Save the Children EVERY ONE

TACKLING CHILD MALNUTRITION


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DESPITE THE GOVERNMENT'S COMMITMENT TO FULFILLING CHILDREN'S RIGHT TO NUTRITION, 48.6% OF BANGLADESH'S CHILDREN ARE STUNTED.

MDG 4 – A TWO-THIRDS REDUCTION IN CHILD MORTALITY – CANNOT BE ACHIEVED WITHOUT TACKLING MALNUTRITION.

The poor nutritional status of Bangladeshi women and children undermines the health and wellbeing of all Bangladeshis and hinders progress towards achieving Millennium Development Goal (MDG) targets on maternal and child mortality and poverty.

Nationally, 48.6% of children under age five are stunted or short for their age; 13.3% are wasted or underweight for their height; and 37.4% are underweight or low weight for their age.[1] There are twice as many stunted children in the poorest quintile of the population than in the richest quintile.[2]

Under Article 18 (1) of the Bangladesh Constitution, the state and government are obliged to ensure the nutritional development of the people, while the National Health Policy (2006) and National Plan for Children (2004–2009) specifically mention reducing childhood malnutrition. The Poverty Reduction Strategy Paper (2005), National Food Policy (2006) and Country Investment Plan (2010) all prioritise nutrition and food security. In the global context, Bangladesh has ratified the UN Convention on the Rights of the Child and committed to meeting the MDGs, many of which have strong links to nutrition. In addition, the

government has finalised plans for a new US$8 billion sector-wide Health, Population and Nutrition Sector Development Programme from 2011 to 2016. A policy decision has been taken to mainstream nutrition within Ministry of Health and Family Welfare, called National Nutrition Services (NNS). In addition, the NNS will become part of other national plans of action, notably the National Food Policy Plan of Action (2008–2015).

THE ISSUE	THE SOLUTIONS

UNEQUAL ACCESS TO GOVERNMENT PROGRAMMES

Often, even where a programme on nutrition has successfully reached mothers, social and economic constraints hinder their ability to put the knowledge they gain into practice. Equally, poor access to safe water and basic sanitation, combined with poor hygiene, causes illnesses, especially diarrhoea, which contributes to malnourishment. Vitamin A coverage of women who have just given birth is only 34% and iron and folate supplementation in pregnant women is only 50.3%.

- Support access to basic health services to treat diarrhoeal-related illness, respiratory illness and fever, supplemented by awareness programmes on hygiene and sanitation.
- Involve key household decision-makers such as husbands and mothers-in-law, alongside mothers themselves, in nutrition programmes as they have considerable impact on children's nutritional intake.
- Remove barriers to the delivery of good coverage of maternal micronutrient supplementation in hard-to-reach places like coastal, char and hawar areas.
- Strengthen social and behaviour change communication activities at national/regional/local levels.

THE ISSUE	THE SOLUTIONS

INADEQUATE SYSTEMS

Health facilities in rural areas are poorly equipped to deal with children with severe acute malnutrition; nutrients and calorie-dense formula food is not available. Staff are often not trained to provide the special care that severely malnourished children require.[3] Interactions by health workers to promote and support optimal breastfeeding are at extremely low levels, as is their capacity to provide necessary supplements.

- Improve the capacity of rural healthcare centres to deal with cases of severe malnutrition and support local production of ready-to-use therapeutic food.
- Improve Ministry of Health and Family Welfare staff capacity and equip them appropriately for essential nutrition services.
- Implement national guidelines for community-based management of acute malnutrition.
- Increase the number of skilled healthcare workers in remote and rural areas to deliver critical health services and to improve nutritional outcomes.

THE ISSUE

LACK OF NUTRITION AWARENESS

Only 43% of Bangladeshi mothers are exclusively breastfeeding for six months. This is mostly due to lack of knowledge of the benefits of following recommended breastfeeding practices and how to do so. Higher rates of malnutrition in children under five are closely linked with poor infant and young child feeding practices, which can in turn be linked with poor understanding of good nutrition.

THE SOLUTIONS

- Scale up culturally appropriate community-based breastfeeding education and counselling for pregnant and lactating mothers, integrated with community-based approaches to improve maternal and neonatal survival, family planning, etc.
- Integrate essential nutrition actions in all critical contact points for maternal and child health services.
- Emphasise and promote diet diversity within all food assistance interventions and food security/ nutritional programmes.
- Raise awareness of severe acute malnutrition symptoms and community-based management of acute malnutrition services that are available locally through appropriate media.

THE ISSUE

REACHING THE POOREST HOUSEHOLDS

A lack of targeting of social safety nets has led to gaps in provision for the poorest households and groups. These same households are often excluded from nutrition interventions, even if services are free, because they cannot afford the hidden costs, such as taking time off work to access them. This will be increasingly true among poor urban populations as they continue to expand. Under-five mortality is 14 times higher in poor, urban slum areas than in more affluent areas, and the level of malnutrition is comparable to that among rural children, despite the higher density of secondary and tertiary health facilities in major cities.[4]

THE SOLUTIONS

- Improve the targeting of social safety nets through programmes such as the Vulnerable Group Development and Primary Education and Stipend Programme.
- Increase coverage of social safety net programmes, especially for remote rural areas like costal, char and hawar areas.

