

# Global Action Plan on Child Wasting

# Country Roadmap

# Bangladesh

Bangladesh has made admirable progress on many nutrition indicators but reductions in rates of wasting have stagnated. From 2012-13 to 2019, the rates of wasting have been 9.6% and 9.8%, respectively. The impact of Covid-19 could increase these rates by 14.3%.

Vulnerability to wasting is geographically unevenly distributed. Rates of wasting range from 11% in Sylhet to 8.7% in Dhaka. In urban slums and amongst the Rohingya refugee population in Cox's Bazar, the rates of wasting are 16% and 11.3%, respectively.

The key determinants of wasting include poor maternal nutrition and health, food intake, food insecurity and inadequate social protection and WASH.

Low birth weight (LBW) increases the risk of wasting. Early pregnancies and malnutrition among adolescent girls as well as pregnant and lactating women (PLW) increase the risk of LBW. 56.4% of girls between 10-19 years old, and 11% of women between 19-49 years are underweight. Over 50% of girls are married before the age of 18 years. Adolescent anemia is 56%. 46% of pregnant women (PW) are anemic with only 3.2% of PW received and consumed 100 Iron-Folic Acid tablets. Less than 18% of PW receive adequate antenatal care. Anemia among the refugee children 6-59 months is 37.1% and >55% among children 6-23 months.

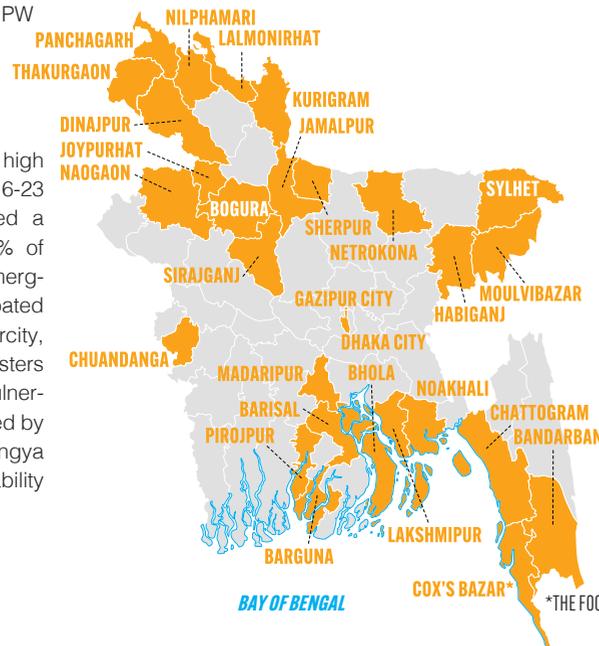
28 districts are food insecure, correlating with high levels of wasting. Only a fourth of children 6-23 months in the lowest wealth quintile received a Minimum Acceptable Diet and less than 50% of women receive Minimum Dietary Diversity. Emerging negative trends – including those exacerbated by COVID-19 – comprise agricultural labor scarcity, seasonal food price peaks, unpredictable disasters and emergencies, and climate change. High vulnerability levels among refugees were also worsened by the COVID-19 pandemic and 86% of the Rohingya refugee population were classified as vulnerability prone in 2020.

Nutrition-sensitive social safety nets (SSN) play an essential role in addressing wasting and reaching vulnerable people. Between 2014 and 2019, inequality increased, but only 11% of urban households and 36% of rural households are enrolled in SSN.

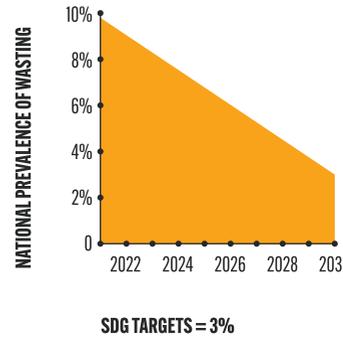
Poor WASH is directly associated with wasting, contributing to an annual death of 20,000 children under five in Bangladesh. Eighteen million people do not have adequate handwashing facilities at home and only 40% understands the necessity of handwashing with soap before eating. In refugee camps, poor sanitation is also a major risk factor for wasting.

Nutrition and food security are key policy priorities to the Government of Bangladesh. A rich policy environment coupled with the Bangladesh National Nutrition Council paves the way towards impactful multi-sectoral nutrition programming. However, a national CMAM protocol is not in place and further efforts are needed to develop an effective national program that addresses child wasting through an integrated approach of prevention, control, and treatment.

