

National Nutrition Policy 2015

Nutrition Is the Foundation for Development

1. Introduction

Nutrition is an important determinant of physical growth, mental development and good health for every human. When foetal growth is compromised in the mother's womb because of undernourishment; a child is born with low birth weight. In young children, stunting, wasting, underweight and micronutrient deficiency are signs of malnutrition. In addition, malnutrition represents a major cause of child mortality. Undernutrition is an important indicator of malnutrition, although overweight and nutrition-related non-communicable diseases also are on the rise in the country. Overall, a malnourished child grows up with multiple physical and mental limitations; as a result, it becomes difficult for her/him to contribute to society and national development as an adult.

Nutrition also is a basic human right, with both equity and equality related to eliminating malnutrition and ensuring human development. In all, the Government of the People's Republic of Bangladesh is committed to improving the nutritional status of the people. The Constitution of Bangladesh cites nutrition in Article 18 (1), describing the principles of State governance: "...the State shall regard raising the level of nutrition and improvement of public health as among its primary duties..." Nutritional status in Bangladesh already has improved following formulation of the national Food and Nutrition Policy in 1997. Even so, nutritional status of the population has not reached expected levels.

In both urban and rural areas across the country, overweight, obesity, high blood pressure, diabetes, heart attack, stroke, cancer and osteoporosis are considered key nutrition-related issues. Lack of physical activity or physical labour, inappropriate food habits, and a sedentary lifestyle are all major emerging factors, making formulation of a new nutrition policy necessary. To improve overall nutritional status, new evidence in development programming, as well as strategy development and implementation, has been useful in preparing the Bangladesh National Nutrition Policy 2015. The policy takes into consideration both global policies such as ICN2 and relevant national policies in areas such as health, food, agriculture, environment and education, reflecting the multisectoral nature of ensuring nutrition.

2. Background

Childhood malnutrition in Bangladesh has been decreasing only slowly. The most common form of undernutrition is stunting, the result of chronic undernourishment; a stunted child, who is more than two standard deviations below median height for age, is prone to recurrent infections that hinder her/his brain development. In Bangladesh, 2 out of 5 children younger than age 5 years are stunted, with levels twice as high among the poor as among the wealthy. Annual rates of reduction of stunting between 2004 and 2014 were only 1.5 percent.¹

About 14¹ percent of under-5 children in Bangladesh are wasted, or more than two standard deviations below median weight for height, which is the result of acute malnutrition. About 450,000 young children in the country, or 3.1 percent,¹ suffer from the most serious form of

¹Bangladesh Demographic and Health Survey, 2011.

wasting, known as severe acute malnutrition. Those who survive frequently suffer compromised mental development. Lastly, having less weight for age and sex is known as underweight, a condition that also affects children in Bangladesh.

The absence of appropriate child feeding and nutrition practices is the primary reason for childhood malnutrition in Bangladesh. Internationally recognized infant and young child feeding and nutrition guidelines recommend breastfeeding be started within one hour after birth; the baby be exclusively breastfed up to age 6 months (180 days); and the baby be given home-cooked, nutritious complementary food between 6 months and 2 years of age along with breastfeeding. However, the percentage of exclusive breastfeeding up to age 6 months in Bangladesh, while improving, stands at only 55 percent. Moreover, only 23 percent of children aged 6-23 months receive a minimum acceptable diet.¹

At the same time, 1 in 4 adolescent girls in Bangladesh are undernourished, while 1 in 8 women of reproductive age is stunted. During delivery, stunted women are at higher risk of complications; in addition, the risk of intra-uterine growth retardation is high and, as a result, newborns of these women are more likely to be underweight and very frequently are low birth weight. Early marriage and early pregnancy contribute significantly to these conditions, because stunting thus passes from generation to generation, a vicious cycle of undernutrition is perpetuated. There are differences in undernutrition between rural and urban areas, women and children living in urban slums are especially worse off.

Among women, rates of overweight and obesity are increasing. The incidence of chronic diseases, including type 2 diabetes, high blood pressure and heart diseases, likewise are on the rise in the country because of overweight and obesity. Overweight also is found among people living below the poverty level and is particularly rising among people living in urban slums.

