



NNS Newsletter

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National Nutrition Services (NNS)
Institute of Public Health Nutrition (IPHN)
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Ministry of Health and Family welfare (MoH&FW)





Editorial

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This is my immense pleasure to announce the 27th edition (May to June) of the newsletter of National Nutrition Services (NNS). This newsletter is a concrete piece of document that generally provides the current activities of NNS during the given period. It also highlights different aspects and approaches has been taken by the government and its development partners on regular basis.

This issue describes the core national and area-based (HSSP location) activities of NNS. For instance, the coverage status and findings of the National Vitamin 'A' Plus Campaign – June 2022, the divisional and district level workshop and training outcome on Disbursement Linked Indicators, the program of multisectoral, SDG, GMP, and so on. In addition to this, however, some information is also being added on the NVAC eLearning solution, progress status on Priority Nutrition Results Indicators (PNRI), Disbursement Linked Indicators (DLI), etc.

Special thanks to the Honourable Senior Secretary, MoH&FW, and the Director-General of DGHS & DGFP for their continuous support to NNS, and acknowledge the support of health managers and other service providers who collaborate with NNS.

I would also like to extend my heartfelt thanks to the hard-working professional of NIPU for their persistent efforts in making this newsletter. I am hopeful that NNS will continue developing the newsletter and share it with all stakeholders.

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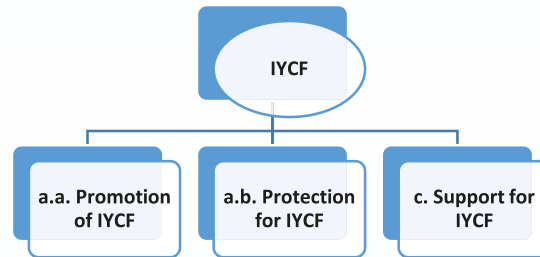
4th HPNSP: Brief Introduction of NNS (Chapter-2)

Nutrition Specific Activities of National Nutrition Services (NNS) Operational Plan

One of the vital activities of NNS OP is Infant and Young Child Feeding (IYCF) Practices including ECD. A brief introduction of this component is given below:

A1. Promote Protect and Support Infant and Young Child Feeding (IYCF) Practices including ECD:

NNS OP is focused on strengthening Programme implementation to improve the current IYCF situation through different strategies. IYCF emphasized three areas:



a. Promotion of IYCF

The working area of the promotion of IYCF are -

- Social and Behaviour Change Communication (SBCC)
- Capacity Development
- IYCF in Emergency
- Workshop to update national IYCF strategy.
- Strengthening and Revitalization of Baby-Friendly Hospital Initiatives (BFHI)
- Monitoring, Evaluation, and Research
- Orientation/Training Program on IYCF
- Training for Mother Support Group (MSG) on IYCF including problems and solutions to breastfeeding
- Promotion of Home-Based Complementary Feeding: Courtyard and demonstration session for mothers and caregivers (Community Based)
- Orientation/Training on BMS Act-2013 and its Rules 2017
- Implementation of BMS Act 2013

"Oketani Lactation Management"

Oketani breast massage technique can resolve various issues of the breast during the lactation period and poor breast milk flow. Therefore, Bangladesh Government has taken the step to train nurses and midwives in all divisions by NNS with the

objective to strengthen the knowledge and skills of health professionals.

b. Protection for IYCF

Bangladesh Breastfeeding foundation (BBF) successfully implemented the IYCF programs across the country in previous years on behalf of NNS. Presently, it has been implementing maternal and adolescent nutrition programs as well.

Maternity protection in the workplace: This awareness program has been designed and implemented to aware mothers and employers of maternity protection in the workplace. A mechanism to monitor and enforce the legislation has been established.

c. Support for IYCF:

Promote workplace support for breastfeeding: Advocacy, SBCC activities, etc. have been done to motivate employers (including garment factories) to create a "Mother friendly workplace"- an enabling environment for women to breastfeed at the workplace.

Create breastfeeding space at health facilities: NNS OP is promoting the creation of space for breastfeeding at health facilities to support mothers to breastfeed during health facility visits and thus make the health facilities 'baby-friendly'.

Enhanced Early Childhood development (ECD) through a holistic approach (Facility & Community based):

Adequate nutrition, and nurturing care in the first 1,000 days – from conception through the child’s second birthday- are critical for a child’s brain development. Investments made in the first 1000 days, are critical for the cognitive and physical development of children and have proven to be cost-effective. Investments in early child nutrition, care, and development not only contribute to the individual wellbeing of a child but are critical to building and protecting the human capital of Bangladesh. Studies have found that malnourished children are more likely to be older during school enrolment, repeat grades, miss or be absent from school, or drop out early. Many also fail at least one grade resulting in a decrease in their earning potential and wages in adulthood.¹ Recent evidence also suggests that integrated nutrition and early care programming is synergistic, as they use the same platforms, are focused on the same period during a child’s lifecycle, and the benefits can extend to both improved child development and nutrition outcomes. This sets up a unique opportunity to build a coalition of partners for Scaling up the “1000 days approach” using existing platforms and programs and demonstrate how social, emotional, and cognitive care elements can be integrated with nutrition and health systems. This also presents an opportunity where integrating nutrition and ECD might offer a potential for greater cumulative impact and coverage. Globally, about 250 million children under five years of age in developing countries do not reach their full potential due to poverty, malnutrition, and lack of a stimulating environment, including poor parenting.

Activities are included in NNS OP:

- Social and Behavior Change Communication (SBCC) for IYCF promotion
- Update of National Strategy for Infant and Young Child Feeding 2007
- Revitalization and increase the number of Baby Friendly Hospital Initiatives (BFHI)
- Strengthening monitoring system of BMS Act 2013 and rules 2017
- Promote work place support for protecting breastfeeding through establishment of breastfeeding corner at health facilities with trained service providers
- Capacity development including counseling and Oketani breast massage for strengthening LMC
- Strengthen strategy for community-based platforms interventions on IYCF based on the existing initiatives
- Formation and orientation for the mother support group
- Advocacy to include IYCF issue in the emergency response plan including IYCF-E Strategy development
- Programme coordination among IYCF stakeholders through IYCF Alliance
- Establish & strengthen a holistic approach for ECD and Nutrition through a health sector platform utilizing a community/ home-based approach
- Publish the IYCF bulletin and scientific and programmatic findings in international journals and share them at international conferences

(In next newsletter as chapter-3)

Celebrated National Vitamin 'A' Plus Campaign on June 2022 through National Nutrition Services (NNS)



Photo: Mr. Zahid Maleque, Honourable Minister, Ministry of Health and Family Welfare inaugurated the campaign at Bangladesh Shishu Hospital and Institute on 15 June 2022.

