

ANNUAL REPORT 2015-2016



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

Promotion, Protection & Support of Breastfeeding and Complementary Feeding



**BBF thinks Internationally
Works Locally
Serves Globally**

Foreword



The Bangladesh Breastfeeding Foundation (BBF) is committed to ensure highest level of protection, promotion & support of breastfeeding and optimal infant and young child feeding (IYCF) practices including maternal nutrition in Bangladesh. To this effect, BBF adopted its annual work plan that is consisted with National IYCF Strategy (2007), and Operational Plan of National Nutrition Services (OP, 2016-2021).

This report represents the summary progress of different programs and events carried out by BBF during the FY 2015-2016. The preparation of this report was led and facilitated by BBF central office. Draft report was reviewed by BBF working group and the Board of Trustees of BBF thereafter reviewed and endorsed the report.

As of BDHS 2014, the prevalence of exclusive breastfeeding (EBF) is 55% among 6 month of children and 23% of children among 6-23 months (BDHS, 2014) fed appropriately according to recommended IYCF practices. Though Bangladesh has made significant progress in the maternal and child health and nutrition sector, there is a need for collaborative efforts to implement IYCF covering the whole country.

The report shows the encouraging advancement of BBF in implementation of different programs on IYCF training, baby friendly hospital initiatives (BFHI), adolescent's nutrition, BMS Act dissemination, detection of violation of BMS Act and taking actions and different events on BCC and advocacy for IYCF.

We are highly indebted to the honorable Minister, MOHFW and Secretary MOHFW for providing us financial support to commence and operate the all related activities.

We would like to express our deep gratitude to the respected members of Board of Trustees for their kind co-operation, constant encouragement and valuable suggestions which would help us in initiation of this project. We would also like to express special gratitude and heartfelt thanks to all the resource persons for giving their due attention and much time to make all these activities. Successful in terms of Next Context.

Finally we would like to reveal our gratitude to all the staff and members associated with and /or participants in and/ or involved into these activities.

Prof. Dr. S. K. Roy
MBBS, M.Sc. Nutr (London) Dip-in-Biotech (UNU), PhD (London), FRCP (Edin)
Senior Scientist, Board of Trustees, BBF

Acronyms

ARV	Antiretroviral
BBF	Bangladesh Breastfeeding Foundation
BCPS	Bangladesh College of Physicians and Surgeons
BCSNPN	Bangladesh Civil Society Network for Promoting Nutrition
BFH	Baby Friendly Hospitals
BFHI	Baby Friendly Hospital Initiatives
BIB	Breastfeeding Information Bureau
BMI	Body Mass Index
BMS	Breast Milk Substitutes
BOT	Board of Trustees
BTRC	Bangladesh Telecommunication Regulatory Commission
BTV	Bangladesh Television
CEC	Central Executive Committee
CEO	Chief Executive Officer
CRS	Catholic Relief Services
CSO	Civil Society Organization
CWCH	Centre for women and Child Health
DG	Director General
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DNCC	Dhaka North City Corporation
EBF	Exclusive Breastfeeding
EOI	Expression of Interest
EPI	Expanded Program on Immunization
FWV	Family Welfare Visitor
G	Gram
GAVI	Global Alliance for Vaccines and Immunization
GHG	Green House Gas
GMP	Growth Monitoring and Promotion
GOB	Government of Bangladesh
HF	Health Facilities
HIV	Human Immunodeficiency Virus
IBFAN	International Baby Food Action Network
ICMH	Institute of Child and Mother Health
IEC	information, education & communication
IPCSB	Immunization Platform of Civil Society in Bangladesh
IPH	Institute of Public Health
IPHN	Institute of Public Health Nutrition
IYCF	Infant and young Child Feeding
Kcal	Kilo calories

KG	Kilo gram
LMC	Lactation Management Centre
MCWC	Mother and Child Welfare Centre
MIS	Management Information Centre
MNC&AH	Maternal, Neonatal, Child and Adolescent Health
MOHFW	Ministry of Health and Family Welfare
MOLGRD	Ministry of Local Government and Rural Development
MOU	Memorandum of Understanding
MTEPI	Medical Technician-EPI
MUAC	Mid Upper Arm Circumference
NGOs	Non-government Organizations
NNS	National Nutrition Services
OABPF	One Asia Breastfeeding Partner's Forum
PH & WHO	Public Health and World Health Organizations
PHC	Primary Health Care
RUTF	ready to use therapeutic foods
SAM	Severe Acute Malnutrition
SFWO	Senior Family Welfare Officer
SKNF	Shorno Kishoree Network Foundation
TMSS	Thengamara Mohila Sabuj Sangha
TOT	Training of Trainers
UHC	Upazila Health Complex
UHFPO	Upazila Health and Family Planning Officer
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UTPS	Unity Through Population Services
WABA	World Alliance for Breastfeeding Action
WASH	Water, Sanitation and Hygiene
WAZ	Weight for Age Z score
WBW	World Breastfeeding Week
WHO	World Health Organization
YSC	Young Scientist Club

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Matrix of activities

List of projects and events conducted by BBF during Jul, 2015-Jun, 2016:

Sl.#	Name of the Project/Event	Donor
1	World Breastfeeding Week'15	-
2	Discussion Seminar on IYCF Strategies in urban Dhaka with DNCC	MoHFW
3	Project Title: TOT on “Maternal and Child Nutrition for Joint partners of Max Foundation, Bangladesh”	NNS
4	Pilot Project on Improved Recipe Trial among Severely Wasted (SAM) and Severely Underweight Children to See Their Impact on Nutritional Status	MoHFW
5	Project Title: Television spot on "Benefits of Breastfeeding, Hazards of BMS products and promotion of Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories There of (Regulation of Marketing), act 2013”	MOHFW
6	Project Title: Training on Infant and Young Child Feeding (IYCF) and Maternal Nutrition for Non-government Doctors, Nurses and Paramedics	NNS
7	One Asia Breastfeeding Partners' Forum – 11	-
8	Project Title: GAVI CSO Constituency Project	GAVI
9	Project Title: Dissemination of Breast milk Substitutes, Infant food, Complementary Infant food manufactured commercially and the Accessories thereof (Regulation Marketing) Act, 2013)	NNS
10	Project Title: Revitalization of Baby Friendly Hospital Initiative (BFHI)	NNS
11	Project Title: Orientation Program on Awareness Creation among the Adolescent	NNS
12	Young Scientists Club (YSC) of BBF	-
13	Lactation Management Center Facilitated by the Bangladesh Breastfeeding Foundation: A Rare Attempt with Prudential Outcome!	BBF
14	Efforts of BBF in detection of violation of BMS Act and taking actions	BBF
15	Participation of BBF in Second Meeting of the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHO resolutions	-
16	Divisional Activities of BBF	MoHFW

Overview of Bangladesh Breastfeeding Foundation (BBF)

Background

Bangladesh Breastfeeding Foundation (BBF) is a philanthropic and non-profitable organization established in 1989. A group of concerned and highly devoted medical professionals, scientists, public health experts, nutritionists and planners and/ or policy makers from both the government and non-government agencies have been working actively with a single goal of ensuring highest level of protection, promotion, and support of breastfeeding (BF) and optimal IYCF and maternal nutrition (MN) in Bangladesh. UNICEF used to provide financial support to BBF through Institute of Public Health Nutrition (IPHN) under a sub-project titled 'Comprehensive Nutrition Project'. The Honorable President and the Honorable Prime Minister of Bangladesh signed the Dhaka Declaration on 9th Nov 1991 in the National Conference.

The declaration pledged full support for the protection, promotion and support of BF. Since then the BBF 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 the BBF continues its movement to promote, protect and support optimal breastfeeding for all infants in the country with appropriate and adequate homemade complementary food after 6 month as well ensure appropriate and adequate nutrition for the pregnant and nursing mothers.

Goal of BBF

The single goal is to significantly ensure highest level of Protection, Promotion and Support of Breastfeeding and optimal IYCF practices and optimum maternal nutrition in Bangladesh.

Missions

1. To ensure all babies breastfed in the first hour after birth and universal exclusive breastfeeding (EBF) for the first 6 months (180 days) and for International and national contexts. Continuation of breastfeeding for at least two years;
2. Timely introduction of appropriate and adequate locally available homemade complementary feeding (CF) after the completion of EBF at 6 months old;
3. To assist Governments to monitor and execute BMS Act and associated actions;
4. To promote, protect and support BF, CF & MN through the exchange of skills, knowledge and experience among national and international participants;
5. Improve Capacity building through IYCF training;
6. Identify new areas of research to promote innovation in the field.

Vision

The BBF advances knowledge on IYCF (BF & CF) and MN on National and International scale through service, training and research.

Specific objectives

1. Early Initiation of breastfeeding within 1 hour of birth.
2. Achieve and sustain universal exclusive breastfeeding for the first 6 months (180 days).
3. Continuation of breastfeeding at least upto 2 years.
4. Appropriate and adequate locally available homemade complementary food after completion of 6 months (180 days).
5. Improve the nutritional status of pregnant women and lactating mothers.

Strategies

1. Work closely with Government of Bangladesh for effective national, sub-national and international impact on improve IYCF;
2. Integration of breastfeeding promotion, protection and support with existing with health care infrastructure and non government partners;
3. Effective communication strategies and community participation to reach all segments of population;
4. Legal framework: BMS Act implementation to protect infant and child health;
5. Development of IYCF through research and development in Bangladesh & Internationally;
6. To abide global IYCF strategies in partnership with WABA, IBFAN, One Asia, SAIFRN, ILCA, Well Start etc.

Major Achievements of Bangladesh Breastfeeding Foundation

1. Offices, courts, shopping malls, Banks, Insurance, Hospitals, all Govt. and Non Govt. organizations are to arrange for breastfeeding and establish day care centre;
2. The Ministry of Health and Family Welfare and Bangladesh Breastfeeding Foundation are to work together to strengthen the activities on Breastfeeding and Appropriate Complementary Feeding and Maternal Nutrition;
3. To increase maternity leave from 4 to 6 months (4 months with pay & if wishes further 2 months without pay)
4. To build up Bangladesh Breastfeeding Foundation as a strong organization.
5. To observe the World Breastfeeding Week from 1-7 August as National event by the Government from the next year.
6. To arrange for the expression of the mental and intellectual development of children by appointing child psychologist in each school and hospital of the country.



1: Honorable Prime Minister is giving speech during the inaugural ceremony of World Breastfeeding Week 2009

In the inaugural ceremony of World Breastfeeding Week 2009, Prime Minister Sheikh Hasina declared that from now on the Ministry of Health and Family welfare and BBF will work together to strengthen the activities on Breastfeeding and appropriate complementary feeding and Maternal Nutrition.

Since then with the valuable directions of Prime Minister in the inaugural ceremony of WBW 2009, 2010, 2011 and 2014 BBF with the support of MOHFW, DGHS and IPHN has successfully accomplished some major activities in the advancement of IYCF and Maternal nutrition in Bangladesh.

World Breastfeeding Week'15

1 - 7 August, 2015

'BREASTFEEDING AND WORK

LET'S MAKE IT WORK' !

‘কাজের মাঝে শিশু করবে মায়ের দুধ পান, সবাই মিলে সবখানে করি সমাধান’।



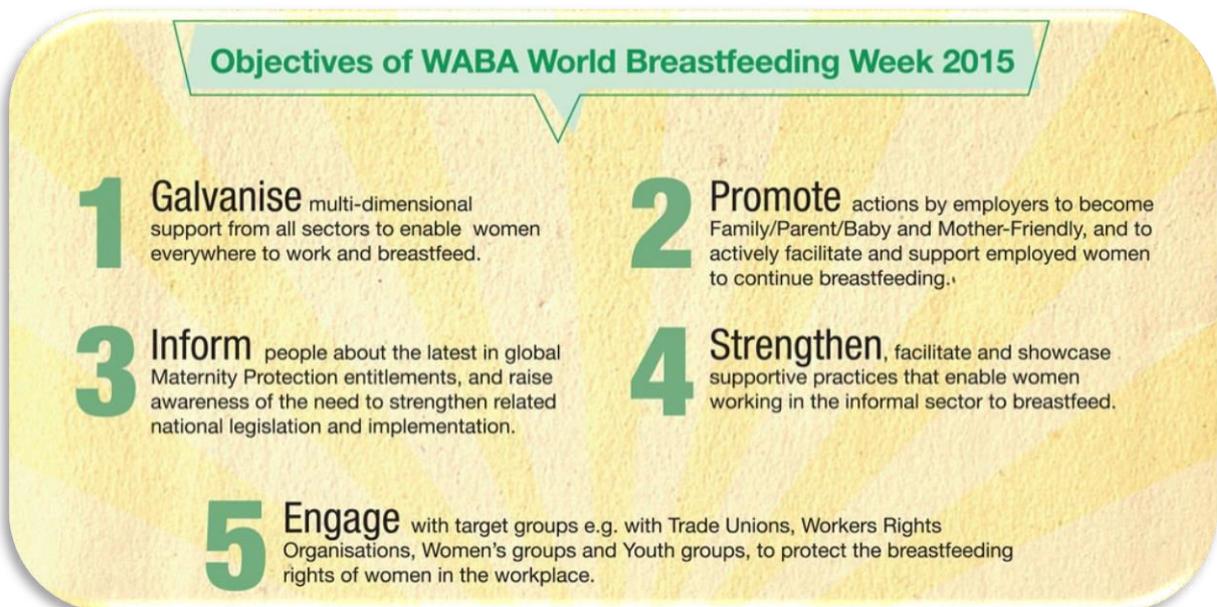
One minute silence was observed for the national mourning day 15 August in remembrance of Father of the Nation, Bangabandhu Sheikh Mujibur Rahman .

Introduction

This year Bangladesh celebrates the 23rd year of flagship World Breastfeeding Week (Aug 1-7) with the increasing number of people from all over the world, including people's organizations and groups, NGOs, governments, and is endorsed by the WHO and UNICEF. All come together every year to mobilize on and highlight critical Breastfeeding and Infant and Young Child Feeding (IYCF) issues that the WABA (World Alliance for Breastfeeding Action network) raises.

For the 5th time, the Government of Bangladesh nationally observed the World Breastfeeding Week (WBW) with Bangladesh Breastfeeding Foundation. For 2015 WABA asserts the importance of increasing and sustaining the protection, promotion and support of breastfeeding with the theme, '**Breastfeeding and Work, Let's Make it Work**' which is translated into our Bangla '**Kajer majhe korbe shishu mayer dudh pan, Sobay mile sobkhane kori somadhan**'.

Supporting women to integrate productive and reproductive work is a complex and multi-level task, requiring diverse strategies and engaging different partners on shared agendas. As such the goals for this years' WBW 2015 are to:



List of events for observing world breastfeeding week 2015

1. Stakeholder's meeting
2. Preparatory meeting
3. IEC material development
4. Press conference
5. BTV talk show
6. Mobile phone message
7. Press supplement
8. Nutrition Fair
9. Inauguration Ceremony
10. Live telecast
11. Seminars in Medical College and Hospital
12. WBW observations by the NGOs

Stakeholders meeting

The Stakeholders Meeting on World Breastfeeding Week, 2015 was held on 13th July, 2015 at 11.00 am in the Conference room of Institute of Public Health Nutrition (IPHN). The Chief guest of the meeting was Roxana Quader, Additional Secretary, Public Health, WHO, MOH&FW. Dr. Habib Abdullah Sohel, Director, PHC and Dr. Mohammad Sharif, Director (MCH services) was present as special guest. The meeting was chaired by Dr. Md. Quamrul Islam, Director, IPHN & Line Director, NNS, DGHS, MOH&FW.

Dr. Md. Moudud Hossain, Program Manager, NNS welcomed all stakeholders with greetings. Then the meeting started according to the agenda. The theme presentation was made by Dr. S K Roy, Chairperson, BBF.



2: Dr. SK Roy is providing theme presentation during the meeting

In his presentation Dr. S K Roy Share theme of WBW, “BREASTFEEDING AND WORK LET’S MAKE IT WORK!”, and Discussed work plan with the stakeholders for the observance of WBW ’15. He also briefly described on the Declaration given by the prime minister on inaugural ceremony of WBW 2009, 2010, 2011 & 2014, and the Action folder of WBW, 2015.

After his presentation Dr. S K Roy requested Dr. Rokhsana Haider, WABA country representative of Bangladesh to talk about WABA and WBW. She said that, the theme of WBW, 1993 was on women, workplace and breastfeeding.



3: Stakeholder’s meeting on Observing WBW’15

This year WBW, 2015 theme is 'Breastfeeding and work, Let's make it work!'. Our government is so kind that in our country we have 6 months of maternity leave. Our Main challenge is garments worker. In many cases garments worker are deprived from there maternity leave. In some cases they can get leave without salary. After the leave when she joined she may get her salary of maternity leave. But during the leave period/delivery she needs the money more than other time. Therefore government should take a look at this issue. Thereafter in the open discussion session the decisions and commitment was given by the stakeholders.

Preparatory meeting in Ministry:

Several meetings have been carried out for the preparation of observing WBW. BBF, IPHN and MOHFW worked closely at this phase. Two formal meetings were carried out on finalizing the IEC materials. One of them was with IPHN in 8th July and another meeting was held with MOHFW IEC technical committee in 13th July. All IEC materials (poster, action folder, leaflet, cover folder, souvenir, festoon, bulletin etc) and venue decoration plan were approved by the IEC committee of MOHFW. After then a meeting was held in the IPHN to get all the preparation and activities reviewed on 24th July, 2015.

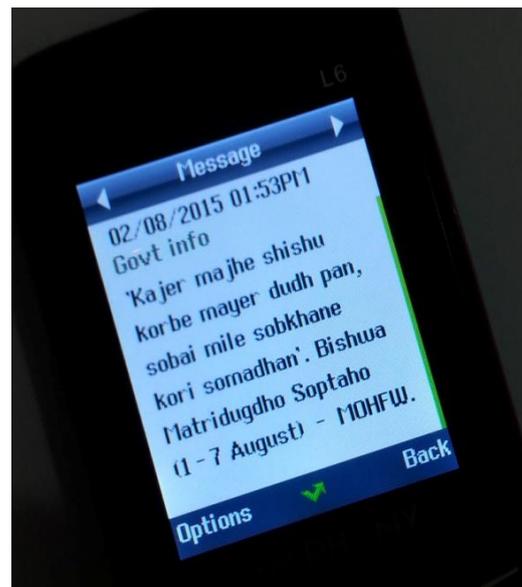
IEC Materials Development

To assist WBW celebrants in Bangladesh with their events, we have made available a range of information materials in bangle following the materials from WABA for their use. Those are available on the website: <http://www.bbf-bangladesh.org/wbw/world-breastfeeding-week-2015>.

Following five information materials have been produced on the occasion WBW'15. Series of meeting were carried out with IPHN & MOHFW to finalize these IEC materials and finally were approved by the ministry IEC committee.

1. Cover Folder
2. Action Folder
3. Leaflet
4. Souvenir
5. Banner
 - i. Backdrop Banner
 - ii. Pusti mela Banner
6. Poster
7. Festoon

All of these materials were sent to the celebrants' organizations such as NGOs, Medical colleges, Sadar hospitals, Community clinics, Upazila hospitals, etc.



4: The slogan of WBW'15 is sent through mobile phone text message.

Mobile phone message

Theme of this year's WBW has been disseminated all over the country during the week (1-7 August) through mobile phone text message. We recognize the cooperation and we appreciate the effort of Bangladesh Telecommunication Regulatory Commission (BTRC) for this activity.

Press Briefing:

Press Conference with presence of Md. Jahed Maleque, MP, the Honorable state minister, Ministry of Health and Family Welfare at conference room of Ministry of Health and Family Welfare (Building no-3, room no- 332) held at 30th July 2015, 11 am. He informed Mohammad Nasim MP, the Honorable Minister, Ministry of Health and Family Welfare (MOHFW) will inaugurate the week formally on 2nd August, 2015 at Osmani Memorial Hall at 2.00pm. He said that 31 percent newborn deaths can be reduced if mother breastfeed to her baby within an hour after birth. "At least 31 percent child deaths are preventable if mothers let suckle their breasts to their newborns within an hour after the birth and 13 percent child deaths under the age of five can be prevented by ensuring exclusive breastfeeding upto six months".



5: Honorable State minister Md. Jahed Maleque, MP, state minister, MOHFW is giving press briefing on World Breastfeeding Week'15

He also informed that Bangladesh has succeeded in increasing exclusive breastfeeding rates among children below six months, from 43% to 64% in 2011 and now it is about 55%, which is an admirable achievement. Breast milk has extraordinary advantages and it has an impact on child's survival and normal growth. He also told about the goals of WBW-2015.

He also mentioned about the rate of Exclusive Breast Feeding on 2007 was 43% on 2011 was 64% and 2015 was 55%. Theme and situation analysis in Bangladesh 7 rights are included with this theme are:

- a. The facilities who will be provided
- b. Maternal leave
- c. Maternal facilities with financial aid.
- d. Maintenance of health
- e. Security in job and indiscrimination
- f. Breast feeding breaks
- g. Provision of Breast Feeding Corner



6: Press Conference on 30 July, 2015 at the conference room of MOHFW.

