



# NNS NEWSLETTER

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CORONA



মুজিববর্ষে স্বাস্থ্যখাত  
এগিয়ে যাবে অনেক ধাপ

কোভিড-১৯ মহামারি চলাকালে স্বাস্থ্যবিধি মেনে ভিটামিন 'এ' প্লাস  
ক্যাম্পেইন অক্টোবর ২০২০ উদযাপন



স্বাস্থ্যবিধি মেনে



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

National  
Nutrition  
Services



## Editorial

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Line Director

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Institute of Public Health Nutrition (IPHN)

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Ministry of Health and Family Welfare

I am very delighted to announce the publication of the 20<sup>th</sup> issue of National Nutrition Services (NNS) Newsletter. This newsletter is very useful gives some programmatic information to understand the current nutrition information of NNS and nutrition services all over the Bangladesh. This newsletter is a worthwhile publication as it enables stakeholder from government and partners to receive regular information and updates about the activities NNS.

National Nutrition Services (NNS) is one of the operational plans of the HPNSP, that plans to deliver maternal and child nutrition services by mainstreaming and scaling-up the implementation of nutrition intervention into the health (DGHS) and (DGFP) services.

In this newsletter we focused on the National Vitamin 'A' plus Campaign. A two-week National Vitamin 'A' Plus campaign was successfully done on October 4-17, during the COVID-19 pandemic period. Out of 2,14,84,331 (6-59 months) children, total 2,07,85,857 (96.7%) received Vitamin 'A' Capsule (including child to child searching coverage).

Other Important NNS activities was prepared 'Nutrition Service Continuity Guideline during COVID-19 Pandemic'. Component wise activity SAM assessment, Maternal Health, IYCF, Adolescent etc.

I would like to thanks all staffs of NNS and NIPU for their valuable contribution for publication of the newsletter. I also appreciate contribution and involvement of other stakeholders and development partners for continues support to NNS. I look ahead to continuing publication of NNS newsletter.

I express my heartfelt thanks to UNICEF for their continuous support to publish this Newsletter.

It should be noted that, this edition covers events, programs and services that took place between April, 2020 to December, 2020. Hoping for the next issue in time with resourceful contents.

Dr. S M Mustafizur Rahman

Line Director

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## First Round of National Vitamin 'A' Plus Campaign (NVAC+) 2020 Held in 4-17 October 2020 (During COVID-19 Pandemic)



Honourable Minister of the Ministry of Health and Family Welfare (MoHFW) Zahid Maleque, MP inaugurated the campaign at Dhaka Shishu Hospital, Sher-e-Bangla Nagar, Dhaka.

A two-week National Vitamin 'A' Plus campaign was started on October 4, out of 2,14,84,331 (6-59 months) children, total 2,07,85,857 (96.7%) received Vitamin 'A' Capsule (including child to child searching coverage). The coverage is little bit lower from earlier round (98.9%), but considering the COVID-19 pandemic the campaign was successful and because of the longer duration (two weeks from 4-17 October 2020) of the campaign the caregivers have more opportunity to come to the facility for VAS. The campaign was continued till October 17 at 120,000 permanent centres in rural and urban areas across the country from 8 am to 4 pm. Honourable Minister of the Ministry of Health and Family Welfare (MoHFW) Zahid Maleque, MP inaugurated the campaign at Dhaka Shishu Hospital, Sher-e-Bangla Nagar, Dhaka.

To monitor the campaign nationwide mobile-based Real-time monitoring and Reporting was used by overall 1450 monitors in different centres nationwide. Daily supplementation performance was also reported through an online system and low performing districts and upzilas were followed up. To contain the spread of Covid-19, the campaign was held at different centres on different dates. The dates for specific areas were announced locally with three-days advance. Workers involved in the campaign were given surgical masks and they had to follow at least three (3) ft of social/physical distance and health hygiene rules. Currently 4 days searching activities is going on in the hard to reach areas (242 unions under 46 upazilas) to provide vitamin A capsules to the missing children.



Maintaining social distance during Vitamin 'A' Plus October 2020

## At a glance Vitamin 'A' Plus Campaign (NVAC+) 2020 during COVID-19 pandemic



Area	Target	Coverage	Percentage (%)
National <sup>1</sup>	2,14,84,331	2,07,85,857	96.7
Rural (Districts)	1,90,44,930	1,85,91,781	97.6
City Corporation	24,39,401	21,94,076	89.9
Pourashava <sup>2</sup> (Municipality)	12,34,288	12,80,556	103.7
Child to Child coverage (CtC)	1885372	35,865	1.9

<sup>1</sup> National figures are sum of rural & City Corporation. Pourashava and CtC figures are included into rural (districts) sum.

<sup>2</sup> Pourashava (Municipality) coverage is incorporated into respective Districts

- No significant differences (coverage percentage mostly lies between 92% - 97%) were observed among division's coverage
- Most of the districts coverage ranges between 85-95% (except a few districts e.g. Tangail 73%, Bhola 74% etc.) for 6-59 months aged children.
- Gazipur and Rajshahi City Corporation's coverage was 73% and 76% respectively in case of 6-11 months whereas Khulna CC & Municipality coverage is more than 100% (6-59 months) indicate that the target needs to be updated; where the rest of the City Corporation's coverage is similar to the districts/divisions; (coverage was 85-95%) except Barishal City Corporation (82%) in case of 6-59 months aged children.
- Among the HTR districts (240 unions),** 35,865 (6-59 months) unreached children received Vitamin - A capsule.
  - Over 1.9% unreached children of the 240 unions were covered through CtC (% based on respective 46 HTR sub-district's target)

240 HTR Unions	6 -11 months	12-59 months	6-59 months
Target	201,376	29,083	18,85,372
CtC Coverage	6,782	24,846	35,865
Percent	3.4	1.7	1.9



## World Breastfeeding Week 2020



*The Inauguration ceremony of WBW 2020 was held at the Secretariat in the presence of Honourable Health and Family Planning (MoHFW) Minister, Mr Zahid Maleque, MP*

World Breastfeeding Week (WBW) is celebrated every year to encourage breastfeeding and improve the health of babies around the country. This year, Bangladesh is celebrating WBW 2020 from 9-16 August with the theme- **“Support breastfeeding for a healthier planet”**. This annual celebration is an opportunity to emphasize the importance of breastfeeding and advocacy for the protection, promotion and support of breastfeeding. The focus of WBW 2020 is on the impact of breastfeeding on the environment/climate change and the imperative to protect, promote and support breastfeeding for the health of the planet and its people. Honourable Prime Minister Sheikh Hasina and Honourable Health and Family Planning (MoHFW) Minister Zahid Maleque, in separate messages, wished all successes of the week and hoped that the initiative would help build a healthy and intelligent nation.

The Inauguration ceremony of WBW 2020 was held at the Secretariat in the presence of Honourable Health and Family Planning (MoHFW) Minister, Mr Zahid Maleque. Because of the COVID-19 Situation, an invitation from communication platform Zoom was sent to Division, District and Upazila level to join the inauguration ceremony virtually. To celebrate the WBW 2020 various action had been taken including stakeholder meeting, press conferences, Facebook live seminars with mothers who successfully breastfed their babies, various forums & multisectoral organization for promoting of breastfeeding, National & International webinar, workshop on BMS act and promotion of breastfeeding were held in every community clinics, UHC, district, divisional level and also in medical colleges. Additionally, breastfeeding messages had been shared through social media and mobile-based SMS service.

## Nutrition Implementation & Coordination Committee (NICC) Meeting 2020



Nutrition Implementation and Coordination Committee (NICC) Meeting 2020 was held on 25 August 2020, at the conference room of IPHN to review the implementation and progress of National Nutrition Services. The meeting was chaired by Honorable Director General of Health Services, Prof. Dr. Abul Bashar Mohammed Khurshid Alam.



On November 4 and 5, 2020, the National Nutrition Service Nutrition Information System (NIS) organized a workshop on Optimization. The two-day workshop discussed in detail the implementation plans of the National Nutrition Service and what could be the main priorities and roadmap of the project in the next three years. The workshop was attended by representatives of various development partners, including experts from John Hopkins University - and nutrition students from 14 universities across the country. In addition, UNICEF Bangladesh and @mPower Social provided overall support to the workshop.



## The First National Maternal Nutrition Guidelines for Bangladesh is on the way

Improving women's nutrition outcomes is imperative to reaching the global nutrition and health targets of the Sustainable Development Goals (SDGs) and the World Health Assembly (WHA). The 2<sup>nd</sup> National Plan of Action for Nutrition (2016-2025)<sup>1</sup> and the National Nutrition Services Operational Plan (NNS-OP) have prioritized maternal nutrition. In May 2018, the South Asian Association for Regional Cooperation (SAARC) Regional Conference on "Stop Stunting: The Power of Maternal Nutrition" provided the impetus to scale-up the nutritional care of women during pregnancy and the postpartum period to improve nutrition outcomes for women and children in the region<sup>2</sup>. At that conference, Bangladesh delegation led by the NNS developed country roadmap for the prioritized actions. The development of maternal nutrition guidelines was agreed as the first step to intensify efforts to promote optimal maternal nutrition in Bangladesh. The NNS started the development of Maternal Nutrition Guidelines in 2019 with support from UNICEF and WHO in collaboration with development partners including Alive & Thrive, GAIN, NI, and WFP. A Technical Working Group (TWG) was then established as platform for the development process of the guidelines.

The TWG consists of technical representatives from key government departments such as MNCH, CBCH and MCRAH; development partners as mentioned above and other government/research institutions such as OGSB, BPA, BBF, INFS, NIPSOM and icddr.

The guidelines follow a life cycle approach to maternal nutrition and offer a comprehensive approach to the protection and promotion of optimal nutrition throughout the health system for adolescent girls, women during preconception, pregnant women, and lactating women up to a child's second birthday. It also adapts the 2016 WHO ANC Guidelines<sup>3</sup>. These guidelines build upon and improve Bangladesh's former guidance and adhere to current internationally documented best practices.

Adherence to these guidelines will address the gaps in the delivery of maternal nutrition services and can serve as a catalyst to ensure that all women, irrespective of their ethnicity, place of residence, education level, or financial status, receive maternal nutrition interventions as early as possible and that these continue during and after their pregnancy.



