



## Editorial

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I am delighted to announce the publication of the 3rd issue of National Nutrition Services (NNS) a quarterly Newsletter published by NNS, IPHN. This newsletter intends to share and document NNS' performance in reaching the population of Bangladesh with critical, proven nutrition interventions as per the NNS Operational Plan.

The newsletter reports on the nutrition status based on latest FSNSP-2014 report, progress and coverage of NNS supported services at facility levels and also on community-based nutrition activities, including the service status of IMCI & Nutrition corners and Community Clinics. The newsletter also covers the outcomes of the workshop on 'supply-chain management for nutrition related logistics', 'NIS for urban partners' and DNSO approaches.

I express my sincere thanks to the entire team of NNS for their support and contribution to publishing this newsletter. I thank the Honorable Secretary, MoHFW, and the Directors General of DGHS and DGFP for their continuous support to NNS and acknowledge the contribution of health managers and other service providers who collaborate with NNS. Finally, I would also like to acknowledge the commitment and efforts of IPHN staffs and development partners in making this newsletter a successful monitoring, knowledge sharing and advocacy tool for improving nutrition in Bangladesh.

I am thankful to the officials of Nutrition Information and Planning Unit (NIPU) team, under a new leadership (adviser) for their continuous hard work in the production of this valuable document.



Dr. Md. Shah Nawaz

## Current status of Nutrition in Bangladesh



Picture 1: Ensure nutrition for children and mother in Bangladesh

Despite significant progress in sustained economic growth, reduction in maternal and child mortality, Bangladesh remains one of the countries with the highest level of malnutrition among the developing countries, with children and women the most affected. However, these improvements are yet to be translated into positive changes in terms of maternal and child nutrition.

According to Food Security and Nutritional Surveillance Programme (FSNSP) report – 2014, the Rate of stunting among under-five children decreased from 37% in 2012 to 35% in 2013, while underweight fell from 33% to 30% but the level of stunting in Bangladesh is now below the WHO cut-off for very high prevalence. However, the prevalence of wasting did not change substantially during the period. The exclusive breastfeeding among children in their first month of life decreased from 84% in 2012 to 74% in 2013. While 89% of children six to eight months of age were fed complementary foods, only a small of them were 16% which fed diets diverse enough to provide adequate micronutrients.

About three-fifths of the pregnant women reported taking iron folic acid (IFA) during their pregnancy. Soap was present in 98% of households and used the day before the interview in 96% of households.

## Key Highlights (October- December 2014)

### Nutrition Information System for Urban Partners (NIS-UP)

City corporations, MoLGRD and multiple partners are working in urban areas on health and nutrition. Again NNS has developed Nutrition Information System (NIS) for rural areas so far. So there was a gap between urban nutrition intervention and information with NNS. NNS has started including urban partners and information within NIS. Therefore, NNS has identified a set of standard nutrition indicators for harmonizing monitoring of coverage and impact of nutrition programs.

In this regard, two different workshops were conducted by NNS with urban partners on 17-18 November, 2014 involving 40 participants at Lakebridge Hotel in Dhaka and another was on 9 December, 2014 with 16 participants at IPHN conference room. The objectives of those workshops were to develop a common reporting format with guidelines for urban partners/ NGOs, mapping of DNI Indicators among NGOs working in urban areas and developing an action plan for implementation of this NIS in monitoring and maintaining quality. The workshop was designed in a way to harmonize nutrition indicators into Nutrition Information Systems for Urban partners.

The outcomes of that workshop were learning about urban partners' intervention, enhancing knowledge and skill on monitoring and evaluation; supervision issues and contributing to develop a draft urban reporting format.



Picture 2: Participants at NIS workshop for developing reporting format for urban partners

### Workshop on Development of Nutrition Supply Planning Tool

NNS organized series of workshops to develop Nutrition Supply Planning Tool with different stakeholders. Main purposes of these workshops were to finalize Nutrition Supply Planning Tool. First workshop was held on 24 August 2014 where 18 participants attended and second workshop was held on 8 December 2014 where 20 participants attended.

