DEPARTMENT OF NUTRITION AND FOOD ENGINEERING

PROJECT REPORT
ON

**Status of Registered Pregnant women, Infants and children
at Community Clinic in Sylhet and Chattogram Divisions.**

Supervised by

Professor Dr. Md. Bellal Hossain

Associate Dean, Department of Nutrition and Food Engineering (NFE)

Faculty of Allied Health Science

Daffodil International University

Submitted by

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ID: 171-34-593

Department of Nutrition and Food Engineering (NFE)

Daffodil International University

Date of Submission

25/04/2021

LETTER OF TRANSMITTAL

Date: 25/04/2021
Dr.Sheikh Mahatabuddin
Associate Professor & Head
Department of Nutrition and Food Engineering (NFE)
Faculty of Allied Health Science
Daffodil International University.

Subject: Submission of Project Report.

Dear Sir,

At first, I would like to thank you for the advice and support to prepare this report. Without your help, it would be improbable to complete this report. To prepare the report I collected what I believe to be most topical fact to make my report as scientific and believable as possible. I have intensive my best effort to achieve the motive of the report and hope that my effort will serve the motive. The practical knowledge and experience gathered during report preparation will immeasurably help in my future professional life. I request you to pardon me for any mistake that may occur in the report despite of my best effort.

I would really appreciate if you illuminated me with your thoughts and views regarding the report. In addition, if you wish to enquire about an aspect of my report, I will gladly answer your queries.

Thank you again for your Corroboration and patience.

Sincerely Yours,

Sumia Binta Mizan

Sumia Binta Mizan
ID: 171-34-593
Department of Nutrition and Food Engineering (NFE)
Daffodil International University.

Letter of Authorization

Date:25/04/2021
Dr. Md. Bellal Hossain
Professor & Associate Dean
Department of Nutrition and Food Engineering
Faculty of Allied Health Science
Daffodil International University

Subject: An announcement regarding the validity of the Project Report.

 Dear Sir,
This is my truthful declaration that the "Project Report" I have prepared is not a copy of a previously made by any other students.

I also express my forthright confirmation in support to the fact that the said Project report has neither been used before to fulfill my other course related nor it will be submitted to any other person in future.

Yours Sincerely,

Sumia Binta Mizan

Sumia Binta Mizan
171-34-593
Department of Nutrition and Food Engineering
Daffodil International University
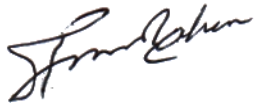
Approval Certification

On the behalf of the university, this is to certify that **Sumia Binta Mizan** bearing ID: **171-34- 593**, Program B.Sc. in Nutrition & Food Engineering is a regular student, department of Nutrition & food Engineering, Daffodil International University. She has successfully completed her Project program of three Months in NNS,IPHN Bangladesh**.**

Then she completed this report on 15 December 2020 under my direction. We aware that **Sumia Binta Mizan** completed her Project report by observing our teacher. In addition, I ensure that her report is a worth of fulfilling the partial requirements of NFE program.

Dr. Md. Bellal Hossain Professor & Associate Dean Department of Nutrition and Food Engineering (NFE) Faculty of Allied Health Science Daffodil International University	**Dr. Sheikh Mahatabuddin** Associate Professor & Head Department of Nutrition and Food Engineering(NFE) Faculty of Allied Health Science Daffodil International University

<u>Approval Certification</u>

This is to certify that **Sumia Binta Mizan** bearing ID:171-34-593, Program B.Sc. in Nutrition & Food Engineering is a regular student department of Nutrition & food Engineering,Daffodil International University. She has successfully completed her Project program of three months in NNS,IPHN Bangladesh. On Status of Registered Pregnant women, Infants and children at Community Clinic in Sylhet and Chattogram Divisions.We are aware that **Sumia Binta Mizan** had completed her project by observing our Administering and Employee.

Dr. S M Mustafizur Rahman
Line Director
National Nutrition services(NNS)
Institute of Public Health Nutrition(IPHN)
Mohakhali,Dhaka.

ACKNOWLEDGEMENT

All praises and gratitude to almighty, the most beneficent and the merciful who manages each and everything soundly and enables me to complete in this training.

I would like to thanks my honorable teacher **Prof. Dr. Md. Bellal Hossain,** Associate Dean of the Department of Nutrition and Food Engineering, Faculty of Allied Health Science, who had given me the opportunity to attend this training program..I also very grateful to my respected teacher **Dr. Sheikh Mahatabuddin**,Associate professor & Head of the Department of Nutrition and Food Engineering. I am fully grateful and thankful to my great teacher **Ms. Fouzia Akter**Assistant professor, and my Batch Advisor for her myriad inspiration, encouragement and inordinate love during my student life.I also grateful to all the other NFE Faculty members for their great help during university life.
This program will help me to build my bright future carrier. It is great pleasure to express my great full thanks to **Kakali Das Poddar**, Planning Officer, NIPU (Nutrition Information & Planning Unit), NNS and **Sharmin Kawser**,Information and Planning Officer,NIPU(Nutrition Information & Planning Unit), NNS.

My feelings during this Project work was great and I enjoyed it very much. This could only be possible for generous contribution of all NNS,IPHN people. My achievement during this training will definitely help me in my professional field. Thanks to all employee of NNS,IPHN Bangladesh for their friendly co-operation and Helping me during my Intern period.

I am grateful to all for their help, consultation, and suggestions, inspiration and support.

<u>DEDICATION</u>

I dedicated this Project work to my beloved Uncle **Dr. S M Mustafizur Rahman** and my
father **Md. Mizanur Rahman** and my beloved mother **Nururnaher a**nd all of teachers
in my education life.

