

Adapting NTEAM's Technical Assistance for Nutrition project in Bangladesh to support the national response to the nutrition challenges posed by COVID-19

November 4th 2020

This presentation was prepared by Nutrition International's NTEAM under the TAN project, funded with UK aid from the UK government, in collaboration with the Bangladesh National Nutrition Council (BNNC).

An Annex has been added to this presentation to capture Q&A and discussion.



Bangladesh National Nutrition Council (BNNC)



Technical Assistance for Nutrition (TAN)

Background on Nutrition International's NTEAM and TAN project

Through its Nutrition Technical Assistance Mechanism (NTEAM), Nutrition International shares its expertise globally to support the scale-up of nutrition for the most vulnerable. Technical Assistance for Nutrition (TAN) is a project within Nutrition International's NTEAM funded with UK aid from the UK government.

Through TAN, Nutrition International provides timely and coordinated technical assistance to help SUN countries, the SUN Movement Secretariat and regional coordination bodies overcome gaps in capacity, design and delivery of multi-sectoral national nutrition action plans. Taking a gender-sensitive approach, Nutrition International works to enhance the quality, scale, and effectiveness of nutrition-related programmes and policies.

Through TAN, NTEAM's extensive network of experts contribute to global knowledge on effective technical assistance in nutrition by generating learning and evidence, and adopting practice that works.

Moderator

Dr. Kefas Samson



Director, NTEAM Nutrition International

Dr. Samson is a senior Public Health Specialist with 21 years of experience in Communicable Disease control. He is currently the Director of the Nutrition Technical Assistance Mechanism (NTEAM) at Nutrition International based in Ottawa, Canada.

Dr. Samson, who is originally from Nigeria, is a Medical Doctor and has a Master of Science in Infection and Health in the Tropics and a Master of Public Health from the London School of Hygiene & Tropical Medicine; as well as a Diploma in Tropical Medicine and Hygiene from the Royal College of Physicians in London. He is also an elected Fellow of the Royal Society of Tropical Medicine and Hygiene of London.

Speakers



Ms. Saiqa Siraj
Country Director,
Bangladesh
Nutrition International



Dr. Iqbal Kabir
Nutrition International's
NTEAM TA Provider,
Bangladesh



Dr. Md. Khalilur Rahman
Director General of the
Bangladesh National
Nutrition Council

Presenter

Ms. Saiqa Siraj



Country Director, Bangladesh Nutrition International

Saiqa Siraj is the Country Director of Nutrition International in Bangladesh. She is a trained nutritionist, with a Master's in Public Health from BRAC University and has over 15 years of experience in maternal and child health and nutrition. Saiqa has been the nutrition focal point for organizations like the International Food Policy Research Institute and Save the Children Bangladesh. She is an active member of the Nutrition Working Group, Infant and Young Child Feeding Alliance, and the Health Population Nutrition Behaviour Change Communication Working Group in Bangladesh where she supports in the development of national level strategies and frameworks. She was also the coordinator of the South Asian Policy Leadership for Improved Nutrition and Growth secretariat and the co-chair of the Civil Society Alliance for the Scaling Up Nutrition (SUN) Network in Bangladesh. Prior to joining Nutrition International, Saiqa led the health, nutrition and population programs at BRAC.

Executive summary

- The advent of COVID-19 in Bangladesh resulted in imposing extended government holidays (lockdown) from 26 March – 31 August 2020
- COVID-19 had a negative impact on key nutrition services, the economy, and employment in the country

Response by the Government of Bangladesh

- A multi-pronged response for health, nutrition and food security
 - Situation assessment
 - Policies/ Plans/ Guidelines
 - Financial package – USD 11.2 billion
- BNNC led the nutrition related response with support of NTEAM and other in-country partners

Priority Actions

- Promoting multi-sectoral coordination
- Developing costed food and nutrition security response framework
- Establishing nutrition surveillance system

