



NNS Newsletter

A Bulletin of National Nutrition Services

Issue-22

April - June 2021



মুজিববর্ষে স্বাস্থ্য খাত এগিয়ে যাবে অনেক ধাপ



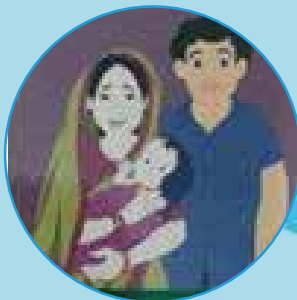
আমরা ঘরে তৈরি সুস্বাদু
খাবার খাই, তাইতো
সুস্থ আছি



আমরা প্রতিদিন স্কুলে
যাই এবং মনোযোগ
দিয়ে পড়াশুনা করি



আমরা সঠিক সময়ে সন্তান
নিয়েছি এবং সন্তানের পুষ্টি
ও স্বাস্থ্য সম্পর্কে সচেতন



আমরা কর্মক্ষেত্র ও পরিবার
দুই জায়গাতেই সফল



স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

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

Dr. S M Mustafizur Rahman
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Institute of Public Health Nutrition (IPHN)
Directorate General of Health Services (DGHS)
Ministry of Health and Family Welfare

I am very much glad to announce the publication of the 22nd issue of the National Nutrition Services (NNS) newsletter. In this newsletter we provide some information about NNS's current programs, services, interventions to understand the actual nutritional status of nutrition across the country. Policy makers, stakeholders, partners can be helpful in formulating effective plans for nutrition services in Bangladesh.

National Nutrition Services (NNS) one of the operational plans of the HPNSP, which plays a significant role to mainstreaming and scaling-up the implementation of nutrition intervention into the health (DGHS) and (DGFP) services.

This newsletter presents all the activities and information done by NNS on April-June 2021. The National Vitamin A + Campaign event was held in June (5-17). Real time monitoring and reporting of this campaign was done through mobile apps. Activities on DLIs & DLRs refresher training, Multisectoral meeting on National level and sixteen (16) Upazila, Maternal and Child Nutrition, Urban Nutrition are also covered in this issue.

I would like to thank all the staffs of NNS and NIPU for their numerous support and contribution for this newsletter. I also appreciate contribution and involvement of other stakeholders and development partners for continuously support NNS.

I express my heartfelt thanks to UNICEF for their continuous support to published this newsletter.

It should be noted that this edition covers events, programs and services that took place between April-June 2021. Hoping for the next issue in time with resourceful contents.

Dr. S M Mustafizur Rahman
Line Director
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Institute of Public Health Nutrition (IPHN)
Directorate General of Health Services (DGHS)

National Vitamin 'A' Plus Campaign (NVAC+) Held in 05 - 19 and Child to Child Coverage (CtC) in 20-23 June 2021



Out of 2,19,87,133 (6-59 months) children, total 2,11,66,776 (96.3%) received Vitamin 'A' Capsule (including child to child searching coverage). The coverage is little bit lower from earlier round (96.7%) but considering the COVID-19 pandemic the campaign was successful and because of the longer duration [two weeks from 5-19 and 20-23 (subsequent 4 days for CtC) of June 2021] of the campaign the caregivers have more opportunity to come to the facility for Vitamin 'A' Supplement.

No significant differences (coverage percentage mostly lies between 91% - 96%) were observed among division's coverage except Khulna (87%) and Barishal (88%).

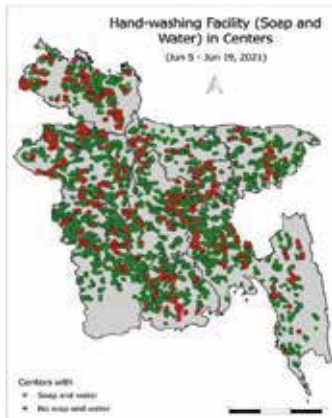
Most of the districts coverage ranges between 85-95% (except a few districts e.g. Bandarban 73%, Meherpur 74% etc.) for 6-59 months aged children. Three City Corporation's coverage were belongs 71%-73% (Sylhet 71%,

Rajshahi 71% & Cumilla 73%) for 6-59 months aged children where rest coverage ranges between 80-98% in case of 6-59 months. Among the Hard to Reach (HTR) districts (243 unions), 37,103 (6-59 months) unreached children received Vitamin - A capsule.

Over 2% unreached children of the 243 unions were covered through CtC (% based on the respective 47 HTR sub-district's target). The campaign was run at all EPI centers and permanent healthcare centers in addition to their regular activities. Besides, the capsules were given at community clinics and other public healthcare centers across the country. All immunization centers ensured health guidelines, including sanitation and maintaining social distance for the visiting children and their guardians. Workers involved in the campaign were given surgical masks and they had to follow all hygiene rules to stay safe from coronavirus.

Area	Target	Coverage	Percentage%
National	21987133	21166776	96.3
City Corporation	2340067	2208179	94.4
Rural	19647065	18958597	96.5
Child to Child coverage (CtC)	1884144	37103	2.0
243 HTR Unions	6 - 11 months	12 - 59 months	6-59 months
Target	203478	1680666	1884144
CtC Coverage	4861	32242	37103
Percent (%)	2.4%	1.9%	2.0%

Real-Time External Monitoring Findings (For total 13 days):

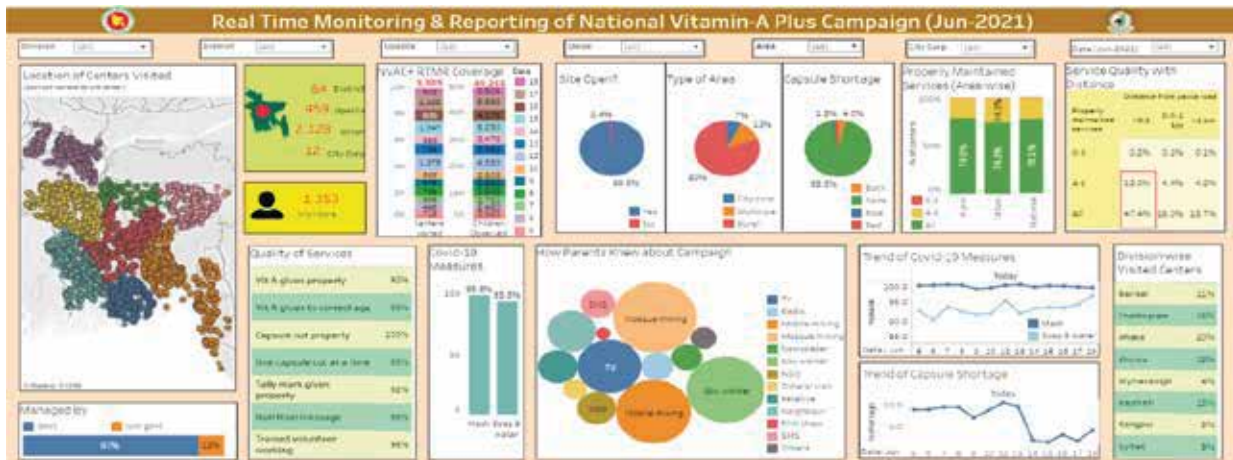


21.1 Million children reached with Vitamin- ‘A’ supplementation in Bangladesh and findings of Real-Time Monitoring and Reporting of National Vitamin A+ Campaign -05-19 June 2021.