Syed Manjurul Islam, Secretary MOHFW, Dr. SK Roy, Chairman, Bangladesh Breastfeeding Foundation and Dr. Md. Kamrul Islam, Director, Institute of Public Health and Nutrition (IPHN), Md. Noor Hossain Talukder, DG, DGFP were also present in that Press Conference.

He has also asked everyone to celebrate World Breastfeeding Week 2015 successfully.

BTV talk show

BTV Talk show with presence of Honorable Health Minister Md Nasim MP, Ministry of Health and Family Welfare; Md Jahed Malik MP, State Minister ,Ministry of Health and Family Welfare; Sayed Monjurul Islam ,Secretary, Ministry of Health and Family Welfare; Dr. Md. Kamrul Islam, DG, IPHN and Line Director of NNS, Dr. S K Roy, Chairperson Bangladesh Breastfeeding Foundation held at 29th July 2015, 8.00 pm.

Newspaper Supplement

For observing WBW-2015, paper supplement containing messages published in 3 newspaper on 2 august 2015. Supplement published in the following 3 newspapers:

1. The Daily Jonokontho
2. The Daily Jugantor
3. The Daily Ittefaq

Inauguration Ceremony

World Breast Feeding Week is celebrated every year from 1-7 August in more than 170 countries to encourage breastfeeding and improve the health of babies around the world. This year the theme of the World Breastfeeding Week 2015 is ‘Breastfeeding and Work, Let’s make it work’

An inaugural ceremony of the **World Breastfeeding Week**’2015 in Bangladesh was held on 2 August, 2015 at the Osmani Memorial Hall, Dhaka at 2.00 pm. Mohammad Nasim MP, the Honorable Minister, Ministry of Health and Family Welfare (MOHFW) inaugurated the World



7: The Honorable Minister Mohammad Nasim MP, Ministry of Health and Family Welfare (MOHFW) and other distinguish guests are on the dias of inaugural ceremony of WWB'15.

Breast Feeding Week 2015 as the chief Guest. Honorable State Minister, Mr Zahid Maleque MP, MOHFW was present as the special guest, Deen Md Noorul Huq, Director General, Directorate General of Health Services was present as the guest of honor, Md. Noor Hossain Talukder, Director General, Directorate General of Family Planning was present as the guest of honor, Dr.Md.Kamrul Islam, Director IPHN and Line Director, NNS and , Dr. SK Roy, the Chairperson, Board of Trustees of BBF were present as speakers.

The ceremony was chaired by Syed Manjurul Islam, Secretary MOHFW. About one thousand participants attended this ceremony. Representatives from different Ministries, Medical College, professional societies, high officials and other development partners, stakeholders, NGOs, volunteers, students and nurses were present in the audience.

Health and Nutrition Fair

A “Health and Nutrition Fair” was held on 2ND August at Osmani Memorial Hall. There were thirteen stalls of different organization. Following organizations were participated:

- | | |
|--|---------------------------|
| 1. Institute of Public Health and Nutrition (IPHN) | 7. World Vision |
| 2. Bangladesh Breastfeeding Foundation (BBF) | 8. SPRING |
| 3. Institute of Child and Mother Health | 9. Dhaka Ahsania Mission |
| 4. BRAC | 10. Swanirvar Bangladesh. |
| 5. Care Bangladesh | 11. BCSNPN |
| 6. Save The Children | 12. Nari Maitree |
| | 13. Eminence |



8: Mohammad Nasim MP, the Honorable Minister, Ministry of Health and Family Welfare (MOHFW) is visiting the stalls of Health and Nutrition Fair

Fair was started from 2:00pm. Each organization decorated their stall to create awareness on breastfeeding at the working place. They also displayed some IEC materials. Bangladesh Breastfeeding Foundation displayed and distributed books and leaflets on breastfeeding and complementary feeding.

Leaflet, action folders, souvenir of world breastfeeding week were also distributed among the visitors. ICMH, World Vision Bangladesh, UNDP displayed homemade healthy complementary food with serving size. FHI 360, Brac, CWCH, Eminence, BCSNPN, TMSS displayed IEC materials and presented their IYCF related activities through Video. Bangladesh Breastfeeding Foundation also organized a Lactation Management Corner.

Media coverage

The inauguration ceremony was broadcast live by the Bangladesh television ,C Boishakhi TV, NTV, Desh TV, My TV, Channel 9 and Masranga. Besides, the news of the ceremony covered by almost all print and electronic media.

WBW'15 observation by the Medical College Hospitals

The World Breastfeeding Week 2015 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. Upon completion of the celebration, they are asked to send reports to the central level.

Dhaka Medical College Hospitals (DMCH):

A seminar on World Breast Feeding Week, 2014 held in clinical conference room of Dhaka Medical College Hospital on 18th August, 2014 at 12.00 noon. The seminar was chaired by Professor Md. Ekhlasur Rahman, Head, Department of paediatrics, Dhaka Medical College Hospital and Panel of Expert: Professor Ferdousi Islam, Head, Department of



9: Seminar in Dhaka Medical College Hospital

Gynaecology and Obstetrics, Dhaka Medical College Hospital, Prof Md Abid Hossain Molla, Prof and Head of Neonatology, Dhaka Medical College Hospital, Prof Sayeeda Anwar, Prof of Paediatric Nephrology, DMCH, Prof. Monisha Banarjee, Prof Neonatology, Dhaka Medical College Hospital.

Chief guest of the seminar was Prof. Ismail Khan, Principal, Dhaka Medical College. Special guests were, Dr. Brig. Gen. Md. Mizanur Rahman, Director, Dhaka Medical College Hospital, Dr. Md. Shafiqul Alam Chowdhury, Vice –Principal, Dhaka Medical College Hospital and Dr. S K Roy, Chairman, Bangladesh Breast Feeding Foundation. Almost 200 doctors, nurses and medical staffs were present in the seminar. The speakers gave importance on benefit of breastfeeding, complementary feeding, importance of lactation management corner, maternal protection, BMS act and WBW-2015 theme message with Doctors and Nurse.

Comilla Medical College:

Some photos are collected from Comilla medical college but did not send any report.



10: Seminar in Comilla Medical College Hospital

Rajshahi medical college:



11: Rally and Seminar in the Rajshahi Medical College

Khulna Medical College:



12: Seminar in Khulna Medical College

WBW Observation by the NGOs:

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

Celebrating World Breastfeeding week in BRAC working areas

The [World Alliance for Breastfeeding Action](#) (WABA) pleasingly announced the slogan and theme for WBW (World Breastfeeding Week) 2015 "Breastfeeding and Work. Let's make it work!"

Every year Bangladesh Government celebrates World Breastfeeding Week (August1-7) to raise awareness among people about the importance and the necessity of Breastfeeding. Alike every year, BRAC participated on this event both nationally and locally. On 2 August (Sunday) inaugural ceremony was held in Osmani Smriti Milanayoton where BRAC's staffs actively participated with a stall to focus on BRAC's nutrition activities as well as maternity protection of BRAC female staffs.



13: WBW observation in the community sites of Brac

Based on this special event, BRAC had taken some special initiatives to promote awareness in the community especially among the local level employer group to support working women to combine breastfeeding and work. Whether a woman is working in the formal, non-formal or home setting, it is necessary that she is empowered in claiming her and her baby's right to breastfeed. BRAC has organized Community Mobilization sessions in 140 Sub districts where a total of 2,760 participants were present from different informal sectors. Majority of them were informal sector employers e.g. rice mill owner, small entrepreneurs, head of local NGOs, head of educational institution, owner of clinic or diagnostic centers etc. UH&FPOs were present there as resource person. All the participants were sensitized for enabling women everywhere to work and breastfeed safely and adequately. Employers were asked to promote actions to become Family/Parent/Baby and Mother-Friendly, and to actively facilitate and support employed women to continue breastfeeding their children.

Discussion Seminar on IYCF Strategies in urban Dhaka with DNCC

Discussion Seminar on IYCF Strategies in urban Dhaka was held on 14th September in Conference Room of Institute of Public Health, IPH (1st floor) at 11:00 AM.

The Chief Guest of this ceremony was Roxana Quader, Additional Secretary (PH & WHO) Ministry of Health and family Welfare (MOHFW), People's Republic of Bangladesh;

Dr. Habib Abdullah Sohel, Director, PHC & Line Director, MNC&AH, DGHS, Mohakhali, Dhaka and Dr. A.K.M Jafar Ullah, Director, Institute of Public Health were present as special guest.

The program was chaired by Dr. Md. Quamrul Islam, Director, Institute of Public Health Nutrition & Line Director, National Nutrition Services

Last of all the vote of thanks was given by Ms. Khurshid Jahan, Director, Bangladesh Breastfeeding Foundation (BBF).

DNCC: The ceremony started with the welcome address by Dr. Mahmuda Ali, Program Officer (UPHCSDP), Dhaka North City Corporation. She welcomed the chief guest Roxana Quader, all special guests, chair, Dr. S K Roy and NGO representatives. She said Dhaka City Corporation ensures the Health Service to everyone. The most important things in Child Health



15: Welcome speech given by Dr. Mahmuda Ali, Program Officer (UPHCSDP), DNCC

care is to ensure breastfeeding. We counsel for both breastfeeding and complementary feeding. This year the theme of world Breastfeeding Week was “Breastfeeding and work, Let’s make it work.” If we can provide crèche, breastfeeding corner in the workplace then the working mother will be able to continue breastfeeding up to two years and also continue complementary feeding. Our workers promotes the BMS Act and counsel the mothers about the hazards of BMS products but however the representatives of the BMS company reaches to mother and motivates them to take other milk or foods rather than breast milk or homemade complementary food. She finished her welcome speech with the expectation to work with Ministry of Health.

BBF: Key note lecture was presented by Dr. S K Roy, Chairperson, BOT, Bangladesh Breastfeeding Foundation (BBF). Dr. Roy, during his presentation highlighted existing IYCF status in Bangladesh. Then he presented details of the 9 strategies of IYCF in Bangladesh. He said Ministry of Health & Family Welfare works in Divisions, districts, on non



16: Key note presentation was made by Dr. S K Roy, Chairperson, BBF

urban population except tertiary hospitals. Like the village level it needs to work in the city area also. For the sincere works of the city corporation in 2013 the breastfeeding rate was found 66% in city area. After the presentation he welcomed everyone to suggest how IYCF practice can be improved in urban areas through the City Corporation and LGRD ministry.

Open Discussion Session:

Dr. Mahmuda Ali said, we did breastfeeding counseling, we have breastfeeding corner. But is it possible to continue breastfeeding by the HIV positive mothers?

Dr. S K Roy: HIV virus is not always transferred from mother to the baby. In the past it was prohibited to give mix feeding with breast milk and powder milk but now there is no contradiction regarding breastfeeding as the mother should be given ARV treatment.



17: Open discussion, experience sharing of the participants

Mr. Habibur Rahman (UTPS): We are doing IYCF activities but is it possible to train our workers?

Dr. S K Roy: We will have the training for the health service providers.

Nasrin Akter (Radda): In our Radda center we have breastfeeding corner, growth monitoring corner. We do IYCF counseling, we show the cooking demonstration of complementary feeding. We have our crèche where our workers can keep their children. We have a SAM management corner; we keep the patient here, give them recommended food and counsel the mother.



18: Open Discussion, experience sharing of the participants

Dr. S K Roy thanked Ms Nasrin for their wonderful job.

Mr. Rubel (UTPS): We have our BMS Act but there is no implementation of the act, so do you take any step against the violations?

Dr. S K Roy: According to clause no 20 any one can take action against the violations. From BBF immediately we will send the legal notice to the violators.

IPH: Special guest: Dr. A.K.M Jafar Ullah, Director, Institute of Public Health, was invited to give his speech. At first he welcomed all the guest of the program, then he said he is grateful and paid honor to Prime minister Sheikh Hasina for 6 months paid maternity leave. Then he mentioned now it is going the 3rd health sector program. I was very much pleased to see the breastfeeding work of IMCI, Breastfeeding corner and the service of the nurse of Institute of Child and Mother Health of Matuail. In the recent years we have done lots of



19: Speech was given by Dr. A.K.M Jafar Ullah, Director, IPH

activities but our monitoring system is very poor, so he attracted the concern of the Additional Secretary to strengthen the monitoring system. We have to establish the monitoring indicators also. During the time of antenatal care if our health service providers suggest taking care about breast then many breastfeeding related problems can be solved. We have to make the city corporation cost centre and have to collaborate with the Government Health Sector. City Corporation works with two groups, one is smart group and another is slum group, they have to motivate the both sections for breastfeeding and complementary feeding.

PHC: Special guest: Dr. Habib Abdullah Sohel, Director, PHC & Line Director, MNC&AH, DGHS said that we work with maternal and child health. He thanked National Nutrition Services and Bangladesh Breastfeeding Foundation to make such a wonderful BMS Act 2013. He mentioned now



21: Speech was given by Dr. Md. Quamrul Islam, Director, IPHN

a days we didn't find much seminars or symposium in medical collages because people are very conscious of the Act. We are working on sector program but urban health is much neglected there. City Corporation is doing their job with a small manpower. Sometimes it is lower than a municipality. It is possible to improve the situation by working collaborately with LGRD. If we can train our health service providers then by counseling they can motivate the mothers and without investing much money we can improve our breastfeeding rate.

IPHN: Speech of the chair: Dr. Md. Quamrul Islam, Director, Institute of Public Health Nutrition & Line Director, National Nutrition Services chaired the session mentioned that the rate of nutritional status improved a lot. Our maternal and



20: Speech was given by Dr. Habib Abdullah Sohel, Director, PHC

child mortality rate decreased, we improved a lot in stunting, wasting and under weight. Ministry of Health & Family Welfare and we all have made contribution for the achievement. However, in City Corporation area we focused very little on IYCF. We have very little manpower here. Sometimes we had to work with inefficient workers, sometimes civil surgeon works in absence of the medical officer.

MOHFW: Speech of the chief guest: After the speech of the chair the Chief Guest of this ceremony Roxana Quader, Additional Secretary (PH & WHO) Ministry of Health and family Welfare (MOHFW), People's Republic of Bangladesh; was invited to deliver her speech.



She said we have to coordinate City Corporation with MOHFW.

22: Speech was given by Roxana Quader, Additional Secretary (PH & WHO) Ministry of Health and family Welfare (MOHFW)

She proposed BBF and IPHN will organize another meeting where we will discuss about effective coordination. She also said now mothers can breastfeed their child more because they are getting 6 months maternity leave. So there is no need to be worried about the current breastfeeding rate. We made the BMS Act but it is more important to create public awareness rather than the implementation of the Act. If we are able to understand the disadvantages of the processed/ formula food then people themselves will reject this.

She hopes that all the NGO who are working with IYCF they will extend the program and will strengthen the health situation of Bangladesh Government by implementing it by themselves. She thanked BBF for arranging such a wonderful program. She also believes that with all the development partners, Institute of Public Health and Nutrition, National Nutrition Services and Bangladesh Breastfeeding Foundation will work together to promote the program. She finished her speech by thanking all of the participants and organizers.

BBF: Vote of thanks was given by Ms. Khurshid Jahan, Director, BBF. She said we are very grateful to all of you to make such a successful program and for their active participation. She also shared her own experience of having a preterm baby but she managed him by giving exclusive breast milk and now he is having the proper weight and height. So she emphasized on breastfeeding again and thanked everyone for their participation in IYCF activities.



23: Vote of thanks was given by Khurshid Jahan, Director, BBF

Recommendation from the seminar:

1. There is need to establish crèche, breastfeeding corner in the workplace then the working mother will be able to continue breastfeeding up to two years and also continue complementary feeding.
2. Ministry of Health and Family Welfare (MOHFW) and Ministry of Local Government and Rural Development (MOLGRD) have to work together on IYCF strategies.
3. Monitoring system needs to be strengthen with the establishment of monitoring indicators.
4. City corporations need to make Cost Centre and have to collaborate with the Government Health Sector.
5. City Corporation works with two groups, one is smart group and another is slum group, they have to motivate the both sections for breastfeeding and complementary feeding.
6. The health service providers should train then by counseling they can motivate the mothers and without investing much money it is possible to improve breastfeeding rate.
7. It was proposed that BBF and IPHN will organize another meeting for the effective coordination between MOHFW & MOLGRD.
8. It is important to create public awareness on the disadvantages of the processed/ formula food and BMS Act 2013 than the implementation of the Act. If we are able to make them understand then people will reject this.

Project Title: TOT on “Maternal and Child Nutrition for Joint partners of Max Foundation, Bangladesh”

Financial Support by: Max Foundation, Bangladesh

Implementing Agency: Bangladesh Breastfeeding Foundation (BBF)

Project duration:



Introduction

Malnutrition in Bangladesh remains a widespread problem, and the prevalence of acute malnutrition is one of the highest in the world. Improving infant and young child feeding (IYCF) practices is one of the key interventions that can help to prevent malnutrition and stunting among the young children. Therefore Max Foundation, Bangladesh intends to train 22 field level project staffs (project coordinator, SRHR and Nutrition Officer and paramedics) in Patuakhali.

Objectives

The objective was to complete the Training of Max WASH project staffs on Maternal and Child Nutrition using the GOB-approved training curriculum.

Specific Objectives:

1. To prepare training materials
2. To finalize the training manual, schedule and other documents with Max Foundation team according to needs of the project.
3. To prepare necessary handout and presentation materials for the training.
4. To conduct a four-day long training on Maternal and Child Nutrition for Max Foundation project staff in Patuakhali.

Procedure of training project:

Development of training curriculum

Training curriculum for this project was developed by adopting the GOB-approved training curriculum of IYCF and basic training nutrition manual. The training schedule, necessary handout and presentation materials for the training sessions were developed through consultation meetings with Max Foundation team. Govt. Job aid was used without any change. A questionnaire for pre and posttest was also developed to evaluate the knowledge of the participants. A four-day long residential training on Maternal and Child Nutrition was conducted for 22 field level project staffs of Max Foundation in SDA office of Patuakhali by 2 trained master trainers of BBF.

Methods

The proposed training was fully participatory in nature. Sessions was made task oriented through active process. Lively and friendly atmosphere was established to uphold the optimum interest of the trainees. Demonstration with role-play and participatory methods was used to ensure equal participation. Special attention was given for the weaker trainees. At the end of each day a recap exercise was done and also each day was started with recalling the previous days learning. Practical session was held with active participation after completion of theoretical session.

Strategies of the Training

1. Theoretical classes were held in easy local language use with explanation of facts on Child Health and Maternal Nutrition according to the training handouts.
2. Trainees got handouts of the presentation, reading materials on the training subjects.
3. Anthropometric equipments, doll and breast models were used for demonstration and field practices as needed.
4. Multimedia/projector was used to better understand by visualization and explanation of lessons.
5. Trainees had a pre-testing on the beginning day and a post test on end date in order to assess the knowledge and perception changes due to the present training.
6. One to one interaction and participatory methods applied in order to ensure active participation and interaction by the trainees.
7. Training was conducted by pre developed schedule.

Training Materials (quantity)

1. GOB-approved training curriculum (adapted by BBF and Max Foundation)
2. Handout (22 copies)
3. Relevant videos (3 Copies)
4. Presentations (22 copies)
5. Pre- (22 copies) and Post-test questionnaire (22 copies)
6. GMP cards (22), Job aid (22)
7. Doll & breast model (4 sets), anthropometric tools (MUAC Tape, weighing scale,
8. length board, height scale (2 sets)

Participants

Total 22 participants from member organizations (BDS, SLOPB Bangladesh, SPACE, UST, Shushilan, DAM, ESDO, Aungkur and Blue Gold) of Max Foundation were received the training.

