



Policy Brief

Bangladesh National Nutrition Council (BNNC)



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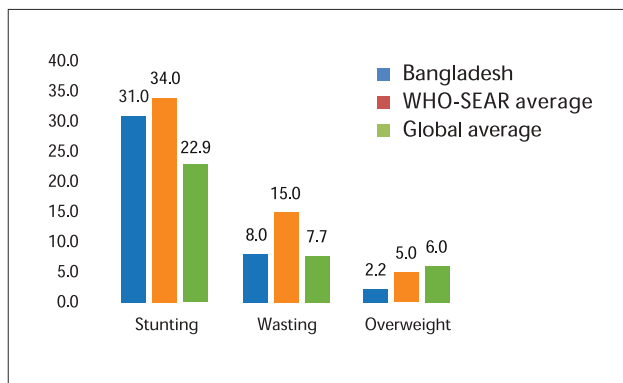


Combating Malnutrition in Bangladesh in the Context of the COVID-19 Pandemic

Introduction

Bangladesh has achieved admirable progress in improving the nutrition status of its population, with child stunting having reduced from 41.3% in 2011 to 31% in 2017/2018 and wasting having reduced from 15.6% to 8.4%.¹ Moreover, the consumption of a Minimum Acceptable Diet (MAD) has increased from 21.2% to 34.1%, and Minimum Dietary Diversity (MDD) from 24.25% to 37.5% among children during the same period. However, the COVID-19 pandemic and the Government of Bangladesh' related extended general Holiday which commenced on 26 March 2020 (Bangladesh Independence Day) and continued until 30 May 2020 is likely to have significantly driven back this progress (Figure 1).

Figure 1 : Status of malnutrition level (%) among underfive Bangladeshi children compared to global and regional average



A recent Lancet modelling exercise estimates that “if routine health care is disrupted and access to food is decreased [...], the increase in child and maternal deaths will be devastating.”² For instance, a 50% increase in wasting prevalence could account for an 18-23% increase in child deaths in the next six months. It is assumed that stunting (chronic malnutrition) may fall back from a current level of 31% in 2017-18 (pre-COVID-19) to 36%, as in 2014 or even at 41% as in 2011. Wasting (acute malnutrition) could deteriorate from the current level of 8% in 2017-18 to 14% or even 16%.³ The quantity of essential health and nutrition services provided through the health system has increased significantly over the last decade, with the percentage of women between 15 and 49 years of age receiving ANC going up from 67.7% in 2011 to 92.0% in 2017/18. The full coverage of immunization and distribution of IFA has also remained high. However, due to COVID-19, both the quantity and quality of services provided has diminished; the number of ANC visits by mothers reduced by 31%, while counselling and IFA distribution at ANC reduced by 33% and 34% respectively. Recent analysis of routine health facility data has shown a drop in essential services provision, including a 73% reduction in admissions of children with severe acute malnutrition for treatment between February and May 2020.⁴

In terms of access to food, Bangladesh has been self-sufficient in rice production since 2012 and has been targeting self-sufficiency in non-cereals as well. The production of major vegetables, leafy vegetables, fruits, and fish, have increased significantly.⁵ target for per capita caloric intake from cereals is 60% and lower which currently stands at around 64% for Bangladesh.⁶

¹ Bangladesh Demographic Health Survey 2011, 2017/18

² Timothy Robertson, et. al., Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study, *Lancet Global Health* 2020 (Published online May 12, 2020).

³ Bangladesh Demographic Health Survey 2011, 2014, 2017/18

⁴ Rapid assessment of SAM facilities conducted by UNICEF in April 2020

⁵ Monitoring Report 2019 of the Bangladesh Second Country Investment Plan HIES 2016

Even prior to the COVID-19 pandemic, there were significant gaps between actual and desired levels of consumption of fruits, vegetables, animal source foods and pulses.⁷ Now, because of COVID-19, 24% of households from urban slums and 15% of rural households who were previously able to consume three meals a day, reduced their food consumption significantly and adopted different coping mechanisms.⁸ 70% of households surveyed indicated they were unable to provide a diversified diet to their children aged between 6 to 23 months.

