

Endline Survey of Tackling Childhood Malnutrition (TCM) Project



Prepared for

**TCM Project
Save the Children, Bangladesh**

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Abbreviations

AHI	Assistant Health Inspector
ANC	Antenatal Care
ARI	Acute Respiratory Infection
BCC	Behavior Change Communication
BDHS	Bangladesh Demographic and Health Survey
BNNC	Bangladesh National Nutrition Council
CC	Community Clinic
CHCP	Community Health Care Promoter
CMV	Community Multipurpose Volunteer
DCI	Data Collection Instrument
FGD	Focus Group Discussion
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GMP	Growth Monitoring and Promotion
GOB	Government of Bangladesh
HA	Health Assistant
HDRC	Human Development Research Centre
HH	Household
HI	Health Inspector
HMIS	Health Management Information System
HNPP	Health Nutrition Population Program
HPNSDP	Health Population and Nutrition Sector Development Program
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IMCI	Integrated Management of Childhood Illness
IMNCS	Improving Maternal Neonatal Child Survival
IPHN	Institute of Public Health and Nutrition
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
MNP	Micronutrient Powder
MO PHN	Medical Officer, Public Health Nutrition
MOHFW	Ministry of Health and Family Welfare

MO-MCH	Medical Officer-Maternal Child Health
MO-PHN	Medical Officer-Public Health Nutrition
MOU	Memorandum of Understanding
MP	Member of Parliament
MUAC	Mid-upper Arm Circumference
NCHS	National Centre for Health Statistics
NNS	National Nutrition Service
ORS	Oral Rehydration Salt
PLW	Pregnant and Lactating Women
PNC	Postnatal Care
PPS	Probability Proportional to Size
RCHCIB	Revitalization of Community Health Care Initiative in Bangladesh
RD	Rural Dispensary
RTI	The Right to Information
SACMO	Sub-assistant Community Medical Officer
SAM	Severe Acute Malnutrition
SPO	Senior Project Officer
TCM	Tackling Childhood Malnutrition
TED	Tea Estate Dispensary
UFPO	Upazila Family Planning Officer
UH&FWC	Union Health & Family Welfare Centres
UHC	Upazila Health Complexes
UHFPO	Upazila Health and Family Planning Officer
UN	United Nations
WHO	World Health Organization

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Executive Summary

Background

Poverty and lack of knowledge about feeding of pregnant and lactating women and under-five children is a common scenario in Bangladesh. The Government of Bangladesh (GOB) is trying to accelerate reduction of maternal and child malnutrition through mainstreaming nutrition interventions into health and family planning services. According to Health, Population & Nutrition Sector Development Program (HPNSDP) (2011-2016), the streamlined nutrition service is being implemented through “National Nutrition Services” (NNS).

Save the Children, Bangladesh had signed a memorandum of understanding (MOU) with ‘National Nutrition Services (NNS)’ and ‘Revitalization of Community Health Care Initiative in Bangladesh’ (RCHCIB) for implementing the Tackling Childhood Malnutrition (TCM) project in Muladi, Satkania, Kulaura upazilas in Barisal, Chittagong and Moulvibazar districts since November, 2012, and in Nakla upazilla of Sherpur district since April, 2014. TCM is working to facilitate the scale up of NNS through several approaches including training to service providers and health workers for increasing access to key nutrition services to pregnant and lactating women (PLW) and children under 5. The project ends in December, 2015. Human Development Research Centre (HDRC) has conducted an end-line survey of TCM project.

Objectives

The purpose of the end line evaluation is to assess the changes of the Tackling Childhood Malnutrition (TCM) Project and in particular the effectiveness of the approaches used to reduce malnutrition from the community. The specific objectives of the survey are: assessment of availability of nutrition services at community, union and upazila level facilities including IMCI and Nutrition Corners, and SAM corner; and determination of the quality of nutrition care provided to children, pregnant women and lactating mothers in project area.

Methodology

The study has adopted both qualitative and quantitative methods to assess the end line scenario in intervention upazilas and in control upazilas. The primary data collection took place at household level on 1204 mothers/caregivers of up to 2 years children (living around 37 Community clinics (CCs) and 3 Tea Estate Dispensaries (TEDs) of intervention, and in 18 CCs and 2 TEDs of control upazilas). Anthropometric measurement of youngest child aged 0-23 months, or children aged 24-59 months were collected from all selected households. Another source of primary data was health and family planning service providers, and their supervisors, including Tea Estate Compounders and Community Multipurpose Volunteers (CMVs). Qualitative information was collected through 6 focus group discussions (FGDs) with men and women, and 27 key informant interviews (KII) with local and national health/nutrition service managers. Moreover, 54 CCs, 3 TEDs, 10 Union Health and Family Welfare Centers (UHFWCs) and 8 Upazila Health Complexes (UHCs) selected for quantitative survey went through observation and inventory checking. The findings from qualitative information have been triangulated with their relevant quantitative counterpart to draw valid inferences.

