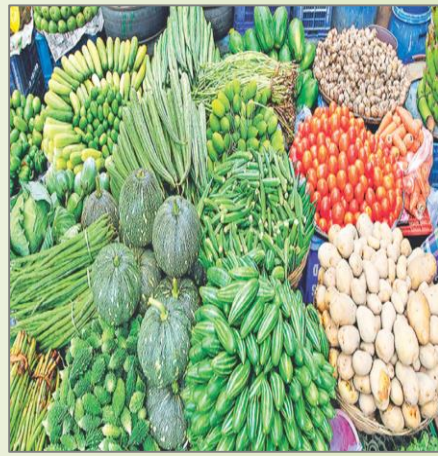
UPHCSDP-II

Nutritional Mainstreaming Initiative Assessment of the User and Provider Perspectives under Urban Primary Health Care Service Delivery Project-Additional Financing (UPHCSDP-AF)



Presented by:

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Eminence Associates for Social Development

Background

Bangladesh's Scenario: Malnutrition

- Stunting, underweight and wasting prevalence among children under age 5 in urban are 22%, 20.9% and 10.9%.
- Minimum acceptable Diet among children age 6-23 months is 29%.
- 29.7% urban poor women has BMI < 18.5 kg/m^2 & 50% of women suffer from Anaemia.

BCC Activities & Nutrition

- BCC Activities are consider as a crucial component to improve knowledge & practices.
- Several studies found that nutrition BCC enhanced knowledge and altered practice among beneficiaries.
- Study showed that BCC by frontline health workers enhanced complementary feeding practices in rural Bangladesh.

Bangladesh's Effort

- Improve maternal diet and infant and young child feeding practices.
- Improve nutritional status of pregnant and lactating women and children.

About Urban Primary Health Care Service Delivery

The Local Government Division of the government has taken an initiative to provide primary health care services to urban people through partnerships with urban local bodies and non-government organizations, with financial support from the Asian Development Bank.

Urban Primary Project started its journey in 1998 and gradually extended

Total 45 coverage area (11 City Corporation & 18 Municipalities)

Service Delivery Structure

- ❑ CRHCC
- ❑ PHCC
- ❑ Satellite Clinics

Key Services

- Maternal & Child Health Services
- Nutrition Services
- NCD & CD Control
- Adolescent Health Services

BCC Materials Disseminated by UPHCSDP-II

Poster and Leaflets

- Shared with the clients visiting Urban Primary Healthcare Centers, Satellites, Courtyard Meetings

Videos and Audios (Dramas, Advertisements)

- Play in the CRHCC, PHCC

Questionnaires are based on these BCC materials

Objectives

General Objective

To assess the ongoing nutrition promotional activities within the Sustainable Development Plans (SDPs) and community catchment areas of UPHCSDP-II.

Specific Objectives

- To assess the programmatic gaps on both the supply and demand side and institutional capacity gaps.
- To assess the nutritional practices among mothers/caregivers in the project areas.
- To identify effective approaches for integrated urban nutrition services with BCC activities to improve nutritional practices in the project areas.
- To recommend policies, strategies, and activities to strengthen nutrition-focused interventions in the project areas.

Methodology

Study Design

Cross-sectional design with quantitative & qualitative methods

Study Period

Six months (Sept 2023 to Feb 2024)

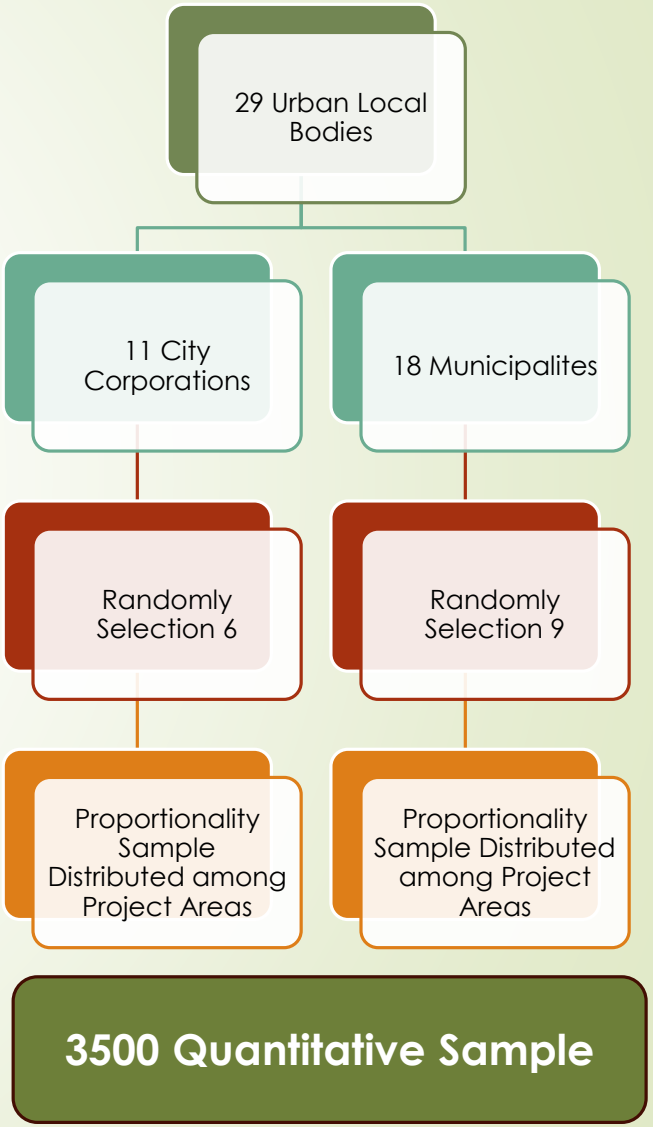
Study Population

- Pregnant women
- Lactating Mothers with children <2 years
- Mothers/Caregivers of children 2-5 years

Sampling & Techniques

Sample Size (n) = (Z^2 * p * q * N) / ((Z^2 * p * q) + ((N - 1) * e^2))
p = 0.5, margin of error-0.05 & confidence level of 95% (Z = 1.96)
Random Sampling Technique

