



# **Rapid Assessment of HIV and Infant Feeding Work**

## **Bangladesh**

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**Report by:**

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## Assessment of countrywide situation of HIV and Infant Feeding

1. Do you have any apex organization at national level, which supervises HIV/AIDS program in the country?

Yes, we have an apex organization. National AIDS/STD Program (NASP) supervises HIV/AIDS in our country.

2. Do you have a national policy in your country dealing with prevention of mother to child transmission of HIV?

We have not yet formulated detailed national policy in this regard; but National policy on HIV/AIDS and STD related issues adopted by cabinet in 1997 where clearly mentioned policy guideline about prevention of mother to child transmission of HIV

3. Is there any attempt to integrate HIV/AIDS with national health programs?

Efforts have been made to integrate HIV/AIDS in the Health, Nutrition and Population Sector program (HNPS).

4. What are the components of PMTCT programs in your country? Is prevention of HIV among infants on the list?

UNICEF and NASP jointly assessed PPTCT program. The team recommended some specific components for this program (These have not been initiated yet)

The components are:

Voluntary counseling and testing (VCT) of pregnant women during pregnancy to identify women, who are HIV- infected,

Antiretroviral (ARV) prophylaxis for the HIV-infected mother at the time of labor and for the HIV-exposed baby within 72 hours of birth,

Safe obstetrical techniques,

Education and informed choice on Infant feeding methods,

Family planning counseling and services for the couple,


5. If prevention of infant HIV is on the list what are the various strategies adopted?

Yes, it is on the list. The strategies are as follows:

Strategy: 1: Strengthen PPTCT programs through the involvement of men

Implementing strategies

To provide couple based counseling and encourage couple based decision-making,





To ensure men's understanding and support for the breastfeeding option chosen

Strategy 2: Build team based capacity for PPTCT in selected facilities

Implementing strategies

To develop criteria for selection of participating facilities and to involve PLWHA in their selection,

To develop treatment and breastfeeding protocols,

To train health care teams from participating sites for PPTCT

To develop guidelines, build counseling capacity for pregnancy and HIV with PPTCT

Strategy 3: Provide follow up care and support to participating families

Implementing strategies

To provide ongoing support and counseling on BF

To provide ongoing care and support services to the child and the parents including nutrition support, sexual and reproductive health counseling and family support services

Strategy 4: Provide care and support for children affected by the epidemic

Implementing strategies

To develop the capacity to provide counseling services for parents on disclosure and to children from disclosure onwards,

To develop the capacity of communities and schools for care and support for affected children and to encourage children to continue at school.

6. Is there a clearly documented policy on the issue of prevention of Infant HIV that includes infant-feeding options for HIV positive mothers?


Documented policy has not been prepared yet; but it is under consideration of the government.

7. Is there a policy to achieve exclusive breastfeeding for all babies as a norm contained in this program?

Yes, it is clearly stated in the documents of the program EBF is must for all the babies; upto 6 months of age.

8. What is the source of information used to draft policy and program on PPMTCT? Are any of following documents consulted to do this?





Research findings and WHO, UNICEF publications are being used to draft policy and program on PPMTCT. Yes the mentioned documents and other relevant and research publication are being consulted.

9. What is the source of scientific update on the HIV and infant feeding in the country?  
Internet and Research update on HIV and Infant feeding are the main source.

10. Does the country have sufficient capacity to build skills of health workers on counseling on HIV and infant feeding, if yes what training materials are being used?

No, at this moment the country have no sufficient capacity in this field.

11. What is the curriculum of training and how much time is given to classroom teaching and skilled training?

It has not been introduced yet.

12. What is the level of involvement of various professional organization and NGOs? in HIV/AIDS program in your country.

There are nearly 400 NGOs currently working on HIV/AIDS prevention activities throughout the country.

Some national, international and UN organizations are directly involved with the government to implement the program. Some renowned NGOs have been included in the technical committee of National AIDS Committee Professional organization like Bangladesh Medical Association (BMA) has been active to implement the program. They are providing training on HIV/AIDS to the health care providers.

13. What role did the international agencies like WHO, UNICEF, DFID, USAID and others play?

WHO primarily technical support in implementing blood safety component of HIV/AIDS prevention project UNICEF is a management agency for implementing HIV/AIDS Prevention Project(HAPP).

DFID is financing along with World Bank for HAPP

USAID is financing Family Health International (FHI), an International NGO, in HIV prevention activities.

UNFPA is providing technical assistance to HAPP

14. What is the status of involvement of various government agencies in HIV-AIDS program?

In Bangladesh 16 govt. functionaries are involved in this program, since HIV/AIDS has been recognized not only as health problem, it is also a social as well as multi-sectoral problem. There are 16 focal point on HIV/AIDS from each 15 Ministry are coordinating with the NASP.

15. Do you have a national policy on infant and young child feeding, what is the recommendation on exclusive Breastfeeding?



This policy has not yet been made; but the stakeholders are preparing this. Already a high level meeting between BBF and govt. counterpart held a few weeks back to finalize the same. Government of BANGLADESH has issued a GO on 05/08/2003 declaring officially EBF up to 6 months of age.

List of Participants

1. Prof. M.Q-K. Talukder, Chairperson BBF
2. Prof. (Dr.) Fatima Parveen Chy, Line Director, National STD/AIDS Program, MOH&FW
3. Dr. Ivonni Cameroni, UNICEF
4. Prof. (Dr). Syeda Afroza, Joint Director, Institute of Child and Mother Health (ICMH)
5. Dr. Md. Hanif Uddin, Deputy Program Manager, NASP, MOHFW
6. Prof. Soofia Khaton, Chairperson, BFHI Sub committee, BBF
7. Roxana Kader, Director, National Nutrition Program, MOHFW
8. Prof. Sameena Chy, ICMH
9. Dr. Ferdousi Islam, ICMH
10. Dr. SK.A. Razzaque, Asst. Prof. National Institute of Cardio Vascular Diseases, Dhaka
11. Dr. Mshurur Ahmed, UNICEF
12. Dr. Shabnam F. Chy, Asst. Prof., Deptt of Obs/Gynae, Shaheed Suhrawardy Hospital, Dhaka
13. Dr. Syeeda Begum, UNICEF
14. Dr. Ismat Ara, Institute of Public Health & Nutrition (IPHN)
15. Dr. Rowshan Ara, Consultant and STI specialist, NASP, MOHFW
16. Dr. Iqbal Kabir, Scientist, ICDDR;B
17. Shaheen Sultana, BBF
18. Md. Nuruzzaman, BBF
19. Syeda Khaleda Begum, BBF
20. Dr. Rowshan Jahan, BBF
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