Summary of Findings

With minimum human resource, one staff in each upazila, playing role as coordinator, TCM project worked to ensure the availability of nutrition services at community, union and upazila levels. The IMCI & Nutrition and SAM corners are made functional in project areas. SAM referral mechanism has also strengthened and children are regularly referred from CC and FWC to UHC for treatment of SAM. Moreover, the project initiated the nutrition services for children and mothers in tea garden. Most of the service providers including in tea garden are capacitated on NNS package and now they are more competent to deliver nutrition services. The screening of childhood malnutrition, distribution of micronutrients to pregnant women and lactating mothers, counseling on malnutrition and Infant and Young Child Feeding (IYCF) practice level are in TCM project area carried out smoothly. Under-five children are regularly attending GMP session in project areas. The overall prevalence of underweight, stunting and wasting is relatively better in project upazilas. The project worked to ensure the participation of community people to make the NNS package mainstreaming in CC. The project also established a functional supervision and monitoring system by health service providers. The notable specific findings are as follows:

- Almost all the UHCs, UHFWCs, CCs and Tea Estate Dispensaries in project areas had required height and weight measuring equipments, Mid-Upper Arm Circumference (MUAC) measurement tape, Growth Monitoring & Promotion (GMP) Card, and IYCF Brochure/ Job Aid growth monitoring cards, micronutrients were available in almost all the UHCs in project areas.
- The doctors, nurses and other service providers in project areas received training on ‘Basic Nutrition’, ‘IYCF Practices’, SAM management. Overall, in intervention CCs among service providers 85.7% have received training on ‘Basic Nutrition’ and 77.1% received training on ‘IYCF Practices’.
- Reportedly, 95.2% mothers in intervention upazilas received counseling from service providers on amount and type of foods to be taken during pregnancy and lactation. Overall, 85.7% health workers in intervention upazilas distributed micronutrients to pregnant and lactating women (PLW). However, only around one-fifth of them distributed recommended number of Iron Folic Acid (IFA) tablets to PLW. Distribution of Vitamin A capsule to mothers within 42 days of delivery is significantly higher in intervention.
- As regards quality of services, service recipients in project areas are moderately satisfied with most of the services of Community clinics. Compared to 10.3 percent in control, as high as 45.9 percent of clients in intervention upazilas are very satisfied with time spend by service providers during consultation. However, more than one-fifth of clients in control upazilas are poorly satisfied with quality of services.
- For community participation, irrespective of intervention upazilas, functional Community Groups and Community Support Groups were found in their community. Community groups and Support groups discuss nutrition issues with local people, and send malnutrition affected children and pregnant and lactating women to Community Clinics. Moreover, they sometimes financially help the poor people during referral of severe malnutrition cases.

- NNS activities are locally monitored and supervised in TCM Project areas through the UH&FPO, UFPO, MO-MCH and MO-PHN, Tea garden managers, and all other field level supervisors. Record keeping and reporting materials were available and monthly Health Management Information System (HMIS) report was uploaded at right time during previous month before survey in all the UHCs, and almost all the CCs irrespective of intervention and control. The percentage of supervision by health supervisors using monitoring tool is higher in intervention than in control upazilas.
- Separate room as ‘IMCI and Nutrition Corner’ was there in all the 4 UHCs in project upazilas. However, separate room called ‘SAM corner’ was there in all the 4 upazilas for managing patient with severe acute malnutrition (SAM). Number of beds for SAM care was 2 each in those UHCs having separate rooms for managing such cases. It has been reported that, children suffering from SAM were being identified and referred from CCs and UHFWCs to those UHCs having SAM corner for treatment.
- The status of IYCF practice, consumption of nutrition-rich fortified foods, Vitamin A supplementation is comprehended in project areas. The colostrums were fed to almost all newborn in project upazilas. However, 56.5% children in intervention were exclusively breastfed up to 6 months. Among those, 71.7% children in intervention initiated complementary food at the age of 6 months. However, only 46.1% of the children aged 6-23 months in intervention were fed four or more groups of foods made from grain/roots/tubers, fruits and vegetables rich in Vitamin A, meat, fish, poultry and egg. A 59.6% child in intervention upazilas were fed Vitamin A capsule at least once during last one year.
- Overall, prevalence of underweight, stunting and wasting of the children aged 0-59 months in intervention upazilas are 30.0%, 38.8% and 16.8% respectively. Compared to national averages, reported percentage of under-five children with underweight and stunting is less in intervention upazilas.
- The local and central managers related to health and nutrition services mentioned that it is not possible to mainstream the nutrition by Ministry of Health & Family Welfare (MOHFW) alone without improving the nutrition sensitive activities linked to other key ministries. Lack of interest of these ministries on nutrition and pass over their responsibilities on mainstreaming nutrition push the inter-ministerial coordination is virtually ineffective. At present, IPHN do not have adequate manpower to supervise the nutrition activities countrywide. Institute of Public Health Nutrition (IPHN) demands appointment of a nutritionist at each upazila. There is inadequate supervision on the nutrition activities of the health workers. It deserves strong supervision like, surveillance of EPI. They demanded provision of nutrition supplementation for the malnutrition affected children from hardcore poor families.