National consultation workshop to develop National Maternal Nutrition Guidelines, October 2019 (@UNICEF Bangladesh/2019/Sari)

The guidelines can also be used as a means of strengthening maternal nutrition in the national essential healthcare package, and to ensure the national health system can provide quality and equitable maternal nutrition interventions at all levels.

The guidelines are designed to be used by all actors including programme implementers and managers across health services and sectors, policymakers, civil society, private sector/corporate implementers, researchers, and UN agencies actively involved in designing, implementing, monitoring, and evaluating maternal nutrition programmes at

national, regional, and community levels in urban and rural settings. The guidelines will be finalized by the third quarter 2021 for endorsement by the government.

<sup>1</sup> Ministry of Health and Family Welfare. 2017. National Nutrition Policy 2nd National Plan of Action for Nutrition 2016-2025

<sup>2</sup> Stop Stunting Scaling-up the Nutritional Care of Women in South Asia: conference report May 2018

<sup>3</sup> World Health Organization. 2016. World Health Organization recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health, 2016.



## Online meeting on NIS & DHIS2 with Partners

Under this activity, MIS organized two national level meeting and eight divisional level orientation meeting. MIS organized these national and divisional level orientation meeting through zoom with the aim to orient the targeted audiences on NIS (Nutrition Information System), especially on Priority Nutrition Results Indicator (PNRI), Nutrition data element of DHIS2 and Disbursement Linked Indicators (DLIs) related data recording and reporting. In these meetings, resource persons from HISP Bangladesh attended to provide feedback on the existing challenges and way forward. The meeting organizer was MIS (Management Information System), DGHS (Directorate Generator of Health Services) and technical support provided by NIPU (Nutrition Information & Planning Unit), NNS (National Nutrition Services), HISP & UNICEF. Meeting details are as follows:

### 1. National level virtual orientation meeting with National level stakeholders:

This meeting organized on 29 November 2020 where in total 65 national level stakeholders (Govt., NGO /UN Bodies, and Donors) and I were oriented on PNRI & NNS Score. Moreover, PNRI & NNS Report cards of October 2020 also disseminated among the participants. A brief orientation on DHIS2 and its challenges also presented in this meeting. Furthermore, a brief orientation provided on Disbursement Linked Indicators. Participants of this meeting were from DGHS, DGFP, IPHN, NNS, BNNC, NIPSOM, ICMH, CBHC, MAN&CH, BMGF, CIFF, USAID, EU, UNICEF, WHO, NI, Iccdr'b, HKI, A&T, Gain, BRAC, Care, Concern Worldwide & FHI 360.

### 2. National level virtual training on NIS with DHIS2 data handlers from partners:

This meeting was organized on 08 December, 2020 where in total 40 DHIS2 data Handlers from all over the country along with national level nutrition data managers were attended this meeting. The main objective of this session was to provide a brief training to all the DHIS2 data handlers on how to extract data from DHIS2 for PNRI and DLI related analysis.

Zoom Meeting

Kakali Poddar

Ran Uddin

Abdurahman

Rowshan Ara

Recording

Facility level Report Analysis: Moheshkhali Upazila

02/01/19

CC	Child Report Analysis					Maternal Report Analysis					Total P	Total IF	% of Mother receiving IFA
	cc_CR_A additional food supplementation	cc_CR_E exclusive Breast Feeding	cc_CR_I low HAZ	cc_CR_L low WFA	cc_CR_W low WH	cc_MR_A NC IFA Distribut	cc_MR_A NC Counse	cc_MR_P NC IFA Distribut					
Pakir Ghona CC	0			2	2	1	22	22		27	22	81%	
Uttar Narbitta CC		3								24	0	0%	
Barodol CC	5			14			30	30	5	45	35	78%	
Loimba Ghona CC	8	18	2	16			8	8	1	10	10	100%	
Sepshi Para CC				4			14	14	14	14	28	100%	
Mahuri Ghona CC			1	3		3	14	12	1	15	15	100%	
Chonakhola Para CC	51	31					5	5	5	12	10	83%	
Kerantol CC	43	6					62	62	4	66	66	100%	
Morskata CC	13	3					15	15	15	21	30	143%	
Panchpara CC	24	8					32	32	1	33	33	100%	
Aadharghona CC							150	8	30	6	180	3000%	
Chakodara CC	29	20		4			67	67	13	70	70	100%	
Munachari (Kalam)							18	18	4	22	22	100%	
Gollabanga CC			2	2	2	2	30	8	0	25	38	152%	
Purba Para CC		15	9	10	15	15	15	15	1	9	10	110%	
Mahuri Para CC		3	9	6	4	4	18	18	2	20	20	100%	
Randard CC	36		3		4	4	30	30	6	36	36	100%	
Sakardara CC	5	10					250	20	20	20	400	2200%	
3 M. Uhat CC		20		4			20	20	8	28	28	91%	
Panchchari (Thapap)	66	101					46	60	25	35	21	203%	
Sagar Ghona CC	36	11	7	12	2	2	27	27	13	40	40	100%	
Sura Panchpara CC	15	12	2	4	3	3	27	27	2	30	30	100%	
Munsi Dal CC	51	31	15	23	24	24	32	32	4	32	36	113%	
Purbala CC	2	2	5	5	7	7	40	30	35	100	75	75%	
Pancharghona CC	5	3	5	6	5	5	24	8	9	22	33	150%	
Pachonim Para CC	9	12	2	4	1	1	600	20		35	900	3571%	
Magdara CC	8	12	5	5	4	4	20	43	15	20	35	175%	

**Online meeting on NIS & DHIS2 with partners (8 Divisional meetings)**  
**Meeting details are as follows:**

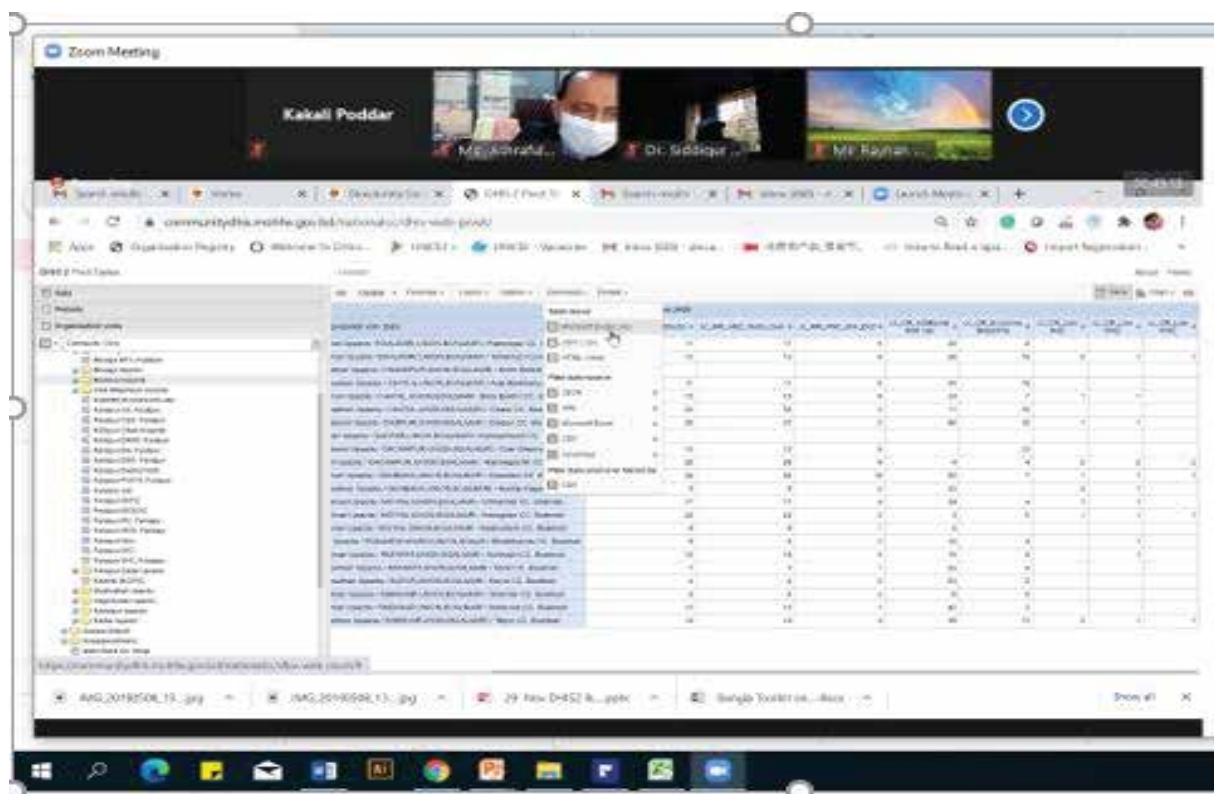
**1.Dhaka Divisional Virtual Orientation meeting on NIS:** This meeting organized on 01 December 2020 (morning) where in total 113 divisional, district and upazila level participants (Govt. and partners) were oriented on PNRI & NNS Score. Moreover, PNRI & NNS Report cards of October 2020 also disseminated among the participants. A brief orientation on DHIS2 and its challenges also presented in this meeting. Furthermore, a brief orientation provided on Disbursement Linked Indicators.

**2.Chattogram Divisional Virtual Orientation Meeting on NIS:**

This meeting organized on 01 December 2020 (afternoon) where in total 108 divisional, district and upazila level participants (Govt. and partners) were oriented on PNRI & NNS Score. Moreover, PNRI & NNS Report cards of October 2020 also disseminated among the participants. A brief orientation on DHIS2 and its challenges also presented in this meeting. Furthermore, a brief orientation provided on Disbursement Linked Indicators.

**3.Rajshahi Divisional Virtual Orientation meeting on NIS:**

This meeting organized on 02 December 2020 (morning) where in total 75 divisional, district and upazila level participants (Govt. and partners) were oriented on PNRI & NNS Score. Moreover, PNRI & NNS Report cards of October 2020 also disseminated among the participants. A brief orientation on DHIS2 and its challenges also presented in this meeting. Furthermore, a brief orientation provided on Disbursement Linked Indicators.