Under the dynamic leadership of our respected 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+) report. National Vitamin ‘A’ Plus Campaign (NVAC+) held in 05 - 19 and CtC in 20-23 June 2021. The campaign targets **23 million** children aged 6 months to 59 months across the country through **120,000 distribution centers** (EPI fixed outreach centers including govt health facilities. (Community Clinics, UHCs, FWCs, etc.) and NGO Facilities (Urban dispensary, NGO facilities, etc.)

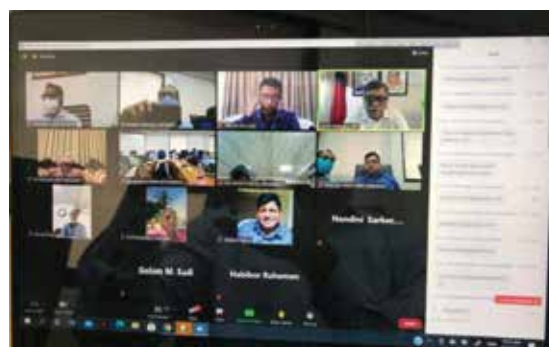
The key findings of external monitoring and daily performance are presented below.

- 8 Divisions, 64 Districts, and 12 City Corporations have been covered with monitoring.
- 93% or 459 out of 492 Upazilas/ Sub-districts and 47% or 2,120 out of 4,553 Unions were visited by monitors (GoB officials, NGO monitors).
- 49,255 children receiving Vitamin-A capsules were observed in 9,889 distribution centers
- 99.6% of the centers found open where around 15% of centers are managed by partners
- No facility was reported with supply stock out. 6.5% of distribution centers were found with a shortage of capsules.
- Four main sources of the information were Gov. Workers' visits, mosque and mobile miking, and television.
- 99% of centers had health workers wearing face masks and 94% of the centers have soap and water.



<https://public.tableau.com/app/profile/national.nutrition.service/viz/NVACJun-2021/Dashboard1>

National Nutrition Week 2021



Bangladesh government observed the ‘National Nutrition Week’ from April 23 to April 29 every year throughout the country for releasing mass media campaign on nutrition and disseminating nutrition related messages. The theme was “খাদ্যের কথা ভাবলে পুষ্টির কথা ভাবুন।” The National Nutrition Week supervised by Health Service Division, Ministry of Health and Family Welfare (MoHFW). This awareness program is successfully implemented by IPHN and BNNC, which is closely monitored by DGHS and DGFP.

NNS and other development partners had also a great contribution to this huge campaign. Honorable Health and Family Welfare (MoHFW) Minister Zahid Maleque, MP inaugurated the event on April 22 at a virtual meeting. The main goal of National Nutrition Week 2021 is to increase public awareness about nutrition, to which various action has been taken to celebrate the campaign including recommended food baskets distribution, promotion of nutrition services, health checkup in every community clinic, UHC, district, divisional level. Additionally, nutrition-related messages have been shared through mass media, various forums, district, divisional level meeting, mosque and other religious worship places.



Pic: Activities of National Nutrition Week



Pic: Activities of National Nutrition Week

National Event on "ভালো খাবো ভালো থাকবো" Campaign



Picture: National Event "ভালো খাবো ভালো থাকবো"

National Event "ভালো খাবো ভালো থাকবো" was held on 8 June 2021. It is a joint venture between the National Nutrition Services (NNS) and the Global Alliance for Improved Nutrition (GAIN). "ভালো খাবো ভালো থাকবো" is a campaign of the adolescents, led by the adolescents and for the adolescents. It is intended to not only empower adolescents in expressing their ambitions, but also to help them understand the necessity of consuming nutritious and safe foods in order to develop eating habits that will help them prepare for a better future. It's a social media campaign with a multi-pronged strategy. Creating the desire for adolescents to want to eat healthier diets (demand), and then working with food companies to guarantee that the supply side is prepared to meet this new demand over time (supply). It is a national initiative aimed to improve the lives of adolescents (both girls and boys) by strengthening their energy, with a special emphasis on the eating of nutritious and safe food.

Our future leaders, the adolescents, are more conscious nowadays and taking the lead in raising awareness about the need of eating healthy and nutritious food. The widespread use of digital media, increased access to information, and lessons learned from COVID19 highlight the need of eating healthy foods, particularly throughout adolescence, for a stronger immune system. Last year, one million adolescents pledged to eat healthier and expressed a need for healthier snacks. The workshop was organized by National Nutrition Services (NNS) at the Lakeshore Hotel in the capital with the slogan "ভালো খাবো ভালো থাকবো" Presentation by Dr. Nandalal Sutradhar, Deputy Program Manager And Line director Dr. SM Mustafizur Rahman presided over the function as a chief guest and eminent writer Anisul Haque, actress Jaya Ahsan was present as special guest in the workshop.

Brief Report on virtual eToolkit training for field workers organized NNS, DGHS

“Digital resources will make a difference regarding quality counselling of the clients in HPN” Sector – LD, NNS, DGHS.



Virtual eToolkit training for field workers (HA, AHI, HI and CHCP) of Sunamgonj Sadar, Biswambharpur Upazila of Sunamgonj District and Ukhia Upazila of Cox's Bazar held through April 29, 2021 to May 11, 2021 in seven batches. This training was organized from the operational plan budget of NNS under 4th Health, Population and Nutrition Sector Programme (2017 – 2022) with the technical support from USAID-Ujjiban project.

