

ANNUAL REPORT

2016-2017

Promotion, Protection & Support of Breastfeeding and
Complementary Feeding and Maternity Protection



BBF think Internationally
Work Locally
Serves Globally



বাংলাদেশ ব্রেস্টফিডিং ফাউন্ডেশন

Bangladesh Breastfeeding Foundation

Room # 197-201
Institute of Public Health (IPH)
Mohakhali, Dhaka-1212
Bangladesh

Tel: +880-2-9860801, 8813734
+880-2-8831134

Fax: +880-2-9860801

www.bbf-bangladesh.org
info@bbf-bangladesh.org



বাংলাদেশ ব্রেস্টিফিডিং ফাউন্ডেশন
Bangladesh Breastfeeding Foundation



ANNUAL REPORT 2016-2017



Foreword

“ 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 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.

Table of Contents

1. Foreword	i
2. Acronyms	ii
3. Overview of Bangladesh Breastfeeding Foundation (BBF)	6
4. World Breastfeeding Week'16	12
5. Workshop to identify the clauses of BMS Act 2013 to take legal action against the violation of BMS Act without bylaw	32
6. Stakeholder Meeting to Detect NetCode Field Testing Plan in Bangladesh	35
7. National Consultation Seminar on Micronutrient Nutrition	39
8. SAARC Award: BBF awarded with the first prize in the pulse recipe competition	44
9. Exhibition on 'Nutrition Olympiad'	45
10. Establishing the Breastfeeding corner at Non-Government organizations	53
11. Annual General Meeting of Bangladesh Breastfeeding Foundation (BBF) 2015-16	56
12. Lactation Management Center Facilitated by the Bangladesh Breastfeeding Foundation: A New Initiative with Prudential Outcome!	60
13. Effectiveness of Homemade Improved Recipe with Nutrition Counselling in the Management of Severely Wasted and Severely Underweight Children	64
14. Awareness on Benefits of breast milk and hazards of Powder milk through Media advertisement	71
15. Training of Trainers (TOT) on Baby Friendly Hospital Initiative (BFHI) for the Private Hospitals in Dhaka City	76
16. BBF as a secretariat of the revival of Nutrition Society of Bangladesh	81
17. Divisional Activity of Bangladesh Breastfeeding Foundation (BBF)	84

List of projects and events conducted by BBF during Jul, 2016-Jun, 2017:

Sl.#	Name of the Project/Event	Donor
1.	World Breastfeeding Week'16	MOH&FW
2.	Workshop to identify the clauses of BMS Act 2013 to take legal action against the violation of BMS Act without bylaws	UNICEF
3.	Stakeholder Meeting to Detect NetCode Field Testing Plan in Bangladesh	UNICEF
4.	National Consultation Seminar on Micronutrient Nutrition	BBF
5.	SAARC Award: BBF awarded with the first prize in the pulse recipe competition	BARC
6.	Exhibition on 'Nutrition Olympiad'	FAO
7.	Establishing the Breastfeeding corner at Non-Government organizations	MoHFW
8.	Annual General Meeting of Bangladesh Breastfeeding Foundation (BBF) 2015-16	BBF
9.	Lactation Management Center Facilitated by the Bangladesh Breastfeeding Foundation: A Rare Attempt with Prudential Outcome!	BBF
10.	Effectiveness of Homemade Improved Recipe with Nutrition Counselling in the Management of Severely Wasted and Severely Underweight Children	MoHFW
11.	Improvement of maternal and child nutrition through forming Mother Support Group (MSG)	MoHFW
12.	Training of Trainers (TOT) on Baby Friendly Hospital Initiative (BFHI) for the Private Hospitals in Dhaka City	BBF
13.	BBF as a secretariat of the revival of Nutrition Society of Bangladesh	BBF
14.	Divisional Activity of Bangladesh Breastfeeding Foundation	MoHFW

Acronyms

BBF	Bangladesh Breastfeeding Foundation
BCPS	Bangladesh College of Physicians and Surgeons
BCSNPN	Bangladesh Civil Society Network for Promoting Nutrition
BFH	Baby Friendly Hospital
BFHI	Baby Friendly Hospital Initiative
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
DG	Director General
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DNCC	Dhaka North City Corporation
DSCC	Dhaka South City Corporation
EIB	Early Initiation of Breastfeeding
EBF	Exclusive Breastfeeding
EOI	Expression of Interest
EPI	Expanded Program on Immunization
FWV	Family Welfare Visitor
G	Gram
GMP	Growth Monitoring and Promotion
GOB	Government of Bangladesh
HF _s	Health Facilities
IBFAN	International Baby Food Action Network
ICMH	Institute of Child and Mother Health
IEC	information, education & communication
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
MUAC	Mid Upper Arm Circumference
NGOs	Non-government Organizations
NNS	National Nutrition Services
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
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

ANNUAL REPORT 2016-2017

Overview

Bangladesh Breastfeeding Foundation (BBF)

Background

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

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 improvement of IYCF;
2. Integration of breastfeeding promotion, protection and support with existing 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 IYCF;
5. To abide global IYCF strategies in partnership with WABA, IBFAN, One Asia, SAIFRN, ILCA, Well Start etc.



Projects



**Prime Minister's Directives in WBW
2009, 2010, 2011 and 2014**

Declaration given by the prime minister on inaugural ceremony of WBW 2009:



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

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 MOHFW and BBF 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.

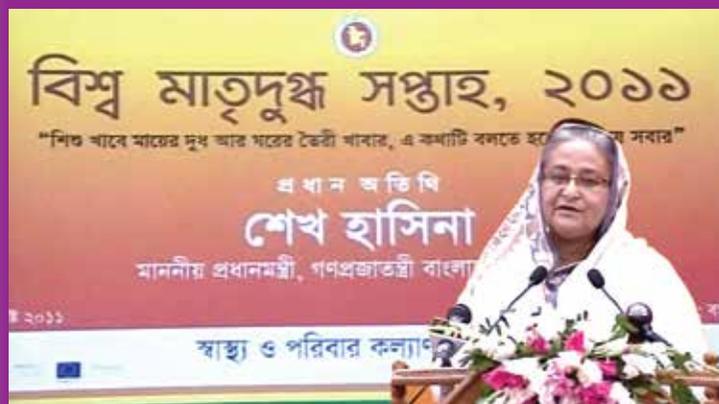
Declaration given by the prime minister on inaugural ceremony of WBW 2010



Photo 2: Honorable Prime Minister is giving speech during the inaugural ceremony of World Breastfeeding Week 2010.

1. Revitalize the earlier, established breastfeeding corners and establish new corners in each community clinic and hospitals
2. To take necessary measures to transform all the hospitals, health-complexes and clinics into baby-friendly and to revitalize the baby friendly hospitals of this country
3. To appoint a nutritionist in every hospital of the country

Photo 3: Honorable Prime Minister is giving speech during the inaugural ceremony of World Breastfeeding Week 2011



1. Every Offices, Courts, Banks, Insurance companies, Hospitals, all Govt. and Non Govt. organizations, Shopping Malls have to establish breastfeeding corner, so that mother can breastfeed her baby any time
2. To provide maternity leave for 6 months to all Non Govt. organizations

Declaration given by the prime minister on inaugural ceremony of WBW 2014

Photo 4: Honorable Prime Minister is giving speech during the inaugural ceremony of World Breastfeeding Week 2014



1. We have prepared the 2013 Act on Breast milk Substitute, infant foods, commercially prepared complementary foods and accessories thereto. I want this Act be appropriately implemented.
2. To establish a breastfeeding corner where a mother can breastfeed her baby without any worry in government and non-government offices.

BBF's organizational Strength and Other experience:

1. 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.
2. 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.
3. BBF performs important roles in training, programs, research, BCC and advocacy, program implementation, including counseling and facilitation, workshops, seminars in the field of IYCF and maternal nutrition.'
4. Develop a Complementary Feeding Manual.
5. For the first time 'World Breastfeeding Week-2010' (WBW) observed as the national event by the Govt. of the Republic of Bangladesh in association with BBF and inaugurated by Hon'ble Prime Minister.
6. Hon'ble Prime Minister's ordered that BBF will be associated with MOHFW on IYCF activity in 2009.
7. The **national policy** declaration by the Hon'ble Prime Minister's twice was made possible by BBF.
8. Advocacy at the policy level for increasing paid **maternity leave** for working women
 - a. 6 months with pay in 2010.
 - b. 4 months with pay in 1992
9. Co-convener of International IYCF forum like **One Asia Breastfeeding Partners' Forum** and lead breastfeeding forum with IBFAN.Forum and lead breastfeeding forum with IBFAN.
10. **National IYCF Conferences** were done twice.

BBF's organizational Strength and Other experience:

11. Dhaka Declaration by President and PM was done by BBF in 1991.
12. Developed **training curriculums** and various resource books and **trained** more than 15,670 trainees on the management of breastfeeding and relevant issues.
13. **BFHI certification** was done on 593 hospitals in country by BBF.
14. Production and Distribution of numerous **Behavioral Change Communication (BCC) materials** (Five Prime messages, ten steps, brochures, fliers and posters on Breastfeeding and Complementary Feeding) are published. Publications of booklet on child nutrition, breastfeeding promotion, maternal nutrition and working women.
15. Observation of the **World breastfeeding Week** at the national level involving GoB and non-GoB and development partners every year from the beginning in 1992.
16. Advocacy at the national level policy makers throughout the country
17. Establishment of **National IYCF Forum** from Innocenti declaration in 1990 as CPPBF and BBF in Bangladesh.
18. BBF raised a strong campaign against **Melamine movement** in 2008, Bangladesh
19. BBF made a Joint statement with WHO & UNICEF titled '**Breastfeeding Protect Children in emergencies**' in 2007.
20. Formed of South Asian Breastfeeding Partner's Forum (SABPF) led by BBF (Bangladesh) 1st Conference in Dhaka, 2000.
21. BBF worked with government for the dissemination of **Nutrition Policy 2015**.
22. BBF raised the voice against to manufacture of Ready to Used Therapeutic Food (**RUTF**) commercially in 2015.
23. In 2016, BBF also arranged **National consultation on Micronutrient Nutrition** to get consensus on the strategies which are being applied require careful analysis of situation based on scientific evidences and review of policies at national and international contexts.
24. BBF also observed the World Immunization Day in 2014.



Project

World Breastfeeding Week'2016

1- 7 August, 2016

Breastfeeding:

A Key to sustainable Development”!

“শিশুকে মায়ের দুধ খাওয়ানো: টেকসই উন্নয়নের চাবিকাঠি!



বিশ্ব মায়ের দুধ খাওয়ানো

(Sustainable Development Goal) (SDG)



Introduction

This year marks the 25th year, the world has celebrated 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 & UNICEF, the sixth time the Government of Bangladesh has observed the event. WBW shines the international spotlight on infant and young child feeding issues for one week every year. Each year WBW is celebrated, the movement grows in prestige and popularity, and the Bangladesh Breastfeeding Foundation is proud to be a key

event organizer and partner of WBW in Bangladesh. For 2016 WABA asserts the importance of increasing and sustaining the protection, promotion and support of breastfeeding with the theme, Breastfeeding: A Key to sustainable Development"! "শিশুকে মায়ের দুধ খাওয়ানো: টেকসই উন্নয়নের চাবিকাঠি! means to inform people about the means new Sustainable Development Goals (SDGs) and how they relate to breastfeeding and Infant and Young Child Feeding (IYCF) and to firmly anchor breastfeeding as a key component of sustainable development.



To **inform** people about the new Sustainable Development Goals (SDGs) and **how they relate** to **breastfeeding** and Infant and Young Child Feeding (IYCF).



To **firmly anchor** **breastfeeding** as a key component of sustainable development.



To galvanise a **variety of actions** at **all levels** on breastfeeding and IYCF in the new era of the SDGs.



To engage and collaborate **with a wider range of actors** around promotion, protection and support of breastfeeding.

List of events for observing world breastfeeding week 2016



1. Preparatory meeting
2. Stakeholder's meeting
3. IEC material development
4. Press conference
5. BTV talk show
6. Mobile phone message
7. Paper supplement
8. Inauguration Ceremony
9. Nutrition Fair
10. Art Competition
11. Rally and Discussion meeting at Divisional Director-Health Office
12. WBW observations by the NGOs
13. Seminars in Medical College and Hospital
14. Documentary on: Art Competition
15. Parliament meeting
16. Advocacy meeting/Seminars/rally at sub district level
17. Advocacy meeting with parliamentarians



Stakeholder's Meeting

World Breastfeeding Week-2016

Chief Guest : Prof. Dr. Deen Mohd. Nurul Hq
DG, DGHS

Date : 22 June 2016



বাংলাদেশ প্রেসিডেন্সি ফাউন্ডেশন

1. 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 materi-

als (poster, action folder, leaflet, cover folder, souvenir, festoon, 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 22 June 2016

2. Stakeholders meeting

The Stakeholders Meeting on World Breastfeeding Week, 2016 was held on 22nd June, 2016 at 11.00 am in the Conference room of Institute of Public Health Nutrition (IPHN). The Chief Guest of the meeting was Prof Dr. Abul Kalam Azad, Additional Director General (Administration), Directorate General of Health Services. The meeting was chaired by Dr. A.B.M. Muzharul Islam, Director, IPHN & Line Director, NNS, DGHS, MOH&FW. Dr. Habib Abdullah Sohel, Director, PHC and Dr. Momtajul Haque, Line Director, Community Clinic were present as guest. 66 participants from 39 organizations were present in the meeting.

Dr. K M Azad, Assistant Director & Deputy

Program Manager, NNS, IPHN, DGHS was the announcer of the meeting. Dr. Md. Moudud Hossain, Program Manager, NNS welcomed all stakeholders with greetings.

Theme of the WBW was presented by Dr. S K Roy, Chairperson, BBF. In his presentation Dr. S K Roy shared the theme of WBW, "Breastfeeding: A key to Sustainable Development!", and discussed the work plan with the stakeholders for observing WBW '16. He also briefly described the action folder of WBW, 2016.

Thereafter, in the open discussion session the stakeholders made commitments and gave comments on the draft plan made to celebrate WBW, 16.

3. IEC Material Development

To assist WBW celebrants in Bangladesh with their events, IEC material 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-2016>.

Following five information materials have been produced on the occasion WBW'16. Series of meetings were carried out with IPHN & MOHFW to finalize these IEC materials and finally were approved by the ministry IEC committee (Annexure)

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

The image displays two promotional materials for World Breastfeeding Week 2016. On the left is a poster with a green and orange background. It features the text 'বিশ্ব মাতৃদুগ্ধ সপ্তাহ' (World Breastfeeding Week) for August 1-9, 2016, with the theme 'স্বরক্ষা' (Protection). The slogan is 'শিশুকে মায়ের দুগ্ধ খাওয়ানো টেকসই উন্নয়নের চাবিকাঠি' (Feeding the child with mother's milk is the key to sustainable development). It includes images of a baby eating and a woman breastfeeding. On the right is a circular infographic titled 'টেকসই উন্নয়ন লক্ষ্যমাত্রার (এসডিজি) সাথে শিশুকে মায়ের দুগ্ধ খাওয়ানোর উপকারিতা যেভাবে সংযুক্ত' (How breastfeeding benefits children in line with Sustainable Development Goals). It lists 11 points: 1. দারিদ্র্যমুক্ত সমাজ (Poverty-free society), 2. সুখা যুক্ত পৃথিবী (Happy planet), 3. সুস্বাস্থ্য এবং জীবন মানের উন্নয়ন (Good health and quality of life improvement), 4. মানবমত শিক্ষা (Quality education), 5. মাতৃ-শুশ্রূষা সমতা (Gender equality), 6. পরিচ্ছন্ন পানীয় এবং স্যানিটেশন (Clean water and sanitation), 7. সুস্থ কর্মশ্রমের এবং অর্থনৈতিক বৃদ্ধি (Decent work and economic growth), 8. সাদাসী এবং স্থানীয়তায় জড়ানো (Sustainable consumption and production), 9. শান্তি, উজ্জ্বল এবং উপযোগী অবকাঠামো (Peace, justice and strong institutions), 10. বৈষম্য হ্রাস (Reduced inequalities), 11. টেকসই নগর ও জনবসতি (Sustainable cities and communities). The infographic also includes a central logo and a note: 'শিশুকে মায়ের দুগ্ধ খাওয়ানো টেকসই উন্নয়নের চাবিকাঠি'.

4. Press Conference:

Press Conference with presence of Md. Zahid 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 31st July 2016, 2 pm. Additional Secretary (WHO & PH), Madam Roxana Qader.

In the briefing, he mentioned the objectives and the theme of the week of this year's WBW that each of the 17 SDGs are linked with breastfeeding and complementary feeding. Therefore, it is needed to work jointly for the protection, promotion and support of breastfeeding, then we can get forward to achieve the SDGs. He told about the Directives of Honorable Prime Minister and the achievements so far. He informed Mohammad Nasim



Honorable State minister Md. Zahid Maleque, MP, state minister, MOHFW is giving press briefing on World Breastfeeding Week'16

MP, the Honorable Minister, Ministry of Health and Family Welfare (MOHFW) will inaugurate the week formally on 2nd August, 2016 at Osmani Memorial Hall at 11.00 am.

Syed Manjurul Islam, Secretary MOHFW, Additional Secretary (WHO & PH), Madam Roxana Qader, Prof. Dr. Deen Mohammad Nurul Huque, Director General, DGHS and Prof. Abul Kalam

Azad, ADG, DGHS and Prof. Dr. SK Roy, Chairperson, BOT, Bangladesh Breastfeeding Foundation and Dr. A B M Muzharul Islam, Director, Institute of Public Health and Nutrition (IPHN), were also present in that Press Conference. Representatives from different print and electronic media were present in the event.



Photo : Press Conference on 31 July, 2016 at the conference room of MOHFW.

Press conference news was covered by the newspaper on 1 August in different newspapers

bdnews24.com
Bangladesh's First Internet Newspaper

LATEST: **Rajshahi University journalism teacher found dead in locked room**

Home > Health

New survey suggests breastfeeding rate rising in Bangladesh

Special Correspondent, bdnews24.com
Published: 2016-07-31 10:49:24 (BST); Updated: 2016-07-31 11:26:17 (BST)



The director general for health services has said that their new survey, suggest that breastfeeding rate is increasing in Bangladesh.

Shangai, Thursday, September 08, 2016

LATEST NEWS

Breastfeeding Week begins tomorrow

London, July 29, 2016 (ANI) - The World Breastfeeding Week (WBLW) will be observed in 183 countries as observed in the last 10 years and aims to focus on all awareness about the beneficial aspects of breastfeeding.

The World Alliance for Breastfeeding Action (WABA) this year will celebrate the week for global action to support women to combine breastfeeding and work with family. Breastfeeding is key to Sustainable Development.

State Minister for Health and Family Welfare, Zahid Mahmood today said that 31 percent newborn deaths can be reduced if mothers breastfeed their babies within an hour after birth.

At least 31 percent child deaths are preventable if mothers let their newborns suckle their breasts within an hour after the birth and 13 percent child deaths under the age of five can be prevented if exclusively breastfeeding can be ensured.

বাংলা ট্রিবিউন

মাতার দুধ পানে নবজাতক মৃত্যু হার কমেবে ৩৯ ভাগ



সংবাদ প্রতিবেদক

সংবাদ প্রতিবেদক

২ আগস্ট ২০১৬ ১৭ মাস ১০৬৬

সমকাল

চটকদার বিজ্ঞাপনে বিভ্রান্ত অভিভাবক, অপুষ্টিতে শিশু

জাতীয় অধ্যাপক এম আর খানের জন্মদিন আজ



জাতীয় অধ্যাপক এম আর খানের জন্মদিন আজ

amarhealth.com
health news 24/7

Breastfeeding Week begins

Monday, 01 Aug 2016 11:07 am
Report:



Health Desk - 1 August 16: The World Breastfeeding Week (WBLW) will be observed in the country as elsewhere in the world from today to create public awareness about the beneficial aspects of breastfeeding.

The World Alliance for Breastfeeding Action (WABA) this year will celebrate the week for global action to support women to combine breastfeeding and work with their families. A key to Sustainable Development.

State Minister for Health and Family Welfare Zahid Mahmood said that 31 percent newborn deaths can be reduced if mothers breastfeed their babies within an hour after birth.

"At least 31 percent child deaths are preventable if mothers let their newborns suckle their breasts within an hour after the birth and 13 percent child deaths under the age of five can be prevented if exclusively breastfeeding can be ensured," he said.

