

Session: Nutrition and Healthy Lifestyle
Topic: Community Health Promotion and
Lifestyle Changes in Bangladesh

Dr. Taufique Joarder, MBBS, MPH, DrPH

Research Director, USAID's Multisectoral Nutrition Project,

FHI 360, Bangladesh Office

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Bangladesh at a glance

Socio-Demographic Characteristics

- Population density: 1265/km²
- Rural population: 74%
- Per capita GDP US\$ 1516.51

Health Systems Characteristics

- Pluralistic health system
- Large NGO sector
- Rapidly expanding & unregulated private sector
- High out of pocket expenditure
- Commitment to PHC



Success stories

- Rapid and significant health improvements

Indicators	1971	1980	1990	2000	2010	Latest
Population growth rate (in %)	2.09	2.78	2.47	1.96	1.12	1.05 (2017)
IMR (/1,000 live births)	148.6	133.6	99.7	64	39.1	28.2 (2016)
U5MR (/1000 live births)	222.7	198.6	143.8	87.4	49.4	34.2 (2016)
MMR (/100,000 live births)	3000 ¹	1330 ²	569	399	194 ³	176 (2015) 196 ⁴ (2016)
Life expectancy at birth (in years)	47.14	53.48	58.40	65.32	70.20	72.49 (2016)
TFR (Birth/15-49 years women 15-49)	6.94	6.36	4.49	3.17	2.33	2.10 (2016)

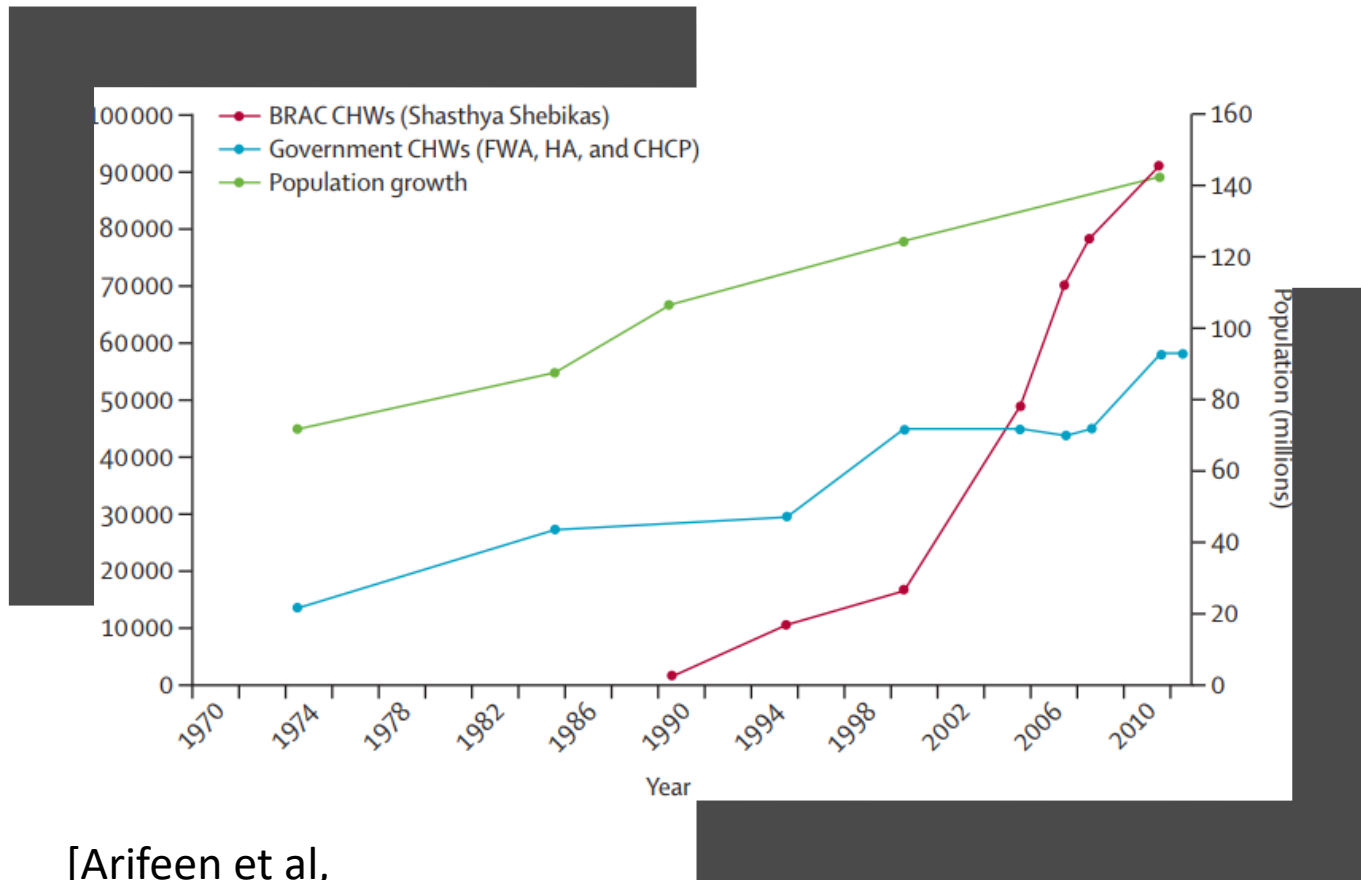
- 3 features of health service deliver in Bangladesh
 - Community based approaches with scaling up CHWs
 - Partnership between government & NGOs
 - Early and rapid adoption of innovations

