



# Undernutrition in Bangladesh

## A Common Narrative



World Food Programme



World Health Organization



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# Purpose

This document brings together the main development partners supporting the Government of Bangladesh's efforts to reduce undernutrition: five UN Agencies (FAO, UNICEF, WFP and WHO, partnering as UN REACH,<sup>1</sup> with IFAD in an advisory role) and five leading donors (EU, DFATD Canada, DFID, USAID and World Bank). It is a work in progress, and will be reviewed and updated as the situation changes.

This document presents a Common Narrative on undernutrition, based on joint analysis and interpretation of the current nutrition situation and data, with prioritised recommendations for the future. It can be used as a basis for discussions among development partners and the Government at different levels and across sectors, as well as with other stakeholders, including media and the private sector. The purpose of developing this Common Narrative about undernutrition is to assist the Government, development partners, civil society and others in setting clear policy and programme goals and monitoring progress towards common targets.



Credit: WFP/Akash

Over the last two decades, Bangladesh has significantly reduced poverty, and lowered fertility rates and child mortality. There have also been significant improvements in other development indicators such as education levels and increased rice production. These will all help propel the country towards its aim of attaining middle-income status ...

**.....just imagine what Bangladesh can achieve without undernutrition.**

# Talking Points

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## **Nutrition is a “best investment” for economic development**

Undernutrition (low weight for age) costs developing countries up to 2-3% of Gross Domestic Product (GDP) annually. In a country like Bangladesh, these losses in economic productivity amount to one billion dollars of revenue per year. World renowned economists have investigated the evidence on the best investment buys for development, publishing their findings as The Copenhagen Consensus.<sup>2</sup>

The 2012 Copenhagen Consensus recommends three key nutrition sensitive and specific investments for reducing hunger and undernutrition: accelerating yield enhancements, market innovations that reduce hunger and interventions that reduce micronutrient malnutrition and the prevalence of stunting (low height for age). To address the third investment, experts recommend a bundle of interventions targeting pre-school age children (micronutrient provision, complementary feeding, treatment for worms and diarrheal diseases and behaviour change programmes).

## **Investing effectively in nutrition is essential for increasing economic productivity**

Undernutrition costs Bangladesh more than 7,000 Crore Taka (US\$ 1 billion)<sup>3</sup> in lost productivity every year, and even more in health care costs. Ensuring our investments in nutrition are effective now will lead to economic gains through increased productivity exceeding 70,000 Crore Taka (US\$ 10 billion) by 2021.

## **Well-nourished people are a key resource for national development**

The Global Hunger Index<sup>4</sup> states that undernutrition is a leading cause of lifelong harm to health, productivity, and earning potential.

## **Well-nourished people are a key resource for national development**

The Global Hunger Index<sup>4</sup> states that undernutrition is a leading cause of lifelong harm to health, productivity, and earning potential. Progress in nutrition will improve child development, cognitive function and school performance, and will result in children achieving their full physical and mental potential.

Studies in 79 countries show that every 10% increase in stunting is matched by a 7.9% drop in the proportion of children completing primary school.<sup>5</sup> Bangladesh made an effective high-level decision to prioritise education as a neutral cross party issue, with set targets and sufficient resource allocation. We recommend a similar commitment to specifically prioritise nutrition.

## **Progress in reducing undernutrition is inadequate, with huge numbers affected**

Since the 1990s, undernutrition in Bangladesh has declined gradually. However, the pace of this decline does not match the rapid improvements in other development indicators such as child and maternal mortality, education, poverty reduction and rice production. Despite improvement, the undernutrition situation remains serious: 41%, or approximately 7 million, of children under five are stunted, 16% are wasted (low weight for height) and 36% are underweight.<sup>6</sup>

Among women, 24% are underweight and 13% are of short stature, which increases the likelihood that their children will be stunted.<sup>7</sup>

# Talking Points

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Mortality and morbidity related to micronutrient deficiencies is substantial including brain damage due to iodine deficiency and loss of productivity due to high rates of Anemia in women and children.

## **Reductions in poverty and hunger alone are not sufficient to solve undernutrition**

A striking finding of the Bangladesh Demographic and Health Survey (BDHS) 2011 data, and confirmed elsewhere,<sup>8</sup> is that overall indicators of economic growth and greater household wealth are not strongly related to improved nutrition. With one in four children (26%) under 5 years old stunted and 12% wasted even in the highest household wealth quintile, clearly undernutrition is not restricted to the poor.

This situation reflects the underlying causes of undernutrition including maternal education, child marriage and early first birth, sanitation and hand washing practices, access to food and health care, infant and young child feeding practices and the status of girls and women in the family and in society.

