



WFP Bangladesh Nutrition Strategy 2012-2016



World Food Programme

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Executive Summary

The WFP Bangladesh Nutrition Strategy 2012-2016 outlines an investment in the next generation. If children do not receive vital nutrients in their formative years then there is a strong link to poor physical and cognitive development. This limits their future income earning and education potential.

The interventions in this Strategy are proven to reduce undernutrition and low birth weights. The focus on the first 1000 days, from conception to two years, provides children with the best chance to avoid being stunted and cognitively impaired. The interventions will have an immediate and long-term positive effect on children's growth, health, learning ability and future productivity.

Undernutrition is a major public health and economic problem in Bangladesh. Almost one in two children under five are chronically undernourished (stunted) and 14 percent suffer from acute undernutrition (wasting). Maternal undernutrition and early pregnancy are also significant challenges with more than one in five newborns having a low birth weight. This means that from the beginning of life the child's learning and future income earning potential is greatly inhibited.

The overarching aim of the Strategy is to support the Government of Bangladesh to reduce maternal and child undernutrition and contribute to breaking the intergenerational cycle of undernutrition. There is a focus on scaling up nutrition interventions that aim to strengthen nutrition security, particularly for women and children, by supplying the right food (quality and quantity) at the right time.

A combination of nutrition activities will be implemented in accordance with the Strategy. Nutrition specific activities will focus on the underlying causes of undernutrition, such as inadequate food consumption in terms of quantity, quality and diversity. This includes provision of supplementary food for moderately undernourished children 6-59 months and pregnant and lactating women, and seasonal blanket feeding for children 6-23 months. This will be complemented with behaviour change communication activities targeting the entire community as well as the development of locally produced nutritionally-enhanced food products. WFP will seek to strengthen partnerships to address other underlying causes of undernutrition, such as health and environment, and will advocate for greater strategic dialogue on nutrition.

WFP's Bangladesh Country Strategy strongly emphasises nutrition as a major focus of assistance. This is pertinent to the country's nutrition situation and underscores the necessity of developing a strategy on nutrition. WFP will continue to highlight the overwhelming evidence of the benefits of good nutrition on the productivity, health and education of the population, and the impact it can have on ending the intergenerational cycle of undernutrition and poverty.



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1. INTRODUCTION

The WFP Bangladesh Nutrition Strategy outlines an investment in the next generation. It builds on WFP's Bangladesh Country Strategy which highlights nutrition as a core focus and cross cutting issue. The Strategy incorporates evidence-based nutrition interventions, as well as integrates nutrition goals into broader efforts in critical sectors such as water and sanitation, health, and livelihoods.

Through an effective partnership with the government, WFP aims to contribute to the reduction of maternal and child undernutrition and to breaking the intergenerational cycle of undernutrition. Effective and sustainable efforts to improve nutrition must be country-led and the government has shown a strong commitment in tackling undernutrition, particularly through its role as an 'early riser' under the Scaling Up Nutrition (SUN) movement.

The Nutrition Strategy was developed through extensive interviews with key nutrition stakeholders from the government, development partners, non-government organisations, the private sector, research institutions and United Nations agencies. A review was undertaken of overall needs and gaps as well as stakeholder strategies and programmes in order to identify areas for collaboration, synergy and scale up.

The Strategy will guide implementation of WFP's nutrition interventions in Bangladesh to more effectively respond to the alarming levels of undernutrition.



2. SITUATION ANALYSIS

Undernutrition and micronutrient deficiencies are major public health challenges in Bangladesh, severely limiting the development of individuals and the country. Undernutrition, particularly in the first 1000 days from conception to two years, can greatly reduce long-term physical and cognitive development and is strongly associated with high morbidity and mortality¹.

While Bangladesh has undergone significant economic growth over the past decade, including lifting millions of ultra poor out of poverty, rates of undernutrition have not declined at the same pace. Bangladesh is not expected to reach the first Millennium Development Goal of halving the proportion of people who suffer from hunger (based on prevalence of underweight children 6-59 months)².

2.1 Maternal and child undernutrition

Children and women in Bangladesh suffer most from undernutrition. Children 6-23 months have the highest risk of wasting, stunting and underweight. Contrary to common understanding, there is no significant difference in undernutrition rates between boys and girls under five years of age³.

In Bangladesh, the prevalence of chronic undernutrition (stunting) in children is alarming⁴, with nearly half of children under five years (7.8 million) stunted⁵. The prevalence of chronic undernutrition of children under five has reduced over the past fifteen years, but progress has been mixed due in part to natural disasters, food price fluctuations and ongoing poor feeding and caring practices.

About 2 million, or some 14 percent of children under five, are estimated to be suffering from acute undernutrition (wasting)⁶, close to the World Health Organization's (WHO) "critical" threshold of 15 percent. The rate of wasting has not significantly improved in the past fifteen years. During lean seasons and other shocks, rates of wasting in children under five increase significantly. This was particularly heightened when the high food price crisis impacted Bangladesh in 2007-2008 leading to rates of global wasting in children under five at over 25 percent in some regions⁷.

Maternal undernutrition is also of great importance as it is strongly related to the delivery of low birth weight babies. More than one in five newborns (22 percent⁸) have a low birth weight in Bangladesh. The overall global

acute rate for maternal undernutrition is 18 percent with statistically significant regional variations and disparities between rural and urban areas⁹.

Early pregnancy in Bangladesh exacerbates this intergenerational cycle of undernutrition. With more than two in three girls married before age 18¹⁰, the risk of an early pregnancy and resulting low birth weight baby is very high. The most effective means of improving birth weights of babies born to adolescent mothers is by delaying pregnancy¹¹; however, this remains an ongoing challenge with one in three girls becoming either a mother or pregnant by age 20¹².

2.2 Micronutrient deficiencies

In Bangladesh, micronutrient deficiencies – particularly iron deficiency anaemia and iodine deficiency – are widespread and multiple deficiencies are common¹³.

Iron deficiency anaemia among children, women and adolescent girls is a serious nutrition challenge, with almost two in three children 6-23 months and one in two pregnant women being anaemic¹⁴. Anaemia is most common during periods of life when iron requirements are high due to rapid growth, menstruation and reproduction. The high risk periods are during infancy, early childhood, adolescence and pregnancy. In addition, more than one in five primary school-aged children in Bangladesh suffers from iron deficiency anaemia. This affects their ability to learn and fight diseases.

The prevalence of iodine deficiency is also a significant public health concern. This can lead to a range of

Malnutrition and undernutrition

In a strict definition sense, malnutrition includes under- and overnutrition. In Bangladesh, WFP uses the term undernutrition as this is the primary focus of its operations; however, the commonly used acronyms are still used. This includes severe and moderate acute undernutrition, known by the acronyms SAM and MAM, and community management of acute undernutrition, referred to as CMAM.

iodine deficiency disorders, such as goitre (swollen thyroid gland) and cretinism (mental defect). The latest survey (from 2004¹⁵) revealed the prevalence of iodine deficiency for women and girls of reproductive age (15-44 years) at 39 percent and pregnant women at 56 percent. Prevalence in rural areas was found to be higher than in urban areas.

