



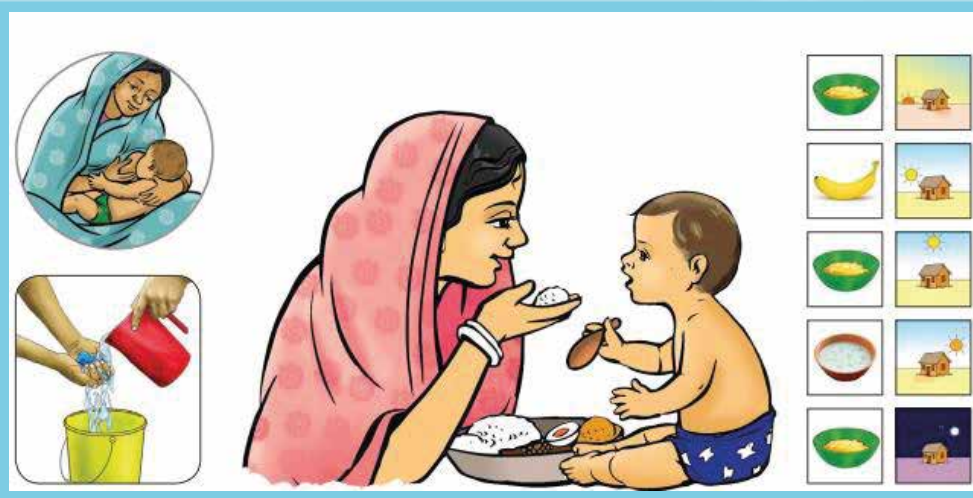
NNS Newsletter

A Bulletin of National Nutrition Services
Issue-24



October - December 2021

Comprehensive Competency Training on Nutrition (CCTN)



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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It is my immense pleasure to know that the 24th issue of National Nutrition Services (NNS) Newsletter is going to be published. The newsletter is an incredible document of NNS's current program that includes reports on nationwide scenario of programmatic information and decisions, ongoing activities, progress, and coverage of NNS supported services at facility levels and community-based nutrition activities. The information will help the policymakers to plan effectively for resilience and sustainable interventions to attain the targets of Sustainable Development Goals (SDG) and World Health Assembly (WHA).

The Operational Plan of NNS is being considered as an important roadmap in facing nutrition challenges and achieving sustainability. As addressing malnutrition is a burning issue now a day, NNS has made great strides by mainstreaming of nutrition interventions into health (DGHS) and family planning (DGFP) services.

This newsletter provides information on all the activities completed by NNS from October to December 2021. The National Vitamin 'A' Plus Campaign (NVAC+), Priority Nutrition Results Indicators (PNRI), Comprehensive Competency Training on Nutrition (CCTN), Maternal Nutrition, Infant & Young Child Feeding (IYCF), Adolescent Nutrition, Severe Acute Malnutrition (SAM), Essential Nutrition Services, Nutrition Information & Planning Unit's (NIPU) Planning workshop etc. are also covered in this issue.

I would like to acknowledge the commitments and efforts of the hard-working professionals of Nutrition Information & Planning Unit (NIPU) in making this newsletter a successful monitoring, knowledge sharing and advocacy tool, for improving the nutritional status of the population of Bangladesh.

I express my heartfelt thanks to UNICEF for their continuous support in publishing this newsletter. Hoping for the next issue in time with resourceful contents.

Dr. S M Mustafizur Rahman

Line Director

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National Vitamin 'A' Plus Campaign (NVAC+)

Held in 11th – 14th December and CtC in 18th -21st December 2021



Photo: Zahid Malek, MP, Minister, MoHFW along with other dignitaries in the Opening Ceremony of National Vitamin 'A' Plus Campaign (NVAC+), 11 December 2021

Out of 21,390,530 (6-59 months) children, total 20,862,136 (97.5%) received Vitamin 'A' Capsule (including child to child searching coverage). The coverage was slightly higher than the earlier round (1.2%) and considering the COVID-19 pandemic situation, the campaign was successful. Moreover, the longer duration of the campaign (Four days from 11th-14th and 18th-21st (subsequent 4 days for CtC) of December 2021) gave the caregivers more opportunity to come to the facility for VAS during the pandemic.

Area	Target	Coverage	%
National ¹	21,390,530	20,862,136	97.5
City Corporation	2,140,092	1,655,870	77.4
Rural	19,250,438	19,206,266	99.8
Child to Child coverage (CtC)	1,847,230	34,921	1.9

- No significant difference (coverage percentage mostly lies between 95% - 99%) was observed among divisions' coverage except in Dhaka (88%).
- Most of the districts' coverage ranged between 88-100% (except few districts where coverages were higher than the target e.g., Magura 122%, Lalmonirhat 110% etc.) for 6-59 months aged children.
- Three City Corporations' coverage belonged >100% (Sylhet 100.1%, Khulna 100.1% and Narayanganj 100%) where rest of the coverage except in Dhaka North (73%) ranged between 85-99% for 6-59 months aged children.
- Among the HTR districts (243 unions), 34,921 (6-59 months aged) unreached children received Vitamin - A capsule through child to child searching.
- About 2% unreached children of the 243 unions were covered through CtC (% based on respective 47 HTR sub-district's target)

243 HTR Unions	6 -11 months	12 - 59 months	6-59 months
Target	196,723	1,650,507	1,847,230
CtC Coverage	5,339	29,582	34,921
Percent	2.7	1.8	1.9

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

Workshop on Development of Severe Acute Malnutrition Strategy in Bangladesh



Photo: Leader of SAM Strategy Workshop, Dr. Gazi Ahmed Hasan, Deputy Program Manager, NNS, was giving his speech.

