

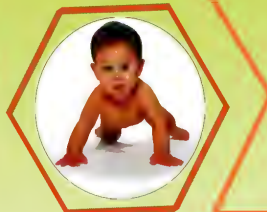


# NNS Newsletter

A Bulletin of National Nutrition Services

Issue - **15**

July – September 2018



**Institute of Public Health Nutrition**  
Ministry of Health and Family Welfare Bangladesh





## Editorial

### **Dr. Samir Kanti Sarkar**

Director, Institute of Public Health Nutrition &  
Line Director, National Nutrition Services  
Directorate General of Health Services

It is a gratification for me to know that, National Nutrition Services (NNS) is going to publish 9th issue of its newsletter. This newsletter gives some programmatic information to understand the current nutrition information and interventions of NNS that will guide policy makers and others to plan effectively for the future nutrition services in Bangladesh.

I hope that the facility specific data will guide and help the policy makers and other concerned to take future step in improving the Nutritional status of mother and child in equitable manner. It also reflects different nutrition related activities taken by NNS and its partners throughout the country.

The maternal & child malnutrition rate in Bangladesh is still remaining high though some remarkable progress has been made in recent years. NNS is trying hard to meet the targets and then it will be an enormous achievement and milestone for our country.

Thanks to honorable Secretary, MoH&FW and the Director Generals of both DGHS & DGFP for their continuous support to NNS, and acknowledge the contribution of health managers and other service providers who collaborate with NNS. Finally, I would also like to acknowledge the commitment and efforts of the hard working professionals of Nutrition Information and Planning Unit (NIPU) in making this newsletter a successful monitoring, knowledge & information sharing and advocacy tool for improving the nutritional activities for the population of Bangladesh.

**Dr. Samir Kanti Sarkar**  
Director IPHN and Line Director NNS  
Directorate General of Health Services

Nutrition Success:: Bangladesh's success in Nutrition is now a global example.



This country, the flag for which is shown here, achieved one of the fastest prolonged reductions in child underweight and stunting prevalence in recorded history.



What experts comment: .....



*Francesco Branca*

**Dr Francesco Branca,**

Director of the Department of Nutrition for Health and Development , World Health Organization, Geneva.

“Congratulations to Bangladesh for achieving success in Nutrition in reducing stunting by a substantial investment in the social protection as well as improved services”



*Meera Shekar*

**Meera Shekar**

Global Lead for nutrition,

**World Bank's** Health, Nutrition and Population Global Practice.

“Bangladesh has done incredibly well in improving nutrition and is an example for many other countries that are struggling with strategies to improve nutrition outcomes & build human capital to drive their economies. Bangladesh's focus on Scaling up evidence based actions and building strong M&E along with political commitment at the highest level is a wonderful model for success.

Congratulations!!!



*Ellen Piwoz*

**Ellen Piwoz,**

Senior Program Officer, Nutrition Division of Global Development Program of the Bill & Melinda Gates Foundation

“Bangladesh is truly an exemplar Country for Nutrition. Much global knowledge and delivery innovation has come from its institutions. We look forward to more innovation on Nutrition data and data system strengthening in the years to come”.

## 1st Round of National Vitamin A plus Campaign July, 2018

Honorable Minister Mr Mohammed Nasim MP, MoHFW inaugurated the nationwide 'Vitamin A Plus' campaign on 14 July 2018 at Pabna Sadar Hospital, Pabna. He fed the Vitamin A Capsules to 6-59 months of children during the inauguration. Honorable Minister Advocate Md. Qamrul Islam MP, Ministry of Food and Mr. Zahid Maleque, MP the State Minister for Health and Family Welfare were also present at Kamrangirchar UHC and Dhaka Shishu Hospital respectively. Higher officials from Ministry of Health and Family Welfare were attend in Dhaka Shishu Hospital. Dr Manjur Hossain, Director of Dhaka Shishu Hospital and officials from National Nutrition Services, Institute of Public Health Nutrition were also present in the event.

Honorable Health & Family Welfare minister Mr. Mohammed Nasim, MP said, "We want to prevent childhood blindness by administering vitamin-A capsule. Blindness problem has been reduced significantly in the country through launching vitamin A plus campaign. Less than one percent of children now suffer from blindness for vitamin A deficiency.

The impact of vitamin-A deficiency is not limited only to blindness, Honorable Minister Advocate Md. Qamrul Islam MP, Ministry of Food added that it reduces the risk of death from various diseases/causes. Along with vitamin A capsule, honorable minister suggested that the guardians should feed their children vitamin A rich food such as small fish to avoid vitamin A deficiency."



Picture 1: Launching of National Vitamin-A plus Campaign 2018

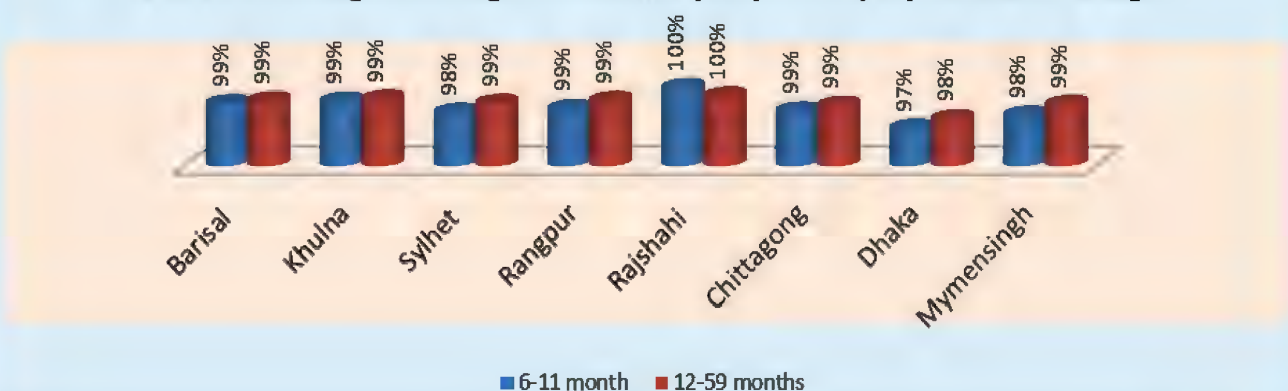
The honorable state minister said "We are providing vitamin A capsule two times a year as it deposits up to six months in children's body. He said NI has played an important role in supporting the VitA Plus campaign since more than a decade. This year in particular, NI provided financial support in ensuring timely and adequate procurement of vitamin A capsules. Further NI has been supporting the implementation of child to child search strategy in 240 HTR unions to reach the unreached children with Vitamin A and following the child-to-child approach. about 50,000 unreached children were cover in each round.

