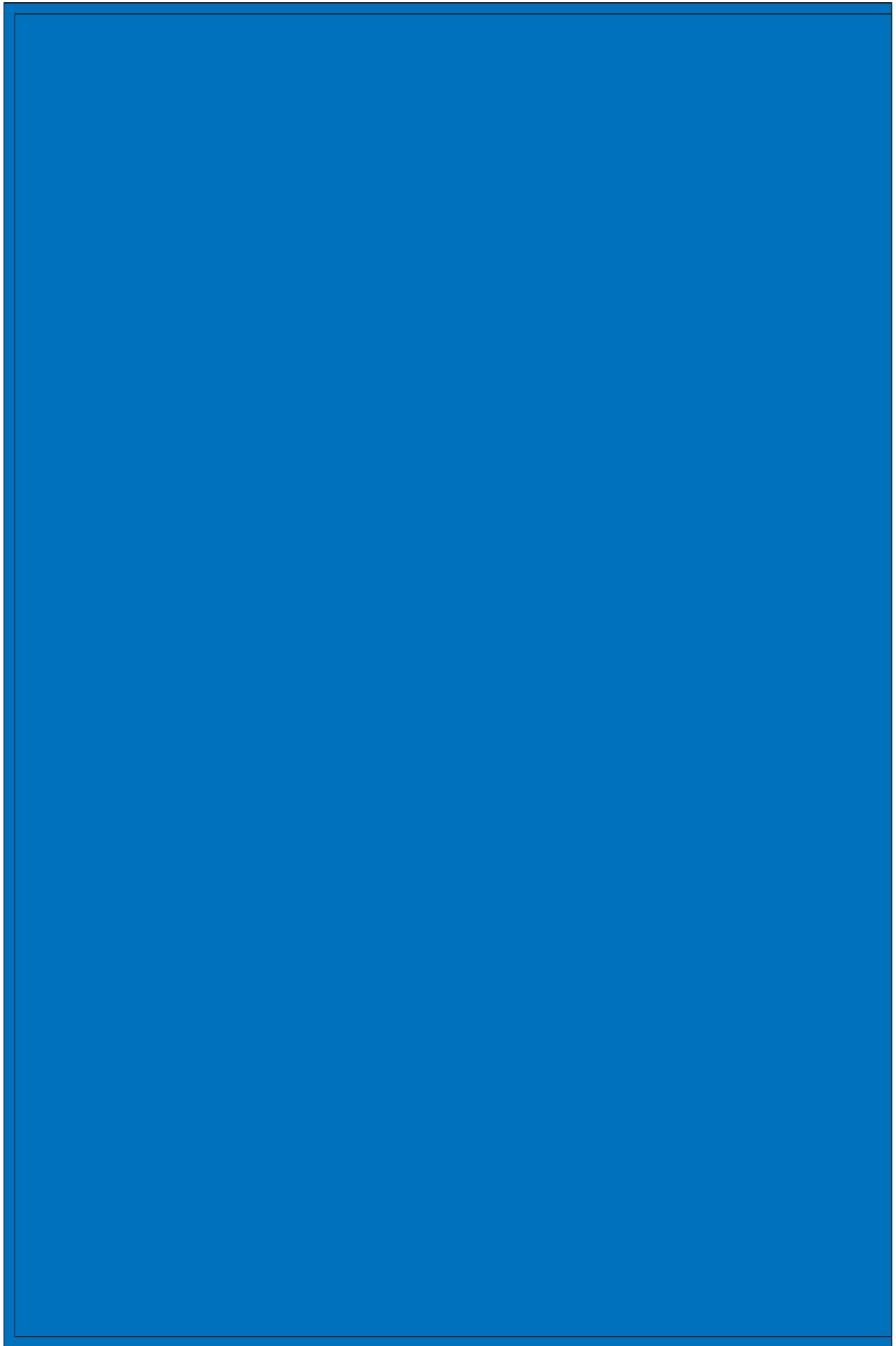





National Strategy for Infant and Young Child Feeding in Bangladesh



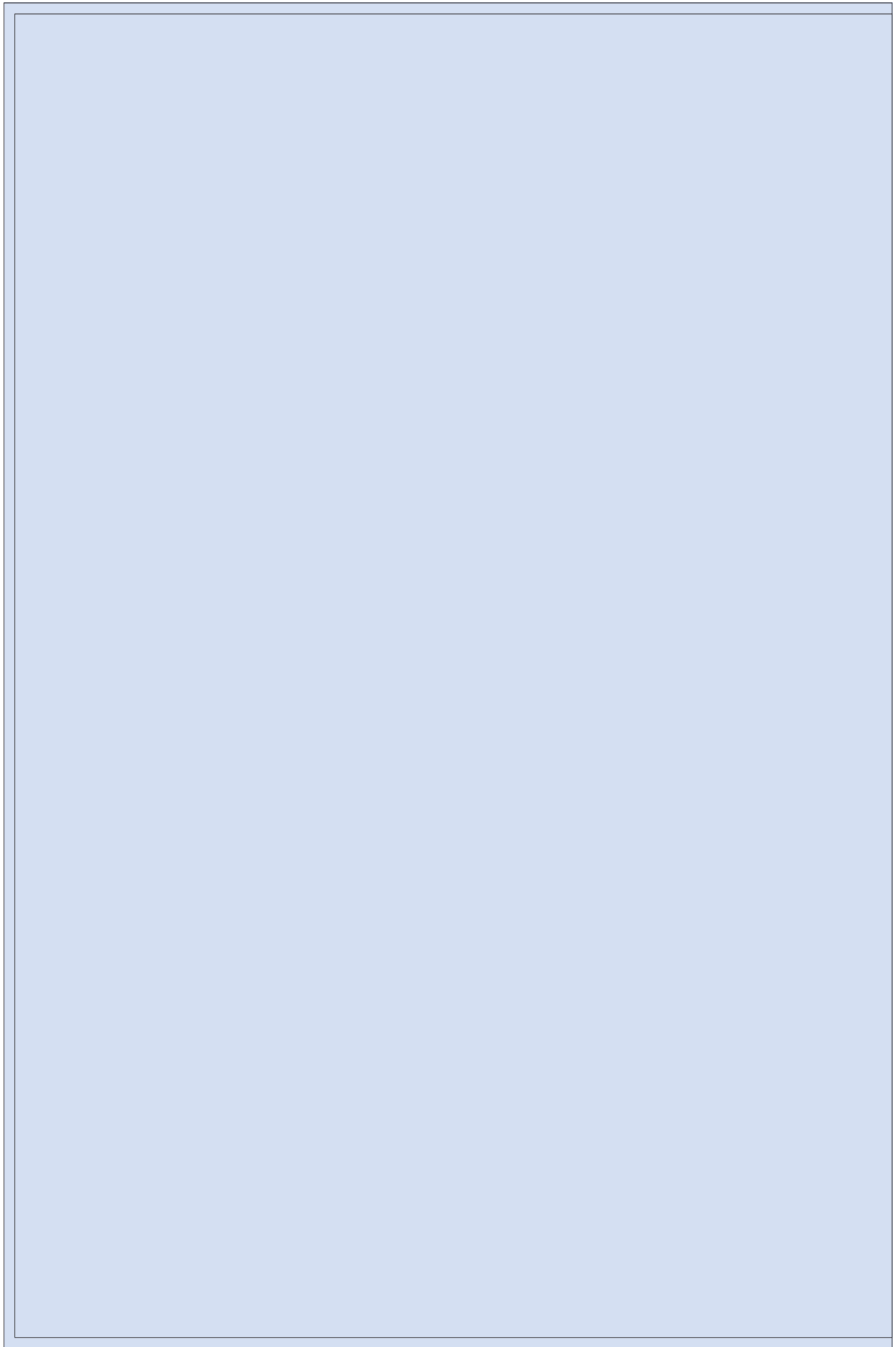
**Institute of Public Health Nutrition (IPHN)
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh**



An illustration of a woman in a pink sari sitting cross-legged and holding a baby. The woman is looking down at the baby with a gentle expression. The baby is wrapped in a light green cloth. The illustration is centered on the page.

**National Strategy for
Infant and Young child Feeding
in Bangladesh**

April 2007



Foreword



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Adviser
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Bangladesh has shown great progress in reducing malnutrition, however, the numbers of infants and children affected by malnutrition is still a matter of serious concern. I am pleased that the "National Strategy for Infant and Young Child Feeding" has been developed to lay the road-map for reducing malnutrition through improvements in breastfeeding and complementary feeding. I have full confidence that if the comprehensive actions identified in National Strategy are fully implemented, children in Bangladesh will be better protected from the scourge of malnutrition.

I congratulate the Institute of Public Health Nutrition for taking the initiative to develop the National Strategy, and for organizing and coordinating all the workshops that led to its development. I acknowledge the valuable contributions by experts from government, NGOs, research institutes and development partners, whose relentless efforts made this National Strategy possible. The challenge before us now is implement the National Strategy in its entirety, and I call upon all stakeholders and partners for their continued support in this respect.

Major General Dr. A S M Matiur Rahman (Rtd.)
Advisor
Ministry of Health and Family Welfare,
Ministry of Water Resources
and
Ministry of Religious Affairs
Government of the People's Republic of Bangladesh.

Message



One of the most important goals of the Health, Nutrition and Population Sector Programme is to improve the nutritional status of children and women. There is evidence that the feeding practices of infants and young children, particularly breastfeeding and complementary feeding, are not optimal in Bangladesh and are contributing to the high levels of malnutrition. The National Strategy for Infant and Young Child feeding identifies how to improve these practices, the key actions needed, and the roles of the various partners.

I would like to acknowledge the support and co-operation of all partners and stakeholders who contributed to the development of this important strategy document. IPHN has been instrumental in developing the National Strategy and have ensured that the development process has been both participatory and consultative. I hope that all stakeholders will extend their support in implementing interventions in line with this strategy that is now in place.

CA 21374
29-4-07

Ehsan Ul-Fattah

Secretary

Ministry of Health and Family Welfare

Government of the People's Republic of Bangladesh.

Message



Bangladesh has a strong culture of breastfeeding, however, we know that breastfeeding and complementary feeding practices are not always optimal. I am pleased that a National Strategy for Infant and Young Child Feeding has been developed to improve infant and young child feeding practices and thereby remove one of the most serious obstacles to maintaining adequate nutritional status.

I appreciate the role of IPHN in organizing and coordinating all efforts to develop this strategy document. I would like to extend my thanks to all stakeholders and partners who contributed their valuable time and expertise to the process. I also appreciate and acknowledge the support of our development partners, particularly UNICEF and WHO. Guided by this document, the government will co-ordinate all actions to improve infant and young child feeding in Bangladesh.


Dr. Md. Shahjahan Biswas
Director General Health Services
Ministry of Health and Family Welfare

Message



The role of breastfeeding and complementary feeding in the nutrition, health and development of children is well known. The challenge is to provide the necessary information, care and support to caregivers and their families to enable them to give the best care to their young children. The National Strategy of Infant and Young Child Feeding provides a guide for all stakeholders and partners on how policy makers, health professionals, employers, community members and families can take action to improve infant and young child feeding practices.

