# 2014 Bangladesh Demographic and Health Survey

# Dissemination of Final Report and Policy Discussion

**1. Fertility and Family Planning**

**2. Maternal Health**

**3. Newborn and Child Health**

**4. Nutrition**

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# Fertility and Family Planning

## 2014 Bangladesh Demographic and Health Survey (BDHS) Policy Brief

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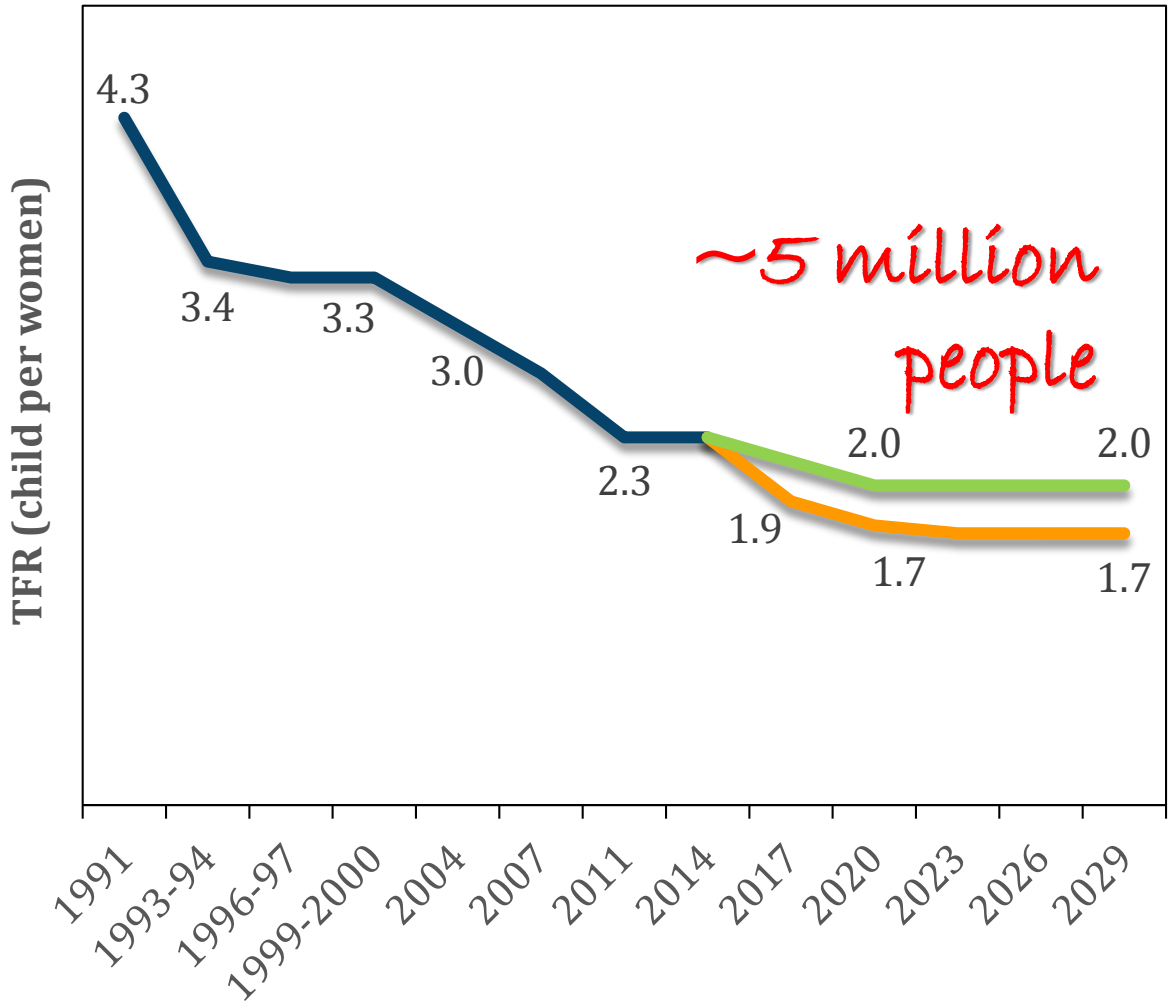
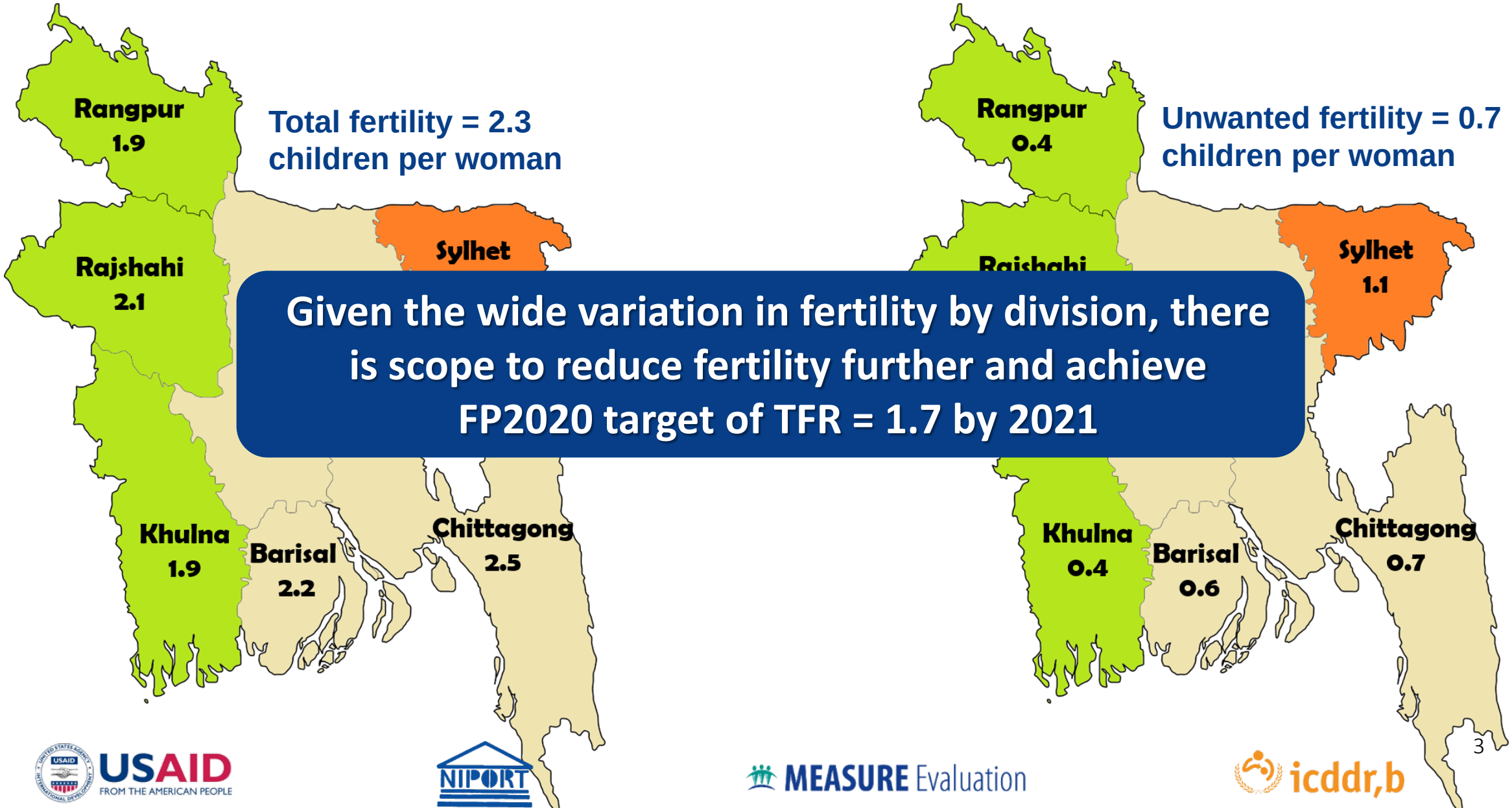
# Fertility decline stalled – approaching another plateau?

- Bangladesh witnessed a decade-long TFR plateau around 3.3 during 1991-1999
- TFR stayed at 2.3 during 2011-14, which may indicate another plateau
- This will affect the total population size before stabilization




Source: El-Saharty, Karar & May (2014)

# Can fertility level be reduced further?




**Given the wide variation in fertility by division, there is scope to reduce fertility further and achieve FP2020 target of TFR = 1.7 by 2021**

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# Policy for reducing unwanted fertility

1. **Design and implement geographically targeted differential approaches**
   - **Service package by region, particularly for low performing areas**
     - *Sylhet: Social contexts and care-seeking behavior is different*
     - *Dhaka: TFR increased during 2011-14 – given the population size of Dhaka division, a small increase in TFR can affect the national fertility level*
   - **Pockets of hard-to-reach areas where service delivery is weak**
     - *Tribal areas, chars and coastal region*
   - **Urban areas including City Corporations**
     - *Slums; new migrants*

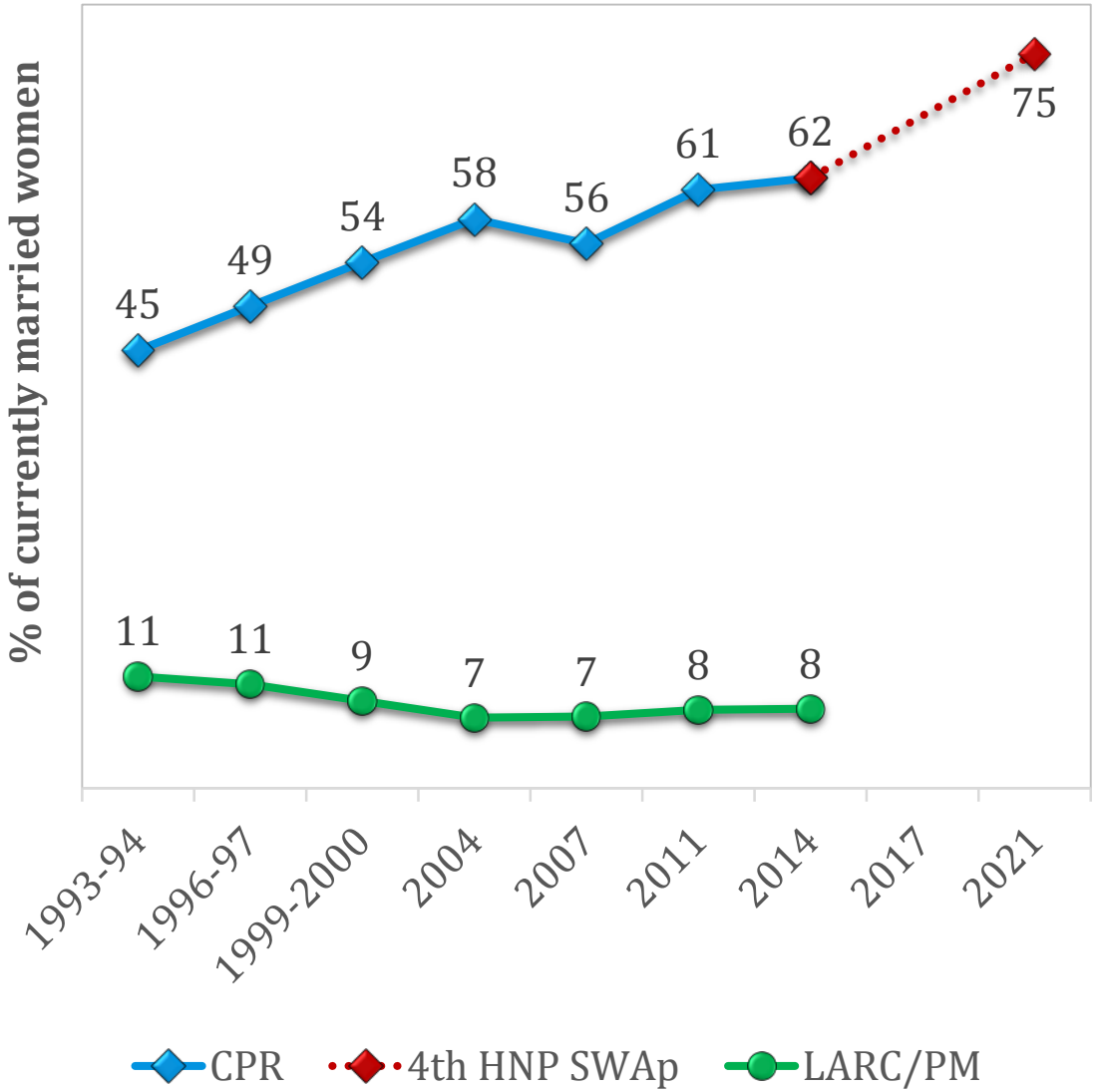
# Policy for reducing unwanted fertility

2. **Regional packages will include <u>both</u> behavior change communication (BCC) and FP service delivery components**

3. **Evaluate and scale up effective differential programming, from both the public and non-government sectors**
   - *Service delivery by volunteers and NGO partners in low performing areas by DGFP*
   - *BCC campaigns and contraceptives delivery by community volunteers in 19 districts by Social Marketing Company.*

# Contraceptive Prevalence Rate (CPR) is increasing slowly

- CPR growth rate to be doubled to achieve 4th HNP sector program's target of 75% by 2021
- Use rate for LARC/PM remained similar over the last decade
- 58% of non-users intend to use FP in future
- Limited opportunities for client-provider interaction – 41% rely on shops and pharmacies for supplies



# Policy for increasing CPR

1. **Generate demand for family planning through client-segmented approach for BCC**

   - **Segment client and develop BCC messages and materials appropriate for the targeted population group**
     - *Spacers vs. limiters; low-parity vs. high parity couples*
     - *Wives whose husband lives outside home*
     - *Husbands*
   - **Use multiple and innovative BCC channels to reach targeted population**
     - *Mass media, print and electronic*
     - *Identify new channels, e.g. mobile and internet*

# Policy for increasing CPR

2. **Improve availability of FP services, by**

   - **Promoting injectables by expanding choices and sources**
     - *New technologies to expand choices*
     - *Expand sources*
   - **Strengthening post-partum family planning (PPFP)**
     - *FP counseling during ANC and after delivery*
     - *Offering FP services  at delivery facilities in public, NGO and private sectors*
     - *Recent policy decision on implant and POP for PPFP*

# Policy for increasing CPR

3. **Promote use of Long Acting Reversible Contraceptives and Permanent Methods (LARC/PMs) by**

   - **Generating demand for LARC/PM through client segmented BCC**

     *- Eliminate fear and misconception regarding clinical contraceptives*

   - **Selecting high-performing districts to promote LARC/PM**

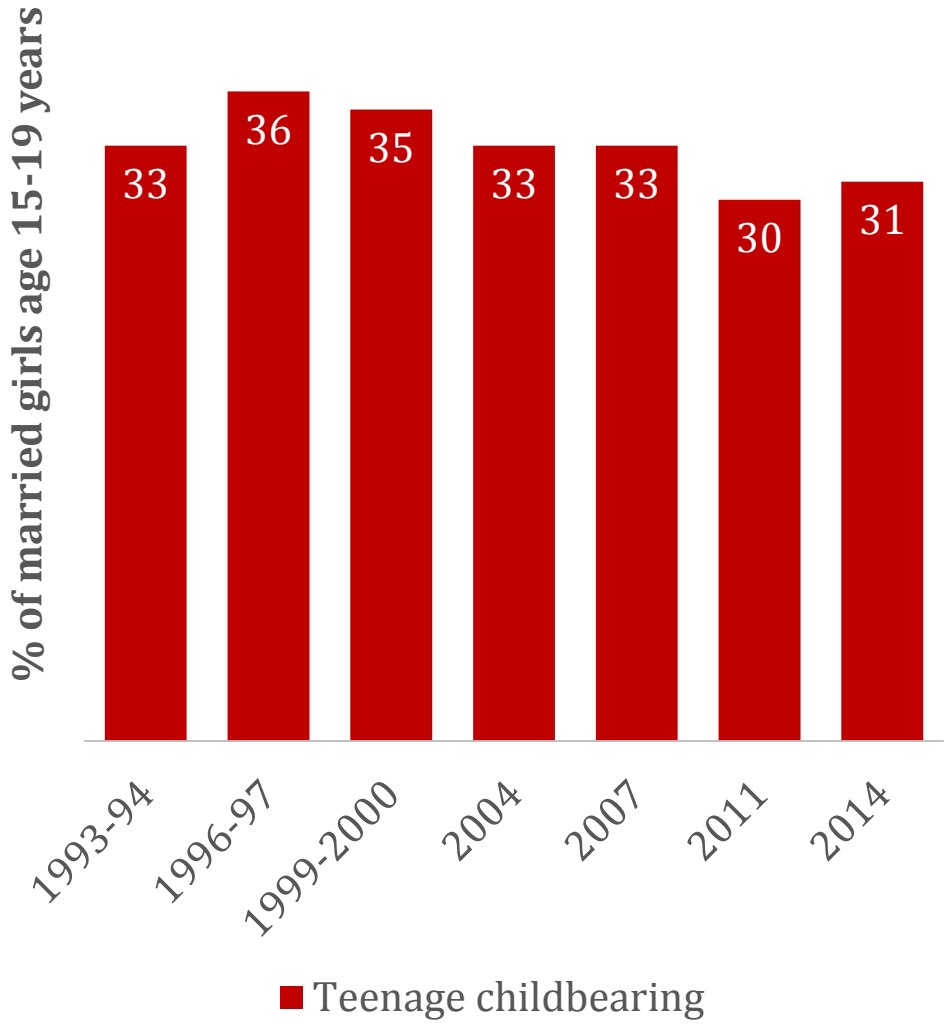
     *- Select areas to prioritize LARC/PMs where exists potential demand*

   - **Expanding LARC/PM service availability in non-public sectors.**

     *- Expand service provision of LARCs/PMs through the private sector*

# Adolescent fertility remains a major challenge

- Nearly 1/3 girls of age between 15 and 19 years have begun childbearing
- Contraceptive discontinuation remains highest among teenagers
- Knowledge on reproductive health and contraception remains low among unmarried girls
- Marriages are arranged within a short timeframe.