Facilitators

Following facilitators facilitated the four days training sessions:

- a. Suraya Bintay Salam, Program Manager, BBF
- b. Sayeda Sumaiya Islam, Program Assistant, BBF

Major areas or topics has been covered in 4 days training program:

This training has covered mainly-

1. Child Malnutrition and Stunting
2. Breastfeeding: Importance and benefits of timely initiation of breastfeeding (immediately or within one hour after delivery), Exclusive Breastfeeding (180 days) and no pre/post lacteals such as water, other liquids, and ritual foods.
3. Hazards of Breast Milk substitute: Risk for Formula Feeding for children, Mother and family.
4. 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.
5. Provide support for optimal Maternal Nutrition during pregnancy and lactation
6. Breast Milk Substitute Act- 2013
7. Food & Nutrition and Ensuring Family Food Security
8. Worm & Hygiene

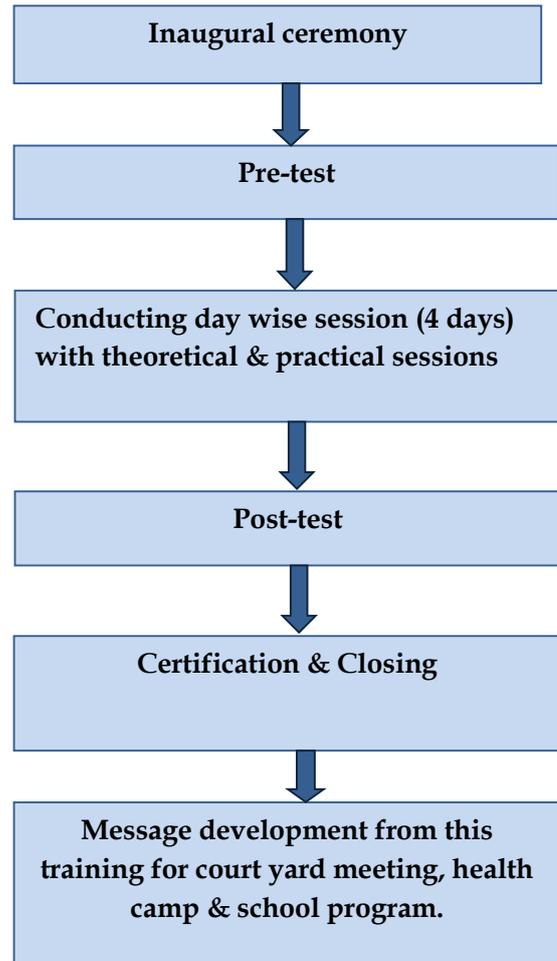


Figure 1: Flow Diagram of overall training

Results

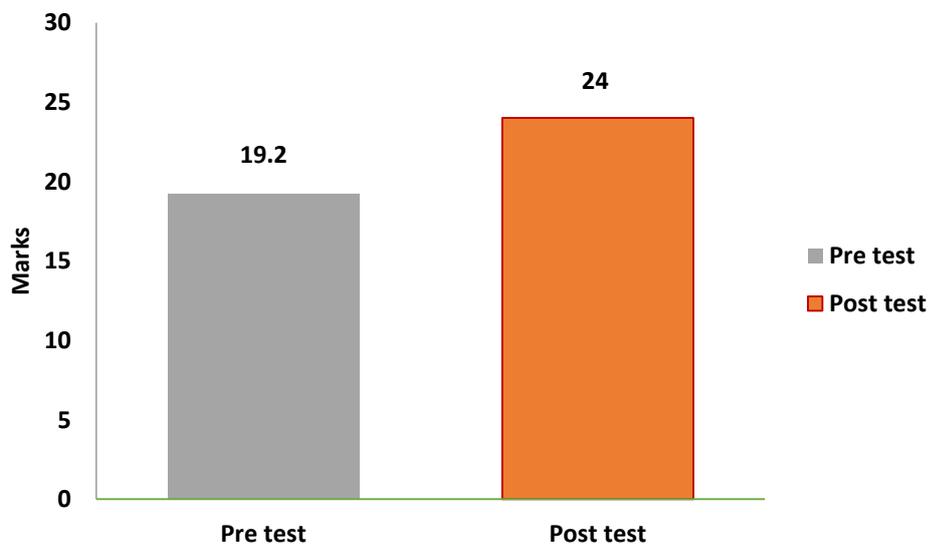


Fig: Mean marks of Pre & Post test of the participants

Pre test was taken to assess the knowledge of the participants and post test was taken to evaluate their upgrading of knowledge. These tests were scored in thirty marks. Out of 30, their mean score on pre test was 19.2 and post test was 24.

Some Snapshot of the training sessions:



24: Group work is being done by the participants



25: Role play and Practical session demonstration by presented by the participants

Recommendations:

Recommendations by BBF:

1. Refresher training is needed to increase the knowledge and skills of the participants.
2. Field level practice is needed for the trainers before working with the mothers.
3. Supportive supervision should be done during field practice.

Feedback from the participants

1. Participants appreciated the training content, sessions and practical sessions
2. They wanted the training frequently to boost up their confidence
3. Training was very informative
4. Awareness on BMS Act and the hazards of BMS product should be raised among the mass people
5. To provide some recipe books to their organizations so that they can suggest the mothers about the menu.

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

Background:

Magnitude of childhood malnutrition is one of the major causes for the burden of morbidity and mortality of children in Bangladesh. Even though Bangladesh has achieved some significant improvement in reducing childhood mortality in 2012, 1.4% of the under 5 childhood mortality was directly associated with malnutrition. Nutritional status has been marked as one of the top 5 major reasons of under five childhood mortality¹. 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.

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.

Objective

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

1. To observe the status of recovery from SAM by applying regular food to SAM children eg. Weight gain.
2. To test the efficacy of locally available homemade foods to manage SAM.
3. To assess the WAZ of the studied children at enrollment and after discharge.
4. To observe the acceptability of these homemade recipes among people.
5. To assess the cost of locally available homemade food.

Current Status: On going

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.

The following materials had been developed:

1. Counseling tool
2. Monitoring tool
3. Growth chart
4. Structured questionnaire

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.

Training Schedule given to SAM field team members:

1. Importance of Breastfeeding
2. Complementary feeding
3. Importance of Complementary feeding
4. How to take care and feed your child in disease condition
5. Hazards of infant formula
6. Personal hygiene
7. Child feeding method

8. Counseling
9. How to motivate patients
10. Preparation of recipes.

Procedure of the intervention:

Following baseline data collection, for first 3-4 days children are fed with milk, sugar, oil based liquid feed (F-75/F-100). Children who have infection are provided with F-75 or F-100 for 2 days. Then the child is 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.

Team members screen patients by using WHO growth and height chart. After selecting the patients they are taken to the SAM unit and questionnaire is filled up. They are counseled on proper dietary intake, appropriate way of breastfeeding and its importance, Complementary feeding etc. After that they are given demonstration on food preparation. The children are on 2 hourly feeding patterns.

After giving food team members follow up patients at every interval to observe patient status whether he/she is taking meal properly or not, or if there is any problem. Team members also observe if patient caregiver's maintaining proper hygiene or not. Every day on counseling session team members emphasize on hygiene and sanitation.



27: A team member is convincing the mother to feed home-made food to her child



26: A team member is counseling the grandmother of a SAM child

Figure 2: Flow diagram of the overall project

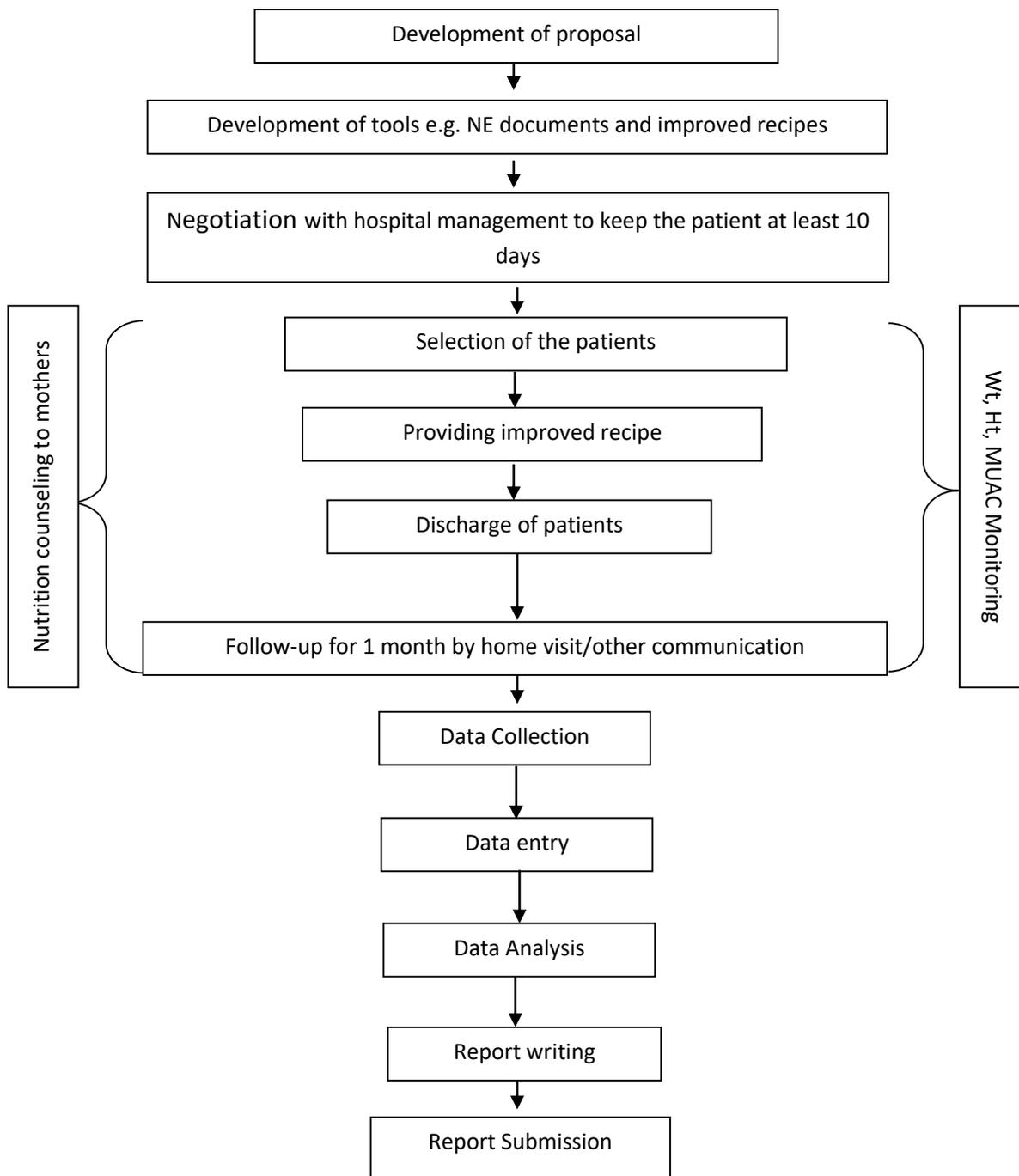


Table 1: Consumption of energy at intervention period

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

Children are fed in 2 hours interval and feeding weight is calculated depending on the baseline weight of the children.

Recipes to be trialed:

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. Chirar polaw	1.76	3.11
6. Suji halwa	1.8	3.29

Nutrition Education

IEC materials (e.g. posters, leaflets, flip chart etc) are 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 are taught how to take care of their children and what necessary steps they should be followed to reduce disease frequency among their children.

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 (Morning)	Complementary feeding: recipe 6
	3-3:45 PM (Evening)	Counseling, Feedback
7 th day	11-11:45 AM (Morning)	Counseling on nutrition of child.
	3-3:45 PM (Evening)	Personal hygiene
8 th day	11-11:45 AM (Morning)	Counseling.
	3-3:45 PM (Evening)	Feedback on feeding method of recipe
9 th day	11-11:45 AM (Morning)	Counseling on food habit
	3-3:45 PM (Evening)	Personal hygiene
10 th day	11 AM-12 PM (Morning)	Overall suggestion and motivation.

Each class will be continued for 30-45 minutes on above topics.

Monitoring nutritional status of children:

Research Assistants are regularly monitoring the weight (each day) and height (once a week) of the children while providing the recommended diet. After discharging from hospital Research Assistants 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 also continue 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, dal and milk with 5tsp oil to give children 4-5 times a day. Seasonal fruits will be advised to give children eg, orange, plums, banana, mango, jackfruit, papaya, guava etc.

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 follow up the children once a week and also monitor the weight, height and MUAC measurement.



28: Foods that used for SAM treatment



29: Cooking demonstration to the mother/ respondents of the SAM child

Results:

Table 1: Baseline characters

Variables	Mean \pm sd
Age (month) (n=39)	11.76 \pm 7.34
Weight (kg) (n=39)	5.35 \pm 1.26
Height (cm) (n=39)	64.59 \pm 10.12
MUAC (cm) (n=39)	10.83 \pm 1.03

Table 2: Total calorie intake (kcal/kg/day) during nutrition rehabilitation

Variables	Mean \pm sd
Day 1 total calorie intake kcal/kg (n=39)	119.75 \pm 62.67
Day 2 total calorie intake kcal/kg (n=39)	165.15 \pm 69.21
Day 3 total calorie intake kcal/kg (n=39)	166.48 \pm 71.93
Day 4 total calorie intake kcal/kg (n=38)	163.43 \pm 65.99
Day 5 total calorie intake kcal/kg (n=36)	158.50 \pm 81.10
Day 6 total calorie intake kcal/kg (n=31)	157.84 \pm 72.81
Day 7 total calorie intake kcal/kg (n=24)	129.20 \pm 77.11

Table 3: Total protein intake (g/kg/day) during nutrition rehabilitation

Variables	Mean \pm sd
Day 1 total protein intake g/kg (n=39)	4.51 \pm 2.26
Day 2 total protein intake g/kg (n=39)	6.22 \pm 2.60
Day 3 total protein intake g/kg (n=39)	6.30 \pm 2.72
Day 4 total protein intake g/kg (n=38)	6.18 \pm 2.39
Day 5 total protein intake g/kg (n=36)	5.97 \pm 2.95
Day 6 total protein intake g/kg (n=31)	5.96 \pm 2.61
Day 7 total protein intake g/kg (n=24)	4.93 \pm 2.88

Table 2: Total weight gain (g) during nutrition rehabilitation

Variables	Mean \pm sd
Difference between day 1 to day 5 (n=30)	356.00 \pm 331.56
Difference between day 1 to day 6 (n= 26)	352.69 \pm 286.43
Difference between day 1 to day 7 (n=18)	355.00 \pm 206.46
Difference between day 1 to day 8 (n=10)	406.50 \pm 308.61
Difference between day 1 to day 9 (n=5)	390.00 \pm 415.03
Difference between day 1 to day 10 (n=3)	176.66 \pm 310.69

Table 4: Weight gain of the SAM children during intervention

Variables	Total weight gain (g) (mean \pm SD)	Daily weight gain (g/kg/day) (mean \pm SD)
Difference in body weight between D1 & D3 (n=39)	231.28 \pm 291.83	21.46 \pm 25.38
Difference in body weight between D1 & D4 (n=38)	289.34 \pm 313.30	18.24 \pm 18.21
Difference in body weight between D1 & D5 (n=36)	347.36 \pm 317.28	16.62 \pm 14.73
Difference in body weight between D1 & D6 (n=32)	356.88 \pm 261.46	13.70 \pm 10.18
Difference in body weight between D1 & D7 (n=24)	355.83 \pm 224.44	11.73 \pm 8.05

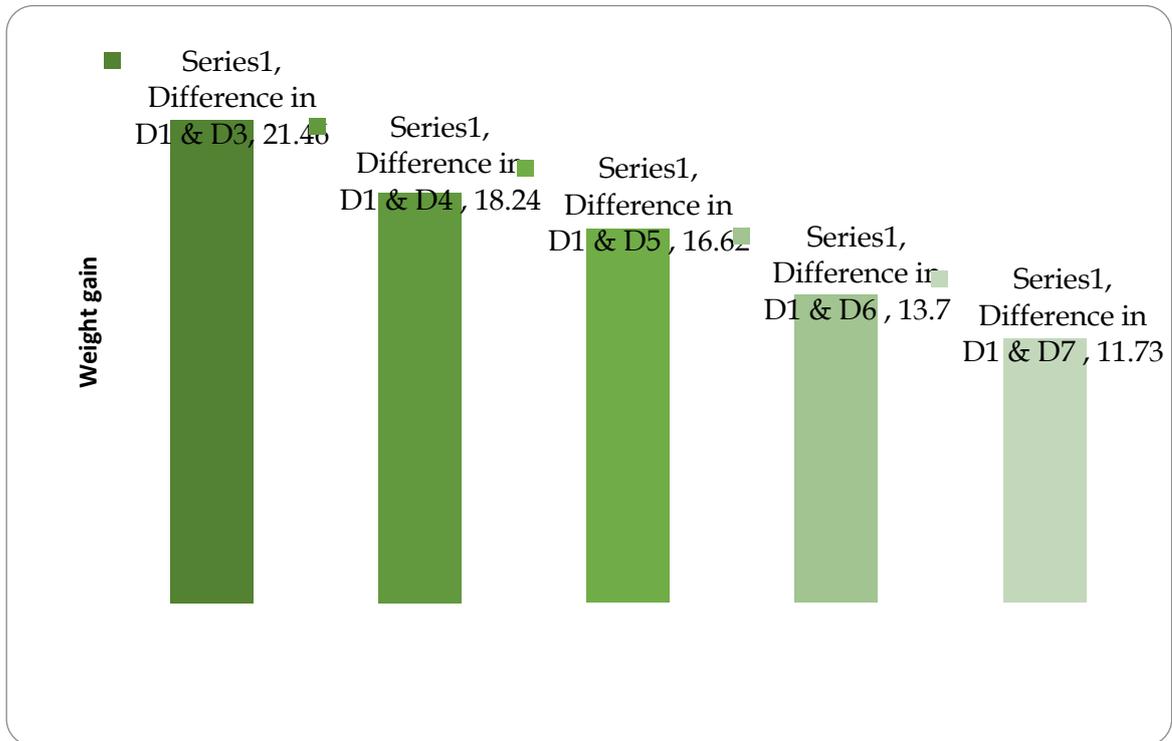


Figure 1: Weight gain (g/kg/day) of SAM children during intervention

Table 5: Percentage of complications at admission of SAM children

Complications (n=39)	Percentage (%)
Infection	2.63
Diarrhea	21.05
Allergy	2.63
Pneumonia	34.21
Fever	13.16
Others	26.32

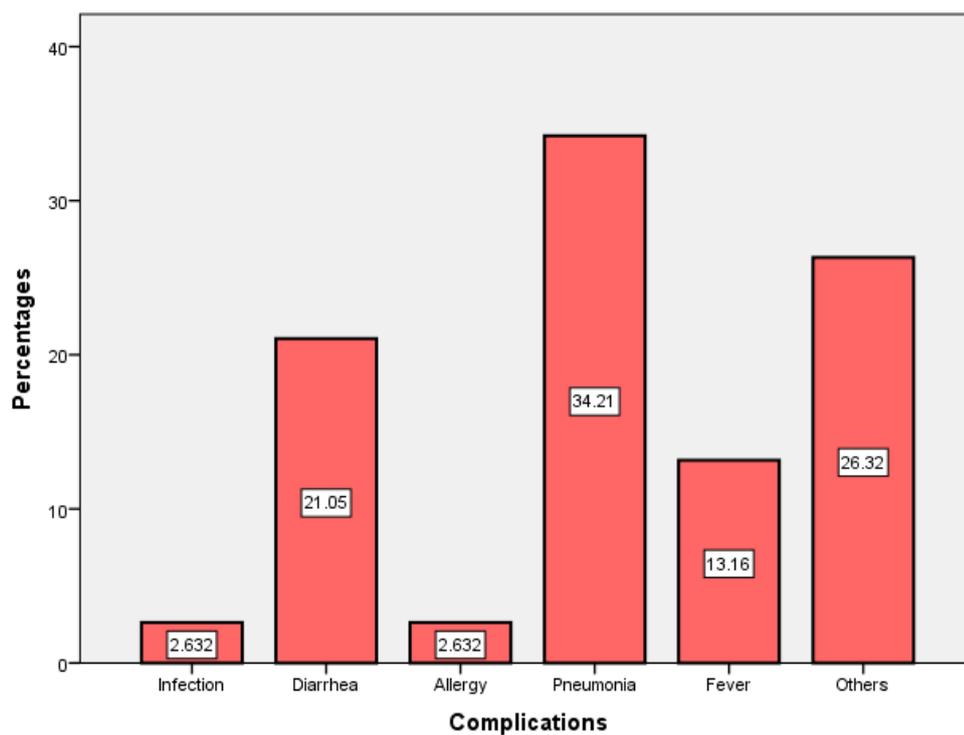


Figure 2: Percentage of complications of SAM children at admission time (n=39)

Table 6: Percentages of Baseline Characteristics.

Characteristic (n=37)	Percentages (%)
Father's Occupation-	
Rickshaw puller/bus contractor	7.7
Farmer	5.1
Driver/Garments worker/Shopkeepers	17.9
Service holder	20.5
Daily labor	25.6
Others	23.1
Mother's Occupation-	
Housewife	87.2
Daily Labour	5.1
Service holder	2.6
Garments worker	5.1
Toilet Facility-	
Kacha/handmade	17.9
Water seal toilet	28.2
Sanitary latrine	53.8
Source of drinking water-	
Tube well	51.3

Boiled water	23.1
Supply water	25.6
Type of milk given to baby-	
Breast milk	15.4
Infant formula	56.4
Both	15.4
Cow's milk	12.8

Project Title: Television spot on "Benefits of Breastfeeding, Hazards of BMS products and promotion of Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories There of (Regulation of Marketing), act 2013"

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 wined three cases against Dauphin Ubique Trade Limited in 1999, Lalmai Limited in 1997, Urmi Enterprise Pvt. Limited in 2000 and companies were fined according to the BMS code ordinance 1984.

The BMS code 1984 ordinance was weak; therefore according to the Prime Minister's declaration on the World Breastfeeding Week (WBW) in 2010, 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.

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 public awareness should create and also aware the infant food producing companies about the violations of the act.

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 There of (Regulation of Marketing), act 2013.” To implement the law it is very important to disseminate the law. Institute of Public Health Nutrition (IPHN) and Bangladesh Breastfeeding Foundation (BBF) with the support of Ministry of Health and Family Welfare (MOHFW) planned to disseminate the new BMS act, 2013 at countrywide level.

Rationale:

Television telecasts are strong means of communication. 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 BMS Act in different TV channels can act as a strong influential

tool in rapidly reaching mothers, household members, community influential and health workers, doctors, nurses, health professionals, stakeholders, NGO's and government policy planners on a large scale towards BMS Act.