Partnership for the endeavour to support Covid-19 response

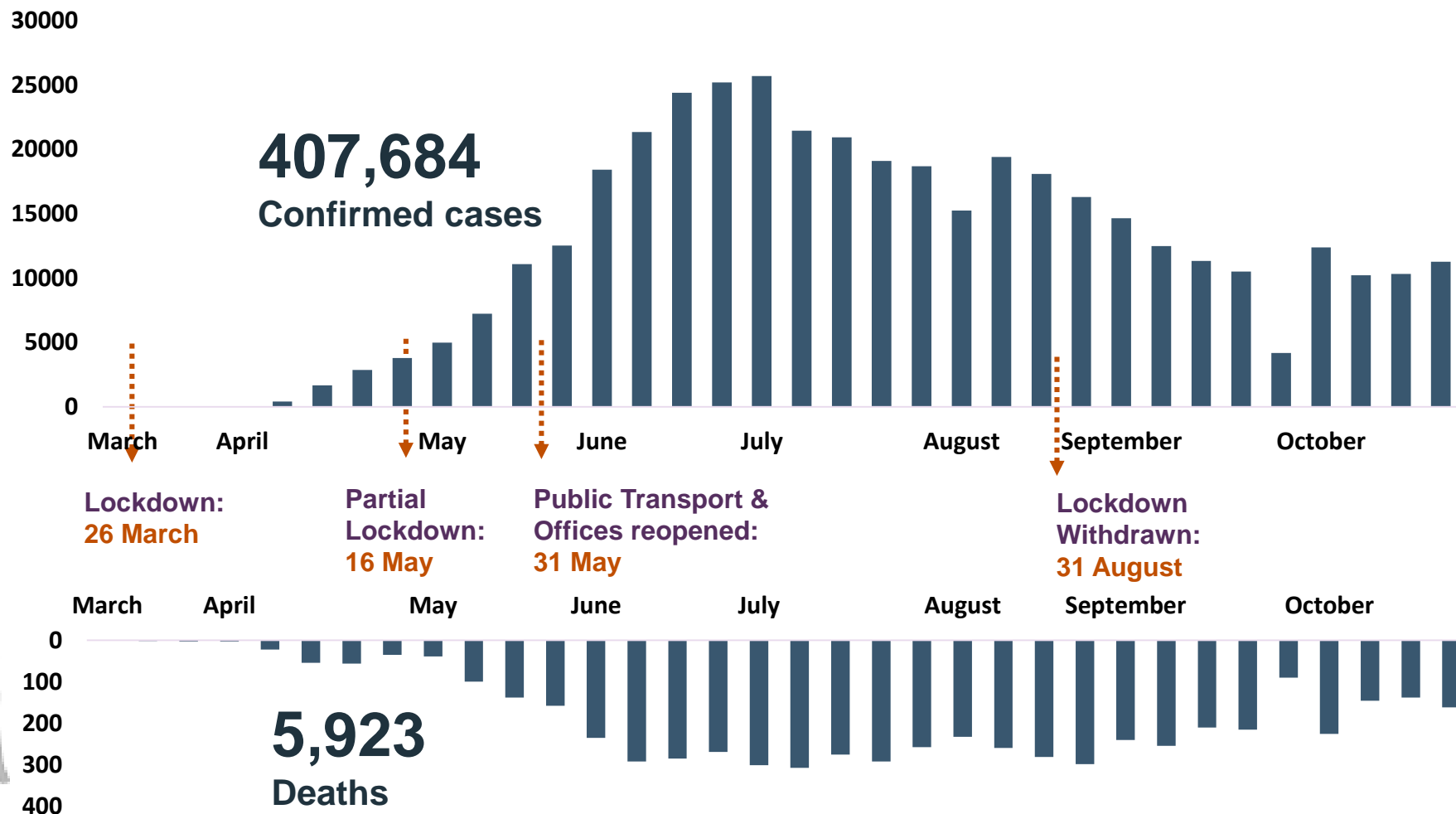


University of Dhaka



Technical Assistance for Nutrition (TAN)

Cases of COVID-19 and related deaths rapidly accelerated



Nutrition and Food Security: Response by Government of Bangladesh

Assessment

- ***Determining the impact of COVID-19 on nutrition: Projection of the possible malnutrition burden in post COVID-19 period in Bangladesh***
- Rapid assessment of SAM facility Preparedness and Functionality

Plan and Guideline

- ***Report on Food Packages for Disaster Affected Population-emergencies, including COVID-19***
- Nutrition issue incorporated into the Bangladesh Preparedness and Response Plan (BPRP)

Financial Support

Total: USD 11.2 billion (3.3% of GDP)

- Stimulus package of **BDT 95 billion** focusing on small & medium farmers to boost agricultural production
- **BDT 200 billion** credit line package SMEs at a subsidized interest rate of 2%
- Increased allocation of MoHFW's budget in FY 20-21 by 14.65% (from FY 19-20)
- Increased SSNPs budget to 16.71% in FY20/21 from 14.21% in FY19/20
- **Additional 5 million beneficiaries** for social security through existing SSNPs
- Food relief, started Open Market Sale (OMS) of foods at subsidized prices (**BDT 3 billion**)
- 20 kg rice/per month distributed for three months (April-June) among 2.4 million OMS card holders

NTEAM's TAN project support to BNNC



Mobilization

- Led by BNNC, team advocated with SUN Secretariat for integration of nutrition into COVID response, and mobilized SUN-MSP (including UN network) to support the process
 - Research and academic groups, such as ICDDR-B, University of Dhaka, IFPRI & food security cluster, contacted & engaged to support evidence-based decision-making
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Technical Assistance to Government

- NTEAM TA providers were members COVID-19 response technical committees
 - Dissemination of assessment report and policy brief to broad audience most importantly high-level policy/decision makers
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Follow-up and Support

- Support implementation of recommendations as per the 'impact of COVID-19 report', such as preparing a policy brief, a costed response framework, and establishing a surveillance system

SUN MSP – Scaling Up Nutrition Multi-Sectoral Platform

ICDDR-B – International Centre for Diarrhoeal Disease Research, Bangladesh

IFPRI – International Food Policy Research Institute

Presenter

Dr. Iqbal Kabir



Nutrition International's NTEAM TA Provider

Dr. Iqbal Kabir leads a team of NTEAM consultants supporting the Bangladesh National Nutrition Council with the operationalization of the National Plan of Action for Nutrition, under the Technical Assistance for Nutrition project supported by UK Aid. Dr. Kabir brings a community perspective to the design of nutrition programs that ensures the most vulnerable are considered. Previously Dr. Kabir worked with at-risk populations in Bangladesh and Tanzania, drought-stricken populations in Ethiopia, and war-torn communities in Afghanistan and Yemen. He was also Chief of Field Operations and Emergency, and Chief-YCSD & Senior Nutrition Specialist for UNICEF in Afghanistan and Yemen, and Task Team Leader in the World Bank for large nutrition projects.

Purpose

- Assess food requirements of different age and target groups in disaster affected areas
- Review contents of current relief dry food basket
- Recommend nutrition-balanced food baskets considering cost, nutrition, safety, availability, accessibility, transportation, distribution, storage, preparation

Outputs

- Recommendations for food basket during disasters
- Key nutrition messages
- Broad guidelines for implementers of food basket

Revised guidelines oriented major increases in relief expenditure

Outcomes:

- **BDT 70 million** spent for purchase of food items for vulnerable women and children.
- **BDT 63 million** released by MoDMR to purchase relief food items including food for children
- Under the government's "food friendly" program, **additional 5 million families** received 30 kg rice per family, of which in 24 upazilas fortified rice was distributed.

