



Review of social safety net programs and policies in Bangladesh with aim to enhance nutrition and gender sensitivity

Bangladesh National Nutrition Council (BNNC)

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Leveraging National Social Safety Net Policies and Programs for Better Nutrition

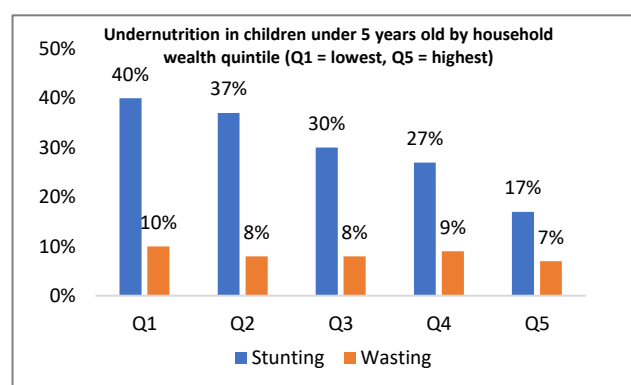
Background

Bangladesh has developed rapidly since its independence in 1971, and was declared a lower-middle income country in 2015 by World Bank standards. This is also reflected in its development indicators including in the general health of its population, with the average life expectancy increasing from 47 years in 1971 rising to 72.8 years¹ in 2021. Simultaneously, stunting among children under five has decreased from 69% in 1985, to 31% in 2018, although underweight among adolescent girls remains high at 56%, with intergenerational health implications.^{2,3}

Presently, the country is projected to attain higher-middle income country status by 2031. However, while progress has been significant, Bangladesh' poverty rate (using upper poverty line) remains high with 39 million people (24.3 percent) living below the poverty line,⁴ while the COVID-19 pandemic was estimated to increase the poverty rate to 35%.⁵ Malnutrition affects economic growth, as it has a strong direct and indirect impact on lifelong productivity, given that undernutrition in early years inhibits both physical and cognitive development potential, and undernourishment during productive years leads to fatigue and vulnerability to disease. Continued undernutrition thereby contributes to intergenerational malnutrition and poverty. On top of this, Bangladesh is also on its way to becoming an ageing society with about 15 million people aged 60 and above, which means that the working-age

population needs to become more productive in order to not only support subsistence but also continued socio-economic development.

Despite marked progress, 31% stunting among children under five years of age, and the 8% wasting among children under five (BDHS 2017/18) continue to be far above global averages (stunting 22.2%, wasting 7.5%).⁶ Moreover, as per BDHS 2014, 18.5 percent of the women of reproductive age are underweight with a body mass index (BMI) of <18.5 Kg/m², 20 percent are overweight and 4.75 percent are obese. Body Mass Index (BMI) less than 18.5 among mothers remained about 31 percent in 2019, as per a study of National Nutrition Services (NNS) and BRAC James P Grant School of Public Health.⁷ As depicted in the graph below, nutrition outcomes are highly associated with wealth, as children in the lowest wealth quintile are more than twice as likely



to be stunted than those in the highest wealth quintile (40% vs. 17% respectively).⁸ At current levels, productivity losses in Bangladesh due to

¹UNFPA. World Population 2021

² BDHS 1985, 2018

³ State of Food Security and Nutrition in Bangladesh, 2019

⁴Household Income and Expenditure Survey (HIES) 2016, Bangladesh Bureau of Statistics, 2018.

⁵Livelihoods, Coping, and Support during COVID-19 crisis, Dr. Hossain Zillur Rahman, Dr, Imran Matin, PPRC and BIGD 16 April 2020)

⁶Global Nutrition Report 2020:

<https://globalnutritionreport.org/reports/global-nutrition-report-2018/burden-malnutrition/#note-source-b2a67844-3>, accessed 19-09-2021.

⁷ State of Food Security and Nutrition in Bangladesh 2018-2019, BRAC James P Grant School of Public Health and National Nutrition Services (NNS), 2019, Dhaka, Bangladesh.

