Scaling-up nutrition using synergies between health and agriculture platforms in Bangladesh

Yasir Arafat, Agnes Guyon, and Timothy Williams

Presented by Yasir Arafat, SPRING/Bangladesh Divisional Manager-Barisal
IUNS Parallel Symposium
September 18th, 2013
Introduction

• Bangladesh has made considerable progress in reducing child mortality over the last two decades (46 per 1,000 live births in 2011 from 138 in 1990). (United Nations 2013)

• However, undernutrition still remains high, with 41% of children <5 stunted. (BDHS 2011)

• Undernutrition is attributable to 45% of child mortality globally every year. (Black et al. 2013)
Introduction

Prevalence of stunting among children under 5 (%) by wealth quintile

- **Middle**: 41 (2011), 42 (2007)
- **Second**: 45 (2011), 51 (2007)
- **Lowest**: 54 (2011), 54 (2007)
Rationale

• Recent evidence reinforces the importance of the first 1000 days from conception to 2 years. (Lancet 2013)

• Scaling-up evidence-based nutrition interventions in first 1000 days of life can substantially reduce stunting and improve survival. (Bhutta et al. 2008 & Save the Children 2012)

• Essential Nutrition Actions (ENAs) in the 1000-day window are effective, feasible, available, and affordable interventions to reduce infant and child mortality. (WHO 2013)
Rationale

• Integration of nutrition within national strategies of different sectors, good coordination between national and subnational levels help produce a favorable enabling environment for nutrition. (Nabarro 2013; Gillespie et al. 2013; Ruel 2013)

• Scaling-up nutrition interventions using the synergy between health and agriculture platforms in Bangladesh strengthens program implementation and ensures sustainability and effectiveness. (Atun et al. 2010)
Objectives

• To describe SPRING/Bangladesh’s strategy in leveraging partners for nutrition and hygiene across the health & agriculture sectors.

• To explore the preliminary outcomes of scaling-up nutrition using health and agriculture platforms in Bangladesh.
Methods

The goal of SPRING/Bangladesh is to improve the nutritional status of pregnant and lactating women and children under the age of 2 years between 2011 and 2016.

1. Integrate and scale-up the promotion of Essential Nutrition & Hygiene Actions (ENHA) within the MOHFW, MOA, health and agriculture projects.

2. Enhance the capacity of frontline health and agriculture workers within the MOHFW, MOA, field facilitators, peer facilitators and community groups to deliver quality services and counseling.

3. Increase household access and utilization of diversified foods through homestead food production.
Methods

Intervention areas

• 40 upazilas (7 districts) in Barisal and Khulna
  – Population of 5.7 million

• Focus on pregnant & lactating women and children <2

• 2 lowest wealth quintiles
Methods

• Planned based on experience of relevant implementing partners and research on nutrition.

• Exercised “pathways to change” to discover the determinants of undernutrition among rural populations in Bangladesh.

• Reviewed existing body of knowledge:
  - UNICEF's conceptual framework on malnutrition
  - Helen Keller International's (HKI) experience with essential nutrition actions (ENA)
  - The LINKAGES Project’s experience with the use of multiple contacts in Madagascar.
Methods

• Mapped nutrition interventions in SPRING-targeted sub-districts
  - To identify the available actors and resources

• Collected information about the existing actors across the sectors in the region
  - To identify the potential collaborating and implementing partners

• Adapted methods and materials from implementing partners across the sectors.
  - To utilize the available resources
  - To enhance resource-poor households' knowledge of nutrition and hygiene and increase their access to diverse food
Methods

**SPRING SBCC Approaches**

### Advocacy/ System Strengthening
- Coordination with National Nutrition Services and departments of MOHFW/MOA
- Participate in nutrition groups and meetings (SUN, FTF, etc.)
- Regional and Upazilla advocacy meetings nutrition & hygiene

### Interpersonal Communication
- Individual nutrition counseling & negotiation at:
  - health encounters (health facilities and outreaches) and agriculture sessions (FFS)
  - Community courtyard sessions
  - Home visits

