Introducing the project

The improving delivery and uptake of essential nutrition interventions through the health and food system and in the community project (IAHBI) falls within a larger joint project between FAO and UNICEF, funded by USAID to improve food and nutrition security with special focus on pregnant and lactating women, adolescent girls and under 5 children of Assasuni and Shyamnagar upazilas of Satkhira and Muladi upazila of Barisal district in southern Bangladesh having two years partnership with CARE Bangladesh from June 2013 to May 2015. The project focuses on (1) mainstreaming of Direct Nutrition Interventions (DNI) through existing GoB Health and Family Planning (FP) service delivery system and (2) Nutrition Sensitive Interventions through key sectors of Food Security and Livelihoods. These will lead to a concerted effort to ensure improve coverage and uptake of essential nutrition interventions and practices at both community and facility level. UNICEF and CARE are responsible with the aim of strengthening health system and improving existing community system to mainstream nutrition which is also the focus of National Nutrition Services of Government of Bangladesh.

Project interventions

Capacity building:
- Structured training and On-the-Job-Training (OJT) for service providers on Direct Nutrition Interventions (DNI)
- Orientation of different community groups (Community Group, Community Support Group, Adolescent Girls Group, Imam, TBA, UP members, mother support group) on DNI

System strengthening:
- Conduct capacity need assessment to identify gaps including logistics to provide nutrition services
- Bottleneck analysis of DNIs
- Joint planning, monitoring, supportive supervision
- Inclusion of nutrition indicators on MIS of Health and Family Planning
- Multisector coordination

Participatory monitoring by CG:
- Revised action plan to include nutrition
- Social and geographical mapping and plotting of malnourished cases, pregnant and lactating women
- Monthly and bimonthly meeting to discuss progress, challenges and solutions

Community mobilization:
- Social mapping, follow up and community meeting by CG and CSG
- Group meeting, one to one counseling by adolescent girls group, mother group members
- Involve HA/FWA/teachers to promote hand washing at school
- Organize nutrition fair by UNO to campaign DNI
- Mobile video show

Multisectoral approach:
- Establishing and functioning Upazila Nutrition Committee
- Functioning Union Development coordination Committee (UDCC)

Ensure quality services and logistics at Community Clinic (CC) by Community Group (CG)

Establish effective functioning referral linkage with CC and Upazila Health Complex (UHC)

Whats inside
- Project intervention
- Key achievements
- Best practices
- Lessons learned
Total direct beneficiary of the project:

- Pregnant and Lactating Women: 10,038
- Under 5 Children: 31,921
- Adolescent Girls: 600
- GoB Health workers: 437
- Ultra Poor Households: 2,500
- Household with children/caregiver with disabilities: 1,500
- Total: 46,996

Project achievements

**Strengthening community system**

IAHBI project has facilitated Community Groups (CG) of Community Clinic (CC) to plot malnourished (SAM/MAM, growth retarded child etc.) cases in Social Map and also has worked to revise Action Plan to integrate nutrition activities. The project has oriented Community Support Group (CSG) on maternal, adolescent and child nutrition interventions to sensitize and mobilize community. CG and CSG has included maternal, child and adolescent nutrition activities in their revised Action Plan. CG and CSG members are following up pregnant and lactating women (PLW), SAM/MAM and growth retarded cases to ensure that they receive services from health facilities and referral compliance if needed. They are organizing community meetings using IEC materials including video show. CG has developed adolescent girls group through adolescent representative of CG and built capacity of this adolescent group through Community Health Care Provider (CHCP).

**270 Community Support Groups** are mobilizing their communities to reduce malnutrition.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>October, 2013</th>
<th>February, 2015</th>
</tr>
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<tbody>
<tr>
<td>% of children &lt;6 months exclusively breastfed</td>
<td>4.2%*</td>
<td>85%**</td>
</tr>
<tr>
<td>% of children 6–23 months of age who are fed 4 or 4+ food groups</td>
<td>51%**</td>
<td>63%**</td>
</tr>
<tr>
<td>% of children 6–23 months who are fed minimum acceptable meal frequency</td>
<td>10%**</td>
<td>87%**</td>
</tr>
<tr>
<td>% of caregivers with children 6-23 months who wash hands with soap at 3 critical times</td>
<td>Data not available</td>
<td>50%**</td>
</tr>
<tr>
<td>% of children (6–23 months) who consumed MNP</td>
<td>15%**</td>
<td>24%**</td>
</tr>
<tr>
<td>% of woman who supplemented at least 100 IFA (Iron Folic Acid) during last pregnancy</td>
<td>1.9%*</td>
<td>69%**</td>
</tr>
<tr>
<td>% of adolescent girls who supplemented with IFA (Iron Folic Acid) monthly</td>
<td>Data not available</td>
<td>76%**</td>
</tr>
</tbody>
</table>

*Baseline survey, conducted by BRAC Institute of Global Health (BIGH), BRAC University in 2013.