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 television spot will help to create awareness to mass people and infant food producing companies will also be aware about the violations of the act as well as the punishment and it will protect the 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
- b) The punishment of violating BMS act, 2013.

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

Approval of IEC committee:

Several meetings were held with IEC committee of MOHFW 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.

Broadcasting of the TV spots:

Now these TV spots (short play) are being broadcasted on Boishakhi Television, Desh TV and Mohona Television for 3 times daily. The average duration of the TV spots is around five minutes.

BOISHAKHI TELEVISION LIMITED

Product: Benefits of Breastfeeding & Hazards of Breast Milk Substitute



Figure 3: Diagram showing the steps of methodology of the project



30: Some snapshots of video clip on Benefits of Breastfeeding

২০১৩ সনের ৩৫ নং আইন

মাতৃদুগ্ধ বিকল্প (শিশুর জন্মের পর হইতে ৬ (ছয়) মাস বয়স পর্যন্ত, শিশুর যে কোন খাদ্য), শিশু খাদ্য (শিশু পূর্ণ ৬ (ছয়) মাস বয়সের পর হইতে যে কোন খাদ্য), বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য (জন্মের ৬ (ছয়) মাস বয়সের পর হইতে ৫ (পাঁচ)বৎসর বয়স পর্যন্ত) ও উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রন) আইন, ২০১৩।

২০১৩ সনের ৩৫ নং আইন

১২। দণ্ড।

(১) যদি কোন ব্যক্তি এই আইনের কোন বিধান লংঘন করেন, তাহা হইলে উক্ত লংঘন হইবে একটি অপরাধ এবং তজ্জন্য তিনি অনূর্ধ্ব ৩ (তিন) বৎসর কারাদণ্ড বা অনূর্ধ্ব ৫,০০,০০০ (পাঁচ লক্ষ) টাকা অর্থদণ্ড বা উভয় দণ্ডে দণ্ডনীয় হইবেন। ঐ কারণে কোন শিশু অসুস্থ হইলে বা মৃত্যু বরণ করিলে প্রস্তুতকৃত কোম্পানী ১০ (দশ) বৎসর কারাদণ্ড বা অনূর্ধ্ব ৫০,০০০০ (পঞ্চাশ লক্ষ) টাকা অর্থদণ্ড বা উভয় দণ্ডে দণ্ডনীয় হইবে এবং অর্থদণ্ড ক্ষতিপূরণ হিসেবে ক্ষতিগ্রস্ত শিশুর পরিবারকে নির্ধারিত পদ্ধতিতে প্রদান করা হইবে।

২০১৩ সনের ৩৫ নং আইন

(অ) কোন ব্যক্তি উপহার সামগ্রী, ডিসকাউন্ট কুপন, মূল্য হ্রাস বা বিনামূল্যে কোন সামগ্রী প্রদান বা প্রদানের জন্য কোনরূপ প্রস্তাব করা;

২০১৩ সনের ৩৫ নং আইন

বিপণন নিয়ন্ত্রন আইন

(আ) উহার প্রস্তুতকারী কর্তৃক আয়োজিত বা তাহাদের সহায়তায় কোন সেমিনার, কনফারেন্স, সিম্পোজিয়াম, কর্মশালা, প্রশিক্ষণ, বৈজ্ঞানিক সভা, শিক্ষা সফর বা আন্তর্জাতিক সম্মেলনে যোগদানসহ উচ্চশিক্ষায় বা কোন গবেষণামূলক কর্মকাণ্ডে অংশগ্রহণের জন্য কোন ব্যক্তি বা স্বাস্থ্য সেবা কেন্দ্রের কোন কর্মকর্তা-কর্মচারী বা স্বাস্থ্যকর্মীকে কোনরূপ আর্থিক বা অন্য কোন সুবিধা প্রদান করা;

31: Some snapshots of video clip on BMS Act, 2013

Duration:

TVC: Benefits of Breastfeeding & Hazards of Breast Milk Substitute (1)-270 sec

TVC: Benefits of Breastfeeding & Hazards of Breast Milk Substitute (2)-225 sec

TVC: Benefits of Breastfeeding & Hazards of Breast Milk Substitute (2)-120 sec

DESH TV

Product: Benefits of Breastfeeding & Hazards of Breast Milk Substitute

Duration:

TVC: Benefits of Breastfeeding & Hazards of Breast Milk Substitute (1)-270 sec

TVC: Benefits of Breastfeeding & Hazards of Breast Milk Substitute (2)-225 sec

TVC: Benefits of Breastfeeding & Hazards of Breast Milk Substitute (2)-120 sec

Mohona Television Limited

Product: Benefits of Breastfeeding & Hazards of Breast Milk Substitute

Duration:

TVC: Benefits of Breastfeeding & Hazards of Breast Milk Substitute (1)-270 sec

TVC: Benefits of Breastfeeding & Hazards of Breast Milk Substitute (2)-225 sec

TVC: Benefits of Breastfeeding & Hazards of Breast Milk Substitute (2)-120 sec

Project Title: Training on Infant and Young Child Feeding
(IYCF) and Maternal Nutrition for Non-government
Doctors, Nurses and Paramedics

Project Title:	Training on Infant and Young Child Feeding (IYCF) and Maternal Nutrition for Non-government Doctors, Nurses and Paramedics
Financial Support by:	National Nutrition Services (NNS)
Implementing Agency:	Bangladesh Breastfeeding Foundation (BBF)
Project Duration:	4 months 12 days (17 Feb, 2016 to 30 June 2016)
Total Budget:	Tk. 2,63, 49, 102.70
Major component:	Training
Project beneficiaries:	Direct: <ul style="list-style-type: none"> a) Internee doctors of 14 Govt. medical college hospitals b) Trainee Nurses (final year students) of Private Nursing Institutes c) Trainee Paramedics (final year students) of Private Paramedics Institutes Indirect: Mothers, children & the community
Project Outcome:	<ol style="list-style-type: none"> 1) A total of 1922 Internee Doctors from 14 MCH will receive training on IYCF and maternal nutrition in 103 batches. 2) A total of 1207 Trainee Nurses from 22 Nursing Institutes will receive training on IYCF and maternal nutrition in 60 batches. 3) A total of 975 Trainee Paramedics from 15 Private Paramedic Institutes will receive training on IYCF and maternal nutrition in 49 batches.
Contact address:	Bangladesh Breastfeeding Foundation (BBF) Room#197-200, Institute of Public Health (IPH), Mohakhali, Dhaka-1212 Email: info@bbf-bangladesh.org Web: www.bbf-bangladesh.org

Background: Bangladesh has made significant progress over last few years in the health systems by decentralizing primary healthcare in rural areas. However, there is need for capacity building on IYCF to ensure quality service delivery.

Aim and objectives: The overall aim was to increase knowledge and skills on IYCF and maternal nutrition of non-government doctors, nurses and paramedics in Bangladesh.

Methodology: This training project follows pretest-posttest design aimed to cover mainly 4 action points of the National IYCF Action Plan of Bangladesh. These were: timely initiation of breastfeeding, exclusive breastfeeding, complementary feeding including hand washing and nutrition support during pregnancy and lactation. 18-hours long training was carried out by involving non-local and local resource persons from respective institutions who received training of the trainers on IYCF or Baby Friendly Hospital Initiative. A pre and post-test was carried out for the evaluation of the training of each batch. Paired t-test was done as measurement of knowledge gain from pretest-posttest data using IBM SPSS software, version 20.

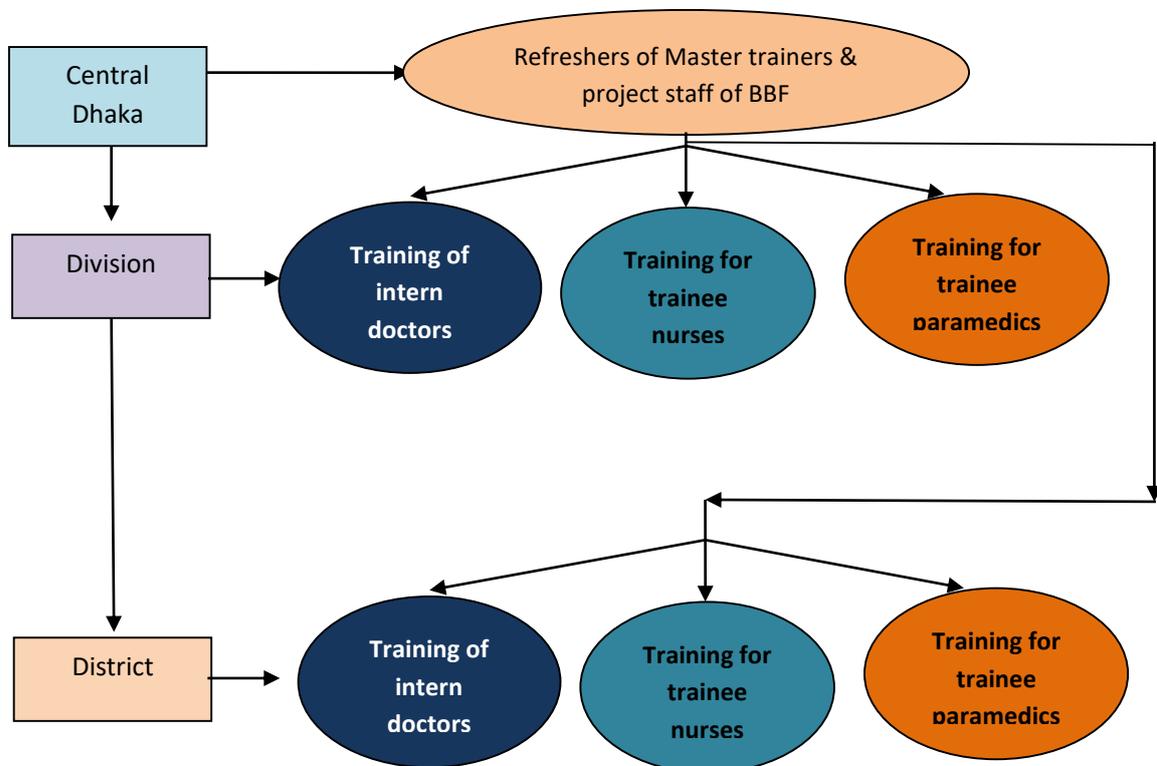


Figure 4: Diagram showing flow of the project activities

Some Snapshots from field:



32: Internee Doctor's Training in Rangpur Medical College Hospital



33: Session is going during Internee Doctor's Training in Rangpur Medical College Hospital



34: Practical session of Internee Doctor's Training in Sher-e Bangla Medical College Hospitals



35: Clinical session of Internee Doctor's Training in Sher-e Bangla Medical College Hospitals

Results: A total of 1922 internee doctors from 14 medical college hospitals, 1207 trainee nurses and 975 trainee paramedics received training. Out of 35, average pretest score was 21.7 (62%) and posttest score was 29.1 (83%) among internee doctors (21.3% increase). The same for the pretest score was 18.9 (54%) and posttest score was 27.7 (79%) among the trainee nurses and trainee paramedics (31% increase). Significant post training knowledge gain was observed among both groups ($p < 0.001$).

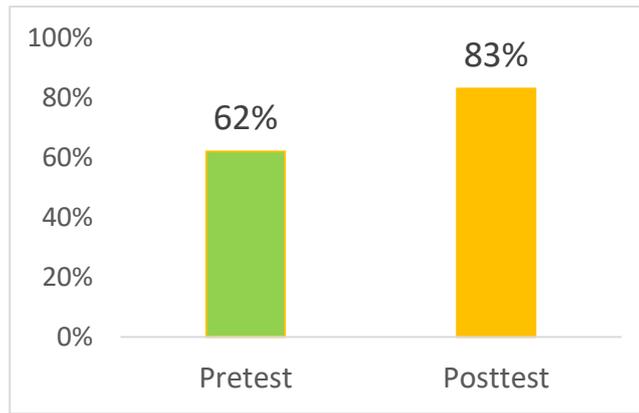


Figure 5: Post Training Knowledge Gain (21.3% of Basic) by all Internee doctors (out of 35)

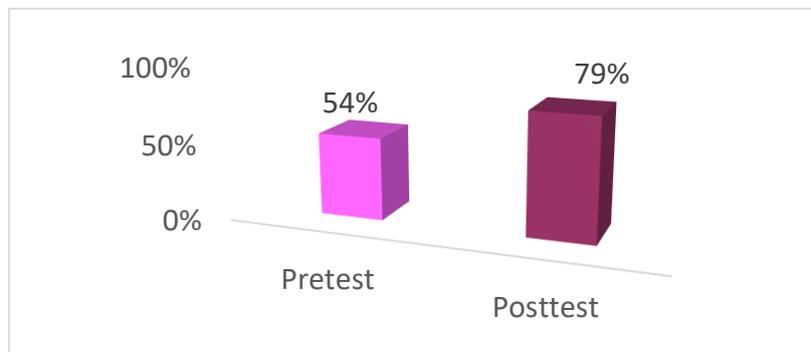


Figure 6: Post Training Knowledge Gain (31.4 % of Basic) by all trainee Nurses (out of 35)

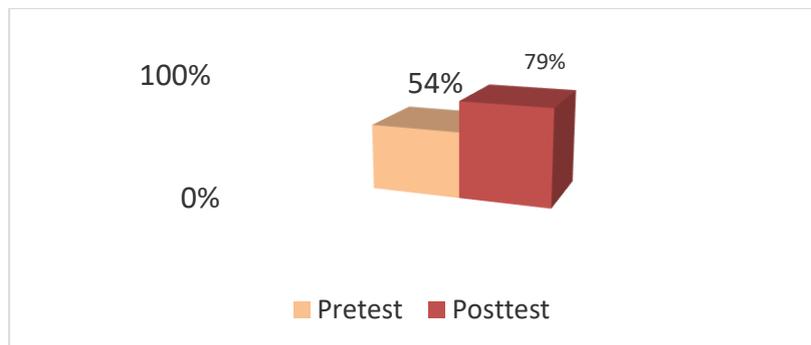
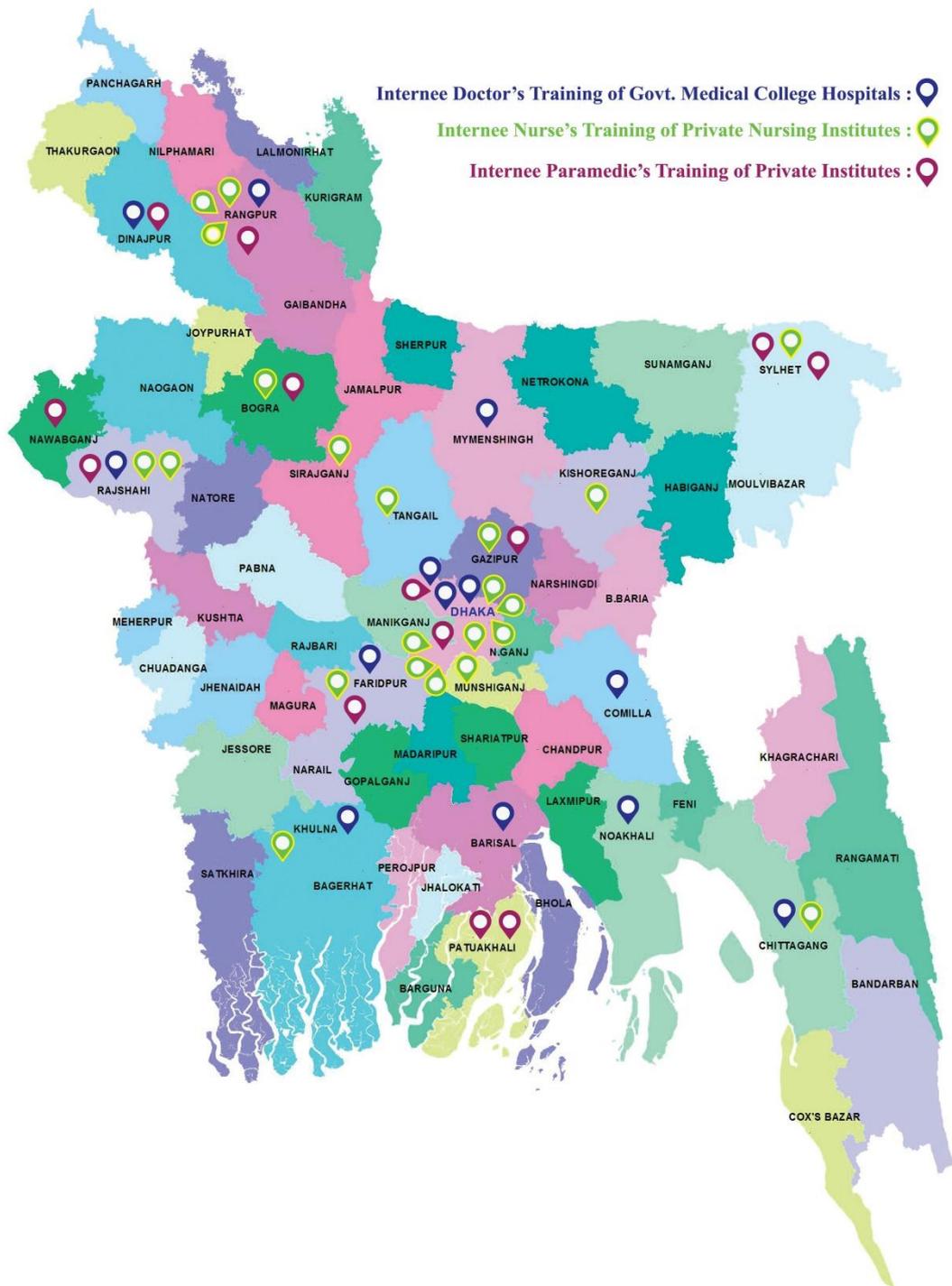


Figure 7: Post Training Knowledge Gain (31.4 % of Basic) by all trainee paramedics (out of 35)

Map showing the institutions received 3 days long IYCF Training under this Programme



During the training period, supportive monitoring and supervision was carried out by sudden physical visit from BBF and IPHN central level. Out of 51 institutions, 28 institutions (~55%) was monitored.

Discussion: The training was equally beneficial for all trainees. Such training program on IYCF and maternal nutrition should be held regularly as pre-service training package in Health sector and non-government sector of Bangladesh.

Conclusions: Substantial change in knowledge was observed among the groups, trainee nurses and paramedics showed highest interest and active participation.

One Asia Breastfeeding Partners' Forum – 11

2-5 November 2015 - Putrajaya, Malaysia

The 11th One Asia Breastfeeding Partners' Forum brought together over 150 participants from 21 countries of Asia. The participants represented governments, civil society, professionals, breastfeeding organizations, health providers, people's organizations and movements, international NGOs and individuals from Bangladesh, Bhutan, Brunei Darussalam, Cambodia, People's Republic of China, Hong Kong SAR, Chinese Taipei, India, Indonesia, Republic of Korea, Lao PDR, Nepal, Malaysia, Maldives, Mongolia, Myanmar, Pakistan, Philippines, Sri Lanka, Thailand, and Vietnam, UK and Switzerland.

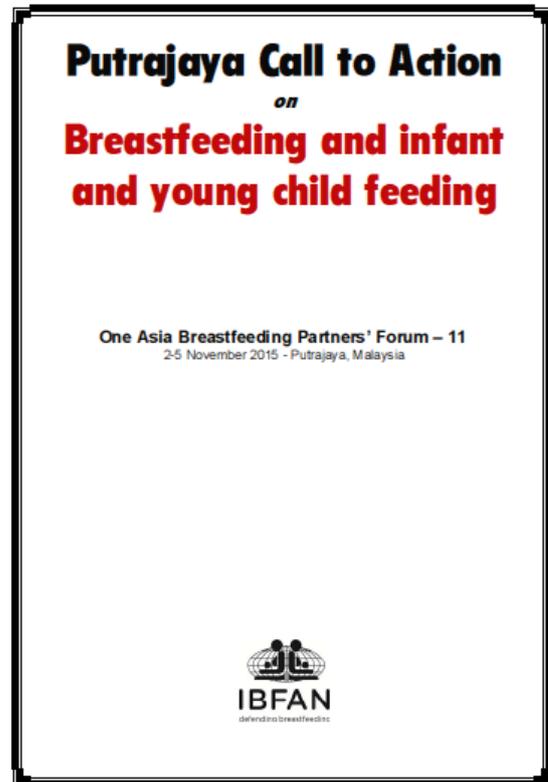


Figure 8: Putrajaya declaration of OABFP-11

Theme of the Forum was **“Maternity Protection for all women at work”**. A 57 country report on status of maternity protection titled, “Labour Lost” was released at the Forum. The Forum was organized by the International Baby Food Action Network (IBFAN) Asia, Malaysian country representative Breastfeeding Information Bureau (BIB) Malaysia with the technical support of Ministry of Health and Ministry of Family and Community Development Government of Malaysia.



36: Some snapshots of the event

The Forum 11 participants, having discussed the gaps in policies and programmes on maternity protection and infant and young child feeding.

