Bangladesh: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policy makers in Bangladesh, since about 5.5 million children under 5 years (36 percent) are suffering from chronic malnutrition (stunting or low height-for-age) and 14 percent are acutely malnourished (wasting or low weight-for-height) (National Institute of Population Research and Training [NIPORT] et al. 2016).

Background

Bangladesh is the most densely populated country in the world, with about 163 million people living in a landmass of 147,570 square kilometers, and around one-third of the population under 15 years (UNICEF 2017; NIPORT et al. 2016). Bangladesh has maintained an impressive track record of 6 percent economic growth rate over the past decade, coupled with remarkable improvements in human development (World Bank 2017). The agriculture and fisheries sectors are pillars of the economy, employing more than half the population (USAID 2017a). However, population growth, urbanization, and soil and natural resource depletion have resulted in the degradation of land, water bodies, wetlands, and forests, and pose a significant threat to the agricultural sector. Despite these challenges, Bangladesh reached Millennium Development Goal (MDG) 1, of halving poverty by 2015, reducing the number of people in poverty from 57 percent in 1991 to 32 percent in 2010 (General Economics Division [GED] et al. 2015). Bangladesh has also seen impressive improvements in primary school enrollment, gender parity in primary- and secondary-level education, immunization coverage, reduced incidence of communicable diseases, and substantial reductions in child and maternal mortality, meeting key targets for MDGs 2,3,4, and 5 (GED et al. 2015). This success can be in part attributed to strong policies and programs that promote universal education and seek to improve access to and use of quality maternal and child health services. However, considerable challenges remain, including high levels of food insecurity (approximately 40 million people are food insecure), gender disparities (e.g., reduced access to health care, reduced access to and control over household resources–including food, and few employment opportunities and low wages for women), and frequent natural disasters (e.g., floods and cyclones) (USAID 2017b). In addition, although the fertility rate has dramatically declined in the past 25 years, adolescent fertility rates have remained largely stagnant, contributing to intergenerational cycles of poverty and malnutrition (NIPORT et al. 2016). Given Bangladesh's success meeting the MDGs, with increased efforts and key investments, achieving many of the Sustainable Development Goals (SDGs), including SDG 2 (ending hunger and food insecurity) is possible. Currently, Bangladesh ranks 120th of the 157 countries in progress in meeting SDGs (Sachs et al. 2017).

Nutrition and Food Security Situation

Despite significant economic progress and poverty reduction, about 35 percent of Bangladesh's population[1] remains food insecure, with around 10 percent of ever-married women reported as moderately or severely food insecure (NIPORT et al. 2013). Loss of arable land, rising sea levels, frequent flooding, and extreme weather patterns, due in part to climate change, compound the threats to food security. Undernutrition is exacerbated by poor dietary diversity, with 70 percent of the diet comprising cereals, and inadequate protein and micronutrient intake (Magnani et al. 2015). Poor sanitation and hygiene, which result in diarrhea and other infectious diseases, also contribute to undernutrition in

[1] Statement is based on DHS data from ever-married women of reproductive age.

children. Gender inequality in decision making related to household production and consumption also factors into the subsequent poor nutritional status of women and young children.

Despite the challenges, Bangladesh has made strides in reducing the prevalence of stunting nationally, falling from 41 percent in 2011 to 36 percent in 2014 (NIPORT et al. 2013; NIPORT et al. 2016). Stunting is highest in the Sylhet division at 50 percent and lowest in Khulna at 28 percent. Stunting is most prevalent among children 18–23 months, indicating that poor complementary feeding and hygiene and sanitation practices are likely contributors to stunting in that age group. Wasting is deemed "high" in Bangladesh at 14 percent of children under 5 years, according to the 2017 public health prevalence thresholds (NIPORT et al. 2017; WHO/UNICEF 2017). There is huge disparity in chronic undernutrition according to maternal education and wealth levels—18 percent of children whose mothers have secondary education are stunted, while the rate rises to 47 percent of children whose mothers had no formal education. Similarly, 19 percent of children in the highest wealth quintile are stunted, while 49 percent of children in the lowest wealth quintile are stunted (NIPORT et al. 2016). In addition, children are more likely to be stunted in rural communities (38 percent) as compared to children from urban communities (31 percent) (ibid).