Expert Committee developed a report on Impact of COVID-19 on nutrition

Objectives

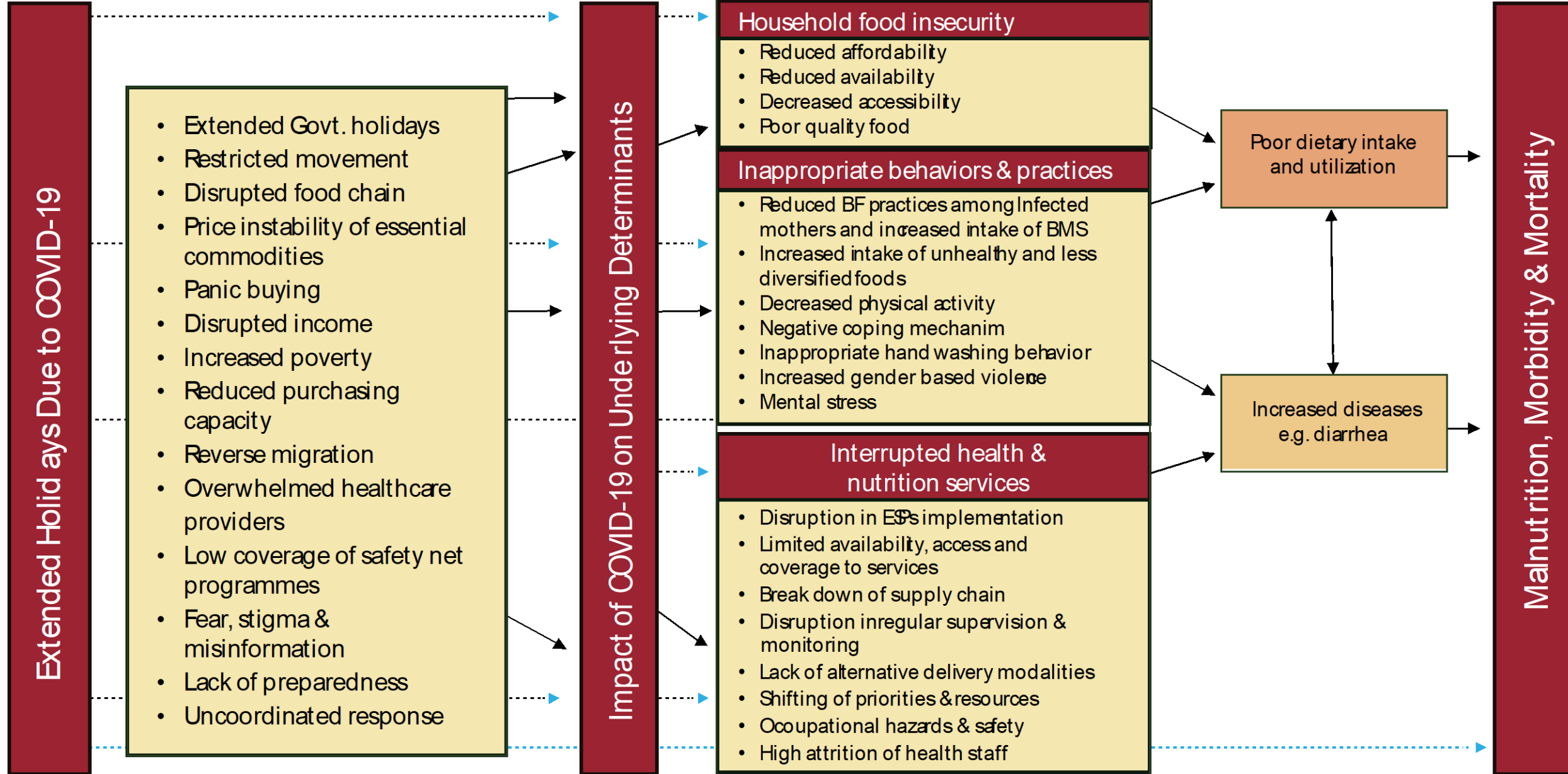
- Estimate post-COVID malnutrition case burden
- Develop workable solutions for GoB to respond to the nutrition crisis in a swift and effective manner

Focus issues

- **Review of Impact of COVID-19 on various aspects linked to nutrition such as:**
 - Employment & Income
 - SMEs and Availability of Nutritious Food
 - Food Security
 - Access and uptake of Services
- **Projection of Possible Malnutrition Burden in Post COVID-19 in Bangladesh**
 - Projected Case Burden of SAM & MAM