Abbreviations

ANC=Antenatal care
BDHS=Bangladesh demographic and Health.
CC=Community Clinic.
CF=Complementary Feeding.
CHCP=Community Health Care Provider
DGHS=Directorate General of Health Services.
DGFP=Directorate General of Family Planning.
DHIS2=District Health Information system 2.
DLI=Disbursement Linked Indicator.
ESP=Essential Health Service Packages.
FWA=Family Welfare Assistants.
GoB=Government of Bangladesh.
HPNSDP= Health Population and Nutrition Sector Development Program.
HPNSP= Health Population and Nutrition Sector Program.
4th HPNSP=4th Health Population and Nutrition Sector Program.
HSSP=Health sector support program.
HA=Health Assistants.
IYCF=Infant and Young Child Feeding.
IFA=Iron Folic Acid
IPHN= Institute of Public Health Nutrition.
MOHFW=Ministry of Health & Family Welfare.
MIS=Management Information System.
MCWC=Maternal and Child Welfare center.
NNS=National Nutrition Services.
NNS OP=National Nutrition Services operational plan.
NIPU=Nutrition Information & Planning Unit.
PNC=Postnatal Care
UHFWC=Union Health and Family Welfare centers.
UHC=Upazila Health Complex
SAM=Severe acute Malnutrition.
SBCC=Social Behavior Change Communication.
WAZ= Weight for Age z score.
WHO = World Health Organization

Abstract

Maternal and ≥ 2-year child mortality rate is still high in Bangladesh.The situation in Sylhet and Chattogram divisions was worst. In this study we work on the pregnant women and the children ≥ 2 years who took support from the community clinic in Sylhet and Chattogram divisions.Secondary data was extracted from District Health Information system2(DHIS2),individual records system of Directorate General of Health Services(DGHS),(January-October,2020).There are total 3179 community clinics in Chattogram and Sylhet divisions.Our focal specific nutrition services for women and children ≥ 2 years.For women, the specific nutrition services were provision of IFA supplementation ≥30, weight monitoring, and nutrition counseling. Age specific counselling on exclusive breastfeeding and complementary feeding were the specified nutrition services for ≥ 2 years children.Overall, 80% of registered pregnant women received specific maternal nutrition services at community clinic in Sylhet and Chattogram divisions where the percentage for Sylhet and Chattogram was 82 and 79 respectively. ≥ 2 years Children In February most 14589 of total enrolled of them 12331 number of children received appropriate counseling and In May less 4713 of total enrolled of them 4560 number of children received appropriate counseling in Sylhet & Chattogram Divisions. (January-October,2020).Monthly enrollment of pregnant women and ≥ 2 years child was lower during May to July 2020 than rest of the study period.The aim of this report was to understand the overall status of registered pregnant women receiving specified maternal nutrition services and registered infants and children aged≥ 2 years receiving specified nutrition services at community clinic in Sylhet and Chattogram divisions.It has begun toward better nutrition and health services coverage rates ,which has been possible due to focus on specific maternal and child nutrition interventions.Overall findings showed maternal and child nutrition services was remarkably high in regarding individual tracker system during COVID-19 period.

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Chapter 1

Introduction

Bangladesh has made significant strides in lowering infant and maternal mortality rates, as well as fertility rates. It has also shown some promise in terms of improving child nutrition.In Bangladesh according to BDHS-2017-18 the percentage of children 6-23 months fed with appropriate IYCF practices is only 34% and 30.8% (BDHS 2017-18) under five children are stunted, with levels high among the poor 40.2 percent, . However, 1 in every 6 children of highest wealth quintile is also stunted. Annual rate of reduction of stunting between 2014 and 2017-18 was only 1.3 percent. About 8.4 percent of under-5 children are wasted and 1.5 percent are suffering from Severe Acute Malnutrition (SAM) who have more chance of compromised physical and mental development. Also, underweight delays psychosocial development of the children. About 21.9 percent children are underweight in Bangladesh. 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).Anemia in women (Non-Pregnant Non-Lactating) 26% (2011 National Micronutrient Survey).

In 2011, the Bangladesh Government introduced the National Nutrition Services (NNS) by leveraging the existing health infrastructure to deliver nutrition services to pregnant woman and children. Nutrition services are fundamental to the primary health care of pregnant women. One health clinic in Bangladesh has become a powerful example for the improvement of nutrition in local communities with the aim of preventing stunting and maternal and child anemia.

The Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh (GOB) is implementing the 4th Health, Population and Nutrition Sector Programme (4th HPNSP) for a period of five and half years from January 2017 to June 2022. The World Bank-financed Health Sector Support Program (HSSP) to support HPNSP through a results-based mechanism whereby disbursement is tied to achievement of annual results under Disbursement Linked Indicators (DLIs). In Nutrition, the disbursement is linked to achievement of results related to specific maternal and infant and young child nutrition services in Sylhet and Chattogram Divisions.

1.1:Maternal Nutrition:

NNS OP is establishing with relevant OPs to ensure and implement maternal nutrition care through facility and community based approaches. Pregnant women are counseling on dietary improvement during ANC and also during domiciliary visits of the health and family planning workers as part of essential service package (ESP). SBCC activities conduct to improve community awareness on maternal diet and nutrition care. Micronutrients supplementation provides as per national guidelines. Provide IFA during pregnancy period (after 3 months of pregnancy). Monitoring would be done to ensure compliance in each ANC and PNC visit. A reminder tool for IFA user would be developed and adopted.

1.2:Maternal nutrition services are expanded (DLI-13)

This DLI 13 reflects improvements in maternal nutrition services delivered by public health facilities, with a focus on Sylhet and Chattogram divisions. Results are technical standards, guidelines and quality assessment, as well as the proportion of targeted health facilities delivering specified maternal nutrition services in Sylhet and Chattogram divisions. Specified maternal nutrition services are: (a) iron and folic acid supplements, (b) weight measurement, and (c) nutrition counseling. Targeted health facilities are 3,179 Community Clinics in the two divisions.

1.3:Child Nutrition

IPHN &NNS has been doing IYCF task very successfully for about three decades and for the best interest of the nation to serve IYCF and maternal. SBCC for IYCF is implementing in line with the developed "Comprehensive Social and Behavior Change Communication Strategy" by MOH&FW. Mangers and services providers of CC, Union Sub-center, UHFWC, UHC, MCWC, district, medical college and specialized hospitals under DGHS and DGFP would be main implementer of SBCC activities maintaining linkage with Essential Health Service Packages (ESP).

1.4: Infant and child nutrition services are expanded (DLI-14)

This DLI-14 reflects improvements in infant and child nutrition services delivered by public health facilities, with a focus on Sylhet and Chattogram divisions. Results are technical standards, guidelines and quality assessment, as well as the proportion of targeted health facilities delivering specified infant and child nutrition services in Sylhet and Chattogram divisions. Specified infant and child nutrition services are age specific nutrition counseling on exclusive breastfeeding and appropriate complementary feeding. Targeted health facilities are 3,179 Community Clinics in the two divisions.