A total of 126 field workers were present in total 6 batches. Batchwise training was inaugurated by Dr. S. M Mustafizur Rahman, Line Director, NNS, DGHS and Dr. Fatema Akter, Program Manager, NNS, DGHS from Central level and Civil Surgeon from respective districts.

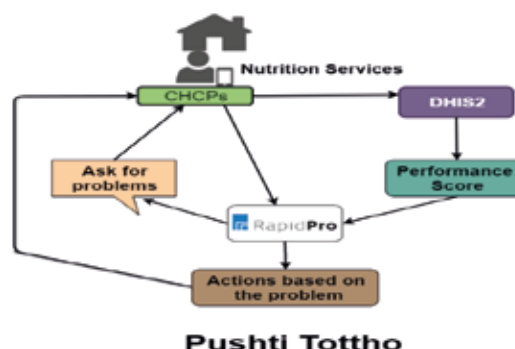


In the inauguration session both the guest from central and district level reiterated that this virtual training is very essential when country is stepping to digitalization.

The whole training program was divided into: session objective of the training, Introduction to digital resources pre and post, installation of eToolkit and eLearning course step by step and practice session to run eToolkit and eLearning course. As this is a very technical training hence a pre-training orientation session was organized just day before the actual training to acquire technical know-how for smooth running of the training by using comfortably the Zoom Platform.

Success Story of NIPU, NIS, NNS

Mitigation of Supply Shortage of Weight Scale at Community Clinics of DLI Districts by using Pushti Tottho (PT)



Since July 2019 SMS with Disbursement Linked Result (DLR) scores were sent to the Community Health Care Providers (CHCPs) regularly by using Pushti Tottho (PT) to all the CHCPs of 15 DLI implemented districts of Chattogram and Sylhet Divisions. Before sending SMS a letter and a guideline were sent from National Nutrition Services (NNS) to all the civil surgeons of respective upazilas on 27th August 2019. On 9th September 2019, DLR scores were sent to 3073 CHCPs of all these districts. Till 15th September 2019, responses were recorded on Rapidpro and it showed that total 2025 CHCPs were responded back which is 66% (in average) of the total number of CHCPs.

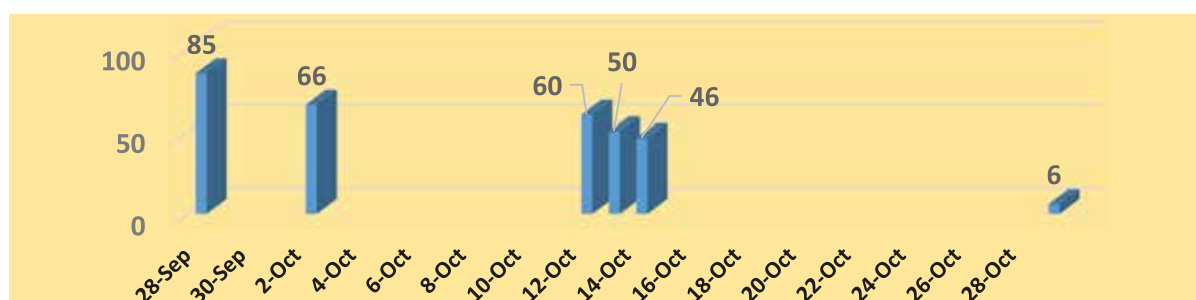
As the CHCPs were sharing regarding the supply shortage of weighing scale and IFA through SMS, therefore, **Line Director of National Nutrition Services (NNS)**, IPHN had given his decision to address this issue. At first, a plan was developed to identify the Community Clinics (CCs) which had supply shortage (Lack of weighing scale and IFA) from the SMS response of the CHCPs. A draft list of 110 community clinics for supply shortage had been made based on the SMS response of the CHCPs on 25th September 2019. Then a final list 85 community clinics had been created after doing the phone follow up with the CHCPs.

Division	District	Received SMS	Responded for supply shortage of weighing scale
Chattogram	Bandarban	82	3
	Brahmanbaria	221	5
	Chandpur	192	9
	Chattogram	192	15
	Cumilla	453	8
	Cox's Bazar	171	5
	Feni	138	2
	Khagrachari	99	3
	Laksmipur	168	1
	Noakhali	240	21
	Rangamati	81	2
Sylhet	Sylhet	242	3
	Moulovibazar	166	3
	Habiganj	172	3
	Sunamganj	186	2
		2803	85

Table: CHCPs who sent SMS on supply shortage of weighing scale and only 1 CHCP from Noakhali reported about IFA shortage. * NIPU-Nutrition Information & Planning Unit, NIS-Nutrition Information System, NNS-National Nutrition Services.

In order to resolve the supply shortage, NIPU team began searching for supply stocks in different level. On 26th September 2019, Central Medical Stores Depot (CMSD) in Dhaka was visited by one of the NIPU team member to ensure how many weight scales are available there. On 2nd October 2019, upazila stores also have been checked by doing phone follow up. As there was not enough weighing scale available in the stores, it was decided direct cash transfer through government process to upazilas so that UHFPOs of respective upazilas can buy weight scale to resolve the supply gap. The fund for 60 weighing scale scales was sent to upazilas to mitigate the supply of 60 community clinics on 9th October 2019. Besides, the DNCs of Feni and Chandpur have also mitigated (2+4) 6 weight machines by their own initiatives from the local sources. Remaining 19 CCs problems had been sorted out from their upazila stores.

The gradual trend of resolving of supply shortage of weight scale by Pushti Tottho



Finally, the weighing scale supply shortage came down to 7%, that means 79 out of 85 community clinics received the weighing scale in this process.

Effects of COVID-19 on Maternal and Child Nutrition Services enrolment and utilization: Reflections from Chattogram and Sylhet Divisions

Highlights

- The advent of the COVID-19 pandemic has significantly impacted the enrolment and utilization of essential maternal and child nutrition services.
- The first wave of the pandemic (between March and July 2020) saw the reduction of enrolment of eligible pregnant women for maternal nutrition services by up to 56.2 percent. At the same time, the utilization of these services was reduced by up to 50 percent.
- While no discernible effect was observed during the second wave between October and December 2020, the third wave (beginning in February 2021) again reduced the enrolment of and service utilization by eligible pregnant women by up to 30.4 and 18.4 percent, respectively.
- Comparably for nutrition services for eligible children (0-23 months), the first wave reduced the enrolment rates by up to 59.2 percent while the utilization of services by up to 48.1 percent.
- Comparable to maternal nutrition services, the second wave saw negligible effects on child nutrition services while the third reduced enrolment by 25.1 percent. No effects, however, were detected for the utilization of services in either of the waves.
- Overall, the effects of the COVID-19 pandemic on maternal and child nutrition services were more deleterious for Sylhet than for Chattogram.