# Policy for reducing adolescent fertility

1. **Introduce BCC programs at schools to educate unmarried, adolescent girls on**

   - *Reproductive health, personal hygiene, choices of family planning*
   - *Girl scouts, youth clubs to engage young girls outside schools*

2. **Update and implement relevant Strategies for coordinated targeting of youths**

   - *National Communication Strategy for FP and Reproductive Health 2008*
   - *Bangladesh Adolescent Reproductive Health Strategy 2006*

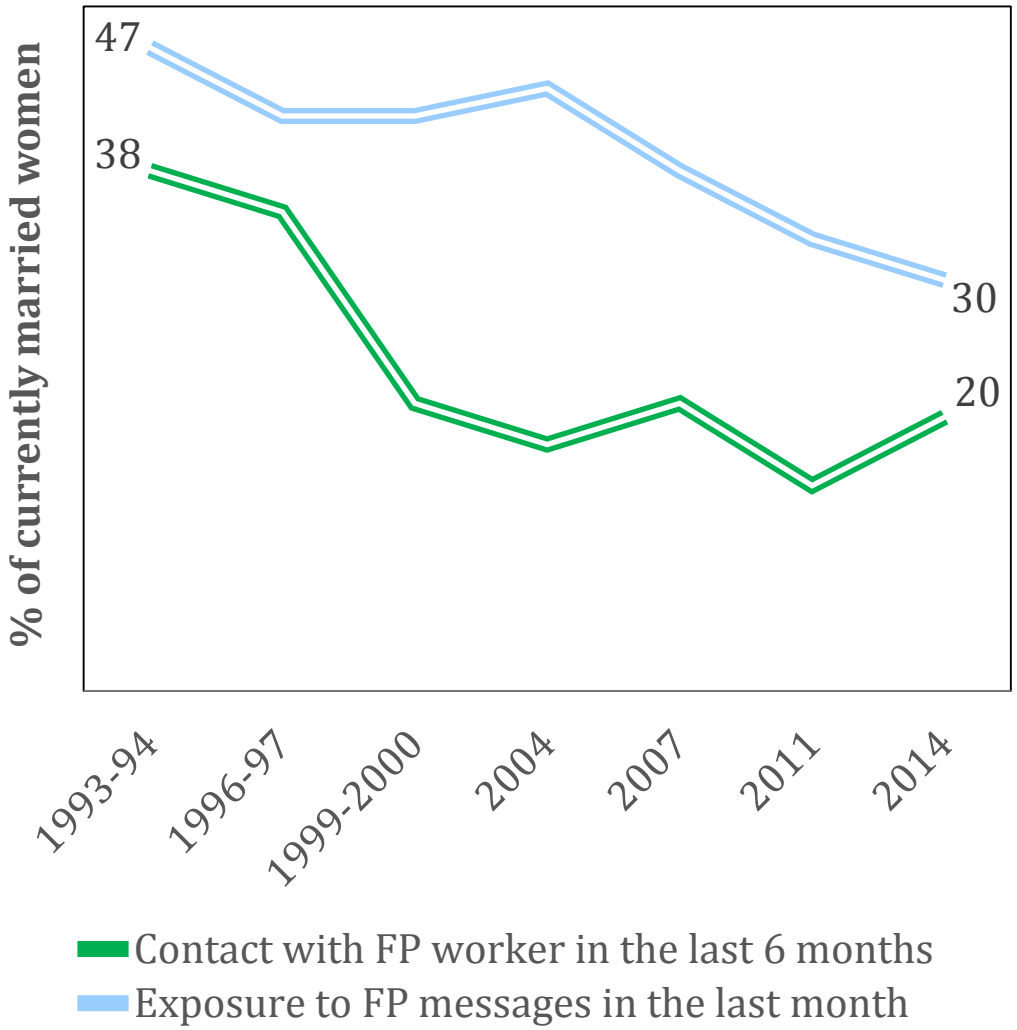
# Policy for reducing adolescent fertility

3. **Target youth population for BCC and mass media campaigns using mobile phones, social networking, etc.**
    - *Half of the teenage household members own a mobile phone – FP and sexual health information through texting*
    - *Mobile apps for knowledge dissemination*
    - *Social networking platforms to reach the youth*

4. **Educate the gatekeepers**
    - *Family*
    - *Society*

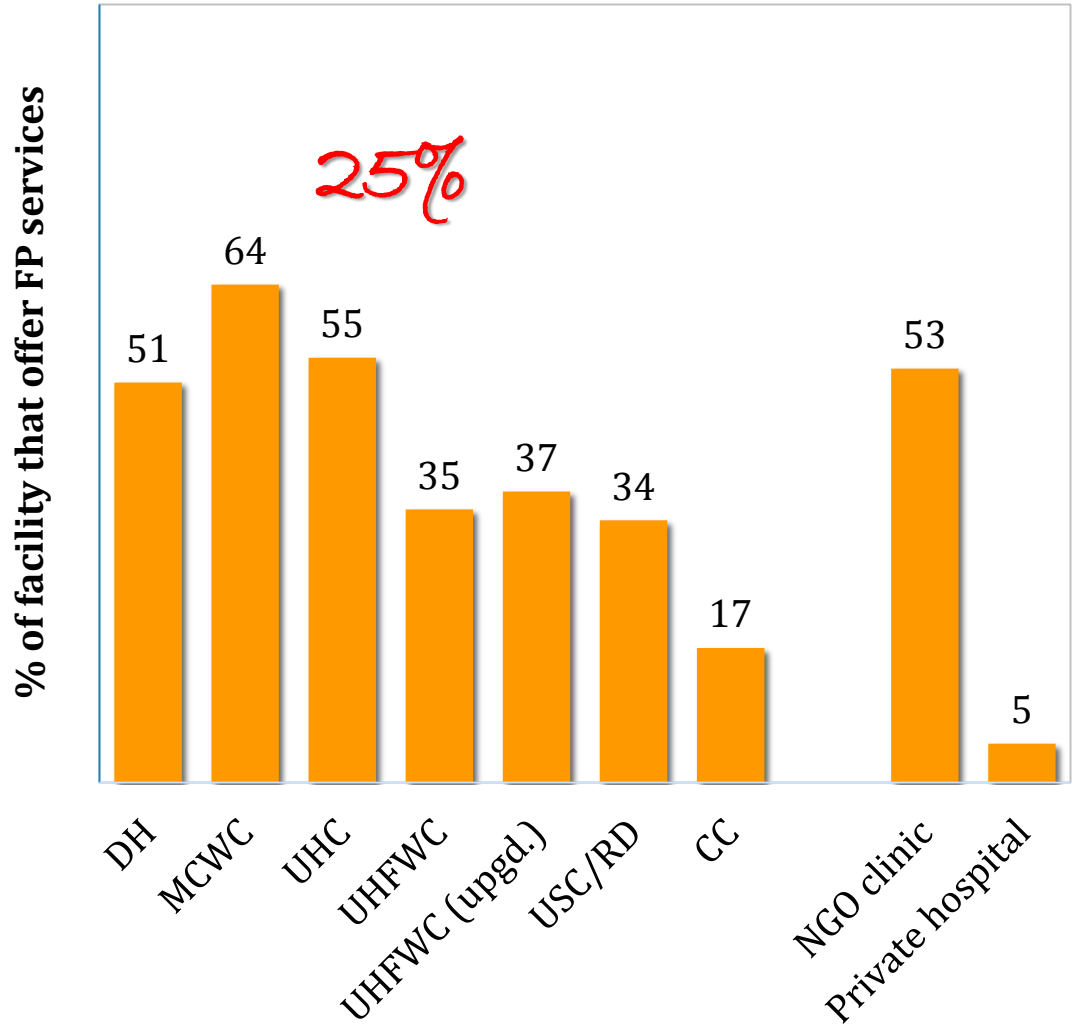
# Is National FP Program losing its momentum?

- Two major components of national FP program have weakened over time
- During the last 20 years, proportion of married women visited by a FP field worker nearly halved
- Exposure to FP messages declined from 47% to 30% during 1994-2014



# Is National FP Program losing its momentum?

- Except District Hospitals and Private Clinics, FP service provision in facilities remains high (>80%)
- Overall, only 1-in-4 public facilities have readiness to provide FP services
- Main reasons for low readiness are unavailability of FP guidelines and lack of in-service training of staff
- Half of the sanctioned MO and 23% of FWV positions in DGFP were vacant




Source: NIPORT (2015)

# Policy for rejuvenating National FP Program

1. **Take policy decisions for a) regional program strategies, b) client-segmented BCC to improve program efficiency**

2. **Improve readiness of facilities for delivering quality FP services by taking the following measures immediately:**
   - *Distribute FP guidelines to public facilities and private hospitals*
   - *Provide in-service training in quality FP service delivery*
   - *Improve availability of FP commodities in primary- and secondary-level health facilities*

# Policy for rejuvenating National FP Program

**3. Fill in the vacant positions to minimize vacancies in DGFP**

- *Critical service providers positions, e.g. MO, FWVs, FPO/Asst. FPO, etc.*
- *Supervisor positions, e.g. Director, Deputy Director, other administrative positions*

**4. Engage private sector in FP service delivery.**

- *Get involved in new areas of service delivery*
- *Develop a business case for clinical contraceptive methods*
- *Set standards and quality assurance processes.*

## 2014 BDHS

# Maternal Health: Let's do it Right

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# We have made commitments

**By 2030**

**SBA delivery increased:**
**to 98% (current 43%)**

**4 ANC by MTP increased:**
**to 98% (current 31%)**

**MMR reduced:**
**to 59/100000 LB (current 176)**


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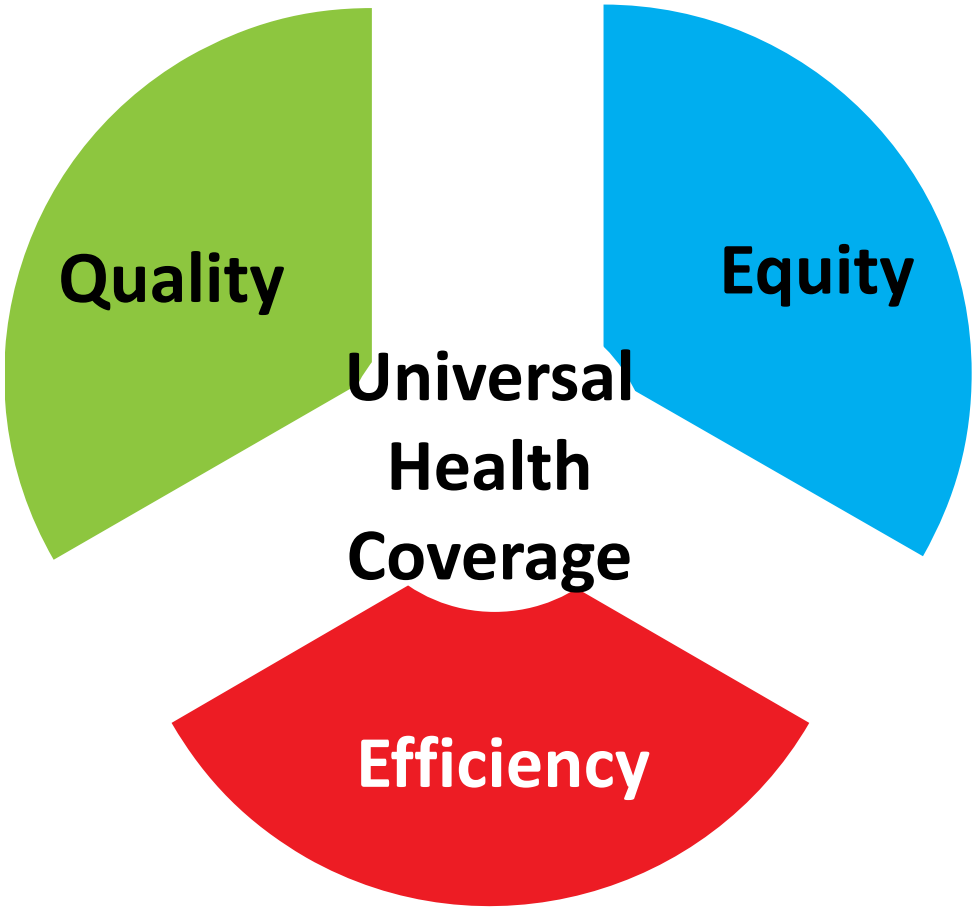
# Principles of Universal Health Coverage

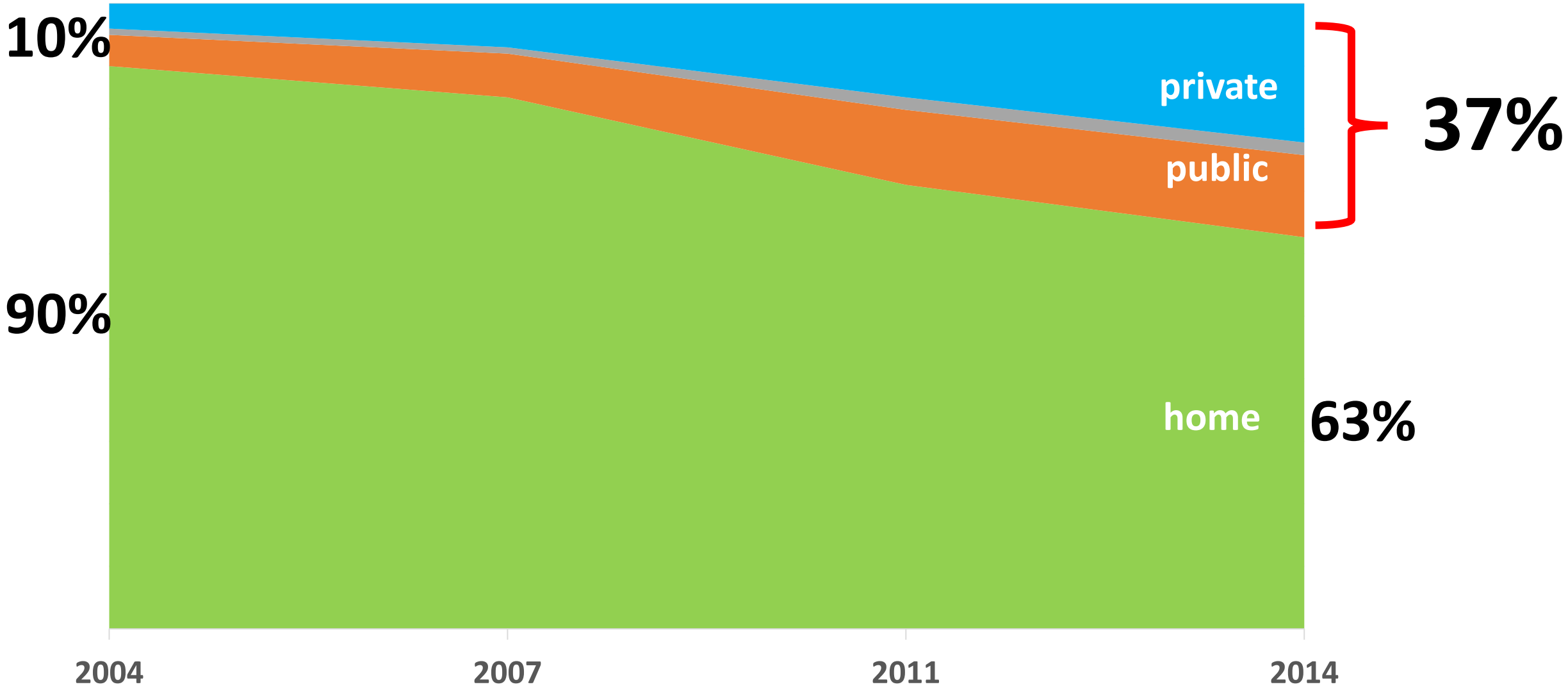


# Attempts to reach home deliveries with skilled care have failed

- 1979-94: TBA Training - ~60,000 trained
  - **Coverage: 16.7%**

- 2003-on-going: CSBA Training – 9,500 trained
  - **Coverage: <1%**

# Shift to facility has begun

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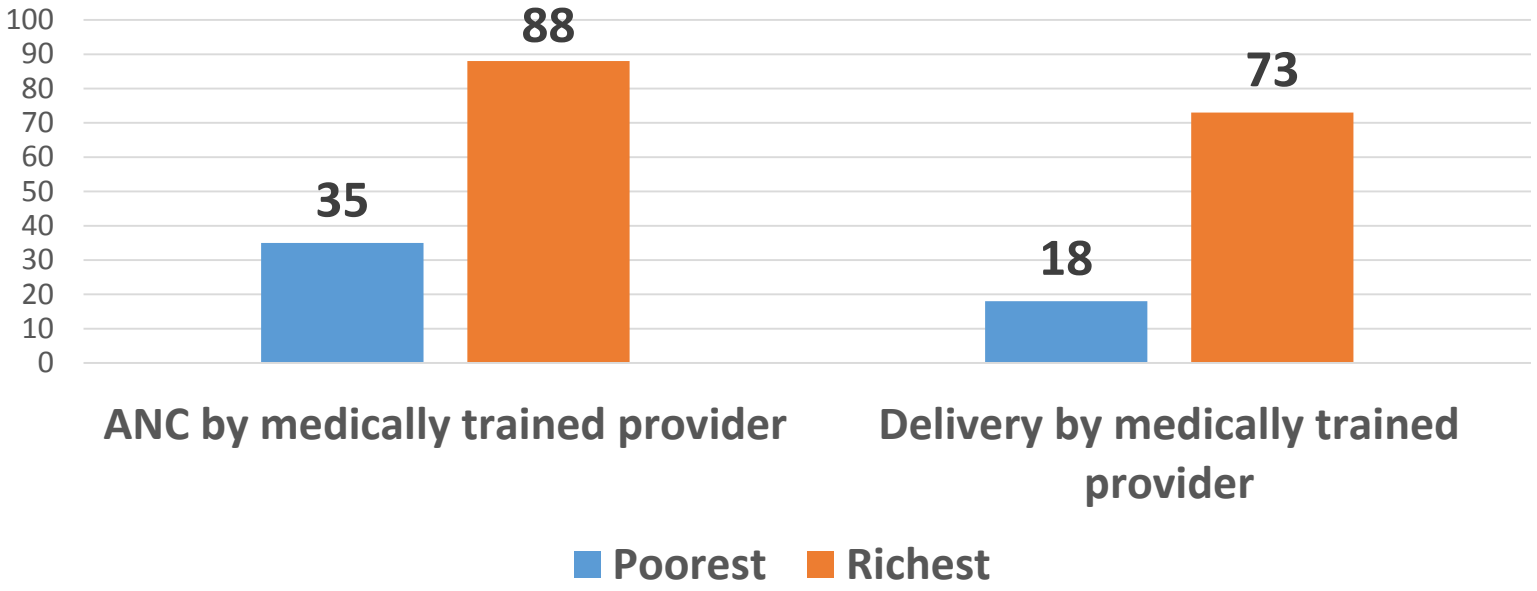
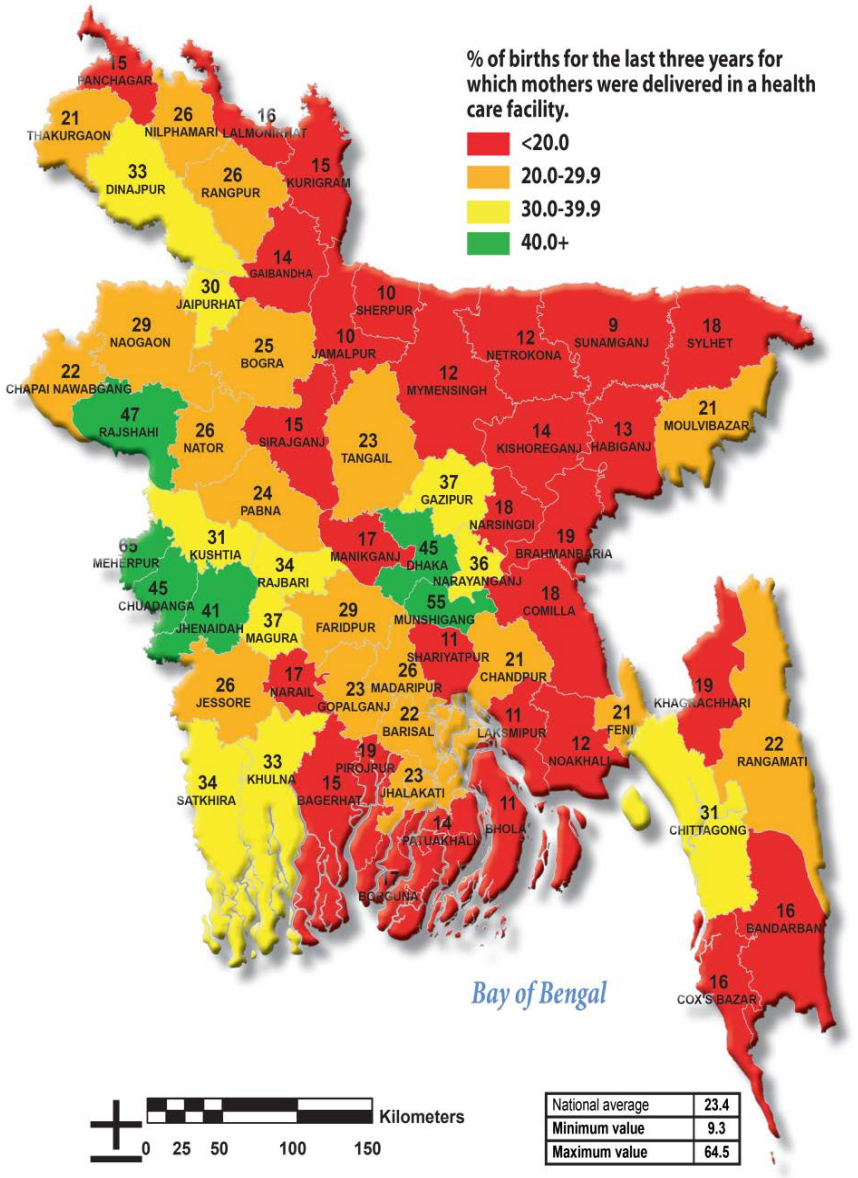
# Inequitable growth