Sampling Steps



Methodology

Study Locations:

Six City Corporations

Dhaka North, Dhaka South, Gazipur, Rajshahi, Chottogram, Barishal

Nine Municipalities

Faridpur, Kishoregonj, Jogannathpur, Benapol, Jamalpur, Laksam. Kurigram, Sirajgonj, Kushtia

Methodology

Quantitative Sample Distribution (PPS)

City Corporation / Municipality	Project Area	Implementing Partner	No. of CRHCC	No. of PHCC	Sample Proportion	Total Sample
Dhaka South City Corporation	DSCC PA-1	Shimantik	1	6	14.5%	404
Dhaka South City Corporation	DSCC PA-4	PSTC	1	6	14.5%	404
Dhaka North City Corporation	DNCC PA-2	NariMaitree	1	7	16.5%	462
Dhaka North City Corporation	DNCC PA-5	UTPS	1	6	14.5%	404
Gazipur City Corporation	GCC PA-1	FPAB	1	2	6%	173
Rajshahi City Corporation	RCC PA-1	DAM	1	5	12%	347
Chottogram City Corporation	CCC PA-1	Chattogram CC	1	5	12%	347
Barishal City Corporation	BCC PA-1	Shimantik	1	4	10%	289
Faridpur Municipality	FM PA-1	PSTC	1	3	15%	92
Kishoregonj Municipality	KSM PA-1	NariMaitree	1	2	10%	69
Sirajgonj Municipality	SM PA-1	Tilottama	1	3	15%	92
Laksam Municipality	LAKM PA-1	SAMAHAR	1	2	10%	69
Kushtia Municipality	KM PA-1	Kustia Municipality	1	2	10%	69
Jagannathpur Municipality	JM PA-1	RTM	1	2	10%	69
Kurigram Municipality	KGM PA-1	RIC	1	2	10%	69
Benapole Municipality	BM PA-1	UNNAYAN	1	2	10%	69
Jamalpur Municipality	JAPM PA-1	PADAKHEP	1	2	10%	69
Total			**17**	**61**		**3500**

Qualitative Sample Distribution

FGD (28)	Pregnant women, Mothers/Caregivers of <5 years Children and Urban Poor	28
KII (32)	CRHCC (PM/CM/Service providers)	15
	PHCC (Service providers)	10
	Project Staffs (UPHCSDP-II)	03
	Other relevant Stakeholders (Unicef, NNS etc)	02
	Local/ Community Leaders	02
IDI (30)	Pregnant and Lactating Mothers with Children under two years	08
	Mother/Caregivers of two to five years Children	07
	Urban Poor	07
	Medical officer	08

Training and Data collection

Training of Data Collectors

A three-days training session for the data collection team was conducted between 21 December 2023 and 26 December 2023 in two batches at ICMH and Eminence.

Data Collection

- Quantitative data collection: 26 December 2023 to 26th January 2024.
- Qualitative data collection: January through 18 February 2024

