



National Communication Framework and Plan 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**



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Message



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

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

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 through 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 communication activities. Doctors, nurses, nutritionists and other staff in health, population and nutrition sector should play the key role in IYCF.

I appreciate the contribution of the stakeholders of the various organization for preparing the communication framework and plan and UNICEF Alive and Thrive for its technical and financial support. Director IPHN and her colleagues deserve special mention for hard work for preparing the communication plan.

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 promotion of IYCF is an affordable and sustainable child survival and development intervention. It is encouraging that a national communication framework and plan 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 socio-economic 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 Communication Plan and 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 communication plan 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.

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 millenium development goals. Malnourished children who survive are more frequently sick and suffer the lifelong consequences of impaired physical and intellectual development.

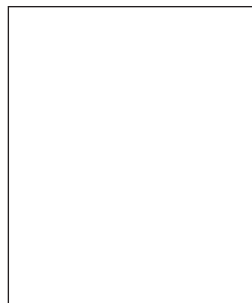
One of the most important goals of the Health, Nutrition and Population Sector Programme is to improve the nutritional status of children and women. There is evidence that the feeding practices of infants and young children, particularly breastfeeding and complementary feeding, are not optimal in Bangladesh and are contributing to the high levels of malnutrition.

I hope that implementation of the national communication plan on IYCF will make 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 communication framework and plan on IYCF describes essential interventions to protect, promote and support appropriate infant and child feeding. Guided by this document, the government will coordinate all actions to improve infant and young child feeding practices in Bangladesh.

Md. Humayun Kabir

Message



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

I am pleased to know that a National Communication Framework and Plan for Infant and Young Child Feeding has been prepared in concurrence with the National Plan of Action and National Strategy for Infant and Young Child Feeding to improve feeding practices.

We need to improve Infant and Young Child Feeding (IYCF) in children less than 2 years of age in order to increase exclusive breastfeeding to six months and reduce under-nutrition (stunting, wasting, under-weight and anemia). This would support achievement of MDG 1 (to reduce poverty and child under-nutrition) and MDG 4 (to reduce neonatal and under-five mortality). Since child under-nutrition results from a combination of inadequate nutritional intake and infections, and since complementary feedings are a major source of pathogens leading to diarrhoea, handwashing before feeding young children is an important behaviour promoted as part of IYCF.

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 counseling, to effectively changing Infant and Young Child Feeding (IYCF) practices.

I appreciate IPHN, development partners including UNICEF and Alive and Thrive, and other stakeholders in preparing the framework and plan. The challenge before us now is implementation of the plan and I call upon all stakeholders and partners for their continued support in this respect. Guided by this document, the Government will co-ordinate all communication actions to improve infant and young child feeding in Bangladesh.



Prof. Dr. Shah Monir Hossain

Acknowledgement



The role of breastfeeding and appropriate complementary feeding in the good physical and mental health and development of children goes without saying. During early stage of childhood, vitamin and mineral deficiencies caused by malnutrition impair the immune system and inhibit the cognitive and physical development. Bangladesh has made some progress in overcoming these deficiencies but much remains to be done. The Government of Bangladesh has taken several important steps to address IYCF problems. As part of the effort to tackle infant and young child nutrition in Bangladesh, the National Strategy for Infant and Young Child Feeding has been developed and are being implemented through an approved action plan. The overall goal of the National IYCF Strategy is to improve nutritional status, growth and development, health, and survival of infants and young children in Bangladesh through optimal IYCF practices.

The National IYCF strategy aims to create an environment to improve IYCF practices by addressing barriers regarding knowledge and practices on infant and young child feeding. With that aim a communication framework and plan has been developed to bring sustainable changes in generating the demand for infant and young child feeding services and setting the stage where individual behaviour change is supported by community members, basic health and social services and effective policies in several sectors.

The communication plan has been developed through a participatory process involving different stakeholders, and a synthesis of past and new formative research, national and district level information and two workshops organized by IPHN. The communication plan outlines the role

of communication for accelerating action to improve IYCF practices that are proven to play major role in enhancing the health, nutrition, and development of infants and young children.

Success of the implementation of the communication will depend greatly on the valuable support of the stakeholders who have helped us to come this far.



Prof. Dr. Fatima Parveen Chowdhury
Director, IPHN and Line Director Micronutrients
Ministry of Health and Family Welfare

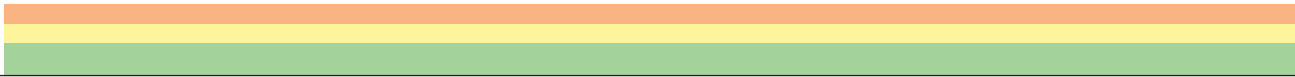
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Acronyms

ANC	Antenatal Care
ARI	Acute Respiratory Infections
BCC	Behaviour Change Communication
BBF	Bangladesh Breastfeeding Foundation
BDHS	Bangladesh Demographic and Health Survey
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
BKMEA	Bangladesh Knitwear Manufacturers and Exporters Association
BNFE	Bureau of Non-Formal Education
BNNC	Bangladesh National Nutrition Council
BTMA	Bangladesh Textile Mills Association
BPA	Bangladesh Pediatric Association
CF	Complementary Feeding
CHV	Community Health Volunteer
CHW	Community Health Worker
CNO	Community Nutrition Organiser
CNP	Community Nutrition Promoter
CSR	Corporate Social Responsibility
DC	Deputy Commissioner
DDCC	District Development Coordination Committee
DEO	District Education Officer
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DPEO	District Primary Education Officer
EBF	Exclusive Breastfeeding
EI	Early Initiation
ENC	Essential Newborn Care
FWA	Family Welfare Assistant

FWV	Family Welfare Visitor
GOB	Government of Bangladesh
HMIS	Health Management Information System
HW	Hand Washing
IMCI	Integrated Management of Childhood Illness
IPHN	Institute of Public Health Nutrition
IYCF	Infant and Young Child Feeding
MNH	Maternal and Neonatal Health
MNCH	Maternal, Neonatal and Child Health
MNCS	Maternal, Neonatal and Child Survival
MOA	Ministry of Agriculture
MORA	Ministry of Religious Affairs
MOHFW	Ministry of Health and Family Welfare
MOI	Ministry of Information
MOLGRD	Ministry of Local Government and Rural Development
MOPME	Ministry of Primary and Mass Education
MOWCA	Ministry of Women and Children Affairs
MOSW	Ministry of Social Welfare
NCTB	National Curriculum and Textbook Board
OGSB	Obstetric & Gynaecological Society of Bangladesh
PNC	Post Natal Care
SACMO	Sub-Assistant Community Medical Officer
SBA	Skilled Birth Attendant
TBA	Traditional Birth Attendant
WHO	World Health Organization