Impact of COVID-19 pandemic on Maternal Nutrition Services

Figures 1 to 3 show the monthly status of maternal nutrition service enrolment and utilization of services. Figure 1 shows the absolute number of pregnant women who registered for the services followed by those among the registered who received all three maternal nutrition services. The timeline represented in the figures are reflective of pre-COVID-19 pandemic (Nov 2019 through February 2020). The first case of COVID-19 detected in Bangladesh was in March 2020. Figure 2 shows the percentage change in enrolment during the COVID-19 pandemic compared to prior.¹ Figure 3 shows the percentage change in utilization of services of maternal nutrition services (calculated in the same way as Figure 2).

At the onset of the COVID-19 pandemic in March 2020, the Government of Bangladesh (GoB) imposed a strict lockdown until July 2020. The enrolment and utilization of services data reflects the result of the lockdown and the fear of availing health services at a facility. Between April 2020 to July 2020, the enrolment of pregnant mothers reduced between 46.9 percent and 56.2 percent. This began to revert to pre-pandemic levels thereafter. Similarly, for utilization of services rates, the coverage reduced between 39.2 percent and 50 percent over the same duration.

While the second wave (between October 2020 to December 2020) did not lead to significant changes, the advent of the third wave beginning in February 2021 led to a steeper decline. Enrolment reduced by 21.3 percent in February 2021 and continued to drop until May 2021. Comparable trends are observed for utilization of services as well where the rates reduced by 9.2 percent compared to pre-COVID-19 pandemic levels and continued to drop to 18.4 percent till May 2021.

Figure 1: Enrolment and service delivery for pregnant women in Chattogram and Sylhet divisions (absolute numbers)

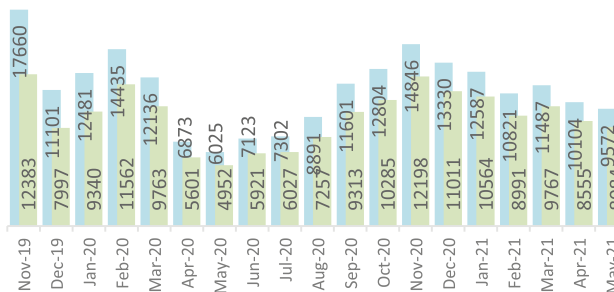


Figure 2: Change in enrolment compared to pre-pandemic levels for pregnant women in Chattogram and Sylhet divisions

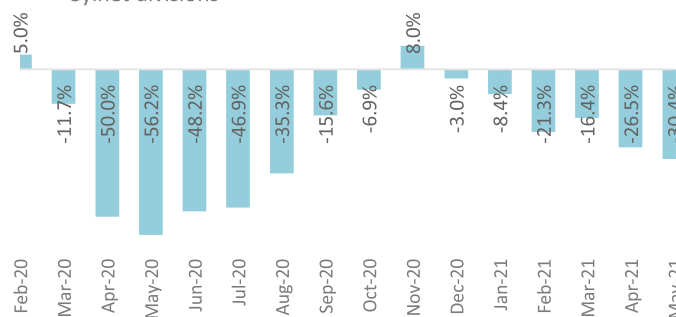
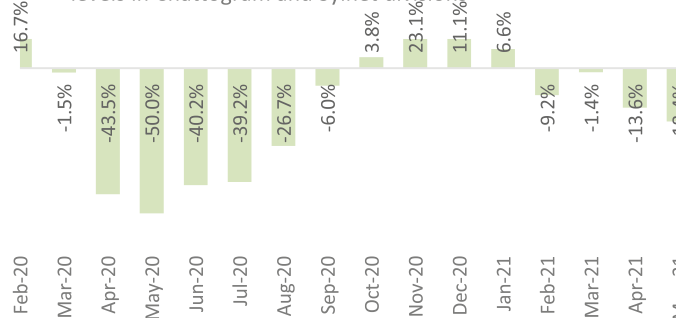


Figure 3: Change in number of pregnant women who received all three services compared to pre-pandemic levels in Chattogram and Sylhet divisions



¹ The estimates in Figures 2 and 3 show the changes brought on by the COVID-19 pandemic on service delivery and utilization of maternal and child nutrition services. The changes are calculated as the percentage change between "normal" pre-pandemic levels (represented by a mean of figures from November 2019 through January 2020) versus the current month.

The note also assesses the difference in enrolment and utilization of services across Sylhet and Chattogram divisions (see Annex A). Overall, on both, the effects of the COVID-19 pandemic are stronger in Sylhet than in Chattogram. For instance, at its lowest point in May 2020, enrolment reduced by 54 percent in Chattogram compared to 61 percent in Sylhet. Comparably, utilization of services reduced by 40.3 percent in Chattogram in comparison to 56.3 percent in Sylhet.

Impact of COVID-19 Child Nutrition Services

Figures 4 to 6 show the monthly status of child nutrition services enrolment and utilization of services. Figure 4 shows the absolute number of children who registered for the services followed by those among the registered who received the age-appropriate services. As with maternal nutrition services, the timeline represented in the figures are reflective of pre-COVID-19 pandemic (Nov 2019 through February 2020). Figure 5 shows the percentage change in enrolment during the COVID-19 pandemic compared to prior. Figure 6 shows the percentage change in utilization of services of child nutrition services.

Like maternal nutrition services, the enrolment and utilization of services data in this case also reflects the implications of strict lockdown from March 2020 to July 2020 including the fear of not availing services at the health facility. Between April 2020 to July 2020, the enrolment reduced between 50 percent and 59.2 percent. Similarly, for utilization of services rates, it reduced between 37 percent and 44.4 percent over the same period. The figures for both enrolment and utilization of services began to revert to pre-pandemic level thereafter.

The second wave (between October 2020 to December 2020) did not lead to significant changes in enrolment and utilization of services. During the third wave beginning in February 2021, although no significant changes are observed in utilization of services, from April 2021 a steeper decline is observed in enrolment. Enrolment reduced by 15 percent in April 2021 and 25 percent in May 2021.