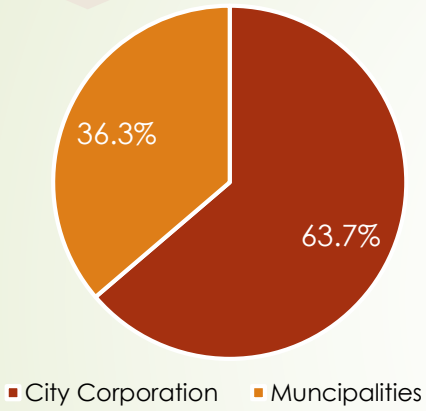
Results

Quantitative Findings

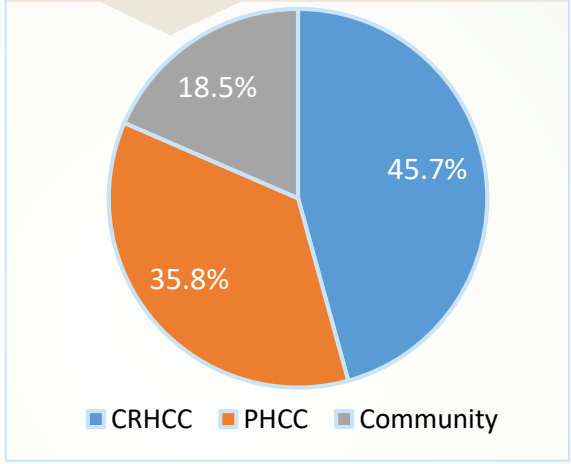
Results

Socio- Demographic Status

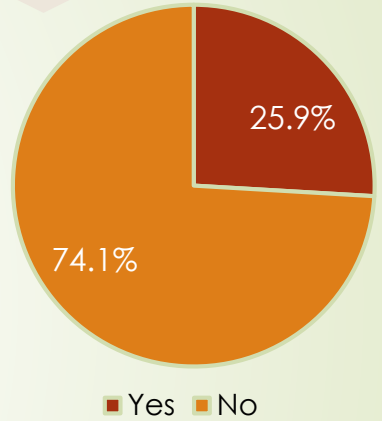
Data from Urban Body



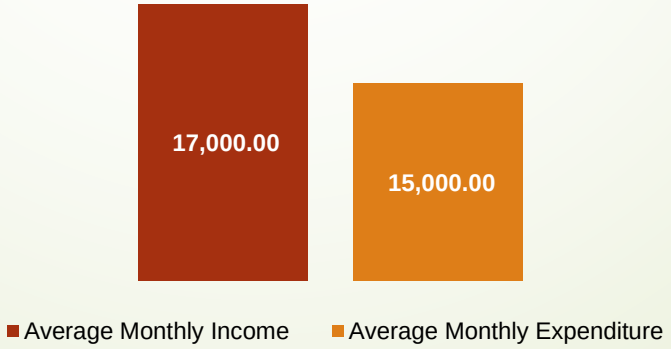
Type of UPHCC



Red Card holder



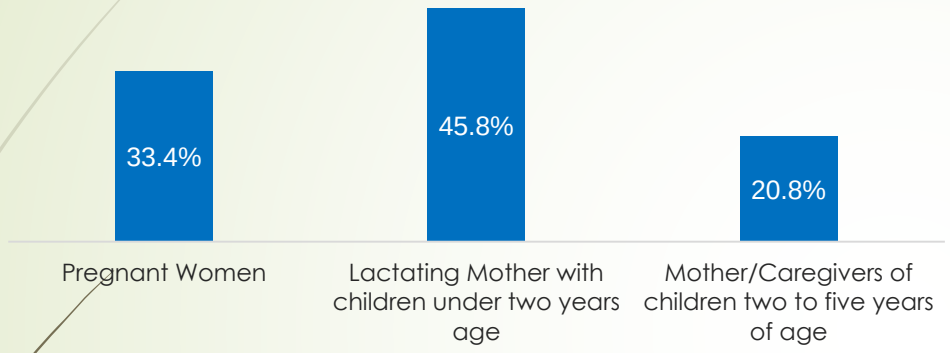
Income & Expenditure (Median) in BDT



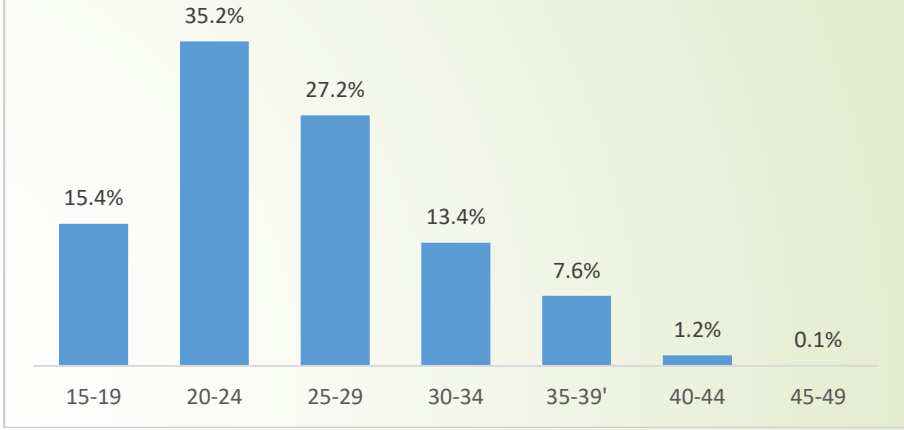
Results

Socio- Demographic Status of Households

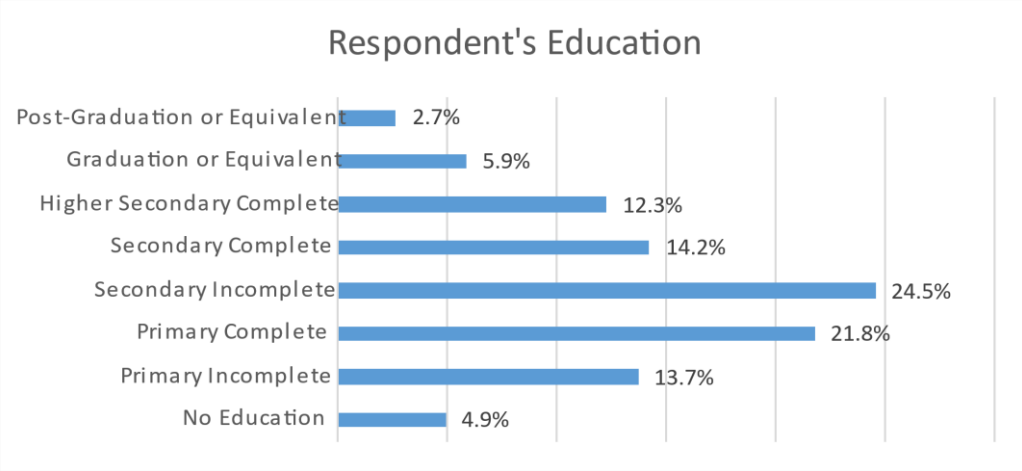
Type of Respondents



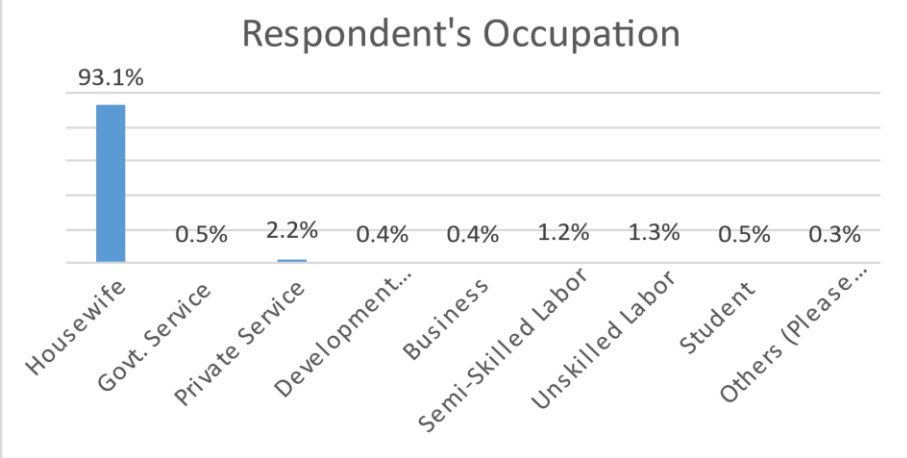
Respondent's Age Group (Years)



