Nutrition Brief for Development Partners in Bangladesh

Introduction

The prevalence of malnutrition in Bangladesh is among the highest in the world and remains a serious public health problem. According to the 2011 Bangladesh Demographic and Health Survey (BDHS), approximately 7 million Bangladeshi children under 5 years of age suffer from malnutrition, with 41 percent of children stunted, 36 percent of children underweight, and 16 percent wasted. Maternal malnutrition is also high, at 24 percent, and more than one in three children are born with low birth weight (LBW) (BDHS 2011; National Low Birth Weight Study of Bangladesh, 2003–2004). Bangladeshi children also suffer from high rates of micronutrient deficiencies, particularly vitamin A, iodine, and iron. According to the 2011 BDHS, anaemia—an indication of one of the major micronutrient deficiencies in Bangladesh—is present among 51 percent of pre-school children and 42 percent of women. Despite recent improvements in exclusive breastfeeding (64 percent of infants under 6 months), proper infant and young child feeding practices (waiting until a child is 6 months of age to begin feeding small amounts of solid or semisolid foods; increasing the amount, variety of foods, and frequency of feeding as the child gets older; and maintaining frequent, on-demand breastfeeding until 2 years of age), are still lacking throughout Bangladesh (BDHS 2011).

Malnutrition has a cumulative negative effect on health, education, and economic development, costing developing countries up to 2–3 percent of GDP annually (World Bank 2006). In a country like Bangladesh, these losses in economic productivity amount to $1 billion of revenue per year. PROFILES estimates (2012) suggest that improving nutrition over the next 10 years would result in significant gains in health outcomes and economic productivity. Reducing malnutrition would:

- Save 230,000 infants' lives by reducing low birth weight
- Save 160,000 children's lives by preventing stunting
- Save 150,000 children's lives by preventing and treating wasting
- Save more than 50,000 children's lives by decreasing vitamin A deficiency
- Save more than 150,000 infants' and 6,000 mothers' lives by decreasing maternal anaemia

As a result of several major interventions, the Bangladesh health sector is widely recognized as having achieved significant improvements in health and population indicators, including maternal mortality ratio (MMR), child immunization rates, infant mortality rate (IMR), contraceptive prevalence rate, total fertility rate, and population growth rate. In the agriculture sector, Bangladesh has made impressive gains, such as a tripling of rice production over the last 30 years, putting the country close to rice self-sufficiency. In addition, the poverty rate in Bangladesh has declined by 10 percent over the past decade. These significant improvements in the health and agriculture sectors demonstrate that Bangladesh is more than capable of also improving nutrition indicators through concerted multisectoral effort.

The Government of Bangladesh (GOB) formulated the next 5-year (July 2011–June 2016) health sector plan, the "Health, Population and Nutrition Sector Development Program" (HPNSDP), which also includes an operational plan for mainstreaming and scaling up nutrition services nationally. This is a major shift from the government's previous strategy, and for the first time nutrition will be mainstreamed and scaled up through the National Nutrition Services, in co-ordination with relevant ministries.

The investment priorities and requirements for agriculture, food security, and nutrition are outlined in the Country Investment Plan (CIP). Through the CIP and the HPNSDP, the health, agriculture, and education sectors have already committed considerable human and financial resources, and their efforts are laudable. The CIP framework has stimulated the formulation of new projects and substantially increased financial resources made available in a co-ordinated and strategic manner, in line with national policy objectives. The joint effort and involvement of several ministries (core sectors: the Ministry of Finance; the Ministry of

Agriculture, including the Ministry of Fisheries and Livestock; and the Ministry of Health and Family Welfare, among others) in the development and monitoring of the CIP is a testament to the joint commitment and action of both the government and development partners. To build on these successes and improve maternal and child nutrition, now is the time to implement a comprehensive national nutrition program that, in addition to improving health, will increase economic productivity and improve education outcomes.

Summary of Challenges to Improving Nutrition

- According to UNICEF, two-thirds of girls are married before the age of 18, with one-third married before the age of 15. The high rate of early marriage in Bangladesh and cultural pressure to conceive soon after marriage forces girls to discontinue their education and increases the likelihood that both mother and child will be malnourished.
- In Bangladesh, a third of all childbearing begins in adolescence, which contributes to the high prevalence of LBW and the high prevalence of chronic and acute malnutrition among children under 5. **Although fertility rates have dropped dramatically over several decades in Bangladesh, rates for adolescent girls have remained unchanged**: 60 percent of girls 19 years of age have begun childbearing, putting them and their children at increased risk of malnutrition.
- **The prevalence of LBW is still widely prevalent and continues to affect one-third of births.** LBW in Bangladesh is a result of poor pre-pregnant nutritional status, poor dietary intake, inadequate weight gain, high workload, and young maternal age.
- While a majority of infants are breastfed in Bangladesh and rates of exclusive breastfeeding are improving, **poor infant and young child feeding practices remain a significant risk factor** for high rates of chronic malnutrition.
- The prevalence of severe acute malnutrition (SAM) is extremely high in Bangladesh, and children with SAM have the highest risk of mortality. Yet, **there are few services available for severely and moderately acutely malnourished children at the community or district level in Bangladesh,** and little support for ready-to-use therapeutic foods (RUTF) in the country. A national program for nutrition in Bangladesh needs to ensure that nutrition services provide a continuum of care, to prevent malnutrition from occurring in young children, while providing treatment for young children that still become malnourished.
- Poor hygiene practices and lack of sanitation is one of the key underlying causes of malnutrition in Bangladesh. Less than 1 percent of caregivers wash their hands before preparing food for and feeding their child. Repeated infections are common in young children and can result in loss of appetite, increased nutrient requirements, and/or decreased absorption of nutrients consumed, leading to acute and chronic malnutrition.
- Nutrition is intrinsically multi-sectoral. To effectively and sustainably address the problem, it is crucial to actively engage other sectors outside of health.