Causal Pathways linking COVID-19 and Nutrition were mapped

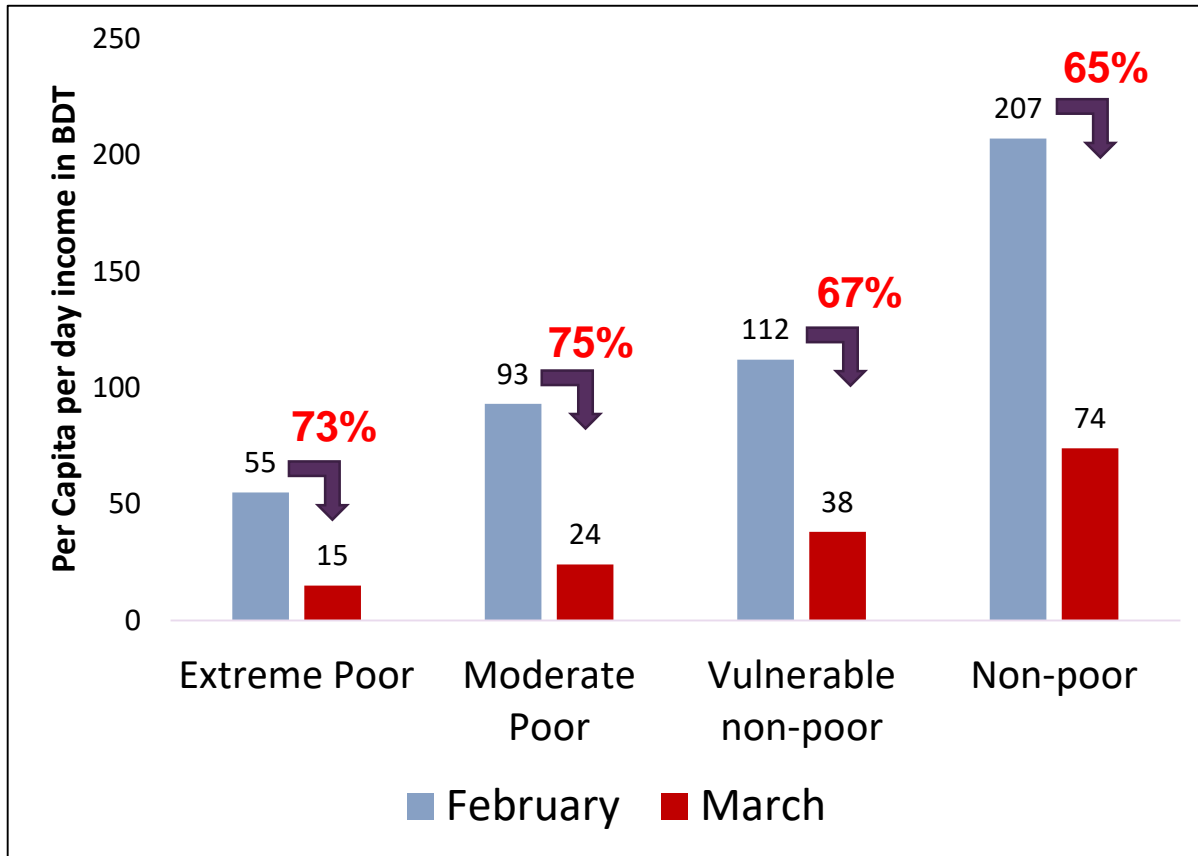
Impact of COVID-19



Pandemic severely reduced incomes across all segments, but poorest were left most vulnerable

Impact of
COVID-19

Income Shock Across Groups



Status of Employment and Food security

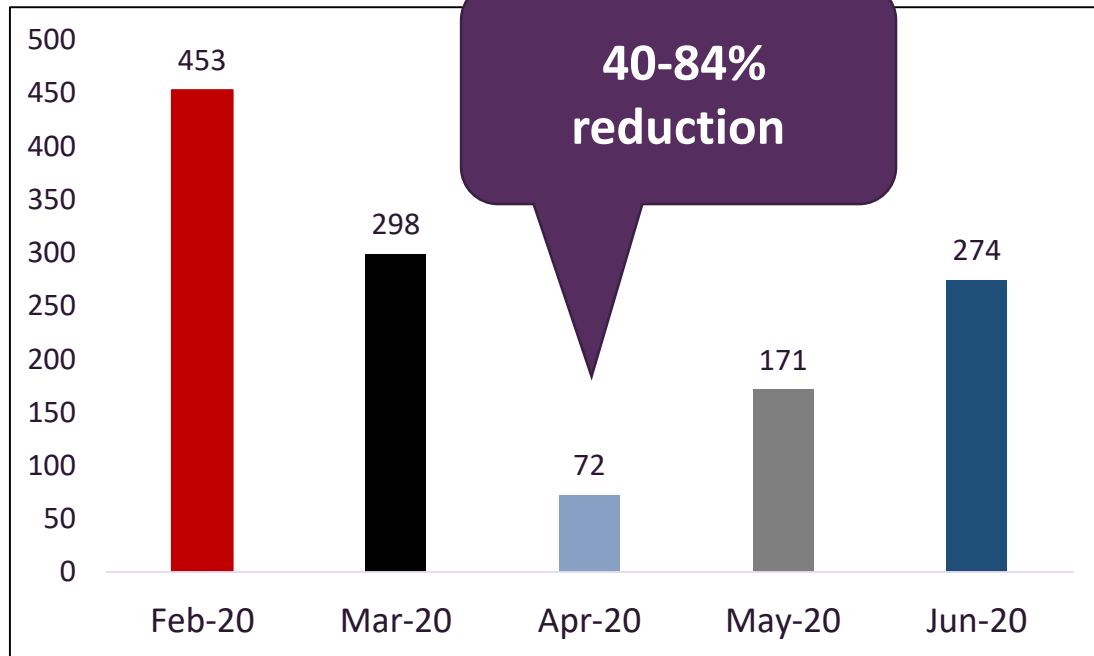
- **75%** of urban slum dwellers lost their source of income: **28%** drop in household food expenditure
- Food value chain disrupted: **7%-46%** increase in price of all varieties of rice
- **25%-30%** of poor reduced expenditure on food
- **70%** of households unable to provide diversified diet to children aged 6-23 months
- **24%** of households in urban slums and **15%** in rural settings have reduced food consumption
- **2.9 million** students missed regular school feeding

