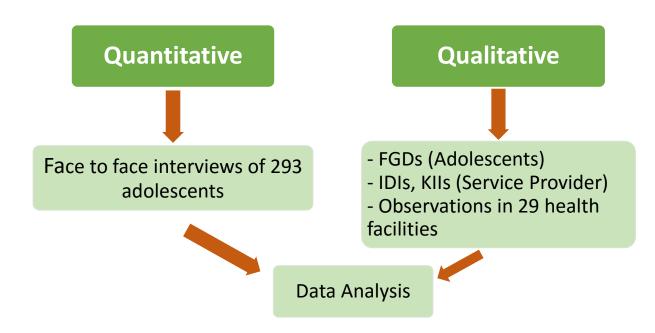
# Current situation and needs of adolescent nutrition services in hard-to-reach areas of Bangladesh

## **Background** and Objective:

- The vulnerable populations specially adolescents from hard-to-reach areas are deprived of access to healthcare including nutrition services.
- This study examined the situation of existing adolescent nutrition services and needs of the service providers and recipients in hard-to-reach areas of Bangladesh.

# Methods

- **Study Design:** Cross-sectional study
- **Study Site:** 15 upazilas spreading over 12 districts of hard-to-reach areas: haor, char (alluvial lands), islands, hilly and coastal areas.
- **Data Collection:** Both qualitative and quantitative methods.



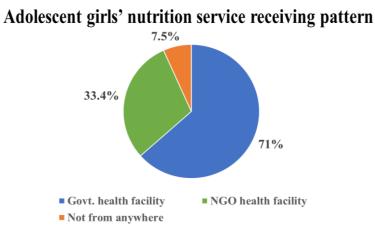
## **Study Findings:**

#### **Situation Analysis of Nutrition Services:**

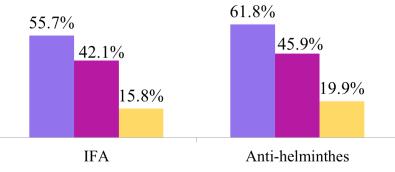
- Adolescent health corners were found in only 14% observed govt. health facilities
- No adolescent boys were found seeking nutrition services.
- 71% adolescent girls seek nutrition services mostly from govt. health facilities.
- Nutrient supplementation and counseling coverage was found higher in coastal areas.
- No utilization of BCC materials.

Counseling/advice on	Char (%)	Coastal (%)	Haor (%)	Hilly (%)	Island (%)
Nutrition	66.7	66.7	16.7	16.7	40.0
Personal Hygiene	33.3	66.7	16.7	33.3	60.0
Reproductive Health	33.3	33.3	16.7	0	0
Avoiding early marriage	33.3	33.3	16.7	16.7	0
IFA	66.7	66.7	66.7	50.0	80.0

Counseling services to adolescent girls across different areas as observed



Adolescent girls' nutrient supplementation seeking pattern from different facilities (n=229)



• Overall covered • Govt. health facility • NGO health facility

Nutrient supplements	Char (%)	Coastal (%)	Haor (%)	Hilly area (%)	Island (%)
supprements	( <b>n=6</b> )	(70) (n=6)	(n=6)	(n=6)	(n=5)
IFA	66.7	66.7	16.7	16.7	40.0
Albendazole - Dispersible	0	33.3	16.7	20.0	20.0
Albendazole- Chewable	0	33.3	16.7	60.0	40.0

Nutrient supplementation to adolescent across different areas as observed

#### **Need Assessment of Nutrition Services:**

- Adequate and uninterrupted supply of logistics and nutrients to the health facilities.
- Increased coverage of domiciliary nutrition services.
- Establishing adolescent corners in the health facilities where unavailable and also improve functionality of the existing ones.
- Recruitment of female health workers to ensure better communication with adolescent girls.
- Regular training sessions for frontline health workers to develop their competency and performance.

#### **Recommendations:**

- Establishment of community nutrition clubs for both adolescent boys and girls.
- A combined approach of community clubs and school-based nutrition programs to ensure better nutrition services for adolescents.
- Regular and ceaseless supply of nutrient supplementations.
- Recruitment of female health workers and increase the coverage of domiciliary services.
- Develop and promote BCC materials for counseling sessions with training on Inter-Personnel communication (IPC) skills.

Nutrition interventions implemented in hard-to-reach areas targeted the adolescent girls, leaving the adolescent boys bereft of the advantages of interventions. Strengthening the provision of nutrients supplementation and increasing the coverage of training are indispensable to improve nutrition services in hard-to-reach areas.