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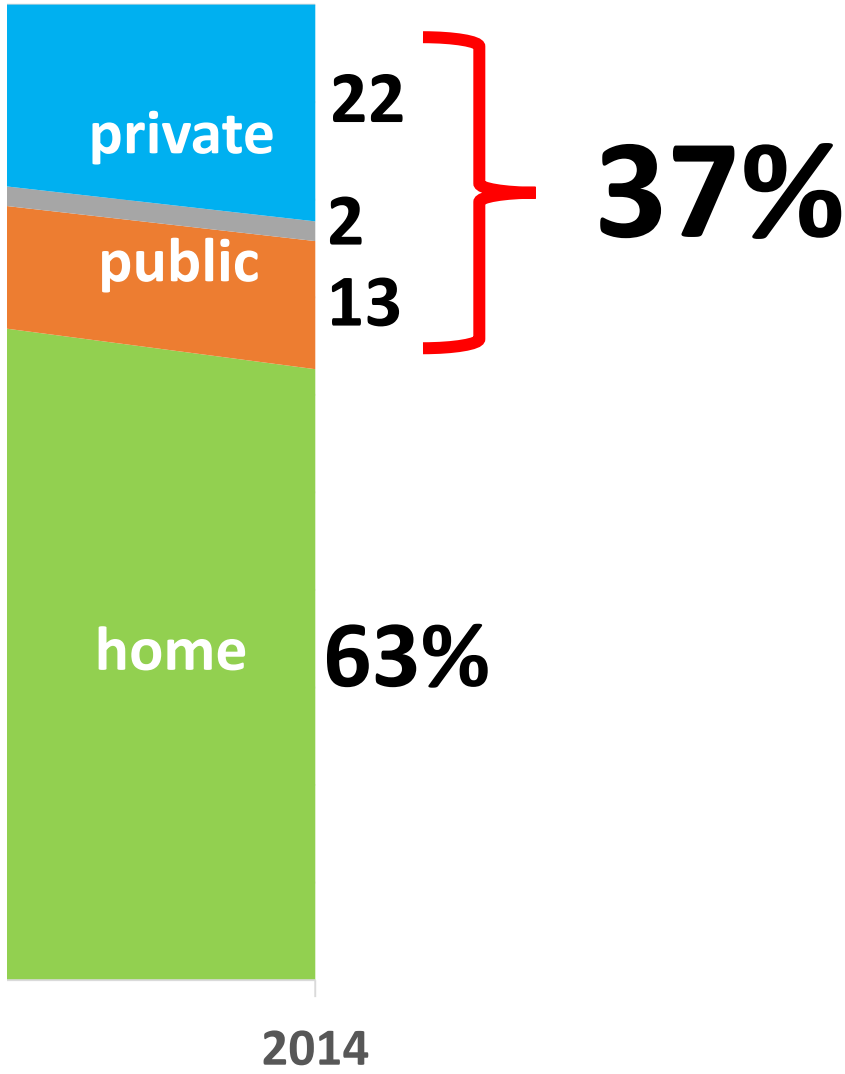
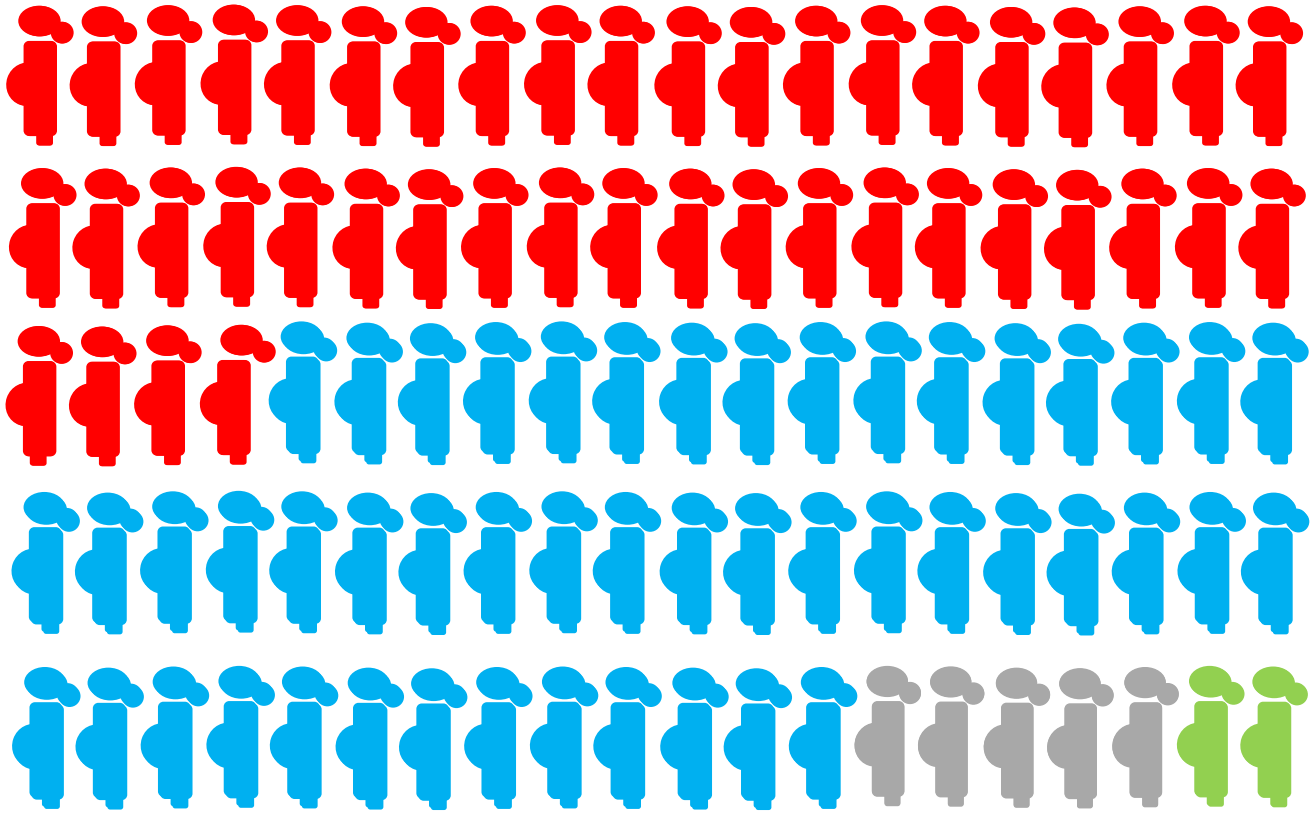
# The shift needs to be steered

**Poor cannot afford to go to private sector**

**Public sector needs to step up: *pragmatic strategies and high quality***



# Place of delivery in 2030



| | |
|---|---|
| 44% | Public |
| 49% | Private |
| 5% | NGO |
| 2% | Home |

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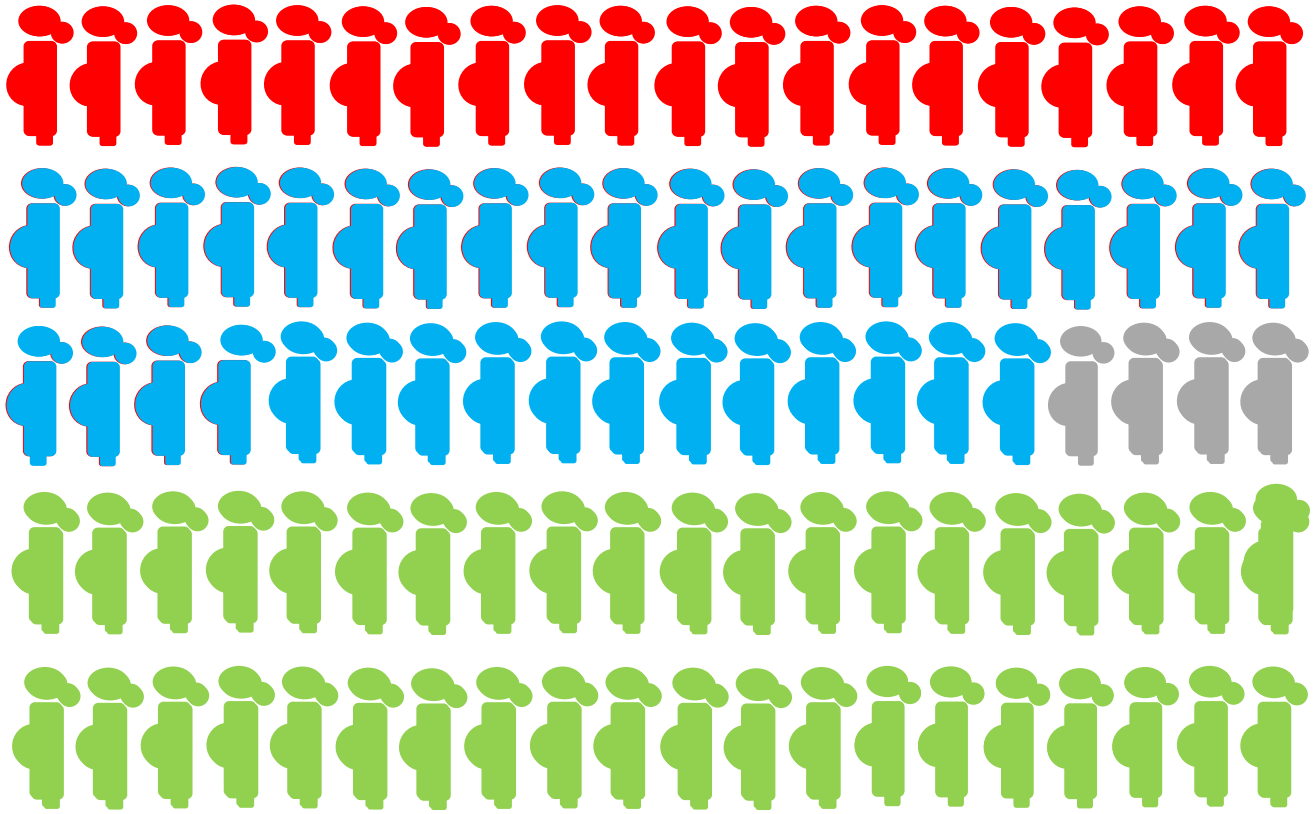
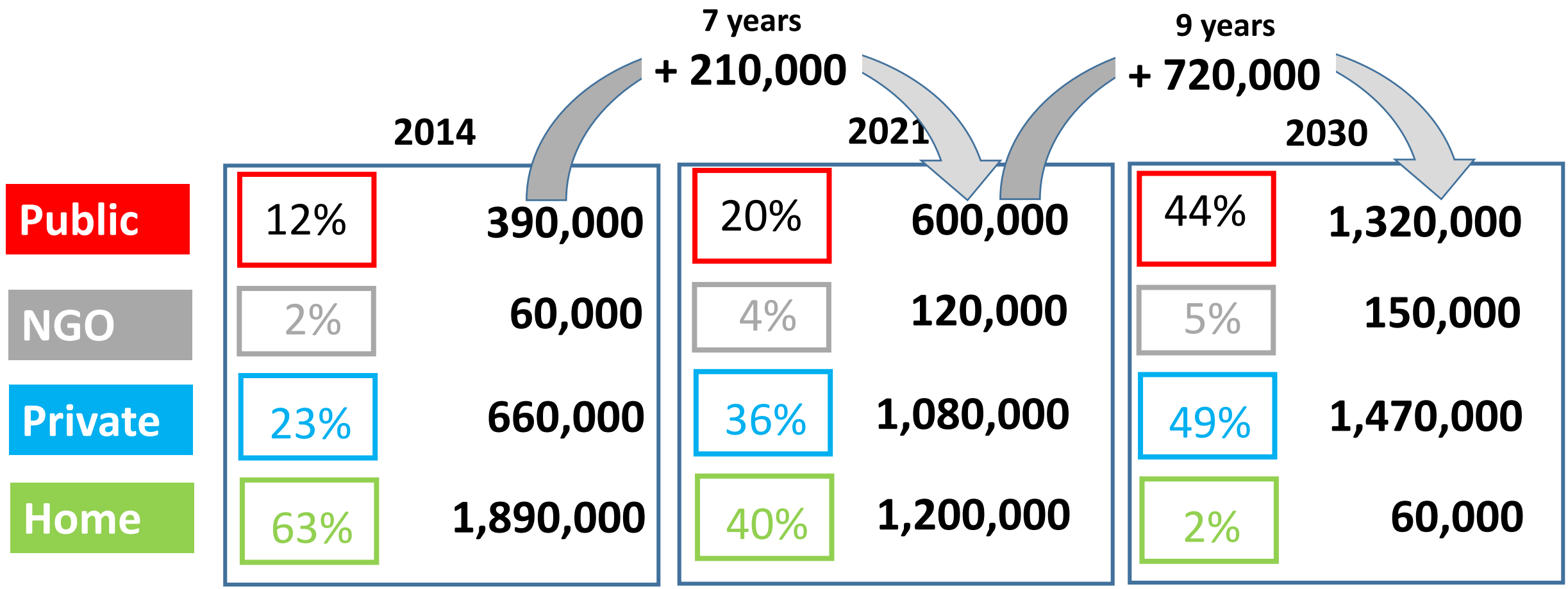
# Place of delivery in 2021



| | |
|---|---|
| 20% | Public |
| 36% | Private |
| 4% | NGO |
| 40% | Home |

# Case load: need to get prepared for




Assuming a static 3 million birth cohort

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# Where this deliveries will take place in public sector?

- Strengthen UH&FWCs to provide 24/7 normal delivery care services.
- Complicated cases will be referred to UHC, MCWC and DHs.

**Minimal package**

- Renovation,
- Equipment and supplies,
- Outreach based ANC and pregnancy tracking,
- Residential FWV,
- Additional manpower in case of higher case load,
- Local government engagement

# Can UH&FWCs handle the case load: a simple math

**2021**

Public facility delivery =
600,000

Complicated cases need EmOC at UHC or DH/MCWC
= 600,000*.15 = 90,000

Remaining normal cases to be delivered at UH&FWC
= 600,000 – 90,000 = 510,000 per year

Average normal cases per UH&FWC per month
= 510,000/2,500/12 = 17

# Can UH&FWCs handle the case load: a simple math

**2030**

Public facility delivery =
1,320,000

Complicated cases need EmOC at UHC or DH/MCWC
= 1,320,000*.15 = 198,000

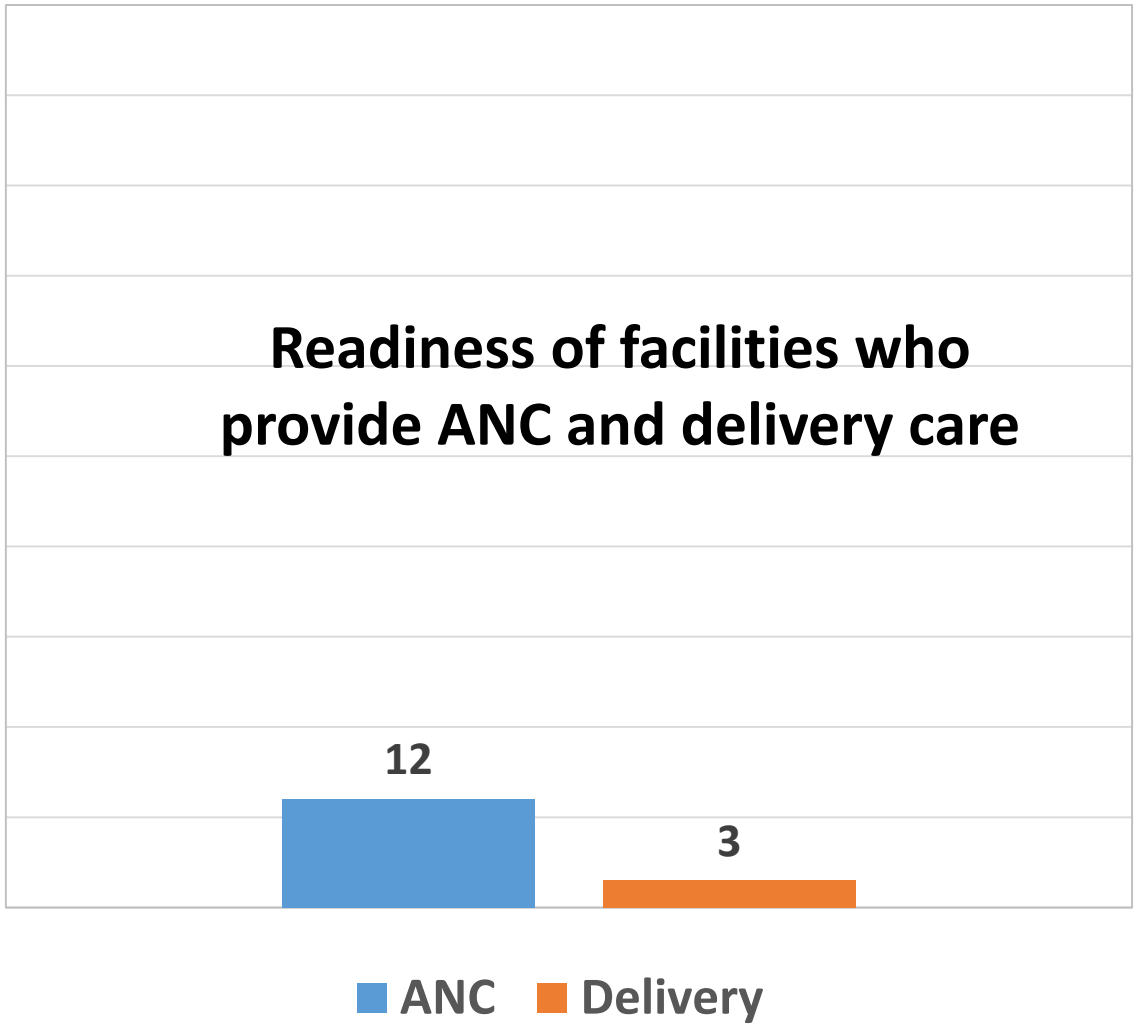
Remaining normal cases to be delivered at UH&FWC =
1,320,000 – 198,000 = 1,122,000 per year