The current understanding is that children are less vulnerable COVID-19 and caregivers typically place greater importance on the children's wellbeing than their own. As a result,

Figure 4: Enrolment and service delivery for children in Chattogram and Sylhet divisions (absolute numbers)

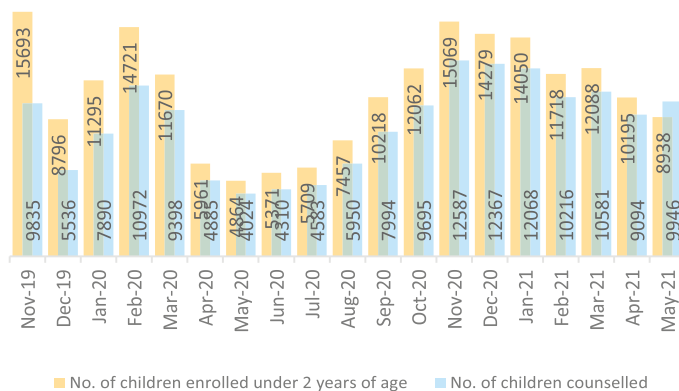


Figure 5: Change in enrolment compared to pre-pandemic levels for children in Chattogram and Sylhet divisions

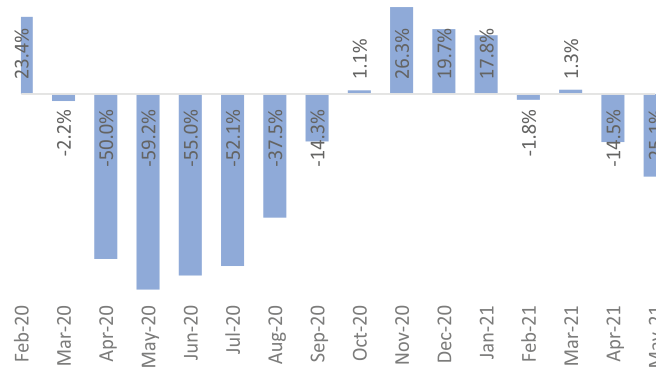
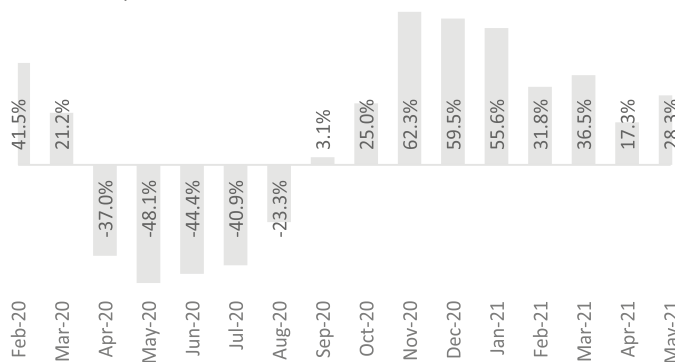


Figure 6: Change in number of caregiver who received counselling compared to pre-pandemic levels in Chattogram and Sylhet divisions



service utilization was comparably less affected for child nutrition services than for maternal services.

Like maternal nutrition services, the effects of the COVID-19 pandemic was more pronounced in Sylhet division aspects of enrolment and utilization of services. The corresponding figures for enrolment and utilization of services, at the peak of the lockdown in May 2020, in Chattogram were 58 percent and 45 percent, respectively compared to 63.1 percent and 55 percent in Sylhet

Success Story: USAID Ujjiban Social and Behavior Change Communication Project

The USAID-funded Ujjiban project has provided field workers such as Rupna with interpersonal communication training and social and behaviour change communication materials so that they can conduct counselling and courtyard sessions with it. Since receiving the materials and the training Rupna has conducted regular counselling sessions and also organized several video shows with these materials in the Gazir Dail village.



Family welfare assistant, Rupna Das, following up with Tumpa about her and her daughter's health
Photo credit: Jamila Siddika/ USAID Ujjiban SBCC Project

Azizun Nahar Tumpa (22), wife of a shopkeeper named Mohammad Sohel (27), lives in the Gazir Dail village in Kurushkul union, Cox's Bazar Sadar upazila, Chattogram. Tumpa has been married for nearly two years lives in a joint family with her in-laws.

Tumpa's sister-in-law got pregnant just after her marriage and Rupna Das (52), a family welfare assistant at the Gazir Dail Community Clinic started visiting her (sister-in-law) and shared different information related to pregnancy and child care including early and exclusive breast feeding.

Subsequently, after one year when Tumpa found out that she was pregnant, she joined the counselling sessions with her sister-in-law and also went to the community clinic regularly. Rupna walked her through the do's and don'ts of newborn feeding, and about exclusive breastfeeding and positioning using the audio-visual materials – like drama clips, public services announcements and other materials from e-toolkit developed and provided by the USAID-funded Ujjiban project.

Two months ago, Tumpa had a healthy baby girl. "I am breastfeeding my daughter regularly and if I have any questions or need any help, I reach out to Rupna apa for guidance. My family members insist that I should eat more so that both my daughter and I get adequate nutrition," said Tumpa. Tumpa is not only practicing the guidance provided to her by Rupna, but is also sharing her learnings with the pregnant women and new mothers in her community. Recently, she spoke with one of her pregnant neighbors about exclusive breastfeeding and has promised to help her with breastfeeding positioning and latching when her baby is born. Tumpa has also encouraged her neighbors to join the sessions that Rupna and her colleagues conduct.

Nutrition management for critically and acutely unwell hospitalised patients with coronavirus disease 2019 (COVID-19) in Australia and New Zealand

Coronavirus disease 2019 (COVID-19) results from severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The clinical features and subsequent medical treatment, combined with the impact of a global pandemic, require specific nutritional therapy in hospitalised adults. This document aims to provide Australian and New Zealand clinicians with guidance on managing critically and acutely unwell adult patients hospitalised with COVID-19.

These recommendations were developed using expert consensus, incorporating the documented clinical signs and metabolic processes associated with COVID-19, the literature from other respiratory illnesses, in particular acute respiratory distress syndrome, and published guidelines for medical management of COVID-19 and general nutrition and intensive care.

Patients hospitalised with COVID-19 are likely to have preexisting comorbidities, and the ensuing inflammatory response may result in increased metabolic demands, protein catabolism, and poor glycaemic control. Common medical interventions, including deep sedation, early mechanical ventilation, fluid restriction, and management in the prone position, may exacerbate gastrointestinal dysfunction and affect nutritional intake.

