



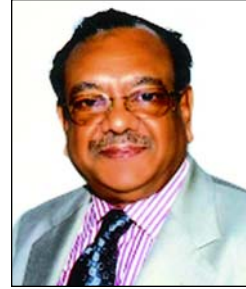
Infant and Young Child Feeding (IYCF) National Plan of Action 2009-2011



Institute of Public Health Nutrition (IPHN)
Directorate General of Health Services
Ministry of Health and Family Welfare

**Infant and Young Child
Feeding (IYCF)
National Plan of Action
2009-2011**

Message



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

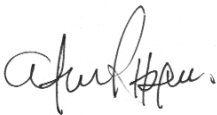
I am delighted to see that the Institute of Public Health Nutrition (IPHN), on behalf of the Ministry of Health and Family Welfare, has formulated the National Plan of Action on Infant and Young Child Feeding (IYCF). This is a key step toward a comprehensive program implementation. I do believe the IYCF plan of action will guide us for detailing activities, their monitoring and evaluation.

The health and nutritional well being of a population is both an outcome and indicator of national development. About one fifth of all under five child death is preventable though optimal IYCF alone. IYCF not only prevents child mortality and morbidity but can help a lot in realizing other millennium development goals. I am pleased to note that the 55th World Health Assembly adopted the global strategy on infant and young child feeding. Accordingly the Ministry of Health and Family Welfare of Bangladesh already published the national strategy on IYCF.

IYCF should be a multi sectoral program and I would like to call upon my colleagues in different ministries, professional bodies, NGOs, and development partners to invest their full capacity to implement the program activities. Doctors, nurses, nutritionist and other staff in health, population and nutrition sector should play the key role in IYCF.

I appreciate the contribution of the members of the technical group for preparing the plan of action and UNICEF for its technical and financial support. Director IPHN and her colleagues deserve special mention for hard work for preparing the plan of action.

Joy Bangla, Joy Bangabandhu.
Long live Bangladesh.



Prof. Dr. A.F.M. Ruhul Haque, MP

Message



Advisor to

The Hon'ble Prime Minister of the People's Republic of Bangladesh Ministries of Health and Family Welfare and Social Welfare

Appropriate Infant and Young Child Feeding (IYCF) is essential to realize survival and development of children. We appreciate that protection and promotion of IYCF is an affordable and sustainable child survival and development intervention. It is encouraging that a national plan of action has been prepared in accordance with the directives of national IYCF strategy to ensure coordinated implementation.

The consequences of inappropriate feeding practices in early childhood are major obstacles to our 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) and MDG 4 (reduce child mortality),

I have full confidence that if the comprehensive actions identified in National Plan are fully implemented, children in Bangladesh will be better protected from the scourge of malnutrition.

I congratulate the members of the technical group for preparing the plan of action and I believe that its implementation will bring forth changes in the arena of child feeding practice that will lead to better nourishment of our children.

A handwritten signature in black ink, consisting of several loops and a final flourish, positioned above the name.

Prof. Dr. Syed Modasser Ali

Message



**State Minister
Ministry of Health and Family Welfare
Government of the People's Republic of
Bangladesh**



Inappropriate infant and young child feeding (IYCF) practices are among the most serious obstacles to maintaining adequate nutritional status, and contribute to under nutrition in children. In Bangladesh almost one half of children under five years are victims of under nutrition. IYCF not only prevents child mortality and morbidity but can help a lot in realizing their millennium development goals. Malnourished children who survive are more frequently sick and suffer the life long consequences of impaired physical and intellectual development.

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.

I hope that implementation of the national plan of action on IYCF will made significant changes in the field of child feeding leading to healthy generation.

Joy Bangla, Joy Bangabandhu.

Dr. Capt. (Rtd.) Mozibur Rahman Fakir, MP

Message



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



The correction of inappropriate child feeding practices can prevent malnutrition and its consequences, including developmental delays, impaired educational ability, a lifetime of poor health, increased risk of chronic disease and early death.

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 (IYCF) practices.

The national action plan on IYCF describes essential interventions to protect, promote and support appropriate infant child feeding. Guided by this document, the government will co ordinate all actions to improve infant and young child feeding in Bangladesh.