Call upon all concerned to take action to:

1. Ensure labour rights of all women, with job security without discrimination.
2. Implement maternity protection laws in all countries urgently by increasing the coverage to all women especially in the informal sector.
3. Enhance the maternity leave to at least 9 months, and monitor and assess the situation of maternity protection on a regular basis.
4. Provide cash support in lieu of leave to women in the informal sector.
5. Provide respectful, non-judgmental and unbiased, free from commercial interest information and support to women on pregnancy, birth, and breastfeeding along with normal gentle birthing facilities, avoiding unwanted/unnecessary caesarean sections.
6. Ensure that children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) receive the culturally appropriate and adequate home cooked food, health and care they need as a strategy, and NOT the ready to use therapeutic foods (RUTFs); which are not the solution.

7. Ensure that child nutrition and health policy development at all levels should be kept free from conflicts of interest.
8. Enact/strengthen national legislations to fully implement and enforce the International Code of Marketing of Breastmilk Substitutes (Code) and relevant subsequent World Health Assembly resolutions on infant and young child nutrition, as well as ensure regular monitoring of the national laws/Code in each country on a regular basis.
9. Provide information on risks of artificial milk/ formula feeding, safe feeding to parents as well as that on GHG emissions related to it.
10. Invest in all relevant policies and programmes to support all mothers to practice optimal breastfeeding and infant and young child feeding practices.

All participants commit themselves to the Call to Action.

Project Title: GAVI CSO Constituency Project

In August 2011, Gavi initiated to fund the Gavi Civil Society Constituency to create national CSO platforms in Gavi-priority countries. Their efforts are coordinated through 20 member Steering committees who are HSS, advocacy and Immunization champions and professionals. The Steering Committee nominated CRS to manage the grant on their behalf. Twenty three platforms (Countries) have been established with more than 4,000 members.

Bangladesh Breastfeeding Foundation (BBF) was awarded the Gavi CSO Constituency Project in Bangladesh by bidding process on December 2013. Immunization Platform of Civil Society in Bangladesh (IPCSB) has been established and launched by Bangladesh Breastfeeding Foundation (BBF) in December 2014 with the support of Ministry of Health and Family Welfare (MOHFW), EPI, Ministry of Local Government and Rural Development (MOLGRD), Gavi the Vaccine Alliance & Catholic Relief Services (CRS). The platform consisted of seventeen members and 21 auxiliary members.

Objectives

The objective of this platform is to strengthen the Health Systems of the Government of Bangladesh in achieving excellence of immunization.

Vision

Have the highest level of immunization coverage in Bangladesh in a joint effort with the government of Bangladesh and the Civil Society organization platform.

Mission

Increase immunization Coverage in area of low coverage, increased effort of CSO members, mass awareness, and training program for immunization service provider, research, knowledge sharing, policy implementation and advocacy.

Key activities of Gavi CSO Constituency Project during July-December, 2015:

A. Meetings of Central Executive Committee (CEC) of IPCSB

The Central Executive Committee represents the highest tier of Civil Society Organization of Urban immunization program and they are the ruling entity as well as the implementing stakeholders. The present CEC committee is consisted of 12 members. They give direction to

the Platform regarding present work plan, future activities, planned for training programs for the members to strengthen the capacity of the platform etc. There were three CEC meetings of IPCSB had been held from July to December 2015. Several decisions were taken in those meetings like CSO recruitment through EOI, inclusion of IPCSB in ICC and LCG etc. The committee collaborates with government to achieve the goal, find ways for the sustainability of the platform.

B. Training on EPI

A two days training on EPI was organized for the member organizations of IPCSB from 28th to 29th, 2015 October in the IPH Conference room, IPH building, Mohakhali, Dhaka. The training was organized by BBF and facilitated by EPI. Total 32 participants from member organizations received the training. Facilitators of this training were expertise on different sectors of EPI program. Dr. Md. Tajul Islam A. Bari, PM, EPI & Surveillance was one of the facilitators of the training program. Learning objectives were Disease Surveillance, Immunization schedule, Cold chain system and Injection Safety, AD Syringes, Safety Box, Organizing EPI Session & vaccination techniques etc.



37: A vaccination camp made by the participants



38: Training session was conducted by Dr. Md. Tajul Islam A. Bari

C. Training on Resource Mobilization and Governance

A two days training on Resource Mobilization & Governance for the member organization of IPCSB was organized from 28-29th November, 2015 at the IPHN Conference room (Third floor), IPHN building, Mohakhali, Dhaka. Total 33 participants from member organizations of IPCSB received the training. Two CEC members and one member from secretariat received the training from Nairobi, Kenya. They replicated the training to the other members of IPCSB. Thereby, the two days training sessions were facilitated by Dr. S. M. Mohiuddin Kamal, Joint Secretary, IPCSB and Suraya Bintay Salam, Program Manager, BBF. Learning objectives were

Networking, Ownership and Membership management, Managing conflict of interest, Sustainability, Resource mobilization etc.



39: Closing speech was given by Dr. S K Roy, Chairman, IPCSB.

40: Participants and Facilitators of Resource Mobilization & Governance Training

D. Training on Project Management for Development Professionals: The training on Program Management for Development Professionals was organized from 7th December, to 11th December, 2015 at Nairobi, Kenya. It was a 5 days training for professionals ‘supported by Catholic Relief Services (CRS). From Central Executive Committee (CEC) of IPCSB, Ms. Masuda Begum, General Secretary and from the secretariat of IPCSB, Ms. Samina Israt, Program Manager, Gavi CSO Constituency received the training.

E. Expansion the membership of IPCSB in Dhaka City Corporation:

To expand the platform membership BBF published an EOI in The Daily Prothom Alo newspaper on 28.10.15, mentioning the criteria for general membership. Several EOI Selection Committee meetings were held for the selection of the general members... After the primary selection of the organizations, physical visit was conducted. Finally, 2 organizations were selected and it has been decided 3 organizations from auxiliary will be the general member of IPCSB. The names of these



41: EOI published in the Daily Prothom Alo newspaper

5 general member organizations of IPCSB are: Faith & Hope Welfare Association, Family

Planning Association of Bangladesh, FACES, SAMAHAR and Shamaj Shaba Jubo Unnayan Sangstha.

F. Welcome Meeting for the new members of IPCSB

The Welcome Meeting for the new members of IPCSB was held on 15th December, 2015 at 11 am in IPH Conference Room (1st Floor), IPH building, Mohakhali Dhaka. Central Executive Committee (CEC) members and the new members attended the meeting. CEC members welcomed the new members with flowers. Masuda Begum, General Secretary, IPCSB presented the welcome address; Dr. Purabi Ahmed, Vice chairman, IPCSB gave a short description of activities of IPCSB from January to December, 2015. All the present CEC members shared some experience of IPCSB and the new members also shared their experience regarding their working sectors. Dr. S. K. Roy, Chairman IPCSB gave a presentation about past, present and future of IPCSB. By this presentation the new members had a clear concept about the platform. Presented new members explained that all of them are very proud to be a part of IPCSB and the CEC members were very happy to see the new member's enthusiasm to work with the platform. The meeting was finished by giving thanks to all by Md. Habibur Rahman, Joint Secretary, IPCSB.



42: Presentation about past, present and future of IPCSB was given by Dr. S K Roy, Chairman IPCSB



43: Members presented in the "Welcome meeting for the new members of IPCSB"

G. Dissemination seminar on "Barriers of valid dose of immunization among children aged 12 in the selected urban area of Dhaka City Corporation":

A Dissemination Seminar on "Barriers of valid dose of immunization among children aged 12 in the selected urban area of Dhaka City Corporation" was held on 30th December, 2015 at 10.30 am in the CIRDAP International Conference Centre. The Chief Guest of this Seminar was Madam Roxana Quader, Additional Secretary (PH & WH), Ministry of Health and Family Welfare and was chaired by Dr. Habib Abdullah Sohel, Director, PHC & Line Director,

MNC&AH, DGHS. Brig Gen Dr. S. M. M. Saleh Bhuiyan, Chief Health Officer, Dhaka North City Corporation; Dr. Md. Quamrul Islam, Director, Institute of Public Health Nutrition & Line Director, National Nutrition Services; Md. Helal Uddin, Joint Chief (Planning), Ministry of Health and Family Welfare were present as special guest.



44: Dignitaries of the Dissemination Seminar of IPCSB



45: Guests in the Dissemination Seminar of IPCSB

The ceremony started with the welcome address presented by Masuda Begum, General Secretary IPCSB. Study results were presented by Dr. S. K. Roy, Senior Scientist & Chairman, IPCSB. In his presentation it was found that lost of vaccination card, parents time unavailability on the recommended day, move to another place, parents unawareness are the major findings. The study revealed that all the vaccinators had knowledge on invalid dose and they got training on immunization but they had to work overtime due to inadequate staff.

Remarks were taken from the participants of the Seminar and all of them thanked Dr. S. K. Roy & IPCSB for the research for invalid doses. Dr. S. K. Roy & Dr. Habib Abdullah Sohel answered the questions that came from the participants.

The Seminar was finished with the expectation working MOHFW with LGRD to increase the EPI coverage for the City Corporation area. In the next sector program MOHFW will incorporate the activities to increase the EPI coverage. Awareness should be increased among the mass people. In this regard, print and electronic media people and mobile message can play an important role.

Project Title: Dissemination of Breast milk Substitutes, Infant food, Complementary Infant food manufactured commercially and the Accessories thereof (Regulation Marketing) Act, 2013)

Introduction:

Bangladesh Breastfeeding Foundation is working with Government of Bangladesh for protection, promotion and support breastfeeding since 1989. BBF had supported government at times to implement the BMS code as part of its mandate. Innocent declaration 1990 on protection, promotion and support of breastfeeding declared to develop national breastfeeding policies by the governments of all countries and establish national system for monitoring attainment of their targets. Bangladesh develops code on marketing of breast milk substitutes in 1984 Ordinance no. (XXXIII), which was amended in 1990 to make registration of every brand of infant formula compulsory before marketing. However, its enforcement and implementation had been weak so far, therefore BBF along with government and other organization has developed a new law which is adaptation of the international BMS code. The new law has been passed by the Parliament of Bangladesh and has received the endorsement of the Honorable President of the People's Republic of Bangladesh on 22 September 2013, but the by-law of BMS act 2013 is under preparation. On the other hand the new law has not been publicized or oriented to health professionals yet. Though there is some delay in implementation of this law yet there is urgent need to train and orient the health professionals and mass people on the new law as well as the Civil Surgeon's office staff who will have the main responsibilities to monitor the law.

Justification of the Project on BMS ACT Dissemination:

Recently, monitoring committee has been formed in almost every districts chaired by the Civil Surgeon and members of the committee are UH&FPOs, Health education officers. The activities of the committees are expected to monitor the BMS law in their respective district and share the report with IPHN and BBF in regular interval and to take legal action. BBF is now following up the actions and providing technical assistance to the Civil Surgeons and IPHN. Due to lack of orientation on new law and effective follow up system the activities of the committees are not fully functional. Therefore there is an urgent need to disseminate law in strengthen the activities of the committee to establish an effective monitoring system of the BMS Act in existing health system.

Objectives: To create mass awareness among country wide health-care professionals, stakeholders and civil societies on the BMS Act (2013) in Bangladesh

Methodology: Well-planned goal-specific orientation programs were conducted by the BBF among wider groups of participants (national/district level health administrators, hospital/clinical staff/civil surgeons/head of Upazila health-complexes, major stakeholders, media people /reporters & law enforcement members). These participatory-type orientation-programs were conducted among randomly selected 50 participants from 38 districts of 7 divisions during March through June 2016.

Performance :

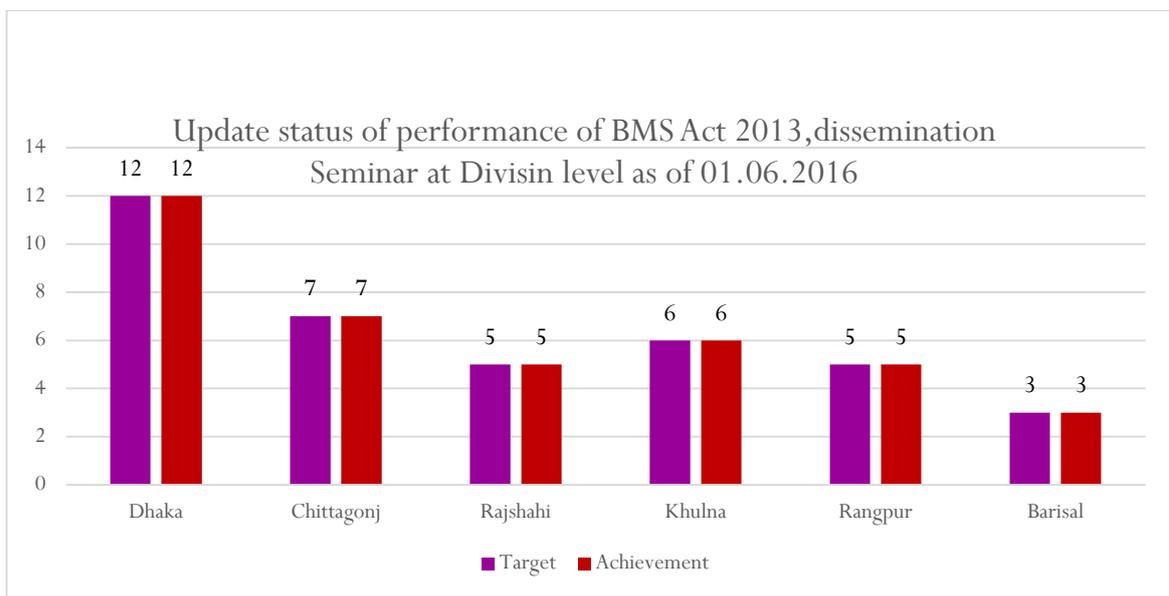


Figure 9: Graph shows that out of 38 districts 38 (100%) completed.

Outcome of the Project: Total 1900 stakeholders/mass-people endowed BMS-law 2013 & hazards of BMS products following signed pledge saying ‘No to BMS’ while 80% hospital managements being aware on BMS-law and penalties on violation by promoting, selling &/or gifting anything to health-care professionals/ stakeholders. Most of the doctors/ health-care administrators (89%) committed for market-monitoring in respective area regularly. A little less than 99% of post-oriented journalists published vital information on BMS act/violation of law in respective daily-newspapers including telecasted-shows/TV-scrolling in sensitizing mass people BMS-Act & penalty for violating that. However, 100% of participants agreed of being benefitted from such orientation-programs while another 89% suggested for organizing such programs twice a year.

Implementing Agency: Bangladesh Breastfeeding Foundation (BBF)

Financial Support by: National Nutrition Services (NNS)

Project Duration: 3 months 2 days (07 March to 02 June, 2016)

Total Budget: 99, 99,959, .86 (Taka Ninety nine lac ninety nine thousand nine hundred fifty nine and eighty six paisa only)

Major component:

Orientation & Dissemination through media

Project beneficiaries: Direct- Orientation: Civil surgeon, Deputy Civil surgeon, Senior Health Education officer, Junior Health Education officer, EPI superintendent, CS office, Health Inspector, District Sanitary Inspectors, Mayor office, Sanitary Inspectors, CS office, Members BMS code monitoring, Committee (UH&FPO), Health Inspectors (Upazila Health complex), Sanitary inspectors of the upazila (1 from each upazila), Media personnel, CSOs. Dissemination through media: Health Professionals, Parents and caregivers of the under 2 year's children. Indirect- Would be mother & the community

Targeted project area:

38 districts and 8 Divisions of Bangladesh which are as follows

Under Dhaka Division Tangail ii. Jamalpur iii. Mymensingh, iv. Kishoreganj v. Norshingdhi vii. Netrokona, viii. Munshiganj viii. Madaripur ix. Faridpur x. Shariatpur xi. Rajbari xii. Narayanganj. Under Chittaganj division Comilla ii. Bahmmonbaria iii. Chandpur iv. Luxmipur v. Noakhali vii. Rangamati. Under Khulna division: Kustia ii. Meherpur iii. Norail iv. Jessor v. Shatkhira vi. Bagerhat



46: BMS Act -2013 Dissemination Seminar in Gaibandha and Chandpur on 11.05.2016

Conclusion:

Since the post-evaluation score of orientation program on BMS Act evidenced to be useful in increasing the level of participant's knowledge considerably, it deemed necessary to repeat it at regular basis to make the participants aware on implementing the BMS Act 2013, strictly. Under Rangpur district. Under Rangpur division i. Gaibandha ii. Kurigram iii. Lalmonirhat iv. Nilfamari v. Thakurgaon

Recommendations:

1. Suggestion came from participants for establishing strong market monitoring system. More seminars, workshops should be arranged in division, district and upazilla level.
2. Need to develop a regular reporting system on BMS Law violation
3. To stop violation of BMS Act, authorities such as Director General, DGHS and director IPHN should take necessary steps.
4. Need to include BMS code monitoring in monthly meeting of Government health system
5. Recommended that this seminar should organized in grass root level.
6. Majority recommended for established strong market monitoring system through mobile court.
7. Audience /participants recommended to implement the BMS Act -2013 law successfully and need to develop a regular reporting system on BMS Law violation
8. Participants think that there are some gaps in this law, they requested to BBF to keep up this work.
9. Recommended to arrange this BMS Act 2013 dissemination seminar program in all sector and among all level of people.
11. Participant's advice to include Police Super in the District Monitoring committee.
13. Frequent awareness program needs to be conducted with Mothers and caregivers about the hazards of BMS Act.

Project Title: Revitalization of Baby Friendly Hospital Initiative (BFHI)

Fiscal Year: 2015-16

Financial Support by: National Nutrition Services (NNS)

Implementing Agency: Bangladesh Breastfeeding Foundation (BBF)

Background:

Following the global wave of making all hospitals Baby-Friendly, Baby Friendly Hospital Initiative (BFHI) program started in government and non-government health facilities (HFs) in Bangladesh since 1992 with active cooperation and technical assistance by the WHO and funded by UNICEF, Bangladesh. The National Strategy for ‘Infant and Young Child Feeding’ 2007 comprises BFHI as its 6th strategy that emphasizes scaling up and sustaining of BFHI. In the inaugural ceremony of World Breastfeeding Week 2010, the Honorable Prime Minister of Bangladesh advised to transform all the hospitals, health-complexes and clinics into Baby-Friendly and to revitalize the baby friendly hospitals.

In Bangladesh since 1992, 74 percent (499 out of 670) of the government maternity services have been designated as “Baby friendly” in phases. Despite that births in the healthcare facilities are being increased, bottle feeding rate has been increasing mostly as well due to aggressive marketing by several BMS Companies which prudently deteriorates the BFHI status in many of our hospitals yet to day. Frequent turnover of trained health professionals, lack of refresher trainings and weak implementation of BMS Act remains the major challenges & contributing factors for this non baby friendly situation. That is why the BBF in collaboration with IPHN had initiated reevaluation of BFHI since 2012. From 2012 to 2015 (pre-phase, 1st phase and 2nd phase), 361 health facilities (Medical Colleges Hospitals, District Hospitals and Upazila Health Complex (UHC) out of 499 have been revitalize.

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in - that is, allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*, a joint WHO/UNICEF statement published by the World Health Organization

Project duration: 17 Feb, 2016 to 30 June 2016

Table 3: Target reach and duration of the project:

SI No	Component	Specific activities	# of Hospitals	#of participants/ Bach	# of Total Participants
1	4-days Training	MCWC	64	10	640
2	4-days Training	Sadar Hospital	6	20	120
3	4-days Training	Medical College Hospital/Tertiary Hospital	41	20	820
4	4-days Training	UHC	120	10	1200
Total			231		2780

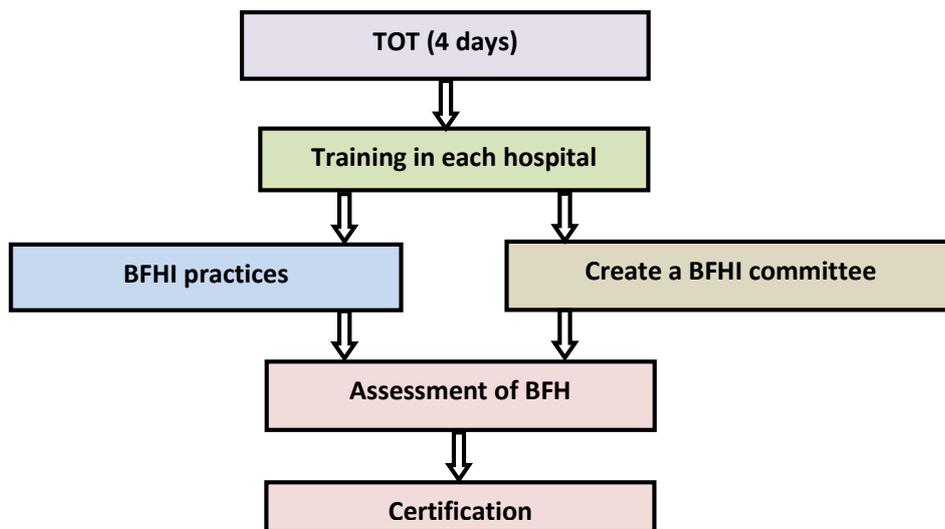
Goal of BFHI:

1. The primary goal of the present project is to transform facilities (n=499) providing maternity services to baby friendly hospitals through implementation of the Ten Steps to Successful Breastfeeding.
2. Stricter implementation of The Breast Milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories There to (Regulation of Marketing) Act, 2013 in the hospitals by hospital administration as well as by All its staff members.