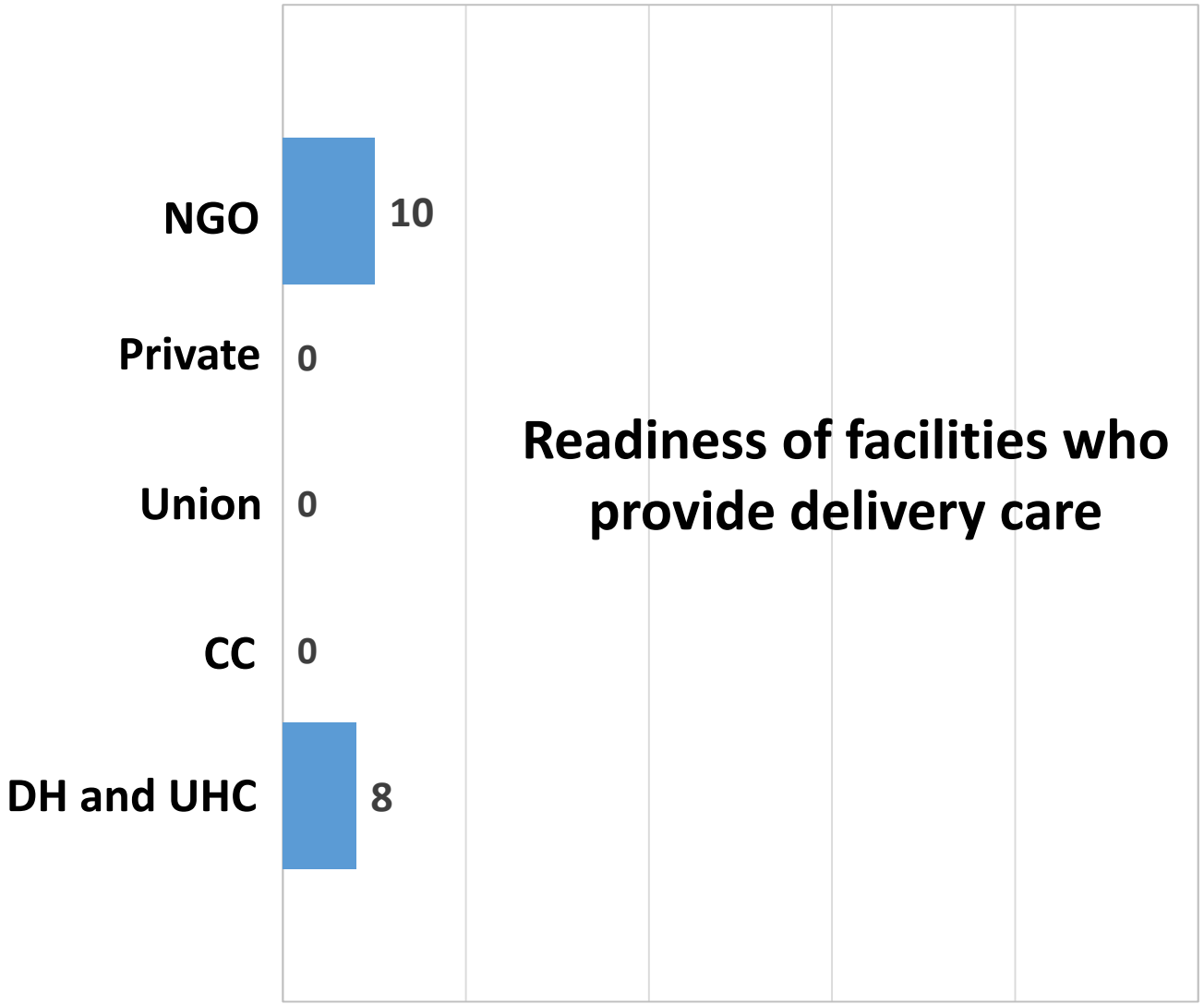
Average normal cases per UH&FWC per month
= 1,122,000/4,000/12 = 24

# Who will deliver

- Total 21,215 midwives needed to handle all deliveries of the country (@175/MW/year)
  - Maximum ~5000 certified midwives will be trained by 2019
- Currently there are 4,888 FWVs
  - 1,800 trained in midwifery
- HR strategies need to address such practical issues

# Are we ready?

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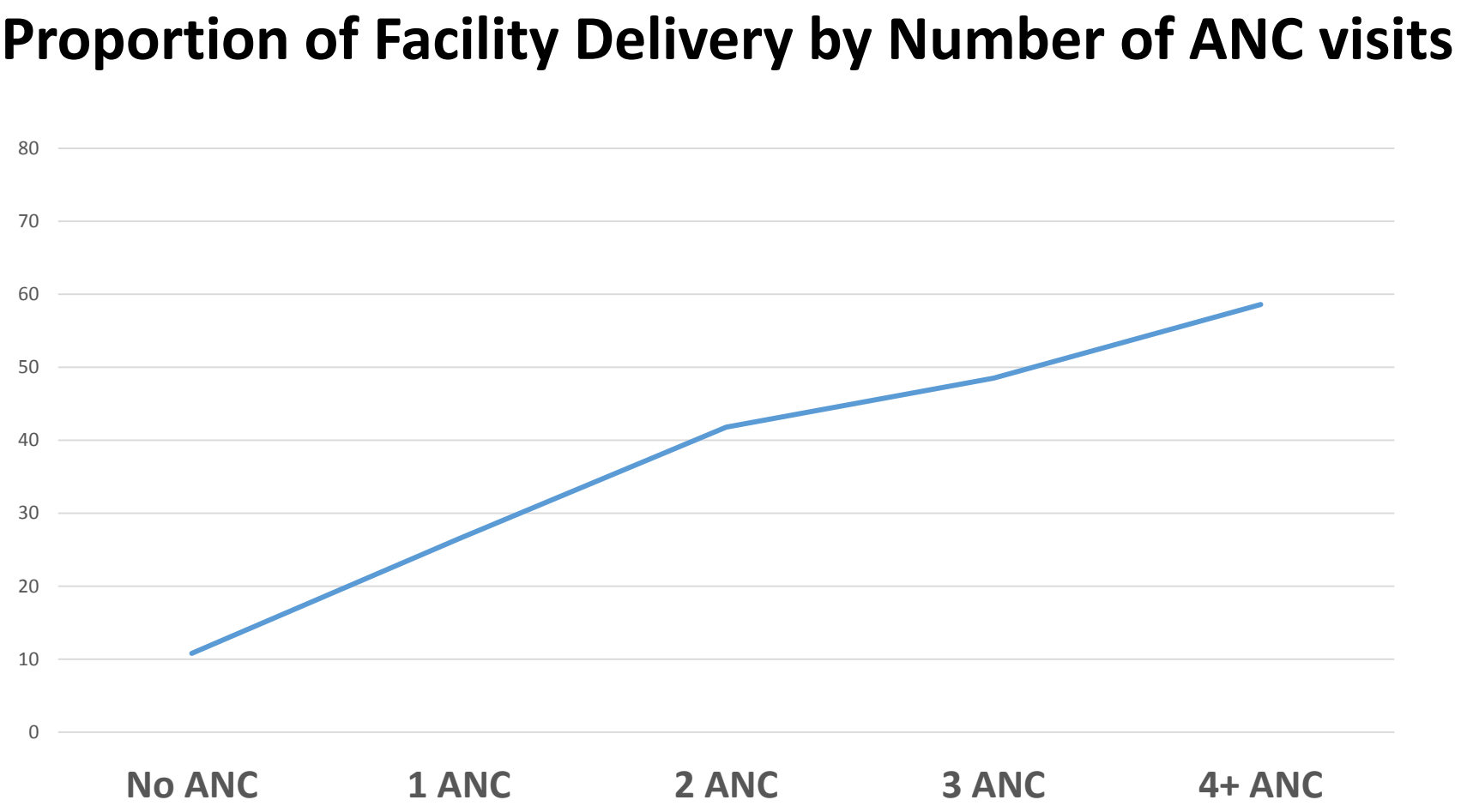
# Antenatal care: the gateway to health systems

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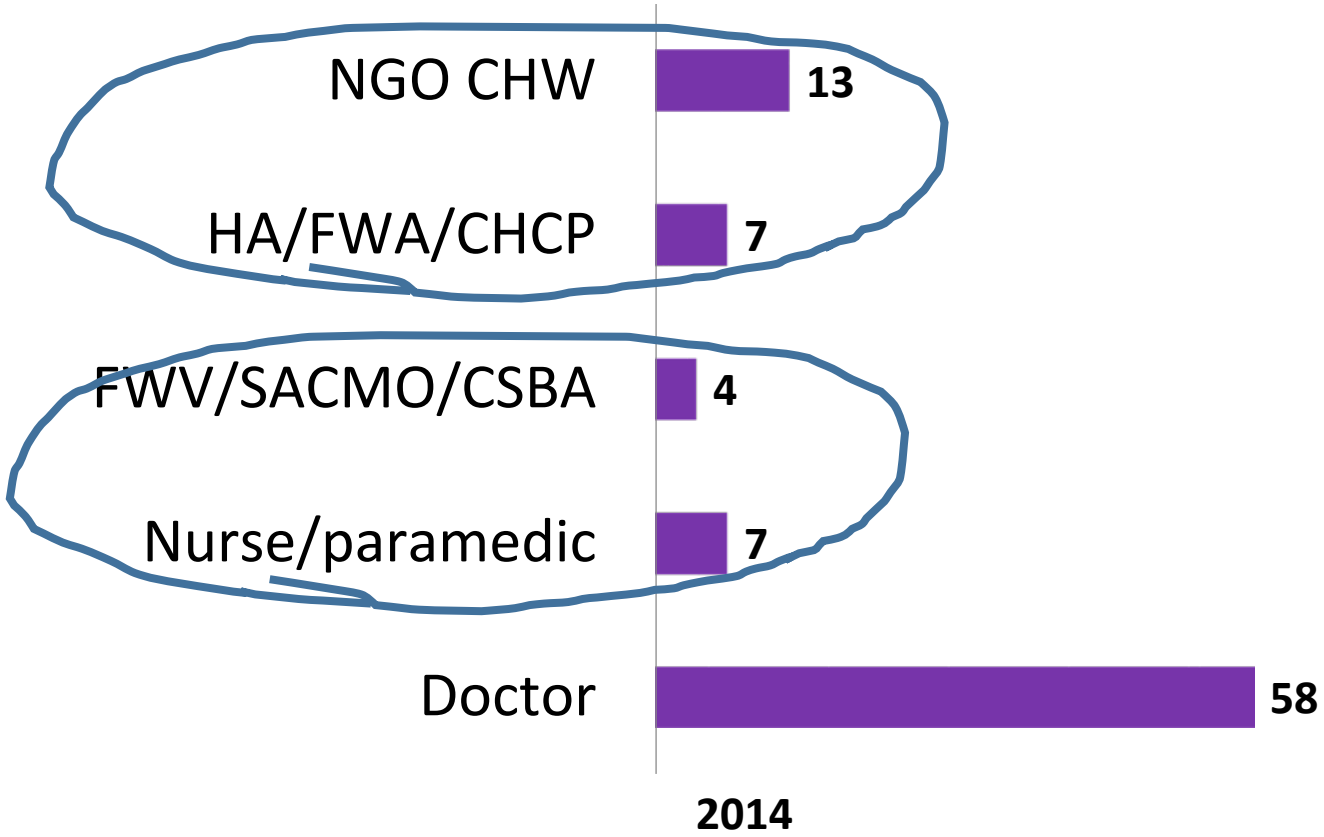
# Antenatal care: need more efficient use of human resources



# Antenatal care: need content modification

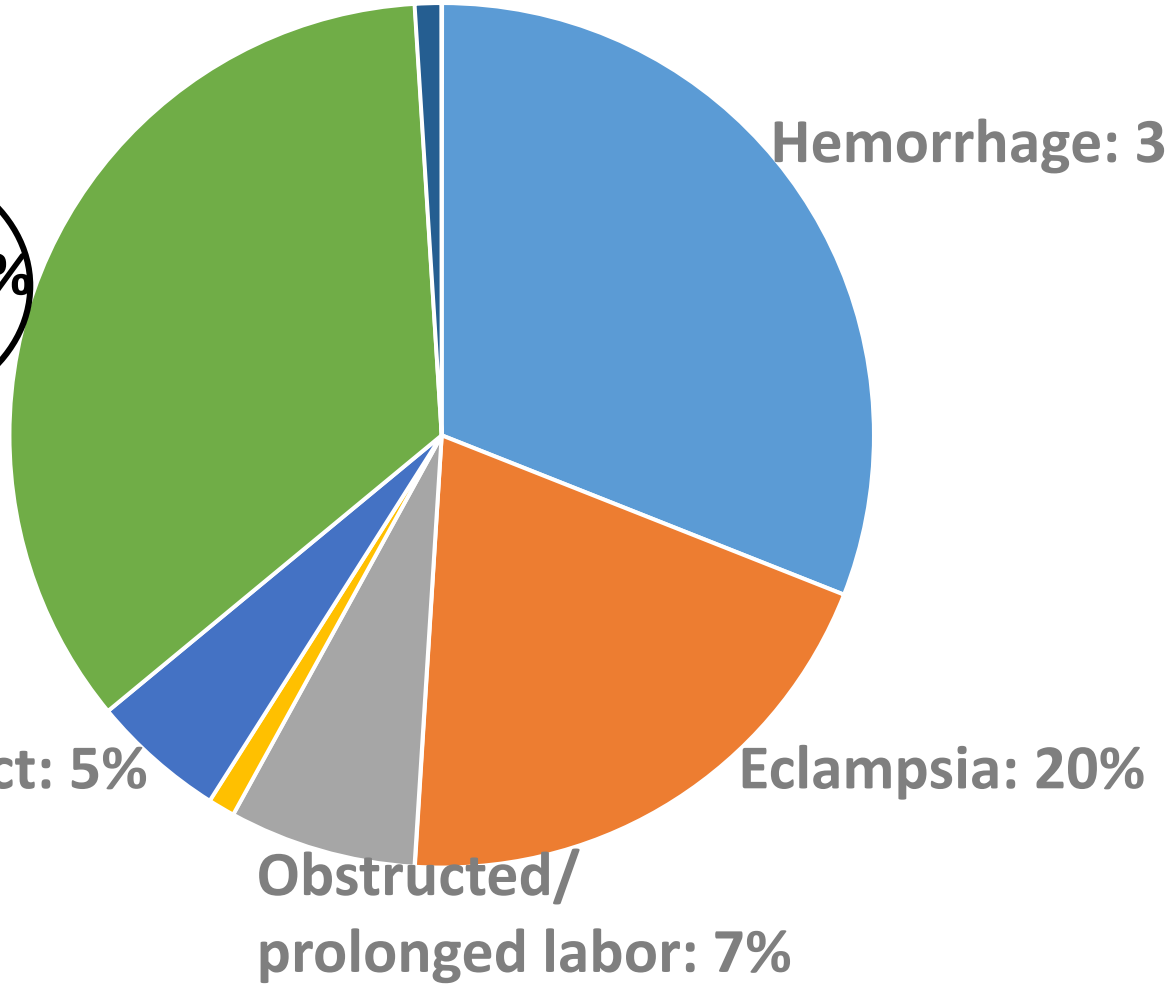
Anemia: 4%

Jaundice: 8%

IHD: 6%

Indirect: 35%

**Screening and Referral at ANC**



# 24/7 functional EmONC is key to life saving

- We need fewer than 300 facilities to provide EmONC services

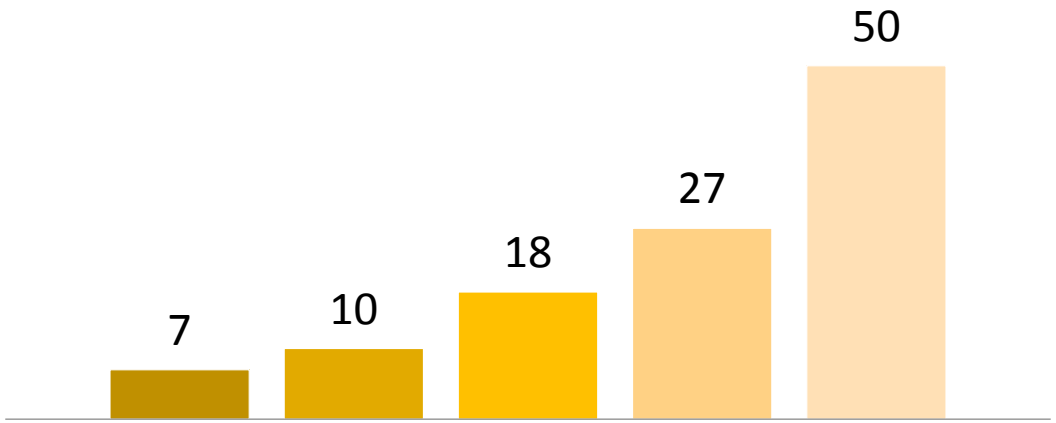
- Innovative mechanisms to ensure retention of surgeon-anesthetists needed

- Task shifting to allow nurses to provide anesthesia

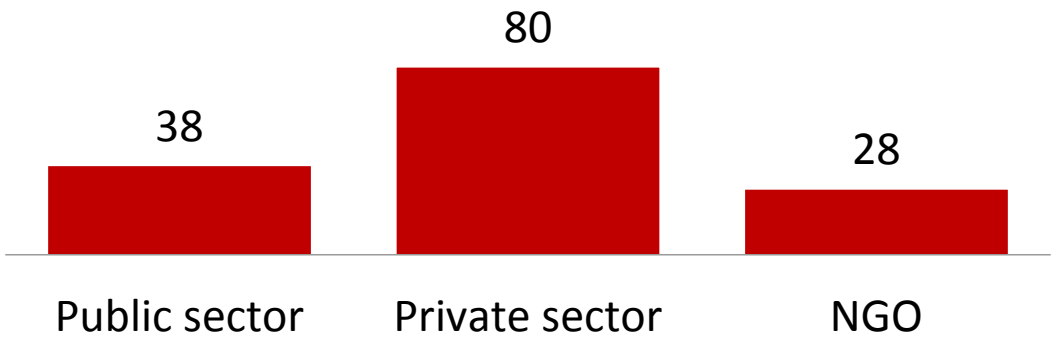
(100 countries allow nurses)