1.5: Community Clinic:

Government of Bangladesh in 1996 planned to establish Community Clinic (CC) (1 CC for about 6,000 population) to extend Primary Health Care to the door steps of the villagers all over the country.Basically, CC is the brain child of Prime Minister Sheikh Hasina. The construction of CC establishment started in 1998. During 1998-2001, 10,723 CCs were constructed & about 8,000 started functioning. Health Assistants (HA) and Family Welfare Assistants (FWA) were service providers in addition to their domiciliary services. The Community Clinic (CC) is a unique extension of Primary Health Care services to the doorsteps of rural people of Bangladesh. Community Clinic is the lowest tier health facility at primary level established throughout the country including very hard-to-reach, remote & isolated areas.

Chapter -02

Literature Review

Maternal nutrition can help women prepare for delivery and understand warning signs during pregnancy and childbirth. Status of maternal nutrition services (provision of IFA supplementation, weight monitoring, and nutrition counselling) and child nutrition aged under 2 years nutrition services (age specific counseling on exclusive breastfeeding, and complementary feeding) at community clinic in Sylhet and Chattogram divisions are improving on the basis of online data from DHIS2 individual tracker capture.Under-5 child and maternal mortality as well as fertility rates has been significantly improved in Bangladesh. The status of child nutritional indicators also progressed remarkably. However, providing equitable access to health, nutrition, and population services is still a major challenge in Bangladesh.

 In some divisions, like Sylhet and Chattogram divisions, key nutrition and health status are poor than the national average. The prevalence of stunting for children under five aorund 50 and 38 percent in Sylhet and in Chattogram division respectively, whereas the national prevalence of stunting was 36 percent in 2014. Stunting defined as impairment of growth and development and results in children being too small for their age, stems from poor nutrition, particularly poor infant and child feeding and caring practices. To combat the scourge of stunting, Bangladesh has prioritized nutrition focusing on improving access to quality nutrition and health services. A series of multi-year strategies, programs and budgets to develop a strong health sector is an good example of government initiatives. The government has initiated this programs since 1998 with support from domestic and international funding.

 Primary diet and health indicators are below the national average in some areas, such as the Sylhet and Chattogram divisions. Through the Health Sector Support Project, the World Bank and other development partners are funding the government's Fourth Health, Population, and Nutrition Sector Program (2017-22).

The initiative focuses on diet and wellness programs provided by the government's healthcare system. So far, the program has contributed to the better delivery of essential

nutrition services through capacity building of frontline workers on maternal and child nutrition in 138 Upazilas (sub-districts) in Sylhet and Chattogram divisions, and by improving the registration and the services reporting system.

This involves improving an online platform that tracks maternal and infant nutrition program delivery. In addition, regular field visits to identify and solve problems has been initiated to review the programs. The program has already produced outstanding results.The notable results are the coverage of maternal nutrition services (receiving iron and folic acid tablets, weight monitoring, and nutrition counseling) increased about three-fold from 21 percent of registered women in January 2018 to 56 percent in July 2019. The coverage of child nutrition services improved about 12 times from 4 percent of registered children in January 2019 to 48.5 percent in July 2019.

In 2019 a third party assessment has done on 'Assessment of Quality of Maternal and Infant & Child Nutrition Service (DLR 13.3 & 14.3) Chattogram and Sylhet Divisions'. National Nutrition Services, Institute of Public Health Nutrition (IPHN) is acknowledged and express gratitude to the following organizations and authorities for their support in conducting this survey.

Nutrition service quality assessment indicators were availability of functional weighing scale, availability of facilities having supplies of IFA, availability of specific materials, i.e. job aid, poster, availability of service providers who are trained on nutrition. In total 83 community clinics were assessed. The assessment of logistic supplies and availability of IEC materials across the divisions showed that 90.4% weighing scale was functioning well. Availability of new maternal and child register was more than 70% .Chattogram division showed higher percentages of availability and use of maternal and child register. Whereas, Sylhet had better availability of well-functioning weighing scale and IFA supply.

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Chapter -03

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Objective of the Study

The aim of this report was to understand the overall status of registered pregnant women receiving specified maternal nutrition services (provision of IFA supplementation, weight monitoring, and nutrition counseling) and registered infants and children aged under 2 years receiving specified nutrition services (age specific counseling on exclusive breastfeeding, and complementary feeding) at community clinic in Sylhet and Chattogram divisions.

3.1 Specific objectives

- ➢ To identify the status of registered pregnant women receiving specified maternal nutrition services (provision of IFA supplementation ≥30, weight monitoring, and nutrition counselling).

- ➢ To identify the status of registered children aged under 2 years receiving specified nutrition services (age specific counselling on exclusive breastfeeding and complementary feeding).

Chapter- 4

Methodology

The methodology involved in secondary data method. Data was collected electronically. Data collected from DGHS website in DHIS2 individual records system (online database). Community health care provider (CHCP) are sending this online report using by their laptop from community clinic. Maternal data was downloaded on total number of enrolled pregnant women and of them maternal nutrition services (Weight, IFA ≥ 30 and counseling) from maternal health system new in DHIS2 individual records system. Child data downloaded on number of total enrolled Under 2year Children and of them number of children received appropriate counselling. children (0-23 months old) receive age specific counseling on exclusive breastfeeding, and complementary feeding.

4.1: Sample Size:

Area: In this study I have selected only two divisions (Sylhet & Chattogram Divisions).

Target People:

1. Total number of registered pregnant women who are receiving maternal nutrition services at community clinic in Sylhet & Chattogram divisions.
2. Total number of registered Under 2 years Children who are receiving appropriate counselling. children (0-23 months old) receive age specific counselling on exclusive breastfeeding, and complementary feeding at community clinic in Chattagram & Sylhet division.

Total number of registered pregnant women and total registered Under 2 years Children at community clinics in the two divisions.Total 3,179 community clinic in Chattogram & Sylhet division.

Report by CHCP

CHCP are sending this online report in DHIS2 individual tracker from community clinic maternal & child register book. He/she is doing this report daily basis in the DHIS2 system.