This year the *Vitamin 'A' Plus Campaign* took place across the country for a total of four days between the 15th of June (Wednesday) and the 19th of June (Sunday) 2022. The event was organized and overseen by the National Nutrition Services (NNS) under the Ministry of Health and Family Welfare. The real-time monitoring and reporting were done by various levels of government officials using the app ODK. However, on the 17th of June, the campaign activities were suspended during the weekend. Each day campaign was open from 8:00 am to 4:00 pm and the Vitamin 'A' capsule was provided through the EPI centres and mobile centres. Around 1.20 lakh EPI centres all over the country and 2.80 lakh volunteers were given their service to make this event successful. As per Expanded Program on Immunization (EPI) schedule, the children were given Vitamin 'A' capsules by the health assistants, family welfare assistants, and volunteers at the designed EPI centres for four working days in eight sub-blocks of each ward (old). The 'blue capsule' contains one lakh International Unit (IU) which is provided to children aged 6-11 months and the 'red capsule' contains two lakh IU which is provided to children aged 12-59 months. Along with the Vitamin 'A' capsule caregivers of each child received age-appropriate nutrition counselling and learnt the health benefits of the Vitamin 'A' capsule.

Mr. Zahid Maleque, Honourable Minister, Ministry of Health and Family Welfare inaugurated the campaign at Bangladesh Shishu Hospital and Institute on 15 June 2022 and he was given his valuable speech as chief guest. Newly joined Secretary, Health Services Division, **Dr. Md. Anwar Hossain Howlader** was placed as chair in the opening ceremony event. Prof. Dr. Abul Bashar Mohammad Khurshid Alam, Director General (Health), Directorate General of Health Services (DGHS) was given a speech as a special guest. Dr. S M Mustafizur Rahman, Line Director, NNS, was given a welcome speech. Prof. Dr. Nasir Uddin Mahmud, Director, Institute of Public Health Nutrition (IPHN), DGHS, was present as an honourable guest.

Piloting of NVAC eLearning Solution in Magura District



Photo: Piloting of NVAC eLearning Solution in Magura District

Vitamin A Deficiency (VAD) is a global public health problem affecting more than 100 countries. Night blindness, the clinical result of vitamin A deficiency (VAD), was a serious public health concern in Bangladesh in the pre-independence era. Following expert recommendations, the Government of Bangladesh (GoB) initiated the Vitamin A Supplementation (VAS) program in 1973 with the support from different development partners to protect the children under-5 with two doses of vitamin A supplements in each year. Over the period, following several alterations, the program has reached its current mature state. And recently National Nutrition Services (NNS) decided to develop a management guideline for its field-level health service providers, first-line supervisors, volunteers, local-level health managers, and other potential stakeholders to improve the quality of the NVAC+ program, increase its coverage as well as ensure a standard procedure of implementation at the national level under the dynamic leadership of National Nutrition Services (NNS). Nutrition International has been working to update, print and distribution of the NVAC Management Guideline to the different health facilities in Bangladesh. Besides that, currently, Nutrition International is also contributing to designing, and developing an eLearning training program to digitalize the NVAC field training process based on the NVAC Management Guideline. For achieving this objective, Nutrition International has commissioned mPower Social Enterprises Ltd. to design and develop an eLearning platform on the updated NVAC Management Guideline and with the guidance of NNS mPower Social Enterprises Ltd near to complete the development of the NVAC eLearning solution.

To get the feedback of end-users including field-level health service providers and their supervisors, volunteers, and local level managers mPower Social Enterprises Ltd in consultation with NNS and Nutrition International organized the 2nd phase of piloting of the NVAC eLearning solution in the northwestern district of Magura, Bangladesh while the 01st phase of piloting was conducted in Narail District, Bangladesh in the month of December 2021, before the 2nd round of NVAC+ 2021. The 2nd phase of the piloting has been continuing from May 30, 2022, to June 01, 2022, and as part of the piloting mPower Social Enterprises Ltd conducted one batch of Master Trainers' Training and two batches of End Users' Orientation Session on the newly developed NVAC eLearning solution. The Master Trainers' Training was organized on May 30, 2022, at the conference room of the office of Civil Surgeon, Magura where a total of 27 District and Upazila level managers from both the Health and Family planning department participated among them 23 were male and 04 were female. The Master Trainers' Training was chaired by *Dr. Shahidullah Dewan*, Civil Surgeon of Magura District and Khandakar Shafiqul Islam, Deputy Director of Family Planning was the special guest meanwhile the project manager from mPower Social Enterprises Ltd. Program Officer and District Coordinator of Nutrition International for Magura District attended the program.



Photo: NVAC eLearning Solution in Mohammadpur, Magura District

After that, on May 31, 2022, and June 01, 2022, mPower Social Enterprises Ltd. with the support of Nutrition International organized two batches of end users' orientation sessions at the Upazila Health Complex, Mohammadpur, Magura both the programs were chaired by Dr. Muksadul Momeen, Upazila Health and Family Planning Officer (UH&FPO) of Mohammadpur Upazila under the district of Magura. In the first batch of the end users' orientation session, a total of 80 field-level health service providers from both the Department of Health and Family Planning and their first-line supervisors as well as the local level volunteers participated out of which 52 were male and 28 were female. The Deputy Director of Family Planning, Magura Khandakar Shafiqul Islam was the chief guest of the event.

And in the second batch, 87 health service providers and volunteers participated out of which 33 were male and 54 participants were female. On each day, the facilitators of the event provided hands-on orientation about the different aspects of the NVAC eLearning solution. The facilitators also shared the backdrop and key features of the app. Besides that, a large portion of the orientation was focused on the difficulties and challenges faced by the users during the use of this app including its installation, operation, and navigation. At the end of the end users' orientation session and Master Trainers' Training, the facilitators of the events collected the feedback of the participants on the newly developed eLearning App.

Participants' Information: Piloting of NVAC eLearning App

Name of the Event	Male	Female	Total
Master Trainers' Training	23	04	27
End-User Orientation Session	85	82	167

Key Feedbacks of End Users on the NVAC eLearning App:

- The contents of the NVAC eLearning solution will be very much helpful for the end-users.
- Current technical features of the App should be more user-friendly.
- This app will help the end-users to implement the activities of the NVAC+ program at the field level more comfortable way.
- Accessibility, availability, and affordability of internet and android phones make some challenges to use this app for some users.
- Some of the parts still have the English option instead of Bangla but it should be totally in Bangla
- Bi-lingual options need to be incorporated into the solution.

Now we are living in the era of technology and our health sector is not behind this reality so to ensure the quality service for the field level service recipients and to confirm the satisfaction of the service recipient's technology-based solution is the most convenient and cost-effective mechanism. So, hope this NVAC eLearning solution will be a landmark initiative for both NNS and Nutrition International in the era of the technology-driven system for the next generation.

Implementing COVID-19: A Nutrition Response for Pregnant Women and Children



Photo: Line director- NNS discussing about ER project during sensitization meeting (1) and workshop with district officials (2).