Jago news24.com

শিশুর মৃত্যুর দুই কারণেই মাতৃদের সচেতনতা



শিশুর মৃত্যুর দুই কারণেই মাতৃদের সচেতনতা

শিশুর মৃত্যুর দুই কারণেই মাতৃদের সচেতনতা

5. BTV talk show

A Talk show in Bangladesh Television (BTV) was held on 30th July 2016, at 8.00 pm for the observance of WBW'16. Honorable State Minister, Md. Jahed Maleque, MP, Ministry of Health and Family Welfare; Sayed Monjurul Islam, Secretary, Ministry of Health and Family Welfare; Prof. Abul Kalam Azad, ADG, DGHS, Dr. A B M Muzharul Islam, Director, IPHN and Line Director of NNS attended the talk show. Dr. S K Roy, Chairperson, Board of Trustees, Bangladesh Breastfeeding Foundation was present as the moderator of the talk show. The talk show was telecasted later on during August.

6. Mobile phone 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.

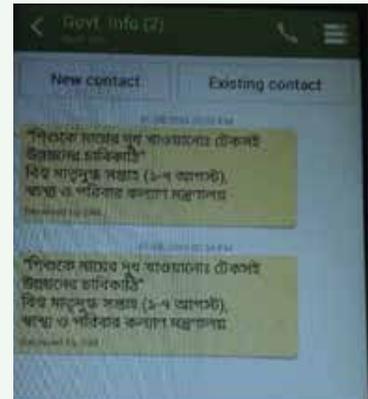


Photo 7: The slogan of WBW 2016 is sent through mobile phone text messages

7. Paper Supplement:

For observing WBW-2016, paper supplement containing messages published in 4 newspaper on 2 August 2016 (Annex-)

1. Jono khonto

2. Ittefaq

3. Amader Arthanity

4. Asian News




8. Inauguration Ceremony



Photo 8: The Honorable Minister, Ministry of Health and Family Welfare (MOHFW) Mohammad Nasim, MP and other distinguish guests are seen on the dais at the inaugural ceremony.

World Breastfeeding week is celebrated every year during 1-7 August in more than 150 countries to encourage breastfeeding for improve the child health and nutrition across the world. The theme of the World Breastfeeding Week in 2016 was Breastfeeding: A Key to sustainable Development"! In Bangla “শিশুকে মায়ের দুধ খাওয়ানো: টেকসই উন্নয়নের চাবিকাঠি!”

The glorious inaugural ceremony of the World Breastfeeding Week-2016 in Bangladesh was held on 2nd August, 2016 at the Osmani Memorial Hall, Dhaka at 11.00 am.

The Honorable Minister, Ministry of Health and Family

Welfare Mr. Mohammad Nasim MP, inaugurated the World Breast Feeding Week 2016 as the Chief Guest. While prof. Dr. Deen Mohammad Noorul Huq, the Director General, Directorate General of Health Services, Mr. Mohammad Wahid Hossain NDC, Director General, Directorate General of Family Planning, were

present as the Guests of Honor, Ms. Roxana Quader, the Additional Secretary (PH,WHO) MOHFW welcomed the audiences while Dr. ABM Muzharul Islam the Director Institute of Public Health Nutrition (IPHN) and Line Director, NNS and, Professor Dr. SK Roy, the Chairperson, & Board of Trustees of BBF were present as speakers. The ceremony was chaired by Syed Manjurul Islam, Secretary Ministry of Health & Family Welfare. About one thousand participants attended this ceremony. Representatives from different ministries, medical colleges, professional societies, high officials and other development partners, stakeholders, NGOs, volunteers, students and nurses were present at that inaugural session.

Every participants received IEC material (Cover Folder, Action folder, Poster, Souvenir, leaflet, copy of BMS ACT 2013, etc) & refreshment.

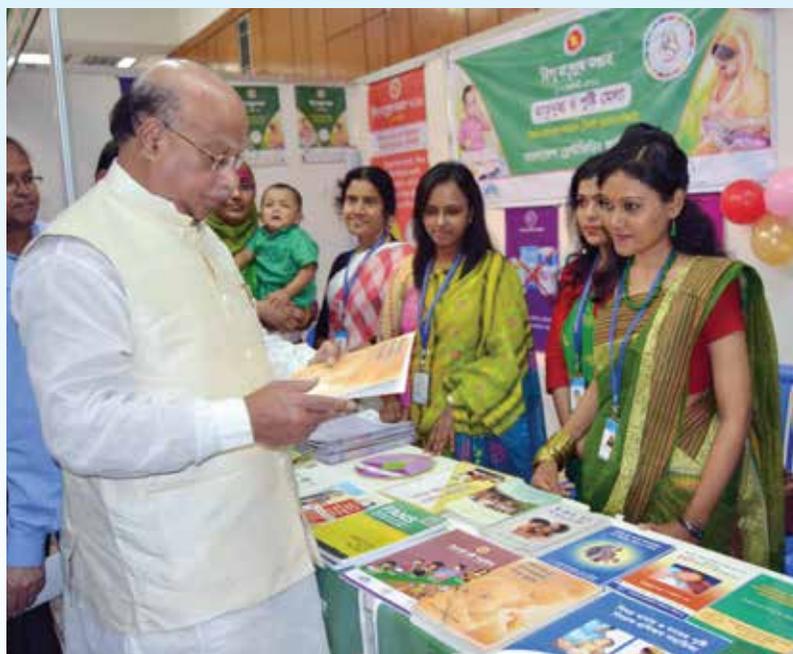


Photo 9: A Section of audience of the inaugural ceremony of WBW'2016

9. 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)
2. Bangladesh Breastfeeding Foundation (BBF)
3. Institute of Child and Mother Health(CWCH)
4. BRAC
5. Care Bangladesh
6. Family Planning Association of Bangladesh (FPAB)
7. SPRING Bangladesh
8. BCSNPN,
9. Eminence,
10. Max Foundation
11. Nari Maitree
12. Shornokishoree Network Foundation (SKNF)



Mr. Mohammad Nasim MP, the Honorable Minister, Ministry of Health and Family Welfare) is visiting the stalls of Health and Nutrition Fair (IPHN)



Electronic media

Media coverage

The inauguration ceremony was broadcasted live by the Bangladesh television, Boishakhi TV, NTV, Desh TV, My TV, Channel 9 and Masranga.

Print media

Daily Ittefaq, Noya Diginto, Amader Shomoy, Shomokal, Jago News 24.com.

Besides, the news of the ceremony covered by almost all print and electronic media namely –

1. Daily Ittefaq,
2. Shomokal
3. Amader Shomoy
4. Noya Digonto
5. Bortoman
6. Alokito Bangladesh
7. Bangladesh Protidin



10. Art Competition

Venue: Faculty of Fine Arts, Dhaka University Date: 05 August 2016, 3: 00 PM

As a part of observing the breastfeeding week 2016 “Art competition” as one of the interesting events was organized by the Bangladesh Breastfeeding Foundation on 5th August 2016 at 3:00 pm at the faculty of Fine Arts , Dhaka University. A total of 150 School Children from 12 different schools and various art coaching centers participated in that Competition. The duration of the competition was one hour and thirty minutes



Photo 12: Professor Dr. Deen Md Noorul Huq, Director General, Directorate of Health, Professor was the chief guest in the Competition.

The following were the topics of Art Completion according to various schooling years-

Group-----	A	B	C
Educational Level	Class I to Class II	Class III to Class V	Class IV to Class VI
Subject	My Mother	My Mother My World	Harmful effect of Powder Milk (BMS)



Photo 13: Dr. ABM Muzharul Islam, the Director, Institute of Public Health Nutrition, the Line Director, National Nutrition Service were observing the drawing/paintings by the contestant!

The winners were given the prizes & certificates. In addition, all the contestants were given certificates of participation.



Photo 14: The winners are receiving crest from the Chief guest Dr. Deen Mohammod Noorul Huq

11. Rally & Discussion Meeting in Division level

A. Khulna Division

Name of Event:	Rally and Discussion Meeting on World Breastfeeding Week 2016 .
Venue:	Director Health Office, Khulna
Type of Events:	1. Discussion Meeting 2. Rally
Organized by:	Director Health office, Khulna
Supported by:	Bangladesh Breast Feeding Foundation.
Number of Participants:	47(All Staffs in Divisional Director Health office Khulna)
Date	Thursday 03th August 2016; 3:30am-5:00pm



Photo 15: Rally and Discussion Meeting on of WBW – 2016 at Director (Health) in Khulna

B. Rajshahi Division

Name of Event:	Rally and Discussion Meeting on World Breastfeeding Week 2016 .
Venue:	Director Health Office, Rajshahi
Type of Events:	1. Rally 2. Discussion Meeting
Organized by:	Director Health office, Rajshahi
Supported by:	Bangladesh Breast Feeding Foundation.
Number of Participants:	140
Date	Thursday 04th August 2016; 09:00am-12:00pm



Photo 16: Rally and Discussion Meeting on of WBW – 2016 at Director (Health) in Rajshahi

C. Sylhet Division

Name of Event:	Rally and Discussion Meeting on World Breastfeeding Week 2016 .
Venue:	Director Health Office, Alampur, Sylhet.
Type of Events:	1. Discussion Meeting 2. Rally
Organized by:	Bangladesh Breastfeeding Foundation (BBF).
Number of Participants:	25



Photo 17: Rally and Discussion Meeting on of WBW – 2016 at Director (Health) in Sylhet

D. Barisal Division:

Name of Event:	Rally and Discussion Meeting on World Breastfeeding Week 2016 .
Venue:	Director Health Office, Barisal
Type of Events:	1. Discussion Meeting 2. Rally
Organized by:	Bangladesh Breastfeeding Foundation (BBF).
Date:	03 August 2016 Time: 09.00 AM-11:30 AM



Photo 18: Rally and Discussion Meeting on of WBW – 2016 at Director (Health) in Barisal

E. Rangpur Division

Name of Event:	Rally and Discussion Meeting on World Breastfeeding Week 2016 .
Venue:	Director Health Office, Rangpur
Type of Events:	1. Discussion Meeting 2. Rally
Organized by:	Bangladesh Breastfeeding Foundation (BBF).
Date:	04 August 2016, 9:00 am - 11.30am
Number of Participants:	26



Photo 19: Rally and Discussion Meeting on of WBW – 2016 at Director (Health) in Rangpur

F. Chittagong Division

Name of Event:	Rally and Discussion Meeting on World Breastfeeding Week 2016 .
Venue:	Director Health Office, Alampur, Sylhet
Type of Events:	1. Discussion Meeting 2. Rally
Organized by:	Bangladesh Breastfeeding Foundation (BBF).
Date:	07 August 2016
Number of Participants:	25



Photo 20: Rally and Discussion Meeting on of WBW – 2016 at Director (Health) in Chittagong

12. World Breastfeeding Week Observance 2016' by the National and International NGOs

USAID's SHIKHA project Jointly has been observed World Breastfeeding Week 2016 in 5 working districts (Barisal, Bhola, Jhalakathi, Patuakhali and Satkhira) with GoB Health department and some other national and international NGOs like SPRING BD, PROOFS, World Vision, MaMoni HSS Project, SDF and UNICEF.

Total in five locations the breastfeeding discussion and then rally starts which are included the Civil Surgeon offices of Barisal, Jhalakathi, Bhola, Patuakhali and Satkhira district.

Participants Attended:

Total 1085 participants were attended in the breastfeeding discussion and rally, among them 51% male and 49% female were attended in the events. The below table highlights the district wise participants attended in breastfeeding discussion.

District	Male	Female	Total
Jhalokathi	112	76	188
Bhola	88	116	204
Patuakhali	75	127	202
Barisal	165	92	257
Satkhira	115	119	234
Total	555	530	1085

Representative from Government and NGOs office:

District name	Date of event	Presided by	Chief guest	Special guest
Barisal	01/08/2016	Dr. A.F.M. Shafiuddin, Civil Surgeon Barisal		–
Bhola	03/08/2016	Dr. Farid Ahmed, Civil Surgeon Bhola		–
Jhalakathi	03/08/2016	Dr. Abdur Rahim, Civil Surgeon Jhalakathi,	Ferdousi Begum, Deputy Director Family Planning, Jhalakhati	Police Super of Jhalakhati Police Super of Jhalakhati
Patuakhali	03/08/2016	Dr. A.F.M. Shafiuddin, Civil Surgeon Barisal	Peyara Begum, Deputy Director Family Planning	–
Satkhira	03/08/2016	Dr. A.F.M. Shafiuddin, Civil Surgeon Barisal		Divisional Manager, WHO

The representative from NGOs and UN Agencies i.e. FHI360 SHIKHA project, BRAC, PROOFS, SPRING-Bangladesh, World Vision, FPAB, Marie Stopes, Surjer Hasi, MaMoni HSS Project, Unicef, SDF, WHO and GAVI were attended in district level discussion and rally as well.



Rally held in Barisal, Led by Civil Surgeon, Barisal & Discussion session held in Barisal on 1 August 2016



Discussion Session held in Jhalakathi on 3 Aug,16



A discussion session held in Patuakhali on 3 August 2016



Deliberation of the theme of the seminar presented by Professor Dr. S K Roy, Chairperson, Board of Trustees of BBF

13. WBW'16 observation by the Medical College Hospitals

The World Breastfeeding Week 2016 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.

A total of sixteen (16) Medical college Hos-

pitals, 14 Medical College, eight (08) other Hospital, eight (08) educational Institute, Sixty four (64) Zilla sodor Hospital/ office of civil surgeon, 489 UPazilla Health Complex Office (UHFPO), 4550 Union Parishad & 13,628 community clinic were observed World Breastfeeding Week 2016 where IEC materials were supplied from the BBF

14. Seminar with Parliamentary Standing Committees

Background

On the occasion of World Breastfeeding Weeks (WBW) 2016, as an innovative attempt has been taken by the MoHFW to organize a seminar with the participation of the respected members of Parliamentary Committees from different nutrition sensitive and nutrition specific parliamen-

tary committee members. The seminar was organized by IPHN and BBF with the financial support from UNICEF. The seminar with the Parliamentary Committees was held in a magnificent way on 1st September, 2016 in Hotel Le Meridien, Dhaka at 12.00 PM.

Objective

The aim of the seminar was to protection, promotion & support of Breastfeeding towards attaining Sustainable Development

Goals (SDGs) with the support from the honorable Parliament Members (MPs).

Proceedings

The honorable Minister, Ministry of Health and Family Welfare, Mr. Mohammad Nasim MP was the chief guest of the seminar and honorable Deputy Speaker, Md. Fazle Rabbi Miah was the chairperson. In the seminar, welcome notes, objectives, key-notes presentation, discussion of the MPs were took place. MPs from around twenty parliamentary committees with a

good number of women member of the parliament attended the seminar. Honorable former minister, Ministry of Health and Family Welfare, Dr. A.F.M. Ruhul Haque and Honorable State Minister, Ministry of Local Government, Rural Development and Co-operatives, Mr Md. Mashiur Rahman Ranga was also took

The honorable MPs were asked to share their ideas and thoughts to improve awareness among the people of grass wood level regarding proper IYCF practice. Some important suggestions have been pointed out in the seminar. Some of the important ideas are as follows:



Chrest of Honour being presented to the Honorable Minister, MoHFW and Honorable Deputy Speaker by DG of DGHS & DGFP

- ◆ The women MPs could play a vital role to improve awareness regarding breastfeeding and IYCF practice because of their well access to the mother of under two children at local level.
- ◆ In this modern world the printing and electronic media can play an effective role to disseminate effective message to improve awareness regarding breastfeeding and complementary feeding and thus suggested to arrange different events e.g. local level meeting and press conference for better understanding.
- ◆ The honorable women MPs urges for more access to different local level events of the MoHFW and in associated organizations.
- ◆ Most of the MPs proposed for follow up and feedback session at the union level with the participation of pregnant and lactating mother of that community in every three month.
- ◆ Some proposed for establishing Health Channels for better access to the housewives and other influential member of the family that may impose awareness regarding breastfeeding, complementary feeding and maternal nutrition.

- ◆ Emphasis should be given in the urban areas to increase awareness targeted to the working mother as they are proven to be more vulnerable for poor breastfeeding practice.
- ◆ In different meeting of the upazila health complex, MPs especially women MPs should be invited with the presence of local government officials for better outcome.
- ◆ Some proposed that, community health worker and family planning worker should be more empowered to provide counseling as well as demonstration on appropriate breastfeeding and IYCF practice.



Deliberation of the theme of the seminar presented by Prof. Dr. S. K. Roy, Chairperson, Board of Trustees of BBF

At the end vote of thanks was given by Prof Dr Abul Kalam Azad, Director General, Directorate General of Health Services, MoHFW with gratitude to the honorable ministers and MPs for their kind presence and support for the seminar. The seminar was broadcasted by the Bangladesh Television, Boishakhi Television and Bangladesh Betar, Independent TV and so on and covered by daily Shomokal, kalerkantho etc.



Mr. Md. Abdul Malek, Joint secretary, MoHFW, Dr. A.B.M Muzharul Islam, Director, IPHN & Anuradha Narayan, Chief of Nutrition Section, UNICEF Bangladesh are seen on the dias

Background

A workshop was organized by the Institute of Public Health Nutrition (IPHN) and Bangladesh Breastfeeding Foundation (BBF) with the financial support from UNICEF at Hotel Lake Castle on 1st October, 2016 regarding BMS Act 2013.

Objective of the workshop

- ➔ To identify the clauses of BMS Act for taking action where bylaws are not in place
- ➔ Review of the Law with regard to its strengths and challenges of enforcement and implementation.
- ➔ Recommendations for effective method of implementation of the Law.

Meeting Proceedings

Mr. Md. Abdul Malek, Joint secretary, Ministry of Health and Family Welfare was presented as the Chief Guest of the workshop and experienced lawyers from different district and division were attended the workshop. The work shop was divided into four segments e.g. welcome note and presentation of objectives, brief on BMS Act 2013 and present scenario of violation, open discussion of the lawyers in accordance to the objective and finally summarization of the workshop. Dr. A.B.M Muzharul Islam, Director, IPHN & Line Director, NNS welcomed the participants and gave a light on the following objectives. Professor Dr SK Roy, Chairperson & BOT, Bangladesh

Breastfeeding Foundation briefly discussed on the BMS Act 2013 and gave a snap shot on some identified violation of the law and action taken by different authority against the violation.

The lawyers had pointed out some key points on the strength and challenges for the existing BMS Act 2013, identified the clauses of law which could be implemented without the help of bylaws. The lawyers had pointed out some key points on the strength and challenges for the existing BMS Act 2013, identified the clauses of law which could be implemented without the help of bylaws.



Discussion on the strength and challenges of BMS Act 2013 given by Advocate Roksana Parvin Kabita

Recommendation:

- ◆ The lawyers had pointed out some key points on the strength and challenges for the existing BMS Act 2013, identified the clauses of law which could be implemented without the help of bylaws. The following are the brief of the open discussion of the workshop.
- ◆ Some clauses (5, 8, 9, 10 & 11) of BMS Act 2013 needs bylaws for law enforcement and implementation.
- ◆ Clause no 4 of the BMS Act 2013 can be implemented without bylaws.
- ◆ The lawyers proposed to initiate the application of the existing bylaws from the Ordinance, 1984 for different clauses (especially clause 4) of the BMS Act 2013.
- ◆ According to clause 16 and 17 of the BMS Act 2013, there are two option of enforcement to take action against the violation. The first one is taking the help of the mobile court and the second one is conventional court or traditional criminal court. But, once have selected one option another would not applicable for the same offence.
- ◆ Regarding the enforcement of the law, once any offence have been identified in the society the Director of the IPHN or any authorized person by the director could enter into the sites where the violation is taking place and search for the BMS goods and accessories. In addition, the director or the authorized person could submit a written complain to the nearest police station for seizing.
- ◆ The Director, IPHN or any authorized person by the director could give a Legal Notice to the accused person through a lawyer.
- ◆ The power of seizing, inspection and monitoring for any prohibited BMS product by the Director, IPHN and any authorized person is very effective measure for the implementation of BMS Act 2013. The section could be added by an amendment to strengthen the power of the law.
- ◆ To work with the existing, law some vital clauses (5, 8, 9, 10 & 11) of BMS Act 2013 could be segregated for formulating bylaws on urgent basis.
- ◆ The consumers & stakeholders needs to be sensitized on BMS Act 2013 and the type of action could be taken against its violation.
- ◆ There exist some serious lacuna in the law regarding the process of registration of BMS products and action against professional conspiracy or corruption.