Objectives of the Project

The objective of 3rd phase of this project is to revitalize BFHI in selected 229 health facilities in Bangladesh.

Methodology:



Planned Activities:

1. BFHI training of the maternity staff of 250 hospital
2. Formation of BFHI committee and establishment of Breastfeeding corner
3. Practice of BFHI 10 steps in health facilities
4. External assessment
5. Certification

Category of Participants in 4 days training:

Class I	<ul style="list-style-type: none"> Doctors working in the Medical College hospitals, District Hospitals Upazila Health and Family Planning Officer (UHFPO), Medical Officers
Class II	<ul style="list-style-type: none"> Senior FWV (SFWO), Senior Staff Nurses, Nursing Supervisors,
Class III/IV	<ul style="list-style-type: none"> MTEPI, Nurses Midwife, Female Medical Attendant, FWV Assistant. Nursing Attendant

Major areas or topics has been covered in 4 days training program:

This training has covered mainly-

- Breastfeeding:** Importance and benefits of timely initiation of breastfeeding (immediately or within one hour after delivery), Exclusive Breastfeeding (180 days) and no pre/post lacteals such as water, other liquids, and ritual foods.
- Hazards of Breast Milk substitute:** Risk for Formula Feeding for children, Mother and family.
- 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.
- Provide support for optimal **Maternal Nutrition during pregnancy and lactation**
- Breast Milk Substitute Act- 2013**
- Baby Friendly hospital Initiative (BFHI):** History, Importance and process of BFHI



Figure 10: IEC Materials used in Training

Key Achievement:

- BFHI activities has been successfully accomplished with the objectives of revitalizing BFHI activities in 231 selected healthcare facilities (41 in Dhaka, 63 in Chittagong, 10 in Barisal, 24 in Rajshahi, 40 in Rangpur, 18 in Khulna, 25 in Sylhet and 10 in Mymensingh Divisions).

Table 4: Division wise distribution of health facilities received training

<i>Division</i>	<i>MCH</i>	<i>Sadar Hospital</i>	<i>UHC</i>	<i>MCWC</i>	<i>Tertiary/ Specialized</i>	<i>Grand Total</i>
<i>Barisal</i>			1	7	2	10
<i>Chittagong</i>	1		47	11	4	63
<i>Dhaka</i>	10	2	9	10	10	41
<i>Khulna</i>			4	10	4	18
<i>Mymensingh</i>			6	4		10
<i>Rajshahi</i>	1	1	11	9	2	24
<i>Rangpur</i>	1	1	23	9	6	40
<i>Sylhet</i>		2	19	4		25
<i>Grand Total</i>	13	6	120	64	28	231

- Thus around 2780 health service providers have been trained so far by the resource persons (receiving a 4 days TOT in earlier part of the project in 2012).
- Under this 3rd phase, a 4 day long BFHI hospital training was carried out in 6 sadar hospitals, 13 medical college hospitals 28 tertiary/specialized care hospitals, 120 Upazilla health complexes and 64 Mother and child Welfare Center (MCWC) under strict monitoring and stringent supervision. These were based on 3 tire systems 1) by the BBF 100%, 2) by the supervisors -100%, 3) 30% by the high officials from BBF, IPHN and DGHS.
- Findings of these activities showed that the mean score was 17.9 (51%) which increased a few folded more at 27.9 (79.9 %) yielding a significant increase ($p < 0.001$), demonstrating a post training knowledge gain of 55%.

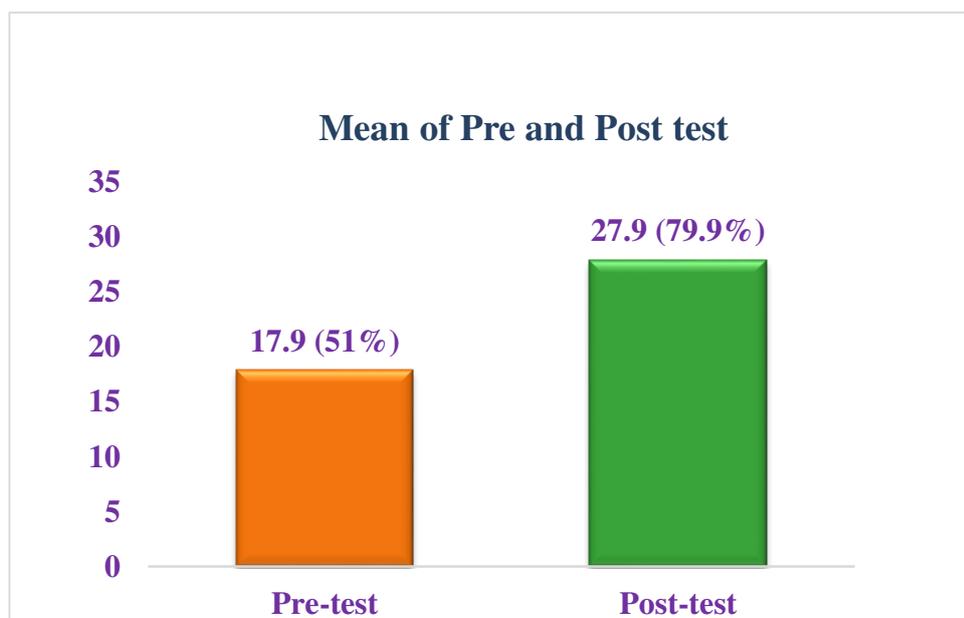


Figure 11: Overall mean difference in knowledge between pre and posttest (all 231 health facilities)

- The findings showed that 231 healthcare facilities have reported that they have existing BFHI committee consists of 16 members in Govt and non-govt medical college hospital, 8 members in sadar hospital and upazilla Health Complex and 6 members in MCWC.
- All of these 231 healthcare facilities, the LMC were found to exist.
- Assessment in 231 health facilities was carried out by a team (n=103) of BFHI expert assessors comprising paediatricians and gynaecologists) from 7 divisions. Before the external assessment, all the 231 hospitals were given enough time to prepare and practice 10 steps of BFHI over the next 6 weeks. Standard evaluation format following WHO 2009 to adapt for using our country context.
- Finally in this phase (out of 231), overall scored evidenced that 53.2% of HF's has been accredited as 'Baby-Friendly'.

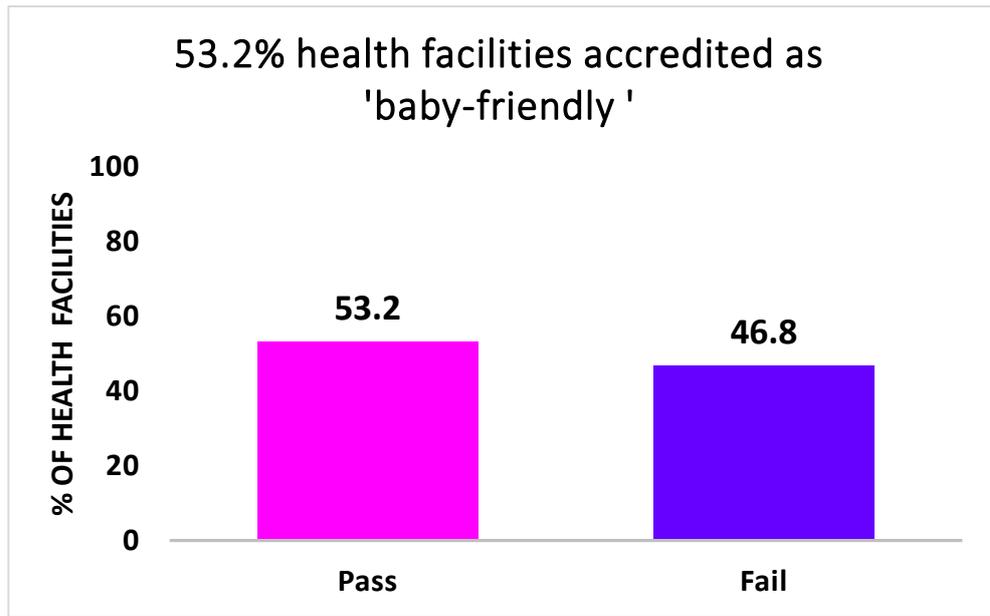


Figure 12: 53.2% of health facilities accredited as 'Baby-Friendly'

Some snapshot of training



47: 4 days BFHI Training in Lamb Hospital, Parbatipur, Dinajpur.



48: 4 Days Training on Baby Friendly Hospital Initiatives in Nagarpur, Tangail



49: Closing sessions in Shaheed Monsur Ali Medical College Hospital, Dhaka.



50: Certification Giving Ceremony after completion of 4 days training in BIRDEM-2 Hospital, Dhaka

Some Picture of Assessment



51: Assessment in Ibn Sina MCH



52: Assessment in Sarsha UHC



53: Assessment in Fultala UHC



54: Assessment in Patia UHC, Rajshahi

Certification and Dissemination of BFHI:

The Certification and Dissemination Seminar of Baby Friendly Hospital Initiative (BFHI) was held on **28th June, 2016** at 11.00 am in **BCPS Auditoriu, Mohakhali, Dhaka-1216**. The Chief Guest of the meeting was Prof Dr. Deen Mohammad Nurul Haq, Director General, Directorate General of Health Services (DGHS). Prof Dr. Abul Kalam Azad, Additional Director General (Administration), Directorate General of Health Services; Prof. Dr. Md. Samiul Islam, Director (Hospital), Directorate General of Health Services and Dr. Ehteshamul Haque, Director (Administration), Directorate General of Health Services was present in the seminar as special Guest. The seminar was chaired by Dr. A.B.M. Muzharul Islam, Director, IPHN & Line Director, NNS, DGHS, MOH&FW. The key note presentation was given by prof. Dr. S K Roy, senior Scientist and Chairperson, BBF.



55: BFHI Certificate

56: Participants of the Dissemination Seminar of Baby Friendly Hospital Initiative (BFHI)



57: Speech by special guest Prof Dr. Abul Kalam Azad, Additional Director General (Administration), DGHS



58: Speech by the special Guest Prof. Dr. Samiul Islam, Director (Hospital), DGHS



59: Key Note Presentation by Dr. S K Roy, Chairperson, BBF



60: Speech by the chief guest Prof Dr. Deen Mohammad Nurul Haq, DG, DGHS



61: Certificate giving session

Limitations of the project:

1. Absence of monitoring system of BMS Act was a major drawback.
2. A little lack in BFHI monitoring systems due to funding constraints.
3. Frequent turnover of trained staff made the BFHI activities faced difficulties.
4. Lack and insufficiency in disbursement of funding in right time.
5. Since BFHI assessment process is dependent on the physicians, it was often difficult due to some physician were reluctant.
6. Absence of BFHI indicators in the national MIS system often creates confusions in health care indicators.
7. Extensive and few incompatible indicators in showed global assessment tools made our activities harder.
8. Physicians are on government job showed reluctantly to participate in BFHI activity/monitoring/ evaluation process.

Conclusion:

Due to BFHI revitalization it was possible to increase the IYCF movements particularly in large number of hospitals in Bangladesh through the government funding. Assessment of 592 BFHI hospitals/centers has been documented to be completed which augmented the hospitals in improving IYCF service delivery and capacity building in GOB health facilities which remains a very positive sign for better child nutrition. Thus ensuring better child survivals in the country.

Best practice:

Help mothers to initiate breast-feeding within a half-hour of birth, practice rooming-in, encourage mothers to breastfed on demand, willingness of mother to continue breastfeeding, practice of positioning and attachment of mother were successfully practiced. LMC was established in all HF's where 55% was observed as functional. Compliance of BMS Act was increased and reduced violation as Government dismantled the breastfeeding corner in HF's provided by BMS Companies.

Overall Recommendations of BFHI Project

1. Need to establish a prudent BFHI monitoring system for a sustainable system of Baby friendly hospitals activity in the country.
2. BFHI indicators is in imperative to be included in the national MIS system of DGHS.
3. BFHI training and refresher training need to be strengthen and continued all over the countries healthcare facilities.
4. The auxiliary hospital staff need to be trained/oriented on BFHI.
5. Increase the budget for complete training of the health facilities
6. TOT training / refreshers training need to be re-organized for the resource persons in particular.
7. Mother support group to be established under supervision of BFHI committee members.

Project Title: Orientation Program on Awareness Creation among the Adolescent

Intervention on adolescent nutrition is recognized as a key intervention to break the intergenerational cycle of malnutrition. Although, The Government of Bangladesh has adopted supportive policies and operational plans, the nutrition scenario of adolescents are still far from optimal. The nutrition situation of adolescent girl and maternal status indicates that there is urgent need to pay more attention and carry out programs to create awareness among the adolescents.

The aim of the project was to increase knowledge and awareness among the adolescent's girls on the key health and nutrition messages through an extensive orientation program.

Methodology: This orientation program aimed to cover mainly key topics on health and nutrition during adolescent period mentioned in the different health policies of Bangladesh. These were: importance of adolescent's growth and nutrition, physical and mental changes, healthy food choice, nutritional requirement, advantages and deficiency disorder of different food/food groups, personal hygiene and sanitation, discourage child marriage and early child bearing.

2-hours long orientation session including video, demonstration of an innovative IEC tool on adolescent's nutrition was conducted through interactive multimedia projection among the



62: Picture of innovative IEC tool used in orientation program

adolescent girls' who are studying between VI-XII grade of school/college/madrassa. The wheel shaped IEC tool contained information on ideal body weight, height, BMI, and recommended nutrient intake and daily energy requirement according to different age group (10-19 yrs).

Another side of the tool also includes best food sources, nutrient composition, benefits and deficiency disorders of 9 food/food groups and food pyramid of Bangladesh. Demonstration to easily define age wise ideal body weight, height, BMI, energy and nutrient requirements and best food sources was performed as a part of the orientation session.

Each session conducted among 215 adolescent girls of each institution and thus 5 institutions from each of 64 districts (geographical unit) of the whole country were covered under the project during March-June, 2016. After each seminar paper-based single quick test was performed to measure the change of knowledge among the participants.

Results:

More than 75000 adolescent school girls aged between 10-19 years were oriented from 350 orientation seminars all over the country. Out of 10, over 95% of the adolescent girls scored full marks in the posttest. Little difference was found in score by division.

Conclusions:

Highest interest and active participation was observed among the adolescent girls. The orientation was equally beneficial for all trainees. Such orientation program on nutrition targeting adolescent girls should be held regularly as part of school health program of Bangladesh.

Acknowledgement: National Nutrition Services of Bangladesh



63: Certificate was given to Meherunnessa Girls High School, Dhanmondi, Dhaka



64: Students of Binnati Abdul Mojid Molla Girls High School, Kishoregonj

Following recommendations have been given by the participants:

- Every school in our country should be oriented in adolescent nutrition.
- This kind of orientation should be conducted in rural areas as well so that appropriate action can be taken.
- This awareness orientation program should be done every year.
- Radio, television and electronic media need to campaign on adolescent nutrition.
- Not only adolescent girls, also their family members should be aware about adolescent nutrition.
- The orientation program needs to involve village adolescent girls as well.
- Adolescent nutrition requires extensive publicity and promotion at all level.
- Public and private institute need to be worked together to ensure the health and nutrition of adolescent girls.

School Programs telecasted through media:

To aware adolescent girls throughout the country BBF engaged Shornokishoree Network Foundation (SKNF) for telecasting school programs. Because media has a great influence in making social awareness. For this BBF and SKNF had signed MOU to work together. Social acceptance was very good as the Government high officials, political leaders were involved in these programs. Three School programs were telecasted in Channel i. The schools were Life Preparatory High School; UCEP Hesamuddin Ahmed School, Mohammadpur; Uzan Mollikpur Girls High School, Faridpur. The program details are given below:

Name of the School: Life Preparatory High School

Name of the facilitator: Khurshid Jahan, Director, Bangladesh Breastfeeding Foundation

Dignitaries of the program:

1. Dr. Deen Mohd. Noorul Huq, Director General, Directorate General of Health Services (DGHS)
2. Dr. A B M Muzharul Islam, Director, Institute of Public Health Nutrition & Line Director, National Nutrition Services
3. Prof. Dr. S K Roy, Chairperson, BOT, Bangladesh Breastfeeding Foundation (BBF)
4. Farzana Brownia, Chairman, Shornokishoree Network Foundation (SKNF)



65: Chief Guest of the orientation program, Dr. Deen Mohd. Noorul Huq, Director General, Directorate General of Health Services (DGHS) was delivering his speech



66: Ms. Khurshid Jahan, Director, Bangladesh Breastfeeding Foundation (BBF) was facilitating the students of Life Preparatory High School, Uttara

Recommendations from the Dignitaries:

1. Farzana Brownia, Chairman & CEO, SKNF said if you become aware of your physical and mental health, education you can achieve success. If we can stop early marriage we can reduce sixty percent of maternal mortality. So we have to be conscious about our girls and their health.
2. Prof. Dr. S. K. Roy, Chairperson, BBF said we need more calorie for the growth during adolescent period, so if you don't take proper food your growth will be hampered. Our mothers are malnourished and if we don't take care of them our next generation will be malnourished as well.
3. Prof. Dr. Deen Mohd. Noorul Huq, DG, DGHS said our country is doing well in health sector. If we can stimulate our babies during their 1000 days of life they will be stronger and healthier. He advised to avoid fast food and soft drinks which is full of calorie and preservatives.

Feedback from the participants/students:

1. We will not take fast food from today; we only eat the home made food.
2. We will not ignore the diseases which occur in lack of nutritious food.
3. We should take proper and adequate food for the betterment of our growth.

Name of the School: UCEP Hesamuddin Ahmed School, Mohammadpur

Name of the facilitator: Khurshid Jahan, Director, Bangladesh Breastfeeding Foundation

Dignitaries of the program:

1. Dr. A B M Muzharul Islam, Director, Institute of Public Health Nutrition & Line Director, National Nutrition Services
2. Prof. Dr. S K Roy, Chairperson, BOT, Bangladesh Breastfeeding Foundation (BBF)
3. Farzana Brownia, Chairman, Shornokishoree Network Foundation (SKNF)
4. Md. Rafiqul Islam, Director, Shornokishoree Network Foundation (SKNF)

Speech/Feedback from the Dignitaries:

1. Mr. Rafiqul Islam, Director, SKNF said adolescent is the growing period of life so if you do not take proper food your growth and development will be hampered.
2. Prof. Dr. S K Roy, Chairperson, BBF said we need to follow three key points for ensuring good health that are proper food intake, hygiene & sanitation and disease control. You are been given nutrition cycle that will help you to choose proper food, height, weight & BMI according to your age.
3. Dr. A. B. M Muzharul Islam, Director IPHN & Line director NNS said your body is like an engine if you don't give fuel this engine will not work. Anaemia is a common problem in our country; we can prevent this by taking protein, fruits & vegetable. You have to make aware about the early marriage and its consequences.

Feedback from the participants/students:

1. We will make our parents aware about the demerits of early marriage.
2. We will be careful about the five doses of Tetanus vaccination.
3. Our food intake will be better from today.

Name of the School: Uzan Mollikipur Girls High School, Faridpur

Name of the facilitator: Khurshid Jahan, Director, Bangladesh Breastfeeding Foundation

Dignitaries of the program:

1. Khandaker Mosharraf Hossain, Honorable Minister, Ministry of Local Government, Rural Development and Co-operatives
2. Prof. Dr. S K Roy, Chairperson, BOT, Bangladesh Breastfeeding Foundation (BBF)
3. Farzana Brownia, Chairman, Shornokishoree Network Foundation (SKNF)
4. Md. Rafiqul Islam, Director, Shornokishoree Network Foundation (SKNF)



67: Prof. Dr. S. K. Roy, Chairperson, BOT, Bangladesh Breastfeeding Foundation (BBF) was delivering gifts to the quiz winners



68: Speech was given by Prof. Dr. S. K. Roy, Chairperson, BOT, Bangladesh Breastfeeding Foundation (BBF)

Speech/Feedback from the Dignitaries:

1. Prof. Dr. S. K. Roy, Chairperson, BBF said we will work to eradicate malnutrition with the support of MOHFW. Nutrition is an appliance to better mother's nutritional status, our parents should take care of their girls health.
2. Syed Manjurul Islam, Secretary, MOHFW said we firmly believe that Bangladesh will go a long way with the healthy, meritorious and hard working generation. If you all become healthy then the expenditure and goal of MOHFW will be succeeded.
3. Eng. Khondoker Mossharraf Hossain, MP, LGRD said adolescent period is the formative period of life, if we do not prepare you for your future then our nation will be highly hampered. In future the child you'll give birth they will play a role to build the nation, so prepare you to give a healthy nation.

Feedback from the participants/students:

1. We promised today that we will be conscious regarding our daily food menu
2. If we don't take nutritious food then our next generation will be malnourished.
3. We will move forward to ensure nutrition for all.
4. We will make everyone aware about nutrition.

Broadcasting of the TV spots:

Now the TV spot is being broadcasting on Channel I, NTV, ATN Bangla, Somoy TV for 3 times daily. The duration of the TV spot is around one minute.