I congratulate all stakeholders and partners for their valuable contributions towards the development of the National Strategy. IPHN has played a pivotal role, and brought together experts from government, NGOs, research institutes and UN agencies to contribute to its development. I wish that all stakeholders and partners come forward to support interventions in line with the National Strategy.


১৩/০৫/০৭.

Muhammad Abdul Mannan
Director General Family Planning
Ministry of Health and Family Welfare

Acknowledgement



Appropriate feeding practices are essential for the nutrition, growth, development and survival of infants and young children. Infants should be exclusively breastfed for the first six months of life, and thereafter should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to two years and beyond. Special attention and practical support is needed for feeding in exceptionally difficult circumstances, including low birth weight infants, malnourished children, infants and children in emergencies, infants born to HIV-positive parents, and other vulnerable children living under challenging circumstances.

The National Strategy for Infant and Young Child Feeding builds on past and continuing achievements in infant and young child feeding in Bangladesh, and has been developed in the context of national policies, strategies and programmes. It is consistent with the Global Strategy for Infant and Young Child Feeding and is based on accumulated evidence on interventions with proven positive impact. It identifies comprehensive actions that will be taken to improve legislation, policies and standards to protect optimum infant and young child feeding practices, and to strengthen the capacity of health services and communities to protect, promote and support the nutritional needs of infants and young children. The roles of the critical partners - government, international organizations, non-government organizations and other concerned parties - are also identified to ensure that collective action contributes to the full attainment of the National Strategy's goal and objectives.

The National Strategy will bring substantial benefits for individuals, families and the entire nation. Improvement in infant and young child feeding will move Bangladesh closer towards the achievement all eight of the Millennium Development Goals, including a reduction in extreme poverty, hunger and child mortality. Investment in this crucial area is needed to ensure that every Bangladeshi child develops to his or her full potential, free from malnutrition and preventable illnesses. It is now time for everyone concerned to move swiftly to implement the National Strategy.

Prof. Dr. Fatima Parveen Chowdhury

Director IPHN and Line Director Micronutrients
Ministry of Health and Family Welfare

Contents

| | |
|---|-----------|
| Foreword | 3 |
| Messages | 4 |
| Acknowledgement | 7 |
| Abbreviations | 9 |
| I. Introduction | 10 |
| 1.1 Infant and young child feeding in Bangladesh | 11 |
| 1.2 Programme achievements in IYCF | 15 |
| 1.3 Formulation of the Strategy and Broad Plan of Action | 17 |
| 2. National Strategy | 19 |
| 2.1 Goal and objectives | 19 |
| 2.2 Statement on optimal infant and young child feeding practices | 20 |
| 2.3 Strategies | 29 |
| Strategy 1: Code of marketing of breast-milk substitutes | 31 |
| Strategy 2: Maternity protection in the workplace | 32 |
| Strategy 3: Codex Alimentarius | 33 |
| Strategy 4: National policies and plans | 34 |
| Strategy 5: Baby-Friendly Hospital Initiative | 34 |
| Strategy 6: Mainstreaming and prioritization of IYCF activities | 35 |
| Strategy 7: Knowledge and skills of health service providers | 36 |
| Strategy 8: Community-based support | 37 |
| Strategy 9: IYCF in exceptionally difficult circumstances | 39 |
| 2.4 Advocacy and behaviour change communication | 41 |
| 2.5 Monitoring, evaluation and research | 42 |
| 2.6 Stakeholders and their responsibilities | 43 |
| 2.7 Coordination | 45 |
| 3. Broad Plan of Action | 47 |
| 3.1 Code of marketing of breast-milk substitutes | 47 |
| 3.2 Maternity protection in the workplace | 48 |
| 3.3 Codex Alimentarius | 49 |
| 3.4 National policies and plans | 49 |
| 3.5 Baby-Friendly Hospital Initiative | 49 |
| 3.6 Mainstreaming and prioritization of IYCF activities | 50 |
| 3.7 Knowledge and skills of health service providers | 50 |
| 3.8 Community-based support | 51 |
| 3.9 IYCF in exceptionally difficult circumstances | 51 |
| 3.10 Advocacy and behaviour change communication | 53 |
| 3.11 Monitoring, evaluation and research | 54 |
| 3.12 Coordination | 54 |
| 4. References | 55 |

Abbreviations

| | |
|----------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| BCC | Behaviour Change Communication |
| BMS | Breastmilk Substitutes |
| BBF | Bangladesh Breastfeeding Foundation |
| CBO | Community Based Organization |
| C-IMCI | Community-Integrated Management of Childhood Illnesses |
| CNO | Community Nutrition Organizer |
| CNP | Community Nutrition Promoter |
| CPPBF | Campaign for the Protection and Promotion of Breastfeeding |
| DGFP | Directorate General Family Planning |
| DGHS | Directorate General Health Services |
| FWA | Family Welfare Assistant |
| HA | Health Assistant |
| HIV | Human Immunodeficiency Virus |
| HNPSP | Health, Nutrition and Population Sector Programme |
| ICDDR,B | ICDDR,B Centre for Health and Population Research |
| IPHN | Institute of Public Health Nutrition |
| IYCF | Infant and Young Child Feeding |
| LBW | Low Birth Weight |
| MI | Micronutrient Initiative |
| MOHFW | Ministry of Health and Family Welfare |
| MOLGRD&C | Ministry of Local Government, Rural Development and Cooperatives |
| NNP | National Nutrition Program |
| SBA | Skilled Birth Attendant |
| UNICEF | United Nations Children's Fund |
| VCT | Voluntary Counselling and Testing |
| VGD | Vulnerable Group Development |
| WHO | World Health Organization |

1

Introduction

1.1 Infant and young child feeding in Bangladesh

Appropriate feeding practices are essential for the nutrition, growth, development and survival of infants and young children. These feeding practices, known collectively as infant and young child feeding (IYCF) practices¹, include breastfeeding and complementary feeding. Infants should be breastfed within half an hour of birth, exclusively breastfed for the first six months of life, and thereafter should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to two years and beyond.

¹In the context of this National Strategy, infant and young children are defined as aged less than 3 years.

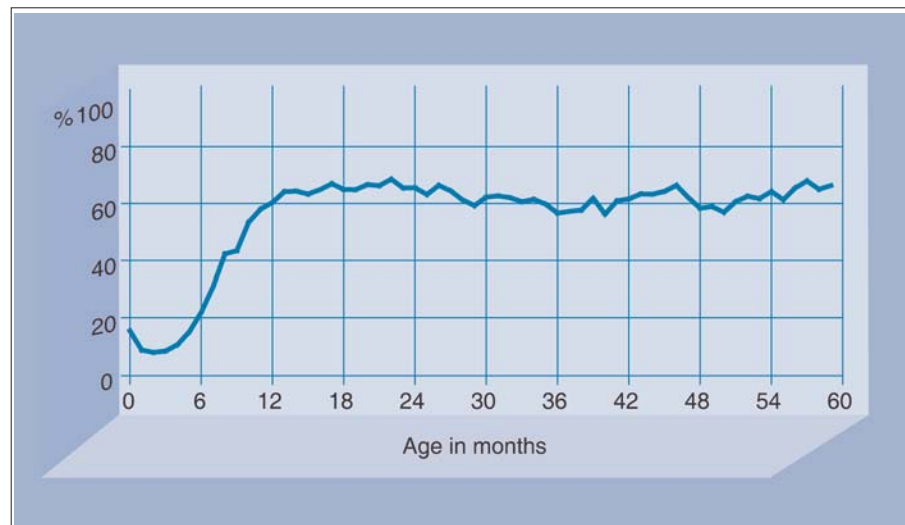
Bangladesh has a strong culture of breastfeeding. Almost all children (98%) are breastfed at some time in their lives and over 80% of children are still breastfed at 20-23 month of age (BDHS, 2004). However, many aspects of infant and young child feeding are far from optimal. The initiation of breastfeeding is often delayed, with less than one in four infants (24%) put to the breast within an hour of birth (BDHS, 2004). While colostrum feeding has improved in the past decade (87%), the traditional practice of giving pre-lacteal feeds (48%) to the newborn has not (BBF, 2005). Only 42% of infants aged less than six months are exclusively breastfed (BDHS, 2004) because other liquids and complementary foods are given too early. Complementary feeding can also begin too late; almost one-third (29%) of children aged 6-9 months do not receive any solid or semi-solid foods (BDHS, 2004). Over one in five (22%) of infants aged under 6 months and 27% of infants aged 6-9 months are bottle-fed (BDHS, 2004).

Complementary foods given to infants and young children in Bangladesh are often nutritionally inadequate and unsafe, leading to malnutrition (BBF, 2004; BDHS, 2004; BBS/UNICEF, 2003). Foods from animal sources such as fish, chicken, beef and egg are expensive and not commonly given to children: only 22% of children aged 6-9 months are given foods from animal sources (BDHS, 2004). Nutrient rich plant foods such as fruits and vegetables are also not given to children on a daily basis. Data on agricultural products such as vegetables, fruits and lentils shows that real prices have increased over the past two decades, making them less affordable. The most common complementary foods include khichuri (rice cooked with lentils and oil), bhaat dal (rice and lentils cooked separately), suji (wheat semolina or rice flour with sugar), bhaat (rice alone) and muri (puffed rice).

Illnesses contribute to malnutrition as children need more nutritious food when they are sick but often eat less and absorb less nutrients. Diarrhoea is a common childhood illness in Bangladesh: in the two weeks prior to interview, caregivers have reported that 8% of children under 5 years had diarrhea (BDHS, 2004). Only half of these children received increased liquids and less than one third received increased foods (BDHS, 2004).

Inappropriate infant and young child feeding practices are among the most serious obstacles to maintaining adequate nutritional status, and contribute to levels of malnutrition in Bangladesh that are amongst the highest in the world. Almost one-half (48%) of children under five years are underweight and 42% are stunted. Figure 1 shows that prevalence of underweight rises nearly three-fold from 22% at 6 months to 60% at 12 months (HKI/IPHN, 2001). This sharp increase between 6 and 12 months, which coincides with the introduction of complementary feeding, sets a prevalence of underweight that persists throughout the preschool years. Malnutrition is responsible, directly or indirectly, for about one half of the 343,000 deaths that occur annually among children under five years in Bangladesh (Black et al, 2003). About three-quarters of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life. Malnourished children who survive are more frequently sick and suffer the life-long consequences of impaired physical and intellectual development. Rising incidences of overweight and obesity in children are also a matter of serious concern for later-life morbidity and mortality.

Figure 1: Prevalence of underweight in children by age in months



Source: HKI/IPHN (2001)

Vitamin A deficiency has largely been controlled due to the high coverage of six-monthly vitamin A supplementation, but anaemia affects 49% of children under five years (BBS/UNICEF, 2004), reflecting poor dietary intake of micronutrients, and 34% of school-age children are iodine deficient due to inadequate coverage of adequately iodized household salt (DU/IPHN/BSCIC/UNICEF, 2006)

The nutritional status of adolescent girls and women affects pregnancy outcomes and the ability to provide essential child care, including breastfeeding. One-third (34%) of ever-married Bangladeshi women have a low body mass index indicating chronic energy deficiency (BDHS, 2004). Anaemia is very common in women in Bangladesh, particularly in pregnancy (46%) (BBS/UNICEF, 2004), and is one of the leading causes of maternal death. Folic acid and iodine deficiencies in women can have devastating effects on their children. Delaying the first birth and spacing of births three to five years apart also contribute to the best nutritional and survival outcomes for both mother and child. The importance of women's nutrition and reproductive health care to break the intergenerational cycle of malnutrition must be recognized and addressed through the same community and facility based services working to improve infant and young child feeding.