### Coverage by Area

The 1st round of NVAC+ 2018 was held on 14 July, 2018 and CtC activities were accomplished from 15 to 18 July, 2018. The administrative coverage of the 1st round's vitamin A supplementation (VAS) to children of age 6 to 59 months was 98.8% (20,914,529) where 6-11 months

was 98.4% (2,384,793) & 12-59 months was 98.9% (18,529,736). In pourashava (municipality), the coverage among 6-59 months aged children was comparatively found lower (97.5%) than CC (99.2%) and rural (98.8%) coverage (See table 1 below).

### NVAC Coverage during 1st Round (July 2018) by division & age



## Nutrition Action Week (NAW) – Round 2 in Emergency

In order to maximize the access and accelerate the coverage of nutrition services, the nutrition sector partners collectively organized 'Nutrition Action Week- Round 2' in 27 camps and 2 registered camps of Rohingyas from 14-19 July of 2018 under the leadership of IPHN and supervision of Civil Surgeon Office, Cox's Bazar. This campaign was financially and technically supported by UNICEF. This second round of campaign was the continuation of last NAW which was held from 15-22 November 2018.

Following the preplanning, advocacy, and social mobilization activities, campaign was started on 14 July 2018 in all 29 camps. In this campaign, seventy-seven campaign distribution teams were formed (each team was comprised of 10 team members) from different nutrition organizations who are already providing the regular nutrition services in the respective camps.

To cover this estimated population a detailed micro-plan was developed for maximize the coverage. Based on the micro-plan, partner, site and day wise distribution target was set. Each organization was responsible for the supervision and monitoring of their respective sites. Moreover, 1st line (i.e. HI, AHI, FPI, SACMO, Statistician, USI, MTEPI), 2nd line (UH&FPO, UFPO, Medical Officers) and 3rd line supervisors (CS, DDFP, CIC, UNO) from Government counterpart were also involved in further monitoring and supervision of the campaign sites. On top of all, 15 Emergency Nutrition Support Officer (ENSO) from ICMH and 15 different level personnel from different sector partners were also assigned to ensure the adequate camp level coordination and further supervision.

This year, 54 OTPs, 21 SFPs, and 2 temporary sites were used for Vitamin A and deworming administration and facility-based MUAC screening during the NAW. As IPHN guided, the first two days of the campaign were solely dedicated for deworming administration and MUAC screening among children with 24-59 months age. Therefore, Vitamin A supplementation among 6-59 months children were started from 3rd day of the campaign. At district and upazila level, Rapid Response Teams were formed to address any adverse event or concerns of transient side effects after the supplementation based on the national technical committee recommendations issued on the 8th November 2017.

Key achievements are as follows:

- A total of 149,664 children (100%) were screened with Mid-Upper Arm Circumference (MUAC) from 14-19 July. Among them, 2,851 children were identified as Severe Acute Malnutrition (SAM) and 6,596 were identified as Moderate Acute Malnutrition (MAM). Newly identified and referred SAM and MAM cases included 1,032 and 2,637 children, respectively.



Picture 2: Director IPHN and LD-NNS participated in Nutrition Action Week- Round 2'

- A total of 147,167 children (6-59 months) were provided Vitamin A supplementation (VAS).
- A total of 88,888 children (24-59 months) were provided deworming tablets.
- 1,032 children identified with new incidence of SAM and 1,076 admitted to the OTP (*including the conversion from new identified MAM to SAM*)
- 2,637 children identified with new episode of MAM and 25% of them admitted to the TSFP (656 new MAM children)

All the data by each day, settlement, distribution site was uploaded analyzed and made available through Real-time online [Dashboard of NAW](#). The Dashboard can be accessed through the following link:

[http://103.247.238.81/webportal/pages/rohingya\\_situation.php](http://103.247.238.81/webportal/pages/rohingya_situation.php)

One of the major challenges was to bring the 6-24 months' children twice in two different days for administration of deworming and Vitamin A separately as directed by IPHN. Furthermore, there is scope for further improvement in effective referral mechanism between Outpatient Therapeutic Program (OTP) and Supplementary Feeding Program (SFP). Seasonal rain downpours during the campaign also impacted NAW-R2 attendance.

## World Breastfeeding Week (WBW) - 2018

The 26th World Breastfeeding Week was successfully observed from 1-7 August, 2018 in Bangladesh. Ministry of Health and Family Welfare (MOHFW), Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP), Institute of Public Health (IPHN) and Bangladesh Breastfeeding Foundation (BBF) along with the support of other stakeholders contributed most to make the event successful and build the momentum of the Infant and Young Child Feeding (IYCF) activities in joint efforts considering this year's theme- "Breastfeeding: Foundation of Life" translated as 'মায়েক দুধ পান সুস্থ জীবনের ভূমিকা' to achieve SDGs.

The Inauguration ceremony of WBW 2018 was held at Krishibid Institute (KIB) on 1st August and Honorable Minister of MOHFW Mr. Mohammed Nasim, MP inaugurated the WBW 2018 to encourage celebrating the WBW with active participation. His presence brought all possible support to make the event successful and make further advancement in Infant and young child feeding (IYCF) movement in Bangladesh.



Picture 3: The Chief Guest Honorable Minister for Ministry of Health and Family Welfare (MOHFW) of Bangladesh Mr. Mohammad Nasim, MP delivering his speech

## SAM related activity (March-September 2018)

### Training on severe acute malnutrition (SAM) & community-based management of acute malnutrition (CMAM)

During March to June 2018 about 185 doctors from all levels throughout the country received training on severe acute malnutrition (SAM) & community-based management of acute malnutrition (CMAM) and approximately 130 senior staff nurses and 75 sub-assistant community medical officers (SACMOs) received training on SAM. Near about 4500 upazila level health & family planning staffs were trained on CMAM. The objectives of the SAM training were to build capacity among doctors, nurses and SACMOs on facility based management on SAM and keeping SAM unit functioning. 45 new SAM units were established during this time. On the other hand, aim of CMAM training was to build capacity on screening of SAM & MAM among the <5 years children and referring the SAM cases in the SAM unit where the unit is available.