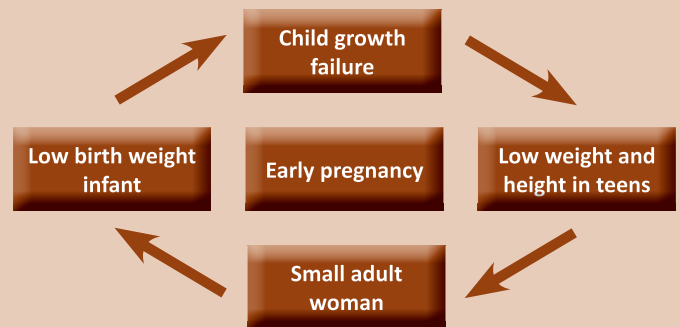
Other micronutrient deficiencies are also prevalent. Rickets (caused by calcium and/or vitamin D deficiency) is an emerging public health problem, currently affecting over half a million children in Bangladesh¹⁶. However, Vitamin A deficiency, which can cause night blindness, is not as widely prevalent as other micronutrient deficiencies and is assessed as likely to be under the WHO threshold of 1 percent¹⁷.



Intergenerational cycle of undernutrition

One of the greatest challenges facing Bangladesh is the intergenerational cycle of undernutrition. The below diagram illustrates how small mothers – stunted by chronic undernutrition – give birth to low birth weight babies. These children then have a poor start in life and are more likely to have growth failure which, when combined with inadequate food intake and caring practices, leads to stunting and being underweight as a child and teenager. The high rate of adolescent pregnancies further exacerbates the situation as they are more likely to result in a low weight baby.

Breaking the cycle requires a multi-dimensional approach focusing on improving the nutritional status of women, adolescent girls and children, delaying marriage and first pregnancy, and improving education and livelihood opportunities for women.



2.3 Causes of undernutrition

Undernutrition in Bangladesh is caused by inadequate maternal and child care practices, high levels of food insecurity and poor public health environments. In particular, vulnerable groups – such as women and young children – face ongoing food access and utilisation challenges due to the unequal distribution of food at the household level, the poor nutrient quality and diversity of diets, and limited household purchasing power. Other factors include inadequate knowledge of appropriate nutrition practices, particularly for infant and young child feeding; unsafe hygiene practices; inappropriate behavioural patterns; and limited access to health and nutrition services.

Inadequate maternal and child care practices

Ensuring adequate nutrition in the first 1000 days remains an ongoing challenge in Bangladesh. High levels of gender disparities in household food allocation, where women usually eat last and less, as well as cultural practices, such as avoiding certain foods during pregnancy, contribute to undernutrition among women and children. There is also a lack of knowledge on appropriate infant and young child feeding practices which contribute to lower levels of care.

Breastfeeding is a relatively common practice, with 93 percent of women breastfeeding at one year and 89 percent up to two years. However, exclusive breastfeeding in the first six months, which is optimal for the health of the infant and mother, remains a challenge with less than half of mothers practicing it. In addition, indications are that 43 percent of children also have complementary foods introduced later than the recommended six months of age.

For children under five, only one in two receive the minimum number of meals per day; one in three have the minimum diet diversity; and only one in five consume a minimum acceptable diet¹⁸.

Food insecurity

Based on cost of basic needs, the government estimates that 32 percent – about 50 million – people live below the upper poverty line and 18 percent – 27 million – live

below the lower poverty line¹⁹. This means that much of the population is not able to afford a basic diet. The food that is consumed is usually insufficient to meet nutritional needs and based predominantly on starchy staples.

Levels of food insecurity and undernutrition are exacerbated in the country's two lean seasons (March to early May and September to November) due to a lack of employment opportunities, particularly for the ultra poor who are most adversely affected²⁰. The lean season affects the affordability of food as the average labour rate decreases while the estimated maximum daily cost of an acceptable diet increases²¹. Other reasons that cause food insecurity include food price volatility, natural disasters and limited access to land for cultivation.

Significant inequalities in access to food in Bangladesh



due to gender and age-related issues exist with great regional disparities. Gender-based discrimination in the household is common, especially with regard to food distribution²². Due to social restrictions, women face additional barriers in accessing income-generating opportunities and are more vulnerable than men to the consequences of natural disasters. Nearly 40 percent of female-headed households are estimated to be food insecure compared to 24 percent of male-headed households²³. Men do require more daily calories than women, but the individual energy intake per capita per day reveals that men are consuming more than their fair share²⁴.

The most food insecure regions as indicated by caloric consumption, diet diversity, poverty and acute undernutrition²⁵ are focused along the flood plains of major river systems in Rangpur and Rajshahi divisions, cyclone prone areas in the southern coastal belt of Khulna and Barisal divisions, and the south-eastern region of Chittagong division. Food insecurity in urban slums is also a significant and growing issue and where high levels of acute undernutrition persist.

Public health environment

Sanitation is a major challenge in Bangladesh, especially in Dhaka and in urban slums which greatly increases the risk of diarrhoeal disease. Poor knowledge of hygiene and lack of access to quality water and sanitation as well as other environmental risks, including natural disasters, also contribute to poor nutritional outcomes. Nutrition-related morbidities – such as intestinal parasite infestation which leads to diarrhoea, nutrient loss, weight loss, and dehydration, among others, are a matter of public health concern which significantly impoverish nutrition status. Poor access to and utilisation of preventive and curative health and nutrition services is common with only 20 to 30 percent of children with diarrhoea, acute respiratory infections or fever being taken to a health facility²⁶.



2.4 Urban undernutrition

The nutrition situation in urban slums is alarming. The people living in slums in Bangladesh's major urban centres have a high prevalence of undernutrition, anaemia and poor health outcomes. An estimated 29 percent of people living in slums are severely food insecure and rates of stunting and wasting of children under five in slums have been documented at 56 percent and 17 percent respectively, well above emergency thresholds²⁷.

When comparing the general nutrition and health situation between the rural and urban poor, recent surveys have shown that the rate of infant and under five mortality is higher in rural than in urban areas, except for in the case of urban slums, which have the worst rates of all²⁸. This is due, in part, to the living conditions in slums in which people have poor access to adequate water, sanitation and hygiene services which can lead to elevated levels of diarrhoeal diseases. Other factors, such as overcrowding and air pollution, can also lead to increases in acute respiratory infections. Disease – as well as food intake – is a direct cause of undernutrition. The overall situation is further exacerbated by incapacity of city corporations to cope with the rising demand for civic facilities, including delivery of health care services. While Dhaka has the highest number of public and private medical institutions, the urban poor and disadvantaged still lack access to health care²⁹.



2.5 Responses and coverage of nutrition interventions

Additional analysis is provided on national nutrition policies and strategies in Annex A and on nutrition interventions and coverage in Annex B.