The National Nutrition Services (NNS) organized a two days' workshop (21st-22nd November 2021) on 'Development of Severe Acute Malnutrition Strategy in Bangladesh' at BRAC CDM, Khagan, Birulia Savar.

The purpose of the workshop was to identify Severe Acute Malnutrition (SAM) children through screening, increase their treatment facilities at SAM corner as per the guidelines and to formulate SAM Strategy for SAM children, all through to improve the medical management of SAM patients under NNS. This two days' workshop was supported by UNICEF. NNS has been supporting treatment of SAM children at various Medical Colleges, Sadar Hospitals and Upazila Health Complexes across the country. Due to COVID-19 pandemic situation, along with other services the SAM treatment services for SAM children have been disrupted. For achieving the Sustainable Development Goals (SDGs) of child nutrition, including stunting, wasting and underweight, it is crucial to establish and strengthen the activities of SAM corner.

Key personnel from the government and non-governmental sectors participated in the SAM workshop. Representatives from the government included the Civil Surgeon, Pediatric Consultant, UH&FPO, Medical Officer, Senior Staff Nurse. Program Manager and Deputy program manager were also present. Representatives from the development partner UNICEF included Dr. Golam Mohiuddin Khan (Nutrition Specialist), Mrs. Asfia Azim and all Zonal Nutrition Officers (ZNO).



Photo: Question-answer session after the group work.

In the last day of the workshop, Dr. S M Mustafizur Rahman, Line Director, NNS gave his valuable speech as the Chair of the workshop. Mrs. Asfia Azim (UNICEF) described the objectives of the workshop, Dr. Md. Abdul Alim (Deputy Program Manager, NNS) presented the SAM status of Bangladesh and Prof. Dr. Syeda Afroza (Professor and Head, Paediatrics, SHSMC) gave her valuable opinion in the workshop. In addition, Dr. Shah Ali Akter Asrafi (Chief HIU, MIS, DGHS) gave his valuable speech and suggested to take initiatives regarding SAM e-LMIS to ensure the supply for the SAM Facilities. Piyali Mustaphi, (Chief of Nutrition, UNICEF, Bangladesh) expressed her appreciation to all through online for completing this two days' workshop successfully. Md. Abu Bakr Siddique (Nutrition Officer, UNICEF) shared the SAM Facility Assessment Report. Overall, the second day of the workshop was very effective and successful with group discussion sessions.



Photo: Group Discussion Session at workshop.

Comprehensive Competency Training on Nutrition (CCTN) 2021-2022



Photo: Dr. Aung Ching Thowai, Capacity Building Specialist, NIPU, NNS presented supportive

supervision at TOT in ICMH

Comprehensive Competency Training on Nutrition (CCTN) started in 2016 by the name of Competency-Based Training (CBT), aiming to improve the skills and competencies of managers, supervisors and service providers to deliver quality nutrition services. The training was designed in two parts- one is technical part, and another is supportive supervision. A three-days technical training (Module 1) is provided to service providers, supervisors, and managers; and an additional two-days training on supportive supervision (Module 2) is provided to supervisors and managers. Module-1 is based on various nutrition topics including Infant and Young Child Feeding (IYCF) practices, maternal nutrition and growth monitoring and promotion. Module-2 is based on monitoring, mentoring, reporting and supportive supervision. Both modules and job aids were developed by extensive consultation and testing. This year the process of CCTN (phase five) has been initiated in December 2021 by different activities like) data collection of human resources (HR), planning meeting



Photo: Practical session of height measurement in training of trainers (TOT) of district trainer, NIPSOM

among NNS, Implementing Partners (IP) i.e., National Institute of Preventive and Social Medicine (NIPSOM), Institute of Child and Mother Health (ICMH) and Save the Children; and Development Partners (DP) i.e., UNICEF, Nutrition International (NI), Alive & Thrive and Save the Children. Besides, Training of Trainers (TOT) of District Trainers (DT), dry run and rolling out of CCTN have been conducted. This year, CCTN is being implemented in 14 districts. UNICEF and other DPs are supporting NNS in rolling out the CCTN in those districts and respective upazilas.