Women and children living in exceptionally difficult circumstances, including HIV infection of the mother or father of the child, emergencies and malnutrition are particularly vulnerable to the impact of inadequate infant and young child feeding practices. The HIV pandemic in other developing countries has shown that the risk of mother-to-child transmission of HIV through breastfeeding pose complex challenges to the promotion of breastfeeding, even among unaffected families. Bangladesh is one of the most disaster-prone countries in the world; one or more natural disasters occur in a localized area of Bangladesh every year and result in widespread catastrophic damage about once every 5 to 10 years. These disasters often result in population displacement, food insecurity and poor health, thereby compromising the care and feeding of infants and young children. In Bangladesh 36% of children are born with low birth weight (BBS/UNICEF, 2005) and 13% of children are acutely malnourished (wasted) (BDHS, 2004).

Social and economic change can intensify the difficulties that families face in properly feeding and caring for their children. Urbanization in Bangladesh means that more families depend on informal employment with intermittent incomes and little or no maternity benefits outside government service. Most self-employed and nominally employed rural women face heavy workloads with no provisions for maternity leave or benefits.

Box 1: Contribution of infant and young child feeding to the Millennium Development Goals

| MDG | Contribution of Infant and Young Child feeding |
|---|---|
| Goal 1 Eradicate extreme poverty and hunger | Breastfeeding significantly reduces early childhood feeding costs (Bhatnagar et al., 1996). Breastmilk is a low-cost and high quality food and provides sustainable food security for the child. Exclusive breastfeeding and continued breastfeeding for two years is associated with a reduction in underweight (Dewey, 1998) and is an excellent source of high quality calories for energy. |
| Goal 2: Achieve universal primary education | Breastfeeding and adequate complementary feeding are prerequisites for readiness to learn (Anderson, 1990). The long chain fatty acids and micronutrients in breastmilk and appropriate complementary foods support appropriate neurological development and enhance later school performance. |
| Goal 3: Promote gender equality and empower women | Breastfeeding is the great equalizer, giving every child a fair start to life. Most differences in growth between sexes begin as complementary foods are added to the diet, and gender preference begins to act on feeding decisions. Breastfeeding also empowers women: breastfeeding helps to space births and prevents maternal depletion; only women can provide it, enhancing women's capacity to feed children; and it increases the focus on the need for adequate women's nutrition. |
| Goal 4: Reduce child mortality | By reducing infectious disease incidence and severity, breastfeeding can reduce child mortality by about 13%, and improved complementary feeding can reduce child mortality by about 6% (Jones et al., 2003). In addition, about 50-60% of under-5 mortality is caused by malnutrition due to poor breastfeeding practices and inadequate complementary foods and, also, to low birth weight (Pelletier & Frongillo, 2003). The impact is increased in unhygienic settings. |
| Goal 5: Improve maternal health | The activities called for in the National Strategy include increased attention to support for the mother's nutritional and social needs. In addition, breastfeeding is associated with decreased maternal postpartum blood loss, breast cancer, ovarian cancer, and endometrial cancer, as well as the probability of decreased bone loss post-menopause. Breastfeeding also increases the duration of birth intervals, reducing maternal risks of closely spaced pregnancies, including lessening risk of maternal nutritional depletion. Breastfeeding promotes return of the mother's body to pre-pregnancy status, including more rapid involution of the uterus and postpartum weight loss (obesity prevention). |

| MDG | Contribution of Infant and Young Child feeding |
|--|---|
| Goal 6: Combat HIV/AIDS, malaria, and other diseases | Based on extrapolation from published literature and research pending publication on the impact of exclusive breastfeeding on parent-to-child transmission (PTCT) of HIV, exclusive breastfeeding in a population of untested breastfeeding HIV-infected population could be associated with a significant and measurable reduction in PTCT. |
| Goal 7: Ensure environmental sustainability | Breastfeeding is associated with decreased milk industry waste, pharmaceutical waste, plastics and aluminium tin waste, and decreased use of firewood/fossil fuels for alternative feeding preparation, less carbon dioxide emission as a result of fossil fuels, and less emissions from transport vehicles as breastmilk needs no transportation. |
| Goal 8: Develop a global partnership for development | The National Strategy fosters multi-sectoral collaboration, and can build upon the existing partnerships for support of development through breastfeeding and complementary feeding. |

The consequences of inappropriate feeding practices in early childhood are major obstacles to the government's efforts towards sustainable socioeconomic development and poverty reduction. In addition, the Millennium Development Goals (MDGs) will not be achieved without action to reduce the rate of malnutrition in infants and young children. Appropriate feeding contributes directly to achievement of MDG 1 (eradicate extreme poverty and hunger), MDG 4 (reduce child mortality), and to the six other MDGs (see Box 1). Recent research has shown that under-five mortality can be reduced by 13% with optimal breastfeeding and a further 6% with optimal complementary feeding (Jones et al, 2003). The correction of inappropriate feeding practices can also prevent malnutrition and its consequences, including developmental delays, impaired educational ability, a lifetime of poor health, increased risk of chronic disease and early death.

1.2 Programme achievements in IYCF

Breastfeeding promotion began in Bangladesh in the early 1980's when a group of child health professionals recognized the erosion of breastfeeding practices and subsequent impact on the nutrition and health of children. Since then, Bangladesh has ratified many of the global commitments to infant and young child feeding (Box 2).

Three years after the World Health Assembly passed the resolution on the International Code of Marketing Breast-milk Substitutes (1981), the Government of Bangladesh passed its National Code, the Breastmilk Substitutes (Regulation of Marketing) Ordinance in 1984.

The breastfeeding movement was formalized into the Campaign for the Protection and Promotion of Breastfeeding (CPPBF) in 1989. The CPPBF began breastfeeding support activities within the primary healthcare system and in hospitals. Health professionals in hospitals were trained on the importance of breastfeeding and how to breastfeed properly, and the media was used extensively in the promotion of breastfeeding.

A national conference on breastfeeding in 1991 led to the Dhaka Declaration - a pledge for the protection, promotion and support of breastfeeding signed by the President, Prime Minister, Cabinet Ministers and participants. The government's growing commitment to breastfeeding and the CPPBF's role in policy development was seen in further amendments to the National Code of marketing of breastmilk substitutes (1993), the introduction of Baby Friendly Hospital Initiative (1991) and the Maternity Leave Law (2001). World Breastfeeding Week has been observed in Bangladesh since 1992 in order to further disseminate the message of breastfeeding promotion to all. In 2003, the recommended period of exclusive breastfeeding was extended by the government from five months to six months.

In 1995, the Ministry of Health and Family Welfare (MOHFW) introduced the Bangladesh Integrated Nutrition Project (BINP), a comprehensive programme to reduce malnutrition in women and children. The CPPBF changed names to the Bangladesh Breastfeeding Foundation (BBF) and took the lead in breastfeeding activities within the BINP and its successive programme, the National Nutrition Programme (NNP).

These achievements have laid a strong foundation for breastfeeding activities in the country but clearly much more is required to build awareness at all levels, increase involvement of the health system, communities and families, and collaboration between all concerned. In the past, the focus has been on interventions at the facility level, such as the BFHI, and there is need to bring more comprehensive interventions to the communities where mothers live and work.

Box 2: Ratification by Bangladesh of global commitments to IYCF

| Global Commitment | Year of Release | Ratified by Bangladesh |
|--|-----------------|------------------------|
| Convention on Elimination of all forms of Discrimination Against Women (CEDAW) | 1979 | √ |
| Convention on the Rights of the Child (CRC) | 1989 | √ |
| Millennium Development Goals | 2000 | √ |
| World Fit for Children Resolution | 2002 | √ |
| International Code of Marketing of Breastmilk Substitutes, subsequent relevant World Health Assembly resolutions | 1981 | √ |
| Codex Alimentarius (Food Safety Standards) | 1985 | In part |
| Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding | 1990 | √ |
| ILO Maternity Protection Convention 183 and Recommendation 191 | 2000 | In part |

1.3 Formulation of the Strategy and Broad Plan of Action

The MOHFW and other involved actors recognized the need for improving breastfeeding and complementary feeding practices in Bangladesh, and initiated the development of the National Strategy for Infant and Young Child Feeding.

The purpose of the National Strategy is to provide guidance on strategies, interventions and actions for a comprehensive approach to the protection, promotion and support of infant and young child feeding in Bangladesh. It was developed through a series of national consultations convened by the Institute of Public Health Nutrition (IPHN) in 2004-6 with collaboration and support from UNICEF and World Health Organization to (i) review the situation of infant and young child feeding in Bangladesh and existing approaches and interventions; (ii) establish objectives and strategies for the protection, promotion and support of infant and young child feeding; and (iii) develop a broad plan of action for implementation of the National Strategy.

The national consultations included participants from the Ministry of Health and Family Welfare (Directorate General of Health Services, Directorate General of Family Planning and National Nutrition Programme), the Bangladesh National Nutrition Council, the Bangladesh Breastfeeding Foundation, international agencies (UNICEF, World Health Organization, World Bank and the Micronutrient Initiative), national and international NGOs, professional medical organizations, and research institutes (Dhaka University and the ICDDR,B Centre for Health and Population). The draft strategy was revised based on the feedback from the participants, circulated to technical experts for final comment, and finalized.

The National Strategy was endorsed at a meeting held on 7th September 2006 chaired by the Secretary, Ministry of Health and Family Welfare, and attended by government officials from relevant departments, institutions, and organizations, and representatives from UN agencies, bilateral donors, international organizations, and NGOs.

The National Strategy builds on past and continuing achievements in infant and young child feeding in Bangladesh, and has been developed in the context of national policies, strategies and programmes. It is consistent with the Global Strategy for Infant and Young Child Feeding (WHO, 2002) and is based on accumulated evidence on interventions with proven positive impact. It identifies comprehensive actions that will be taken to improve legislation, policies and standards to protect optimum infant and young child feeding practices, and to strengthen the capacity of health services and communities to promote and support the nutritional needs of infants and young children. The roles of the critical partners - government, international organizations, non-government organizations, community based organizations and other concerned parties - are also identified to ensure that collective action contributes to the full attainment of the National Strategy's goal and objectives.

2

National Strategy

2.1 Goal and objectives

The National Strategy builds on the existing achievements in Bangladesh and provides a framework for actions to protect, promote and support the optimal infant and young child feeding.

The overall goal of the National Strategy is to improve the nutritional status, growth and development, health, and survival of infants and young children in Bangladesh through optimal infant and young child feeding practices.