Respondent's Education

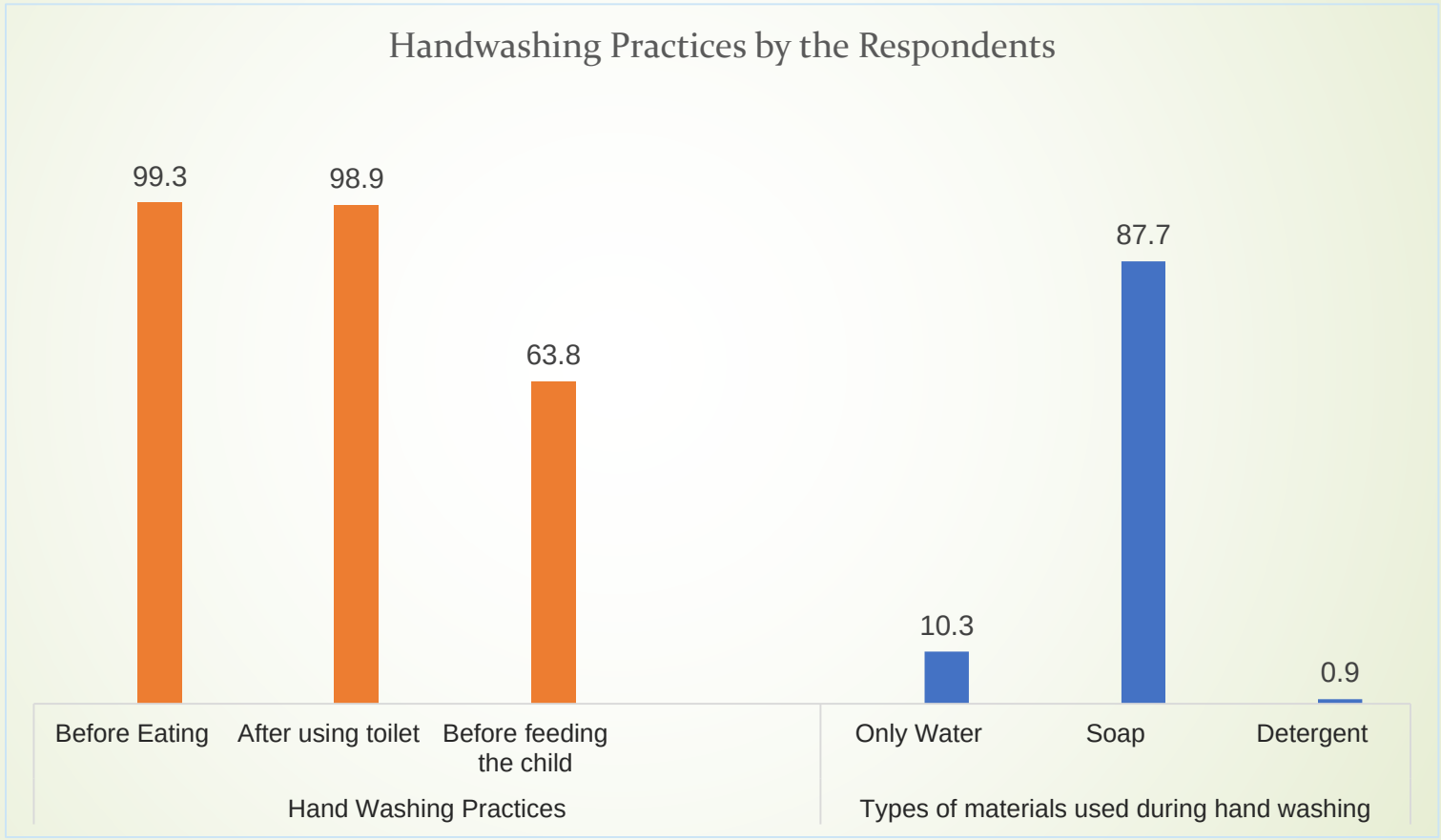


Respondent's Occupation



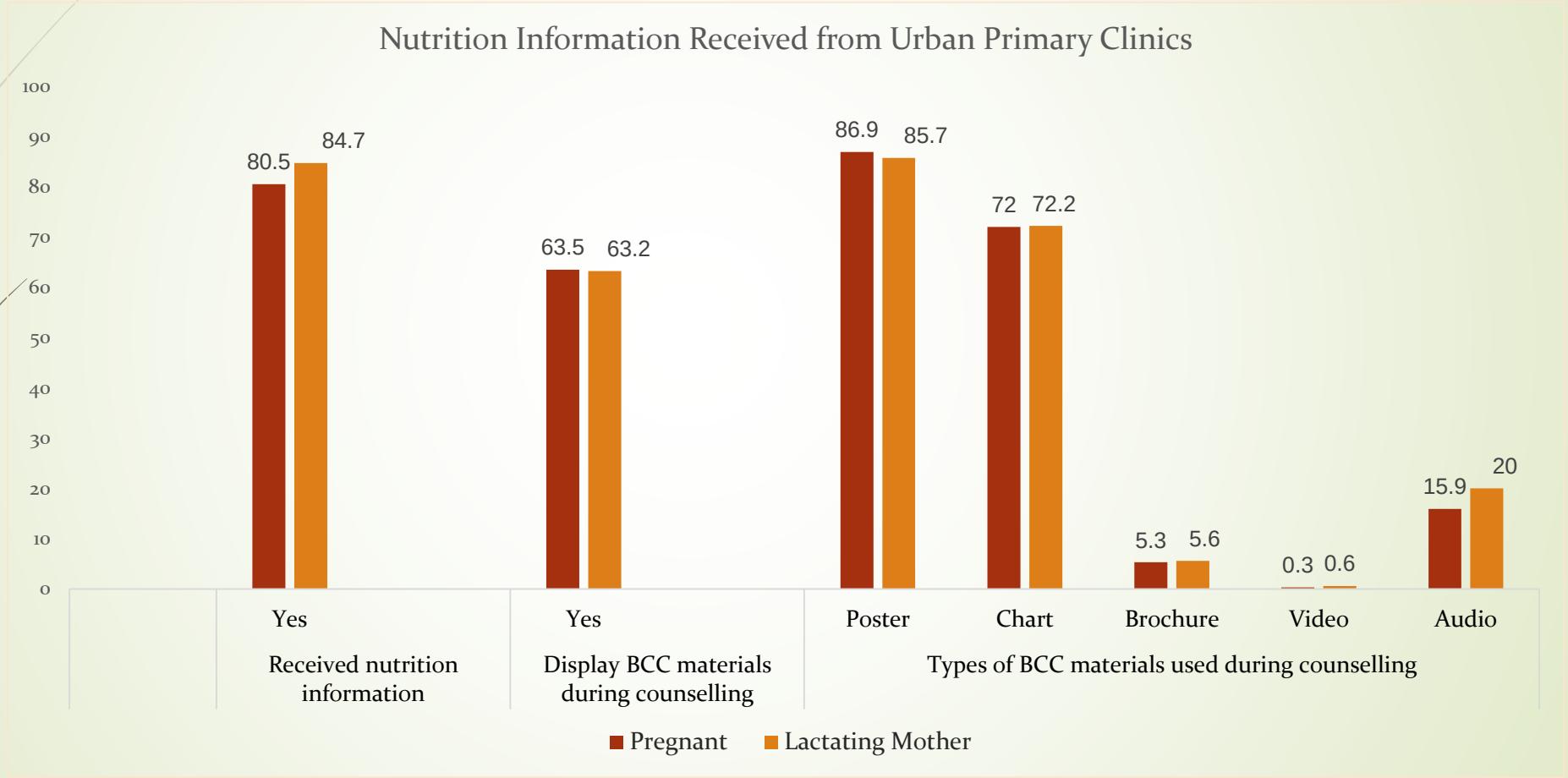
Results

Water, Sanitation & Hygiene Practice



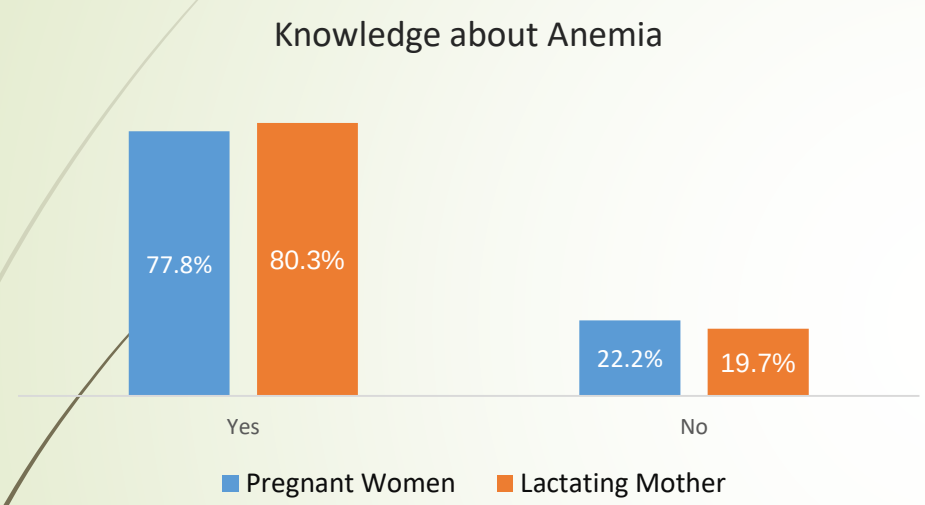
Results