# Quality of care: c-section

Overall 23% deliveries are by c-section

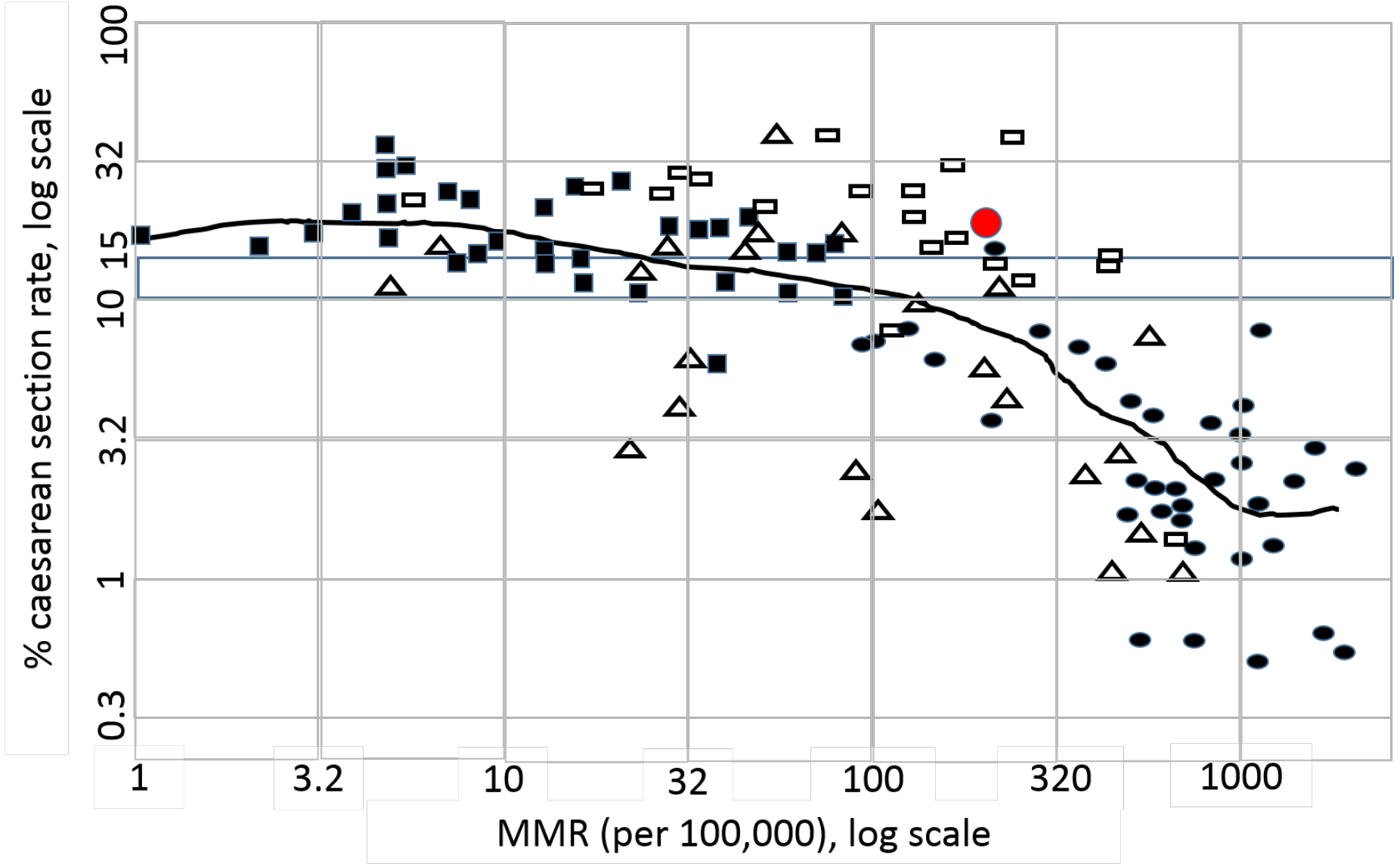



**By socio-economic quintiles**




**By facility types**

# C-Section vs. Maternal Mortality

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# *Recommendations*

# Planning

- Develop a 15 year target oriented plan and align and set sector programs to achieve milestones.
- OPs need to have their own logical framework so that there is a link between input and outputs/outcomes.
- Differential programming for low performing areas

# Management of service delivery

- Enhance coverage of ANC. Strengthen CCs, NGOs provide BCC and preventive, screening, promotive care.
- Upgrade UH&FWCs to provide 24/7 normal delivery care with upward referral linkage
- Identify fewer number of strategically located EmONC centers. Allow nurses and doctors to be trained to provide anesthesia for CS.

# Quality of care

- Define SOP for all sectors and levels and ensure strict adherence to standards.
- Mechanisms should be in place to bring private sector under regulation for quality.
- Conduct special multidisciplinary review/assessment on C-Section and develop appropriate mechanisms to immediately prevent unnecessary intervention

# Rhetoric to reality…….

*"…the MOH&FW will need to redefine its role and responsibility to take on the wider governance and stewardship role that will be needed to ensure that all health sector stakeholder adhere to policies, procedures and standards. More emphasis will need to be given to regulation and building transparency and accountability across the sector.*

*This will require substantive changes in the way the MOH&FW is set up as well as the development of capacity in these governance areas".*

# Newborn and Child Health in Bangladesh: Moving Forward

## Bangladesh DHS 2014 Policy Brief

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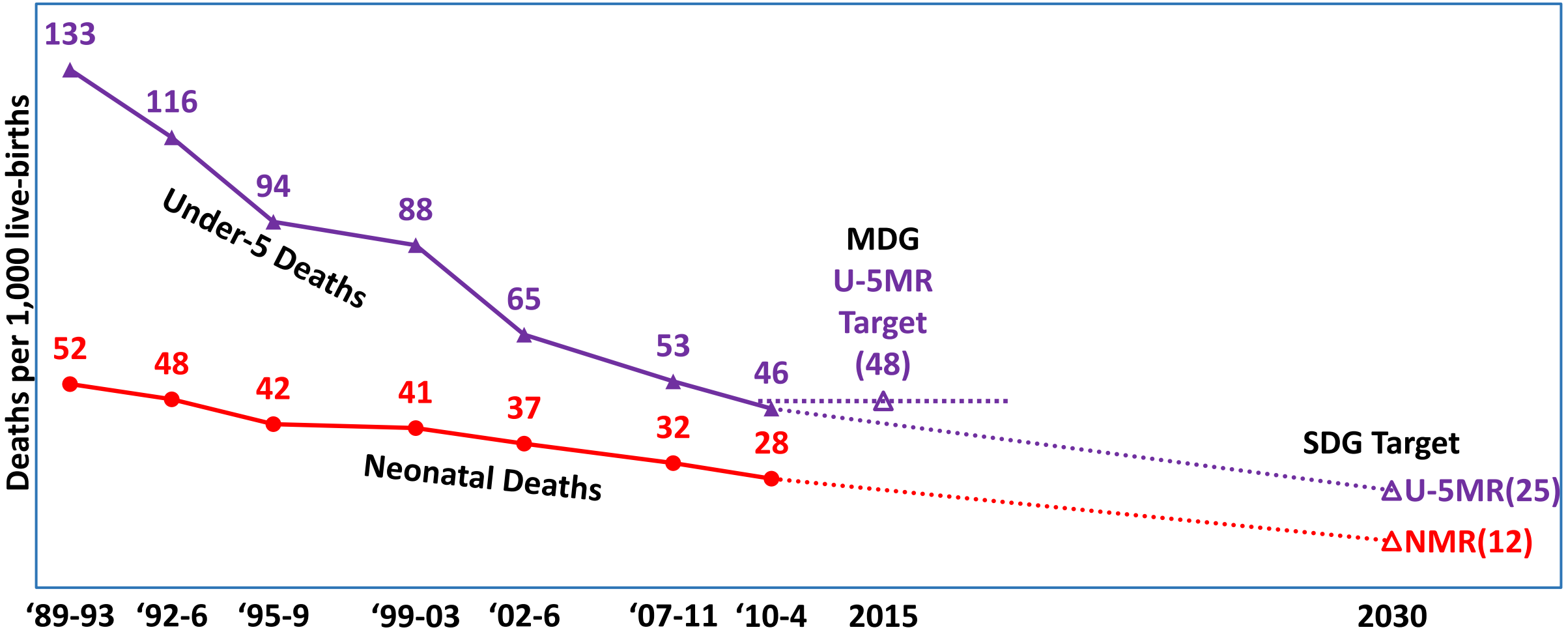
# Under-5 mortality declined by 65% in Bangladesh




Source: Bangladesh Demographic and Health Surveys, 1993-4, 1996-7, 1999-2000, 2004, 2007, 2011, 2014

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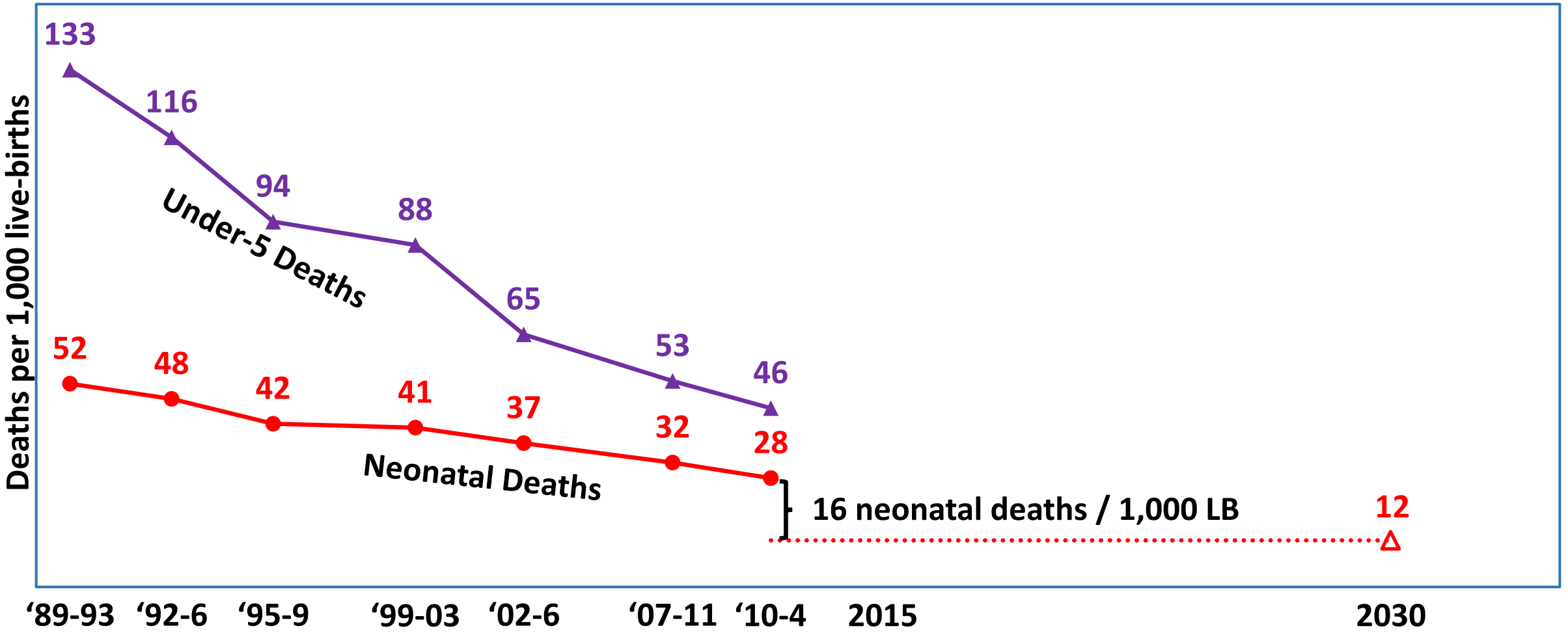
# Required NMR reduction: 16 per 1,000 live births




Source: Bangladesh Demographic and Health Surveys, 1993-4, 1996-7, 1999-2000, 2004, 2007, 2011, 2014

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# Prioritized newborn interventions

| Common causes of neonatal death | Interventions |
|---|---|
| Infections | • Chlorhexidine for cord care<br>• Management of newborn infections |
| Birth asphyxia | • Resuscitation of newborns |
| Prematurity | • Special Care Newborn Units/Newborn Stabilisation Units<br>• Antenatal Corticosteroids<br>• Kangaroo Mother Care |

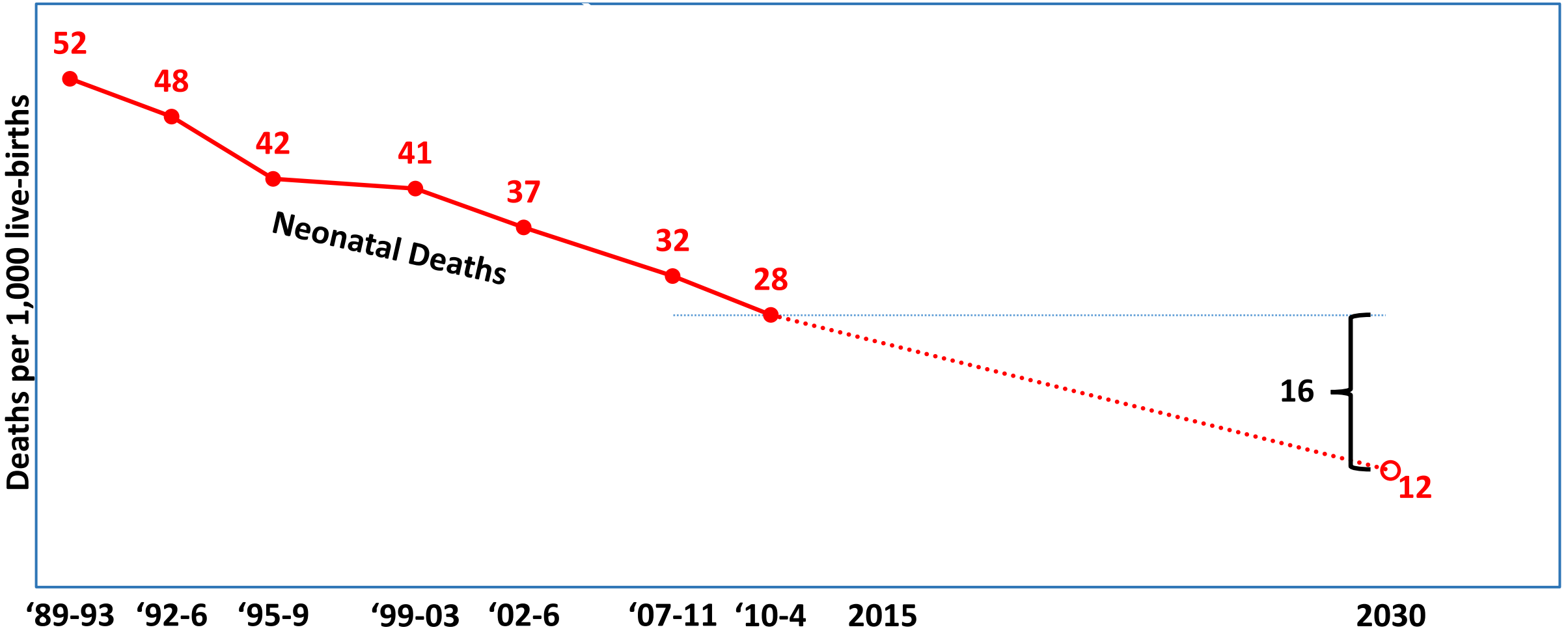
# Anticipated coverage of facility deliveries - 2030

| Types of Facility | Levels of facility deliveries (% of all deliveries) | |
|---|---|---|
| | Actual in 2014 | Expected 2030 level |
| Public | 13 | 44 |
| NGO | 2 | 5 |
| Private (for profit) | 22 | 49 |
| Total | 37 | 98 |

# Anticipated coverage of newborn interventions - 2030

| Interventions | Anticipated Coverage by 2030 |
|---|---|
| Chlorhexidine for cord care | 80% |
| Management of newborn infections | 70% |
| Resuscitation of newborns | 78% |
| Special Care Newborn Units/ Newborn Stabilisation Units | 25% |
| Antenatal Corticosteroids | 16% |
| Kangaroo Mother Care | 25% |

# Required NMR reduction: 16 per 1,000 live births




Source: Bangladesh Demographic and Health Surveys, 1993-4, 1996-7, 1999-2000, 2004, 2007, 2011, 2014

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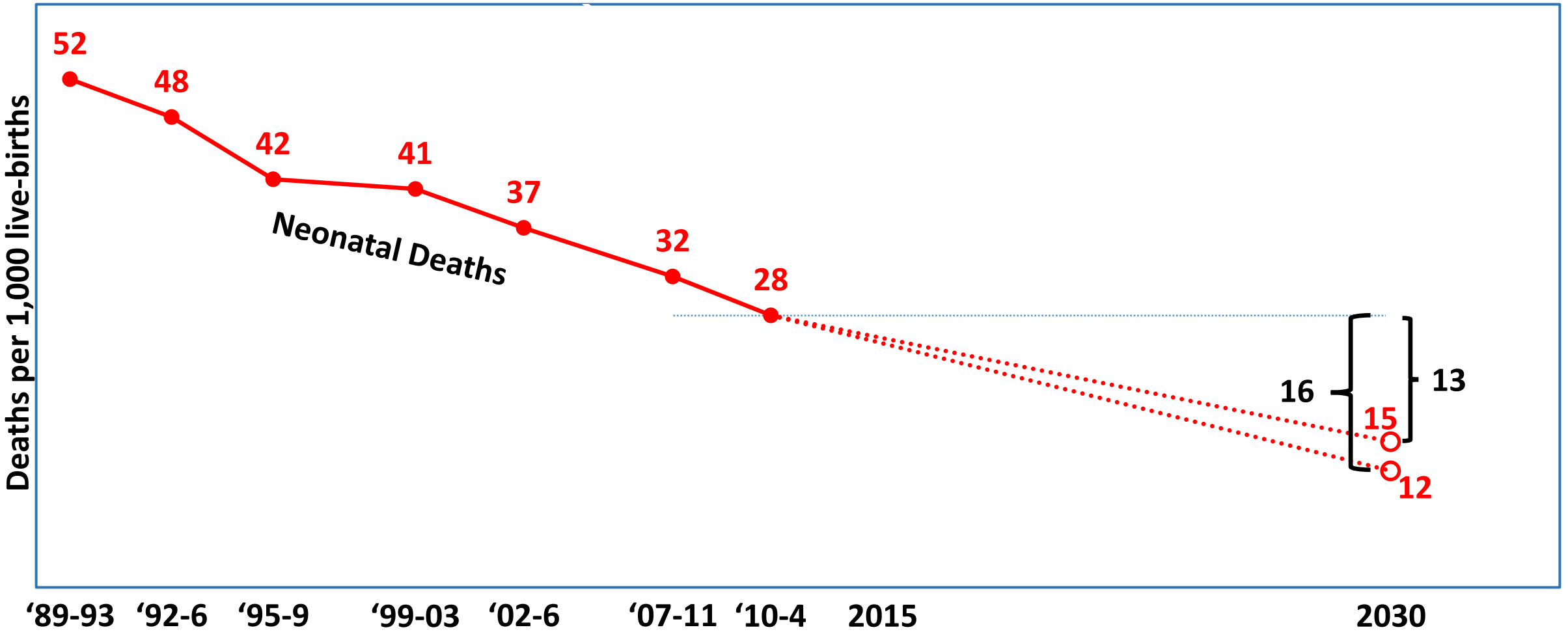
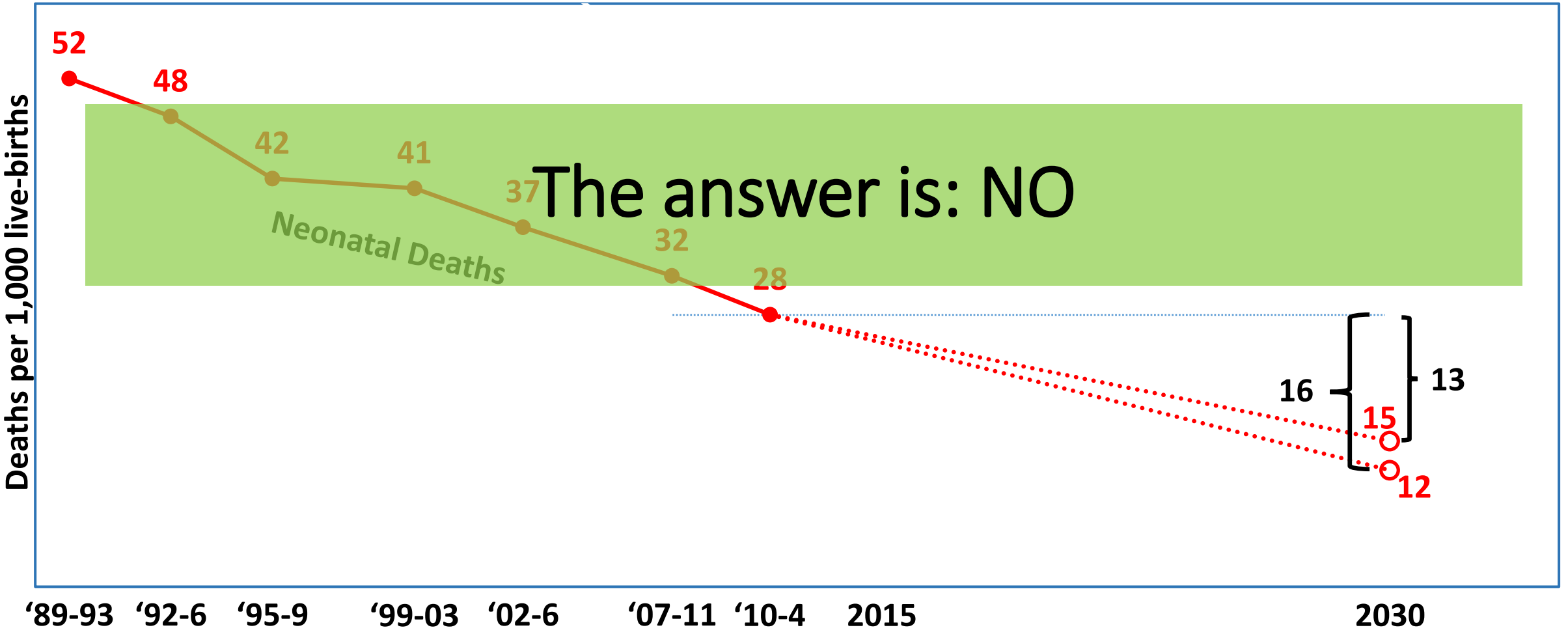
# Maximal likely NMR reduction from these interventions: 13 per 1,000 live births