The Honorable Chief Guest, Ms. Roxana Quader, Additional Secretary MOHFW (PH, WHO), Special Guest, Dr. Moudud Hossain, DD, DGHS & PM, NNS, Prof Dr SK Roy, Chairperson & BOT, BBF; David Clark from Unicef Headquarter and Laurence Grummer-Strawn from WHO-Geneva are seen on the dais

Background

The WHO-UNICEF protocol for NetCode has offered an opportunity for a structured monitoring system for ongoing reporting of violations of BMS Act 2013 for the drive of immediate action; and in-depth surveys to identify bottlenecks and map progress of Code implementation. Institute of Public Health Nutrition (IPHN) and Bangladesh Breastfeeding Foundation (BBF) with the technical and financial support from UNICEF organized a stakeholder meeting on 6th October 2016 in CIRDP Conference Centre to discuss the NetCode field testing plan in Bangladesh. NetCode is the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent Relevant World Health Assembly Resolutions.

The major topics discussed in the meeting are as follows:

- ◆ Who will be the central and peripheral authority to act on violations?
- ◆ Who should be monitoring for violations at every district of Bangladesh?
- ◆ Who will be the coordinating agency?
- ◆ What are the appropriate mechanisms for coordination?
- ◆ What systems should be developed?

Meeting Proceedings

Ms Roxana Quader, Additional Secretary (PH & WHO), Ministry of Health & Family Welfare was the Chief Guest of the meeting while Dr. Moudud Hossain, Deputy Director, DGHS & Program Manager, NNS was presented as a Special Guest. David Clark from Unicef Headquarter and Laurence Grummer-Strawn from WHO-Geneva

presented on “Strengthening Implementation of the International Code of Marketing of breast-milk Substitutes” Challenges and Opportunities; and the brief of NetCode Protocol. Professor Dr SK Roy, Chairperson & BOT, Bangladesh Breastfeeding Foundation (BBF) had given a presentation on the constraints experienced from the existing BMS Act 2013 monitoring system of Bangladesh. He also pointed out the challenges for the enforcement and implementation of BMS Act 2013 in Bangladesh and some recommendations identified in the workshop at 1st October 2016 with the lawyers. Different government and non-government officials and representatives of MOHFW, DGHS, other relevant Ministries, UNICEF, WHO, FAO, BPA, BMA, BNF, OGSB, BPS, Alive and Thrive, Concern Worldwide, BPMPA, BMRC, BRAC, HKI,



Ms. Roxana Quader, Additional Secretary MOHFW (PH, WHO) is giving her speech

Save the Children, Eminence, IYCF Alliances group, Doctors from different hospitals and clinics attended the meeting.

Some decisions have been made in the meeting regarding the adoption and implementation of the NetCode protocol in Bangladesh.

- ✓ As the rules of the BMS Act 2013 are yet to be finalized so, it needs to bring to the board as early as possible for final approval.
- ✓ According to the BMS Act 2013, the IPHN from the GoB is the authorized organization to implement the monitoring system in Bangladesh.
- ✓ It needs to identify the partners to implement the NetCode monitoring system in Bangladesh.
- ✓ The promotional activity of the BMS Act 2013 should be focused on parents/ caregivers of the children for better outcome.
- ✓ Breastfeeding corner should be established in the garments factory to ensure more IYCF practice in Bangladesh.
- ✓ There should be some remarkable example by taking legal action against the violation of BMS Act 2013 which will be more fruitful to prevent violations.

Project



National Consultation Seminar on Micronutrient Nutrition



Guests are sitting on the dais



Participants in the meeting

Malnutrition in children and women is an unacceptable burden of Bangladesh to achieve the best quality of life. To ensure adequate nutrition, country needs to ensure macro and micronutrients in addition to disease control and care. Some strategies which are being applied require careful analysis of situation based on scientific

evidences and review of policies at national and international contexts.

To get consensus on the strategies which are being applied require careful analysis of situation based on scientific evidences and review of policies at national and international contexts a **National Consultation Seminar on Micronutrient Nutrition** was held on 20th December, 2016.

Following officials contributed in the meeting as Panel Discussants in the session:

1. Dr. Khurshid Talukder, Sr. Consultant, CWCH
2. Mr. Mostafa Faruq Al Banna, Assc. Research Director, FPMU, MoFood
3. Professor Md. Khalilur Rahman, Department of Biochemistry, DU
4. Dr. Rubhana Raqib, Sr. Scientist & Head, Immunobiology, Nutrition and Toxicology Laboratory, ICDDR,B
5. Professor Dr. Nazma Shaheen, Director, INFS, DU
6. Dr. Quamrun Nahar, Principal Research Officer, BIRDEM
7. Professor Ferdousi Begum, Vice-President, OGSB
8. Professor Dr. Tahmeed Ahmed, Sr. Director, Nutrition and Clinical Services, ICDDR,B.
9. Professor Dr. M A Mannan, Nutrition Policy Advisor, MUCH-FAO
10. Dr. Mohammad Momtazul Hoque, Line Director, CBHC and
11. Dr. Ruhul Amin Talukder, Joint Secretary (PH& WHO-2), MoHFW

Statement of Presentation-

Almost 155 representatives from 61 organizations attended this policy level meeting. In this important event, nutritionists, academicians, expert pediatricians, government bodies, Development Partners, NGOs, representatives from six professional societies (BPA, OGSB, BNF, BPMPA, BMA, BPS), researchers, and media personnel also participated.

Professor Dr. S K Roy pointed out that, in all policies the food based approaches (dietary diversity, mixture of different food, promotion of dietary diversity, supplementary food, food fortification, Nutrition education programs, nutrition and food intervention programs) was emphasized as a preventive and more sustainable approach to address the micronutrient deficiency rather than single or multiple micronutrient powder (MNP).

supplement. He briefly explained that there is no evidences on the benefits of Micro Nutrient Powder (MNP) supplementation.



Photo 21: Professor Dr. S K Roy is providing key note speech through power point presentation

Dr. Khurshid Talukder talked about

1. MoniMix became a culturally accepted product in rural Bangladesh. 22 million sachets were sold through the partnership between 2008 and 2009.
2. Through educating health providers and performing village drama shows, MoniMix became a culturally accepted product in rural Bangladesh. 22 million sachets were sold through the partnership between 2008 and 2009.
3. BRAC, with the support of GAIN and Renata Ltd. initiated the MNP project (Pushtikona project) in 2009. Currently, the project is in its second phase (2014-2018) of implementation in 68 upazilas of 10 rural districts of Bangladesh.
4. Sales of Pushtikona increased and around 40 million sachets were sold by the end of 2012.
5. Furthermore, in 2011, MOHFW, with technical support from UNICEF, started implementing MNP supplementation for children 6 to 23 months old in 18 upazilas in seven districts and later expanded to a few more upazilas.
6. Currently discussions are going on between DGFP and GAIN trying to expand this use and already MNP powder have been bought through the CSSD to the amount about seven crore.



Photo 22: Dr. Khurshid Talukder, Sr. Consultant, CWCH is providing his speech as discussant

Dr. Quamrun Nahar, Principle Research officer, BIRDEM

After 3 decades of independence still we lack 50% population are deficient in one or another micronutrient. To reduce the number of micronutrient deficiency UN/WHO and FAO in 1992 in a conference of 159 countries gave a direction of developing a food based dietary guideline in their own

language. In 2003 they published a table of protein, fat and carbohydrate intake other than dietary fiber. During National food policy action plan and National Nutrition Plan 1996-97 one of the main focus was to give emphasis on developing a food based dietary guideline.

Prof. Ferdousi Begum, Vice president, OGSB

She explained that too much of micronutrient can be dangerous. If we are mixing the MNP without knowing the dose and requirement it may have adverse effect.

She emphasized that role of micronutrient supplementation isn't certain. She finished her speech by saying- We have to eat many different kinds of food and locally available seasonal food of course.



Photo 23: Prof. Ferdousi Begum, Vice president, OGSB is presenting her views as discussant

Dr. MA Mannan, Advisor, FAO

BBF has developed a recipe book for children. Food diversity should be given emphasis and serving diet.



Photo 25: FAO Nutrition Policy Advisor Professor Dr. MA Mannan is delivering his speech



Photo 24: Dr. Ruhul Amin Talukder, Joint Secretary (PH & WHO-2), MoHFW is providing his speech

Dr. Ruhul Amin Talukder, Joint Secretary (PH & WHO-2), MoHFW

We all agree about food based approaches for sustainable practice towards micronutrient nutrition. Most of the evidence presented here today shows adverse effect of MNP supplementation. So, from MOH&FW we want a strong evidence from everyone so that we don't fall in to dilemma while decision making. He was a part of dietary guideline Bangladesh but we never surveyed

about the consumption level. He emphasized on proper cooking modelling by preserving the maximum nutrient value. Another thing came into account is dietary diversity. He emphasized on not only food based or supplementary approaches but also other policies in terms of increasing prosperity and education.

Prof. Shahla Khatun, National Professor

- ◆ People from different socio economic status form both affluent and even in the slum people are deprived or not aware about the importance of green leafy vegetable and locally available foods.
- ◆ Both the GO and NGO sector should work unitedly to aware people -by disseminating proper message on dietary diversity and proper food habit.



Photo 26: Professor Shahla Khatun, honorable National Professor is delivering her speech as special guest

Professor Dr. A. H. M. Enayet Hussain, Additional Director General (Planning & Development), DGHS

He mentioned that, people of our country is very attentive and they try to follow or remember the messages we give them so, we need to work intensively on effective communication with the mass people for food based dietary approach.

He also suggested to think about the difference of strategy among the rural and urban areas when the acceptability in the urban is much lower than rural. The rural health system is much structured in Bangladesh and we need to think about urban structure and by using those we have to develop our self to meet the global targets within our limited resources.



Prof. Dr. A.H.M. Enayet Hussain, Additional Director General (Planning & Development), DGHS is delivering his speech as a Special Guest

Ms. Roxana Quader, Additional Secretary (PH, & WHO), MOHFW

- In NPAN, a multi-sectoral approach and strategy among relevant ministries will be included for the sake of economy and livelihood development of Bangladesh.
- The Chief Guest mentioned, in different national strategy and guidelines e.g. National dietary guideline, National Nutrition Policy, NPAN, food based approach and dietary diversity have given much importance in which NNS, IPHN.
- She also specified that, need based supplementation instead of blanket supplementary program should be practiced in Bangladesh as scientific evidences revealed several adverse effect of non-specific MNP supplementation on human health.
- She stressed on food base dietary approach as the best strategy to combat

against micronutrient malnutrition of Bangladesh.



Photo 27: Chief Guest of the consultation meeting, Ms. Roxana Quader, Additional Secretary (PH & WHO), MOHFW is providing her

Speech of the Chair and thanks giving:

At the end of the ceremony ‘the vote of thanks’ was given by **Dr. ABM Muzharul Islam Director of Institute of Public Health and Nutrition and Line Director, National Nutrition Services.**

Key Recommendations of the workshop:

- Extended MNP programmes in Bangladesh is being implemented as a blanket coverage without screening or knowing its harmful effect in the long run (see Table 1). Therefore, use of MNPs or Blanket MNP programmes need careful considerations.
- We can think about safety net programs for some vulnerable group rather than use of MNPs as a blanket program. Otherwise, we shall not be able to improve our nutrition situation.



Dr. ABM Muzharul Islam Director of Institute of Public Health and Nutrition and Line Director, National Nutrition Services is giving vote of thanks as the Chair of the meeting

- There are some methods like dietary diversification, food fortification, Supplementation, Bio-fortification and Disease control, which could control micronutrient malnutrition. Dietary diversification following national dietary guidelines of Bangladesh is an important food based approach, which would be the most sustainable method.
- It is important to promote the production and adequate consumption of micronutrient-rich food considering preventive and long term approach which also addresses underlying causes of malnutrition.
- In some specific cases, severely deficient children could be treated with micro nutrient supplements through clinical approach.
- Local food sources are also very rich in micronutrients. With the help of recent developed Food Composition Table of Bangladesh, we need to consider the required nutrient intakes for different age group. We need to increase consumption of local foods rich in micronutrients.
- Micronutrient powder can never be an alternative to food based approach. MNP's are only for certain crisis cases. Single nutrient can affect badly if not restricted now.
- Meta-analysis showed no difference in child mortality and weight gain in infants where the mothers were supplemented with iron.
- Food based approach is definitely the best approach but we as a less food productive country couldn't reach the required level, alternatives should be taken into account.
- Ensuring food security is the best approach but in reality we couldn't achieve that, until then some sub group of population can be supplemented with MNP.
- A recipe book for 6-24 months old children is developed by BBF. Food diversity should be given emphasis during serving diet.
- Proper cooking modelling for preserving the maximum nutrient value can be followed. Dietary diversity is very important to practice.
- Today we came across two different types of approaches. We all agree that food based approaches are sustainable towards prevention of micronutrient malnutrition.
- As evidence, we heard about two different types of evidence. Most of the evidence presented here today showed adverse effect of MNP supplementation.
- So, from Ministry, we want a strong evidence from everyone so that we don't fall into a dilemma while decision making. We expect this workshop should bring into a decision making point as a guidance to the MOHFW.

Recommendations came from panel discussion are as follows:

Dr. Khurshid Talukder, Sr. Consultant, CWCH-

- ❖ Extended MNP programmes in Bangladesh is being implemented as a blanket coverage without screening or knowing its harmful effect in the long run. Therefore, use of MNPs or Blanket MNP programmes need careful considerations.
- ❖ We can think about safety net program for some vulnerable group rather than use MNPs as a blanket program. Otherwise, we could not able to improve our nutritional situation.

Mr. Mostafa Faruq Al Banna, Assc. Research Director, FPMU, MoFood-

- ❖ There are some methods like Diet diversification, Food fortification, Supplementation, Bio-fortification and Disease control, which could control micronutrient malnutrition. Diet diversification following national dietary guidelines of Bangladesh is an important food based approach, which would be the most sustainable method.
- ❖ It is important to promote the production and adequate consumption of micronutrient-rich food considering preventive and long term approach which also addresses underlying causes of malnutrition.
- ❖ In some specific cases, severely deficient children could be treated with micro nutrient supplements through clinical approach.

Professor Dr. Nazma Shaheen, Director, INFS, DU-

- ❖ Our children are deficient in certain micronutrients. Local food sources are also very rich in micronutrients. We need to increase consumption of local foods rich in micronutrients.
- ❖ With the help of recent developed Food Composition Table of Bangladesh, we need to consider the required nutrient intakes for different age group.

Dr. Quamrun Nahar, Principal Research Officer, BIRDEM-

- ❖ Micronutrient powder can never be an alternative to food based approach. MNP's are only for certain crisis cases. Single nutrient can affect badly if not restricted now.

Professor Ferdousi Begum, Vice-President, OGSB-

- ❖ Meta-analysis showed no difference in child mortality and weight gain in infants where the mothers were supplemented with iron.

**Professor Dr. Tahmeed Ahmed,
Sr. Director, Nutrition and Clinical Services, ICDDR,B-**

- ❖ Food based approach is definitely the best approach but we as a less food productive country couldn't reach the required level, alternatives should be taken in to account.
- ❖ Ensuring food security is the best approach but in reality we couldn't achieve that, until then some sub group of population can be supplemented with MNP.

Professor Dr. M A Mannan, Nutrition Policy Advisor, MUCH-FAO-

- ❖ A recipe book for 6-24 months old children is developed by BBF. Food diversity should be given emphasis during serving diet.

Dr. Ruhul Amin Talukder, Joint Secretary (PH& WHO-2), MoHFW

- ❖ He said, today we came across two different types of approaches. We all agree about food based approaches for sustainable practice towards micronutrient nutrition.
- ❖ About MNP use we heard about two different types of evidence. Most of the evidence presented here today showed adverse effect of MNP supplementation.
- ❖ So, from Ministry, we want a strong evidence from everyone so that we don't fall in to dilemma while decision making. So he requested that this workshop should bring into a decision making point as a guidance to the MOHFW.
- ❖ He emphasized on proper cooking modelling for preserving the maximum nutrient value. Dietary diversity is very important to practice.

SAARC Award: BBF awarded with the first prize in the pulse recipe competition

A 'Pulse Recipe Competition and Exhibition' was organized by SAARC Agriculture Centre in collaboration with FAO-Bangladesh on 8th December 2016 in BARC campus.

In the competition, BBF submitted Chickpea Halwa and Pusti gura recipes in two pulse category namely Chickpea and Mung accordingly. A total of 30 participants were invited for the final round which was based on the actual display, the presentation of the recipe and the principal ingredients.

Considering all the criteria of evaluation, BBF got the first prize in Chick-

pea and second prize in Mung category.



Photo 28: Pusti Gura



Photo 29: Buter Halwa



Photo 30: The Stall is being visited by the special guest and the dignitaries



Photo 31: Recipes is being tasted by the Judges



BBF Presentation in Nutrition Olympiad

Background:

A Nutrition Olympiad was held on 6th March 2017 at Krishibid Institution Bangladesh (KIB). FAO-MUCH took part in the ceremony with an informative and attractive presentation.

The Nutrition Olympiad was planned with the objective of 'Going beyond and Taking the next steps: Identify Opportunities for scaling out nutrition Integration in Agricultural Extension'. On the event the participants were articulated the multiple perspectives on how nutrition and gender integration in agricultural extension can be achieved, and how that will improve nutrition and livelihood outcomes.

A gathering of almost 200 hundred people were present in the Olympiad. As a part of the Olympiad FAO-MUCH Bangladesh decided to arrange a scientific and practical display on the

four nutrition aspects to emphasize on providing nutrition education and messages. The three aspects are- (i) Diet during pregnancy, (ii) Appropriate Complementary Feeding Practices (iii) Promotion of pulse based recipes in the diet and (iv) Minimum Dietary Diversity- Women (MDD-W) for an appropriate diet plan.

To perform these activities FAO-MUCH recruited 2 reporting officer Suraya Bintay Salam, Program Manager, and Fatema Tuz Zohora Laboni, Research Officer from Bangladesh Breastfeeding Foundation (BBF) for 3 days to assist in planning, presentation and display of nutrition policy and programmatic materials to show case FAO's Food based approaches to improve diets and nutrition.

Objectives:

The general objective of this assignment was to provide nutrition education, individual sensitization and disseminate key messages on appropriate pregnancy diet during 2nd trimester, complementary feeding practices for 6-23 month children,

benefits and uses of pulses & demonstration of pulse based recipe and displaying food baskets to encourage Minimum Dietary Diversity-Women (MDD-W) to improve the dietary intake practices.

Methodology:

The whole assignment was carried out in three steps

Planning Phase

- ◆ Whole day menu for a sedentary pregnant women (2nd trimester),
- ◆ selection of three CF recipes and a Pulse based recipe.
- ◆ Selection of the foods for Minimum Dietary Diversity- Women (MDD-W) for an appropriate diet plan.

Preparatory Phase

- ◆ Calculation of the nutritive values and cost of the displayed items,
- ◆ preparing nutrition labeling cards,
- ◆ Preparing the food according to the recipe.

Display, Dissemination and Distribution

- ◆ Food display, demonstration of recipes and distribution of IEC materials

Detailed features of the program and display:

The Nutrition Olympiad at Krishibid Institution Bangladesh was observed for the whole day in a very festive manner. There is a recognized need to optimize nutritional status during pregnancy, breastfeeding and in the early years of life. The nutritional status of the pregnant women influences the growth and physical and mental development of the fetus. It has a major impact on infant mortality, growth and development and forms the foundations of health in later life. On that aspect, FAO-MUCH team and BBF collaboratively displayed and presented a food presentation of 2nd trimester pregnant mother and young children in both raw and



Photo 32: Display Table of FAO-MUCH

cooked form, food demonstration and distributed relevant IEC materials on those issues as an individual sensitization activity.



Photo 33: FAO Food displays are being described to the visitors

The activities performed on the program were-

1. Displaying a whole day diet plan for pregnant women (2nd trimester) –

Diet for a pregnant mother (2nd trimester) was presented over the table. This particular menu was developed considering both rural and urban mothers of Bangladesh. The energy, protein, iron, folic acid and vitamin A content of each meal and the whole menu were calculated using the Food Composition Table for Bangladesh considering their (pregnant mothers) nutritional requirement.

A whole day menu plan covering breakfast, mid-morning snacks, lunch, afternoon snacks, dinner and bed time food had been showed both

in raw and cooked form. Name tag of each ingredient of those foods both raw and cooked was given. The total cost (ingredients only) and cost of each meal was also calculated. According to the requirement of a pregnant mother a laminated copy of ingredients used, nutritive value and relevant cost of the foods presented on the table was displayed. For better understanding, the raw ingredients and cooked volume of each meal and snacks were displayed side by side along with the nutrition labels. The whole menu was also explained step by step to the visitors in the fair.

This displayed menu is given below-



A. Breakfast



B. Snacks (morning)



C. Lunch



D. Snacks (evening)



E. Dinner



F. Bed time

2. Display of Complementary Feeding (CF) -

3 complementary feeding recipes namely-

- (1) Pusti Gura
- (2) Chickpea Halwa
- (3) Small fish (Kachki) chop- were prepared and presented.