Poor maternal nutrition, which is highly prevalent in Bangladesh, especially among adolescent girls, significantly contributes to an intergenerational cycle of malnutrition and poverty. Fifty percent of pregnant women and 40 percent of non-pregnant/non-lactating women suffer from anemia, 57 percent of non-pregnant/non-lactating women are zinc deficient, and 22 percent of non-pregnant/non-lactating women are deficient in B12 (icddr,b et al. 2013). In addition, 19 percent of women 15–49 years are underweight (BMI < 18.5). Among adolescent girls aged 15–19 years, 31 percent are underweight. Although undernutrition remains a significant issue in Bangladesh, overweight and obesity are also becoming concerns, with 24 percent of women overweight or obese[2] (NIPORT et al. 2016). The percent of adolescent girls who have begun childbearing by 19 years has remained consistently high (above 50 percent) since 2000 (NIPORT et al. 2016). The increasing prevalence of adolescent underweight combined with persistent and high adolescent pregnancy rates is a disturbing trend. Adolescent pregnancy is associated with a 50 percent increased risk of stillbirths and neonatal deaths, and an increased risk of low birth weight (which is very high in Bangladesh at 23 percent) (National Nutrition Services (NNS) et al. 2017), premature birth, asphyxia, and maternal mortality (Bhutta et al. 2013; WHO 2007). In addition, the risk of stunting is 36 percent higher among first-born children of girls under 18 years in South Asia and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014).

Inadequate infant and young child feeding (IYCF) practices also contribute to the high prevalence of undernutrition. The exclusive breastfeeding prevalence has declined since the last DHS in 2011 (from 64 percent in 2011 to 55 percent in 2014) and exclusive breastfeeding at 4–5 months has also declined since 2011 to 32 percent. Only around half of infants are exclusively breastfed for the first 6 months and only 23 percent of breastfed children 6–23 months are receiving a minimum acceptable diet (NIPORT et al. 2013; NIPORT et al. 2016). Children in rural communities are more likely to receive optimal breastfeeding practices than children from urban communities, with 53 percent of rural vs. 45 percent of urban infants being put to the breast within 1 hour of birth and 26 percent of rural vs. 32 percent of urban infants receiving harmful pre-lacteal feeds (NIPORT et al. 2016). However, rural infants are more likely to receive suboptimal complementary feeding practices as compared to children from urban communities. For example, among breastfed infants, 25 percent of rural infants received adequate dietary diversity as compared to 32 percent of urban infants, and only 21 percent of rural infants as compared to 28 percent of urban infants received a minimally acceptable diet (adequate food groups and frequency of feeds) (ibid). The impact of poor IYCF practices on undernutrition is exacerbated by a lack of access to improved sanitation facilities, which increases the risk of illness and infections that can impair nutrition and growth. Only 45 percent of households have an improved latrine and, although most households have a handwashing station (96 percent), only 21 percent of rural households and 48 percent of urban households have both water and soap for handwashing (ibid).

NA: Not Available

[2] Note that women in the highest wealth quintile are more likely to be overweight/obese at 47 percent, as compared to 8 percent of women in the lowest wealth quintile.

Micronutrient deficiencies continue to be an issue in Bangladesh. The national salt iodization policy has been successful at reducing iodine deficiency, with more than three-quarters of children under 5 years living in households with adequately iodized salt, and the median urinary iodine concentration (a method to determine iodine deficiency) in the "optimal" range among school-age children (NIPORT et al. 2013). However, deficiencies in vitamin A, zinc, B12, and folate, as well as maternal and child anemia, continue to be concerns. Vitamin A deficiency among preschool children was estimated at 21 percent; zinc deficiency affects 45 percent of preschool children; and 51 percent of children under 5 years suffer from anemia (icddr,b et al. 2013; NIPORT et al. 2013).