Source: Bangladesh Demographic and Health Surveys, 1993-4, 1996-7, 1999-2000, 2004, 2007, 2011, 2014

# Will the currently prioritized interventions help Bangladesh achieve the SDG target?




Source: Bangladesh Demographic and Health Surveys, 1993-4, 1996-7, 1999-2000, 2004, 2007, 2011, 2014

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# To achieve SDG targets, we need to:

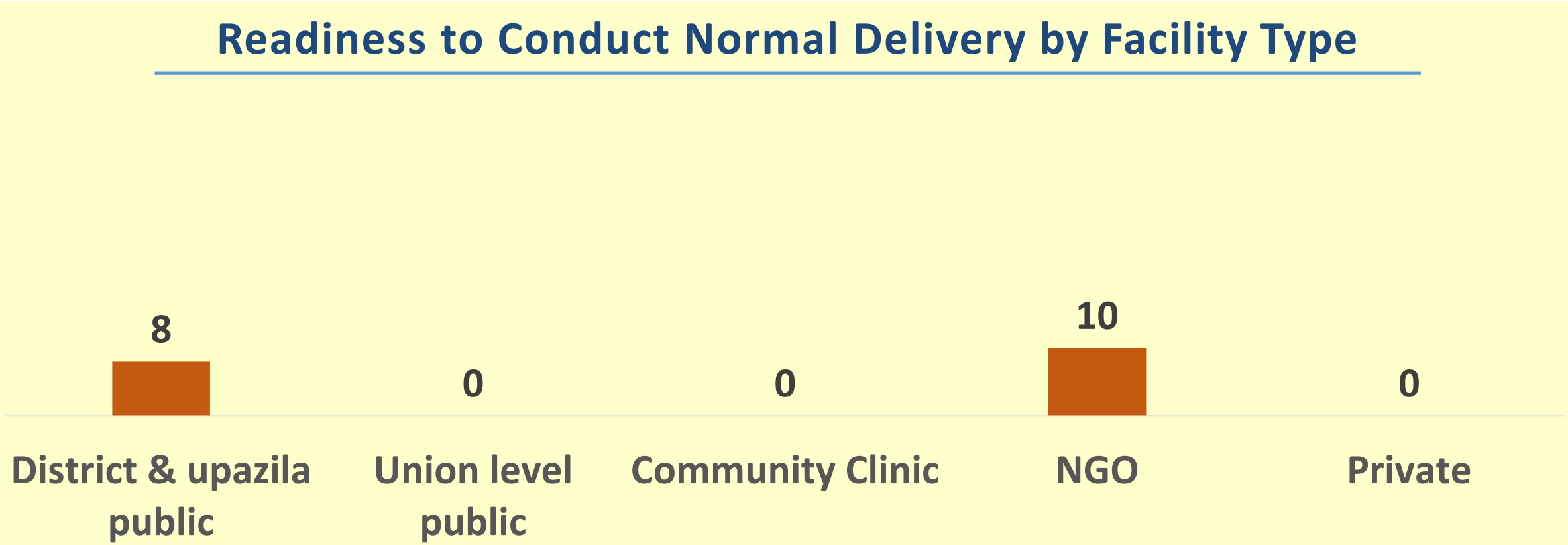
- Make every effort possible to achieve, and possibly exceed, the "optimistic" coverage targets for the interventions, and
- Invest in improving the quality of services to ensure expected or higher levels of effectiveness

# Exceed coverage targets – 4 Actions

1. Substantially increase facility deliveries

| Types of Facility | Levels of facility deliveries (% of all deliveries) | |
|---|---|---|
| | Actual in 2014 | Expected 2030 level |
| Public | 13 | 44 |
| NGO | 2 | 5 |
| Private (for profit) | 22 | 49 |
| Total | 37 | 98 |

# Big challenge: Poor readiness of facilities




Source: Bangladesh Health Facility Survey 2014

# Exceed coverage targets

1. Substantially increase facility deliveries
2. Focus on few but well-functioning facilities for providing delivery services

We are stretching too thin, expanding delivery services:

- To providers/facilities clearly inappropriate to provide deliveries
- To too many facilities, beyond our capacity to support and ensure quality

# Exceed coverage targets

1. Substantially increase facility deliveries
2. Focus on few but well-functioning facilities for providing delivery services
   - Should we have deliveries in Community Clinics?
   - Do we need and can we maintain the nearly 300 CEmONC facilities?

# Exceed coverage targets

1. Substantially increase facility deliveries
2. Focus on few but well-functioning facilities for providing delivery services

We can be smarter; draft maternal health strategy recommends:

- A normal delivery facility - within 1-hour of every family
- A CEmONC facility - within 2 hours of every family.
- An average district may only need 2 CEmONC facilities
  - We may only need half as many CEmONC facilities, not 300
- Travel time can be reduced NOT by having more facilities but by having smart transportation options

# Exceed coverage targets

1. Substantially increase facility deliveries
2. Focus on few but well-functioning facilities for providing delivery services
3. Make “smart” choices on selection of strategies for newborn interventions

# Possible strategies to deliver the newborn interventions

| | Home | Union | Upazila | District | Medical College | NGO | Private |
|---|---|---|---|---|---|---|---|
| CHX for cord care | ✓* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Resuscitation of newborns | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Management of newborn infections | | Primary Care | Inpatient Care | Inpatient Care | Inpatient Care | Primary Care | Inpatient Care |
| SCANU | | | | ✓ | ✓ | | |
| NSU | | | ✓ | | | | |
| ACS | | | ✓ | ✓ | ✓ | | |
| KMC | | | ✓ | ✓ | ✓ | | |

*Distribution by GoB/NGO CHWs and "social" marketing for home born babies

# Special Care Newborn Units

# Exceed coverage targets

1. Substantially increase facility deliveries
2. Focus on few but well-functioning facilities for providing delivery services
3. Make “smart” choices on selection of strategies for newborn interventions
4. Multiple channels to reinforce behavior change communications

# BCC to improve parenting skills

## Context:

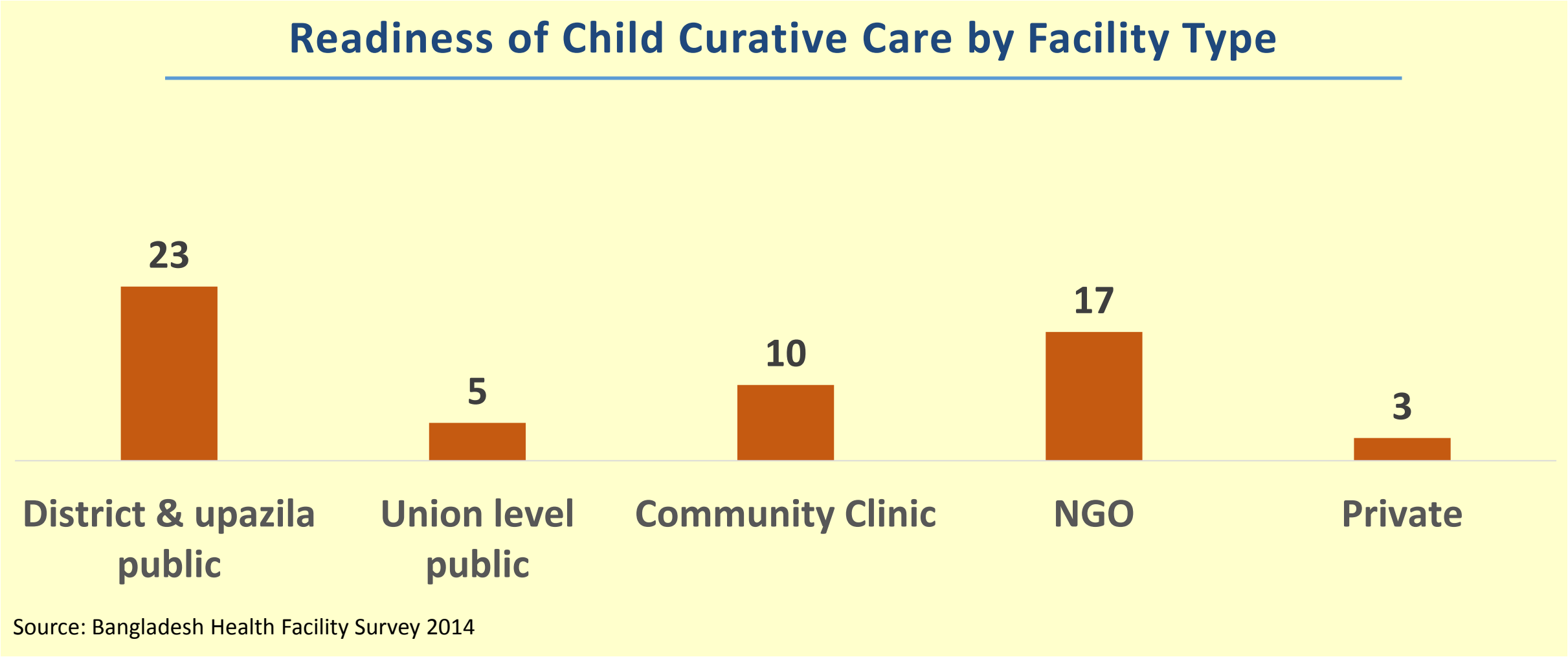
- With rapid economic growth, more resources to families
- With declining fertility - more first-time mothers (now 43%)
  - not learn from experience and/or from peers
- Majority of mothers are literate

# BCC to improve parenting skills

## We recommend:

- Scaling up interventions to improve parenting skills, particularly of first-time mothers.
  - Capitalize on high literacy rates
  - Use multiple communication channels, e.g., text/voice messages

# Improve quality of services




Source: Bangladesh Health Facility Survey 2014

# Improve quality of services

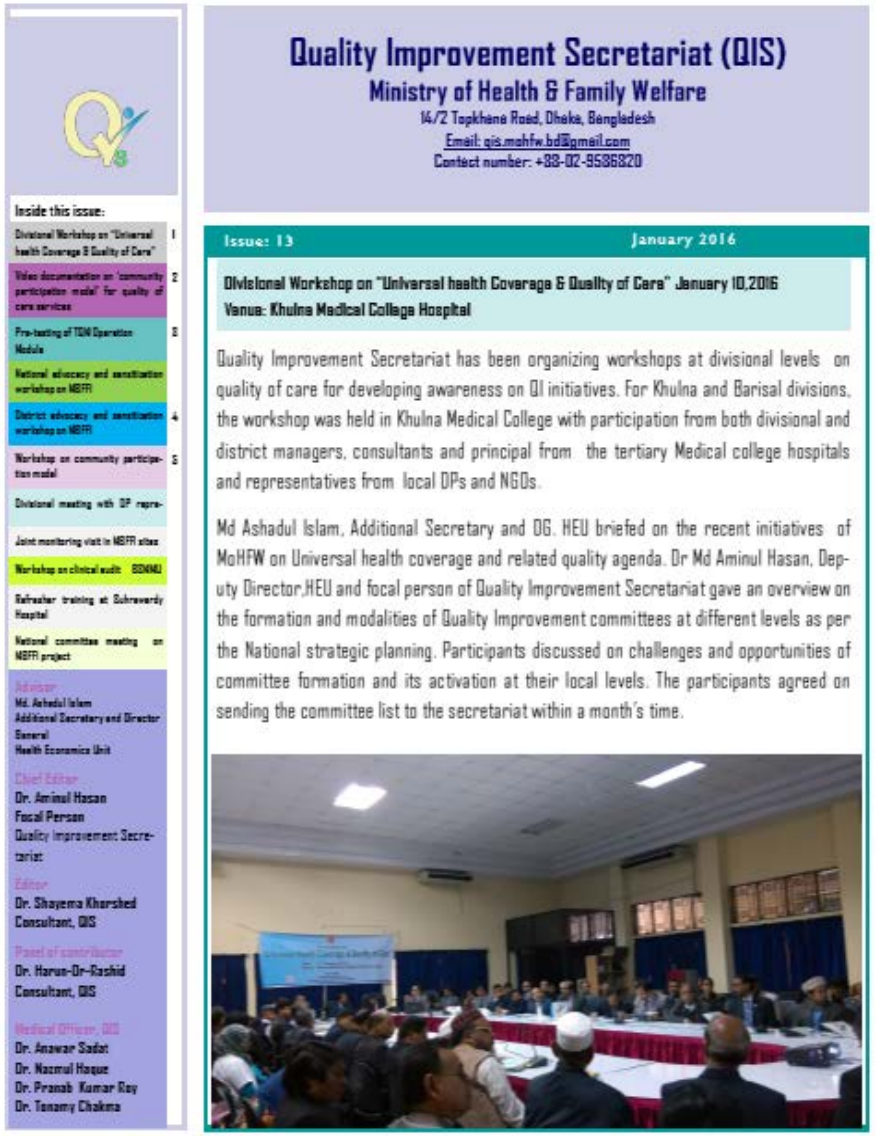

*Source: Bangladesh Health Facility Survey 2014*

# Improve quality of services

- We need to improve quality of all maternal and newborn health care
- A particular focus on quality of delivery services will provide the highest returns:
  - It is good for the mother
  - Many of the newborn interventions are linked to deliveries
  - Provide adequate resuscitation of all asphyxiated newborns
  - Reduce the risk of asphyxia and avert the need for resuscitation.
  - Avert many very early neonatal deaths and stillbirths
  - Pre-discharge postnatal care of critical importance

# Improve quality of services

- MoHFW's Quality Improvement Secretariat – a new initiative
- Need coordination with technical programmes and implementing directorates
  - Role clarification



Quality Improvement Secretariat (QIS)
Ministry of Health & Family Welfare
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Inside this issue:

Issue: 13 January 2016

Divisional Workshop on "Universal health Coverage & Quality of Care" January 10,2016
Venue: Khulna Medical College Hospital

Quality Improvement Secretariat has been organizing workshops at divisional levels on quality of care for developing awareness on QI initiatives. For Khulna and Barisal divisions, the workshop was held in Khulna Medical College with participation from both divisional and district managers, consultants and principal from the tertiary Medical college hospitals and representatives from local DPs and NGOs.

Md Ashadul Islam, Additional Secretary and DG, HEU briefed on the recent initiatives of MoHFW on Universal health coverage and related quality agenda. Dr Md Aminul Hasan, Deputy Director,HEU and focal person of Quality Improvement Secretariat gave an overview on the formation and modalities of Quality Improvement committees at different levels as per the National strategic planning. Participants discussed on challenges and opportunities of committee formation and its activation at their local levels. The participants agreed on sending the committee list to the secretariat within a month's time.