COVID-19 pandemic has affected the ANC coverage across Bangladesh due to which, National Nutrition Services (NNS)-IPHN is implementing an emergency focused nutrition response program supported by Nutrition International (NI) in the selected two districts- Jamalpur and Sherpur of Bangladesh. The purpose of this one-year emergency program is to improve the maternal health through increased coverage of IFA supplementation during pregnancy by ensuring uninterrupted IFA supply in all the government facilities, improving the quality and number of ANC services and raising community awareness. The different activities under ER program have started since October 2021 which included few meetings, trainings and workshops at National and Sub-national level. The first meeting under this grant was organized during November 2021 involving the representatives from GoB including National Nutrition Services (NNS)-Institute of public health nutrition (IPHN), Community Based Health Care (CBHC), Director General of Health Services (DGHS), Director General of Family Planning (DGFP) and Nutrition International (NI) to sensitize the people who is the key decision makers from the Government to execute the project. After sensitizing the key decision makers, the orientation workshop with district officials was organized in Nov'21. The main purpose of this orientation program was to inform the district level managers about the objectives and the goal of the ER program and to plan appropriate strategies for improving 4+ ANC,

IFA demand creation, supply and utilization and increasing nutrition counselling rates at their respective districts. As a part of this NNS organized a training of the trainers (TOT) to create master trainers during the month of December 2021. Through this sub-district officials (MODC, MOMCH) received training and acted as resource person at their respective upazila to play the key role in building capacity of key service providers i.e. Medical Officers (MO), Nurses, SACMO, FWV, HA, FWA, CHCP and their supervisors in strengthening the delivery of the maternal nutrition package. After the successful completion of the ToT day long district orientation and planning meeting (one for each of the districts) was organized by the district level managers (Civil Surgeon) of Jamalpur and Sherpur. High officials from NNS-IPHN actively participated in these meetings to orient the district and sub-district level managers and first-line supervisors e.g. CS, DD-FP, DCS/MO-CS, UH&FPO, UFPO, MO-MCH, RMO (District hospital), District Health Education Officer, District Statistician, Public Health Nurse, District Store Keeper and District EPI Superintendent regarding the purpose of this project and planned a strategy to increase the coverage of ANC & IFA among the pregnant women and improve their nutritional status in partnership with Nutrition International (NI).



In January 2022, capacity development training for the field functionaries took place in the 12 Upazilas of two project districts where a total of 98 batches covering 2922 participants received the training. Managers from NNS-IPHN and Civil Surgeon and DDFP performed supervision and monitoring visits at the sub-district level to ensure the quality of the training.

Overall, the training was effective and successful with interactive sessions, role-play performance, group discussions following a training manual developed by NI and approved by NNS-IPHN covering the necessary topics on ANC check-ups, benefits and doses of IFA, birth planning, pregnancy and nutritional counselling, etc.



Photo: Introducing BCI materials during capacity development training (1) and conducting role play session (2)

DLI Data Management Training: A Step Towards Capacitated Field Level Statisticians



Photo: Workshop on DLIs & DLRs Nutrition Data Management at Cumilla district

A guidance note on data analysis and reporting of DLR 13.4 & 14.4 was developed by National Nutrition Services (NNS) with the technical support of the World Bank consultant at IPHN. In July 2022, NNS has officially disseminated and provided hands-on training on this guidance note to the target participants (e.g. all upazila and district level statisticians and UH&FPOs) in all 15 districts of Sylhet and Chattogram divisions. The aim of this guidance note is to facilitate the monitoring and tracking of the progress of essential nutrition services at the field level by following up on the relevant indicators, building the capacity of the relevant personnel,

identifying weak-performing community clinics through data analysis, and notifying concern authority and appropriate stakeholders to take corrective action to improve service delivery. In this training session, a comprehensive discussion was made on each chapter of the guidance note. During the chapter on data extraction and analysis, all the upazila level statisticians follow the procedure and produced their respective upazila performance report. For further support and proper implementation of this guidance note at the field level District civil surgeons seek guidance from Upazila managers.



Photo: Workshop on DLIs & DLRs Nutrition Data Management at Chandpur district

Divisional Level Workshop on DLIs and APA Activity



Photo: Divisional level workshop on DLIs & APA at Divisional Director (Health) Dhaka Division

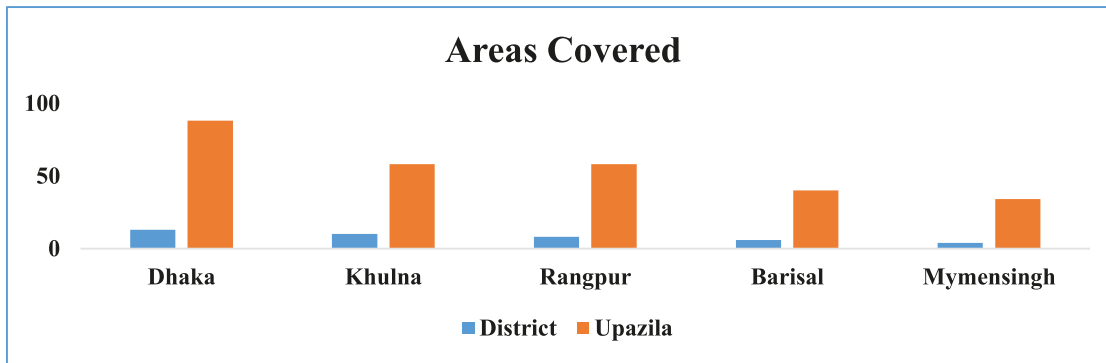
In June 2022, National Nutrition Services (NNS) organized a day-long divisional level workshop on Disbursement Linked Indicators (DLIs) and Annual Performance Agreement (APA) activity in Mymensingh, Rangpur, Dhaka, Barisal, and Khulna divisions. The main purpose of this workshop was to sensitize the activities of essential nutrition services under DLR 13.4 and 14.4 to non-HSSP divisions. In addition to this, representatives from NNS also disseminate the progress status of essential nutrition services for quarter-1 (January to March 2022) and shared valuable recommendations to improve the progress in the coming months.

Using this same platform representative from DG Health Planning Unit discussed on APA activity and described briefly the functionality and progress status. NNS has been organizing such workshops since 2019, however, due to the COVID, 19 pandemic NNS is unable to organize the divisional level workshop in the years 2020 and 2021. But it is expected to be organized divisional level orientation session every year to keep the momentum of the progress of essential nutrition services under DLR 13.4 and 14.4 to non-HSSP divisions.

Each workshop was inaugurated by the welcome speech of the Deputy divisional director and chaired by the Divisional director. Through these five individual divisional level workshops, the main objective of this workshop has been delivered to the total number of 41 districts and 278 upazila level managers.