Communication Framework and Plan for IYCF

The Communication Framework and Plan is a component of the National IYCF Strategy and its goal is to contribute to the reduction of under-nutrition and death caused by sub-optimal infant and young child feeding practices. In Bangladesh, as in many other countries, social communication plays a significant role in achieving programme objectives. This communication framework and plan outlines the role of communication in demand creation for basic services and in the adoption of key life-saving behaviours and bringing about social norms change related to IYCF. The plan sets out actions for reaching mothers and families through interpersonal and mass media channels and creating an enabling environment for them to adopt healthy behaviours through social actions and supportive policies. This plan has been prepared for 2010-2013 and will be reviewed and extended up to 2016 to fit the national Health, Population and Nutrition Sector Strategy Plan for the period of 2011-2016.

In order to implement systematic multi-channel communication activities, a national communication framework and plan has been developed through a participatory process which involved different stakeholders. Main objective of the communication framework and plan is to create demand for early initiation of breastfeeding, exclusive breastfeeding and quality complementary feeding for infant and young children. The contents of this document are based on a synthesis of past and new formative research, national and district level information and data, and two workshops organized by IPHN in March and April 2010 that were attended by over 50 persons from 25 organizations.

Communication interventions are meant to be dynamic and take into account the lessons learned from the field and the evolving socio-economic and programme contexts. It is a continued process. Therefore this communication framework and plan will be adjusted to reflect what is learned during the testing and implementation phases.

I. Background

Epidemiological evidence indicates that the following IYCF practices will have substantial impacts on health and nutrition indicators in Bangladesh (Lancet 2008, BDHS 2007, WHO/PAHO 2003, and National IYCF Strategy 2007):

- Initiation of breastfeeding immediately (within one hour) after birth and no pre/post-lacteal foods
- Exclusive Breastfeeding from birth through 6 months
- Timely initiation of semi-solid complementary feeding and giving recommended amounts of solid or semi-solid foods to children from 6-24 months in addition to continued breastfeeding for at least 24 months
- Assuring the quality of complementary foods through: adequate density of energy and nutrients, use of diverse types of foods especially animal foods, feeding fortified foods, or supplementation¹
- Reducing pathogens in complementary foods through handwashing with soap before preparing and feeding children under two years.

In Bangladesh, current IYCF patterns fall short of these practices resulting in nutritional deficits and increased infections leading to growth failure, stunting, anaemia, cognitive damage and increased neonatal, infant and child morbidity and mortality. These five sets of behaviours are top priorities for the national IYCF communication plan. Other WHO recommended behaviours are already widely practiced in Bangladesh according to the available research and do not require special focus. For example, initiation of breastfeeding, continuation of breastfeeding to at least 2 years, on demand feeding and frequency of complementary feeding do not present a serious problem at present.

¹ 1IPHN 2007: National Strategy for Anaemia Prevention and Control in Bangladesh: page 48

Past experience has shown that a lack of focus on a few priority behaviours and messages leads to limited achievement of programme objectives. The proposed communication framework and plan is selective and aims to address all the above mentioned behaviours. In the past, IYCF programmes addressed the barriers and motivations of mothers and other family members inadequately. Insufficient coverage with short duration programmes that did not use multiple channels of communication further reduced the possibility of behaviour change on a large scale. Currently Bangladesh offers an effective set of communication channels and there are several options for reaching key participant groups (target audiences). Recent formative research conducted as a part of communication plan preparation has also identified barriers and facilitators in the local context of Bangladesh. This communication framework and plan takes advantage of the new understanding of programme options and the availability of new technologies and communication channels.

The Government of Bangladesh (GOB) has taken several important steps to address IYCF problems. The overall goal of the National IYCF Strategy (2007) is to improve nutritional status, growth and development, health, and survival of infants and young children in Bangladesh through optimal IYCF practices. The specific objectives of the National Strategy are to:

- Increase the national percentage of newborns who are breastfed within one hour of birth from 24% to 50%
- Increase the national percentage of infants aged less than 6 months who are exclusively breastfed from 42% to 60%
- Maintain the national percentage of children aged 20-23 months who are still breastfed at 90%
- Increase the percentage of children aged 6-9 months who are breastfed and receive appropriate complementary foods to 50%

In addition to the National IYCF Strategy, the National Neonatal Health Strategy (2009) is also supportive of IYCF. It states,

"All birth attendants and providers must know about the benefits of breastfeeding and should be trained on breastfeeding counseling and techniques. They should promote initiation of breastfeeding immediately after birth and no later than one hour, counsel for exclusive breastfeeding for six months and encourage compliance to breastfeeding through advocacy and health education of family and mothers. All facilities should provide environment conducive for breastfeeding. Additional efforts to raise motivation and practice for immediate initiation and continuation of breastfeeding for mothers with caesarean sections should be in place. Feeding should be as frequent as the baby demands, without any pre-lacteals (plain water, sugar water, honey etc.)"

National IMCI guidelines and protocols also contain sections related to assessing and counseling on breastfeeding and complementary feeding.

II Rationale for the Communication Framework and Plan

The national IYCF programme aims to create an environment to improve IYCF practices by addressing barriers regarding knowledge and practices on infant and young child feeding. Thus a communication framework and plan has been prepared to bring sustainable changes in generating demand for infant and young child feeding services and setting the stage where individual behaviour change is supported by community members, basic health and social services and effective policies in several sectors. As stated earlier the plan will be extended to align with the Health, Population and Nutrition Sector Strategy Plan for 2011-2016.

III Communication Approaches

Communication is a systematic, planned and evidence based strategic process that is intrinsically linked to programme elements. It uses consultation and participation of children, family members, community people, opinion leaders and networks; privileges local contexts, and relies on a mix of communication tools, channels and approaches to promote positive and measurable behaviour and social change. In order to achieve desired behavioural and social change objectives the IYCF framework and plan uses a mix of three key approaches. All the approaches complement each other, thus implementation of these approaches is continuous and simultaneous.

Advocacy - helps garner political support to help shape and implement policies and ensure adequate allocation of resources. Advocacy ensures that the perspectives, concerns and voices of women and men from all segments of the population including marginalized groups, are heard and reflected in upstream policy dialogue, decision making and interventions.