## **The empowerment of girls and women is crucial for scaling up nutrition**

Nutrition is inextricably linked to persisting social norms embedded in gender inequity. Access to education, age of marriage and first birth and control of key resources are crucial determinants of nutrition. A mother's age at marriage and first delivery has a significant effect on the birth weight and nutritional status of her children.<sup>9</sup> By delaying first pregnancy in adolescent girls, we can break the intergenerational cycle of low birth weight

and stunting.

In Bangladesh, there are encouraging signs of decline in the proportion of girls marrying before age of 18. The latest BDHS<sup>10</sup> shows that under one-fifth of women aged 15-19 years old were married before the age of 15 (compared to over half of women aged 45-49 years in 2007). However, the survey did not show a significant decline in the same time period for girls marrying before the age of 18, and 60% of girls under 19 years old have begun childbearing. This puts them and their children at increased risk of undernutrition.

The high rate of child marriage in Bangladesh also leads to early abandonment of education. In 2011, barely half of girls were enrolled in secondary school.<sup>11</sup> A mother completing secondary school has a significant protective effect against her child being stunted, and is also significantly correlated with increased dietary diversity.<sup>12</sup>

## **Scientific evidence shows that a combination of curative and preventive interventions reduce undernutrition**

Nutrition is a multisectoral issue with many social and contextual determinants.

Recent updates from the Lancet Nutrition Series 2013 indicate that "acceleration of progress in nutrition will require effective, large-scale nutrition-sensitive programmes that address key underlying determinants of nutrition and enhance the coverage and effectiveness of nutrition-specific or direct nutrition interventions."<sup>13</sup>

Through the Country Investment Plan

# Talking Points

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(CIP) for Agriculture, Food Security and Nutrition and the Health, Population and Nutrition Sector Development Programme (HPNSDP), the health, food, agriculture and education sectors have the opportunity to impact undernutrition.

To further improve maternal and child nutrition, we need to strengthen direct (nutrition-specific) and indirect (nutrition-sensitive) interventions within sectors already involved in nutrition, as well as across a wider range of other sectors (Local Government and Rural Development, Social Protection, Women and Children Affairs, Livestock and Fisheries, Information, Industry and others) under a comprehensive multisectoral nutrition strategy.

## **Two essential pre-requisites are high-level political leadership and multisectoral coordination**

High-level government leadership of a national scaling up nutrition movement, involving a wider variety of supportive stakeholders (from civil society, private sector, academic and research institutions, donors and the UN system) is crucial to champion nutrition as a key national development priority.

The Government also needs to strengthen existing multisectoral structures and harmonise indicators and monitoring mechanisms. Global discussion is growing on the importance of a high-level multisectoral structure established above line ministries that can enhance linkages for nutrition.<sup>14</sup>

Such a structure avoids sectoral biases within and between existing mechanisms and provides an enabling environment for holistic and coordinated planning, implementation and monitoring and evaluation. It can also more effectively hold each sector accountable for its

results against a common results framework for nutrition.

## **Chronic undernutrition (measured by stunting) is the recommended priority indicator**

Underweight is the indicator used for assessing progress towards the current MDG 1 goal of reducing hunger. Based on this one indicator, Bangladesh is approaching the MDG target of reducing underweight by 50%. However, experts now recommend stunting as the priority indicator for a post-MDG goal to assess the level of chronic undernutrition in the population. Stunting is the indicator most strongly associated with long-term human as well as economic development.

## **Undernutrition is an issue of human rights and equity**

Undernutrition deprives affected children of the capacity to reach their full potential. The right to being well-nourished, the right to adequate food and the right to health services are integral to the realisation of the human rights of every child. Undernutrition is a sign that these rights are not yet being met.

There are disparities in the levels of undernutrition between eastern and western regions of Bangladesh, and between rural and urban areas.<sup>15</sup> Explicit analysis of inequities is needed, disaggregating data across sectors and by wealth and income groups, with particular reference to marginalized communities and groups facing social exclusion such as ethnic minorities and populations living in remote locations.

The Government should embed equity and rights-based analysis into monitoring and reporting systems.

# How the Government of Bangladesh can scale up nutrition<sup>16</sup>

## Scaling up nutrition requires prioritisation at the highest political level and multiple level actions

### Multisectoral planning and coordination

Building upon existing structures and multisectoral plans, support and resource a high-level mechanism - above sector ministries - to cost, coordinate, plan and monitor progress in all nutrition (direct/specific and indirect/sensitive) programming under a common results framework. This framework must involve all sectors and include a system of roles, responsibilities and accountability to track progress.

This coordination mechanism should meet regularly to monitor progress and resolve any issues as well as work to protect funding for nutrition.

To assist the functioning of this mechanism, update and revise relevant national policies (e.g. nutrition, social protection, adolescence).

### Programme actions across different sectors

Strengthen and expand direct/nutrition-specific interventions in critical priority groups (pregnant and lactating women, new-born babies, under 5 children, adolescent girls).

