Guideline

For

Priority Nutrition Results Indicators

2nd Edition: August 2022

স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

National Nutrition Services
Ensuring Nutrition Services to All

unicef | for every child

Content

1. Abbreviation

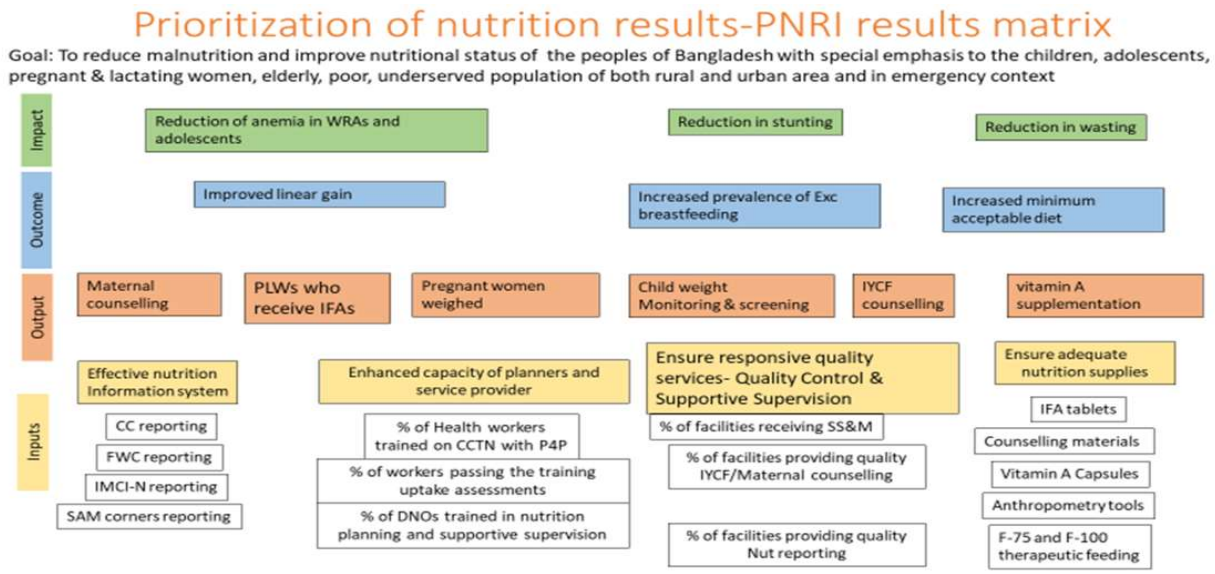
ANC	Antenatal Care
CC	Community Clinic
CI	Composite index
DGHS	Directorate General of Health Services
DHIS2	District Health Information System 2
HPNSDP	Health, Population and Nutrition Sector Development Programme
HAZ	Height-for-age Z-scores
IFA	Iron Folic Acid
IMCI&N	Integrated Management of Childhood Illness and Nutrition
INIS	Integrated nutrition information system
IPHN	Institute of Public Health Nutrition
IYCF	Infant and Young Child Feeding
KPI	Key Priority Indicators
MoHFW	Ministry of Health and Family Welfare
NCD	Non communicable disease
NIPU	Nutrition Information and Planning Unit
NIS	Nutrition Information System
NNS	National Nutrition Services
NNS-OP	National Nutrition Services- Operational Plan
NPAN2	Second National Plan of Action for Nutrition
PNRI	Priority Nutrition Results Indicators
SDG	Sustainable Development Goal
SAM	Severe Acute Malnutrition
WAZ	Weight-for-age Z-scores
WHA	World Health Assemble
WHZ	Weight-for-length/height z-score
U-5	Under Five

2. Background

National Nutrition Services (NNS) under the Ministry of Health and Family Welfare (MoHFW), Bangladesh is working to combat against the chronic malnutrition problem of Bangladesh with an aim to meet the World Health Assemble Target (WHA) and Sustainable Development Goal (SDG). Chronic undernutrition has been an enduring problem in Bangladesh. The stunting rate in country reduced from 36% to 28% but still meeting of WHA and SDG target and addressing the equity are questions to think about. Micronutrient deficiency also remains a serious concern with almost 51% of children (6-59 months) and 50% of pregnant women suffering from anaemia. These deprive children rights to survival, optimum growth and cognitive development, resulting in irreversible intellectual capacity loss.