I was downloaded the data from DHIS2 individual tracker only two divisions (Chattogram & Sylhet Division). I have download data of 15 districts of two divisions. Sample size of this study is total number of registered pregnant women and total registered Under 2 years' child getting nutrition services from community clinics of Chattogram & Sylhet division. Total 3,179 community clinics have Chattogram & Sylhet division which data was calculated here.

4.2: Data collection step

Step 1: DGHS website (www.dghs.gov.bd)

↓

Step 2: DHIS2 online database

↓

Step 3: DHIS2 System (Union Level and Below-Facilities & Community Field Workers)
DHIS2 Individual Records

↓

Step 4: https://communitydhis.mohfw.gov.bd/nationalcc/dhis-web-dashboard/#/

↓

Step 5:pivot table

↓

Step6: DHIS2 pivot table data

↓

Step 7: Select Data Program Indicators (Maternal Health Program New & Child Health Program)

↓

Step 8: Period select Month/Year (In this study data period: January-October 2020)

↓

Step 9: Indicators

(for Maternal: No. of pregnant women enrolled, No. of ANC services where weight measured (unique), No. of ANC services more >=30 IFA distributed, No. of ANC where >=30IFA, weight, counselling test).

For Child: No. of children enrolled under 2 years of age, No. of children enrolled (0 - <6 month), No. of children enrolled (6-23 month), No. of child counselled about breast feeding,No. of child counselled on complementary feeding)

Step 10: Table Layout

↓

Step 11: Data download

Chapter-5

Results

In this study we find % registered pregnant women receiving specified maternal nutrition services (provision of IFA supplementation ≥30, weight monitoring, and nutrition counselling) in chattogram and sythet divisions all community clinic(January-October, 2020).

% registered children aged under 2 years receiving specified nutrition services (age specific counselling on exclusive breastfeeding and complementary feeding). inchattogram and sythet divisions all community clinic(January-October ,2020).

Downenloded the data from DHIS2 online database. After downenloded the data calculation the data in xcal.

Calculation Formula:

$$\text{In Maternal Nutrition \%} = \frac{\text{Receive all 3 intenvention}}{\text{Registered pregnant women in community clinic}} \times 100.$$

$$\text{In Child Nutrition \%} = \frac{\text{Total child counseled (0-23)}}{\text{Registered child (0-23)months.}}$$
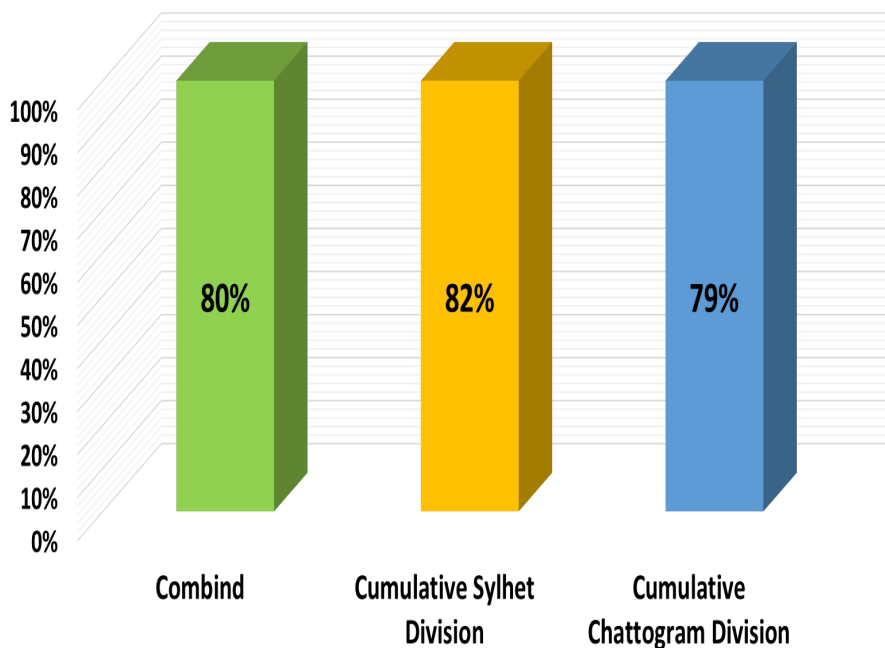
Figure-1: Combined and Cumulative % Coverage of Registered Pregnant women Receiving Specified Maternal Nutrition Services (Weight, IFA ≥30 and counseling) at Community Clinic in Sylhet and Chattogram Divisions of Bangladesh since January-October, 2020.

Figure have shown that combined is 80% of registered pregnant women receiving specified maternal nutrition services at community clinic in Sylhet and Chattogram Divisions. Cumulative in Sylhet division is 82% and in Chattogram division is 79%.
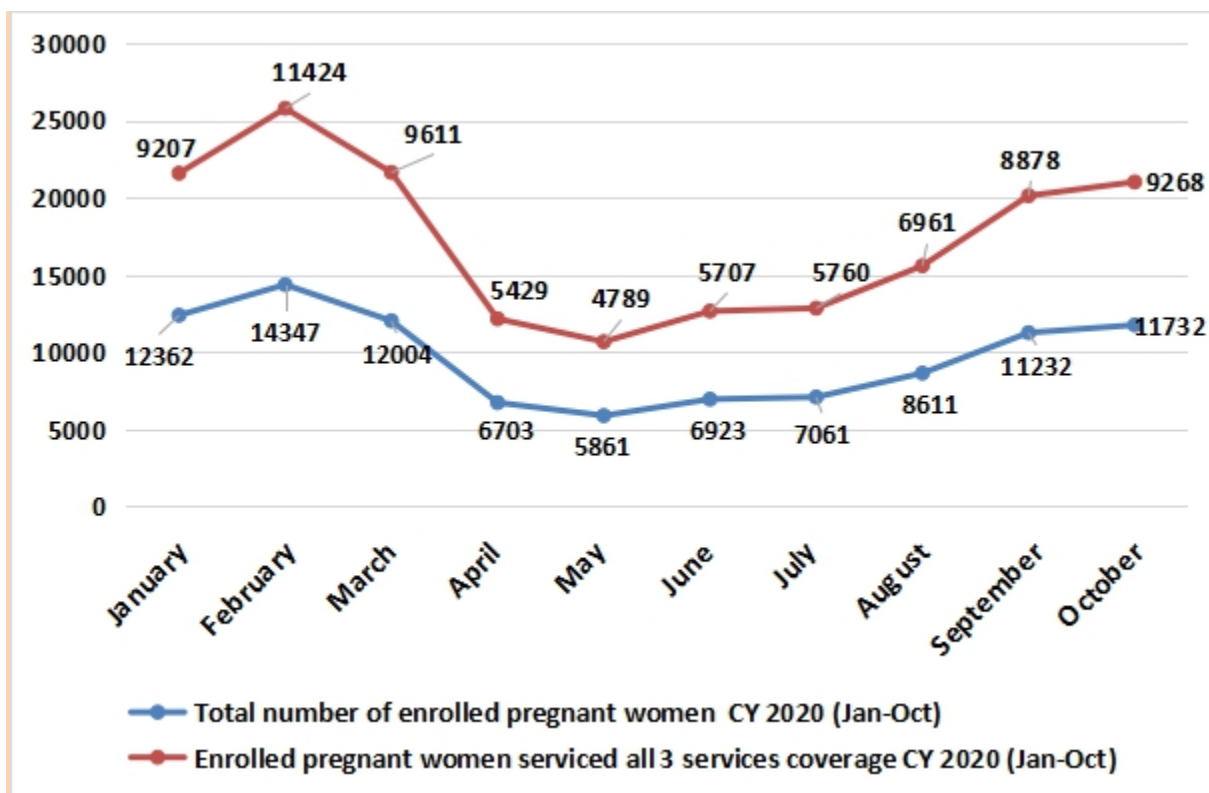
Figure-2: Number of total enrollment and number of enrolled pregnant women serviced all 3 services in Sylhet & Chattogram Divisions(January-October, 2020)