Draft Nutrition Supply Planning tool was finalized according to the feedbacks of different stakeholders from UNICEF, WFP, WHO, ACF, Concern Worldwide, Save the Children, ICDDR,B, CWCH, DFID and others etc. Two sets of Nutrition Supply Planning Tools were finalized, one for national level and another for the district level. These tools will help to assess the availability, gap and distribution of nutrition related logistics and other materials throughout the country accordingly.



Picture 3: Participants at Development of Nutrition Supply Planning Tool Workshop

### Workshop on Nutrition Sensitive Indicators (NSI)

A workshop was organized on Nutrition Sensitive Intervention Indicators on 5 November, 2014 with different NNS stakeholders. The objectives of the workshop were: prioritizing nutrition sensitive indicators based on evidence, harmonizing nutrition sensitive indicators in different sectors. The indicator inclusion criteria were: Indicators for which there were data/data sources already exist or can easily be incorporated into existing data systems, globally accepted standard indicators, feasibility and relevance in context of Bangladesh.

In the workshop, Nutrition Sensitive Indicators tried to prioritize and harmonize the nutrition sensitive indicators in different sectors and decision was taken to develop a common result framework in the further workshops. NNS will also organize quarterly nutrition progress review meetings with partners on both DNI and NSI indicators, development of guidelines and tools for partners to monitor NSIs and set targets for Nutrition Sensitive Indicators and coverage through consensus among partners.



Picture 4: Participants of Nutrition Sensitive Indicators workshop



## More Activities

### Voice call on nutrition services

With increased availability and use of mobile technology, mHealth is becoming a widely used strategy to address barriers to accessing health information and care. In this regard, a voice calls on nutrition messages recorded by Dr. Shirin Sharmin Chaudhury, MP, Honorable Speaker, National Parliament of Bangladesh. The voice call is being circulated to about 4 crores of mobile users.

This voice call includes messages on exclusive breast feeding, IYCF practices, consumption of Iron & Folic Acid (IFA) and community health services to adopt healthy attitude, practices and behavior.



Picture 5: Recording of message from Dr. Shirin Sharmin Chaudhury, MP, Honorable Speaker, of Bangladesh Parliament

### Basic Nutrition Training

The USAID funded Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) is supporting the Government of Bangladesh through training and joint supportive supervision visits to more than 1,000 community clinics across 40 upazilas and 373 unions in Khulna and Barisal divisions for the improvement of nutrition in rural communities of Bangladesh. SPRING is pleased to hold a tripartite agreement with IPHN/NNS as well as RCHCIB in its efforts to support the Government in the improvement of nutrition. SPRING began its work in April 2012.



Picture 6: Participants at TOT on Basic Nutrition Curriculum provided by SPRING

SPRING has organized training to master trainers (training of trainers) on the Basic Nutrition from September to November 2014. During this 3 months period, 7 batches TOTs were organized where around 200 participants were attended from 40 upazillas with six Deputy Program Managers (DPM) of NNS, IPHN who were as master trainers.

### BCC Activities of NNS

A final draft of the Nutrition Advocacy and Communication Strategy was shared with stakeholders in December 2014, and has been sent to MoHFW for approval. The strategy includes advocacy, leadership, social mobilization and behavior change communication. This strategy provides a guide not just for IPHN and NNS, but also for all sectors and stakeholders working to promote good nutrition throughout Bangladesh.

NNS has taken the lead in establishing and participating in bi-monthly HPN BCC Coordination Committee meetings with other units of DGHS and DGFP. The HPN BCC Coordination Committee is a platform where MoHFW units can share their BCC plans and identify ways to work collaboratively and efficiently in order to achieve the objectives in their respective OPs.