THE ISSUE

FOOD INSECURITY

One in four households in Bangladesh is food insecure, with diets consisting mostly of starchy staples with oil and vegetables. Animal protein is eaten once or twice a week, and almost no pulses and very little dairy or fruit. Rising food prices severely affect poor households' expenditure and ability to afford basic health services. Families use coping methods such as switching to less desirable foods, smaller portions or reducing the number of meals they eat in a day, leading to rises in child malnutrition and stunting.

THE SOLUTIONS

- The government should further scale up its protection schemes to mitigate the impact of high food prices on poor households. Social protection schemes should be in line with the cost of a nutritious diet and should enhance and complement existing nutrition policies.
- The government should ensure that nutrition is an explicit objective of agricultural policies and programmes.

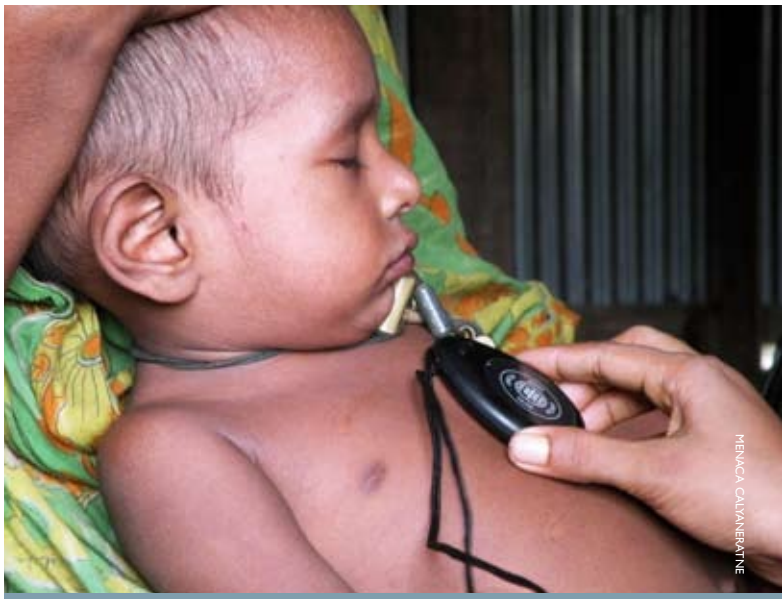
OUR GOAL IS THAT MILLENNIUM DEVELOPMENT GOAL 4 – A TWO-THIRDS REDUCTION IN CHILD MORTALITY RATES BY 2015 – IS ACHIEVED. IMPROVING CHILD NUTRITION IS KEY TO ACHIEVING THIS GOAL. IT WILL SAVE MANY LIVES AND GIVE ALL CHILDREN THE CHANCE OF A GOOD START IN LIFE SO THEY CAN GROW UP TO FULFIL THEIR POTENTIAL.

"Gradually his condition improved"

At 14 months Yameen started to develop scars and wounds around the mouth and he had a severe case of diarrhoea.

"I felt helpless and did many things to try and make him better. Then Save the Children's community health volunteer, Ruksana, came visiting. She asked me to take him to the growth monitoring centre. After 12 days, I brought him home on my own. I fed him special medicinal food [nutritious peanut paste] on my index finger and rubbed it in his gums. The diarrhoea stopped. Ruksana came and checked up on him every day. Gradually his condition improved."

Jostna lives with her son Yameen (pictured right) in Bhola, south-western Bangladesh. Save the Children's community health volunteers provide ante- and postnatal care to improve the health and nutrition of mothers and children under five. The volunteers are trained to identify cases of malnutrition and to manage cases where children have diarrhoea or pneumonia.



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NOTES

1 World Food Programme, UNICEF, Institute of Public Health Nutrition, Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh (2009) *Bangladesh Household Food Security and Nutrition Assessment Report*, p. 7. Available at http://home.wfp.org/stellent/groups/public/documents/liaison_offices/wfp221036.pdf

2 B Fenn (2011) Research for Save the Children's report, *A Life Free From Hunger: Tackling child malnutrition*

3 Save the Children (2009) *New Born and Child Survival in Bangladesh*, Situation Analysis

4 M Walsham (2010) *Social Health Protection for Urban Poor: the role of urban health in achieving comprehensive social protection*, United Nations Development Programme (UNDP)

This briefing is part of a set of eight country briefings produced by Save the Children and the Institute of Development Studies to accompany Save the Children's report, *A Life Free from Hunger: Tackling child malnutrition.*

To see the full report, visit

everyone.org

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