IPs provided TOTs on CCTN for assigned DTs. A five days' TOT was organized on 18th and 19th December 2021, in ICMH and NIPSOM respectively. After successful completion of the training, a dry run program was held to observe the trainer's performance in both organizations. NIPSOM's dry run program continued from 27th to 29th December 2021 and ICMH's dry run program continued from 27th to 28th December 2021



Photo: Nutrition Counselling session played by a trainee in Sadar upazila, Kurigram

Joint GOB-UNICEF Nutrition Programme Review & Planning Workshop



Photo: Dr. S.M. Mustafizur Rahman, Line director was giving his speech at Joint GOB-UNICEF Nutrition Programme Review & Planning Workshop

‘Joint GOB-UNICEF Nutrition Programme Review & Planning Workshop’ was held on 10th December 2021 organized by UNICEF at Long Beach Suites, Gulshan-2, Dhaka-1212. Dr. S M Mustafizur Rahman (Line Director, NNS) gave the welcome speech. Piyali Mustaphi (Chief of Nutrition, UNICEF) Bangladesh described the objectives of the annual review meeting. One of the objectives was to Review Progress of Implementation (RWP) of Joint GOB-UNICEF Rolling Work Plan 2022 and another was to identify strategic and priority activities for 2022-2023. Golam Mohiuddin Khan (Nutrition specialist, UNICEF) explained the issue of overview of Rolling Work Plan (RWP) and expected results, Nutrition linked to SDG. NNS, IPHN and UNICEF are working closely together to improve nutrition situation in Bangladesh based on the agreed Rolling Work Plan (RWP). This work plan is developed through a consultative process with concerned GOB counterparts. Also, each year this work plan is reviewed jointly with concerned GOB partners and UNICEF.

In the workshop, achievements of the year 2021 were narrated in separate presentations under each thematic areas of **Governance, System strengthening, CCTN with supportive supervision, Maternal & IYCF, Adolescent, Urban, SAM Managements** etc.

Governance: Dr. Akther Imam (Assistant Director, BNCC) discussed on overall activities of BNCC. In his presentation he mentioned that BNCC had organized district level advocacy programme on nutrition and based on this

reviewed the NPAN2. He emphasized on identifying strategy gaps and moving forward. He requested for support from all relevant Ministries for achieving the NPAN2 target for 2025.

System strengthening: Dr. Mahfuza Haque (Deputy Program Manager, NNS) emphasized on emergency nutrition, RTMR of Vitamin ‘A’ plus campaign, Nutrition Action week for FDMN, SAM facility report, PNRI report & updated Nutrition profile, CCTN developed PNRI English guideline, increased DLIs coverage and CCTN.

CCTN: CCTN with supportive supervision rolled out with GoB leadership and funding (89%) in 8 districts covering 4,935 health workers. Following activities were conducted-

- Developed and tested ENIM at Cox’s Bazar
- Supported to integrate urban nutrition reporting in DHIS-2 and planning, monitoring through RTMR
- More than 96% of 21 million children received Vit-A during COVID 19.



Photo: Piyali Mustaphi, Chief of Nutrition Section, UNICEF, Bangladesh giving her presentation



Photo: Dr. Md. Maniruzzaman, Program Manager, NNS showing the Group work presentation.

Maternal: Dr. Md. Maniruzzaman (Program Manager, NNS) gave a presentation on ‘National Guideline on Maternal nutrition’. He stated that community-based engagement to improve Maternal Infant Young Child Nutrition (MIYCN) coverage was progressing. The first National Maternal Nutrition Guidelines (English and Bangla) had been developed; and divisional orientation in Barisal and Rangpur had been completed.

IYCF (Infant Young Child Feeding Practice): Dr. Supta Chowdhury (Deputy Program Manager, NNS) briefed on the IYCF activities which are linked to Community-based engagement along with improving the MIYCN coverage. She emphasized on building partnership with Garments and Knitwear Associations to scale up the nutrition status of female workers and their young children. To address the works for M@W and integrated ECCD, systematic review of ECCD had been completed with some key recommendations.

Adolescent: Mazahrul Hoque Masud (Additional Director, Directorate of Secondary & Higher Education (DSHE)), during his presentation ensured that IFA supplies were available at all Secondary schools. He stated that all Secondary schools were prepared for implementation of adolescent nutrition interventions through enhanced coordination between NNS and DSHE, capacity building of teachers (On-line training) and ensuring supplies (IEC materials, IFA supplies etc.)

Urban: Mrs. Mahmuda (DNCC, North city (NDCC)) and Mayang Sari (Nutrition Specialist, UNICEF) gave presentation on Urban Nutrition. They emphasized on strengthening institutions and community-based approach to improve the coverage and quality of maternal, infant & young child and adolescent nutrition services.

SAM and Emergency: Dr. Md. Maniruzzaman, (PM, SAM, NNS,) and Dr. Supta Chowdhury (DPM, NNS) gave a presentation on SAM and Emergency. They recommended to improve efficiency of SAM management and to enhance preparedness and response to humanitarian situations for ensuring effective coverage of essential nutrition interventions during emergencies.

Dr. Shah Ali Akbar Ashrafi (Chief, Health Information Unit (HIS), MIS) raised the issue on URBAN reporting. He emphasized on timely submission of URBAN report to DHIS2. In this regard, Id and password for all City Corporations needed to be created. He assured that MIS would provide technical support as necessary.

Dr. S M Mustafizur Rahman (Line Director NNS) acknowledged MIS for their continuous support and assistance. He ensured that NNS would take necessary steps regarding URBAN nutrition online reporting; and requested all to work holistically in improving nutritional status of Bangladesh.

