Bangladesh has achieved many successes in improving health and food security indicators, but more needs to be done to reduce the high levels of maternal and child undernutrition. In a proactive response to the situation, the Government of Bangladesh will accelerate progress by mainstreaming nutrition interventions into health and family planning services. The provision of community-based nutrition services will be scaled up, and the food and nutrition policies and plans will be implemented. To achieve these goals, nutrition has been made a priority for the proposed health sector programme. The Health, Population and Nutrition Sector Development Programme (HPNSDP) and several key sectors will work together to implement 20 priority objectives. Infant and young child feeding (IYCF) is the top priority intervention.

The mainstreamed programme will be guided by two main principles:

- **Activities will be focused within the mandate and capacity of the health sector.** The National Nutrition Services (NNS) will deliver nutrition services through the Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP), and play a coordination and advocacy role, ensuring active engagement with other key sectors.

- **A multi-sectoral collaborative approach will address malnutrition.** Coordination mechanisms will be implemented between ministries to ensure the proper delivery of nutrition services.

Interventions will target multiple stages of the lifecycle. The timeline for interventions will include pregnancy, delivery/post-natal and neonatal periods, infancy and early childhood, adolescence, and newlyweds. Strong focus will be given to the “window of opportunity” — the time from pregnancy through the first two years of life.

**General objective of NNS:** Reduce the prevalence of malnutrition among the people of Bangladesh, with special emphasis on children, women, adolescents, and the underprivileged.

**Administering agency:** Under the HPNSDP, the mainstreamed nutrition programme will deliver nutrition services country-wide through the existing DGHS and DGFP.

**NNS Targets by 2016**

- Underweight reduced from 41% to 33%
- Stunting reduced from 43% to 38%
- Low birth weight reduced to 12%
- Anaemia in pregnant women, adolescent girls, and children reduced by one-third
- Night blindness sustained at <1%
- Iodine deficiency reduced by one-third
- Exclusive breastfeeding increased to 60%
- Appropriate complementary feeding increased to 65%
- More food intake in pregnancy increased to 75%
Timeline: July 2011 – June 2016

Geographic scope: All 64 districts of Bangladesh

Cost: Programme setup will cost about 1,490.00 crore taka over a period of five years.

Specific objectives:
- Implement and ensure universal access to a mainstreamed, comprehensive package of essential nutrition services to reduce maternal and child undernutrition.
- Develop and strengthen coordination mechanisms with key sectors to ensure a multi-sectoral response. Strengthen human resource capacity to manage, supervise, and deliver nutrition services at different levels of health and family planning services.
- Strengthen nutrition management information systems and operations research to ensure an evidence-based response, and establish linkages to health information systems.

Implementation strategy
The implementation strategy for the NNS focuses on leveraging the existing health and family planning infrastructure to deliver nutrition services to target groups. To ensure proper maternal, infant, and young child feeding, mothers and families will receive community-based support from health, family planning, and nutrition workers, as well as peer counselors. Micronutrient coverage will be maintained, and severely malnourished children will receive required attention.

WHERE will services be provided?
- Community clinics will be the main service delivery points for integrated nutrition service that will accompany immunization, satellite clinics, and other health and family planning programmes.
- The specific objectives of the NNS will be achieved through:
  - Service delivery in district hospitals, Maternal and Child Welfare Centres, and medical college hospitals
  - Nutrition service delivery in upazilla health complexes
  - Nutrition service delivery in union health facilities
  - Nutrition service delivery in community clinics
  - Nutrition service delivery at the community level

WHO will provide services?
- All health and family planning workers will be trained in nutrition to strengthen nutrition services.
- To achieve adequate coverage, community-based volunteers will be identified and supported where needed through training and orientation to perform essential services such as IYCF counseling.

WHAT is needed to support mainstreaming nutrition through the NNS?
Effective programme implementation
- Protection, promotion, and support of IYCF activities and maternal nutrition; promotion of early initiation of breastfeeding, exclusive breastfeeding for the first six months, appropriate quantity and quality of complementary foods from seven months to 24 months, along with continued breastfeeding; and hand washing with soap linked to complementary feeding.
Supplementation of vitamin A, iron, and folic acid, and other micronutrients to control night blindness, anaemia, iodine deficiency disorders, and other micronutrient-deficiency diseases.

Deworming for children less than five years of age and adolescent girls and boys to reduce worm load, prevent anaemia, and improve weight gain and growth.

Food-based approaches and food fortification will also be considered.

**Advocacy and policy support**

- Advocacy at the national and community levels to gain and maintain commitment and support for nutrition activities and nutrition-friendly actions in other sectors.
- Policy communications to create a policy environment supportive of nutrition strategies and to obtain the support of national opinion leaders to address existing and emerging nutrition problems.
- Advocacy and support for the formulation of legislation for food fortification and food safety.

**Integration of nutrition into educational systems and disaster preparedness**

- Inclusion of nutrition in the curriculum of primary and secondary schools and medical, nursing, and paramedical institutes to increase nutrition-related knowledge at all levels of society.
- Training of health, family planning, and nutrition workers on nutrition in emergencies for rapid response during emergencies such as cyclones or floods.

**Behaviour change communications (BCC)**

- BCC through mass media and interpersonal communication at the community and household levels to address maternal, infant, child, and adolescent caring practices, focusing on key behaviours that impact nutritional status such as IYCF and hand washing with soap before food preparation and child feeding.

**Coordination with broader health systems**

- Referral, supplies, health management information systems (HMIS), and supportive supervision linkages will be strengthened between community-based and higher-level health and family planning services (IMCI, EPI, ANC, PNC).
- Referral systems will be established for the management of severely malnourished children with complications, following the national strategy for severe acute malnutrition.
- Community-based nutrition services will be reviewed and redesigned, to be implemented in specific difficult to reach areas.
- Urban nutrition services will be provided, in collaboration with the Ministry of Local Government, Rural Development and Cooperatives.
- An effective intra- and inter-sectoral mechanism will be established at local and national levels to coordinate a wide variety of nutrition services (e.g. family planning, food and agriculture, sanitation and hygiene, education, and women and children programmes).

**Coordination between ministries and partners**

- For better coordination with other ministries and departments, programme implementation and coordination committees are being formed at the directorate and ministry levels.
- A Steering Committee, multi-sectoral in composition and led by the Health Secretary, and a Nutrition Implementation Coordination Committee headed by the Director General of Health Services, are being established with specific terms of reference.
- Effective linkages and coordination are being established with government organizations, development partners, non-governmental organizations, and the private sector for interventions and monitoring the impact of activities.
**Surveillance**

- Effective nutrition surveillance will be undertaken by the Institute of Public Health Nutrition (IPHN).

**Effective program monitoring and evaluation**

- The indicators will include coverage and quality of mainstreamed nutrition services of NNS.
- Record keeping, compilation, and review of monthly and quarterly performance will be integrated within DGHS and DGFP information systems.
- IPHN will routinely review district- and upazilla-wide progress and provide necessary support to fill gaps.

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**National Nutrition Services (NNS)**

**Jatiya Pushti Seba**

A Mainstreamed and Integrated Approach for Addressing Malnutrition

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