Raw ingredients along with the cooked item was displayed side by side to give a proper idea on the amount and portion size and the changes after cooking. Laminated flow diagram of cooking method of the particular recipes was displayed along with a list of

ingredients used, nutritive values of the ingredients, yielding factor, cost of the cooked item and specific age group for the particular food item. Copies of the recipe sheets was also distributed among the visitors.



Small Fish Chop



Buter Halwa



Pusti Gura

3. Displaying food basket –

A food basket was designed to respond to the need for simple yet valid indicators for women’s diet quality with a specific focus on micro-nutrient adequacy. It was selected as a simple proxy indicator for global use in assessing women’s diet, target setting and advocacy.

Food basket currently use a 9-point food group score with a validated dichotomous indicator. Individual with more intakes of food groups were more strongly associated with micro-nutrient adequacy for women.

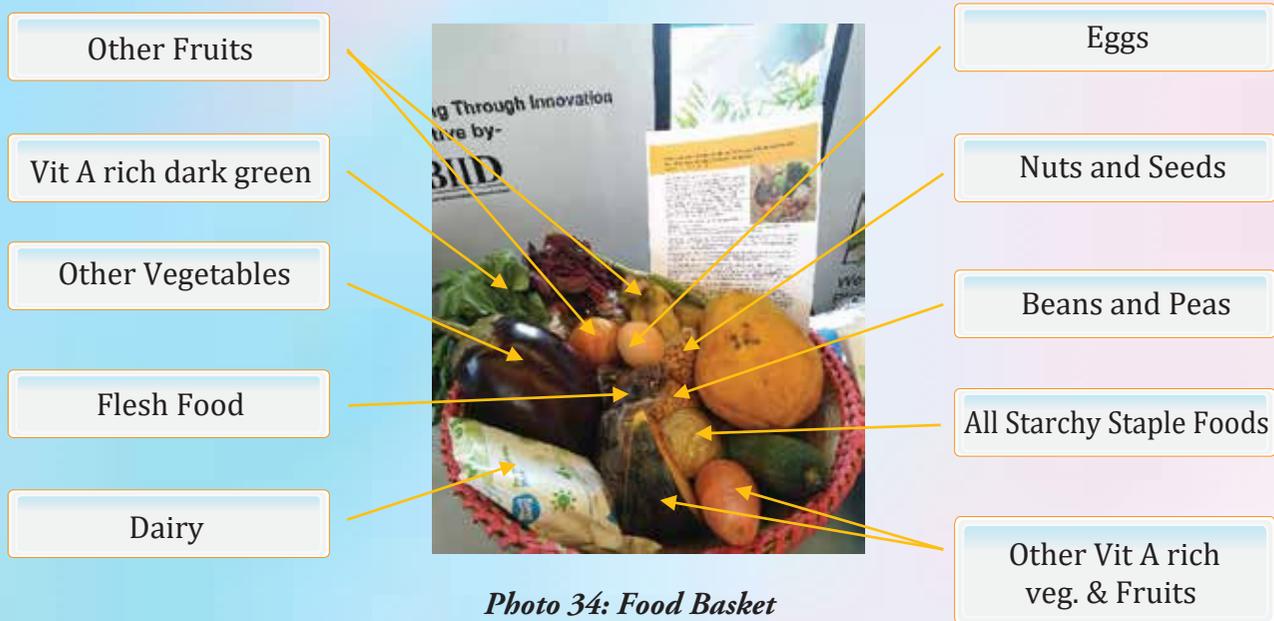


Photo 34: Food Basket

The food basket with food items from 10 different food groups was displayed showing a Minimum Dietary Diversity- Women (MDD-W) for an appropriate diet plan. The basket was served as an educational and sensitization material to encourage a minimum consumption of five of ten food groups for a healthy and diversified diet practice.

4. Presenting benefits and use of pulses and legumes-

10 types of pulses and legumes namely- Lentil, Bengal gram (whole and splitted), Green gram (whole and splitted), Grass pea, Pea, Black gram, Red gram, Red kidney beans were displayed in raw in a basket. Nutritive values of all the pulses and legumes were displayed simultaneously. Sprouted mung bean salad was prepared in front of the visitors.

Sprouted mung bean salad with potato, carrot, capsicum, cucumber, onion, chili, chat masala and a bit of salt was prepared in front of the visitors to share a simple but healthy recipe by using pulses. The prepared salad and the copy of the recipe was shared with the visitors.



Photo 35: Different Types of Pulses and Legumes

5. Display and distribution of banner, poster, flipchart –

Several banners, posters and flipcharts were used as extension materials. As IEC material poster, leaflets, complementary feeding recipe books, sheets of 3 complementary food cooking method dietary guideline etc. were displayed and distributed among the participants.



Sprouted mung bean salad

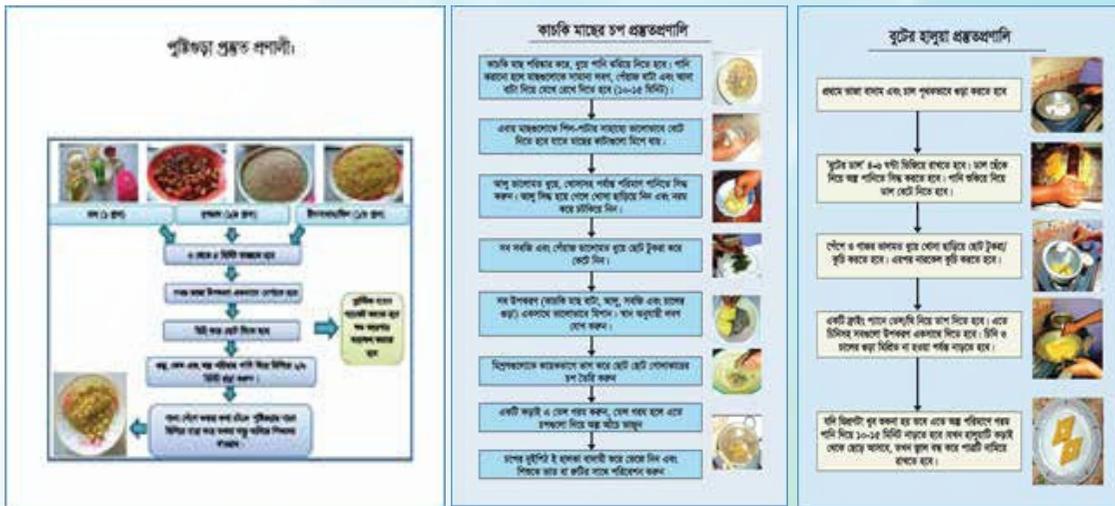


Photo 36: Laminated flow chart of 3 complementary feeding recipes

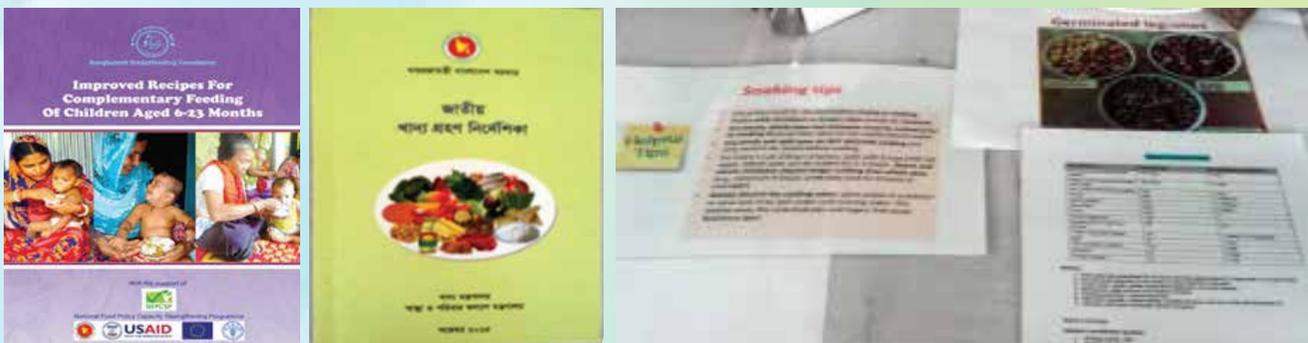


Photo 38: IEC Materials distributed among the visitors

Feedback from the Visitors:

Registered participants and the guests were present in the Olympiad were very enthusiastic and interested about the displays of FAO-MUCH and BBF collaborative presentations. Few feedback on the exhibition had been made by the visitors. Those are listed below-

1. All the visitors appreciated displays of whole day diet plan of a pregnant mother. They made queries about the requirement of a pregnant mother and the diet practice to follow.
2. The visitors were curious about the preparation method of three recipes of complementary feeding displayed over the table. They were also enlightened with the facts on quantity, quality, frequency, types and age specific requirement of children aging 6-23 months children.
- 3.

The visitors were questioning about the germination process and the benefits of the pulses and legumes. The 'Sprouted Mung Bean Salad' created an appeal among the visitors.

4. The 'Food Basket' presented containing food items from 10 food group created awareness among the visitors about the diversity and the minimum intake of diversified food.
5. Visitors also showed a keen interest on gathering the IEC materials provided over the table. All the copies of 'dietary guideline', 'recipe book of Complementary feeding', 'benefits and process of germination', 'Pulse factsheet', technical note on 'Nutritional aspect of pulses and legumes' were distributed among the visitors present there.

Conclusion:

The effort made by FAO-MUCH and BBF on the Olympiad to disseminate nutrition education and sharing some ideas about maternal nutritional requirement during 2nd trimester of pregnancy and complementary feeding of young child were very appreciable.

All the presentations were focused on encouraging people for the intake of a diversified diet. Visitors got a clear conception about the frequency, amount and type of maternal diet, complementary feeding and dietary diversity.

The benefits and uses of various pulses were exhibited in front of the visitors to motivate them on the intake of pulses and legumes as a vegetable protein source and to increase its diversified use.

Establishing the Breastfeeding corner at Non-Government organizations

Project



Background:

Breastfeeding is the most natural way of feeding an infant. The superbly balanced nutrients and enzymes the life protecting immunological substances and the adjustment of this to the changing needs of the infant are remarkable. Breastmilk is sufficient to provide all the necessary nutrients until about the first six months of life and supplies a major part of energy, protein and vitamin A.

Proper breastfeeding practice is on the decline in recent years in the developing countries. This is due to the complex interaction of several phenomena like aggressive marketing and easy availability of artificial milk, an erroneous belief that to use substitutes is more modern and healthier and a widespread and incorrect assumption that breastfeeding and working are incompatible.

Having realized the above situation the Honorable Prime Minister gave Directives in 2011 celebration of WBW “Every offices, Courts, Banks, Insurance companies, Hospitals, all Govt. and Non Govt. organizations, Shopping Malls have to establish breastfeeding corner, so that mother can breastfeed her baby any time”.

BBF is the only experienced and capable organization for establishing Breastfeeding corner in Bangladesh. BBF has taken initiatives to establish breastfeeding corner in railway station, bus station, academic institutions etc.

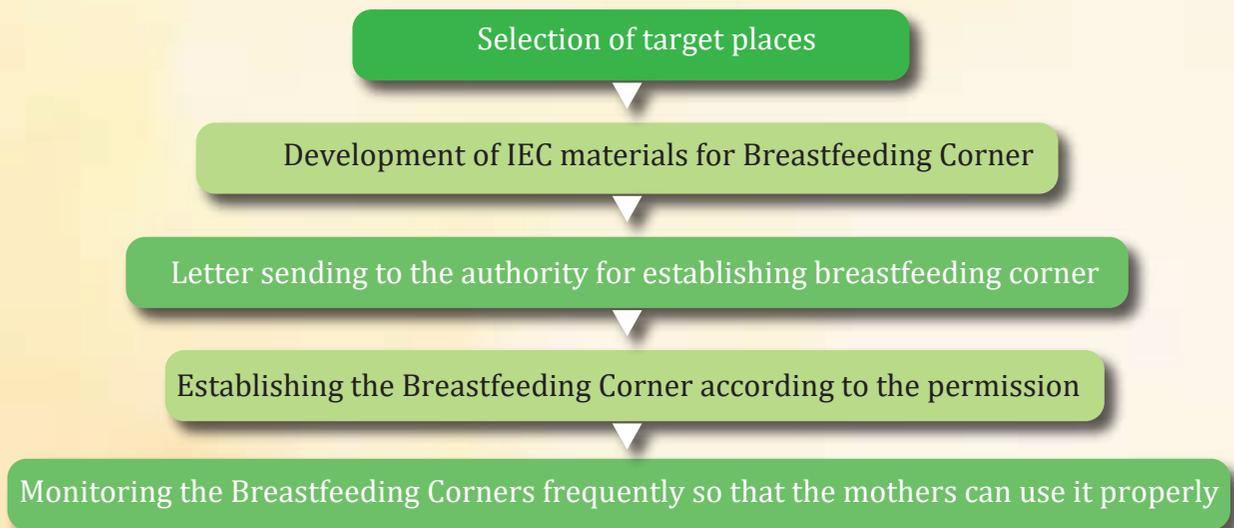


ব্যাংকিং প্রতিষ্ঠান, বাংলাদেশ

Objectives:

1. To ensure breastfeeding for all babies who had come with their mothers in the shopping centers, bus & railway stations.
2. To discourage the feeding of artificial milk or any breast milk substitutes (BMS).
3. To aware the mothers about benefits of breastmilk and hazards of artificial milk, attachment, position of breastfeeding through the breastfeeding corner.

Methodology:



Target group: Infants age 0-6 months and under 2 year's children.

Institute/ Organization preference:

Shopping Mall:

1. Bashundhara City
2. Jamuna Future Park
3. Metro Shopping Mall
4. Rapa Plaza
5. New Market
6. Chandni Chawk
7. DCC market
8. Shimanto Square

Academic Institutions:

1. Eden Mohila College
2. City College

Bus stand/ Railway station:

1. Gabtali bus stand
2. Kamlapur railway station
3. Airport railway station

Present Status:

Breast feeding Corner in Border Guard Bangladesh guided Shimant Square Market, Dhanmondi (road-2), Dhaka.

Bangladesh Breastfeeding Foundation established a Breastfeeding Corner at Shimanta Square Market jointly with Ministry with Health and Family Welfare and Institute of Public Health Nutrition. It is the first initiative of Breastfeeding Corner at Market and Shopping Mall Level.

This infrastructure is inaugurated by Dr. ABM Muzharul Islam, Director IPHN and Line Director NNS, Chairperson BBF Prf. Dr. S K Roy, Senior Scientist and BOT, BBF, CEO of Shimanto Square market LC Azizur Rahman PSC, Khurshid Jahan, Director BBF. The Breastfeeding Corner is established for maternal protection, to establishing the declaration of Honorable Prime Minister and to sustain protection, promotion & support of Breastfeeding in everywhere.



Photo 39: The Breastfeeding Corner was inaugurated by Dr. Muzharul Islam, Director, IPN and Line Director, NNS.

The Breastfeeding Corner provides following services to the mother and children:

- i. Mother who comes for shopping here can Breastfeed her baby as like as home
- ii. It is 100% secured and safe place for the mothers
- iii. Have an excellent sitting and resting arrangement
- vi. It is completely free, we don't charge even a single pie
- v. Different type of poster, leaflet, banner and many others material, like- Doll and Breast Model, Recipe books for children, for the mothers (including-how a mother can feed her baby maintain proper attachment and positioning, benefit of breast milk, hazards of BMS products and formula feeding) are displayed.

Annual General Meeting (AGM) of Bangladesh Breastfeeding Foundation (BBF)

2015-16

The Annual General meeting of BBF was held on 15 May 2017 at 10.30 pm in the Conference room of IPH. Around 25 members of BBF were present in the meeting.

The agenda of the meeting was-

1. Sharing activities report of BBF 2015-16.
2. Miscellaneous.

After that an open discussion session was held where the member of BBF were participates and gave some comments:



Dr. S K Roy, Chairperson, BBF welcomed all and requested everyone to introduce themselves. After the introduction, Dr. S K Roy requested everyone to participate actively in the discussion according to the meeting's agenda. He briefly described goals, ethical policy and commitments of BBF.

Before the discussion, **Dr. Nazneen Kabir, Secretary, BOT, BBF** provided a presentation where she talked about the BBF's structure, goal and strategies, total members of BBF, achievements and different areas of activities done by BBF during 2015-16. Lastly, she presented the financial statement of BBF. After then the open discussion proceeded accordingly.

Dr. Ajanta Rani expressed that she is associated with BBF from 1991. She went to Dohar & saw that the Nurses were not trained but they were dedicated to support breastfeeding practice & held out LMC. She suggested to accelerate the training program in hospitals.

Prof. Ruhul Amin: We are somehow interconnected to breastfeeding. While teaching, try to take session on breastfeeding. BBF is a very good platform where we should be connected actively and be involved in the movement of breastfeeding in Bangladesh. BBF can take initiative to encourage academic organizations to promote IYCF and nutrition.

Dr. K. M. Rezaul Haque: What is conflict of interest? How Nestle is related here? So that we can alert ourselves and avoid conflict of interest.

Dr. S K Roy, Chairperson, BOT, BBF clarified that Conflict of Interest (CoI), as our interest is to save and protect the babies, if our interest is to be involved in such activities which can be a threat to the babies' health and lives, will be considered as CoI. For example, BMS producers are involved in promotion of breastfeeding while they are marketing BMS product, which is a main cause of child morbidity and mortality.



Prof. AMR Chowdhury, Vice-Chairman, BRAC and BOT, BBF: I am glad and feel very proud to be a part of BBF. BBF has proven their existence and eminent role. I suggest to encounter following issues:

- ◆ Beside breastfeeding, BBF should work on 'nutrition' agenda.
- ◆ There is many indication that breastfeeding rate has gone up in the country. Therefore, on behalf of BRAC Bangladesh, he congratulated Prof. Dr. S K Roy, BBF for this achievement.
- ◆ BBF should work after the training or orientation programmes to see whether the knowledge changed into practice in real life.
- ◆ To strengthen research activities of BBF and work more to make everything as evidences.
- ◆ He also emphasized to keep follow-up on the Nutritionist Recruitment as a directive of Honorable Prime Minister of Bangladesh.

Dr. S K Roy: Dr. Roy mentioned that it was one of the directive of Honorable PM in 1997. From then he has been trying for this recruitment. He informed that Nutritionist Recruitment process is almost finalized by the ministry. Initially, 64 Nutritionists will be recruited under Civil Surgeons of 64 districts.

Dr. Aftab Uddin, icddr, b: I wanted to acknowledge BBF. Since 2006, I have been involved with BBF. At that time, I have made strong recommendation to strengthen Mother Support Group (MSG) activity. Now, in 2017, I am glad to see the BBF's intensive programme on MSGs.

BBF is progressing a lot, BBF should improve their research side including technology use and to be engage with the universities, public health departments.

Syeda Afrose Jahan, Assistant Professor, Head of the Dept. Food & Nutrition, National College of Home Economics: Every year a number of students graduated as 'Nutritionists' from the faculty of Nutrition of National College of Home Economics, Home Economics College, and Bangladesh College of Home Economics. They are somehow get diverted and start their professional career as nutritional promotional officer for any powder milk of any other product and consequently get totally diverted from nutrition field. Therefore, she requested BBF to arrange a daylong seminar should be arranged on BMS Law and CoI for the departments at least annually.

Ms. Moffashara Sultana Ratna, Assistant Professor, Dept. of Food & Nutrition, College of Home Economics: Nutrition graduate students of College of Home Economics most often express their interest to work voluntarily for the betterment of child and maternal nutrition at their own area. She requested BBF to create a platform for the students and give them chance.

Prof. Wahida Khanam, Professor, Head of Faculty, Pediatrics, ICMH: Prof. Wahida thanked BBF for carry over BFHI programme in Bangladesh. She emphasizes to put more effort to activate BFHI committees in the hospitals and need to strengthen the BFHI monitoring system.

Ms. Shajeda Khatun, icddr, b expressed that mothers with C-section are needed appropriate technical help for successful breastfeeding just after delivery. Therefore, she suggested BBF to include breastfeeding training for the nurses and doctors of the private health facilities at Dhaka city and emphasized on monitoring system.



Ms. Nahida Hossain, SAMAHAR suggested to include Mother-in-laws and husbands in the court yard sessions as that will enable supportive environment for IYCF practice. She also suggested to include program on management of Low Birth Weight babies by breastfeeding. She also suggested to take programme at the urban area to motivate the literate mothers, who are most difficult to get for successful breastfeeding.

Prof. Dr. Jahanara Begum, NIPSOM, expressed that Knowledge was very low on Oketani message and unknown previous few years & need training to some extent.

