Health".

Presentation 1: Food that Heals, Food that makes you ill.

Speaker: Ma. Ines Av. Fernandez, IBFAN SEA Representative, Mass Communication Specialist, Philippines

Presentation 2: Food and Spirituality

Speaker: Siti Norjinhah Moin, President, Breastfeeding Information Bureau, Malaysia

3. "Dangers of processed foods Marketed for Children and Moms".

Speaker: Kim Jaiok, Consumers Korea President (Int.), South Korea, IBFAN East Asia Representative

4. Protecting Food Safety and Food Security through Codex Alimentarius

Speaker: Dr. J P Dadhich, Senior Paediatrician, India and National Coordinator, BPNI, India.

5. Complementary Feeding Innovative Food Resources and Community Participation

Speakers:

From South Asia: Dr. Homayoun Ludin, National IYCF Consultant, Afghanistan and Dr. S K Roy, Chairperson BBF, Bangladesh, Ms. Meena Kumari Gurung, Bhutan

From South East Asia: Dr. Yupayong Hangchaovanich, Obstetrician and Gynecologist, Secretary General of Thai Breastfeeding Centre Foundation, Dr. Khamseng Philavong, Pediatrician, Deputy Director, Centre of Nutrition, Ministry of Health, Lao PDR and Dr. Quan Le Nga, Director of Light, Community Health Development Program, Hanoi, Vietnam.

From East Asia: Dr. Zhang Shuyi, Assistant Professor, Capital Institute of Pediatrics, Beijing, P.R. China; Dr. Chwang Leh Chi, Nutrition Professor and Taipei Municipal Gan Dau Hospital, Chinese Taipei.

From the research evidence of Bangladesh, India, Philippines it was noted that treating Acute Malnutrition with commercial foods specially packaged RUTF with high fat content has long term adverse effect and therefore needed to be replaced by freshly cooked home-based indigenous foods. It was also recognized that severe malnutrition in children can be prevented and treated by good caring environment and cooked food to children.

In the following sessions it was shown that how traditional foods can immensely prevent diseases and provide healing and how hazardous is using high sugar, high fats and high salt in diet. The session on using Codex Alimentarius to protect food safety and food security looked into the process of developing standards for composition, labeling, hygienic preparation and storage of foods for infants and young children.

Presenters and participants were further concerned over the lack of food insecurity and access to and increasing commercialization of portable water. Furthermore, they recognized that little attention has been paid to women and children in policy and plan of action on management of disasters and emergencies. They were also alarmed over the unnecessary push of infant formula and other processed and therapeutic foods in such situations.

5. Undertake World Breastfeeding Trends initiative (WBTi) and World Breastfeeding Costing Initiative (WBCi) processes on an urgent basis to benchmark the progress and implement the Global Strategy for Infant and Young Child Feeding in its entirety.
6. All countries in Asia and Oceania should set up community-based projects or programmes to prevent malnutrition through the use of freshly cooked, home-based indigenous foods, as well as use of locally produced foods for treating malnutrition.
7. Countries facing malnutrition among women and children should take all efforts to provide appropriate food-based solutions, and stop the widespread use of commercial multiple or single micronutrient supplements.
8. Countries should establish a system of monitoring and evaluation for MIYCN implementation to track programme management and impact as well as strengthen IYCF initiatives by mainstreaming it into health care systems.
9. Policy development and regulatory mechanisms at all levels of food and nutrition policy must be free from conflict of interest.

Institutionalize health care worker training on skills in breastfeeding counseling at all levels in the community particularly focusing on locally grown indigenous complementary foods.

Dissemination of BMS Act-2013 in Seven Divisions of 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 the breast milk substitutes in 1984 Ordinance no.(XXXIII), which was amended in 1990. Government of Bangladesh preceded and won 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.



Picture : Dr. S.K.Roy, Chairperson, BBF is delivering speech on BMS act 2013

The BMS code. 1984 ordinance was weak; therefore according to the Prime Minister's declaration on the World Breastfeeding Week (WBW) in 2010, to strengthen the BMS code. Government along with BBF and civil societies has developed a new law which is the adaptation of international law. 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 code monitoring in Bangladesh where several BMS code violations were detected from eight districts of four divisions. From the findings of the pilot project it was realized that to reduce unethical act a monitoring system should be established in the Government health system .To serve that purpose, BBF with collaboration of IPHN and support of UNICEF Bangladesh a project titled "Establishment of BMS code monitoring system in Bangladesh" was carried out in 128 preselected upazila of sixty four districts from May, 2013 to May 2014.

To control unethical promotion of Breast-milk Substitutes (BMS), Government of Bangladesh published a law titled "Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories Thereof(Regulation of Marketing), act 2013." To implement the law it is very important to disseminate the law. Civil surgeon, UH&FPO, law enforcement agencies should aware about the new BMS act-2013 as they are responsible to implement the law country wide. Institute of Public Health Nutrition (IPHN) and Bangladesh Breastfeeding Foundation (BBF) with the support of WHO Bangladesh, IFBAN ASIA,SAFANSI planned to disseminate the new BMS act, 2013 at divisional level by organizing divisional workshops in 7 divisions of Bangladesh. In the meantime, twelve divisional level workshops have been organized in Khulna, Chittagong, Rajshahi, Barisal, Rangpur, Sylhet, and in Dhaka Division.

Project Goal and Objectives:

General objective:

To aware the stakeholders and mass people about BMS law 2013.

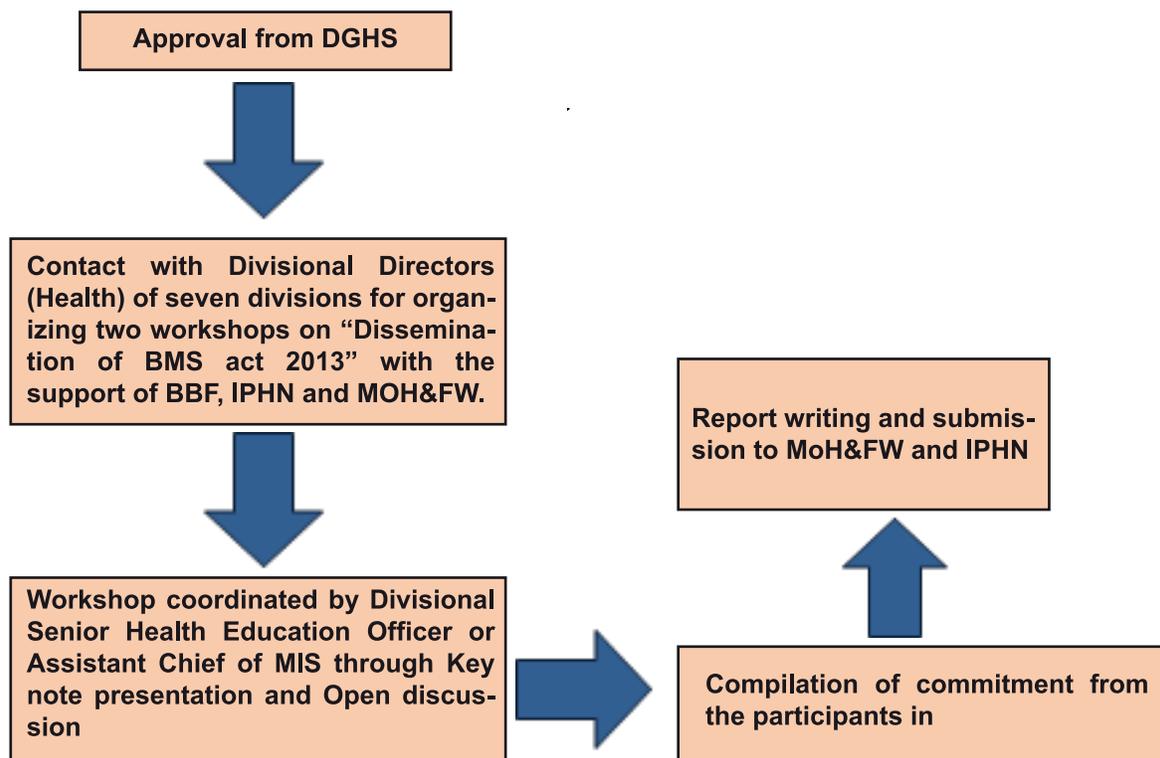
Specific objectives:

To orient the staffs of civil surgeon's office to support BMS act monitoring activities.

To aware the health professionals about BMS act, 2013

To aware the mass people about BMS act, 2013 and hazards of BMS.

Methodology



Implementation of the Project

Bangladesh Breastfeeding Foundation sent letter to IPHN for organizing divisional workshops collaborated with IPHN and DGHS. After getting approval from the DGHS, a letter was sent to the Divisional Directors (Health) of seven divisions for organizing two workshops on “Dissemination of BMS act 2013”. Then BBF contracted the Divisional Directors (Health). With the permission of Divisional Directors (Health), Divisional Senior Health Education Officer or Assistant Chief of MIS the workshops were coordinated among seven divisions of Bangladesh. The project started on 26th of February 2015.

Procedure

Divisional Director (Health) of respective Division chaired the workshops. Divisional commissioner or Additional divisional commissioners were present as chief guest. Dr. SK Roy, Chairperson, BBF presented the key note presentation on the history of BMS Act. Then he described the clauses of the law and presented a short presentation on Violation of BMS Act, 2013. After the presentation, an open discussion session was operated by the chairman of the program. Resource persons described all the question's answers. After the open discussion session participants filled up a commitment sheet where they wrote their suggestions and commitment to implement the law.