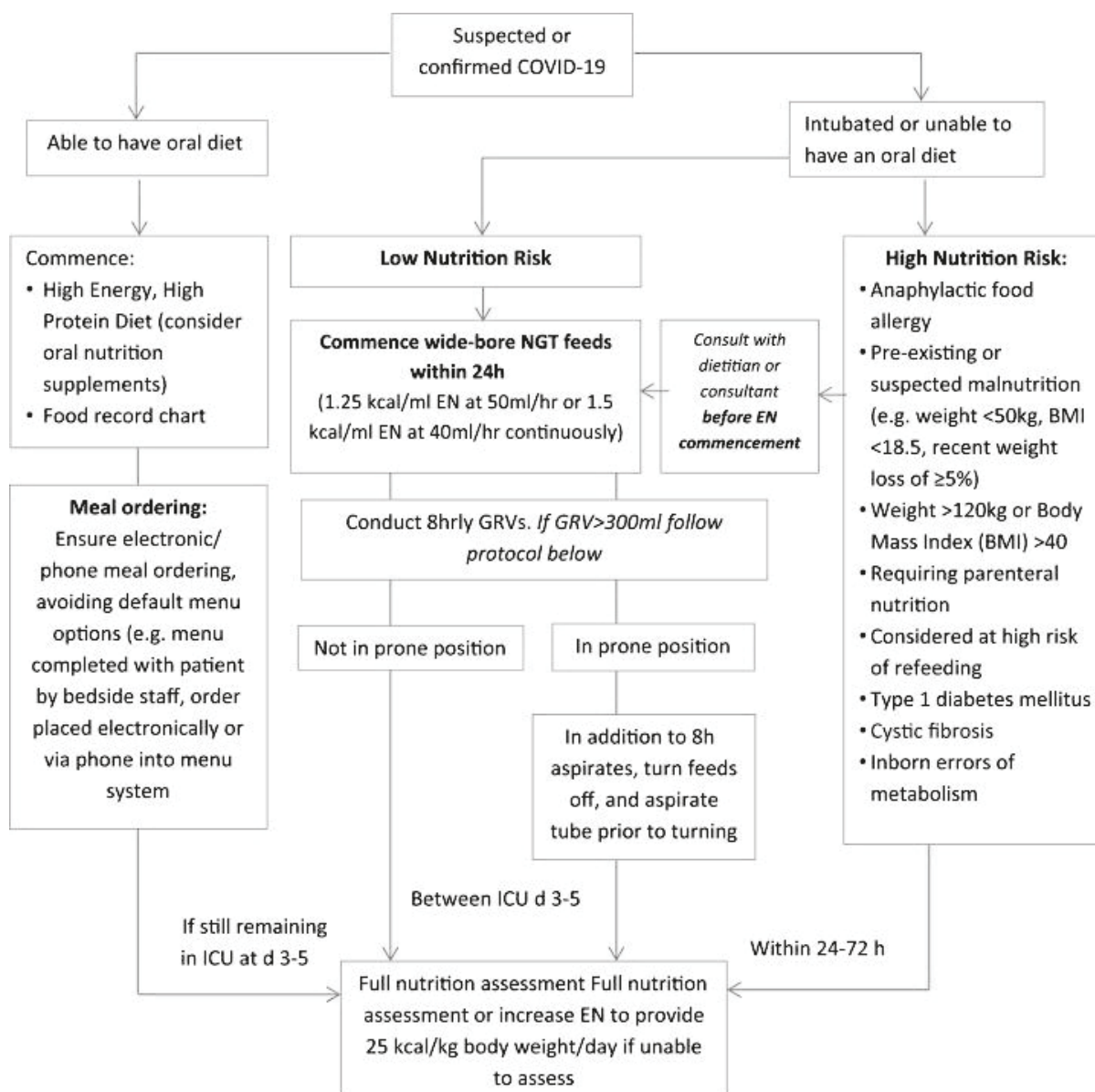
Nutrition care should be tailored to pandemic capacity, with early gastric feeding commenced using an algorithm to provide nutrition for the first 5e7 days in lower-nutritional-risk patients and individualised care for high-nutritional-risk patients where capacity allows.

Indirect calorimetry should be avoided owing to potential aerosole exposure and therefore infection risk to healthcare providers. Use of a volume-controlled, higher-protein enteral formula and gastric residual volume monitoring should be initiated. Careful monitoring, particularly after intensive care unit stay, is required to ensure appropriate nutrition delivery to prevent muscle deconditioning and aid recovery.

The infectious nature of SARS-CoV-2 and the expected high volume of patient admissions will require contingency planning to optimise staffing resources including upskilling, ensure adequate nutrition supplies, facilitate remote consultations, and optimise food service management. These guidelines provide recommendations on how to manage the aforementioned aspects when providing nutrition support to patients during the SARS-CoV-2 pandemic.

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Journal Link: <https://doi.org/10.1016/j.aucc.2020.06.002>



- Please use in conjunction with local nutrition policy and procedures.
- **The dietitian or treating consultant may elect to commence the standard algorithm in high nutrition risk patients**
- Medical and nursing teams to please contact the Dietitian if a nutritional assessment is necessary earlier than stated in the algorithm.
- For first GRV >300ml commence prokinetics as per usual site practices (e.g. metoclopramide IV 10mg 6-hourly **together with** erythromycin IV 200mg bd) for 24 – 72h where possible and no contraindications exist.
- If GRV remains >300ml, despite prokinetics, consider post-pyloric feeding or supplemental PN.
- Nutrition support should be escalated if energy and protein delivery are <50% of prescribed targets for ≥5-7 d.

