
**Goals**

**Goals, objectives or targets related to nutrition:**

**The Government’s Vision for Health**

Within the broader context of Millennium Development Goals (MDG), the Government’s vision for health, nutrition and population sector is as follows: “The Government seeks to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health. It is a vision that recognizes health as a fundamental human right and, therefore, the need to promote health and to alleviate ill health and suffering in the spirit of social justice. This vision derives from a value framework that is based on the core values of access, equity, gender equality and ethical conduct.”

**Table 5.2 Health, Population and Nutrition Targets for the SFYP**

**Indicators, Impact/Outcome:**

9 Prevalence of Night blindness among pregnant women **Base value:** 2.90% **FY2015 target:** 1%

10 Underweight of Under 5 children (6-59 months) **Base value:** 41% (BDHS 2007) **FY2015 target:** 33%

11 Stunting of Under-5 children (6-59 months) **Base value:** 43% (BDHS 2007) **FY2015 target:** 25%

**Indicators, Output:**

33 VAC coverage (6 m-6 y) **Base value:** 98%- 100% **FY2015 target:** 98%- 100%

34 Postnatal VAC supplementation **Base value:** 29% **FY2015 target:** 80%

35 Severe anemia (Children) **Base value:** 64% **FY2015 target:** 50%

36 Severe anemia (Pregnant women) **Base value:** 46% **FY2015 target:** 40%

37 Exclusive breast feeding of children (less than 6 months) **Base value:** 42% **FY2015 target:** 80%

**Strategies**

**Strategies and activities related to nutrition:**
NUTRITION ISSUES AND MANAGEMENT IN THE SIXTH PLAN

Strategies for Improving Nutritional Status

Improving Maternal and Infant Nutrition: Longer term interventions with nutrition and poverty alleviation objectives contribute to reduction in child malnutrition. However, child nutrition is strongly related with maternal nutrition and therefore malnutrition among pregnant and lactating mothers should be strongly dealt with. The priority interventions in this context are:

? Iron-folic acid supplementation among pregnant and lactating women and adolescent girls will be undertaken through health and family planning facilities. Such programs will be strengthened through complementary policies to regular programs e.g. community based programs to cover the hard-to-reach vulnerable communities.

? Post partum Vitamin A distribution to improve vitamin A status of neonates through breast milk will be scaled up.

? The national strategy for infant and young child feeding will be implemented.

? Early initiation and exclusive breast-feeding up to six months of age will be encouraged.

? Supplementary feeding for malnourished and marginalized pregnant and lactating women through strengthening and scaling-up maternal iron and foliate supplementation will be introduced.

Strengthening Institutional Capacity: Combating malnutrition and child mortality certainly requires improving the bureaucracies and administrative complexities. Given the large numbers of malnourished mother and children and high under 5 mortality rate, the best institutional strategy would be to implement assistance programs at both facility and community levels. The SFYP in this context will take the following strategies:

? The institutional home for nutrition within the MOHFW will be identified and responsibilities of the selected institute will be expanded and capacity will be developed.

? Roles and responsibilities of other stakeholders for nutrition will be specified with arrangements of appropriate coordination and synergistic action.

? Capacities of Upazila health complexes and district hospitals will be strengthened to adequately manage severely malnourished cases.

? Effective nutrition surveillance will be developed.

? All types of health workers (health assistants, family welfare assistants, assistant health inspectors, family planning inspectors, family welfare visitors, medical assistants/subassistant community medical officers) will be appropriately trained in nutrition education.

? The value of women status in reducing malnutrition and dissemination of proper knowledge about nutrition amongst the citizens will be strengthened.

? Appropriate inter-sectoral collaboration will be established for controlling prices of food grains and products and for ensuring food security.

? A comprehensive nutrition policy will be formulated.

? Strategies will be designed to link nutrition programs with safety net programs of the government, e.g. Vulnerable Group Development Program. In this context problems related to leakages and mis-targeting will be seriously taken care of.

? Nutrition interventions which are interlinked with food-based, economic empowerment programs should be strengthened and should be targeted towards the most vulnerable communities and districts.

? Division specific nutritional management program will be introduced with more vulnerable regions receiving priorities in terms of allocation of development expenditure.

? Information systems related to food security and nutritional issues will be strengthened.

Improving Overall Nutritional Status: With a view to combating malnutrition and various diseases related to nutritional deficiency, the SFYP will undertake several strategies, focusing primarily on the nutritional status of children:

? Existing half-yearly Vitamin A capsules distribution for children will be continued.

? Age specific complementary feeding and micronutrient supplements for children will be introduced.

? Monitoring of universal iodization of edible salt will be strengthened to ensure quality through adequacy of potassium iodide in salt.

? Zinc for treatment of diarrhea will be adequately promoted. With the coverage of IMCI, zinc tablets are expected to provide free to
children with diarrhea.

? Community management of severely acute malnutrition in children through therapeutic and supplementary feeding will be emphasized.

? Complementary feeding will be linked to multiple micronutrient supplementation programs to improve the quality of diets of children aged 6 to 23 months.

? Strategies to increased coverage of access to safe water and improved sanitation in urban slums and rural areas will be under taken.

? Emphasis will be given on local homestead food production.

? Nutrition education to promote diet diversity will be encouraged.

? Preventive and Therapeutic interventions while incorporating the seasonal dimension of malnutrition will be designed.