Adding to this burden of food insecurity are increasing poverty rates. Pre-COVID-19, roughly 39 million people, or 24.3% of Bangladesh' total population, were considered poor, half of which were considered extremely poor and unable to afford the cost of a minimum food consumption basket.⁹ It is estimated that the national poverty rate will increase to 35% due to COVID-19. Moreover, employment opportunities for most poor workers in informal sectors in urban and rural areas were significantly curtailed during the lockdown, with 63% of wage earners rendered inactive. The result has been that roughly one-fourth to one-third of the poor have reduced their expenditure on food.¹⁰

On top of that, about 2.9 million pre- and primary school children who normally receive school feeding assistance, have been missing out due to the closure of schools throughout the country.¹¹ School feeding offers children a regular source of nutrients for their mental and physical development. Moreover, the school stipend scheme of students accounts for 55% of the total Social Safety Net beneficiaries –the highest provider, but this came to a halt during the extended Holiday due to school closures.¹²

The COVID-19 pandemic continues to negatively impact lives and livelihoods. The rapid spread has disrupted the life of the population in general, with profound detrimental effects on the poor and the most vulnerable. The potential significant upsurge in poverty, hunger, and malnutrition risks driving back progress made in reducing malnutrition in Bangladesh over the last two decades. Timely, concerted, and coordinated action is of essence.

Response of the Government of Bangladesh

Moving swiftly to stem the spread of the virus, on March 26, the Government of Bangladesh announced 'general holiday,' which closed all public and private offices. To respond to the health emergency, the Government has developed the Bangladesh Preparedness and Response Plan, to support the health system in dealing with competing demands. Moreover, it has increased the total allocation for health in FY 20-21 by 14.65% to BDT. 29,247 crores (1% of GDP/5.14% of total budget allocations).¹³ To reduce negative impacts on livelihoods, the Government launched several mitigating measures. These included cash and food distribution through local administrative structures; Open Market Sale (OMS) of foods at a subsidized price; and increased number of beneficiaries through existing social safety net programs which includes additional cash support to 5 million new poor. To combat the economic meltdown, several stimulus packages have been initiated. Furthermore, a number of advisories have been issued to ensure the continuity of the existing

Access to Nutrition Services

- 49% of women and children could not access services.
- 39% reduction of treatment of Severely Acute Malnourished (SAM) children from February to April 2020.¹
- Women likely to be affected by under-nutrition and micronutrient deficiency due to reduced supply of iron and folic acid (IFA) supplements.

Income and Food Security

- Poverty rates are expected to increase from 24% to 35%
- 70% of households were unable to provide a diversified diet to children between 6 and 23 months.
- 75% of urban slum dwellers have lost their source of income due to COVID-19
- Household food expenditure in urban slums dropped by 28%
- 63% Curtailed earning employment
- One third to one fourth curtailed expenditure on food

Closure of Educational Institutes

- Inaccessibility to school feeding programs would add to the existing burden of malnutrition among school-going children.
- Reduced mobility and increased consumption of Junk foods will increase the risk of overweight in some population groups.

⁷ Nahar, Quamrun, et al. (2013) "Desirable Dietary Pattern for Bangladesh: Final Research Results", Ministry of Food, GoB

⁸ Livelihoods, Coping, and Support during COVID-19 crisis, Dr. Hossain Zillur Rahman, Dr. Imran Matin, PPRC and BIGD 16 April 2020).

⁹ World Bank (2019). Bangladesh Poverty Assessment: Assessing progress from 2010 to 2016/17. Washington DC

¹⁰ Livelihoods, Coping, and Support during COVID-19 crisis, Dr. Hossain Zillur Rahman, Dr. Imran Matin, PPRC and BIGD 16 April 2020).

¹¹ The Government has approved the National School Meals Policy in August 2019 and is in the process of developing a School Feeding Project (2020-2025) to cover all of 14.78 million school children by 2025.

¹² HIES 2016

¹³ Independent Review of Bangladesh' Development. Centre for Policy Dialogue Budget Recommendations for FY 2020-21 Submitted to National Board of Revenue Bangladesh (4 April 2020).

provision of health and nutrition services, and alternative means to children education. Moreover, the Government, with support of WFP, has started to take in-stock rations of school feeding, along with handouts and leaflets to children’s homes.