Shaikh Altaf Ali

Message



Director General
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

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 plan of action has been prepared based on National Strategy for Infant and Young Child Feeding to improve infant and young child feeding practices and thereby remove one of the most serious obstacles to maintaining adequate nutritional status.

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.

I appreciate IPHN, development partners including UNICEF and other stakeholders in preparing the plan of action. The challenge before us now is implementation of the national action plan and I call upon all stakeholders and partners for their continued support in this respect.

Prof. Dr. Shah Monir Hossain

Acknowledgements



Protection, promotion and supporting optimal infant and young child feeding in Bangladesh is an important program coordinated by the Institute of Public Health Nutrition (IPHN) under the Ministry of Health and Family Welfare. Under the IYCF component, IPHN and other partners are providing training to the doctors, nurses and other allied persons. IPHN is also the focal institution for the enforcing the Breastmilk Substitute (BMS) market regulation.

Recently, on behalf of the Ministry of Health and Family Welfare, IPHN has developed and published the National Strategy for Infant and Young Child Feeding. To translate the policies of the national strategy on IYCF into practice, the national plan of action on IYCF has been formulated. The plan of action is the bundle of activities that aims to achieve the goal and objectives of the national strategy on IYCF. The action plan is adjusted with the time frame of HNPS. To realize the activities of the action plan, we have proposed a multi sectoral approach involving governmental, non governmental and private sectors.

This plan of action is the outcome of the hard work of many of my colleagues from the ministry of health and family welfare, ministry of law and parliamentary affairs, ministry of information, ministry of industry, development partners including UNICEF, academicians, pediatricians, NGOs, journalists and civil societies. In a technical group, they met on many occasions and finally came up with the plan of action. Many thanks to all of them for their great contribution. The honorable Secretary and Additional Secretary, Ministry of Health and Family Welfare and Director

General of Health Services provided valuable guidelines for the action plan. The honorable minister, ministry of health and family welfare was a great source of inspiration and confirmed his continuing commitment for the IYCF program as a whole.



Professor Dr. Fatima Parveen Chowdhury
Director, Institute of Public Health Nutrition
and Line Director Micronutrient

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Abbreviations

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
BBF	Bangladesh Breastfeeding Foundation
BPA	Bangladesh Paediatric Association
BRAC	Bangladesh Rural Advancement Committee
CIDA	Canadian International Development Assistance
CEO	Chief Executive Officer
CME	Center for Medical Education
CS	Civil Surgeon
DFID	Department of Foreign International Development
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
HIV	Human Immuno Deficiency Virus
HKI	Helen Keller International
HNPSP	Health Nutrition and Population Sector Program
ICMH	Institute of Child and Mother Health
IEDCR	Institute of Epidemiology Disease Control and Research
ILO	International Labor Organization
IPHN	Institute of Public Health Nutrition
IYCF	Infant and Young Child Feeding
MI	Micro Nutrient Initiative
MOHFW	Ministry of Health and Family Welfare
OGSB	Obstetrical and Gynaecological Society of Bangladesh

SC	Save the Children
TARIF	Training Advocacy and Research on Infant Feeding
UHFPO	Upazilla Health and Family Planning Organization
UNICEF	United Nation's Children's Fund
USA	United States of America
WHO	World Health Organization

Infant and Young Child Feeding (IYCF): From Global Strategy to Local Actions

Globally malnutrition is responsible, directly and indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two thirds of these deaths, are often associated with inappropriate feeding practices and occur during the first year of life. Only 38% (UNICEF, State of the World's Children, 2009) of infants worldwide are exclusively breastfed during the first six months of life; complementary feeding very often begins too early or too late and foods are often nutritionally inadequate and unsafe. Malnourished children who survive are more frequently sick and suffer from life long consequences of impaired development. Rising incidence of overweight and obesity of children are also a matter of serious concern. Poor feeding practices are a major threat to social and economic development; they are among the most serious obstacles to attaining and maintaining the health and nutrition that is faced by this age group.

The health and nutritional status of mothers and children are intimately linked. Improved infant and young child begins with ensuring the health and nutritional status of women, in their own right, throughout all stages of life, and continues with women as providers for their children and families. Mothers and infants form a biological and social unit; they also share problems of malnutrition and ill health. Whatever is done to solve these problems concerns both mother and children..