#### **4.Sylhet Divisional Virtual Orientation Meeting on NIS:**

This meeting organized on 02 December 2020 (afternoon) where in total 48 divisional, district and upazila level participants (Govt. and partners) were oriented on PNRI & NNS Score. Moreover, PNRI & NNS Report cards of October 2020 also disseminated among the participants. A brief orientation on DHIS2 and its challenges also presented in this meeting. Furthermore, a brief orientation provided on Disbursement Linked Indicators.

#### **5.Rangpur Divisional Virtual Orientation Meeting on NIS:**

This meeting organized on 03 December 2020 (afternoon) where in total 66 divisional, district and upazila level participants (Govt. and partners) were oriented on PNRI & NNS Score. Moreover, PNRI & NNS Report cards of October 2020 also disseminated among the participants. A brief orientation on DHIS2 and its challenges also presented in this meeting. Furthermore, a brief orientation provided on Disbursement Linked Indicators.

#### **6.Khulna Divisional Virtual Orientation meeting on NIS:**

This meeting organized on 06 December 2020 (morning) where in total 104 divisional, district and upazila level participants (Govt. and partners) were oriented on PNRI & NNS Score. Moreover, PNRI & NNS Report cards of October 2020 also disseminated among the participants. A brief orientation on DHIS2 and its challenges also presented in this meeting. Furthermore, a brief orientation provided on Disbursement Linked Indicators.

#### **7.Barishal Divisional Virtual Orientation meeting on NIS:**

This meeting organized on 06 December 2020 (afternoon) where in total 85 divisional, district and upazila level participants (Govt. and partners) were oriented on PNRI & NNS Score. Moreover, PNRI & NNS Report cards of October 2020 also disseminated among the participants. A brief orientation on DHIS2 and its challenges also presented in this meeting. Furthermore, a brief orientation provided on Disbursement Linked Indicators.

#### **8.Mymensingh Divisional Virtual Orientation meeting on NIS:**

This meeting organized on 07 December 2020 (afternoon) where in total 41 divisional, district and upazila level participants (Govt. and partners) were oriented on PNRI & NNS Score. Moreover, PNRI & NNS Report cards of October 2020 also disseminated among the participants. A brief orientation on DHIS2 and its challenges also presented in this meeting. Furthermore, a brief orientation provided on Disbursement Linked Indicators.

#### **Nutrition Information Platforms**



National and District Nutrition Dashboard



Real Time Monitoring Dashboards



Nutrition Sector Portal



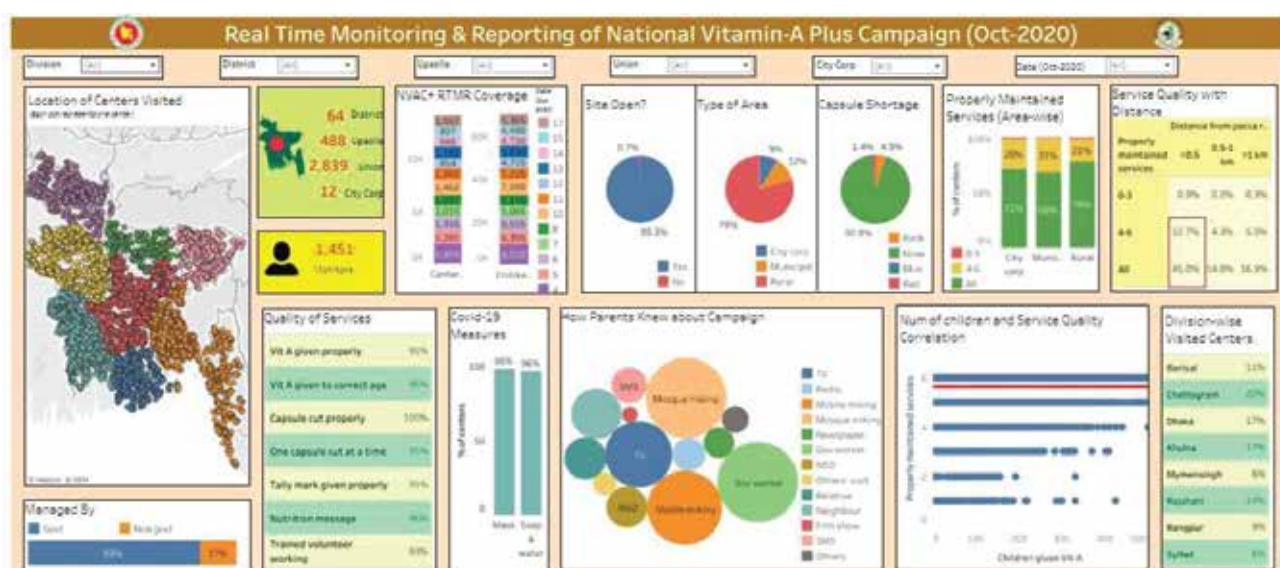
Unite for Nutrition Alliance



## Real-Time Monitoring and Reporting of National Vitamin A+ Campaign in Bangladesh-

4-17 October 2020 21.51 Million Children Reached with Vitamin-A Supplementation

Under the dynamic leadership of our respectable DG, DGHS Prof. Dr. Abul Bashar Mohammed Khurshid Alam, National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN) is pleased to share that the National Vitamin-A plus campaign (NVAC+) which started from the 4 October 2020 has been successfully concluded today. The campaign targeted 22 million children aged 6 months to 59 months across the country through 120,000 distribution centers. Real-Time Monitoring and Reporting (RTMR) was used for monitoring the event. Daily supplementation performance is reported through an online system and low performing districts and upazillas were followed up.



Key findings of external monitoring and daily performance are presented below:

***This round, total 21.51 million on children have been reached, which is 94% of the total target***  
**External Monitoring Findings (For total 12 days):**

- 8 Divisions, 64 Districts, and 12 City Corporations are being covered with monitoring.
- 99% or 488 out of 492 Upazilas /sub-districts and 62% or 2839 out of 4,553 Unions were visited by monitors (GoB officials, NGO monitors).
- 65345 children receiving Vitamin-A Capsules were observed in 14,160 distribution centers.
- 99% of the centers found open and 6% facility was found with a shortage of capsules.
- Four main sources of the information were Gov. Workers' visits, mosque and mobile miking and television.
- In 96% of the sites, nutrition counseling was also being provided.
- 98% of centers had health workers wearing mask and 96% of the centers has soap and water.

## Short note on “Guidance document for Continuity of Nutrition Services during COVID-19 Pandemic”

COVID 19 plays a devastating role in our social, personal and professional life. Both Nutrition Specific and sensitive program are affected during this pandemic. All essential and life savings services of health and nutrition have been disrupted. Doctors, nurses and front line health workers are fighting against this virus to save lives of affected people. Government has taken various measurements including restriction of movement, ensure social distancing, and maintain hygiene to control this pandemic to ensure essential service packages in the facility level. In this pandemic it's found that overall drop in utilization of services due to fear of COVID-19 among recipients and service providers in the beginning of pandemic. According to DHIS2 data, it's revealed that there has been a downward trend and numbers of visits in Community Clinics by children and mothers between February and April 2020.

Considering the emergency situation, the National Nutrition Services has developed “Guidance document for Continuity of Nutrition Services during COVID-19 Pandemic” for health personnel and managers in the country to ensure continuation of the essential nutrition services during the emergency caused by the COVID-19 pandemic. The guidelines are based on a series of evidence so far documented and global briefs. Adherence to the recommendations is an important effort in preventing deterioration in nutrition situation in the country.

To ensure and continuation of essential nutrition services in the division, district, upazila and community level, NNS organized orientation session for managers of Divisional, district and upazila level using online platform

### করোনা ভাইরাস (কোভিড-১৯) মহামারি চলাকালীন সময়ে কমিউনিটি ক্লিনিকে আগত সেবা গ্রহীতাদের জন্য পুষ্টি বিষয়ক পরামর্শ



#### গর্ভবতী মাঃ

- গর্ভবতী মায়ের প্রতিদিন ৩ বার স্বাভাবিক খাবারের পাশাপাশি দৈনিক ১ বেলার সমান অতিরিক্ত খাবার গ্রহণ করতে হবে।
  - নিয়মিত পর্যাপ্ত পরিমাণ আমিষ, গাঢ় সবুজ ও রঙিন শাক, হলুদ/ কমলা রঙের ফল বা সবজি খেতে হবে।
  - প্রতিদিন রাতে খাবারের পর ১টি আয়রন ফলিক এসিড (আইএফএ) ট্যাবলেট এবং সকালে নাস্তা ও দুপুরের খাবারের পর ১টি করে ক্যালসিয়াম ট্যাবলেট গ্রহণ করতে হবে।
  - রাতে কমপক্ষে ৬-৮ ঘন্টা ঘুম এবং দিনে অতিরিক্ত ২ ঘন্টা বিশ্রাম গ্রহণ করতে হবে।
  - বুকিপূর্ণ সকল ভারী কাজ থেকে বিরত থাকতে হবে।
- জ্বর, কাশি বা শ্বাসকষ্ট হলে নাক, চোখ ও মুখ স্পর্শ না করা এবং স্বাস্থ্যবিধি মেনে চলা, প্রয়োজনে স্বাস্থ্যকর্মীর পরামর্শ গ্রহণ করতে হবে।

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।



#### ০-৬ মাস বয়সী শিশুঃ

- ৬ মাস (১৮০দিন) পর্যন্ত শুধুমাত্র মায়ের দুধ খাওয়াতে হবে।
- মায়ের দুধে রয়েছে সকল গুরুত্বপূর্ণ পুষ্টি উপাদান এবং প্রতিরোধমূলক তরল যা শিশুকে সংক্রমণের বিরুদ্ধে লড়াই করতে এবং দ্রুত সুস্থ হতে সাহায্য করে।