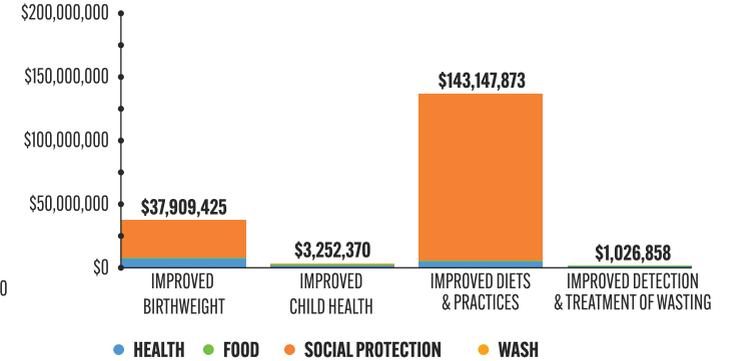
## GEOGRAPHICAL PRIORITY AREAS



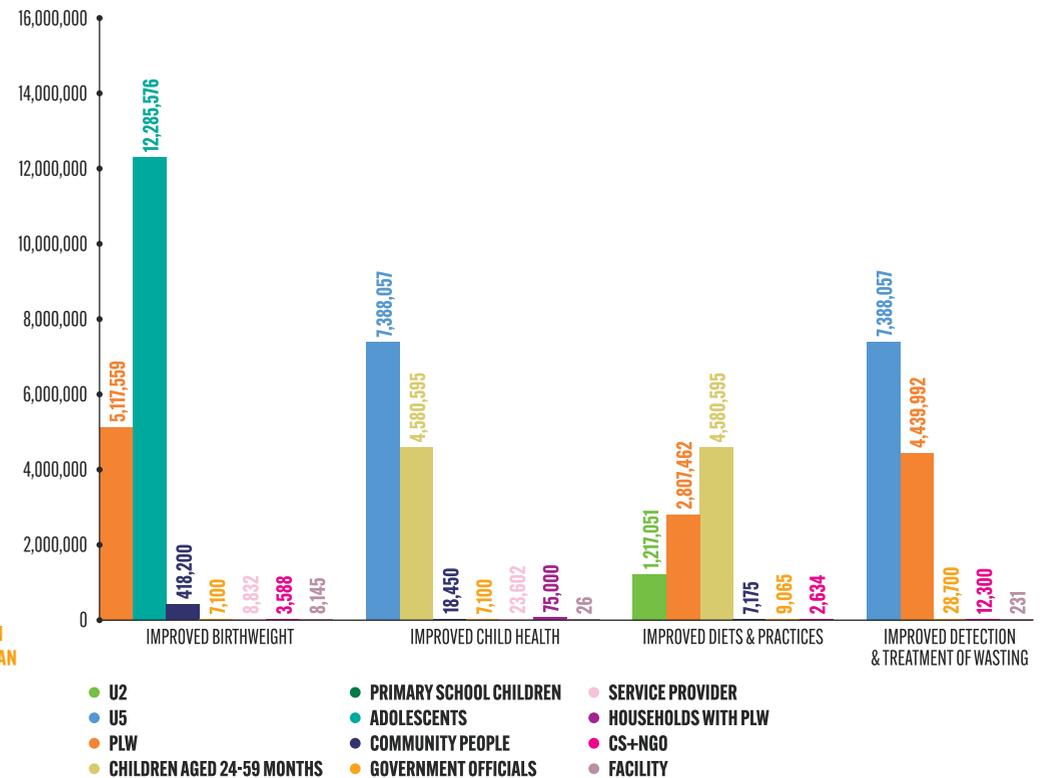
## REACHING THE SDG TARGET BY 2030



## ANNUAL COST (USD)



## TARGET POPULATION GROUPS



TOTAL NUMBER OF PEOPLE REACHED = 50,333,168  
TOTAL NUMBER OF GROUPS REACHED = 93,522

\*THE FOCUS IS ON ROHINGYA REFUGEE CAMPS IN COX'S BAZAR DISTRICT

# By 2025

- REDUCE LOW BIRTHWEIGHT TO 10%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 70%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 80% FOR SEVERELY WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 80% OF THE POPULATION