### Community/Social Mobilization
- At community-led events
- Child health campaigns
- Nutrition promotion through SMS and radio
- Nutrition promotion through SISIMPUR
- Nutrition promotion through AIS
Methods

SPRING Agriculture and Nutrition Trainings Act Through Multiple Channels

Government

Partner Projects

Upaliza

Union

Community

SPRING target groups

Health
- Health inspector, Assistant Health Inspector
- Family planning inspector

Agriculture
- Upazila Agriculture Officer, Agriculture Extension Officer
- Sub-Assistant Agricultural Officer

FFS Union Facilitator
- PLW and Children < 2

PLW and Children < 2
- Male Commercial Farmers
- Women Gardeners

Partner target groups

Project Technicians and field staff
- Project Participants - male and female farmers
Methods

Instructions for how to build a “Tippy-tap”

How to build your own Tippy Tap

Handwashing with soap at critical times saves families from diarrhea and other food diseases. A Tippy Tap can help washing hands with minimal waste of water even in areas where water is scarce.

Gather a clean plastic bottle (preferably a big one), a nail or a small tin/nail, a candle, matches, soap, a rope or string and if possible a net bag.

Heat up the nail/tin/nail with the lit candle and make a small hole, as low on the bottle as you can, ideally about 2 cm (two finger widths) from the bottom.

Fill the bottle up with water, close the cap tight and tie the bottle up to a pole with the strings. Place it near the toilet and the kitchen. Hang a soap next to the bottle with the net bag or a string to prevent it from getting lost.

The Tippy Tap is ready!
Open the cap slightly and the water will come out of the hole. Wash your hands with the soap and water.

To stop the water, simply close the cap.
Remember to refill the Tippy Tap, each time it is empty.
Results

- Formalized 11 partnerships across different sectors
- Training provided to:
  - 3 collaborating NGOs: 289 personnel trained
  - 3 GOB institutions: 5958 personnel trained
  - 5 Implementing NGOs: 186 personnel trained
- Incorporating nutrition & hygiene into routine activities:
  - >76% of trained Agriculture workers
  - >62% of trained Health-FP workers
Results

Numbers of Trained Frontline Workers

- H-FP & Ag on ENHA
  - Targeted Oct11-Sept13: 3,200
  - Trained Oct11-June13: 5,958
- Trained H-FP reports with ENHA
  - Targeted Oct11-Sept13: 1,736
  - Trained Oct11-June13: 2,630
- Trained Ag reports with ENHA
  - Targeted Oct11-Sept13: 400
  - Trained Oct11-June13: 643

Estimated 580,122 counseling sessions by trained workers
Results

Numbers of Homestead Food Production (Gardens & Poultry) and Tippy-taps

- # HH w/vegetable Garden: 23,700
- # HH w/poultry: 18,960
- # HH w/Tippy-Taps: 15,416

Targeted Oct 11-Sept 13 vs. Registered Oct 11-June 13
Results

Counseling in the community clinic

Health workers counsel mothers on nutrition when they visit the facility for treatment or routine checkups (one-on-one or group counseling)

Agriculture extension agent delivers ENHA message

Agriculture extension agents have incorporated nutrition and hygiene messages into their routine courtyard sessions
Learning vegetable production
Pregnant and lactating women learn by doing

Improved method for poultry rearing
Egg production from indigenous chickens can be tripled

Nutrition-dense small indigenous fish
Poor households raise fish to meet the demand for animal protein

Results
Conclusion

• Investing in broad strategic review of existing knowledge, practices and partnerships improves project efficiency, reach, sustainability, and comprehensiveness

• Establishing collaboration within partners across health, family planning, and agriculture can help scale-up proven nutrition and hygiene interventions
Future Directions

• To enhance opportunities to reinforce knowledge through community mobilization, mass media and social change

• To maintain quality through broad implementation and a multi-partner approach while working at scale

• To measure and validate the impact attributable to SPRING’s use of health & agriculture platforms
Thank you

Acknowledgements

• SPRING:
  - Meghan Anson
  - Aaron Hawkins
  - Mohammad Ali Reja
  - The Bangladesh team

• Funding:

This media product is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of SPRING/Bangladesh and do not necessarily reflect the views of USAID or the United States government.
Questions