⁸BDHS, 2017-18

undernutrition are estimated at more than Taka 7,000 crore per year, on top of the burden it already poses on the health care system.⁹ As investment in poverty reduction is strongly linked to reducing malnutrition, it would also lead to increases in productivity and thus to further poverty reduction, creating a snowball effect. Children who escape stunting in the first 1000 days of their lives are 33% more likely to escape poverty as adults.¹⁰

Social safety nets which target the most vulnerable people in society can be used as a vehicle to reach the poorest and who suffer most from malnutrition. The National Social Security Strategy (NSSS), 2015 highlights that Social Safety Net Programs (SSNP) contributed to a 1.5 percentage points reduction of the poverty rate between 2005 and 2010. Government spending on SSNPs has thereby increased significantly during the last decade, although the impact of this on poverty reduction has not yet been measured. The National Social Security Strategy (NSSS), 2015, delineates 120 SSNPs in Bangladesh.¹¹ The Government of Bangladesh has allocated around 955.74 Billion BDT in 2020-21, which is a 28.51 percent increase (in response to COVID-19) from the allocation in 2019-20, and roughly 3.01 percent of the country's GDP.¹² The primary goal of the NSSS is to augment income in order to provide access to better diets, education, health care, and to reduce poverty, and this goal is considered highly nutrition sensitive. The Second National Plan of Action on Nutrition (NPAN2) highlights the role of gender-sensitive, better targeted SSNPs as a key strategy to improving nutrition and food security outcomes on an equitable basis.

The objectives of NSSS have been adopted in the 8th Five Year Plan. As indicated in the Plan, the Government of Bangladesh' long-term vision in social security is to "Build an inclusive social security system for all deserving Bangladeshis that effectively tackles and prevents poverty and inequality and contributes to broader human development, employment and economic growth". Reforming social security by ensuring a more efficient and effective use of resources, strengthened delivery systems and progress towards a more inclusive approach that effectively tackles lifecycle risks,

prioritizing the poorest and most vulnerable members of society have been stated as objectives.

Nutrition-sensitive social protection aims to combine social transfers with interventions that impact directly on nutrition, such as micronutrient fortification, food-denominated vouchers, and Behavioural Change Communication (BCC) initiatives to promote dietary diversity and improved child care and feeding practices.¹³ It also aims to strengthen the use of local health and nutrition services, including antenatal and postnatal care, immunization and sanitation. It further addresses barriers to nutritional progress that arise from underlying factors such as gender disparities, unequal access to resources and inadequate information.¹⁴

Social Safety Net programs offer multiple windows of opportunity for addressing various underlying causes of poor nutrition. To achieve this, however, it is vital that SSNPs adequately integrate nutrition considerations and linkages into their objectives, targets, areas of actions and monitoring mechanisms as envisaged under the NSSS.

The Plan of Action for the NSSS will be reviewed in 2022. As such, given the relationship between wealth and nutrition outcomes, and the aim of Social Safety Nets to reach the poorest, the Cabinet Division and BNNC, with support from partners, have reviewed relevant SSNPs in Bangladesh (both government and development partners) in order to inform the Plan of Action for NSSS, to:

- 1) Determine whether Social Safety Net Programs (SSNPs) are aligned with NSSS outcomes;
- 2) Determine whether these programs have adequately addressed and incorporated gender-sensitive nutrition activities with a focus on equity to enhance nutrition outcomes; and
- 3) Develop recommendations for modifications to the Plan of Action for the NSSS as required.

Scope

The review included international studies on SSNPs, assessments of SSNPs around the world, and a thorough assessment of relevant Bangladeshi SSNPs implemented both by Government and Development partners.

Considerations, conclusions and recommendations

⁹FAO (2012), The State of Food Insecurity in the World, Rome.

¹⁰World Bank: Hoddinott, J., J. Maluccio, J. R. Behrman, R. Martorell, P. Melgar, A. R. Quisumbing, M. Ramirez-Zea, A. D. Stein, and K. M. Yount. 2011. "The Consequences of Early Childhood Growth Failure over the Life Course." Discussion Paper 1073. International Food Policy Research Institute, Washington, DC.