71: Some snapshots of video clip on awareness on juvenile nutrition

Young Scientists Club (YSC) of BBF

A Young Scientist Club (YSC) of BBF has been formed in BBF since Aug, 2015 for the academic staff of BBF. The aim of this club is to create and foster a scientific network inside BBF for the sharing and learning of new academic knowledge related to researches and program.

Usually one-hour long weekly meeting is arranged to do the exercise on a pre-selected topics. The topic may be a scientific article or policy document or new era of science. A pre-defined member presents the topic through a power point for 20 minutes. Then the members in the meeting are allowed to discuss the issues in a scientific way. Usually Dr. S K Roy and any other most senior peoples are invited in the meeting to help the discussion and share their views. The medium of language of the club is English.

A total of 15 meetings were done during this period. Coordinator of the club get changed by rotation. First coordinator was Syeda Mahsina Akter, Assistant Director of BBF and she coordinated twelve meetings. The role of the coordinator is to call the meeting, assist the presenter in preparing the subject matters before the meeting date and coordinate the meeting in a timely manner. The present coordinator of the club is Ms. Samina Israt, Program Manager of BBF.

The below table shows the date of each meeting, name of the presenter and the selected topic for each of the meeting of YSC, BBF.

Table 5: Table shows the date of each meeting, name of the presenter and the selected topic for each of the meeting of YSC, BBF

No. of Meeting	Date	Presenter	Topic
1st Meeting	27 August, 2015	Syeda Mahsina Akter Assistant Director, BBF	Article: Effectiveness of Nutrition Education on Pregnancy Weight Gain and Birth Weight in Urban Poor Bangladeshi Women
2nd Meeting	3 September, 2015	Ms. Khurshid Jahan Director, BBF	Article: Short-term nutrition education reduces low birth weight and improves pregnancy outcomes among urban poor women in Bangladesh
3rd Meeting	10 September, 2015	Ms. Samina Israt, Program Manager, BBF	Article: Risk Factor of Overweight Adolescent in Dhaka City
4th Meeting	17 September, 2015	Dr. Helen Pradhan Nipa	Sustainable Development Goals (SDGs)

		Senior Program Officer, BBF	
5th Meeting	1st Oct, 2015	Ms. Suraya Bintay Salam, Program Manager, BBF	National Strategy on Prevention and Control of Micronutrient Deficiencies' Bangladesh
6th Meeting	7 October, 2015	Syeda Sumaiya Islam Assistant Program Officer, BBF	Article: Pre- and postnatal arsenic exposure and child development at 18 months of age: a cohort study in rural Bangladesh
7th Meeting	15 October, 2015	Dr. Munmun Nisha Program Officer, BBF	Article: Risk Factors of Mortality in Severely-malnourished Children Hospitalized with Diarrhoea
8th Meeting	25 Oct, 2015	Tanzina Tabassum Assistant Program Officer, BBF	National Nutrition Policy of Bangladesh
9th Meeting	7 Nov, 2015	Tasnuva Khan Nijhum Research Assistant, BBF	Article: Prevention of malnutrition among young children in rural Bangladesh by a food-health-care educational intervention: A randomized, controlled trial.
10th Meeting	12 November, 2015	Faugia Islam Anne Research Assistant, BBF	Article: Zinc supplementation in children with cholera in Bangladesh: randomized controlled trial
11th Meeting	10 December, 2015	Moupria Talukder Research Assistant, BBF	National Health Policy 2011
12th Meeting	24 December, 2015	Ms. Khurshid Jahan Director, BBF	Title: Effect of nutrition education on exclusive breastfeeding for nutritional outcome of low birth weight babies
13th meeting	7 January, 2016	Syeda Mahsina Akter Assistant Director, BBF	How to write a Scientific Report
14th Meeting	14 January, 2016	Faugia Islam Anne Research Assistant, BBF	Article: Effects of a food supplementation program on the nutritional status of pregnant women in Bangladesh.
15th Meeting	2nd June, 2016	Syeda Sumaiya Islam Assistant Program Officer, BBF	Article: Intensive Nutrition Education with or without Supplementary Feeding Improves the Nutritional Status of Moderately malnourished children in Bangladesh

Lactation Management Center Facilitated by the Bangladesh Breastfeeding Foundation: A Rare Attempt with Prudential Outcome!

Background: It is essential that mothers do breastfeed their children exclusively for 6 months and continue up to 2 years including complementary feeding. It is important that mothers maintain proper position and attachment during breastfeeding (BF) to enable infants in sucking adequately and makes mothers confident. In case of any problem only lactation specialist can soothe mothers to breastfeed the child properly and manage issues arising from BF. We share, here, some of our experiences & observations pertaining to this issue.

Aim & Objective: To sustain protection, promotion & support of countrywide BF, the Bangladesh Breastfeeding Foundation (BBF) has established a Central Lactation Management Center (LMC).

Methodology: The services that the BBF-LMC provides to the lactating mothers, regularly, are: mothers/ family counseling on BF and on various aspects of maternal nutrition, advising & demonstrating on appropriate positioning & attachment during breastfeeding solving related difficulties, breast-milk expression & scientific method of painless breast massage ‘OKETANI’.



72: A mother is receiving service ‘counseling on complementary feeding’

Results: In BBF-LMC, 120 mothers were served over the last 12 months period. Most of the mothers (70.8%) did not know the appropriate positioning/attachment, another 50 mothers were not confident, nervous and had less knowledge on BF, 18 had engorged breast, 21 had flat/ inverted/cracked nipples, and 20 produced less breast milk. Fifty-one mothers received Oketani breast massage once for 30-40 minutes that increased quantity & quality of breast-milk making the mothers satisfied.

Conclusion: Most of the mothers who has received the services at the BBF-LMC got satisfied both physically and psychologically. It is imperative that LMC-service should be familiarized/ spread out across the country, particularly in large &/or district-level hospital set-up.

Efforts of BBF in detection of violation of BMS Act and taking actions

The Government of Bangladesh has been given great importance on achieving optimum child health and nutritional outcome through protection and promotion of breastfeeding. In this direction, an ordinance named Breast-milk Substitutes (Regulation of Marketing) Ordinance, 1984 (Ordinance No. XXXIII of 1984) was passed by GOB. Thereafter, in September 2013, according to the declaration of honorable Prime Minister of GOB, “The Breast milk Substitutes, infant foods, commercially manufactured complementary foods and accessories thereof (Regulation of marketing) Act, 2013” a was gazetted after incorporating international resolution of WHA by reviewing the previous ordinance.

According to the BMS Act 2013, Director of the Institute of public Health nutrition (IPHN) is the central authority for the law enforcement and the National Advisory Committee (NAC) is the authority to look after the law to be in act. Since several years, Bangladesh Breastfeeding Foundation (BBF) being authorized from Institute of Public Health Nutrition (IPHN) supported by UNICEF conducted monitoring activity along with pilot project to detect BMS code and BMS Act violation in different part of Bangladesh. During that project, several violations have been detected by monitoring the shops, hospitals, private clinics and private chambers & media. Monitoring committees were formed in every districts of Bangladesh for the drive to establish BMS code monitoring System in Bangladesh and to create a regular monitoring system under existing government health system.

During 2015-16, BBF has put considerable efforts in the implementation of BMS Act 2013 from its one of the core mandate. BBF taken initiatives as follows:

1. To stop observation World Breastfeeding Week by Nestle
2. To stop establishment of breastfeeding room in public health facilities by BMS companies
3. To stop promotion of BMS product in the pharmacies and medical stores attached to health facilities
4. To stop advertisement of BMS products in the media.

1. To stop observation of WBW by Nestle:

During WBW 2015, Nestle published newspaper supplements and held different seminars, which was a clear conflict of interest and violation of BMS Act 2013 as well. In this relevance, during the observation of WBW 2016, a national event of Bangladesh GoB, BBF, IPHN and MOHFW have put special effort in prior, so that such BMS producer companies cannot re-do any event like earlier.

An order from MoHFW (Order 1) was published:

1: Order from MoHFW to stop Nestle to celebrate WBW'16, breastfeeding room establishment and to stop creating Conflict of Interest.

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

নং: ৪৫.১৬১.১২৩.০০.০০.০০২.২০১০-২০৭

তারিখ: ০১/০৮/২০১৬ খ্রি.

বিষয়ঃ শিশু পুষ্টি ও মাতৃ সুরক্ষার অধিকার ভঞ্জে গুড়াদুধ ও শিশুখাদ্য প্রস্তুতকারী বহুজাতিক কোম্পানীর মাতৃদুগ্ধ বিকল্প শিশুখাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি বিপণন নিয়ন্ত্রন আইন ২০১৩ লংঘন ও বিশ্ব মাতৃদুগ্ধ সপ্তাহ ২০১৬ এর ভাবমূর্তির গুরুত্বহ্রাসের অপচেষ্টা রোধ সংক্রান্ত।

সূত্রঃ (১) ৭৪০০/বিবিএফ/এডমিন/১৬ তারিখঃ ১৩/০৭/২০১৬ প্রাপ্তঃ ২৫/০৭/২০১৬

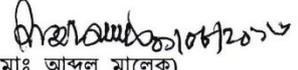
(২) আইপিএইচএন/এনএনএস/বিএমএস এ্যাট্ট(কোড)-২০১৩/২০১৫/৩৩/২১৩৩, তাং ২০/১০/২০১৫

উপর্যুক্ত বিষয় ও সূত্রস্ব পত্রের আলোকে মাননীয় প্রধানমন্ত্রী শিশুকে মায়ের দুধ খাওয়ানো ও সঠিক সময়ে শিশুর বাড়তি খাবার এবং মায়ের পুষ্টির পক্ষে প্রচারণা, সুরক্ষা এবং সহায়তার জন্য বিশ্ব মাতৃদুগ্ধ সপ্তাহ ২০০৯, ২০১০, ২০১১, ও ২০১৪ এর উদ্বোধন করেন এবং জাতীয়ভাবে বিশ্ব মাতৃদুগ্ধ সপ্তাহ উদযাপন, আন্তর্জাতিক মানসম্পন্ন মাতৃদুগ্ধ বিকল্প শিশুখাদ্য, বাণিজ্যিক ভাবে প্রস্তুত শিশুর বাড়তি খাদ্য ও তা ব্যবহারের সরঞ্জামাদি বিপণন নিয়ন্ত্রন আইন প্রস্তুত ও কঠোরভাবে প্রয়োগের নির্দেশ দেন। ২২ শে সেপ্টেম্বর ২০১৩ আন্তর্জাতিক মান সম্পন্ন মাতৃদুগ্ধ বিকল্প শিশুখাদ্য, বাণিজ্যিকভাবে প্রস্তুত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রন) আইন ২০১৩ প্রণয়ন হয়। উক্ত আইনের ধারা ৪(১) ও (২)(খ) এ কোন ব্যক্তি মাতৃদুগ্ধ, বিকল্প, শিশুখাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য বা উহা ব্যবহারের সরঞ্জামাদি আমদানি, স্থানীয়ভাবে উৎপাদন, বিপণন, বিক্রয় বা বিতরণের উদ্দেশ্যে, কোন বিজ্ঞাপন মুদ্রণ, প্রদর্শন, প্রচার বা প্রকাশ করবেন না বা অনুরূপ কোন কাজে নিজেকে নিয়োজিত করবেন না এবং মাতৃদুগ্ধ বিকল্প শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি বিক্রয় উৎসাহিত বা প্রলুব্ধ করবার লক্ষ্যে কোন স্বাস্থ্য সেবা কেন্দ্র বা ঔষধ বিক্রয় কেন্দ্র ব্যবহার করা যাবে না মর্মে উল্লেখ রয়েছে।

বর্তমানে “নেস্লে বাংলাদেশ লিমিটেড” এর অংগসংগঠন নেস্লে নিউট্রিশন ইনস্টিটিউট এর উদ্যোগে ও অর্থায়নে Nestle Start Healthy Stay HealthyTM বিভিন্ন মেডিকেল কলেজ হাসপাতাল, জেলা সদর হাসপাতাল এ উপজেলা স্বাস্থ্য কমপ্লেক্সে ‘ব্রেস্ট ফিডিং রুম’ স্থাপন করছে। কৃত্রিম দুগ্ধ প্রস্তুতকারী, বিপণন এ বিক্রয়কারী প্রতিষ্ঠানের মাতৃদুগ্ধের পক্ষে কোন কাজ করলে তা Conflict of Interest (COI) বলে গণ্য হবে। Nestle এরূপ কর্মকান্ড উক্ত আইনের ৪(১)(২)(খ) ও WHA 49.15, 58.32, 55.60 লংঘন করে।

বর্গিতাবস্থায়, বিশ্বমাতৃ দুধ সপ্তাহ-২০১৬ এর ভাবমূর্তি সম্মত রাখা এবং বিএমএস এ্যাক্ট ২০১৩ এর ধারা ৪(১)(২)(খ) WHA 49.15,58.32,55.60 এর নির্দেশনার আলোকে মায়ের দুধ খাওয়ানোর প্রচার, প্রসার ও সুরক্ষার বিরোধীতাকারী সকল ব্যবসায়িক প্রতিষ্ঠানের সূচতুর প্রচারণা ও কর্মকান্ড বন্ধ করা এবং কোন দুধ কোম্পানী কর্তৃক ব্রেস্ট ফিডিং কর্ণার স্থাপন না করা, অনুরূপ স্থাপনা বিদ্যমান থাকলে তা অবিলম্বে বন্ধ করা ও ভবিষ্যতে যাতে এরূপ কর্মকান্ড পরিচালনা করতে না পারে সে বিষয়ে সংশ্লিষ্ট সকলকে নির্দেশনা প্রদান করার জন্য নির্দেশ ক্রমে অনুরোধ করা হলো।

সংযুক্তি-২৩(তেইশ)পাতা।


(মোঃ আব্দুল মালেক)
যুগ্মসচিব
ফোন : ৯৫১৫৫৩১

বিতরণঃ

- ১। মহাপরিচালক, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।
- ২। মহাপরিচালক, পরিবার পরিকল্পনা অধিদপ্তর, কাওরান বাজার, ঢাকা।

অনুলিপিঃ

- ১। পরিচালক, জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান ও লাইন ডাইরেক্টর এনএনএস, মহাখালী, ঢাকা।
- ২। জনাব এস কে রায়, চেয়ার পারসন, বোর্ড অব ট্রাস্টিজ, বাংলাদেশ ব্রেস্টাফিডিং ফাউন্ডেশন ঢাকা।
- ৩। সচিব মহোদয়ের একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
- ৪। অতিরিক্ত সচিব (জনস্বাস্থ্য ও বিশ্বস্বাস্থ্য) মহোদয়ের ব্যক্তিগত কর্মকর্তা, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।

2. To stop establishment of breastfeeding room in public health facilities by Nestle:

It was noticed that Nestle and other BMS producer companies has established BF rooms in many health facilities. Then BBF has taken initiative and got the order of Government (Order 1) and Order from Directorate General, DGFP (Order 2) and Order from Director, IPHN (Order 3) to dismantle the breastfeeding corners in HF's provided by BMS companies. Till now,

many health facilities followed the order.

Violation of BMS code 2013 Clause 4 sub section 1 & 2(b)

The Companies involve with Import, Production, Marketing, Sale or Distribution of Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories are tactfully establishing "Breastfeeding corner" in hospitals and private clinics to promote their product.

- Representative of BMS Manufacturing companies offer gifts i.e. pen, pad, paper weight, literature, shampoo, container etc. to the doctors & nurses of the clinic for promoting their products.



2: Order from Director General, DGFP to cancel the approval of establishing breastfeeding room establishment by BMS companies in the health facilities.

দুটি পাতার বেশী নয়
একটি হয়ে ভাল হয়।

পদ্মপ্রজাতন্ত্রী বাংলাদেশ সরকার
পরিবার পরিকল্পনা অধিদপ্তর
এমসিএইচ-সার্ভিসেস ইউনিট
৬, বাওরান বাজার, ঢাকা ১২১৫।
www.dgfp.bd.org

স্মারক নং- পপঅ/এমসিআরএএইচ/ব্রেস্ট ফিডিং-৩৭/২০১৬/৭৬০

তারিখ:- ০১/০৬/২০১৬

বিষয়ঃ পরিবার পরিকল্পনা অধিদপ্তরাধীন সেবা কেন্দ্রসমূহে ব্রেস্ট ফিডিং কম স্থাপনের অনুমোদন বাতিল।

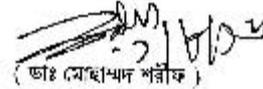
স্মারক নং- পপঅ/এমসিআরএএইচ/ব্রেস্ট ফিডিং-৩৭/১৬/৩০১, তারিখ: ২২/০৩/২০১৩ খ্রিঃ।

উপরোক্ত বিষয় ও সূত্রের আলোকে জানানো যাচ্ছে যে, Area Nutrition Executive, Nestle Bangladesh Limited কর্তৃক অবৈতনের প্রেক্ষিতে, পরিবার পরিকল্পনা অধিদপ্তরাধীন জাতীয় পর্যায়ের ২টি কেন্দ্র এমসিএইচটিআই, আফিমপুর, ঢাকা এবং এমএফএসটিসি, মোহাম্মদপুর, ঢাকা এবং জেলা সনদে অবস্থিত ৬০টি মা ও শিশু কণ্যাশ্রয় কেন্দ্র এবং এমসিএইচ ইউনিট, এফজিউটিআই, রাজশাহীতে ব্রেস্ট ফিডিং কম স্থাপনের জন্য ইতিমধ্যে যে অনুমোদন প্রদান করা হয়েছিল তা অনিবার্য কারণবশত বাতিল করা হলো।

এতে মহাপরিচালক, পরিবার পরিকল্পনা মহোদয়ের সদয় সম্মতি রয়েছে।

Area Nutrition Executive,

Nestle Bangladesh Limited.


(ডাঃ মোহাম্মদ শরিফ)

পরিচালক(এমসিএইচ-সার্ভিসেস) ও
লাইন ডাইরেক্টর (এমসিআরএএইচ)
ফোন-০২-৮১২৯৩৪৬ (অফিস)
email-dirnchsfp@gmail.com

স্মারক নং- পপঅ/এমসিআরএএইচ/ব্রেস্ট ফিডিং-৩৭/২০১৬/৭৬০/১(২৪)

তারিখ:- ০১/০৬/২০১৬ খ্রিঃ

জনুসিদ্ধি সদয় অবগতি/প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য প্রেরিত হলোঃ-

- ১। পরিচালক (প্রশাসন), পরিবার পরিকল্পনা অধিদপ্তর।
- ২। পরিচালক, পরিবার পরিকল্পনা(সকল) - - - - - বিভাগ।
- ৩। অল্পাধিকারক, এমসিএইচটিআই, আফিমপুর/পরিচালক, এমএফএসটিসি, মোহাম্মদপুর, ঢাকা।
- ৪। উপ-পরিচালক, পরিবার পরিকল্পনা(সকল) - - - - - জেলা।
- ৫। সহকারী পরিচালক(সিপি) ও আঞ্চলিক সুপারভাইজার, এমসিএইচটিআই/সিটিএটি(সকল), - - - - - অঞ্চল।
- ৬। সহকারী পরিচালক(সিপি), জেলা পরিবার পরিকল্পনা কার্যালয়(সকল) - - - - - জেলা।
- ৭। মেডিকেল অফিসার (ক্লিনিক)/মেডিকেল অফিসার এমসিএইচ-এমসি(সকল) - - - - - জেলা।
- ৮। মহাপরিচালক মহোদয়ের ব্যক্তিগত সহকারী, পরিবার পরিকল্পনা অধিদপ্তর।


(ডাঃ নহিদুল হোসেন)
সহকারী পরিচালক (এমসিএইচ)

3: Order from Director, IPHN and Line Director, NNS to stop establishment of breastfeeding room provided by BMS companies in the health facilities.