Communication for Social Change - engages, motivates and empowers communities and networks to influence or reinforce social norms and cultural practices to create an enabling environment that supports long-term sustainable social change for infant and young child feeding practices.

Behaviour Change Communication (BCC) - uses a combination of strategies including social marketing and participatory communication to help inform, influence and support individuals, families, community groups and opinion leaders for the adoption and sustained practice and support of desired IYCF behaviours.

IV. Communication Objectives

The IYCF framework and plan has been prepared for 2010-2013. The following communication objectives have been identified for advocacy, communication for social change, and behaviour change related to priority topics in IYCF.

Advocacy Objectives:

By the end of 2013,

- 50% of government authorities (all directors and programme managers from DGHS and DGFP) and development partners are sensitized about National IYCF Strategy and initiate allocation of resources for implementing relevant sections of the action plan and give additional support for mainstreaming IYCF into health, family planning, education, agriculture, food security and nutrition sector programmes
- DGFP and DGHS add counseling and support to mothers for appropriate IYCF in job descriptions of health providers, particularly those who provide services on ANC, PNC, ENC, FP, immunizations and management of childhood illnesses; and HMIS indicators for appropriate IYCF are added and reviewed regularly by relevant health and family planning staff
- Policy makers agree that government medical and nursing colleges will be teaching about how to provide practical support to mothers
- 50% of monthly District Development Coordination Committee (DDCC) review meetings cover topics related to IYCF, including the importance of maternal and child nutrition and reporting of IYCF progress made in various sectors in programme areas
- National school curriculum for classes 6-10 include the importance of maternal and child nutrition and appropriate IYCF
- At least 20% of business corporations; and BTMA, BGMA, BKMA members; the national forum for CSR; consumers associations; and

chamber of commerce members are sensitized about the impact of childhood nutrition and IYCF on adult labour productivity and at least 40% of these are promoting appropriate IYCF among their workers and communities in which they operate

- Handwashing linked to complementary feeding addressed in national hygiene promotion strategy and active plans
- Reporters and gatekeepers from 50% of national media outlets (print, broadcast, radio and web) producing increased coverage on IYCF practices and impact on child mortality, nutrition, health and development outcomes in order to remove barriers and increase support and resources for IYCF services among policy and decision makers.

Communication for Social Change Objectives:

By the end of 2013,

- 50% of trained health service providers (doctors, nurses, village doctors, pharmacists, CHWs) in programme areas support mothers to practice priority IYCF behaviours (EI, EBF, CF and hand washing)
- At least 30% of religious leaders in programme areas coming in contact with pregnant women or their family members promote priority IYCF practices during their regular and special prayers and ceremonies
- 25% of communities in programme areas have more than one community leader e.g. teachers, elites, union parishad members, woman leaders and others, promote emphasis behaviours of IYCF among all family members
- 25% of communities in programme areas have adolescent groups actively promoting priority IYCF practices
- At least 50% of existing community groups and associations in programme areas support emphasis IYCF behaviours
- At least 3 soap manufacturers agree to include handwashing linked to complementary feeding messages in their advertising campaigns

Behaviour Change Objectives:

By the end of 2013,

- Mothers initiated breastfeeding immediately (within one hour) of birth increased from 43% to 65%²
- At least 65% of birth attendants (SBA, TBA, family members) reached through the IYCF initiative put infant to mother's breast immediately (within one hour) of birth
- Mothers exclusively breastfeeding their infants 0-6 months of age increased from 43% to 60%
- An additional 10% mothers and caregivers over baseline feed animal foods to children 6-24 months of age
- 50% of mothers and caregivers in programme areas feed age-appropriate quantity of diversified solid or semi-solid atleast once daily family food (atleast 4 food groups) to 6-24 month old children
- 10% of additional mothers and caregivers wash their hands thoroughly with soap before food preparation and feeding of children 6-24 months of age
- 50% family members and birth attendants prevent giving pre and post lacteals within first 3 days after birth and continue exclusive breastfeeding
- Atleast 50% family planning workers promoting LAM as a contraception method

² BDHS 2007. However, the Multiple Indicator Cluster Survey 2009 indicates 50% early initiation rate

V. Barriers and Facilitators

The IYCF communication framework and plan focuses on four themes with the greatest public health impact according to studies and surveys in Bangladesh and the region:

- 1) Timely initiation of breastfeeding immediately after birth and on pre-post lacteals foods
- 2) Exclusive breastfeeding through 6 months of age
- 3) Age-appropriate nourishing complementary feeding (quantity, quality, diversified and responsive from 6-24 month old children
- 4) Handwashing linked to complementary feeding for 6-24 month old children thoroughly with soap before preparing and feeding complementary foods

Factors that facilitate the adoption of emphasis behaviours form the main focus of the communication plan. The following facilitating factors were identified through qualitative research methods such as observations, focus groups, in-depth interviews, semi-structured interviews and Trials of Improved Practices (TIPs). This has helped to narrow down the focus on the plan on certain groups of individuals, to identify effective channels of communication for reaching them and to formulate effective messages and strategies.

1) Timely initiation of breastfeeding immediately after birth and no pre-post lacteals foods

Key factors to facilitate adoption of behaviours:

- Mothers and family members learn about the importance during pregnancy or earlier
- At delivery, mothers receive support and help to place the newborn on the breast for immediate breastfeeding

- Elder female family members support timely initiation of breastfeeding and no pre/post lacteals foods
- Reduction in unnecessary C-sections, and appropriate support, if C-section is essential
- Decisions made about timely initiation and no pre-lacteals during pregnancy

Main barriers: Poor understanding about adequacy of colostrum, danger of pre-post-lacteals and no skilled support given to mothers on position, attachment, expression of breast milk and feeding of small newborns.

Exclusive breastfeeding through six months of age

Key factors to facilitate adoption of behaviours:

- Mother's and family members' confidence in the sufficiency of her milk for six months
- Mother knows how to assess if milk supply is sufficient and not interpret infant's crying as a cue that BF is not sufficient (learning to take cues from infant correctly)
- Mother knows correct position and attachment skills so infant can withdraw as much milk as s/he needs
- Mother knows how to prevent a decline in milk supply, how to increase milk supply and how to manually express breastmilk
- Family members are supportive and husband does not bring breastmilk substitutes
- Mother and family members know the dangers of artificial powdered milk and use of bottle, nipples and pacifiers
- Health workers and 'village doctors' reassure, support and build confidence in mother's ability to EBF for six months; and doctors do not recommend breastmilk substitutes

Main barriers: Perception of insufficient milk supply, lack of skills and strategies to increase and maintain supply for six months, inadequate support from family and doctors/health workers.