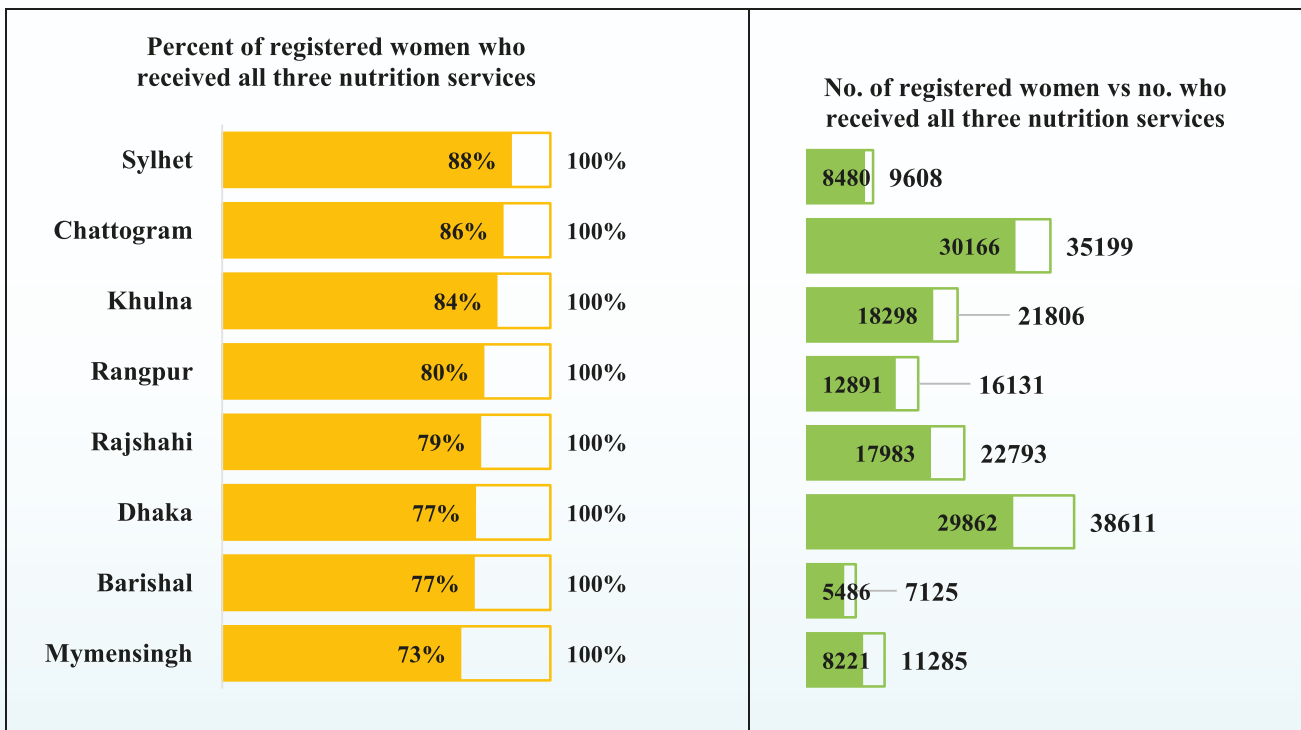
Photo: Divisional level workshop in Mymensingh



National Performance status of Maternal Nutrition Services (DLR 13.4)

Key Findings

- The three divisions achieving the highest proportion of services are Sylhet (88 percent), Chattogram (86 percent), and Khulna (84 percent).
- In terms of absolute numbers, Chattogram, Dhaka, and Khulna provided the highest number of services.
- The divisions with the lowest proportion of services delivered are Mymensingh (73 percent), Barishal (77 percent), and Dhaka (77 percent).
- Barishal, Mymensingh, and Sylhet provided the least number of services in terms of absolute numbers.



National Performance status of Child Nutrition Services (DLR 14.4)

Key Findings

- The three divisions with the highest proportion of services are Chattogram (89 percent), Sylhet (88 percent), and Khulna (82 percent).
- In terms of absolute numbers, Chattogram, Dhaka, and Khulna provided the highest number of services.
- The divisions with the lowest proportion of services delivered are Mymensingh (53 percent), Dhaka (66 percent), and Barishal (68 percent).
- Barishal, Mymensingh, and Sylhet have the least number of services in terms of absolute numbers.