The specific objectives of the National Strategy, to be achieved by 2010, are:

- Increase the percentage of newborns who are breastfed within one hour of birth from 24% to 50% (**early initiation of breastfeeding**)
- Increase the percentage of infants aged less than 6 months of age who are exclusively breastfed from 42% to 60% (**exclusive breastfeeding**)
- Maintain the percentage of children aged 20-23 months who are still breastfed at 90% (**continued breastfeeding**)
- Increase the percentage of children aged 6-9 months who are breastfed and receive appropriate complementary foods (rice or starch plus foods from animal sources and one other item of fruit, pulses or vegetable) to 50% (**complementary feeding**)

2.2 Statement on optimal infant and young child feeding practices

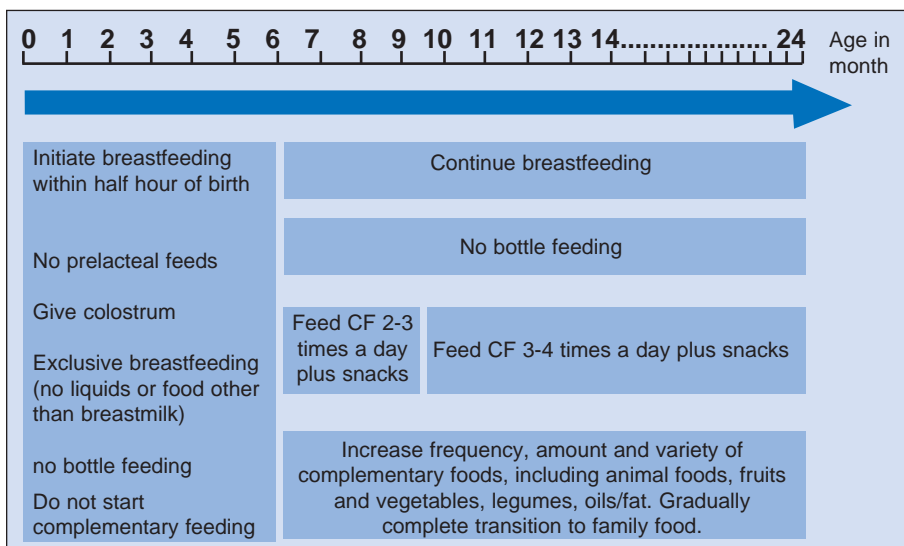
Exclusive breastfeeding and complementary feeding

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important health implications for mothers. Breastfeeding should be initiated within half an hour of delivery, and no prelacteal foods should be given. Infants should be exclusively breastfed for the first six months (180 days) of life to achieve optimal growth, development and health. After that point in time, to meet their evolving nutritional requirements, infants should be fed nutritionally adequate and safe complementary foods and breastfed up to two years of age or beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production, even in women with suboptimal diets. Optimal infant and young feeding practices by age of child are illustrated in Figure 2.

Even though it is a natural act, breastfeeding is also a complicated behaviour that must be learned. Virtually all mothers can breastfeed provided they have accurate information, and support from their husbands, families and communities and from the health care system. They should also have access to skilled practical help from, for example, trained health workers, lay and peer

counsellors who can help to build mothers' confidence, improve feeding technique, and prevent or resolve breastfeeding problems. One of the common barriers to exclusive breastfeeding in Bangladesh is that mothers often believe they are unable to produce enough milk to meet the infants needs; mothers need reassurance that they are able to exclusively breastfeed their infants for six months, even if they have suboptimal diets. At the same time, every effort is needed to improve the dietary intake of these mothers. The dangers of bottle feeding and of breastmilk substitutes should be clearly communicated to mothers, their husbands and families at every opportunity.

Figure 2: Optimal infant and young child feeding practices by age of Child



CF=complementary food

Women in paid employment can be helped to continue breastfeeding by being provided with minimum enabling conditions, for example paid maternity leave of sufficient duration, part-time work arrangements, support from co-workers, on-site crèches, facilities for expressing and storing breastmilk, and breastfeeding breaks. Women with high household workloads also need similar support from their husbands and other family members to breastfeed and give complementary foods to their young children.

Good complementary feeding practices are essential to protect infants and children from both undernutrition and overnutrition. Infants are particularly vulnerable during the transition period when complementary feeding begins. Ensuring that their nutritional needs are met requires that complementary foods be:

- *timely* - meaning that they are introduced when the child has completed 6 months (180 days) of life, when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding,
- *adequate* - meaning that they provide sufficient energy, protein and micronutrients to meet a growing child's nutritional needs,
- *safe* - meaning that they are hygienically prepared and stored, and fed with clean hands using clean utensils and not bottles and teats,
- *responsively fed* - meaning that they are given consistent with a child's signals of appetite and satiety, and that meal frequency and feeding method (actively encouraging the child, even during illness, to consume sufficient food using fingers, spoon or self-feeding) are suitable for the age of the child.

Appropriate complementary feeding depends on accurate information and skilled support from the family, community and health care system. Providing appropriate nutrition counselling to mothers of young children and recommending the widest possible use of locally available foodstuffs will help ensure that local foods are prepared and fed safely in the home. Since the mother does not always have the ability to take decisions that affect what and how her child is fed, other family members also need to be targeted with information and counselling, particularly husbands and mothers-in-law.

Inadequate knowledge about appropriate foods and feeding practices is often a greater determinant of malnutrition than the lack of food. However knowledge will not help in improving complementary feeding practice unless access to quality food is ensured. Diversified approaches are required to ensure access to foods that will adequately meet energy and nutrient needs of growing children, for example use of home- and community- based technologies to enhance nutrient density, bioavailability and the micronutrient content of local foods; promotion of homestead food production; and interventions to increase household purchasing power. The agriculture and social welfare sectors have important roles to play to ensure the availability and affordability of suitable foods for complementary feeding

Low-cost complementary foods made of local ingredients using household or community production technologies can help to meet the nutritional needs of older infants and young children. Processed food products for infants and young children must always meet the quality standards issued by the Bangladesh Pure Food Act and Amendments and other related policy documents.

Food fortification and universal or targeted nutrient supplementation will be necessary methods to ensure that older infants and young children receive adequate amounts of micronutrients for proper growth and development. These include vitamin A supplements, iron supplements, zinc supplements, multiple micronutrient supplements or home fortificants, iodized salt, vitamin A-fortified oil and other fortified products.

Exercising other feeding options

The vast majority of mothers can and should breastfeed, just as the vast majority of infants can and should be breastfed. Only under exceptional circumstances can a mother's milk be considered unsuitable for her infant. For those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative (expressed breastmilk from an infant's own mother, breastmilk from a healthy wet-nurse, or a breastmilk substitute fed with a cup) must be decided based on individual circumstances. Bottle feeding is strongly and actively discouraged at all times as it easily spreads infections that cause diarrhoea.

For infants who are unable to receive breastmilk from their mother or a wet-nurse, feeding with a suitable breastmilk substitute (for example an infant formula prepared and fed following strict hygienic standards) should be demonstrated only by health professionals, and only to the mother and/or caregiver. The information given should include both instructions for appropriate preparation and the health hazards of inappropriate preparation and use. Infants who are not breastfed should receive special attention from the health and social welfare system as they constitute a special risk group.

Feeding in exceptionally difficult circumstances

Families in difficult situations require special attention and practical support to be able to feed their children adequately. These situations include HIV infection of the parent(s) of a child, emergencies and acute malnutrition. In such cases, the likelihood of not breastfeeding increases, as do the dangers of artificial feeding and inappropriate complementary feeding. In all exceptionally difficult circumstances, mothers and babies should remain together and be given ample support to provide the most appropriate feeding options.

Every effort should be made to provide children who cannot be breastfed by their biological mother with a healthy wet-nurse as the first option. Whenever breast-milk substitutes are required for social or medical reasons, the quantity, distribution and use of these substitutes should be strictly controlled to prevent any "spillover effect" of artificial feeding into the general population. A nutritionally adequate breast-milk substitute should be fed by cup only to those infants who have to be fed on breast-milk substitutes. Those responsible for feeding a breast-milk substitute should be adequately informed and equipped to ensure its safe preparation and use. Feeding a breast-milk substitute to minority of children should not interfere with protecting and promoting breastfeeding for the majority. The use of infant feeding bottles and artificial teats should be actively discouraged at all times.

In all exceptionally difficult circumstances it is important to create conditions that will support the mother, for example, by provision of appropriate maternity care, extra food rations and drinking-water for pregnant and lactating women, and staff who have breastfeeding counseling skills.

Active measures are needed to identify infants, children and mothers in need of special attention so that their condition can be identified and treated, for example, through confidential voluntary counselling and testing (VCT) of women and their husbands for HIV, nutritional surveillance in emergencies, and growth monitoring and promotion.

Human immunodeficiency virus

The prevalence of HIV in Bangladesh is still low, and the opportunity exists to prevent the infection from expanding beyond the current low level. The National Strategy has a clear role to play in this issue. The overall objective of HIV and infant feeding actions is to improve child survival by promoting appropriate feeding practices, while working to minimize the risk of HIV transmission through breastfeeding.

It is recommended that only when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended during the first months of life and should then be discontinued as soon as it is feasible. The recommendation is based on the informed

choice policy of WHO, UNICEF, UNAIDS, and UNFPA on HIV and infant feeding (WHO, 2003). Recommending breastmilk substitutes should never be done without careful consideration. For this reason the acceptable, feasible, affordable, sustainable and safe conditions are expressed forthrightly. Taking the choice to use replacement feeding could be a dangerous decision in an environment where poverty, stigma, food insecurity, mother and child malnutrition, and high disease rates prevail, as each can easily threaten the health of the non-breastfed infant. A lack of breastfeeding exposes children to increase risk of malnutrition and life-threatening diseases, especially in the first year of life. In fact, not breastfeeding during the first two months of life is associated with a six-fold increase in mortality due to infectious diseases in developing countries (WHO, 2000).

Women at higher risk of HIV and their husbands need access to VCT services. For women who test negative for HIV, or who are untested, exclusive breastfeeding is the only recommended feeding option. Women who test HIV positive and their husbands should receive counselling on several issues including their own nutritional requirements, the risk of HIV infection compared with the risks of not breastfeeding and how to determine which of available feeding options is acceptable, feasible, affordable, sustainable and safe (AFASS). This guidance will allow the mothers, fathers and other caregivers to make an informed choice on the safest feeding option for their situation. Through this approach, it should be possible to achieve the ultimate goal of increasing overall child survival, while reducing HIV infection in infants and young children. Couples with HIV should also have follow-up care and support, including family planning and nutritional support, and where possible should be linked with support groups for people living with HIV.

The evidence base for HIV and infant feeding is still growing and many questions will not be answered for months or years. As new information is released on HIV and infant feeding, the benefits and risks associated with the different feeding options will need to be re-assessed and clearly communicated to maintain policy consensus.

Emergencies

Infants and children are among the most vulnerable victims of natural or man-made disasters, and this vulnerability often lasts long after the immediate crisis has ended. The challenging conditions typically faced by women and

families during emergencies can undermine breastfeeding practices and interfere with crucial support for breastfeeding women. The shortage and often unsuitability of food resources during emergencies make essential aspects of feeding and care still more difficult. Interrupted breastfeeding and inappropriate complementary feeding heighten the risk of malnutrition, illness and mortality.