? Translating nutrition related research into action.

Treatment of Severe Acute Malnutrition: Mainstreaming the implementation of nutrition interventions into health and family planning services will ensure more coordination in the treatment of moderate and severe acute malnutrition at the health facility as well as community level. At the health facility level, children with severe acute malnutrition and who have additional medical complications will be treated according to internationally recommended protocols. At the community level, the GOB will address community-based management of acute malnutrition through the community based IMCI program.

BCC to Promote Good Nutritional Practices: Social mobilization and behavioral change and communication activities at health facility and community levels will be implemented to promote good health and nutrition practices. Specific behaviors to be targeted will include; promotion of exclusive breastfeeding for 6 months and continued breastfeeding up to 2 years; introduction of complementary foods of adequate nutritional quality and quantity after the age of 6 months; and improved hygiene practices including hand washing.

Mainstreaming Gender into Nutrition Programming: Gender and nutrition are closely associated in Bangladesh, and there are strong linkages between a woman?s status and both her health and her children?s nutritional outcomes. Therefore, both the health facility and the community-based nutrition interventions will involve all community and household members who are responsible for decision making and those who can influence maternal, infant and young child feeding practices as well as other nutrition behaviors. Such an approach will ensure that the concerns of men and women, when it comes to household food and nutrition security, are considered as the joint responsibilities for the nutritional well-being of all household members of men, women and the community as a whole.

PARTICIPATION, SOCIAL INCLUSION AND EMPOWERMENT

Children?s Advancement and Rights

The Vision: The vision regarding children?s advancement and rights is to create ?a world fit for children?. The goals to be achieved are:

? (ii) providing health services the children need; (iii) ensuring access to food and nutrition they need; ?

Proposed Actions in the Sixth Plan

Intervention and actions for achieving the strategic objectives are indicated below:

? Child health: The program areas include eradication of polio, elimination of measles and neonatal tetanus, improvement of nutrition and strengthening the school health program. The actions will include maximizing the efficiency and cost-effectiveness of health expenditure and improving governance. The specific activities will include sensitizing primary and secondary students about critical child health and reproductive health issues, healthy practices and worm infestation, and supplying iron and folic acid tablets for schoolgirls. Activities will be undertaken to develop an adolescent health strategy including counseling, building awareness for adolescents on hygienic practices, nutrition, puberty, RTI/STD and HIV/AIDS.

? Food and nutrition: To control vitamin A deficiency and contain the prevalence of night blindness, vitamin A supplements will be distributed to children with vitamin A deficiency, measles, persistent diarrhea or severe malnutrition and to postpartum women within 6 weeks of delivery. Ongoing efforts to control iodine deficiency disorders through universal salt iodization will continue. To address the causes of anemia, strategies will be used to control anemia, including iron-folate supplementation, anathematic treatment, fortification, and BCC to increase the consumption of iron-rich foods and promoters of iron absorption. A strategy will be developed to address the health care needs of children with physical and mental disabilities.
M&E Indicators related to nutrition:

Table 5.2 Health, Population and Nutrition Targets for the SFYP

Indicators, Impact/Outcome:

9 Prevalence of Night blindness among pregnant women **Base value:** 2.90%  **FY2015 target:** 1%
10 Underweight of Under 5 children (6-59 months) **Base value:** 41% (BDHS 2007)  **FY2015 target:** 33%
11 Stunting of Under- 5 children 16-59 months) **Base value:** 43% (BDHS 2007)  **FY2015 target:** 25%

Indicators, Output:

33 VAC coverage (6 m-6 y) **Base value:** 98%- 100%  **FY2015 target:** 98%- 100%
34 Postnatal VAC supplementation **Base value:** 29%  **FY2015 target:** 80%
35 Severe anemia (Children) **Base value:** 64%  **FY2015 target:** 50%
36 Severe anemia (Pregnant women) **Base value:** 46%  **FY2015 target:** 40%
37 Exclusive breast feeding of children (less than 6 months) **Base value:** 42%  **FY2015 target:** 80%

URL link:
http://www.plancomm.gov.bd/

File upload:
BGD 2011 PRSP.pdf

Reference:

Policy topics:

- Stunting in children 0-5 yrs
- Wasting in children 0-5 years
- Underweight in children 0-5 years
- Low birth weight
- Underweight in women
- Diet-related NCDs
- Nutrition counselling on healthy diets
- Breastfeeding
- Breastfeeding - Exclusive 6 months
- Breastfeeding - Continued
- Complementary feeding
- Vitamin A
- Folic acid
- Iodine
- Iron
- Zinc
- Micronutrient supplementation
- Food grade salt
- Food distribution/supplementation for prevention of acute malnutrition
- Food safety
- Food security and agriculture
- Household food security
- Provision of school meals / School feeding programme
- Biofortification
- Deworming
- Diarrhoea or ORS
- Water and sanitation
- School-based health and nutrition programmes
- Vulnerable groups

**Partners in policy implementation**

- Government
  - Development
  - Food and agriculture
  - Health
  - Details: more
  Ministry of Local Government and Rural Development, Ministry of Food and Disaster Management, Ministry of Health and Family Welfare

Links

© World Health Organization 2012. All rights reserved.

22 August 2020
https://extranet.who.int/nutrition/gina/en/node/17880