To address undernutrition systematically, under the Health, Population and Nutrition Sector Development Programme (HPNSDP), the Government of Bangladesh launched the National Nutrition Services-Operational Plan (NNS-OP), which comprises of a set of child and maternal nutrition interventions focusing on the critical window of opportunity of 1,000 days. Overall goal of the NNS-OP is to improve the nutritional status of the people of Bangladesh with equity and special emphasis on children, adolescents, pregnant and lactating women, elderly and underserved population of both rural and urban. It presents three thematic components- Nutrition Specific, Nutrition Sensitive and system strengthening which has overall 25 activities.

Tremendous effort has been given to building capacity of the service provider, establishment of systematic reporting of nutrition services in register and through dhis2 online reporting to mainstreaming nutrition within the health and family planning service delivery system all over the country. Now focus is to track and monitor the progress from national to sub district and community level. In October 2017, the Institute of Public Health Nutrition (IPHN) organized an advocacy meeting for NNS in the presence of 400 stakeholders where the need for prioritized results under NNS–OP and an integrated nutrition information system (INIS) to support the plan was agreed as a key priority action.



In 2018, Nutrition Information Network was formed and following extensive engagement the guiding principles for integrated information system was forged-a system that will align to the national plan and data collection and reporting from different delivery platforms in harmonized manner. The Government along with nutrition stakeholders agreed on Priority Nutrition Results and Indicators (PNRI) for NNS-OP. Some key priority routine service nutrition indicators have been selected under the Results Framework Workplan and NNS-OP level indicators to track the regular progress and monitoring. The framework highlights priority nutrition interventions to be implemented in all 64 districts through all health facility platforms-by both DGHS and DGFP divisions. Various steps have taken place to operationalize the framework. Starting with the revision of DGHS and DGFP facility registers, building capacity of the service provider, establishment of systematic reporting of nutrition services in register and through dhis2 online reporting, track and monitor the progress from national to sub district and community level. To facilitate timely and effective use of data a multifunctional nutrition Information visualization platform was also designed http://mukto.nnsop.org/dashboard.

Initially these key indicator's data were extracted and analyzed by the Nutrition Information and Planning Unit (NIPU) of NNS, IPHN to establish a strong monitoring trackers and tools that will help key managers from national, divisional, districts and sub districts levels to visualize their nutrition progress against national and global standard target. After generating several cycles for and using it internally NNS decided to disseminate it with divisional level manager on 31 December, 2019 in CCTN sensitization meeting. It was well accepted and target were set up also for the first quarter of 2020.

	PNRI functional data					PNRI service data						
Reporting Period	% of facilities reporting on complete nutrition indicator	% of facilities providing IYCF counselling to caregivers	% of pregnant women weighted during clinic visit (Cumulative)	% of children screened for SAM at facility	Composite Index	No of children screened for SAM at facility	No of Children Identified with SAM	No of SAM children admitted	No of pregnant women receiving IFA	No of caregiver receiving nutrition counselling	SAM Status by Screening	Admission Rate

3. Definition of PNRI Indicators

	PNRI functional data					PNRI service data						
Reporting Period	% of facilities reporting on complete nutrition indicator	% of facilities providing IYCF counselling to caregivers	% of pregnant women weighted during clinic visit (Cumulative)	% of children screened for SAM at facility	Composite Index	No of children screened for SAM at facility	No of Children Identified with SAM	No of SAM children admitted	No of pregnant women receiving IFA	No of caregiver receiving nutrition counselling	SAM Status by Screening	Admission Rate
Dec-19	49%	89%	56%	39%	0.58	131,655	1,639	488	291,445	519,392	1%	30%
Jan-20	52%	94%	62%	34%	0.60	145,968	1,432	485	296,778	548,711	1%	34%
Feb-20	52%	95%	65%	33%	0.61	168,029	1,563	432	289,769	578,015	1%	28%
Mar-20	49%	91%	59%	35%	0.58	125,083	1,664	281	252,980	459,694	1%	17%
Apr-20	43%	88%	59%	31%	0.55	27,832	938	54	204,488	233,132	3%	6%
May-20	43%	88%	Data is not available	39%	0.57	30,344	1,030	117	189,272	200,833	3%	11%
Jun-20	45%	89%	59%	52%	0.61	49,294	368	274	243,109	255,611	1%	74%
Jul-20	46%	89%	59%	51%	0.61	57,726	443	317	248,284	306,115	1%	72%
Aug-20	49%	91%	59%	54%	0.63	79,837	578	450	221,750	355,343	1%	78%
Sep-20	51%	92%	52%	57%	0.63	124,871	1,047	778	283,330	460,319	1%	74%
Oct-20	52%	93%	52%	57%	0.63	143,896	1,483	964	296,312	489,117	1%	65%
Nov-20	54%	93%	84%	63%	0.73	170,317	1,118	878	300,780	518,520	1%	79%
Dec-20	53%	92%	93%	60%	0.75	167,433	1,219	905	277,529	508,366	1%	74%