The Government of Bangladesh plays the lead role in policy and strategy development and implementation of nutrition interventions. NGOs and other development agencies simultaneously run programmes; either stand-alone nutrition interventions or projects integrated with livelihood and safety-net programmes. While there is wider coverage of behaviour change communication in nutrition and health across the country, the national coverage of programmes addressing moderate acute undernutrition is only about 2 percent³⁰, and for severe acute undernutrition it is only about 10 percent for children under five.

Government response

Key government bodies responsible for nutrition are the Institute of Public Health Nutrition (IPHN) and the Bangladesh National Nutrition Council. IPHN formulates policies and strategies for nutrition-related activities and programmes and conducts nutrition-related research, training and surveillance. IPHN is the line directorate responsible for micronutrient supplementation, including Vitamin A, iron, and folic acid.

The government's National Nutrition Service

The government has introduced the National Nutrition Service (NNS) with the goal to “reduce the prevalence of malnutrition among the people of Bangladesh with special emphasis on the children, women, adolescents and underprivileged section of the society”.

As part of the NNS, the government will:

- Implement a mainstreamed, comprehensive package of nutrition services to reduce maternal and child malnutrition and ensure universal access;
- Develop and strengthen coordination mechanisms with key relevant sectors (especially Ministry of Health and Family Welfare, Ministry of Food and Disaster Management, Ministry of Agriculture, Ministry of Women and Children Affairs, Ministry of Information, Ministry of Education, Ministry of Livestock and Fisheries, Ministry of Local Government, Rural Development and Cooperative, and others) to ensure a multi-sectoral response to malnutrition;
- Strengthen the human resource capacity to manage, supervise and deliver nutrition services at the different levels of the health and family planning services; and
- Strengthen nutrition management information systems and operations research to ensure an evidence-based response.

This will involve mainstreaming the implementation of nutrition interventions into health and family planning services, scaling-up provision of area-based community nutrition, implementing community management of acute undernutrition (CMAM), amongst other important priority actions.

The mainstreamed programme will focus on those activities within its mandate and where it has the capacity as well as the comparative advantage to act. NNS will also play a coordination as well as advocacy role for nutrition activities that lie outside the mandate of the health sector. This will include active engagement with the Ministries of Women and Children Affairs, Agriculture, Food and Disaster Management, and Industries. The nutrition programme will also seek to intervene at the different stages of the lifecycle – during pregnancy, at delivery/neonatal, post natal, childhood, adolescence and at the time of marriage – including a strong focus on the “window of opportunity”: that is, from pregnancy through the first two years of life.

Under the government's Health, Population and Nutrition Sector Development Program 2011-2016, nutrition has been mainstreamed into the health sector. All maternal, neonatal and child health services under the Director General Health Services and the Director General Family Planning now integrate nutrition service delivery. Included in these services is a school health component that includes providing education to children on nutrition, water, sanitation, health and hygiene. The decision to mainstream nutrition into the health sector will ensure better coordination of nutrition interventions and that nutrition is not provided as a parallel programme but as an integrated programme within the health system. This will be managed under the National Nutrition Service (NNS) which replaces the now defunct National Nutrition Programme.

Other government sectors also have activities that address undernutrition. These include interventions focusing on household food insecurity by the Ministry of Food and Disaster Management, Ministry of Agriculture, Ministry of Fisheries and Livestock, and the Vulnerable Group Development programme of the Ministry of Women and Children Affairs. The Ministry of Industries manages iodine fortification of salt. There is, however, scope for improvement in coordination and collaboration between these ministries.

The government is showing a strong commitment to and recognition of the importance of nutrition. The Bangladesh Country Investment Plan 2011 outlines the government's investment requirements to improve food security and nutrition in an integrated way focusing on availability, access and utilisation. The Sixth Five Year Plan 2011-2015 highlights the integration of food security, agriculture, and health and social protection programmes. The Ministry of Food and Disaster Management and the Ministry of Women and Children Affairs lead the implementation of social safety net programmes and will be essential partners in the mainstreaming of nutrition into these activities.

Donors' response

Bangladesh is a priority country for several donor initiatives focusing on nutrition, including the Global Health Initiative and Feed-The-Future of the US Government; the South Asia Food and Nutrition Security Initiative funded by the UK's Department for International Development (DFID) and managed by the World Bank; the Muskoka Initiative funded by the Canadian International Development Agency (CIDA); the Millennium Development Goal fund by the Government of Spain; and the Maternal and Young Child Nutrition fund by the European Union.

Other donors such as the Danish International Development Agency (DANIDA), the Australian Agency

for International Development (AusAID) and the Bill and Melinda Gates Foundation also support a range of nutrition interventions. Moreover, the private sector plays a key role in activities that tackle the underlying causes of undernutrition. These companies include Pepsi Cola, Renata, Heinz, Social Marketing Company and the partners under Project Laser Beam (DSM, Global Alliance for Improved Nutrition (GAIN), Unilever, Kraft and Rabobank).

NGO response

Several international NGOs are making substantial progress in scaling up and promoting effective nutrition interventions, particularly for community management of acute undernutrition and associated capacity support at the local and national levels. However, most stakeholders in nutrition are local NGOs with many previously being involved in the implementation of the now defunct National Nutrition Programme.

Nutrition education by NGOs is common but very few have the capacity to implement direct nutrition interventions aiming at the treatment of acute undernutrition. There are some NGOs that focus on nutrition surveillance and homestead food production. There is also an array of NGOs providing services addressing the underlying causes of undernutrition, which include primary health care, water and sanitation, and protective and promotional safety nets.

2.6 Nutrition coordination

The coordination of nutrition interventions in Bangladesh is fragmented and lacks a real leader. The agency charged with leading coordination, the Bangladesh National Nutrition Council, has thus far not been operational. The Nutrition Working Group provides an alternative coordination mechanism but lacks government participation and leadership. The nutrition and health Local Consultative Groups – which are attended by Government, UN agencies and NGOs – provide additional fora in which nutrition activities are coordinated.

In 2011, the Renewed Efforts Against Child Hunger and Undernutrition (REACH) initiative was set up in

Bangladesh. This initiative provides a framework for nutrition agencies to work in a more coordinated manner. REACH provides support to the government to facilitate the coordination of nutrition activities so that complementarities within and among the key ministries and sectors, as well as with development partners, can be successfully implemented and scaled up.

In Bangladesh, REACH will facilitate:

- a) Development of a national, multi-sectoral coordination committee for nutrition governance and management to support scaling-up nutrition actions;
- b) Linking national policy objectives to programming at district level through scaling-up actions initially in Satkhira District on the coastal belt;
- c) Incorporating nutrition-sensitive programmes in key sectors within the Ministries of Health and Family Welfare, Agriculture, Food and Disaster Management, Education and Women and Children Affairs;
- d) Assessing the capacity needs and institutional challenges of ministries in order to provide training and guidance on how to build the required governance and management capacity;
- e) Defining priorities for common nutrition advocacy and policy in close coordination with donor and NGO communities; and
- f) Mobilising additional resources for nutrition through new Public-Private Partnerships.