The workshops were proceeded in the following way:

Workshop 1 and 2 are conducted in the seven divisions of Bangladesh:

S/N	Division	Venue	Date of the workshops	Participants Number
1.	Khulna	Conference room, Divisional Commissioner's Office, Khulna	27 th September, 2014	31
		Conference room, School Health Clinic, Khulna	28 th September, 2014	31
2.	Chittagong	Conference room, Divisional Director (Health), Chittagong	13 th October, 2014	38
		Conference room, Divisional Director (Health), Chittagong	14 th October, 2014	32
3.	Rajshahi	Conference room, Divisional Director (Health), Rajshahi	10 th November, 2014	38
		Conference room, Divisional Director (Health), Rajshahi	11 th November, 2014	33

4.	Barisal	Conference room, Brown Complex, Barisal	18 th November, 2014	
		Conference room, Brown Complex, Barisal	19 th November, 2014	
5.	Rangpur	Conference room, CS Office, Old Sadar Hospital, Rangpur	3 rd December, 2014	47
		Conference room, CS Office, Old Sadar Hospital, Rangpur	4 th December, 2014	42
6.	Sylhet	Conference room of Divisional Director Family Planning, Divisional Director Multistoried Building, (Health), Sylhet	23 th December, 2014	33
		Conference room of Divisional Director Family Planning, Divisional Director Multistoried Building, (Health), Sylhet	24 th December, 2014	34
7.	Dhaka	MIS Auditorium, DGHS, Mohakhali, Dhaka.	28 th January, 2015	62
		MIS Auditorium, DGHS, Mohakhali, Dhaka.	7 th February, 2015	84



Picture : Dignitaries and participants in divisional workshop at Rangpur

Commitments, Recommendation and Outcomes of the workshops

Number and Types of Participants	Commitments made by the Participants	Recommendation made by the Participants	Outcome of the Workshops
<p>Average 40 participants participated in each program including-</p> <p>Civil Surgeons</p> <p>Divisional commissioner</p> <p>District commissioner</p> <p>Magistrates</p> <p>Police</p> <p>Media personnel</p> <p>Pediatricians</p> <p>Gynecologists</p> <p>Representatives of local, national and international NGOs who are working with IYCF</p>	<p>Will cooperate with the law enforcement agencies to implement the law</p> <p>Will help to dissemination of BMS LAW through Media</p> <p>Will play role to create awareness about breastfeeding and Hazards of BMS.</p> <p>Will counsel mothers about the importance of breastfeeding and Hazards of BMS</p>	<p>BMS act implementation process should be emphasized</p> <p>Counseling should be done to the pregnant mother about hazard of BMS product and benefits of breastfeeding.</p> <p>Benefits of breastfeeding and complimentary feeding should be included in the Medical Curriculum.</p> <p>Health professionals should be trained on BMS Act so that they can counsel mothers on benefits of breastfeeding and hazards of using BMS products.</p>	<p>Government high officials i.e. Divisional Commissioner, Additional Divisional Commissioner, Deputy Commissioner, Divisional director and UH&FPOs became aware about BMS act, 2013 and committed to implement the law in each division.</p> <p>Media personnel and development partners also became aware about this law. They committed to play role to create awareness among the people in their respective area.</p>

Pilot Project on Improved Recipe Trial among Severely Wasted and Severely Underweight Children to See Their Impact on Nutritional Status

Background:

Many advanced cases of SAM are complicated by concurrent infective illness, particularly acute respiratory infection, diarrhea, and gram-negative septicemia. Case-fatality rates in hospitals treating SAM in developing countries average 20–30% and have remained unchanged since the 1950s despite the fact that clinical management protocols capable of reducing case-fatality rates to 1–5% have been in existence for 30 years.

The treatment of severe acute malnutrition occupies a unique position between clinical medicine and public health. The causes are essentially poverty, social exclusion, poor public health, and loss of entitlement, and most cases can be prevented by economic development and public-health measures designed to increase dietary quantity and quality alone, with no need for clinical input.

Severe wasting is not the only form of malnutrition that kills children. A re-analysis of six published population-based studies of anthropometry-mortality indicated that mild to moderate malnutrition was associated with increased mortality and that there was an epidemiologic synergism between malnutrition and morbidity.

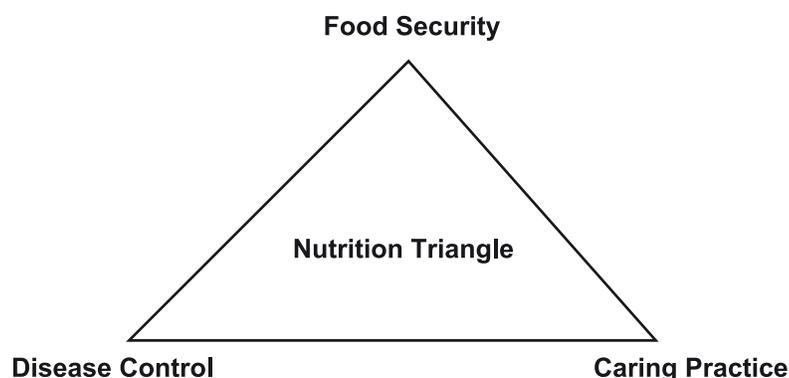
It appears from the current evidence that malnutrition has a far more powerful impact on child mortality than generally appreciated, and strategies combining prevention and treatment of mild to moderate, and severe acute malnutrition will be more effective to address this challenge and reduce its negative impacts.

Child under nutrition and mortality

Severe acute malnutrition is defined by a very low weight for height (below -3z scores of the median WHO growth standards), by visible severe wasting, or by the presence of nutritional oedema. Decreasing child mortality and improving maternal health depend heavily on reducing malnutrition, which is responsible, directly or indirectly, for 35% of deaths among children under five. Although the median under-five case-fatality rate for severe acute malnutrition typically ranges from 30% to 50%, it can be reduced substantially when physiological and metabolic changes are taken into account².

Food security, disease control and caring practice are the three important angles of the nutrition triangle (figure 1). These three points are necessary to reduce malnutrition. The regions which have a high percentage on malnutrition are lack of this nutrition triangle.

Figure 1: Nutrition Triangle



WHO child growth standards and their implications

In 2006, the World Health Organization released new child growth standards. The introduction of these standards with the z-score criterion (weight-for-height < -3 z-score) for identifying children for admission into SAM treatment programs has some important programmatic implications. Using < -3 z-score implies the inclusion of children who are younger but have relatively higher weight-for-height on admission compared with the National Center for Health Statistics (NCHS) reference that uses weight-for-height $< 70\%$ of the median criterion for SAM case detection. Using the WHO standards in developing country situations results in 2-4 times increase in the number of infants and children falling below -3 SD compared to using the former NCHS reference. The introduction of the WHO child growth standards (and MUAC < 115 mm) to identify SAM children will increase the caseload for therapeutic feeding programmes, however at the same time, more children will be detected earlier and in a less severe state; thereby resulting in faster recovery and lower case fatality rates. Increasing numbers of children with SAM identified using the new WHO cut-offs has cost and human resource implications, especially in resource-poor settings.

WHO child growth standards and their implications

In 2006, the World Health Organization released new child growth standards. The introduction of these standards with the z-score criterion (weight-for-height < -3 z-score) for identifying children for admission into SAM treatment programs has some important programmatic implications. Using < -3 z-score implies the inclusion of children who are younger but have relatively higher weight-for-height on admission compared with the National Center for Health Statistics (NCHS) reference that uses weight-for-height $< 70\%$ of the median criterion for SAM case detection. Using the WHO standards in developing country situations results in 2-4 times increase in the number of infants and children falling below -3 SD compared to using the former NCHS reference. The introduction of the WHO child growth standards (and MUAC < 115 mm) to identify SAM children will increase the caseload for therapeutic feeding programmes, however at the same time, more children will be detected earlier and in a less severe state; thereby resulting in faster recovery and lower case fatality rates. Increasing numbers of children with SAM identified using the new WHO cut-offs has cost and human resource implications, especially in resource-poor settings.

SAM and severely underweight in Bangladesh

In the year 2011 it was reported that 41% of our under five children are stunted (chronic malnutrition that) and 15% are severely stunted, the rate of wasting (acute malnutrition) is 17% and severe wasting is 4% in Bangladesh¹.

The National Micronutrients Status Survey (MNSS-2011-2012) shows that underweight, stunting, and wasting prevalence among under 5 children are comparatively higher in slum area than urban and rural areas³. Wasting prevalence are 20.3%, 12.9% and 21.1% in slum, urban and rural respectively whereas stunting prevalence are 51.1%, 31.3% and 31.4% in slum, urban and rural respectively¹.

The Bangladesh urban health survey 2013 also showed similar status, the prevalence of wasting and stunting are comparatively higher among slum children. Stunting prevalence among city corporation slum, city corporation non-slum and other urban are 50, 33 and 37 respectively¹. A total of 9217 households of under-2 children surveyed in the NNP baseline survey 2004 (index child) were revisited in 2007. Out of 9217 index children, a total of 75 children died before their fifth birthday from 2004 to 2007. Among them, 49 (65.3%) died due to non-accidental causes and 26 (34.5%) died due to accidental causes. Septicemia, shock and pneumonia were identified as the major causes of non-accidental death.

About 23.7% of children were moderately underweight (-2 to -3 WAZ) and among them the proportion of death was 16.7%, while 11.9% of the children were severely underweight (<-3 WAZ) and among them the proportion of total death was 35.4%. The relative risk of death compared to normal is 3.84. The relative risk of non-accidental death was 3.84 times higher among the severely underweight children. The proportion of the children with moderate (-2 to -3 WHZ) and severe (<-3WHZ) wasting was 11.6% and 3.6% respectively. Among them, the proportions of death were 16.7% and 10.4% respectively. Severely wasted children had 3.41 times higher risk. The relative risk of mortality was very high among severely underweight children, higher than the severely wasted children. However, the proportion of under five (<5) death due to severe under nutrition was more than 3 times higher (35.4% vs. 10.4%) compared to severe wasting.

Bangladesh 1.2 % of the ~17 million under-five children, approximately 200,000 are believed to be severely wasted. But according to new WHO- Growth Reference Standard 2006, the proportion of children with severe wasting is 2.9 % thus the total number being 500,000.

In the southern region of Bangladesh, a pilot CMAM program initiated by an NGO has shown a high recovery rate (92%), even at the upazila (subdistrict) level. The Sixth Five Year Plan of the government emphasizes SAM as an important deterrent of child health, while the operational plan of the newly established National Nutrition Services (NNS) includes SAM as an action item. Despite all these positive steps, there is no national program to take care of the more than half-million children living with SAM and the close to 2 million children with MAM. The major reason behind this situation is faulty dietary practice and repeated infection. If we consider the current IYCF practices in Bangladesh, BDHS 2011 shows 64% of our children are exclusively breastfed, 21% of children aged 6-23 months are fed with minimum acceptable diet. The FSNS surveillance shows that 31% children aged 6-23 months have given minimum acceptable diet. However, 13% of 0-23 months old children were bottle fed. Per capita daily consumption of oil is found 24.4g at the national level and 22.9g, 29.7g and 25.9 g in the rural, urban and slums clusters, respectively. In preschool children the average daily consumption of total iron was 4.61 mg, 4.65 mg and 4.10 mg in the rural, urban and the slum clusters, respectively. The consumption of animal source (hem iron) was 0.94 mg, 1.12 mg, 0.96 mg in the rural, urban and the slums respectively.