**Source: CC report, FWC report, FWA report and IAHBI monitoring report**

Project key results: at a glance

Project location

90 Community Groups have integrated nutrition in their action plan and social map and ensured maternal, adolescent and child nutrition services in Community Clinic.
**Integration of nutrition through Community Support Systems**

- **CC catchments area** has approx. 1200-1500 HH & pop. 6000-10000
- **CSG** (15-17 members)
  - Tracking, linkage and monitor under nutrition cases and educate people on health and Nutrition
- **CSG-2** (15-17 members)
- **CSG-3** (15-17 members)
- **CG** (13-17 members)
  - Tracking, linkage and monitor under nutrition cases and responsible in daily operation of CC, monitoring of CC function, fund raising for CC improvement

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**Improve quality services at CC through participatory monitoring by CG**

Participatory monitoring ensures community engagement to make the system more functional and effective. Project has been working closely with CGs and CSGs of CCs to make this participatory monitoring process successful. Both the CGs and CSGs have mandate to work related to proper activation and functioning of CCs. They are responsible to develop action plan and make revision at appropriate interval. They are also responsible for preparing social map with plotting of ultra-poor/food insecure household, pregnant and lactating women, under 2 children, SAM/MAM and growth retarded cases. CSGs have enlisted the pregnant women in their register to ensure that they are getting their services from service providers. CGs and CSGs monitor services and supplies of CCs and provide necessary feedback to Health and FP managers to ensure supply. They ensure quality service delivery including DNI, health, hygiene, ANC, PNC for the targeted population from CCs. They also monitor performance of CC using service statistics. IAHBI project has provided display board where CHCPs keep record of number of patient received services by age group and by indicator by month; CGs use this information to provide quick feedback and take necessary steps to improve community mobilization and service availability. Finally access to service of marginalized women and their children increased through this process.

**Adolescent Girls Group; Changing agent and breaking point of malnutrition cycle**

Project has facilitated CGs to develop Adolescent Girls Group (AGG) in Community Clinic catchment area through the leadership of adolescent girls’ representative of CG group. This group consists of 10 members headed by one leader – mostly CG members. Total 86 Adolescent Girls Groups (AGG) have been formed in 90 CCs areas and got orientation on Direct Nutrition Interventions; they are mobilizing adolescent girls, pregnant and lactating women about DNI.

Currently **59% adolescent girls** are consuming IFA tablets according to national guideline in the project area.

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**Integration of malnourished cases in social map**

- Ultra poor/Food insecurity
- Pregnant woman
- under 2 children
- Growth retarded children in red
- Growth retarded children in yellow
- Severe acute malnutrition cases

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**86 Adolescent Girls Group** are formed in 90 CCs areas and got orientation on Direct Nutrition Interventions; they are mobilizing adolescent girls, pregnant and lactating women about DNI.
formed. The CG has oriented this AGG on nutrition interventions by GoB Health and Family Planning service providers, mainly by CHCP with technical support from the project. These groups are conducting one to one counseling with pregnant and lactating women about maternal and child nutrition including EBF & IYCF. They are conducting meeting at schools and community to spread the key nutrition messages including demonstration of hand washing by using tippy tap. This group has promoted IFA consumption to the adolescent girls and pregnant/lactating women in community level through counseling and group meetings. They are also actively participating in different community mobilization activities such as DNI campaign, mobile video show, etc. and now they are well accepted in the community.

Improving Community Clinic (CC) service coverage

The project has performed facility assessment in every quarter of its working areas. At the beginning of project most of the health facilities did not provide nutrition services but now nutrition related services are available in most of the facilities.

Functioning Growth Monitoring and Promotion (GMP) services at CC and FWC

When the project was launched GMP service was not being provided at CC and FWC; then after advocacy from project, district and upazila level health and family planning managers issued a memorandum to start GMP at CC and FWC. CG and CSG members mobilize community to visit CCs and FWCs for GMP. Gradually under five children’s access to CC/FWC increased for GMP; on average 41 children received GMP service from each CCs on February, 2015.

