



*A Successful Story of NNS of DLIs.....*

**DLI 13**

**Maternal nutrition services are expanded**



**Iron and folic acid supplements (30 tablets) for pregnant women**

**DLI 14**

**Infant and child nutrition services are expanded**



**For children aged under 6 months, counseling on exclusive breastfeeding**



**Weight measurement of pregnant women**



**For children ages 6 to 23 months, counseling on complementary feeding (homemade) along with breastfeeding**



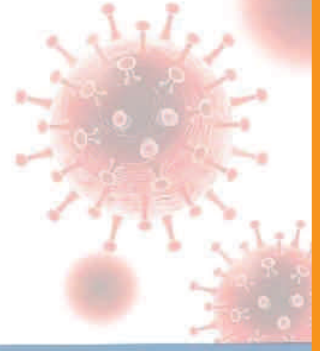
**Counseling for pregnant women**

**For 13 % of registered pregnant women who receive all three services during a single visit**



**National Nutrition Services (NNS)  
Institute of Public Health Nutrition (IPHN)  
Directorate General of Health Services (DGHS)  
Ministry of Health and Family Welfare (MoH&FW)**





## করোনা (কোভিড-১৯) মহামারি চলাকালীন সময়ে জাতীয় পুষ্টিসেবা (এনএনএস) হতে সকল কমিনিউটি ক্লিনিকের সিএইচসিপিগণের জন্য পুষ্টি পরামর্শ সমূহ



### গর্ভবর্তী মাঃ

- গর্ভবর্তী মহিলাদের দৈনিক ১ বেলার সমান অতিরিক্ত খাবার গ্রহণ করা।
- প্রতিদিন স্বাভাবিক খাবার গ্রহণের পাশাপাশি গাঢ় রঙ্গের শাকসবজি ও ফলমূল গ্রহণ করা।
- প্রতিদিন রাতে খাবার এর পর ১ টি আয়রন ফলিক এসিড (আইএফএ) ট্যাবলেট এবং সকালে নাস্তা ও দুপুরের খাবারের পর ১ টি করে ক্যালসিয়াম ট্যাবলেট গ্রহণ করা।
- রাতে কমপক্ষে ৬-৮ ঘন্টা ঘুম এবং দিনে ২ ঘন্টা বিশ্রাম গ্রহণ, ভারী কাজ থেকে বিরত থাকা।
- জ্বর, ক্রমাগত কাশি বা শ্বাসকষ্ট হলে নাক, চোখ ও মুখে স্পর্শ না করা, অতিসত্বর স্বাস্থ্যকর্মীর পরামর্শ গ্রহণ করা।



### ০-৬ মাস বয়সী শিশুঃ

- ৬ মাস (১৮০দিন) পর্যন্ত শুধুমাত্র মায়ের দুধ খাওয়ানো।
- মায়ের দুধে শিশুর তৃষ্ণা মেটাতে পর্যাপ্ত পানি থাকে।
- শিশুর ৬ মাস পূর্ণ হওয়ার আগে পানি, অন্য যেকোনো তরল বা খাবার দেওয়া যাবে না এতে শিশুর ডায়রিয়াসহ অন্যান্য সংক্রমণের ঝুঁকি বাড়ে।

যদি কোনও মা কোভিড-১৯ এর কারণে মায়ের দুধ খাওয়াতে না পারেন  
সেক্ষেত্রে করণীয়ঃ

- মায়ের দুধ গেলে খাওয়ানো (পাম্পার ও বাসনপত্র প্রতিবার ব্যবহার এর পর ভালোমতো সাবান ও গরম পানি দিয়ে কমপক্ষে ২০ সেকেন্ড সময় নিয়ে ধুতে হবে।
- অন্য কোনো মায়ের দুধ সংগ্রহ করা।



যদি নবজাতক বা ছোট শিশু কোভিড-১৯ বা অন্য কোনো রোগে সংক্রমিত হয় সেক্ষেত্রে মাকে স্বাস্থ্যবিধি মেনে অত্যন্ত সতর্কতার সাথে শিশুকে মায়ের দুধ খাওয়ানো চালিয়ে যেতে হবে। মায়ের দুধে রয়েছে সকল গুরুত্বপূর্ণ পুষ্টি উপাদান এবং প্রতিরক্ষামূলক তরল যা শিশুকে সংক্রমণের বিরুদ্ধে লড়াই করতে এবং দ্রুত সুস্থ হতে সাহায্য করে।



### ৬-২৩ মাস বয়সী শিশুঃ

- শিশুর বয়স ৬ মাস পূর্ণ হলে বৃষ-উপযুক্ত, পর্যাপ্ত এবং নিরাপদ বাড়তি খাবার শুরু করতে হবে। পাশাপাশি ২ বছর বয়স পর্যন্ত সুকের দুধ খাওয়ানো চালিয়ে যেতে হবে।
- প্রতিদিন বৈচিত্র্যপূর্ণ খাবার খাওয়াতে হবে যেমন ডিম/মাছ/মাংস, ভাতের সাথে ঘন ডাল, খিচুড়ি, পাত হালুদ/কমলা রঙের ফল/শাকসবজি এবং গাঢ় সবুজ শাক, দুধজাত খাবার, তেল/ঘি ইত্যাদি।



৭-৮ মাস বয়সী শিশুকে প্রতিদিন ২৫০মিলি  
বাটির আধা বাটি করে দিনে ২ বার এবং সাথে  
২ বার পুষ্টিকর নাস্তা দিতে হবে।



৯-১১ মাস বয়সী শিশুকে ২৫০ মিলি বাটির  
আধা বাটি দিনে ৩ বার এবং সাথে ২ বার  
পুষ্টিকর নাস্তা দিতে হবে।



১২-২৩ মাস বয়সী শিশুকে ২৫০ মিলি বাটির ১ বাটি  
দিনে ৩ বার এবং সাথে ২ বার পুষ্টিকর নাস্তা  
দিতে হবে।

## দুধদানকারী কোনো মা যদি কোভিড-১৯ দ্বারা সংক্রমিত হয় বা সন্দেহভাজন হন, সেক্ষেত্রে করণীয়ঃ

- স্বাস্থ্যবিধি মেনে শিশুকে মায়ের দুধ খাওয়ানো চালিয়ে যেতে হবে কারণ মায়ের দুধের মাধ্যমে কোভিড-১৯ সংক্রমণ ছড়ায় না। এছাড়া নবজাতক এবং শিশুদের কোভিড-১৯ দ্বারা সংক্রমণের ঝুঁকি কম থাকে, এসময় যেসকল সতর্কতা অবলম্বন করতে হবে -



মাকে কিছুক্ষন পর পর সাবান পানি  
দিয়ে অন্তত কমপক্ষে ২০ সেকেন্ড সময়  
নিরে ধুতে হবে বিশেষ করে শিশুকে  
স্পর্শ ও খাওয়ানোর পূর্বে।