In August 2017, a massive influx of Rohingya refugees from Myanmar took refuge in Bangladesh's Cox's Bazar districts. With more than 600,000 people displaced, this is the largest concentration of refugees in the world, requiring immediate and comprehensive relief support as around 80 percent are vulnerable to food insecurity. It is taxing an already poor and food insecure population, further threatening food security in the area. A nutrition survey in October 2017 of the refugee camps found the prevalence of global acute malnutrition among children of 6–59 months ranged from 14 to 24 percent, exceeding the World Health Organization (WHO) emergency threshold of 15 percent in two of three areas covered (WFP 2017).

Bangladesh Nutrition Data (DHS 2011 and 2014)		
Population 2016 (UNICEF 2017)	162.9 million	
Population under 5 years of age (0–59 months) 2016 (UNICEF 2017)	15.2 million	
	2011	2014
Prevalence of stunting among children under 5 years (0–59 months)	41%	36%
Prevalence of underweight among children under 5 years (0–59 months)	36%	33%
Prevalence of wasting among children under 5 years (0–59 months)	16%	14%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	NA	23%[3]
Prevalence of anemia among children 6–59 months	51%	NA
Prevalence of anemia among women of reproductive age (15–49 years)	42%	NA
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m^2)	24%	19%
Prevalence of thinness among adolescent girls (15–19 years)	38%	31%
Prevalence of children 0–5 months exclusively breastfed	64%	55%
Prevalence of children 4–5 months exclusively breastfed	36%	32%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	47%	51%
Prevalence of children who receive a pre-lacteal feed	39%	27%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	21%	23%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	2%	1%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	17%	24%
Coverage of iron for pregnant women (for at least 90 days)	NA	NA
Coverage of vitamin A supplements for children (6–59 months)	60%	62%
Percentage of children 6–59 months living in households with iodized salt	82%	NA

NA: Not available

[3] According to the National Low Birth Weight Survey Bangladesh, 2015 (NNS et al. 2017).

Global and Regional Commitment to Nutrition and Agriculture

Bangladesh has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Committing to Child Survival: A Promise Renewed	Bangladesh pledged to reduce under-five mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality (A Promise Renewed 2017).
2011	Scaling Up Nutrition (SUN) Movement	In 2011, Bangladesh joined the SUN Movement, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. USAID and the World Bank are SUN donor conveners. The SUN Movement's Multi-Partner Trust Fund recently funded the Civil Society Alliance for SUN in Bangladesh, which will fully operationalize the civil society organization network; enhance sharing of information, research findings, and resources for nutrition programs; adopt and implement a costed national nutrition plan; and establish a joint tracking system to monitor progress of the NNS. SUN priorities for 2017–2018 include supporting the implementation of the second National Plan of Action for Nutrition (NPAN2) (2016–2025) including mobilizing resources to address the funding gap, monitoring the progress of the National Nutrition Policy 2015, and facilitating a coordinated approach toward data collection through different surveys on cost-effectiveness and nutrition advocacy (SUN 2017).
2014	Second International Conference on Nutrition (ICN2)	In 2014, Bangladesh attended and made strong commitments to improving nutrition endorsing two documents—the Rome Declaration on Nutrition and the Framework for Action—where Bangladesh committed to establishing and implementing national policies aimed at eradicating malnutrition. In 2017, Bangladesh held a meeting to track its progress on the ICN2, where strengthening the Bangladesh National Nutrition Council (BNNC) to coordinate and collaborate nutrition activities, addressing the rising trend of obesity and non-communicable disease, and addressing inadequate resource allocation for nutrition, among other issues, were discussed as priorities (FAO 2018).

