## A Successful Story of NNS of DLIs…….

<table>
<thead>
<tr>
<th>DLI 13</th>
<th>DLI 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal nutrition services are expanded</td>
<td>Infant and child nutrition services are expanded</td>
</tr>
<tr>
<td>Iron and folic acid supplements (30 tablets) for pregnant women</td>
<td>For children aged under 6 months, counseling on exclusive breastfeeding</td>
</tr>
<tr>
<td>Weight measurement of pregnant women</td>
<td>For children ages 6 to 23 months, counseling on complementary feeding (homemade) along with breastfeeding</td>
</tr>
<tr>
<td>Counseling for pregnant women</td>
<td>For 13% of registered pregnant women who receive all three services during a single visit</td>
</tr>
</tbody>
</table>
করোনা (কোভিড-১৯) মহামারি চাকালীন সময়ে
জাতীয় পৃষ্ঠপোষক (এনএনএস) হতে সকল কমিউনিটি ক্লিনিকের
সিইচসিপিগের জন্য পৃষ্ঠ পরামর্শ সমূহ

গর্ভবতী মায়ের
- গর্ভবতী মহিলাদের সৈকত ২ বেলার সমান অতিরিক্ত খাবার প্রধান করা।
- একত্রিত হাতের খাবার বাস্তবের পশ্চাদপরিক স্তরে গাড়ি রকমের শাকসবজি ও ফলচুরি বিদেশ করা।
- একত্রিত প্রতি দিনের প্রথম ১ জন্য আরেক দিনের ফলিত একজন টিএসএফ টু প্রথম দিন সমুদ্র ও পুরুষদের খাবারের প্রথম ১টি করে ক্যালসিমিয় ট্যাক্ষাটেল অথেষ্ট করা।
- প্রাতে কমপক্ষে ১৬-১৬ ঘোড়া সব, সব, সব ও পর্যটন পথ না, প্রাতে স্বাস্থ্য না, অতিস্ত বাষ্পায়নের পরামর্শ প্রধান করা।
- যুক্তি, স্বাস্থ্যকর দুধ সবকার হলে নাক, কাশ, ও পুরো স্বাস্থ্য না, করা, অতিস্ত বাষ্পায়নের পরামর্শ প্রধান করা।

০-৬ মাস বয়সী শিশুর
- ৬ মাস (২০পিনা) পর্যন্ত পড়া হর খাবার দুধ চাষায়।
- মাত্র ৬ মাসের পর কুমড়া দিয়ে প্রথম পাপন করা।
- শিশুর ও পুরুষ শরীরের পাপন, বেদনা করলে শিশুর বিশেষ ফলিত/ফলিত জ্বালামূল অথচ সাধারণকরণের আলোচনা করা হয়ে।

৬-২৩ মাস বয়সী শিশুর
- প্রথম পাপন ৬ মাস পর্যন্ত হয় বর্তমান, পর্যন্ত এবং নিয়মিত খাবার বিশেষ করে ঢেকে হয়। পাপনাশ্চী ২ বছর পর্যন্ত দুঃখ পৃষ্ঠপোষক দুধ চাষায় শরীরের তত্ত্বাবধান হয় অভিযন্ত।
- প্রথম বছর পর্যন্ত দুধ মাত্র চাষায় হয়ে উপযোগী খাবার দ্বারা করা হয়।
- পাপনাশ্চী ২ বছর পর্যন্ত দুধ পৃষ্ঠপোষক দুধ চাষায় শরীরের তত্ত্বাবধান হয়।
- পাপনাশ্চী ২ বছর পর্যন্ত দুধ মাত্র চাষায় হেং উপযোগী খাবার দ্বারা করা হয়।
- পাপনাশ্চী ২ বছর পর্যন্ত দুধ মাত্র চাষায় হেং উপযোগী খাবার দ্বারা করা হয়।

দুখুজাতনকারী কোনো মা যদি কোভিড-১৯ দিনে সংক্রমিত হয় বা পুনরন্তরিত হয়, সেক্ষেত্রে কর্মীর
- অস্থায়ী লক্ষণ থেকে শিশুকে মাত্র দুধ খাবারের চাষায় দেওয়া হয়ে মাত্র ২ বছরের মধ্যে কোভিড-১৯ সংক্রমণ হচ্ছে না। এমনকি অস্থায়ী এবং আসলিত লক্ষণ থেকে শিশুকে কোভিড-১৯ দিনে সংক্রমণের বৈষম্য করেৎ এবং স্বাস্থ্য সমাপ্ত না হওয়া কেবল হচ্ছে।