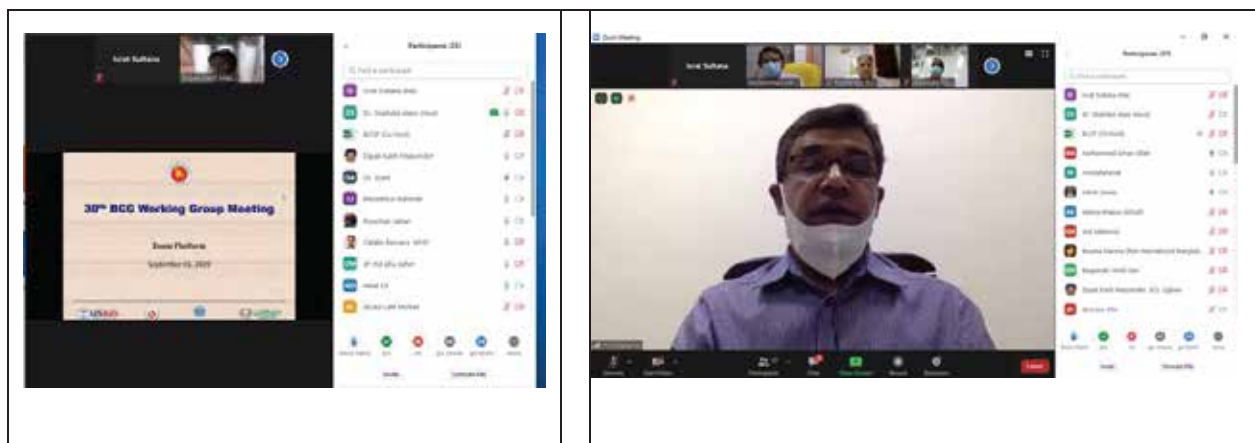
#### কোভিড-১৯ আক্রান্ত মা যদি দুধ খাওয়াতে না পারেন সেক্ষেত্রে করণীয়ঃ

- শিশুকে মায়ের দুধ গোলে খাওয়াতে হবে (হাত ও বাসনপত্র প্রতিবার ব্যবহারের পর সাবান দিয়ে ভালোভাবে পরিষ্কার করতে হবে)।
- অন্য কোনো সুস্থ দুধদানকারী মাকে বুকের দুধ খাওয়াতে অনুরোধ করা যেতে পারে।



## BCC Working Group could be a good source to contribute better in the public health field for health and well-being of the people of Bangladesh

- *Mr. Md. Mostafa Kamal, Additional Secretary, HSD, MoHFW*



The BCC Working Group met in their 30<sup>th</sup> meeting on the September 01, 2020 having **Mr. Md. Mostafa Kamal**, Additional Secretary, HSD, MoHFW in the Chair and **Mr. Nitish Chandra Sarker**, Additional Secretary, HE & FW, MoHFW as the Co-chair. The National Nutrition Service (NNS) hosted this meeting held in Zoom platform. Ms. Nilufar Nazneen, Joint Secretary, PH, HSD, MoHFW and Mr. Saiful Islam, Deputy Secretary, PH-2, HSD, MoHFW also joined in this meeting. A total of 42 participants represents IEM, NNS, FSD, MIS-DGFP, CCSDP, BHE, WHO, DPs and NGOs joined this meeting. Among others five Line Directors of the IEM, FP-FSD, LHEP, NNS and the Chief Health Education Bureau had joined in this meeting.

In the welcome address Dr. SM Mustafizur Rahman, Line Director, NNS told that BCC working Group is a platform lead by MoHFW where Govt. and NGOs could share the respective experience & lesson learnt on SBCC to accelerate the HPN activities more effectively in the field level.

In the opening speech Mr. Md. Mostafa Kamal welcomed the participants and told that the BCCWG forum could be a good source to contribute better in the public health field for health and well-being of the people of Bangladesh. At this point of meeting the participants get themselves introduced.

The Chairperson then opened the meeting discussions following the agenda of the meeting.

After reading out of the minutes of last BCCWG meeting and a review of the progresses so far been made following the last minutes, the meeting proceeded to the organization wide presentation on the SBCC activities could have been achieved after the last BCCWG meeting. The organization wide presentations were made by Mr. Mukhlesur Rahman, BHE, Ms. Ishrat Jabeen, IEM, Ms. Kanta Devi, Plan International, Mr. Catalin Bercaru, WHO-Bangladesh and Mr. Amanullah, NNS.

Following agenda of the meeting Dr. Zeenat Sultana, Acting CoP, USAID-Ujjiban SBCC Project and Mr. Dipak Kanti Mazumder made a brief presentation over the Annual SBCC Monitoring Report and over the HPN SBCC Coordination Committee Guidebook. In her presentation Dr. Zeenat Sultana mentioned that this Annual SBCC Monitoring Report is being published by the MoHFW from the last year as a compiled report of the HPN units and the NGOs. She also highlighted some salient features of the report. In his presentation Mr. Dipak Kanti Mazumder briefly presented the key features of the HPN SBCC Coordination Committee Guidebook. He mentioned that this guidebook will facilitate the district and upazila level SBCC Coordination Committee get activated and function better.





Mr. Dipak Kanti Mazumder described about the ToR. As the last agenda of the meeting Mr. Dipak Kanti Mazumder described about the ToR for the adaptation of new members of BCCWG as have been developed by a sub-committee formed in the last BCCWG meeting and told that the sub-committee accepted the Friendship-Bangladesh as new member of the committee.

On behalf of the host organization of this meeting Dr. SM Mustafizur Rahman, Line Director-NNS emphasized the need of the activation of SBCC Coordination Committee as a priority activity. He told that concerted effort is very much necessary for interventions requires people's participation like; health, population and nutrition, with main streaming nutrition.

In his speech as Co-chairperson Mr. Nitish Chandra Sarker, Additional Secretary, HE & FW, MoHFW remarked that this forum will profusely contribute to avoid duplication of work and attain a reinforcement of SBCC activities with reciprocal sharing and coordination.

He thanked Ujjiban for their continued support for steering up the BCCWG forum to make it further contributory.

Making his remarks as Chairperson of the meeting Mr. Md. Mostafa Kamal, Additional Secretary, HSD, MoHFW further iterated the responsibility of the health and family planning professionals to work for the people and mobilize all of the effort and resources to attain the HPNSP goals when we already spent most of its time span. He expressed his happiness to know few organizations have undertaken Covid-19 as one of their program interventions. He hoped this forum will be continuing their effort to attain best and make their contribution to achieving HPNSP goals.

### National PNRI Data:

- PNRI-Priority Nutrition Results Indicators Framework comprises of 4 functionality indicators and 5 service delivery data
- NNS score is generated by formulating Composite Index (CI) based on the 6 functionality indicators.

Table showing in below the National PNRI (Priority Nutrition Results Indicators) dataset for the December 2019- December 2020.

PNRI functional data for Pregnant Women weighed and SAM screening has significantly increased and National CI value has increased from 0.73 to 0.75.

Both SAM identification and admission has increased. National SAM Admission rate is 74%

	PNRI functional data					PNRI service data						
Reporting Period	% of facilities reporting on complete nutrition indicator	% of facilities providing IYCF counselling to caregivers	% of pregnant women weighted during clinic visit (Cumulative)	% of children screened for SAM at facility	Composite Index	No of children screened for SAM at facility	No of Children Identified with SAM	No of SAM children admitted	No of pregnant women receiving IFA	No of caregiver receiving nutrition counselling	SAM Status by Screening	Admission Rate
Dec-19	49%	89%	56%	39%	0.58	131,655	1,639	488	291,445	519,392	1%	30%
Jan-20	52%	94%	62%	34%	0.60	145,968	1,432	485	296,778	548,711	1%	34%
Feb-20	52%	95%	65%	33%	0.61	168,029	1,563	432	289,769	578,015	1%	28%
Mar-20	49%	91%	59%	35%	0.58	125,083	1,664	281	252,980	459,694	1%	17%
Apr-20	43%	88%	59%	31%	0.55	27,832	938	54	204,488	233,132	3%	6%
May-20	43%	88%	Data is not available	39%	0.57	30,344	1,030	117	189,272	200,833	3%	11%
Jun-20	45%	89%	59%	52%	0.61	49,294	368	274	243,109	255,611	1%	74%
Jul-20	46%	89%	59%	51%	0.61	57,726	443	317	248,284	306,115	1%	72%
Aug-20	49%	91%	59%	54%	0.63	79,837	578	450	221,750	355,343	1%	78%
Sep-20	51%	92%	52%	57%	0.63	124,871	1,047	778	283,330	460,319	1%	74%
Oct-20	52%	93%	52%	57%	0.63	143,896	1,483	964	296,312	489,117	1%	65%
Nov-20	54%	93%	84%	63%	0.73	170,317	1,118	878	300,780	518,520	1%	79%
Dec-20	53%	92%	93%	60%	0.75	167,433	1,219	905	277,529	508,366	1%	74%



## All Division PNRI data and National Nutrition Services (NNS) Score Card in November 2020

		PNRI functional data						PNRI service data						
Division	Period	% of facilities reporting on complete nutrition indicator	% of facilities providing IYCF counselling to caregivers	% of pregnant women weighted during clinic visit (Cumulative)	% of children screened for SAM at facility	Composite Index	Rank	No of children screened for SAM at facility	No of Children Identified with SAM	No of SAM children admitted	No of pregnant women receiving IFA	No of caregiver receiving nutrition counselling	SAM Status by Screening	Admission Rate
Barishal	Nov-20	64%	92%	85%	100%	0.851	1	19,029	165	97	17,282	43,873	1%	59%
Khulna	Nov-20	62%	95%	85%	84%	0.816	2	32,119	183	127	33,241	71,840	1%	69%
Chattogram	Nov-20	57%	91%	87%	84%	0.795	3	43,373	207	146	50,789	103,367	0%	71%
Mymensingh	Nov-20	55%	93%	77%	66%	0.729	4	12,701	49	56	30,979	44,707	0%	114%
Rangpur	Nov-20	51%	95%	86%	60%	0.728	5	14,082	85	30	46,465	49,352	1%	35%
Sylhet	Nov-20	51%	90%	88%	51%	0.701	6	12,193	62	106	14,522	34,024	1%	171%
Dhaka	Nov-20	48%	90%	81%	46%	0.662	7	26,769	251	214	58,910	92,561	1%	85%
Rajshahi	Nov-20	48%	95%	87%	26%	0.638	8	10,051	116	102	48,592	78,796	1%	88%

