

## **Project Title: Comprehensive Nutrition Care to the extremely vulnerable Infant and Young Children**

### **Introduction:**

Bangladesh is one of the countries of highest prevalence of under nutrition in the world. 48% children aged under five are underweight, 43% are stunted in height and 13% are wasted (BDHS- 2004). Bangladesh government has been implementing wider scale national nutrition program more than 100 Upazilas but many vulnerable and socially excluded groups such as Commercial Sex Workers (CSWs) and People Living with HIV/AIDS (PLHA) are yet to have the services from the program due to their neglected status in the society or the program has not covered the geographical areas where they are living. The children and young of those group has been suffering more malnutrition problems than any group of general population either they rich or poor.

HASAB found that, HIV/AIDS has significant nutrition-related implications and consequences for individuals, families, and communities. Infant and young children of CSWs and PLHAs are immense victim of nutrition deficiencies due to the direct link with some conditions or diseases like mother's vulnerable profession (CSW) or HIV & AIDS. CSW mothers very often unable to feed breast milk to their children derive from their professional demand. Regarding children of PLHAs, mothers are discouraged to feed breast milk regarding their clinical situation. Both the situation increased nutrition related vulnerability to their children. So, it is the time to address their infant and young child to minimize the impact on nutrition related consequences.

To promote nutritional status of those malnourished Infant and Young Children of Commercial Sex Workers and People Living with HIV/AIDS HASAB developed a very small scale project and participated in the South Asia Development Marketplace 2009 Grant Competition: '**Innovate for Nutrition**' and won the People's Choice Award for the project titled '**Comprehensive Nutrition Care to the extremely vulnerable Infant and Young Children**'.

### **Project Duration:**

November 2009 to April 2011

### **Donor/Partners:**

World Bank

### **Project Objectives:**

#### **General:**

To promote nutritional status of malnourished Infant and Young Children (up to 10) of Commercial Sex Workers (CSWs) and families of People Living with HIV/AIDS (PLHAs).

#### **Specific:**

- To reduce the existing malnutrition status of the babies of target community by determining the underlying causative factors.
- To provide nutritional education and treatment support to the target community.
- To develop a sustainable Nutrition Care model to the extremely vulnerable Infant and Young Children

### **Project Beneficiaries and Working Location:**

The project will work at two geographical locations. One is the district town Mymensingh where an established brothel is situated at the heart of city. More than 300 Commercial Sex Workers (CSW) are living in this brothel. The other area is Nagari Union, Kaligonj Upazila in Gazipur District. The numbers of beneficiaries are given below:

At Mymensingh: CSWs = 300; Infant and young children of CSWs = 50

At Kaliganj: PLHAs Family = 10; Infant and young children of PLHAs = 15  
Surrounding Family of PLHAs: 40  
Infant and young children of Surrounding Family = 35

### **Major Activity of the project:**

1. The project will organize **ToT on Nutrition** for Project Officer, Community Volunteers (CVs) and other relevant NGOs staff.
2. **Nutrition assessments** will be conducted amongst children of sex workers in Mymensingh Brothel and PLHAs and surrounding families in Nagori union.
3. Two **Community Nutrition Center (CNC)** will be established; one at Mymensingh brothel and other one at Nagari Union following the criteria of National Nutrition program (NNP).
4. Six days a week a **Supplementary Feeding** sessions will be conducted at each CNC. Food will be prepared by the formula of NNP and procured from the community women or other service provider. The severely and moderate malnourished children under two will be provided with food packets.
5. **Nutrition education**, including breast feeding promotion, weaning food, supplementary feeding practices and balance diet etc., will be held at each CNC in everyday along with demonstration of available cheaper food.
6. **Growth Monitoring and Promotion (GMP)** session is held once in every month at each CNC to identify nutrition status based on their weight, height and age on the printed GMP.
7. Every pregnant mother gets 02 **iron tablets** daily from 3 months conception to 42 days of her delivery. Every lactating mother receives 01 **Vitamin-A capsule** by 14 days of her delivery.
8. Within 72 hours of delivery every **new born baby is weighted** at their birth places.
9. **Referral linkage** will be established with health service providers in getting access and service with free or minimized cost.
10. **Family visit** are made on regular interval by Community Volunteers (CVs).
11. **Community Vigilance Team** will be formed at both areas comprising of community leaders, local elites and elected representatives for supportive supervision and monitoring.
12. Series of formal and informal **Advocacy and Social Mobilization Meeting** will be held with relevant stakeholders in the both areas.