Age-appropriate nourishing complementary feeding (quantity, quality, diversified and responsive) **from 6-24 months**

Key factors to facilitate adoption of behaviours:

- Mother's confidence that she can motivate her child to eat the required amounts (e.g. responsive feeding, supervised self-feeding and learning to act on child's cues for readiness to eat)
- Mothers' and family members' knowledge of quantities (volume and consistency) of food required for normal brain development and growth
- Family members support and encourage mother to spend time to feed child appropriately in sickness/when healthy
- Health workers (including 'village doctors') encourage mothers to feed young children appropriately
- Benefits that are of interest for mothers are reinforced frequently: 'develops child's brain' and 'protection from illnesses', 'child likes to eat this way' and 'likes these foods'; 'convenient to feed child using family foods'
- Animal food encouraged by and brought by husband and doctors

Main barriers: Perception of poor appetite among children 6-24 months, inadequate knowledge on amounts/consistency/diversity/use of animal foods, little support for skills and strategies to increase child's interest and ability to consume needed CF.

4) Hand washing thoroughly with soap before preparing and feeding complementary feeding children 6-24 months

Key factors to facilitate adoption of behaviours:

- Availability of soap and water
- Supportive family members
- Role models
- Local leaders encourage this behavior

Main barriers: Inadequate understanding of dangers of contaminated CF, few role models.

VI. Participant Groups for Communication

Participant groups (audiences) analysis is an important component for designing the communication plan. Primary participant group is the direct beneficiary in this communication. Secondary and tertiary participant groups play the direct and the indirect role as influencers for primary participant groups. Programmes, many times, design and implement interventions for the primary participant groups and less emphasis is given on the secondary and tertiary groups. Communication activities, therefore, need to focus on the behaviours of those who need to practice the desired behaviours e.g. mothers, but also those who directly and indirectly influence mothers/caregivers and others or enable them to practice the desired behaviours. Current thinking calls for active participation also by secondary and tertiary participant groups rather than treating them as passive audiences or recipients of information.

The main categories of participant groups (audiences) for IYCF are:

- Primary participant groups are usually pregnant women, mothers and caregivers of children <2 years of age. Other

care providers such as skilled birth attendants, who need to place the newborn on the mother's breast immediately after birth, can also be primary participant group. Attendants who need to place the baby on the breast immediately after birth.

- Secondary participant groups are usually husbands and older female family members and service providers.
- Tertiary participant groups are community leaders and managers or those who can mobilize or allocate resources and involve in making policies on various sectors. These sectors are health, education, food security and agriculture, livelihoods and poverty reduction, local government, gender equity and advancement of women, religious and educational institutions, medical associations. Also others who can influence primary or secondary participant groups or who can remove barriers and create an enabling environment.

The following table describes the primary, secondary and tertiary participant groups for each of the IYCF key behaviours.

Table 1. Primary, Secondary and Tertiary Participant Groups

Key Behaviour	Primary Participant Group	Secondary Participant Group	Tertiary Participant Group
Timely initiation of breastfeeding immediately (within one hour) after birth and no pre-post lacteals foods	Pregnant women Lactating mothers	Skilled birth attendants Elder women in family	Employers of women, maternal and neonatal health experts, government authorities (national /district/upazila/community levels), local elected bodies, religious leaders, private doctors and professional associations, NGOs providing maternal and newborn health care services
Exclusive breastfeeding through 6 months of age	Mothers of 0-6 month old infants	Elder women in family Husbands Skilled birth attendants CHWs Village doctors Homeopaths	Secondary level health care providers, government authorities, pharmacists, religious leaders, role models, elites, Infant food companies (to comply with the BMS marketing code), NGOs providing maternal and newborn health care services, national and district decision makers, local elected bodies, influencers, local and national media

Table 1. Primary, Secondary and Tertiary Participant Groups

Key Behaviour	Primary Participant Group	Secondary Participant Group	Tertiary Participant Group
Age-appropriate nourishing CF (quantity, quality, diversified and responsive) from 6-24 months	Mothers and care givers of children 6-24 months old	Fathers of children Elder women in family Skilled birth attendants CHWs Village doctors	Secondary level health care providers , government authorities, pharmacists, religious leaders, role models, elites, Infant food companies (to comply with the BMS marketing code), NGOs providing infant and newborn health services, national and district decision makers, local elected bodies, adolescents influentials, local and national media
Hand washing thoroughly with soap before preparing and feeding complementary foods	Mothers and care givers of children 6-24 months old	Fathers of children Elder women in family Skilled birth attendants CHWs Village doctors	Secondary level health care providers, government authorities, pharmacists, religious leaders, role models, elites, Infant food companies (to comply with the BMS marketing code), NGOs providing infant and newborn health services, national and district decision makers, local elected bodies, adolescents influentials, local and national media

VII. Communication Channels and Media

Media and channels of communication were identified through national surveys and in-depth formative research. For mothers, direct and frequent interpersonal communication will be conducted through trained community health volunteers (CHVs) and health workers or CHWs including 'village doctors' and skilled birth attendants. Simple practical solutions to address critical IYCF problems will be emphasized, e.g. position and attachment, how to express breastmilk, how (and how much) to mix and feed complementary foods in a responsive manner. Also included are how to assess and prevent insufficient milk and how to assess appetite problems and prevent poor appetite in children of 6-24 months. CHVs and CHWs require not only practical hands-on training but ongoing support and motivation through a 'Performance Improvement Cycle' that includes supportive supervision, monthly meetings and reviews to discuss field difficulties, incentives/rewards/recognition, and accountability through monitoring data and discussion/feedback of monitoring results. The tools for generating good performance for IYCF support in communities on a sustained basis are being field tested.

Secondary and tertiary participant groups and women in urban areas can be reached on a larger scale through electronic media. TV, in particular, has been found to penetrate almost all regions of Bangladesh. TV spots, e.g. through BTV, at prime time, drama serials and films and particularly during major sports events and national holidays. 'Meena' films/spots/storybooks through BTV and other private channels, schools, mobile film units have wide coverage. Journalist trainings and fellowships, news editor and director engagement, earned media outreach, building media champions, and TV debates will be used to target the opinion shapers - in order to create a supportive environment for IYCF. Other channels include tea stall sessions, courtyard meetings, community events such as Friday prayers, 'melas'/fairs; school management committee meetings and adolescent group activities; adult

non-formal education learning centers; high school curriculum. Mobile phone 'hot lines' will be used for counseling and problem-solving (e.g. Grameenphone).