হাচি বা কাশির সময় ব্যবহৃত টিসু,  
তাৎক্ষণিকভাবে চাকনা যুক্ত পাত্রে রাখা/পুড়িয়ে  
ফেলা এবং সাবান পানি দিয়ে হাত ধুয়ে নেয়া।



### অবশ্যই মনে রাখতে হবে

- ব্যবহৃত মাস্কটি ভেজা বা স্যানিটায়ারে হওয়ার সাথে সাথে পাল্টে নেয়া।
- ব্যবহারের পর মাস্কটি দ্রুত চাকনা যুক্ত পাত্রে ফেলা।
- পুনরায় ব্যবহার যোগ্য না হলে ব্যবহৃত মাস্কটি পুনরায় ব্যবহার না করা।
- পুনরায় ব্যবহার যোগ্য মাস্ক ব্যবহারের সময় প্রতিবার ব্যবহারের পর সাবান দিয়ে ভালমত ধুতে হবে।
- মাস্কের সামনের দিকে স্পর্শ না করে পিছন থেকে ধোলা।



শিশুকে খাওয়ানোর সময় মাস্ক পরিধান  
করতে হবে।



নিয়মিতভাবে ঘরের মেঝে ও আসবাবপত্রের  
উপরিভাগ জীবাধুনাশক দিয়ে পরিষ্কার করা।

স্বাস্থ্যবিধি মেনে চলুন, সংক্রমণের ঝুঁকি কমান





## Editorial

**Dr. S M Mustafizur Rahman**

Line Director, National Nutrition Services (NNS)  
Directorate General of Health Services (DGHS)  
Ministry of Health and Family Welfare (MoH&FW)

I am delighted to announce the publication of the 18<sup>th</sup> issue of National Nutrition Services (NNS) is going to publish. This newsletter is the platform to provide some nationwide scenario of programmatic information that express at a glance the current nutrition information system and latest interventions of NNS that guide policy makers and others stakeholder to plan nutrition program effectively for the future nutrition services in Bangladesh. We have seen some significant improvement in the last BDHS 2017-18 report regarding nutritional indicators. In this newsletter we have given focus on the current nutrition status in Bangladesh. This newsletter reports on the progress of 'Disbursement Linked Indicator' (DLIs) of National Nutrition Services (NNS), SAM Unit and Urban nutrition report. Another innovations of NNS is 'Nutrition Score Card' by District and 'Pusti Tothho'(Mobile SMS Campaign for DLIs).

This newsletter published the improvement and activities of NNS supported services at facility levels and also community-based nutrition activities. It also showcases overall information on various nutrition events in country. This is the opportunity to recognize the contribution of Honorable Secretary, MoH&FW and the Directors General of DGHS & DGFP for NNS, and along with thank to health managers and other service providers who are supporting NNS continuously.

I express my sincere thanks to the entire team of NNS for their support and contribution to publishing this newsletter. I am thankful to the officials of Nutrition Information and Planning Unit (NIPU) and UNICEF for their continuous hard work in the creation of this important document.

It should be noted that this edition covers events, programs and services that took place between October 2019 to December 2019. Hoping for the next issue in time with resourceful contents.

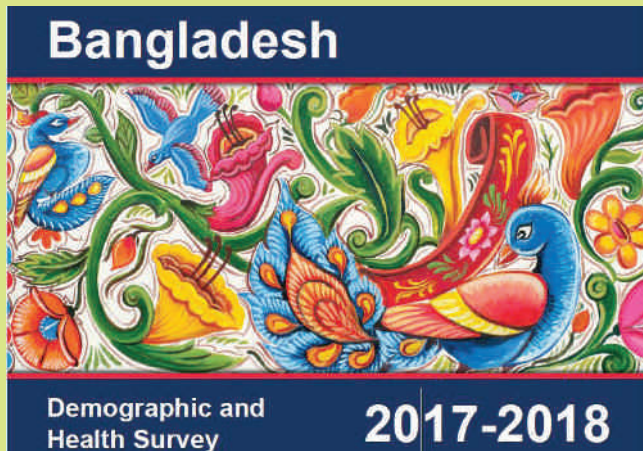
A handwritten signature in black ink, appearing to read 'S M Mustafizur Rahman', written in a cursive style.

**Dr. S M Mustafizur Rahman**

Line Director, National Nutrition Services  
Directorate General of Health Services  
Ministry of Health and Family Welfare



## Current Nutritional Status of Bangladesh



Nutrition is an important determinant of physical growth, mental development and good health. When a malnourished child grows up with multiple physical and mental limitations, it becomes difficult for her/him to contribute to society and national development as an adult. In addition, malnutrition represents a major cause of child mortality.

Although child and maternal malnutrition has been reduced in Bangladesh, the prevalence of stunting among children aged less than five years was 31% (BDHS 2017-18) still high and 9% (BDHS 2017-18) were severely stunted. Stunting is most prevalent in Sylhet is 43% (BDHS 2017-18) and lowest in Dhaka and Khulna is 26% (BDHS 2017-18) . Over the past decade, the child nutritional status has improved steadily.

Undernutrition has declined from 41% (BDHS 2007) to 31% (BDHS 2017) and prevalence of wasting has declined also from 15% (BDHS 2007) to 8% (BDHS 2017). Underweight is most prevalent in Sylhet is 33% (BDHS 2017-18) and lowest in Dhaka and Khulna is 19% (BDHS 2017-18) .

Our objective to reduce the prevalence of stunting in children under-5 years is 25 %, reduce wasting is <10% and reduce Low Birth Weight is <18% by 2022 as per current HPNSP. Level of exclusive breastfeeding has been distinctly higher from 55% (BDHS 2014) to 64% (BDHS 2017-18). Infants 6-23 months are fed with a minimum acceptable diet is 34% (BDHS 2017-18) has increased from 23% (BDHS 2014) and 79% (BDHS 2017-18) of children received Vitamin – A supplementation, increased from 62% (BDHS 2014). According to the last administrative report children (U5) received Vitamin – A supplementation is 98.7% in 2019.

Bangladesh is facing challenges of triple burden (micronutrient deficiency, undernutrition and overnutrition) of malnutrition. Overweight & obesity and nutrition-related Non-Communicable Diseases (NCD) are on the rise in the country. Overweight, obesity, high blood pressure, diabetes, heart attack, stroke etc. are now considered as emerging issues across different income groups and localities (urban-rural).



