Stop Stunting I No Time to Waste
Scaling up Care for Children with Severe Wasting in South Asia

BHUTAN COUNTRY PRESENTATION
REGIONAL CONFERENCE
May 16th – 18th 2017 I Kathmandu, Nepal
COUNTRY PROFILE

- Area (sq. Km) 38,394
- 20 Districts
- Population* : 757,042
- Under five pop*: 82,716
- IMR** : 30/1000 live births
- U5MR** : 37.3/1000 live births

Universal free health care coverage

Three-tiered health care service delivery system
- 259 Basic Health Units including sub-posts
- 30 Hospitals
- 3 Referral Hospitals

*= Projected population figures 2015
**= NHS 2012
ANEMIA PREVALENCE

- **Children: 6 to 59 months of age**: 43.8%
- **All non-pregnant women (10-49 years)**: 36.1%
- **Pregnant women**: 27.3%
- **Adolescent girls (10-19 years)**: 31.3%
- **Reproductive aged women (15-49 years)**: 34.9%

NNS 2015
NUTRITION TRENDS

Bar chart showing trends in stunting, wasting, and underweight from 2008 to 2015.
CHILD WASTING IN BHUTAN

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Urban</th>
<th>Rural</th>
<th>Western</th>
<th>Central</th>
<th>Eastern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4.7%</td>
<td>3.4%</td>
<td>3.2%</td>
<td>2.7%</td>
<td>4.6%</td>
<td>4.0%</td>
<td>4.2%</td>
<td>4.3%</td>
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</tbody>
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- Wasting
- Severe wasting
National Policy Response to Maternal and Childhood Undernutrition

• The Constitution of the Kingdom of Bhutan (2008); Article 9
  • Section 21 “The State shall provide free access to basic public health services in both modern and traditional medicines”
  • Section 22 “the state shall endeavor to provide security in the event of sickness and disability or lack of adequate means of livelihood for reasons beyond one’s control”

• The National Health Policy Bhutan (2011) : Maternal and Child Health
  • “Comprehensive quality maternal and child health care services shall be provided...”
  • “Healthy child growth and development shall be promoted through advocating breast-feeding, appropriate nutrition..”

• Food and Nutrition Security Policy of the kingdom of Bhutan (2014)
  • Lead agency Ministry of Agriculture and Forestry
  • Recognizes the importance of maternal and child nutrition, and encourages for their improvement
Strategies on Maternal and Childhood Undernutrition

• **11 FYP (2013-2018)**
  - Sets targets at the National level to be achieved at the end of the planned period

• **National Food and Nutrition Security Strategy (2016-2025)**
  - Multi-sectoral strategy that looks at life cycle approach to intervene the double burden of malnutrition

• **Accelerating actions for reducing undernutrition and micronutrient deficiencies among women and children (2017)**
  - Multi-sectoral taskforce with three key ministries (Health, Education and Agriculture and Forestry) is formed to accelerate the implementation of high impact nutrition interventions.
  - Strategy review underway at highest level
Programmatic Responses to wasting in Bhutan

- Nutrition programme at DoPH, MoH is the lead of program response
- UNICEF Bhutan is the key technical partner in establishing care for children with wasting in Bhutan since 2002
- Nutritional Therapeutic Care is delivered through the Nutritional Rehabilitation Units (NRUs) in Bhutan
- NRUs have been established in 3 regional referral hospitals and 7 district Hospitals
- Those districts that do not have NRUs, the children with SAM are referred to nearby higher centers
- Children with SAM when stabilized referred to their respective district hospitals for outpatient care as follow up treatment
Programmatic Responses to Wasting in Bhutan

- Advocacy on the prevention of malnutrition
- Capacity building of in-service Health workers to recognize SAM and its Management
- Provide supplies for the establishment of NRUs
- Pre-service component on the management of Acute Malnutrition for Community Health Workers (HAs) and Nurses
- Reporting of cases of Acute Malnutrition through the Ministry of Health’s “HMIS” system
- Periodic monitoring visits to field to assess the quality of services
• **Institutional issues**-
  - lack of space in the health facilities to establish NRUs at all 20 district hospitals
  - shortage of treating capacity in the districts (all DH did not have specified pediatric wards)

• **Technical issues**-
  - Alignment of national guidelines with global guidelines
  - Out patient care and community care unavailable

• **Programmatic challenges**
  - Human resource- pediatricians and nursing staff
  - Supplies—eg multi vitamins for F100 and F75
• Availability of regular screening for Acute malnutrition (SAM & MAM) at all health facilities
• Strengthening Monitoring and Evaluation to ensure reporting on global indicators
• Holistic approach to Nutrition is the key;
  • Multi-sectoral intervention for Nutrition
  • Intervene at the basic and underlying causes of malnutrition
  • Support from the High level Decision Makers
  • Adequate fund allocation for the nutrition interventions at all levels
  • Behaviour change communication to change the feeding and care practices of children under five particularly IYCF.
NEXT STEPS

• Short term (6 months-2 years)
  • Establish system for regular review of the programmatic response
  • Revise the management protocols to align with global standards
  • Strengthen the monitoring mechanism and improve reporting

• Medium term (2-3 years)
  • Capacity building of key staff at all levels on revised protocols
  • Expand the screening for acute malnutrition as a part of growth monitoring and promotion at all levels

• Long term (3 years-5 years)
  • Expand management of severe acute malnutrition (SAM) in all Hospitals and outpatient care at all BHUs on revised protocols
  • Explore the opportunities for Community management of MAM
THANK YOU