REACH is involved in the Nutrition Working Group supporting the Scaling Up Nutrition (SUN) Task Team. Bangladesh is one of the SUN 'early riser' countries. Under the SUN framework, which complements the more country-focused REACH initiative, there is increasing attention on nutrition in Bangladesh which provides the government and its partners with an opportunity to improve the coordination of activities towards sustained reductions in undernutrition.



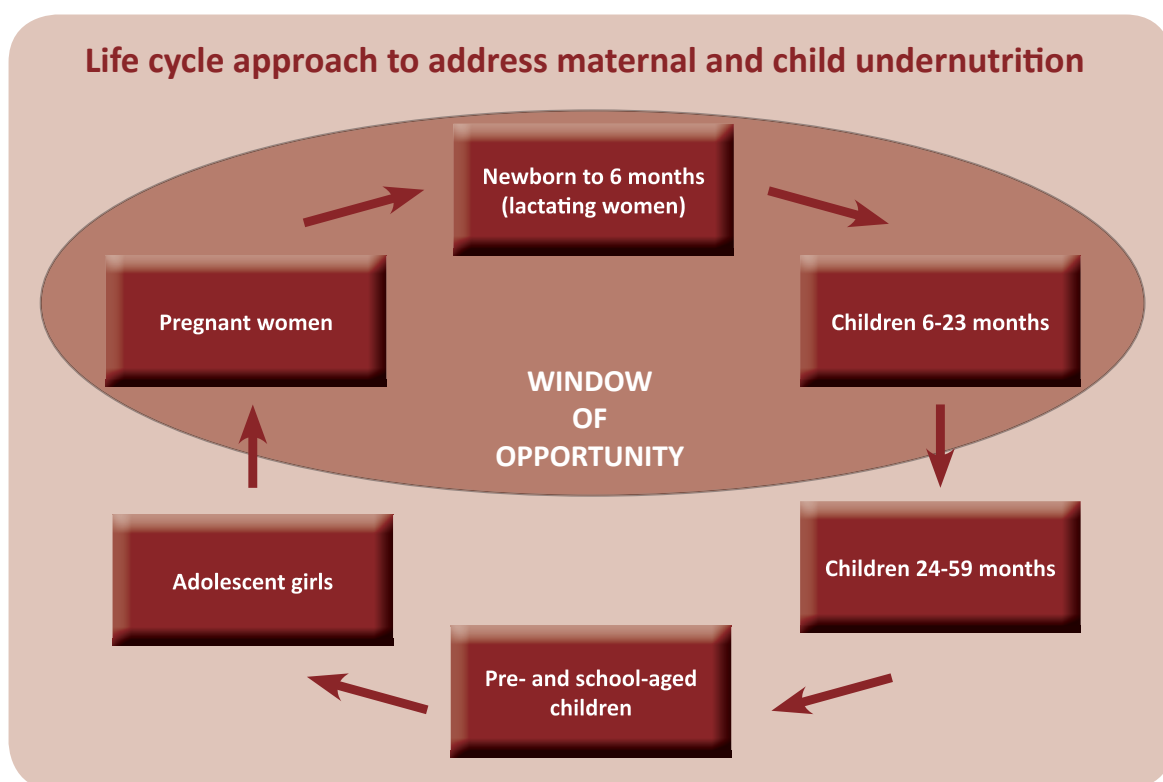
3. NUTRITION STRATEGY

The WFP Bangladesh Nutrition Strategy aims to support the government to improve the nutritional status of children and women and contribute to breaking the intergenerational cycle of undernutrition. There is a specific focus on the first 1000 days, from conception to two years, when nutritional needs are at their highest and when nutrition interventions have the most significant long-term benefit and are most cost-effective. There is also an emphasis on the life cycle with the aim that individuals are provided with vital nutrients throughout their physical and cognitive development and in times of need, such as emergencies.

While building on its comparative global experiences and knowledge on hunger analysis, supplementary feeding, responding to emergencies and strong field presence, WFP Bangladesh will focus on scaling up nutrition interventions in highly food insecure regions with the aim of strengthening nutrition security, particularly for women and children, by supplying the right food (quality and quantity) at the right time. WFP will prioritise the provision of fortified food supplements as a vehicle for micronutrient intake. In addition, WFP will directly support the development and local production of nutritionally-enhanced food supplements to develop local and cost effective solutions.

The Strategy centres on: a) Strengthening national and local capacities to adequately deliver nutrition services, and b) Improving access to curative and preventive

nutrition services through integrated community-based interventions and partnerships. There will also be a greater focus on mainstreaming nutrition elements into all relevant social safety net activities and policy dialogues.



A combination of nutrition specific and complementary activities will be implemented in accordance with this strategy. Nutrition specific activities will focus on the underlying causes of undernutrition, particularly inadequate food consumption in terms of quantity, quality and diversity. These will be addressed through supplementary feeding for moderately undernourished children 6-59 months and pregnant and lactating women, and seasonal blanket feeding for children 6-23 months. WFP will also pursue the development of locally produced nutritionally-enhanced food products. Inadequate care and feeding practices will be addressed through nutrition and health focused behaviour change communication activities targeting the entire community.

Complementary activities will focus on strategic dialogue on nutrition and the underlying causes of undernutrition, such as inappropriate health and hygiene conditions. It includes integrating nutrition activities through partnerships in water and sanitation, healthcare, livelihoods and other related sectors. This will be particularly important in urban areas where the causes of undernutrition are more commonly linked to disease. There will also be a strong focus on advocating for girls education and delaying marriage and pregnancy to improve birth outcomes.

Activities will be designed and implemented to support and complement the National Nutrition Services and social safety net programmes of the government.



| Goal | Strategies | Expected Outcomes |
|--|--|---|
| <p>Support the government to reduce maternal and child undernutrition and contribute to breaking the intergenerational cycle of undernutrition</p> | <p>Nutrition specific interventions Complement national services in nutrition through:</p> <ul style="list-style-type: none"> • Treating moderate wasting • Preventing wasting, low birth weight, micronutrient deficiencies and stunting <p>Complementary activities Link and strengthen complementary preventive and curative public services and promote the mainstreaming of nutrition into promotional and protective social safety net programmes</p> <p>Promote and advocate for the importance of addressing undernutrition, early marriage and adolescent pregnancies in national policies</p> <p>Strengthen the capacity of government and civil society to deliver nutrition services</p> <p>Strengthen nutrition outcomes in emergency responses</p> <p>Develop and promote local nutritionally-enhanced food products</p> | <p>Reduced maternal and child undernutrition and micronutrient deficiencies</p> <p>Increased awareness of the national and individual nutrition problem and solutions</p> <p>Increased capacity of and access to services for the treatment and prevention of undernutrition</p> <p>Increased uptake of appropriate nutrition practices by individuals</p> <p>Strengthened national nutrition policies and programmes</p> |

Beneficiary focus

To have a sustained impact on reducing undernutrition and breaking the intergenerational cycle of undernutrition, WFP will adopt a life cycle approach. In particular, activities will focus on:

- **Pregnant and lactating women.** From conception through to six months is a vital period for a child's future development. Targeting pregnant women will help to increase future birth weight as well as to support the mother in this critical time. Lactating women will also be supported with additional nutrients to assist recovery from pregnancy and exclusive breastfeeding. To maximise effectiveness, only moderately acute undernourished pregnant and lactating women will be provided with supplementary feeding.
- **Children 6-59 months.** This group faces an increased risk of morbidity, mortality and growth impairment due to a heightened vulnerability to infections and the development of severe acute undernutrition, which is immediately life threatening. WFP will provide supplementary feeding for all moderately undernourished children 6-59 months in targeted areas, and in some cases will deliver blanket feeding focusing on all children 6-23 months.
- **Pre- and school-aged children.** Pre-primary and primary students will be provided with micronutrient-fortified snacks through the school feeding programme. Further, nutrition education for children will be promoted as an effective way to change behaviours in nutrition and health.
- **Adolescent girls.** They will be targeted with behaviour change strategies that encourage them to adopt healthy nutrition practices before they become mothers. Delaying early marriages and thereby reducing early pregnancies and their impact on birth outcomes will be advocated.
- **Households participating in food security programmes.** Targeting households provides a vehicle to deliver nutrition support and training to the wider population. WFP will integrate nutrition support and awareness-raising and ensure that food rations provide adequate nutrients in its activities.

3.1 Nutrition specific interventions

Targeted supplementary feeding

WFP will provide supplementary feeding to children 6-59 months and pregnant and lactating women identified with moderate acute undernutrition. This aims to prevent severe acute undernutrition and support recovery to a normal and healthy nutrition status. Supporting pregnant women aims to reduce the prevalence of low birth weight newborns and improve women's nutritional status.

WFP will link supplementary feeding with agencies supporting the treatment of severe acute undernutrition (SAM), particularly UNICEF. To this end, WFP will actively advocate for community management of acute undernutrition (CMAM). WFP will create linkages with local health facilities that have inpatient treatment services for SAM with complications, while advocating for an outpatient model for those without complications. This will improve timely identification and management of severe cases.

WFP will work with the Government to develop its capacity to implement CMAM activities, particularly through the CMAM sub-working group at the central level. WFP will continue partnering with UNICEF and other agencies to advocate for the scale up of CMAM across the country.

Seasonal blanket feeding

WFP will provide seasonal blanket feeding to children 6-23 months in food insecure areas regardless of their nutritional status to prevent acute undernutrition. Blanket feeding will be undertaken during lean seasons when there is heightened household food shortage and

Community management of acute undernutrition

Community management of acute undernutrition (CMAM) is an innovative community-led public health model to address acute undernutrition. The approach engages the community to actively look for children, women and others with signs of severe and moderate undernutrition and then treat those without medical complications with ready-to-use or nutrient-dense foods at home. In tandem, there are community outreach activities aimed at preventing undernutrition.

The CMAM approach combines three treatment modalities: inpatient therapeutic, outpatient therapeutic and take home supplementary feeding. This is based on the clinical and anthropometric characteristics of the person at presentation. CMAM can maximise treatment and prevention by improving coverage, access, and cost-effectiveness of the services delivered.

an increased risk of undernutrition. This will cover the two critical pre-harvest periods of March to early May (pre-Boro harvest) and September to November (pre-Aman harvest), totaling six months a year.

Children 6-23 months will be targeted as the first two years of life are when the most rapid physical growth occurs and is a critical time in cognitive development, thereby protecting and promoting their growth.

Provision of nutritionally-enhanced food products

Providing food supplements to people suffering from undernutrition helps bolster energy, protein, fat, and micronutrient intake needed for catch-up growth and development.

WFP will use nutritionally-enhanced fortified blended foods, Super Cereal and Super Cereal plus, until local products that meet the recommended quality for both prevention and treatment are available. Oil and sugar will be included as part of the ration with Super Cereal to provide additional energy density for pregnant and lactating women. WFP will invest in developing locally produced complementary food supplements with the goal to provide cost-effective local food-based products that can be used by the government, WFP and other organisations to prevent and treat undernutrition.

To support the optimal use of the food supplements provided, education messages on preparation and utilisation of the fortified blended food will be delivered. Mothers will also be encouraged to give children a variety of locally available nutrient rich foods, such as vegetables, fruits and meat products, which can be mixed with the fortified blended food or used alone.

Behaviour change communication in nutrition and health

WFP will provide behaviour change communication (BCC), including counseling, in nutrition and health to mothers, caregivers, family members and decision-makers. The care and feeding practices of women and children are critical to growth, development, and maintaining good nutrition status, but when inappropriate they are key causes of undernutrition. To prevent and reduce undernutrition it is essential to ensure that mothers and caregivers can optimally care for and feed themselves and their children.

WFP will employ a BCC strategy that interacts with the mother or other caregiver in order to understand their barriers to change and work with them and other family members to seek commitments to change. For this reason, BCC activities will focus not just on the mothers of children under five but also other household and community members, including husbands, mothers-in-law, grandmothers and community leaders.

WFP will also specifically focus on adolescent girls to promote good behaviours and practices before they become mothers. WFP will seek strategic partnerships with UNICEF and UNFPA in order to address the problem of adolescent pregnancies. This is in recognition that adolescent girls have a high risk of giving birth to a low birth weight baby and that delaying pregnancy will

improve the chances of a healthy newborn and reduce the risk of maternal mortality.

BCC will focus on preventive and promotive behaviours on maternal and child nutritional care, hygiene, sanitation, timely use of appropriate health services, and the importance of a balanced diet. WFP will undertake analysis on behaviours in targeted communities to determine:

- Priority audiences;
- Feasible and effective behaviours to promote;
- Preferred and appropriate channels of communication; and
- Frequency of contact (a minimum of fortnightly contact with identified mothers and monthly contact with other target groups is recommended).

Based on the analysis, communication materials and methods will be adapted, pre-tested, finalised and delivered. Service providers will be trained on how to use BCC to promote sustained changes.

WFP will be involved in the Ministry of Health and Family Welfare-led Information, Education and Communication working group. The aim will be to strengthen its overall communication strategy and to improve its alignment with other development agencies involved in promoting public health messages.

Behaviour change communication

Behaviour change communication is the use of communication to promote positive health and nutrition outcomes.

It is an interactive process with communities, beginning with formative research and behaviour analysis, to develop tailored messages and approaches using a variety of communication channels that promote positive individual, community and societal behaviours. Both mass media and interpersonal channels are used to achieve behavioural objectives.



3.2 Complementary activities

WFP recognises that food alone cannot improve the nutrition and health status of women and children and considers food assistance as only one component of nutrition interventions. WFP will advocate for beneficiaries' access to health and livelihood services and assist in creating linkages at the community level.