## Trends of Nutritional Status

Relevant Result Framework Indicators (RFW) and Others Nutritional Indicators					
Indicator	2007 BDHS	2011 BDHS	2014 BDHS	2017-2018 BDHS	NNS OP Target (2022)
Stunting	43%	41%	36%	31%	25%
Exclusive breastfeeding	43%	64%	55.3%	65%	70%
Others Nutritional Indicators					
Indicator	2007 BDHS	2011 BDHS	2014 BDHS	2017-2018 BDHS	NNS OP Target
Underweight	41%	36%	33%	22%	15%
Wasting	17%	16%	14%	8%	8 %
SAM (WHZ<3) under five	2.9%	4.1%	3.1%	2%	<1 %
Infants 6-23 months are fed with minimum acceptable diet	41%	21%	23%	34%	40%
Low Birth Weight	35.6% (2004, National low birth weight survey)		22.6% (National low birth weight survey, 2015-16)		<16%
Early initiation of breastfeeding	43%	47.1%	50.8%	69%	80%
Improve caregivers' hand washing practice with soap before feeding the child			2% (FSNSP 2014)	4% (FSNSP 2015)	15%
Childhood overweight	0.9%	1.5%	1.4%	1.4%	1%
Vitamin 'A' Coverage	88%	60%	92%	98.7 % (Administrative Report 2019),	99%
Anemia Non-Pregnant Non-Lactating		26% (2011 National Micronutrient Survey)			
Anemia Children Under Five (U5)		33.1% (2011 National Micronutrient Survey)			

## Comprehensive Competency Training on Nutrition (CCTN) Roll-out of Second Phase on 18 January 2020 in 12 districts



### Sensitization workshop on CCTN Roll-out of Second Phase

National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN) is going to roll-out the second phase of Comprehensive Competency Training on Nutrition (CCTN) on 18 January 2020 to enrich the knowledge and skills on nutrition of both Health and Family planning work force from community to district level with the technical support of UNICEF. Total 31 districts and 3 city corporations were covered up to the first phase of CCTN. In this phase, 12 districts are planned to cover.

The Advisory and Technical Committee meeting of CCTN was held on 15 December 2019. According to the decision of the meeting, Sensitization Workshop on CCTN was held on 30 December 2019. All Divisional Directors of both Health and Family planning, Civil Surgeons and Divisional DDFP's of selected 12 districts,

Directors of two implementing partners (NIPSOM and ICMH) & others relevant OP's, and recruited Districts Trainers participated in the workshop.

Additional Secretary (PH&WH), MoHFW was present as Chief Guest and Director General of BNNC was Special Guest. Line Director, National Nutrition Services (NNS), IPHN Chair the workshop. After Sensitization Workshop, Training of District Trainer (ToT) was conducted from 4 January to 9 January 2020. The dry run was performed followed by ToT on 11 and 12 January 2020.

NIPSOM will conduct CCTN in Chattogram, Rangamati, Gopalganj, Khulna, Kurigram and Jamalpur district where ICMH will carry out training in Sylhet, Chandpur, Khagrachuri, Manikgonj, Barishal and Rajshahi in this phase. It is targeted to trained more than 17,000 health worker and completes the second phase of CCTN within June 2020.

## Live Television Discussion Program on Nutrition 'Pustie Sammriddhe'



আজি পুষ্টিসেবার  
পুষ্টি বিষয়ক সরাসরি অনুষ্ঠান  
পুষ্টি সমৃদ্ধি

বেশুণ প্রতি বুধসন্ধ্যার  
দুপুর ১২.০০ টায় বাংলাদেশ পর  
বাংলাদেশ টেলিভিশনে ও বিটিভি  
ওয়ার্ল্ড-এ

২৬/১২/২০১৯ তারিখের অনুষ্ঠানের বিষয়: "ভিটামিন এ"  
অনলাইনে যুক্ত হতে পাবেন: জাতীয় পুষ্টিসেবার ফোন-বুক: National Nutrition Services, Social Media, বাংলাদেশ টেলিভিশন-৪৪  
বোনফোন: Bangladesh Television-BTV, ইন্টারনেট লিংক: btv smw1, Bangladesh Television-BTV

বাংলাদেশ টেলিভিশন লিমিটেড লিংক হতে আপনার কম্পিউটারে, ল্যাপটপে এবং স্মার্টফোনে  
ফোনে লাইভ দেখুন, যে কোন সময়, যে কোন স্থানে:  
<http://bvt.portal.gov.bd/site/page/64915c73-e02f-4973-9cc3-15ce6f1f7f1a>

### Live Television Discussion Program on Nutrition 'Pustie Sammriddhe'

National Nutrition Services (NNS), IPHN of DGHS has signed a MoU with Bangladesh Television (BTV) to produce and telecast programs as like phone-in (live program) such as short drama serial, Documentary, Song, Jingel, Jari song, Spot drama, Nutrition filler etc.

Under this MoU NNS has started LIVE TV Discussion Program since 28 November 2019 named Pustie Sommriddhi (Nutrition means Prosperity) It is decided that 17 episodes of BTV discussion program will be organized and in every program Two Medical & Nutrition Specialists attended the program along with expert presenter.

From 28 November 2019 to 23 January 2020 the programs have been aired in every Thursday at 12:00 pm and from 26 January 2020 the program has been telecasting in every Sunday after BTV news at 2:00 pm.

The program is direct and involving the viewers through phone-in, they can directly ask question on nutrition.

Under the guidance of Line Director – NNS & DPM (SBCC), USAID Ujjiban SBCC project & NIPU are committed to be actively involved in planning, designing, drafting and TA to implement all these programs in more effective and successive way. So long BTV live discussions were done on – nutrition situation in Bangladesh, Maternal, Child, Adolescent's Nutrition, Vitamin A, Food Safety & Breast Feeding.

The Live program has been highly appreciated by the BTV viewers & they are asking important questions directly to the experts. It is fully interactive in nature. NNS has taken decision to extend the program through more episodes. USAID Ujjiban SBCC project and NIPU team are providing technical assistance to organize the ongoing event effectively.



## A Successful Story of NNS on DLIs 13 & 14

### Background of DLIs

Program-for Result (PforR) a new lending instrument, have introduced by the Development Partners. The first major development financing instrument to formally link disbursements to the achievement of results is termed 'Disbursement Linked Indicators (DLIs)'. DLIs started with the aim to support capacity building and system improvements and efforts to improve effectiveness and efficiencies of total Government expenditures. 16 DLIs subdivided into 48 disbursement-linked results (DLRs) in 4th HPNSP which are yearly achievable. Achievements of DLRs trigger the disbursement of funding.

### DLIs 13 & 14 Target for NNS OP

DLIs 13 (Maternal Nutrition services are expanded) and DLIs 14 (Infant and Child Nutrition Services are expanded) will achieve the target through the National Nutrition Services(NNS) Operation Plan(OP) of Institute of Public Health Nutrition (IPHN) with the support of Community Based Health Care(CBHC) and Directorate General of Health Management System (DG-HMIS). Delivery of specified services will be recorded and reported through a system of individual records for registered pregnant mother and registered infants and children (DLI-13 & 14). Targeted health facilities are 3,179 Community Clinics in the two divisions.