Summary of Gaps in Nutrition Programming in Bangladesh

- **Inadequate staff in nutrition roles:** The GOB is mainstreaming nutrition programming and has identified key personnel responsible for delivering and supervising the delivery of nutrition interventions at the central level. However, most staff responsible for providing nutrition services at *upazila* and community levels do not have nutrition responsibilities in their job description and therefore do not prioritize this role.
- **Lack of effective supervision, monitoring, and evaluation for delivering quality services and ensuring accountability among managers:** Clear roles and responsibilities on nutrition integration for managers and each tier of staff will be essential to ensure effective implementation and oversight of integrated nutrition services. Current reporting forms should be revised and updated to include key nutrition indicators to track progress on nutrition outcomes. At each level of service provision, staff should be adequately trained on reporting and collecting nutrition-related data.

- **Lack of diversification in food production:** Despite some success in increasing consumption of diverse foods (rice decreased from 73 percent to 70 percent of the diet between 2005 and 2010), the proportion of land used for rice cultivation has increased from 76 percent in 2007 to 80 percent in 2010. In contrast, during the same period, several important fruits and vegetables, such as lal shak, brinjal, and jackfruit, experienced a decline in production.

What Can You Do As a Development Partner to Improve Nutrition?

- Continue co-ordination efforts among all development partners
- Advocate for and assist the GOB to:

Focus direct nutrition interventions on four critical areas:

- Improving adolescent nutrition
- Improving maternal nutrition during pregnancy and the post-partum period
- Improving nutrition of children under 2
- Improving treatment and prevention of severe and moderate acute malnutrition among children under 5

Support:

- Multi-sectoral co-ordination across ministries
- Capacity strengthening to ensure skilled staff are available for service delivery
- Health system strengthening to ensure nutrition is effectively integrated
- Resource allocation at all levels—local, regional, and national—necessary for nutrition services
- The development and implementation of a strong supervision and monitoring system
- Community-based organizations to create demand for nutrition services
- Strengthening programs on food safety and food handling practices
- Promotion of handwashing before preparation of food and feeding a child

Ensure food security through the following interventions:

- Food supplementation for pregnant and lactating women and children under 2 of the poorest households
- Micronutrient supplementation
- Promotion of homestead gardening for increased dietary diversity and women's incomes
- Promotion of diversity in food production

Talking Points for Use by Development Partners with the Government in Bangladesh

Investing in nutrition now is crucial for Bangladesh's development

- We share the belief that every Bangladeshi has the right to good nutrition, health, education, and opportunities for economic growth. As the Government of Bangladesh implements the next Health, Population and Nutrition Sector Development Program and Country Investment Plan, all of the projects being funded by **development partners stand in support of the government to improve nutrition outcomes**.
- **We know now that investing in nutrition is within the means of the national budget.** The total cost of a nutrition program implemented at scale in an average year (900 to 1,200 Crore Taka) is only 11 percent of the total amount budgeted for the health, population, and nutrition sector.
- We know that reducing malnutrition in Bangladesh **will require a co-ordinated, multi-sectoral approach** and, to that end, **we support the development and rollout of the updated National Nutrition Policy.**

The benefits of investing in nutrition far outweigh the costs

- **Improved nutrition over the next 10 years would:**
  - **Save 230,000 infants' lives** by reducing low birth weight
  - **Save 160,000 children's lives** by preventing stunting
  - **Save 150,000 children's lives** by preventing and treating wasting
  - **Save more than 50,000 children's lives** by decreasing vitamin A deficiency
  - **Save more than 150,000 infants' and 6,000 mothers' lives** by decreasing maternal anaemia
- **Malnutrition costs Bangladesh more than 7,000 Crore Taka (US$1 billion) in lost productivity** every year and even more in health care costs.
- Progress in nutrition will improve child development, cognitive function, and school performance, and **will result in children enrolling in school earlier and staying in school longer.**
- Investing in nutrition now would lead to **economic gains through increased productivity exceeding 70,000 Crore Taka (US$10 billion) by 2021**.
- **Investment in nutrition would also lead to improvement in the health and family planning sectors.** Health, family planning, and nutrition are synergistic. Investing in any one of these sectors alone will not lead to the same return as investing equally in all three sectors at scale.

BOX: Steps the Government of Bangladesh Can Take to Mainstream Nutrition

- Ensure adequate skilled staff are available at all levels for service delivery
- Develop a strong supervision and monitoring system to assess progress on food security and nutrition
- Ensure a structure is in place to integrate nutrition into the health system at every level
- Strengthen multi-sectoral co-ordination across ministries to mainstream nutrition
- Let development partners know how we can support the GOB more effectively
- Ensure that the health system has capacity to manage acute malnutrition cases
- Promote diversity in food production
- Finalize a food safety and quality policy and action plan
- Improve food storage and processing and reduce waste
- Implement behaviour change communication strategies to improve hygiene and sanitation practices, including handwashing

This document is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID), and USAID/Bangladesh, under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.

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