Although micronutrients play an important role in physical and mental development, micronutrient deficiency in Bangladesh also is very high, especially with regard to Vitamin A, iron, iodine, zinc, Vitamin B12, and folic acid. For example, high proportions of under-5 children and of women suffer from anaemia because of deficiencies of iron, folic acid and Vitamin B-12 in their food. In all, anaemia causes health risks among women, reduces iron reserves in children, and ultimately burdens the national economy.

The Government of the People's Republic of Bangladesh has taken the initiative to mainstream nutrition into public health and family planning services, with the aim of improving the nutrition situation of the country. Strategies for ensuring nutrition also are being adopted in other sectoral policies outside the health sector. This National Nutrition Policy thus reflects the commitment of the State as a whole to improve the nutritional status of the population.

3. Vision

The people of Bangladesh will attain healthy and productive lives through gaining expected nutrition.

4. Goal

The goal of the National Nutrition Policy is to improve the nutritional status of the people, especially disadvantaged groups, including mothers, adolescent girls and children; to prevent and control malnutrition; and to accelerate national development through raising the standard of living.

5. Objectives

- 5.1 Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers
- 5.2 Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices
- 5.3 Strengthen nutrition-specific, or direct nutrition, interventions
- 5.4 Strengthen nutrition-sensitive, or indirect nutrition, interventions
- 5.5 Strengthen multisectoral programmes and increase coordination among sectors to ensure improved nutrition

6. Strategies

6.1 Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers

Strategies to achieve this objective are:

6.1.1 Ensure nutrition security for all citizens

Availability, access and utilization of nutritious food play important roles in overall improvement of nutrition for individuals and families alike. The National Nutrition Policy aims to ensure appropriate nutrition through securing a safe and balanced diet during all phases of the life cycle.

6.1.2 Ensure required nutrition at all stages of the life cycle

Ensuring required nutrition at all stages of the life cycle is a continuous process. The vicious cycle of malnutrition starts with childbearing, through malnourished mothers giving birth to malnourished babies, which subsequently affects all phases of the life cycle and even future generations. The National Nutrition Policy has stressed the following life-cycle strategies to mitigate this intergenerational effect of malnutrition:

6.1.2.1 Ensure appropriate and adequate nutrition for all pregnant women and lactating mothers throughout pregnancy, so that healthy children are born with expected birth weight

6.1.2.2 Ensure that mothers are able to exclusively breastfeed their children up to 6 months of age and continue breastfeeding through age 2 years, by ensuring a supportive family environment, services and regulatory safety net

6.1.2.3 Following exclusive breastfeeding till age 6 months to ensure an appropriate nutritional foundation for all newborns and very young children, ensure the start of complementary food after age 6 months together with breastfeeding, and ensure continuation of breastfeeding up to age 2 years

6.1.2.4 Ensure the availability of adequate and safe nutritious food for growth and development of adolescent girls and boys, including through prevention of early marriage, to develop a healthy and productive future generation

6.1.2.5 Ensure appropriate nutrition for adults and elderly persons suffering from malnutrition-related non-communicable diseases

6.1.2.6 Take steps to ensure regulation of unabated marketing of processed and commercial food items, given that the food habits of people, especially children, are at stake and influenced by advertisement of such foods. As a result, obesity, diabetes and other chronic non-communicable diseases have become an epidemic in the country. Encourage appropriate food habits and a healthy lifestyle.

6.1.2.7 Ensure easy availability and the best utilization of family planning methods to prevent early marriage, delay pregnancy and space births

6.1.3 Ensure adequate nutrition for disadvantaged groups

The nutrition status of disadvantaged groups is particularly affected during illnesses and natural and manmade disasters. Programmes based on the National Nutrition Policy will:

6.1.3.1 Ensure the adoption of nutrition programmes targeting people living in poor rural and urban areas and in remote locations identified through nutrition surveillance. Give special targeting to those who have very limited access to food and are unable to earn.

6.1.3.2 Ensure adequate nutrition for the people in emergencies (natural disaster, epidemic or conflict), as well as ensure the inclusion of basic nutritional needs of affected people in disaster preparedness plans. Further, ensure application of the related Act [Breastmilk substitute, infant food, commercially prepared complementary food and the accessories thereof (Regulation of Marketing) Act 2013]

6.1.3.3 Ensure adequate nutrition during and after illness of people suffering from chronic diseases, including those who are living with tuberculosis and HIV/AIDS

6.2 Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices

On average, the energy gap between need and intake for a typical adult Bangladeshi is 82 kilocalories (2,400 kilocalories² vs. 2,318 kilocalories³). These figures are calculated based on level of physical activity, basal metabolic rate and expected body weight. However, energy intake also may differ based on socioeconomic status, urban/rural location, and food security status.