The protection, promotion and support of infant and young child feeding practices should be in the first actions taken to address an emergency. Optimal practices for feeding infants and young children during emergencies are essentially the same as those that apply in other more stable conditions. For the vast majority of infants, the emphasis should be on protecting, promoting and supporting breastfeeding and ensuring timely, safe and appropriate complementary feeding. Every effort should be made to keep breastfeeding mothers and children together, to re-establish breastfeeding among mothers who have stopped, and to identify alternative ways to breastfeed infants whose biological mothers are unavailable, including the provision of a healthy wet-nurse. The quantity, distribution of breast-milk substitutes in emergencies should be strictly controlled to prevent unnecessary use. Clear action-orientated messages on appropriate practices should be given at points of contact with affected families in emergencies. Mothers need secure uninterrupted access to appropriate ingredients with which to prepare nutrient-dense foods for themselves and their young children. Alternatively, pregnant women, breastfeeding women and children aged 6-59 months should be provided with extra rations of fortified supplementary foods. Micronutrient supplements are also required to prevent vitamin and mineral deficiencies (vitamin A supplements for children 9-59 months and postpartum women, iron-folate or multiple micronutrient supplements for pregnant and breastfeeding women, and children aged 6-59 months). Nutritional status should be continually monitored to identify malnourished children and mothers so that their condition can be assessed and treated, and prevented from deteriorating further.

Malnutrition and low birth weight

Infants and young children who are malnourished are most often found in environments where improving the quality and quantity of food intake is particularly problematic. To prevent a recurrence and to overcome the effects of chronic malnutrition, these children need extra attention both during the

early rehabilitation phase and over the longer term. Continued frequent breastfeeding and, when necessary, re-lactation are important to ensure the best possible nutrition for the child. Nutritionally adequate and safe complementary foods may be particularly difficult to obtain and nutritional supplements may be required for these children, as well as treatment of underlying diseases.

Severely wasted children require therapeutic feeding with appropriate supplements. Severely wasted children with complications should be referred to an inpatient facility with trained staff for nutritional rehabilitation and treatment. Severely wasted children with no complications who are alert, have good appetite and are clinically well can be managed at home in the community.

Low birth weight infants also need special attention. Most of these infants are born at or near term and can and should be breastfed within half an hour of birth. Breastmilk is particularly important for preterm infants and the small proportion of term infants with very low birth weight who are at increased risk of infection, long term ill-health and death. These children are also born with a higher risk of micronutrient deficiencies compared to normal birth weight children.

Other children and mothers in exceptionally difficult circumstances

There are small populations of children and mothers living in other complicated circumstances who also require extra attention in terms of infant and young child feeding. Orphans, children of mothers suffering from severe physical or mental disabilities, drug or alcohol dependence, imprisonment or otherwise marginalized populations should receive special attention from the health and social welfare system as they have elevated risks of malnutrition, illness and even early death.

Improving feeding practices

Mothers, fathers and other caregivers should have access to objective, consistent and complete information about appropriate feeding practices, free from commercial influence. In particular, they need to know about the recommended period of exclusive and continued breastfeeding; the timing of the introduction of complementary foods; what types of food to give, how much and how often; and how to feed these foods safely. The messages on optimal infant and young child feeding practices need to be delivered at the appropriate time in the life cycle (see Box 3).

Mothers should have access to skilled support to help them initiate and sustain appropriate feeding practices, to prevent difficulties and manage them when they occur. Trained health workers are well placed to provide this support, which should be a routine part not only of regular antenatal, delivery and postnatal care but also of services provided for the well and sick child. Community based networks offering mother-to-mother support, and trained breastfeeding counsellors working within, or closely with, the health care system, also have an important role to play in this regard. Where fathers are concerned, research shows that breastfeeding is enhanced by the support and companionship they provide as family providers and caregivers. In Bangladesh, the role of mothers-in-law is also important, and they too need to be targeted with correct information on appropriate infant and young child feeding practices.

Mothers should also be able to continue breastfeeding and caring for their children after they return to paid employment. This can be accomplished by implementing maternity protection legislation and related measures, and providing day-care facilities and paid breastfeeding breaks for all women employed outside the home.

Box 3: Time appropriate topics for discussion with mothers, husbands and families on IYCF

| Time in Life Cycle | Topics |
|---------------------|--|
| Pregnancy | <ul style="list-style-type: none"> ● Put the child to the breast with skin to skin contact within half an hour of delivery ● Correct position and attachment ● No pre-lacteal feeds ● Feed colostrum ● Exclusive breastfeeding for 6 months ● No breastmilk substitutes or bottles ● Iron-folate supplements for pregnant woman ● Adequate dietary intake (quality and quantity) for pregnant woman |
| Delivery/postpartum | <ul style="list-style-type: none"> ● Put the child to the breast with skin to skin contact within half an hour of delivery ● Good breastfeeding practices (i.e. positioning, attachment, emptying of the breast, frequency for day and night feeds) ● No pre-lacteal feeds ● Feed of colostrum ● Exclusive breastfeeding for 6 months ● No breastmilk substitutes or bottles ● Post-partum vitamin A supplement and iron-folate supplements for the mother ● Adequate dietary intake (quality and quantity) for the breastfeeding mother |

| Time in Life Cycle | Topics |
|--|--|
| Child up to 6 months of age (180 days) | <ul style="list-style-type: none"> • Exclusive breastfeeding for 6 months • No breastmilk substitutes or bottles • Good breastfeeding practices (i.e. positioning, attachment, emptying of the breast, frequency for day and night feeds) • Coping with lactation problems (engorgement, not enough milk, mastitis, cracked nipples etc.) • Adequate dietary intake (quality and quantity) for the breastfeeding mother • How to manage breastfeeding and work both inside and outside of the home • Family planning methods during breastfeeding • Growth monitoring and promotion for the child every month |
| Child on completion of 6 months and up to 12 months | <ul style="list-style-type: none"> • Continued breastfeeding • No breastmilk substitutes or bottles • Good breastfeeding practices (i.e. positioning, attachment, emptying of the breast, frequency for day and night feeds) • Coping with lactation problems (engorgement, not enough milk, mastitis, cracked nipples etc.) • Introduction of family based complementary foods on completion of 6 months (180 days) • Quantity, quality, frequency, consistency, variety, safety of family-based complementary foods for various age groups • How to complementary feed a child with individual bowl or plate. • Adequate dietary intake (quality and quantity) for the breastfeeding mother • Vitamin A supplement with measles vaccination for child at 9 months of age • Growth monitoring and promotion for child every month |
| Child on completion of 12 months and up to 24 months | <ul style="list-style-type: none"> • Continued breastfeeding • No use of breastmilk substitutes or bottles • Good breastfeeding practices and coping with lactation problems • Quantity, quality, frequency, consistency, variety, safety of family-based complementary foods for various age groups • Adequate dietary intake (quality and quantity) for the breastfeeding mother • Vitamin A supplements for child every six months • Growth monitoring and promotion for child every month |

2.3 Strategies

The priority strategies for infant and young child feeding in Bangladesh fall into four categories: legislation, policy and standards; health system support; and community-based support; and support in exceptionally difficult circumstances (Box 4).

Legislation, policies and standards are needed to protect infant and young child feeding practices. They include measures to prevent unethical marketing of breast-milk substitutes, to protect the breastfeeding rights of employed women, and to ensure adequate labelling and quality of products intended for consumption by infants and young children.

The practices and routines of all health facilities should actively promote the initiation and continuation of breastfeeding. Every opportunity should be taken during contacts between mothers and health service providers to counsel on infant and young child feeding through integration of infant and young child feeding activities with health and nutrition programmes. Health service providers themselves need updated knowledge and skills to effectively support infant and young child feeding.

Mothers need support for infant and young child feeding in the communities where they live. Community-based support and family support of infant and young child feeding should therefore be an essential element of efforts to improve practices. Community-based support may take the form of mother support groups, peer counsellors or women's groups.

Special emphasis on the protection, promotion and support of infant and young child feeding is needed when exceptionally difficult circumstances arise, for example, acute malnutrition, emergencies and HIV/AIDS. These circumstances often hinder the ability of a mother to feed her child at the very time when her child needs it most.

Box 4: Priority strategies for infant and young child feeding in Bangladesh

| | |
|--|---|
| Legislation, policy and standards | |
| Strategy 1 | : Code of marketing of breast-milk substitutes |
| Strategy 2 | : Maternity protection in the workplace |
| Strategy 3 | : Codex standards |
| Strategy 4 | : National policies and plans |
| Health system support | |
| Strategy 5 | : Baby-friendly Hospital Initiative |
| Strategy 6 | : Mainstreaming and prioritization of IYCF activities |
| Strategy 7 | : Knowledge and skills of health service providers |
| Community-based support | |
| Strategy 8 | : Community-based support for IYCF |
| IYCF in exceptionally difficult circumstances | |
| Strategy 9 | : IYCF in exceptionally difficult circumstances |

Strategy 1: Code of marketing of breast-milk substitutes

Breastmilk is the best food for an infant's first six months of life. It contains all the nutrients an infant needs and it stimulates the immune system and protects from infectious diseases. Breastmilk substitutes are an expensive, inferior and often dangerous substitute for breastmilk, but formula manufacturers have nonetheless advertised and marketed them. Recognizing the need to regulate these practices, the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes in 1981, and subsequently the Government of Bangladesh took action to adopt and implement a National Code, the Breast-milk Substitutes (Regulation of Marketing) Ordinance in 1984. The National Code was revised in 1990 and 1993 after amendments to the international Code by the WHA.

The aim of the National Code is to contribute to the provision of safe and adequate nutrition for infants by ensuring appropriate marketing and distribution of breast-milk substitutes and to prohibit their promotion. The Code is monitored by the Institute of Public Health Nutrition, with support from the Bangladesh Breastfeeding Foundation.

Strategy 1: Code of marketing of breast-milk substitutes

Strengthen the implementation, monitoring and enforcement of the Breastmilk Substitutes (Regulation of Marketing) Ordinance and amendments.

The National Strategy calls for a revision of the National Code to ensure that all provisions of the International Code and subsequent WHA resolutions are incorporated. The scope of the Code should be broadened to ensure that all products intended for consumption by infants and young children are appropriately marketed and distributed. There is need to strengthen the monitoring and enforcement procedures of the National Code so that code violations are more effectively detected and swift legal action is taken. The awareness of policy-makers, infant-food manufacturers, wholesalers/marketers, health service providers and the general public about the Code needs to be raised.

Strategy 2: Maternity protection in the workplace

Increasing numbers of women are joining the workforce in both rural and urban areas of Bangladesh, and their contribution to the economy is considerable. At the same time, their ability to exclusively and continually breastfeed their infants and young children is essential to ensure a healthy, well nourished, and economically productive future workforce. The two roles of women as workers (economically productive) and mothers (reproductive) should be respected and accommodated by both the government and society.