WHO and UNICEF recommendations

WHO and UNICEF recommend the use of a cut-off for weight-for-height of below – 3 SD of the 2006 WHO child growth standards or a MUAC < 115 mm to identify infants and children (6-60 months) as having SAM²⁶. The prevalence of SAM based on weight-for-height below -3 SD or a MUAC < 115 mm are very similar. The presence of bilateral edema remains another independent indicator of SAM.

With the new WHO standards, it was also essential to redefine the discharge criteria for in-patient SAM children. It is recommended that the discharge criterion be based on percentage weight gain. For simplicity, it is possible to use 15% weight gain as discharge criterion for all infants and children admitted to therapeutic feeding programs.

The lower case fatality rates and slower weight gains of children selected by the WHO standards should be taken into account when monitoring the effectiveness of therapeutic feeding programs. To improve planning, it is vital that the same criteria are used for estimating caseload as are being used for admission into programs.

Rationale

In Bangladesh management of SAM children at the facility level and community level includes the use of commercially produced milk based therapeutic food F-75 and F-100. On the other hand there is an increased interest of using RUTF (a high energy dense therapeutic food) to manage SAM. But most of its energy comes from fat and the principle is to gain weight in relatively short time.

But a child doesn't become severely malnourished in 2 weeks and there is no justified reason that they need to gain weight within this short time. Use of this high fat content to gain weight ignores the growth of muscle and bone, only deposition of fat in thigh and buttocks and weight gain is not a significant indicator to convince that the child will not become malnourished again when treatment period (2 weeks) will be over. Besides feeding children with these commercially produced therapeutic food ignores that when the child will go home they will have to eat the usual home diet. Therefore it is necessary to introduce mothers of SAM children with innovative ideas to produce homemade nutritious recipes adequate to attend the catch up growth and improve their nutritional status. It may take a longer time compared to commercially produce therapeutic foods but it is feasible, sustainable and scientific. The foods that will be given to the children is well tested in moderate malnourished children, which is nutritionally sound and easy-to-prepare complementary foods containing common, inexpensive, locally available foods and adequate nutrients dense²⁸.

Through this pilot project the impact of 6 scientifically developed improved recipes for treating malnourished children will be measured. This will be used as a scientific proof for managing SAM with home based diet.

Project Goal and Objectives:

General objective:

General objective of this study is to see the impact of selected improved recipes on nutritional status of SAM and Severe undernourished children

Specific objectives:

To observe the status of recovery from SAM by applying regular food to SAM children eg. Weight gain.

To test the efficacy of locally available homemade foods to manage SAM.

To assess the WAZ of the studied children at enrollment and after discharge.

To observe the acceptability of these homemade recipes among people.

To assess the cost of locally available homemade food.

Methodology

Study design	This is an intervention study in hospital setting. The study population will be selected in a single group. Baseline data will be collected for that group. Thereafter, Nutrition education and recipe trial will be provided to ensure energy and protein requirement and meet minimum acceptable diet. At end line, data will be collected (using same questionnaire) to see the impact
Study population	SAM children who are 6 months to 5 years admitted in the hospital.
Inclusion criteria	Children with <-3WHZ and <-3WAZ. Children with MUAC <115 mm Children who have not taken RUTF Children who have received treatment for infections.
Exclusion criteria	Children who are taking RUTF Children whose mother/caregivers refuse to cooperate.
Study area	This study is conducting in the ICMH, Matuail
Total sample size:	According to above calculations, the total sample size will be 37. A total of 37 children will be selected
Project duration	6 (six) months

Utilization of results:

The result of this study will be beneficial for severe wasted and severely malnourished children. Their parents will be counseled on a cost effective way to fight against malnutrition. The poor families will be able to provide the treatment properly through locally available foods to their malnourished children. A public consciousness can be established through this study. The parents will know how to protect their children from unhygienic environment, improper diet, infant formula etc. The health workers will also be benefited through the study by sharing knowledge. Therefore, stakeholders, NGO's & Government policy level implementers will use the result for the management of malnourished

Team structure:

Principal Investigator: 1

Co- Principal Investigator: 1

Co- Investigator: 4

Program Manager: 1

Research Officer: 1

Research Assistant: 2

Supervisor: 1

MLSS: 1

Baseline data collection

Baseline data (quantitative) are collecting to assess the feeding practice and nutritional status of children.

Data collection:

A pre-structured questionnaire and digital recorder is using to collect quantitative data.

Variable list for quantitative data collection

Major Variables	Minor Variables:
i.Socio-economic Background	i.Past history of feeding
ii. Anthropometric measurements (height weight and MUAC).	ii.Preparation of food
iii.Frequency of feeding	iii.Food availability in household level
iv.Expenditure on food.	

Intervention strategy:

Following baseline data collection, for first 3-4 days children will be fed with milk, sugar, oil based liquid feed (F-75/F-100). Children that of infection will be provided with F-75 or F-100 for 2 days. Then the child will be fed with homemade complementary improved food recipes to provide 100-110 kcal/kg body wt/day to the selected children. After successful feeding of these foods for first 4 days considering the condition of the children the given homemade recipes will be increased to provide 130-150 kcal/kg/day from the 5th day onwards up to 10th day of the intervention.

Table 1: Consumption of energy at intervention period

Energy	Time
100-110 kcal/kg/day	4 Days
130-150 kcal/kg/day	6 Days

Children will be fed in 2 hours interval and feeding weight would be calculated depending on the baseline weight of the children.

Recipe	Energy density	Protein density
1.Egg suji	1.56	3.83
2.Egg Khichuri	1.4	6.33
3. Fruit firni	1.55	3.79
4. Papaya halwa	1.4	3.00
5. Chirapolaw	1.76	3.11
6.Suji Halwa	1.8	3.29

Nutrition Education

Nutrition education will be provided on the basis of Nutrition triangle (Food security, Disease control, Caring practice). IEC materials (e.g. posters, leaflets, flip chart etc) will be used to describe the benefits of feeding different locally available and home-made food to improve their child's nutritional status and how to prepare and feed. They will be taught how to take care of their children and what necessary steps they should be followed to reduce disease frequency among their children. Research assistants will try to convince the mothers to feed their children with homemade local food rather than commercially produced packaged food when they go back home.

Table 2 : Counseling routine.

Day	Time	Topic
1 st day	11-11:45 AM (Morning)	Importance of breastfeeding. Complementary feeding : recipe 1
	3-3:45 PM (Evening)	Importance of complementary feeding. Feedback
2 nd day	11-11:45 AM (Morning)	How to take care and feed your child in disease condition Complementary feeding : recipe 2
	3-3:45 PM (Evening)	Hazards of Infant formula. Complementary feeding : recipe 3
3 rd day	11-11:45 AM (Morning)	Personal hygiene Feedback of recipe 3
	3-3:45 PM (Evening)	Complementary feeding : recipe 4 Locally available food selection for balanced diet.

4 th day	11-11:45 AM (Morning)	Counseling and Feedback of recipe 1 & 2
	3-3:45 PM (Evening)	Child feeding method.
5 th day	11-11:45 AM (Morning)	Feeding methods of recipe
	3-3:45 PM (Evening)	Counseling. Feedback
6 th day	11-11:45 AM	Complementary feeding: recipe 6

Monitoring nutritional status of children:

Research Assistants will regularly monitor the weight (each day) and height (once a week) of the children while providing the recommended diet. After discharging from hospital Research Assistants will follow up the children up to 1 month by home visit or by any other means of communication once a week and also monitor the weight, height and MUAC measurement. They will also carry on the counseling of the mothers and their family.

Counseling on Home Feeding:

The mothers of the children will be taught to prepare khichuri at home from cooked items such as rice, fish/meat/egg, vegetable, daal and milk with 5tsp oil to give children 4-5 times a day. Seasonal fruits will be advised to give children egg, orange, plums, banana, mango, jackfruit, papaya, guava etc.

Possible Result

Weight gain of children and improved nutritional status (WAZ) compared to baseline.

It is expected that treating SAM children with local home diet would yield a positive impact on the child's nutritional status and this study would be a strong scientific evidence of treating SAM with local diet is effective and sustainable.

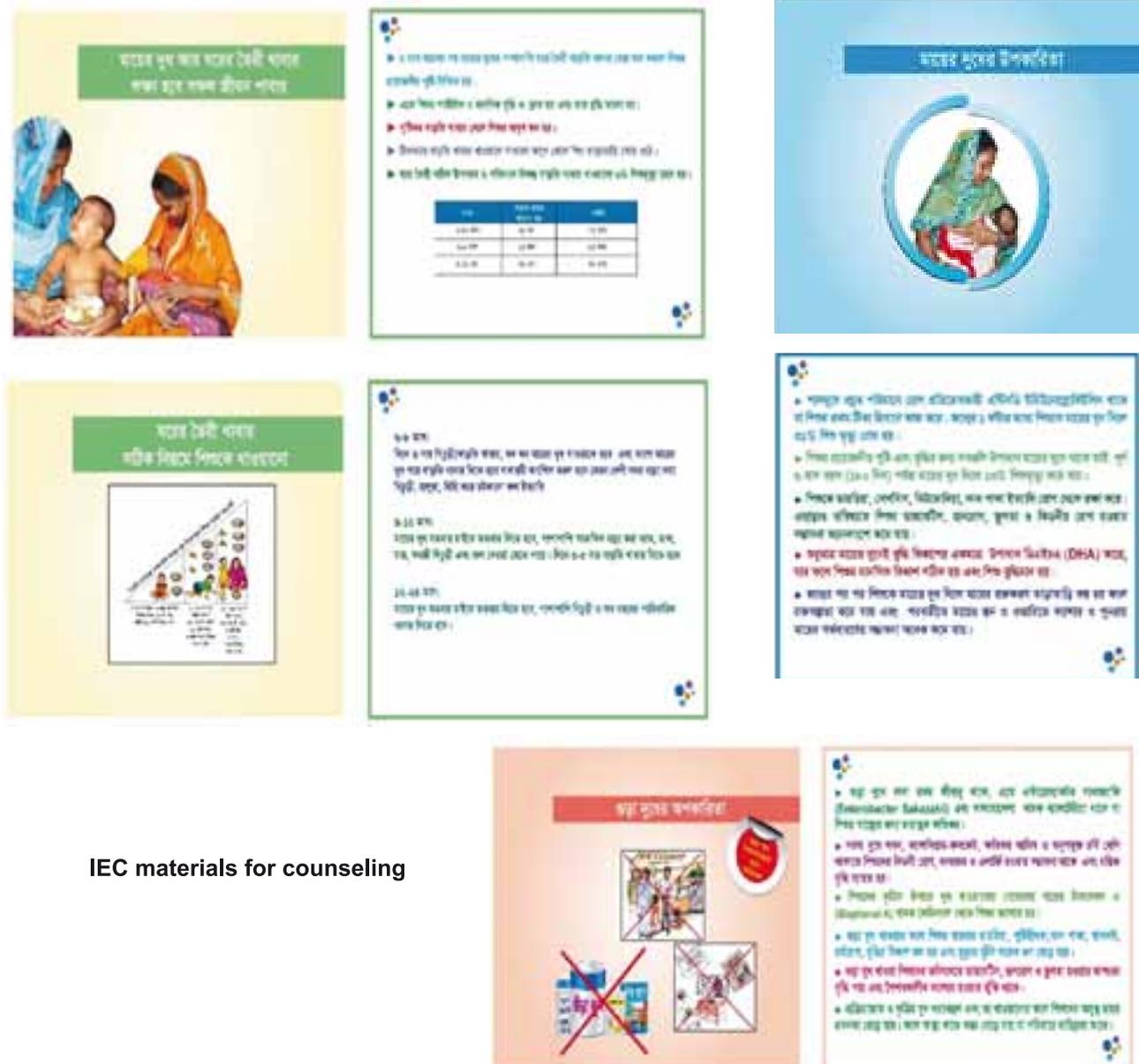
Current status of the research project:

Finalization of proposal and contact sign:

The proposal and work plan has been finalized. Agreement was signed between BBF and ICMH to conduct the project in the SAM unite of ICMH.

Development of the structured questionnaire and counseling tool:

A structured questionnaire has been developed which is used to collect base line and end line data of the respondent. After piloting of the questionnaire, it is finalized. Furthermore, counseling tool such as guideline for recipe trial, flip chart, poster, and leaflet have been developed and finalized.



IEC materials for counseling

Staff recruitment and Training:

Two Research Assistants, one Supervisor and one MLSS are recruited. Training has been given on project activities, questionnaire and how to use the counseling tool to the Research Assistants and Supervisor.

Procedure of the intervention:

Till now seven among thirty seven baseline data are collected to assess the feeding practice and nutritional status of the children through the pre-structured questionnaire and digital recorder. Nutrition education is provided to the mothers of the children by using the developed IEC materials (e.g. posters, leaflets, flip chart etc) to make them aware regarding benefits of different home-made food and this is indispensable for their children to improve nutritional status and demonstrate how to prepare the selected locally available food. Every day Research Assistants are monitoring the weight and measuring height once a week of the children. After discharging from hospital Research Assistants will follow up the children once a week and also will monitor the weight, height and MUAC measurement.

Television Spot on “Benefits of Breastfeeding and Hazards of BMS”

Background

Breastfeeding has many health benefits for both the mother and infant. Breast milk contains all the nutrients an infant needs in the first six months of life. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia, and may also have longer-term health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence.

Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or beyond.

Globally, diarrheal disease is the second leading cause of under-five mortality, accounting for 2 million deaths per year. Lack of exclusive breastfeeding among infants 0-5 months of age and no breastfeeding among children 6-23 months of age are associated with increased diarrheal diseases and mortality ratio in Bangladesh. The majority of these deaths can be prevented by the timely use of oral rehydration solution (ORS) and continued feeding practices.

Exclusive breastfeeding (EBF) means if an infant does not have any solid, water or other liquids for 3-6 months. Exclusively breastfeeding significantly reduced the risk of GI tract infection by 40% and atopic eczema by 46% and other diseases as well.

Two of the leading killers of children under age 5 are pneumonia and diarrhea. Accounting for 29 per cent of deaths among children under age 5 worldwide or more than 2 million lives lost each year.

Nearly 90 per cent of deaths due to pneumonia and diarrhea occur in sub-Saharan Africa and South Asia. The main reason for this situation is lack of knowledge in infant feeding practice. It is also associated with factors such as poverty, ignorance, mal-nutrition and lack of access to essential services.

Rationale:

Television telecasts are strong means of communication. Multiple communication channels matched to media habits can reach a substantial proportion of mothers and others who influence their IYCF practices. Television networks in Bangladesh have a potential coverage of about 97 percent of the country's population. Besides education and entertainment, its mandate is to ensure the equitable dissemination of information to the mass people. Therefore, TV spots on breastfeeding and hazards of BMS in different TV channels can act as a strong influential tool in rapidly reaching mothers, household members, community influential, and health workers on a large scale toward improved Breastfeeding practices.

In many research it shows that non breastfed children had relatively high risk of death and health hazard compared to breastfed ones. In Bangladesh bottle feeding rate is still very high which can lead children to various diseases and increases infant mortality ratio. To protect children and to regulate BMS product government of Bangladesh established BMS Act in 2013. But various companies are aggressively violating BMS Act which is threat to young children and overall to this country. This research will help to find strong positive association between BMS product and health hazard to young children aged 0 to 1 years. Therefore, it will be possible to collect strong evidence of violating BMS act 2013 which will help to take necessary steps against these companies. This research will be beneficial for stakeholders, NGO's and government policy planners to evaluate the status and also findings will be helpful as evidence on the use of BMS act to protect child and prevent these companies from their aggressive action.

Methodology

Target group:

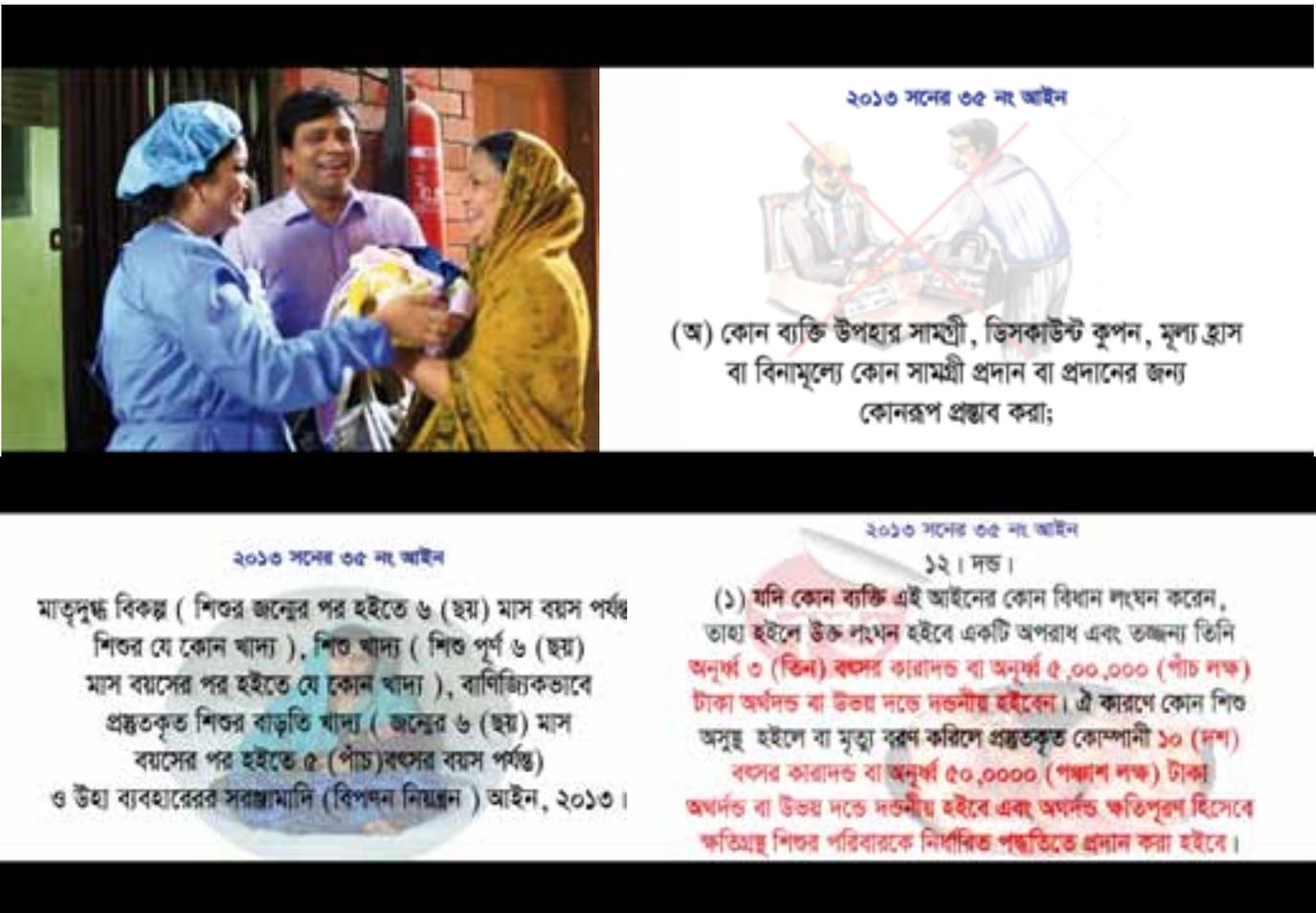
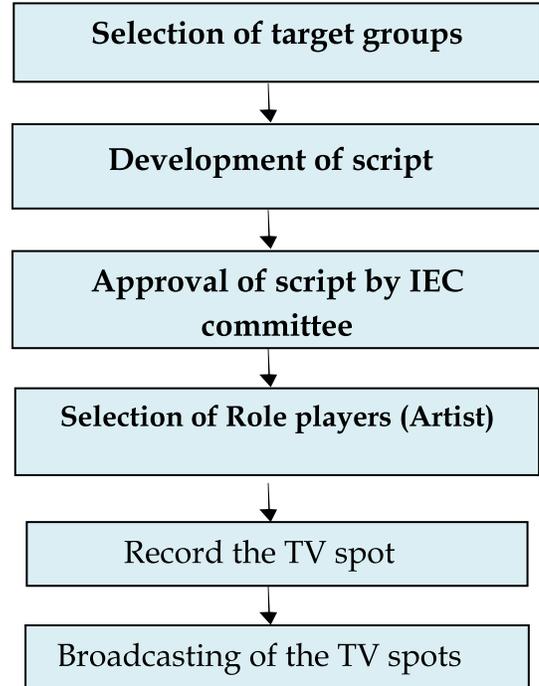
Infants age 0-6 months, Health Professionals, Parents and caregivers of the under 2 year's children.