Diets of Bangladeshi people are comprised mostly of cereals, which provide 70 per cent of energy requirements. In all, the dietary menu does not contain adequate meat, milk, vegetables and fruits, so that nutritional needs are not met. The absence of quality protein and micronutrients is evident.

Strategies to increase food diversity

The main strategy to increase food diversity is to raise the awareness of people in both rural and urban areas with regard to the importance of such diversity and taking of a well-balanced combination of macro- and micronutrients. In addition to nutrition education, behaviour change communication is to be ensured.

² FAO/WHO recommended daily energy requirement.

³ Household Income and Expenditure Survey Report 2010.

The Government will encourage food-based strategies to achieve food variety, emphasizing the agricultural sector, including fisheries and livestock. In addition, it will create awareness among rural and urban people through the provision of information on the importance of food diversity, along with increasing the availability of food.

Strategies to be taken up for achieving food diversity and emphasizing the important role of the agricultural sector are:

- 6.2.1 Encourage coordinated homestead gardening and small-scale livestock and poultry rearing, at family level or collectively, to increase the availability of diverse, safe and nutritious food
- 6.2.2 Initiate a special behaviour change communication programme to create awareness of the need to avoid processed food, excess salt, saturated fat and transfat
- 6.2.3 Encourage local production and indigenous varieties of crops, fruits and vegetables to promote biodiversity and uninterrupted food diversity
- 6.2.4 Encourage enhanced nutritional value through the combination of different types of food, given that an appropriate such combination is important for achieving food diversity
- 6.2.5 Improve, encourage and accelerate clean and hygienic food preparation practices so that safe and quality food consumption is increased and nutrition quality in food is restored. Encourage food preparation and preservation using local and appropriate technologies to ensure availability of food throughout the year
- 6.2.6 Ensure the supply of the required amount of animal protein through the promotion of the cultivation of small fish such as *mola*, *dhela* and *puti* in homestead water bodies to meet the nutritional needs of rural families
- 6.2.7 Supply supplementary food to affected populations during disasters and times of severe food insecurity
- 6.2.8 Initiate a food fortification programme and expand its use and perimeter (including, e.g., iodine in edible salt, Vitamin A in edible oil, and enriched main food for children, cooked at home with mixed micronutrients)
- 6.2.9 Popularize the effective consumption of fats, carbohydrates and micronutrients to control malnutrition, overweight and micronutrient deficiencies
- 6.2.10 Reduce stunting, wasting and micronutrient deficiencies through diversifying food production and ensuring a variety of food intake by children and their families

6.3 Strengthen nutrition-specific, or direct nutrition, interventions

Two inter-dependent nutrition-related programmes are being implemented in Bangladesh: nutrition-specific (direct) interventions and nutrition-sensitive (indirect) interventions. Nutrition-specific or direct interventions for children include the promotion of: (a) exclusive breastfeeding during the first 6 months after birth; (b) providing complementary food after age 6 months, appropriately prepared at home, alongside breastfeeding; (c) washing hands with soap before feeding a child; (d) Vitamin A supplementation for children every 6

months; (e) supplementation with other micronutrients; (f) providing zinc as part of diarrhoea treatment, and (g) treatment of moderate or severe acute malnutrition. For adolescent girls and women, their nutritional status is being improved through: (a) behaviour change communication to provide nutritional knowledge through counselling at family level; (b) provision of iron, folic acid or multiple micronutrients as supplements, as appropriate; (c) promotion of the use of iodized salt; (d) promotion of the use of calcium during pregnancy as a supplement; and (e) preventative activities in educational institutions and communities to avert incidences of overweight and obesity.