### Planning to Achieve NNS DLIs 13 & 14

- DLI orientation workshop.
- Operationalization of nutrition information system in Bangladesh Workshop- identified gaps in register and reporting.
- Mapping of Priority Output Indicators-recording and reporting from different level of facilities.

### Identifying the Gaps:

- In community clinic the child register there was no column for recording.
- No recording system for individual tracking system.

- No reporting of IYCF counseling through monthly Form 3 in DHIS2 system.

### Steps for Achieving the DLIs Target 13 & 14:

#### 1. Revision of Registers:

- As first step, in consultation with CBHC data elements reviewed IYCF record was added
- Also, maternal nutrition counseling was added. In the previous register there was only column to record on general counseling (not specific to nutrition)
- The new registers came into effect from 1<sup>st</sup> of November 2019

#### 2. System Modification in DHIS2:

- Requested from NNS, IPHN to MIS to incorporate IYCF counseling reporting in DHIS2 individual Child tracker system, both community clinics aggregated monthly data reporting, which previously didn't report nutrition counseling.
- Requested with MIS to add a cell to record and report provision of IYCF counseling for each child in the individual tracker. After that IYCF counseling was activated on 17 Nov as it required rigorous testing.

#### 3. Follow up with districts

- Meeting with CS and senior district teams
- Tele-conference with UHC
- Sent SMS & Email on 16 October 2018 to UH& FPO and CHCP.

#### 4. Automated data generation and visualization platform

## Results Achieved

DLR	Title	Fiscal Year	Report Submission Status
13.1	Technical standards for maternal nutrition services are approved.	2017	Submitted on 18 January 2018
13.2	Reporting and quality assessment guidelines for maternal nutrition services are approved	2018	Submitted on 7 August 2018
13.3	Assessment is completed of maternal nutrition service quality in Sylhet and Chittagong divisions	2019	Submitted on 15 November 2019
13.4	Percentage (%) of registered pregnant mothers receiving specified maternal nutrition services in Sylhet and Chittagong divisions, reported for the previous CY	2018-2022	Submitted on 14 February 2019 28.64% of registered pregnant mothers received maternal services against the target of 5 % for 2018.
14.1	Technical standards for infant and child nutrition services are approved.	2017	Submitted on 18 January 2018
14.2	Reporting and quality assessment guidelines for infant and child nutrition services are approved	2018	Submitted on 7 August 2018
14.3	Assessment is completed of infant and child nutrition service quality in Sylhet and Chittagong divisions.	2019	Submitted on 15 November 2019
14.4	Percentage (%) of registered infants and children aged under 2 years receiving specified nutrition services in Sylhet and Chittagong divisions, reported for the previous CY.	2017-2022	<b>1) Report 2017:</b> Submitted on 14 February 2019, <b>24.30%</b> against the target of 10 % for <b>2017</b> . <b>2) Report 2018:</b> Submitted on 2 October 2019, <b>21. 95%</b> against the target of 15 % for <b>2018</b> .

### Role of NIPU (Nutrition Information and Planning Unit) engagement

- NIPU prepared an implementation plan and every week Thursday discussed DLI implementation.
- Monitoring by phone follow-up weekly.
- Letter sent through NNS, IPHN email for DHIS2 system development, orient of nutrition DLI 13 & 14 and their role to achieve these targets.
- Meeting with CBHC and DG-MIS.
- Meeting with CS, UH&FPO, CHCP and orient about nutrition DLI.
- Started engagement at central level for system refinement, guideline development and as well as districts to move DLI implementation forward.
- Tele-conference with UHC.
- Monthly facility visit.
- Email and SMS had sent to all UH&FPO and CHCP regarding NNS DLIs on 16 October 2018.
- SMS sent to all UH&FPO and CHCP and support to DLI SMS campaign from 26<sup>th</sup> August 2019.

## NNS Score Card

Under the dynamic leadership and guidance of our honorable Minister, Respectable Secretary, HSD, Ministry of Health and Family welfare and Respectable Director General of DGHS Prof. Abul Kalam Azad, National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN) is pleased to share last quarter NNS score card for 2019. Nationally, from **June 2019** to **December 2019**, the CI (Composite Index) value has increased from **0.56** to **0.72**. In other words, in June, the average status of the five indicators was **56%** and this has increased to **72%**. The Government has decided to increase the index to **0.8** by **May 2020**.

### To achieve this:

1. Need to increase screening in SAM units, which is at present only **39%** and
2. Need to increase weighing of pregnant women during ANC visit since the only **56%**

Division	Reporting Period	% of facilities reporting on complete nutrition indicator	% of facilities providing Nutrition counseling	% of PLWs receiving IFA	% of pregnant women weighted during clinic visit	% of children screened for SAM at facility	Composite Index	Trend
National	Jul-19	42%	85%	83%	40%	30%	0.561	Improving
	Dec-19	49%	89%	126%	56%	39%	0.718	
Barishal	Jun-19	60%	90%	95%	44%	55%	0.687	Improving
	Dec-19	64%	92%	97%	58%	65%	0.753	
Chattogram	Jun-19	36%	81%	94%	46%	28%	0.570	Improving
	Dec-19	41%	85%	102%	61%	37%	0.653	
Dhaka	Jun-19	36%	81%	72%	36%	19%	0.490	Improving
	Dec-19	42%	85%	126%	53%	30%	0.671	
Khulna	Jun-19	43%	88%	76%	41%	40%	0.577	Improving
	Dec-19	57%	93%	103%	55%	51%	0.719	
Mymensingh	Jun-19	50%	89%	96%	30%	51%	0.633	Improving
	Dec-19	57%	92%	105%	50%	60%	0.727	
Rajshahi	Jun-19	41%	86%	71%	39%	22%	0.519	Improving
	Dec-19	47%	91%	104%	55%	31%	0.656	
Rangpur	Jun-19	40%	85%	78%	43%	32%	0.554	Improving
	Dec-19	46%	89%	246%	58%	34%	0.947	
Sylhet	Jun-19	48%	88%	85%	43%	54%	0.636	Improving
	Dec-19	53%	91%	113%	62%	42%	0.722	
Very Poor ≤30%		Poor 31-49%	Average 50-79%	Good 80-100%				

This score is derived from five priority nutrition indicators that are reported through DHIS2 monthly. A Composite Index (CI) is generated to assess the overall implementation status of NNS and the districts are categorized depending on their performance. This was discussed in the Nutrition Advocacy meeting held on 30 December, 2019 in the presence of the Ms. Rina Parveen, Additional Secretary (WH & PH) and all the Divisional Directors under HSD.



