

Invest in Nutrition Now

A Smart Start for Our Children, Our Future

For more information, contact:

Dr Kavita Sethuraman, USAID FANTA Project,
FHI 360 at ksethuraman@fhi360.org

A Fact Sheet on Agriculture and Nutrition in Bangladesh

September 2013

Malnutrition in Bangladesh is still one of the highest in the world despite increased food production. Food insecurity is a widespread problem in Bangladesh that leads to malnutrition. Children, adolescent girls, and mothers are most at risk of malnutrition.

- Malnutrition in Bangladesh can take many forms including chronic malnutrition (stunting, which is short-for-age), acute malnutrition (wasting, which is low weight-for-height), iron-deficiency anaemia, Vitamin A deficiency, iodine deficiency, and low birth weight (less than 2.5 kg).
- Nearly half of children under 5 years of age and 3 out of every 10 women of childbearing age suffer from malnutrition, regardless of wealth.
- Malnutrition is the underlying cause of one-third of deaths in children under 5 years of age. Children who are malnourished are at greater risk of infections (diarrhoea and pneumonia), and chronic diseases (diabetes and heart disease).
- Nearly 400,000 Bangladeshi children under 5 years of age are suffering from the most severe form of malnutrition—severe acute malnutrition (wasting)—which by the World Health Organization standards is at emergency levels.
- The causes of food insecurity in Bangladesh are multi-faceted, often a result of poverty, landlessness, natural disasters, high food prices, lack of education and the fact that a majority of livelihoods are undiversified and depend on agriculture as a main source of income. Gender inequality worsens food insecurity and poverty as women relative to men lack adequate access to and control over productive resources that are necessary to maintain household food security.

Malnutrition reduces Bangladesh's agricultural productivity.

- A healthy and productive workforce in Bangladesh is needed to improve and sustain agricultural productivity. Iron-deficiency anaemia and stunting result in reduced labour productivity, which hinders agricultural production and derails development progress.
- Malnutrition due to stunting, iron-deficiency anaemia, iodine deficiency and low birth weight costs Bangladesh more than 7,000 Crore Taka (\$1 billion USD) in lost productivity every year and even more in health care costs.
- Investing in nutrition now would lead to economic gains through increased productivity exceeding 70,000 Crore Taka (US \$10 billion) by 2021.



Photo credit: SPRING Project/JSI, courtesy of Photoshare

The agriculture and nutrition sectors are inter-dependent. Nutrition can be improved through increased access and availability of food at the household level. The agriculture sector can support nutrition by:

- Providing strong political leadership and commitment to nutrition within the Ministry of Agriculture and Ministry of Food and Disaster Management and strong coordination with other ministries including the Ministry of Health and Family Welfare, Ministry for Livestock and Fisheries, Ministry of Education and Ministry of Planning and Finance.
- Supporting the adoption of a national plan of action for nutrition and by integrating nutrition in agriculture plans, policies, and programs.
- Allocating more resources for implementing proven household-level agricultural interventions that can improve household food security and nutrition.

Some Strategies to Improve Nutrition and Sustain Food Security

- Promote women’s access to and control over productive resources, capital, and income generation.
- Promote the use of labour-saving technologies to enable women to manage competing priorities and their caring, reproductive, and productive roles.
- Promote opportunities to train women in agro-processing at the household level.
- Increase wages for male and female agricultural workers and ensure men and women receive equal pay for equal work to increase families’ ability to buy nutritious foods.
- Work with the private sector to ensure food fortification and maintain quality control.
- Provide opportunities for diversification of household income.
- Promote the adoption of high-yield crops.
- Promote small livestock production, including small ruminants.
- Intensify nutrition and health behaviour change interventions within agricultural interventions, with a focus on men and gatekeepers.



This brief 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.

Main data sources include Bangladesh Demographic and Health Survey 2007 and Bangladesh PROFILES and Nutrition Costing Technical Report.

