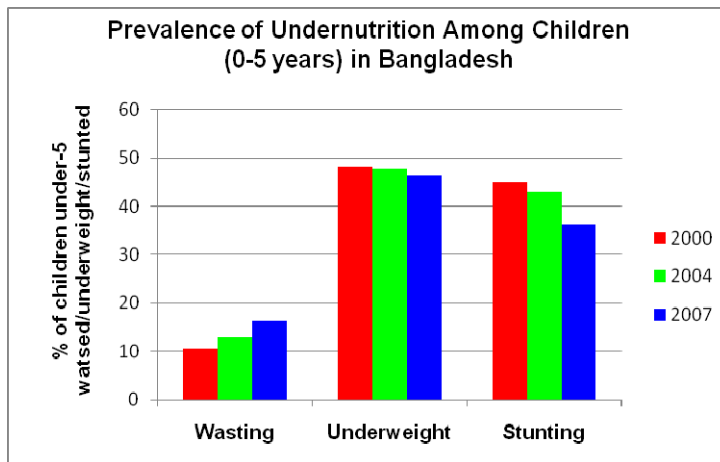


Bangladesh

Overview of Childhood Undernutrition

Like other countries in the South Asia region, the levels of child undernutrition in Bangladesh are among the highest in the world. While the country made significant progress reducing all anthropometric measures of nutrition in the 1990s, stunting, underweight, and wasting, progress slowed markedly after 2000. Stunting continued to fall reflecting the gains of the 1990s but child underweight rates barely changed, falling just 2 percentage points to 46% in the 7 years up to 2007 (**Figure 1** Source: Bangladesh Demographic Health Surveys 2004 and 2007). Bangladesh is no longer on track to achieve the MDG 1 target on child underweight rates of 33% by 2015 – although with stepped up, concerted action it could do. . The most alarming trend is that the level of wasting has increased by more than 50% in the same 7 years, from 10 % in 2000 to 16% in 2007. To date there has been little recognition of this and no policy response despite it being above the emergency threshold of 15%, constituting a crisis situation according to the WHO classification. The national aggregates of undernutrition mask the widening



disparities between different groups. For example, stunting is most common in poorest households where more than 50% of the children are too short for their age, compared to only 26% in the wealthiest households. Stunting is also more prevalent in rural areas (45%) than in urban areas (36%), and among uneducated mothers as opposed to those with higher education.

Micronutrient Deficiencies: Deficiencies in some key micronutrients that have important adverse effects remain widespread among children and adults in Bangladesh. A recent study by the Institute of Public Health and Nutrition (IPHN) reported a high prevalence of anemia across all vulnerable groups – 46% among pregnant women, 64% among 6-23 months old children and 42% among 24-59 months old children. Of concern is that location specific studies indicate that iron deficiency anemia showed no improvement from 1996/97 to 2006/7 despite reductions in poverty. Iodine deficiency is also of public health concern throughout the country, with about 34% of children 6-12 years old and 39% among the 15-44 years age group suffering from subclinical Iodine Deficiency Disorders according to a national nutrition intervention.

Causes of Undernutrition

Low birth weight is one of the most important causes of child undernutrition in Bangladesh. Children who are smaller at birth than the average size are at a higher risk of poor growth and development as they grow older. Approximately 40% of babies are born with a low birth weight and hence more likely to grow up to be wasted, underweight and

or stunted children. Sub-optimal infant and young child feeding (IYCF) practices have also attributed to the high levels of child undernutrition observed in Bangladesh. For example, although breastfeeding is very common across the country, only 43% of children under 6 months old are exclusively breastfed, and only 44% of breastfed children 6-23 months old are fed food from three or more food groups as per WHO recommendations. Overall, among children 6-23 months old, only 42% are fed according to the recommended IYCF practices for that age group. Other key causes of child undernutrition that have been reported from multivariate analyses include maternal undernutrition (estimated at 30% in Bangladesh), short birth intervals and low maternal education

Policy and Programmatic Responses to Malnutrition

The Government of Bangladesh (GoB) finalized and endorsed the National Plan of Action for Nutrition (NPAN) in 1995. However, the country lacks a current cross Ministerial National Nutrition Policy that puts nutrition firmly on the national development agenda, articulating the roles of the various Ministries. A National Food Policy was launched mid 2009, by the Ministry of Food and Disaster Management, with a primary focus on food security and food based approaches to nutritional improvement. The Ministry of Health and Family Welfare (MOHFW) as yet has no nutrition policy to articulate its goals and strategies related to nutrition. However, it has committed to form a high level steering committee to ensure the restoration of nutrition services as part of primary health care provision and develop policy.

Institutional arrangements and Nutrition Interventions of the Ministry of Health and Family Welfare

Currently few nutrition services are delivered as part of core health service delivery. Less than 15% of children are weighed on contact with the primary level health system.

Iron Folic Acid (IFA) supplementation is a part of antenatal care for pregnancy, but only about 50% of women make one visit to a health facility and reportedly often do not receive IFA. Hence the IFA coverage is inadequate. Similarly postnatal Vitamin A supplementation is part of the prescribed postnatal care, but given most women deliver at home and only about 21% of pregnant women have a postnatal visit, coverage is very low.

Zinc Supplementation: Zinc supplementation during treatment of childhood diarrhea has recently gained importance under the leadership of ICDDR,B and MOHFW. All IMCI programs are providing zinc tablets free to children with diarrhea.

MOHFW's national nutrition actions are largely dominated by vertical programming. Two line directorates of the MOHFW have core responsibilities for implementation of nutrition programming in Bangladesh.

The Institute of Public Health Nutrition (IPHN, reporting through the Director General of Health Services, has the responsibility of addressing all public health and nutrition problems of the country. Some of the programs under this unit include de-worming and

distribution of Vitamin A capsules. Using the Expanded Program for Immunization, Vitamin A capsules for 6-59 month olds are delivered with a coverage rate of 88% of the population, commendable coverage and indicative that it effectively reaches the poor. In the past it also partnered with Helen Keller International (HKI) on nutritional surveillance but this has ceased. Nutritional surveillance is due to recommence through HKI and BRAC but with an institutional home in the Bangladesh Bureau of Statistics. IPHN also manages the program to combat *iodine deficiency* disorder, long recognized as a public health problem, together with UNICEF, the Ministry of Industry and the national public health laboratory. GOB in 1989 passed a law making it mandatory for all edible salt to be iodized. However quality control for adequacy of potassium iodide in salt is sometimes lacking. In 2004 just 51% of households consumed adequately iodized salt. The institute has the potential to play a leading role in determining priority policies and actions for public health and nutrition interventions for the government but in practice, its role is limited and its long-term vision for is yet to be defined.

The National Nutrition Program, reporting directly to the Health Secretary, has prime responsibility for implementing the area based community nutrition (ABCN) program, the bulk of its work program. This is the Government of Bangladesh's key programmatic response to malnutrition but covers less than 25% of the country. The program is currently being expanded and will cover about 37% of the country. The main objective is to achieve sustainable improvements in the nutritional status of the population, particularly infants, young children and women, through the adoption of new behaviors and appropriate use of nutrition services. The program is delivered by Community Nutrition Promoters in community nutrition centers serving 250 households, with service delivery contracted out to NGOs. The core components of ABCN include: Behavior change and communication (BCC) activities; Growth Monitoring and Promotion (GMP); Food supplementation to children under 2 years of age and pregnant women from ultra poor households; Micronutrient supplementation (vitamin A and iron-folate); de-worming. Additionally it is responsible for promoting infant and young child feeding, particularly breast feeding.