Picture 7: Participants in bi-monthly HPN BCC Coordination Committee meetings

At present BCC materials from 2010-2014 is going to be uploaded and subsequently will be updated through BKMI supported digital archive. The archive will be publicly available online, and will contribute to better coordination and less duplication of BCC materials.

## Sub-National Level Nutrition Mainstreaming: DNSO Approach

As part of technical assistance to the NNS, Nutrition Section of UNICEF Bangladesh has deployed District Nutrition Support Officers (DNSO) in 25 selected Districts. The prime responsibility of DNSO is to confer technical support to local level government actors in mainstreaming nutrition into Health and relevant sectors (Food, Agriculture, Fishery and Livestocks, Education, Local Government etc.) at district and below levels. DNSOs are working for developing capacities and systems for planning, monitoring and troubleshooting in nutrition, which ultimately leads to increase effective coverage of both nutrition specific and nutrition sensitive interventions.

DNSOs accomplished following deliverables in 2014:

- Nutrition Equity Profile in 25 districts
- Nutrition 3W Partner Mapping in 22 districts
- Nutrition Seasonal Food Calendar in 6 districts
- Nutrition Job Aid/Tool Mapping in 18 districts
- Nutrition Supply/system Gap Analysis with Action Plan in 23 districts
- Nutrition Monitoring (recording/ reporting/analysis/data utilization) Gap Analysis with Action Plan in 16 districts
- Nutrition Human Resource Gap Analysis with Action Plan in 15 districts
- Nutrition Capacity/Training Gap Analysis with Action Plan in 24 districts
- Nutrition Bottleneck Analysis and corrective actions in 22 districts
- Nutrition 4W Partner Mapping in 11 districts
- Draft Nutrition Plan in 24 districts
- Case Studies in 6 districts
- Technical report on local nutrition situation analysis in 5 districts
- Best practices, lessons learned and recommendations documented in 8 districts

DNSOs have been able to establish district nutrition coordination mechanisms through facilitating 27 district nutrition coordination meetings in 19 districts. DNSO's support brought forth improvements in coverage and performance of critical interventions – including reduced stock out of nutrition equipment and supplies, increased nutrition screening of children and targeted support to maternal nutrition. Furthermore, DNSOs support functioning reporting and monitoring system including joint monitoring visits with GoB actors.

Following are some key results achieved till October 2014:

- Increased On Job Training (OJT) for the managers and frontline workers from 0% baseline to 30% (4274 participants trained in 495 session)
- Increased visit of Service Delivery Points for monitoring and support from 0% to 20%)
- Increased percentage of targeted SAM facilities functioning from 0 % baseline to 80%
- Increased percentage of under five children screened for SAM from 0% to 4.2%
- Increased percentage of under five children identified as SAM from 0% to 1.5 %
- Reduced percentage of supply stock out from 89% to 17%
- Increased percentage of regular monitoring and reporting from 14% to 25%

It is expected that the quality and coverage of the full set of Direct Nutrition Interventions (DNIs) will reach targets and that nutrition sensitive interventions will be included in district planning across relevant sectors. The approach is planned to be extended to additional districts.