Link and strengthen preventive and curative health and nutrition services and promote the mainstreaming of nutrition into social safety net programmes

WFP will integrate and link its nutrition specific interventions with health, water and sanitation, agriculture and livelihoods services. Within all of WFP's activities and in its advocacy role, it will promote the mainstreaming of nutrition into national social safety net programmes. The goal is to deliver a comprehensive and coordinated package of prevention and treatment services for undernutrition.

Mainstreaming nutrition. WFP will support the government to mainstream nutrition into safety net programmes and emergency responses by providing technical guidance on ration planning and delivery and distribution mechanisms. Advocacy will also centre on the inclusion of nutrition indicators in needs assessments.

In addition, WFP will explore with other UN agencies (FAO and UNICEF) delivering joint capacity support for the government which could be delivered under REACH. To ensure that nutrition is mainstreamed into all WFP interventions, nutrition will be a consideration in the design and monitoring of outcomes. WFP will also diversify food baskets to include more nutrient rich commodities, such as pulses and vegetable oil. WFP will also ensure that nutrition – covering food diversification, hygiene and health seeking behaviours – is incorporated into training components.

School feeding. WFP will use micronutrient fortified biscuits as a vehicle for addressing micronutrient deficiencies. In addition, a school health and nutrition package will be promoted to facilitate improvements in health and nutrition awareness. Complementary interventions by partners, such as deworming and water and sanitation upgrades, will be advocated to improve the impact of health and nutrition education activities.

Health. WFP will promote the benefits of primary healthcare and outreach services to identify and treat the early stages of undernutrition and related illnesses, such as diarrhoeal diseases. WFP will also encourage its beneficiaries to use available health services. WFP will work closely with the Ministry of Health and Family Welfare to identify areas to strengthen, integrate nutrition into the health service and expand access and community ownership of nutrition activities. WFP will work closely with other organisations providing health care, particularly in urban slums.

Water and sanitation. WFP will seek to link beneficiaries to existing water and sanitation activities to enable the awareness raised in the BCC sessions to be put into practice. In urban slum areas, WFP will place greater



emphasis on partnering with agencies providing access to clean water and adequate sanitation facilities in recognition that related illnesses, such as diarrhoeal diseases, are major contributors to the high level of undernutrition in these environments.

Agriculture, livelihoods and social safety nets. WFP will seek to link programmes with services that promote availability and access to food and increase incomes for the ultra poor. In particular, WFP will develop partnerships with the Food and Agriculture Organization and other agencies that promote homestead food production to enhance diet diversification and livelihood or income generating activities.

Promotion and advocacy on the importance of addressing undernutrition, early marriage and adolescent pregnancies in national policies

WFP will work under the REACH and SUN frameworks to highlight the importance of addressing undernutrition in national policies. WFP will advocate for:

- Increased investment in preventive and curative nutrition approaches by the government and donors;
- The review and update of nutrition policies and legislations, particularly for guidelines and protocols on the treatment of undernutrition;
- Expanded coverage of health and other related services that address the underlying causes of undernutrition;

- d) Increased support for programmes that are socially, economically and culturally appropriate throughout the female life cycle, so as to have an impact on women’s health and nutrition status;
- e) The need for food-based approaches to nutrition to include food diversification through agriculture, homestead food production and improved marketing systems and safety nets for the ultra poor; and
- f) The use of locally produced specialised ready-to-use foods for the treatment and prevention of undernutrition.

WFP will also advocate for a more focused and coordinated multi-sectoral approach that brings the main stakeholders and their various programmatic approaches together for increased nutritional gains. Recognising this, WFP will continue to host the REACH partnership in Bangladesh and work closely with other partners under the SUN framework in establishing joint fora that enable the participation of different organisations.

Capacity strengthening of government and civil society to deliver nutrition services

As a global leader in managing moderate acute undernutrition, WFP will partner with UNICEF and other technical agencies to provide technical guidance and capacity development support to government health staff and national NGO partners. This will include support in the development of necessary guidelines, their implementation and monitoring of outcomes. WFP will build a stronger relationship with the Ministry of Health and Family Welfare, Ministry of Women and Children Affairs and other ministries to advocate for the integration of nutrition into social safety nets, to identify effective channels of collaboration for the delivery of nutrition interventions, and to ensure that handover strategies are developed.

In the short term, WFP will engage technical assistance from nutrition partners to support the scaling up of interventions while strengthening the capacities of national NGO partners and government staff. WFP will provide these services through government-identified structures, particularly community clinics.

Strengthening nutrition outcomes in emergency responses

In emergencies, WFP will aim to provide food support equivalent to 2,100kcal per person per day. WFP will focus on the initial distribution of micronutrient-fortified high energy biscuits which will later be substituted for a balanced nutritious food basket, including ‘Super Cereal’ to address the specific nutritional needs of pregnant and lactating women and children 6-23 months or cash with BCC activities, depending on the situation. WFP will ensure that nutrition promotion is provided to communities and food rations meet the recommended daily nutritional needs of different beneficiary groups.

In addition to general food distribution, WFP will, where necessary, provide blanket feeding to all children 6-23 months and move to targeted supplementary feeding, particularly for moderately undernourished children 6-59 months and pregnant and lactating women, as the situation becomes more stable. This will be dependent on the situation and resourcing constraints.

WFP’s responses will be based on joint recommendations under the emergency nutrition cluster system. While this structure is currently not operational in Bangladesh as part of nutrition emergency preparedness, WFP will advocate for its creation based on globally defined terms of reference.

Under the Nutrition Cluster, UNICEF leads on nutrition in emergencies with strong support from WFP, while WFP and FAO co-lead the Food Security Cluster.



Local production of nutritionally-enhanced food supplements

WFP will work with national research institutes and national private sector partners to develop products that are locally produced using local ingredients. This will be in line with the work WFP is doing globally to ensure commodities are better suited to beneficiaries, achieve more effective results and incorporate global advances in the development and use of ready-to-use products.

In particular, WFP will partner with the International Centre for Diarrhoeal Disease Research, Bangladesh, and the Johns Hopkins School of Public Health to develop and test a locally-produced complementary food supplement (CFS) to prevent and treat undernutrition. The CFS will provide an exit strategy from the costly imported commodities as well as a local product that corresponds to local food habits.

WFP will also seek to improve the quality of locally produced high energy biscuits that are provided as snacks at school for children and in emergency responses.

In the long-term, WFP will identify local fortification opportunities to improve nutrition in local foods, particularly through rice fortification.

3.3 Geographic targeting

Targeting of nutrition specific interventions will primarily be based on vulnerability of households to food insecurity and high prevalence of undernutrition. It will be in line with the overall WFP Country Strategy on geographical targeting ensuring convergence of nutrition interventions with other WFP interventions and stakeholder activities.

Urban and rural areas that have high rates of food insecurity, poverty, proneness to disasters and undernutrition will be considered for nutrition programmes. Vulnerability analysis and mapping will be used and will draw data and analysis from the Food Security and Nutrition Surveillance Programme led by Helen Keller International as well as other nutrition-related assessments that are available.