Source: PPRC-BIGD Rapid Response Survey, April 2020

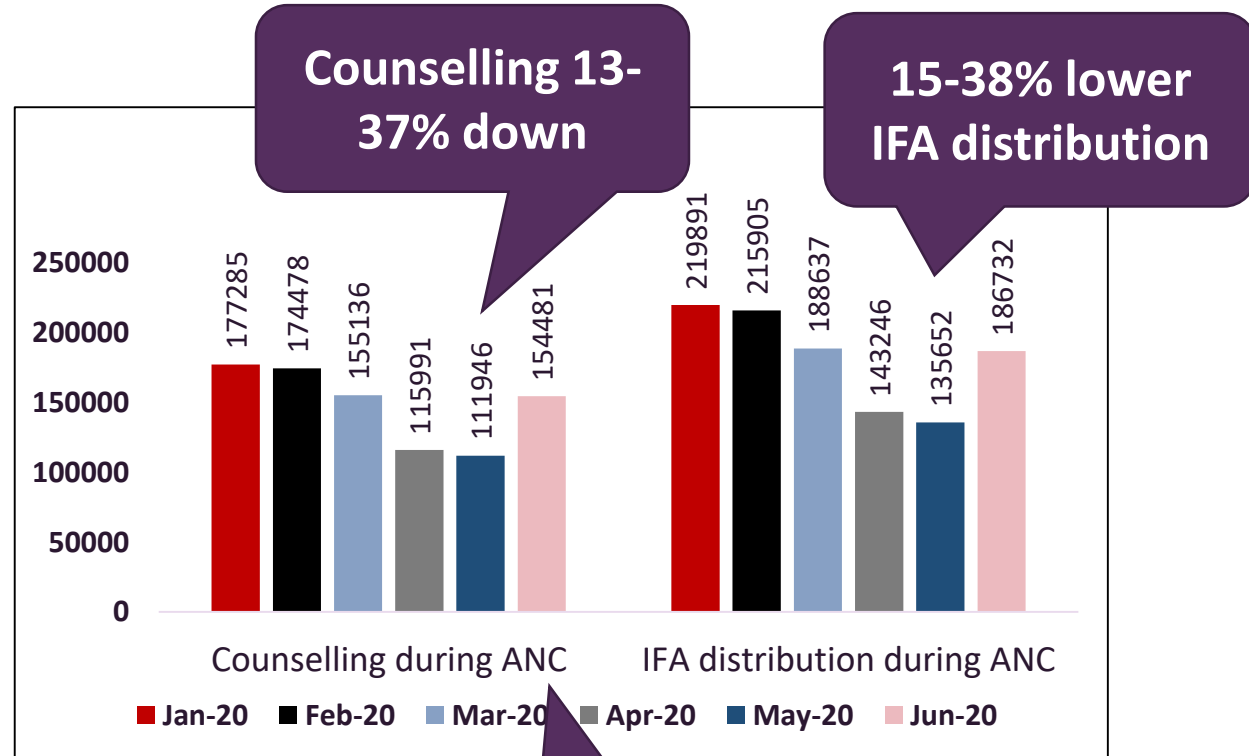
SAM admissions and attendance at maternal nutrition services fell dramatically during peak of pandemic

Impact of COVID-19

SAM admissions Feb-June 2020



Nutrition Services for PLW



Technical Assistance for Nutrition (TAN)

Source: DHIS2, MoHFW

SAM - Severe Acute Malnutrition
 IFA – Iron and Folic ACid
 ANC – Antenatal Care

Malnutrition Burden projected assuming COVID-19 would have multiple consequences

- The impact of COVID-19 on the economy, employment, poverty, food security and access to essential services would also have an impact on the nutritional status of children under 5 years of age (U5 children)
- All gains made so far by Bangladesh in nutritional status among U5 children could be eroded, and slide back closer to the levels seen in 2014, and in extreme cases closer to 2011

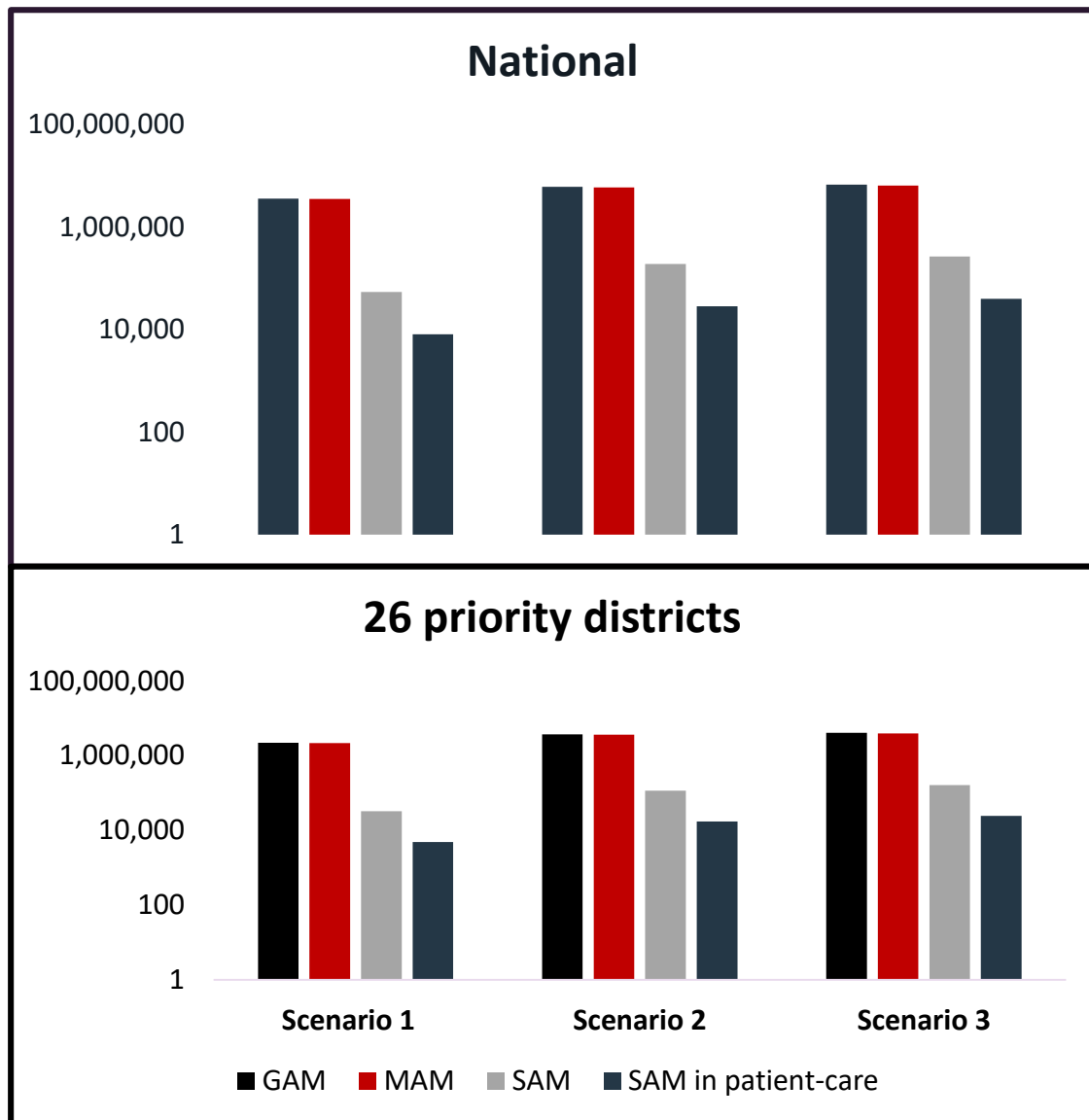
Three scenarios for Malnutrition Burden Post-COVID