## Sunamganj could be a model in combating malnutrition: MA Mannan



**Launching of “Participatory Multi-Sectoral Annual Nutrition Action Plan 2019-20 for Sunamganj”**



**Mr. MA Mannan, Minister, Ministry of Planning speaking at the occasion**

Launching of “**Participatory Multi-sectoral Annual Nutrition Action Plan –PMANAP 2019-20**” for Sunamganj is particularly significant because **Second National Plan of Action for Nutrition 2016-2025 – NPAN2** which aims to achieve “**Nutrition for all**” by fostering inter-sectoral coordination has been adopted. The government has made nutrition a priority and taken steps to ensure that a strong policy framework is in place through developing the **National Nutrition Policy 2015**.

Collective Impact for Nutrition – CI4N of CARE Bangladesh has achieved another milestone with strong leadership of District Nutrition Coordination Committee - DNCC, Sunamganj through developed a **PMANAP 2019-20 for Sunamganj**, this is the first time in Bangladesh history. This Plan has been developed for Sunamganj district followed to Operational Guideline for District and Sub District Nutrition Coordination Committee, the PMANAP also been developed for 11 Sub-districts of Sunamganj. A Launching Ceremony has been organized by DNCC with the support of CARE Bangladesh on 12 December 2019 at FIVDB conference room, South Sunamganj.

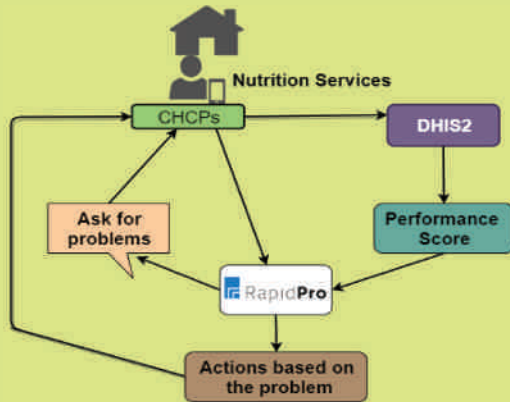
The Hon’ble Minister Mr. MA Mannan, Ministry of Planning, Peoples Republic of Bangladesh, was present in the occasion as Chief Guest. Deputy Commissioner of Sunamganj Mohammad Abdul Ahad was the Chair of the occasion. Dr. Ashutosh Das, Civil Surgeon of Sunamganj, delivered

welcome speech and emphasized collective efforts in implementing the district nutrition plan involving officials from different ministries. Honorable Minister open up the book of 'Participatory Multi-Sectoral Annual Nutrition Action Plan-2019-20 for Sunamganj along with distinguish guests.

With the participation of National stakeholders, including government officials, donors and development partners and the elected representatives across different corners of the district, Mr. MA Mannan said that There was a time, when we were struggling to be self-dependent on food production and we essentially succeeded on this. *Now it’s time to focus on nutrition*. Announcing the increased allocation in water and sanitation to combat malnutrition in the haor region, he urged the elected representatives and officials to implement nutrition plan properly.

Dr. Md. Shah Nawaz, Director General of Bangladesh National Nutrition Council -BNCC, Dr. Md Khalilur Rahman, Director of Institute of Public Health Nutrition-IPHN, Dr. Ikhtiar Uddin Khandaker, Director – Health Program, Dr. Khrist Roy, Technical Advisor, Global Food & Nutrition Team, CARE USA and Dr. Iqbal Kabir, Consultant, BNCC were present as special guests at the launching ceremony.

## ***PushtiTottho*: Connecting with Community Health Care Providers (CHCPs) by using SMS technology in Bangladesh**



**Pushti Tottho**



**Now CHCP are using *PushtiTottho***

CHCPs are the key person in providing nutrition services at the community level and they often face various problems while providing those services. “*Pushti Tottho*” which is a communication platform done by real time mobile SMS based services; has been created so that CHCPs can report their problems and challenges anytime and from anywhere in Bangladesh. It is also connected with DHIS2 which is an Open Health Information System (OHIS).

CHCPs are required to enter the information about all pregnant women and children, who were enrolled and received nutritional services at their respective community clinics (CCs) on DHIS2. Through this SMS service CHCPs can look at their performance based on DHIS2 data that they have provided. The main purpose of the connection of SMS technology and DHIS2 is to increase the performance of the CHCPs on delivery nutrition services across Bangladesh.

In addition, SMS are also sent to the key managers of National, District and Upazila levels to strengthen the system of accountability and commitment to escalate nutrition situation all over in Bangladesh.

“*Pushti Tottho*” was first piloted on July,2019 at districts of Khagrachhari and Cox’s Bazar respectively. CHCPs of those respective districts were provided orientation on “*Pushti Tottho*” and then SMS were sent to them. Later detail instruction along with a guideline were prepared and were sent to the CHCPs of 15 districts of Sylhet & Chattogram. During second phase of SMS, 85 CHCPs reported about the supply shortage of weighing scale & one CHCPs demanded for IFA tablet supply.

As “*Pushti Tottho*” was innovated to strengthen the response & accountability of the existing system, 77 out of 85 weighing scale supply was mitigated by the actions based on the “*Pushti Tottho*” mechanism.

The next step of “*Pushti Tottho*” SMS service is to establish better connections with CHCPs so that they can send SMS by themselves to the system anytime from anywhere in Bangladesh.

## Field Visit to Gowainghat Upazila of Sylhet District



### Discussion during a training session on Supportive Supervision (SS) and Strategic Use of Data (SUD)

A field visit was undertaken during 14-15 October 2019 by Dr. Kazi Shamim Hossain, Deputy Director and Program Manager, National Nutrition Services, Dr. Premanondo Mondol, Civil Surgeon, Sylhet, Dr. Md. Moinul Haque, Health System Strengthening Advisor of Alive & Thrive and Saydur Rahman Siddique of Alive & Thrive to observe the “Training on Supportive Supervision (SS) & Strategic Use of Data (SUD)”

for the first-line supervisors (HI, AHI, FPI etc.) of health and family planning department in Gowainghat upazila of Sylhet district.

Gowainghat is one of the six selected upazila of Alive & Thrive supported Upazila Learning Lab (ULL) in the priority (DLI related) divisions in Bangladesh.

The training was jointly organized by district health and family planning department and Alive & Thrive. The ultimate objective of this training was to strengthen the supportive supervision upto which the existing system can uptake and also to use the existing data for programmatic purpose.

During this field visit, Civil Surgeon of Sylhet, UH&FPO & UFPO of Gowainghat upazila were among the team members of joint field visit team.