¹¹ List from the Ministry of Finance

¹² Budget 2020-21, Finance Division

¹³Devereux, S. Nzabamwita, J. 2018. Social Protection, Food Security and Nutrition in Six African Countries. IDS WORKING PAPER Volume 2018 No 518

¹⁴ See also [Nutrition-Sensitive Social Protection Programs: What, Why and How Can We Measure Them? \(datadent.org\)](https://datadent.org/)

There was an increase in the total number of beneficiaries under SSNPs from 8 million in 2010 to 11 million in 2016. This was 28.7 percent of the eligible households overall, with considerable rural-urban discrepancies, evident from the 35.7 percent beneficiaries from rural areas and only 10.9 percent from urban areas.¹⁵ Among the households covered under SSNPs, primary school students benefit the most (36.14%, school stipend), followed by the elderly old age allowance (14.22%) and higher secondary students (11.42%, school stipend), vulnerable group feeding (7.38%), gratuitous relief (GR) 5.88% and school feeding programme (4.44%).¹⁶

Design

Nutrition-related vulnerabilities were not often taken into consideration when designing and implementing SSNPs, but have been shown to give significant positive impacts on nutrition outcomes when they were taken into consideration. Most SSNPs which could have an impact on nutrition outcomes, do not contain nutrition-related objectives and indicators within their monitoring framework, making it difficult to tell what their impact on nutrition outcomes are or could be. Simultaneously, to pursue gender equity, targeting women alone may not be enough, unless underlying societal causes of vulnerability and inequalities faced by women are also addressed. Finally, the vast majority of the urban population remains unsupported by SSNPs.

Recommendations

- 1) Nutrition-related vulnerabilities need to receive higher priority when designing and implementing SSNPs;
- 2) Nutrition objectives and indicators should be included in the design and monitoring framework of all relevant SSNPs;
- 3) Establish an inter-operable nutrition information system related to SSNPs and include the collection of routine data on the status of gender equality to support programme improvement and advocacy for resource mobilization;
- 4) Gender and nutrition situation analysis should be undertaken in the design stage of SSNPs to help ensure nutrition- and gender-sensitivity and equity;

- 5) Integrated urban SSNPs are required, particularly targeting people, including women, living in slums and poor settlements;
- 6) Government-led national programmes should be continually complemented and enhanced with lessons learned through well-documented piloting supported by development partners and NGOs.

Implementation

It was found that when quality gender-sensitive Behavior Change Communication involving all household members including men and boys, was combined with any transfers (especially cash) under the SSNPs, both the quantity and quality of dietary intake increased, and stunting among young children was reduced noticeably.¹⁷ However, very few SSNPs in Bangladesh include the necessary BCC to impact nutrition outcomes. Social protection support to food-insecure households with adolescent girls is likewise essential to mitigate nutrition- and protection risks.

Recommendations

- 1) Food, cash, and materials transfers should be coupled with quality SBCC, covering all household members and caregivers, including men, boys, and other key decision-makers within the household. Messaging should be age-, gender- and needs-specific, and supported by adequate institutional, financial, and human resource capacity among implementing entities;
- 2) Strengthen coordination between SSNPs and other basic social services offered through different ministries such as essential nutrition services, safe water supply and agricultural extension services, and engage existing SSNPs as platforms for cross-sectoral linkages, and referral between nutrition-specific services and nutrition-sensitive platforms, to ensure a minimum package of nutrition and avoid duplications;
- 3) Include nutrition-dense food baskets with increased dietary diversity in distribution under the relevant SSNPs;
- 4) Integration of programming into a comprehensive package of consolidated SSNPs, focusing on graduation from one program to another, can be considered along the lifecycle;
- 5) Provide quick-response measures such as cash transfers, provision of agricultural inputs such as seeds and animal feed to address damage and

¹⁵Household Income and Expenditure Survey (HIES) 2016, Bangladesh Bureau of Statistics, 2018.

¹⁶Household Income and Expenditure Survey (HIES) 2016, Bangladesh Bureau of Statistics, 2018.