The geographic focus of the United Nations Development Assistance Framework (UNDAF) 2012-2016 on 20 districts offers an opportunity for WFP to have convergence with other UN agencies' activities. Through joint programmes and programming, WFP as the lead on the UNDAF food security and nutrition pillar will ensure its food-based nutrition strategy is integrated with other interventions addressing the underlying causes of undernutrition which are under other UN agencies' mandates.

Integration with activities focusing on severe acute undernutrition and livelihoods will also be a key selection criteria in order to maximise and sustain nutrition outcomes.

3.4 Partnerships

Partnership with the government will be crucial in



all aspects of programming to ensure that priorities and handover strategies are agreed and activities are integrated. To this end, WFP will strengthen and expand its collaboration with the Ministry of Health and Family Welfare, Ministry of Women and Children Affairs, Ministry of Food and Disaster Management, and national agencies and institutions.

Strategic partnerships with other UN agencies, national and international NGOs and the donor community will also be crucial to WFP to provide for complementarities, integration and delivery of a full package of services. Critical to this will be partners that provide treatment of severe undernutrition, BCC, health services and homestead food production.

- **Strategic partnerships.** WFP will seek to converge activities and resources with partners to focus on the same locations with complementary services in order to increase the impact of each others' actions. Interventions covering livelihood activities in rural and urban areas, social safety nets, treatment of severe acute undernutrition, and water and sanitation will be critical.
- **Technical partnerships.** WFP will engage specialised agencies on nutrition to provide services for setting up activities, capacity development and/or research. Priority will be for agencies with experience and capacities in implementing the CMAM approach.
- **Implementation/service delivery partnerships.** WFP will partner with agencies that support implementation of interventions.

UNICEF will continue to be an important strategic partner in nutrition with opportunities in joint advocacy, strengthening government capacity and establishing programme linkages. Other key UN agencies to collaborate with include FAO, UNFPA, WHO, and UNDP.

The Private Sector, under Project Laser Beam, will play an important role in the production and marketing of affordable and nutritious complementary and supplementary foods and in funding of other innovative nutrition interventions.

3.5 Coordination

The REACH and SUN initiatives offer WFP an opportunity to be at the table and mobilise political support for management of acute undernutrition and to develop capacity and establish partnerships on nutrition. They also provide a framework for WFP to engage partners in joint programmes.

WFP will continue to work with other stakeholders on nutrition activities and fora through continued memberships in the Nutrition Working Group, SUN Consultative Group, CMAM Working Group, Food Security and Nutrition Surveillance Project, Infant and Young Child Feeding Alliance, and the Information, Education and Communication/BCC and Micronutrient working groups. The Local Consultative Group on Health will also be an important forum.

WFP will also collaborate with research bodies to strengthen evidence on the effectiveness of nutrition interventions in reducing acute and chronic undernutrition and micronutrient deficiencies. In particular, partnerships will be sought with the International Centre for Diarrhoeal Disease Research, Bangladesh, the International Food Policy Research Institute and the Johns Hopkins School of Public Health.

At the service delivery level, community management committees will coordinate implementation and integration of interventions.

3.6 Monitoring, evaluation and research

To measure the achievements of this strategy, WFP will develop and implement a nutrition-focused monitoring and evaluation framework. This will be closely linked with WFP's corporate Strategic Results Framework and the government's nutrition objectives. WFP will also document, monitor and evaluate nutrition interventions to ensure that targeting (for treatment, prevention or a



combination) and distribution mechanisms do not have negative unintended outcomes.

Increased attention to monitoring and reporting will strengthen programme effectiveness and ensure that programme adjustments are undertaken in a timely manner. Feedback mechanisms will be incorporated and are central to quality improvement. This will include learning from new approaches, such as blanket feeding, to ensure that lessons learned are captured and evidence is gathered.

In addition to quantitative data, qualitative data will be collected and analysed quarterly to assess progress on behaviour change, especially on the use of food. Particular attention will be given to gender sensitive information. Success stories and case studies will also be reviewed to provide lessons and examples of programme outcomes.

As a commitment to providing the right food at the right time, WFP will conduct research and pilots to refine programme strategies linked to nutrition programming and the development and improvement of food products and delivery mechanisms. This will be done in collaboration with national research institutes.



Annex A: National policies and strategies

In all major policy documents, which include the government's Country Investment Plan 2011 and the Sixth Five Year Plan 2011-2015, nutrition is considered a cross-cutting issue. It is considered key among the six pillars of Bangladesh's National Strategy for Accelerated Poverty Reduction II. These documents reflect the government's strong commitment to fighting undernutrition. However, implementation of these policies, strategies and guidelines is weak and limited in coverage. Coordination mechanisms have not been effective and the skills and training needed remain inadequate making many of the policies non-operational. The key government policies related to nutrition include:

Health, Population and Nutrition Sector Development Program (2011) will be in effect from July 2011 to June 2016. Nutrition has been made a priority for the next sector programme and all facilities under the Director General Health Services (DGHS) and the Director General Family Planning providing maternal, neonatal and child health services will be made available for integrated nutrition service delivery. The nutrition service programme is housed in the Institute of Public Health Nutrition, under the DGHS, and implemented through the National Nutrition Service. The decision to integrate nutrition into the health sector will assist better coordination and strengthen the integration of nutrition into the Ministry of Health and Family Welfare so that it is not implemented as a parallel programme. Under this new approach supplementary feeding will not be undertaken by the Ministry of Health and Family Welfare and coordination therefore with other ministries will be critical. The role of NGOs in the new sector plan is implied, but the practical implications and directions on how the government-NGO partnership will work are not clearly defined.

Country Investment Plan (2011) is a set of key investment programmes reflecting the government's investment priorities to enhance the three dimensions of food security (availability, access and utilisation) in a coherent way. Proposed investments relate to strengthening physical, institutional and human capacities in the fields of agriculture, water management, fisheries, livestock, agricultural marketing, food management, safety nets, nutrition and food safety.

National Food Policy (2006) and the subsequent, National Food Policy: Plan of Action (2008-2015) aims to: 1) Ensure adequate and stable supply of safe and nutritious food; 2) Enhance purchasing power of the people for increased food accessibility; and 3) Ensure adequate nutrition for all individuals, especially children and women.

National Health Policy (2010) has 20 specific goals. The nutrition goals include: Goal 1: Development of the nutrition and public health status of the people; Goal 4: Reduction of the level of malnutrition among the population with a special focus on children and mothers, and taking an effective and coordinated programme to enhance nutrition for people of all levels; and Goal 16: Ensure the availability of quality food, child food and safe drinking water.

Agriculture Policy (2009) aims to create an enabling environment for the sustainable growth of agriculture to reduce poverty and ensure food security through increased crop production and employment opportunities.

National Plan of Action for Children (2005-2010) aims to improve the nutritional status of children and women through focusing on food and nutrition, health, education and empowerment of the girl child, protection from abuse, exploitation and violence, and physical environment.

National Strategy for Infant and Young Child Feeding in Bangladesh (2007) is based on the accumulated evidence of interventions with proven positive impact. It identifies comprehensive actions that will be taken to improve legislation, policies and standards to protect optimum infant and young child feeding practices, and to strengthen the capacity of health services and communities to protect, promote and support the nutritional needs of infants and young children.