## JOINT ACTION FOR NUTRITION OUTCOME (JANO)

Duration: October 2019 to December 2019

### UNCC Meeting and Planning Workshop



**Picture 5:** “Menstrual Education and Services for Adolescents” arranged by district administration of Nilphamari on 18 November, 2019 at district Shilpokola Academy

In this reporting quarter four UNCC (Taragonj and Pargacha (Non-project) upazilla of Rangpur district, Jaldhaka and Nilphamari Sadar upazilla of Nilphamari district) planning workshops were held in two working districts. Most of the UNCC members participated actively in the planning session and they prepared department wise draft nutrition action plan considering operational guideline of DNCC and UNCC. Later they submitted their departmental plan to the respective UNO within stipulated time. In the meeting it was decided that the Union Parishad will prepare their union wise nutrition plan which will be submitted in the respective upazila. The UNCC will compile all the department and union nutrition plan and then prepare a comprehensive plan. In the nutrition plan development process JANO project will be providing support where required.

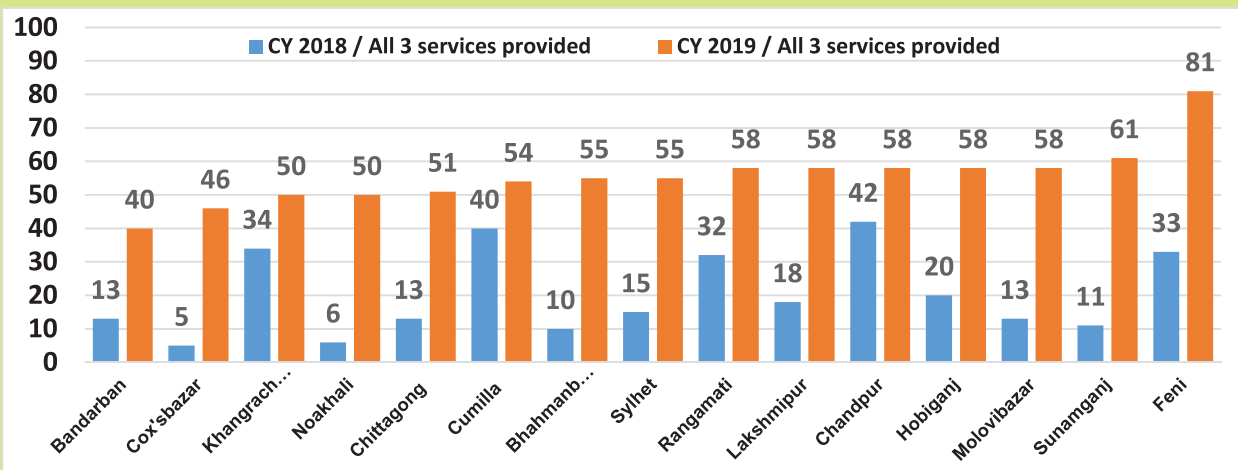
In this reporting quarter 6 UNCC (Rangpur-2, Nilphamari-4) meetings were held in two working districts. Most of the UNCC member actively participated in the meeting. UNCC members discussed about the activities and collected prescribed format to prepare action plan according to the operational guideline of DNCC and UNCC which they will submit in their Multi sectoral nutrition action planning meeting.

In Pargacha (Non Project Upzilla) one UNCC meeting was held on 30 December 2019 according to decision of DNCC. The major agenda and discussion point were roles and responsibilities of UNCC members, National plan of action for nutrition (NPAN-2), operational guideline of UNCC, role of different departments to submit departmental activities as per the prescribed format of operational guideline of UNCC.

#### **Collaborative Effort of JANO**

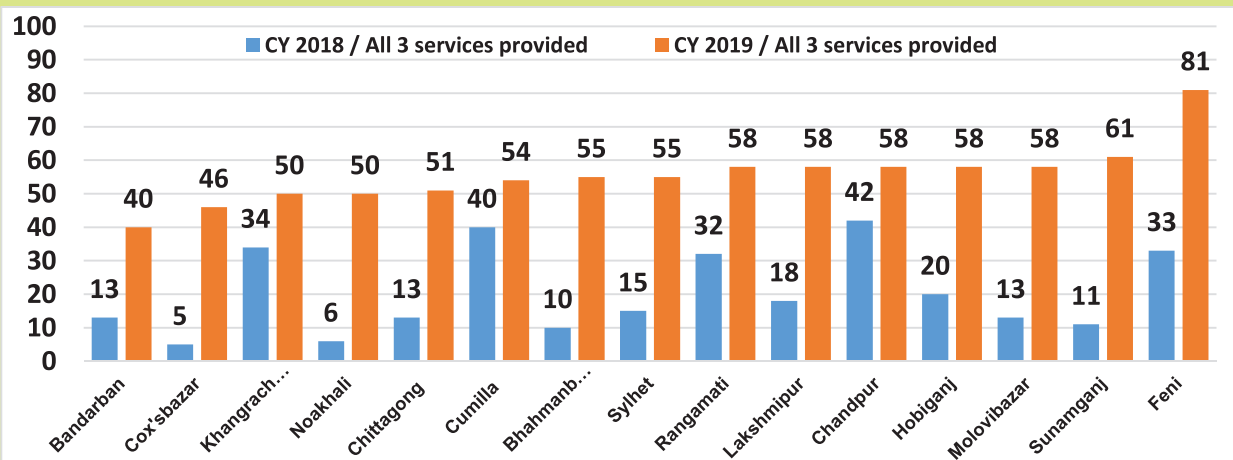
JANO extended its collaboration with district and upazilla administrations of two working districts in order to stimulate any effort related to nutrition. JANO collaborated with Nilphamari district administration to their launching event of “Menstrual Education and Services for Adolescents” that held on 18 November 2019 at district Shilpokola Academy Nilphamari. The event was inaugurated by the Principal Secretary of Prime Minister Office Mr. Md. Nojibur Rahman. Md. Khalilur Rahman, Director General administration and Mr. Mohammad Salah Uddin, Director General Governance Innovation Unit of Prime Minister office were present as special guests. The ceremony was chaired by Mr. Md. Hafijur Rahman Chowdhury, Deputy Commissioner of Nilphamari district.

**DLR 13.4: Progress of Maternal Nutrition Services in Sylhet and Chattogram Division CY 2018 Vs CY 2019. Percentage (%) of Register Pregnant Women received all 3 services**



- ❖ The majority Districts achieved percentage above 50% in 2019
- ❖ Despite several challenges in the beginning like the limitation of anthropometric tools, online reporting devices, lack of knowledge on reporting and less support of server system, we have found significant progress in maternal nutrition services in 2019
- ❖ To maximize the support of frontline health care providers and enhance the service quality NNS has provided anthropometric tools to all 15 districts, server system has upgraded, orientation has done on DLI services and reporting system

**DLR 14.4: Progress of Child Nutrition Services in Sylhet and Chattogram division CY 2018 Vs CY 2019. Percentage (%) of Caregivers of Children 0-23 Months old who received age-appropriate nutrition**



**counseling**

- ✚ In the year 2019, the coverage of child nutrition services also improved despite having several challenges in the beginning
- ✚ The majority number of Districts achieved percentage above 40% in 2019.