Scenario 2 considered most likely

Impact of
COVID-19

Scenario	WHO GAM threshold	GAM (Equiv. year)	Implications		
			Lockdown	Service coverage & access	Unemployment
1	Poor	8% (Current)	Not extended	Temporarily reduced	Short-term
2	Serious	14% (2014)	Continues until end May 2020	Moderately reduced with increased food shortages	Medium-term
3	Critical/emergency	16% (2011)	Re-imposed, or extended, due to 2 nd wave	severely reduced with increased food shortages	Long-term

Under scenario 2, post-COVID cases projected to rise to 6 million for GAM and 190 thousand for SAM



Scenario Two

Case Burden	National	26 priority districts
GAM	6,064,429	3,702,550
MAM	5,876,432	3,587,770
SAM	187,997	114,779
SAM requiring institutional care (15% of SAM)	28,200	17,217

Criteria for targeted 26 priority districts:

- (1) Identified by the NAWG/HCTT;
- (2) High prevalence of Severe Acute Malnutrition (SAM);
- (3) High number of admitted SAM cases in 2019;
- (4) With current bed capacity for admission of SAM patients.

GAM – Global Acute Malnutrition

NAWG- Needs Assessment Working Group

MAM – Moderate Acute Malnutrition

HCTT- Humanitarian Coordination Task Team

Report Recommendations

Develop a comprehensive multi-sectoral costed Food and Nutrition Security Response Framework focused on:

- Build back better and **strengthening on-going nutrition interventions** using different service delivery platforms
- **Nutrition behavior change communication** across all nutrition programmes
- Support **nutrition sensitive food systems**, and **Small and Medium Enterprises** for food and nutrition security
- Strengthen and promote **nutrition sensitive social protection**
- **Target the most vulnerable population groups** including gender, poor, urban, disadvantaged, and geographical locations.

Multi-Sectoral Approach

- Enhance and upscale **inter-sectoral coordination mechanisms** for nutrition
- Actively **engage nutrition support platforms** such as the HPNSP, Nutrition Development Partners Group and the Local Consultative Group for Nutrition (LCG-N)
- Accelerate advocacy by BNNC to **increase coverage** and **allocation**, and **strengthen relevant programs** of the 22 ministries

Utilize existing monitoring and coordination systems along with establishing a Nutrition Surveillance System for:

- **Evidence-based tracking** of multi-sectoral COVID-19 specific nutrition responses- accessibility, coverage & quality

Presenter

Dr. Md. Khalilur Rahman



Director General of the Bangladesh National Nutrition Council

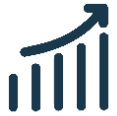
A medical professional with a Masters in Public Health and Nutrition, Dr. Md. Khalilur Rahman is Director General of the Bangladesh National Nutrition Council (BNNC), the apex governance body for nutrition in Bangladesh. The BNNC is responsible for formulating nutrition policy, strengthening nutrition governance at national and sub-national levels, advocating for the prioritization of nutrition, mobilizing resources for nutrition, and knowledge management. Previously, Dr. Rahman held several senior positions in the Ministry of Health and Family Welfare, including Director of the Institute of Public Health Nutrition and Civil Surgeon-Head of the District Health System, as well as at the grassroots level, and is an active member of the Bangladesh Medical and Dental Council.

9 actions prioritized in the report



Strengthen

1. Governance and leadership to enhance coordination in legislation/policy/regulation across nutrition sensitive and nutrition specific programs and sectors
2. Essential nutrition service delivery for building back to pre-COVID situation
3. Coordination between health and other key sectors to increase access and referral to nutrition services



Strengthen and Scale Up

4. SBCC activities to disseminate integrated nutrition messages within COVID-19 context, including digitally



Develop and support

5. Innovative approaches to support dietary adequacy and diversity

9 actions prioritized in the report



Improve

6. Access to quality nutrition interventions with adequate coverage through specific and sensitive programmes in urban areas
7. Information systems to enhance coordination, increase accountability and interoperability between existing MIS of sectors and partners, for ex. NIPU and FPMU



Increase

8. Integrated nutrition interventions using existing entry-points, and multiple community and sectoral platforms - community and youth engagement
9. Focus on creating enabling environment for establishing facilities for safe & healthy food in urban areas, emphasizing emerging COVID-19 situation

Reflections on lessons learnt

Success factors

- Quick identification of emerging needs, and responding in timely manner
- **Leadership & Partnership:** Stakeholder coordination and focus towards common goal
- Devising innovative solutions
- Integrated and inclusive approach: Specific focus on vulnerable groups, including at the sub-national level

Lessons learnt

- Key is to ensure response strategies focus on: Immediate relief and long-term measures
- Need for ready to use/easy to adapt standard operating protocols, technical and implementation guidelines focusing on immediate relief measures during public health crisis
- Flexibility is key to adapt to emerging crisis

Challenge:

- Coordinating remotely and virtually during the initial stages of pandemic with extremely tight timelines
- Adapting to the virtual way of working

Q&A



Moderator
Dr. Kefas Samson
Director, NTEAM
Nutrition International



Dr. Md. Khalilur Rahman
Director General of the
Bangladesh National
Nutrition Council



Ms. Saiqa Siraj
Country Director,
Bangladesh
Nutrition International



Dr. Iqbal Kabir
Nutrition International's
NTEAM TA Provider,
Bangladesh

Please use the chat box to ask your question. We do apologize if we are unable to get to your question due to time constraints.