Analysis & Planning for Nutrition in DNSO supported Districts

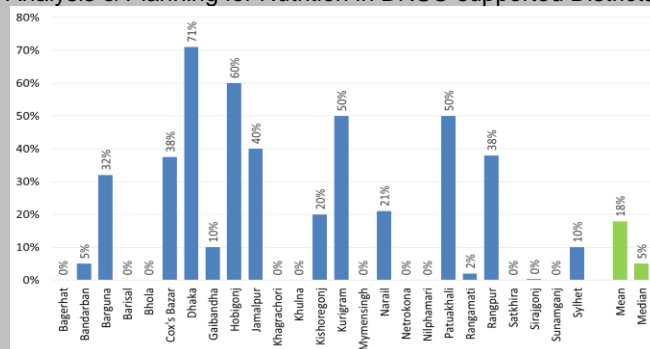


Figure 1: Reduced Stock-out % in DNSO supported Districts

On Job Training % in DNSO supported Districts

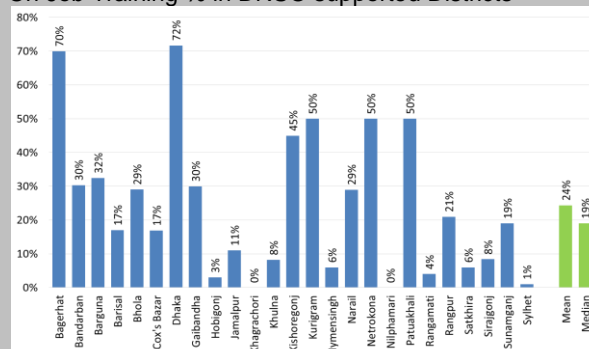


Figure 2: Increased Reporting % in DNSO supported District

## Field Experiences: (Kulaura Upazila, Moulvibazar)

A team from IPHN, lead by Dr. Moudud Hossain, Program Manager of National Nutrition Services visited Kulaura upazila of Moulvibazar district on 30th November 2014. The main objective of the visit was to observe and guide the mainstreaming nutrition activities at upazila level. Dr. Shahjahan Kabir Chowdhury, the UH&FPO of Kulaura briefed the team about the status of mainstreaming nutrition activities at Kulaura upazila. Then the team visited the following sites:

**IMCI and Nutrition Corner:** Program Manager (PM), NNS appreciated the establishment of IMCI & Nutrition corners with visible signboard and citizen charter. It was found that the doctor and the SACMO were trained on Basic Nutrition and measurement of the weight and height of the children through using the Salter scale and height measuring scale.

**SAM Corner:** The PM-NNS has appreciated the establishment of SAM corner and dedicated beds for SAM children. He advised to shift the corner at a quiet.

**Community Clinic:** The team also visited Bhairabganj Bazar Community Clinic. The team was pleased to see the nutrition related BCC materials and equipment at the community clinic. The team was happy to see their reporting by DHIS2 regularly. Dr. Moudud checked regular attendance of HA and FWA on their scheduled days.

**Tea Garden Hospital:** The team had a comprehensive interview with the compounder of the Gazipur Tea Garden's health center, commonly known as Dispensary, compounder was the key service provider at that center and received IYCF and Basic Nutrition training with support of TCM project of Save the Children.

The team visited a tea garden community and observed a court-yard session for nutrition education. The team discussed with the mother groups and shared experiences and knowledge from the sessions.

## Accomplished a brief discussion and some important decisions agreed as below:

- UH&FPO will take necessary action for uploading 100% online Community Clinic report;
- After receiving materials and logistics of SAM corner UH&FPO will run services from the SAM corner;
- UH&FPO, MO-MCH and UFPO will coordinate nutrition service delivery from Sub center and HFWCs and ensure proper record keeping and reporting;
- Support of Save the Children for mainstreaming nutrition, Upazila Health and Family Planning department would be utilized the opportunities in effective way.



Picture 8: NNS team members visited to Kulaura, Moulvibazar



Picture 9: Visit to a Community Clinic at Bhairabganj Bazar



Picture 10: Sharing experiences with the community people in tea Garden court yard session



# Coverage of Nutrition Services

## Nutrition Services from IMCI-N corners

Out of 482, currently IMCI & Nutrition Corners of 339 UHCs are reporting by using online HMIS software. In December, online reporting has received from 339 UHCs (approximately). Logistics were provided in 19 districts (152 upazila) at IMC & Nutrition corners in 2013 to ensure nutrition services. The list of logistics which were distributed among those districts are below:

Weighing scale: 4620	Height scale: 4585
MUAC tape: 18756	GMP card: 1198000 (male+female)

Figure 3 shows, the online reporting status of IMCI & Nutrition corners in the 4<sup>th</sup> quarter of 2014 through HMIS software DHIS2. Figure 4 shows, the graphs of services provided by the IMCI & Nutrition corners in 4<sup>th</sup> quarter of 2014 through DHIS2. The graph shows that IYCF practices have decreased in the last month (December) as per the IMCI & Nutrition corners.