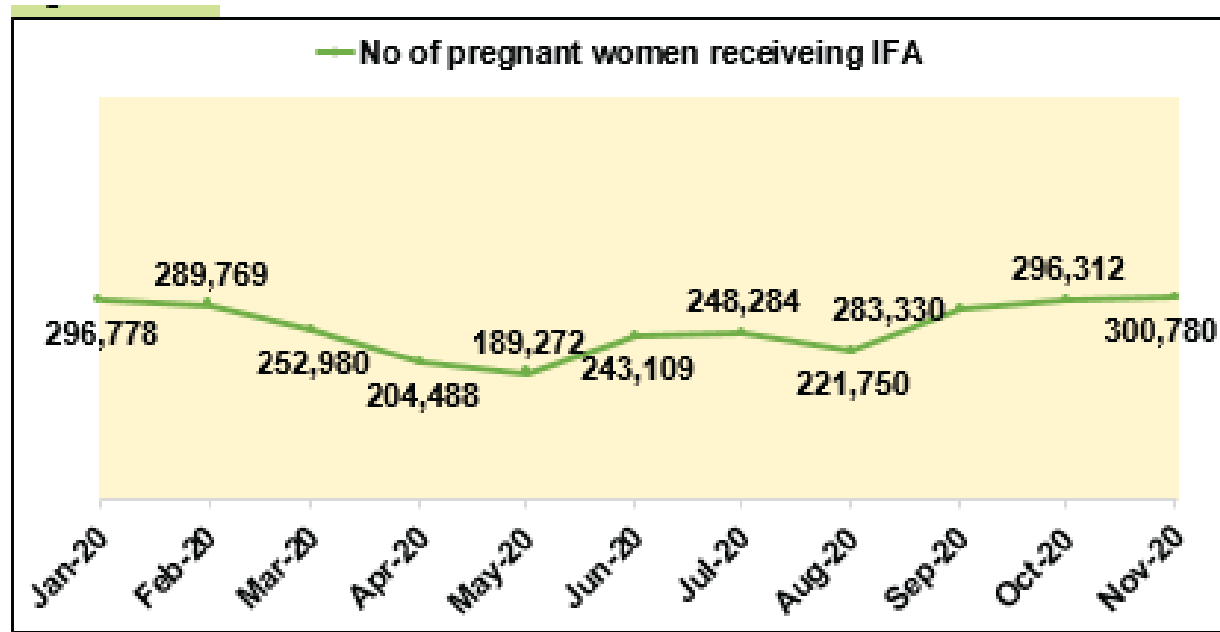
- Overall Barishal Division is ranking top and it has 100% SAM screening rate.
- Khulna, Rajshahi and Rangpur has highest % of functional facilities providing IYCF counselling to caregivers
- Chattogram has the highest number of screening for SAM and caregiver received nutritional counselling
- Dhaka has the number of SAM Identified, Admission and Pregnant Women received IFA.
- Sylhet has highest percentage of pregnant women weighted during clinic visit





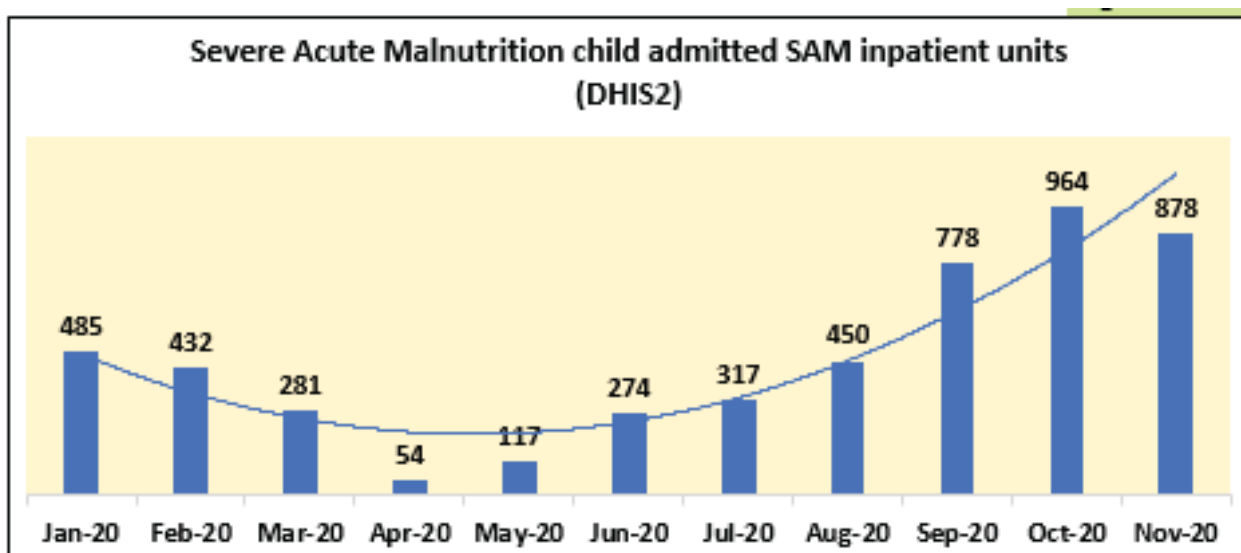
## PNRI-Priority Nutrition Results Indicators analysis

Figure-1



IFA distribution had declined steeply from Jan to May and now the situation is reversing. In April, 190,00 women received IFA and now it has increased to 300,780. (Figure 1)

Figure: 2



SAM admission has slightly decreased in November. Whereas in October 964 children were admitted and this has decreased to 878 in November. The admission rate for the past six months has been more than 60%, whereas in the April it was around 6% only (Figure-2).

Figure:3

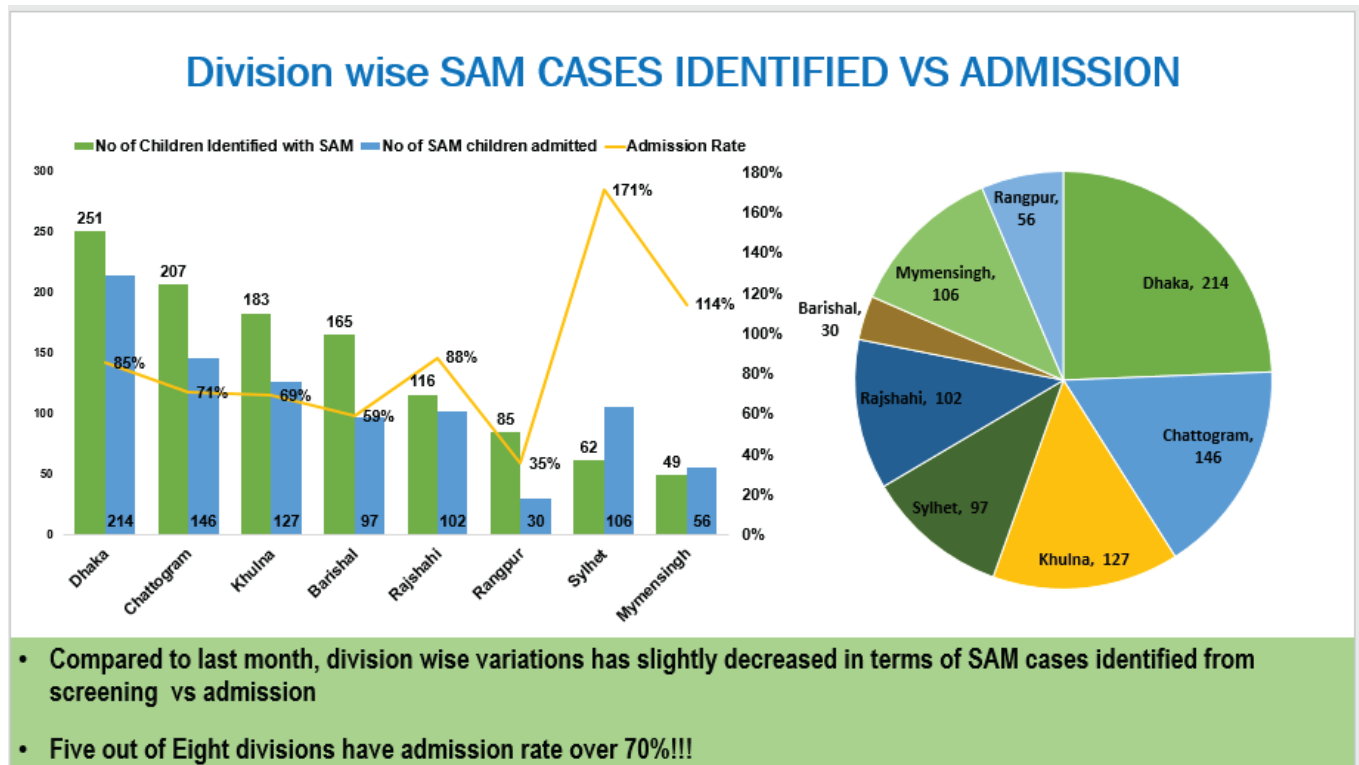
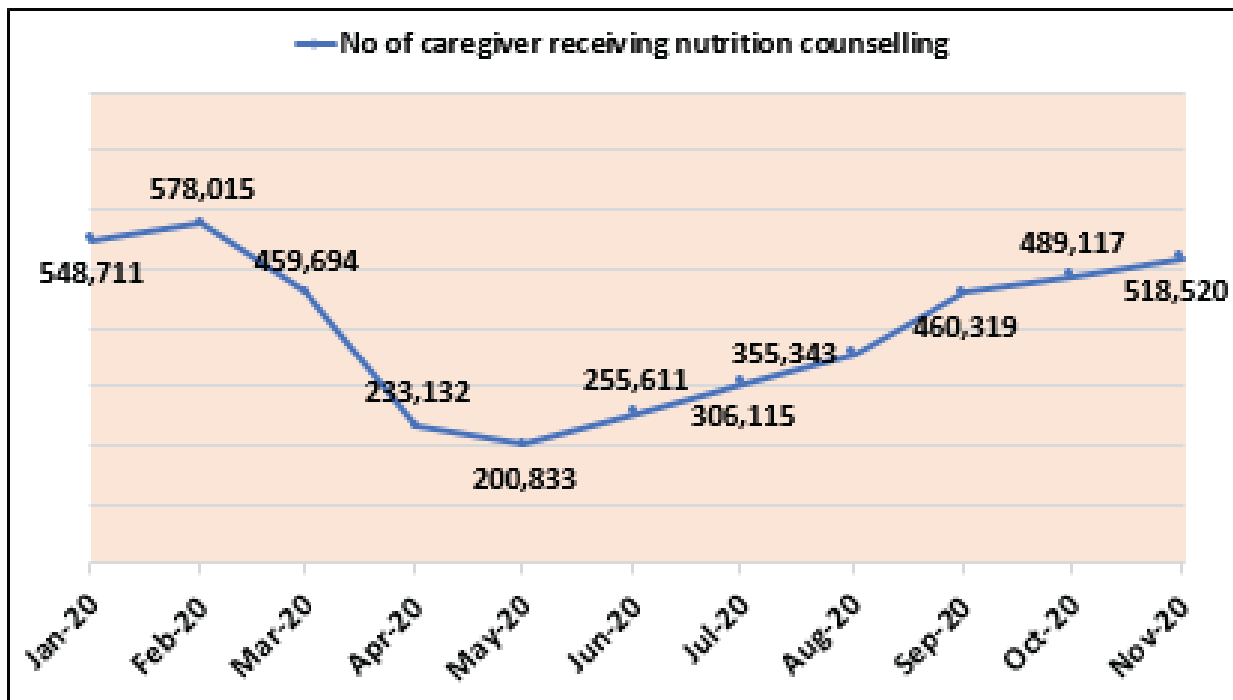