National PNRI dataset

To ensure effective delivery of nutrition services PNRI indicators were set under both NNS-OP and NPAN2. Indicators are also well aligned with WHO's Global nutrition monitoring framework operational guidance and now the next step is to define technical standards and targets. This tracking and monitoring documents are really a useful tool to visualize and track the nutrition service delivery at different tire of the health system and establish of proper and strategic use can aid and improve nutrition information system effectively.

PNRI dataset has two section. a) Functional data, b) Service data.

a) Functional data:

It consists of 4 indicators that indicates how functional the facilities are in providing nutrition services. These are the functional indicators-

I. % of facilities reporting on complete nutrition indicator
II. % of caregiver of 0–23-month-old children received age appreciate nutrition counselling
III. % of registered pregnant women received all three services (weight measured, Nutrition counselling ANC, more >=30 IFA distributed) at 1st ANC visit
IV. % of children screened for SAM at facility

Indicators	Definition
% of facilities reporting on complete nutrition indicator	**No. of CCs reporting on all maternal & child nutrition indicator = ----------/ Per month Total Number of Community Clinics**
% of caregiver of 0–23-month-old children received age appreciate nutrition counselling	**No of Register children's caregivers have received age-appropriate counseling = ----------/Per month Total Number of children (0-23) registered**
% of registered pregnant women received all three services (weight measured, Nutrition counselling ANC, more >=30 IFA distributed) at 1st ANC visit	**No. of registered pregnant women who received all three services (weight measured, nutrition counseling & >=30 IFA distribution) = ----------/Per month No. of total enrollment for 1st ANC**
% of children screened for SAM at facility	**No. of children screened for SAM at facility = ----------/Per month Total Children visited IMCI&N Corner**

FUNTIONALITY SCALE

Very Poor	Average	Good	Over Estimate
<=50%	50-79%	80-100%	>100%

National/ divisional/ district/ upazila level facilities functionality is measured by all of these four functional PNRI indicators. Each of the functional indicator is measured based on the functionality scale as depicted above. Based on the functionality scale and/or , each upazila/district/divisional/national indicator is categorized as either Very Poor, Average, Good and Over Estimate.

These categories are marked as different color like traffic signals i.e.

- **Very poor** performance as **Red** color,
- **Average** performance as **Yellow** color,
- **Good** performance as **Green** Color.
- **Over Estimate**/wrong reporting marked as **Purple** color

This functionality scale gives a quick sense of understanding to all level of managers for identifying the action plan in order to improve the facility functionality in terms of nutrition service delivery within his/her jurisdiction.

Composite Index: It is calculated on the basis of average of achievement of mentioned four indicators. The score is developed for monitoring purpose and can provide provides idea on how the performance of divisions, districts and sub-districts are improving or decreasing. Scores are categorized according to following range.

This has helped identify low performing districts or indicators and determine where support/follow up is needed.

b) Service data:

Service data section has five indicators-

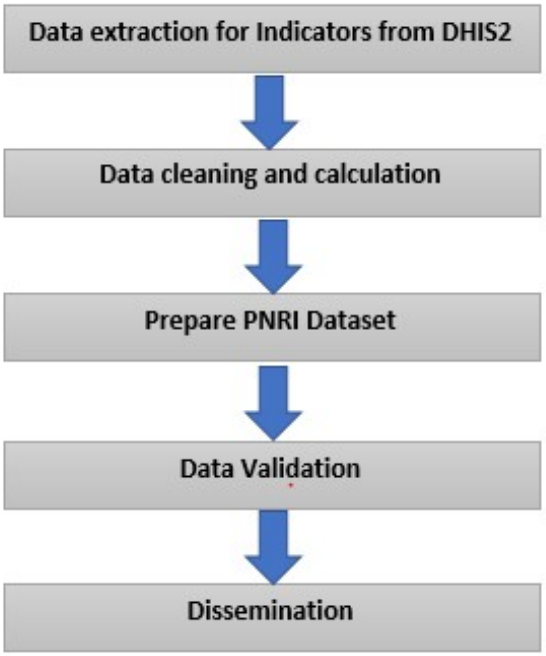
I. No. of children screened for SAM at facility
II. No. of Children Identified with SAM
III. No. of SAM children admitted
IV. No. of pregnant & Lactating women receiving IFA
V. No. of 1st ANC services where weight measured
VI. No. of Nutrition counselling at 1st ANC
VII. No. of children aged U2 years receiving specified counseling

It also presents screening rate for SAM and SAM admission rate in the facility.

PNRI Service Data								
No of children screened for SAM at facility	No of Children Identified with SAM	No of SAM children admitted	SAM Status by Screening	Admission Rate	No of PLW receiving IFA	No. of 1st ANC services where weight measured	No. of Nutrition counselling at 1st ANC	No. of children aged U2 years receiving specified counseling

4. Guideline of developing PNRI

Data for each indicator are being derived from DHIS2 on monthly basis. Following are the steps to generate PNRI-



4.1 Data Extraction

For each indicators data are being extracted from different report section of DHIS2. We can export the entire report or only the required indicators for PNRI from DHIS2 record as excel. To export the data first we will go to DGHS website. Then we will go to DHIS2 online database. For community clinic level report, we will choose DHIS2 individual record and for upazila level and above we will export data from DHIS2 central record. Once we select the database level, we will go to the pivot table and select desired indicators under data elements of the required report to export.

These are the reports and sources from where data of each indicators are being exported:

PNRI Functional Data			
	Indicators	**Report Name**	**Source**
1	% of facilities reporting on complete nutrition indicator	a. Child CC Report b. Maternal CC Report	DHIS2 Individual Record
2	% of caregiver of 0-23 month old children received age appreciate nutrition counselling	Child Health Program	DHIS2 Individual Record
3	% of registered pregnant women received all three services (weight measured, Nutrition counselling ANC, more >=30 IFA distributed) at 1st ANC visit	Maternal Health Program	DHIS2 Individual Record
4	% of children screened for SAM at facility	a. IMCI&N Report b. SAM Management Report	DHIS2 Central Record

PNRI Service Data			
	Indicators	**Report Name**	**Source**
1	No. of children screened for SAM at facility	SAM Management Report	DHIS2 Central Record
2	No. of Children Identified with SAM	SAM Management Report	DHIS2 Central Record
3	No. of SAM children admitted	SAM Management Report	DHIS2 Central Record
4	No. of pregnant & lactating women receiving IFA	Maternal CC Report	DHIS2 Central Record
5	No. of 1st ANC services where weight measured	Maternal Health Program	DHIS2 Individual Record
6	No. of Nutrition Counseling at 1st ANC	Maternal Health Program	DHIS2 Individual Record
7	No. of children aged U2 years receiving specified counseling	Child Health Program	DHIS2 Individual Record

4.2 Data Cleaning and Calculation

Step by step data cleaning and calculation process has described in the below:

4.2.1 Data calculation for PNRI Functional Data:

a) KPI 1: % of facilities reporting on complete nutrition indicator-

Export excel dataset for the following indicator from maternal and child CC report:

For child: Exclusive breast feeding, Additional food supplement, Low HAZ, Low WAZ, Low WHZ

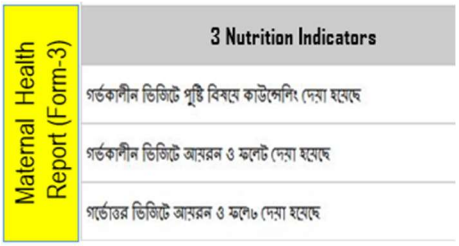
For Mother: ANC IFA Distribution, ANC Nutrition Counselling, PNC IFA Distribution