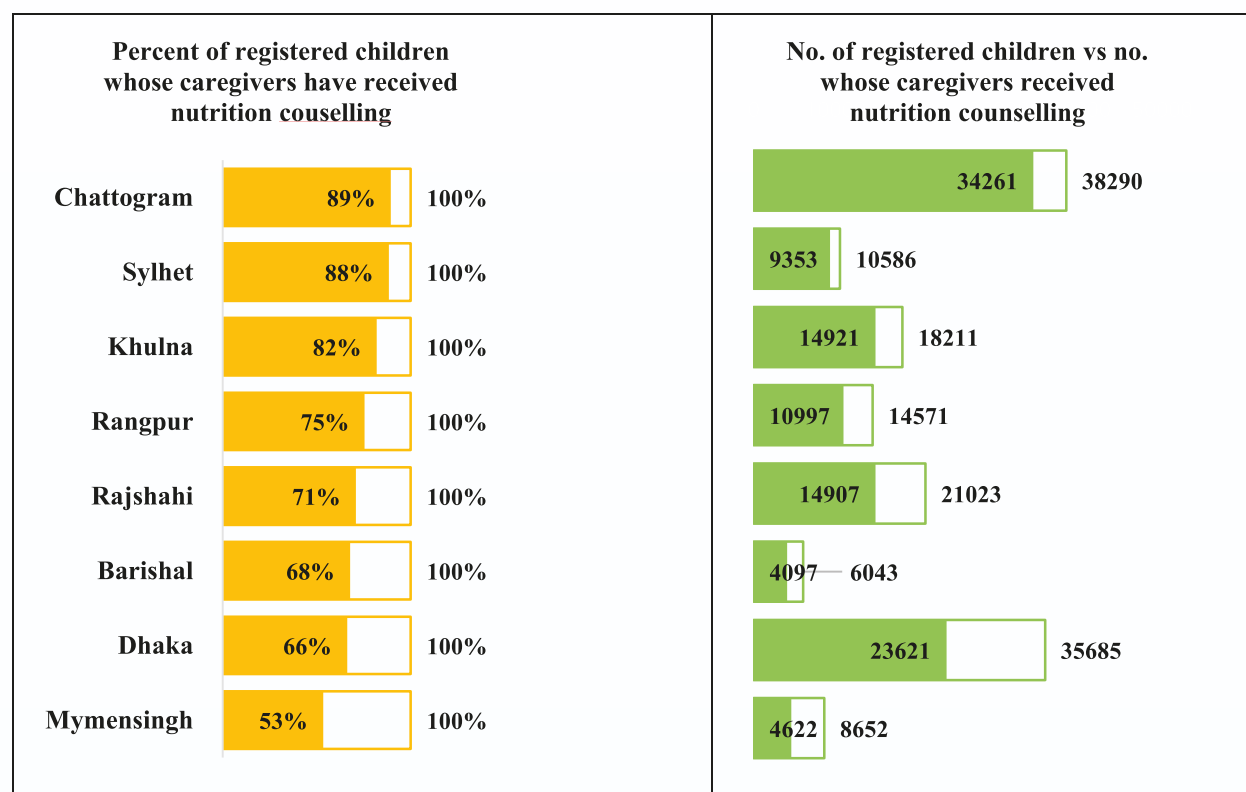


Photo: DLIs & DRs Refresher Training at Lama Upazila

Status of Essential Nutrition Services in Sylhet and Chattogram Divisions

Time period: June 2022

Key Findings

- A large number of community clinics in Sylhet have been closed due to unprecedented floods. As a result, the number of eligible pregnant women and mothers of children (0-23 months) seeking basic health and nutrition services have decreased considerably.
- In the Chattogram division, the number of beneficiaries (eligible pregnant women and mothers of children (0-23 months) have remained comparable to the previous month.
- Outbreaks of diarrhoea have been reported among children under 5 years of age in the Bandarban district. All the CHCP and upazila level managers are working on managing the situation.
- Divisional refresher trainings on DLRs have been completed in Rangpur and Mymensingh divisions.
- Training on DLI data analysis and reporting has been completed in 13 districts out of 15 districts in Chattogram and Sylhet divisions.
- Essential nutrition services are available at the community clinics:
 - Maternal and age-appropriate child nutrition counselling is being provided to eligible registered beneficiaries.
 - Lack of functional anthropometric tools (e.g., weighing scale, height board, and salter scale) were reported by CHCPs leading to a decrease in the number of mothers and children measured.
 - IFA and calcium supplements are being provided to pregnant women and lactating mothers and no shortages have been reported. Furthermore, basic medicines are being provided as part of basic health services.
 - The monthly performance status for May 2022 and a list of zero reporting community clinics were shared with all district and upazila level managers in Chattogram and Sylhet divisions for corrective actions.



Photo: Waterlogged condition of a community clinic in Sunamganj district

Update on Priority Results & Indicators: April 2022

Under the dynamic leadership and guidance of Mr. Zahid Malek, MP, the Honorable Minister, MOHFW, respectable Senior Secretary Lokman Hossain Miah, HSD, MOHFW and respectable Director General of DGHS, Prof. Dr. Abul Bashar Mohammad Khurshid Alam, MIS department and National Nutrition Services (NNS), IPHN are releasing NNS PNRI report card. This score is derived from four Priority Nutrition Results Indicators (PNRIs) which are reported through DHIS2 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.gov.bd/en_US/) where more information can be accessed, including upazilla status. PNRI trends up to April'22 presented below.

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

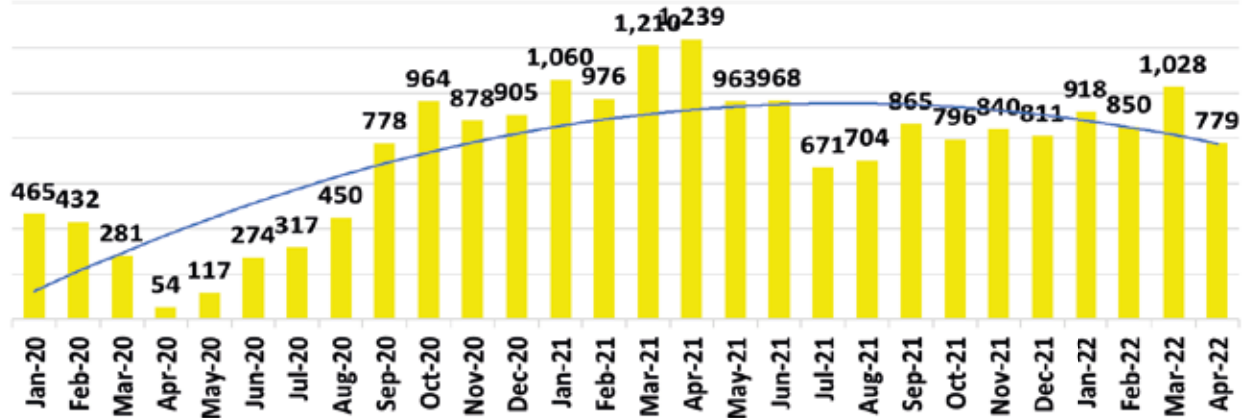
PNRI functional data						PNRI service data						
Reporting Period	% of facilities reporting on complete nutrition indicator	% of facilities providing IYCF counselling to caregivers	% of pregnant women weighted during clinic visit (Cumulative)	% of children screened for SAM at facility	Composite Index	No of children screened for SAM at facility	No of Children Identified with SAM	No of SAM children admitted	No of 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	435,951	0%	59%
Dec-21	63%	94%	89%	84%	0.83	293,158	1,356	811	252,844	406,914	0%	60%
Jan-22	66%	95%	114%	84%	0.90	319,347	1,471	918	266,989	404,738	0%	62%
Feb-22	66%	95%	113%	81%	0.89	268,699	1,440	850	244,562	404,760	1%	59%
Mar-22	67%	95%	98%	78%	0.85	321,709	1,697	1,028	272,065	440,781	1%	61%
Apr-22	68%	95%	96%	81%	0.85	287,588	1,726	779	248,217	399,097	1%	45%

- Since January 2020 to January 2022, National CI value has increased 0.60 to 0.85
- Both PNRI functional and service data has also improved.

Very Poor	Average	Good	Over Estimate
	50-74%	>75%	>100%

- Since January 2020 to April 2022, National CI value has increased 0.60 to 0.85.
- Compared to January 2020, proportion of children screened in IMCI-Nutrition corners was increased from 34% to 81% in April 2022 and in January (84%) was the highest percentage (%) of screening in IMCI-Nutrition corner.