NNS has taken initiative to strengthen the instructional capacity of NIS (Nutrition Information System) and to make a bridge of communication with District level through the NIPU ( Nutrition Information Planning Unit

### SAM Case Management Report after Admission

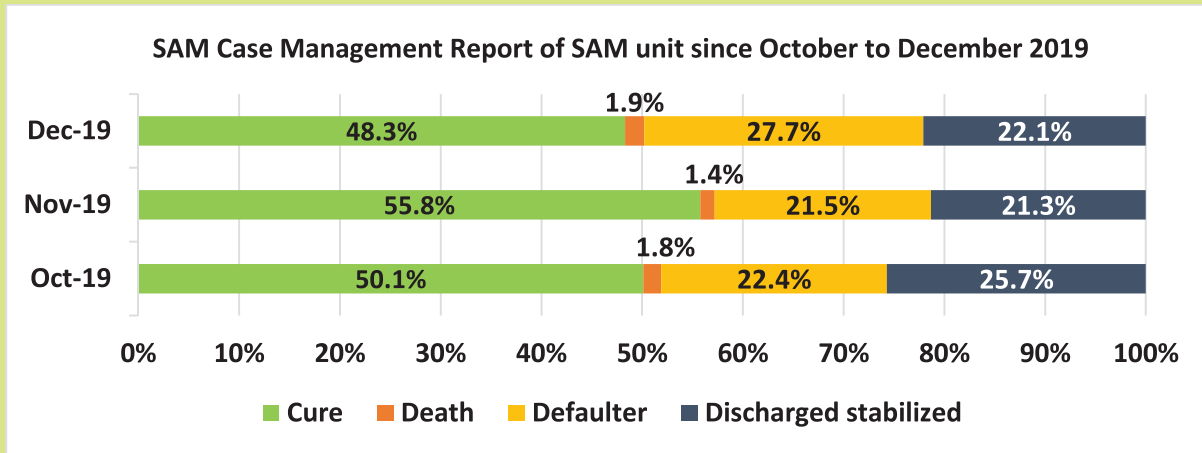


Figure: shows the status of discharged patients from different SAM units in October to December 2019. Among these, the Cure-Rate of November is higher (55%) and October has shown 2<sup>nd</sup> position (50.1%). In November 21.3% defaulter rate is the lower than other two months in 22.1% in December and 25.7% in October 2019. Death rate 1.9% is high in December. Should be given more efforts for decreasing death rate.

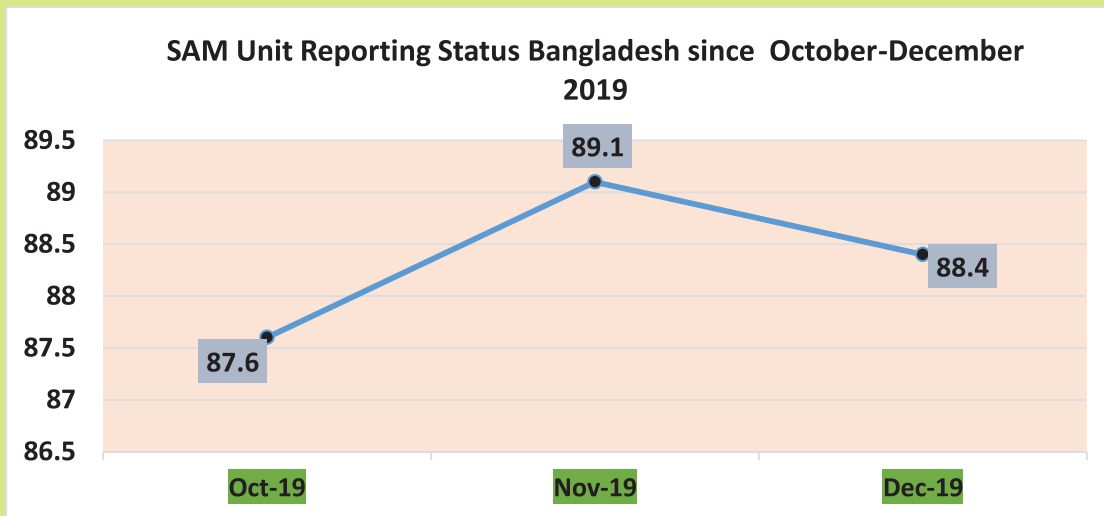
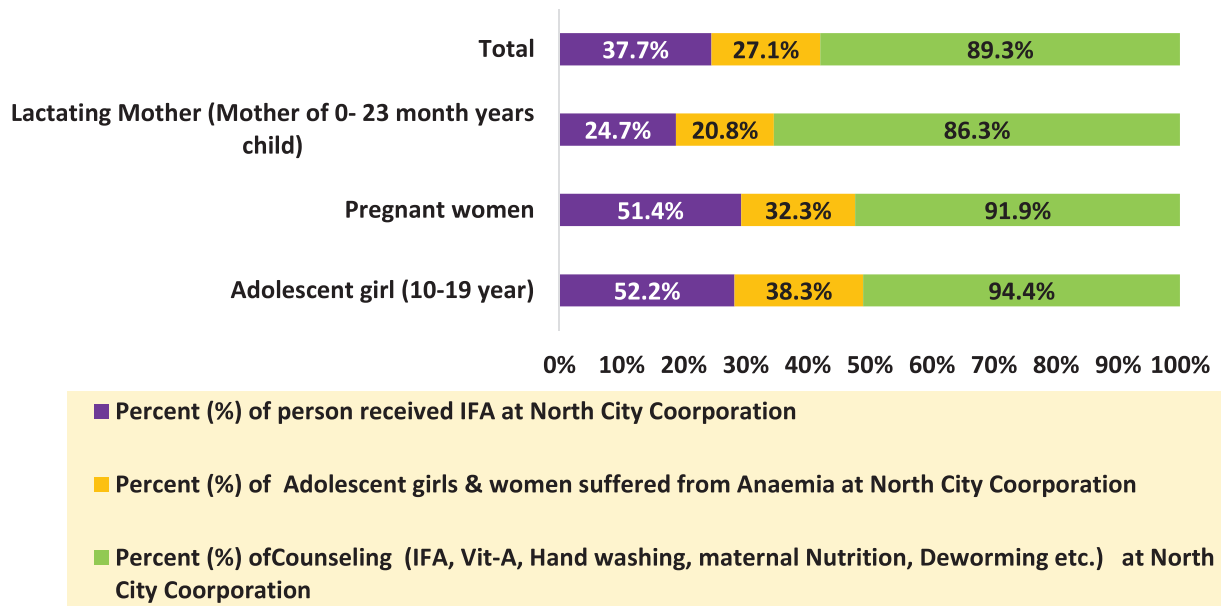