Dr. Khurshid Talukder, CWCH and BOT BBF expressed that BBF may arrange 1 year certificate course on lactation specialist & consultant in every hospital could be a way to solve BF related problem.

Prof. Dr. Md. Asirul Haque, Dean, Faculty of Public Health, BUHS expressed that the tribute of BBF is very well known in the country. He suggested that all the academic institutions should be linked with BBF.

At the end of the meeting, Prof. Dr. Roy shared the announcement of coming Asia-Oceania conference 2017 which will be held during 23-25 Sep, 2017 and will be organized by BBF.

The meeting ended with the vote of thanks by the Director, BBF.

Suggestions came from the members are as follows:

1. All general members of BBF, should be aware of and requested not to be involved in conflict of interest and to uphold the spirit of BBF.
2. Various suggestions came out from the discussion:
 - a. Beside breastfeeding, BBF should work on 'nutrition' agenda.
 - b. BBF should work after the training or orientation programmes to see whether the knowledge changed into practice in real life.
 - c. To strengthen research activities of BBF and work more to make everything as evidences.
 - d. He also emphasized to keep follow-up on the Nutritionist Recruitment as a directive of Honorable Prime Minister of Bangladesh.
 - e. BBF should emphasize their research side including technology use and to be engage with the universities, public health departments.
 - f. BBF should undertake daylong seminar on BMS Law and conflict of Interest targeting the students of nutrition at least annually
 - g. BBF should create a platform for the nutrition students so that they can work voluntarily at their own area.
 - h. BBF should include program on individual counseling (besides group meeting) with pregnant women and lactating mother in the working areas.
 - i. BBF should expand their programmes among the Mother-in-laws and husbands in for enabling supportive environment for IYCF practices.
 - j. BBF may include program on management of Low Birth Weight babies by breastfeeding.
 - k. BBF should take programme at the urban area to motivate the literate mothers, who are most difficult to get for successful breastfeeding.
 - l. BBF will employ human resource more in Dhaka city to strengthen the BFHI monitoring system.
 - m. BBF may include breastfeeding training for the nurses and doctors of the private health facilities at Dhaka city.
 - n. All the academic institutions should be linked with BBF.
 - o. BBF may arrange 1 year certificate course on lactation management near in future.

Project

Lactation Management Center Facilitated by the Bangladesh Breastfeeding Foundation:



***A New
Initiative
with
Prudential
Outcome!***

It is essential that mothers do breast-feed their children exclusively for 6 months and continue up to 2 years including complementary feeding. To sustain protection, promotion & support of breastfeeding, the Bangladesh Breastfeeding Foundation (BBF) has established a Lactation Management

Center (LMC) at March, 2015 where pregnant and lactating mothers are counseled on IYCF, maternal nutrition during pregnancy and lactations period and facilitates skilled management of the problems they usually come with.

Everyday mothers visit us with their children with diverse problems related to lactation and breastfeeding. Usually the problems are:

1. Lack of confidence
2. Wrong position and attachment during breastfeeding
3. Lack of milk flow
4. Cracked/sore nipple
5. Flat/inverted nipple
6. Thrush
7. Engorged breast
8. Mastitis etc.

We have been providing lactation support and care of the mothers including:

1. Pre-lactation counseling.
2. Counseling on breastfeeding and complementary feeding.
3. Awareness on devastating effects of formula/powder milk.
4. Proper position and attachment.

5. Expression of breast milk.
6. Guideline for food habit during lactation period.
7. Re-lactation process.
8. Oketani breast massage etc.

Oketani is a painless manual breast massage technique which promotes breast milk production and useful to solve out different lactation problems. It acts like magic by its appropriate implementation on mothers.

Present Status:

Till now BBF have provided service to 491 mothers. From July, 2016 – June, 2017 we have provided lactation service to 437 mothers in our LMC. They are now successfully breastfeeding their children maintaining appropriate position and attachment. We have also provided Oketani breast massage to 179 mothers.

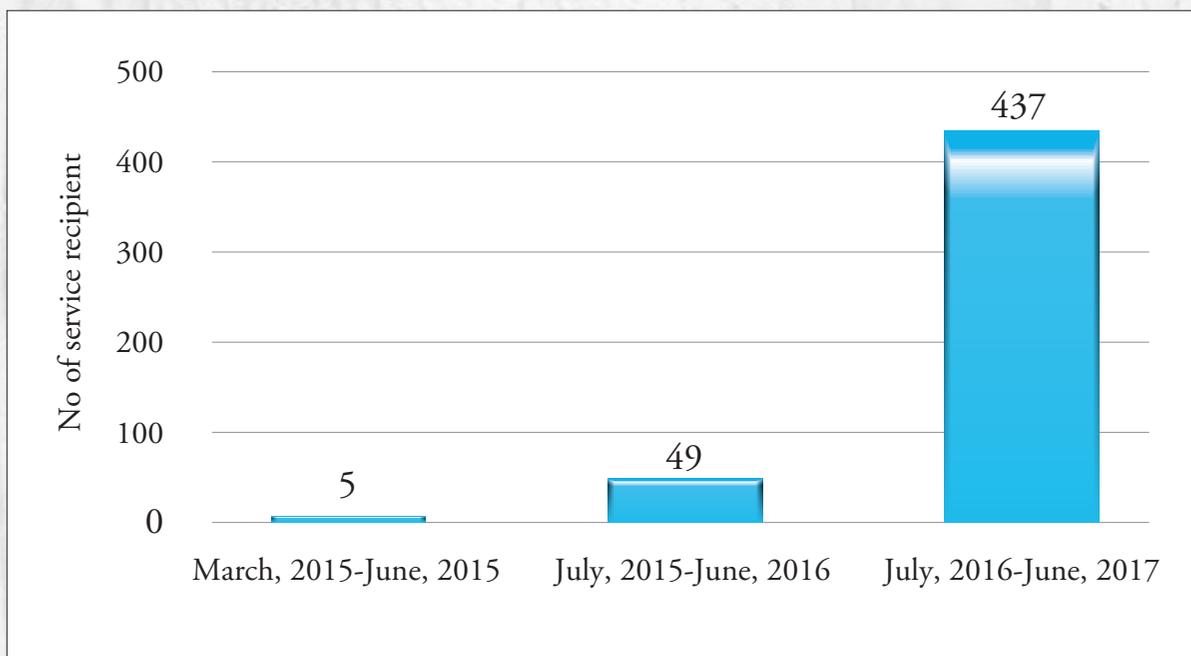


Figure: Number of service recipient from March, 2015 to June, 2017

There are many successful mothers who have expressed their feeling as they are much more confident to get our services. We are hopeful to spread out expert care for every lactating mothers in our country.

Success Story

We have a significant success story by using Oketani breast massage on a mother. Mother is reluctant to disclose her name. Her age was 38 years and she has become mother by surrogacy procedure after 11 years of her married life. After getting 11 sessions of Oketani breast massage and adequate liquid & nutritious foods, and frequent practice to latch properly, she was able to breastfeed her child.

Some comments of the service recipients are shown below-

It's really a very good service.
I'm so happy as my all problems are nearly solved.
If you provide your service outside that, with then it'll be more good. Thanks.



Service: Counseling Oketani

কোয়ালিটি খুবই improved
হয়েছে। আমার কনিষ্ঠ
ওর জন্য BBF
খুব Supportive -



Service: Counseling



Service: Counseling, Recipe Book

অনেক অনেক ভাল
সেবা লাগেছে এখানে
এসে-তেই আমরা
প্রশ্নগুলো বহিষ্কার হিমা,
Counselling এ
একিছু জিনিস লাগেছে
Thanks for everything.



Service: Oketani

Very good service.
massage is very
helpful for lactating
mothers. I am
fully satisfied.



Background

Prevention and management of severe acute malnutrition (SAM) is responsible directly or indirectly, for 35% of deaths among children under five. Although the median under-five case-fatality rate for severe acute malnutrition typically ranges from 30% to 50%, it can be reduced substantially when physiological and metabolic changes are taken into account. According to BDHS 2014, it was reported that 33% of our under five children are underweight and 8% are severely underweight while the rate of wasting is 14% and severe wasting is 3% in Bangladesh. The major causes of this situation is faulty dietary practice, and repeated infection.

Objective

Bangladesh Breastfeeding Foundation is conducting a pilot project to see the impact of selected improved recipes on nutritional status of SAM and Severe undernourished children in both hospital and community setup.

Methods

An experimental study among 44 children aged 6 to 59 months with SAM was conducted in the Institute of Child and Mother Health (ICMH), Matuail Dhaka. Subjects were purposively allocated from SAM unit of ICMH after recovery from acute phase of infection. After screening, recipe trial, nutrition counselling using IEC materials and demonstration of cooking were provided to the mothers or caregivers of the children. Research Assistants regularly monitored the weight (each day) and height (once a week) of the children while providing the recommended diet. Children were followed-up weekly at home for 1 month to monitor dietary compliance and nutritional status.

Intervention Strategy

- For baseline data collection, for first 3-4 days children fed with milk, sugar, oil based liquid feed (F-75/F-100). Children that of infection was provided with F-75 or F-100 for 2 days.
- Then the child 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 was increased to provide 130-150 kcal/kg/day from the 5th day onwards up to 10th day of the intervention.

Results

Table 1: Baseline characteristics

Variables	Mean ± sd
Age (median & range) (n=44)	9.00 (6-42) month
Weight (mean± SD) (n=44)	5.3(±1.2) kg
Height (mean± SD) (n=44)	64.9(±9.6) cm
MUAC (mean± SD) (n=44)	10.8(±1.0) cm

Table 2: Weight gain of the SAM children during intervention.

Weight indicators	Daily Weight gain (g/kg/day)(mean± SD)
Difference in body weight between D1& D4 (n=38)	18.1±16.8
Difference in body weight between D1& D7 (n=24)	12.4 (±7.3)

- Median age of children was 9.00 (6-42) months; Weight, Height & MUAC were (mean±SD) 5.3(±1.2) kg, 64.9(±9.6) cm & MUAC 10.8(±1.0) cm respectively.
- Mean calorie (kcal/kg body weight) and protein (g/kg body weight) intake were 119(± 62) and 4.5(± 2.3) at 1st day and 129(±77) and 4.92± 2.87 at 7th day.
- Weight gain was 18.1±16.8 g/kg/day at 4th day & 12.4 (±7.3) g/kg/day at 7th day.

Community follow-up of the children

- ◆ After discharged from hospital Research Assistants followed up the children up to 1 month by home visit once in a week.
- ◆ During every visit, weight, height and MUAC were measured by the research assistant.
- ◆ Nutritional behavior and IYCF practice were measured by a checklist.
- ◆ They were also continue the counseling of the mothers & their family and taught to prepare different homemade recipe e.g. khichri, egg suji, Fruit firni at home.



Nutrition Education:

Nutrition education was provided on the basis of Nutrition triangle (Food security, Disease control, Caring practice) by using the following IEC materials & described the benefits of feeding different locally available and home-made food to improve their child's nutritional status and how to prepare and feed:

- ◆ Posters
- ◆ Leaflets fdqYU
- ◆ Leaflets fdqYU
- ◆ Recipe book



Table 3: Weight of the SAM children during community follow-up

	Follow-up 1 (n=13; mean±SD)	Follow-up 2 (n=10; mean±SD)	Follow-up 3 (n=9; mean±SD)	Follow-up 4 (n=5; mean±SD)
Age (month)	24.00±12.99	22.60±10.93	23.44±11.13	22.40±11.58
Weight (g/kg/day)	8.04±2.95	7.74±1.61	8.07±1.73	7.31±1.65

- In community follow-up, 0.5+1.5 kg (mean+SD) weight was increased in 4th follow-up from the 1st follow-up.
- Practice of providing appropriate complementary food was followed by 62.5% in 1st follow-up and increased to 66.7% at 4th.
- Practice of providing appropriate complementary food was followed by 62.5% in 1st follow-up and increased to 66.7% at 4th.
- Providing vitamin A and animal protein rich foods were 87.5% and 62.5% at 1st follow-up while improved to 100% at 4th follow-up. Giving breastmilk substitute reduced to 25% at 4th follow-up from 46% in 1st follow-up.

Case study of community follow-up -I

Nasima (22) who is a resident of Madinabug, Kodomtoli thana at Dakkhin Raerbug, Dhaka. She studied up to class five and engaged with a small business of selling mosquito coil. She has two boys and her husband has a small factory of his own. Their monthly family income is 20,000 Taka.



Nirob and his mother

Reason for admission and case history:

Nirob (24 months), her youngest child got admitted to ICMH hospital with the complication of Pneumonia at the age of 11 months. Nirob was identified as a SAM child and referred to the SAM unit of ICMH with the body weight of 6.8 kg.

Nirob was not given any BMS products but immediately after his birth by caesarean section BMS was introduced to him for about 2-3 days in the hospital. Nirob's mother Nasima were aware about the harmful effect of BMS product as her elder child suffered from. Up to 11 month Nirob was not introduced to any complementary food.

Treatment was given in SAM Unit:

Nirob was admitted for eight days in the SAM unit and discharged with gaining about one kg of body weight 7.3 kg.

In the SAM unit Nirob was introduced with 4 types (vegetable khichuri, egg khichuri, egg suji, fruit firni etc) of home based complementary

foods. His mother was also given health and nutritional education on breastfeeding, complementary feeding, hygienic practice, recipe of nutritious complementary foods, cooking method and so on. In addition, cooking method of different nutritious complementary foods was demonstrated by the staffs of SAM project.



Measurement of weight in the follow up visit at home

Follow-up visit from SAM unit:

After discharge from ICMH, two staffs from the SAM project was visited Nirob's house for follow-up in the community. The employee of the SAM project took anthropometric measurement (weight, length and MUAC); interviewed her

mother about the food items serving to Nirob and their given amount in the last 24 hour, FFQ for seven days, hygienic practice, cooking method, their experiences, obstacles and opinions etc.

Findings of follow-up visit:

After coming back home, Nirob's mother gave egg suji and vegetable khichuri for 2-3 days to him but Nirob didn't liked the foods at all. Besides, due to time shortage his mother didn't able to make other food items for him but continued breastfeeding with some foods from family pot. When Nirob was 22 months old her mother stopped breastfed due to a health complication of her. After discontinuing breastmilk Nirob is now totally used to take family food and like to eat rice, fish, egg and leafy vegetables. Nirob is now serving

family foods for three times in a day with snacks items e.g. apple, orange and pomegranate.

Nasima feels very happy about her younger boy because he is more active and spontaneous than her elder child and his nutritional status is now quite good (weight: 7.68 kg; height: 78.10 cm; MUAC: 13.0 cm). Nasima praised SAM project for their fruitful service and wish to keep in touch with them even in the future for the wellbeing of her children.

Case study of community follow-up –II

Marium is a 18 months old baby and the only child of Ms Akashi Akhter and Md Sumaon resident of Purba Box Nagar, Demra of Dhaka district. Ms Akashi Akhter is a housewife and Md Sumaon is a painting and coating worker. Akashi studied up to SSC and their total family income is 10,000 taka.

Reason for admission and case history:

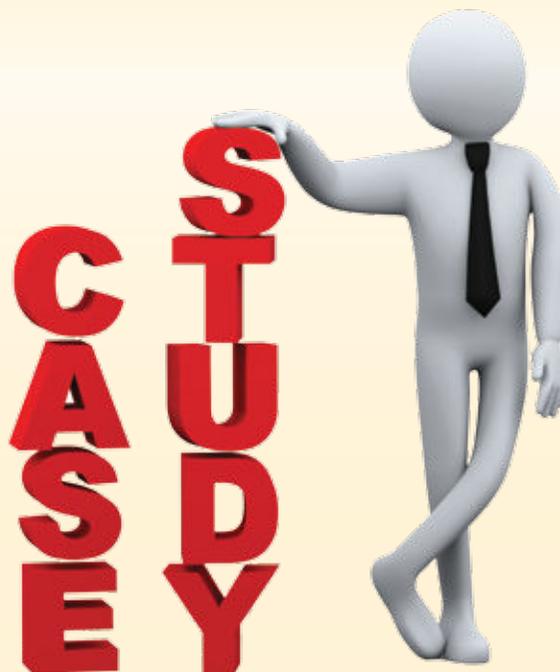
Marium was admitted to the ICMH with Fever and Pneumonia at the age of 11 months. She was diagnosed with SAM with a MUAC of 11.2 cm and weighted 5.4 kg. She was referred to the SAM unit and took their services for seven days. Marium was a nonbreastfed baby due to lack of breastmilk according to them and was given BMS products from the very beginning.

Treatment was given in SAM Unit:

In the SAM unit Marium was introduced with 4 types of home based complementary foods e.g. vegetable khichuri, egg khichuri, egg suji, fruit firni etc. His mother was also given health and nutritional education on breastfeeding, complementary feeding, hygienic practice, recipe of nutritious complementary foods, cooking method and so on. In addition, cooking method of different nutritious complementary foods was demonstrated under the SAM project. After seven days, she was discharged while her weight increased to 5.57 kg.



Marium and his Father



Treatment was given in SAM Unit:

In the SAM unit Marium was introduced with 4 types of home based complementary foods e.g. vegetable khichuri, egg khichuri, egg suji, fruit firni etc. His mother was also given health and nutritional education on breastfeeding, complementary feeding, hygienic practice, recipe of nutritious complementary foods, cooking method and so on. In addition, cooking method of different nutritious complementary foods was demonstrated under the SAM project. After seven days, she was discharged while her weight increased to 5.57 kg.



Follow-up visit from SAM unit:

Staffs from the SAM projects have followed up Marium after six month and found her quite active and healthy with a weight of 8.95 kg, height of 78.50 cm and MUAC 14.30 cm. Marium's mother follows the instructions given by the SAM staffs on hand washing in the key periods, cooking method, daily care and complementary feeding practice. She told that, after coming back to home Marium was given vegetable khichuri, fruit firni and egg suji on regular basis. Marium's parents beliefs that she is quite healthy and active after taking 4-5 time's complementary food and avoiding foods from outside.

However, influenced by one of Mariums grandfather, her parents gave her Lactogen by using feeding bottle. The SAM staffs advised her mother to stop the BMS products and demonstrated the cooking procedure of different complementary foods according to her age.

Present condition

Marium's parents now stop to feed her baby with BMS product. They expected to have the advice on the feeding practice during sick days from the SAM staffs otherwise her parents are very happy to be a part of this projects and expected to be in the future as well.

Conclusions:

Nutrition rehabilitation with homemade foods of improved recipe and nutrition education at both hospital and community setting is a feasible and fruitful way for improving nutritional status of SAM children.

Introduction:

Bangladesh Breastfeeding Foundation is working with Government of Bangladesh for protection, promotion and support breastfeeding since 1989. BBF is actively involved in disseminating the correct message of breastfeeding to motivate the people using mass media.

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

Exclusive breastfeeding (EBF) means if an infant does not have any solid, water or other liquids for 0-6 months. Exclusively breastfeeding significantly reduced the risk of GI tract infection by 40% and atopic eczema by 46% and other diseases as well.

Justification:

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

None of the organization promotes Benefits of breast milk and hazards of BMS in Bangladesh. As it will reduce the sales and promotion of BMS, that's why it is needed to lead the campaign against the BMS product and promotion.

1. If media advertisement on hazards of BMS feeding is publicized 3 times daily 5 days a week for 2 months then a large population will watch the advertisement frequently and their awareness will increase.
2. If the advertisement of telecast on BTV and Radio is done during peak hours and for longer time, it will reach maximum people.
3. People will know that BMS is not usual feed. Social leaders will know what is wrong about BMS promotion.

Target audience for media exposure

1. Household level: All people
2. Community Level: Social influential – village doctor, religious leader, adolescent, School teachers & peoples representatives.



Approval of IEC technical committee of MOHFW:

Two meetings were held with IEC technical committee to approve the script and the videos in MOHFW. According to the review of the committee, script has been corrected and finalized. Finally, TV spot has been recorded and approved by the IEC technical committee of MOHFW.

Media preference

Now there are lots of Television channels in Bangladesh. Among of them some television channels will be selected to spread information to the mass people of the country.

Cost Effectiveness:

The awareness building on benefits of Breast milk will be saving lives of children, reduce hospitalization and illness and cost of parents for treating those. This will be a highly cost effective. None the less, IYCF information, education, contribution are most powerful determinants for reducing illness of children and expenditure thereof.

Telecast TV spot and TV Scrolling developed on following issues

Benefits of Breast milk and
Hazards of BMS products.

Schedule of the Add on TV casting:

Following TV channels casted the vedio on the benefits of Mothers milk and disadvantages of Powder milk.