The International Labour Organization (ILO) Maternity Protection Convention No. 183 was passed in 2001 to protect the maternity and breastfeeding rights of employed women. In the same year, the Government of Bangladesh took action for maternity protection in the workplace through the Maternity Leave Law of 2001, which granted women in government service in Bangladesh with four months of flexible full pay leave. This maternity leave enables on demand exclusive breastfeeding, bonding between mother and infant, mother's recovery and care seeking for postnatal health services. Unfortunately there is no maternity protection for the increasing numbers of mothers who work in the private and informal sector. These working arrangements prevent working mothers from optimally feeding their infants and young children, and force them to choose between income today and protecting the child's future health and development.

Strategy 2: Maternity protection in the workplace

Enact adequate legislation protecting the breastfeeding rights of working women in a full range of employment and establish the means for its enforcement.

As maternity benefits are a basic human right for all women, the National Strategy calls for amendments to the current legislation to include all provisions of the ILO Maternity Protection Convention No. 183 for all employed women. The legislation needs to be widely publicized among all stakeholders, especially employers and the public, and a mechanism for its monitoring and enforcement should be established. Employers and co-workers should be also be motivated to create an enabling environment for women to breastfeed at the workplace including the creation of crèches, breastfeeding breaks, and comfortable private spaces to breastfeed. Mothers who take maternity leave should be informed that one of the most important reasons for maternity leave is to enable the mother to exclusively breastfeed her child; they should be counselled on the importance of exclusive breastfeeding for six months and given necessary support.

Strategy 3: Codex Alimentarius

The Codex Alimentarius is the international body that aims to protect the health of consumers. Codex standards cover infant formula, tinned baby food, processed cereal-based foods for infants and children, and follow-up food. There are also Codex guidelines for formulated supplementary food for older infants and young children with advisory lists of mineral salts and vitamin compounds that may be used in these foods as well as a code of hygienic practices. The Codex standards for infant formula and processed cereal-based foods for infants and children define the products and their scope and cover composition, quality factors, food additives, contaminants, hygiene, packaging, labelling and methods of analysis and sampling.

The Bangladesh Pure Food Ordinance was passed in 1959, and revised in 2004 as the Bangladesh Pure Food (Amendment) Act, to provide better control of the manufacture and sale of food for human consumption. The Bangladesh Standards and Testing Institution (BSTI) Ordinance was passed in 1985 and revised in 2003 as the BSTI (Amendment) Act to establish an institution for standardization, testing, metrology, quality control, grading, marking and certification of goods for local consumption, import and export. BSTI is the Codex Alimentarius focal point for Bangladesh and a member of the International Standards Organization. The list of foods requiring compulsory certification by BSTI includes infant formula and powdered milk, but not infant complementary foods.

Strategy 3: Codex Alimentarius

Ensure that processed infant and complementary foods are safe and nutritionally adequate, in accordance with the relevant Codex Alimentarius standards.

The National Strategy calls for action to ensure that processed infant and complementary foods are safe, nutritionally adequate and appropriately labelled in accordance with the relevant Codex Alimentarius standards. There should be compulsory certification of all infant and complementary foods intended for consumption by infants and young children.

Strategy 4: National policies and plans

Optimum breastfeeding and complementary feeding practices not only improves short- and long- term health outcomes but also contribute to a stronger economy by reducing health expenditure, improving educational achievement and productivity among adults. The focus of national development policies and plans on infant and young child feeding should be commensurate with these impacts.

Examples of existing policies and plans that would benefit from a stronger focus on infant and young child feeding include the Poverty Reduction Strategy Paper (2005), National Food and Nutrition Policy (1997), National Plan of Action for Nutrition (1997), Comprehensive Food Security Policy and National Food Policy (2000), National Water Policy (1998), National Policy for Safe Water Supply and Sanitation (1999), and National Development Policy for the Advancement of Women (1997).

Strategy 4: National policies and plans

Incorporate infant and young child feeding interventions into national development policies and plans, major health initiatives and other projects to advocate for its importance and mobilize resources.

The National Strategy calls for infant and young child feeding to be strongly anchored within the broad development agendas of the government and in all relevant programmes. All opportunities should be taken to incorporate infant and young child feeding interventions into national policies and plans, major health initiatives, such as the Global Fund for Malaria, Tuberculosis and HIV/AIDS, and other projects to advocate for action and mobilize resources.

Strategy 5: Baby-Friendly Hospital Initiative

Hospitals set a powerful example for mothers, and they all have an important role as centres of breastfeeding support. The Baby-Friendly Hospital Initiative (BFHI) was introduced in Bangladesh in 1992 to improve hospital routines and procedures so that they are supportive of the successful initiation and continuation of optimal breastfeeding practices. A hospital is designated as "baby friendly" when it has agreed not to accept free or low-cost breastmilk substitutes, feeding bottles or teats, and to implement 10 specific steps to support breastfeeding ("Ten steps to successful breastfeeding"). BFHI

certification is conducted by the Bangladesh Breastfeeding Foundation and is not part of routine hospital accreditation (certification) procedures. By 2005, 486 out of 550 government and private health facilities have been declared baby friendly, but the quality of implementation is mixed and some facilities have not been able to sustain all components of the initiative.

Strategy 5: Baby-Friendly Hospital Initiative

Ensure that every health facility successfully and sustainably practices all the "Ten steps to successful breastfeeding" and other requirements of the BFHI.

The National Strategy calls for a revitalization of efforts in BFHI to achieve full coverage of all health facilities in the country, including private and non-government facilities; to monitor the quality of implementation to ensure adequate standards of care; to strengthen the reassessment (recertification) of baby-friendly status; and to mainstream BFHI into the health system as an essential component of quality assurance and improvement of care. Ways should also be found to strengthen the establishment of community-based support groups as an important avenue to increase coverage of skilled support (the tenth step of the "Ten steps to successful breastfeeding" of BFHI; see also Strategy 8).

Strategy 6: Mainstreaming and prioritization of IYCF activities

Optimal infant and young child feeding requires substantial behaviour change on the part of a mother. This cannot be achieved through a single contact with a health service provider - mothers need multiple contacts to acquire knowledge, reinforce positive behaviors and solve problems throughout the latter stages of pregnancy and during the first two years of life of a child. It is therefore essential that IYCF activities are incorporated, to the extent possible, as a priority action in all existing programmes and projects with which the mother has contact during this crucial period.

Strategy 6: Mainstreaming and prioritization of IYCF activities

Integrate skilled behavior change counseling and support for infant and young child feeding into all points of contact between mothers and health service providers during pregnancy and the first two years of life of a child.

The National Strategy calls for the integration of skilled behaviour change counseling and support for infant and young child feeding at all points of contact between mothers and health service providers during pregnancy and the first two years of life of a child, including antenatal care, delivery care, postnatal care, immunization visits, growth monitoring and promotion, and child health services. Box 5 lists some of the major programmes and projects into which IYCF activities can be integrated. It is important that all these programmes and projects use consistent messages and materials to support infant and young child feeding, including the use of uniform guidelines, training materials, and job aids.

Box 5: Existing health and nutrition programmes and projects in Bangladesh into which IYCF activities can be integrated

| Health contact point | Programme/project* |
|------------------------------------|--|
| Antenatal | Maternal, Child and Reproductive Health Services Delivery, DGFP Reproductive health, DGHS |
| Delivery, postpartum and postnatal | Maternal, Child and Reproductive Health Services Delivery, DGFP Reproductive health, DGHS |
| Family planning | Family Planning Field Services Delivery, DGFP |
| Immunization | Expanded Programme on Immunization, DGHS |
| Growth monitoring and promotion | National Nutrition Programme (NNP) |
| Sick child consultations | Integrated Management of Child Illness (facility and community), DGHS Maternal, Child and Reproductive Health Services Delivery, DGFP, NNP |

*Many NGOs are also implementing programmes and projects that provide similar health contacts into which IYCF activities can be integrated.

Strategy 7: Knowledge and skills of health service providers

Health service providers, nutritionists and allied professionals who care for mothers need up-to-date knowledge on infant and young child feeding legislation, policies and guidelines, and skills training for interpersonal communication, counselling and community mobilization.

The most sustainable way to address the current knowledge and skill gaps is to include essential knowledge and competences in the pre-service curriculae. While such efforts progress, there is also need to increase the skills of those who are already in service through action-oriented, skills-focused training.

Strategy 7: Knowledge and skills of health service providers

Improve the knowledge and skills of health service providers at all levels to give adequate support to mothers on infant and young child feeding, including skills training on interpersonal communication, behaviour change counselling and community mobilization.

The National Strategy calls for a revision and periodic update of pre-service and in-service curriculae and training materials. Conditions to ensure sustainable implementation and training include guidelines on infant and young child feeding; teams of experienced trainers for both in-service and pre-service education; strict criteria for selection of trainers and trainees; and monitoring of the quality of training and follow-up. A detailed plan of action is needed for roll-out of in-service training at all appropriate levels.

Strategy 8: Community-based support

Every mother faces unique challenges in meeting her infant and young child's needs for food during the first two years of life. Mothers need access, within their communities, to a reliable and accessible source of information, guidance and counselling to overcome the day-to-day challenges they face in practicing exclusive breastfeeding, continued breastfeeding and appropriate complementary feeding. This requires that support for breastfeeding and complementary feeding be extended from health facilities to the communities where mothers live and work. The need for community-based support is particularly high in communities that are remote, where health care is less accessible, poverty and food security are greater problems and misinformation on appropriate infant and young child feeding practices is more widespread.

Strategy 8: Community-based support

Develop community-based networks to help support appropriate infant and young child feeding at the community level, e.g. mother-to-mother support groups and peer or lay counsellors.

The National Strategy calls for much greater attention to community-based support of infant and young child feeding in Bangladesh. Community-based support mechanisms have the potential to vastly improve infant and young child practices by increasing access to information, guidance and counselling. Behaviour change counselling is a key intervention and can be delivered by a peer, family member, community health worker or volunteer. Home visits, group meetings, growth monitoring sessions, and cooking sessions are all good opportunities for sharing information and counselling. The counsellor needs to have accurate knowledge and skills about infant and young child feeding, be equipped to negotiate feasible actions, and be able to inspire the mother with confidence in her abilities.

Community-based interventions should, where possible, build on existing structures, integrate with the health system, and involve partnerships with various sectors and groups. Interventions should extend the care that is provided within the health system to families in the home and mechanisms should be in place to refer mothers and babies with problems, preferably to a baby-friendly facility. The same community should also take steps to ensure that the National Code for marketing of breast-milk substitutes is respected, and that there is maternity protection in the workplace. Appropriate efforts should also be made to involve the private sector, including private practitioners, village doctors, midwives, traditional birth attendants and traditional healers. There must also be sustained involvement of the health sector in support and supervising activities at the community level.

The challenge is to identify which individuals or groups are most appropriate for promoting infant and young child feeding in the community. This depends on their frequency of contact with mothers during pregnancy and breastfeeding, geographical coverage and number, existing work load, ability to provide accurate information, advice and behaviour change counselling skills, motivation and sex. More than one type of individual or group will be necessary to cover the all target groups and all areas of the country effectively. Box 6 lists existing community-based health workers and volunteers in Bangladesh who could be agents for protecting, promoting and supporting infant and young child feeding. Many of these community based workers are already promoting child health and nutrition issues. In addition, mother-to-mother support groups, and peer or lay counsellors could be utilized.