অবশীষ মানু রাখতে হবে
- সূূত্র, নায়ক মাত্রী জতন বা সাংস্করিতে প্রত্যেক প্রাতে সাংস্করিতে প্রত্যেক প্রত্যেক
- প্রাতের প্রাতে মাত্রী দুধ দুধ পোড়া হচ্ছে।
- মুলায়ন ঘটিতে প্রাতে প্রাতে মাত্রী মুলায়ন ঘটিতে প্রাতে
- মূলায়ন ঘটিতে প্রাতে প্রাতে মাত্রী মুলায়ন ঘটিতে প্রাতে
- মাত্রীর শরীরে মুলায়ন ঘটিতে প্রাতে প্রাতে মাত্রী মুলায়ন ঘটিতে প্রাতে
- মাত্রীর শরীরে মুলায়ন ঘটিতে প্রাতে প্রাতে মাত্রী মুলায়ন ঘটিতে প্রাতে

Editorial

Dr. S M Mustafizur Rahman
Line Director, National Nutrition Services (NNS)
Directorate General of Health Services (DGHS)
Ministry of Health and Family Welfare (MoH&FW)

I am delighted to announce the publication of the 18th issue of National Nutrition Services (NNS) is going to publish. This newsletter is the platform to provide some nationwide scenario of programmatic information that express at a glance the current nutrition information system and latest interventions of NNS that guide policy makers and others stakeholder to plan nutrition program effectively for the future nutrition services in Bangladesh. We have seen some significant improvement in the last BDHS 2017-18 report regarding nutritional indicators. In this newsletter we have given focus on the current nutrition status in Bangladesh. This newsletter reports on the progress of ‘Disbursement Linked Indicator’ (DLIs) of National Nutrition Services (NNS), SAM Unit and Urban nutrition report. Another innovations of NNS is ‘Nutrition Score Card’ by District and ‘Pusti Tothho’ (Mobile SMS Campaign for DLIs).

This newsletter published the improvement and activities of NNS supported services at facility levels and also community-based nutrition activities. It also showcases overall information on various nutrition events in country. This is the opportunity to recognize the contribution of Honorable Secretary, MoH&FW and the Directors General of DGHS & DGFP for NNS, and along with thank to health managers and other service providers who are supporting NNS continuously.

I express my sincere thanks to the entire team of NNS for their support and contribution to publishing this newsletter. I am thankful to the officials of Nutrition Information and Planning Unit (NIPU) and UNICEF for their continuous hard work in the creation of this important document.

It should be noted that this edition covers events, programs and services that took place between October 2019 to December 2019. Hoping for the next issue in time with resourceful contents.

Dr. S M Mustafizur Rahman
Line Director, National Nutrition Services
Directorate General of Health Services
Ministry of Health and Family Welfare
Nutrition is an important determinant of physical growth, mental development and good health. When a malnourished child grows up with multiple physical and mental limitations, it becomes difficult for her/him to contribute to society and national development as an adult. In addition, malnutrition represents a major cause of child mortality.

Although child and maternal malnutrition has been reduced in Bangladesh, the prevalence of stunting among children aged less than five years was 31% (BDHS 2017-18) still high and 9% (BDHS 2017-18) were severely stunted. Stunting is most prevalent in Sylhet is 43% (BDHS 2017-18) and lowest in Dhaka and Khulna is 26% (BDHS 2017-18). Over the past decade, the child nutritional status has improved steadily.

Undernutrition has declined from 41% (BDHS 2007) to 31% (BDHS 2017) and prevalence of wasting has declined also from 15% (BDHS 2007) to 8% (BDHS 2017). Underweight is most prevalent in Sylhet is 33% (BDHS 2017-18) and lowest in Dhaka and Khulna is 19% (BDHS 2017-18).

Our objective to reduce the prevalence of stunting in children under-5 years is 25%, reduce wasting is <10% and reduce Low Birth Weight is <18% by 2022 as per current HPNSP. Level of exclusive breastfeeding has been distinctly higher from 55% (BDHS 2014) to 64% (BDHS 2017-18). Infants 6-23 months are fed with a minimum acceptable diet is 34% (BDHS 2017-18) has increased from 23% (BDHS 2014) and 79% (BDHS 2017-18) of children received Vitamin – A supplementation, increased from 62% (BDHS 2014). According to the last administrative report children (U5) received Vitamin – A supplementation is 98.7% in 2019.

