#### 10.5 NUTRITION PROGRAM IN 8FYP

In Bangladesh both chronic and acute malnutrition levels are higher than the WHO's thresholds for public health emergencies, although there has been considerable progress in decreasing malnutrition, in particular undernutrition and micro nutrient deficiencies. Moreover, over nutrition due to life-style changes and intake of junk food is an emerging problem in urban areas as well, increasing the burden of NCDs such as obesity, diabetes and cardiovascular diseases. The key strategies and actions to be pursued during the 8FYP are continuation of nutrition service through regular government channels, micro-nutrient supplementation, treatment of severe acute malnutrition, strengthening BCC to promote good nutritional practices, coordination of nutrition activities across different sectors and mainstreaming gender into nutrition programming and promoting equity. Simultaneously, availability of adequate skilled human resources and nutrition logistics and commodities through improved supply chain management will be prioritized and ensured.

## **Strategy for Nutrition**

It is important to note that nutrition is a multi-sectoral issue that requires a multi-sectoral approach and multi-agency actions. Nutrition is intimately linked with the quality and quantity of food consumption. Food security and food-related nutrition issues including the problem of food adulteration is discussed in detail in Chapter 14. It is important, however, to note that nutrition is a multi-sectoral issue that requires multi-sectoral approach and multi-agency actions. Table 10.3 lists the major public sector agencies that play a role in the nations nutrition outcome. This multi-sectoral multi-agency approach was advocated in the 7FYP through the development and approval of several policies and guidelines (e.g. NPAN2, CIP2, NSSS, FSNP, 4th HPNSP), strengthening the enabling environment for nutrition security significantly. The 8FYP will build on the progress and strengthen the nutrition strategy to achieve the targeted nutrition outcomes. The roles and responsibilities of the stakeholders for nutrition will be further specified, and arrangements of appropriate coordination and synergistic action will be made in line with the aforementioned enabling environment. Nutrition related policy guidance and inter/intra ministerial linkages will be facilitated through the revitalized Bangladesh National Nutrition Council (BNNC). Moreover, existing cabinet committees that address food and nutrition security will contribute to effective coordination of nutrition programming. The MoHFW will collaborate with the Ministry of LGRD&C, the Ministry of Agriculture, and the Ministry of Food to address nutrition and food safety issues.

Table 10.3: Multi-sectoral, Multi-agency Approach to Improving Nutrition

Domain	Role and activity towards scaling up nutrition	Ministry/Division
Education	Incorporate nutrition and hygiene education in curriculum, including school vegetable garden and cooking demonstrations	Education, Health and Family Welfare,
	Ensure regular Health and Nutrition Days in the school's calendar	Information
	Ensure completion for girls' education at least up to high school	
	Promote and protect good dietary practices among children in places	
	where there are school feeding programmes	
	Improve sanitation facilities in schools	
Water and	Contribute to increased levels of hand-washing and hygiene	Local Govt., Rural
sanitation	Ensure availability of safe drinking water	Development &
	Improve availability of sanitary facilities in different settings	Cooperatives, Health &
	Prioritise the availability of water to women for agriculture and	Family Welfare, Water
	fishing	Resources.
Food	Ensure improving availability of diverse foods of quality	Food, Industry, Disaste
	• Promote best practice to ensure food safety in agriculture sector, food	Management & Relief,
	processing industries, food distribution system and in food value chain	Fisheries & Livestock,
	Ensure adequate food safety regulatory framework in place and	Health & Family
	monitored	Welfare, Agriculture
Agriculture,	Improve production of diversified food (source of animal protein)	Agriculture, Fisheries
Fisheries and	Empower women to access agriculture extension services, resources	and Livestock, Water
Livestock	<ul> <li>Incorporate basic nutrition into agriculture extension training and tasks</li> </ul>	Resources.
	Build agriculture extension and agriculture input supply system to ensure nutrition is considered in planning and implementation	

Domain	Role and activity towards scaling up nutrition	Ministry/Division
Women and	Emphasis on empowerment of women to make decisions about their	Women and Children
children	own and their children's wellbeing	Affairs, Health and
affairs	Highlight child marriage/early pregnancy and childbearing, and their	Family Welfare,
	harmful implications for nutrition	Primary and Mass
	Ensure 6-month fully paid maternity leave is implemented in all sectors	Education, Information
Industry	Increase availability of fortified staples e.g. salt and oil	Industry, Food and
	Adhere to high standards in advertising/marketing, focus on children	Agriculture
Environment,	Restoring or enhancing natural resources	Environment, Forest
forestry and	Protecting forests, promoting forest-derived foods to benefit poor/	and Climate Change,
natural	women	Chittagong Hill Tracts
resources	Securing ownership, access and management rights to land and other	Affairs
	productive resources for poor or marginalised groups (e.g. ethnic	
	minorities, emergency-affected populations)	
	Pro-poor, efficient and integrated management of water resources	
	including control for negative impacts, such as water-borne diseases	
	Risk mitigation and management of water-related shocks (e.g.	
	droughts, floods, water insecurity) through adequate infrastructure,	
	storage and flood control, supporting adaptation to the effects of	
	climate change	
	Strengthening early warning and nutrition surveillance systems	
	Increase collaboration with other sectors and joint programming to	
	increase household/community resilience, especially in emergencies	
	Monitoring & evaluation systems include nutrition relevant indicators	
Law and	Protect, promote and monitor rights and non-discrimination: right to	Women and Children
Justice	adequate food and to be able to feed oneself in dignity; and all other –	Affairs, Law, Justice
	related rights (employment, children's rights, women's rights, focus	and Parliamentary
	on marginalized groups, poor households and women)	Affairs
	Uphold refugee and humanitarian law in protracted crises	