[Arifeen et al,
2013, *Lancet*]

Community Health Promotion in Bangladesh

- Health workforce coverage: only 0.58 per 1000 population (WHO cutoff: 2.28)
- Shortage of 800,000 health workers, leading to reliance on community health promotion approaches
- Bangladesh was one of the early adopters of Alma Ata principles, developing national scale-up of CHWs
- Outstanding success stories of community health promotion programs
 - Oral rehydration
 - Expanded Program on Immunization
 - Family planning
 - DOTS

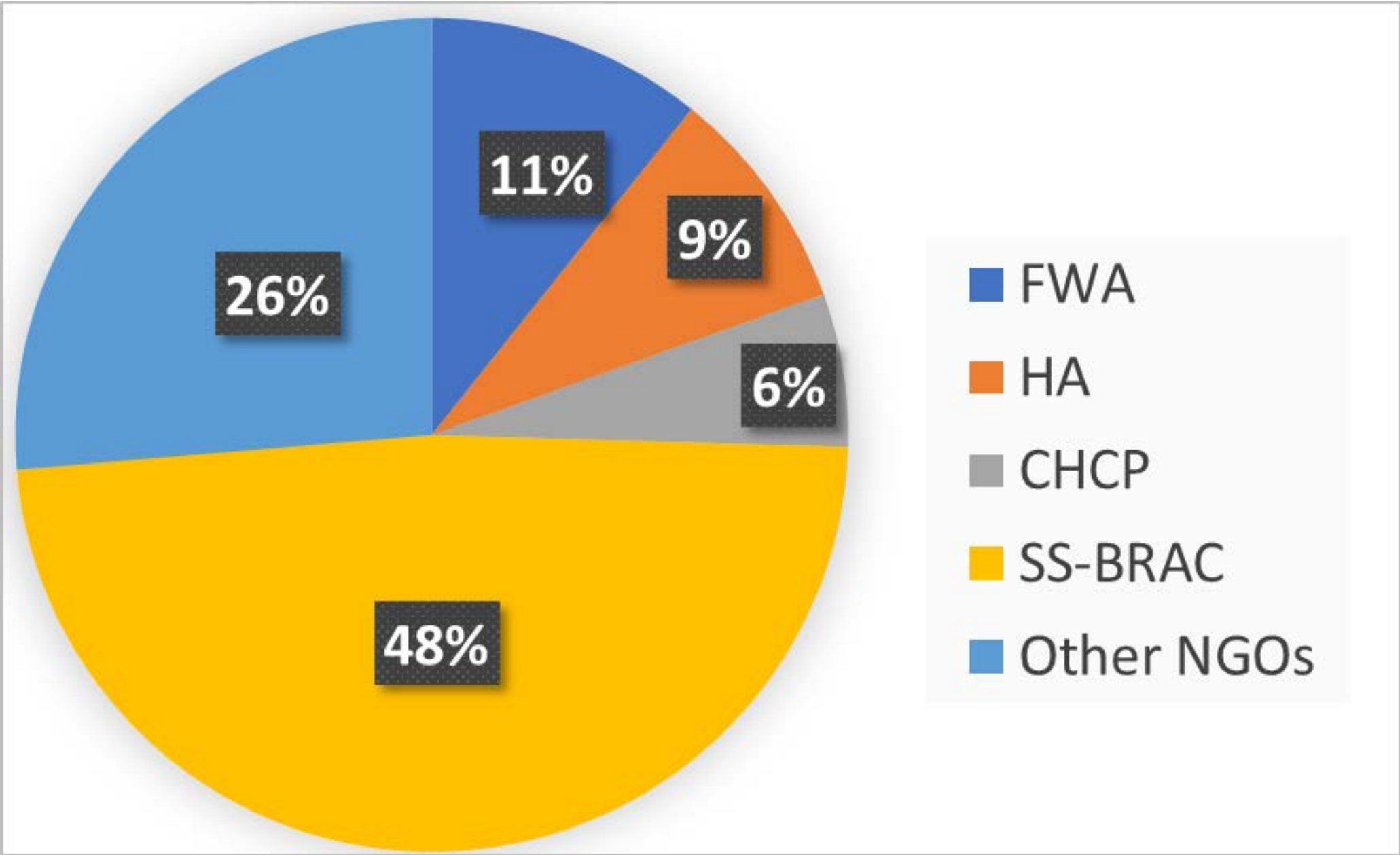
Community Health Workers (CHWs) in Bangladesh



