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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, where 28 percent of children under five years are stunted (have low height-for-age) and 10 percent are acutely malnourished or wasted (have low weight-for-height) (BBS and UNICEF Bangladesh 2019).

Background

Bangladesh is the most densely populated country in the world, with about 161 million people living in a landmass of 147,570 square kilometers, and approximately one-fourth of the population is under 18 years (UNICEF 2019). Bangladesh has maintained an impressive track record of 7.9 percent economic growth rate during the past decade, coupled with remarkable improvements in human development (World Bank 2018). 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 degraded the 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. Most recently, the percentage of the population living in poverty has declined from 32 percent in 2010 to an estimated 23 percent in 2017 (GED et al. 2015; GED et al. 2018). 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 42 years, adolescent fertility rates have only slightly declined, contributing to intergenerational cycles of poverty and malnutrition (NIPORT and ICF. 2019). 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 116 of the 162 countries in progress in meeting SDGs (Sachs et al. 2019).

Nutrition and Food Security Situation

Despite significant economic progress and poverty reduction, about 35 percent of Bangladesh's population¹ 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 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.

¹ Statement is based on Demographic and Health Survey (DHS) data from ever-married women of reproductive age.

Despite the challenges, Bangladesh has made strides in reducing the prevalence of stunting nationally, falling from 41 percent in 2011 to 28 percent in 2019 (NIPORT et al. 2013; BBS and UNICEF Bangladesh 2019). Stunting is highest in the Sylhet division at 38 percent and lowest in Khulna at 21 percent, and is most prevalent among children 24–35 months (35 percent). There is huge disparity in the prevalence of stunting according to maternal education and wealth levels, with a prevalence of 19 percent in children whose mothers have higher secondary education, compared to 40 percent of children whose mothers had no formal education, and a prevalence of 20 percent in children in the highest wealth quintile compared to 38 percent of children in the lowest wealth quintile. Wasting is deemed “high” in Bangladesh at 10 percent of children under five years, according to the 2017 public health prevalence thresholds (BBS and UNICEF Bangladesh 2019; WHO and UNICEF 2017). Additionally, 23 percent of children under-five are considered underweight (BBS and UNICEF Bangladesh 2019).

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, 4 percent of ever-married women and 8 percent of unmarried women ages 15–19 years are underweight (BMI <18.5). Although undernutrition remains a significant issue in Bangladesh, overweight and obesity are also becoming concerns, with 16 percent of ever-married women and 10 percent of unmarried women ages 15–19 years are overweight or obese² (NIPORT 2021). In 2019, 38 percent of adolescent girls had begun childbearing by 19 years (BBS and UNICEF Bangladesh 2019). The increasing prevalence of adolescent underweight combined with persistent and high adolescent pregnancy rates is a concerning 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) (NNS et al. 2017), premature birth, asphyxia, and maternal mortality (Bhutta et al. 2013; WHO 2007).

Inadequate infant and young child feeding (IYCF) practices also contribute to the high prevalence of undernutrition. The exclusive breastfeeding prevalence has stayed relatively the same in recent years (from 65 percent in 2017 to 63 percent in 2019) (NIPORT et al. 2019; BBS and UNICEF Bangladesh 2019). In 2019, only 28 percent of breastfed children 6–23 months were receiving a minimum acceptable diet, meaning they were fed from four+ food groups with a minimum meal frequency (BBS and UNICEF Bangladesh 2019). Children in rural communities are more likely to receive optimal breastfeeding practices than children from urban communities, with 48 percent of rural versus 41 percent of urban infants being put to the breast within one hour of birth and 26 percent of rural versus 32 percent of urban infants receiving harmful pre-lacteal feeds (BBS and UNICEF Bangladesh 2019; 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, 32 percent of rural infants received adequate dietary diversity as compared to 43 percent of urban infants, and only 26 percent of rural infants as compared to 36 percent of urban infants received a minimally acceptable diet (adequate food groups and frequency of feeds) (BBS and UNICEF Bangladesh 2019). 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 38 percent of households have an improved latrine and, although most households have a handwashing station (97 percent), only 32 percent of rural households and 56 percent of urban households have both water and soap for handwashing (NIPORT et al. 2019).

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 76 percent of households having iodized salt. 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-five suffer from anemia (BBS and UNICEF Bangladesh 2019; NIPORT et al. 2013).