## OUTCOME 1 REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Increased ANC coverage (4+ visits, nutrition counselling, IFA, weight measurement)</p> <p>Ensure facility readiness for nutrition service delivery for PLW</p> <p>Provision of FP services to promote birth spacing</p> <p>Strengthen community-based platforms to increase uptake and coverage of maternal nutrition interventions</p> <p>Conduct SBCC activities to improve awareness on maternal nutrition care at facility and community level along with NCD awareness (using all types of means)</p> <p>Identify and manage malnourished PLW (&lt;21 cm MUAC) with children below 6 months</p> <p>Demonstration for maternal micronutrient supplementation to prevent LBW to generate evidence</p> <p>Provision of supplementary food to PLW in Rohingya refugee camps to support good maternal nutrition</p> <p>Adolescent micronutrient supplementation i.e. IFA, deworming according to Government guidelines, counselling, SBCC</p> <p>Introduce adolescent nutrition indicators in DHIS2</p> <p>Integrate nutrition with School health programme/Little Doctor programme/Adolescent Reproductive and Sexual Health (ARSH), Adolescent health service (corner)</p> <p>Restriction of unhealthy food and promotion of healthy food through school and community level (development of marketing strategy and action plan)</p>
FOOD	<p>Conduct training of trainers on food based nutrition and food safety to enhance knowledge and practices for safe, diversified and healthy diets with an emphasis on dietary guidelines, FCT, nutrient-dense recipes, correct food combinations, safe and healthy cooking, processing and storage technologies to enhance shelf life, nutritional quality and safety of food as well as nutrient labelling</p> <p>Fielding research outcomes (production and consumption perspectives) through nutrition sensitive agriculture/horticulture/FLS interventions targeting for women with small landholdings</p>
SOCIAL PROTECTION	<p>Provide orientation/training on adolescent nutrition to the relevant stakeholders</p> <p>Mobilize Community Support Group/Girl guides/Scout/adolescents and youth through Nutrition Challenge Badge initiative and adolescent club programme</p> <p>Capacity strengthening for nation-wide scale up school feeding to support the nutritional needs of primary school aged children</p> <p>Develop and disseminate e-learning/virtual trainings on integrated nutrition modules for youth and adolescents</p> <p>Development of adolescent nutrition guideline and awareness raising Programme to promote adolescent nutrition in secondary schools/madrasah and adolescent clubs in community, and other government service delivery programs, as well as in Local Clubs and child friendly spaces</p> <p>Expand existing nutrition-sensitive social safety net programmes to increase their coverage in both urban and rural areas</p> <p>Strengthen existing nutrition sensitive social safety net programmes along with integration of nutrition SBCC, improved targeting, nutrition sensitive transfer modalities and enhanced linkages to health and specific nutrition and complementary multi-sectoral interventions for both urban and rural areas</p> <p>Evidence generation on the effectiveness of social protection on maternal nutrition and low birth weight</p> <p>Promote and access of inclusion of nutritious food, including fortified foods, in addition to food grains under the PFDS for households with nutritionally vulnerable groups including adolescents and pregnant and lactating women</p> <p>Integrate SBCC on nutrition, WASH and food hygiene and nutrition training in social protection safety nets</p>

## OUTCOME 2 IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Vitamin A supplementation through campaign</p> <p>Deworming for young children</p> <p>Organizing national and sub-national level SBCC (advocacy/orientation, etc.) programmes on NVAC+ and vitamin A rich food</p> <p>Strengthening of Real Time Monitoring and Reporting (RTMR)</p> <p>Integrate Growth Monitoring and Promotion (GMP) into all EPI platforms, and in health and nutrition facilities, community clinics including refugee response, hard to reach areas and urban areas</p>
FOOD	<p>Provide training and enable implementation of safe food handling, preparation and storage to multisectoral partners and all actors across the food supply chain with a focus on complementary feeding</p> <p>Promote safe, hygienic food preparation, storage and processing technologies at community levels.</p> <p>Utilization of food safety indicators to track food contamination and dietary risk exposure across the food chain</p>
WASH	<p>Develop guidelines for WASH in essential nutrition service delivery</p> <p>Develop SBCC materials for WASH to use in essential nutrition service delivery</p> <p>Promote handwashing at 3 critical times (after defecation, prior to feeding and preparation of food)</p> <p>Strengthening WASH interventions prioritizing the recovery of SAM and MAM children with provision and utilization of hygiene kits to targeted mothers, households, U5 children</p> <p>Ensure provision of safe adequate water in health care facilities to prevent enteric infections</p>