Monitoring of SAM units and post training situation are going on over telephone and video conferencing system by Director IPHN, concern PM & DPM of NNS.



Picture 5: CMAM training at Nawabganj UHC, Dinajpur



Picture 6: SAM training at IPHN

**Technical Consultation on Second International Conference on Nutrition (ICN2) Follow up Actions and Technical Symposium on Nutrition-Sensitive Water, Sanitation and Hygiene (WASH)**



The 2<sup>nd</sup> National Conference on Nutrition (ICN2) organized by WHO and FAO was a major step towards eradicating malnutrition worldwide. Over 170-member states made several concrete commitments and adopted a series of recommendations on policies and investments aimed at ensuring that all people have access to healthier and more sustainable diets. Later, UN Decade of Action on Nutrition (2016-2025) has been declared by the UN General Assembly; which provided a clear time-bound cohesive framework for all countries and stakeholders to better identify, promote and strengthen nutrition related policies and programs.

These recent policy documents of Bangladesh have appropriately incorporated recommendations from the ICN2 framework for action and the government has reaffirmed its commitment to the Rome Declaration on Nutrition. Endorsing the Rome Declaration and the Framework for Action on Nutrition, the Government of Bangladesh (GoB) has also committed to implementing these actions through supporting the Policy and Planning Frameworks, as well as ensuring accountability and monitoring progress in the existing global nutrition targets to be met by 2025 as well as national targets. GoB has considered the appropriateness of the recommended policies and actions in relation to national needs and conditions, as well as

regional and national priorities, including in legal frameworks.



**Tele Nutrition**

National Nutrition Services, IPHN has started an innovation to serve the people nutrition services. Recently Tele-Nutrition services started with counseling and other services for the patient come to the Upazila level hospital through this tele-nutrition. An expert usually provides these services with an internet connection with the 90 upazila health complexes.



## Training on severe acute malnutrition (SAM) & community-based management of acute malnutrition (CMAM)

After completion of recruitment of four (4) 'Field Trainers' a day long ToT on orientation on use of F-75 and F-100 CAN/Tins in SAM units was arranged for the 'Field Trainers'. The ToT was held at IPHN on 14 August, 2018 from 11:00 am to 5:00 pm. All four trainers participated in the ToT. Dr Bivash Chandra Mani, Deputy Director and PM, NNS, Dr Md. Abdul Alim, DPM, NNS, Abigael Nyukuri, Nutrition Cluster Coordinator, UNICEF and Mohammad Mainul Hoosain Rony, IMO-Nutrition Cluster, UNICEF were present in the training as resource persons. At the beginning, Dr Alim welcomed and explained the procedure of day long orientation.

Dr Bivash explained objectives of this ToT. First of all, Dr Alim presented a PPT on justification of new formulation, advantages of new formulation, preparation procedure of reconstituted F-75 & F-100 therapeutic milk from tin/CAN. Then Abigael explained the training video step by step which is available in English. She demonstrated practically how to prepare reconstituted F-75 & 100 from Tin/CAN. She also emphasised on labelling of date of opening of CAN/Tin, time of preparation of milk, amount of milk/feed, signature/name of preparer, proper storage, how to switch from F-75 to F-100 etc. Then each field trainer was invited to show how to prepare milk. Finally a cordial discussion took place to clarify procedure.



Picture 7: Field Trainers with IPHN and UNICEF resource person at ToT session

## Orientation on use of F-75 and F-100 CAN/Tins in SAM units throughout the country

Recruited four field trainers started orientation on 26 August 2018 at SAM units. Total 306 units have been targeted to conduct orientation. About 76-77 units were distributed to one field trainer to conduct orientation. By the end of September 2018, orientations were completed in about 100 SAM units.

## Monitoring of field orientation on F-75/100 Tin

Since starting the orientation on F-75/100 tin director IPHN, concern PM & DPM of NNS have been regularly monitoring the field training over telephone and recently started the video conferencing system at IPHN through which field trainers stay connected at UHC with telemedicine center after conducting orientation.



Picture 8: Orientation on F-75 & F-100 Tins/CANS



## Monitoring of field orientation on F-75/100 Tin

A part time consultant was appointed following appropriate procedure. A 'zero draft' of Bangla Version of National Guidelines and Training Modules of Severe Acute Malnutrition (SAM) for senior staff nurses (SSNs) and sub assistant community medical officers (SACMOs) were developed by the consultant. Two workshops were completed so far for finalization of Bangla Version of national SAM guidelines & training modules. Both the workshops were conducted in the Conference Room of Institute of Public Health Nutrition (IPHN). A group of technical experts on Severe Acute Malnutrition and Bengali language from government, icddr, UNICEF, Save the Children, Concern World Wide, Action Against Hunger (ACF), Care Bangladesh, Plan International etc. participated in the workshops for reviewing the previous draft. The first workshop held on 19 & 20 September 2018 and the 2<sup>nd</sup> workshop held on 1 & 2 October 2018. Group working and presentation were the procedures of the workshops.



Picture 9: Workshop on development of Bangla Version of SAM guideline & training modules

## Exploring fortified lentils for better health and nutrition in Bangladesh

On September 25th, Nutrition International (NI), a global nutrition organization dedicated to delivering proven nutrition interventions to those who need them most, held a roundtable discussion on the topic of Making Fortified Lentils Accessible to Bangladesh Consumers in Dhaka.

Attended by 45 representatives from government, private sector and civil society, the event was an opportunity to consult with key stakeholders to get their inputs and insights on how to reduce anaemia and improve the health of vulnerable populations through fortified lentils.

As part of its Nutrition Leverage and Influence for Transformation (NLIFT) initiative, NI has partnered with the University of Saskatchewan to generate additional evidence on the efficacy of iron-fortified lentils in improving the health and nutritional status of a sample group of adolescent girls in Mymensingh District. The research partners are BRAC, the International Centre for Diarrhoeal Disease Research, Bangladesh and Marywood University. It is hoped that the evidence on health benefits generated by this trial will facilitate acceptance of the fortified lentils — and, ultimately, create a market for fortified lentils, expand its commercial application and facilitate global scale-up.