Dr. Iqbal Kabir (Consultant, UNICEF) discussed the areas of key challenges for nutrition in Bangladesh that are stunting, Growth Monitoring & Promotion (GMP), Urban Nutrition and SAM for National coverage. He recommended to focus more on Nutrition Specific Interventions and to revise the strategy and plan of action to meet the SDGs. Hence, it is needed to prepare detail plan on increasing the coverage of SAM children, encourage health workers to give more importance on using GMP cards, and plan for Urban Nutrition to engage the existing system for primary nutrition services to reduce stunting and wasting rate.



Photo: Dr. A F M Iqbal Kabir, Consultant, UNICEF discussing the main challenges for nutrition.

'Bhalo Khabo Bhalo Thakbo' Nutri-leaders Hunt Competition



Photo: Six winners (Nutri-leaders) of the competition with judges

The Global Alliance for Improved Nutrition (GAIN), a Switzerland-based international organization and NNS, aim to encourage adolescents in the country to eat regular nutritious food under the theme “Bhalo Khabo Bhalo Thakbo”. The competition is aimed at finding potentials of 10-19 years aged population. More than 11 thousand adolescents registered for the competition.

Dr. S M Mustafizur Rahman (Line Director NNS) was present as a Special Guest in the event. Dr. Nandalal Sutradhar (Deputy Program Manager, NNS), Ms Shamsun Nahar Mahua (Head of Nutrition, BIRDEM Hospital), Ms Farin Doulah (President, One Service Way Fair Organization) were the Judges. The other competition panellists included Dr. Rudaba Khondker (Country Director, GAIN Bangladesh), Anisul Haque (writer) Dr. Supta Chowdhury (Deputy Program Manager, NNS), Arefin Shuvo (filmmaker) and Taslim Uddin Khan (Deputy Managing Director of Social Marketing Company (SMC)). The competition consisted of three rounds or episodes and each episode is themed around various topics related to food and nutrition. In the first-round all registered contestants participated in an online test consisting Multiple-Choice Questions (MCQ), from which 415 adolescents obtained full marks and passed to second round.

These contestants completed the e-learning course on nutrition, received testimonials and made a one-minute video presentation on topic of "Your Plan to Ensure Safe and Nutritious Food for All." Based on their submissions and completion of course, top 12 finalists were selected who reached the final round or gala event held on 23rd October 2021.

The top 12 contestants competed for ‘Public Speaking’ in this round with their creativity and innovative ideas. The contestants presented on three topics: healthy and tasty food supply chain, lack of planning to ensure safe food, harmful aspects of street food and increase in our do's and don'ts and scientific knowledge.

The competitors were assessed under criteria of creativity, presentation, knowledge, purpose, and potential. The top 6 champions were identified in the gala event, who would work as ambassadors to actively play a strong role in spreading the awareness of the importance of eating safe and nutritious foods. ‘Bhalo Khabo Bhalo Thakbo’ Nutri-leaders Hunt grand finale program was broadcast on 15th November 2021 at Channel I TV.

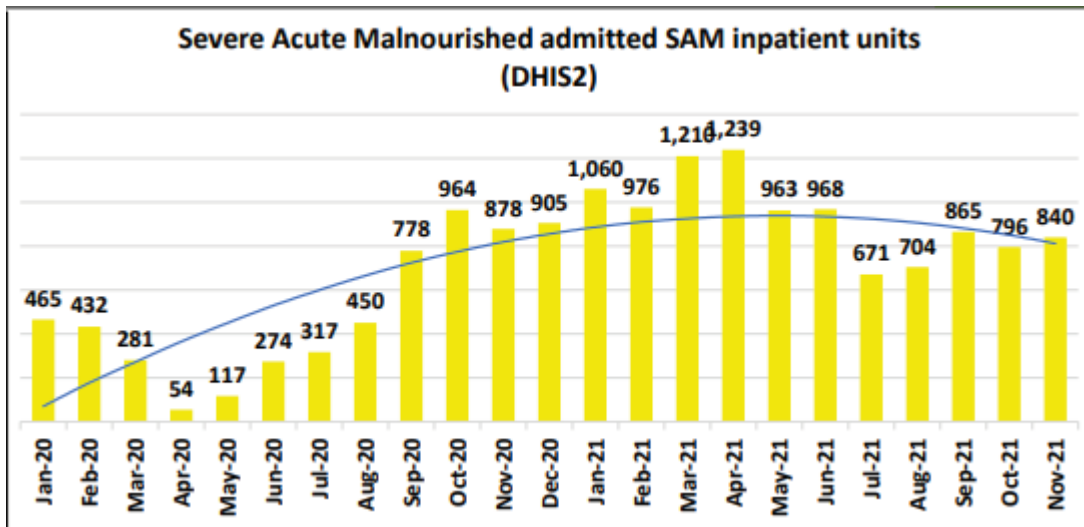
*-Sumia Binta Mizan,
Information & Planning Officer, Nutrition
Information & Planning Unit (NIPU), NNS.*