Strategies adopted to expand nutrition-specific (direct) programmes include:

- 6.3.1 Motivate mothers to: (a) take appropriate nutritious food during pregnancy; (b) to gain adequate weight during pregnancy; (c) ensure taking of micronutrient supplements, especially iron-folic acid, during pregnancy and lactation period, as applicable; (d) prevent infection and ensure appropriate treatment; (e) reduce physical labour during pregnancy and ensure appropriate rest; and (f) bring about behavioral changes, including avoiding tobacco products and smoking, during pregnancy.
- 6.3.2 Promote the consumption of adequate quantities of nutritious food to prevent malnutrition in lactating mothers and ensure appropriate care to children
- 6.3.3 Start breastfeeding within one hour of birth to ensure appropriate care to the newborn, with exclusive breastfeeding up to age 6 months; and encourage the provision of complementary food from age 6 months 3-4 times a day, prepared at home (combining at least four food groups), with continuation of breastfeeding up to age 2 years.
- 6.3.4 Immediately treat any infection that may have adverse effects on nutrition
- 6.3.5 Treat moderate and severe acute malnutrition both at health centres and in the community
- 6.3.6 Ensure care through families and communities for physical growth and mental development of children, and motivate the ensuring of a supportive environment for child development
- 6.3.7 Ensure intake of adequate varieties of food for adolescent girls and boys for their appropriate growth, so that they can develop as adults with expected height and weight
- 6.3.8 Extend and strengthen nutrition education in educational institutions
- 6.3.9 Ensure availability of food enriched with energy, protein and micronutrients for elderly persons
- 6.3.10 Scale up nutrition-specific programmes in rural areas, through coordination between non-Government organizations and the Ministry of Health and Family Welfare, as well as through primary health care services in urban areas under the Ministry of Local Government, Rural Development and Cooperatives
- 6.3.11 Scale up nutrition-specific or direct programmes for marginalized persons in urban slums and people in hard-to-reach locations

- 6.3.12 Change behaviours through strengthened nutrition counseling, information and education. Undertake intensive communication through all media, involving all stakeholders, to raise public awareness on maintaining a balanced diet, the nutritional value of food, and physical activity and exercise. In the light of experiences with successful national programmes such as family planning, immunization and distribution of oral saline solution, develop a plan for a nutrition and food security campaign through the mass media, and allocate resources for this purpose.
- 6.3.13 Build knowledge about appropriate micronutrient-enriched family foods and promote increased consumption
- 6.3.14 Make the existing health system universal, utilize the system effectively, and estimate effective manpower needs for the purpose —particularly including the number of health workers to be employed at community clinics and union health centres, as well as assessment of their skills and identification of their training needs – so that the ratio between health workers and beneficiaries is maintained and nutrition services can be scaled up
- 6.3.15 Provide the required number of health workers through filling of all vacant posts and ensuring of required supplies. Develop local-level health facilities, such as community clinics, union sub- centres, family welfare centres and *upazila* health complexes, to be suitable for providing nutrition services
- 6.3.16 Mainstream nutrition services appropriately with health services, through effective coordination between health and family welfare workers at grassroots level
- 6.3.17 Ensure improved services, through increasing the accountability of Government and non-Government nutrition service providers at all levels to meet people's expectations.
- 6.3.18 Develop and establish a strong national monitoring and evaluation system to ensure accountability with regard to nutrition services
- 6.3.19 Conduct a needs assessment for a comprehensive workplan and appropriate allocation of resources.
- 6.3.20 Appoint nutritionists in hospitals and in public health nutrition programmes

6.4 Strengthen nutrition-sensitive, or indirect, interventions

Issues of malnutrition, particularly low birth weight and stunting, cannot be controlled through nutrition-specific programmes only. In turn, this necessitates the addition of nutrition-sensitive interventions, especially with regard to food security, female education and empowerment, increased employment opportunities, hygiene and sanitation, agriculture, and expansion of social safety nets.

Strategies to be adopted to expand nutrition-sensitive (indirect) interventions include:

- 6.4.1 Enhance food security at household level. Publicize and promote food-based dietary guidelines. Ensure informed food selection and consumer rights.