During the roundtable, Dr. Mustafizur Rahman, Assistant Director, Directorate General of Health Services (DGHS) and Program Manager, National Nutrition Services, Health, Institute of Public Health & IPHN, Ministry of Health and Family Welfare, spoke about fortification as an effective strategy to reduce anaemia and other micronutrient deficiencies. Findings from market research, which showed interest from Bangladeshi consumers to try fortified lentils, were also presented by NI during the roundtable.



Picture 8: Orientation on F-75 & F-100 Tins/CANS

Prior to the plenary, During the Round-table, Mr. Brian Harrigan, Vice President-Strategy & Growth of NI focused on the longstanding commitment of NI in pioneering addressing micronutrient deficiencies with food fortification including fortified lentils across the world. Among the key discussants, Mr. Ashfaqul Amin Mukut, Deputy Secretary, Cabinet Division, GoB, Dr. Akhtaruzzaman, Joint Chief, Ministry of Industries, Mr. Md. Aynul Kabir, Additional Secretary, MoWCA, Mr. Giasuddin Ahmed Additional Secretary, Ministry of Primary and Mass Education, Mr. Zakir Hossain Akanda, Additional Secretary, Ministry of Disaster Management & Relief and others were present. The round-table discussion was moderated by Mr. Zaki Hasan, Country Director of Nutrition International – Bangladesh.

## DLIs 13 & 14 targets for NNS OP

Program-for Result (PforR) a new lending instrument, have introduced by the World Bank/Development Partners. The first major development financing instrument to formally link disbursements to the achievement of results is termed disbursement Linked Indicators (DLIs). Total sixteen (16) DLIs have fixed under the 4<sup>th</sup> sector program (HPNSP) for implementing through deferent Operation Plans. 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 (DGHMIS).

These two Disbursement Linked Indicators (DLIs)-a set of nutrition services that must be provided to all pregnant women and children under 2 years old with the goal at community clinic. The project will support effective implementation of individualized monitoring and case management through a system of individual records for registered pregnant mothers, infants and children at Community Clinic in Chattogram and Sylhet Divisions. Community Health Care Providers (CHCPs) are the frontline service providers for nutrition services, and are the primary audience of this document. DLIs 13 and 14 both have four sections and it is also bond with Disbursement Linked Results (DLRs).

NNS already has submitted DLR 13.1, 13.2, 14.1, 14.2 and 13.4 14.4 CY 2017 reports to World Bank and IMED department under the Ministry of Planning. Based on DLIs 13 & 14 NNs will achieve the following DLRs (13.4&14.4) gradually from CY 2018-2022.The financial incentives are linked to achievement of targets set related to nutrition services given to pregnant women and children under 2. The relevant services are as follows:

For maternal nutrition services, the following nutrition service must be given to registered pregnant mothers at a single visit and recorded in the individual tracking system.

- IFA supplementation
- Weight Measurement
- Maternal Nutrition Counseling

For infant and young child nutrition services following services must be given and recorded in the individual tracking system:

Age specific nutrition counseling for caregivers of children aged 0-23 months

1. Counseling on exclusive breastfeeding for caregivers of children 0-6 months old
2. Counseling on continued breastfeeding and complementary feeding for caregivers of children 6 -23 months old.

We have to ensure all maternal nutrition services are recorded and reported online through individual data tracking system for each pregnant women and age specific counseling for infant and young child services are recorded and reported online through individual data tracking system for each child for achieving the target of DLIs 13.4 & 14.4 the next CY 2018-2022. These indicators are linked to specific target each year, which will determine the funds distributed.

CHCPs are the frontline service providers for achieving the DLIs target. Additionally, guidance for supervisors (Health Inspectors and Assistant Health Inspectors) and Statisticians at Upazila and District levels are included to support front line workers and ensure quality reporting through data quality checks, coaching and direct feedback mechanisms.

If we get success on DLIs it will be reflected positively our whole nutrition picture of Bangladesh. So, this is the right time to take necessary action immediately for achieving DLIs target with the support of all related wings together.

### INFANT AND CHILD NUTRITION SERVICES



- Counseling on breastfeeding for the children aged under 6 months
- Counseling on complementary feeding for children ages 6 to 23 months

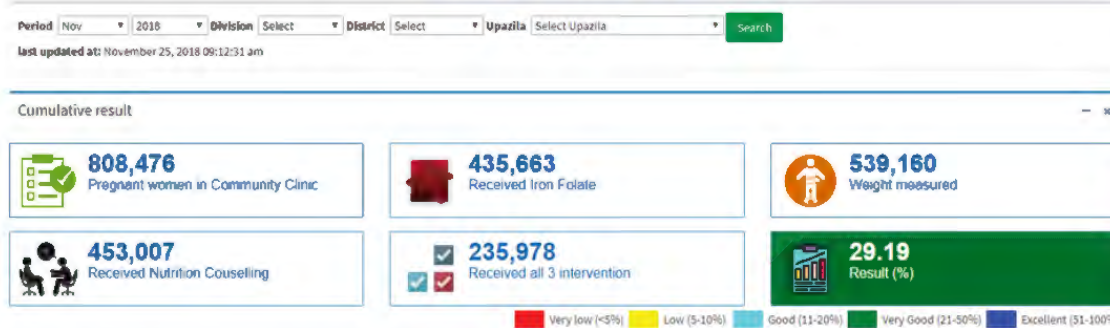
### Specified Maternal Nutrition Services



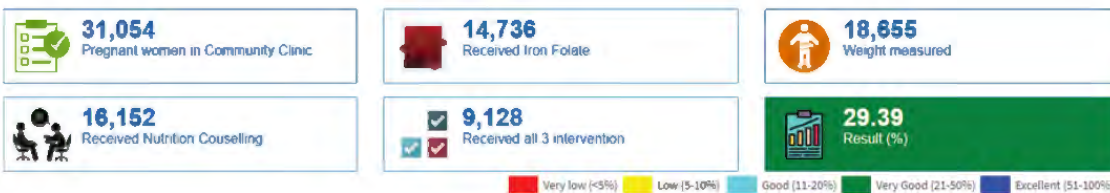
- Iron and Folic acid supplements
- Weight measurement
- Counseling