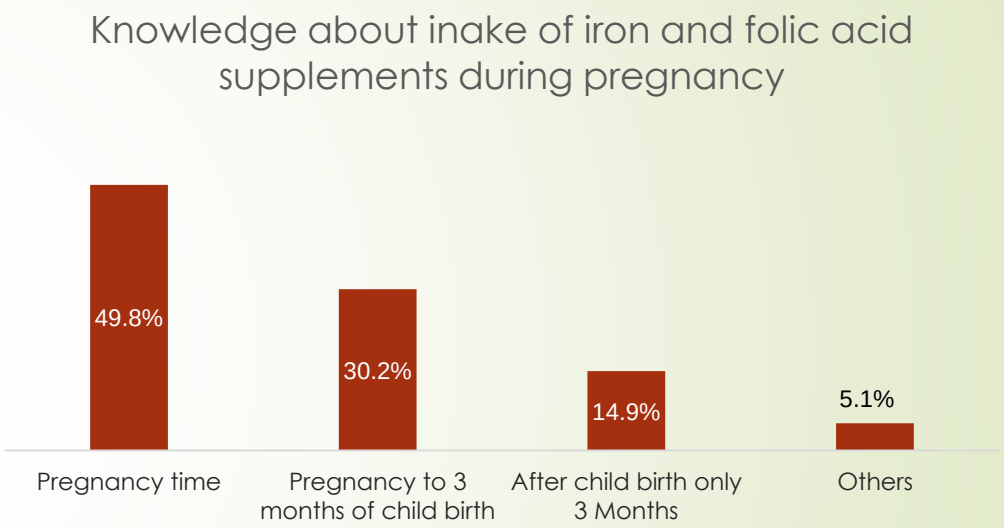
Nutrition BCC Activities by Urban Primary Clinics



Results

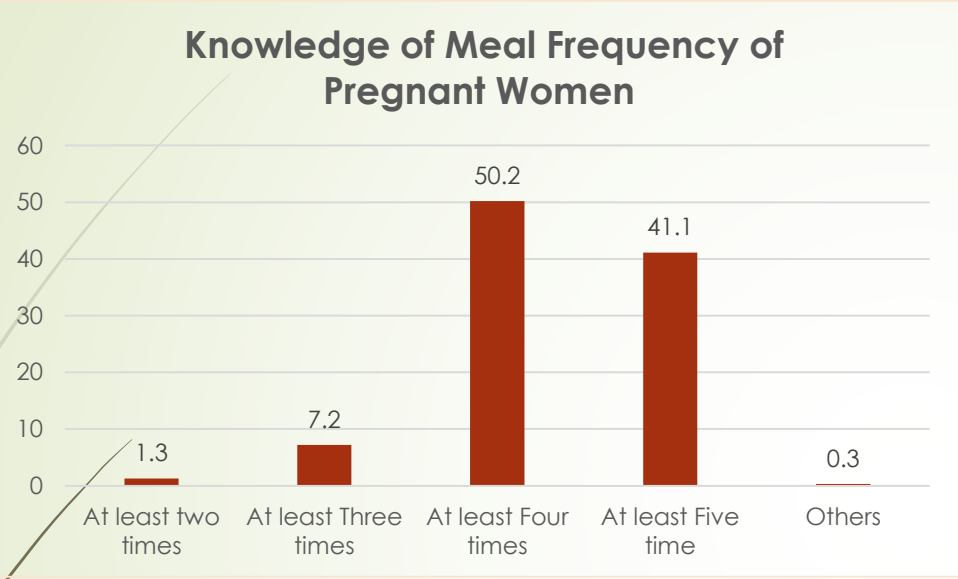
Knowledge about Anemia & Iron Supplementation (during Pregnancy & Lactating Period)