# Improve quality of services

- MoHFW's Quality Improvement Secretariat – a new initiative
- Need coordination with technical programmes and implementing directorates
  - Role clarification
- Focus on sustained quality improvement processes

Issue: 13 Page 3

**Pre-testing of TQM Operation Module**

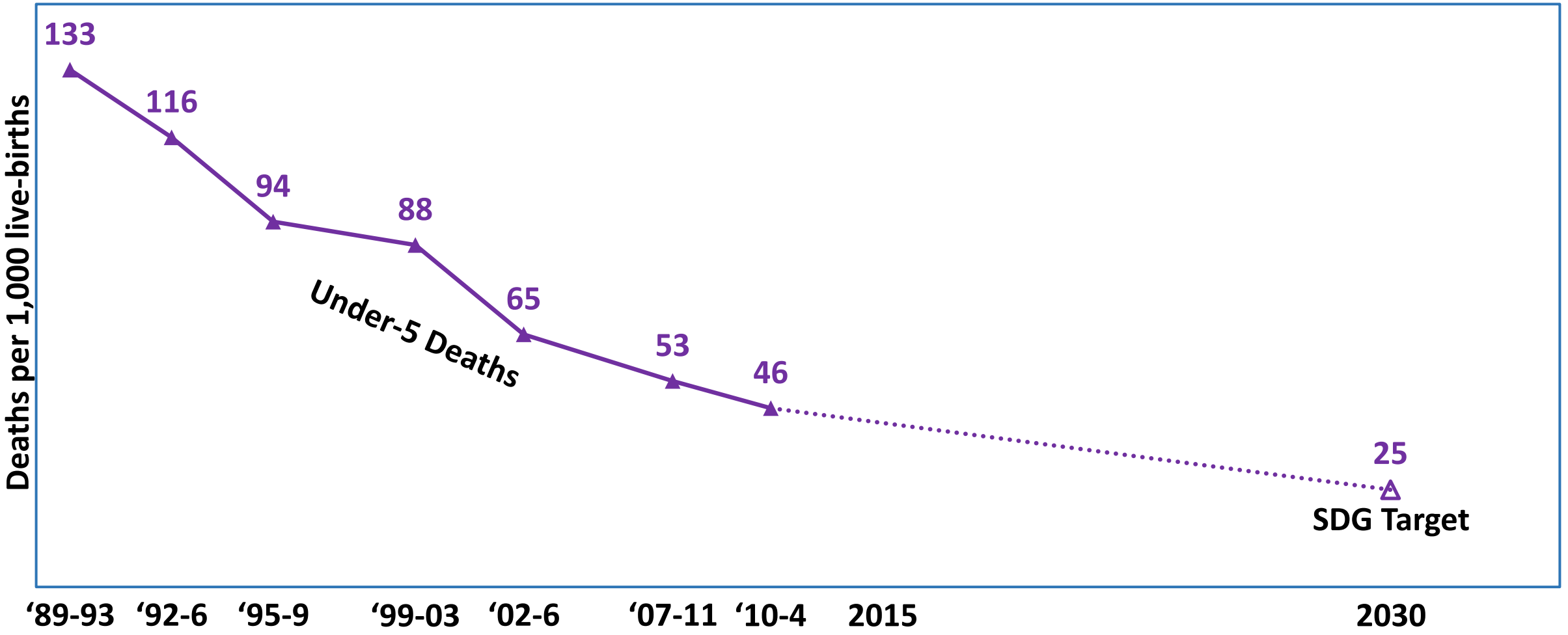
**Date: January 17-19,2016** **Venue: Tangail Bourae**

QIS has facilitated the process of developing a TQM operational module in Bangla targeted for training the providers at all levels especially focusing the resource pool members and the Quality Improvement Committees (QICs). The module will focus on the thematic relevant areas (such as motivation, leadership, communications etc) of TQM along with the technical aspect of it. In this regards, QIS formed a working group consisting of different stakeholders with expertise and experience. The working group came up with a draft module through successive working group meetings.

QIS organized a pre-testing of the draft module in Tangail involving participants from the district hospital as well as 3 upazila health complexes from the SSK piloting facilities. The pretesting event was of 3 days duration as planned for the original training drafted.

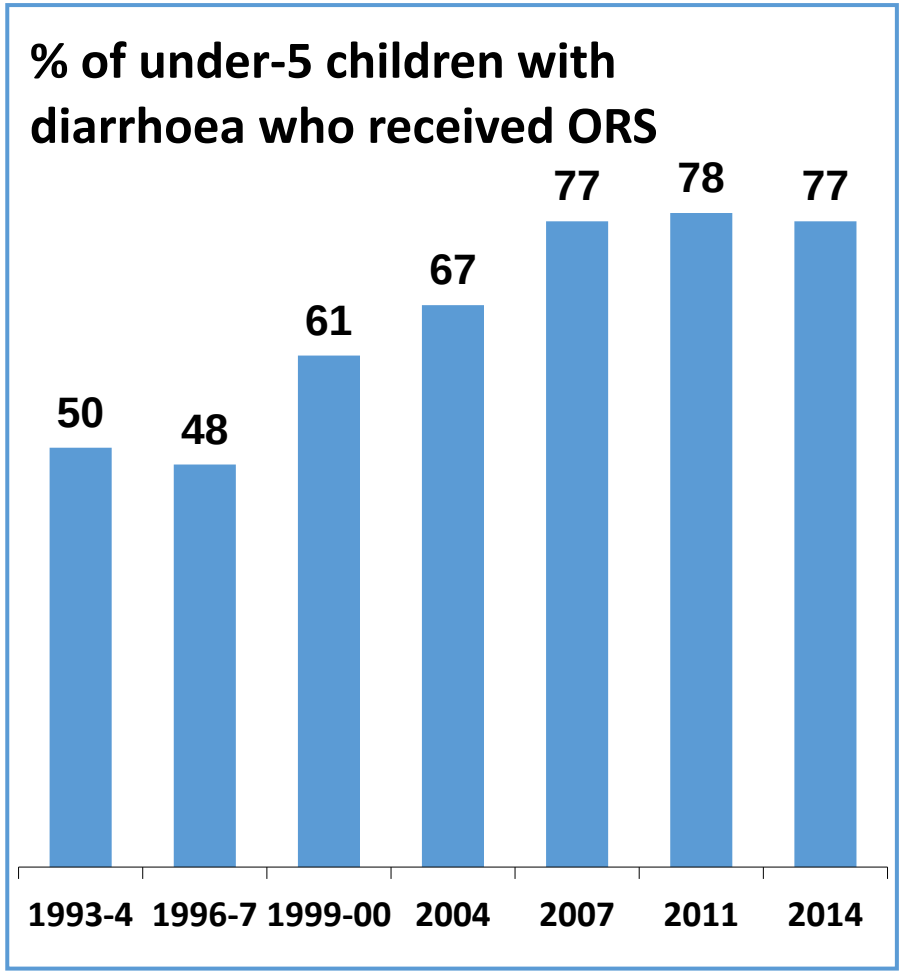
The inauguration ceremony was held on the January 17th,2016 in presence of the Civil surgeon of Tangail as a chief guest and the District Hospital Superintendent ,Dr Nur Mohammad as special guest. Dr Md Aminul Hasan briefed on the objective of the training and the TQM concept.
The 3 day pretesting was very much interactive and participatory. External consultant and trainer Md Lutfor Rahman and Shuraiya Farzana facilitated the training session focusing on the conceptual part using different interactive ways in the process. QIS team memebrs Dr Harun-Or-Rashid and Dr Shayema Khorshed briefed on the 5s concept and related linkage with the quality issues.

# Looking beyond the neonatal period




Source: Bangladesh Demographic and Health Surveys, 1993-4, 1996-7, 1999-2000, 2004, 2007, 2011, 2014

# Looking beyond the neonatal period

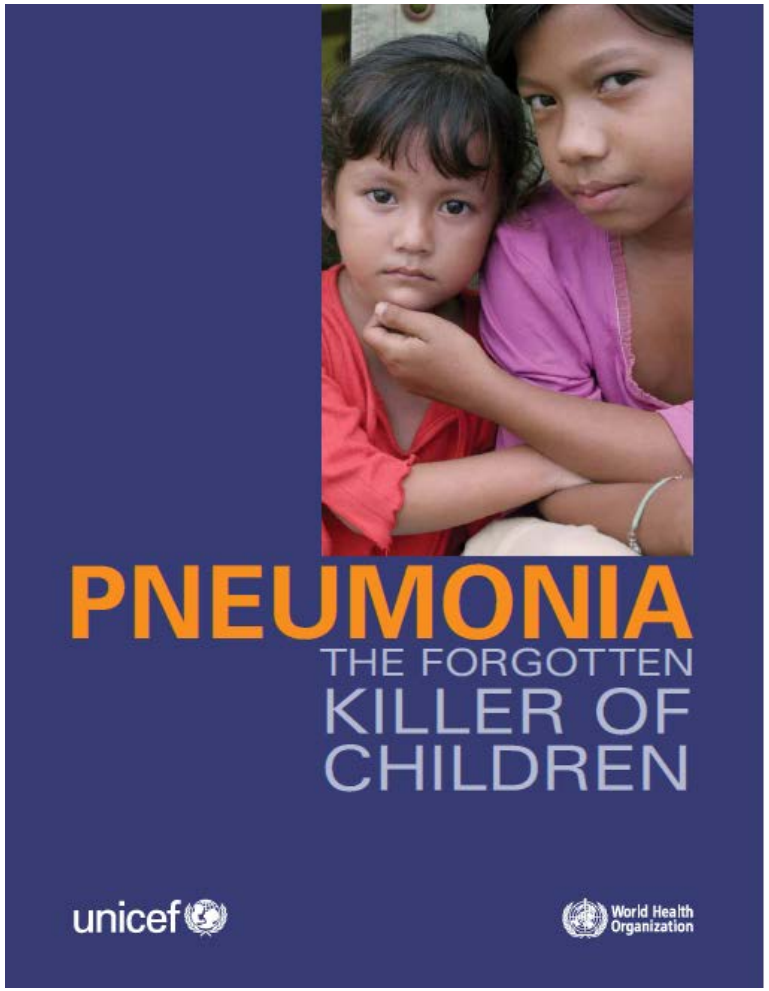



Bangladesh Demographic and Health Survey 2011

**3 Critical problems to address:**

1. Stagnating ORS for childhood diarrhoea
2. Uncontrolled use of antibiotics for treatment of pneumonia
3. Preventing childhood deaths due to drowning

# Looking beyond the neonatal period




**3 Critical problems to address:**

1. Stagnating ORS for childhood diarrhoea
2. Uncontrolled use of antibiotics for treatment of pneumonia
3. Preventing childhood deaths due to drowning

In Bangladesh, pneumonia and other serious infections cause two-fifths of all under-5 deaths

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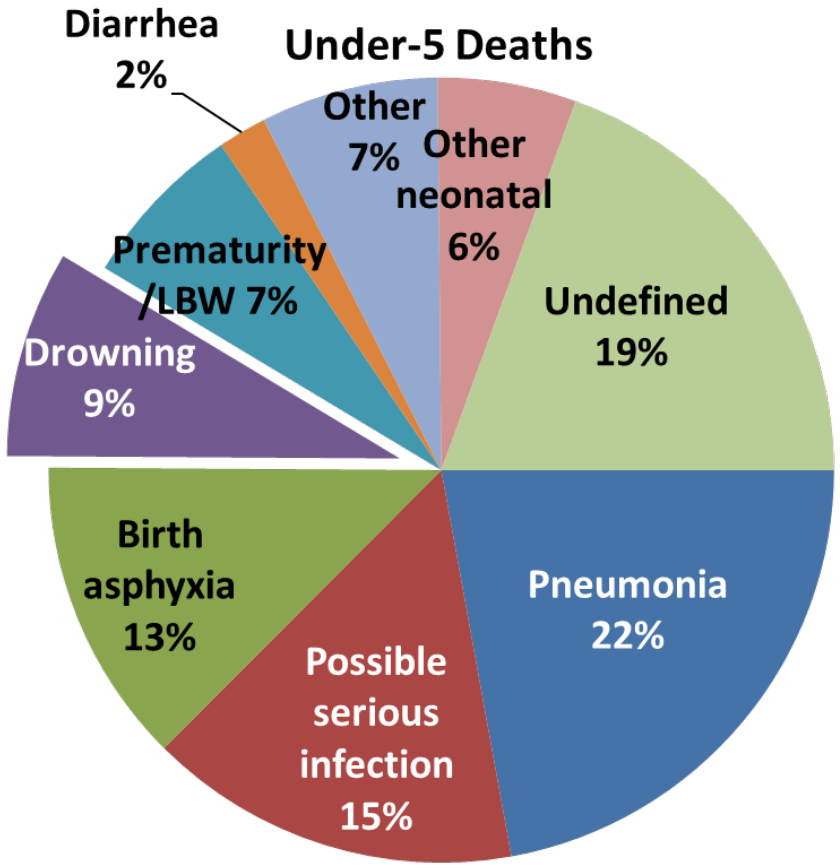
# Looking beyond the neonatal period




Drowning: 43% of deaths between ages 1-5 years

**3 Critical problems to address:**

1. Stagnating ORS for childhood diarrhoea
2. Uncontrolled use of antibiotics for treatment of pneumonia
3. Preventing childhood deaths due to drowning

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# A Call for Change to prevent more under-5 Deaths

- No more business as usual
- We need high coverage of prioritized interventions
  - Appropriate and creative operational strategies to deliver these interventions,
  - Adequate and timely investments across all building blocks of the health system
  - A very particular focus on ensuring quality of services

# Addressing Malnutrition in Bangladesh: A Holistic Approach is Pivotal for Improvement

## Bangladesh DHS 2014

## Policy Brief

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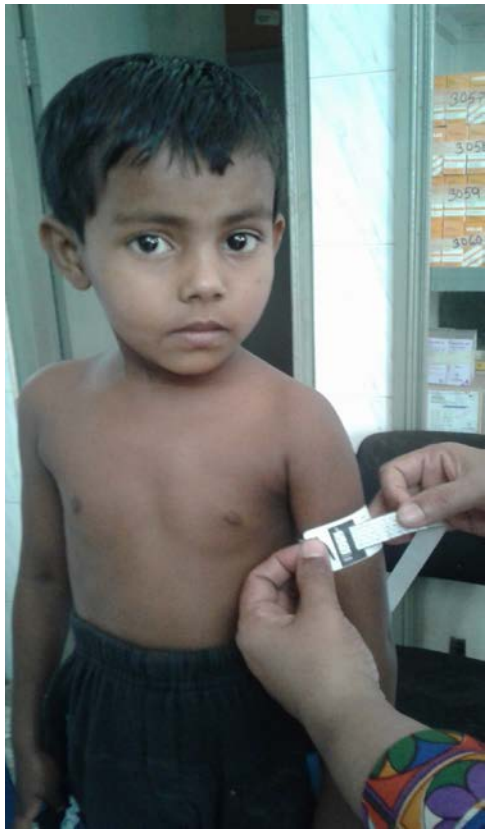
# Stunting, wasting, underweight still major childhood problems in Bangladesh

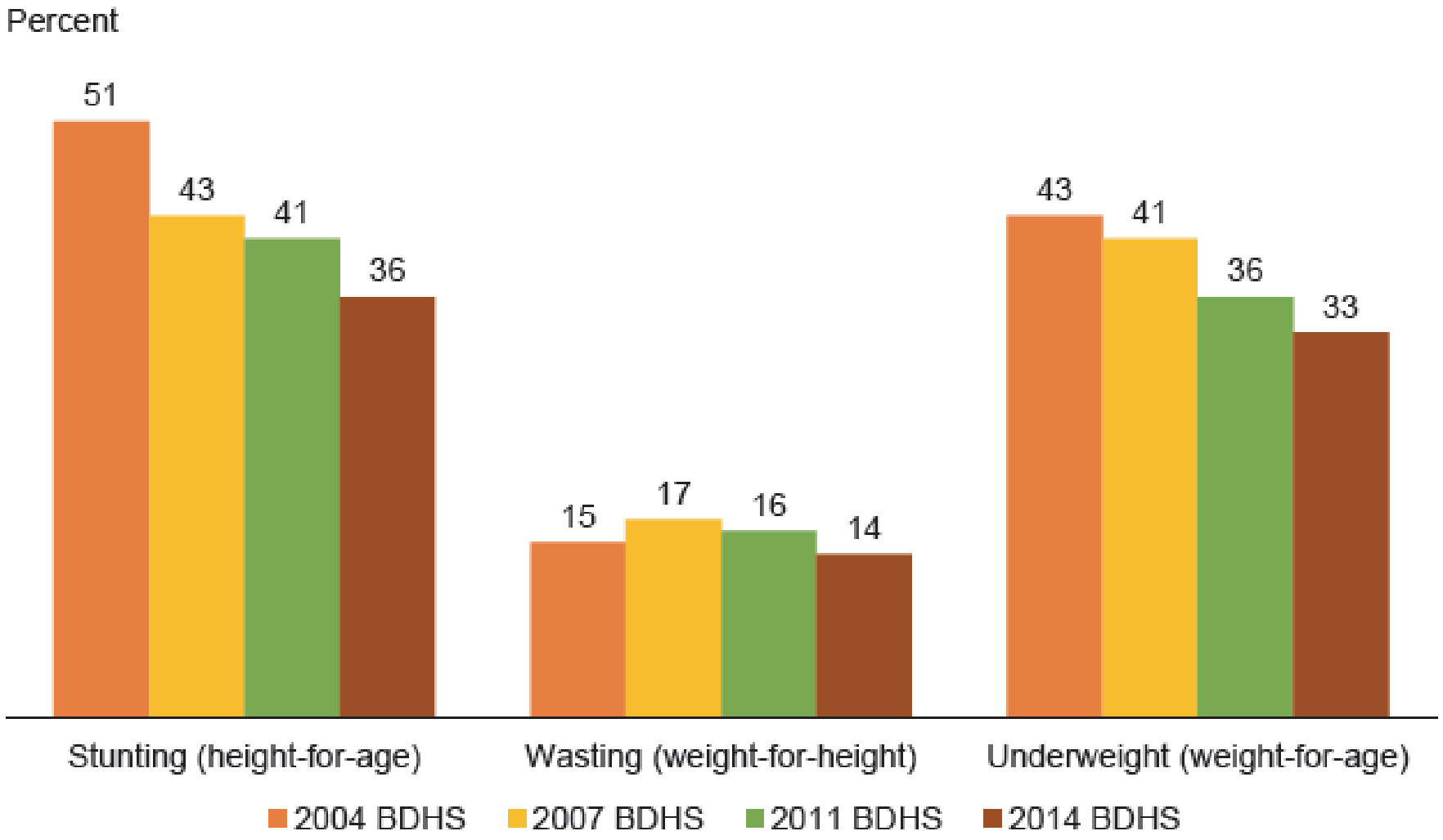
Stunting

Severe wasting



Underweight

# One-third of children are stunted or underweight

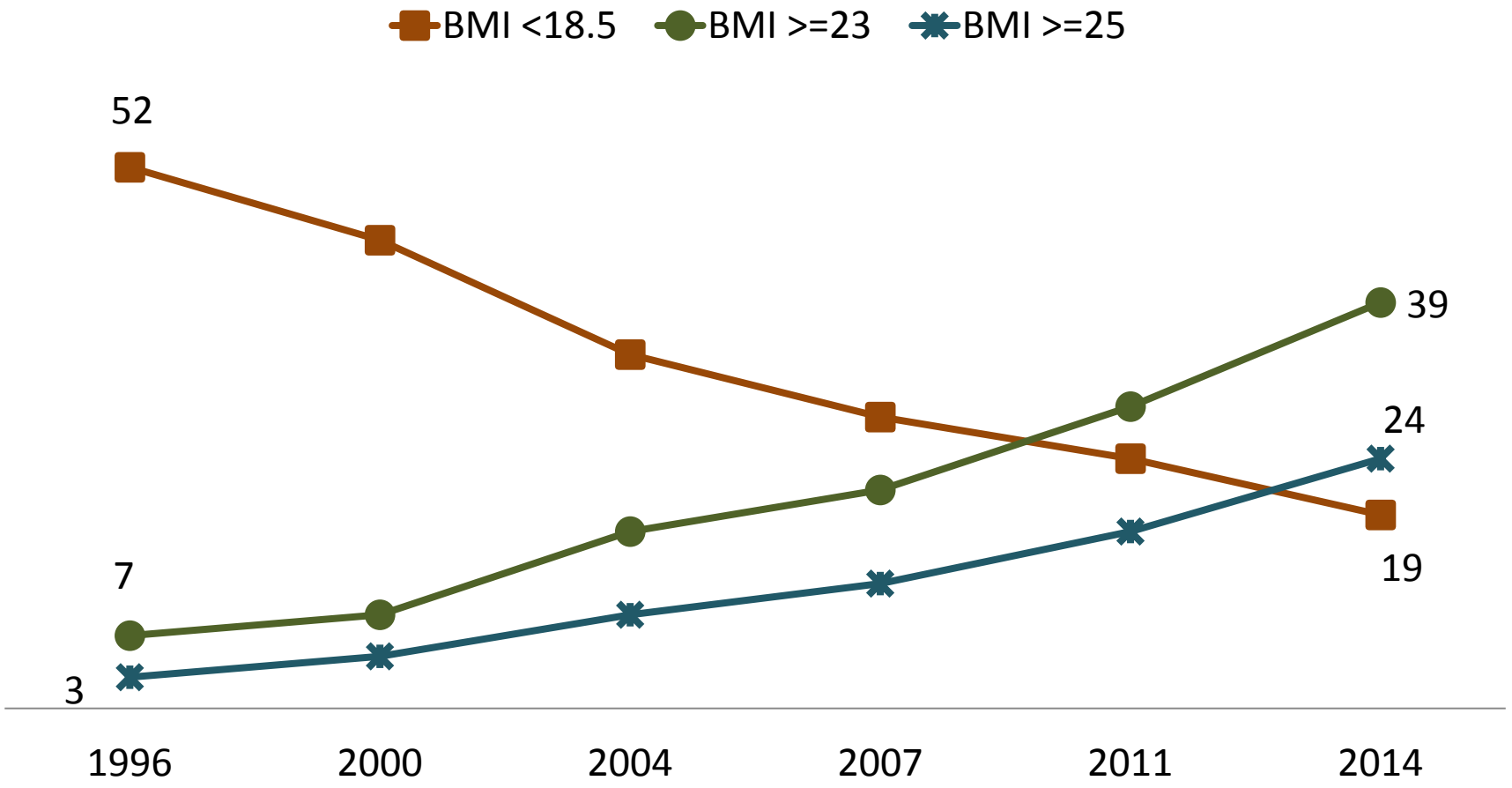


# Targets are lofty but attainable

| Prevalence of stunting among children under age 5 | Current Status | 4th HNP Sector Program 2016-2021 |
|---|---|---|
| Prevalence of stunting among under-5 children | 36.1% (BDHS 2014) | 25% |