## Current Situation of DLI: Real time monitoring Dashboard: Bangladesh:

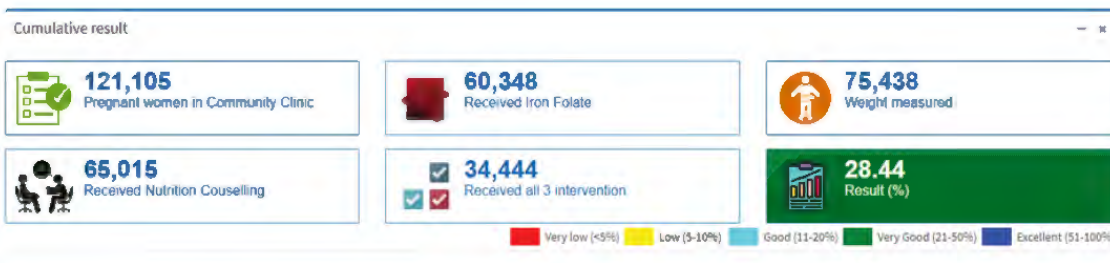
### HSSP DLR 13.4: Percentage of Registered Pregnant Mothers Receiving Specified Maternal Nutrition Services PERFORMANCE SCORECARD DRAFT (Under Development)



### Sylhet:



### Chattagram:



## Discussion on DLIs and DLRs planning meeting

Planning Meeting was held on 27 September 2018 at 12: 00 pm to 1:00 pm along with Civil Surgeon, Dr. S M Mustafizur Rahman, NNS, IPHN and Pragya Mathema, Nutrition Specialist, UNICEF at Civil Surgeon office, Chattogram.

The main purpose of this field visit was to orient and sensitize the CHCP on DLI & DLR. For achieving the DLIs target we need train up all UH&FPO, Upazila statistician and CHCPs of Chattogram and Sylhet District. This is the first step that we have started for achieving the DLIs target.

Dr. Mohammad Azizur Rahman, Siddiqui, Civil Surgeon, Chattogram, welcomed the participants and formally inaugurated the meeting. Dr. SM Mustafizur Rahman, Program Manager -NNS, was placed chair of the meeting. He shortly briefed the objective and overview of the DLIs and DLRs in the meeting. He also shared the next activities and planning of NNS particularly these two division for implementing the DLIs activities to achieve the goal and also brief the support of UNICEF, so far to NNS for on this issue.

The meeting was ended with vote of thanks from the Chair. He conveyed thanks to all participants and especially thanked to civil surgeon and representative from UNICEF, Bangladesh, Pragya Mathema, Nutrition Specialist for giving their time to fruitful the meeting.



Picture 10: Ongoing discussion at Civil Surgeon Office, Chattogram

### Following action points come from the meeting:

- A divisional level daylong meeting will be held in each division in last week of October, 2018 under the leadership of NNS, IPHN and divisional director. Participants will be Divisional Director (Family Planning), Civil Surgeon, and Deputy Director Family Planning, Sr./Jr. Health Education officers of the respective division.
- District level meeting will be held with the following participants UH&FPO, Upazila Statistician, HI, AHI and CHCP)
- A micro plan will be developed by mid of October, 2018 for the meeting.
- System will develop for the child counseling through DHIS2 within short time.

## IPHN assessed its Capacity using Capacity Assessment Tool (CAT)

NNS program of IPHN Completed CAT assessment for the year 2018. As per CAT assessment it has been seen that NNS program had been much strengthen in compare with previous year. Along with success there are some gaps such as i) Till now the organization does not use frameworks or models to situation analysis, ii) in communication strategy IPHN could not address the behaviour barrier properly, iii) in material development IPHN sometimes Involved target audiences but it should be done on regular basis and iv) in implementation, management & leadership the staff have limited skills. **ACTION TAKEN:** all the gaps and problem have been discussed thoroughly with Director and relevant PMs & DPMs and effective steps are ongoing to solve the problem in systematic way.



Picture 11: Workshop on CAT: IPHN participants

## Real Time Monitoring and Reporting (RTMR)

A meeting was held on 10th September, 2018 at IT lab HMIS among IPHN, HMIS, CBHC and UNICEF on collaborative approach to develop a common monitoring framework for the government organizations and relevant health and nutrition stakeholders for the field level monitoring of service provisions. The framework of the monitoring system will define to observe the services quality, logistics, institutional capacity and other relevant issues which will work on real time monitoring, recording and reporting system and it will support to the policy maker in informed decision making to improve on program efficiency.

The Chairperson Dr. Ashish Kumar Saha, Director MIS & Line Director HIS & e-Health, welcomed the participants and formally inaugurated the meeting. He requested to share the experience of RTMR as of IPHN's initiatives.

Ms. Alifa Afroze, IPO, NIPU and Mr. Muhammad Ziaul Hoque, Nutrition Officer, UNICEF presented the journey of RTMR briefly. Program monitoring in the field, real time response to reduce supply gap, and monitoring of NVAC+ campaign were the key highlights.

Dr. Ashish thanked IPHN and UNICEF to initiate and take RTMR forward up to this level. Mr. Pragy Mathema, Nutrition Specialist, UNICEF stressed on the institutionalization of RTMR within Govt.



Picture 12: Participants of the meeting on Real Time Monitoring and Reporting (RTMR)

After the extensive discussion Dr. Mustafiz, PM NNS proposed to form a Technical Working Group (TWG) to work together to suggest way forward for the institutionalization of RTMR within Govt. system

The meeting was ended with vote of thanks from the Chair. He conveyed thanks to all participants and especially thanked to Director, IPHN to take this types of innovative initiatives for program monitoring. He also expressed his gratitude to UNICEF for their continuous support to government.