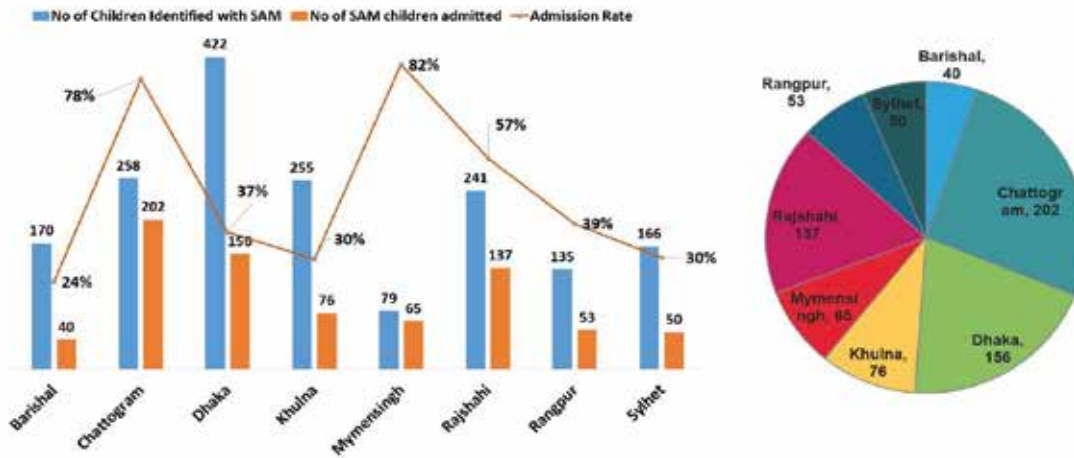
Severe Acute Malnourished admitted in SAM inpatient units (DHIS2)



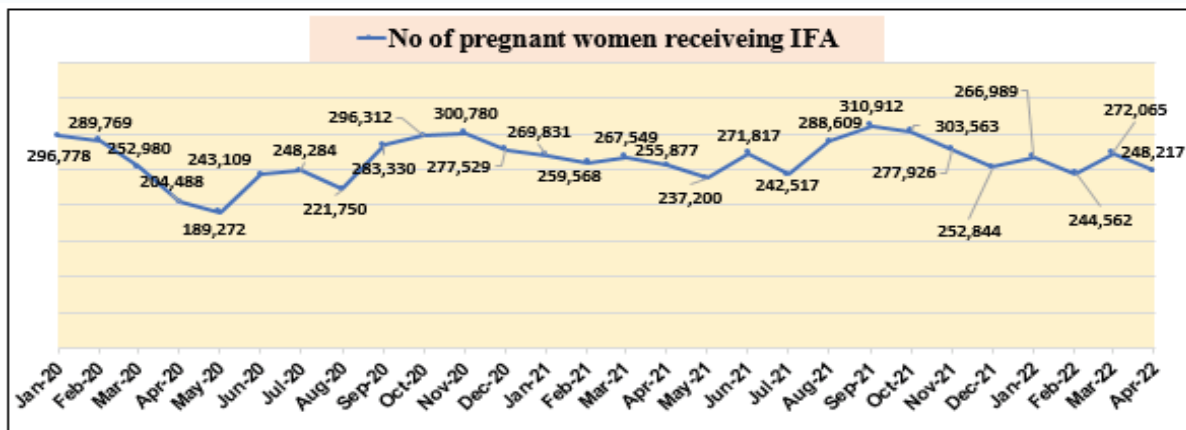
Source: DHIS2 database, Data downloaded 16 May 2022.

- In April 2022, SAM admission has decreased to 779 from 1,028 (March 2022).
- In April 2022, The IFA distribution coverage has decreased to 248,217 from 272,065 (March 2022).
- From the month of October, the caregiver of counselling coverage has been decreasing. In April 2022, the coverage has decreased to 399,097 from 440,781 (March 2022).

DIVISION WISE SAM CASES IDENTIFIED VS ADMISSION April 2022



- Division wise variations has highly increased in terms of SAM cases identified from screening vs admission
- Three out of Eight divisions have admission rate over 50%!!!



With Nutrition Fairs, USAID Promotes Improved Nutrition and WASH Practices



Photo: A nutrition fair organized by Feed the Future Bangladesh Nutrition Activity in Patuakhali district.

Poor dietary diversity, sanitation, and hygiene practices in rural Bangladesh exacerbate undernutrition. Gender inequality in household decision-making also contributes to women and young children’s poor nutritional status.

Following the observation of National Nutrition Week on April 23-29, 2022, supervised by Health Service Division of Ministry of Health and Family Welfare (MoHFW), the USAID Feed the Future Bangladesh Nutrition Activity organized nutrition fairs (pusti mela) in its target regions. The fairs’ promoted nutrition, WASH, menstrual hygiene, awareness of child marriage and the 109 helpline, and homestead gardening.

The Activity organized the nutrition fairs in the schools adjacent to all 54 growth centers (markets) across Faridpur, Khulna, Patuakhali, and Cox’s Bazar. The fair held meal preparation demonstrations, invited nutritionists to share health benefits of diverse nutritious diet, and hosted cooking competitions (Rannar Lorai) for students.

Students performed stage dramas and organized rallies. The fair also showcased efforts of food vendors, school clubs, and local government departments from Agriculture Extension, Health, Livestock and Fisheries, and the Islamic Foundation, in promoting nutrition.

Field observation and monitoring data estimates more than 25,000 people participated in the nutrition fairs. The fairs encouraged adolescents and community members to make informed decisions on their nutritional choices and helped raise awareness on improved WASH practices, gender sensitivity, and shared responsibilities of workload.



QUOTES FROM BENEFICIARIES

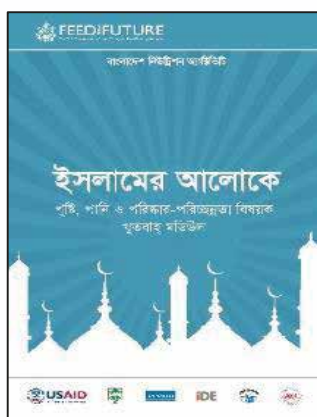
“It was a great opportunity to showcase our activities and create awareness on diverse nutritious food intake and personal hygiene among the participants,” said Sumaiya Nazneen Nispa, a student of class 10 in Bakhunda High School in Faridpur. “The cooking competition and demonstration of school vegetable gardens created a buzz in the local community. I believe it will help us improve nutrition intake in a great way.”

Religious Leaders are Champion for disseminating message on Nutrition, Women Empowerment and WASH Related During Prayers

The USAID funded Feed the Future Bangladesh Nutrition Activity (BNA) has been designed to empower and support market and community actors to improve nutritional outcomes of households, particularly women, children under the age of 5 years, and adolescents in Faridpur, Patuakhali and Khulna District. Three results underwrite this goal: 1) consumption of nutritious, diverse, and safe diets by rural households; 2) social and economic empowerment of women and adolescents; and 3) adoption of improved water, sanitation, and hygiene (WASH).

The project developed three modules i.e. Khutbah guide for Imam, Purohit and Priest with collaboration of Islamic Foundation, Hindu religious Welfare Trust and Christian Priest. Master trainers of those

departments provided training to the religious leaders (Imam 775, Purohit/Hindu religious leader 61, Priest 7) according to the guideline. The project supported and facilitated all those training. Objectives of the training is to increase the awareness at their congregation on the importance of diversified nutritious food consumption, women's empowerment and labor burden, and WASH behavior.