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A Fact Sheet on Education and Nutrition in Bangladesh

September 2013

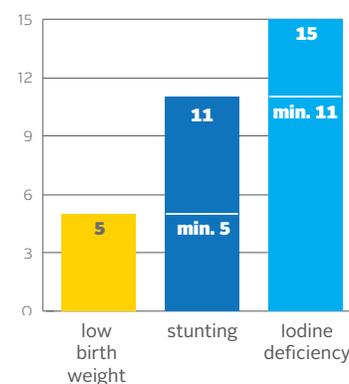
Malnutrition delays child development, impairs cognitive function and contributes to poor school performance in children. Malnutrition in Bangladesh is still one of the highest in the world affecting children, adolescent girls and mothers.

- Malnutrition in Bangladesh can take many forms including chronic malnutrition (stunting, which is short-for-age), acute malnutrition (wasting, which is low weight-for-height), iron-deficiency anaemia, Vitamin A deficiency, iodine deficiency and low birth weight (less than 2.5 kg).
- Nearly half of children under 5 years of age and 3 out of every 10 women of childbearing age suffer from malnutrition, regardless of wealth.
- Malnutrition is the underlying cause of one-third of deaths in children under 5 years of age. Children who are malnourished are at greater risk of infections (diarrhoea and pneumonia), and chronic diseases (diabetes and heart disease).
- Nearly 400,000 Bangladeshi children under 5 years of age are suffering from the most severe form of malnutrition—severe acute malnutrition (wasting)—which by the World Health Organization standards is at emergency levels.
- Malnutrition impairs cognitive ability. Children with chronic malnutrition (stunted) learn to sit, stand, and walk later; have poorer cognitive function; enroll in school later; perform worse in school; have more days out of school due to illness, and are more likely to drop out of school than well-nourished children.
- Malnutrition costs Bangladesh more than 7,000 Crore Taka (\$1 billion USD) in lost productivity every year and even more in health care costs.



Photo credit: Cassandra Mickish, CCP, courtesy of Photoshare

IQ Points Lost to Malnutrition



Source: Grantham-McGregor et al. 1999.

Malnutrition is *preventable and treatable*.

Increasing and sustaining commitment and investment for nutrition now is crucial for Bangladesh in the decades to come.

- During the next 10 years, investment in proven, effective and quality nutrition interventions implemented at scale would improve child development, cognitive function and school performance. Improved nutrition would:
 - Prevent permanent brain damage in about 2 million children and increase the average child's IQ by 13.5 points by preventing iodine deficiency.
 - Improve cognitive development in children by preventing and treating iron-deficiency anaemia.
 - Result in earlier school enrollment, children staying in school longer, and better school performance.
 - Lead to economic gains through increased productivity exceeding 70,000 Crore Taka (US \$10 billion) by 2021.

The nutrition and education sectors are inter-dependent. Improving nutrition benefits education outcomes. The education sector can support improved nutrition in Bangladesh through a few key activities, by:

- Providing strong political leadership and commitment within the Ministry of Education and strong coordination with Ministry of Health and Family Welfare.
- Supporting and expanding secondary school education for girls and boys and promoting delayed childbearing.
- Supporting and expanding early childhood development programs to promote optimal cognitive development.
- Supporting nutrition early in life for children's cognitive development, so they have the best chance to do well in school.

People with higher levels of education have better health outcomes than those with less education. Some nutrition-related activities to improve learning and school performance include:

- Updating education sector policies and strategies that are relevant to nutrition
- Endorsing and operationalising the draft National School Health Policy
- Finalising and disseminating the School Feeding guidelines
- Supporting implementation of mandatory food fortification regulation by promoting use of fortified foods in schools
- Organising mass de-worming
- Supporting water and sanitation initiatives
- Educating children on positive health and nutrition practices



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A Fact Sheet on Health and Nutrition in Bangladesh

September 2013

Children are the future of Bangladesh, but they are also the most at risk. Malnutrition in children, adolescent girls and mothers in Bangladesh is still one of the highest in the world.