Special events and forums for medical professionals and medical/nursing college curricula have been identified as key for a sustainable strategy. Billboards, wall paintings, tin boards, digital boards, interactive theaters, mobile vans, film shows, school-based events etc. have also been recommended but in a selected and targeted way due to their limited coverage. As the communication campaign gets underway, the plan involves monitoring and assessment of the effectiveness of each channel, reviewing results, and making adjustments as necessary. Throughout the implementation period, the media plan will be shaped for maximum reach and impact.

VIII. Key Messages

Message development workshops with stakeholders and findings of formative research form the basis of key messages in this section (Table-2). Stakeholders worked together and agreed to use these messages in the interest of a harmonized national communication plan.

Table 2. Key Messages for Four IYCF Behaviours

Key Behaviour -1: Timely initiation of breastfeeding immediately (within one hour) after birth and no pre-post lacteals foods

Who?	Action	Why?
Pregnant woman and lactating mother	Put your baby to breast immediately after birth	• Mother's milk is the only food for the baby • Any other product will increase chances of death and diarrhoea • The sooner you put the baby to breast the sooner mother's milk will flow
Other family members Elder woman in family	Help to put the baby to the mother breast immediately after birth	• Mother's milk is the only food for the baby • Any other product will increase chances of death and diarrhoea • The sooner you put the baby to breast the sooner mother's milk will flow
Skilled birth attendant	Help to put the baby to the mother breast immediately after birth	• Remember mother's milk is the only food for the baby • Early initiation can save the baby's life • Programme will achieve results in reducing neonatal and child mortality
Teacher, Imam	Tell the mother, father, grand mother, elderly woman, of your locality to place the baby to mother's breast immediately after birth	• Mother's milk saves a child's life • Helps the baby to be intelligent • Mothers' milk protects the baby from diseases
Doctor, nurse and medical professionals	Help the mother who just delivered to put the baby to the mother's breast	• Your advice and support can save a child's life
Health and family planning officials	In all ANC sessions, ensure early initiation messages are given	• Programme will achieve results in reducing neonatal and child mortality

Key Behaviour -2: Exclusive breastfeeding through 6 months of age

Who?	Action	Why?
Mothers of 0- 6 month old infants Husbands Elder women in family	Breastfeed exclusively for 6 months (180 days), do not give even a drop of water, honey, sugar water Till 6 months mothers' milk is enough to satisfy the thirst even during hot weather Breastfeed frequently whenever the child demands at least 8-10 times a day Practice proper attachment and position Support mothers to spend time and EBF for 6 months, share household chores	- Nearly all mothers can breastfeed for 6 months. Exclusive breastfeeding helps the child's physical growth and mental development, and also prevents diarrhoea, ARI and many other illnesses - To prevent diarrhoea, ARI - The more the baby sucks, more milk will be produced - Bonding between mother and child will be strong - To ensure baby is getting plenty of milk - To ensure protection of baby and plenty of milk for brain development
Service providers	Build confidence in mothers Encourage husbands and mother in laws to support mothers	So she can breastfeed exclusively for 6 months

Key Behaviour -2: Exclusive breastfeeding through 6 months of age

Who?	Action	Why?
Village doctors Pharmacists Medical practitioners Nurses	Support mothers in EBF for 6 months by building confidence Do not prescribe or recommend BMS or other foods before 6 months Provide appropriate support when a breastfeeding mother needs help Do not accept gifts and incentives from BMS companies, follow other provisions of national Code of marketing for BMS	• For the benefit of your community's children • To avoid breaking the law, and to avoid tarnishing your image • The children of the nation will be healthy • To maintain your ethical standards, avoid penalties for violating the Code, and prevent tarnishing your image
Policy makers from Health and Other sectors	Give priority to IYCF and issue Government Order and Circulars (e.g. all health workers coming in contact with mothers)	• Child survival goals will be achieved and the country's economy will be helped

Key Behaviour -3 : Age-appropriate nourishing CF (quantity, quality, diversified and responsive) from 6-24 months

Who?	Action	Why?
Mothers and caregivers Fathers of children Elder women in family	Start semi-solid (not liquid) mashed family foods twice a day after 6 months Carefully select appropriate family food. No need of special cooking/foods A child should eat 2-5 batis (bowl)* a day in addition to breastfeeding, plus 1-2 nutritious snacks Feed one piece of meat or fish or egg at least once every day *Bowl size : 250 ml	• For physical growth and mental development • Family food is immediately available, nourishing and cheap • Liquid foods fill up stomach only • Child will grow well, play and sleep well. Child will be safe from illness, and child's brain will develop • Your child will be intelligent and child will like it
Health, Family Planning and Nutrition workers	Show mothers how to give age-appropriate CF (quantity and types of foods)	• To support mothers and remind them how to feed enough of good food to child
Community Health Workers (government and non-government)	Identify 6-24 month children, provide timely counseling/demonstration at 6, 9, 12, 18 month to feed appropriate CF	• To fulfill your job responsibility, get rewards/recognition, respect from community and support mothers for healthy children

Key Behaviour -3 : Age-appropriate nourishing CF (quantity, quality, diversified and responsive) from 6-24 months

Who?	Action	Why?
DPEO DEOs Adolescents	Encourage teachers to talk with parents about importance of appropriate food and feeding practices for brain development of child nutrition and IYCF	To benefit community with healthy and intelligent children, to get extra respect from the community, and to get more intelligent children in school
Religious leaders Community leaders	Promote IYCF messages during regular and special prayers and ceremonies meetings with the community	To spread religious messages about BF for 2 years. To demonstrate commitment to the community by religious leaders of Muslim, Hindu, Buddhist and Christian Community
Secy. MOH&FW Other officials (e.g. Deputy Commissioner)	Request the corporate sector to start or enhance CSR activities on appropriate CF	- For benefits for health and adult labour productivity - Age-appropriate nourishing CF is crucial for the physical growth and mental development of the child. It is an essential multi-sectoral issue
Trade Business persons and CEOs	Promote and provide support for appropriate CF among your workers' children	To ensure current and future productivity in the labour force. Companies will need to spend less money on health care and workers will be happier and less absent

Key Behaviour -4: Hand washing thoroughly with soap before preparing and feeding complementary foods