## Monthly Progress Report On IMCI-N Corners

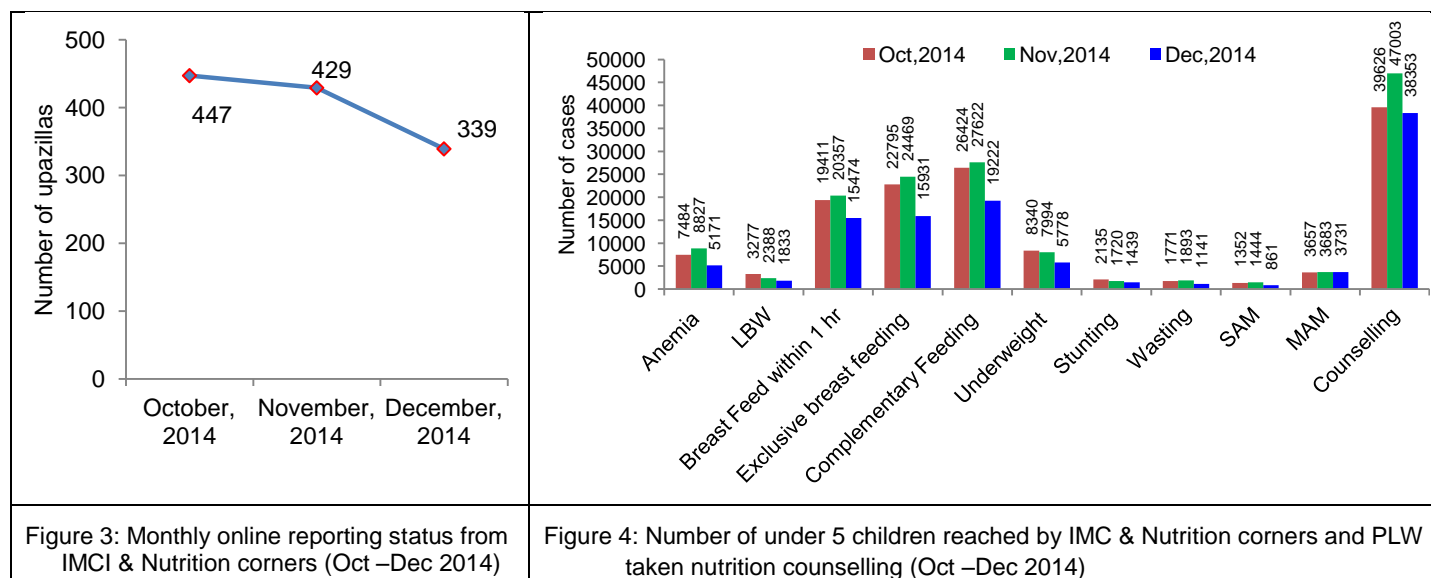


Figure 3: Monthly online reporting status from IMCI & Nutrition corners (Oct-Dec 2014)

Figure 4: Number of under 5 children reached by IMC & Nutrition corners and PLW taken nutrition counselling (Oct-Dec 2014)

Source: Online HMIS, MIS-DGHS

## Nutrition Services from SAM units

Figure 5 shows that the percentage of SAM Units of 134, which provided SAM information in the last 3 months. Those facilities have provided reports to IPHN through e-mail or postal address. Among them the reporting rate in December month is higher (26%) than other months and it is gradually increasing.

Figure 6 shows that the status of discharged patients from 134 SAM units in the last 3 months. Among them Cure-Rate is higher than others. On the other hand, transferred or referred rate is comparatively higher. It seems that the facilities are maintaining referral protocols.