## Addressing Child, Adolescent and Maternal Malnutrition

Under the 8FYP, increased attention will be paid to the high rate of malnutrition among children, adolescent and women of reproductive age and the elderly. This is also part of efforts to mainstream gender issues in nutrition programmes. To that end, the Government will consider a multidimensional approach to address the intergenerational health impact. Among other things, such an approach will include awareness on child/women nutrition, food value and food diversity. Nutrition-specific interventions, for example infant and young child feeding, and promotion and distribution of micronutrient supplementation such as ironfolic acid supplementation among pregnant, lactating women and adolescent girls to cover iron-deficiency anaemia will be undertaken through health and family planning facilities. The national strategy for infant and young child feeding will be implemented. Existing half-yearly Vitamin A capsules distribution for children will be continued. Post-partum Vitamin A distribution to improve vitamin A status of neonates through breast milk will be scaled up. Monitoring of salt iodization will be strengthened. Zinc for treatment of diarrhoea will be adequately promoted. Expansion of intestinal parasite treatment, including the distribution of albendazole tablets, along with a separate deworming programme will be considered. With the coverage of IMCI, zinc tablets are expected to be freely provided to children with diarrhoea.

Some activities to improve nutrition services will include:

- Providing high potency Vitamin, A supplementation and de-worming to children during measles vaccination and to children 1-5 years during national events and through fortification of food with vitamin A, iron and iodine for children.
- Providing micronutrient supplementation to pregnant women (Iron folate) and Vitamin-A supplementation to mothers and neonates at postnatal period.
- Providing nutritional education and counseling to adolescent girls, pregnant and lactating mothers on appropriate caring and feeding practices, breast-feeding, supplementary feeding, micronutrients, etc.
- Strengthen quality improvement of the wasting prevention and treatment programme, and other nutrition services at facility level.
- Ensuring expansion of community-based prevention approach of malnutrition with nutrition services through C- IMCI programmes as preventive measures to malnourishment along with programmes in the CCs and managing malnourished cases at community and facility level, IYCF, etc.
- Improve positive nutrition practices through Social Behaviour Change Communication (SBCC) including awareness on uptake of essential nutrition services from public and private facilities and at community level, as well as on food safety and healthy diet, as well as complementary issues such as water and sanitation, EPI, and prevention of NCDs.
- Ensuring timely and quality reporting and follow up of nutrition services
- Strengthening inter-sectoral and inter-OP collaboration and efficient program implementation for nutrition.
- Introduce/revise/strengthen education on nutrition and healthy diets for students in the curriculum
- Integrate growth monitoring and promotion in EPI platforms
- Develop and strengthen the regulatory mechanism and ensure implementation of policies, action plans, and acts on nutrition, food safety, and healthy diets.
- Increase coverage of services by aligning with relevant services and interventions hosted by other ministries, such as Maternal Allowance and Lactating Mothers Allowance/Child Benefit programme
- Expedite the recruitment of relevant nutrition staff where required at community and facility level

# **Capacity Building and Awareness**

To improve the knowledge base and capacity of health personnel regarding nutrition, health and family planning workers as well as agricultural extension workers will be appropriately trained in nutrition education. This will ease the mainstreaming of nutrition in health and family planning services through community clinics, union health and family welfare centres/sub-centres, Upazila health complexes, and agriculture extension services. Capacity building in nutrition of Upazila health and agriculture workers, school teachers and women farmers will be undertaken through the NNS Operational Plan of IPHN. Community awareness regarding health and nutrition will be strengthened through disseminating messages. Community based arrangements will also promote preparation of low-cost nutritious recipes, processing

and preservation of micronutrient rich foods. Issues that are supplementary and complementary to nutrition, like water and sanitation, dietary intake, EPI and health education will be addressed through a comprehensive approach.

#### Monitoring, evaluation and research

Strengthen monitoring, evaluation and research to generate evidence to inform policy decisions by improving interoperability of routine information management systems, surveys, assessments and surveillance, establish feedback mechanisms, and closely monitor provision and utilization of essential nutrition services with innovative approaches to understand the level of sustainability and accountability in terms of equity, access, coverage and quality, to generate evidence for informed policy decisions.