Who?	Action	Why?
Mothers, caregivers, family members	Before preparing food and before feeding infants and young children wash both hands with soap and water When your child learns to eat on its own wash his/her hands with soap and water	- To keep child's food safe from illness, and prevent under-nutrition and brain damage - To protect your child from diarrhoea and dysentery
Religious leaders Community leaders	Discuss the importance of handwashing before preparing and feeding children under 2 in regular weekly prayers	Because your acceptance will increase in society for protecting the most vulnerable members (young children) of the community
Union Parishad member	Discuss the importance of handwashing before preparing and feeding children in different public awareness programmes Include the importance of handwashing in your monthly meeting agenda	- Because male members gather together and listen to you and they can support mothers to keep children safe from illness - To demonstrate your commitment to the community - You can increase the involvement of many community leaders to protect young children from illness/malnutrition - To remind members their responsibility towards their communities by encouraging handwashing before feeding young children
Local Government Rural Development Ministry	Issue provide Government Order and Circulars to include handwashing issue in the monthly workplan activities of Union Parishad	- So that union parishads will be active and activities will move forward to protect young children from illness and malnutrition - To protect child health and nutrition for the future development of the local communities

IX. Implementation Plan

Institute of Public Health Nutrition of Directorate General of Health Services, Ministry of Health and Family Welfare is the main coordinating body for the implementation of national IYCF strategy and its communication plan. The communication framework and plan is designed to be implemented in collaboration with partners in the government, development organizations, NGOs and private sectors. The list of stakeholders is presented in Table 3 below.

The implementation is planned as a concerted effort of various stakeholders. Government will work together with donors, development partners and other key entities to ensure a harmonized and unified implementation approach. This will be done through ensuring allocation of resources, using a common logo and branding of the campaign.

The IYCF communication plan will be implemented in phases to cover all the 64 districts. GOB with support of the several partner agencies is implementing some components of IYCF communication interventions as part of their maternal, neonatal and child health and nutrition programmes. Table 4 indicates the action plan with targets and timeline of activities.

Table 3. Stakeholders for National IYCF Communication Framework and Plan

Timely initiation of breastfeeding immediately (within one hour) after birth and no pre-post lacteals foods	Exclusive breastfeeding through 6 months of age	Age-appropriate nourishing CF (quantity, quality, diversified and responsive) from 6-24 months	Hand washing thoroughly with soap before preparing and feeding complementary foods
MOHFW - DGFP, DGHS, IPHN, NNP, BNNC, BBF	MOHFW - DGFP, DGHS, IPHN, NNP, BNNC, BBF	MOHFW-DGFP, DGHS, IPHN, NNP, BNNC	MOHFW-DGFP, DGHS, IPHN NNP, BNNC
MOI	MOI	MOI	Ministry of Agriculture
MORA	MORA	MORA	MOI
MOSW	MO LGERD	DG-AE	MORA
MOE -NCTB	MOSW	MOPME -- DG-DPE, DG-BNFE	MO LGERD
BPA	Ministry of Home Affairs	MOSW	MOSW
National Neonatology Forum	MOE	MOE - NCTB	MOWCA
Donors and development partners : WHO, UNICEF, A&T, USAID, GTZ, DFID, CIDA, JICA, WFP, FAO	Donors and development partners : WHO, UNICEF, A&T, USAID, GTZ, DFID, CIDA, JICA, WFP, FAO	Donors and development partners : WHO, UNICEF, A&T, USAID, GTZ, DFID, CIDA, JICA, WFP, FAO	Donors and development partners : WHO, UNICEF, A&T, USAID, GTZ, DFID, CIDA, JICA, WFP, FAO
Media Partners Newspapers & private TV and Radio Channels	Media Partners Newspapers & private TV and Radio Channels	Media Partners Newspapers & private TV and Radio Channels	Media Partners Newspapers & private TV and Radio Channels
All NGOs Working in Related Field	Employers, Garments and others	Women leaders (MP, UC, UP-C)	Islamic Foundation

Table 3. Stakeholders for National IYCF Communication Framework and Plan

Bangladesh Perinatal Society	National Neonatology Forum	DG-TV, Betar	Private sector, soap manufacturer
OGSB	Bangladesh Perinatal Society	Ansar -VDP	Public Private Partnership (PPP)
All Baby Formula Makers	OGSB	Shishu Academy	NGOs & INGOs: BRAC, SC-US SC-UK, Plan
BTRC and all other Telco and Nokia	BPA	BPA	Bangladesh, Care, Concern Worldwide and others
NGOs & INGOs: BRAC, SCUS SCUUK, Plan Bangladesh, Care, Concern Worldwide and others	NGOs & INGOs: BRAC, SCUS SCUUK, Plan Bangladesh, Care, Concern Worldwide and others	NGOs & INGOs: BRAC, SCUS SCUUK, Plan Bangladesh, Care, Concern Worldwide and others	
All Baby Formula Makers	All Baby Formula Makers	Private sector, food companies	
	Private sector, Telco, food companies	Public Private Partnership (PPP)	

Table 4. Action Plan for Implementation of Communication Activities

SN	Activities	Key behaviours	Targets	Responsibilities	2010				2011				2012	2013
					1	2	3	4	1	2	3	4		
1.	Review existing training and other materials and incorporate various IYCF related communication content for different participant groups	BF (EI,EBF) CF, HWCF	40 districts	DGHS, IPHN, UNICEF, DGFP, NNP, BBF, SCF-USA, USAID, BRAC (A&T), other NGOs					X	X	X	X	X	X
2.	Training and orientation of government, NGO, private community workers service providers and skilled birth attendants on including counseling home visits, courtyard sessions	BF (EI,EBF) CF, HWCF	40 districts	IPHN, UNICEF, NIPORT, BHE, IEM, NNP, BBF, SCF-USA, BRAC (A&T)			X	X	X	X	X	X	X	X
3.	Orientation of village doctors and pharmacists	BF(EI,EBF) CF, HWCF	40 districts	IPHN, UNICEF, IEM, BHE, BRAC (A&T)				X	X	X	X	X	X	X
4.	Orientation of religious leaders for dissemination of IYCF messages during religious occasions and weekly prayers	BF (EI,EBF) CF, HWCF	40 districts	IPHN, UNICEF, IEM, BRAC (A&T)			X	X	X	X	X	X	X	X
5.	Health and family planning programmes implement counseling (with demonstration) among pregnant women and mothers and families through home visits	BF (EI,EBF) CF, HWCF	40 districts	IPHN, UNICEF, IEM, BHE, NNP, BBF, SCF-USA, BRAC (A&T), PLAN-Bangladesh other NGOs				X	X	X	X	X	X	X