**Average 41 children aged under five received GMP services per Community Clinic on February 2015.**
SAM/MAM screening

Project has built capacity of CHCPs, FWVs and FWA to screen and identify Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM) cases of under five children using MUAC tape provided by IPHN. Gradually the number of children screened increased from both CCs and FWCs and at community level by FWAs (Figure 3).

IYCF counseling

Improving Infant and Young Child Feeding (IYCF) is a key priority in the effort to improve survival, growth, and development of children. Project has provided training to service providers (CHCP, FWV, HA, FWA) and continue on-the-job-training to improve the quality of counseling about IYCF. The service providers of CCs and FWCs are providing IYCF counseling at their centers. During counseling the service providers are delivering messages on the importance of exclusive breastfeeding, early initiation of breast feeding, complementary feeding, minimum acceptable diet and multiple micro nutrient powders (MNP). In November, 2013 only 49 caregivers were counseled on IYCF at facility (CC and FWC), which gradually increased and on February, 2015 total 8519 caregivers were counseled at facility.

Promoting exclusive breast feeding

The coverage of exclusive breastfeeding among up to 6 months old children have increased from 52% in October, 2013 to 85% in February, 2015 (Figure 5). According to GoB CC report and DGPMIS, the exclusive breastfeeding rate has been consistently more than 75%, after implementation of project intervention, especially after capacity building of adolescent girls and delivery of EBF massages through them; and capacity building of front line workers through on-the-job-training.

52 Mother Support Groups are actively mobilizing the community to promote IYCF

SAM/MAM screening of children aged under 5 years by measuring MUAC increased from 13% in October, 2013 to 52% in February, 2015.
Field visits by RCHCIB, USAID, UNICEF & NHSDP

During the project duration, personnels from different Government, International and UN organizations have visited project field activities.

Project’s other initiatives:

Information board

IAHBI Project has provided Information Board at Community Clinics so that the performance of the clinic can be seen at a glance by month. It guides the provider to assess comparative picture of the services given by the respective clinic and foster management decision to increase coverage and taking steps accordingly. Total 48 Information board were provided to Community Clinics. Information board shows total number of patient, service wise patient, GMP and SAM/MAM screening number, IFA consumption status, counseling recipient number. Md. Abdul Hannan, UP members of Budhata union, Assasuni and the president of CG of Paithali Community Clinic says, “I am thankful to CARE Bangladesh’s IAHBI project for strengthening our understanding. Now we will be able to look after and monitor the nutrition related services that has been providing from this clinic.”

Nutrition committee

The Global Hunger Index states that under nutrition is a leading cause of lifelong harm to health. Progress in nutrition will ensure the overall development of the country and we can break the cycle of undernutrition for the generations to come. But nutrition is not a unique issue and it is not the responsibility for one department to improve nutrition situation in Bangladesh. Beside the health department shared responsibility goes to administration, education, fisheries, agriculture, livestock, women and children affair departments. Once there is consensus for a multi-sectoral approach, we can begin to tackle all the causes of malnutrition in a coordinated and synergistic way.

Around the world including Bangladesh, it has been found that, multi sectoral approach is always a top-down process and people from bottom only follow decision from the top. But in IAHBI project we focus more on bottom-up approach so that, the voice of bottom can be more highlighted. And lessons from this nutrition committee has made us more hopeful for better future. IAHBI project has given focuses on that issues and they have established a multi-sectoral forum in upazilla level which is known as “Upazila Nutrition Committee”.

The Nutrition Committee is an innovation that has been established by the government administrative head of sub-district to address both nutrition and food security aspects for the target groups (under five children, adolescent girls, pregnant and lactating women) at Muladi, Barisal. The committee consists of total 15 members including sub-district level Govt. officials, locally elected bodies (sub-district Chairman, UP Chairman) and Leaders of Initiative. Upazila Nirbahi Officer (UNO) is the convenor and UH&FPO is the member secretary of this committee. The committee meets bimonthly to discuss nutrition and food security issues, find out gaps and take measures accordingly to bring some positive and lasting impact.