The global and Bangladesh national strategies for infant and young child feeding are based on respect, protection, facilitation and fulfillment of accepted human rights principles. Nutrition is a crucial, universally recognized component of the child's right to the enjoyment of the highest attainable standard of health as stated in the convention on the rights of the child. Children have the right to adequate nutrition, and access to safe and nutritious food, and both are essential for fulfillment their right to the highest attainable standard to health. Women in turn, have the right to proper nutrition, to decide how to feed their children and to full information and appropriate conditions that will enable them to carry out their decisions. These rights are not yet realized in many environments.

Rapid social and economic change only intensifies the difficulties that families face in properly feeding and caring for their children. Expanding urbanization results in more families that depend on informal or intermittent employment with uncertain income and few or no maternity benefits. Both self employed and nominally employed rural women face heavy workloads, usually with no maternity protection. Meanwhile traditional family and community support structures are being eroded, resources devoted to supporting health and especially, nutrition related, services are dwindling, accurate information on optimal feeding practices is lacking, and the number of food insecure rural and urban households is on the rise.

Breastfeeding is an unequalled way of providing ideal food for the health growth and developments of infants; it is also an integral part of the reproductive process with important implications for the health of the mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Therefore to meet their evolving nutritional requirement, infants should receive nutritionally adequate and safe complementary foods from the age of completed six months while breastfeeding continues for 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 though breastfeeding is a natural act, it is also a learned behavior. Virtually all mothers can breastfeed provided they have accurate information, and support within their families and communities and from the health care system. They should also have access to skilled practical help from, for example trained workers, lay and peer counselors, and certified lactation consultants, who can help to build mothers confidence, improve feeding technique, and prevent or resolve breastfeeding problems.

Women in paid employment can be helped to continue breastfeeding by being provided with minimum enabling conditions, for paid maternity leave, part-time work arrangement, on site crèches, facilities for expressing and storing breast-milk and breastfeeding breaks.

Infants are particularly vulnerable during the transition period when complementary feeding begins. Ensuring that their nutritional needs are met, thus requires that complementary foods be,

timely- meaning that they are introduced 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 stored and prepared, and fed with clean hands using clean utensils and not bottles and teats;

properly 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 age.

Appropriate complementary feeding depends on accurate information and skilled support from the family, community and health care system. Inadequate knowledge about appropriate foods and feeding practices is often a greater determinant of malnutrition than the lack of food. More over 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.

Bangladesh has a strong culture of breastfeeding. Almost all children (98%) are breastfed at home time in their lives and over 90% of children are still breastfed at 20-23 months of age (BDHS 2007). 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 (43%) put to the breast within an hour of birth (BDHS, 2007). While colostrum feeding has improved in the past decade (87%), the traditional practice of giving prelacteal feeds (48%) to the newborn did not decline (BBF, 2005) . Only 43% of children less than six months are exclusively breastfed (BDHS, 2007), because other liquids and complementary foods are given too early. Complementary feeding can also begin too late; almost one fourth (26%) of children aged 6-9 months do not receive and solid or semisolid foods (BDHS 2007) in right time. 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, 2007; 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 food from animal sources (BDHS, 2004). Nutrient rich plant foods such as fruits and vegetables are also not given to children on a daily basis.

Illness contribute to malnutrition as children need more nutritious food when they are sick but often eat less and absorb less nutrients. Diarrhea is a common childhood illness in Bangladesh. In the two weeks prior to interview, caregivers have reported 8% 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 maintain adequate nutritional status. And contribute to levels of malnutrition is Bangladesh that are amongst the highest in the world. Forty one percent children under five years are underweight and 43% are stunted (BDHS 2007, Ref: WHO 2006). Prevalence of underweight rises nearly three fold from 22% at 6 months to 60% at twelve months (HKI/IPHN 2001). This sharp increase between 6 to 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 first year of life. Malnourished children who survive who 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.

Breastfeeding not only prevents child mortality and morbidity but help to achieve other targets of millennium development goals. Box 1 shows how IYCF helps to realize each MDGs.