Mainstream indirect/nutrition-sensitive interventions into the social protection sector and integrate nutrition through appropriate cash transfers and social safety net programmes.

Mainstream indirect/nutrition-sensitive interventions into water and sanitation, communications, agriculture, livestock and fisheries sectors.

Develop and include nutrition, health and hygiene education modules for all schools.



Credit: WFP/Akash

### Social and behavioural change to build an enabling environment for nutrition through the life cycle

Influence future adverse nutritional and developmental outcomes by enforcing laws against child marriage and promoting delay in early child bearing among adolescent girls.

Promote women's empowerment through income generating activities, agricultural food production and homestead gardening, with special attention to ensure women control the income they earn.

Implement behaviour change interventions to improve dietary diversity, Infant and Young Child Feeding practices and hygiene and sanitation practices (e.g. hand washing with soap prior to preparing food and for feeding children).

# How the Government of Bangladesh can scale up nutrition

Encourage and facilitate the involvement of all sections of the community, and all age groups, in this work, based on contextualised and participatory qualitative research and power mapping.



Credit: UNICEF/Noorani

## Multi-stakeholder engagement and partnerships

Partner with and support other stakeholders active in nutrition, including the civil society sector and community-based organizations as they build demand for nutrition services.

Partner with the private sector and business to support direct/nutrition-sensitive interventions to prevent and treat undernutrition, such as food fortification.

## Capacity development

Ensure the health system has operational capacity to support the full set of direct nutrition interventions.

Ensure adequate skilled staff are available at all levels and types of service delivery in all sectors of government that have an impact on nutrition.

Strengthen human resource capacity in monitoring and evaluation, information systems, advocacy, coordination and programme management, as well as in technical areas.

## Seek support from development partners

Let development partners know how they can support the Government of Bangladesh more effectively, including specific support for the development of a common results framework and monitoring and evaluation framework for nutrition, consistent with those already in place for agriculture, food security and nutrition in HPNSDP and the CIP.

# How development partners will support the Government

**We, the development partners actively working in nutrition, stand in support of the Government of Bangladesh to improve nutrition outcomes through effective policies and programmes.**

## **We agree that:**

Nutrition is a priority development investment.

Child undernutrition has decreased since the 1990s but the rate of reduction has declined and is too slow. Accelerating the decline in child undernutrition is an unfinished agenda.

Chronic undernutrition (stunting) and acute undernutrition (wasting) are persistent challenges.

There is an urgent need for accelerated improvement and a more explicit recognition of the complexity of causes and the multisectoral determinants of undernutrition.

We recommend a structured, collaborative and coordinated multisectoral and multistakeholder response, **driven by political commitment at the highest level of Government**, with a scaling up of evidence-based and effective nutrition interventions across all sectors.

We must encourage the health and food sectors in the progress they are already making to scale up nutrition and support them in achieving results according to existing commitments.

We must support other relevant sectors to increase their engagement with nutrition.

## **We commit to working towards:**

Full engagement with government and non-government sectors, professional organizations, scientists, academics, civil society and the private sector to scale up all direct nutrition-specific interventions and indirect/nutrition-sensitive interventions.

Taking full advantage of the global Scaling Up Nutrition (SUN) Movement as an unprecedented opportunity to advocate for nutrition, mobilise resources and build capacity.

Building strong communication and coordination amongst ourselves as Development Partners in order to best provide coherent and consistent support to the Government.

Championing nutrition through the life-cycle, with an additional focus on the 1,000 days window of opportunity, as well as adolescent girls.



Credit: WFP/Akash

# How development partners will support the Government

Increasing awareness of the need for alignment around direct/nutrition-specific interventions and indirect/nutrition-sensitive interventions.

Stressing the improvement of the nutrition status of adolescent girls and women pre-and during pregnancy, particularly where micronutrient deficiencies still exist.



Credit: UNICEF/Noorani

## We will do this through:

### (a) On-going actions:

Recognize the Government of Bangladesh as stewards of the national nutrition programme and support them in reducing undernutrition.

Support the update and revision of the National Nutrition Policy.

Support the implementation of HPNSDP, Ministry of Health and Family Welfare.

Support the CIP for Agriculture, Food Security and Nutrition, with specific attention to make food production nutrition-sensitive and contribute to positive nutritional outcomes.

Support the Food Planning and Monitoring

Unit in the monitoring of the implementation of the National Food Policy Plan of Action and CIP.

Support the mainstreaming of nutrition throughout health services.

Strengthen management structures and technical capacity in the National Nutrition Services.

Support the harmonisation of nutrition-relevant information systems across the different sectors.

Continue and strengthen United Nations Development Assistance Framework (UNDAF) Pillar 4, and emphasise nutrition-sensitive interventions in other Pillars.