In August 2017, a massive influx of Rohingya refugees from Myanmar took refuge in Bangladesh's Cox's Bazar districts and, as of December 2018, 88 percent of the overall Rohingya population still relies on life-saving assistance (WFP 2019). With more than 911,000 people displaced, this is the largest concentration of refugees in the world, requiring immediate and comprehensive relief support with 96 percent of refugees receiving food assistance (ISCG 2019). It is taxing an already poor and food insecure host population, further threatening food security in the area. While the global acute malnutrition rates were initially concerningly high, they have significantly declined since the early stages, due in large part to the wide availability of wasting treatment services in the camps (Leidman et al. 2020).

Bangladesh Nutrition Data (DHS 2017, MICS 2019)		
Population 2018 (UNICEF 2019)	161 million	
Population under 5 years of age (0–59 months) 2018 (UNICEF 2019)	14.5 million	
	DHS 2017	MICS 2019
Prevalence of stunting among children under 5 years (0–59 months)	31%	28%
Prevalence of underweight among children under 5 years (0–59 months)	22%	23%
Prevalence of wasting among children under 5 years (0–59 months)	8%	10%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	NA	15%*
Prevalence of children 0–5 months exclusively breastfed	65%	63%
Prevalence of children 4–5 months exclusively breastfed	40%	NA
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	69%	47%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	34%	28%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	NA	2%
Coverage of vitamin A supplements for children (6–59 months)	79%	NA
Percentage households with iodized salt	NA	76%

NA: Not available

* Low birth weight was recorded as the percentage of children weighed at birth and the crude percentage at birth as reported on available cards or from mother's recall. This is probably not representative of the full population.

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
2021	UN Food Systems Summit	Bangladesh has selected to work the 2021 United Nations Food Systems Summit's Action Track-1: "Access to safe and nutritious food," which will develop game changing solutions for (1) accelerating hunger reduction, (2) making nutritious foods more available and affordable and (3) making food systems safer.
2020	Nutrition for Growth Summit	The Governments of Bangladesh and Canada, in partnership with Japan, hosted a virtual launch in December 2020 to kick off The Nutrition for Growth Year of Action. This set in motion a year-long effort to address a global hunger and nutrition crisis that has been exacerbated by the COVID-19 pandemic. Bangladesh re-committed to continuing and strengthening nutritional educational and counseling services; vitamin A supplementation and de-worming programs; and large-scale food fortification. The government pledged to emphasize women's empowerment—enabling them to make decisions regarding their own and their children's well-being (Nutrition for Growth 2021).
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 (UNICEF 2017).
2011	Scaling Up Nutrition (SUN) Movement	In 2011, Bangladesh joined the Scaling Up Nutrition (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 National Nutrition Service (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 by 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 Urban Health Strategy (2020)
- National Plan of Action for Nutrition (NPAN2) (2016–2025)
- Bangladesh Second Country Investment Plan (CIP-2) (2016–2020)
- National Food Policy Plan of Action (2008–2015)
- National Nutrition Policy (2015)
- National Social Security Strategy of Bangladesh (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 NPAN2 2016–2025 and established the 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 multi-sectoral 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 July 2020, 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
Bureau for Humanitarian Assistance (BHA)— Emergency Food Assistance	Ongoing	USAID has supported Title II emergency food assistance programs in Bangladesh since 1976. In fiscal year (FY)2017, USAID (former FFP) contributed more than U.S.\$32 million to these nongovernmental organization partners in support of their programs. In FY2018, USAID announced the provision of U.S.\$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 non-emergency Development Food Security Activity (DFSA) 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).
BHA Nobo Jatra— Development Food Security Activity (DFSA)	2015–2022	The project seeks to improve utilization of water, sanitation, and hygiene (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).
BHA SAPLING—DFSA	2016–2021	The project aims to improve gender equitable food security, nutrition, and resilience of vulnerable people in select upazilas of the Chittagong Hill Tracts. They work with the poor (to extremely poor), pregnant and lactating women with children under the age of 2, all adolescents for youth action and learning groups, and all community members for disaster risk reduction. SAPLING directly supports and contributes to the Government of Bangladesh’s Sixth Five-year Plan to become a middle-income country by 2021, the Annual Performance Agreement for MOCHTA, USAID’s four district objectives in the Country Development Cooperation Strategy and subsequent Food Security Strategy for Bangladesh.
BHA Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) III—DFSA	2015–2022	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 extremely 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).
Feed the Future Livestock Production for Improved Nutrition (LPIN)	2015–2021	The Feed the Future-funded project is a U.S.\$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).
Strengthening Multisectoral Nutrition Programming through Implementation Science Activity	2017–2022	The five-year U.S.\$20 million project is focused on implementation science research to test different sets of multi-sectoral 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 strengthens organizational systems to support evidence use in policy, and work with policy makers to improve their ability to assess, appraise, synthesize, and use data.

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 United Nations (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 U.S.\$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 Government of Bangladesh 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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