Update on Priority Nutrition Results and Indicator: November 2021

Under the dynamic leadership and guidance of Mr. Zahid Malek (MP, the Honorable Minister, MOHFW), respectable Secretary Lokman Hossain Miah (HSD, MOHFW) and respectable Prof. Dr. Abul Bashar Mohammad Khurshid Alam (Director General of DGHS), MIS department and National Nutrition Services (NNS), IPHN have released the 3rd quarter NNS PNRI report card. This score is derived from four Priority Nutrition Results Indicators (PNRIs) which are reported through DHIS2 on monthly basis. A Composite Index (CI) is generated to assess overall implementation status of NNS and based on the average of achievement of mentioned four indicators, the divisions, districts and upazilas are categorized. Please find the attached PNRI National Report Card and link to the NNS-OP website (https://nnsop.org/en_US/) where more information can be accessed, including upazilla status. PNRI trends up to November 2021 is presented below.

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 PLW 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	237,200	337,258	1%	77%
Jun-21	53%	91%	97%	65%	0.77	145,394	1,188	968	271,817	343,621	1%	81%
Jul-21	51%	90%	97%	67%	0.76	126,554	1,010	671	242,517	275,571	1%	66%
Aug-21	56%	92%	91%	59%	0.75	155,478	1,615	704	288,609	351,397	1%	44%
Sep-21	60%	93%	102%	65%	0.80	252,475	1,669	865	310,912	497,028	1%	52%
Oct-21	62%	94%	89%	77%	0.81	293,537	1,573	796	303,563	448,486	1%	51%
Nov-21	63%	94%	89%	79%	0.81	304,069	1,416	840	277,926	463,262	0%	59%

NNS is very grateful to all respected key personnel for their continued support and guidance; also, to all health workers, respective colleagues, and partners, for their higher level of commitments that have ensured the continuity of nutrition services in the health facilities during this new normal situation. Due to withdrawal of national lockdown from August 2021, nutrition service delivery significantly improved in the 3rd quarter when compared to the 2nd quarter in this year.



- Compared to January 2020, proportion of children screened in IMCI Corner was increased from 34% to 79% in November 2021.
- In November 2021, the highest number of SAM screening was performed in compared to last three years (304,069). SAM admission had increased since January 2021. In November SAM admission also increased to 840 from 796 in October 2021. Present admission rate also increased from 51% to 59%.
- In November 2021, the IFA distribution coverage of 2021 is slightly reduced from 303,563 (October) to 277,926.
- From the month of August 2021, the number of caregivers received counselling slightly decreased from 448486 (October) to 435,951.

We would like to thank all development stakeholders who contributed their time, efforts, and valuable insights specially UNICEF, World Bank, WHO, NI, GAIN, A&T, WFP, FAO, Care, Concern, ACF, Save the Children, HKI, World Vision, BRAC, JHU, mPower, icddr,b, IFFRI, and other partners for supporting NNS OP. We sincerely express our gratitude to BMGF, CIFF, USAID, GAC, EU, Foreign Commonwealth & Development Office (FCDO), SIDA, and other donors for their joint effort. Also grateful to the National Nutrition Services (NNS) team including Nutrition Information & Planning Unit (NIPU) for their tireless efforts.



Photo: MUAC measurement at field level



Photo: IYCF Counseling at community clinic

Status of Essential Nutrition Services in Sylhet and Chattogram Divisions Key Findings in December 2021

The number of eligible pregnant women and mothers of children (0-23 months) who were visiting community clinics to seek health services including essential nutrition services increased by approximately 10%-15% in December 2021 compared to the previous month.

CHCPs (Community Health Care Provider) were engaged in the mass vaccination programs and 2nd round of Vitamin A plus campaign in the community clinics. Essential nutrition services were being provided by the FWA & HA in place of the CHCPs.

Essential nutrition services that were available at community clinics are as follows. Maternal and age-appropriate child nutrition services were provided to eligible registered beneficiaries.

Required IEC materials and functional anthropometric tools were available at the community clinics. Anthropometric measurements were collected for pregnant women and children (0-23 months).

IFA and calcium supplements were provided to pregnant women and lactating mothers. There were no shortages of IFA and calcium supplements. Basic medicines were provided as part of basic health services. CHCPs had been recording service data in hard copy registers and in parallel, entering them in the DHIS-2 system.