Bangladesh is facing challenges of triple burden (micronutrient deficiency, undernutrition and overnutrition) of malnutrition. Overweight & obesity and nutrition-related Non-Communicable Diseases (NCD) are on the rise in the country. Overweight, obesity, high blood pressure, diabetes, heart attack, stroke etc. are now considered as emerging issues across different income groups and localities (urban-rural).
## Trends of Nutritional Status

### Relevant Result Framework Indicators (RFW) and Others Nutritional Indicators

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>43%</td>
<td>41%</td>
<td>36%</td>
<td>31%</td>
<td>25%</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>43%</td>
<td>64%</td>
<td>55.3%</td>
<td>65%</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Others Nutritional Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2007 BDHS</th>
<th>2011 BDHS</th>
<th>2014 BDHS</th>
<th>2017-2018 BDHS</th>
<th>NNS OP Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>41%</td>
<td>36%</td>
<td>33%</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>Wasting</td>
<td>17%</td>
<td>16%</td>
<td>14%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>SAM (WHZ&lt;3) under five</td>
<td>2.9%</td>
<td>4.1%</td>
<td>3.1%</td>
<td>2%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Infants 6-23 months are fed with minimum acceptable diet</td>
<td>41%</td>
<td>21%</td>
<td>23%</td>
<td>34%</td>
<td>40%</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>35.6% (2004, National low birth weight survey)</td>
<td></td>
<td>22.6% (National low birth weight survey, 2015-16)</td>
<td></td>
<td>&lt;16%</td>
</tr>
<tr>
<td>Early initiation of breastfeeding</td>
<td>43%</td>
<td>47.1%</td>
<td>50.8%</td>
<td>69%</td>
<td>80%</td>
</tr>
<tr>
<td>Improve caregivers' hand washing practice with soap before feeding the child</td>
<td></td>
<td></td>
<td>2% (FSNSP 2014)</td>
<td>4% (FSNSP 2015)</td>
<td>15%</td>
</tr>
<tr>
<td>Childhood overweight</td>
<td>0.9%</td>
<td>1.5%</td>
<td>1.4%</td>
<td>1.4%</td>
<td>1%</td>
</tr>
<tr>
<td>Vitamin ‘A’ Coverage</td>
<td>88%</td>
<td>60%</td>
<td>92%</td>
<td>98.7% (Administrative Report 2019),</td>
<td>99%</td>
</tr>
<tr>
<td>Anemia Non-Pregnant Non-Lactating</td>
<td></td>
<td></td>
<td></td>
<td>26% (2011 National Micronutrient Survey)</td>
<td></td>
</tr>
<tr>
<td>Anemia Children Under Five (U5)</td>
<td></td>
<td></td>
<td></td>
<td>33.1% (2011 National Micronutrient Survey)</td>
<td></td>
</tr>
</tbody>
</table>
Comprehensive Competency Training on Nutrition (CCTN) Roll-out of Second Phase on 18 January 2020 in 12 districts

National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN) is going to roll-out the second phase of Comprehensive Competency Training on Nutrition (CCTN) on 18 January 2020 to enrich the knowledge and skills on nutrition of both Health and Family planning work force from community to district level with the technical support of UNICEF. Total 31 districts and 3 city corporations were covered up to the first phase of CCTN. In this phase, 12 districts are planned to cover.

The Advisory and Technical Committee meeting of CCTN was held on 15 December 2019. According to the decision of the meeting, Sensitization Workshop on CCTN was held on 30 December 2019. All Divisional Directors of both Health and Family planning, Civil Surgeons and Divisional DDFP’s of selected 12 districts,

Directors of two implementing partners (NIPSOM and ICMH) & others relevant OP’s, and recruited Districts Trainers participated in the workshop.

Additional Secretary (PH&WH), MoHFW was present as Chief Guest and Director General of BNNC was Special Guest. Line Director, National Nutrition Services (NNS), IPHN Chair the workshop. After Sensitization Workshop, Training of District Trainer (ToT) was conducted from 4 January to 9 January 2020. The dry run was performed followed by ToT on 11 and 12 January 2020.

NIPSOM will conduct CCTN in Chattogram, Rangamati, Gopalganj, Khulna, Kurigram and Jamalpur district where ICMH will carry out training in Sylhet, Chandpur, Khagrachuri, Manikgonj, Barishal and Rajshahi in this phase. It is targeted to trained more than 17,000 health worker and completes the second phase of CCTN within June 2020.
Live Television Discussion Program on Nutrition ‘Pustie Sammridhe’

National Nutrition Services (NNS), IPHN of DGHS has signed a MoU with Bangladesh Television (BTV) to produce and telecast programs as like phone-in (live program) such as short drama serial, Documentary, Song, Jingel, Jari song, Spot drama, Nutrition filler etc.