After the Q&A we will move to audience experience sharing.

Experience sharing



Moderator

Dr. Kefas Samson

Director, NTEAM
Nutrition International



Dr. Md. Khalilur Rahman

Director General of the
Bangladesh National
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Ms. Saiqa Siraj

Country Director,
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Dr. Iqbal Kabir

Nutrition International's
NTEAM TA Provider,
Bangladesh

We are very interested in hearing your experiences!

To be selected, **please write your name and the organization you work for in the chat box and then use the 'raise hand' function at the bottom of your screen. We will call upon and unmute you when it is your turn to speak. You will have 3 minutes to share your experience and learnings. We apologize if we are unable to hear from everyone.**

Some guiding questions that may help facilitate your discussion:

- **Share a concrete example of your role and experience in contributing to COVID-19 response planning and implementation that can prove to be a good example for others**
- **Share your experience from a country in which you work, where the COVID-19 pandemic has impacted the nutrition status of the population and vulnerable groups, and how you or your organization approached this**

Message

Dr. Md. Khalilur Rahman
Director General BNNC



Closing Remarks

Dr. Kefas Samson
Director, NTEAM Nutrition International



A light blue world map is centered on the background of the slide. The map shows the continents of North America, South America, Europe, Africa, and Asia. The text 'Thank You' is overlaid on the left side of the map.

Thank You

NTEAM
NUTRITION TECHNICAL ASSISTANCE MECHANISM

ANNEX

This annex captures the discussions that took place during the Q&A and the experience-sharing segments of the webinar.

Panelists were kind enough to provide written answers to questions that for lack of time could not be addressed during the webinar, and those answers have been identified accordingly.

Q&A

Question for Dr. Khalilur Rahman:

As leader of the BNNC, can you tell us more about the efforts the BNNC is making to gather under one platform the many players in nutrition-specific and nutrition-sensitive sectors, specifically during the challenging time of Covid-19? (For Dr. Khalilur Rahman)

Answer:

Understanding of the underlying causes of malnutrition is low, and coordination is a challenge because nutrition is a multi-sectoral issue. But the BNNC is accustomed to coordinating, and the BNNC has strong convening power because of its mandate, and because the honorable Prime Minister is its Chair. It has therefore been successful in developing partnerships with a number of multi-sectoral partners. This is the beauty of the BNNC – it is based on multi-sectoral, multi-level and multi-stakeholder coordination.

Q&A

Question for Dr. Iqbal Kabir:

Can you further clarify how Nutrition International changed its work plan in Bangladesh due to COVID?

Answer:

It is important to clarify that the food basket assessment and the forecast report were not part of the original workplan for TAN in Bangladesh, but the team agreed to include them in the spirit of being flexible, as the BNNC and the Government of Bangladesh strove to be responsive to needs of time. As the vice chair of the Expert Technical Team formed by BNNC, NTEAM lead consultant took the technical lead on behalf of BNNC, and other TAN consultants were active participants in COVID-19 response committees. This cutting-edge technical support with a flexible approach provided insights into how TAN support could be best utilized. From its onset, and based on experience in other countries, it was clear the pandemic would impact nutrition in the medium and long term and that, unless timely and properly managed, malnutrition rates would increase. NTEAM quickly agreed to support the BNNC leadership of the impact assessment and the mobilization of other partners such as important government organisations, academia, eminent researchers, UN bodies, and NGOs.

Dr. Samson added that NTEAM took the same approach in all the countries it works in, ensuring workplans were aligned with emerging nutrition priorities due to COVID-19.

Q&A

Question for Dr. Khalilur Rahman:

Out of these 9 priority actions that you mentioned, what are those 2 priorities which according to you might be most challenging to implement? How do you plan to overcome these challenges? Which areas require support from partners and donors?

Answer:

As core functions of the BNNC, two priorities were both critical, while the remaining 7 were more programmatic and mostly implemented by other stakeholders:

- **Governance and Leadership to enhance coordination**
- **Information systems to enhance coordination**

As COVID-19 is making coordination more challenging, the BNNC needs continued support of more technical assistance; and also to strengthen its management information systems (MIS) including surveillance system for tracking impact of COVID-19, planning and advocacy.

Q&A

Question for Saiqa Siraj:

Did TAN, or Nutrition International more broadly, implement any specific nutrition intervention in Bangladesh for helping to reduce malnutrition during the COVID19 pandemic?

Answer:

You have already heard of the kind of support that TAN has provided to BNNC and other ministries during COVID-19 pandemic. But over all Nutrition International continued to implement the nutrition programming within its portfolio, working with the Ministries of Health & Family Welfare, Industry and Education, to support emerging needs from the pandemic. For example, Nutrition International supports the salt iodization program, and continued to provide virtual supportive supervision and ensure high quality salt iodization during the lockdown. We also support the rice fortification program (with the GoB, WFP and GAIN), and ensured that it was delivered through Open Market Support (OMS). Nutrition International provided support in establishing one new Fortified Rice Kernel plant during the pandemic and ensured quality in-country testing of FRK through providing its ongoing support to National Food Safety Laboratory under Institute of Public Health.