Sermon guide for imams

Imams disseminate the message at the Friday sermons, after each prayer, courtyard, waz mahfil etc. Purohit and priest also disseminate message among the devotees and courtyard sessions. Recently, it is observed that Imams are producing homestead production at Mosque premises as well as their households.



MASTER TRAINERS, ISLAMIC FOUNDATION, PATUAKHALI FACILITATED TRAINING FOR IMAMS.

The project conducted a monitoring analysis among the trained religious leaders and found very impressive findings of different message disseminations in percentage example- 86% trained religious leaders disseminating nutrition message during prayers which is shown in table below.

Message dissemination areas	Findings
Nutrition message	86%
Health practice in washing hand	69%
Hygienic latrine	61%
Safe water utilization	53%
Support women in HH work and decision-making process	50%
Importance of homestead gardening	47%
Diversified food for women and child	39%
Importance of women education	39%
Discussion on fish, meat, & milk	31%
Benefit of Iron, Iodine & Zinc	14%
Vitamins (micronutrients)	11%
Discussion on adulteration of food	11%
Discussion on balanced diet	8%
Recognize rights, works, and encourage women for IGA	3%

Workshop on Multisectoral, SDG & GMP at Division and District



Photo: Workshop on SDG & GMP at Divisional Director (Health), Dhaka Division



Photo: Workshop on SDG & GMP at Narayanganj District



Photo: Workshop on Multisectoral at Divisional Director (Health), Barishal Division



Photo Workshop on Multisectoral at Habiganj District



Workshop on SDG & GMP at Divisional Director (Health), Dhaka Division



Photo: Workshop on Multisectoral at Divisional Director (Health), Mymensingh Division



Photo: Workshop on Multisectoral at Thakurgaon District

Photo Gallery



Photo: Dr. Md. Anwar Hossain Howlader, Secretary, Health Services Division, Ministry of Health and Family Welfare (MOHFW) was giving his speech at Vitamin 'A' Plus Campaign June 2022.



Photo: BMS Act workshop



Photo: Vitamin 'A' Campaign District Orientation Workshop



Photo: Strengthen Government leadership to coordinate and ensure delivery of critical nutrition interventions in line with NNS OP



Photo: DLIs & DLRs Refresher Training at Cox's Bazar



Photo: Vitamin 'A' Plus Campaign



Photo: NVAC+ RTMR TOT at Dhaka Division

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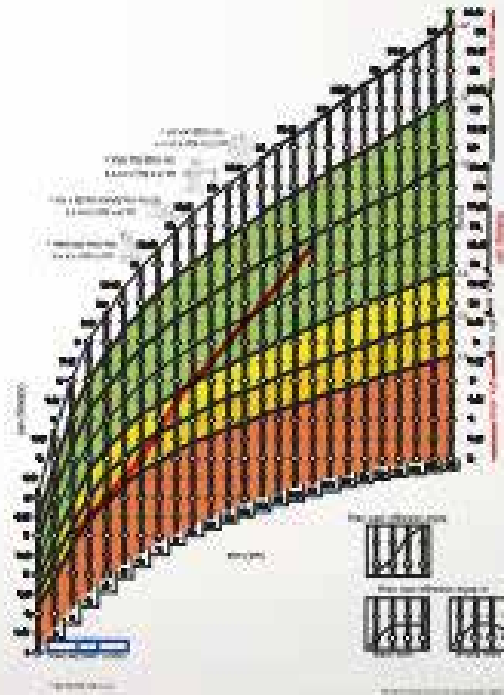
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শিশুদের অপুষ্টি প্রতিরোধ এবং নিয়ন্ত্রণে স্বাস্থ্য মনিটরিং ও প্রমোশন (জিএমপি)



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





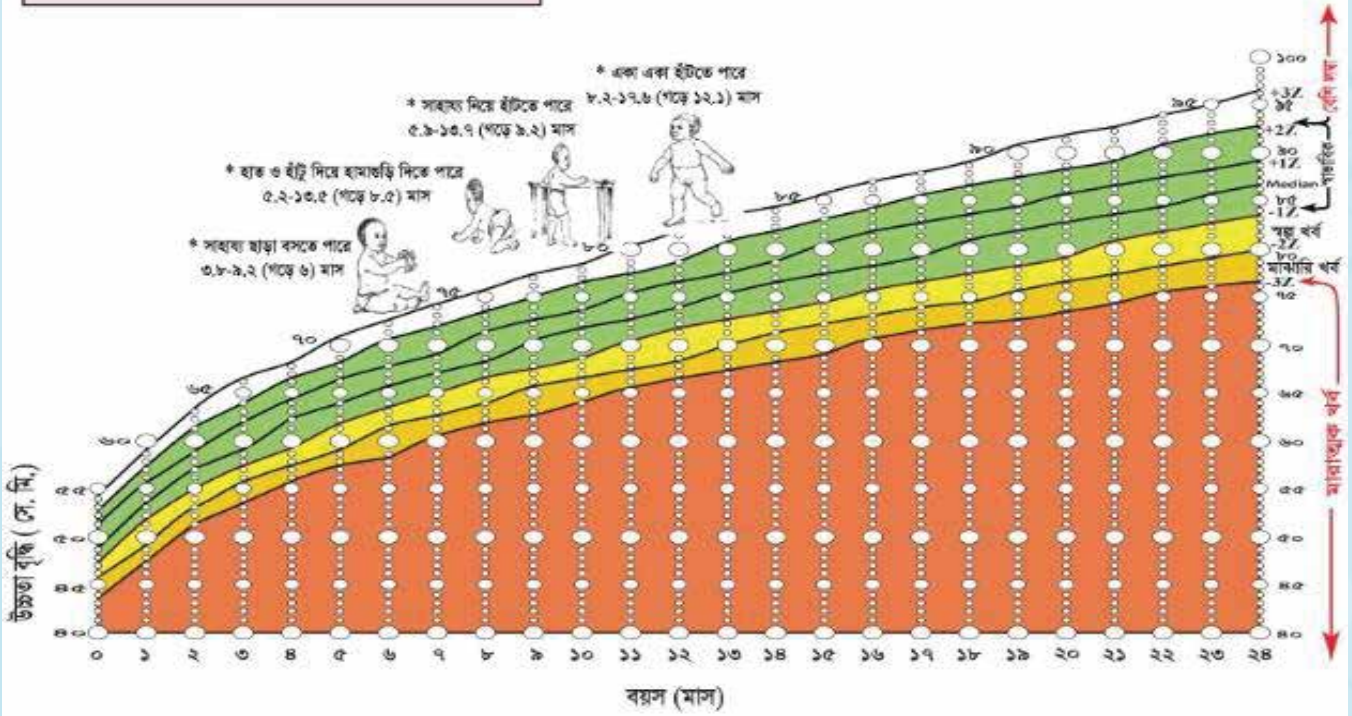
জাতীয় পুষ্টিসেবা

শিশুর স্বাস্থ্য ও পুষ্টি কার্ড
(মেয়ে শিশুর জন্য)