Under this MoU NNS has started LIVE TV Discussion Program since 28 November 2019 named Pustie Sommridhi (Nutrition means Prosperity) It is decided that 17 episodes of BTV discussion program will be organized and in every program Two Medical & Nutrition Specialists attended the program along with expert presenter.

From 28 November 2019 to 23 January 2020 the programs have been aired in every Thursday at 12:00 pm and from 26 January 2020 the program has been telecasting in every Sunday after BTV news at 2:00 pm.

The program is direct and involving the viewers through phone-in, they can directly ask question on nutrition.

Under the guidance of Line Director – NNS & DPM (SBCC), USAID Ujjibon SBCC project & NIPU are committed to be actively involved in planning, designing, drafting and TA to implement all these programs in more effective and successive way. So long BTV live discussions were done on – nutrition situation in Bangladesh, Maternal, Child, Adolescent’s Nutrition, Vitamin A, Food Safety & Breast Feeding.

The Live program has been highly appreciated by the BTV viewers & they are asking important questions directly to the experts. It is fully interactive in nature. NNS has taken decision to extend the program through more episodes. USAID Ujjibon SBCC project and NIPU team are providing technical assistance to organize the ongoing event effectively.
Background of DLIs

Program-for Result (PforR) a new lending instrument, have introduced by the Development Partners. The first major development financing instrument to formally link disbursements to the achievement of results is termed ‘Disbursement Linked Indicators (DLIs)’. DLIs started with the aim to support capacity building and system improvements and efforts to improve effectiveness and efficiencies of total Government expenditures. 16 DLIs subdivided into 48 disbursement-linked results (DLRs) in 4th HPNSP which are yearly achievable. Achievements of DLRs trigger the disbursement of funding.

DLIs 13 & 14 Target for NNS OP

DLIs 13 (Maternal Nutrition services are expanded) and DLIs 14 (Infant and Child Nutrition Services are expanded) will achieve the target through the National Nutrition Services (NNS) Operation Plan (OP) of Institute of Public Health Nutrition (IPHN) with the support of Community Based Health Care (CBHC) and Directorate General of Health Management System (DG-HMIS). Delivery of specified services will be recorded and reported through a system of individual records for registered pregnant mother and registered infants and children (DLI-13 & 14). Targeted health facilities are 3,179 Community Clinics in the two divisions.

Planning to Achieve NNS DLIs 13 & 14

- DLI orientation workshop.
- Operationalization of nutrition information system in Bangladesh Workshop- identified gaps in register and reporting.
- Mapping of Priority Output Indicators-recording and reporting from different level of facilities.

Identifying the Gaps:

- In community clinic the child register there was no column for recording.
- No recording system for individual tracking system.

- No reporting of IYCF counseling through monthly Form 3 in DHIS2 system.

Steps for Achieving the DLIs Target 13 & 14:

1. Revision of Registers:
   - As first step, in consultation with CBHC data elements reviewed IYCF record was added
   - Also, maternal nutrition counseling was added. In the previous register there was only column to record on general counseling (not specific to nutrition)
   - The new registers came into effect from 1st of November 2019

2. System Modification in DHIS2:
   - Requested from NNS, IPHN to MIS to incorporate IYCF counseling reporting in DHIS2 individual Child tracker system, both community clinics aggregated monthly data reporting, which previously didn’t report nutrition counseling.
   - Requested with MIS to add a cell to record and report provision of IYCF counseling for each child in the individual tracker. After that IYCF counseling was activated on 17 Nov as it required rigorous testing.

3. Follow up with districts
   - Meeting with CS and senior district teams
   - Tele-conference with UHC
   - Sent SMS & Email on 16 October 2018 to UH & FPO and CHCP.