Sl #	Channel	Subject of TVC	Duration	Total Campaign		Starting & Ending Date
				Peak hour	Off-Peak hour	
1.	ATN Bangla	Benefits of Breast Milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17
		Disadvantages of Powder milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17
2.	Independent TV	Benefits of Breast Milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17
		Disadvantages of Powder milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17
3.	Desh TV	Benefits of Breast Milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17
		Disadvantages of Powder milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17
4.	NTV	Benefits of Breast Milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17
		Disadvantages of Powder milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17
5.	Channel 24	Benefits of Breast Milk	60 Sec	3 minute	24 minute	20 to 22 Jan, 17
		Disadvantages of Powder milk	60 Sec	3 minute	24 minute	20 to 22 Jan, 17
6.	Shomoy TV	Benefits of Breast Milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17
		Disadvantages of Powder milk	60 Sec	6 minute	18 minute	20 to 22 Jan, 17



Photo 40: Mother in law advising the mother to give formula milk



Photo 41: Health Provider advice on EBF & IYCF



Photo3: BMS risk of Entrabactor Sakazaki



Photo 4: Social worker briefed on hazards of BMS

Recommendations:

1. More awareness programs should be done to aware Mothers and caregivers of the children about hazards of BMS
2. Regular TV telecast is necessary to promote exclusive breastfeeding & commentary feeding and hazards of BMS

Introduction of BFHI:

The global program of Baby-Friendly Hospital Initiative (BFHI) was launched by the World Health Organization (WHO) and United Nation Children's Fund (UNICEF) in 1991. The objectives of BFHI was to encourage and recognize hospitals and maternity centers offering optimal care for the newborn and infant feeding including facilitating the mother/baby bondage.

Since 1992, 74 percent (499 out of 670) of the government maternity services are designated as "Baby friendly" in Bangladesh. Though the numbers of births in the health facilities are increasing, bottle feeding rate also increasing mostly because of aggressive marketing of breast milk substitute by the BMS companies lead to the deterioration of situation of the BFHI hospitals. Frequent turnover of trained health professionals, lack of refresher training weak implementation of BMS Act are the major contributor for this situation.

During the World Breastfeeding Week 2010, the Honorable Prime Minister of Bangladesh directed to transform all the hospitals, health-complexes and clinics into

"Baby-Friendly" and to revitalize the baby friendly hospitals essentially. As a response to the fact, BBF in collaboration with IPHN initiated reevaluation of BFHI in 2012 and 593 health facilities have been revitalized as baby friendly. And now BBF took the initiative to transform 12 private hospitals into Baby-friendly.

The objectives of BFHI is to encourage and recognize hospitals and maternity centers offering optimal care for the newborn and infant feeding including facilitating the mother/baby bondage.

Goal of BFHI:

1. To transform facilities 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.

10

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

Methodology:

Following methodology will be used to transform a health facilities into Baby-Friendly-

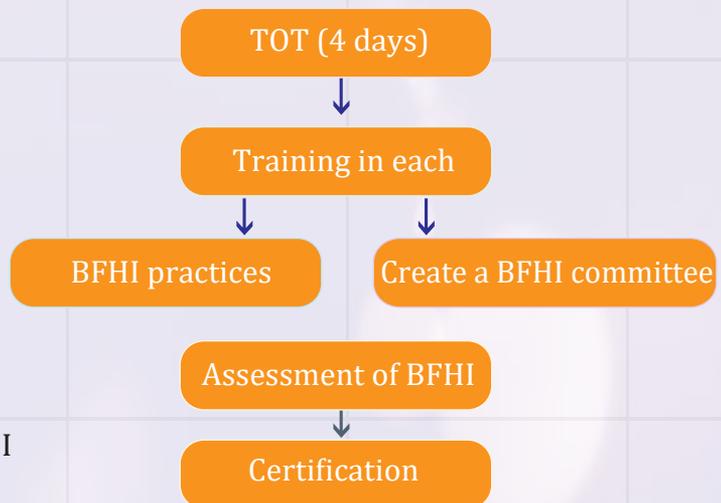


Figure 1: Process of Revitalization of BFHI

Step- 1: Training of the Trainers (TOT) for non-government Health facilities in Dhaka City

With the support of National Nutrition Services (NNS), BBF completed the training in two batches. Dr. A B M Muzharul Islam was the chief guest in the inaugural ceremony of the both batch of training and he also

gave the certificate among the trainees. Prof. Dr. Soofia khatoon, Vice-chairperson, BOT, BBF and Prof. Dr. Nazneen Kabir, General Secretary, BOT, BBF were present as the special guest.



Photo 42: 4 days TOT on Baby Friendly Hospital Initiatives (BFHI) was inaugurated by Prof. Dr. S K Roy, Chairperson, BBF and Ms. Khurshid Jahan, Director, BBF.

Participantsof the training:

Total 46 doctor and nurses from 12 hospitals in 2 batches were received the training.

1st batch	2nd batch
1. Apollo Hospital	2. Universal Medical College Hospital
3. Square Hospital	4. Popular Medical College Hospital
5. United Hospital Limited	6. Ad-din Hospital
7. Labaid Hospital	8. Central Hospital
9. Anwar Khan ModernMedical College Hospital	10. City Hospital Limited
11. Centre for Women andChild Health (CWCH)	12. Medical College for Women & Hospital

Training Place and date:

1st Batch	27 to 30 March, 2017	Conference room of BBF
2nd Batch	6 to 9 May, 2017	Conference room of BBF

Procedure of training:

Planning Phase	<ul style="list-style-type: none">◆ A letter on show interest on TOT on BFHI was sent◆ Communicate with the hospital director about BFHI◆ Collect participants list (2 doctors+2 nurses=4 person from each hospital) from the hospital
Preparatory Phase	<ul style="list-style-type: none">◆ Fix the Training Date◆ Preparing training schedule, necessary handout, pre and post test questionnaire and presentation materials◆ Communicate with the facilitators of the Training
Conduction of the Training	<ul style="list-style-type: none">◆ A four-day long TOT on BFHI was conducted

Training Method

The 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 participa-

tion. 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.

Photo 43: Practical session on Postnatal Mother has been conducted at Sorkari Karmachari Hospital





Photo 44: Training Session on Benefits of Breastfeeding is being conducted by Khurshid Jahan, Director, BBF.

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

This training has covered mainly-

1. 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.
2. Hazards of Breast Milk substitute: Risk for Formula Feeding for children, Mother and family.
3. Quality of complementary foods and appropriate feeding practices
4. Provide support for optimal Maternal Nutrition during pregnancy and lactation
5. Breast Milk Substitute Act- 2013
6. Baby Friendly hospital Initiative (BFHI): History, Importance and process of BFH

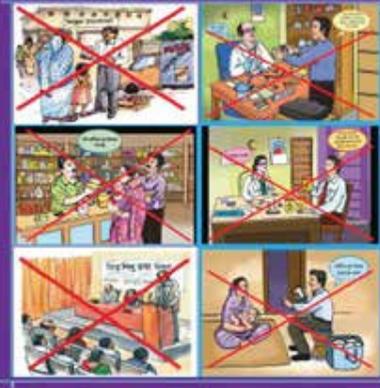
বি এফ এইচ আই প্রশিক্ষণ সহায়িকা



শিশুবান্ধব হাসপাতাল গড়ে তুলুন



মাতৃদুগ্ধ বিকল্প, শিশু খাদ্য, বাণিজ্যিকভাবে প্রস্তুতকৃত শিশুর
বাড়তি খাদ্য ও উহা ব্যবহারের সরঞ্জামাদি (বিপদন নিয়ন্ত্রণ)
আইন, ২০১৩ মেনে চলার দায়িত্ব আপনার আমার সকলের



সংগঠন প্রতিষ্ঠিত: ১৯৮৩খ্রঃ
আবিলিহীন, কল ৯ ১৩৭ ১০০ (বৈদেশিক), কলকটী, কল ১১১১, বাংলাদেশ।
ফোন ফক্স: ৭ ৯৩৩৯৭৯২, ৯৩৩১১০৪; ফ্যাক্স: ৭ ১১৪০ ১১৩৯
e-mail: bbfy1979@gmail.com, info@bbf-bangladesh.org website: www.bbf-bangladesh.org

সংগঠনসমূহ:
আইসিও কুচিংগা, অসমত্যা দুই প্রতিষ্ঠান, মহাবলী, কল ১১১১

BFHI Training Manual

Logistics are used in training

A. Participant use:

1. Training manual
2. Pen, folder and writing pad
3. Bag
4. Folder
5. Schedule
6. Pre-test questionnaire
7. Post-test questionnaire
8. Antenatal counselling form
9. Job aid
10. Certificate
11. Dummy Doll, Breast model
12. DVD containing PPTs

B. For resource person use:

1. Power point presentation
2. Training manual
3. Dummy Doll, Breast model

C. To conduct the session

4. Multimedia, Laptop
5. Job Aid, Antenatal counselling form
6. Writing pad and Pen
7. Attendance sheet
8. Registration form
9. Pledge form
10. Training banner

The chart shows that the average pre test marks obtained by the participants of 1st batch was 57% and the average post test marks obtained was 72% and percentage point of improvement between pre and post mark was 25.27%.

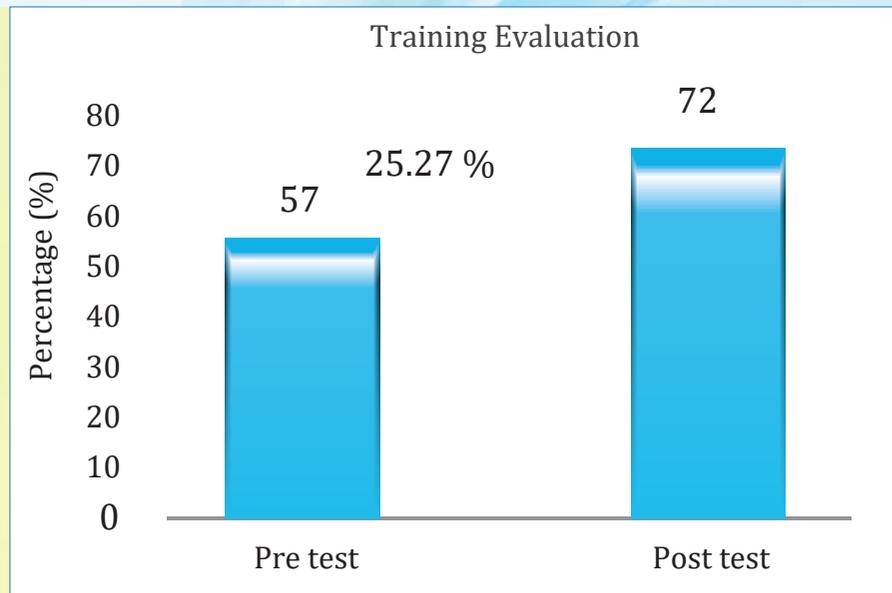


Figure: Average pre and post test marks obtained by the participants of 1st Batch

The chart shows that the average pre test marks obtained by the participants of 2nd batch was 52% and the average post test marks obtained was 70% and percentage point of improvement between pre and post mark was 34.05%.

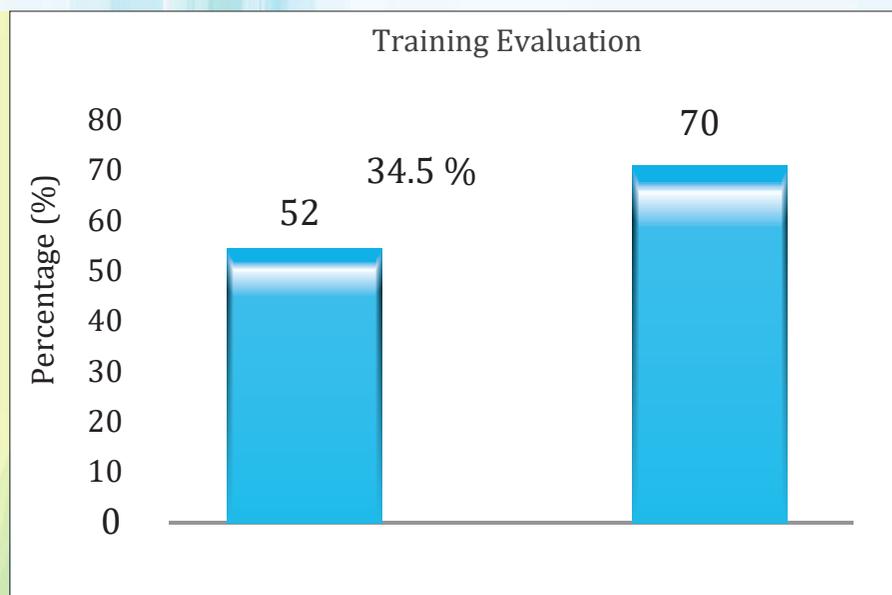


Figure: Average pre and post test marks obtained by the participants of 2nd Batch

Recommendation:

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

BBF as a secretariat of the revival of Nutrition Society of Bangladesh

Nutrition Society of Bangladesh is a non-political but voluntary professional organization where the Nutrition Scientists, Nutrition Workers, Sociologists, Economics, Anthropologists and Opinion Leaders work together to achieve their common aims to help improve the physical quality of the human resources, the best assets of Bangladesh.

Nutrition Society of Bangladesh (NSB) was established in March 26, 1971. Since then till date NSB continuously supported to the National and International nutrition movement all over.

Goal:

The main goal is to uplift the potential of human resources in Bangladesh challenged with double burden of malnutrition and consequent morbidity and poor quality of life, through promotion of better nutrition at family level.

Mission:

- To help create awareness on and to advocate and lobby the importance of nutrition and the scourge of malnutrition;
- To disseminate nutritional knowledge, particularly knowledge to the grass root level through the mass media, folk media distribution of extension materials, publication of journals and periodicals and through organization of seminars, workshops, meetings, exhibitions;
- To assist in monitoring and surveillance of nutrition situation in the country, specially among the low income groups;
- To co-operate with the Government in a continuous review and provide with necessary feedback to National Nutrition Policy and the National Plan of Action for Nutrition and when introduced
- To make recommendations from time to time, as appropriate for improvement of the nutrition situation of the vulnerable groups with special emphasis on the development of the human resources;
- To stimulate research in nutrition through awards, research grants, citations and recommendations;
- To facilitate formulation and implementation of programs of nutrition education, especially at the grass root level; and
- To keep abreast of updated knowledge, skill and research with International nutrition communities.

Vision:

NSB will advance knowledge on nutrition of the life cycle approaches nationally and internationally through advocacy and research.

Functions:

Nutrition Society of Bangladesh (NSB) has been technically supported to the BNNC from beginning. NSB organized 7th Bangladesh Nutrition Conference at Osmani Memorial Hall in Dhaka held on 15th March, 1997. Hon'ble Prime Minister SEIKH HASINA, Govt. of the People's Republic of Bangladesh was the Chief Guest and inaugurated the function. NSB organized 7th Bangladesh Nutrition Conference at Osmani Memorial Hall in Dhaka held on 15th March, 1997.



Photo 45: 7th Bangladesh Nutrition Conference at Osmani Memorial Hall in Dhaka

Revived of NSB:

After 15 Years from 2002 NSB has revived to work together with a new spirit by the election of Executive Committee which was held on 8 July 2017. Bangladesh Breastfeeding Foundation (BBF) worked as a Secretariat of NSB Election. All Executive Committee Meeting were organized by BBF before the election by the Chair of Mr. M A. Wahed, Acting President of NSB. As there was only one panel lead by Prof. Dr. S K Roy took part in the election, the election commissioner announce the panel as winner of the election.

The new EC Committee is formed by the leading of Prof. Dr. S. K. Roy, President of NSB, Prof. Nurun Nahar Begum, General Secretary and Mr. Md. Eshaque Ali, Treasurer of NSB. After the election the Annual General Meeting (AGM) was held on 8 July 2017 at 11 am in IPH Conference room. All General and Life Members were presented there and delivered their opinion to roll out the function of nutrition through NSB.



Photo 46: Annual General Meeting of NSB 2015-2016

Functions:

Nutrition Society of Bangladesh (NSB) has been technically supported to the BNNC from beginning. NSB organized 7th Bangladesh Nutrition Conference at Osmani Memorial Hall in Dhaka held on 15th March, 1997. Hon'ble Prime Minister SEIKH HASINA, Govt. of the People's Republic of Bangladesh was the Chief Guest and inaugurated the function. NSB organized 7th Bangladesh Nutrition Conference at Osmani Memorial Hall in Dhaka held on 15th March, 1997.

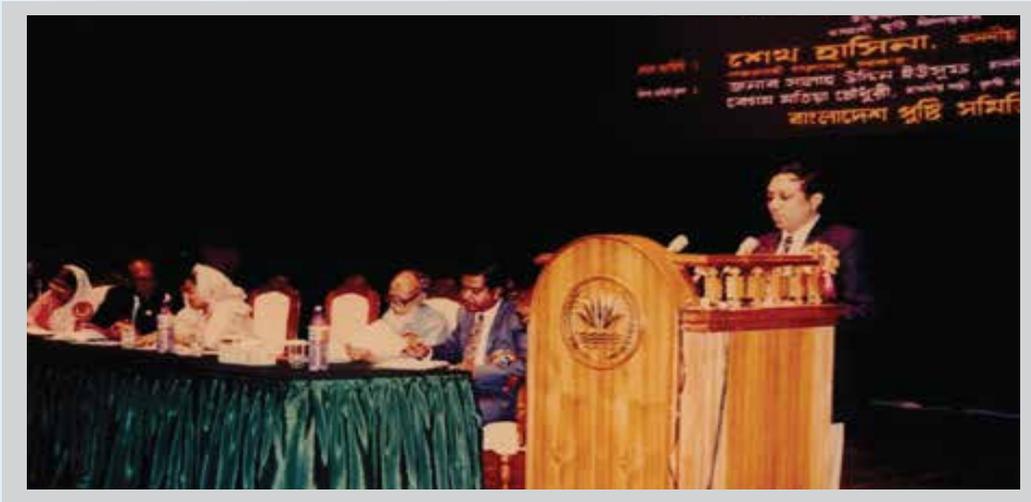


Photo 45: 7th Bangladesh Nutrition Conference at Osmani Memorial Hall in Dhaka



Photo 47: Participant of Annual General Meeting of NSB 2015-2016

Divisional Activity of Bangladesh Breastfeeding Foundation (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.



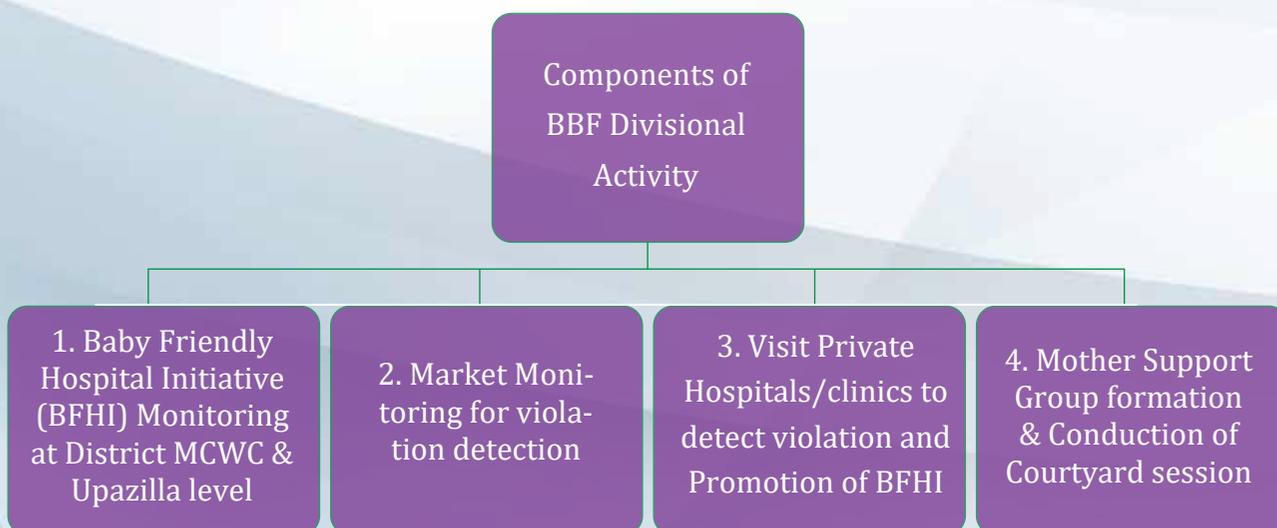
Aim:

Coordinate the Programs and activities of BBF at the Division level.