Table 4. Action Plan for Implementation of Communication Activities

SN	Activities	Key behaviours	Targets	Responsibilities	2010				2011				2012	2013
					1	2	3	4	1	2	3	4		
6.	TV spots at prime time and mobile film shows	BF (EI,EBF) CF, HWCF	3 at least aired nationally	IPHN, A&T, MOI				X	X	X	X	X	X	X
7.	Radio spots for national and Community Radio	BF (EI,EBF) CF, HWCF	3 at least aired nationally	A&T, UNICEF, MOI			X	X	X	X	X	X	X	X
8.	Visual reminder IEC materials or job aids for health providers and community workers	BF (EI,EBF) CF, HWCF	As needed	IPHN, UNICEF, A&T, USAID, NGOs			X	X	X	X	X	X	X	X
9.	Meena production and viewing of animated films	BF (EI,EBF) CF, HWCF	3 aired nationally	UNICEF, A&T and DMC			X	X	X	X	X	X	X	X
10.	Tea stall viewing of TVCs and documentaries in DVD players, forums for mother, father, mother in law and community people	BF (EI,EBF) CF, HWCF	40 districts	IPHN, UNICEF, IEM, BHE, NNP, BRAC, (A&T), NGOs				X	X	X	X	X	X	X
11.	Television programme once a week targeted towards adolescents and young mothers and families	BF (EI,EBF) CF, HWCF	At least 8 episodes annually	IPHN, MOI, Plan-Bangladesh, USAID					X	X		X	X	X

Table 4. Action Plan for Implementation of Communication Activities

SN	Activities	Key behaviours	Targets	Responsibilities	2010				2011				2012	2013
					1	2	3	4	1	2	3	4		
12.	Launch of communication campaign for public and private sector, press briefing of Journalists, success stories disseminated and repeated	BF (EI,EBF) CF, HWCF	At least 2	IPHN, UNICEF, DMC, PIB, DMC, A&T				X	X	X	X	X	X	X
13.	Build capacity of adolescent networks for social action initiative	BF (EI,EBF) CF, HWCF	As needed	CMES, BRAC (A&T), other NGOs				X	X	X	X	X	X	X
14.	School/college debates and quiz programmes	BF (EI,EBF) CF, HWCF	At least 5 per year	IPHN, UNICEF, IEM, BHE, Secondary Education, SCF-USA, USAID, BRAC (A&T), other NGOs				X	X	X	X	X	X	X
15.	Advocacy meeting in 7 divisions with different sectors of GOB, NGO, private sector and local Members of Parliament and influentials	BF (EI,EBF) CF, HWCF	Annually in 7 Divisions	IPHN, UNICEF, A&T and others implementing Partners					X	X	X	X	X	X
16.	Interactive drama serials on radio an TV	BF (EI,EBF) CF, HWCF	13 episodes As needed	IPHN, UNICEF, MOI				X	X	X	X	X	X	X

Table 4. Action Plan for Implementation of Communication Activities

SN	Activities	Key behaviours	Targets	Responsibilities	2010				2011				2012	2013
					1	2	3	4	1	2	3	4		
17.	Develop and produce communication guidelines, modules and materials, as required	BF (EI,EBF) CF, HWCF		IPHN, UNICEF, A&T and others										
18.	National consultations for technical, policy and programme updates	BF (EI,EBF) CF, HWCF	2 per year	IPHN, UNICEF, and multiple A&T implementing partners					X			X	X	X
19.	Advocacy meetings with GOB, donors, partners and other influential groups such as parliamentarians, media personnel	BF (EI,EBF) CF, HWCF	At least 3 per year	IPHN, UNICEF, A&T and multi implementing partners				X	X	X	X	X	X	X
20.	IYCF training and media engagement programme for national health and other journalists, editors and news directors and updates	BF (EI,EBF) CF, HWCF	4 workshops per year	IPHN, UNICEF, A&T and USAID			X	X	X	X	X	X	X	X
21.	Articles published in most well circulated national and regional dailies	BF (EI,EBF) CF, HWCF	At least 8 per year	IPHN, A&T			X	X	X	X	X	X	X	X
22.	Advocacy analysis (profiles) activities/events and materials in collaboration with media e.g. World Breastfeeding Week, Handwashing Week and other events	BF (EI,EBF) CF, HWCF	At least 4 activities and 2 materials per year	IPHN, A&T, UNICEF, USAID (FANTA 2), implementing partners				X	X	X	X	X	X	X

Table 4. Action Plan for Implementation of Communication Activities

SN	Activities	Key behaviours	Targets	Responsibilities	2010				2011				2012	2013
					1	2	3	4	1	2	3	4		
23.	Inclusion of IYCF content in non-formal and formal school education curriculum and orientation of facilitators	BF (EI,EBF) CF, HWCF	2 sets of materials	IPHN, NCTB, BNFE, A & T, UNICEF,				X	X	X	X	X	X	X
24.	Workshop for Messages and materials development, review and updating	BF (EI,EBF) CF, HWCF	At least 1 per year	IPHN, UNICEF, A&T		X				X			X	X
25.	Workshops and follow up for pre-service training in medical and nursing colleges	BF (EI,EBF) CF, HWCF	At least 2 ToT per year	IPHN, Continuous Medical Education BPA, NNF, OGSB, A&T					X			X		
26.	Orientation of union /upazila parishads/local leaders to increase support for IYCF	BF (EI,EBF) CF, HWCF	In 40 focus districts	IPHN, UNICEF, NGOs, Min. Local Govt., BRAC (A&T)						X	X	X	X	X
27.	Formative research, testing, monitoring, learning and evaluation: baseline surveys, monitoring and quality assessments, analysis and review/revision, qualitative studies	BF (EI,EBF) CF, HWCF	In at least 10 focus districts	IPHN, UNICEF, A&T, IFPRI, other NGOs			X	X	X	X	X	X		

Table 4. Action Plan for Implementation of Communication Activities

[illegible]

X. Monitoring and Evaluation Indicators for IYCF Communication

The achievement of this communication plan will depend on the following processes that will be carefully monitored:

- effective planning and timely implementation of activities;
- use of a common, harmonized set of messages and approaches by various stakeholders covering all parts of the country for a sustained period of time;
- development and production of appropriate communication materials for different participant groups and channels;
- use of mass media and IPC materials through multiple channels to achieve adequate intensity and saturation with key messages; and
- an effective monitoring and evaluation plan is implemented and results used for continuous fine-tuning of the strategy until changes in behaviour are documented.

