MALNUTRITION IN BANGLADESH

Harnessing social protection for the most vulnerable

CSA for SUN
Scaling Up Nutrition
Civil Society Alliance

Save the Children

Cover photo: Forija, 26, holds the youngest of her six children, many of whom suffer from malnutrition, Poilarkandi, Habiganj district, Bangladesh.
Photo: Abir Abdullah/Save the Children

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ABBREVIATIONS AND ACRONYMS

BCC	Behaviour change communication
BDT	Bangladeshi taka
BMI	Body mass index
CCT	Conditional cash transfer
CLP	Chars Livelihoods Programme
CSA	Civil Society Alliance
DHS	Demographic and Health Surveys
EGP	Employment Generation Programme
FSNSP	Food Security Nutritional Surveillance Project
GDP	Gross domestic product
GoB	Government of Bangladesh
GR	Gratuitous Relief
GRID	Groups and Inequality Database
HIES	Household Income and Expenditure Survey
ICDS	Integrated Child Development Services
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
JoJ	Jibon-O-Jibika
MDG	Millennium Development Goal
MDG/F	Millennium Development Goal/Fund
MUAC	Mid-upper arm circumference
NGO	Non-governmental organisation
NIPORT	National Institute of Population Research and Training
NNS	National Nutrition Services
NSSS	National Social Security Strategy
OMS	Open Market Sale
SDGs	Sustainable Development Goals
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
SUN	Scaling Up Nutrition
TR	Test Relief
TUP	Targeting the Ultra Poor
UN	United Nations
UNICEF	United Nations Children's Fund
VGD	Vulnerable Group Development
VGF	Vulnerable Group Feeding
WASH	Water, sanitation and hygiene
WHO	World Health Organization

KEY TERMS

1,000-day window

The 1,000-day period between a woman's pregnancy and her child's second birthday. The right nutrition during this critical period can have a profound impact on a child's ability to grow, learn and rise out of poverty. It can also shape a society's long-term health, stability and prosperity.[1]

Hunger

Hunger is the body's way of signalling that it is running short of food and needs to eat something. It can lead to undernutrition, although it is only one of many causes, which include diarrhoea, malaria and HIV and AIDS.[2]

Malnutrition

Malnutrition is a broad term commonly used as an alternative to undernutrition but technically it also refers to overnutrition. People are malnourished if their diet does not provide adequate calories and protein for growth and maintenance or they are unable to fully utilise the food they eat due to illness (undernutrition). They are also malnourished if they consume too many calories (overnutrition).[3]

Nutrition-sensitive interventions

Nutrition-sensitive interventions target the underlying determinants of nutrition, affecting the broader context of life and health, and enhancing the coverage and effectiveness of nutrition-specific interventions.[4] Nutrition-sensitive interventions that have significant potential include social protection, agriculture and women's empowerment (including girls' education).

Nutrition-specific interventions

Nutrition-specific interventions target the immediate causes of undernutrition, for example, inadequate dietary intake and ill-health.[5]

Undernutrition

Undernutrition is defined as the outcome of insufficient food intake and repeated infectious diseases. It includes being underweight for one's age, too short for one's age (stunted), dangerously thin for one's height (wasted), and deficient in vitamins and minerals (micronutrient malnutrition).[6]

EXECUTIVE SUMMARY

Rates of malnutrition in Bangladesh are among the highest in the world, with six million children estimated to be chronically undernourished.[7] The decline in chronic malnutrition[8] seen previously – from 60% in 1997 to 41% in 2011 – now appears to be slowing down. Policies and practice in Bangladesh need to have a greater focus on nutrition,[9] at large scale and across different sectors, in order to accelerate progress on tackling the country's substantial malnutrition burden of 41% stunting and 16% wasting[10] across a population of 156.5 million.[11]

Social protection is a human right and a means for states to protect their most vulnerable citizens.[12] Bangladesh's current social protection system is fragmented and ineffective – in 2010 reaching just 35% of those living below the poverty line.[13] As the Government of Bangladesh leads a significant reform of its National Social Security Strategy, harnessing the potential of social protection for nutrition is vital.

As set out in this report, a tangible opportunity is presented for the development of social protection to improve malnutrition in Bangladesh.

Social protection and nutrition are prominent on the international development agenda, supported by a series of high-level recommendations and commitments. This report particularly complements the International Labour Organization-led Social Protection Floor Recommendation,[14] which expresses the commitment of member states for building comprehensive social security systems and prioritising the establishment of national 'floors' accessible to all in need. Our conclusions highlight the importance of an integrated nutrition-sensitive social protection system. This gives weight to arguments to integrate nutrition, alongside a stand-alone goal, across the international Post-2015 framework.

Many countries have improved nutrition through social protection. Malawi's Mchinji Social Cash Transfer scheme pilot achieved impressive reductions in stunting, which fell from 55% to 46% in one year.[15] Similarly, Bangladesh's SHOUHADO programme saw stunting rates among 6–24-month-old children fall from 56.1% to 40.4% in beneficiary households.[16] Achievements in wasting are also notable, as Colombia's Familias en Acción conditional cash transfer programme illustrates, with an average increase of 0.58kg for newborn babies in urban areas attributed to better nutrition during pregnancy.[17]

Despite a growing international recognition of the impact of social protection, there is still some reluctance on the part of governments to invest funds to develop social protection systems that will effectively tackle malnutrition. Governments must recognise the value of social protection as a 'hand up, not a hand out' for individual beneficiaries and national prosperity. There is also a growing appetite globally to understand the long-term human and economic gains which nutrition-sensitive social protection offers. This report contributes to the development of this knowledge base, as a crucial step to encourage the investment of domestic resources for social protection to tackle malnutrition.