4. Automated data generation and visualization platform
### Results Achieved

<table>
<thead>
<tr>
<th>DLR</th>
<th>Title</th>
<th>Fiscal Year</th>
<th>Report Submission Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.1</td>
<td>Technical standards for maternal nutrition services are approved.</td>
<td>2017</td>
<td>Submitted on 18 January 2018</td>
</tr>
<tr>
<td>13.2</td>
<td>Reporting and quality assessment guidelines for maternal nutrition services are approved</td>
<td>2018</td>
<td>Submitted on 7 August 2018</td>
</tr>
<tr>
<td>13.3</td>
<td>Assessment is completed of maternal nutrition service quality in Sylhet and Chittagong divisions</td>
<td>2019</td>
<td>Submitted on 15 November 2019</td>
</tr>
<tr>
<td>13.4</td>
<td>Percentage (%) of registered pregnant mothers receiving specified maternal nutrition services in Sylhet and Chittagong divisions, reported for the previous CY</td>
<td>2018-2022</td>
<td>Submitted on 14 February 2019</td>
</tr>
<tr>
<td></td>
<td>28.64% of registered pregnant mothers received maternal services against the target of 5 % for 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.1</td>
<td>Technical standards for infant and child nutrition services are approved</td>
<td>2017</td>
<td>Submitted on 18 January 2018</td>
</tr>
<tr>
<td>14.2</td>
<td>Reporting and quality assessment guidelines for infant and child nutrition services are approved</td>
<td>2018</td>
<td>Submitted on 7 August 2018</td>
</tr>
<tr>
<td>14.3</td>
<td>Assessment is completed of infant and child nutrition service quality in Sylhet and Chittagong divisions.</td>
<td>2019</td>
<td>Submitted on 15 November 2019</td>
</tr>
<tr>
<td>14.4</td>
<td>Percentage (%) of registered infants and children aged under 2 years receiving specified nutrition services in Sylhet and Chittagong divisions, reported for the previous CY.</td>
<td>2017-2022</td>
<td>1) Report 2017: Submitted on 14 February 2019, 24.30% against the target of 10 % for 2017.</td>
</tr>
</tbody>
</table>

### Role of NIPU (Nutrition Information and Planning Unit) engagement

- NIPU prepared an implementation plan and every week Thursday discussed DLI implementation.
- Monitoring by phone follow-up weekly.
- Letter sent though NNS, IPHN email for DHIS2 system development, orient of nutrition DLI 13 & 14 and their role to achieve these targets.
- Meeting with CBHC and DG-MIS.
- Meeting with CS, UH&FPO, CHCP and orient about nutrition DLI.
- Started engagement at central level for system refinement, guideline development and as well as districts to move DLI implementation forward.
- Tele-conference with UHC.
- Monthly facility visit.
- Email and SMS had sent to all UH&FPO and CHCP regarding NNS DLIs on 16 October 2018.
- SMS sent to all UH&FPO and CHCP and support to DLI SMS campaign from 26th August 2019.
Under the dynamic leadership and guidance of our honorable Minister, Respectable Secretary, HSD, Ministry of Health and Family welfare and Respectable Director General of DGHS Prof. Abul Kalam Azad, National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN) is pleased to share last quarter NNS score card for 2019. Nationally, from June 2019 to December 2019, the CI (Composite Index) value has increased from 0.56 to 0.72. In other words, in June, the average status of the five indicators was 56% and this has increased to 72%. The Government has decided to increase the index to 0.8 by May 2020.

To achieve this:
1. Need to increase screening in SAM units, which is at present only 39% and
2. Need to increase weighing of pregnant women during ANC visit since the only 56%
Sunamganj could be a model in combating malnutrition: MA Mannan

Launching of “Participatory Multi-Sectoral Annual Nutrition Action Plan 2019-20 for Sunamganj”

Launching of “Participatory Multi-sectoral Annual Nutrition Action Plan – PMANAP 2019-20” for Sunamganj is particularly significant because the Second National Plan of Action for Nutrition 2016-2025 – NPAN2, which aims to achieve “Nutrition for all” by fostering inter-sectoral coordination has been adopted. The government has made nutrition a priority and taken steps to ensure that a strong policy framework is in place through developing the National Nutrition Policy 2015.

Collective Impact for Nutrition – CI4N of CARE Bangladesh has achieved another milestone with strong leadership of District Nutrition Coordination Committee - DNCC, Sunamganj through developed the PMANAP 2019-20 for Sunamganj, this is the first time in Bangladesh history. This Plan has been developed for Sunamganj district followed to Operational Guideline for District and Sub District Nutrition Coordination Committee, the PMANAP also been developed for 11 Sub-districts of Sunamganj. A Launching Ceremony has been organized by DNCC with the support of CARE Bangladesh on 12 December 2019 at FIVDB conference room, South Sunamganj.

The Hon’ble Minister Mr. MA Mannan, Ministry of Planning, Peoples Republic of Bangladesh, was present in the occasion as Chief Guest. Deputy Commissioner of Sunamganj Mohammad Abdul Ahad was the Chair of the occasion. Dr. Ashutosh Das, Civil Surgeon of Sunamgunj, delivered welcome speech and emphasized collective efforts in implementing the district nutrition plan involving officials from different ministries.


With the participation of National stakeholders, including government officials, donors and development partners and the elected representatives across different corners of the district, Mr. MA Mannan said that there was a time, when we were struggling to be self-dependent on food production and we essentially succeeded on this. Now it’s time to focus on nutrition. Announcing the increased allocation in water and sanitation to combat malnutrition in the haor region, he urged the elected representatives and officials to implement nutrition plan properly.