Contribution of Infant and Young Child Feeding to the Millennium Development Goals:

MDG	Contribution of Infant and Young Child Feeding
<p>Goal 1 Eradicate Extreme poverty and hunger</p>	<p>Breastfeeding significantly reduces early childhood feeding costs (Bhatnagar et al 1996). Breastmilk is a low cost and high quality food and provide sustainable food security for the child. Exclusive breastfeeding and continued breastfeeding for two years is associated with a reduction in underweight and an excellent source of high quality calories for energy.</p>
<p>Goal 2 Achieve universal primary education</p>	<p>Breastfeeding and adequate complementary feeding are prerequisite 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.</p>
<p>Goal 3 Promote gender equality and empower women</p>	<p>Breastfeeding is the great equalizer, giving every child a fair start to life. Most differences in growth between sexes begin as complimentary foods are added to the diet and gender preferences begin 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.</p>

<p>Goal 4: Reduce child mortality</p>	<p>By reducing infectious diseases 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 child mortality is caused by malnutrition due to poor breastfeeding practices and inadequate complimentary foods and also to low birth weight (Pelletier & Frongillo, 2003). The impact is increased in unhygienic settings.</p>
<p>Goal 5: Improve maternal health</p>	<p>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 post menopausal bone loss. 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 mothers body to pre pregnancy status, including more rapid involution of the uterus and post partum weight loss (obesity prevention).</p>

<p>Goal 6 Combat HIV/AIDS and other diseases</p>	<p>Based on extrapolation of published literature and research pending publication on 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.</p>
<p>Goal 7 Ensure environmental sustainability</p>	<p>Breastfeeding is associated with decreased milk industry waste, pharmaceutical waste and aluminum tin waste and decreased use of fire wood/fossil fuels for alternative feeding preparation, less carbon dioxide emission as a result of fossil fuels or industrial energy needs or transportation as breastfeeding does not need any industrial processing or transportation.</p>
<p>Goal 8 Develop a global partnership for development</p>	<p>The global and national strategy fosters multisectoral collaboration, and can build upon the existing partnerships for support of development through breastfeeding and complementary feeding. Partnership can further contribute to reduction in use of harmful breastmilk substitutes.</p>

Objectives of the Plan of action

The general objective of the IYCF action plan is to formulate a set of specific activities in accordance with the national strategy on IYCF with identification of responsible agencies, fund sources and time frame. The specific objectives of the action plan are:

1. To identify activities for the protection, promotion and supporting infant and young child feeding for the period July 2008 to June 2011 under different operational targets set in accordance with the national strategy of IYCF under the framework of HNPSP.
2. To identify indicators/ targets against individual activities under the IYCF program to facilitate monitoring and evaluation.
3. To identify possible partners for each activity, source of resources and to set time lines for the specific activities on IYCF.

Participants in the development process of the Action Plan

(Name not according to order of precedence.

Name and designation refers to the time of developing the plan)

Name	Designation and Organization
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**National Plan of Action on
IYCF, Bangladesh:
2008- 09, 2009-10 and 2010-11
(July-June)**

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 1: Development of National YCF Program Coordination System									
A. National YCF coordination committees									
1. Form and get approved a National Core committee headed by Secretary with the Honorable Minister MOHFW as Chief Patron	TOR formulated and committee proposed and approved	MOHFW		X X X X					
2. Identify an YCF focal point	Focal point identified	IPHN, MOHFW	HNPSP, UNICEF	X					
3. Establish a national YCF working group with TOR	TOR formulated, Working group proposed and approved	MOHFW		X X					
4. Develop and get approved National YCF Action Plan for 2008-2011	Action plan developed and approved	IPHN		X X X X			100	100	

B. Establish the national resource center for IYCF with a network of centers	1. Space preparation	Space furnished	IPHN (as a coordinating center) with a network of other relevant institutions/organizations)	HNPSP WHO	X	X	X	200
	2. Development of skilled IT competent persons	Person identified and trained			X	X	X	100
	3. Availability of logistics and equipment (2009- 2011)	Logistics available			X	X	X	500