Extract these data for the desired month of the year and do the following calculation for Child and Maternal complete nutrition reporting separately and do the average:

Step-1:

% of facilities reporting on all child nutrition indicators (5 indicators)

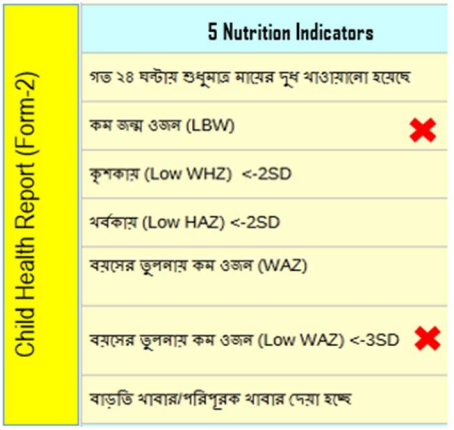
No. of CCs reporting on all child nutrition indicator/month
= ----------X100
Total Number of Community Clinics



Step-2:

% of facilities reporting on all maternal nutrition indicators (3 indicators)

No. of CCs reporting on all maternal nutrition indicator/month
= ----------X100
Total Number of Community Clinics



Final Calculation:

% of facilities reporting on complete nutrition indicator

Result of Step-1 (%) + Result of Step-2 (%)
= ----------
2

b) KPI 2: % of caregiver of 0-23 month old children received age appreciate nutrition counselling -

To calculate this indicator, number of registered children caregivers have received age appropriate nutrition counseling consider as numerator against to total number of children (0-23) registered.

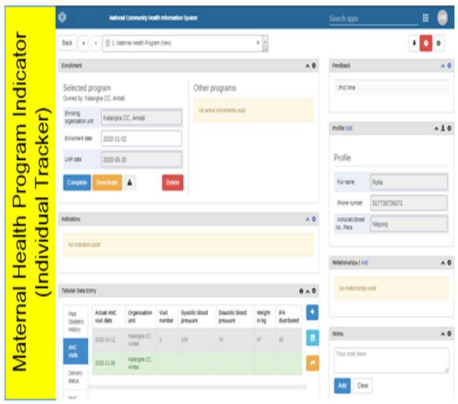
Calculation:

No of Register children's caregivers have received age-appropriate counseling
= ----------x100
Total Number of children (0-23) registered

c) KPI 3: % of registered pregnant women received all three services (weight measured, Nutrition counselling ANC, more >=30 IFA distributed) at 1st ANC visit

Extract the following facility wise data from the maternal health program indicator (Individual tracker):

a) Number of total enrollment for 1st ANC (Monthly). This data is used as denominator for this indicator.
b) Number of registered pregnant women who received all 3 services during the ANC visit for 1st time (Monthly). This data is used as numerator for this indicator.

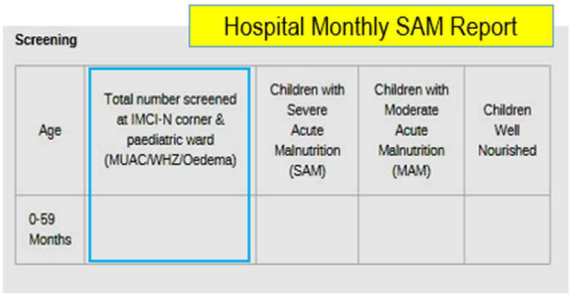


Calculation:

$$= \frac{\text{No. of registered pregnant women who received all three services monthly (Weight measured, Nutrition counselling ANC, more >=30 IFA distributed)}}{No.\ of\ total\ enrollment\ for\ 1st\ ANC\ (Monthly} \times 100$$

d) KPI 4: % of children screened for SAM at facility-

This indicator calculation needs data from both IMCI&N monthly report and SAM management monthly report.



SAM Management Monthly Report: Total Number Screened in both IMCI&N Corner and pediatric ward. This data is used as numerator for this indicator.