In FEBRUARY most 14362 number of enrolled pregnant women and most 11424 number of enrollment pregnant women received all 3 services in Sylhet & Chattogram Divisions (January-October ,2020).

In May 2020 less 5861 number of enrolled pregnant women and less 4789 number of enrollment pregnant women received all 3 services in Sylhet & Chattogram Divisions (January-October, 2020).
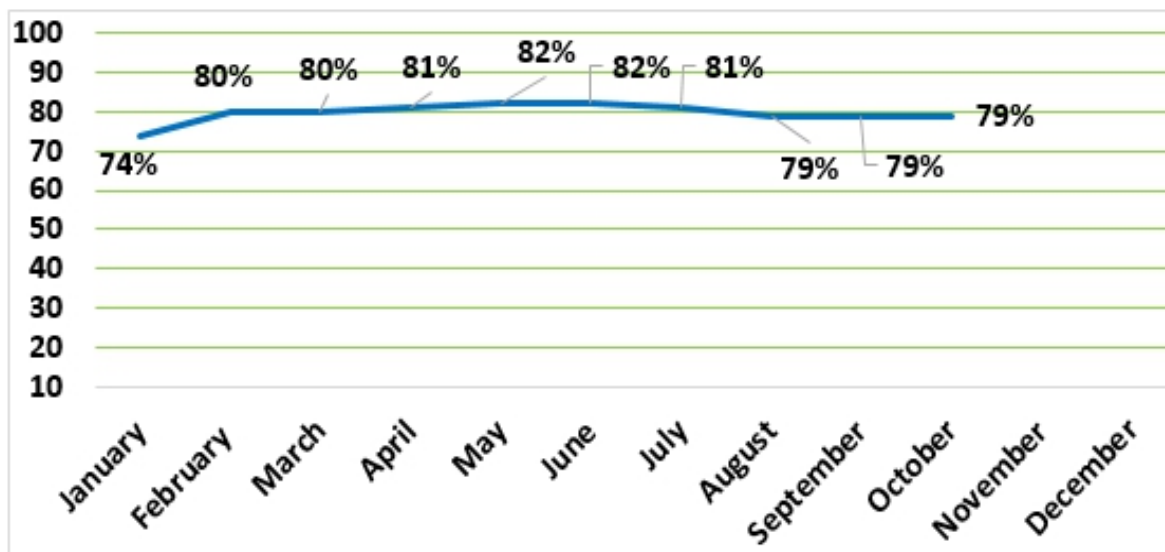
Figure 3: Percentage of Registered Pregnant women Receiving Specified Maternal Nutrition Services in Sylhet & Chattogram Divisions (January-October, 2020)

In May 2020 and June 2020 most 82% and in January less 74% registered pregnant women receiving specified maternal nutrition services in Sylhet & Chattogram divisions. (January-October, 2020)
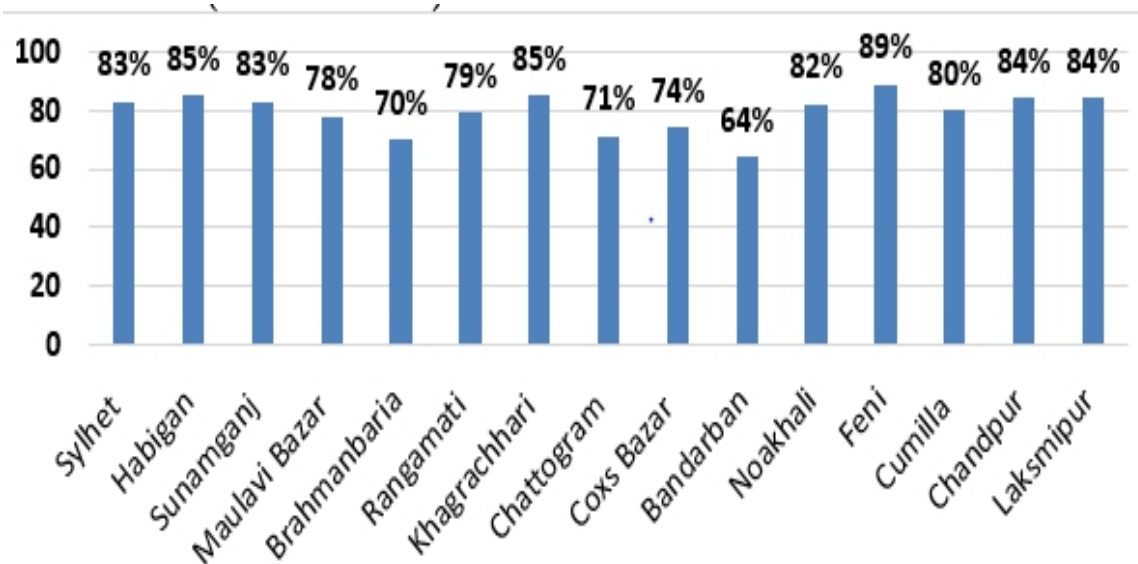
Figure 4: Percentage of Registered Pregnant women Receiving Specified Maternal Nutrition Services.(January-October, 2020)

In Feni most 89% registered pregnant women receiving specified maternal nutrition services.