### (b) New actions:

#### ***Foster debate for an effective high level multisectoral coordination structure in Government***

Building upon existing coordinating mechanisms, promote the establishment of a high-level multisectoral coordination mechanism, above all the relevant technical sector ministries, to oversee implementation of all policies and programmes specific and sensitive to nutrition.

Support the development of a common results framework building upon existing multisectoral approaches to assess nutrition improvement. The underlying rationale for this is to plan multi-sectorally, implement by sector and review and monitor across sectors.<sup>17</sup>

# How development partners will support the Government

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## ***Partnerships***

Support the planning and roll out of nutrition specific and sensitive interventions in other relevant Government ministries. Develop specific sector-wise messages and briefs to highlight what role/responsibility each sector plays (nutrition-specific and nutrition-sensitive).

Encourage and support the development of multi-stakeholder partnerships involving civil society, academia, and the private sector. The aim will be to create awareness of, and demand for, policies, services, structures and resources that will strengthen and expand all nutrition-specific and nutrition-sensitive interventions countrywide.

## ***Advocacy***

Support the development of a joint advocacy and communication strategy for nutrition that aligns with all ongoing efforts in the country.

Intensify advocacy for nutrition at national, regional and local levels in Bangladesh.

## ***Data systems and equity analysis***

Support and promote equity-focused analysis, interpretation and presentation (based on geographical areas, urban/rural differences, gender, age, disability, household wealth quintiles, ethnicity groups etc.) as well as monitoring and evaluation.

## ***Promote a focus on gender and the adolescent girl***

Highlight the gender aspects of nutrition at every opportunity and ensure that the deeply rooted cultural and social

determinants of undernutrition are well understood and addressed.

Support more research on undernutrition among adolescent girls and young women.

## ***Capacity development of systems, structures and human resources***

Support capacity strengthening to ensure skilled staff are available for service delivery.

Strengthen human resource capacity in supervision, monitoring and evaluation, information systems, advocacy, coordination and programme management, as well as in technical specialties such as nutrition, food security and food safety.

Support resource allocation at all levels - local, regional, national – that is necessary for nutrition interventions.



Credit: WFP/Akash

## End Notes

1. UN Renewed Efforts Against Child Hunger (REACH), [www.reachpartnership.org](http://www.reachpartnership.org)
2. Copenhagen Consensus (2012), *Challenge Paper, Hunger and Malnutrition*, Available from: <http://copenhagenconsensus.com/sites/default/files/Hunger%20Band%20Malnutrition.pdf>
3. FAO (2012), *The State of Food Insecurity in the World*, Rome.
4. International Food Policy Research Institute (IFPRI2010) *The Global Hunger Index (GHI)*, Available from: <http://www.ifpri.org/book-8018/ourwork/researcharea/global-hunger-index>
5. Grantham-McGregor, Sally., Bun Cheung, Yin., Cueto, Santiago., Glewwe, Paul., Richter, Linda., and Strupp, Barbara. (2007) *Developmental potential in the first 5 years for children in developing countries*, *The Lancet*, 369(9555), 60-70.
6. Stunting (measured by height-for-age) reflects chronic undernutrition during the most critical periods of growth and development; wasting (measured by weight-for-height) reflects acute undernutrition; underweight (measured of weight-for-age) is a composite form of undernutrition that includes elements of stunting and wasting. All these indicators are defined as the percentage of children aged 0-59 months below two (moderate and severe) and three (severe) standard deviation cut-offs from the median of the WHO Child Growth Standards (UNICEF 2013: Improving child undernutrition).
7. Bangladesh Demographic and Health Survey BDHS (2011). Available from: <http://measuredhs.com/pubs/pdf/FR265/FR265.pdf>
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10. BDHS (2011) op. cit.
11. Bangladesh Bureau of Educational Information and Statistics. Retrieved May 9, 2013.
12. IFPRI (2013) *Agriculture, Income, and Nutrition Linkages in India*. Available from: <http://www.ifpri.org/sites/default/files/publications/ifpridp01195.pdf>
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14. World Bank (2013) *Improving nutrition through multisectoral approaches*. Available from: <http://documents.worldbank.org/curated/en/2013/01/17211128/improving-nutrition-through-multisectoral-approaches>
15. BDHS (2011) op. cit.
16. These recommendations are based on the Institute of Development Studies policy brief *Accelerating Reductions in Undernutrition: What can nutrition governance tell us?* Available from: <http://www.ids.ac.uk/files/dmfile/InFocus22.pdf>
17. Levinson J and Balarajan Y (2013) *Addressing malnutrition multisectorally: what have we learned from recent international experience? Case studies from Peru, Brazil and Bangladesh*. UN MDG Achievement Fund Secretariat.



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