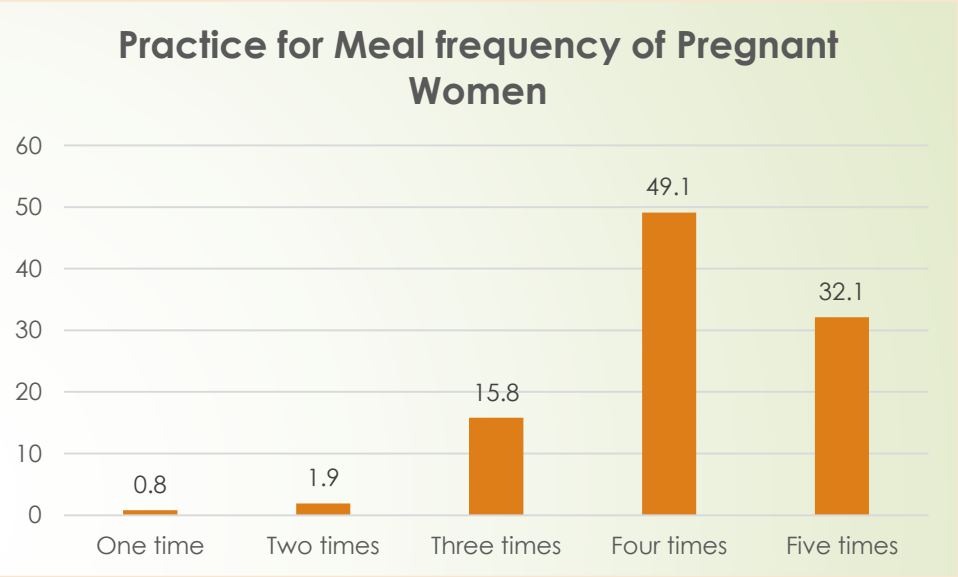


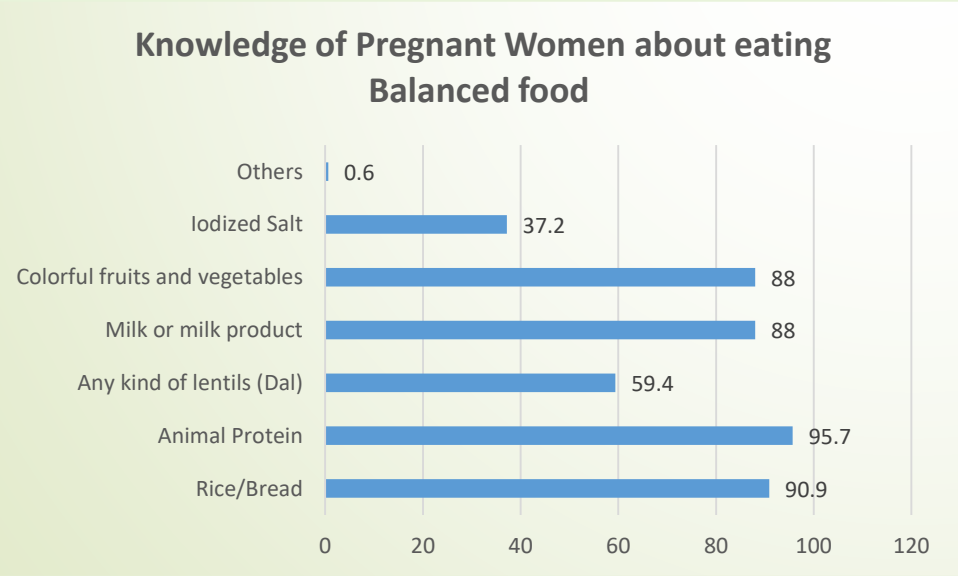


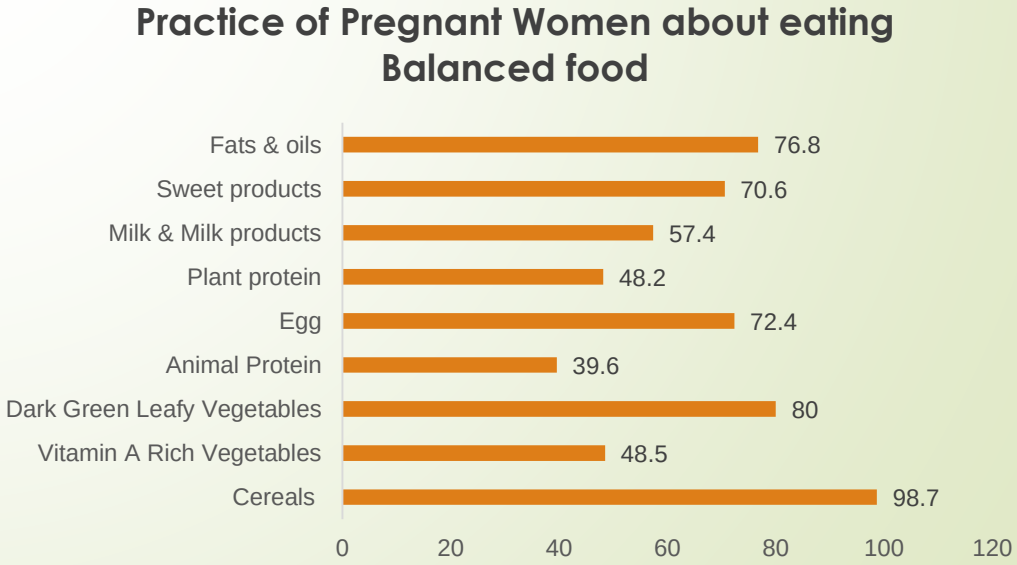
Results

Knowledge and Practice (during Pregnancy)