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target				Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11	
Operational Target 2: Further strengthening policies and legislation for IYCF										
A. Strengthening policies and legislation directly related to IYCF	1. Advocacy for a) revision and b) enforcement of Maternity benefit act in Govt, NGO and Private Sector	IPHN, MOHFW	HNPS	X	X	X	X		100	100
				X	X	X	X	X		100
B. Integrating IYCF into other policies in health and relevant programs: e.g.	IYCF addressed appropriately in food and nutrition policy, and updated NPAN	MOHFW, IPHN, BNNC		X	X	X	X		125	125
				X	X	X	X	X		125

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target				Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11	
Operational Target 3: Strengthening Breast milk Substitute Marketing Act										
A. Review BMS act and make amendments for adequate market control	Law amended	IPHN , MOHFW		X	X	X	X	X	100	
B. Develop forms and comprehensive, performing code monitoring system (Tool, MIS, HR)	District committees formed, Monitoring report available	IPHN, CAB BBF	HNPSP		X	X	X		200	
C. Establish a system to document the reporting of code violations and actions taken and subsequent dissemination among professionals and media.	A reporting system in place, reports available	IPHN, BBF, CAB	HNPSP		X	X	X	X	300	400

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 4: Maternity Protection									
A. Advocacy workshop for increased parental leave in the law	# of workshops/ seminar held	IPHN,BBF, BPA, OGSB	HNPSP WHO, UNICEF						
1. Maternity leave up to six months									
2. Create paternity leave for 2 weeks				2	2		200	200	200
3. Expand maternity law to cover the full range of employment (Public, NGO, Private sector)									

<p>B. Advocacy and Monitoring of maternity act:</p> <ol style="list-style-type: none"> 1. Create child care facilities at work place 2. Provide child care break 	<p># of advocacy workshops held at workplaces</p>	<p>IPHN, BBF, NNP</p>	<p>HNPSP, CIDA</p>		<p>70</p>	<p>100</p>	<p>700</p>	<p>1,000</p>
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Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 5: Revitalization of Baby Friendly Hospital Initiative (BFHI)									
A. BFHI present situation analysis									
1. Identifying sector wise (GO.NGO. Private) proportion of baby friendly hospital	One report available	IPHN, BBF, ICMH	HNPSP						
2. Evaluating BFHI status Identification of opportunities and challenges for mainstreaming baby friendly status				X	X	X			1,000
B. Capacity building for national BFHI program									
1. Identification of a national coordinator/ focal point for BFHI monitoring	National coordinator identified	IPHN, BBF	HNPSP, WHO						

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 6: Community Based intervention to Protect, Promote, and Support IYCF									
A. Develop a standardized community based intervention model including mother support group through community clinic/group	1. guideline developed	DGHS, IPHN, (coordinating agency),	HNPSP, UNICEF, CIDA, AED						
1. Review existing programs and document the lessons learned	2. # of upazilas/ urban areas covered	DGFP, NNP, BBF, PLAN, SC-USA, BRAC, Concern worldwide		200 upazila	300 upazila		20,000	30,000	
2. Extension of the finalized community intervention package									
3. Mother support group coordination									

<p>B. Monitoring and supervision activities by community based support groups and peer counselors</p>	<p>A monitoring system developed with quarterly report</p>	<p>DGHS, IPHN (coordinating agency), DGFP, BBF, PLAN, SC-USA, BRAC, Concern worldwide</p>	<p>HNPSP, UNICEF</p>	<p>4 reports</p>	<p>4 reports</p>	<p>100</p>	<p>200</p>
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Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 7: IYCF in Emergencies and Difficult Situations									
A. Guidelines for IYCF in emergencies									
1. Finalization of the guidelines, adopting it and dissemination	1. Guideline and training manual developed	IPHN, BBF, DSK, BRAC	HNPSP, UNICEF, SC-USA	500 persons	1,000 persons		2,500	5,000	
2. Orientation and sensitization of the stakeholders about the guideline	2. # of personnel trained on guideline								
B. Adoption and implementation of guidelines in support of IYCF where necessary									
1. Adoption of guidelines, for infant feeding in HIV	1 approved guideline	NASP, IPHN, BBF, BRAC	HNPSP, UNICEF	X			300		