National Nutrition Policies/Legislation, Strategies, and Initiatives

Bangladesh's commitment to improving nutrition is outlined in the following documents:

- National Plan of Action for Nutrition (NPAN2) (2016-2025)
- National Food Policy Plan of Action (2008–2015)
- National Nutrition Policy (2015)
- National Food Safety and Quality Policy and Plan of Action Review of Food Safety and Quality Related Policies (2012)
- Breast Milk Substitute Act (2013)
- Implementation Code of the Marketing of Breast Milk Substitutes (2012)
- The Prevention of Iodine Deficiency Diseases Act (1989)
- National Strategy for Adolescent Health (2017–2030)
- National Strategy on Prevention and Control of Micronutrient Deficiencies, Bangladesh (2015–2024)
- Comprehensive Social and Behavior Change Communication Strategy (2016)
- Health, Population and Nutrition Sector Development Program (2011–2016)
- National Strategy for Anemia Prevention and Control (2007)
- National Strategy for Infant and Young Child Feeding (2007)
- National Guidelines for Management of Severely Malnourished Children (2008)

In August 2017, Bangladesh rolled out the second Bangladesh National Plan of Action for Nutrition (NPAN2) 2016–2025 and established the Bangladesh National Nutrition Council (BNNC), whose role is to coordinate nutrition activities in the country. NPAN2, along with the 2015 National Nutrition Policy, outlines the goals of improving the nutritional status of all citizens and reducing all forms of malnutrition, with a focus on children, adolescent girls, pregnant women, and lactating mothers. The plan seeks to reduce malnutrition in Bangladesh through a multisectoral strategy using both nutrition-specific and nutrition-sensitive interventions and involving multiple sectors, including health, education, agriculture, fisheries and livestock, environment, social protection, women empowerment, and disaster management. By focusing on the first 1,000 days (the period from pregnancy to a child's second birthday), the government aims to ensure universal access to nutrition services, and strengthen human resource capacity and nutrition information systems.

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Bangladesh. The U.S. Government selected Bangladesh as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy. Feed the Future, the U.S. government's global hunger and food security initiative, has a multi-year strategy with several key areas of nutrition intervention. The main objective is to intensify staple production while simultaneously diversifying agriculture into high-value, nutrient-dense products to increase the availability, accessibility, and utilization of nutritious food. The strategy seeks to strengthen the business-enabling environment to promote linkages to the private sector and market access for farmers and small enterprises, and to strengthen capacities in government agencies and local institutions, including farmers' and women's groups. Feed the Future is carrying out nutrition education and behavior change communication interventions in regions where Title II and Global Health Initiative projects are also operating. Target beneficiaries include rice farmers, the landless poor who are net purchasers of rice, small- and medium-size farmers who can diversify production, agricultural-based enterprises, and people employed in the fishing and aquaculture sectors (USAID 2017a; USAID 2017c).

Selected Projects and Programs Incorporating Nutrition in Bangladesh

Name	Dates	Description
Strengthening Multisectoral Nutrition Programming through Implementation Science Activity	2017–2022	The 5-year US$20 million project is focused on implementation science research to test different sets of multisectoral interventions and approaches that are essential, feasible, replicable, and cost effective to address undernutrition in Bangladesh. In addition to direct implementation and research, the project will strengthen organizational systems to support evidence use in policy, and work with policy makers to improve their ability to assess, appraise, synthesize, and use data.
Feed the Future Livestock Production for Improved Nutrition (LPIN)	2015–2020	The Feed the Future-funded project is a US$6 million, 5-year project to impact rural household nutrition in Bangladesh. The project aims to increase livestock productivity through increased access to better livestock management techniques; animal health care services; and hygienic, diverse, and high-quality food to enhance the nutrition and health status of rural households, especially among women and children (ACDI VOCA 2017).
Food for Peace Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) III	2015–2020	The program is designed to reduce poverty and vulnerability of the poor and extreme poor people in the northern part of Bangladesh. The main goal of the SHOUHARDO III program is to sustainably reduce food insecurity among the poor and extreme poor households. The program is applying an integrated model for reducing child malnutrition while contributing to the household livelihood security and women's empowerment. The program operates in the Char, and the Haor areas, reaching 8 districts (Sirajganj, Kurigram, Gaibandha, Jamalpur,