Box 6: Community-based health workers and volunteers in Bangladesh

| Community-based health workers and volunteers | Affiliated programme/project |
|--|--|
| Family Welfare Assistants | Directorate General Family Planning, Ministry of Health and Family Welfare |
| Health Assistants | Directorate General Health Services, Ministry of Health and Family Welfare |
| Skilled Birth Attendants | Directorate General Health Services and Directorate General Family Planning, Ministry of Health and Family Welfare |
| Community Nutrition Promoters & Community Nutrition Organizers | National Nutrition Programme, Ministry of Health and Family Welfare |
| Para Workers | Integrated Community Development Programme (ICDP) of the Chittagong Hill Tracts Development Board (CHTDB), Ministry of CHT Affairs |
| Village Health Volunteers | Primary Health Care Programme, Directorate General of Health Services, Ministry of Health and Family Welfare |
| Urban Development Centre health worker | Support for Basic Services in Urban Areas Project, Ministry of Local Government and Rural Development |
| Depot Holder | NGO Service Delivery Programme (NSDP) |
| Community Health Volunteer | 2nd Urban Primary Health Care Project |
| NGO Workers | NGOs |
| Private practitioners | N/A |
| Traditional Birth Attendants | N/A |
| Village doctors Rural practitioners Palli Chikitsok | N/A |

Strategy 9: IYCF in exceptionally difficult circumstances

Families in exceptionally difficult circumstances require special attention and practical support to be able to feed their children adequately. These circumstances include HIV infection of the child's mother or father, emergencies and malnutrition. All these circumstances require an enabling environment, where appropriate infant and young child feeding practices in the general population are protected, promoted and supported, and where special attention and support is available to address the difficult circumstances.

Strategy 9a: HIV and IYCF

Develop capacity among the health system, community and family to provide adequate support to HIV-positive women to enable them to select the best feeding option for themselves and their infants, and to successfully carry out their infant feeding decisions.

The National Strategy calls for special attention to support infant and young child feeding in circumstances where the child's mother or father has HIV. There is need to develop and update guidelines on HIV and infant feeding; expand access to and demand for HIV testing and counselling; and to build capacity of health service providers and peer support groups of people living with HIV/AIDS to counsel HIV-positive parents on HIV and infant feeding so that they can make informed infant feeding choices (considering AFASS) and are supported in carrying out their choice.

Strategy 9b: Emergencies and IYCF

Develop capacity among the health system, community and family to ensure appropriate feeding and care for infants and young children in emergencies.

The National Strategy calls for inclusion of key interventions to protect, promote and support optimal feeding for infants and young children in the emergency response to any emergency that affects women and children. Because of the urgency with which these interventions are required when an emergency arises, these interventions need to be in place so that they can be effective during an emergency. Updated guidelines are needed for infant and young child feeding in emergencies, including a framework for action, and infant and young child feeding actions should be incorporated into emergency response plans. Increased awareness and knowledge about the benefits of breastfeeding in the emergency situation is needed among all stakeholders. A pool of expert trainers should be formed to train government and humanitarian agency staff on good practices in infant and young child feeding in emergencies and to assist these agencies in developing interventions to improve practices. In the event of an emergency, infant and young child feeding activities should be coordinated and monitored through the inter-agency coordination group responsible for nutrition in emergencies.

Strategy 9c: Malnutrition and IYCF

Develop the capacity among the health system (both facility and community-based), community and family to manage malnutrition, including severe wasting.

The National Strategy calls for special attention to support the feeding of low birth weight and malnourished infants and children and, where necessary, nutritional rehabilitation. Caregivers, community health workers, and health service providers who have contact with infants and young children should be oriented on the dangers of malnutrition and be able to detect low birth weight and recognize the early signs of malnutrition. Community health workers and health service providers should also know how to identify the underlying causes of malnutrition; be able to recognize poor feeding practices and advise caregivers on their improvement; understand the special importance of exclusively breastfeeding for low birth weight infants and provide adequate support to mothers; and be equipped with appropriate information for referral and follow-up. Community health workers and health service providers with specific responsibilities for managing cases of severe malnutrition at the facility and community level require guidelines, protocols, and training in order to carry out their responsibilities.

2.4 Advocacy and behaviour change communication

Infant and young child feeding requires both advocacy and behaviour change. Advocacy is needed to keep infant and young child feeding high on the public health agenda and obtain proactive support for infant and young child feeding among leaders at all levels, including local elites, religious leaders, government officials and political leaders. Behaviour change will focus on the actions that need to be taken by a mother, her family, her employer, community and many others in support of breastfeeding and complementary feeding practices that will best serve the nutritional needs of infants and young children.

Due attention must be given to interpersonal communication, particularly behaviour change counselling, to effectively changing infant and young child feeding practices. Every mother faces individual problems in feeding her infant and young child, and needs individually-tailored counselling and problem-solving to address these issues. Data from ICDDR,B research indicates that around two-thirds of women in the first few days after delivery have some problems with

breastfeeding that can be resolved with counselling from a woman experienced in breastfeeding and trained in counselling. Health service providers, community based workers or volunteer workers must be carefully selected for counselling services to ensure that they have the contact, experience, motivation and skills to counsel mothers. Communication strategies must address not only the individual behaviour change of the mother, but also the beliefs of those who influence her at all levels, particularly husbands, mothers-in-law and other family members, elders, and community members.

2.5 Monitoring, evaluation and research

Actions in support of infant and young child feeding must be monitored and evaluated to test and assess program effectiveness, justify the continuation or modification of program interventions and provide feedback at all levels. Monitoring of an ongoing program is continuous and aims to provide the management and other stakeholders with early indications of progress (or lack thereof) in the achievement of results and objectives. Evaluation is a periodic exercise that attempts to systematically and objectively assess progress towards and the achievement of a program's objectives or goals. Because progress in IYCF depends so heavily on the achievement of behavioural aims and objectives, monitoring and evaluation of behavioural indicators should be given special attention.

A monitoring and evaluation plan should be developed to provide a standardized framework on how needed information will be collected, processed, analysed, interpreted, shared and used. All organizations working in the field of IYCF should follow the same monitoring and evaluation plan to ensure comparability. It is particularly important to ensure the consistent use of indicators for monitoring and evaluating trends in infant and young child feeding. Where possible, infant and young child feeding indicators should be incorporated into existing health information systems at every contact with a child less than 3 years of age. Outcome and impact indicators can be included in surveys such as the Bangladesh Health and Demographic Survey, Child Nutrition Survey and Multiple Indicator Cluster Survey.

Research, including operations research, is needed to determine the factors that contribute to poor infant and young child feeding practices at all levels (including the child, mother, family, community, health system and institutions and national policy levels); identify which groups most need and benefit from services; and identify cost-effective approaches to improving infant and young child feeding practices for evidence-based advocacy and programme implementation.

The results for monitoring, evaluation and research should be regularly reviewed and used to revise strategies and interventions for improving infant and young child feeding.

2.6 Stakeholders and their responsibilities

Governments and other concerned parties share responsibility for successful implementation of the National Strategy. Making the necessary changes from the community to national level demands many actions, including increased political will, public investment, awareness among health workers, involvement of families and communities, and collaboration between governments, international organizations and other concerned parties. Each partner should acknowledge and embrace its responsibilities, laid out in Box 7, for improving the feeding of infants and young children and for mobilizing required resources.

Box 7: Stakeholders and their responsibilities

| Government of Bangladesh | |
|--------------------------|--|
| Stakeholders: | Ministry of Health and Family Welfare: Directorate General of Health Services Directorate General of Family Planning Institute of Public Health Nutrition National Nutrition Program Bangladesh National Nutrition Council Ministry of Local Government, Rural Development and Cooperatives Bangladesh Standards and Testing Institute (BSTI) |
| Responsibilities: | Formulate, implement, monitor and evaluate policies and strategies for infant and young child feeding Identify and allocate human, financial and organizational resources for implementation of the National Strategy |

Health professional bodies and research institutions

| | |
|-------------------|--|
| Stakeholders: | <p>Medical colleges, university and institutes Bangladesh Medical Association Bangladesh Paediatric Association Bangladesh Perinatal Society Obstetrical and Gynaecological Society of Bangladesh Nutrition Society of Bangladesh Bangladesh Nursing Association Institute for Child and Mother Health Neonatal Forum ICDDR,B Centre for Health and Population Research</p> |
| Responsibilities: | <p>Education and training in IYCF for all health service providers Promote achievement and maintenance of "baby-friendly" health facilities. Integration of IYCF into antenatal, postnatal, reproductive health, child health and nutrition services. Observe in their entirety their responsibilities under the National Code of marketing of breast-milk substitutes Encourage the establishment and recognition of community support groups and refer mothers to them</p> |

Non-governmental organizations, including community support groups

| | |
|-------------------|--|
| Stakeholders: | <p>Bangladesh Breastfeeding Foundation and other NGOs Community support groups, including religious organizations and women's groups.</p> |
| Responsibilities: | <p>Provide members with accurate, up-to-date information about infant and young child feeding. Integrate skilled support for infant and young child feeding in community-based interventions and ensuring effective linkages with the health care system. Contribute to the creation of mother- and child-friendly communities and workplaces that routinely support appropriate infant and young child feeding. Work for full implementation of the principles and aim of the National Code of marketing of breast-milk substitutes.</p> |

Commercial enterprises

| | |
|-------------------|--|
| Stakeholders: | <p>Companies producing food products for infants and children. Companies producing and distributing products within the scope of the International Code of Breastmilk Substitutes.</p> |
| Responsibilities: | <p>Ensure that processed food products for infants and children, when sold, meet applicable Codex Alimentarius (International Food Safety) standards All manufacturers and distributors of products within the scope of the National Code for marketing of breast-milk substitutes are responsible for monitoring their marketing practices according to the principles and aims of the Code.</p> |

| Social partners | |
|------------------------------------|---|
| Stakeholders: | Employers |
| Responsibilities: | Ensure that the maternity entitlements of all women in paid employment are met, including breastfeeding breaks and other workplace arrangements. |
| Other groups | |
| Stakeholders: | Education authorities Mass media Child-care facilities |
| Responsibilities: | Provide accurate information through schools and other education channels to children and adolescents to promote greater awareness and positive perceptions Provide information on parenting, child care and products within the scope of the National Code for marketing of breast-milk substitutes Permit working mothers to care for their infants and young children. |
| International organizations | |
| Stakeholders: | UN agencies, international NGOs. |
| Responsibilities: | Advocate for increased human, financial and institutional resources for implementation of the National Strategy. Support development of norms and standards Support policy development and promotion. Support national capacity-building. |

2.7 Coordination

The National IYCF Working Group comprised of technical representatives from all relevant departments of the government, UN agencies, development partners and NGOs will provide technical support to strategize and plan, coordinate implementation, and monitor and evaluate IYCF interventions at the national level. The following broad tasks will be performed by this working group:

1. Recommend new/changes to policies and strategies for IYCF and submit to the NSC for approval
2. Develop technical guidelines on infant and young child feeding
3. Develop a 5 year and annual plan of action for infant and young child feeding
4. Monitor the implementation of the plan of action and progress towards the objectives and targets of the National Strategy.
5. Provide any other technical assistance required for effective implementation

To perform these functions, the National IYCF Working Group should be an integral part of the governmental system, with funding provided and mandate approved by the government.