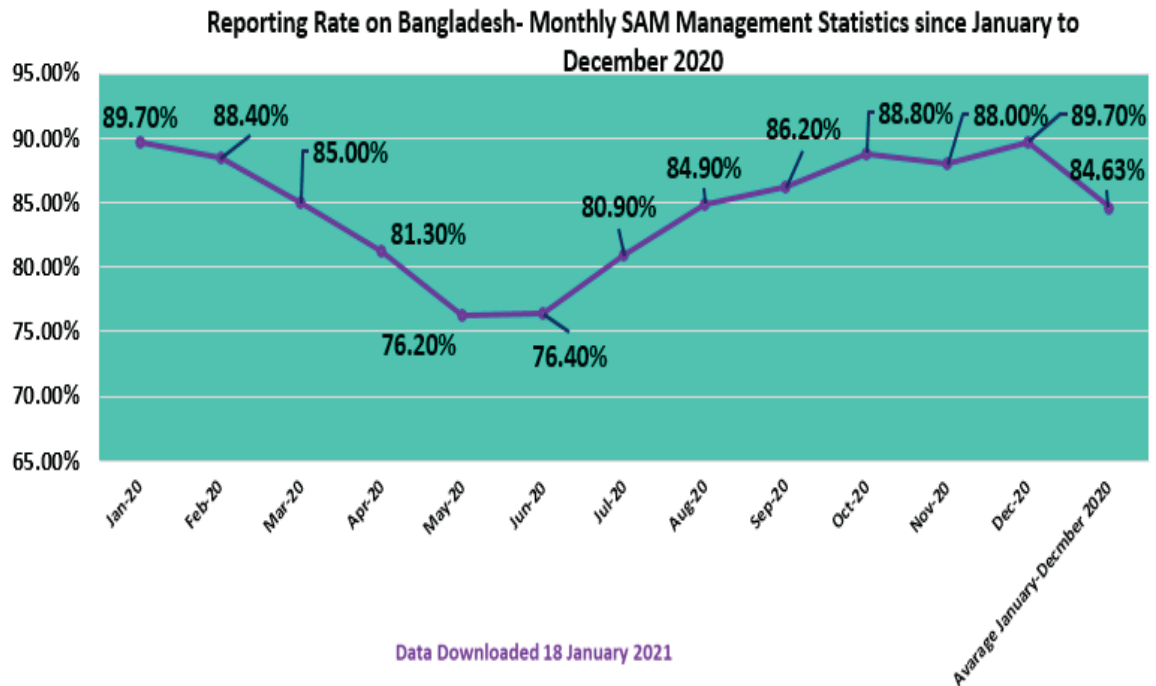
Figure:4



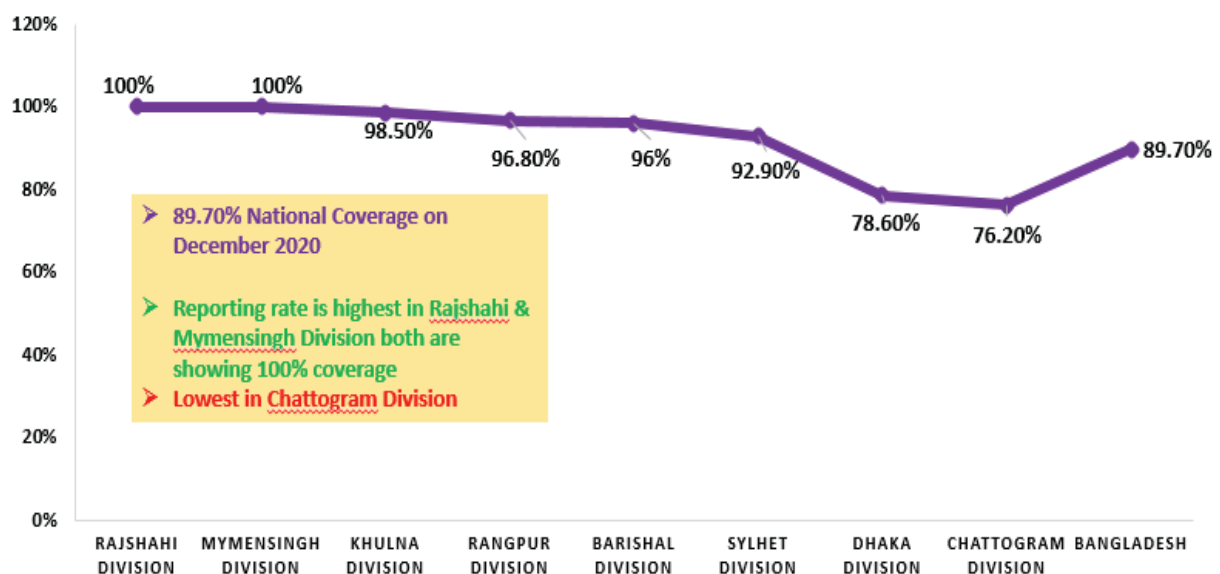
Caregiver counselling has also increased in the past two months from 489,117 to 518,520 children

## SAM REPORTING STATUS NATIONAL & DIVISIONAL

- 89.70% National Coverage on January and December 2020
- Lowest in May (76.2%) 2020 & June (76.4%) 2020
- Average (Jan-Dec 2020) is 84.63%



## REPORTING RATE NATIONAL & DIVISIONAL STATUS- MONTHLY SAM MANAGEMENT STATISTICS ON DECEMBER 2020





## Nutrition DLI (Disbursement Linked Indicator)-13 & 14 in Sylhet and Chattogram Divisions

**Time period:** December, 2020

**Districts and Upazillas monitoring by phone follow up:**

District	Upazila
Sylhet	Fenchuganj, Gowainghat
Sunamganj	Sulla, Jagannathpur
B.Baria	Kosba, Sadar
Hobiganj	Bahubal, Nabiganj
Moulvibazar	Barlekha, Juri
Rangamati	Belai Chhari, Rajasthali
Bandarban	Rowangchhari, Thanchi
Chattogram	Rangunia, Rawzan
Khagrachari	Dighinala, Panchhari
Cox'sBazar	Ukhiya, Sadar
Noakhali	Begumganj, Hatia
Feni	Chagalnaiya, Sadar
Lakshmipur	Komalnagar, Sadar
Cumilla	Meghna, Laksham
Chadpur	Haim Char, Kachua

✚ Number of Civil Surgeons covered: 15

✚ Number of UH&FPOs covered: 45

✚ Number of CHCPs covered: 429

### Key Findings

- Upazila level managers are working towards increasing the coverage rate by ensuring necessary technical guidance to low performing CHCPs through assigned CHCP coordinator in each union.
- District and upazila level managers are giving emphasis on service quality by regular monitoring, supervision and discussion in the monthly coordination meetings.
- Anthropometric measurements were being taken for all registered under five children.
- IFA and calcium supplements were being provided and weight was being measured of all registered pregnant women.
- Nutrition counselling was being provided to all registered pregnant women and all registered under five children but not for recommended time (5 minutes long- as per checklist).
- Low performing CHCPs are being notified by respective upazila level managers during CHCP monthly coordination meeting to increase the coverage rate and ensure proper reporting in the system.
- The essential points of continuity guidelines are being monitored by district and upazila level managers as well as frontline supervisors during field visits.
- CHCPs are maintaining social distance while providing services at the CC but the beneficiaries are not aware of the importance of social distancing.
- The community members are being encouraged and educated by the MHV, FWA and HA to take necessary measures during pandemic and to seek health care from the nearest CC.
- Lack of functioning laptop found in many upazilas.
- CHCPs are reporting online using their mobile phones.

## Development of IEC Materials for COVID-19

Along with NNS and BNNC, UN agencies and SUN partners provided technical support to develop and disseminate messages on appropriate IYCF practices (breastfeeding and complementary feeding), adult nutrition linked to COVID-19 situation issues using different channels.