## Video Conference of IPHN: Involvement of FP department

Following the decision of 21st HPN Coordination Committee meeting held on 30/07/2018, IPHN Communicated with all Divisional Directors (Health) for video conference and suggested to communicate with all Divisional Directors -FP and Deputy Director-FP through respective Civil Surgeon to request and ensure presence of DD-FP in the DGHS-MIS video conference. Number of DD -FP were presence in the video conference along with Civil Surgeon and they committed to improve coordination among DGHS & DGFP. Director, IPHN requested DD-FP to work together on the ongoing NNS program with special emphasis to achieve DLI properly. It is an excellent example of HPN coordination among DGHS & DGFP. With appreciable support of IEM & MIS section of DGFP, NNS program of DGHS has taken effective initiative to video conference on nutrition with active involvement of Director (Health), Divisional Director-FP, Civil Surgeons & DD-FP to establish mutual trust and support to serve the community properly. Hope that it would be a continuous support among DGHS & DGFP.



Picture 13: Video Conference of IPHN: Involvement of FP department

## 13th Meeting of “Partners forum for Nutrition (PFN)”

The **13th Meeting of “Partners forum for Nutrition (PFN)”** was held on 19 August 2018 in the IPHN Conference Room, IPHN, Mohakhali, Dhaka.

The Chairperson, Dr. Samir Kanti Sarkar, Director-IPHN, LD-NNS, welcomed the participants and formally inaugurated the meeting.

Dr. SM Mustafizur Rahman, Program Manager-NNS, shortly briefed the objective and overview of the meeting. Regarding importance of PFN he mentioned, NNS, IPHN is an umbrella where all nutrition stakeholders will work together. He mentioned NNS is working on to collect NGOs and iNGOs information for developing a draft map, so that NNS can track the geographical nutrition working position of NGOs and iNGOs in whole country where they are working with which program and align with NNS program.

Dr. Bulbul, DPM-NNS read out the important decision and discussion of the last 12<sup>th</sup> PFN meeting minutes. Dr. Bulbul also informed NNS started working for NGOS and INGOS mapping and NI will provide technical and financial support.

Ms. Elizabeth Alden, Data Analyst, Consultant, UNICEF presented a presentation on real time monitoring (RTM) results which NNS was used in NVAC+ program round-1. She presented all the activities, site selection process, training conduct process, how monitoring working during NVAC+ round-1 session and real time monitoring results as well. All participants appreciated this type of new innovation of NNS. HMIS and CBHC shared they are also thinking to adopt this real time monitoring system in their own activities.



Picture 14: Dr. Samir Kanti Sarkar, Director IPHN and Line Director, NNS is delivering his valuable speech

Dr. Ayan Shankar Seal, Technical Advisor, USAID’s Multisectoral Nutrition Project, fhi360 presented a presentation on **USAID’s Multisectoral Nutrition Project**. It is a collaborative approach to support existing structures for multisectoral nutrition in Bangladesh. The project is funded by USAID’s. It will continue till 2022. The **goal** of the project is Nutrition policy making and implementation in Bangladesh is informed high quality local evidence.

**Primary targeted** population of the project Pregnant and lactating women and Poor and ultra-poor households. **Secondary beneficiaries-** Household members, Community Influential, Policy implementers and Policy Support Structures. The project will run in two divisions in Bangladesh Barishal and Khulna in 23 upazilas.

## Best Iodized Salt Mill Award 2017

"Best Iodized Salt Mills Award 2017", first of its kind in Bangladesh, was organized to recognize the salt millers' undeniable contribution in combatting of Iodine deficiency disorder (IDD) in the country. The ceremony was organized by CIDD (Control of Iodine Deficiency Disorders) project of BSCIC (Small and Cottage Industries Corporation) under the Ministry of Industries with support from Nutrition International, UNICEF and GAIN on 26 June 2018 at the hotel Radisson Blu Water Garden, Dhaka.

The Honorable Minister for the Ministry of Industries Mr. Amir Hossain Amu, MP, was the Chief Guest at the occasion. The Honorable Minister for the Ministry of Health and Family Welfare Mr. Mohammad Nasim, MP was the Special Guest. The event was chaired by Mr. Mustak Hasan Md. Iftekhar, the Chairman of BSCIC, Mr. Zaki Hasan, Country Director of NI, Edouard Beigbeder, Representative of UNICEF and Dr. Rudaba Khandker, Country Director of GAIN, higher officials of BSCIC, Salt Millers and print and electronic media were also present.



Picture 15: Prize has been given by the Honorable Minister for the Ministry of Industries Mr. Amir Hossain Amu, MP,

The Honorable Chief Guest said Mr. Amir Hossain Amu, MP, the Minister for Industries said, *"Without considering business profit, salt mill owners have to come forward to mix proper iodine in edible salt from their social responsibilities."*

The Special Guest Mr. Mohammad Nasim, MP, Ministry for Health and Family Welfare said, *"Lack of awareness in using iodized salt is still remain particularly among the rural people. That's why, Government is taking different initiatives."*

## TAN continues to strengthen BNNC

TAN (Technical Assistance for Nutrition) is a DFID-funded project implemented by Nutrition International globally, including Bangladesh, for SUN (Scaling up of Nutrition) countries to enhance their efforts in tackling undernutrition. In Bangladesh, the TAN project, during 2016-17, provided technical assistance to the government for the revitalization planning process of BNNC (Bangladesh National Nutrition Council) as well as technical assistance to the then SUN Focal Person in Bangladesh. Recently, this project has also started to provide another three technical supports in strengthening BNNC. The supports are: i) Support operationalization of nutrition actions planned under NPAN2; ii) Support the BNNC in strengthening of multi-sectoral nutrition data monitoring, evaluation and reporting for effective use in program review and policy decisions; and iii) Formulation of Advocacy Plan for Nutrition. A group of consultants hired and funded by Nutrition International have started working with those assignments.



Picture 16: Nutrition International (NI)'s Vice President (Strategy & Growth) Mr. Brian Harrigan and its Asia Regional Director Dr. Andrew O'Connell during their recent visit in Bangladesh met Dr. Simone Field, Livelihood and Nutrition Advisor at DFID, to share update of the TAN project and also to discuss future of TAN.

Nutrition International will also support human resources need of 17 ministries that are involved in the implementation of second National Plan of Action for Nutrition as well as support BNNC in strengthening systems for communications.