This committee stands on a strong role to address the multi dimensions and cross-sectoral issues. At the same time this platform came up with a significant decision to form a committee at union level to decentralize ideas and importance of it and also make people aware about nutrition and put practice that can be helpful for mainstreaming nutrition.
**Nutrition garden**

IAHBI project advocates CGs, CSGs and AGGs to establish demo learning nutrition garden in front of the Community Clinic premises and available homesteads with technical support from Agriculture department. At present there are 21 such learning nutrition gardens in front of 21 CCs. Service receivers learn source of vitamin and micronutrient from locally available seasonal vegetables from this garden.

Mr. Rabindranath, CHCP of Godara CC says “Now we have something visible in front of our CC and mothers know which vegetables contain what vitamins and minerals”.

**Earth work**

In the past there was no road linking the main road to Boroia Community Clinic (CC). It was a jujug wajaw and really risky for pregnant women coming to the clinic. As a result, community people particularly pregnant women and children were discouraged to receive services from this CC. Then IAHBI project staff communicated with the CGs and CSGs, local Union Parishad Chairman and the community to come to a solution. CG and CSG collected required fund and constructed the linking road using a total of BDT 8,500 managed by the Chairman. The construction work started on first week of January, 2014 and completed by last week of March, 2014. After that CGs and CSGs filled the spaces with earth work in front of the clinic and took the opportunity to utilize the premises. The project facilitated CGs and CSGs to establish a learning Nutrition Garden in the premises with technical support from agriculture department.

**Study finding: An integrated model of service delivery and community mobilization to improve IFA consumption during pregnancy**

Nutritional deficiencies are the most common causes for anaemia. The overall anaemia prevalence was high in both pregnant and lactating women. The prevalence of anaemia among pregnant women was 68.4% in Satkhira, and 81.8% in Barisal district. On the other hand, the prevalence of anemia among lactating women of the same district was respectively 68.7% and 70%.

Before initiating interventions an exploratory study was executed on April, 2014 to find out the status of consumption of IFA tablet by pregnant women according to national guideline in selected 03 unions of two upazilas (Assasuni and Shyamnagar) of Satkhira. It was conducted by using LQAS method and the total sample size was 60 women with having child age less than 6 months. It was found that, the availability of IFA was 100% but accessibility was 92%. 63% women utilized the IFA during their pregnancy period but among them 35% utilized IFA adequately and only 30% utilized IFA effectively.

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Then project has initiated some additional interventions for improving the situation. These interventions were: ensuring registration of all pregnant women at CC, FWA and CSG registers; ensure to provide adequate number of IFA to all pregnant women using the register and made counseling of IFA including its benefits, side-effects and potential solution of side-effect by service providers; ensuring follow-up by FWA during household visit and CG, CSG by using register and plotting of social map; building awareness regarding the importance of consumption of IFA tablets at the community by Adolescent girls group, CG, CSG, mother to mother support group and religious leaders; ensuring supplies of IFA tablets and maintain communication with UH&FPO and UFPO.

After project interventions another survey was conducted on October, 2014 at same location with same methodologies and the sample size was 66 women with having child aged less than 6 months. Then it was found that, availability, accessibility and utilization of the IFA consumption were 100%. At the same time adequate and effective coverage increased to 91% and 88% respectively.

### Consumption of 100 IFA during pregnancy is feasible through existing GOB health system, and involving existing community support system including CG, CSG, Adolescent Girls Group, Mother Support Group. This model now can be scale up in other low performing areas with minimum resource mobilization.

#### lessons learned:

- Mainstreaming nutrition can be started from Community Clinic with engagement of Community Group (CG) and Community Support Group (CSG) through participatory monitoring, which can increase access to service and quality of services at Community Clinic
- Involvement of CG and CSG can increase community awareness and good practices about health, hygiene and nutrition as well as help for tracking, linking and following up of underweight/SAM/MAM cases
- Consumption of 100 IFA during pregnancy found feasible through existing GOB health system and by involving CG, CSG and adolescent girls group
- Adolescent Girls Group can create greater opportunities to promote many direct and sensitive nutrition interventions across the community
- Upazilla and union level Nutrition Committee is an innovative approach to promote nutrition sensitive and nutrition specific interventions
- Interactive sessions like adolescent session and mother group meetings can be helpful to increase the knowledge about health, hygiene and nutrition and also can play important role to change their behavior
- Low cost hand washing material (Tippy Tap) can be low cost instrument for low income setting community and it can be replicated at household level to increase the hand washing practice in rural setting.

![Figure 06: IFA consumption status](image)

**Data Source:** Small survey (LQAS method)