The Bangladesh National Nutrition Council (BNNC), along with an expert committee on food security and nutrition, assessed the potential impacts of COVID-19 on the underlying determinants and consequently on food security and nutrition status, to enable the Government to respond to the food and nutrition crisis in a swift and effective manner. Based on the assessment findings, key recommendations have been proposed and will be discussed in this document.

Projected Burden of Malnutrition

The assessment conducted by BNNC included a projection of possible nutrition scenarios resulting from the impact of COVID-19 on the underlying determinants of malnutrition. Three scenarios were considered, which align with the WHO emergency threshold of global acute malnutrition (GAM).

Scenario	Assumptions
Scenario 1 (Poor Statusquo)	<ul style="list-style-type: none"> Lockdown continues till end May Status quo in malnutrition prevails Coverage/access to services temporarily reduced Unemployment – short-term GAM cases are 8% Scenario 1
Scenario 2 (Serious situation)	<ul style="list-style-type: none"> Lockdown continues till end May Moderate deterioration of nutrition situation Coverage/access to services moderately reduced with increased food shortage Unemployment – medium-term GAM cases raised to 14% Scenario 2
Scenario 3 (Critical/emergency)	<ul style="list-style-type: none"> Second lockdown imposed due to resurgence of second wave of COVID-19 Substantial deterioration of nutrition situation Coverage/access to services severely reduced with increased food shortage Unemployment – Permanent GAM cases raised to 16% Scenario 3

Under all three scenarios, the projections of total acute malnutrition have been made for Bangladesh as a whole and for 26 high priority districts (Figure-3),¹⁴ population of children aged 0-59 months (in year 2021)¹⁵ as 16,311,000 and 7,390,915, respectively (Figure-2).^{16, 17}

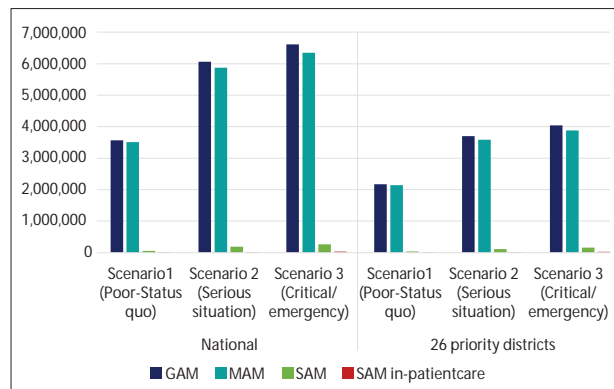


Figure 2: Projected number of malnourished children in three scenarios in 25 priority districts and whole country

Note: GAM (Global Acute Malnutrition), MAM (Moderate Acute Malnutrition); SAM (Severe Acute Malnutrition); SAM In-patient burden-10% of SAM cases

About 20% of additional child deaths will be due to reduction in coverage and increase in wasting resulting from indirect effects of COVID-19.¹⁸ The projection indicates a distressing situation, which calls for immediate and focused actions.

Burden of SAM cases
• Scenario 1: 53,435
• Scenario 2: 187,997
• Scenario 3: 264,630



Figure 3: Location of 25 priority districts

Policy Recommendations

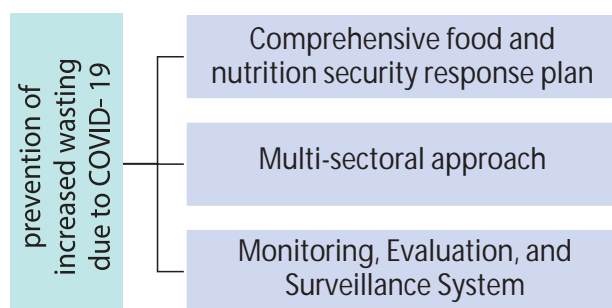
Based on the projected alarming situation, there is a dire need for a well-coordinated and harmonized preventive and mitigating approach. A three-pronged action strategy is recommended, which focuses on (1) a comprehensive food and nutrition security response plan, (2) a multi-sectoral approach, and (3) a monitoring, evaluation, and surveillance system.