## Right Start program has been expanded geographically

In 2017, Nutrition International in partnership with IPHN has started implementing the Pregnant Women & Newborn program under the Right Start initiative. The program's objective is to improve nutrition for women, adolescent girls and newborns in the country. After successful commencement of the project in 5 districts (Munsiganj, Bagerhat, Cumilla, Habiganj) in 2017, it got expanded to another 5 districts (Gazipur, Dinajpur, Bhola, Rajshahi, and Tangail) and two city corporations (Khulna and Rajshahi). It is expected to benefit more than 700,000 pregnant women through improved frequency and improved quality of antenatal care at the public health service facility. The project has already completed training to the field functionaries and their supervisors of the government. There will also be innovative behavior change interventions to take place in all these districts during 2018-19 to sensitize communities about ensuring due care of the pregnant mother. The "Right Start Initiative" is a comprehensive program reaching nine countries in Asia and Africa, designed and run by Nutrition International in order to improve the quality of nutrition for millions of adolescent girls, women of reproductive age, newborns and young children. In Bangladesh, the Right Start Initiative also has Rice Fortification program under which Women at the Reproductive Age are getting



Picture 17: BCC documents on Pregnant Women & Newborn program under the Right Start initiative.

fortified rice under the VGD (Vulnerable Group Development) program of the Ministry of Food and Ministry of Women & Children Affairs. WFP is the other partner of this Rice Fortification program.

The Right Start program is now considering to expand to another 3 districts of Bangladesh by early 2019. In future, Nutrition International might expand this in many more districts.

## Strengthened monitoring of IPHN with video conferencing facility

"What gets monitored gets done" - is a popular saying that continues to remain very valid in carrying out various works and projects efficiently and effectively. But the way we monitor is changing. The changes in monitoring approach include the proximity between the people who are monitoring and people who are being monitored. The changes also include the type of tool used for monitoring. IPHN has entered the era of digital distant monitoring by using video conferencing facility at IPHN office. The facility has combined the use of audio visual devices as well as internet. Because of the present Government's vision of Digital Bangladesh, the internet facility has reached the remotest corner of the country and IPHN is utilizing this progress of the country in a great way by installing such a state of art system in its office in Dhaka. Nutrition International (NI) has provided the financial support to install this facility. By utilizing this facility, the Director, PMs, DPMs and others personnel of IPHN are able to organize video conferencing regularly with the district level for taking forward the implementation of NPA2. Besides, this facility can also be used for developing capacity of the field personnel without occurring the cost of travel time and money of limited resource persons this nutrition sector has.



Picture 18: Strengthened monitoring of IPHN with video conferencing facility.



## COVERAGE OF NUTRITION SERVICES:

### IYCF counseling for caregivers of children under 2 years old

Figure 1.1 shows the total number of caregivers who receive IYCF counseling from two vital parts of health system services in Bangladesh: through IMCI-N corners under DGHS and DGFP facilities from July to September, 2018. An impressive total **1,153,771** caregivers have received IYCF nutrition counseling through the combination of the two types of facilities, and each month well over 384,590 caregivers were reached.

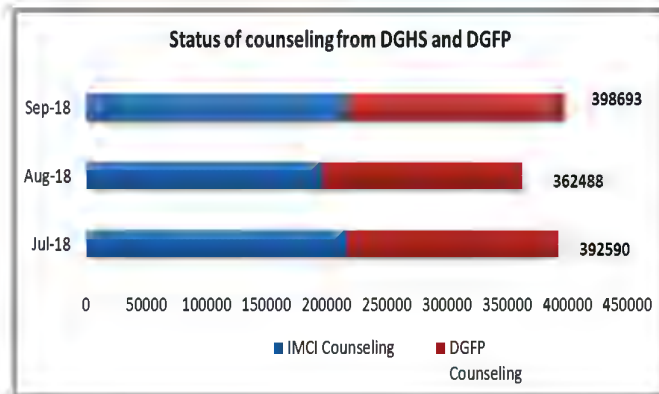


Figure 1.1 Status of IYCF counseling in Bangladesh (January - June 2018)

### Nutrition Services from SAM units

Figure 1.3 shows the status of discharged patients from SAM units in to July to September 2018. The cure rate in August is the highest (62.10%), and 53.9% is the lowest in month

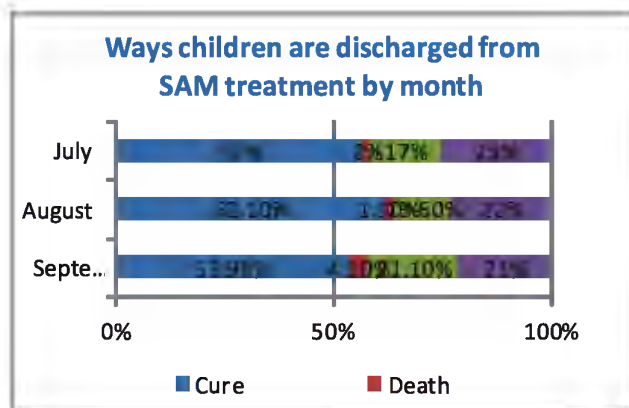


Figure 1.3: Percentage of discharged patient's report from SAM units (July- September, 2018)

Source: DGFP-MIS and DGHS-MIS

### Maternal Nutrition Counseling in Community Clinics

Figure 1.2 shows that the Maternal Nutrition counseling was significantly lower in July and September 2018 in the Community Clinics. However, the number of pregnant women counseled in the following months was much higher.

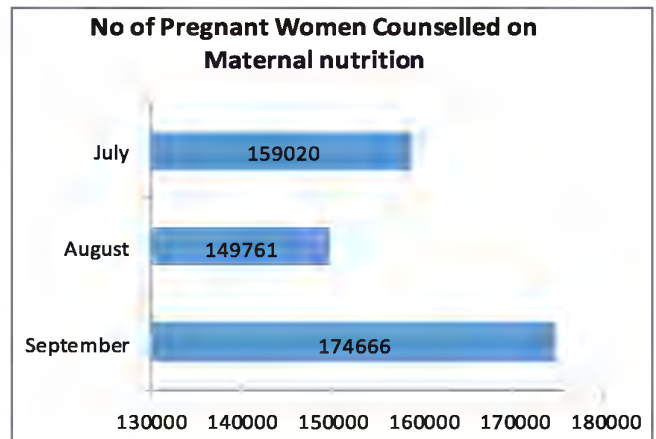


Figure 1.2: Number of pregnant women who received counseling on Nutrition during an ANC visit in July-September, 2018

### Maternal Services from DGHS & DGFP

Figure 1.4 shows the number of PLW who received IFA tablets respectively from UH&FWC under DGFP services and Community Clinics of DGHS from January to June, 2018.