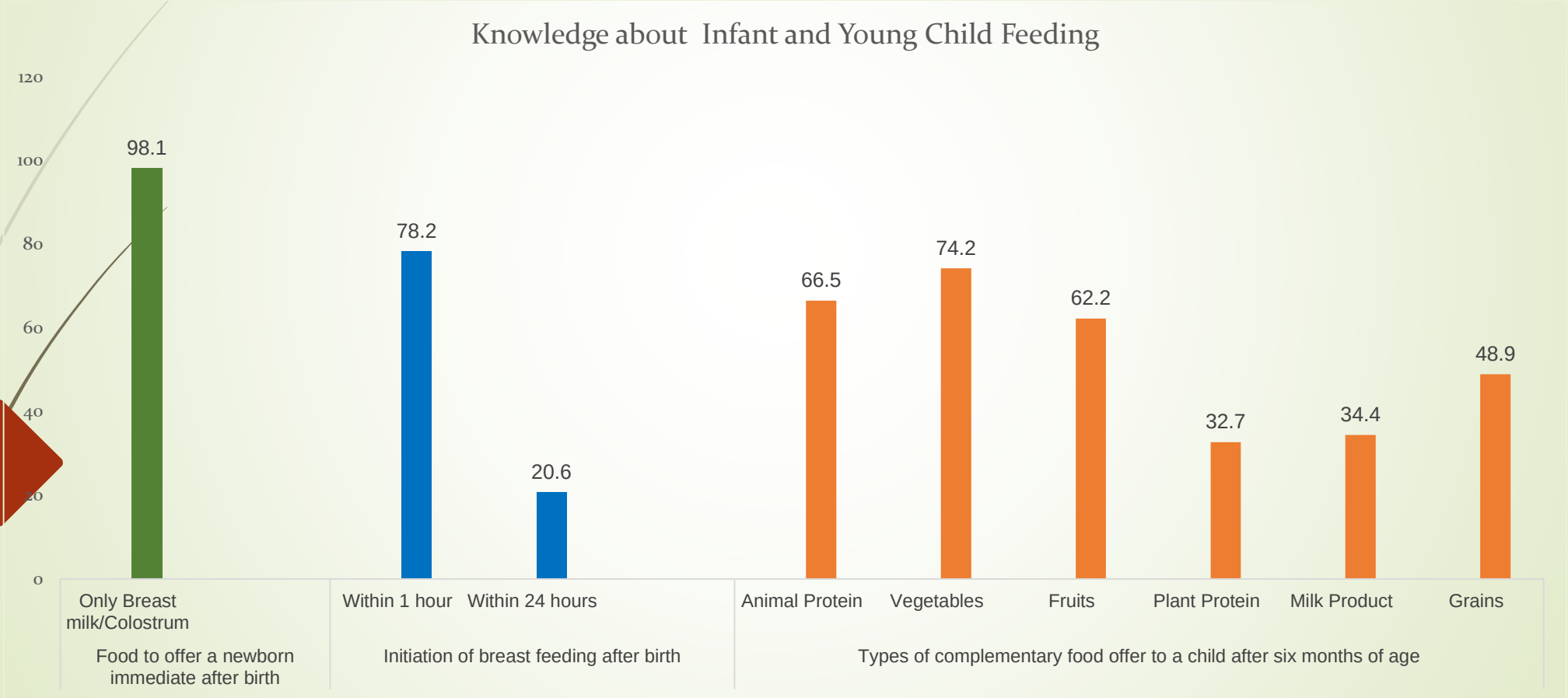






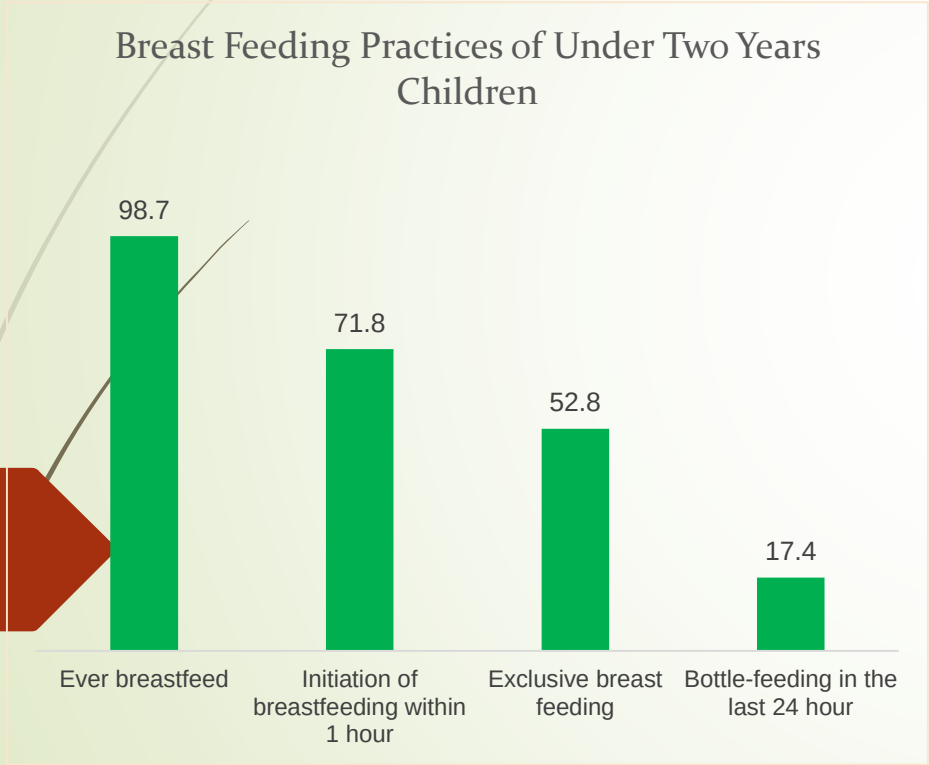
Results

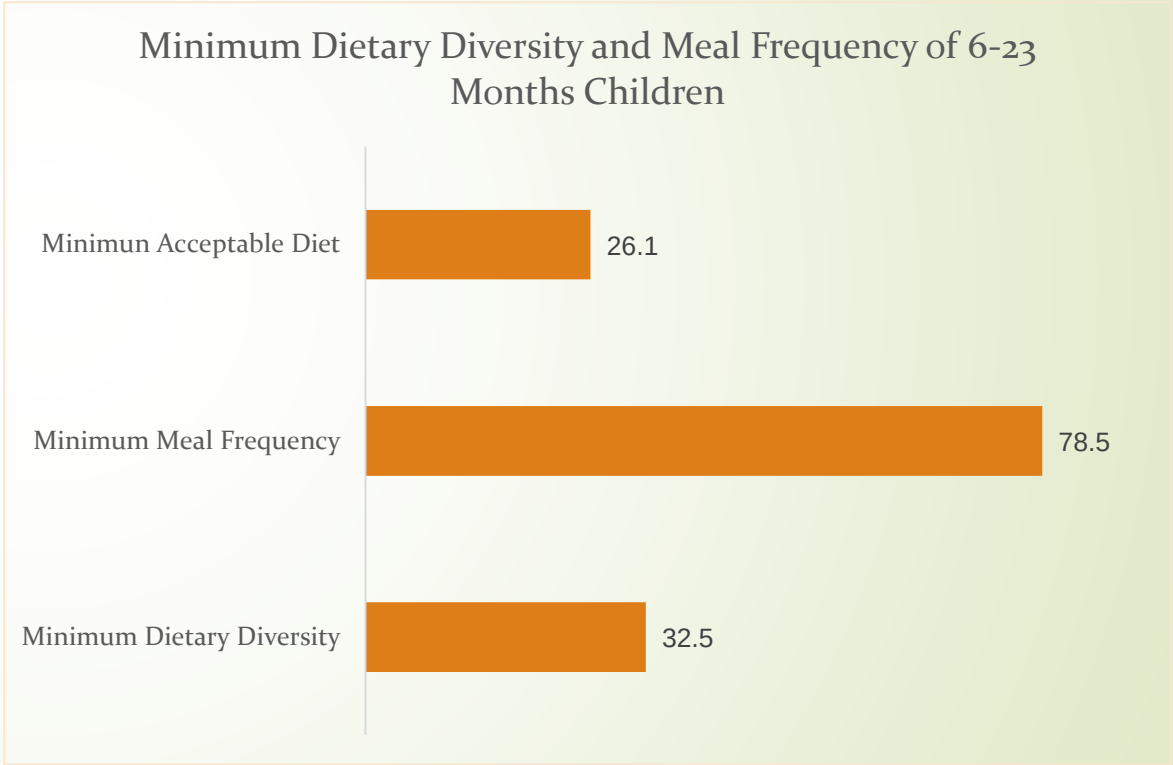
Knowledge about Infant and Young Child Feeding



Results

Practice about Infant and Young Child Feeding





Qualitative Findings

Results

Focus Group Discussion (FGD)

Respondents: Urban poor, Pregnant and Lactating Women

- Pregnant and lactating mothers are provided with nutrition-related counseling through home visits and gatherings.
- Poor beneficiaries expressed that due to financial limitations, they are unable to buy the desired nutritious food as recommended.

In-depth Interview (IDI)

Respondents: Urban poor, Pregnant and Lactating Women, Medical Officers

- Beneficiaries informed that they need more nutrition counselling session with more BCC materials .
- Most of the medical officer informed that they didn't get any nutrition related training from UPHCSDP projects.
- Nutritional BCC materials may be presented in a clear and eye-catching poster, since many of the beneficiaries can't read.

Results

Key Informant Interview of Stakeholders

Challenges

- Inadequate training of the staffs and turn over of staffs
- Inadequate supplies of BCC materials
- Limited human resources
- Less awareness among the beneficiaries about nutrition
- Less allocation for nutrition related activities.
- less allocation for budgets for nutrition activities.