IMCI&N Report: Total number of under-five children visited IMCI&N corner. This data is used as denominator for this indicator

Calculation:

$$= \frac{\text{No. of U-5 children screened for SAM at facility (IMCI\&N corner and pediatric Unit) per month}}{\text{Total U-5 Children visited in the targeted SAM facility}} \times 100$$

4.2.2 Composite Index (CI) Value & Ranking:

- Composite Index (CI) value calculated on the basis of the average of percentage of above-mentioned four indicators.
- This CI value developed for monitoring purpose, ranging from 0.01 to 1.00. Higher score represents higher functionality of facilities within an administrative unit i.e. district, upazila etc.
- This CI value provides measurability of a upazila, district, divisional and national performance
- Score are categorized according to range below range:

Very Poor	Average	Good	Over Estimate
<=0.5	0.51-0.79	0.80-1.00	>1.00

Based on the CI value following ranking were developed:

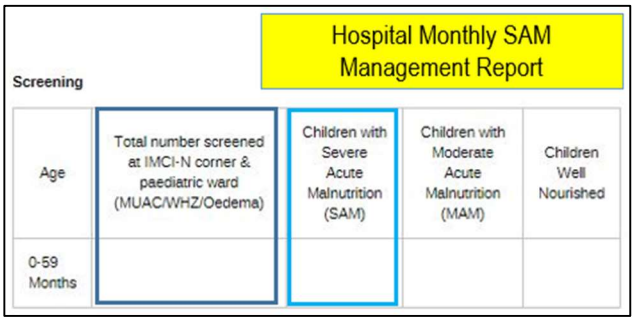
- Divisional Ranking
- District Ranking and
- Upazila Ranking (All upazila within a division are ranked based on the CI value)

This ranking gives a strong perception to the national, divisional and district level manager about the divisional, district and upazila performance at a glance.

4.2.3 Data calculation for PNRI Service Data:

a) Service Data#1: No. of children screened for SAM at facility-

This is the total number of SAM children screened during the reporting months. The data derived from SAM management monthly report. The same data is also used as numerator in the KPI#4.

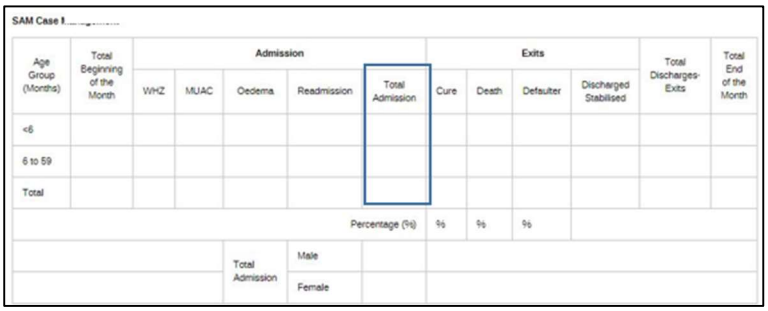


b) Service Data#2: No. of Children Identified with SAM

This is the total number of SAM children identified during the reporting months. The data derived from SAM management monthly report.

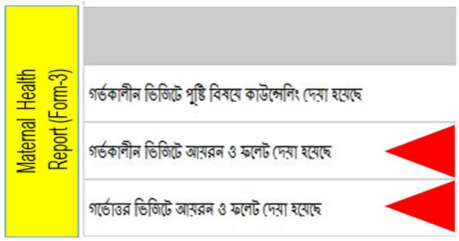
c) Service Data#3: No. of SAM children admitted

This is the total number of SAM children admitted during the reporting months. The data derived from SAM management monthly report.

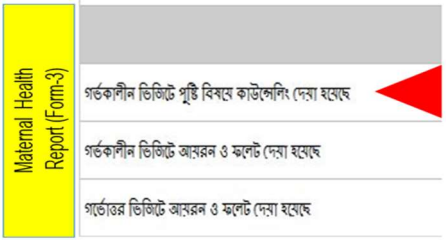


d) Service Data#4: No. of women receiving IFA

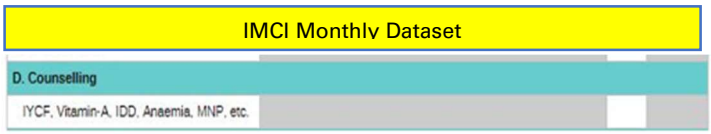
This is the total number of pragnant and lactating women received Iron Folic Acid (IFA) during their ANC and PNC visit respectively. The data can be derived from Maternal Monthly report.



e) Service Data#5: SAM Status by Screening



This aim of this service data is to observe the screening performance and SAM identification coverage. The indicator is calculated the total number of SAM identification in facility/facilities within an administrative unit in a reporting period (Service Data#2) against the total number of SAM screening (Service Data#1). The indicator is expressed as percentage of SAM identification.