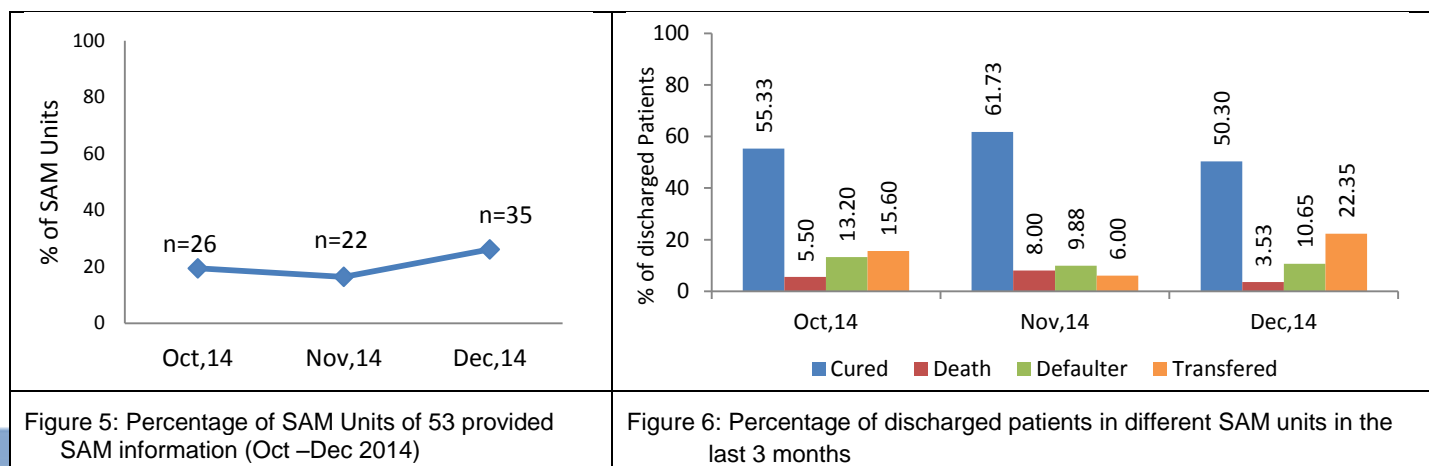


Figure 5: Percentage of SAM Units of 53 provided SAM information (Oct-Dec 2014)

Figure 6: Percentage of discharged patients in different SAM units in the last 3 months

Source: SAM units

## Nutrition Services from Community Clinic

Figure 7 shows, the number of community clinics providing aggregated online reporting on nutrition related indicators in the 4<sup>th</sup> quarter of 2014 through HMIS data management software named DHIS2. The figure shows that the reporting tendency of this quarter is increasing day by day.

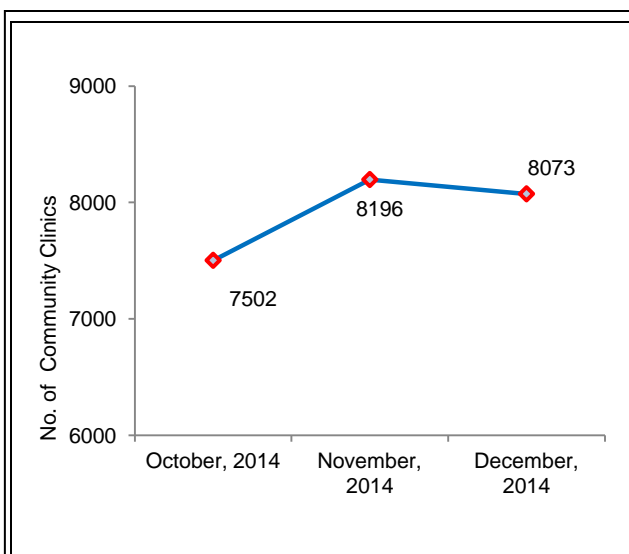


Figure 7: Number of CCs provided nutrition related monthly aggregated online report (July- Sept 2014)

Figure 8 shows, the graphs of services provided by Community Clinics in the 4<sup>th</sup> quarter of 2014 through DHIS2. The graph shows that Nutrition counseling practices is comparatively higher in this quarter.