- 6.4.2 Encourage investment in nutrition-sensitive agriculture to produce fruits, vegetables, chicken, fish, fish products, milk and meat
- 6.4.3 Increase the rate of female education and women's empowerment. Create employment opportunities for women, and encourage the delay pregnancy until at least age 20 years.
- 6.4.4 To combat different types of infection (diarrhoea, pneumonia, environmental enteropathy) that adversely affect child nutrition, motivate people to follow hygiene practices, especially washing hands with soap. Also ensure safe drinking water and strengthen the sanitation system to reduce the risks of these infections.
- 6.4.5 Engage all relevant Ministries, Divisions, institutions, civil society and non-Government organizations in nutrition interventions
- 6.4.6 Accelerate research activities to increase production of non-cereal agricultural products, such as pulses, fruits and vegetables
- 6.4.7 Initiate new programmes and strategies to implement nutrition programmes involving all concerned Ministries and agencies (e.g. food, agriculture, education, fishery and livestock, local government, women and children affairs, disaster and relief)
- 6.4.8 Coordinate nutrition-sensitive programmes to be implemented under Ministries such as Agriculture, Food, Fishery and Livestock, Women and Children Affairs, Education, Industry and Local Government, Rural Development and Cooperatives, among others
- 6.5 Strengthen multisectoral programmes to ensure countrywide efforts toward ensuring nutrition, including necessary financing for such programmes. Increase joint efforts and coordination among sectors/Ministries/non-Government organizations and development partners with regard to social safety nets, women's empowerment, education, and water, sanitation and hygiene, among others. Prepare a National Plan of Action (with costing, indicators and targets) for the next decade. Strategies to achieve this objective include:
- Strengthen nutrition-specific (direct) and nutrition-sensitive (indirect) programmes
 - Involve human resources in renewed nutrition efforts, including effective supervision and monitoring of nutrition services
 - Support increased coordination among relevant programmes, including with regard to social safety nets, education and women's empowerment
 - Monitor and evaluate implementation of nutrition programmes Enhance knowledge and skills of human resources involved in nutrition programmes through appropriate trainings
 - Mainstream nutrition education in all types of training programmes and in general educational curricula
 - Conduct nutrition-related research and collect and analyze disaggregated data, providing feedback.
- 6.5.1 Ensure joint work by the Ministries of Local Government, Rural Development and Cooperatives and Health and Family Welfare in malnutrition-stressed urban areas, especially urban slums

- 6.5.2 Implement interventions in all educational institutions and communities, in both rural and urban areas, to reduce overweight and obesity. Encourage physical labour and exercise.
- 6.5.3 Strengthen cooperation and coordination among the Ministry of Health and Family Welfare, international organizations, development partners, educational and research institutions, non-Government organizations and concerned Ministries toward development and implementation of multisectoral nutrition programmes in the areas of nutrition security, safety nets for marginalized communities, hygiene and sanitation, and employment generation
- 6.5.4 Jointly implement nutrition programmes through strengthened partnerships and coordination between Government institutions and non-Government organizations and institutions
- 6.5.5 Include issues of nutrition in the National Social Security Strategy paper, particularly with regard to food diversity in food-related programmes. Initiate nutrition programmes targeting ultra-poor and deprived communities, and link up nutrition programmes with other social safety net programmes.
- 6.5.6 Strengthen research activities on nutrition in the Bangladesh context so that policymakers are informed about nutrition programmes and strategies and able to make decisions accordingly. In addition, undertake action-oriented research.
- 6.5.7 Strengthen research activities to boost production of non-cereal crops. Increase food security for the ultra-poor through appropriate food preservation methods.
- 6.5.8 Strengthen the enforcement of laws against the adulteration of food and raise public awareness on the issue.
- 6.5.9 Adapt food security, employment and disease management strategies in line with the situation related to climate change in Bangladesh
- 6.5.10 Strengthen the National Nutrition Council, with the Honourable Prime Minister as the Chair, to review the nutritional situation of the country and implement/coordinate multisectoral programmes

7. Conclusion

The National Nutrition Policy 2015 has given importance to ensuring appropriate nutrition through identification of its different causes. This Policy will provide the necessary direction to implement and strengthen existing strategies, as well as to develop new strategies to improve the people's nutritional status in Bangladesh.

Indicators for achieving optimal nutrition:

- Increase the initiation of breastfeeding in the first hour of life
- Increase the rate of exclusive breastfeeding in infants younger than age 6 months
- Increase the rate of continued breastfeeding in children aged 20 to 23 months
- Increase the proportion of children aged 6-23 months receiving a minimum acceptable diet
- Reduce the rate of low birth weight
- Reduce stunting among under-5 children
- Reduce wasting among under-5 children
- Reduce the proportion of underweight among under-5 children
- Reduce the rate of severe malnutrition among children
- Reduce malnutrition among adolescent girls
- Increase Vitamin A coverage
- Reduce malnutrition among pregnant women and lactating mothers
- Increase the rate of iodized salt intake
- Reduce maternal overweight (BMI>23)
- Reduce the rate of anaemia among women