Calculation:

Total number of SAM identified in a month (Service Data#2)
=----------x100
Total number of SAM screening in a month (Service Data#1)

f) Service Data#6: Admission Rate

This aim of this service data is to observe the SAM treatment coverage. The indicator is calculated the total number of SAM admission in the facility within an administrative unit in a reporting period (Service Data#3) against the total number of SAM identified (Service Data#2). The indicator expressed as percentage of SAM admission.

Calculation:

Total number of SAM admission in a month (Service Data#3)
=----------x100
Total number of SAM identified in a month (Service Data#2)

g) Service Data#7: No. of 1st ANC services where weight measured

This is the total number of pragnant women received 1st ANC services where weight measured during their ANC visit respectively. The data can be derived from Maternal health program report.

h) Service Data#8: No. of Nutrition counselling at 1st ANC

This is the total number of pragnant women received 1st ANC services where provide nutrition counselling during their ANC visit respectively. The data can be derived from Maternal health prgram report.

i) Service Data#9: No. of children aged U2 years caregiver receiving nutrition counselling

This is the sum of the total number of children aged U2 years caregiver received nutrition counseling during their visit with children aged U2. The data can be derived from Children health program report .

4.3 Prepare PNRI Dataset

There is prototype or template for putting all the values of PNRI. The cells are conditionally formatted according to decided category of poor, average, good and very good performance. After calculating all the indicators data we will paste the value in the template of PNRI to generate National, divisional, district and upazila level.

		PNRI Functional Data						PNRI Service Data								
Division	District	% of facilities reporting on complete nutrition indicator	% of registered infant and children aged U2 years receiving specified nutrition services	% of registered PW receiving specified nutrition services	% of children screened for SAM at facility	Composite Index	Rank	No of children screened for SAM at facility	No of Children Identified with SAM	No of SAM children admitted	SAM Status by Screening	Admission Rate	No of PLW receiveing IFA	No. of 1st ANC services where weight measured	No. of Nutrition counselling at 1st ANC	No. of children aged U2 years receiving specified counselli
Khulna	Jashore	99%	115%	95%	101%	1.02	1	7,890	19	19	0.2%	100%	6,030	345	543	1834
Khulna	Magura	97%	73%	85%	122%	0.95	2	5,426	12	1	0.2%	8%	1,280	457	986	204
Chattogram	Feni	83%	95%	93%	105%	0.94	3	5,902	16	11	0.3%	69%	2,109	342	789	866
Rangpur	Nilphamari	99%	79%	88%	109%	0.94	4	3,058	23	13	0.8%	57%	4,449	235	764	591
Dhaka	Gazipur	99%	86%	90%	93%	0.92	5	11,365	53	38	0.5%	72%	6,243	432	657	2414
Khulna	Narail	77%	89%	88%	109%	0.91	6	4,156	8	5	0.2%	63%	1,205	768	658	223
Sylhet	Maulavi Bazar	85%	97%	96%	82%	0.90	7	5,028	817	7	16.2%	1%	2,792	457	879	1255
Rangpur	Dinajpur	52%	92%	92%	122%	0.90	8	11,100	63	31	0.6%	49%	5,622	357	698	679
Chattogram	Cumilla	58%	103%	94%	103%	0.89	9	17,939	25	10	0.1%	40%	11,497	567	769	5025

4.4 Data Validation

Validate and cross check by several methods to see discrepancy and mismatch. Match grand total with each Division, District and Upazila table. Check for inclusion of different type of organization unit in different table. For example: cc data in district table.

Check for any out lair or abnormal values. If there is any just recheck the calculation and raw file again to be sure whether it is reporting issue or calculation. Do some random check for 4/5 districts for each indicator value in both files to be sure that all are pasted correctly.