Nutrition International has been a long-time supporter of the Vitamin A supplementation for children, especially for hard-to-reach areas, and overall promotion activities, and a distribution campaign was held in October 2020. We also provided food baskets in the most remotes areas to vulnerable pregnant and lactating mothers during the initial lockdown phase. We are always looking to utilize new ways and specially during COVID-19 using virtual and digital platforms to provide support.

Q&A

Question for Dr. Samson:

The report and policy brief is a helpful resource. Could NTEAM develop a similar technical policy brief to support local government districts and county health authorities to address nutrition as part of their COVID-19 response?

Answer:

Yes, NTEAM can do this and we will take note of this.

Q&A

Question for Dr. Iqbal Kabir:

Should or could the projections in the report be validated through a rapid pilot survey?

Answer:

At the time of preparing projection which was done in stage of COVID-19 pandemic, it was extremely difficult to undertake any survey physically due to restricted movement imposed by the government to ensure physical distance during COVID-19 lockdown. However, BNNC is planning to undertake a study in near future to find out the actual impact of COVID-19 on nutrition outcomes among children and women.

Questions addressed in writing by Saiqa and Dr. Kabir

In the post-COVID-19 survey, have you observed an increase in wasting burden in U5 children?

Answer:

Until now there has been no study undertaken to ascertain the wasting burden. However, from the administrative data, it is being observed that the number of admission of SAM cases in health facilities have increased substantially compared to the numbers during the pre-COVID-19 months.

What is the situation for adolescent nutrition and health [during COVID-19]? Do you have any recommendations for how to address their needs?

Answer:

Adolescents especially are indirect victims of COVID-19 because of their confinement at home and restricted movement, resulting in increased sexual abuse and domestic violence. Due to the closure of schools, they are unable to receive the nutritional benefit of school feeding which is a major source of their daily calories and micronutrients. In addition, during COVID-19, a huge number of adolescent girls are becoming victim of early marriage which would have negative consequences on their own nutrition, health and wellbeing and the nutrition of future babies.

Nutrition International is closely working with the Ministry of Health and Family Welfare and the Ministry of Education to identify effective mechanisms to reach out to the adolescents and to develop an Operational Guideline on Health-system and Community-based Interventions on Adolescent Nutrition which will lay out the pathways to reach adolescents with nutrition information and weekly iron and folic-acid supplementation in general and during different time like ours.

Questions addressed in writing by Saiqa and Dr. Kabir

What were some of the innovative solutions that were devised [to address nutrition during COVID-19]?

Answer:

During the lockdown period due to COVID-19, partners adopted different approaches and used all possible platforms and existing networks available at communities as much as possible to reach vulnerable population groups, such as telemedicine, e-Messaging for health and nutrition messages, extensive use of social medias, etc. Please also refer to Saiqa's response above.

Can you elaborate how the BNNC integrated gender as a cross-cutting issue as part of its response and activities during COVID-19?

Answer:

Both the assessment/projection report and the Policy Brief have highlighted gender related issues which might have emanated during COVID-19. BNNC ensures that recommendations, measures and policies addressing vulnerable people are gender-sensitive and do not further widen the gender gap. BNNC further emphasizes that social protection services should continue to operate and ensure sensitization against gender-based violence and early marriage, promote sexual and reproductive rights and services, and protect them from abuse and neglect at home.

Experiences shared

Dr. Tahmeed Ahmed, Director of Nutrition and Clinical Services at ICDRB. He also oversees all COVID-19 testing for ICDRB.

He spoke about the “strange beauty” of Bangladesh, and that none of the three different predictions for COVID-19 materialized, all which showed very high numbers of cases and deaths, and would cause panic, chaos and very high demand for services. He said that BNNC’s overall response was excellent, and specifically the report on the expected impact of COVID-19 was a unique and useful document. The government’s proactive response to prevent malnutrition was also well-executed. For example, in April the mobilization of agricultural workers to harvest the paddies before expected flash floods helped prevent a loss of crops and potentially major food insecurity. Lockdowns also threatened to cause major economic hardships, so when those were lifted in May, that helped prevent major economic and malnutrition consequences.

Experiences shared

Piyali Mustaphi, Chief of Nutrition at UNICEF Bangladesh. She also coordinates the UN partnership and works closely with BNNC for all multi-sectoral nutrition activities.

She has been working with all UN agencies and partners, including BNNC, to develop the UN response to the immediate socioeconomic response framework for COVID-19 (called iSERF) in Bangladesh. It was launched globally by the UN, and then adopted in Bangladesh. The BNNC report, that NTEAM along with other partners supported, to assess the impacts of COVID-19 on nutrition was very useful, timely and of high quality, and particularly useful for the iSERF process. The report provided the latest data that was needed, via the first edition in April, and the second edition in August. It was a truly multi-sectoral assessment, reflecting the impact on food chains, food safety, food security, school feeding programs, delivery of nutrition services, income and employment and nutrition sensitive social protection. The process of developing the assessment ensured that government and all sectors are aligned in their actions. The report will also contribute to shaping the new UN Joint Response Framework, a planning process that is already started, and will be launched in 2022, to be aligned with the government, and BNNC's, priorities.

Experiences shared

Ruhina Binta works in Health, Nutrition and Population at BRAC.

When the pandemic started, BRAC developed a COVID-19 community support team through community healthcare workers. In coordination with UN agencies, it was implemented in all 54 wards of the Dhaka city corporation as a part of the pandemic and nutrition surveillance system, and to reduce the burden on health systems. The community support ensured the necessary resources were available for those infected with COVID-19 and those needing to quarantine, including food baskets, essential medicines and connecting them to BRAC's telemedicine system. It was particularly important for people in slum areas.