- Malnutrition in Bangladesh can take many forms including stunting (short-for-age), wasting (low weight-for-height), iron-deficiency anaemia, Vitamin A deficiency, iodine deficiency and low birth weight (birth weight of less than 2.5 kg).
- More than half of children under 5 years of age and 3 out of every 10 women of childbearing age suffer from malnutrition, regardless of wealth.
- Malnutrition is the underlying cause of one-third of deaths in children under 5 years of age. Children who are malnourished are at greater risk of infections (diarrhoea and pneumonia), and chronic diseases (diabetes and heart disease).
- Nearly 400,000 Bangladeshi children under 5 are suffering from the most severe form of malnutrition—severe acute malnutrition (wasting)—which by the World Health Organization standards is at emergency levels.
- Children with chronic malnutrition (stunted) enroll in school later, perform worse in school, have more days out of school due to illness, and are more likely to drop out of school than well-nourished children.
- Malnutrition costs Bangladesh more than 7,000 Crore Taka (\$1 billion USD) in lost productivity every year and even more in health care costs.



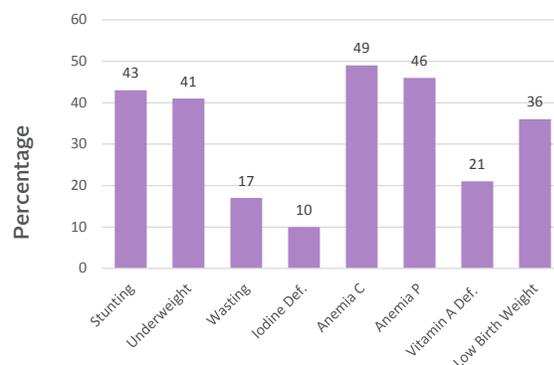
Photo credit: Marsha McCoskrie, courtesy of Photoshare

Malnutrition is *preventable and treatable*.

Increasing and sustaining commitment and investment for nutrition now is crucial for Bangladesh in the decades to come.

- 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. Reducing malnutrition would:
 - Save 230,000 infants by reducing low birth weight.
 - Save 160,000 lives by preventing stunting.
 - Save 150,000 lives by preventing and treating wasting.
 - Save more than 50,000 children by decreasing Vitamin A deficiency.
 - Save more than 150,000 infants and 6,000 mothers by decreasing maternal anaemia.

Malnutrition Rates in Bangladesh



Source: NIPORT, Mitra and Associates, and Macro International 2009; Bangladesh Bureau of Statistics (BBS)/UNICEF 2005; HKI and IPHN 1999; IPHN 2007; BBS/UNICEF 2004.

- Progress in nutrition would result in children enrolling in school earlier, staying in school longer and performing better in school.
- Investing in nutrition now would lead to economic gains through increased productivity exceeding 70,000 Crore Taka (US \$10 billion) by 2021.

A national program that provides proven, effective and quality nutrition services that range from prevention to treatment of malnutrition at scale in Bangladesh is urgently needed.

- Improved nutrition will require:
 - Strong political leadership, commitment at the highest levels, to ensure that nutrition is integrated into the programs of relevant ministries.
 - Adoption of an updated national plan of action for nutrition involving key stakeholders and funding and implementation of a comprehensive national program for nutrition throughout the country. The benefits of investing in nutrition far outweigh the costs. The average cost per year of a nutrition program at scale is 900 to 1,200 Crore Taka (about US \$130 million to \$170 million).
 - Strong multi-sectoral coordination amongst the Ministries of Health and Family Welfare, Agriculture, Food and Disaster Management, Livestock and Fisheries, Education, Planning and Finance, Local Government and Rural Development, Women and Child Affairs, the private sector and nongovernmental organization partners.
 - An adequate budget specifically for nutrition, especially in the Health, Population and Nutrition sector, which could make more services available for mothers and children.
 - Informing the public about the benefits of nutrition services and where they can access them. Every Bangladeshi has the right to good health and nutrition.

Proven, Effective Nutrition Solutions

- Promotion of optimal breastfeeding
- Promotion of appropriate complementary feeding
- Improved hygienic practices
- Vitamin A supplementation
- De-worming
- Iron-folate supplements for pregnant and lactating women
- Promotion of good nutrition for adolescent girls and pregnant and lactating women
- Salt iodisation
- Fortification of staple foods
- Multiple micronutrient powders
- Prevention of chronic malnutrition*
- Treatment of severe acute malnutrition* with special foods, such as ready-to-use therapeutic foods

* Multiple forms of malnutrition exist, but treating and preventing them require different approaches.



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