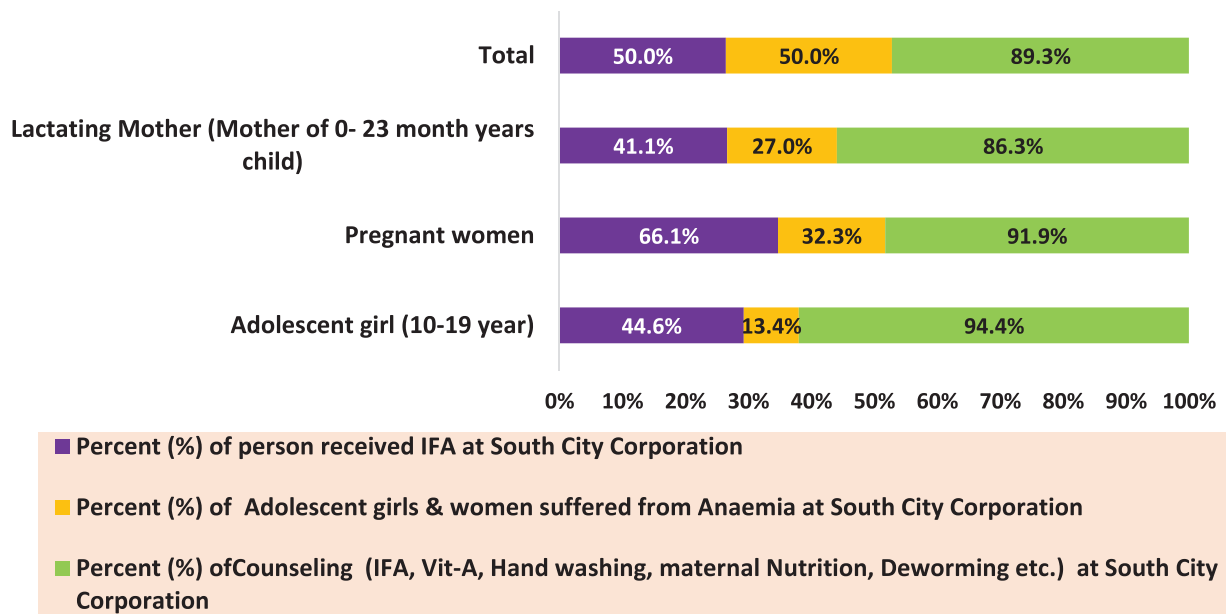
Figure shows the percentage (%) of SAM facilities which provided SAM information in October-December 2019. These facilities have been providing reports to IPHN through online services. It is shown that the reporting rate July is bit higher(89.1%)than the other two months.



## North City Corporation & South City Corporation Service Data (DHIS2) Since January-December 2019



**Figure: Suffered from Anaemia, received IFA & Nutrition Counseling on Adolescent girl, Pregnant Women & Lactating Mother at Dhaka North City Corporation since January-December 2019.**



**Figure: Suffered from Anaemia, received IFA & Nutrition Counseling on Adolescent girl, Pregnant Women & Lactating Mother at Dhaka South City Corporation since January**

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## Photo Gallery



Scaling Up Nutrition (SUN) Meeting at Kathmandu, Nepal



Preparatory Meeting for NVAC+ 2019 2<sup>nd</sup> Round



IFA Advocacy Program at Kushtia Civil Surgeon Office



Inaugural Ceremony of IFA distribution at Omar Kinder Garten and Omar Garten Academy school of Kalai, Joypurhat



Pre-activities of DLIs Refresher Training at Biswanath Upazila



Connecting Continent Through Webinar: 'Challenges in Implementation and Sustainability of Health Care Using ICT' Meeting at IPHN



GOB-UNICEF Joint Annual Program Review Workshop





## করোনা ভাইরাস (কোভিড-১৯) প্রতিরোধে পুষ্টিবার্তা



ভিটামিন "সি" যেকোনো ভাইরাস প্রতিরোধে কার্যকরী ভূমিকা পালন করে। দৈনিক খাদ্য তালিকায় পর্যাপ্ত পরিমাণে ভিটামিন "সি" সমৃদ্ধ খাবার রাখুন। পেয়ারা, আমলকি, লেবু, জাম্বুরা, কমলা, মিষ্টি আলু, টমেটো, কীচামরিচ ইত্যাদিসহ অন্যান্য মৌসুমি ফলমূল এবং শাকসবজি (দিনে কমপক্ষে এক ধরনের ফল ও দুই ধরনের শাকসবজি) খান



প্রতিদিন জিংক সমৃদ্ধ খাবার : মাছ, মাংস, ডিম, দুধ, বীচি, বাদাম, ডাল এবং গম জাতীয় খাবার এবং ম্যাগনেসিয়াম সমৃদ্ধ খাবার: পালংশাক, টক দই ইত্যাদি খান



রান্নার সময় শাকসবজি বড় টুকরা করে কেটে কম তাপে ঢেকে রান্না করুন যাতে প্রয়োজনীয় পুষ্টি উপাদান বিদ্যমান থাকে। মাছ, মাংস, ডিম বেশি ঠাণ্ডে সময় নিয়ে রান্না (সুসিদ্ধ) করুন। মাছ, মাংস ও সবজি কেটে আলাদা পাত্রে রাখুন। রান্নার সময় ভাতের মাড় ফেলবেন না। রান্না এবং খাওয়ার আগে ভালো করে সাবান দিয়ে হাত ধুয়ে নিন



প্রতিদিন পর্যাপ্ত পরিমাণে (কমপক্ষে ৮-১০ গ্লাস) পানি পান করুন। কুসুম গরম পানি হলে ভালো হয়। প্রক্রিয়াজাত খাবার, বোতলজাত কোমল পানীয়, কৃত্রিম জুস, অতিরিক্ত লবণ (দৈনিক ১ চা চামচের কম), চিনি ও চর্বিযুক্ত খাবার এবং ফাস্ট ফুড পরিহার করুন



নিয়মিত ব্যায়াম/শারীরিক পরিশ্রম (কমপক্ষে ৩০ মিনিট) করুন। সেই সাথে দৈনিক ৭-৮ ঘন্টা ঘুমানোর মাধ্যমে পরিপূর্ণ বিশ্রাম নিন। মানসিক চাপমুক্ত থাকুন। মানসিক চাপ রোগ প্রতিরোধ ক্ষমতা কমিয়ে দেয়। সম্ভব হলে ১৫-২০ মিনিট রোদে থাকুন

\*করোনা ভাইরাসের লক্ষণসমূহ দেখা দিলে অতিস্বল্প নিকটস্থ সরকারি স্বাস্থ্যকেন্দ্রে যোগাযোগ করুন বা হটলাইনে (১৬২৬৩, ৩৩৩) কল করুন।



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