<p>2. Develop guidelines for other situations: (Hepatitis, Tuberculosis, Severe malnutrition, Maternal separation etc)</p>	<p>1 approved guideline</p>	<p>IPHN, NNP, BBF, BPA, BRAC</p>		<p>200</p>	<p>300</p>	<p>1,000</p>	<p>1,500</p>
<p>C. Orientation, sensitization of the stakeholders on the guidelines</p>	<p># of personnel oriented</p>	<p>IPHN, BBF, BPA</p>	<p>HNPSP, UNICEF UNAIDS UNFPA SC-USA</p>				

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 8: Advocacy and behavior change communication									
A. Develop and implement an Communication plan on IYCF									
1. Formulate a advocacy plan for national and sub national level	1. A Commu- nication plan developed	DGHS, IPHN, BBF, BTV, Betar, Alive and Thrive (AED)	HNPSP, UNICEF, AED		1Advocacy Package, 2 TV spot, 2 radio spot	X		2,000	7,500
2. Develop advocacy material for different group of stake holders	2. # of materials developed								
3. Broadcasting									
B. Strengthening institutional capacity for IYCF communication									

1. Selection of a focal point for coordination of communication activities	1. Focal point selected	DGHS, IPHN, BBF, BTY, Betar, Alive and Thrive (AED)	HNPSP	x	x	500
2. Regular monitoring and evaluation of BCC activities on IYCF	2. Monitoring report					500
3. Integration of IYCF messages with other sector communication programs	3. # of integration					
C. Monitor the effectiveness of communication interventions	Monitoring tool and evaluation report	IPHN, NNP, BBF	HNPSP, CIDA, MI	x	x	500

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 9: Training									
A. Strengthening Training on IYCF:									
1. Reviewing and updating training materials of the existing courses	1. Training manuals dev/updated developed	IPHN, NNP, BRAC, ICMH, BBF, ICDDRB	HNPSP, UNICEF, MI, WHO,	X	X		200	300	
2. Developing a training plan on IYCF	2. A training plan prepared	IPH, BPA					100	100	
3. Developing a core trainers teams, national and sub national	3. Core trainers developed						300	500	
4. Capacity building of regional centers	4. # (Divisional) regional centers						400	800	

B. Develop in-service training plan for all appropriate health service provider. Training of service providers on IYCF	# of persons trained	DGHS, DGFP, IPHN, NNP, ICMH, BBF, BRAC, ICDDRB	HNPSP, CIDA, UNICEF	5,000	10,000	2,000	10,000	20,000
				X	X	500	500	500
C. Monitoring and Evaluation: Developing training quality monitoring tools and systems	Checklist developed, Half yearly report	IPHN, NNP, BBF, ICDDRB	HNPSP, CIDA, UNICEF	5,000	10,000	2,000	10,000	20,000
				X	X	500	500	500
D. Revise curriculum for pre-service and in-service training of health service providers at all level to include appropriate content on IYCF	1. In medical and Nursing curriculum 2. Inservice IYCF counseling course	DGHS IPHN, CME, BBF	HNPSP	5,000	10,000	2,000	10,000	20,000
				X	X	200	300	400

Activities	Indicators	Agencies Responsible	Fund source	Time plan/Target			Estimated Cost in Taka (in thousand)		
				2008-2009	2009-2010	2010 -11	2008 - 09	2009 - 10	2010 - 11
Operational Target 10: Research, Monitoring and Evaluation									
A. Review completed research and identify new research areas and resources	One report available	IPHN, NIPSOM, BBF, ICDDRDB, BNNC	HNPSP	X				100	
B. Identify Innovative projects and coordination	# of project	IPHN, ICDDRDB, BNNC	HNPSP	X					
C. Evaluation on IYCF status	# of report available	IPHN	HNPSP			X			500

D. Research on: 1. Determine what barrier exists to implement maternity protection 2. Establish means to overcome the barriers 3. Research for availability of maternal leave in different sectors 4. To document the effect of maternal employment on child nutrition 5. Other relevant research	# of research with report	DGHS, IPHN, NIPSOM, DGFFP, BBF other relevant organization	HNPSP, CIDA	X	X	X	X	700
								500
								200
								100
								200
E. Monitoring of implementation of National Plan of Action on IYCF	4 meeting/yr	IPHN	HNPSP, UNICEF	X	X	X	X	200