The WHA global target is to reduce stunting by 40%; this requires an average annual rate of reduction (AARR) of stunting of 3.3 but our current rate is 2.7

# Improving Nutrition of Women:
# Seeking a Balance between Underweight and Overweight

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# Improving Nutrition of Women: Seeking a Balance between Underweight and Overweight

- The increasing rate of obesity among women is a risk for
  - gestational diabetes and preeclampsia for women
  - stillbirth, congenital anomalies and autism for fetus
  - future obesity, diabetes, high blood cholesterol, blood pressure and heart disease for children born to overweight women
- With this rate of increase, Bangladesh will not be able to achieve the “halting obesity” target of the NCDs global monitoring framework of the World Health Organization

# A holistic approach is pivotal

Given the current situation, the Government of Bangladesh has recently approved the National Nutrition Policy 2015 that highlights scaling up and initiating new

- Nutrition-specific interventions
- Nutrition-sensitive interventions, and
- Focus on multi-sectoral efforts with high level coordination to tackle malnutrition

# Nutrition-specific interventions: Scaling up and initiating new interventions

- Effective counseling of mothers is required to improve child feeding

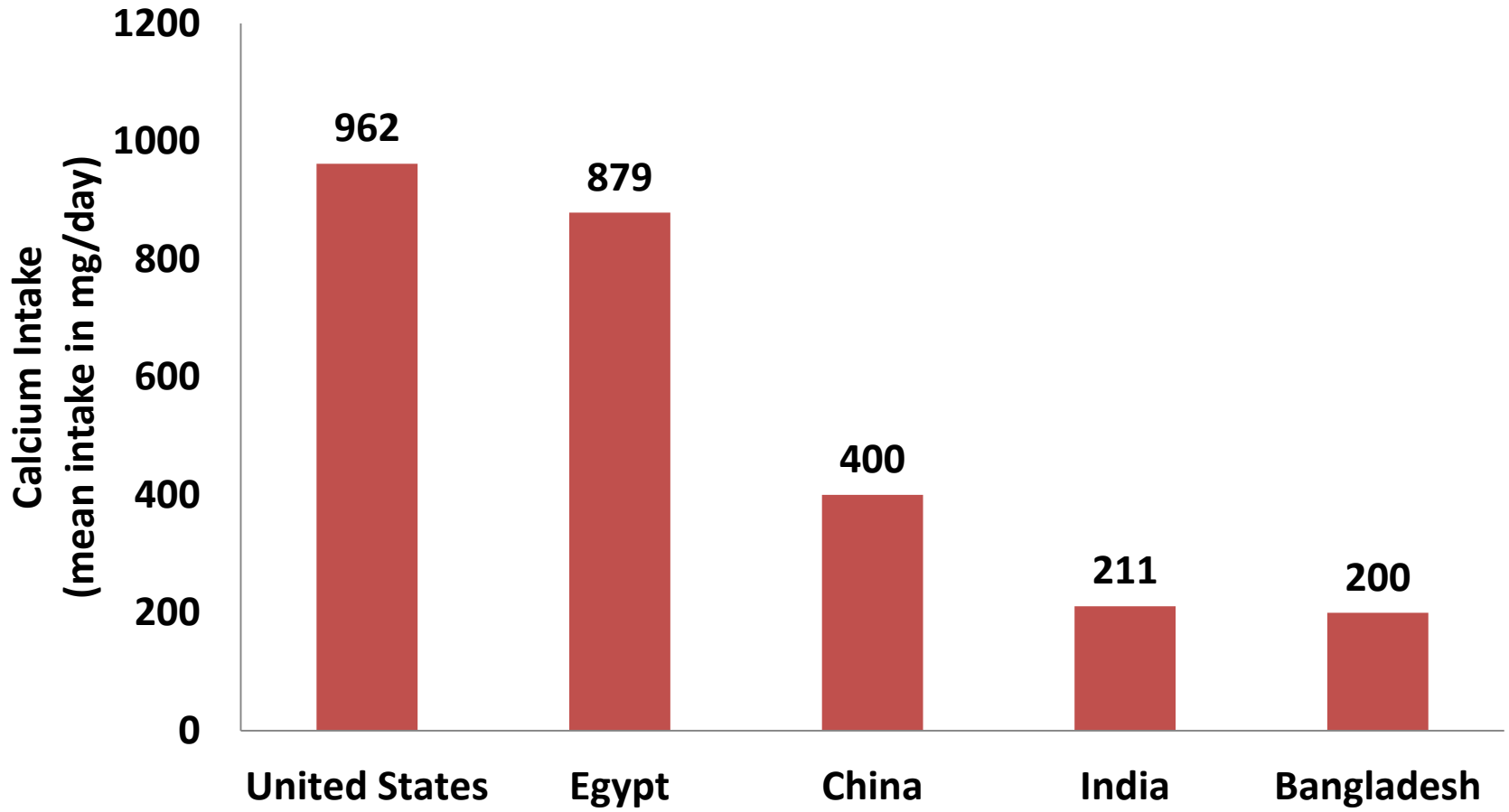
- Messages on cell phones, radio, and television are effective in promoting good practices

# Nutrition-specific interventions: Scaling up and initiating new interventions

- Management of severe acute malnutrition should be institutionalized

- Appropriate community-based interventions for children with SAM must begin now

# Calcium intake is very poor in Bangladesh




Bhatia 2008, He Y 2007, Darwish 2009, Islam MZ 2003, Wang Y 2008

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# Nutrition-specific interventions: Scaling up and initiating new interventions

- Poor calcium status during pregnancy can increase risk of gestational hypertension as well as pre-eclampsia

  - Calcium deficiency among adolescent girls and women must be prevented

  - Calcium supplementation during pregnancy should be instituted nationwide, and inexpensive food-based alternatives identified

# Nutrition-sensitive interventions: Improve conditions that indirectly impact nutrition

Severe food insecurity still affects 27% of the population

Key interventions that should start now:

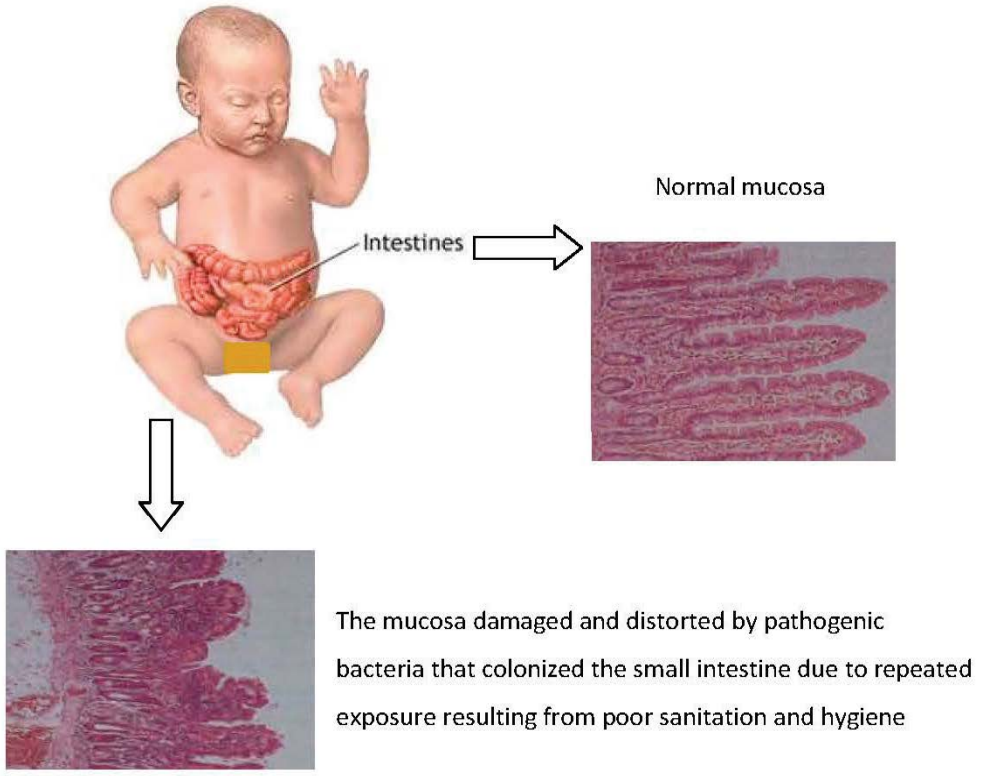
- Growing more high yield varieties of nutritious food
- Improving poultry and dairy producing practices
- Introducing micronutrient rich rice through biofortification

# Water, sanitation and hygiene are critical

# Nutrition-sensitive interventions: Improve conditions that indirectly impact nutrition

- The number of different types of pathogenic bacteria in feces of children, rather than symptomatic diarrhea, is associated with stunting

  - This condition is called environmental enteropathy




The mucosa damaged and distorted by pathogenic bacteria that colonized the small intestine due to repeated exposure resulting from poor sanitation and hygiene

# Nutrition-sensitive interventions: Improve conditions that indirectly impact nutrition

- To prevent EE, what we need is a revolutionary change for
  - improved personal hygiene
  - functional latrines
  - proper garbage disposal

# Nutrition-sensitive interventions: Improve conditions that indirectly impact nutrition

- Combining nutrition with social safety net programs can bring change in the community
  - Provision of micronutrient-fortified rice instead of the conventional rice
  - Multiple micronutrient powders for home fortification of rice
  - Supplementation of pregnant and lactating women who are undernourished as well as acutely malnourished children with nutritious food

# Nutrition-sensitive interventions: Improve conditions that indirectly impact nutrition

- Intervene now to halt the growing epidemic of overweight and obesity in Bangladesh

  - Improve knowledge about balanced diet and the importance of physical activity through BCC campaigns and discussions in educational institutions, health facilities, and the media

  - Improve environment for physical activity by reclaiming playgrounds and parks in cities; keeping the footpaths clean and free from encroachment

Playgrounds are difficult to find


Foot paths are occupied

# Nutrition-sensitive interventions: Improve conditions that indirectly impact nutrition

- Discourage inappropriate eating habits, particularly the intake of junk food

- Emphasis on outdoor pursuits and exercise for children

- Encourage indoor physical activities such as rope skipping and restrict playing on hand held devices or watching TV

# Coordinated policy, strengthened capacity, and multisectoral implementation is crucial

- Multisectoral efforts are essential and must be guided from the highest government office to be successful
  - In consonance with the National Nutrition Policy 2015, the national nutrition council needs to be rejuvenated under the leadership of the Hon'ble Prime minister
  - Only high level support and attention will trigger effective multisectoral efforts
  - Without this coordination, reducing malnutrition is impossible

# Coordinated policy, strengthened capacity, and multisectoral implementation is crucial

- A realistic national nutrition plan of action should be developed
- The plan of action should focus on priority nutrition-specific and sensitive interventions and should be
  - time bound
  - not overly ambitious
  - carefully budgeted

# Coordinated policy, strengthened capacity, and multisectoral implementation is crucial

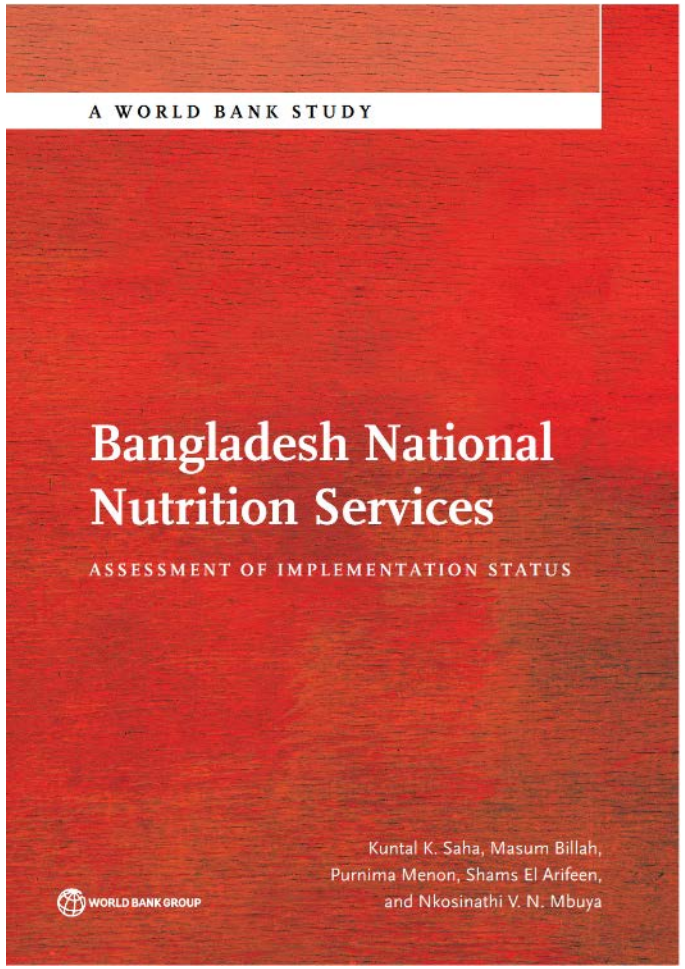
- Grassroot-level nutrition efforts need functional integration
- The coordination between Directorate General of Health Services, Directorate General of Family Planning, and Community Clinics has improved, but there is ample scope for further improvement

Long queue for GMP at a CC

# Coordinated policy, strengthened capacity, and multisectoral implementation is crucial

- The capacity of National Nutrition Services (NNS) must improve

  - The NNS lacks trained staff; there is an urgent need to place and retain nutritionists as well as the director and program managers

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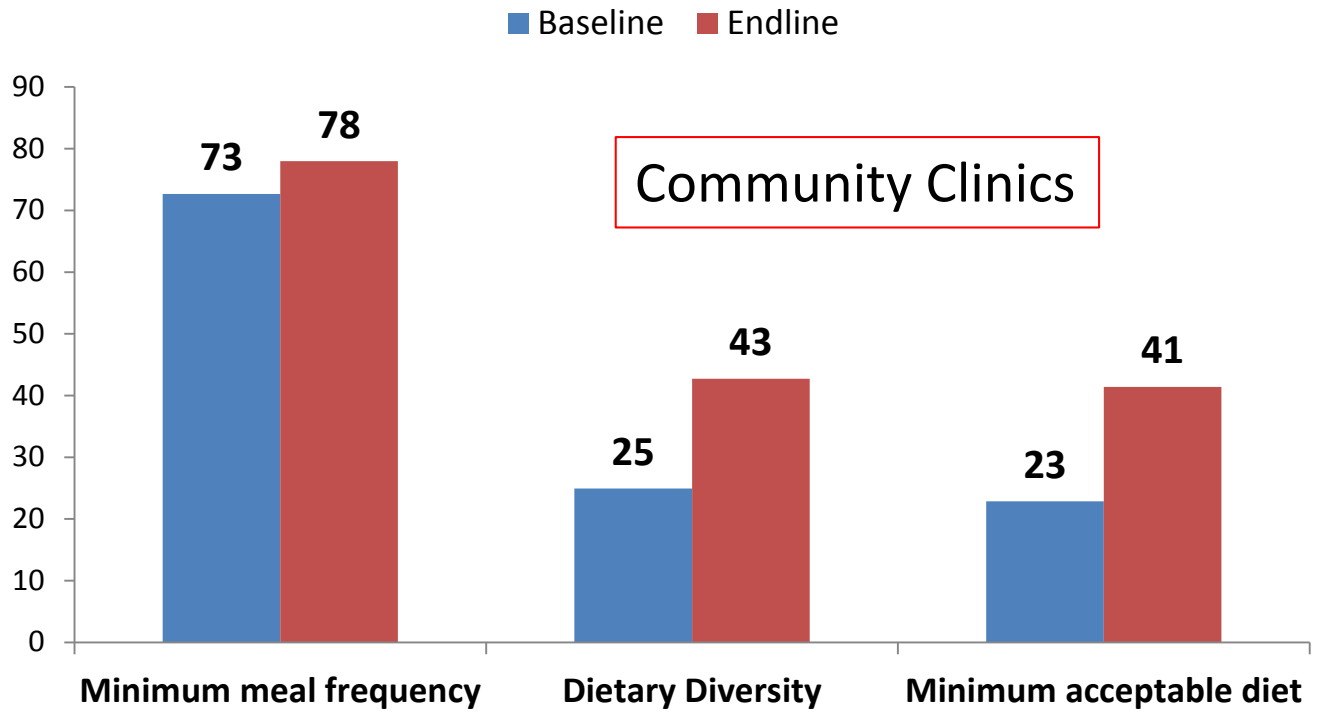
# Coordinated policy, strengthened capacity, and multisectoral implementation is crucial

- The key to improving nutritional status of the population is effective communication for changing behavior

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# Coordinated policy, strengthened capacity, and multisectoral implementation is crucial

- The key to improving nutritional status of the population is effective communication for changing behavior

  - This requires an adequate number of trained and competent health workers

  - The inadequate ratio of trained health workers to population can be overcome if we harmonize the work of different categories of front line health workers

# Good nutrition is a lifelong goal

- Addressing malnutrition requires combating malnutrition in all its forms at all stages of the life course
- Malnutrition must be addressed now with integrated approaches rather than continuing to pursue single-nutrient 'magic bullet' or 'boutique' interventions
- Action is required at all levels—starting from improving governance to scaling up nutrition-specific and nutrition-sensitive interventions

# Thank You

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