Dr. Md. Shah Nawaz, Director General of Bangladesh National Nutrition Council -BNNC, Dr. Md Khalilur Rahman, Director of Institute of Public Health Nutrition-IPHN, Dr. Ikhtiar Uddin Khandaker, Director – Health Program, Dr. Khrist Roy, Technical Advisor, Global Food & Nutrition Team, CARE USA and Dr. Iqbal Kabir, Consultant, BNCC were present as special guests at the launching ceremony.
**PustiTottho**: Connecting with Community Health Care Providers (CHCPs) by using SMS technology in Bangladesh

CHCPs are the key person in providing nutrition services at the community level and they often face various problems while providing those services. "Pusti Tottho" which is a communication platform done by real time mobile SMS based services; has been created so that CHCPs can report their problems and challenges anytime and from anywhere in Bangladesh. It is also connected with DHIS2 which is an Open Health Information System (OHIS).

CHCPs are required to enter the information about all pregnant women and children, who were enrolled and received nutritional services at their respective community clinics (CCs) on DHIS2. Through this SMS service CHCPs can look at their performance based on DHIS2 data that they have provided. The main purpose of the connection of SMS technology and DHIS2 is to increase the performance of the CHCPs on delivery nutrition services across Bangladesh.

In addition, SMS are also sent to the key managers of National, District and Upazila levels to strengthen the system of accountability and commitment to escalate nutrition situation all over in Bangladesh.

"Pusti Tottho" was first piloted on July, 2019 at districts of Khagrachari and Cox’s Bazar respectively. CHCPs of those respective districts were provided orientation on "Pusti Tottho" and then SMS were sent to them. Later detail instruction along with a guideline were prepared and were sent to the CHCPs of 15 districts of Sylhet & Chattogram. During second phase of SMS, 85 CHCPs reported about the supply shortage of weighing scale & one CHCPs demanded for IFA tablet supply.

As "Pusti Tottho" was innovated to strengthen the response & accountability of the existing system, 77 out of 85 weighing scale supply was mitigated by the actions based on the “Pusti Tottho” mechanism.

The next step of “Pusti Tottho” SMS service is to establish better connections with CHCPs so that they can send SMS by themselves to the system anytime from anywhere in Bangladesh.
Field Visit to Gowainghat Upazila of Sylhet District

Discussion during a training session on Supportive Supervision (SS) and Strategic Use of Data (SUD)

A field visit was undertaken during 14-15 October 2019 by Dr. Kazi Shamim Hossain, Deputy Director and Program Manager, National Nutrition Services, Dr. Premanondo Mondol, Civil Surgeon, Sylhet, Dr. Md. Moinul Haque, Health System Strengthening Advisor of Alive & Thrive and Saydur Rahman Siddique of Alive & Thriveto observe the “Training on Supportive Supervision (SS) & Strategic Use of Data (SUD)” for the first-line supervisors (HI, AHI, FPI etc.) of health and family planning department in Gowainghatupazila of Sylhet district.

Gowainghat is one of the six selected upazila of Alive & Thrive supported Upazila Learning Lab (ULL) in the priority (DLI related) divisions in Bangladesh.

The training was jointly organized by district health and family planning department and Alive & Thrive. The ultimate objective of this training was to strengthen the supportive supervision upto which the existing system can uptake and also to use the existing data for programmatic purpose.

During this field visit, Civil Surgeon of Sylhet, UH&FPO & UFPO of Gowainghatupazila were among the team members of joint field visit team.
In this reporting quarter four UNCC (Tarakonj and Pirgacha (Non-project) upazilla of Rangpur district, Jaldhaka and Nilphamari (Sadarupazilla of Nilphamari district) planning workshops were held in two working districts. Most of the UNCC members participated actively in the planning session and they prepared department wise draft nutrition action plan considering operational guideline of DNCC and UNCC. Later they submitted their departmental plan to the respective UNO within stipulated time. In the meeting it was decided that the Union Parishad will prepare their union wise nutrition plan which will be submitted in the respective upazila. The UNCC will compile all the department and union nutrition plan and then prepare a comprehensive plan. In the nutrition plan development process JANO project will be providing support where required.

Collaborative Effort of JANO
JANO extended its collaboration with district and upazilla administrations of two working districts in order to stimulate any effort related to nutrition. JANO collaborated with Nilphamari district administration to their launching event of “Menstrual Education and Services for Adolescents” that held on 18 November 2019 at district Shilpokola Academy Nilphamari. The event was inaugurated by the Principal Secretary of Prime Minister Office Mr. Md. Nojibur Rahman. Md. Khalilur Rahman, Director General administration and Mr. Mohammad Salahuddin, Director General Governance Innovation Unit of Prime Minister office were present as special guests. The ceremony was chaired by Mr. Md. Hafijur Rahman Chowdhury, Deputy Commissioner of Nilphamari district.