A full-time national IYCF coordinator or focal point will be appointed to provide leadership for IYCF activities.

Infant and young child feeding activities will be coordinated and monitored at district level through the District Health Coordination Meetings, and at upazilla level through the Upazilla Health Coordination Meetings and, in operational areas of the NNP, the Upazilla Nutrition Technical Committee will also be utilized.

3

Broad Plan of Action

This broad plan of action describes the actions required to implement the strategy. It is intended as the basis for the formulation of a detailed five year and annual Plan of Action.

3.1 Code of marketing of breast-milk substitutes

- 3.1.1 Periodically review and amend the National Code to ensure that:
- All provisions of the International Code and subsequent WHA resolutions are included.
 - Scope of the National Code is broadened to ensure that all products intended for consumption by infants and young children, including complementary foods, are appropriately marketed and distributed, and that whole milk powder carries a warning message that it is not suitable for infants aged less than 12 months.
 - Revise the penalties for violation of the National Code.

- 3.1.2 Strengthen monitoring and enforcement procedures of the National Code to more effectively detect code violations and to accelerate the legal process.
- Conduct a review of the strengths, weaknesses, opportunities and threats to the monitoring mechanism and enforcement procedures, and determine what improvements can be made
 - Revise the monitoring system and enforcement procedures according to the recommendations of the review, and amend the National Code if necessary.
- 3.1.3 Ensure that the response to HIV does not include the introduction of non Code-compliant donations of breastmilk substitutes or the promotion of breastmilk substitutes.
- 3.1.4 Raise awareness on the National Code and the need for effective implementation at the national level among key policy-makers, infant food manufacturers and the public.
- 3.1.5 Develop and disseminate user-friendly guidelines for government officials on the contents of the National Code and guidance notes on staff interactions with infant formula manufacturers.
- 3.1.6 Educate health service providers and others on their responsibilities under the National Code.

3.2 Maternity protection in the workplace

- 3.2.1 Amend the Maternity Leave Law 2001 to include all provisions of the ILO Maternity Protection Convention No. 183 for all employed women, and periodically update as required.
- 3.2.2 Increase public awareness of the benefits of combining work and breastfeeding, and publicize legislation among all stakeholders, especially among employers and the public.
- 3.2.3 Advocate with employers to create better opportunities for women to breastfeed at the workplace including the creation of crèches, breastfeeding breaks, and comfortable private spaces to breastfeed at the workplace ("Mother-Friendly Workplaces").

- 3.2.4 Encourage unions and worker groups to advocate for maternity entitlements which support women workers who breastfeed.
- 3.2.5 Establish mechanism to monitor and enforce the legislation.

3.3 Codex Alimentarius

- 3.3.1 Conduct a review of the use of the Codex Alimentarius in Bangladesh and compliance with its standards on available products for infants and young children.
- 3.3.2 Develop standards for nutrient content, safety, and appropriate labeling of processed complementary foods intended for infants and young children.
- 3.3.3 Enforce compulsory certification of all processed complementary foods by adding them to the list of items that must be obligatorily tested by the BSTI before sales in Bangladesh.

3.4 National policies and plans

- 3.4.1 Incorporate infant and young child feeding interventions into national development policies and plans, major health initiatives and other projects to advocate for its importance and mobilize resources.

3.5 Baby-Friendly Hospital Initiative

- 3.5.1 Expand the BFHI to all health facilities providing mother and child services in the country, including private and non-government facilities.
- 3.5.2 Determine and implement ways to sustain the "baby-friendly" status of health facilities, such as Breastfeeding Management Centres.
- 3.5.3 Link baby-friendly health facilities with "baby-friendly" communities with the help of community support groups available at the community level.
- 3.5.4 Strengthen the monitoring of BFHI status in certified hospitals and periodically recertify health facilities as baby-friendly. Create a national monitoring system for BFHI certification and recertification, with guidelines on how often a health facility should be assessed for BFHI status.

- 3.5.5 Incorporate BHFI into the standard operating procedures of health facilities, including the facility's quality control, monitoring and evaluation system.
- 3.5.6 Incorporate BFHI into the accreditation procedures of new health facilities.

3.6 Mainstreaming and prioritization of IYCF activities

- 3.6.1 Identify all contact opportunities between pregnant women, infants, young children and health, nutrition and development programmes/projects, and opportunities to mainstream (integrate) IYCF activities. Determine the limiting factors in integrating IYCF and how to overcome them.
- 3.6.2 Advocate for mainstreaming and prioritization of IYCF activities.
- 3.6.3 Promote consistency of approaches across all programmes/projects, including the use of uniform guidelines, training materials, and job aids.

3.7 Knowledge and skills of health service providers

- 3.7.1 Assess levels of skills and knowledge, needs for improvement, and training needs of health service providers.
- 3.7.2 Revise the curricula for pre-service and in-service training of health service providers at all levels to include appropriate content on infant and young child feeding.
- 3.7.3 Develop guidelines and standard training materials on infant and young child feeding for health service providers at appropriate levels, including:
- Breastfeeding counseling
 - Complementary feeding counseling
 - HIV and infant feeding counseling
 - Management of severe malnutrition
 - Management of low birth weight
 - Infant and young child feeding in emergencies
 - Responsibilities for monitoring of the National Code of marketing of breastmilk substitutes

- 3.7.4 Develop quality job aids in infant and young child feeding for health service providers
- 3.7.5 Develop a pool of core trainers in infant and young child feeding for training of health service providers.
- 3.7.6 Develop and implement a plan of action for in-service training of health service providers at all appropriate levels.
- 3.7.7 Improve follow-up and supportive supervision of health workers to sustain their knowledge and skills and the quality of counseling.

3.8 Community-based support

- 3.8.1 Identify peer counsellors and community-support groups to provide counselling and guidance to mothers in their communities.
- 3.8.2 Develop a training package to develop the knowledge and skills of peer counsellors and community-support groups in infant and young child feeding, interpersonal communication, problem solving, counselling and group facilitation.
- 3.8.3 Develop core team of trainers for peer counsellors and community-based support groups.
- 3.8.4 Establish community-based support groups and peer counsellors, with supportive supervision from health system or NGO.
- 3.8.5 Train peer counsellors, community-based support groups and their supervisors in IYCF promotion and support, and skills in interpersonal communication, counselling and group mobilization.
- 3.8.6 Monitor and supervise activities by community-based support groups and peer counsellors.

3.9 IYCF in exceptionally difficult circumstances

3.9.1 HIV and IYCF:

- Coordinate with stakeholders in the field of HIV/AIDS and sexually transmitted infections prevention to increase access and demand for HIV testing and counselling, before and during pregnancy and lactation to enable women and their husbands to know their HIV status, and be counselled on infant feeding.

- Establish guidelines on HIV and infant feeding, following UN guidelines.
- Periodically update the guidelines on HIV and infant feeding, as required, in light of new research findings and/or international recommendations.
- Disseminate all guidelines, and any revisions, to public, private and NGO health facilities and service providers.
- Develop the capacity of health service providers and peer support groups of people living with HIV/AIDS to effectively counsel HIV-positive parents and other household members so that they can make informed infant feeding choices and are supported in carrying out their choice.
- Review relevant policies and strategies related to HIV/AIDS, nutrition, integrated management of childhood illness, safe motherhood, prevention of parent-to-child transmission of HIV/AIDS and feeding in emergencies to ensure consistency with the overall infant and young child feeding strategy as it relates to HIV/AIDS.
- Adapt the BFHI to make provision for expansion of activities to prevent HIV transmission to infants and young children.

3.9.2 Emergencies and IYCF:

- Establish guidelines on infant and young child feeding in emergencies and a framework for action, in particular, the support for exclusive breastfeeding and complementary feeding, and regulation of breast-milk substitutes.
- Periodically update the guidelines, as required, in light of new research findings and/or international recommendations
- Disseminate all guidelines, and any revisions, to public, private and NGO health facilities and service providers.
- Collaborate with the government, NGOs and all other stakeholders working in disaster preparedness and response to ensure that IYCF is adequately reflected in emergency response plans.
- Develop a communication package on IYCF in emergencies that can be rapidly produced, replicated and disseminated in the event of an emergency.
- Form a pool of expert trainers to train government and humanitarian staff responsible for emergency preparedness and response on infant and young child feeding in emergencies.

- Ensure that infant and young child feeding activities are coordinated in the event of an emergency through the inter-agency coordination group responsible for nutrition in emergencies.

3.9.3 Malnutrition and IYCF

- Develop guidelines on the management of severe malnutrition at facility and community levels, and on the management of low birth weight infants.
- Periodically update the guidelines, as required, in light of new research findings and/or international recommendations
- Disseminate all guidelines, and any revisions, to public, private and NGO health facilities and service providers.
- Develop and implement a training plan for health service providers on management of severe malnutrition and management of low birth weight infants.
- Support local development of an age appropriate fortified supplementary food for children and for pregnant and breastfeeding women.

3.10 Advocacy and behaviour change communication

- 3.10.1 Conduct formative research on knowledge, attitudes and behaviours related to infant and young child feeding at all levels (including policy and programme managers, health service providers, employers, infant food manufacturers, community members, parents and mothers) to help identify effective messages on IYCF.
- 3.10.2 Develop an advocacy and communication strategy, based on the formative research, to support all interventions to improve infant and young child feeding practices.
- 3.10.3 Develop advocacy and communication materials for all audiences/stakeholders to support the strategy.
- 3.10.4 Monitor the effectiveness of the advocacy and communication interventions, and adjust strategy if required.

3.11 Monitoring, evaluation and research

- 3.11.1 Develop a monitoring and evaluation framework/plan to monitor and evaluate the effectiveness of IYCF interventions:
- Select a standard set of input, process, output and impact indicators, including behavioural indicators
 - For each indicator, identify criteria and targets; trigger points for remedial action; data collection methodology, and types and sources of data.
- 3.11.2 Incorporate IYCF indicators into existing information systems by modifying monitoring and reporting formats and training health service providers to collect monitoring data as part of their routine activities
- 3.11.3 Review the monitoring data at the sub-district, district and national level and provide constant feedback to stakeholders for appropriate action.
- 3.11.4 Conduct periodic evaluations of the impact of interventions on infant and young child practices every 2-3 years
- 3.11.5 Identify priority research gaps to improve the design of interventions and programmes, and institutions which can help, technically and/or financially, to conduct and/or support the needed research.
- 3.11.6 Conduct assessments, operations research and evaluations of interventions related to infant and young child feeding practices.
- 3.11.7 Disseminate results of research, and revise strategies, interventions and guidelines in response to new knowledge and programme experiences and outcomes.

3.12 Coordination

- 3.12.1 Establish the National IYCF Working Group, with defined Terms of References and membership.
- 3.12.2 Appoint a focal point within the MOHFW for overall responsibility for infant and young child feeding
- 3.12.3 Develop a 5-year and annual detailed Plan of Action, with a budget, for infant and young child feeding.

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