[Arifeen et al,
2013, *Lancet*]

- Supported by both the government and the NGOs
- Government ones:
 - Family Welfare Assistants (Family Planning wing)
 - Health Assistants (Health wing)
 - Community Health Care Providers (CHCP)
- NGO ones
 - Mainly Shasthya Shebikas by BRAC
 - Other NGO health workers

Percentage of different types of CHWs in Bangladesh



Description of major CHWs

- **Family Welfare Assistant (FWA)**
 - Introduced in 1976 by **DGFP** of MoHFW
 - Number: 19,583
 - Selection criteria: **female**, 10 years schooling
 - **Salary**: \$132-318/month
 - Training: 21-day plus on the job training on EPI, FP, ARI, TB
 - Visits HHs every 2 months, **couple registration, FP counseling, contraceptive distribution, referral for ANC & PNC**
 - Serve a population of 4,000-5,000
 - Supervision: male supervisor meets twice/month
 - Community **NOT** responsible for selection, training, supervision



Description of major CHWs

- **Health Assistant (HA)**

- Introduced in 1995 by **DGHS** of MoHFW
- Number: 16,162
- Selection criteria: **male or female**, 12 years schooling
- **Salary**: \$135-327/month
- Training: 21-day plus on the job training on EPI, FP, ARI, TB
- Visits HHs every 2 months, **immunization, ORS, Vit-A, occasional home visit & treatment of dehydration, ARI, TB, malaria**
- Serve a population of 6,000
- Supervision: male Assistant Health Inspectors, each supervising 5-6 HAs
- Community **NOT** responsible for selection, training, supervision



Description of major CHWs

- **Community Health Care Provider (CHCP)**

- Introduced in 2010 by MoHFW
- Number: 12,969
- Selection criteria: male or female, 12 years schooling, local resident, computer literate
- Salary: \$150-362/month
- Training: 12 weeks (theoretical + practical)
- Based at Community Clinic (CC), ANC, PNC, ARI, diarrhea, anemia, injectable contraceptive
- Serve a population of 6,000
- Supervision: Sub-district hospital manager-UH&FPO
- Community RESPONSIBLE for selection, training, supervision



CCs are government's major community health promotion centers, where community provides land, govt. provides HR, medicine, logistics. Maintained by 17-member Community Groups and 51-member Community Support Groups