Development of script:

a) Hazards of BMS and the punishment of violating BMS act, 2013.

b) Benefits of Breast milk and hazards of BMS

Channel preference: TV spots were telecasting on Boishakhi TV, Mach raga and Desh Bangla.



Some snapshots of video clip on Benefits of Breastfeeding and Hazards of BMS

Approval of IEC committee:

Several meetings were held with IEC committee to approve the script in MoH&FW. According to the review of the committee, script has been corrected and finalized. Finally, TV spot has been recorded and approved by the committee. A request letter has been sent to Ministry of Information to telecast the video in BTV.

Selection of Role players (Artists):

Short play (Benefits of Breastfeeding and Hazards of BMS)

Doctor:

Mother:

Father:

Grandmother:

Child

Broadcasting of the TV spots

Now these TV spots (short play) are being broadcasted on Bangladesh Television for 3 times daily. The average duration of each TV spots is around five minutes.

Television Spot on “Complimentary Feeding recipes for 6-24months children

Background

Appropriate infant and Young Child feeding can improve the nutritional status of children. In Bangladesh less than one fourth of our children aged 6-23 months consume nutritionally adequate complementary foods following standard recommendations. As a result most of our children become vulnerable to malnutrition and infection during this period. According to BDHS 2011, 41 percent of under five children are stunted, 16 percent are wasted and 36 percent are underweight. Inadequate food access and availability is considered one of the major reasons for such outcome. Majority of our mothers or caregivers of the children have limited knowledge on preparation of nutritionally adequate safe complementary foods by using the ingredients available in household.

In a prospective cohort study carried out among rural children in Bangladesh it was found that more appropriate Infant Feeding Practices (IFPs) were associated ($P < 0.001$) with greater gain in weight and length during infancy. Another community based study conducted in community nutrition centers revealed that nutrition education based on food-health-care to the mothers or care givers of children aged 6-9 months had increased the frequency of age appropriate complementary feeding which in turn significantly decreased the severity of malnutrition among study children. In another prospective randomized trial conducted in rural Bangladesh for 6 months (3 months intervention and 3 months observation) showed a significant improvement ($p < 0.05$) in nutritional status of the children in intervention group when nutrition education with or without supplementary feeding was provided to the mothers or care givers of children.

Rationale:

Television telecasts are strong means of communication. Multiple communication channels matched to media habits can reach a substantial proportion of mothers and others who influence their IYCF practices. Television networks in Bangladesh have a potential coverage of about 97 percent of the country's population. Besides education and entertainment, its mandate is to ensure the equitable dissemination of information to the mass people. Therefore, TV spots on complementary feeding in different TV channels can act as a strong influential tool in rapidly reaching mothers, household members, community influential, and health workers on a large scale toward improved Complementary feeding practices.

Methodology

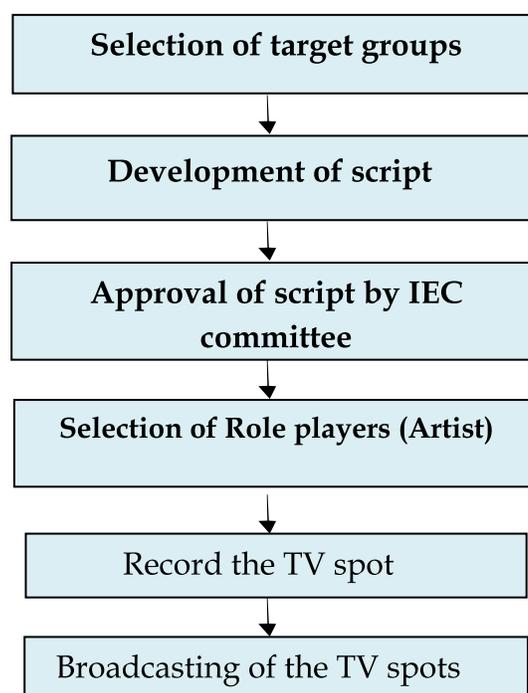
Target group:

Mothers and caregivers of the 6-24 month children, health workers and community influential.

Development of script:

BBF developed a story and a storyboard about the concept. There were three recipes in the script on complementary feeding. These are-

1. **Egg khichuri**
2. **Small fish chop**



The overall features of these recipes are as follows:

Recipe	Energy density (kcal/g)	CHO density (g/100 kcal)	Protein density (g/100 kcal)	Fat density (g/100 kcal)	No of food groups	Age indication
Egg Khichuri	1.18	12.41	3.21	3.91	5 (cereal and tuber +legumes+ egg + vitamin A rich vegetable+ other vegetable) cooked with adequate amount of oil.	6-23 months
Small fish chop	1.83	12.64	3.10	3.88	4 (cereal and tuber + flesh food-fish + vitamin A rich vegetables + other vegetables) shallow fried in adequate amount of oil.	9-11 months
Fruit firni	1.55	13.79	3.79	3.22	4 (cereals+ dairy product-milk+ vitamin A rich vegetables+ other fruits) cooked with adequate amount of molasses.	6-23 months

Approval of IEC committee:

Several meetings were held with IEC committee to approve the script in MoH&FW. According to the review of the committee, script has been corrected and finalized. Finally, TV spot has been recorded and approved by the committee. A request letter has been sent to Ministry of Information to telecast the video in BTV.

Selection of Role players (Artists):

Short play 1 (Fruit firni)

Mother: Ms. Tania Sharmin

Neighbor: Ms. DipaKhandoker

Child 1

Child 2

Short play 2 (Egg khichuri)

Mother: Ms. ShirinBakul

Neighbor: Rosemary Joydhar

Child 1

Child 2

Short play 3 (Small fish chop)

Mother: Ms. ShirinBakul

Neighbor: Ms. Mona Akter

Child 1

Child 2

Broadcasting of the TV spots

Now these TV spots (short play) are being broadcasted on Bangladesh Television for 3 times

daily. The average duration of each TV spots is around five minutes.



Photo: Fruit firni



Photo: Egg khichuri



Photo: Small fish chop

Launching Meeting of National Consultation on World Breastfeeding Trends Initiative (WBTi)-2015

Organized by: Bangladesh Breastfeeding Foundation (BBF): supported by IBFAN-Asia

Background

National consultation meeting on World Breast Feeding Trends initiative (WBTi)-2015 was held on Thursday 02 April, 2015 in the Conference room of Institute of Public Health, Mohakhali,



Bangladesh from 1.30 pm to 4.00 pm. More than 100 participants from different organizations attended the meeting.

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



Dignitaries of the WBTi National Consultation meeting Presentation on “World Breast feeding Trends Initiative (WBTi)” outline by Dr. S. K. Roy, Senior Scientist, Chairperson, BBF

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

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

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

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

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

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

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

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

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



Picture of Participants at Launching Meeting of National Consultation on World Breastfeeding Trends Initiative (WBTi)-2015

Key Recommendation:

Knowledge & skill should be increased in the grass root level workers/midwives.

Need to invest special attention on complementary feeding.

By supporting breastfeeding we can reduce child mortality rate.

We should not only make the blue indicator to green but also need to fill up the gap as well.

Government, NGO, professionals Community clinics and other organizations need to work together to reach the target.

Expert Committee Meeting On World Breastfeeding Trends Initiative (WBTi)-2015

Organized by: Bangladesh Breastfeeding Foundation (BBF): supported by IBFAN-Asia

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

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

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

After the speech, Participants introduced themselves.

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

Area of Activity (Indicators)

Group A

Indicator 1: National Policy, Programme and Coordination

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

Indicator 2: Baby Friendly Hospital Initiative

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

Indicator 3: Implementation of the International Code

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

Indicator 11: Early Initiation of Breastfeeding

Area of Activity (Indicators)

Group B

Indicator 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.

Indicator 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.

Indicator 6: Mother Support and Community Outreach

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

Indicator 12: Exclusive Breastfeeding for the first 6 months.

Indicator 14: Bottle-feeding

Area of Activity (Indicators)

Group C

Indicator 7. Information Support

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

Indicator 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.

Indicator 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.

Indicator 10. Mechanisms of Monitoring and Evaluation System

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

Indicator 13: Median Duration of breastfeeding

Indicator 15: Complementary Feeding

After the presentation by each group, participants discussed about gaps and recommendation.

At last, once again the chairperson of BBF thanked everybody and the WBTi Expert Committee meeting was ended.

Stakeholder's Discussion Meeting For Choosing The Right Management For Sam

The Stakeholder's Discussion Meeting for Choosing the Correct Management for SAM was held on 22 June, 2015 in the conference room of Institute of public health (1st floor), Mohakhali, Dhaka, Bangladesh on 11.00 am. More than 90 representatives from 57 organizations attended the event. In this important event, nutritionists, academicians, expert pediatricians, government bodies, Development Partners, NGOs, representatives from six professional societies (BPA, OGSB, BNF,



BPMPA, BMA, BPS), researchers, environmental expert, and media personnel



Photo 1: Attended participants of the stakeholder's discussion meeting

Dr. Tahmeed et. al. of ICDDR, B held a scientific symposium on 8-9 June, 2015 in ICDDR, B and culminated results of a research and their recommendation to treat children with severe acute malnutrition (SAM) with Ready-To-Use-Therapeutic food (RUTF) made with locally available ingredients. Series of news have been published in both electronic and print media from 9 June, 2015 on this issue. This research and dissemination of local RUTF are the violation of BMS Act 2013 in many ways and this local RUTF also undermine breastfeeding and complementary feeding, as well as IYCF practices.

On this context, BBF has taken an active role respecting the accountability to the future scientific community and to our generation. This meeting aimed to discuss this critical issue for children of Bangladesh and share the views of different stakeholders to take correct steps for appropriate food to manage severe malnourish children.



Photo 2: The Chief Guest and the Special guests of the meeting

In the event, **Dr. Md. Quamrul Islam**, Director PHC & Line Director MNC&AH; **Dr. Makhduma Nargis**, Additional Secretary & Project director, RCHCIB, MOHFW; **Prof. Dr. Mohammad Shahidullah**, President, BPA; Representative of Additional secretary (WHO and PH), MOHFW, Dr. Nasreen Khan, Technical Support on Nutrition (WHO and PH); **Dr. Md. Alamgir Ahmed**, Director, IPHN & Line Director, NNS were present as the Special Guests. Prof. M R Khan, National Professor & Advisor, BBF was present as the Chief Guest.

Dr. S K Roy, Chairperson, BOT, BBF and **Prof. MQK Talukder**, Advisor, BBF were present as the key note presenter in the meeting.