Conclusions

Survey findings clearly demonstrate that the project has brought the NNS packages to the limelight of government health delivery system. It has also provided advocacy support for including project activities in NNS for promotion of nutrition nationally. Empowering the CCs, TCM project has decentralized the key nutrition services at the community level. Screening of childhood malnutrition, distribution of micronutrients to pregnant women and lactating mothers, counseling on malnutrition and IYCF practice level are in TCM project area carried out smoothly because of competency of health service providers here. The

project is successful in ensuring participation of community people to make the NNS package mainstreaming in CC. The project also established a functional supervision and monitoring system by health service providers. Therefore, the extent of supervision of the health and nutrition services by the health supervisors is considerably higher in intervention upazilas. Almost all the health facility, especially CCs submit their monthly online HMIS report timely. Even, the reporting system, especially nutrition from tea garden is really a wonderful example for implication nationally. The project shows how with the existing human resource NNS packages could be mainstreaming and this could be definitely scale up all over country as implication.

Recommendations

Based on the analysis of the findings, the following recommendations having policy and programmatic implications have emerged:

1. It needs some time to see the benefit/impact of increased capacity of health providers and facility regarding nutrition at the beneficiary level. The project got only about 1 year for service delivery after completion of capacity building activities, so the expected changes are not so much visible. So, it is recommended to consider about longer duration of such projects.
2. For effective implementation of nutrition services through government mechanism, continuation of leadership at all levels are crucial. The NNS needs a Director for longer period for national level leadership and guidance; similarly, all upazilas need UH&FPOs for a longer duration.
3. In order to implement as well as enhance the nutrition services, along with stewardship on nutrition services, required controlling power should to be delegated to IPHN, so that service providers remain directly accountable to IPHN for nutrition related activities
4. For better outcome, raising community awareness is important. Though the project tried to engage the Community Group members in nutrition promotion activities, the management should consider better and effective involvement of Health Assistants and Family Welfare Assistants for community level preventive (screening) and promotional as well as awareness raising through Inter-personal Communication (IPC), Courtyard sessions, Door-to-door visit, etc.
5. Traditionally, in health service delivery system, the health workers are primarily pre-occupied with EPI, family planning and reproductive health issues. The respective authority should consider steps to make the nutrition as a priority issue among the health managers and providers.
6. The supply of micronutrients is not uninterrupted. The issue of stock and supply of micronutrients should be addressed properly. Otherwise, the service will lose its momentum and become less popular to the service recipients.
7. Considerable proportion of health workers including CHCPs failed to retain all the instructions of nutrition services they learnt from the training under TCM project. In order to keep them up to date there should be an arrangement of refresher training, annually.

8. The equipments required for GMP sessions as well as Laptop supplied to CHCP are not functional or defective, which hampered quality of GMP session and online monthly reporting. Relevant authority should arrange or design an appropriate mechanism for immediate maintenance of equipments to increase quality estimation of malnutrition to stop losing confidence of service beneficiaries and decreasing attendance in GMP sessions.
9. Save the Children with other stakeholders like, Government, other NGOs, local institutions, and media can play active role in advocacy for increasing key health and nutrition awareness to improve the child health and development.
10. Taken together, the study findings constitute a call to action on the part of policy makers, development partners, and others to address more effectively on nutrition need of the population that contribute to the economic health of the country.