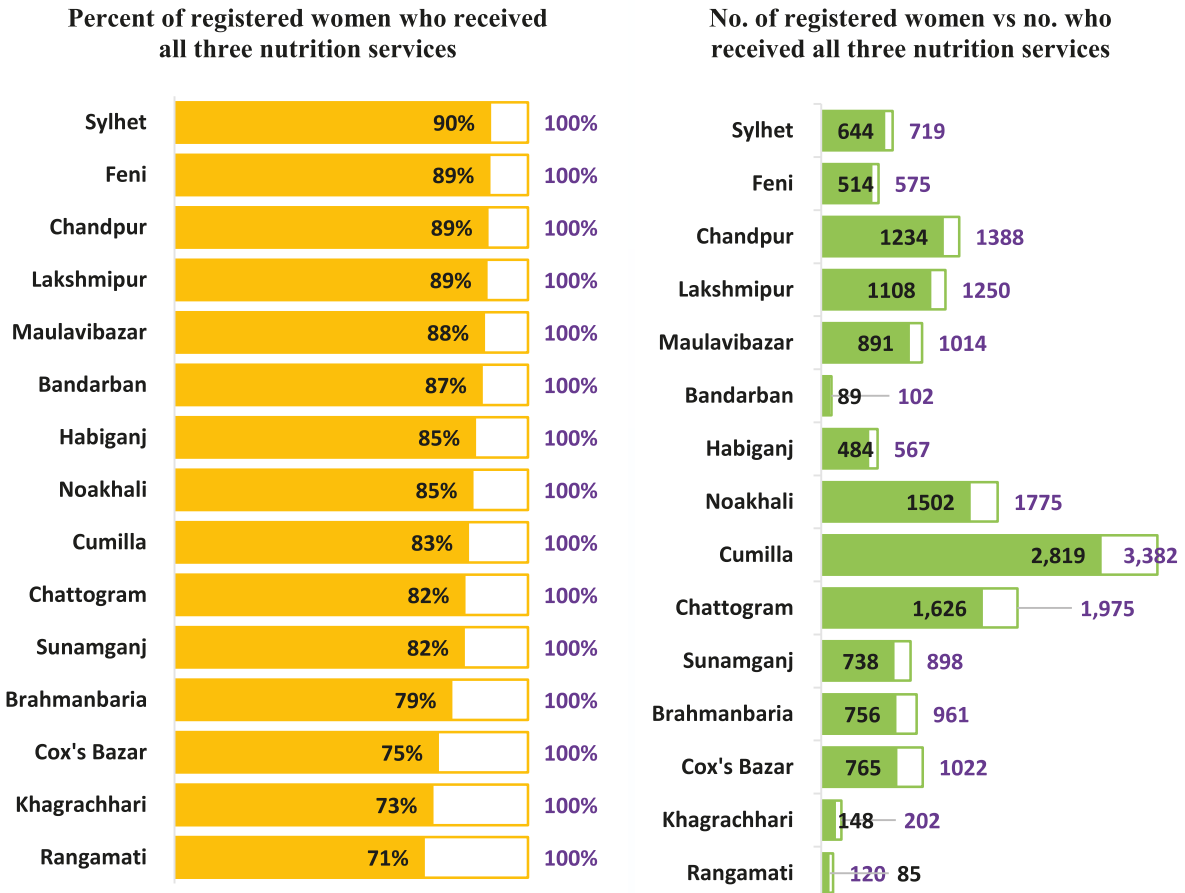
District and upazila level managers were aware of the zero reporting community clinics and low performing upazilas. Regular monitoring had been conducted by frontline supervisors including Health Inspectors and Assistant Health Inspectors.

The current status of zero reporting community clinics in Sylhet and Chattogram divisions are given below:

Period	Maternal Nutrition Services	Child Nutrition Services		
November 2021	687	830		
January to November 2021 (cumulative)	143	183		
January to December 2021 (Cumulative)				
Grading: DLR 13.4 (Maternal Nutrition)	Last 11 month Enrolment	Total CC	Percentage (%)	Remarks
Pregnant women enrolment (More than 49 last 12 month)	1247	3486	36%	
Pregnant women enrolment (35-49 last 12 month)	604	3486	17%	
Pregnant women enrolment (1-34 last 12 month)	1502	3486	43%	
Pregnant women enrolment (Zero Reporting)	133	3486	4%	0 (Zero Reporting)
Total Community Clinic	3486	3486	100%	
January to November 2021 (Cumulative)				
Grading: DLR 14.4 (Child Nutrition)	Last 11 month Enrolment	Total CC	Percentage (%)	Remarks
Child (0-23 months) enrolment (More than 49 last 12 month)	1185	3486	34%	
Child (0-23 months) enrolment 35-49 last 12 month)	501	3486	14%	
Child (0-23 months) enrolment (1-34 last 12 month)	1625	3486	47%	
Child (0-23 months) enrolment (Zero Reporting)	175	3486	5%	0 (Zero Reporting)
Total Community Clinic	3486	3486	100%	

Maternal Nutrition Services (DLR 13.4)

**Proportion and number of registered pregnant women who received all three services
(weight measurement, at least 30 IFA tablets and nutrition counselling)**



