



Scaling Up Nutrition Interventions in Bangladesh: A Policy Brief

The health, population, and nutrition (HPN) sector of Bangladesh has achieved remarkable progress with respect to many important health and demographic indicators. Despite this success and the recent implementation of a number of nutrition programs, poor nutritional status remains a widespread problem. As a result, the HPN sector is working to improve the country's nutrition situation.

The 2011 Bangladesh Demographic and Health Survey (BDHS) found that nearly 7 million Bangladeshi children under 5 years of age suffer from malnutrition, with 41 percent of children chronically malnourished (stunted), 36 percent of children underweight, and 16 percent acutely malnourished (wasted). Malnutrition is a leading cause of under-5 child mortality in Bangladesh, with nearly 50 percent of all under-5 child deaths attributable to malnutrition. In particular, severe acute malnutrition, which carries a 10-fold increased risk of death in children, affects 600,000 children under 5. Maternal malnutrition is also high at 24 percent, and more than one in three children are born with low birth weight, which further increases the risk of child undernutrition and child mortality (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. Anaemia affects 51 percent of preschool children and 42 percent of women of childbearing age. Inadequate infant and young child feeding practices remain a cause for concern despite recent improvements in the percent of infants 0–6 months of age who are exclusively breastfed (64 percent) (BDHS 2011).

Why does nutrition matter?

- Malnutrition in mothers and children is a leading cause of under-5 child mortality, and over 10 years 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
- Nutrition is a prerequisite for a population's health and well-being, children's cognitive development and school performance, and the economic productivity of a nation. Good nutrition is essential to protect Bangladesh's human capital and development potential.
- **Improving the nutritional status of mothers and children would result in children performing better, enrolling earlier, and staying for more years in school.** This in turn leads to greater economic productivity in the future. By investing in proven, effective nutrition interventions implemented at scale over the next 10 years, hundreds of thousands of lives would be saved and improved.
- Investing in nutrition now would lead to **economic gains through increased productivity exceeding 70,000 Crore Taka (US\$10 billion)** by 2021.



- The **benefits of investing in nutrition far outweigh the costs**. The **average cost per year of a nutrition program at scale is 900–1,200 Crore Taka (US\$130 million– US\$170 million), and this is within the means of the national budget**. But the current health sector budget for health and nutrition is low relative to the need and should increase from 6 percent to at least 8 percent of the national budget, of which 2 percent should be devoted to nutrition-specific interventions.

Without considerable improvement in the nutrition situation in Bangladesh, further gains in the health and well-being of the country's citizens, and achievement of the Millennium Development Goals, the World Health Assembly targets for 2025, or the vision of becoming a middle-income country by 2021, will be virtually impossible. But investing in nutrition today will result in a multitude of benefits, including improved health, education, and economic productivity. Nutrition has been identified by the Copenhagen Consensus as the **best investment** a government can make, noting that every dollar spent on nutrition interventions has at least a US\$30 return.

It is more urgent than ever to implement comprehensive national nutrition services provided at scale across the country. This policy brief articulates the commitment of the National Nutrition Services (NNS) within the Ministry of Health and Family Welfare to rapidly scale up comprehensive nutrition services across the country and identifies the role parliamentarians, policymakers, and politicians can play in supporting this rapid scale-up and rollout of nutrition services.

What is Bangladesh's commitment to nutrition?

Under the leadership of the Honourable Prime Minister of Bangladesh, H.E. Sheikh Hasina, Bangladesh is participating in the global Scaling Up Nutrition (SUN) movement. Under SUN, the Government of Bangladesh has committed itself to delivering nutrition-specific interventions at the community level, through a comprehensive nutrition package that includes support for breastfeeding and complementary feeding, dietary diversification, food safety, and food supplementation and fortification, as well as the management of moderate and severe acute malnutrition. The recently formulated Health, Population and Nutrition Sector Development Program's (HPNSDP) 5-year health sector plan also includes an operational plan for mainstreaming and scaling up nutrition services nationally. This is a major shift from the government's previous strategy; for the first time in Bangladesh's history, nutrition will be mainstreamed and scaled up through the NNS, in coordination with relevant ministries. The nutrition interventions identified in the HPNSDP Operational Plan for Nutrition align with the SUN movement; are based on the global and national evidence base; and emphasize a focus on the first 1,000 days, from conception until a child's second birthday. The emphasis of nutrition programming is on the prevention and treatment of malnutrition and the objective is to provide a continuum of care across the lifecycle. This includes target groups, such as unmarried and married adolescent girls, pregnant and lactating women, infants, and children under the age of 5. Multi-sectoral, nutrition-sensitive approaches are also included.

However, challenges to scaling up nutrition services remain. Bangladesh's last Food and Nutrition Policy and Nutrition Plan of Action were updated in 1997 and are now outdated; they are currently being revised. The current absence of a revised comprehensive national nutrition policy is slowing down the process of implementing a comprehensive national nutrition program, even though Bangladesh's health sector has the necessary infrastructure to adequately support implementation of the services. Further, community clinics have been established in most wards, and these are ideally suited to serve as a focal point for nutrition services at the community level.

The NNS is taking the following steps toward implementing national nutrition services across the country:

- Working with partners to complete a mapping exercise to identify what nutrition activities and services are being implemented across Bangladesh and which institutions are implementing them
- Working toward the development of a Nutrition Policy and Nutrition Plan of Action with stakeholders in Bangladesh to meet the country's commitment to the SUN movement
- Working with the directorates of health and family planning to identify an approach to implementing nutrition services at the community level across the country
- Developing a plan to train and strengthen the skills and capabilities of HPN service providers to provide nutrition services
- Developing a management structure and a phased implementation plan to rapidly scale up and expand nutrition services at the community level
- Developing a linkage with local government to ensure primary health care, including nutrition services, is provided in urban areas
- Coordinating with relevant ministries to ensure the implementation of nutrition-sensitive approaches

How can you support the rapid scale-up and rollout of national nutrition services?

As policymakers, parliamentarians, and politicians, you can support the effective implementation of the National Nutrition Services in the following ways:

- Articulate your commitment to good nutrition for mothers and children in political manifestos
- Promote inter-ministerial coordination, commitment, and management of nutrition implementation activities
- Oversee the development and ensure the adoption of a new Nutrition Policy and Nutrition Plan of Action
- Allocate adequate funds for the nutrition component in a sustained manner
- Establish a parliamentary committee to oversee the effective use of funds allocated to nutrition and monitor the implementation and quality of nutrition services

Malnutrition is *preventable and treatable*.

By working together we can make malnutrition in Bangladesh a fact of the past.

This policy brief has been prepared based on the framework and findings of *The Lancet* (January 2008); World Bank (2006); and the PROFILES and Costing Technical Report in Bangladesh, *Investing in Nutrition Now: A Smart Start for our Children, Our Future* (2012). This brief was developed by a research team from Research, Training and Management (RTM) International and the Food and Nutrition Technical Assistance III Project (FANTA), and is made possible by the generous support of the American people through 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 FANTA, managed by FHI 360.

