



Helen Keller International/ Bangladesh

SCN Working Group on Micronutrients: Information Sharing Template for 2005 and Earlier

Table 1: Demographic Information

Name of Reporting Individual	Chantell Witten, Gudrun Stallkamp
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Position	Country Director (CW), Nutrition Program Officer (GS)
Department/Section	Analysis and Reporting Unit (GS)

Table 2: Measurement, assessment, monitoring and reporting micronutrient deficiencies:

Geographic area(s) covered by this table (community, province, country, region)	a. Bangladesh (NSP); b. Northern riverine islands (chars) and coastal belt of Barisal
Project Name (if relevant)	a. Nutritional Surveillance Project (NSP); b. Homestead Food Production Program (HFPP)
Supporting Agencies (if relevant)	a. The Royal Embassy of the Kingdom of the Netherlands; b. NOVIB (The Netherlands Organization for Development Cooperation) via Save the Children USA
Approximate # of beneficiaries	a. Annually 90,000 households (15,000 households every two months) covered by the surveillance; b. 186,388 direct beneficiaries from 32,690 targeted households

Activities	Micronutrients												
	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-6	
Prevalence Assessment		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>							

a. The NSP assesses the night blindness prevalence of women of reproductive age and children age 12-59m (12-59m) routinely every two months from a nationally and divisionally representative sample. Indicators are assessed from the 1990s. Periodically, the prevalence of anemia (hemoglobin (Hb) concentration) is assessed with Hemocue of women of reproductive age and adolescents and women of reproductive age (last assessment in 2004). In Dec 2004-Jan 2005, a rickets prevalence assessment was conducted in the same areas.

conducted; however, no biochemical parameters were assessed. Rickets in Bangladesh are presumably due to vitamin D deficiency.

b. Project endline anemia prevalence (Hb concentration, Hemocue) is assessed, following a baseline in 2002 and a monitoring and evaluation (M&E) system.

Training/Capacity Building

Data collection and quality control teams of partner organizations and a governmental institution of both programs are trained in the assessment of micronutrient status.

Monitoring and Evaluation

a. Routinely, vitamin A capsule coverage at divisional and national level among children aged 6-59m is assessed. Independent monitoring of the biannual National Vitamin A Plus Campaigns of the Government of Bangladesh is conducted. Routinely, postpartum vitamin a capsule coverage among women of reproductive age is assessed. Iron supplementation during pregnancy and the early postpartum period is assessed. Periodically, iodine content of the household salt is assessed in 2003.

b. Vitamin A supplementation is regularly (three-monthly interval) monitored throughout project duration (capsule coverage) among children 6-59m and postpartum mothers). Vitamin A intake of children under five years of age and mothers is assessed through the 24-hour vitamin A semi-quantitative method (VASQ) regularly at baseline and endline of the project. Iron supplementation during pregnancy and the early postpartum period is assessed.

Analysis and Reporting

For both programs described above (NSP, HFPP), analysis and reporting of data in relation to vitamin A and iron deficiency is conducted and shared (inter-)nationally with program partners, donors and other organizations through annual reports and other publications.

Vitamin A deficiency related information of the NSP is regularly included in the WHO Global Database on Vitamin Deficiency.

Table 3: Food Fortification:

<u>Geographic area(s) covered by this table (community, province, country, region)</u>	a. Bangladesh (NSP) b. Northern riverine islands (chars) and coastal belt of Barisal
<u>Project Name (if relevant)</u>	a. Nutritional Surveillance Project (NSP) b. Homestead Food Production Program (HFPP)
<u>Supporting Agencies (if relevant)</u>	a. The Royal Embassy of the Kingdom of the Netherlands b. NOVIB (The Netherlands Organization for Development Cooperation) via Save the Children USA

<u>Approximate # of subjects or beneficiaries for each project described</u>	a. Annually 90.000 households (15.000 households every two months) covered by the surveillance b. 186,388 direct beneficiaries from 32,690 targeted households											
	Micronutrients											
<u>Commodities</u>	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3
Complimentary food (in-home fortificant, sprinkles)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
<u>Activities</u>												
Operational Research		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
<p style="color: red;">HKI started to explore options for the involvement in a planned Sprinkles project in Bangladesh. For this reason, an Interest Group was formed, which comprises relevant stakeholders and interested partners. The exact content of the micronutrient sprinkles is not yet decided upon.</p>												
Targeted Fortification												
In-home fortification (complementary foods)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
<p style="color: red;">HKI started to explore possibilities how to engage in planned program of such fortification. The target group is children under five years of age.</p>												

Table 4: Supplementation:

<u>Geographic area(s) covered by this table (community, province, country, region)</u>	a. Bangladesh (NSP) b. Northern riverine islands (chars) and coastal belt of Barisal
<u>Project Name (if relevant)</u>	a. Nutritional Surveillance Project (NSP) b. Homestead Food Production Program (HFPP)
<u>Supporting Agencies (if relevant)</u>	a. The Royal Embassy of the Kingdom of the Netherlands b. NOVIB (The Netherlands Organization for Development Cooperation) via Save the Children USA
<u>Approximate # of subjects or beneficiaries for each project described</u>	a. Annually 90.000 households (15.000 households every two months) covered by the surveillance

	b. 186,388 direct beneficiaries from 32,690 targeted households											
	Micronutrients											
<u>Activities</u>	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3
Supplements Compliance Promotion		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						

The HFPP has a nutrition education component, which includes information on micronutrient rich foods both from animal sources and promotion of available mechanisms of receiving vitamin A or iron-folate supplementation for children and mothers.

Supplementation Monitoring/Evaluation		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
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Both projects (NSP routinely, HFPP at baseline and endline) assess the coverage of the biannual national Vitamin A campaign, which supplements children aged 12-59m with a vitamin A capsule. Likewise the supplementation of children aged 6-11m (combined with measles vaccination) and that of postpartum mothers within 6 weeks of delivery is assessed. Supplementation of iron-folate tablets during pregnancy and in the early postpartum period of mothers is also assessed quantitatively.

Table 5: Dietary Diversity to Improve Micronutrient Nutrition:

<u>Geographic area(s) covered by this table (community, province, country, region)</u>	a. Bangladesh (NSP) b. Northern riverine islands (chars) and coastal belt of Barisal
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	Micronutrients											
Activities	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3
<i>Dietary Policy and Advocacy</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
The HFPP in its nutrition education component promotes the consumption of micronutrient rich vegetables, fruits and food products and provides information and practical training on nutrient preserving cooking techniques.												
<i>Agricultural Initiatives</i>												
<i>Home Gardens</i>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
The HFPP teaches women of poor households how to setup home gardens that provide fruits and vegetables year with a constant presence of at least six different varieties. Special attention is paid to enable women to engage in activities beyond project support duration. Emphasis is on vitamin A and iron rich foods.												
<i>Agricultural Extension Activities</i>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
HFPP conducts a series of training for the women homestead food production groups on horticulture and animal husbandry. Establishes village model farms (VMF) and group leader gardens as a demonstration plot. Also organizes extension activities among the farmers' field sites. Emphasis is on vitamin A and iron rich foods in special and micronutrient rich foods.												
<i>Other areas using diet improvement to improve micronutrient nutrition.</i>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						
The HFPP teaches women of poor households how to raise small scale animals (chickens, including improved breeds and ducks) for consumption of eggs, meat and liver.												