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## করোনা ভাইরাস (কোভিড-১৯) প্রতিরোধে পুষ্টিবার্তা



**ডিটামিন "সি"** যেকোনো ভাইরাস প্রতিরোধে কার্যকরী ভূমিকা পালন করে। দৈনিক খাদ্যে অতিরিক্ত পর্যায় পরিমাণে ডিটামিন "সি" সমৃদ্ধ খাবার রাখুন। পেয়ারা, আমলকি, সেলু, জাম্বুয়া, কমলা, মিষ্টি আলু, টমটো, কীমসবজি ইত্যাদি সহ অন্যান্য মৌসুমি ফলমূল এবং শাকসবজি (দিনে কমপক্ষে এক ধরনের ফল ও দুই ধরনের শাকসবজি) খান।



**প্রতিদিন** জিরেক সমৃদ্ধ খাবার : মাছ, মাংস, ডিম, দুধ, বিটি, বাগান, ডাল এবং গম জাতীয় খাবার এবং ম্যাগনেসিয়াম সমৃদ্ধ খাবার: পালংশাক, টক নই ইত্যাদি খান।



রান্নার সময় শাকসবজি বড় টুকরা করে কেটে কম আঁশে ঢেকে রান্না করুন যাতে প্রয়োজনীয় পুষ্টি উপাধান বিদ্যমান থাকে। মাছ, মাংস, ডিম বেশি ঊঁচে সমান দিয়ে রান্না (দুগ্ধি) করুন। মাছ, মাংস ও সবজি কেটে আলাদা পাতে রাখুন। রান্নার সময় ভাতের মাত্র ফেলবেন না। রান্না এবং খাওয়ার আগে ভালো করে সোবান দিয়ে হাত ধুয়ে নিন।



**প্রতিদিন** পর্যায় পরিমাণে (কমপক্ষে ৮-১০ গ্রাম) পানি পান করুন। কুসুম পরম পানি হলে ভালো হয়। প্রতিরাজাত খাবার, বোতাজাত কোমল পানীয়, কৃত্রিম হুস, 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 ঘণ্টা ঘুমারের মাধ্যমে পূর্ণপর্যাপ্ত বিশ্রাম নিন। মাসিক চাপনুক্ত থাকুন। মাসিক চাপ রোগ প্রতিরোধ ক্ষমতা কমিয়ে দেয়। সন্ধ্যা হলে ১৫-২০ মিনিট রোদে থাকুন।



করোনা ভাইরাসের লক্ষণসমূহ দেখা দিলে: অতিদ্রুতর নিকটস্থ সরকারি স্বাস্থ্যকেন্দ্রে যোগাযোগ করুন।

বা ইউনাইটেড (১৯২৫০০, ০০০১) কল করুন।

[illegible]



## NNS with support from WHO has also adopted guidelines for nutritional management of COVID-19 ICU patients and nutritional management in at-risk individual for severe COVID-19



### Development of food basket for emergencies including COVID-19 pandemic

WFP, UNICEF, FAO and WHO provided technical support to Ministry of Disaster Management and Relief (MODMR) to assess and revise the dry food basket for emergencies including COVID-19 pandemic and relief and recommend more nutritious and balanced food packages differentiated for different age and target groups. The UN Network provided linkages to the Ministry of Health and Family Welfare, which provided nutritional/technical expertise on food ration packages in emergency situations. These recommendations have also influenced the Food Security Cluster to revise their food packages for emergencies in a similar way with enhanced nutritional value.

### Development of service continuity guideline

Essential Nutrition Service Continuity Guideline has been prepared for service providers, where WHO and UNICEF were involved with World Bank, Alive and Thrive so that services can be continued for maternal and child nutrition,

adolescent nutrition, growth monitoring and promotion, management for children suffering from severe acute malnutrition in the context of COVID19.

### National Vitamin A-plus Campaign (NVAC+) observation

WHO with all other partners assisted in technical guideline development, where it was enforced to maintain at least 3ft of social/physical distance. Also detailed instructions were provided on how to use masks, gloves and hand sanitizers. All the campaign sites were open from 8am to 4pm every day during the campaign.

WHO also extended its support by proving 74000 surgical masks and 74000 nitrile hand gloves. Also the Surveillance Medical Officers (SIMOs) periodically monitored the campaign.



## CRAAIN program of Concern Worldwide observed National Nutrition Week 2020 in Bagerhat



‘Collective Responsibility, Action and Accountability for Improved Nutrition (CRAAIN)’ is a Nutrition Governance project being implemented under ‘Concern Worldwide led Coastal Consortium with Water Aid Bangladesh, Rupantar and Jagrata Juba Shangha (JJS)’ with the funding of European Union. This program is operational in four Upazilas of Bagerhat district under a memorandum of understanding with National Nutrition Services (NNS), Institute of Public Health Nutrition and Bangladesh National Nutrition Council (BNNC).

Under this project, National Nutrition Week has been observed in collaboration with NNS during 23rd to 29th April 2020. Considering the vulnerabilities of community people due to COVID-19, CRAAIN project has launched



awareness campaign in targeted 25 Unions of 04 Upazillas during the week involving 126 staffs of 63 community clinics in awareness building of 10,570 poor households for risk mitigation of COVID-19 through nutrition counselling, handwashing using soapy water technique recently invented by ICDDR,B; distribution of detergent powder to 10,570 households; distribution of 130 wall framed posters in different institutions and departments like UNO office, CC, UP, UHC, UH&FWC, pharmacies, Police station etc.; regular follow up of 3,711 beneficiaries through phone call, dissemination of awareness messages through pot song using local cable network and YouTube channel, leading Daily Purbanchal. The project activities have been broadcasted in leading TV channel Somoy TV.

## CRAAIN program of Concern Worldwide is piloting Multipurpose Volunteer Concept of Government under Community Based Health Care OP

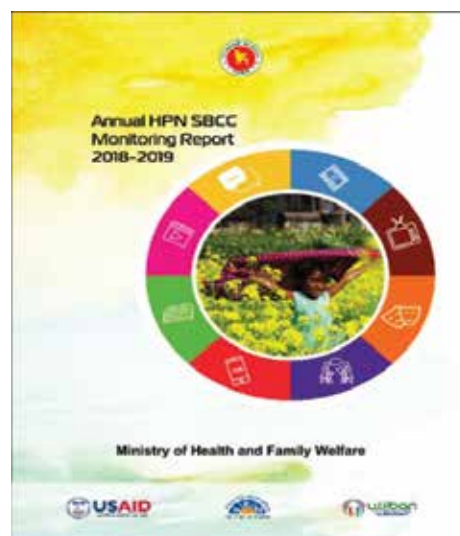


One of the major activities of CRAAIN is to pilot Government concept of ‘Multipurpose Volunteer’ to assist operationalization of ‘Community Based Health Care’ OP. CRAAIN project has taken initiative to recruit and orient 25 multipurpose volunteer in targeted 25 Unions of 04 Upazillas of Bagerhat district following Government guideline.

Eleven member’s recruitment committees chaired by UHFPO were formed through the Civil Surgeon, Bagerhat consisting of UFPO, Upazilla Chairman, UNO, UAO, ULO, UFO, UWAO, UFPO, HI, CHCP, and CRAAIN project representatives in each of the 04 Upazillas. UHPOs of the respective Upazillas were the chairperson while CRAAIN project representatives were the member secretary for the recruitment panel. Following recruitment, volunteers were oriented in a daylong orientation session organized by project where representatives from health, agriculture, livestock and fisheries were present as resource person.

## Annual HPN SBCC Monitoring Report 2018-2019

The Annual HPN SBCC Monitoring Report 2018-2019 is published by Ministry of Health & Family Welfare (MoHFW) with technical support of USAID Ujjiban SBCC project. This SBCC Monitoring Report 2018-2019 is the second of its kind developed in Bangladesh and is compiled with SBCC activities during fiscal year 2018-2019 conducted in line with the Programme Implementation Plan (PIP) for the 4<sup>th</sup> HPNSP which proposes to establish effective SBCC through comprehensive approaches followed by the Comprehensive SBCC Strategy. This report is prepared following a participatory process, involving the relevant key stakeholders of HPN sectors; reviewed and finalized by the HPN-SBCC steering committee members of MoHFW.



### Purpose of formulating this report is to:

- assess the current status of the SBCC activities in the HPN sector implemented by the GoB, Development Partners and NGO sector and identify the duplication and gaps;
- assess the extent of SBCC activities implemented in HPN sector in line with the 'Comprehensive SBCC Strategy';
- replicate successful program and best practices in the HPN SBCC program design and implementation by the planner and program manager both for GoB and NGOs.



The report is compiled based on an inventory of Health, Population & Nutrition (HPN) Social and Behavior Change Communication (SBCC) activity matrix of 40 different government and non-government organizations for the period of July 2018 to June 2019 with identified gaps and recommendations for more effective SBCC interventions.

The report has the information received through the filled-out formats, as per thematic area and activity domains on the number and types of SBCC activities conducted, target audiences,

use of resources, and output and outcome of the activities implemented by the GO-NGO stakeholders working in the HPN field.

This report helps to see SBCC activities outcome on the HPNSP result framework, direct the respective Line Directors to ensure appropriate SBCC activities to include in the work plan and budget and improve intra- and inter- unit coordination for maximize utilization of resources. It will also help to provide guideline for synergistic impact of HPN SBCC involvements avoiding duplication and allocate appropriate resources in implementing future HPN SBCC activities competently.

USAID Ujjiban SBCC project provided technical support to MoHFW for compilation, development and publication of this Annual SBCC Monitoring Report.

## BANGLADESH NUTRITION ACTIVITY

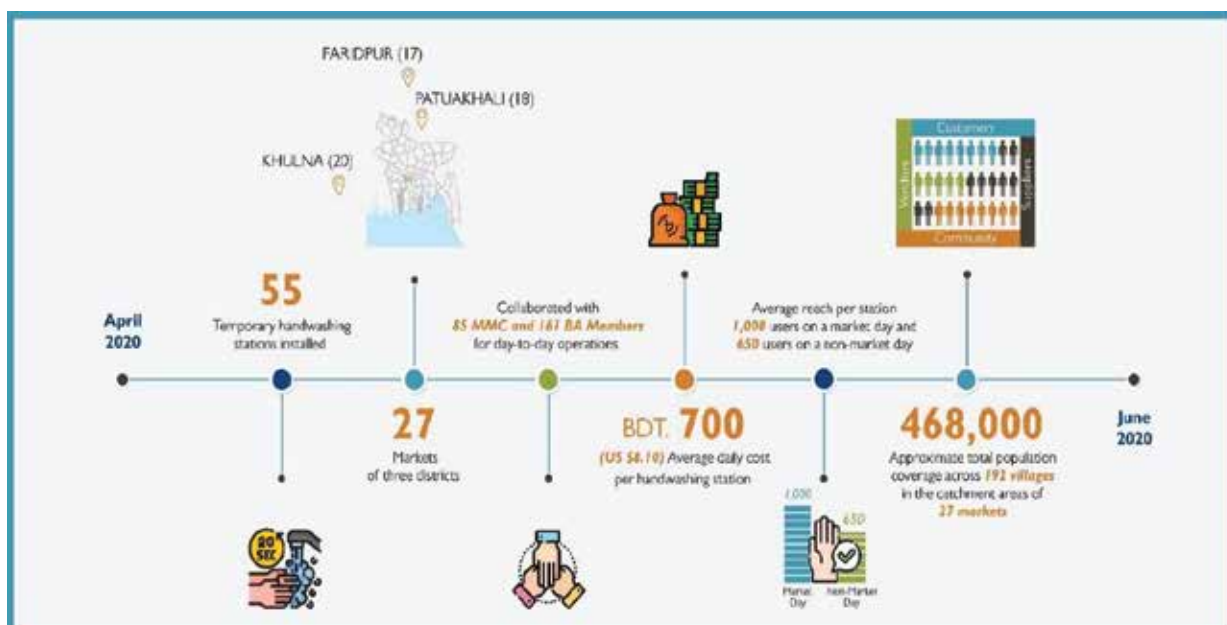
### Handwashing stations fight COVID-19 in rural Bangladesh

*Samiul Ahsan & Leah Quin*

One of the most powerful ways to reduce the spread of COVID-19 is washing both hands properly with soap and water. In early April 2020, soon after the announcement of the COVID-19 pandemic in Bangladesh, the USAID-funded Feed the Future Bangladesh Nutrition Activity installed 55 temporary handwashing stations (HWS) in 27 markets in Faridpur, Khulna and Patuakhali districts. The stations were installed in easily accessible locations and included social distancing markings and posters depicting proper handwashing procedures. They targeted vendors, customers and suppliers amid a total population of 468,000 (per the 2011 national census).



