MATERINAL, INFANT, AND YOUNG CHILD NUTRITION

In collaboration with the MOH&FW, N@C is improving the quality and reach of counseling for pregnant and lactating mothers with supportive supervision. Breastfeeding corners have been set up in 42 Community Clinics and 5 Union Health and Family Welfare Centers to provide continuous support and counseling to breastfeeding mothers and family members. Using tools such as advocacy, multi-sectoral approaches and capacity building, N@C has strengthened the national focus on nutrition-related indicators and the Government of Bangladesh now requires monthly weigh-ins for all children.

WATER, SANITATION, AND HYGIENE (WASH)

According to baseline findings, 86.3% of women reported washing hands before preparing food and feeding the child, but very few reported washing hands after using the toilet, cleaning baby feces, or processing dung. To address this, N@C promotes hand washing in critical times daily, and has constructed 1,400 ‘tippy-taps’ (a makeshift hand washing station made from a water bottle suspended by a rope) with selected families to improve hand washing practices.

Less than half of households have access to an improved latrine, half share a latrine with others, and approximately 8% of households do not use a latrine of any kind. N@C advocates with the local government and working with NGOs such as that Development Association for Self-Reliance, Communication and Health (DASCOH) has built 434 tube wells and 8,426 latrines to date.

Baseline Results: Key Findings

- High levels of stunting (47.2%) among children under 35 months and anemia in children (39.0%) and women (30.9%).
- Low levels of dietary diversity among women and children as a result of inaccessibility of nutrient-dense food, especially fruits and vegetables during certain seasons.
- Women and children are more likely to go hungry during periods of food insecurity; with one of the key coping strategies for households to prioritize working members of the family (most generally, men) during food scarcity.

FOOD SECURITY

N@C has developed a variety of tools, including a seasonal calendar, which provides community health workers and communities with relevant and timely information on locally-available, highly nutrition foods. The seasonal calendar is used across other food security and nutrition programs throughout the country by CARE Bangladesh and other development partners; and there is evidence that community awareness of the nutritional content and seasonal availability of fruits and vegetables has improved. Approximately 3,000 Poor and Extreme Poor (PEP) households have received seeds, saplings and duck for homestead production. N@C in collaboration with union-level GoB Agriculture/Livestock Extension Officers are providing support to these families to ensure long-term sustainability of the homestead food production.

WOMEN’S EMPOWERMENT

With technical assistance from CARE’s (SHOUHARDO II), N@C executed a Training of Trainers (ToT) on Women’s Empowerment for staff to improve their understanding of the importance of gender equity as well as the links between women’s empowerment and nutrition improvement. N@C has also trained 42 locally elected female UP members and CSG members on women’s empowerment (mobility, negotiation skills and decision making skills around entitlement and rights); and is regularly engaging poor and PEP women—3,000 to date—with targeted agricultural interventions.
PROGRAM OVERVIEW 
Nutrition at the Center (N@C) is an innovative five-year (2013-2017) intervention designed to develop, document, and disseminate highly effective and efficient integrated approaches that substantially and sustainably improve nutritional outcomes for mothers and children. With generous support from the Sall Family Foundation, N@C aims to reduce anemia in women (age 15-49 years) and stunting and anemia in children (age 0-24 months) in Bangladesh, Benin, Ethiopia, and Zambia by integrating maternal, infant and young child nutrition (MIYCN), water, sanitation and hygiene (WASH), food security, and women’s empowerment.

Nutrition at the Center Project in Bangladesh

In Bangladesh, N@C is being implemented in collaboration with government and non-governmental organizations at national and local levels in 394 villages of Biswambarpur and Derai sub-districts in Sunamganj district of Sylhet. In collaboration with Ministry of Health and Family Welfare (MoH&FW), N@C aims to improve capacity of Community Health System (Community Clinics and Outreach Centers) and Community Support System (Community Group and Community Support Group) to deliver nutrition specific services and formation of Nutrition Coordination Committees at upazila level and mobilization of Upazila and Union Parishad to coordinate and leverage provision of nutrition sensitive services through different sectoral engagement. CARE Bangladesh is focusing on strengthening the rural nutrition service delivery system and through a multi-sectoral approach to generate lasting, positive change.

EXPECTED OUTCOMES

- Developing an effective and integrated intervention model of malnutrition prevention, care, treatment and support that is working towards the goal of a 13% reduction in anemia in women and children and a 9% decrease in child stunting.
- Engaging approximately 300 MOH&FW staffs, 2,142 Community Support Group (CSG) members and local NGOs in N@C programming in order to strengthen capacity to better deliver improved and integrated services to impact target populations.
- Evidence-based research and analysis generated through coordinated efforts is guiding N@C management and associate organizations, including the Government of Bangladesh, to create innovative, new programs based on the findings.

Program Implementation at a Glance

In Bangladesh, N@C strengthens the capacity of government frontline health and agriculture staff to provide improved nutrition support to households and facilities. N@C utilizes local community clinics, family welfare centers, and CSG’s to conduct activities throughout the community and community health systems.