At first **Dr. Mohammad Abdul Mannan**, Vice-Chairman, BBF welcomed all and requested everyone to participate actively in the discussion of this major issue.



Photo 3: Dr. S K Roy is delivering the keynote presentation

The key note presentation was made by Dr. S K Roy, Chairperson, board of trustees, BBF. In his presentation, he told about the global and Bangladesh context of malnutrition, including severe acute malnutrition (SAM), international evaluation on RUTF, risks of RUTF: who are behind it?, unusual composition of RUTF vs. solution through food based approach, how local RUTF undermines breastfeeding and complementary feeding, and what should be done according to national and international policies, ICN 2 recommendations to address wasting and shared example from other countries. Then he concluded his presentation with the urge “to give frequent home made food to tackle any kind of malnutrition including SAM. He mentioned boldly, “we should not compromise with the industrial and commercial approach to tackle child health and malnutrition”

Prof. MQK Talukder, Advisor, BBF delivered his speech. He mentioned that the meeting focuses on the right kind of food for different level of malnutrition. The RUTF which is produced by the research team of ICDDRB is cannot be a ‘miracle food’ and their research is not essential for our country. He also mentioned that the local RUTF contains 500

kcal per 100 gm and where 60 % of the calorie came from fat which is very harmful for the normal body composition of the baby. Though the babies will gain weight but it has the risk of further relapse. Moreover, the use of powder milk in this product is totally against of BMS act 2015. In our country in hospital cow's milk has been used for the management of SAM children. In his speech he made question by saying "Why the research team leaded by Dr. Tahmid, don't give the formula to the mothers to prepare it at home for their SAM children and why UNICEF and other donor agencies don't use this money for the promotion of breastfeeding and complementary feeding instead of RUTF?"

Prof. MQK Talukder concluded saying "RUTF cannot be the start of good diet for SAM children; it contains powder milk which is a good vehicle for numerous bacteria, no one can clean them. Moreover, it contains 60% of fat and preservative which is not healthy for SAM children, at the same time it results stunting of the children. If we give RUTF to the mothers they will think RUTF is the best food for their children and stop breastfeeding; the whole perception will be changed. In India RUTF was band in 2002 and also this was passed by Supreme Court. In 2012 RUTF was band in Chittagong. So we should not compromise with any kind of RUTF"

After then, open discussion was started and moderated by Dr. S K Roy, Chairperson, BBF. During this session, Dr. Tahmeed requested for 15 minutes time to present their study findings. The house decided that they did the dissemination through international symposium, now we invited all to hear their views on this. Then Dr. Tahmeed and other participants were asked to share their views.

- Dr. Tahmeed Ahmed thanked Dr. Roy for the kind invitation. Then he briefed, "the local RUTF is made according to the 'National Guidelines for community based management of SAM', page 36, where it says about the use of local ingredients. We only disseminated our study results, not advocating RUTF, what we have done is simply taken locally available ingredients to make Shornali-1 and Shornali-2 as per the National Guideline."



Photo 4: Dr. Tahmeed Ahmed is sharing his views

- Prof. Md. Ekhlasur Rahman, Head of Pediatrics, DMC and Ex- Director, IPHN, informed the meeting that Nutri-set develop the formula of RUTF. In Africa, RUTF is called “Magic bullet”. Study shows RUTF, flour, porridge same. Cochrane suggested without any concrete evidence RUTF cannot be used. We need to conduct a research how many have died by taking RUTF. He notified his concern by saying, ‘ICDDR, B conducted their research in three places: Kurigram, Teredesh Homes and Mirpur. There is high probability of bias in selection of the area, as well as they did not document the relapse rate of the surveyed children.’ Then he concluded that further research is needed for whether it is really needed for the management of SAM or not.
- Representative of Additional secretary (WHO and PH), MoH&FW, Dr. Nasreen Khan, Technical Support on Nutrition (WHO and PH) expressed, “Government of Bangladesh always welcomes a healthy debate. Today’s main issue is about RUTF which has recently shared with all. If Bangladesh Government decides to use RUTF for the management of SAM, It will take minimum 5 years to promote. Then she request to all that, in this 5 years of period what would we use for the management of SAM or please find out if there is any changes require in National guidelines for SAM Management. For this, Government will formulate two committees. On committee will review Shornali-1 and shornali-2 and another committee will review the National guidelines for SAM Management.”



Photo 5: Dr. Nasreen Khan, MOHFW (WHO & PH) is sharing her views

- Mr. Zahid, BAPA raised his concerns about the risks of RUTF by asking, whether the high fat's composition can be converted into transfat, which is very harmful for children's health.
- Dr. MD. Iqbal Hossain mentioned, Local RUTF is a nutritional treatment for the identified SAM children, which the children will consume for only 2-6 weeks. He also mentioned that this RUTF is for those children, who cannot afford to buy their regular food, ingredients to prepare conventional food at home.
- Dr. Rukhsana Haider, THAN Foundation, mentioned that "according to research findings, the districts where behavior change communication programme is active, there are no SAM children. So we should work on such a preventive approach to tackle malnutrition. She also expressed that the RUTF should go for field trials".
- Prof. Ruhul Amin, Ex-President of BPA: I welcome the debate and I am hopeful that Bangladesh will get the right approach for SAM management. Research will go on. However, mothers have to learn about home-made food from the media. There would be diversity, but we have to go for home-made food, also IMCI approach. We will be focused about home-based, food-based approach.



Photo 6: Prof. Ruhul Amin, Past-President of BPA is sharing his views

- Dr. Lalita Bhattacharjee, Senior nutritionist, FAO: FAO always promotes food based approach. However, we have to use our appropriate technologies which consider local and social cultures. We have to be also aware of few technical aspects of the product like consistency, nutrient density, and sustainability. We can simulate the 35 recipes of Recipe Book into liquid recopies and do a research. However, whatever we go for, that needs to be clarity.
- Ms. Rachel Fuli, Head of Nutrition Programme, WFP: We all agree that we want the best for our children, we want that our children don't die. So how can we ensure that the children don't die, how can we ensure right food for them. I believe we, together will find the best solution which should we do in SAM or CMAM solution. SAM children should recover as soon as possible.



Photo 7: Representatives from Development partners and others participated in the discussion

- Ms. Farzana Bilkes, NPO-Nutrition & FS, WHO: WHO provide funding to the Bangladesh Government, even we provide technical support to them. Basically WHO follows WHA resolutions. Presently, we are in discussion with Govt. of Bangladesh to review and update about the SAM or CMAM guidelines. At this stage, we are with government.
- Prof. Hosne Ara, Prof. of Pediatrics, BIHS & President, Neonatal Forum started with a question that 'Is RUTF is affordable by our poor mothers? Sometimes, it is not possible to manage the acute malnourish children at home, they need to be brought to the hospitals. As of national guidelines, F-75 and F-100 are being used for facility based management of SAM. The composition of these acceptable and affordable and preparation is easy to follow, can be prepared at home. RUTF is a product based approach, if we go for it mothers will feed their children, even with dilution. Therefore, we, the BNF strongly protest the use of any kind of RUTF in Bangladesh.
- Prof. MAK Azad Chowdhury shared his experience that when a SAM child comes to him for treatment and he diagnoses the reason of the problem is powder milk. Then it comes in mind that if there would be no powder milk in Bangladesh. Actually parents are in fear, they wants to feed whatever is prescribed. Therefore, if we prescribe this local RUTF, mothers will be mislead. Media should come forward for the promotion of right decision. BPA wants to be a member of the technical committees for this issue.

Special Guest, Dr. Md. Quamrul Islam, Director, EPI and MN&CH, mentioned that he came to know from the footage of BBC news that ICDDR, B has invented this local RUTF. Bangladesh has got many good things from ICDDR, B's invention or research like ORS for diarrheal management. Now I am hopeful that we will get the right direction for the SAM children from this important event.

Photo 8: Dr. Md. Quamrul Islam, Director, EPI and MN&CH, is delivering the speech as a special guest





Photo 9: Special Guest, Dr. Makhduma Nargis, Additional Secretary & Project director, RCHCIB, MOHFW is providing her kind deliberations

Special Guest, Dr. Makhduma Nargis, Additional Secretary & Project director, RCHCIB, MOHFW mentioned that community clining works to deliver health services to the door step level of households. Therefore, we need to find out which one is right. We need research as well. Community clinic maintain their responsibility to deliver right messages, whatever the decision made by government. We need also to get the direction how we can reach to identify the SAM children at the household level, which safety-net programme we should take. We believe that we will succeed to reduce the number of SAM children and we will succeed to save them.

Another Special Guest, Dr. Alamgir Ahmed, Director IPHN and Line Director, NNS said that when there is debate in research findings, always that brings good results. NNS have the ongoing programmes for SAM children. We have the special protocol for the SAM and CMAM children. If those needed to revise, we will go for that. Let's see, what comes out from the findings of technical committee.



Photo 10: Special Guest, Dr. Alamgir Ahmed, Director IPHN and Line Director, NNS is delivering his speech

Special Guest Prof. Shahidullah, President, BPA said: Today I can see everyone in this meeting, who are concern about the children. We know that research always shows the way of light, though it will take a long time about 5 years to come to the field for this local RUTF. He pointed out the huge risks at every step starting from packaging to marketing of any packet driven, market based product. So the 'packet notion' itself implies 'NO'. He again did cross section of one of the views of the forum that now-a-days not many SAM children are not found than earlier days, that means we need to look for what made that possible. He remind the example of the invention of denamite which was for the cause to break the hills at the beginning. But now-a-days, it is being used for the death of human being. Likely, this invention can bring bad impact in future when mother will rush out to find this product for their children forgetting the conventional, home food and the powder milk companies will come forward with their business. We have to do the promotion of home-made food at any situation. Bangladesh Pediatric Association will discuss this issue critically".



Photo 11: Prof. Shahidullah, President, BPA is delivering his speech as a special guest



Photo 12: The Chief Guest, Prof. M R Khan, National Professor & Advisor, BBF is delivering his speech

The Chief Guest, Prof. M R Khan, National Professor & Advisor, BBF mentioned that ORS research of ICDDR, B has been accepted internationally. Likewise, we believe that we will be able to find out the best option for our children from this discussion meeting.

The meeting was ended with the vote of thanks by Prof. Soofia Khatoon, Secretary, BOT, BBF. She thanked all the participants for their presence and active participation in this important event. She also mentioned that there is possibility of starting business like 'cattle fattening' among the children, if we start to prescribe this local RUTF, commercial packaged infant food.