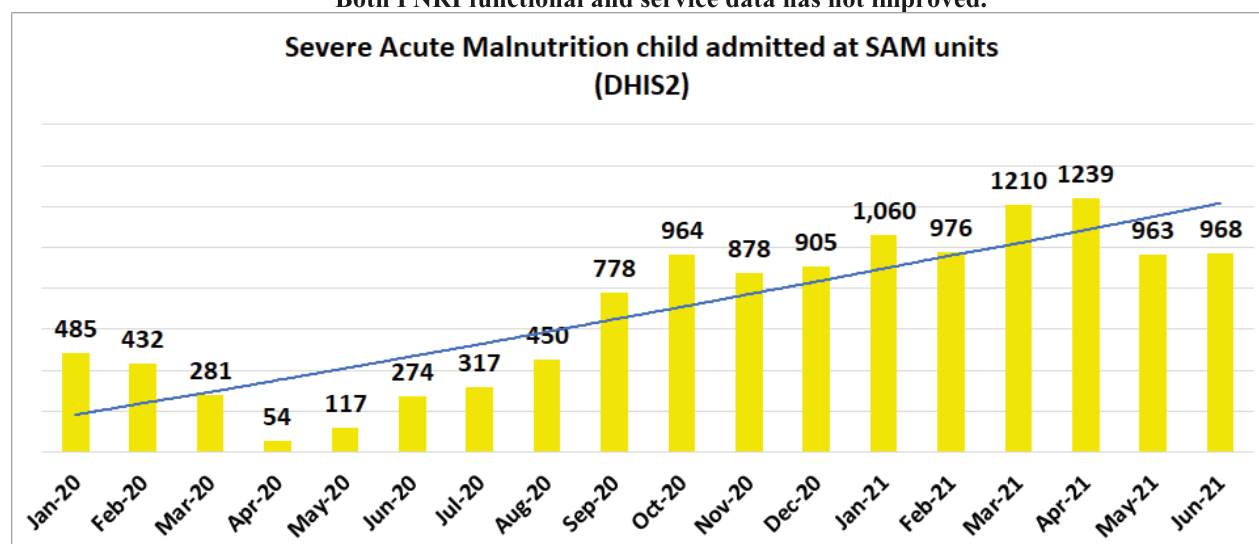
Update on Priority Nutrition Results and Indicator: June 2021

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

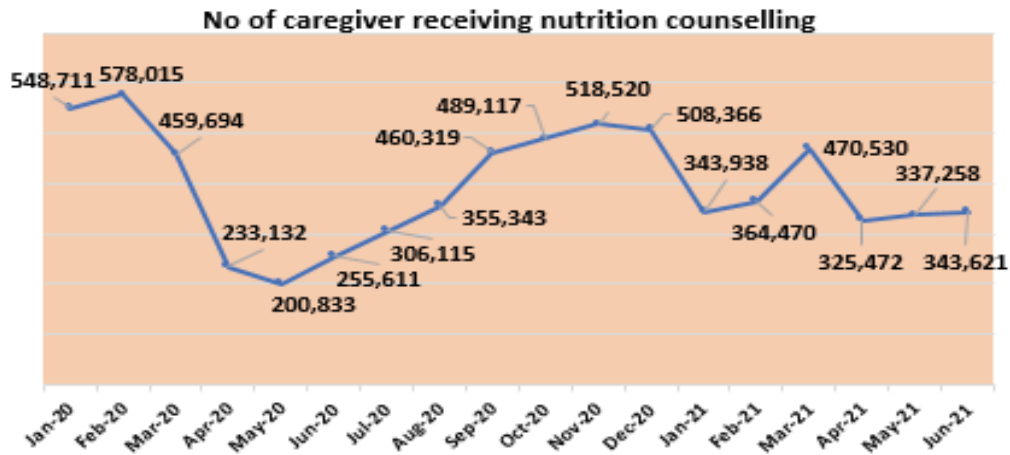
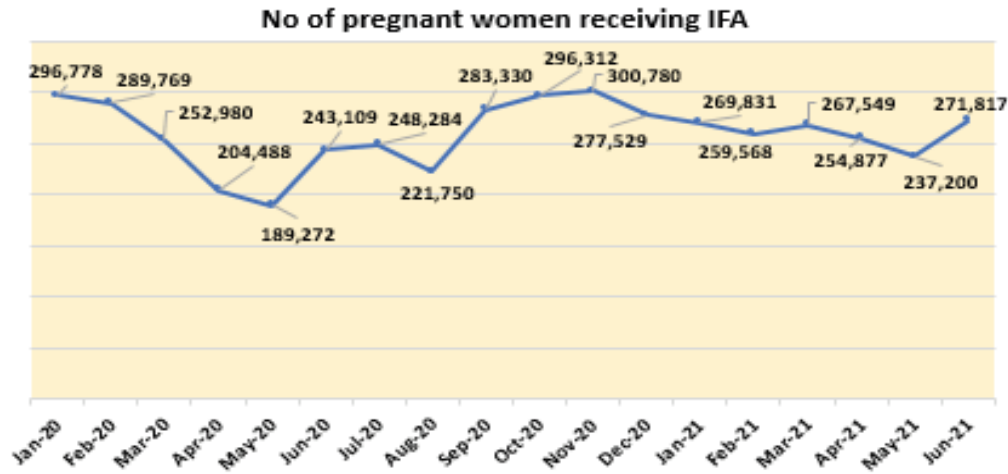
Reporting Period	PNRI functional data					PNRI service data						
	% of facilities reporting on complete nutrition indicator	% of facilities providing IYCF counselling to caregivers	% of pregnant women weighted during clinic visit (Cumulative)	% of children screened for SAM at facility	Composite Index	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
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%
Jan-21	52%	91%	112%	49%	0.76	164,778	1,317	1,060	269,831	343,938	1%	80%
Feb-21	53%	92%	104%	50%	0.75	149,779	1,062	976	259,568	364,470	1%	92%
Mar-21	53%	91%	98%	54%	0.74	179,421	1,527	1,210	267,549	470,530	1%	79%
Apr-21	53%	92%	96%	56%	0.74	129,015	1,322	1,239	254,877	325,472	1%	94%
May-21	52%	91%	96%	55%	0.74	120,111	1,248	963	231,200	331,258	1%	77%
Jun-21	53%	91%	97%	65%	0.77	145,394	1,188	968	271,817	343,621	1%	81%



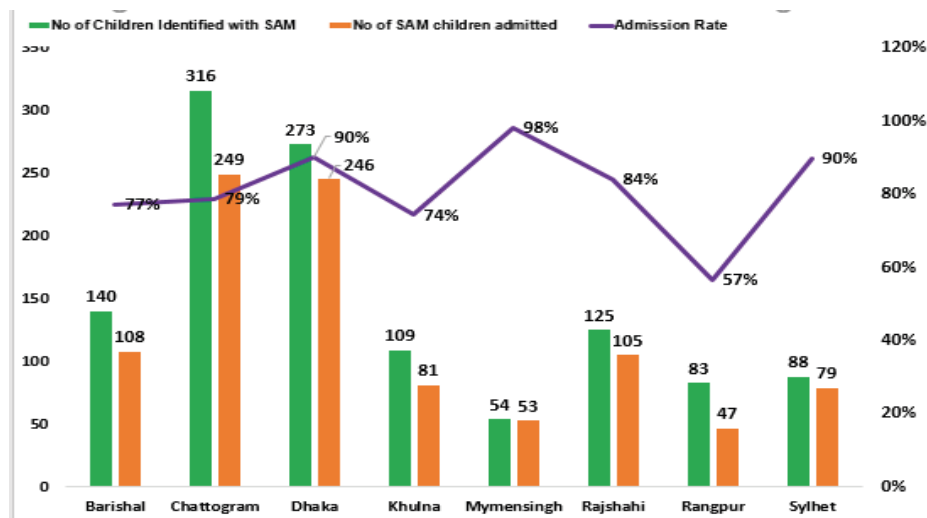
Since January 2020 to April 2021, National CI value has increased 0.60 to 0.80
Both PNRI functional and service data has not improved.