¹⁷ Impacts of TMRI: A Nutrition-Sensitive Social Protection Program, Akhter Ahmed, John Hoddinott, and Shalini Roy, IFPRI, 2018

restore livelihoods after natural disasters, which may include access to alternative income-generating activities for those whose livelihoods are destroyed.

Monitoring and evidence generation

It was found that a functional system for beneficiary feedback and redress is absent across SSNPs. At the same time, the linkage and coordination between transfer-based SSNPs and other basic services such as referral to essential nutrition services, access to safe water supply, or agricultural extension services is weak. This could be strengthened by a functional inter-operable monitoring system. A food systems context can serve as a sustainable entry point for designing and planning social protection interventions.

Recommendations

- 1) Introduce a beneficiary feedback, complaint and redressal mechanism to increase accountability and programme effectiveness, emphasizing child welfare and gender issues;
- 2) Ensure timely, relevant, and effective SSNP implementation based on regular monitoring, strong coordination, periodic evaluation and impact assessments to strengthen equitable nutrition- and gender-sensitive social protection programming;
- 3) Implementation partnerships between the Government and NGOs should be strengthened, based on uniform guidelines, data collection and reporting requirements, pursuing a mutual learning environment, improved coverage and targeting.

Advocacy

Positive individual and inter-generational nutrition impacts can be achieved through consistent SSNP support along the life course for nutritionally vulnerable beneficiaries, e.g. through investments such as “first thousand days” health-based packages, pre-school and school meals, and adolescent health and nutrition interventions. Lessons learned from well-documented pilots supported by development partners and NGOs can be used to complement and enhance Government-led national SSNPs.

Recommendations

- 1) Advocacy to increase public funds for SSNPs with inter-generational impacts should continue based on new research and evidence on the food consumption and nutritional status of mothers and young children, school-aged children and adolescents;

- 2) Vertical and horizontal expansion of SSNPs should be pursued, in particular considering inclusion of urban poor, based on those with high potential and evidence for nutritional impacts, coupled with rationalization of resource allocations.

Thematic Advisory Group (TAG)

Chair: Additional Secretary, the Cabinet Division

Member Secretary: Director General, BNNC

Members:

1. Joint Secretary, The Cabinet Division
2. Representative/ Nutrition Focal or Alternative Focal - MoWCA
3. Representative/ Nutrition Focal or Alternative Focal - MoSW
4. Representative/ Nutrition Focal or Alternative Focal - MoHFW (PH)
5. Representative/ Nutrition Focal or Alternative Focal - MoFood
6. Representative/ Nutrition Focal or Alternative Focal - MoA
7. Representative/ Nutrition Focal or Alternative Focal - MoDMR
8. Representative/ Nutrition Focal or Alternative Focal - MoE
9. Representative/ Nutrition Focal or Alternative Focal - MoPME
10. Representative/ Nutrition Focal or Alternative Focal - LGD
11. Representative/ Nutrition Focal or Alternative Focal - FID, MoFin
12. Member Secretary, TWG
13. Lead Consultant, BNNC
14. Representative, FCDO
15. Representative, UNDP
16. Representative, WFP
17. Representative, UNICEF (Social Safety Net & Policy Related)

***TAG can co-opt 1-3 members as deemed necessary*

Technical Working Group (TWG)

Chair: Dr. Zubaida Nasreen, Director, BNNC

Member Secretary: Dr. Khainoor Zahan, Deputy Director, BNNC

Members:

1. Representative, Cabinet Division
2. Dr. Nazia Andilib, Assistant Director, BNNC
3. Dr. Delwar Hussain, Consultant, BNNC
4. Amita Dey, Gender Consultant, BNNC
5. Md. Foyzul Bari Himel, Consultant BNNC
6. Md. Habibur Rahaman, Program Officer, BNNC
7. Farhana Sharmin, National Consultant, WHO
8. Tonima Sharmin, Nutrition Program Officer, WFP
9. Representative, NIPN
10. Representative, FAO
11. Representative, UNICEF

*** TWG can co-opt 1-3 members as deemed necessary*