Objectives:

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

BBF Programs at divisional level:



Weekly Work plan for Divisional Officer

Sl #	Days	Planned Activities	Remarks
	Saturday	<u>Mother Support Group Formation</u> i. Visit Community Clinic Data collection ii. Meeting with Community Support Group iii. Data collection/ List collection of Pregnant & Lactating Women iv. Arrange Court Yard Session	
	Sunday	<u>Desk Work</u> i. Report writing ii. Meet with Divisional Director Health /Communication with other relevant organization/ Institution iii. Communication with BBF head Office etc.	
	Monday	<u>Visit District Hospital/Civil Surgeon Office:</u> i. Assess BFHI status ii. Hospital Monitoring iii. BFHI Committee Formation iv. Arrange meeting v. Attend District Coordination Meeting	
	Tuesday	<u>Hospital/ Private Clinic Monitoring:</u> i. Hospital/ Private Clinic Visit ii. Violation Detection iii. Meeting with Director iv. Report to the Civil Surgeon	
	Wednesday	<u>Visit Upazila Hospital</u> i. Assess BFHI status ii. Hospital Monitoring iii. BFHI Committee Formation iv. Arrange meeting v. Market Monitoring:	
	Thursday	vi. i. Pharmacy/ Chain Shop/ vii. Stationary Shop/ Departmental Shop Visit viii. ii. Violation Detection ix. iii. Report to the Civil Surgeon x. iv. Meet with Mobile Court Team xi. v. Meeting With Shop Owner Committee/ Drug Businessman Committee	
	Friday	Weekend	

In divisional Level following the weekly schedule the divisional officers individually have to submit their monthly work plan which have to be approved by the Divisional Director (Health). In addition, the divisional officers have to peruse for issue letters from the Divisional Director (Health) office to the civil surgeon and UHFPO of the respective division for supporting the BBF staffs.

Geographical Coverage by BBF:

BBF is represented across the country by 8 divisional Offices. BBF got the space allocation in Government Divisional Health Office. 15 Divisional Officers (2 from each division) is providing the service at divisional level.

Recently BBF is working in 8 divisions, 64 districts and 412 Upa-zillas all around the country-With the Civil Surgeon (CS) office for the establishment of BMS Act-2013 and

to detect the violation. In District Sadar Hospitals, Medical College Hospitals, Private hospitals & clinics and Mother & Child welfare centers (MCWC) for the activation and sustainability of BFHI. Training in community clinic to form mother support group (MSG) followed by the courtyard sessions in the respected communities of eight divisions.

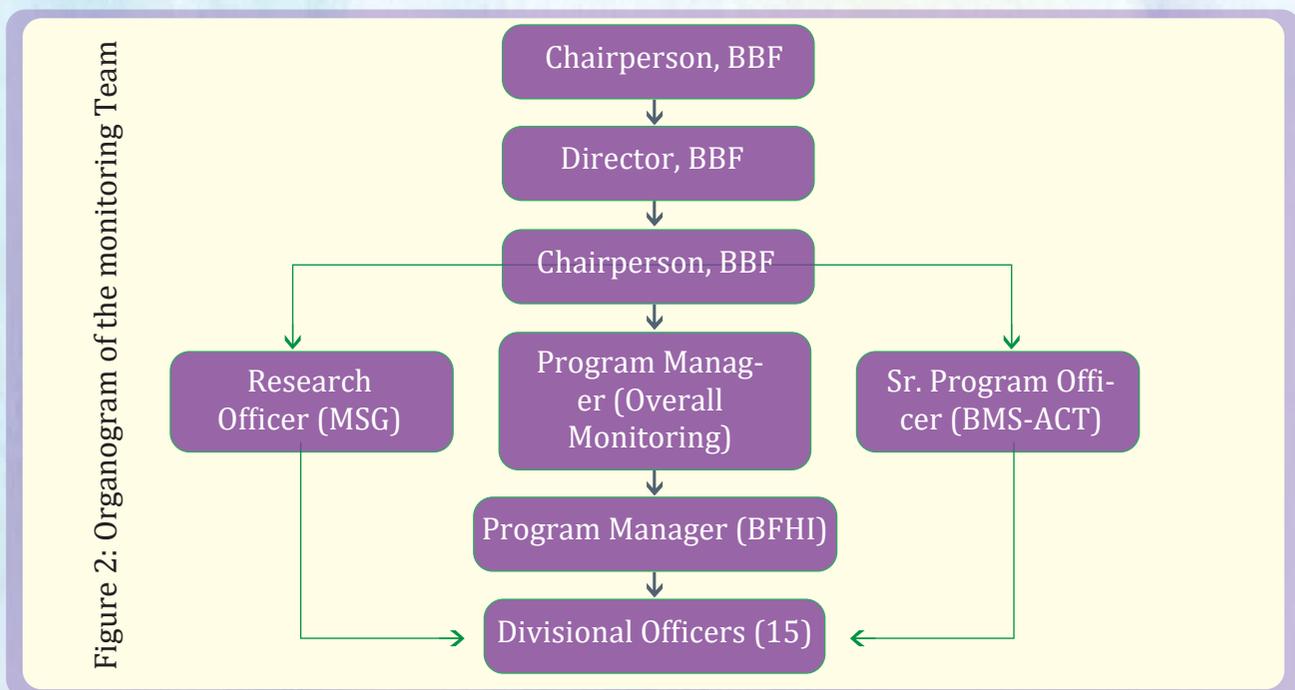
Methodology

The divisional officer is performing their daily activities on the above four components namely: mother support group, monitoring of BFHI in hospitals at district and upazila level, monitoring of BFHI at private hospitals and clinics and detection of BMS Act violation by visiting Pharmacy, Chain Shop Stationary Shop, Departmental Shop etc.

In addition, the divisional officer attends different basic and refresher training on different component of the BBF work at the head office. The MOHFW and its different wings e.g. DGHS, DGFP, IPHN etc. is providing their immense support and corporation for the activity of BBF by instructing the respective authority of different components of health care

Supportive Supervision and Monitoring

The organogram of the monitoring team are as follows



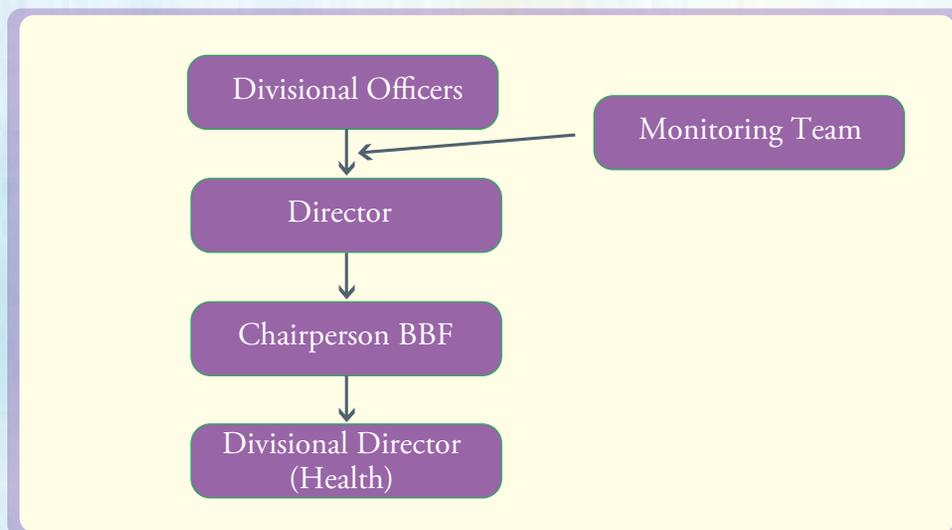
A continuous monitoring system is exists in the BBF through a monitoring team to supervise and evaluate the daily activity of the divisional officer. Frequent field visit have been done by the officials from the monitoring of BBF intended to both improvisation and accelerate different activity at peripheral level. The monitoring system is

led by the Director, BBF with including a Program Manager for over all supervision & monitoring and other co-workers from both program and research. The central monitoring team keeps close contact with the divisional officers over phone, field visit and email in regular basis for supervision and coordination of the divisional activity.

Reporting System

Every divisional officer have to submit their daily activity report to BBF head office according to their monthly work plan. Based on the daily report, regular feedback is given by the monitoring team of the head office. In every month, the monitoring team prepare a monthly performance and evaluation report by following a checklist for facilitating the higher authority to take appropriate decision for the improvisation of divisional work. The

monthly activity report will be submitted in the office of Divisional Director to reveal the outcome of the divisional activity of BBF. Every divisional officer get a day of the week (Sunday) to perform their desk work at divisional Health Office and also to share their weekly activities to the Divisional Director (Health). The activity report are submitted by the following direction from the DOs to the Divisional Director -Health



Establishment of Structure of BBF Divisional offices-

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

Sl #	Name of the Division	Planned Activities
1.	Khulna	Bangladesh breastfeeding Foundation Divisional Office - Khulna Divisional Director (Health) Divisional Director Health Office Boyra, Khulna
2.	Sylhet	Bangladesh breastfeeding Foundation Divisional Office -Sylhet Divisional Director (Health) Divisional Director Health Office Alompur Commissioner building 3rd floor Sylhet
3.	Barisal	Bangladesh breastfeeding Foundation Divisional Office- Barisal Divisional Director (Health) Divisional Director Health Office TTC Training Centre CNB Road, Barisal Barisal Division
4.	Rajshahi	Bangladesh breastfeeding Foundation Divisional Office -Rajshahi Divisional Director (Health) Divisional Director Health Office Rajshahi Medical College Hospital Campus, Rajshahi
5.	Rangpur	Bangladesh breastfeeding Foundation Divisional Office -Rangpur Divisional Director (Health) Divisional Director Health Office Rangpur Division, Rangpur
6.	Chittagong	Bangladesh breastfeeding Foundation Divisional Office- Chittagong Divisional Director (Health) Divisional Director Health Office 5 No Loyal Road, Chittagong
7.	Mymensingh	Bangladesh breastfeeding Foundation Divisional Office - Mymensingh Divisional Director (Health), Divisional Director Health Office Mymensingh Division, Mymensingh
7.	Dhaka	Bangladesh breastfeeding Foundation Divisional Office -Dhaka Bangladesh Breastfeeding Foundation Divisional Director (Health) Divisional Director Health Office, 105-106 Motijheel C/A Motijheel, Dhaka

BBF participation in District Coordination-Committee & DDH coordination meeting:

The representative of Bangladesh Breast-feeding Foundation (BBF) attends divisional coordinating meeting at divisional directorate health office that's held on every month. Civil surgeon officers, head of the Upazilla health officers, directors, and most relevant persons are attends the meeting. In the meet-

ing the divisional officers BBF, presentation there monthly working reports, and there future planning about Breastfeeding improvements in Bangladesh. Number of DCM attending by BBF representatives are given below (September 2016-July 2017)

Name of Division	No. of DCM attending by BBF officer
Dhaka	07
Mymensingh	02
Barisal	09
Khulna	11
Rajshahi	08
Chittagong	06
Sylhet	05
Rangpur	03



Photo 49: District Coordination Meeting at Sylhet division



Photo 48: District Coordination Meeting at Barisal division

Present Status of Divisional activities

This report is a compilation of all divisional activities from September, 2016 to July 2017, performed by the 15 officers (8 Divisional Officers) from 8 divisions.

Component wise Performance at a glance from the month of Sep, 16 to June, 17

Division	MCH n=26	MCWC n=64	Tertiary Hospital N=30	UHC N=413	Sadar Hospitals N=60	MSG formation &CC visit	Market monitoring
Barisal	1	7	2	33	6	15	10
Chittagong	1	11	3	55	11	13	11
Dhaka	12	10	11	61	12	15	5
Khulna	1	10	3	49	10	15	10
Mymensingh	1	4	-	31	3	2	5
Rajshahi	2	9	6	33	7	19	19
Rangpur	2	9	6	47	7	12	05
Sylhet	1	4	-	31	4	12	13
Total	21	64	31	340	60	124	90

Activity-1: Baby Friendly Hospital Initiative (BFHI) Monitoring at District MCWC & Upazilla level

Revitalization of Baby Friendly Hospital Initiative (BFHI) program has been started since 2012 and continued till 2016 throughout the country and certified 592 health facilities (HFs) in Bangladesh. To uphold the government investment and initiative, continuous monitoring is ongoing for bringing sustainability of Infant and Young Child Feeding (IYCF) practices in Bangladesh.

Objectives:

The main objective of BFHI monitoring is to strengthen the Baby Friendly Hospital (BFH) practices.

Methodology:

- The revitalized BFHs (60 District hospitals, 414 Upazilla Health Complex (UHC), 64 Maternal and Child Welfare Center (MCWC) and 56 tertiary hospitals) are being continuously monitored through direct observation method following a structured monitoring tool by the 15 trained divisional officer in eight divisions of Bangladesh.
- 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.

Activities has been done during monitoring:

1. Physical visit to the health facilities and perform following:
 - A. Interview-
 - Head of Health facilities
 - Doctors and Nurses
 - ANC mother
 - PNC Mother
 - B. Observation-
 - BFHI Committee
 - Lactation Management Centre
 - Violation of BMS Act 2013
 - C. Provide feedback to
 - Head of HFs
 - BBF Central Office
2. Prepare quarterly report and send to Divisional Directors,
3. Provide report to IPHN, DGHS when required

Target:

Total Health Facilities (HF) :	593
Each officer target :	8 per month
Total target of each officer : (from 11 Sep, 17 to 30 July, 16)	84 HF

Present Status

From Sep, 16 to June, 2017,

- First visit in 509 (85.8 %) Baby Friendly Hospitals have been completed by the 15 divisional officers of eight divisions.
- The second visit completed in 213 (36%)
- In 47.8% (102 out of 213) HFs, BFHI Committee was activated by the divisional officers after 2nd time visit. Most of these hospital organized the BFHI committee meeting with their monthly meeting as an agenda.
- After the second visit in the health facilities BBF received the 3 monthly reports from 32 out of 213 health facilities where during the first visit only one health facility has submitted the report.
- After 2nd visit 30% (Out of 213) HF was found active LMC though most of them is being performed along with IMCI corner.
- BF corner by Nestle was found in first visit= 76 (Out of 509, 14.3%) and in 2nd visit= 46 (Out of 213, 21.1%). The Nestle made BF corner is locked by the authority of the HFs after receiving the letter from the IPH & DGHS.
- Most of the health facilities was found free from BMS Act violation (poster, leaflet etc) as they didn't allow any BMS company. Only 22% at 1st visit and 22% at 2nd visit, violation was detected due to Nestle made BF corner.



Nestle Made Breastfeeding Corner at health facilities of Mymensingh Division

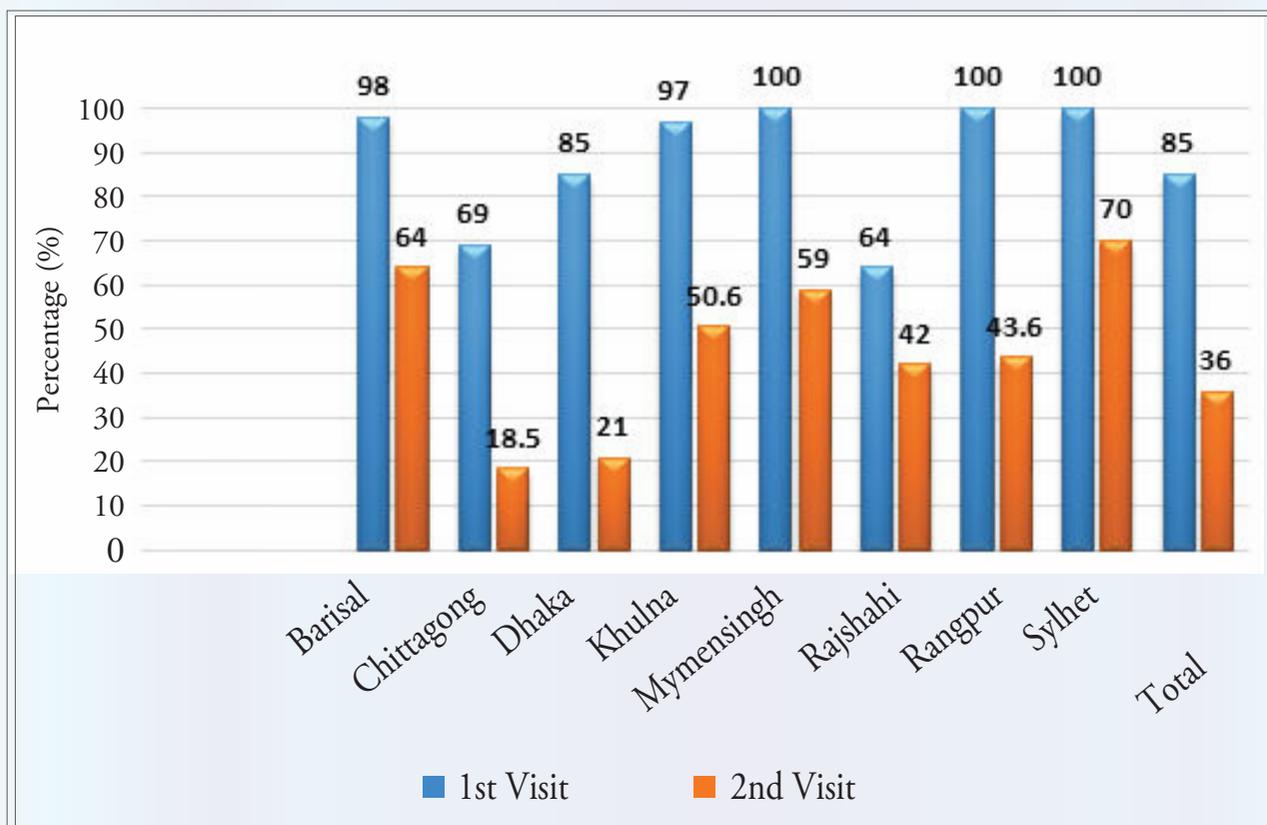


Interview with a lactating mother in a NGO hospital in Chittagong

Summary of the monitoring of 'Baby-Friendly' Hospitals

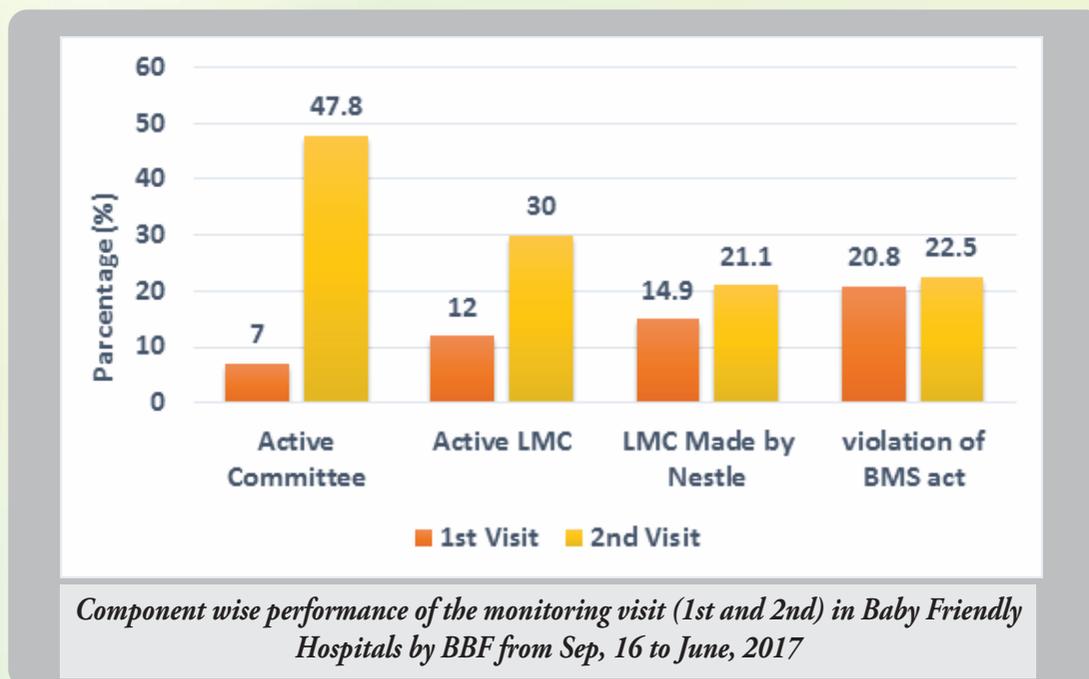
Table: Divisional updates of monitoring of Baby Friendly Hospital (Sep, 16-June, 17)

Division	Targ eted HF s	Visited HF s		BFHI Committee				Lactation Management Centre (LMC)				violation of BMS act	
		1 st	2 nd	Active Committee		3 monthly reporting		Active LMC		LMC Made by Nestle		1 st Visit	2 nd Visit
				1 st Visit	2 nd Visit	1 st Visit	2 nd Visit	1 st Visit	2 nd Visit	1 st Visit	2 nd Visit		
Barisal	50	49	32	00	25	00	01	02	05	07	05	12	06
Chittagong	116	81	15	00	15	00	09	16	03	09	05	13	05
Dhaka	124	106	26	07	09	01	03	20	09	18	13	20	13
Khulna	75	73	37	00	23	00	14	00	11	10	06	10	06
Mymensingh	39	39	23	00	06	00	00	07	07	12	03	12	03
Rajshahi	78	50	21	00	04	00	00	06	12	04	03	04	03
Rangpur	71	71	31	00	05	00	05	03	08	18	07	28	09
Sylhet	40	40	28	00	15	00	00	04	09	04	03	07	03
Total	593	509	213	07	102	01	32	58	64	76	45	106	48



Baby Friendly Hospitals are monitored by BBF from Sep, 16 to June, 2017

The number of 1st visit in the HF's visit was found much less in Dhaka, Chittagong and Rajshahi division due to involvement of the DOs with other new programs assigned by BBF and staff turnover.