The monitoring and evaluation plan for communication should be part of the total M&E plan for the IYCF programme. Government, stakeholders and partners will jointly monitor the implementation of the IYCF programme. The IYCF programme will build the capacity of communities, service providers and project managers at all level to collect, synthesize, analyze and use data for making decisions about how to improve the impact on behaviours through better reach/coverage, greater intensity, more channels, better comprehension, and timing/targeting of the communication activities. Reports on the processes and outputs will be routinely discussed at national and district levels. A series of studies may be undertaken on various aspects of the plan including a post line study on KAP of IYCF to be conducted at the end of the campaign.

The monitoring and evaluation framework presented in Table 5 will be further developed and finalised through a workshop.

Table 5. Monitoring and Evaluation Indicators for IYCF Communication Activities

Communication Objectives	Monitoring & Evaluation Indicators
Key Behaviour 1 - Timely initiation of breastfeeding immediately after birth and no pre-post lacteal foods	
By the end of 2013, - Mothers initiated breastfeeding immediately (within 1 hour) of birth increased from 50% to 65% - At least 65% of birth attendants (SBA/TBA/midwife/family member) reached through IYCF initiative in programme areas put newborns to mothers' breast immediately (within 1 hour) of birth and no pre-post lacteals foods - At least 50% of service providers involved in ANC/PNC/FP/IMCI/ENC/EPI in programme areas who promote putting newborns to mothers' breast immediately (within 1 hour) of birth and no pre-post lacteals foods	% of newborns who were put to the breast within 1 hour of birth % of birth attendants (SBA/TBA /midwife/family member) put newborns to mothers' breast within 1 hour of birth % of service providers involved in ANC/PNC/FP/IMCI/ENC/EPI put newborns to mothers' breast within 1 hour of birth and not giving pre-lacteals foods
Optional: - At least 30% of religious leaders coming in contact with pregnant women or their families actively promote early initiation of BF and no pre-lacteals in programme areas during their regular and special prayers and ceremonies - At least 50% of family planning workers promoting LAM as a contraceptive method in programme areas	Optional: % of religious leaders, coming in contact with pregnant women or their families who actively promote early initiation and no pre-lacteals % of family planning workers who promote LAM as a contraceptive method

Communication Objectives	Monitoring & Evaluation Indicators
Key Behaviour 2 - Exclusive breastfeeding through six months	
By the end of 2013, - Mothers exclusively breastfeeding their infants 0-6 months of age increased from 43% to 60% in programme areas - At least 50% of communities have trained CHWs or volunteers support mothers to exclusively breastfeed for 6 months (including position, attachment, how to express breastmilk and how to assess and maintain milk supply, and dangers of BMS), in programme areas	% of mothers who are exclusively breastfeeding their infants 0-6 months of age % of communities with trained CHWs or volunteers who support mothers to exclusively breastfeed for 6 months (including position, attachment, how to express breastmilk and how to assess and maintain milk supply, and dangers of BMS)
Optional: At least 25% of communities have more than one community leader or adolescent sensitized and promotes exclusive breastfeeding for 6 months and discourages BMS among family members in programme areas	Optional: % of communities with more than one community leader or adolescent who promoting exclusive breastfeeding for 6 months and discourages BMS among family members

Communication Objective	Monitoring & Evaluation Indicators
Key Behaviour 3 - Age appropriate nourishing & complementary feeding (quantity, quality, diversity and responsive) for children 6-24 months	
By the end of 2013, - At least 50% of mothers and caregivers of 6-24 months of age are consuming age-appropriate quantity of diversified (at least 4 food groups) semi-solid or solid family foods in programme areas - At least 50% of communities have trained CHWs or volunteers who support mothers to feed age-appropriate quantity of diversified (at least 4 food groups) semi-solid or solid family foods to children 6-24 months of age in programme areas - An additional 10% of mothers and caregivers of 6-24 months of age feed animal foods at least once daily in programme areas	% of children 6-24 months of age who are consuming age-appropriate quantity of diversified (at least 4 food groups) semi-solid or solid family foods % of communities that have trained CHWs or volunteers who support mothers to feed age-appropriate quantity of diversified (at least 4 food groups) semi-solid or solid family foods to children 6-24 months of age % of children 6-24 months of age who are consuming animal foods at least once daily
Optional: - At least 50% of service providers support mothers to feed age-appropriate quantity of diversified (at least 4 food groups) semi-solid or solid family foods to children 6-24 months of age in programme areas - At least 50% of communities have more than one community groups or leaders or adolescents who are sensitized and promote feeding of age-appropriate quantity of diversified (at least 4 food groups) semi-solid or solid family foods to children 6-24 months of age in programme areas	Optional: % of service providers who support mothers to feed age-appropriate quantity of diversified (at least 4 food groups) semi-solid or solid family foods to children 6-24 months of age % of communities that have more than one community leader or adolescent promoting feeding of age-appropriate quantity of diversified (at least 4 food groups) semi-solid or solid family foods to children 6-24 months of age

Communication Objective	Monitoring & Evaluation Indicators
Key Behaviour 4 - Handwashing thoroughly with soap before preparing complementary foods and feeding complementary food	
By the end of 2013, ● An additional 10% of mothers and caregivers wash their hands thoroughly with soap before food preparation and feeding of children 6-24 months of age in programme areas ● Handwashing linked to complementary feeding addressed in national hygiene promotion strategy and action plans	● % of mothers and caregivers who wash their hands thoroughly with soap before food preparation and feeding of children 6-24 months of age ● Whether handwashing linked to complementary feeding is addressed in national hygiene promotion strategy and action plans
Optional: ● An additional 10% of households procure and make handwashing materials (soap and water) available to mothers and caregivers who prepare food and feed children 6-24 months of age in programme areas ● At least 3 soap manufacturers include handwashing linked to feeding of young children in advertising messages for soap	Optional: ● % of households that procure and make handwashing materials (soap and water) available to mothers and caregivers who prepare food and feed children 6-24 months of age ● Number of soap manufacturers that include handwashing linked to feeding of young children in advertising messages for soap

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20. Alive and Thrive
21. BRAC
22. AED/FANTA
23. CARE Bangladesh
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30. Action Contre la Faim
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