

Improving Health and Nutrition

Health and Nutrition on the Chars

The *chars* are a difficult place to live and stay healthy. *Chars* dwellers face a daunting series of health-related challenges. Certain diseases are common on the chars: hepatitis, skin diseases and parasites are all major infections that people suffer from regularly. The lack of good quality sanitary facilities and good water also causes regular diarrhoeal and dysentery-related illnesses.



These infections are harder for chars-dwellers to avoid and fight off because they are often under-nourished. This is particularly true for women, who are typically short, underweight and suffer from anaemia. The cruellest twist is that the misfortune of the mothers is passed on to their children: under-nourished mothers often give birth to babies with a low birth-weight. Such babies have a lower life expectancy and are likely to be affected by anaemia, stunting (low height-for-age) and wasting (low weight-for-height). This can lead to long-term cognitive and physical impairments and a generational cycle of low health and low productivity.

Poor health can have serious immediate consequences for the livelihood of a household, a 'triple-blow': sick household members are less able to work, thus reducing the household's income; other household members must care for the sick, possibly reducing their ability to work (and at the very least adding to their daily workload); and even where available, buying medicines uses up funds that are already reduced.

Breaking this cycle is difficult, given the low presence of health services and the difficulty most people face in accessing services. The Government of Bangladesh offers only a few health services in some areas of the chars, meaning that high-quality health services and information are simply not available to most chars-dwellers.

The CLP's Health Activities

The programme runs 576 fortnightly satellite clinics staffed by CLP-trained paramedics for a period of at least 18 months. Each paramedic is responsible for 16 clinics per month. During these clinics, paramedics provide primary health care and family planning services to all char people.

Complex cases are referred to mainland health centres.



The CLP recruits *Char Shasthya Karmis* (CSKs or village health workers) who live in the community and attend to patients at all times. CSKs are women who have been educated to secondary level. They are initially supported by the provision of funds for medicines allowing CSKs to establish sustainable businesses.

Core participants are provided with two sets of health vouchers (value of about £4) to cover the cost of clinic consultations and drugs. The CLP also assists the wider community by making consultations free of

charge during the programme period. Once CLP's assistance phases out, CSKs remain on the chars, delivering basic services, paid for by chars residents.



CLP's Nutrition Activities

The CLP aims to improve the nutritional status of its core participants through a combination of direct and indirect interventions. Indirect activities include:

- improving access to improved water and adequate sanitation;
- providing training on nutrition, water, sanitation and hygiene;
- promoting homestead gardening as a way to increase nutritional status as well as a potential income stream;
- providing an income-generating asset, which becomes the basis of a sustainable livelihood.



As part of its health intervention, the CLP also undertakes a number of nutrition-related activities. If a child is found to be undernourished, deworming tablets and micronutrients, including iron and folic acid (IFA), are provided.

The CLP implements additional nutritional activities through the "Direct Nutrition Intervention Project". This new project targets the improvement of the nutritional status of core participant households, especially for pregnant women, breastfeeding women, children under two, and adolescent girls. Specific activities include one-on-one counselling on Infant and Young Child Feeding (IYCF) and hygiene promotion, providing iron and folic acid tablets to pregnant and lactating mothers and adolescent girls and providing deworming tablets for all family members, except pregnant women during their first trimester. All interventions are free of charge.



Ensuring Long-term Access to Health Care

With the last group of participants due to complete the CLP in 2016, the programme is working to ensure access to healthcare beyond the end of the programme. The CLP began partnering with BRAC in January 2013 with BRAC agreeing the gradual take-over of the CLP health component as the programme progressively completes activities in char villages.



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