(গ্রেপ মনিটরিং ও রিসোলশন কার্ড)
প্রত্যেক মাসে শিশুর ওজন নিন



মেয়েদের উচ্চতা বৃদ্ধির চার্ট



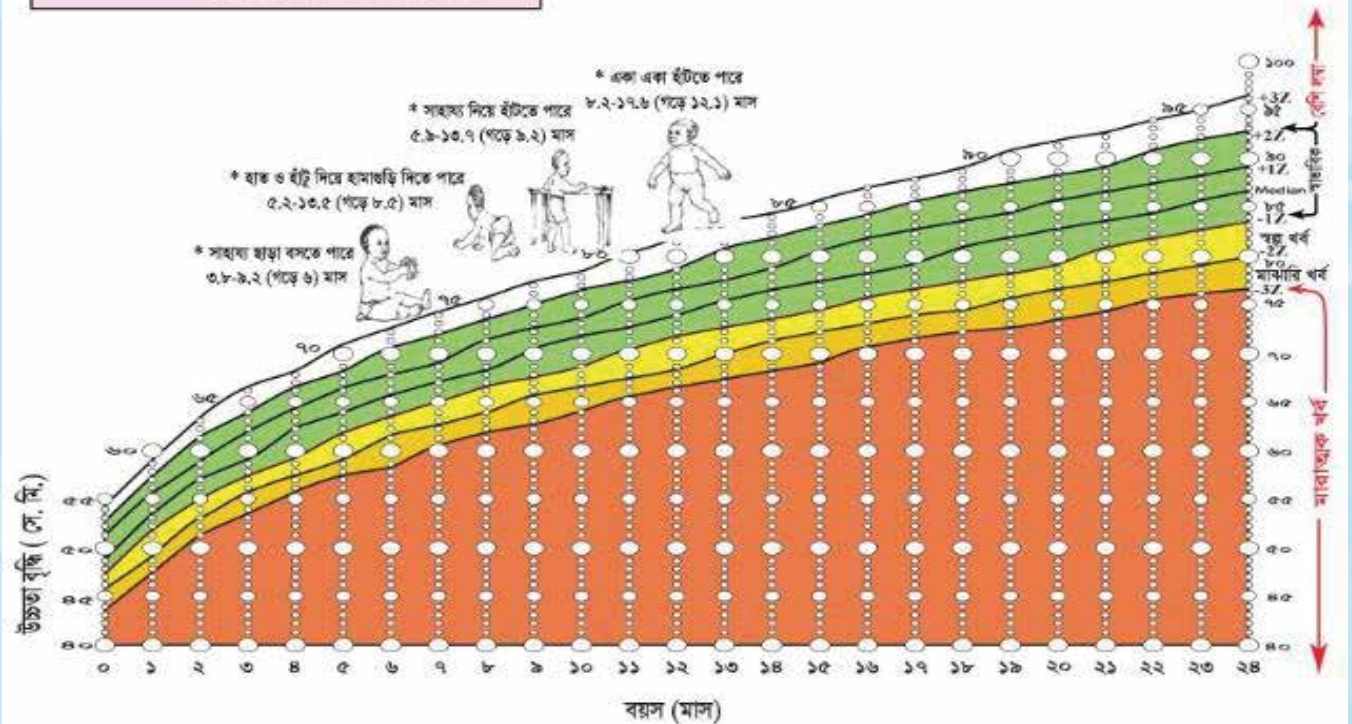
জাতীয় পুষ্টিসেবা

শিশুর স্বাস্থ্য ও পুষ্টি কার্ড
(মেয়ে শিশুর জন্য)

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প্রত্যেক মাসে শিশুর ওজন নিন



মেয়েদের উচ্চতা বৃদ্ধির চার্ট



খাদ্য উপাদান (আমিষ/প্রোটিন)

প্রধান উৎসসমূহ ও পরিমাণ (প্রতি ১০০ গ্রামে)

প্রাণিজঃ পরু/মুরগীর মাংস (১৯.২ গ্রা.), ট্যাংরা (১৮.২ গ্রা.), কৈ (১৭.৫ গ্রা.), চিংড়ি (১৭.৬ গ্রা.), পান্নাস (১৫.৯ গ্রা.), মুরগী/হাঁসের ডিম (১৬.৫/১৪.৩ গ্রা.) ইত্যাদি।
উদ্ভিজ্জঃ মসুর ডাল (২৭.৭ গ্রা.)

উৎসঃ ফুড কম্পোজিশন টেবিল ফর বাংলাদেশ, আইএনএফএস, ঢাকা বিশ্ববিদ্যালয়, ২০১৩

প্রাণিজ
উৎস



উদ্ভিজ্জ
উৎস



বয়স অনুযায়ী চাহিদা (গ্রাম)

বয়স (বছর)	৫-৬	৭-১০	১১-১৪	১৫-১৮	১৯-৬৫+	গর্ভাবস্থায় (১ম ও মাস)	গর্ভাবস্থায় (২য় ও মাস)	গর্ভাবস্থায় (৩য় ও মাস)	স্তন্যদানকালে (০-৬ মাস)	স্তন্যদানকালে (৭-১২ মাস)
পুরুষ	১৭.১	২৫.৯	৪০.৫	৫৭.৯	৩৩.৬৬					
নারী	১৬.২	২৬.২	৪১	৪৭.৪	৩৩.৬৬	+১	+১০	+৩১	+১৯	+১৩

উৎসঃ জাতীয় খাদ্য গ্রহণ নির্দেশিকা, ২০১৫

খাদ্য উপাদান (চর্বি/ফ্যাট)

প্রধান উৎসসমূহ ও পরিমাণ (প্রতি ১০০ গ্রামে)

সয়াবিন তেল (১০০ গ্রা.), সরিষার তেল (১০০ গ্রা.), ঘি (৯৯.৮ গ্রা.), মাখন (৮১ গ্রা.), নারিকেল (৬২.২ গ্রা.), চিনা বাদাম (৪৬.৬ গ্রা.) ইত্যাদি।

উৎসঃ ফুড কম্পোজিশন টেবিল ফর বাংলাদেশ, আইএনএফএস, ঢাকা বিশ্ববিদ্যালয়, ২০১৩



বয়স অনুযায়ী চাহিদা (%মোট শক্তি/দিন)

বয়স (বছর)	৫-৬	৭-১০	১১-১৪	১৫-১৮	১৯-৬৫+
পুরুষ	২৫-৩৫	২৫-৩৫	২৫-৩৫	২৫-৩৫	২০-৩৫
নারী	২৫-৩৫	২৫-৩৫	২৫-৩৫	২৫-৩৫	২০-৩৫

উৎসঃ জাতীয় খাদ্য গ্রহণ নির্দেশিকা, ২০১৫

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