¹⁴ i) Exposure, risks and Urban focused unsustainable livelihood, ii) Demographic and Social Vulnerability, iii) Economic and Physical Vulnerability, iv) Recurrent Disaster Vulnerability; identified by COVID-19: Bangladesh, Multi-Sectoral Anticipatory Impact and Needs Analysis, HCTT, 2020
¹⁵ Population Projection of Bangladesh for 2021. BBS

¹⁶ Management of Severe Acute Malnutrition in Children: Working towards results at Scale, UNICEF Program Guidance Document.

¹⁷ How do we estimate case load for SAM/or MAM in children 5-59 months in a given time period? Mark Myatt, Consultant Epidemiologist, Brixton Health.

¹⁸ Lancet, May 12, 2020.



1. Comprehensive Food & Nutrition Security Response Framework

The economic and non-economic costs of COVID-19 across all sectors, especially on poor and vulnerable populations, on a short, medium- and long-term basis are evident and inevitable. The burden of acute and chronic malnutrition amid under-five children and women which could lead to significantly increased morbidity and mortality is expected to be enormous. Therefore, a comprehensive multi-sectoral food and nutrition security response framework followed by a plan in order to prevent and manage efficiently the negative impact COVID-19 might be having on nutrition in the future is necessary, and aligning with the Bangladesh Preparedness and Response Plan (BPRP) is essential. The response framework should address the following key issues:

- i. Building back and strengthening on-going essential nutrition services;
- ii. Supporting farmers, food supplies, and all actors in the nutrition-sensitive food system;
- iii. Strengthening and promoting nutrition-sensitive social protection;
- iv. Focusing on addressing both poor and non-poor vulnerable population living in urban areas while ensuring gender sensitivity;
- v. Supporting Small and Medium Enterprises (SMEs) for food and nutrition security.

2. Multi-sectoral Approach

All underlying drivers of malnutrition are at play today and will persist even in the post COVID-19 period. They cut across many sectors and were further exacerbated by the extended Government Holiday. The resulting unintentional food and nutrition security impacts are unavoidable. In order to avoid deterioration in nutrition status, both direct access to essential nutrition services, and access to food need to be ensured, warranting a well-coordinated multi-sectoral approach. With regards to access to food, two key lifeline programs, namely the social safety net programmes and an uninterrupted food value chain system have to be continued and further stimulated.

- i. Enhance and upscale inter-sectoral coordination mechanisms for nutrition;
- ii. Actively engage nutrition support platforms such as the HPNSP and related Nutrition Development Partners Group;
- iii. Accelerate advocacy by BNNC to increase coverage and allocation, and strengthen the relevant programs of the 22 ministries;
- iv. Align UN Socio-Economic Response Framework with national programs, systems, and networks;
- v. Collaborate with the Scaling Up Nutrition (SUN) movement and its networks;
- vi. Support the establishment of and work through the District Nutrition Coordination Committees (DNCC) and Upazila Nutrition Coordination Committees (UNCC) to ensure multi-sectoral nutrition planning and implementation at the sub-national level;

3. Monitoring, Evaluation and Surveillance System

Understanding nutritional and household food insecurity is crucial for formulating appropriate policy and designing effective programs to manage hunger and food insecurity, and the nutritional consequences related to COVID-19 and similar epidemics and pandemics. Therefore, the Government needs to regularly assess the nutrition and food insecurity status of the urban and rural households of Bangladesh during the ongoing COVID-19 pandemic. There is a dire need for a robust monitoring and evaluation system that will assess the efficacy and impact of the programs and interventions. The M&E system will have to be based upon SMART, practical, and feasible indicators. Moreover, a surveillance system is required for assessing the burden of food and nutrition insecurity as well as the directions in which the indicators are going (up/down). The Government needs to regularly assess the nutritional and food insecurity status of the urban and rural households of Bangladesh during the ongoing COVID-19 pandemic.

- i. Conduct an assessment to understand the extent of the impact of COVID-19 on nutrition quickly and implement a national survey to assess the nutrition and food insecurity status of the urban and rural households;
- ii. Establish Sentinel Nutrition Surveillance System to assess nutrition situation trends and the implementation of essential nutrition services;
- iii. Strengthen and align routine data collection and analysis across sectors, and establish feedback mechanisms;
- iv. Strengthen monitoring of multi-sectoral nutrition activities implementation through DNCCs and UNCCs at the sub-national level.