Description of major CHWs

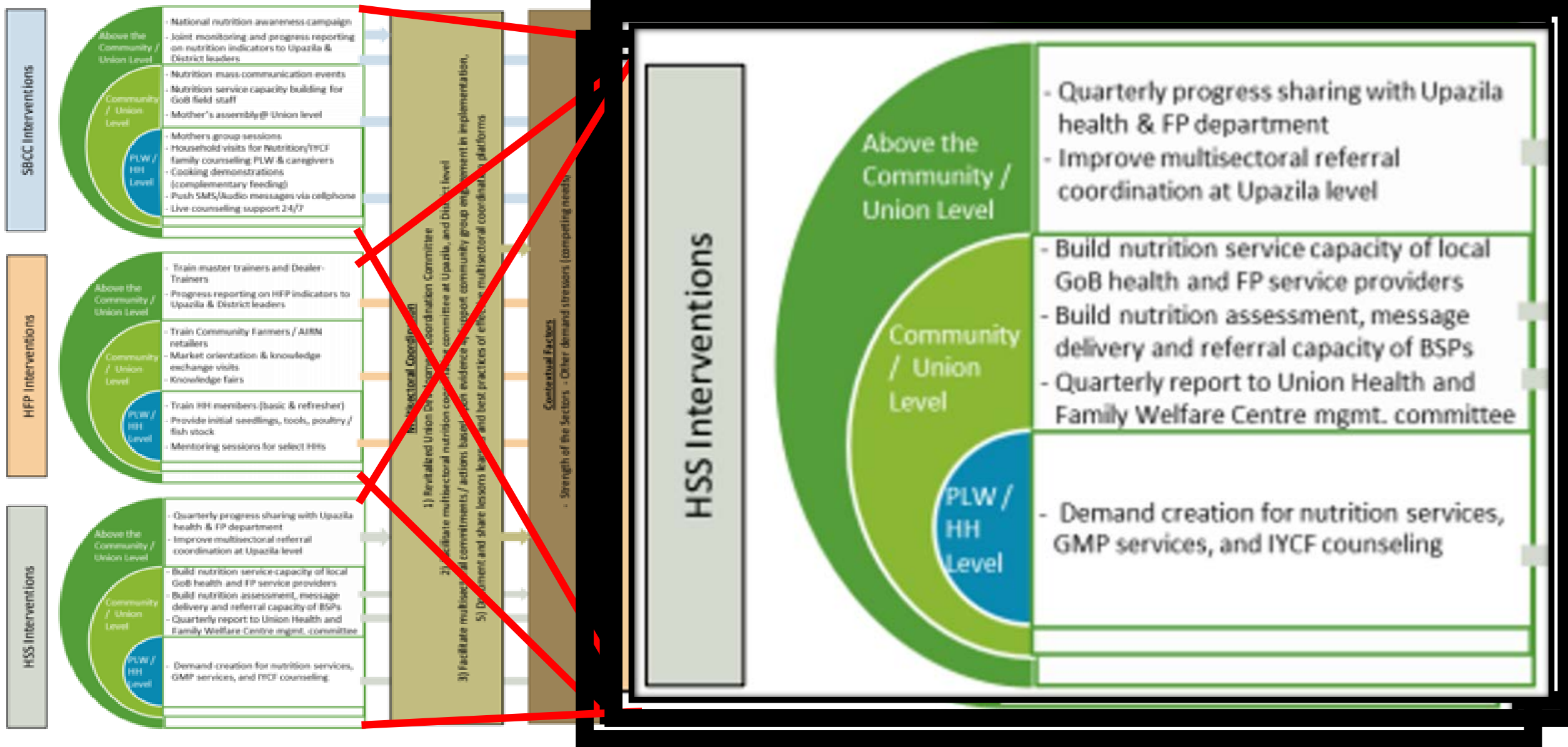
- **Shasthya Shebika (SS)**
 - Introduced in 1972 by **NGO BRAC**
 - Number: 45,000
 - Selection criteria: married female, >25 years age, no children <2 years, 10 years schooling, **nominated by community**, member of BRAC VO
 - Salary: No salary; **sell health & FP products**
 - Training: 4 weeks, on treatment of common conditions, health behaviors, referral, MNCH, FP
 - Visits HHs every month, **health message, pregnancy registration, TB identification, treat common illness, sell commodities**
 - Serves 200-300 HHs, visits 15 HHs/day
 - Supervision: **female supervisor Shasthya Kormis (SK)** meet once/month. SKs supervise 10 SSs



Community nutrition approaches in Bangladesh

- None of these CHWs are specifically focused on nutrition sensitive interventions
- Nutrition interventions are mostly vertical in nature
- Nutrition service uptake from health facilities are also poor
 - 94% respondents went to a health facility for their child's illness
 - Mostly for fever (75%), cough (74%), diarrhea (21%)
 - Only 0.6% for growth monitoring, 2% for Vit-A, 3.1% for nutrition counseling
- Very few community based nutrition approaches, e.g., NNP, Alive&Thrive
- These are human resource intensive, difficult to monitor, & vertical in nature
- But, global evidence suggests multisectoral, community based approaches including nutrition sensitive interventions like HFP, SBCC, strong health service, etc.

USAID's Multisectoral Nutrition Project (MSNP) designed nutrition sensitive intervention packages, to be delivered through Community Nutrition Promoters (CNP)



Community Nutrition Promoter (CNP)

Who are they?

- A **married female** from the **local** community
- At least **10th grade** education
- **Motivated to work for the community**
- **Accepted by the community**

Training

- 6 days basic training on IYCF, HFP, MNCH, referral, reporting
- 4 days refresher training every year

Coverage

- 80-100 households
- Works 6 hours/day, 6 days/week

Salary

- **USD 65 per month**

Community Nutrition Promoters (CNP) (Contd.)

Activities

- Improving nutrition related skills & practices
 - Group sessions
 - Family counseling
- Linking nutrition specific and sensitive services
 - Identifying needs and referral to appropriate service points
 - Nutrition specific: refer to Community Clinics if baby is sick, nutrition assessment and counseling
 - Nutrition sensitive: Agricultural inputs for homestead food production, livestock vaccination

Digital SBCC- increasing the scalability potential by decreasing delivery cost

Supportive supervision

- 6 CNPs are supervised by 1 supervisor
- Supportive supervision and on the job training
- Monthly meeting of all CNPs under one sub-district (n=~15)

Next steps

- Implement the packages for 2 years
- Test the effectiveness of the different intervention packages
- Process evaluation
- Cost effectiveness analysis
- Knowledge translation/ research utilization



Thank You

Contact: **Dr. Taufique Joarder**,
MBBS, MPH, DrPH

Research Director

USAID's Multisectoral
Nutrition Project

FHI 360, Bangladesh Office

Email: tjoarder@fhi360.org;
taufiquejoarder@gmail.com