- Most of the centers have no growth monitoring card

Recommendation

1. Increase usage of BCC materials especially flip chart and video clips during nutrition counselling.
2. Ensure adequate supply of nutritional promotional materials in every service delivery points.
3. Keep provision of regular training and refresher training for counselors, paramedics and doctors on maternal, IYCF and adolescent nutrition.
4. Alternative IYCF practices focus on energy dense home-based food preparation may be beneficial for urban poor children.
5. Availability of GMP card for growth monitoring of under five children may encourage IYCF practices among parents.
6. Incorporation of nutrition corners at service delivery points and demonstration of correct feeding practices and food preparation may enhance nutrition promotion.
7. Nutrition action plan and strategies should be in place to improve maternal and child nutrition.
8. Allocate more budget for nutrition activities is essential for nutrition promotion.
9. Dedicated nutrition counsellor may be a strength to improve urban nutrition.
10. Effective coordination between city corporation, UPHCSDP-II project and NNS may improve urban nutrition.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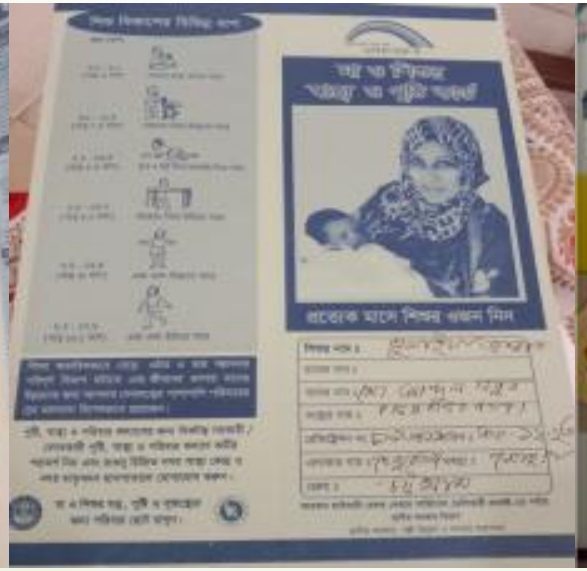
নগর স্বাস্থ্য

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শিশু জন্মের পর ১০০০ দিন বা
প্রায় ৩৩ মাসের সঠিক খাবার

Thank You