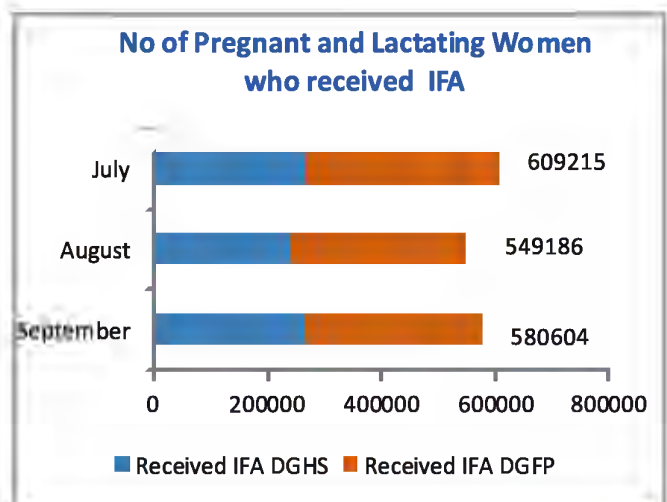
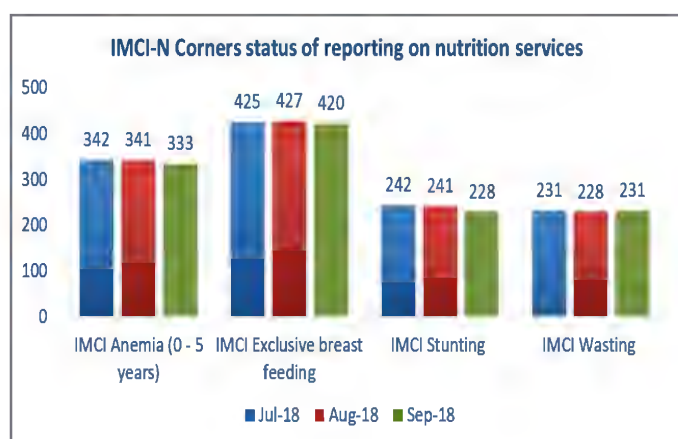


Figure 1.4: Number of IFA received reported from DGHS and DGFP in July- September, 2018.

## COVERAGE OF NUTRITION REPORTING:

### Nutrition Reporting from IMCI&N corners

Figure 1.5 shows the reporting status of IMCI-N corners in all of Bangladesh from July – September, 2018. From the above figure, we can observe the number of facilities that reported IMCI Anemia, Exclusive Breast Feeding, Stunting, Wasting indicators. Average 323facilities (IMCI-N) reported on nutrition indicators each months. Overall, over 88% of facilities reported on nutrition indicators in each months. Furthermore, about 86% all facilities reported on nutrition counseling, a priority nutrition service as outlined in the NNS Operational Plan.

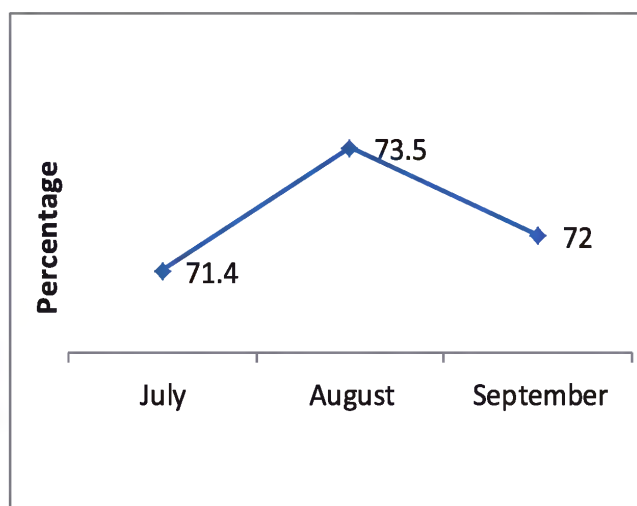


**Figure: 1.5** Reporting rates for IMCI-N Corners in Bangladesh

Source: Online HMIS, MIS-DGHS

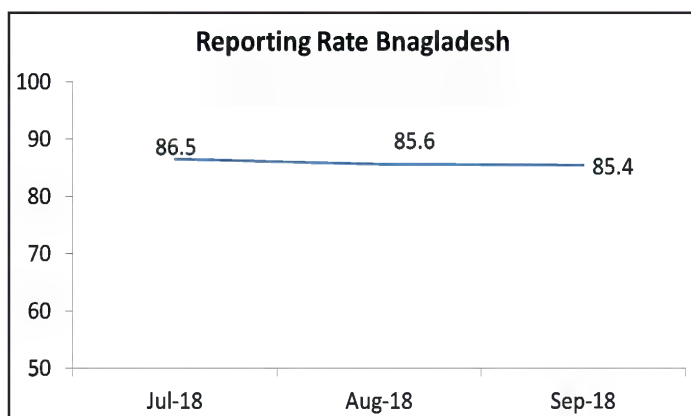
### Nutrition Reporting from Community Clinics

Figure 1.6 shows the proportion of community clinics that sent aggregated nutrition related reports from July to September 2018 through HMIS data management software DHIS2. The figure shows the reporting tendency has been increased in the month of August 2018. At present the reporting rate on nutrition indicators is relatively high, but still more than 1/4 of facilities can improve their reporting.



**Figure: 1.6** Reporting rates for Community Clinics with nutrition information in Bangladesh

### Nutrition Reporting from SAM units



**Figure 1.7:** Percentage of SAM Units of 320 facilities provided SAM reporting (July– September, 2018)

Source: Online HMIS, MIS-DGHS

Figure 1.7 shows the number of SAM facilities which provided SAM information in July-September 2018. These facilities have been providing reports to IPHN through online services. It is shown that the reporting rate July is bit higher(86.5%)than the other two months

## Photo gallery



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