Data Validation Flow Chart and time line:

Activity	Responsible	Time line
Data Generation	MIS Officer, NIPU	13th of Every Month
Data Review	Technical Manager, NIPU	14th of Every Month
Data Validation	IMO, UNICEF	15th of Every Month
Data Finalization	Nutrition Specialist, UNICEF	15th of Every Month
Final approval for dissemination	LD, NNS	16th of Every Month
Upload on MUKTO Dashboard	Technical Manager, NIPU	17th of Every Month

4.5 Dissemination

MUKTO multifunctional data visualization platform of Nutrition Information System was operationalized to track PNRI. PNRI data is being released by 15th of every month on MUKTO for everyone to use. It is also being disseminated in NIPU weekly meeting and monthly data analytics meeting so that NIPU, ZNO and DNCs can share the findings with the Divisional and district level focal mangers during monthly coordination meeting. Based on PNRI findings National, divisional and district report card also being generated in every quarter and it's been sharing through GO with all the stakeholders and partners, central focal people and also with all Divisional Directors and Civil surgeons. PM and DPM also uses PNRI in different meetings on workshop. Initiatives has been taken to send PNRI scores and ranking through SMS to all the focal person and health workers to update their progress.

5. Field Level PNRI Engagement Plan

After nationwide dissemination of PNRI and upload in the MUKTO dashboard, it is expected that the PNRI data should be utilized at divisional, district and upazila level coordination meeting. The key objective of developing the PNRI is to monitor the performance of facility level functionality and nutrition related service coverage by each upazilla, district and division.

Therefore, the discussion on the PNRI data in each upazila, district and divisional monthly coordination meeting is vital to increase the functionality in terms of nutrition service delivery and enhancing nutrition

service coverage among children and women by the existing health facilities. In short, PNRI is a monitoring tool for 1st, 2nd and 3rd line supervisor to improve the nutrition services.

5.1 Divisional PNRI Engagement

In a division, all respective Civil Surgeons attend the divisional coordination meeting. Therefore, this is an important contact point to sensitize all district level managers about their performance based on PNRI and NNS scorecard. It will help the respective district managers to identify the key action plan in order to improve and/or maintain their performance in terms of nutrition service delivery.

In every four months, Line Director and Program Managers (PMs) will participate in each divisional coordination meeting in collaboration with NIPU to sensitize the divisional and district managers on PNRI. In other words, every month, at least two divisional coordination meeting will facilitate by Line Director and Program Managers (PMs) of NNS.

The intended outcome of this engagement will improve the respective divisional and national NNS score.

5.2 District Level PNRI Engagement

In a district, all respective Upazila Health & Family Planning Officers (UH&FPOs) attend the district coordination meeting. Therefore, this is an important contact point to sensitize all upazila level managers about their performance based on PNRI and NNS scorecard. It will help the respective upazila managers to identify the key action plan in order to improve and/or maintain their performance in terms of nutrition service delivery.

In every four months, all Program Managers and Deputy Program Managers will participate in each divisional coordination meeting in collaboration with NIPU to sensitize the district and upazila managers on PNRI. In other words, every month, at least sixteen (16) district coordination meeting will be facilitated by all Program Managers and Deputy Program Managers of NNS.

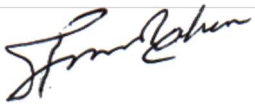
The intended outcome of this engagement will improve the respective district and divisional NNS score.

5.3 Upazila Level PNRI Engagement

In a upazila, all respective community service providers and their respective supervisors attend the upazila coordination meeting. Therefore, this is an important contact point to sensitize all community service providers and their respective managers about their performance based on PNRI and NNS scorecard. It will help the respective upazila managers and community service providers to identify the key action plan in order to improve and/or maintain their performance in terms of nutrition service delivery.

In every month, all upazila managers will lead the PNRI sessions in their monthly coordination meeting.

The intended outcome of this engagement will improve the respective upazila and district NNS score.



Routine PNRI Engagement Plan

Administrative Level	Frequency of Engagement	Total Engagement in every 04 months	Target Audience	Facilitator
Divisional Coordination Meeting	Two meetings /months	8 meetings in 8 divisions	Divisional Managers and Civil Surgeons	LD, PM & NIPU
District Coordination Meeting	Sixteen meetings /months	64 meetings in 64 districts	Civil Surgeons & Upazila Managers	PMs, DPMs and NIPU
Upazila Coordination Meeting	494 meetings/ months	1,976 meeting in 494 upazilas	Community Service Provider and their managers	Respective UH&FPO, Statistician