National Guidelines for the Management of Severe Acute Malnutrition in Bangladesh (2008) are intended for doctors, senior nurses and other senior health professionals responsible for the therapeutic care of severely undernourished children in health facilities and is adapted from the global guidelines by WHO. The guidelines acknowledge that upazila and district level health facilities cannot alone manage the large number of severely undernourished children in Bangladesh and therefore recognises that when complications are absent, severe acute undernutrition can be effectively managed at the community level.

National Strategy for Anaemia Prevention and Control in Bangladesh (2007) has the goal of reducing by one quarter the prevalence of anaemia among high-risk groups in Bangladesh by 2015. Strategies include micronutrient supplementation, dietary improvement, parasitic disease control, family planning and safe motherhood, food fortification and production of micronutrient-rich foods through household food production, crop diversification, biotechnology and bio-fortification.

Annex B: Nutrition interventions implemented in Bangladesh and gap analysis

In Bangladesh the most important intervention has been the government's former National Nutrition Programme (NNP) which provided food supplementation and counseling for improved feeding of infants and young children³². In addition, a number of smaller interventions have been implemented mainly through public and private health care providers. However, implementation has faced substantial challenges.

Growth monitoring

Growth monitoring is not done in health and family welfare clinics but will be introduced under the National Nutrition Service. The now defunct NNP was the largest programme covering 97 percent of children in the programme; however, the effectiveness of growth monitoring was never evaluated and the data lacked regular or sufficient analysis.

Micronutrient supplementation

Multiple micronutrient powder (MNP), often referred to as 'sprinkles' administered as a home fortification, has been found to be effective in controlling and preventing anaemia in children. UNICEF promotes and uses five element MNP³³. NGOs, such as Action Contre La Faim, Brac and Concern Worldwide, are other promoters of MNPs and use sprinkles in their projects. The five element MNP is locally produced and available in the market. WFP has used MNP during and after emergency situations to women and children 6-23 months to prevent and control anaemia.

Iron Folic Acid supplementation is a part of antenatal care for pregnancy by the health and family welfare services, but coverage is inadequate. Other high risk groups are not covered by anaemia prevention activities, including children under two years and adolescent girls. Medium risk groups, including children 24-59 months, primary school children and non-pregnant women are also not included. Similarly postnatal Vitamin A supplementation is part of the prescribed postnatal care, but coverage is very low since only about 21 percent of pregnant women attend a postnatal visit.

Behaviour change communication in nutrition

Most of the stakeholders in the nutrition arena have interventions that cover nutrition education mainly in infant and young child feeding and diet diversification. Nutrition education is provided as a part of school health, primary health, food security and livelihood programmes.

There are key players who have been instrumental in the development of information, education communication materials and modules for nutrition education and have supported the government in strategy development for nutrition education communication. Despite this, materials and messages are not adequately harmonised and nutrition counseling is not done in the health sector where most contact is expected.

Community management of acute undernutrition (CMAM) and supplementary feeding

CMAM has been endorsed globally by WHO and other agencies, including WFP, as best practice in nutrition programming because it achieves greater coverage through decentralised outpatient treatment of the severely undernourished rather than the traditional inpatient model³⁴. There is ongoing advocacy to integrate the CMAM components (inpatient therapeutic treatment, out-patient therapeutic feeding, and supplementary feeding) into local health systems and national guidelines are under development with the support of various nutrition stakeholders.

National coverage of supplementary feeding activities targeting the moderately undernourished has been low (two percent). The government's NNP, which phased out in mid 2011, was the main provider of supplementary feeding where pregnant and lactating women, adolescent girls and children 6-23 months from poor households were provided with a locally produced product made of rice, lentil powder and molasses known as a "pushti-packet". However, the "pushti-packet" was found to be nutritionally inadequate lacking in both essential micronutrients and calories.

Management of severe acute undernutrition is restricted to only inpatient treatment and is inadequately implemented with no training on inpatient guidelines. In addition, the inability of caretakers or mothers to stay at the inpatient facilities has likely resulted in inconsistent care, the low coverage (10 percent) and early discharge. Management of moderate acute undernutrition is not covered under government services and NGO programmes are very limited. CMAM is only implemented on a small-scale.

Nutrition surveillance

Helen Keller International has been instrumental in providing year round surveillance of the nutrition situation in the different food security zones in the country. This has been done through the Food Security and Nutrition Surveillance Project.

Homestead food production and diet diversification

As part of undernutrition preventive interventions, homestead food production ensures diversification of household diets by ensuring access and availability. It also leads to improvements in household income when produce is sold. The Ministry of Agriculture and FAO have the principal roles in this activity.

Annex C: Nutrition specifications of food rations

Supplementary feeding rations

| Target group | Commodity | Ration size | Kcal | Protein | Fat |
|------------------------------|------------------------------|--------------------|----------|---------|-----|
| Children 6-59 months | Super Cereal plus | 200 g | 840kcal | 32g | 18g |
| Pregnant and lactating women | Super Cereal Sugar Oil | 200g 15g 20g | 1000kcal | 35g | 30g |

Food basket for WFP's interventions

| Intervention | Ration size (per person per day) | Nutritional specifications |
|---|--|---|
| School feeding | Fortified High Energy Biscuits - 75g | Kcal - 450kcal Protein - 10-15g (17%) Fat - 15g (20%) |
| Enhancing resilience to disasters and the effects of climate change | Rice - 400g Pulses - 40g Oil - 20g | Kcal - 1768kcal Protein - 39g (8%) Fat - 22g (5%) |
| General food distribution in emergencies | Rice - 400g Pulses - 60g Oil - 35g Super Cereal - 50g | Kcal - 2153kcal Protein - 55g (10%) Fat - 41g (17%) |

Endnotes

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Acronyms

| | |
|---------|---|
| BCC | Behaviour change communication |
| BDHS | Bangladesh Demographic and Health Survey |
| CFS | Complementary food supplement |
| CMAM | Community management of acute undernutrition |
| FAO | Food and Agriculture Organization |
| HFSNA | Household Food Security and Nutrition Assessment |
| HIES | Household Income and Expenditure Survey |
| HKI | Helen Keller International |
| ICDDR,B | International Centre for Diarrhoeal Diseases Research, Bangladesh |
| IFPRI | International Food Policy Research Institute |
| IPHN | Institute of Public Health Nutrition |
| LCG | Local Consultative Group |
| MAM | Moderate acute undernutrition |
| MDG | Millennium Development Goal |
| MNP | Micronutrient powder |
| NGO | Non-governmental organisation |
| NNP | National Nutrition Programme (now defunct) |
| NNS | National Nutrition Service |
| REACH | Renewed Efforts Against Child Hunger and Undernutrition |
| SAM | Severe acute undernutrition |
| SUN | Scaling Up Nutrition |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children’s Fund |
| WFP | World Food Programme |
| WHO | World Health Organization |

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