In this reporting quarter 6 UNCC (Rangpur-2, Nilphamari-4) meetings were held in two working districts. Most of the UNCC member actively participated in the meeting. UNCC members discussed about the activities and collected prescribed format to prepare action plan according to the operational guideline of DNCC and UNCC which they will submit in their Multi sectoral nutrition action planning meeting.

In Pirgacha (Non Project Upzilla) one UNCC meeting was held on 30 December 2019 according to decision of DNCC. The major agenda and discussion point were roles and responsibilities of UNCC members, National plan of action for nutrition (NPAN-2), operational guideline of UNCC, role of different departments to submit departmental activities as per the prescribed format of operational guideline of UNCC.
DLR 13.4: Progress of Maternal Nutrition Services in Sylhet and Chattogram Division CY 2018 Vs CY 2019. Percentage (%) of Register Pregnant Women received all 3 services

- The majority Districts achieved percentage above 50% in 2019
- Despite several challenges in the beginning like the limitation of anthropometric tools, online reporting devices, lack of knowledge on reporting and less support of server system, we have found significant progress in maternal nutrition services in 2019
- To maximize the support of frontline health care providers and enhance the service quality NNS has provided anthropometric tools to all 15 districts, server system has upgraded, orientation has done on DLI services and reporting system

DLR 14.4: Progress of Child Nutrition Services in Sylhet and Chattogram division CY 2018 Vs CYPercentage (%) of Caregivers of Children 0-23 Months old who received age-appropriate nutrition counseling

- In the year 2019, the coverage of child nutrition services also improved despite having several challenges in the beginning
- The majority number of Districts achieved percentage above 40% in 2019.
NNS has taken initiative to strengthen the instructional capacity of NIS (Nutrition Information System) and to make a bridge of communication with District level through the NIPU (Nutrition Information Planning Unit).

**SAM Case Management Report after Admission**

<table>
<thead>
<tr>
<th>Month</th>
<th>Cure</th>
<th>Death</th>
<th>Default</th>
<th>Discharged stabilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-19</td>
<td>48.3%</td>
<td>1.9%</td>
<td>27.7%</td>
<td>22.1%</td>
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<tr>
<td>Nov-19</td>
<td>55.8%</td>
<td>1.4%</td>
<td>21.5%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Oct-19</td>
<td>50.1%</td>
<td>1.8%</td>
<td>22.4%</td>
<td>25.7%</td>
</tr>
</tbody>
</table>

Figure: shows the status of discharged patients from different SAM units in October to December 2019. Among these, the Cure-Rate of November is higher (55%) and October has shown 2nd position (50.1%). In November 21.3% defaulter rate is the lower than other two months in 22.1% in December and 25.7% in October 2019. Death rate 1.9% is high in December. Should be given more efforts for decreasing death rate.

**SAM Unit Reporting Status Bangladesh since October-December 2019**

Figure shows the percentage (%) of SAM facilities which provided SAM information in October-December 2019. These facilities have been providing reports to IPHN through online services. It is shown that the reporting rate July is bit higher(89.1%) than the other two months.
**North City Corporation & South City Corporation Service Data (DHIS2) Since January-December 2019**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lactating Mother (Mother of 0-23 month years child)</td>
<td>37.7%</td>
<td>27.1%</td>
<td>89.3%</td>
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<tr>
<td>Pregnant women</td>
<td>24.7%</td>
<td>20.8%</td>
<td>86.3%</td>
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<tr>
<td>Adolescent girl (10-19 year)</td>
<td>51.4%</td>
<td>32.3%</td>
<td>91.9%</td>
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<td></td>
<td>52.2%</td>
<td>38.3%</td>
<td>94.4%</td>
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</table>

- **Percent (%) of person received IFA at North City Corporation**
- **Percent (%) of Adolescent girls & women suffered from Anaemia at North City Corporation**
- **Percent (%) of Counseling (IFA, Vit-A, Hand washing, maternal Nutrition, Deworming etc.) at North City Corporation**

**Figure: Suffered from Anaemia, received IFA & Nutrition Counseling on Adolescent girl, Pregnant Women & Lactating Mother at Dhaka North City Corporation since January-December 2019.**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
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<th>60%</th>
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<tr>
<td>Pregnant women</td>
<td>41.1%</td>
<td>27.0%</td>
<td>86.3%</td>
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<td>66.1%</td>
<td>32.3%</td>
<td>91.9%</td>
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<td></td>
<td>44.6%</td>
<td>13.4%</td>
<td>94.4%</td>
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<td></td>
</tr>
</tbody>
</table>