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান (আইপিএইচএন)
জাতীয় পুষ্টিসেবা (এনএনএস)
মহাখালী, ঢাকা-১২১২।



ফোন : ৮৮-০২-৮৮২১৩৬১, ৯৮৯৯৪১৪, ফ্যাক্স : ৮৮ ০২ ৯৮৯৮৬৭১, e-mail : iphn.gov@gmail.com
স্মারকনং আইপিএইচএন/এনএনএস/বিএমএস এ্যাঙ্কি (কোড)-২০১৩/২০১৫/৩৩/১২৬৬ তারিখ : ২০ অক্টোবর, ২০১৫ খ্রিঃ

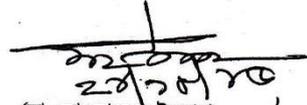
বিষয়ঃ বাণিজ্যিকভাবে মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি প্রস্তুতকারী, বিপণন ও বিক্রয়কারী প্রতিষ্ঠান কর্তৃক 'ব্রেস্ট ফিডিং রুম' স্থাপনের মাধ্যমে "মাতৃদুগ্ধ বিকল্প শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রন) আইন ২০১৩" লংঘন প্রসঙ্গে

আপনি অবগত আছেন যে, বাংলাদেশ জাতীয় সংসদ ২২ সেপ্টেম্বর, ২০১৩ (০৭ আশ্বিন, ১৪২০) তারিখে "মাতৃদুগ্ধ বিকল্প শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রন) আইন ২০১৩" পাশ করে (সংযুক্তি)।

বর্তমানে "নেসলে বাংলাদেশ লিমিটেড" এর নেসলে নিউট্রিশন ইনস্টিটিউট এর উদ্যোগে ও অর্থায়নে Nestle Start Healthy Stay HealthyTM বিভিন্ন মেডিকেল কলেজ হাসপাতাল, জেলা সদর হাসপাতাল ও উপজেলা স্বাস্থ্য কমপ্লেক্সে 'ব্রেস্ট ফিডিং রুম' স্থাপন করছে। বাণিজ্যিকভাবে দুগ্ধ প্রস্তুতকারী, বিপণন ও বিক্রয়কারী প্রতিষ্ঠান মাতৃদুগ্ধের পক্ষে কোন কাজ করলে তা Conflict of Interest (COI) বলে গণ্য হবে যা বিশ্বস্বাস্থ্য সংস্থার (WHA) এর সিদ্ধান্ত (49.15; 58.32, 55.60) লংঘন করে। এ ধরনের প্রচার মা ও শিশু পুষ্টির উন্নয়নের সঠিক ধারাকে বাধাপ্রসূ করে। যা উক্ত আইনের ধারা ৪ এর উপধারা (১) [কোন ব্যক্তি মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য বা উহা ব্যবহারের সরঞ্জামাদির আমদানি, স্থানীয়ভাবে উৎপাদন, বিপণন, বিক্রয় বা বিতরণের উদ্দেশ্যে, কোন বিজ্ঞাপন মুদ্রণ, প্রদর্শন, প্রচার বা প্রকাশ করিবেন না বা অনুরূপ কোন কাজে নিজেদের নিয়োজিত করিবেন না;] লংঘন করে। এক্ষেত্রে তাদের দ্বারা 'ব্রেস্ট ফিডিং রুম' স্থাপন উদ্দেশ্যপূর্ণ এবং তাদের নিজেদের পণ্যের প্রচারের কৌশল যা এই আইনের পরিপন্থী এবং তা ধারা ৪ এর উপধারা ২ এর দফা (খ) মাতৃদুগ্ধ বিকল্প শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদির বিক্রয় উৎসাহিত বা প্রলুব্ধ করিবার লক্ষ্য- (ঈ) কোন স্বাস্থ্য সেবা কেন্দ্র বা ঔষধ বিক্রয় কেন্দ্র ব্যবহার করা যাইবে না;] এর লংঘন।

এই পরিস্থিতিতে মায়ের দুধ খাওয়ানোর প্রচার, প্রসার ও সুরক্ষার বিরোধীতাকারী সকল ব্যবসায়িক প্রতিষ্ঠানের সুচতুর প্রচারণা ও কৌশল বন্ধ করার জন্য জরুরিভাবে বিশেষ ব্যবস্থা গ্রহণের জন্য অনুরোধ করা হল। উল্লেখ্য যে সকল স্থানে ইতিমধ্যে 'ব্রেস্ট ফিডিং রুম' বা অনুরূপ স্থাপনা বিদ্যমান তা অনতিবিলম্বে বন্ধ করা এবং ভবিষ্যতে যাতে এ ধরনের কর্মকাণ্ড পরিচালনা করতে না পারে সেজন্য প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য অনুরোধ করা হল।

সংযুক্তি: "মাতৃদুগ্ধ বিকল্প, শিশুখাদ্য বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রন) আইন, ২০১৩"-১ কপি



(ডা: মো: কামরুল ইসলাম)
পরিচালক, জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান ও
লাইন ডিরেক্টর, জাতীয় পুষ্টিসেবা
মহাখালী, ঢাকা-১২১২।



তারিখঃ ২০/১০/২০১৫ ইং।

স্মারকনং আইপিএইচএন/এনএনএস/বিএমএস এ্যাঙ্কি (কোড)-২০১৩/২০১৫/৩৩-
অনুলিপি সদয় অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য প্রেরণ করা হলোঃ

- ১। মহাপরিচালক, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা। (দৃ.আ. সহকারী পরিচালক-সমন্বয়)
- ২। মহাপরিচালক, পরিবার পরিকল্পনা অধিদপ্তর, কাওয়ান বাজার, ঢাকা। (দৃ.আ. সহকারী পরিচালক-সমন্বয়)
- ৩। পরিচালক, প্রশাসন, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।
- ৪। পরিচালক, মেডিকেল কলেজ হাসপাতাল (সকল)।
- ৫। পরিচালক, বিভাগ (সকল)।
- ৬। সিভিল সার্জন, জেলা (সকল)।
- ৭। উপপরিচালক, পরিবার পরিকল্পনা, জেলা (সকল)।
- ৮। উপজেলা স্বাস্থ্য ও প. প. কর্মকর্তা, উপজেলা, জেলা (সকল)।
- ৯। উপজেলা প. প. কর্মকর্তা, উপজেলা, জেলা (সকল)।
- ১০। পরিচালক, বাংলাদেশ ব্রেস্টফিডিং ফাউন্ডেশন, মহাখালী, ঢাকা।
- ১১।
- ১২। দপ্তর নথি।

3. To stop promotion of BMS product in the pharmacies and medical stores:

Promotion of BMS product in the form of displaying at super shops, medicine shops attached to health facilities are very common. After a continuous efforts, BBF achieved an order from Director General, Drug Administration to stop such violation in those pharmacies and medical stores (Order 4).

Violation of BMS code 2013 clause 4 (1)

BMS products were **displaying** in the shops and some where BMS companies gives money to the shop owners for displaying their products



4. To stop advertisement of BMS products in the media:

Television advertisements on the BMS product is a major concern for Bangladesh Govt. and the stakeholders.

However, advertisements on the BMS product are being found in other forms, such as- home visits to mothers with <2 children with attractive gifts and offers, newspapers, Billboards, displaying at super shops, medicine shops attached to health facilities, distribution of leaflets to the mothers, private hospitals & clinics, doctor's chambers, school program etc are very common. These are mostly in Bangla. Sometimes there are English advertisement depending on the brand. Now-a-days advertisements are being posted in internet and social media, eg: facebook.

Violation of BMS code 2013 clause 4 sub section 2(d)

Newspaper advertisement on “Nestle Start Healthy Stay Healthy” are given by Nestle Bangladesh Ltd at the Naksha of Daily Prothom Alo.



Violation of BMS code 2013 clause 4 (1)

The Companies involve with Import, Production, Marketing, Sale or Distribution of Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories are promoting their product through **Billboard, posters and Daily News Papers.**



BBF sent legal notice to GSK Bangladesh, Nestle Bangladesh and sent warning letters to GSK, Nestle Bangladesh, Fasska. Abul Kahair Consumer, Baby Nutrition Care limited, Selunia Agency.

4: Order from Director General, Drug Administration to stop display and promotion of BMS products in pharmacies and medical stores

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
ঔষধ প্রশাসন অধিদপ্তর
মহাখণ্ডী-১২১২, ঢাকা।
www.dgda.gov.bd

নং: ডিজিডি/এ/এস/৪০-১/০৮/ ৯৪২৫

তারিখ: ০৯/০৬/২০১৬

-৪ অফিস আদেশ :-

পূর্ববর্তকালে দেখা যাচ্ছে যে, বিভিন্ন ঔষধ বিক্রয় কেন্দ্রে মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বানিজ্যিকভাবে প্রস্তুতকৃত শিশুরা বাতুলি খাদ্য বা উহা ব্যবহারের সরঞ্জামাদি প্রদর্শন ও বিক্রয় "মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বানিজ্যিকভাবে প্রস্তুতকৃত শিশুরা বাতুলি খাদ্য বা উহা ব্যবহারের সরঞ্জামাদি (বিপণন নিয়ন্ত্রণ) আইন"- প্রণয়ন হয়েছে (সংশ্লিষ্ট- ১)। উক্ত আইনের ধারা ৪ এর উপধারা ২এর ই অনুযায়ী কোন ব্যক্তি মাতৃদুগ্ধ বিকল্প শিশু খাদ্য, বানিজ্যিকভাবে প্রস্তুতকৃত শিশুরা বাতুলি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি আমদানি, স্থানীয়ভাবে উৎপাদন, বিপণন, বিক্রয় বা বিক্রয়ের উদ্দেশ্যে কোন বিজ্ঞাপন মুদ্রণ, প্রদর্শন, প্রচার বা প্রকাশ করার উদ্দেশ্যে কোন স্বাস্থ্য সেবা কেন্দ্র বা ঔষধ বিক্রয় কেন্দ্র ব্যবহার করতে পারবে না।

উল্লিখিত আইনের প্রতি প্রকাশন থেকে সন্মেলীতে যাতে মাতৃদুগ্ধ বিকল্প শিশু খাদ্য, বানিজ্যিকভাবে প্রস্তুতকৃত শিশুরা বাতুলি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি আমদানি, স্থানীয়ভাবে উৎপাদন, বিপণন, বিক্রয় বা বিক্রয়ের উদ্দেশ্যে কোন বিজ্ঞাপন মুদ্রণ, প্রদর্শন, প্রচার বা প্রকাশ করার উদ্দেশ্যে কোন স্বাস্থ্য সেবা কেন্দ্র বা ঔষধ বিক্রয় কেন্দ্র ব্যবহার করতে না পারে, সে বিষয়ে তদারকী ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য নির্দেশ প্রদান করা হল।

সংশ্লিষ্ট ০১ (এক) পাতা।

মেজর জেনারেল মোঃ মোস্তাফিজুর রহমান
মহাপরিচালক
ঔষধ প্রশাসন অধিদপ্তর
ফোনঃ ৯১৩০৮০৩
dgda.gov.bd@gmail.com

নং: ডিজিডি/এ/এস/৪০-১/০৮/ ৯৪২৫

তারিখ: ২০১৬

অনুমতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য অনুলিপি প্রেরণ করা হল :

১. যথা সচিব, জনস্বাস্থ্য, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
২. ডায়রেক্টর/সহকারী পরিচালক/পরিচালক (চক্রাঙ্গ)/
উপ পরিচালক/সহকারী পরিচালক/সহকারী আইসোল্ডিং অফিসার/ ঔষধ তত্ত্বাবধায়ক, অত্র অধিদপ্তর।
৩. মেডিক্যাল সার্ভিস ইন্সপেক্টর, সহকারী পরিচালক, প্রশাসন শাখা, অত্র অধিদপ্তর।
৪. বাংলাদেশ ব্রস্টফিডিং ফাউন্ডেশন, আইপিএইচ, রুম নং-১৯৭-২০০ (নীততলা), মহাখণ্ডী, ঢাকা।
৫. বাংলাদেশ কমিউনিটি এক্স ড্রাগিস্ট সন্থিটি।

মহাপরিচালক
ঔষধ প্রশাসন অধিদপ্তর

Participation of BBF in Second Meeting of the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHO resolutions

Background:

In 2014, WHO formed a Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions (NetCode). The goal of NetCode is to strengthen Member States and civil society's capacity to respond to weaknesses identified in national Code legislation, monitoring and enforcement, and evidence of continued violations of national legislation. Participants of NetCode consist of representatives of WHO, UNICEF, WHO Collaborating Centers, NGOs, academic institutions and selected Member States. The second annual meeting of the NetCode was held on 6-8 June, 2016 in Geneva, Switzerland. Executive summary of the meeting can be found in website:

http://www.who.int/nutrition/events/2016_2nd_netcode_meeting_6to8june/en/

Meeting Objectives:

- a. Present and discuss 2016 reports on the status of the code
- b. Update on in-country monitoring
- c. Review current initiatives
- d. Revise the NetCode workplan
- e. Discuss operation of the NetCode partnership

Participation of BBF: BBF participated in the meeting over skype. Ms. Khurshid Jahana, Director, BBF and Dr. Hannan, Program Manager, NNS, IPHN represented Bangladesh. They shared the country situation.

Outcome of the Meeting: Upon the decision of the meeting, Bangladesh has been selected for the NetCode Partnership. WHO-UNICEF NetCode protocol will be implemented in Bangladesh which will carry out in next fiscal year.

Divisional Activities of BBF

Background:

Bangladesh Breastfeeding Foundation (BBF) is working with Government of Bangladesh for protection, promotion and support of breastfeeding and complementary feeding since 1989. BBF had supported government at times to implement IYCF related policies and activities during BINP, NNP and presently with IPHN and National Nutrition Services (NNS) as part of its mandate. Since 1989, BBF continues its movement to promote, protect and support of optimal breastfeeding for all children 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 mothers. Currently BBF operates through delivering services on IYCF and related programme activities, with the financial support of MOHFW. BBF works with NNS, IPHN and MOHFW jointly to implement the declaration related to IYCF by the Honorable Prime Minister of Peoples Republic of Bangladesh since 2009.

Considering the high demand and commitments on the expansion of IYCF service delivery, BBF realizes the necessity of extension of its services at divisional level. Therefore, BBF has taken initiative to extend its services at divisional levels.

Aim: Programs and activities of BBF are coordinated at the Division level

Objectives:

1. To establish of the structure of Divisional offices
2. To strengthen BFHI Committee for sustainability of BFHI situation in the RBFHI Hospitals
3. To strengthen BMS monitoring system to reduce Violation of BMS Act 2013
4. To increase knowledge on IYCF among the pregnant, lactating mothers and other caregivers

Activities:

To meet the above mentioned objectives, following activities are being implementing:

1. Establishment of Structure of Divisional offices
2. Activation of BFHI Committee
3. Reviving BMS Act Monitoring committee
4. Court Yard meeting on IYCF and maternal Nutrition

Detail Methodology of each activity

1. Establishment of Structure of Divisional offices

- A letter from the DG of DGHS was issued and sent to the CS office requesting for space allocation for BBF Divisional offices and other support to establish the divisional office of BBF.
- For each division, a Divisional officer (DO) was recruited.
- Furniture (Chair, table, Shelf etc), laptop, modem, and necessary logistics were provided from central BBF office.

2. Activation of BFHI Committee:

Central level:

- Bangladesh Breastfeeding Foundation sent letters to Medical College Hospitals, Sadar Hospitals and Upazila Health Complexes to formulate a committee to implement BFHI activities including structure and activities of the Committee as a part of BFHI Project

Divisional level:

- Divisional officer provided support to form the BFHI committee, Lactation management Corner (LMC) or breastfeeding Corner and for practice of 10 steps of BFHI in every health facilities by providing necessary information and logistics.
- Ensured regular monthly meeting of BFHI committee and keep record.
- Divisional officer monitored BFHI committee activities.
- Divisional officer ensured the filing of all documents of BFHI Committee such as-
 - ~ Number of RBFHI committee activated
 - ~ Number of Lactation management Corner (LMC) or breastfeeding Corner activated
 - ~ BFHI committee list from the health facilities
 - ~ Meeting minutes of BFHI committee meeting
 - ~ number of logistics sent to hospitals
- All the logistics (Policy poster, self appraisal form, three monthly reporting format, 10 steps of BFHI etc) for BFHI practice were supplied from central level.
- Divisional officer submitted monthly report to central level.

3. Reviving BMS Act Monitoring committee:

Central level:

- Bangladesh Breastfeeding Foundation sent letters to the civil surgeon's office from IPHN to formulate BMS Monitoring committee where the committee yet not formed.
- All the logistics (BMS law) were supplied from central level.

Divisional level:

- Divisional officer monitored the activity of "BMS monitoring committee" to strengthen the "BMS monitoring system" in that division.

- Divisional officer attended regular monthly meeting of BMS Monitoring committee
- Divisional officer monitor market with sanitary Inspector to detect the violation and for taking necessary action
- Divisional officer ensured the filing of all documents of BMS Monitoring committee and violation such as-
 - ~ Number of BMS Monitoring committee activated
 - ~ list of BMS Monitoring committee
 - ~ Meeting minutes of BMS Monitoring committee meeting
 - ~ Regular Market Monitoring held
 - ~ Number of violation detected
 - ~ Number of actions taken
 - ~ number of logistics used
- Divisional officer sent monthly report to central level.

4. Courtyard on IYCF:

Area selection: Community clinic

Duration: 1 year

Target Population:

Court Yard meeting held with

- ~ NPNL, Pregnant & lactating mother (minimum 15 and maximum 30 in each meeting)
- ~ Fathers (minimum 15 and maximum 30 in each meeting) and
- ~ Elite group such as UH&FPO, UNO, Chairman, UP member, teacher, religious leader, Local female leaders etc. (20 in each meeting)

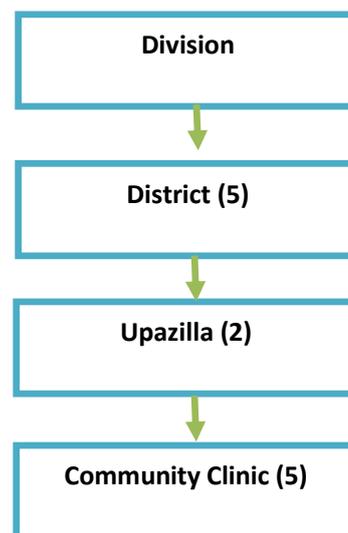
Place of meeting: Court yard, school yard /classroom

Session time: 1 hour

Topics discussed in Courtyard meeting:

- Importance/Benefits of breastfeeding, exclusive breastfeeding
- Hazard of Not Breastfeeding
- Appropriate complementary feeding
- Importance of Maternal nutrition during pregnancy and lactation for successful breast feeding
- Prime messages on BF, CF and MN
- Referral to health facilities

Resource persons and coordinator: Divisional officer of BBF/from central office



Procedure:

Central level:

- Letter issued by IPHN and Bangladesh Breastfeeding Foundation sent to the civil surgeon's office for the permission to conduct courtyard meeting.
- All the logistics (Flyer, banner, jacket, and flip chart) provided from central level.

Divisional level:

- Divisional officer developed an activity plan mentioned area, type of participants, targeted number of Court Yard meeting, tentative date with timeline and shared with central level.
- Divisional officer ensured the filing of all documents of courtyard meeting such as-
 - ~ Number of courtyard meeting conducted
 - ~ Meeting minutes with picture
 - ~ Attendance sheet
 - ~ number of logistics used
- Divisional officer submitted monthly report to central level.

Results by each activity

Establishment of Structure of Divisional offices

Total six Divisional offices were established in Khulna, Sylhet, Barisal, Rajshahi, Rangpur and Chittagong. All six offices are located in Director Health Office of each Division.

Sl.#	Name of the Division	Divisional Officer & Address
1	Khulna	Divisional Director Health Office, Khulna Boyra, Khulna.
2	Sylhet	Divisional Director (Health) Office, Sylhet Multi Steroid Divisional Office Building, Building No: 2, 3rd Floor, Alampur, Sylhet.
3	Barisal	Divisional Director Health Office, Barisal (TTC) Chumatha, Barisal Division, Barisal
4	Rajshahi	Divisional Director Health Office, Rajshahi Computer Section (Grand Floor), Medical Campus (Karoitola), Rajshahi
5	Rangpur	Divisional Director Health Office Office room: Old Sadar Hospital, 2nd floor, Rangpur
6	Chittagong	Divisional Director (Health) Office, Chittagong 5 No, Loyal Road, Andarkilla Chittagong

Activation of BFHI Committee:

Under each division, the hospitals (MCH, Sadar hospitals, UHC, MCWC) which received RBFHI training, DOs maintained necessary communication through physical visits and kept liaisons for the activation of the BFHI committee. They put efforts to make regular meeting of the BFHI committees and provided technical support.

Reviving BMS Act Monitoring committee:

DOs made necessary communication and keeping liaisons for the activation of the BMS Monitoring committee. They met with Civil Surgeon and District Sanitary Inspectors, Upazila Health & Family Planning Officer & Sanitary Inspectors. They provided technical support to the Sanitary Inspectors for regular market monitoring and detection of violation.

List of BMS Monitoring committee activated by Division:

Division	District	Name of the venue	No of meeting held	Meeting minutes (Y/N)
Khulna	All District	School Health Clinic,14 Samshur Rahman Road, Khulna.	1 meeting with all CS	Y
Sylhet	Sylhet	D D Health Office	1	Y
	Moulovi Bazar	D D Health Office	1	Y
	Sunamganj	D D Health Office	1	Y
	Hobiganj	D D Health Office	1	Y
Barisal	Barisal	Divisional Health Training Center Seminar Room	2	Yes
	Jalokati	Jalokati CS Office Seminar Room	1	Yes
	Bhola	Bhola CS Office (EPI) Billding Seminar Room	1	Yes
Chittagong.	Chittagong	Civil Surgeon Office	01	Yes
	B-Baria	Civil Surgeon Office	01	Yes
	Rangamati	Civil Surgeon Office	01	Yes



73: BMS Act committee's reporting session during a monthly meeting of Chittagong Civil Surgeon Office

Court Yard meeting on IYCF:

A total of 23 court yard meetings were conducted in six divisions. Total of 669 participants (pregnant and lactating mothers) attended the meetings.



74: Court yard meeting in Dowdik Village, CC: Choilakhel, Upozilla: Jaintapur, Dist: Sylhet



75: Court yard meetings in Basontipara village, Union: Rajendrapur, District:Rangpur Sadar, Rangpur

THE END

Promotion, Protection & Support of Breastfeeding and Complementary Feeding



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Works Locally
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