BBF's Initiatives against Local RUTF to manage SAM children in Bangladesh

Dr. Tahmeed et. al. of ICDDR, B held a scientific symposium on 8-9 June, 2015 in ICDDR, B and culminated results of a research and their recommendation to treat children with severe acute malnutrition (SAM) with Ready-To-Use-Therapeutic food (RUTF) made with locally available ingredients. Series of news have been published in both electronic and print media from 9 June, 2015 on this issue. This research and dissemination of local RUTF are the violation of BMS Act 2013 in many ways and this local RUTF also undermine breastfeeding and complementary feeding, as well as IYCF practices.

On this context, BBF has taken an active role respecting the accountability to the future scientific community and to our generation.

BBF carried out several activities decided in urgent BOT meeting as a part of these measures. These are as follows:

1. BBF sent protest on the news published in The Daily Star and The Prothom Alo. The Daily Star published that response on 17 June, 2015. Another response on the article The Daily Star of 17 June sent for publication. However, The Daily Star did not publish that one.
2. Two separate letters were sent to Hon'ble Minister, MOHFW, one by the Chairperson, BOT, BBF and another by Prof. MQK Talukder, Adviser BBF and Chair of BPA.
3. Decisions on RUTF by IBFAN and other international bodies through email communication
4. BBF held a press conference: Date: 18 June, 2015 at the conference room of Press Club
5. A Stakeholder's Discussion Meeting entitled 'Choosing the Correct Management for SAM' was held on 22 June, 2015 in the conference room of Institute of public health (1st floor), Mohakhali, Dhaka, Bangladesh on 11.00 am. More than 90 high level representatives from 57 organizations including nutritionists, academicians, expert pediatricians, government bodies, Development Partners, NGOs, representatives from six professional societies (BPA, OGSB, BNF, BPMPA, BMA, BPS), researchers, environmental expert, and media personnel attended the event.

6. Meeting with the Secretary, MOHFW and Dr. Roy & Prof. MQK met the Secretary and briefed about the issue.
7. Sent letter to Executive Director, of ICDDR, B about the violation of BMS Act by the activity of Dr. Tahmeed et. al.
8. Another response letter sent to ICDDR, B after receiving their reply on the above issue.

As outcome of this corrective measure, a preliminary report of the Stakeholder's meeting and several newspaper publications, letters and working papers are produced, documented and are available now.

Annual General Meeting

The General meeting of BBF was held on 14 July, 2015 at 10.30 am in the Conference room of IPH.

The following members were present (not according to seniority):

Sl.#	Name	Designation & Organization
1.	Prof. SariaTasnim	Executive Director & Prof. Gynae , ICMH
2.	Amir Hossain	Saintliest Nutrition Plan Int. Bangladesh
3.	Dr. S.M. Mustafizur Rahman	Country Director, Micro nutritionist
4.	Helana Afroz	Ex. Diabetic Educator, Faridpur Medical College Hospital
5.	Syeda Saliha Saliheen Sultana	Associate Professor College Of Home Economics
6.	Lulu Syada Begum	Nutrition officer, Faridpur Diabetic Hospital
7.	Nusrat Nuary Alam	icddr,b Dietician
8.	Anowara Haider	Senior Dietician, icddr,b
9.	Sumaya Islam	Nutrition Consultant Hitech Multi Care hospital. Health & Hope SP Hospital
10.	M.A. Mannan	Nutrition Advisor FAO & Vice chair BBF
11.	Dr. Aftab Uddin	Head , Technical Training Unit, icddr,b
12.	Shajeda Khatun	Sr. Breastfeeding Counselor, icddr,b
13.	Emdad Hossain	G. S, Consumer Forum
14.	Dr. Tofail Md Alamgir Azad	BKMI
15.	Dr. Iqbal Kabir	Vice Chairman BBF
16.	Hasina Chaklader	ERDA. E.D (honorary)
17.	Sabeena Ahmed	icddrb
18.	Dr. Ehsanul Haque	Senior Clinical Investigator icddr,b

19.	Tanzila	BRAC Consultant
20.	Md. Ahsan Habib	Consultant BBF
21.	Miraz Kamrun Nahar	DDFP
22.	Prof. Dr. NazneenKabir	Prof. & Head OBGYN (ICMH)

The meeting started with the following agenda:

Agenda:

1. Sharing activities report of BBF till 2015 June and future plan ahead.
2. Election of Board of Trustees (BOT) 2015-2017
3. Miscellaneous.

At first Dr. S K Roy, Chairperson, BBF welcomed all and requested everyone to introduce themselves. After the introduction, Dr. S K Roy requested everyone to participate actively in the discussion according to the meeting's agenda. Before the discussion, Dr. S K Roy, Chairperson, BOT, BBF provided a presentation where he talked about the meeting's agenda, structure, goal and strategies of BBF, numbers of general members, BOT members, different areas of activities done by BBF as a whole with the history, collaborations, and the 5 years ahead future plan of BBF.

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. Major strategies of BBF are: a) to work closely with GoB for effective national, sub-national & international impact on improved IYCF, b) integration of BF promotion, protection & support with existing health care infrastructure & non-GoB partners, c) effective communication strategies & community participation, d) BMS Act Implementation, e) development of IYCF through research and f) to abide global IYCF strategies in partnership with WABA, IBFAN, One Asia, SAIFRN, ILLCI, Well Start, etc.

BBF is governed by a 15 members Board of Trustee (BOT). There is a management committee and 6 program committees are headed by the members of BOT. Presently, the total general members (2013-2015) is 69 including BOT.

Different areas of activities done by BBF are: a) Baby-Friendly Hospital Initiatives (BFHI), b) Training, c) Communication and social mobilization, d) Research, e) Breast Milk Substitute (BMS) Code, f) Mother Support Group (MSG) g) Observation of World Breastfeeding Week (WBW) etc.

During the presentation, Dr. Roy mentioned Late Prof. M S Akbar, Advisor of BBF, with great condolence because of his sudden departure. Dr. S K Roy also mentioned Dr. MQK Talukder and hoped for his quick recovery as he could not attend the meeting because of his illness. He also shared with the meeting that all BOT members are helpful. They provide good input regarding the areas which need their attention.

Next, Prof. Soofia Khatoon, secretary, BBF shared the major activities carried out by BBF during 2013-June to 2015 through a presentation. Lastly, on behalf of Treasurer, BBF, Dr. Roy presented the financial statement of BBF. After then the discussion proceeded accordingly.

Discussion & Decisions:

1. Regarding the membership of BBF, it is decided that those who have conflict of interest, BBF would not allow them to become members of BBF.
2. Various suggestions came out from the discussion:
 - a. To establish breastfeeding corner and day care center all over in Bangladesh as of PM declaration
 - b. Complementary feeding Recipes needed to be rewritten in more simple way. Media can broadcast these recipes in a culinary show to create awareness among mothers and children.
 - c. After BFHI accreditation, BBF's letter should go to all BFHI and Non-BFHI hospitals for quarterly report of infant feeding report
 - d. To include media program on the merits of breastfeeding and demerits of the not breastfeeding
 - e. To involve OGSB in breastfeeding movement along after 5 professional societies
 - f. To form a supportive system for the breastfeeding mothers
 - g. Have to strengthen mother support group activity involving mothers, grandmother with effectiveness and sustainability.

- h. To make breastfeeding friendly community so that health worker can easily identify lactating mothers and can counsel with them easily
 - i. To target community clinic and to provide community support system for breastfeeding
 - j. Formation of a network of NGOs for the better services
 - k. To include members of BBF from non-medical professionals
 - l. More Campaign for promotion of breast feeding
 - m. To select an effective officer in every Division for promoting breastfeeding program
 - n. To establish financial support for BBF
 - o. To identify the issues of the children, the rights of the children
3. Election issues:
- a. Election will be held after one month from today. BBF needs cooperative BOT members who can contribute to BBF. Need to keep in mind about useful members while voting or selecting members.
 - b. BBF is till date very successful because of Dr. Roy. His cumulative wisdom should be captured by BBF. Dr. Roy as Chairperson of BBF has faced challenges tremendously for the development of BBF, he is the soul of BBF. Dr. Roy sir should lead the BBF for many years.
4. Miscellaneous.
- a. BBF should try for their own land, even land for 7 divisional offices
 - b. To create a group members for continuous monitoring at rural level of Bangladesh
 - c. An Alumni platform should be formed for former staff of BBF
- The meeting was ended with the vote of thanks by the Chair.

Training and Campaign Program on Infant and Young Child Feeding and Maternal Nutrition

Introduction:

The project entitled 'Training and campaign on Infant and Young Child Feeding (IYCF) and Maternal Nutrition' was made on the 26 February, 2015, between Dr. Md. Alamgir Ahmed, Director, Institute of Public Health Nutrition (IPHN) & Line Director, National Nutrition Services (NNS) and on the other hand, Dr. S. K. Roy, Chairperson, BOT, Bangladesh Breastfeeding Foundation (BBF).

Background of the Project:

The benefits of optimal IYCF practices and maternal nutrition had been recognized and well documented. Bangladesh has made significant progress in the health system infrastructure by decentralizing primary healthcare in rural Bangladesh, there is need for collaborative efforts to implement IYCF for covering the whole country considering the high population density of Bangladesh. The large scale TOC (training, orientation and campaign) program will contribute to the implementation of strategy on IYCF and maternal nutrition by providing supportive environment through creating mass awareness beyond the health systems of Bangladesh.

The desired impact of the project was to develop capacity of intern doctors, trainee nurses on optimal infant and young child feeding practices and to create mass awareness through orientation (personnel from media, city corporation, local government, pharmaceutical, Other professionals from civil society/ NGOs) and campaign (school, colleges and madrasa) at all level of Bangladesh between March 2015 and June 2015.

Project Goal and Objective

The Goal of the Project	The Objective of the Project
<p>To develop capacity of intern doctors, trainee nurses on optimal infant and young child feeding practices</p> <p>To create mass awareness through orientation (personnel from media, city corporation, local government, pharmaceutical, Other professionals from civil society/ NGOs) and campaign (school, colleges and madrasa) at all level of Bangladesh between March 2015 and June 2015.</p>	<p>To increase knowledge and skills of Internee doctors and nurses of all Govt. medical colleges and Nursing institutes on IYCF and maternal nutrition through training program</p> <p>To increase knowledge and awareness on IYCF and maternal nutrition beyond health sectors activist, such as the Media personnel, Representatives from City Corporation, Local Government Representatives, Pharmaceutical Sales Representatives, Other professionals from civil society/ NGOs through orientation program.</p> <p>To increase knowledge and awareness among the Community (school, college, madrasa) on the importance of IYCF practices through a campaign program.</p>

Major Focus of the project:

This TOC project is aimed to cover mainly 4 action points mentioned in the National IYCF Action plan of Bangladesh.