In Bandarban less 64% registered pregnant women receiving specified maternal nutrition services.(Jan-October, 2020).
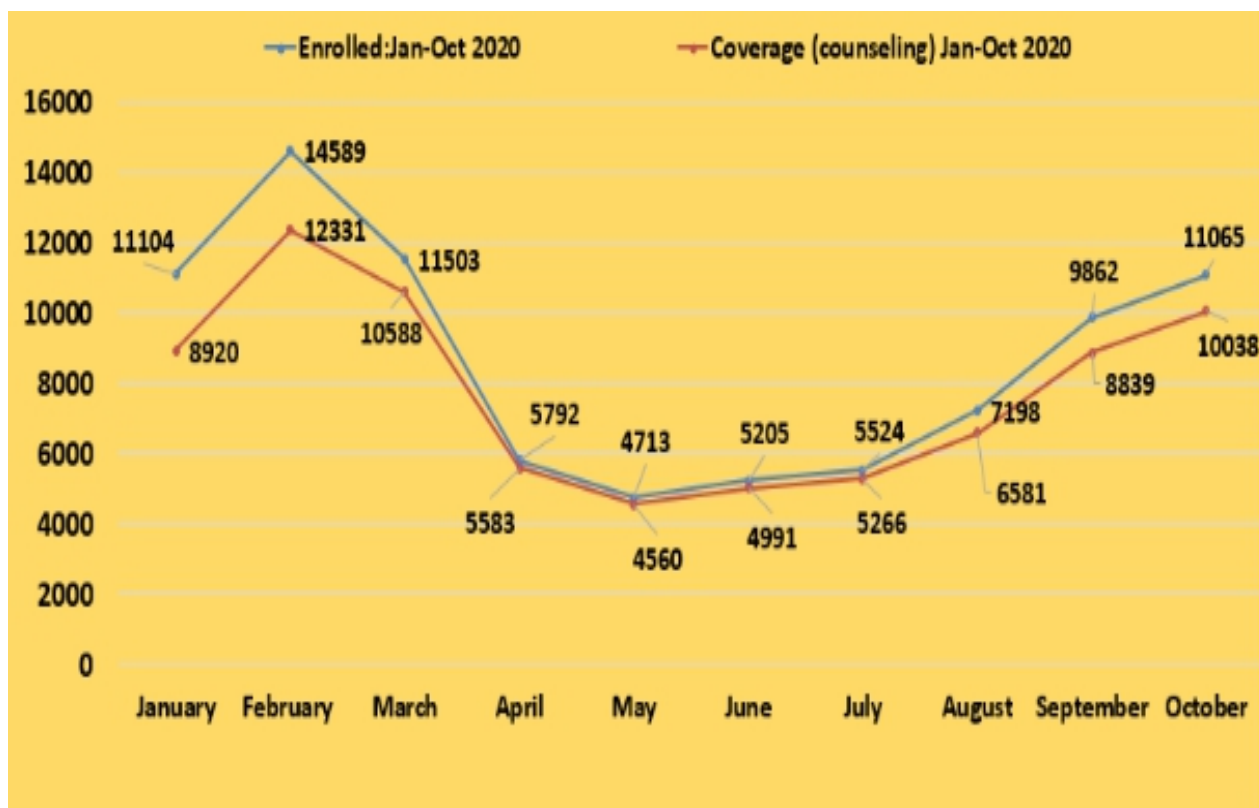
Figure -5: Number of total enrolled Under 2 years children and of them number of children received appropriate counseling in Sylhet & Chattogram Divisions.(January-October ,2020)

In February most 14589 of total enrolled Under 2 year Children and of them 12331 number of children received appropriate counseling in Sylhet & Chattogram Divisions, In May less 4713 of total enrolled U2 Children and of them 4560 number of children received appropriate counseling in Sylhet & Chattogram Divisions. (January-October, 2020).

Figure-6: Percentage of registered child (0-23 months) receiving specified child nutrition services in Sylhet & Chattogram Divisions(January-October ,2020)

In April & May 97% of registered child (0-23 months) receiving specified child nutrition services in Sylhet & Chattogram Divisions (January-October ,2020).