We are pleased to share that the Severe Acute Malnutrition (SAM) admission in April'21 was the highest in the past three years.



IYCF counselling and IFA distribution to pregnant women have increased. The nutrition functionality in the facilities has increased from a CI value of 58% in Dec 2019 to 77% in June 2021.



- Division wise variations has highly increased in terms of SAM cases identified from screening vs admission
- Six out of Eight divisions have admission rate over 60%!!!



10th June, 2021

Launch of Food Frontiers: Urban Food System Innovation Challenge 2021 by SBN Bangladesh



To improve food security, nutrition, and the impact of food production on the environment, Bangladesh's SUN Business Network has launched an exciting competition hoping to showcase innovation as the solution to the country's food system concerns. With a successful launch event in May 2021, the competition is off to a great start and has already begun to train its shortlisted applicants through comprehensive bootcamps.

Our food systems are at risk, with the excessive use of inorganic fertilisers, pesticides and other harmful external inputs threatening Bangladeshi food security, nutrition and environment. In addition, our food systems contribute to 30% of greenhouse gas emissions and 70% of groundwater depletion. Climate change is exacerbating these challenges, and threats to our urban population from increasing population pressure, a loss of agricultural land and long value chains demand an urgent call for action.

Getting off to a flying start

On 30th May 2021, policymakers, experts and business leaders shared thoughts on the frontiers of innovation in food systems in the virtual launch event of Food Frontiers: Urban Food System Innovation Challenge 2021. Dr. Ashek Mahfuz, Portfolio Lead for the Global Alliance for Improved Nutrition (GAIN), inaugurated the virtual event by highlighting this competition as the continual effort of the Scaling Up Nutrition Business Network (SBN),

a platform co-convened by GAIN and the United Nations World Food Programme (WFP) in upholding nutrition for all, through innovations in food systems for a resilient and sustainable Bangladesh. The Country Coordinator of SBN Bangladesh, Syed Muntasir Ridwan, explained the ways in which an effective transition to a sustainable food system can be made, such as through a shift from a Linear to Circular Economy, disruptive technological innovation in food systems and by shaping consumer behaviour through inventive methods to move towards pursuing healthy diets. The Special Guest, Ms. Farzana Khan, General Manager of Small and Medium Enterprises (SME) Foundation, reiterated the need for actors of the food value chain to engage themselves in bringing positive change into the agri-food sector in Bangladesh. She encouraged start-ups and SMEs to step up and bring disruptive innovations in this booming sector and highlighted the areas of support SME Foundation offers to SMEs including training and certification to help them scale up their businesses.

*Brief collected

(link: <https://sunbusinessnetwork.org/launch-of-food-frontiers-urban-food-system-innovation-challenge-2021-by-sbn-bangladesh/>)

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কিশোর কিশোরীদের জন্য করোনা সংক্রমণ প্রতিরোধ- সুস্থ থাকার উপায়



সুস্থ খাবার গ্রহণ শরীরকে সুস্থ রাখে, রোগ প্রতিরোধ ক্ষমতাকে শক্তিশালী করে এবং সংক্রমণ ও অসংক্রমণ উভয় রোগ হওয়ার সম্ভাবনা কমিয়ে দেয়।

তাই প্রতিদিন পরিবারের সামর্থ্য অনুযায়ী বিভিন্ন ধরনের ভাত বা রুটির সাথে তাজা শাকসবজি, ফলমূল, মাছ, মাংস, ডিম, দুধ খেতে হবে যা থেকে শরীর সুস্থ রাখার জন্য প্রয়োজনীয় ভিটামিন, মিনারেলস, আমিষ, আর্শ ইত্যাদি পাওয়া যায়।

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



বাজার থেকে আনা মাছ, মাংস, শাকসবজি সাথে সাথে কলের প্রবাহমান পানিতে ভালোভাবে ধুয়ে ফেলতে হবে।



- প্রতিদিন পর্যাপ্ত পরিমাণে পানি পান (প্রতিদিন ৬-৮ গ্লাস) শরীরকে অর্ধে রাখার পাশাপাশি রোগ প্রতিরোধে সহায়তা করে।
- পানি রক্তের মাধ্যমে পুষ্টি উপাদান ও অন্যান্য জৈব যৌগ বহন করে।
- শরীরের তাপমাত্রা নিয়ন্ত্রণ করে।
- শরীর থেকে ময়লা বের করে দেয়।

বাসায় থাকলেও সাবধানতার জন্য বারবার দুই হাত সাবান-পানি দিয়ে ২০ সেকেন্ড ধরে নিচের নিয়মে ভালোভাবে ধুতে হবে।



প্রবাহমান পানিতে হাত ভিজিয়ে নেয়া



পর্যাপ্ত সাবান হাতে মেখে নেয়া



হাতের সব দিকে ভালো ভাবে ঘষে নেয়া- দুই হাতের সামনে পিছনে, আঙুলের ফাঁকে, নখের নীচে ২০ সেকেন্ড ধরে ভালোভাবে ঘষে নিতে হবে।



প্রবাহমান পানিতে হাত ভালোভাবে ধুয়ে নেয়া



ব্যক্তিগত পরিষ্কার গামছা বা তোয়ালে অথবা টিস্যু দিয়ে হাত শুকানো



- প্রতিবার খাওয়ার আগে, কাশি বা হাঁচির পরে, টয়লেটে যাওয়ার পরে হাত ভালোভাবে ধুয়ে নেয়া।
- অপরিষ্কার হাতে মুখ, নাক এবং চোখ স্পর্শ না করা।

করোনা ভাইরাস প্রতিরোধে ঘরের বাইরের মানুষের কাছ থেকে নিরাপদ দূরত্ব বজায় রাখার জন্য সবারই যার যার বাসায় থাকা বাধ্যতামূলক।