These are:

1. Timely initiation of breastfeeding (immediately or within one hour after delivery) and no pre/post lacteals such as water, other liquids, and ritual foods
2. Exclusive breastfeeding from birth through 6 months (180 days)
3. Quality of complementary foods and appropriate feeding practices, in addition to continued breastfeeding at least upto 24 months or beyond ensuring amount, frequency, consistency, composition, and preparation.
4. Provide support for optimal Maternal Nutrition during pregnancy and lactation
5. Hand washing with soap by the caregiver before preparing food and feeding children under two years of age and washing the child's hands to reduce pathogens in complementary foods.

Activity components and Target population:

In this project, there were 3 major activity components consists of following activities:

Table 1: List of specific activities by components and the targeted participants

A. Capacity development/Training			
1a.	3-days for:	training	Internee doctors
1b.	3-days for:	training	Intern Nurses
B. Orientation Program			
2	1-day for:	orientation	a. Media personnel
		b.	Representatives from City Corporation
		c.	Local Government Representatives
		d.	Pharmaceutical Sales Representatives
		e.	Other professionals from civil society/ NGOs
C. Nutrition education and promotion campaign			
3	Seminar:		School/Madrasa (class 6 to 9), College/Madrasa children (XI-XII), University Student (under graduate)

Selected Project Areas:

1a. Internee Doctor's training:

Sl.#	Division	District	Name of College			Tentative Training Date
Division level						
1	Khulna	Khulna	Khulna Hospital	Medical	College	
2	Barisal	Barisal	Barisal Hospital	Medical	College	01-30-04.2015
District level						
1	Rajshahi	Rajshahi	Rajshahi Hospital	Medical	College	01-30.04.2015
2	Rangpur	Dinajpur	Dinajpur Hospital	Medical	College	01-30.04.2015
3	Dhaka	Mymensingh	Mymensingh Hospital	Medical	College	
4	Sylhet	Sylhet	Sylhet Medical College Hospital			29.3-30.4.2015
5	Rangpur	Rangpur	Rangpur Hospital	Medical	College	01-25.04.2015
6	Rajshahi	Bogura	Shaheed Ziaur Rahman Medical College Hospital			
7	Chittagong	Cox,s Bazar	Cox,s Bazar Hospital	Medical	College	



Table 2: Selected areas for Orientation and Campaign on IYCF and maternal nutrition

Division	District	Upazilla
Dhaka	Sherpur	SherpurSadar
Dhaka	Sherpur	Nakla
Dhaka	Sherpur	Sreebardi
Dhaka	Sherpur	Nalitabari
Chittagong	Feni	FeniSadar
Chittagong	Feni	Daganbhuiyan
Chittagong	Feni	Porshuram
Chittagong	Feni	Fulgazi
Chittagong	Feni	Sonagazi
Rajshahi	Pabna	PabnaSadar
Rajshahi	Pabna	Santhia
Rajshahi	Pabna	Sujanagar
Rajshahi	Pabna	Bhangura
Rajshahi	Pabna	Chatmohar
Rajshahi	Pabna	Ishwardi
Khulna	Jhenaidha	JhenaidahSadar
Khulna	Jhenaidha	Shailkupa
Khulna	Jhenaidha	Harinakunda
Khulna	Jhenaidha	Maheshpur
Khulna	Jhenaidha	Kotchandpur
Khulna	Jhenaidha	Kaliganj
Barisal	Jhalokati	JhalokatiSadar
Barisal	Jhalokati	Nalchity
Barisal	Jhalokati	Kathalia
Barisal	Jhalokati	Rajapur
Rangpur	Panchagarh	PanchagarhSadar

Divisional level:

Orientation with Media Personal (2 batches/division) in each division and orientation with representative of City Corporation (CC) (2 batches/CC) are being performed in 11 CC.

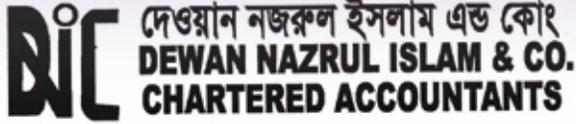
Campaign

For the campaign of IYCF, Campaign program, seminars were performed at school college& madrasas at the upazila level. Seminars were implemented in 37 upazilas of 7 districts under 7 Divisions, the same area of orientation. In each upazilla, 2 seminars were conducted in



school/Madrasa (class 6 to 9), College/Madrasa children, XI-XII/under graduate students.

ADUIT REPORT



দেওয়ান নজরুল ইসলাম এন্ড কোং
DEWAN NAZRUL ISLAM & CO.
CHARTERED ACCOUNTANTS

Motijheel Plaza (Aziz Square)
193/C/1, Fakirapool (3rd Floor)
Box Culvert Road
Dhaka-1000, Bangladesh
Phone: 7194191, 7194022, 7194655
E-mail: dnico@dhaka.net

AUDITORS' REPORT

We have audited the accompanying Balance Sheet of the **Bangladesh Breastfeeding Foundation (BBF)**, Room # 197-200, Institute of Public Health (IPH), Mohakhali, Dhaka-1212, Bangladesh, as on 30 June, 2015 and the related Income Expenditure Accounts and receipts & Payments Accounts for the years then ended. The preparation of these financial statements is the responsibility of the BBF's Management. Our responsibility is to express an independent opinion on these financial statements based on our audit.

We conducted our audit in accordance with BSA. Those Standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of materials misstatement. An audit includes examining, on a test basis, evidence supporting the amount disclosures in the financial statements. An audit also includes assessing the accounting principles used & significant estimated made by management, as well as evaluating the overall financial statements presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements, prepared in accordance with BAS, give a true and fair view of the state of the entity's affairs as of and the result of its operations for the year then ended & comply with the entity act, & other applicable laws & regulations.

We also report that:

- We have obtained all the information & explanation which to the best of our knowledge & belief were necessary for the purpose of our audit & make due verification thereof.
- In our opinion, proper books of accounts as required by law have been kept by entity so far as it appeared from our examination of those books and (where applicable) proper returns adequate for the purposes of our audit.
- The BBF's Balance sheet, Income Expenditure Accounts and Receipts & Payments Account dealt with by the report are in agreement with books of accounts and returns.



Place : Dhaka
Dated : 22 December, 2015


Dewan Nazrul Islam & Co.
Chartered Accountants

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

Balance Sheet
As at 30th June, 2015

<u>SL#</u>	<u>Particulars</u>	<u>Notes</u>	<u>Total Taka</u>
	Properties & Assets :		
A.	Fixed Assets (as per Schedule A/1) :		<u>1,635,234.99</u>
B.	Current Assets:		
	Cash in Hand	1.00	10,258.02
	Cash at Bank	2.00	2,164,610.94
	Loan and Advance		177,818.00
	Total Current Assets :		<u>2,352,686.96</u>
C.	Total Assets :		<u>3,987,921.95</u>
	Capital & Liabilities:		
D.	Current Liabilities:		
	Unsecured Loan	3.00	-
	Sundry Creditor	4.00	3,728,000.00
	Providend Fund	5.00	875,157.42
	Total Current Liabilities:		<u>4,603,157.42</u>
E.	Fund Accounts :	6.00	<u>(615,235.47)</u>
F.	Total Liabilities :		<u>3,987,921.95</u>

Signed in terms and separate report on even date.



Place : Dhaka
Date : 22 December, 2015

Dewan Nazrul Islam & Co
Chartered Accountants

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

Income & Expenditure Accounts
For the period from 1st July 2014 to 30th June, 2015

SL #	Particulars:	Taka
A.	Income :	
	Projects Income:	
	IYCF Project- NNS	31,999,968.00
	BFHI Project- NNS	15,994,715.00
	Dissemination of BMS Law'13- NNS	3,999,820.00
	GAVI CSO HSFP Project	2,204,622.00
	WBW:	
	Care Bangladesh-WBW	200,000.00
	Concern Worldwide Bangladesh-WBW	250,000.00
	BRAC-WBW	100,000.00
	IBFAN-WBTI	154,400.00
	IBFAN-WBW	61,760.00
	IPHN-WBW	844,530.00
	WFP-WBW	154,100.00
	WHO-WBW	103,891.00
	World Vission-WBW	103,891.00
	Plan Bangladesh-WBW	140,000.00
	Save The Children-WBW	300,000.00
	Spring Bangladesh-WBW	98,000.00
	Government Project:	
	Government Project	10,000,000.00
	Others :	
	IBFAN-BMS Law Dissemination	1,488,340.60
	ICDDR,B- SAIFRN	75,596.80
	UNICEF-BMS Code Project	1,001,463.00
	WHO- BMS Law'2013 Dissemination	125,000.00
	Received from Others	3,728,000.00
	Leave Without Pay	406,706.61
	Rental Income	106,775.00
	Sales Revenue	111,851.14
	Project Return	4,400.00
	Total Income :	73,757,830.15



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

Income & Expenditure Accounts
For the period from 1st July 2014 to 30th June, 2015

SL #	Particulars:	Notes :	TAKA
B.	Expenditure :		
	Project Expenses:		
	IYCF project Expenses		31,996,035.00
	BFHI Project Expenses		15,957,759.60
	BMS Law'13 Project Expenses		3,999,578.00
	Others Projects :		
	BFHI Project Expenses'2014		216,819.00
	SAM Project EXP.		48,595.00
	WBW:		
	WBW Expenses		2,436,730.00
	Others :		
	Salary Expenses		11,178,388.11
	Advertisement Expenses		53,553.00
	Air Fare Expenses		340,231.00
	Revenue Stamp Exp-BBF		22,000.00
	Meeting Expenses		616,824.92
	Postage & Stationary		349,765.00
	Printing & photocopy	7.00	4,037,500.00
	Training Expenditure		872,031.57
	Vehicle Running Expenditure		644,214.00
	Audit/Accountancy/ legal fee		22,000.00
	Bank Charge		32,280.32
	Refreshment/ Food Expenses		62,655.00
	BBF website		45,000.00
	Repairs, Renewals & Maintenance		133,569.00
	Telephon/Fax/Mobile/internet		186,819.00
	WBCI Exp.		52,400.00
	WBTI Exp.		113,530.00
	Depreciation		203,106.44
	Total Expenditure :		73,621,383.96
C.	Excess of Income over Expenditure :		136,446.19