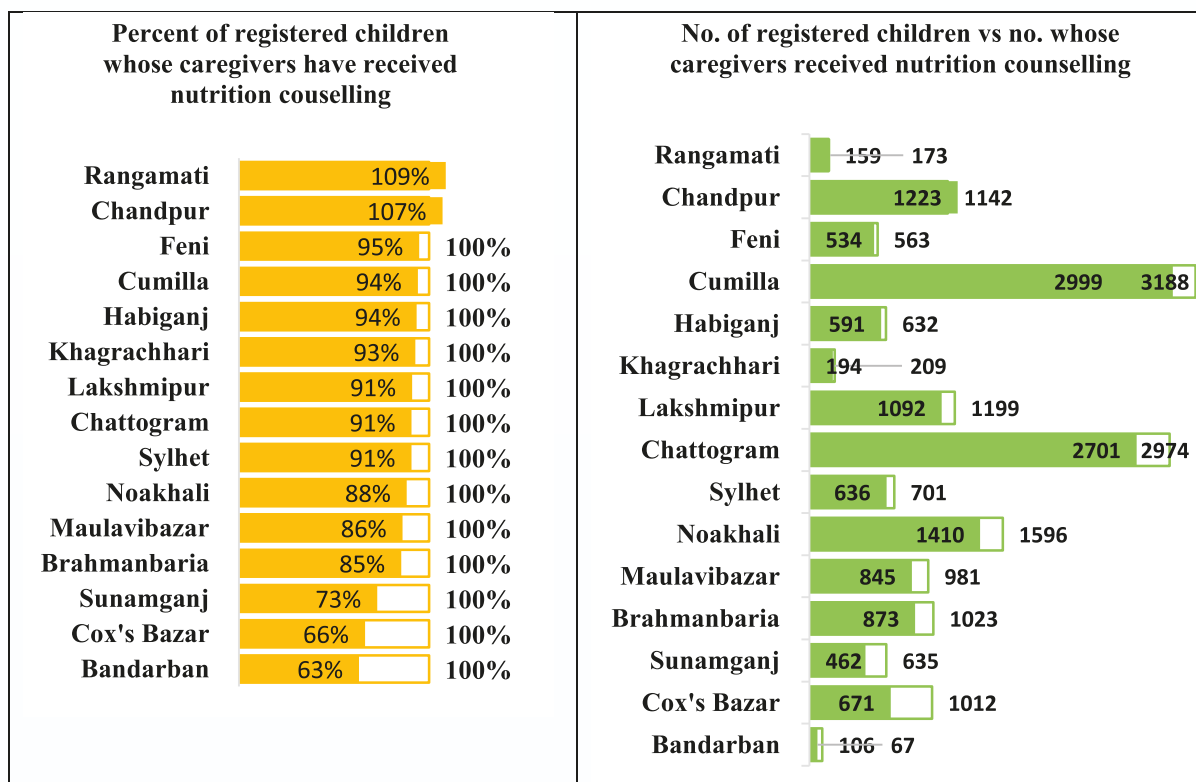
Key Findings:

- The four districts achieving the highest proportion of services are Sylhet (90 percent), Feni (89 percent), Chandpur (89 percent) and Lakshmipur (89 percent).
- In terms of absolute numbers, however, Cumilla, Chattogram and Noakhali provided the highest number of services.
- The districts with the lowest proportion of services delivered are Rangamati (71 percent), Khagrachhari (73 percent) and Cox's Bazar (75 percent).
- Rangamati, Bandarban and Khagrachhari provided the least number of services in terms of absolute numbers.



Child Nutrition Services (DLR 14.4)

Number of registered children (0-23 months) eligible to receive age appropriate nutrition counselling



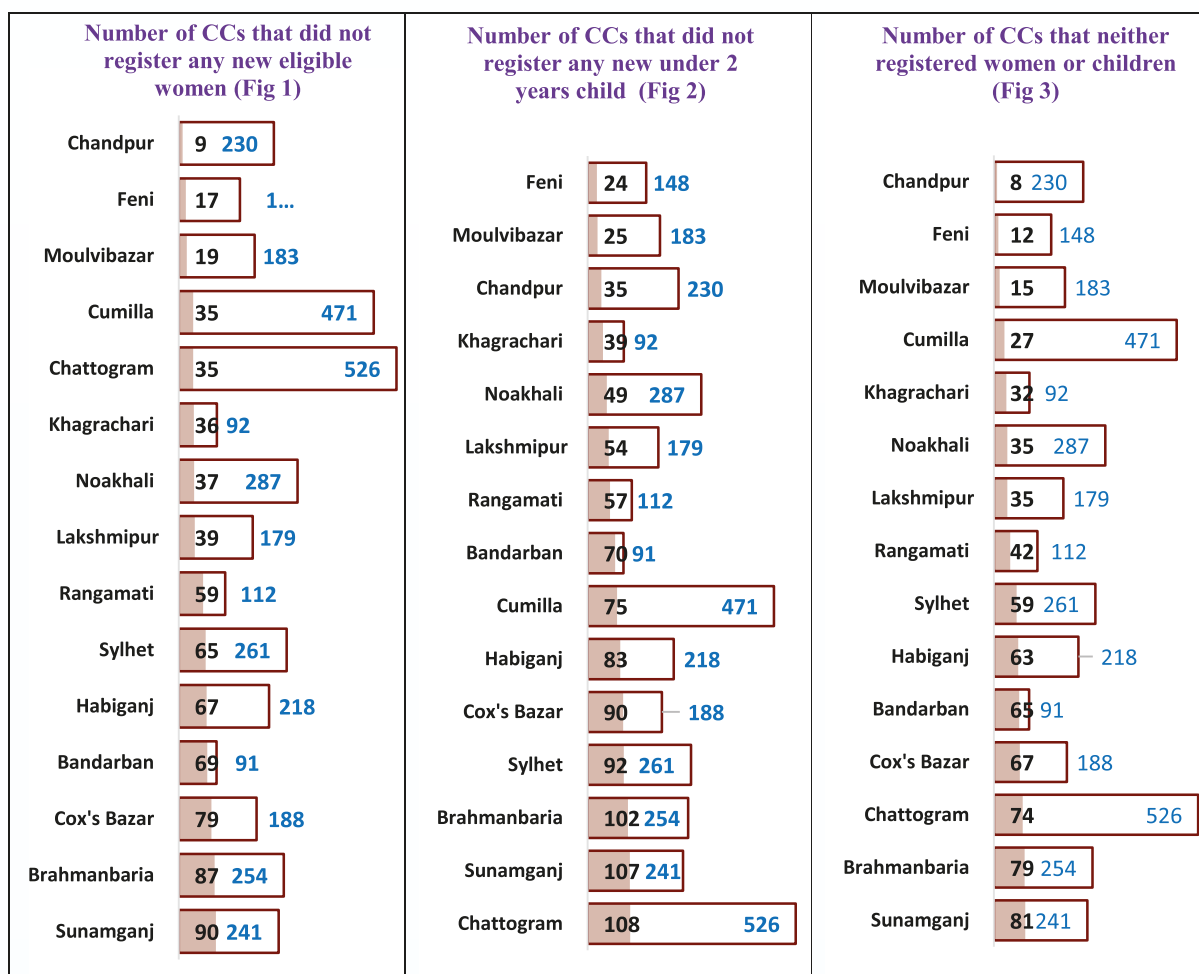
Key Findings:

- The three districts with the highest proportion of services are Rangamati (109 percent), Chandpur (107 percent) and Feni (95 percent).
- In terms of absolute numbers, however, Chattogram, Cumilla and Noakhali provided the highest number of services.
- The districts with the lowest proportion of services delivered are Bandarban (63 percent), Cox's Bazar (66 percent) and Sunamganj (73 percent).
- Bandarban, Rangamati and Khagrachhari provided the least number of services in terms of absolute numbers.



Community Clinics with Zero Reporting

Number of CCs that did not register any new eligible pregnant women or children to receive nutrition services for the reporting month of October



- In all instances, the districts with the least number of CCs with zero-reporting in all three categories are Chandpur, Feni and Moulvibazar.
- Districts with the highest zero-reporting CCs, who did not report any new pregnant woman or child, are Sunamganj, Brahmanbaria, and Chattogram.
- The three districts with the highest number of CCs with zero-reporting of registering new eligible pregnant woman are Sunamganj, Brahmanbaria, Cox's Bazar. For children, the highest zero-reporting CCs are from Chattogram, Cumilla and Brahmanbaria.
- Overall, 674 CCs did not register any new eligible pregnant woman, 1010 CCs did not register any new eligible child, and 694 CCs did not register any new eligible pregnant woman or child for the reporting month.

Photo Gallery



Photo: Shahan Ara Banu, Director General of DGFP and Prof. Dr. Nasima Sultana Additional Director General (Admin) of DGHS were present at NICC Meeting



Photo: Dissemination workshop on BMS Law 2013, BMS ACT 2017 and achievement in nutrition sector, Civil Surgeon Office.



Photo: Awareness Training on Adolescent Nutrition, Chatak Upazilla Health Complex, Sunamganj.



Photo: Joint GOB-UNICEF Nutrition Programme Review and Planning Workshop, November 2021.



Photo: Live TV discussion show 'Pustie Samridi'

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বিভিন্ন খাবারের গুণাগুণ



বড় মাছ



ছোট মাছ



মুরগি



কলিজা

মাছ বা মাংস জাতীয় খাবার গর্ভের শিশুর শরীর গঠন, মজবুত ও গর্ভবতীকে সুস্থ সবল করে



ডিম

ডিম/ডিম দিয়ে তৈরি খাবার গর্ভের শিশুর ব্রেইন গঠনে ও বুদ্ধি বাড়াতে সাহায্য করে



দুধ



দই



পায়েস

দুধ/দুধ দিয়ে তৈরি খাবার গর্ভের শিশুর হাড় ও দাঁত গঠন এবং শক্ত হতে সাহায্য করে



কচু শাক



পুই শাক



কলমি শাক



পালং শাক

তেল দিয়ে রান্না করা গাঢ় সবুজ শাক গর্ভবতীকে রোগের হাত থেকে রক্ষা করে, তাছাড়া কোষ্ঠকাঠিন্যও দূর করে



আম



কাঁঠাল



মিষ্টি কুমড়া



গাজর

হলুদ বা কমলা রঙের ফল ও সবজিতে চোখ ভালো থাকে ও রোগ প্রতিরোধ হয়



পরিবার পরিকল্পনা অধিদপ্তর



স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়



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গর্ভবতী ও প্রসূতি মহিলাকে পুষ্টি বিষয়ক কাউন্সেলিং ও ডেমোনেস্ট্রেশনের জন্য ফুড প্লেট



জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান, স্বাস্থ্য অধিদপ্তর
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়



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