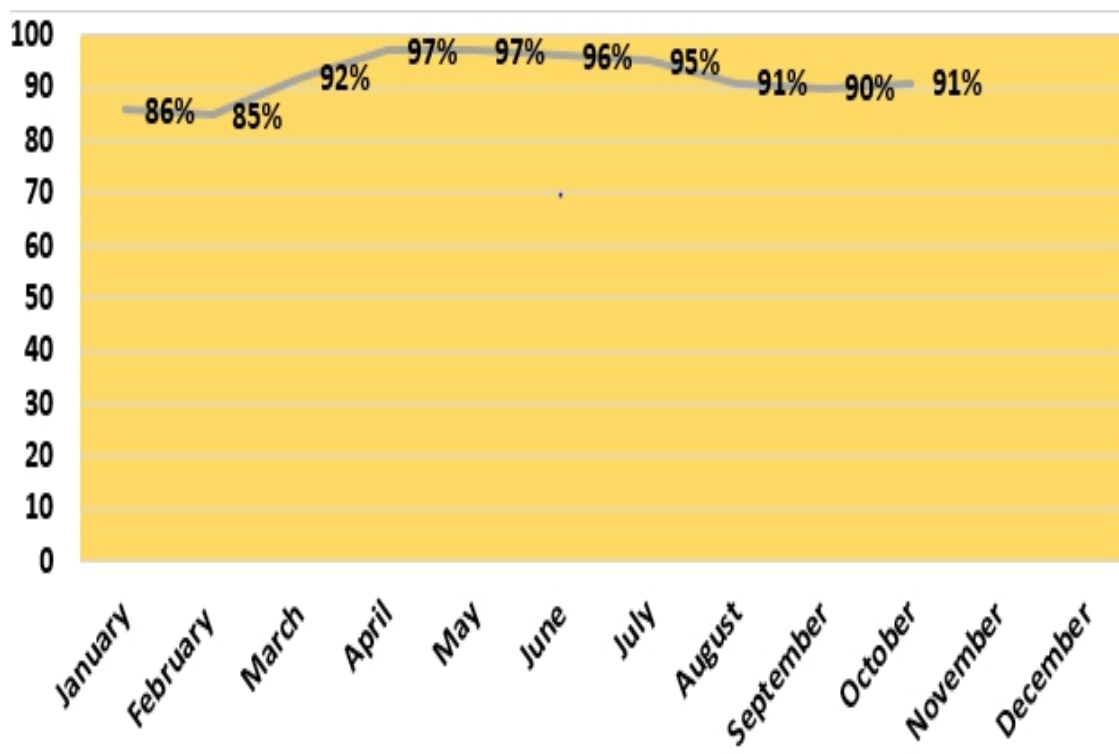In February 85% of registered child (0-23 months) receiving specified child nutrition services in Sylhet & Chattogram Divisions(January-October ,2020).
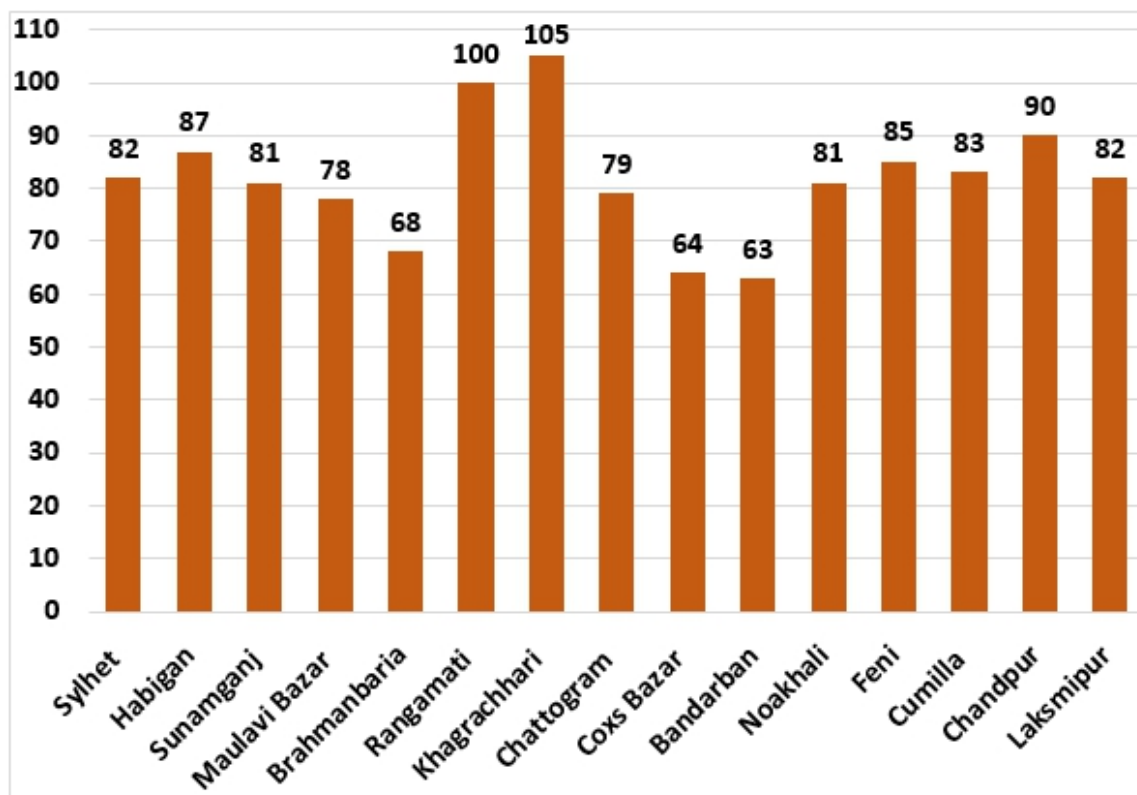
Figure-7: Percentage of Child Counseled (0-23 months) Nutrition Services(January-October, 2020)

In Rangamati most 100% of child counseled (0-23 months) nutrition services (January-October ,2020)

In Bandarban less 63%of child counseled (0-23 months) nutrition services(January-October, 2020). In Kagrachari, have shown data error, 105%.
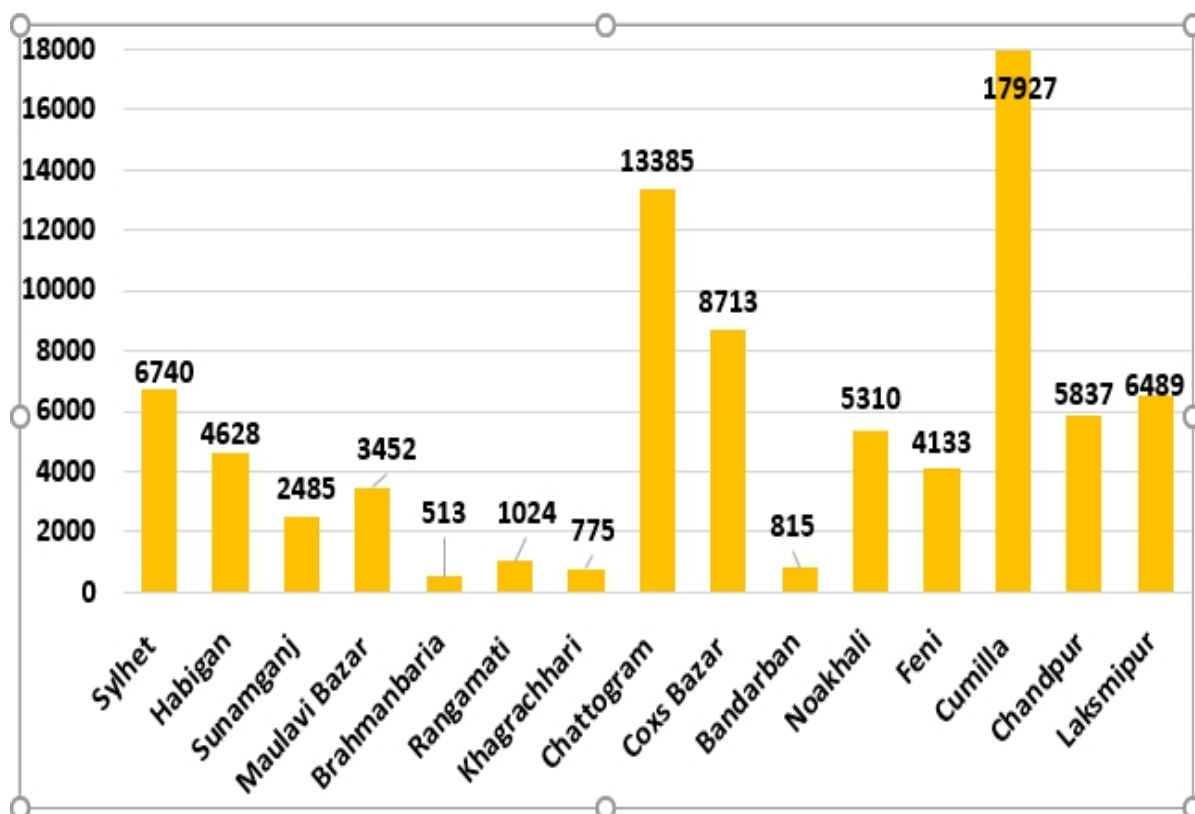
Figure-8: District wise number of child (0-23 months) enrolled in Sylhet & Chattogram Divisions (January-October, 2020)