## OUTCOME 3 IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>SBCC for IYCF promotion (continued breastfeeding and introduction of appropriate and safe, healthy complementary feeding for infants and young children using improved CF recipes, IYCF practice during emergency etc.); SBCC for restriction of unhealthy diet for children</p> <p>Update and strengthen National Strategy, communication framework, implementation plan and monitoring for IYCF</p> <p>Revitalization, strengthening and increase the number of BFHI and effective monitoring</p> <p>Strengthening national and subnational level monitoring system and implementation of BMS Act 2013 and rules 2017 both in emergency and non emergency setting,</p> <p>Advocacy on importance of BMS monitoring with the policy and programme implementers of GoB</p> <p>Promote work station, private sector and public place, emergency setting, support for protecting breastfeeding through establishment of breastfeeding corner at health and public private facilities, shelter with trained service providers</p> <p>Strengthen strategy for community-based platform interventions on IYCF based on the existing initiatives</p> <p>Advocacy to include IYCF issues in the emergency response plan</p> <p>Establish and strengthen a holistic approach for ECCD and Nutrition through health sector platforms utilizing community/home-based approaches</p> <p>Provision of supplementary food to children 6-23 months in Rohingya refugee camps to support nutrient dense complementary feeding</p>
FOOD	<p>Produce reliable and timely FNS information through an improved system of data collection, analysis, coordination, validation, exchange, and dissemination as well as provision of support to existing e-marketing platforms to facilitate access safe and diversified foods</p> <p>Use research results (1) to develop tools on nutrient dense foods (2) to support the development of production plans which consider wasting prevention and control strategies to enhance the availability and access of nutrient dense food to improve IYCF</p> <p>Engage agricultural platforms to promote diversified food production and consumption for improving complementary feeding to prevent wasting (incl. recipes)</p>
SOCIAL PROTECTION	<p>Promote social and economic access to food and complementary feeding (IYCF) for the poorest sections of the population in times of crisis and in areas most affected by disaster</p> <p>Linking safety net beneficiaries to primary health care services such as vitamin A, deworming, growth monitoring and immunization</p> <p>Support SBCC and access to safety net beneficiaries to increased consumption of healthy diets of young children, in particular good IYCF practices both in emergency and non emergency settings.</p> <p>Evidence generation on resilience of agricultural systems and supply chain to enhance availability of fresh, nutritious and safe foods at urban markets accessed by safety net beneficiaries, particularly those with young children</p> <p>Evidence generation on the promote consumption of fresh and nutritious foods in complementary feeding through targeted social protection transfer and SBCC</p>

## OUTCOME 4 IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Capacity development of service providers on screening, referral, management, counseling and reporting system on acute malnutrition</p> <p>Strengthen linkages with health OPs especially (HSM, CBHC, MNC&amp;AH, MCRAH, NCDC, NTP and HIV/AIDS Ops/TB etc) and including urban programmes to ensure screening of malnourished children, detection of respective cases and ensure management and nutrition supplementation</p> <p>Operational research on community-based management for uncomplicated SAM and MAM children to generate evidence</p> <p>Strengthen community-based interventions under multisectoral platform for early detection, referral and management of wasting including emergency and non emergency settings</p> <p>Strengthening of integrated Nutrition Information System (NIS), with special emphasis on urban, CHT, emergency prone areas etc., incl. capacity development, data quality audits, improved monitoring and supervision systems</p> <p>Conduct surveys, surveillance, research for wasting under both normal and emergency situations</p> <p>Publish monitoring report, newsletter, policy brief etc.</p> <p>Policy analysis to monitor progress of CIP2 and NPAN2 through the preparation and dissemination of annual monitoring reports</p> <p>Strengthen and coordination for supply chain management by establishing an online Supply Chain Management Portal (SCMP)</p> <p>Logistics Management Information System (LMIS) to ensure a reliable pipeline of nutritional treatment, NM supplies, anthropometric equipment and drug from central to service delivery points</p>
FOOD	<p>Engage agricultural platforms to promote screening by health service providers to improve early detection and management at community level, and referral for treatment at health facilities for cases of SAM</p> <p>Promote nutrient-dense recipes to support community-based management of wasting</p>
SOCIAL PROTECTION	<p>Inclusion of screening and referral of wasted children for in-patient treatment for SAM with complication and community management for uncomplicated wasting through social protection safety net</p>