		Kishoreganj, Netrokona, Habiganj, and Sunamganj), 23 *upazilas*, and 115 unions of Bangladesh. Focused on the poor and extreme poor, irrespective of their relative geographic inaccessibility, SHOUHARDO III places empowerment of the poor and extreme poor at its foundation. Within its program areas of agriculture and livelihoods; health, hygiene, and nutrition; and disaster and climate risk management, the program delivers an integrated set of services- a holistic framework with an emphasis on women's empowerment, gender issues, and good governance (CARE 2017).
Food for Peace *Nobo Jatra*	2015–2020	The project seeks to improve utilization of WASH practices, reduce adolescent pregnancy, increase equitable intake of nutritious food, increase practice of gender equitable norms in the household (food distribution, work load, supporting environment, and decision making), and increase equitable household income. In addition, the project seeks to increase diversification of livelihoods for participants; increase the production of safe, diverse, and nutritious foods; and help households mitigate, adapt to, and recover from natural shocks and stresses (World Vision 2017).
Improving Nutrition through Community Based Approaches (INCA)	2017–2020	The goal of INCA is to improve the nutritional status of women and children in selected undernourished and rural areas of Bhola, Lakshmipur, and Noakhali districts. The project activities focus on improving communities' knowledge of proper nutritional requirements during the first 1,000 days and increasing access to and use of health and nutrition services at community-based health facilities.
Feed the Future Nutrition Innovation Lab	2014–2018	The lab is initiating operations research to determine the impact on nutrition of interventions integrating aquaculture, horticulture, and behavior change.
The Agriculture, Nutrition, and Gender Linkages (ANGeL) Project	2015–2018	The project is being implemented by the Ministry of Agriculture. It is partially funded by USAID and the IFPRI-led CGIAR Research Program on Agriculture for Nutrition and Health (A4NH), with technical assistance from IFPRI's Bangladesh Policy Research and Strategy Support Program (PRSSP) and Helen Keller International (HKI). The project aims to identify actions and investments in agriculture that can leverage agricultural development for improved nutrition, and make recommendations on how to invigorate pathways to women's empowerment (IFPRI 2017).
Food for Peace	Ongoing	The Food for Peace (FFP) Title II program has funded food assistance programs in Bangladesh since 1976. In Fiscal Year (FY) 2017, FFP contributed more than US$32 million to these non-governmental organization partners in support of their programs. In FY 2018, FFP announced the provision of US$18.4 million to the World Food Programme to support vulnerable refugees and host communities in Bangladesh's Cox's Bazar District with emergency food and nutrition assistance (USAID 2018). Additionally, CARE International has diverted some of its FFP-contributed development funding to augment the emergency response efforts in and around Cox's Bazar. The funding supported the provision of oil and pulses to approximately 24,000 beneficiaries, primarily consisting of women-headed households and pregnant and lactating women (USAID 2017b).

Other USAID Nutrition-Related Development Assistance

The USAID-funded National Food Policy Capacity Strengthening Program is in place, and assisted the Bangladesh Ministry of Food and Disaster Management in developing the Country Investment Plan and National Food Policy Plan of Action. An established Nutrition Working Group (NWG) comprises UN agencies, bilateral donor agencies, and civil society partners that are working together to support nutrition initiatives. USAID also began a partnership with the UN Food and Agriculture Organization (FAO) and the Food Planning and Monitoring Unit of the Ministry of Food for the "Meeting the Under-nutrition Challenge (MUCH): Strengthening the Enabling Environment for Food Security and Nutrition (2015–2020)." The US$9.8 million activity will allow FAO to assist the government in developing and implementing more effective food policies to eradicate malnutrition, focusing on nutrition-sensitive policy interventions and food-based approaches. The MUCH activity will strengthen the capacity of the GOB and other relevant stakeholders in establishing food security and nutrition policy frameworks, investment plans, and programs, while also contributing to the Zero Hunger Challenge initiative that addresses social protection for hunger reduction.

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