District wise Cumilla is the most 17927 Number of child (0-23 months) enrolled in Sylhet & Chattogram Divisions. Brahmanbaria is the less 513 Number of child (0-23 months) enrolled in Sylhet & Chattogram Divisions (January-October ,2020)

5.1:Discussions:

Data had download by using electrical device (laptop). In DHIS2 individual records system (online database) of DGHS website have shown that combined is 80% of registered pregnant women receiving specified maternal nutrition services at community clinic in Sylhet and Chattogram divisions. Cumulative in Sylhet division is 82% and in Chattogram division is 79% Recent data (January-October, 2020). But in period 2019 both divisions result showed not so good compare to year 2020 (January-December). Status of maternal nutrition services (provision of IFA supplementation, weight monitoring, and nutrition counseling) and child nutrition aged under 2 years' nutrition services (age specific counseling on exclusive breastfeeding, and complementary feeding) at community clinic in Sylhet and Chattogram divisions are improving on the basis of online data from DHIS2 individual tracker capture. It has been estimated that In February most 14362 number of enrolled pregnant women and most 11424 number of enrollment pregnant women received all 3 services in Sylhet & Chattogram Divisions and In May 2020 less 5861 number of enrolled pregnant women and less 4789 number of enrollment pregnant women received all 3 services in Sylhet & Chattogram Divisions (January-October,2020).In July 2019, the coverage of maternal nutrition services (receiving iron and folic acid tablets, weight monitoring, and nutrition counseling) increased about three-fold from 21 percent of registered women in January 2018 to 56 percent. The coverage of child nutrition services (counseling on breastfeeding and complementary feeding) jumped about 12 times from 4 percent of registered children in January 2019 to 48.5 percent in July 2019.In May 2020 and June 2020 showed high rate 82% and in January less 74% registered pregnant women receiving specified maternal nutrition services in Sylhet & Chattogram divisions on January-October,2020. In Feni most 89% registered pregnant women receiving specified maternal nutrition services. In Bandarban less 64% registered pregnant women receiving specified maternal nutrition services. (January-October ,2020).In February most 14589 of total enrolled Under 2 year Children and of them 12331 number of children received appropriate counseling in

Sylhet & Chattogram Divisions and In May less 4713 of total enrolled U2 Children and of them 4560 number of children received appropriate counseling in Sylhet & Chattogram Divisions(January-October,2020).In April & May 97% of registered child (0-23 months) receiving specified child nutrition services in Sylhet & Chattogram Divisions (January-October, 2020) which have actually remained increase over time. Results of a study in urban Dhaka showed that the rate of exclusive breastfeeding was 70% among women who were counseled compared to only 6% who were not counseled. Results of another study in rural Bangladesh showed that peer-counselling given either individually or in a group improved the rate of exclusive breastfeeding from 89% to 81% compared to those women who received regular health messages only. In this context, child data of DHIS2 showed that at February is 85% of registered child (0-23 months) receiving specified child nutrition services in Sylhet & Chattogram Divisions(January-October, 2020). In Rangamati showed that most 100% of child counseled (0-23 months) nutrition services (January-October,2020) and less 63% of child counseled (0-23 months) nutrition services (January-October, 2020) in Bandarban. In DHIS2 system showed data error 105% regarding Kagrachari district. District wise showed Cumilla is the most 17927 number of child (0-23 months) enrolled in Sylhet& Chittagong Division. Brahmanbaria is the less 513 number of child (0-23 months) enrolled in Sylhet & Chattogram Divisions (January-October ,2020). Data was collected electronically from DHIS-2 server system and sometimes it is not functioning properly, also fund some errors so, it may not really help companies with decision making.

5.2:Limitations:

➢ The DHIS-2 server system is not functioning properly.
➢ Facing difficulty to login with the existing ID Password.
➢ DHIS-2 pivot table is not updated and data of child is not yet rectified.
➢ The information and data may not be accurate.

Conclusions

The results of this study showed that the Chattogram and Sylhet divisions have made progress in maternal and child nutrition services at community clinic. While progress has been made, problems remain because some health practitioners lack experience in providing quality nutrition therapy services, and online reporting access is poor. It has started to improve nutrition and health-care coverage rates, thanks to an emphasis on unique maternal and child nutrition programs, as well as the ability to monitor and report on them. According to this report overall findings showed that improvement has been made in the maternal and child nutrition services regarding individual tracker systems during COVID-19 period (January-October, 2020). For solving the data related error need to communicate and follow-up with Management Information System (MIS) to rectify the data of child data in the DHIS2 system.

References

1. *National Nutrition services(NNS)Operational Plan (2016-2023)*

 http://etoolkits.dghs.gov.bd/toolkits/bangladesh-program-managers/national-nutrition-service-nns-operational-plan

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