- **Percent (%) of person received IFA at South City Corporation**
- **Percent (%) of Adolescent girls & women suffered from Anaemia at South City Corporation**
- **Percent (%) of Counseling (IFA, Vit-A, Hand washing, maternal Nutrition, Deworming etc.) at South City Corporation**

**Figure: Suffered from Anaemia, received IFA & Nutrition Counseling on Adolescent girl, Pregnant Women & Lactating Mother at Dhaka South City Corporation since January**
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Dr. Monzur Murshed  
Deputy Program Manager, NNS, IPHN

**Technical Assistance**

Kakali Das Poddar  
Planning & Admin Officer,  
Nutrition Information & Planning Unit

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**Acknowledgement**

*Nutrition Information & Planning Unit (NIPU), NNS, IPHN  
UNICEF, Bangladesh*
Photo Gallery

Scaling Up Nutrition (SUN) Meeting at Kathmandu, Nepal

Preparatory Meeting for NVAC+ 2019 2nd Round

IFA Advocacy Program at Kustia Civil Surgeon Office

Inaugural Ceremony of IFA distribution at Omar Kinder Garten and Omar Garten Academy school of Kalai, Joypurhat

Pre-activities of DLs Refresher Training at Biswanath Upazila

Connecting Continent Through Webinar: ‘Challenges in Implementation and Sustainability of Health Care Using ICT’ Meeting at IPHN

GOB-UNICEF Joint Annual Program Review Workshop
করোনা ভাইরাস (কোভিড-১৯) প্রতিরোধে পুষ্টিবর্ত্তা

ভিটামিন "সি" যেকোনো ভাইরাস প্রতিরোধে কার্যকরী ভূমিকা পালন করে। দৈনিক খাদ্য তালিকায় পর্যাপ্ত পরিমাণে ভিটামিন "সি" সমূহ খাবার রাখুন। পেয়ারা, আমলকী, লেবু, জাবরা, কমলা, মিষ্টি আলু, টমেটো, কুঁচমারি ইত্যাদিসহ অন্যান্য মৌসুমি ফলমূল এবং শাকসবজি (দিনের কমপক্ষে এক ধরনের ফল ও দুই ধরনের শাকসবজি) খান।

প্রতিদিন জিঁক সমূহ খাবার: মাছ, মাংস, ডিম, দুধ, বীচি, বাদাম, ডাল এবং গম জাতীয় খাবার এবং ম্যাগনেসিয়াম সমূহ খাবার: পালংশাক, তক দই ইত্যাদি খান।

রান্নার সময় শাকসবজি বড় টুকরা করে কেটে কম তাপে ঢেকে রান্না করুন যাতে প্রয়োজনীয় পুষ্টি উপাদান বিদ্যমান থাকে। মাছ, মাংস, ডিম বেশি আঁচল সময় নিয়ে রান্না (সুসংগত) করুন। মাছ, মাংস ও শরীর কেটে আলাদা পাত্রে রাখুন। রান্নার সময় ভাতের মাঝ ফেলবেন না। রান্না এবং খাওয়ার আগে ভালো করে সাবান দিয়ে হাত ধুয়ে নিন।

প্রতিদিন পর্যাপ্ত পরিমাণে (কমপক্ষে ৮-১০ গ্রাম) পানি পান করুন। কুসুম গরম পানি হলে ভালো হয়। প্রক্রিয়াজাত খাবার, বোতলজাত কোমল পানীয়, কৃষ্টিরিক লবণ (দৈনিক ১ চা চামচের কম), চিনি ও চার্ভিয়ুক্ত খাবার এবং ফার্স্ট ফুড পরিহার করুন।

নিয়মিত খাদ্য/শারীরিক পরিপূর্ণ (কমপক্ষে ৩০ মিনিট) করুন। সেই সাথে দৈনিক ৭-৮ ঘণ্টা ঘুমানোর মাধ্যমে পরিপূর্ণ বিশ্বাস নিন। মানসিক চাপমুক্ত থাকুন। মানসিক চাপ রোগ প্রতিরোধ কমতা কমিয়ে দেয়। সকাল হলে ১৫-২০ মিনিট রোদে থাকুন।

*করোনা ভাইরাসের লক্ষণহীন দেখা দিলে অতিস্বচ্ছ নিকটস্থ সরকারি রাষ্ট্রান্ত্রে যোগাযোগ করুন বা হটলাইনে (১৬২৬৩, ৩৩৩) কল করুন।

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*World Health Organization Bangladesh*