Challenges:

- Most of the health facilities who have Nestle made BF Corner do not want to destroy it. As they don't have extra room the HF's demand for a breastfeeding corner (structure, furniture and logistics) from BBF if they destroy the Nestle made BF corner.
- Due to turnover of BFHI trained doctor and nurses not all the health professionals are aware about BFHI.
- Do not arrange BFHI committee meeting separately due to unavailability of refreshment cost but discussed on it in their monthly meeting. But they don't have any meeting minutes. On the other hand it is not possible for the divisional officers to attend all the monthly meeting of their assigned HF's to monitor BFHI committee activity.

Recommendations:

1. Need to arrange BFHI training for the new staff and refresher training.
2. Need to give financial support to arrange BFHI committee meeting.
3. Have to include the BFHI indicators in Management information system (MIS) of DGHI for monitoring.

Activity-2: Market Monitoring for violation detection

Appropriate breastfeeding is considered as the key to achieve sustainable development for a country. As per WHO mandate, every child should be exclusively breastfed (EBF) during the 1st 6 months of their life and continued breastfeeding until the child reaches their second birthday could help save the lives of more than 820,000 children under age five years old annually. Government of the People's Republic of Bangladesh gazetted an Act named "The Breast milk Substitutes, infant foods, commercially manufactured complementary foods and accessories thereof (Regulation of marketing) Act, 2013" after incorporating international resolution of WHA and the Breast-milk Substitutes (Regulation of Marketing) Ordinance, 1984 of GOB.

After a successful pilot project on BMS code monitoring in 2012, on behalf of Ministry of Health and Family Welfare (MOHFW) & Institute of Public Health and Nutrition (IPHN), Bangladesh Breastfeeding Foundation (BBF) has adopted the monitoring system in its regular activity plan for monitoring BMS Act 2013 to be carried out in eight divisions of Bangladesh.

The main objectives of the monitoring system are as follows

- To increase awareness among stakeholders and general population on BMS Act 2013.
- To support IPHN in monitoring and taking actions on BMS Act violation.
- To create an environment of continuous monitoring of BMS Act compliance.

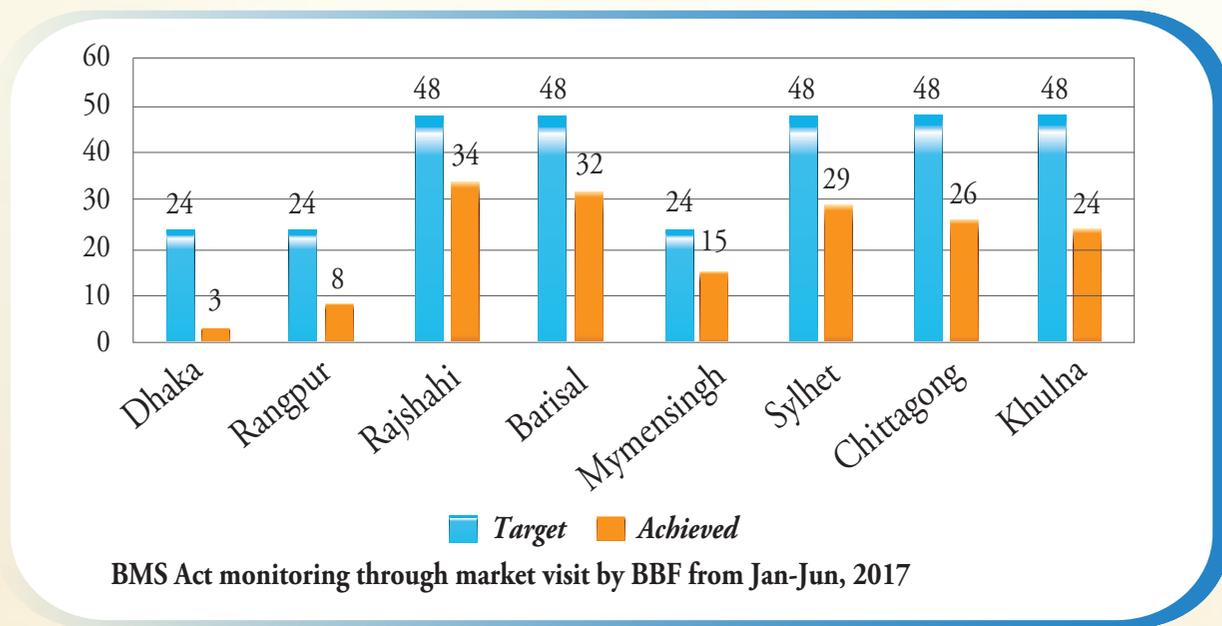
Methodology

Two Divisional Officers (DOs) of BBF are assigned for the monitoring system in every divisions of Bangladesh. The monitoring of BMS Act has been carried out by the DOs for three days in a week where two days is allied with other activity named "Monitoring of Baby Friendly Hospital Initiatives (BFHI)" while one day is allocated for market monitoring. The target for the market monitoring is agreed to be a total of 52 market in a month for eight divisional city however, market monitoring at the district level has been planning to be implemented upon the resource availability. Furthermore, female staff are discouraged to visit market for BMS Act monitoring due to considering safety issue. Target group for the monitoring system are as follows.

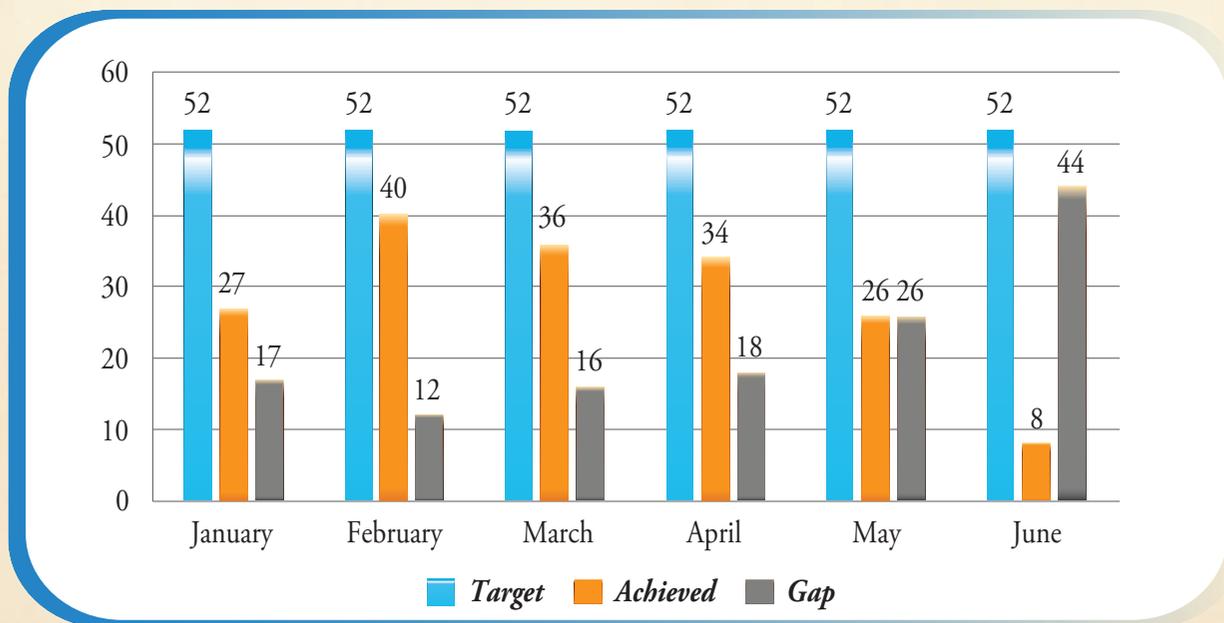
Place of visit	Target group
Market and shop	Shopkeepers/retailers; Staffs/owner of the shops
Hospital/Clinic	Doctor, senior staff nurse, medical officer etc
Media	Billboard, Televisions, Radio, local and national newspapers
Doctor's chamber	Doctor

The number of market visit was found much less in Dhaka and Rangpur division due to involvement of the DOs with other new programs assigned by BBF.

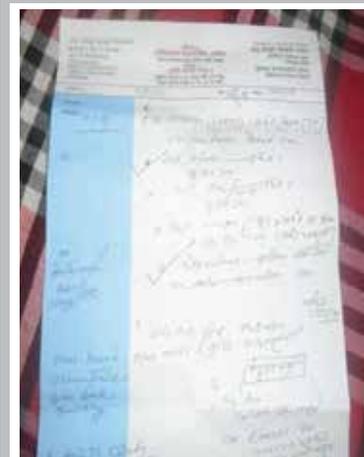
Other than that, during the month of June, several government holidays (Eid al-Fitr & others) made the working days much lesser than other months to achieve the target.



Divisional status of BMS Act monitoring by BBF for six months (Jan-Jun 2017)



Some violation of BMS Act 2013 detected during the month of January to July is as follows:



Doctors are prescribing BMS products for neonates



BMS was found in the pediatric ward



BMS products are displaying in the shops



News of MOU signing between INFS, University of Dhaka and Nestlé Healthy Kids Programme which is a Violation of BMS Act 2013



BMS companies are advertising their products through electronic and social media

Different action taken to strengthen the monitoring system against the BMS Act violation

- BBF has informed the District Commissioners of different divisions for support the DOs to building up awareness among the shop owners.
- Provide quarterly report to every Divisional Direction of Health on BMS Act Monitoring system.
- Requested the Mayor of different city corporations to spare their Sanitary Inspectors (SI) for supporting the DOs in market monitoring.
- BBF has been supporting MOHFW in the process of finalizing BY Law of the BMS Act 2013.

Activity-3: Visit Private Hospitals/clinics to detect violation and Promotion of BFHI

Objective:

1. To aware private health facilities about BMS Act 2013
2. To detect violation of BMS Act
3. To promote BFHI and bring them under BFHI program through BFHI training, establishing BF corners

Activities:

1. Physical visit and detect violation
2. Formal meeting with Hospital authority to offer BFHI training
3. Establishing breastfeeding corners



*Photo 50: Ma o Sishu
Medical College Hospital, Chittagong*



*Photo 51: Islami Bank Hospital,
Lakshmipur, Rajshahi*

Present status:

From September, 16 to June, 17, a two days BFHI training has been organized in following private hospitals:

Division	Hospitals Trained on BFHI/ IYCF
Dhaka Division	1. Ad-din Hospital 2. Shamrita Medical College and Hospital, Dhaka. 3. Ashiyan Medical College and Hospital, Dhaka.
Rangpur	1. Islami Bank Hospital, Rangpur 2. Maa-O-Shishu Hospital, Rangpur 3. Central Hospital, Rangpur 4. Rose Hospital, Rangpur.
Rajshahi	1. Christian Mission Hospital

Activity-4: Improvement of maternal and child nutrition through forming Mother Support Group (MSG)

Background:

Globally, though a little decrease was observed in the prevalence of stunting among under 5 years children over the past two decades, still a considerable number remain stunted.

Bangladesh have made significant progress in many areas of development including sustained economic growth, reduction in maternal and child mortality and high coverage of vitamin A supplementation. Despite this progress Bangladesh remains one of the countries with the highest level of malnutrition among the developing countries, with children and women the most affected. Bangladesh has one of the highest rates of malnutrition, where annually more than 500,000 cases of severe malnutrition occurs which can be reduced by achieving optimal Infant and Young Child Feeding (IYCF) practices. Nearly 30% Bangladeshi women still remain

malnourished with a body mass index of <18.5.

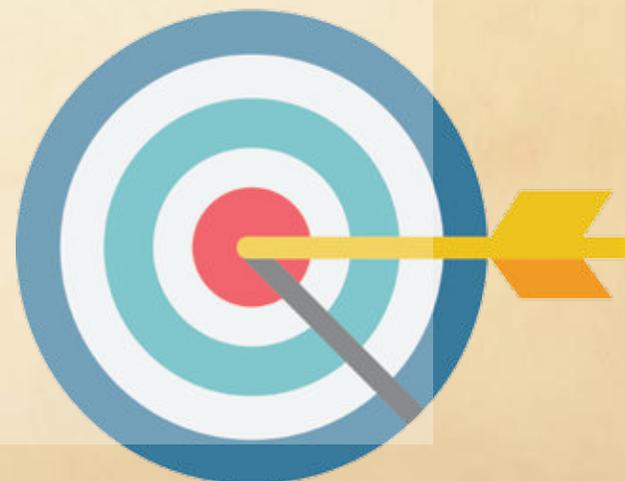
Today malnutrition not only affects individuals but its effects are passed from one generation to the next as malnourished mothers give birth to infants who struggle to develop and thrive. Therefore maternal nutrition is also important. Appropriate feeding (Early initiation of breastfeeding, exclusive breastfeeding and complementary feeding) and care of infants and young children is essential to malnutrition, morbidity and mortality.

Mother Support Group (MSG) is a supportive group formed right at the community level that provides sustenance towards pregnant & lactating mothers, children and adolescents by safeguarding early initiation of breast feeding (EIBF), exclusive breast feeding (EBF), complementary feeding (CF) & adequate nutrition for mothers. The members of MSG consists of -

1. Community group / Community Support Group
2. Lactating mother
3. Mothers who successfully breastfed their child
4. Mother in law/ grandmother/sister in law/ aunty
5. Local female leader/ wife of local leader
6. Adolescent girl
7. Government primary health worker

Goal:

To advocate for breastfeeding, educate families about breastfeeding, and provide optimal clinical management of breastfeeding, these people must also be educated about and skilled in breastfeeding preventive maintenance, diagnosis, and treatment.



Objectives:

1. To increase knowledge and skills and specially solving problems in Breastfeeding and complementary feeding; risk of NOT breastfeeding and the dangers of artificial feeding including commercially processed baby food through forming Mother Support Group (MSG) utilizing GOB's CC in 16 randomly selected Upazilas.
2. Support the mother who fail to thrive Early Initiation of Breastfeeding (EIB) among the low-birth weight babies (LBWs) and other newborn
3. Assist the mothers failing to thrive for exclusive breastfeeding (EBF) in infants for 6 months
4. To identify the gaps of knowledge and skills on breastfeeding, complementary feeding and maternal nutrition.
5. To increased knowledge and skills on the importance of appropriate, adequate, timely introduction of home prepared complementary feeding.
6. Have a good understanding on nutritional needs of pregnant and lactating mothers to improve nutritional status and prevent LBW as well as knowledge on optimal breastfeeding
7. To provide practical help to mothers to breastfeed and to build mothers' confidence in her ability to successfully breastfeed her child.
8. To provide optimum support about problems occurs during locational period considering mother and child



Photo 51: Court yard session was conducted by Dr. S K Roy, Chairperson, BOT, BBF at Muktagacha, Mymensingh

Methodology

Mother Support Groups can be of great assistance in this endeavor under the direct supervision of Community Health Care Provider (CHCP) of respective Community Clinic (CC) in their catchment areas along with pre-trained project staff. The MSG volunteers will be very much in close collaborations with respective community level within the existing health care system. We believe this allow substantially to achieve an effective, sustainable and cost effective approach towards improving the overall nutritional status of the children, adolescents & mothers in respective communities.

It has been noted that often the doctors prescribe artificial

feeding for the neonates and infants and mothers also follow them blindly. This is because the mother and the other members of the family are not aware about optimal breastfeeding and infant & young child feeding. Moreover, the mass people are influenced by the subtle and tricky promotion of commercial baby foods. To overcome this Bangladesh Breastfeeding Foundation with the support of Ministry of Health and Family welfare had conducted two-day training on 'Improving maternal and child nutrition through forming mother support group' for community people of the following community clinics (CC) of all the districts of Bangladesh.

Some Snapshot of The training of Mother Support Group and Courtyard Session:



Photo 52: Mother Support Group (MSG) training at Rajshahi



Photo 54: Mother Support Group (MSG) training at Sutipara, Dhamrai.



Photo 53: Mother Support Group Training at Muktagacha, Mymensingh

Present status:

Since October 2016 Mother Support Group (MSG) has been formed in one upazila at every divisions of Bangladesh. Weekly courtyard sessions has been performed simultaneously. Each of MSG is consisted with 7 members. With that a total of 434 members of MSG has been trained in their respective community clinics in 35 batch. A total of 120 courtyard sessions with the MSG leaders has been performed at the community level. Around 3000 female members at the community level has participated and oriented with MSG. Participants attending MSG courtyard sessions has been oriented with basic nutrition education and demonstrated with appropriate IYCF practices. Positive feedbacks were received from all the attendants.

Table: Divisional updates of MSG training activity (July, 16-June, 17)

Division	Upazilla	Total No. of union	No of union covered	No. CC conducted training	No of Trainees
Chittagong	1. Patiya	21	2	4	49
	2. Hathhazari	14	-		
Dhaka	1. Kaliakoir	9	1	8	98
	2. Dhamrai	17	1		
Mymensing	1. Muktagacha	9	1	4	49
	2. Nakla	8	-		
Khulna	1. Dighalia	4	1	3	35
	2. Rupsa	5	-		
Rajshahi	1. Paba	9	1	2	21
	2. Durgapur	7	-		
Rangpur	1. Gangachara	9	1	7	91
	2. Kaunia	6	1		
Sylhet	1. Bishwanath	8	2	5	63
	2. Golapganj	8	-		
Barisal	1. Barisal Sadar Upazila	-		2	28
	2. Banaripara	8			
Total				35	434



Courtyard session



Anthropometric Measurement



Demonstration of Hand washing



Demonstration of CF Recipe

Photo 55: Courtyard session was conducted at Barisal

Advisors of BBF

National Prof. Shahla Khatun



M.Q.K. Talukder; Adviser, BBF



Prof. Sushil Ranjan Howlader;
Adviser, BBF; Professor,
Institute of Health Economics



Member list of Board of Trustees (BOT) from 2015-2017



Dr. S. K. Roy,
Chairperson, BOT, BBF,
Senior Scientist &
Consultant, ICDDR'B,
Mohakhali, Dhaka



Dr. M A Mannan
Vice Chairperson, Treasurer,
BOT, BBF & National
Nutrition Advisor, FAO,
Dhaka.



Prof. Soofia Khatoun,
Vice Chairperson BOT, BBF
& Senior Scientist, ICDDR'B,
Dhaka.



Prof. Nazneen Kabir
Secretary, BOT, BBF & Head
of Dept. Obs/Gyn, ICMH



**Dr. Mihir Kanti
Majumder**
Treasurer of BOT, BBF &
Chairman, Palli Sanchay
Bank



**Dr. Ishtiaque Abiduz
Zaman**
Member of BOT, BBF &
Chief Adviser, CCL



**Prof. MAK Azad
Chowdhury**
Member of BOT, BBF &
Head of Dept. Neonatology
Dhaka Shishu Hospital



Dr. M.A.R. Chowdhuri
Member of BOT, Vice
Chairperson, BRAC



Dr. Nurul Alam
Member of BOT, BBF &
Senior Scientist, ICDDR'B



Prof. Saria Tasnim

Member of BOT, BBF &
Ex- Executive Director,
ICMH



Prof. Monisha Banarjee

Member of BOT, BBF & Prof.
Neonatology Dept. Dhaka
Medical College, Dhaka



Dr. Khurshid Talukder

Member of BOT, BBF &
Consultant Pediatrician &
Research Coordinator, Centre
for Woman and Child Health



**Mr. Tofail Md. Alamgir
Azad**

PhD, Member of BOT, BBF &
Senior Communication
Specialist BKMI, BCCP



**Prof. Syeda Afrose
Jahan Mousumi**

Member of BOT, BBF & Head
of Dept. Food and Nutrition,
National College of Home Economics.



**Prof. Moffashara Sultana
Ratna**

Member of BOT, BBF & Associate
Prof. Food and Nutrition Dept.
Home Economics College