The Activity, implemented by Abt Associates, collaborated with local Market Management Committees (MMCs) and Business Associations (BAs), to pay for and manage the stations. Average daily cost per station is BDT. 700 (US\$8.10), including station rental, soap, water, maintenance, cleaning, drainage, and caretaker wages. Since installation, an average of 1,000 people wash their hands at each station on a market-day and 650 on a non-market day.





## KEYS TO

Vendors ask customers if they have washed hands, and if not, request them to go to the nearest HWS. Stations function as awareness-raising tools for practicing handwashing in the market and at home.

MMCs and BAs handle day-to-day monitoring, maintenance, repairs, and supplies of water and soap, while the Activity pays all costs.

Stations have furthered trusted positive relationships among various MMC/BA,

## CHALLENGES & SOLUTIONS

Staff travel to the markets was restricted until the end of April, so the Activity asked MMC/BA members and vendors to take photos and short video clips of the stations in the interim.

Building trust with vendors to supply and install the stations was initially difficult, as no staff was available in the field, and all discussion occurred over cell phone. Involving MMC/BA members resolved this issue.

Due to the lockdown, all printing presses were shut, delaying printing of handwashing posters until the end of April. The Activity printed flyers via computer to attach to the stations from Day One.

Stations are not connected to the water systems, and not all are located close to a water source (tube well), so filling the water drums is laborious.

Not all stations are connected to their markets' main drainage systems

## NEXT STEPS & RECOMMENDATIONS

**Users have demanded permanent handwashing stations.** The Activity completed four designs of permanent HWS to pilot in August 2020 in Dumuria and Phultala markets, both in Khulna, and will afterward scale them to all 27 working markets.

**Larger markets need more handwashing stations.** Monitoring shows that in Khulna on a market day, more than 3,200 users washed their hands at each station, and almost 2,500 users on a non-market day, increasing the risk of coronavirus.

**Permanent HWS should have water sources and drainage.** They should be placed near the tube well or connected to the running water system and also connected to the main drainage system.

**Sustainable stations need local leadership and private sector**

**sponsorship.** MMC/BA members should be involved in high-level dialogues about how to maintain and operate permanent handwashing stations. Private sector companies can be approached for sponsorship opportunities for maintenance and operations of the

## CONCLUSION

The Activity has raised awareness about proper handwashing practices in the community to replicate in households and other locations. The intervention should be upgraded and scaled up as a key activity for water, sanitation and hygiene even after the COVID-19 threat passes.

## Women entrepreneur's response to COVID19 pandemic in Chittagong Hill Tracts

The European Union funded Leadership to Ensure Adequate Nutrition (LEAN) project facilitates 820 women entrepreneurs through 164 Women's Business Centres (WBCs) in the Chittagong Hill Tracts (CHT). The Women's Business Centres are working to improve CHT rural women's position and economic conditions through access to services, and acceleration of nutrition sensitive business activities and linkage with markets, and developing community awareness on nutrition, health, hygiene and sanitation.

Since March 2020, starting of COVID-19 pandemic in the country, 820 women entrepreneurs of 164 WBCs initiated community awareness on COVID-19. The WBC entrepreneurs started to prepare masks for



their family members, neighbours and poor peoples who do not have financial ability to buy masks from local markets. The women entrepreneurs installed tippy-tap stations at their WBCs and beside roads, disseminated COVID-19 awareness messages, importance of maintaining social distance, and hand washing practices through announcement from their village temples.

Besides, contributing to prevent COVID-19 pandemic, the WBCs are continuing mask making and selling to local community peoples with minimum. The masks production is also enhancing the WBCs' business. Through maintaining safety measures and social

distance, the women entrepreneurs of 164 WBCs are continuing facilitation of community awareness raising sessions on prevention of COVID-19, nutrition, health, hygiene and sanitation practices, etc. The WBC entrepreneurs facilitate special sessions on nutrition with pregnant and lactating mothers, and also conduct session with local farmers on growing of nutritious agricultural products.

In conclusion, through LEAN project supports and facilitation, the women entrepreneurs of 164 WBC came up with their initiative in developing healthy environment for women, girls and children in their villages.





## Nutrition and Homesteading: Adapting and safeguarding the vulnerable through promoting Climate Smart Agriculture Methods



In late 2019, European Union funded SONGO Project contracted Ex-Director General of DAE - Hamidur Rahman and Dr Nazmul Huda of Kranti Associates, to promote and support Gaibandha and Kurigram's Climate Smart Agriculture methods, and Good Agricultural Practices. With the assistance and support from the leadership of the DAE, DLS and DoF, the Project successfully with support of the two esteemed experts conducted Training of Trainers for Gaibandha and Kurigram's District and Upazila Officers.

Local food systems and their strengthening is a very important *nutrition sensitive* component. A need for this type of adaptive training is clear in SONGO's working context, along the embankment of the Brahmaputra, where commonly natural disasters such as flooding strikes, making challenges for farmers, local food systems, fishery activities and animal husbandry. The 3 days training delivered principles of good agricultural practices, weather and climate, animal housing and feeding management, health of livestock, and organic methods of farming fish. Upazila Officers were supported by SONGO across the year to deliver these trainings for their own Upazila agricultural extension, livestock and fisheries frontline staff to spread awareness for promoting CSA and GAPs.

Adapting is the best chance to support livelihoods, especially in agriculture and basic homesteading. One of the many technologies that can protect during floods is 'Bagging': In July, devastating flooding affected huge areas along the Brahmaputra embankment, including many of SONGO's unions. However, it was clearer that households who adopted the bagging method for crops and saplings, in high flood-risk areas, had the most success at withstanding disaster.

Zainab Begum, one homestead producer group member in Fulchhari Union under the Gaibandha District's Fulchhari Upazila, was overjoyed to see her bagged vegetables and saplings growing and thriving, despite much of the surrounding area becoming submerged.

*"I could never have imagined that vegetables could be grown in this way in old broken things. Every year when the flood comes, the vegetable plants that I take care of are destroyed in the flood water. Then I have a lot of trouble. It's been 10 days now that the floodwaters have risen and submerged everywhere, but my vegetable plants have not died. I have benefited a lot from the training of the SONGO project. If the vegetable plants cannot be planted in this way, they will not be protected from flood waters."*

Fatema Kawser Upazila Agriculture Officer stated *"This training given by the SONGO project has benefited the people of Fulchhari Union a lot. These methods are very simple which has encouraged everyone to grow vegetables at home. The entire Fulchhari Union has been submerged. People are living with great difficulty, but those using this one method have many of their vegetables still alive. The surviving Bagging vegetable trees has brought happiness."*

Across April-June 2020, a total of 19055 members of the poorest households have been supported by EU Funded SONGO with vegetable cultivation training to grow nutritious foods to complement their existing diets. Each has received seeds and sapling support from the project with handovers led by Upazila and District Agriculture Officers and inaugurated by respective Upazila Nirbhai Officers. SONGO project, and its partners ICCO Cooperation and RDRS Bangladesh aims to extend its support to many more households as we move into another year.



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## Photo Gallery



**Inauguration of school-based adolescent nutrition activities guideline and online training**



**Refresher Training on Inpatient Management for Govt. Doctors & Nurses on December 2020**



**NIS Meeting on November 2020**



**Formation of Technical Adversary Group on Adolescent Nutrition**



**Dr. S M Mustafizur Rahman, Line Director, NNS Visiting Community Clinic at Kutupalong, Ukhiya**



**Vitamin 'A' Plus October 2020 Covering Hard to Reach Area**



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ভিটামিন 'এ' যুক্ত তেল  
এই চিহ্ন দেখে কিনুন



৬ - ১১ মাস বয়সী শিশুকে 'নীল রঙের'  
১টি ভিটামিন 'এ' ক্যাপসুল খাওয়ান।

ভিটামিন 'এ' দেহের স্বাভাবিক  
বৃদ্ধিতে সহায়তা করে,  
রোগ প্রতিরোধ ক্ষমতা বাড়ায়  
এবং শিশু মৃত্যুর ঝুঁকি কমায়।

ভিটামিন 'এ' শিশুর রাতকানা  
রোগ প্রতিরোধ করে।

১২-৫৯ মাস বয়সী শিশুকে 'লাল রঙের'  
১টি ভিটামিন 'এ' ক্যাপসুল খাওয়ান।

জন্মের পর প্রথম ৬ মাস (১৮০ দিন)  
শিশুকে শুধুমাত্র মায়ের দুধ খাওয়ান।

শিশুর বয়স ৬ মাস পূর্ণ হলে  
মায়ের দুধের পাশাপাশি পরিমাণ মত  
ঘরে তৈরি সুস্বাদু খাবার খাওয়ান।

সুস্থ থাকলে প্রতিদিন রান্নায়  
ভিটামিন 'এ' যুক্ত তেল  
ব্যবহার করুন।

জন্মের পরপরই  
নবজাতককে শালদুধ খাওয়ান।



জাতীয় পুষ্টিসেবা, জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান  
স্বাস্থ্য অধিদপ্তর, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