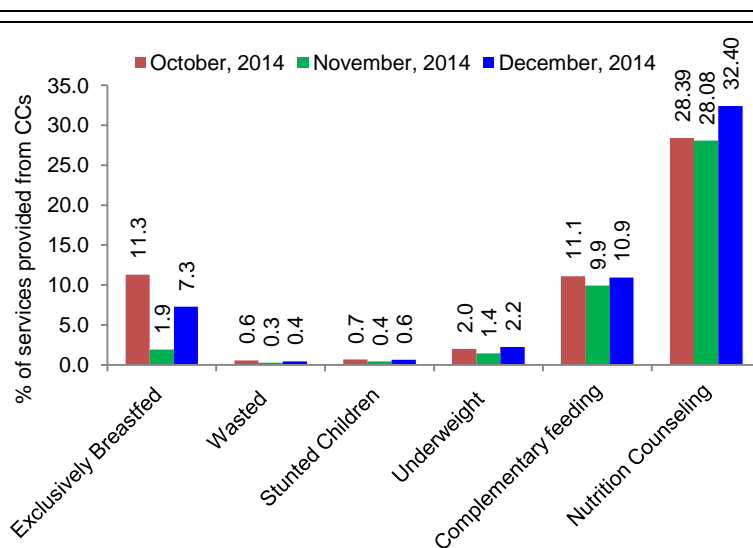


Figure 8: Percentage of under 5 children reached by Community Clinic services (July- Sept 2014)

Source: Online HMIS, MIS-DGHS

## Establishment of Facility Based Nutrition Initiatives (2011-2015)

- A comprehensive list of current status of Severe Acute Malnutrition (SAM) unit has been developed in terms of functionality, logistics and training. A total of 134 SAM units are established as of now.
- According to Bangladesh Breastfeeding Foundation (BBF), 173 BFHI are functioning at present.
- Currently IMCI & Nutrition Corners of 200 UHCs are fulfilling the criteria of functionalities which are signboard along with service board of IMCI & Nutrition corners, logistics, designated MOPHN, service facility and reporting regularly. (N:B: Information has been collected through M&E tools by NNS up-to January 2015).

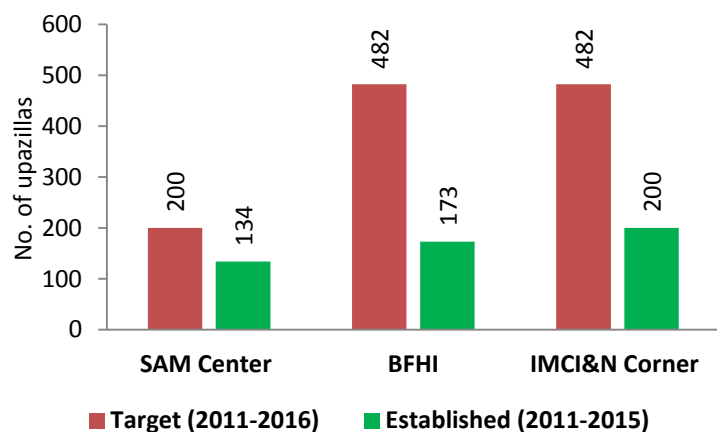


Figure 9: Establishment of nutrition facilities with NNS OP target

## Latest & upcoming activities

- Dr. A.M. Zakir Hussain, former Director, Primary Health Care & Disease Control, DGHS and former Regional Advisor, Environmental Health & Climate Change, SEARO, WHO has joined NIPU, as its advisor since 1<sup>st</sup> January, 2015.
- Stakeholders meeting for planning, coordination and monitoring with partners on February, 2015
- Meeting with the partners on the nutrition sensitive intervention indicators on February, 2015

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