Country-level advocacy must be undertaken because of the local nature of social protection. This report focuses on Bangladesh, and is intended to be the first in a series focusing on countries with high burdens of malnutrition. We hope it will make a substantial contribution to the global 'nutrition-sensitive' knowledge base. It forms part of Save the Children's malnutrition and child survival work, to progress the role of nutrition-sensitive approaches and to provide intellectual capacity at national levels for civil society to advocate on specific legislative opportunities.

In this report we consider the major pathways to nutrition outcomes and a range of evidence on nutrition-sensitive social protection to make

recommendations for policy development and implementation in Bangladesh and for global learning. We affirm how developing social protection across the lifecycle, with a greater focus on nutrition behaviour change, adolescent girls, empowering women and the 1,000-day window of opportunity between a woman's pregnancy and her child's second birthday, will help shape healthier and more prosperous futures for everyone in Bangladesh.

Social protection, as a nutrition-sensitive approach, has been shown to have an impact on nutrition outcomes by addressing the underlying causes through three main pathways, as illustrated in the table below.[18]

The findings presented in this report are based on international and domestic evidence. They clearly demonstrate the importance of an integrated approach to tackling malnutrition in Bangladesh. Programmes that have effectively reduced stunting and wasting have also addressed many of the underlying causes of malnutrition.

We conclude that integrated nutrition-sensitive social protection programmes in Bangladesh should address priority focus areas for nutrition outcomes and across all three pathways, as set out in the table on pages xi and xii.

Caring practices for women and children emerges as the most critical pathway in Bangladesh. Despite progress illustrated by successful family planning and a drastic drop in fertility rates since 1971, women in Bangladesh still have a lower social status than men. This is deeply embedded in cultures and traditions that place greater value on men and boys and view girls and women as social and economic burdens. Women's status remains low from one generation to the next because of a preference for sons and because daughters have less access to food, health services and education. Women are a vital part of the solution of improving nutrition in Bangladesh.

Bangladesh has one of the highest rates of child marriage below the age of 15 in the world, illustrating how much more needs to be done to empower women and adolescent girls in Bangladesh. Girls who marry young typically give birth at younger ages, increasing the risk of intra-uterine growth retardation (poor growth of a baby while in the mother's womb) leading to stunting at birth. With around 20% of babies in Bangladesh born stunted,[19] half of all stunting in under-fives occurs before birth.[20] Child marriage also leads to adolescent girls dropping out of education and restricts their social development. It perpetuates an unequal society,

NUTRITION-SENSITIVE SOCIAL PROTECTION PATHWAYS

Pathway	Importance	How social protection helps
Household food security	Assured access to and consumption of enough nutritious food for living an active healthy life	Improving income and increasing assets
Caring practices for women and children	Pregnancy and lactation are critical junctures for quality care and support	Targeting nutritionally vulnerable populations through the 1,000-days approach
Health environment and services	Conditions children's exposure to pathogens and the use of preventive and curative healthcare	Promoting improvement, access and delivery of health and sanitation services

increasing female vulnerability. Child marriage, early pregnancy and stunting at birth are critical points for malnutrition across the lifecycle. Empowering women and targeting adolescent girls for nutrition-sensitive social protection in Bangladesh is a clear priority.

A well-designed social protection system is a sustainable, cost-effective nutrition-sensitive approach. It offers a high return on investment, as every dollar (US$) invested in programmes to reduce stunting in Bangladesh generates US$17.9–$18.4 in economic returns.[21]

Maternal and child malnutrition is the cause of 45% of preventable child deaths[22] and leads to irreversible, lifelong consequences for a child's physical and cognitive development. The resulting human and economic cost of malnutrition is huge. Malnutrition costs Bangladesh an estimated 2–3% loss of national income due to its long-term impact on productivity.[23] Chronic malnutrition during childhood for poor children may lead to late enrolment in school, which in turn may lead to poor education outcomes and 20% less earning power than children who complete their education.[24] These lifelong impacts, alongside persistently high rates of malnutrition, cost Bangladesh an estimated US$1 billion a year, or more than Bangladeshi taka (BDT) 75 billion,[25] in lost economic productivity.[26]

Increased investment of domestic funds is required. Bangladesh's public social protection and health expenditure (2010–11) at 2.69% of GDP is significantly lower than the regional average of 5.3% for Asia and the Pacific. Average social protection and health expenditure globally is 8.6% of GDP, although western Europe invests significantly more at 26.7% GDP.[27] Despite economic evidence to support nutrition investment, the national Scaling Up Nutrition (SUN) costed nutrition plan[28] estimates a financing gap of US$5 billion over five years for nutrition interventions in Bangladesh (approximately BDT 379 billion[29]). It is essential to find domestic fiscal space for critical economic and social investments, such as nutrition-sensitive social protection, if sustained and equitable development is to be achieved.[30]

The options for financing social protection include:[31] reallocating public expenditure, increasing tax revenues, extending social security contributions, borrowing or restructuring existing debt, curtailing illicit financial flows, drawing on increased aid and transfers, tapping into fiscal and foreign exchange reserves, and/or adopting a more accommodating macroeconomic framework.

Our overall recommendation for policy-makers and design implementers internationally is that nutrition-sensitive social protection requires strong analysis, a focus on long-term gains, and integrated programmes that consider a number of the nutrition pathways.

In Bangladesh, a large number of social protection programmes have the potential to be strengthened for nutrition, requiring little additional expenditure. Gains can be made through changing selection criteria and ensuring that behaviour change communication, awareness-raising and income-generating activities are as nutrition-sensitive as possible. Strengthening this existing social protection system for nutrition must be a priority.

Stunting in Bangladesh is 'bad for everyone' and closely linked to widespread poverty. As shown in our research, wealth group quintiles 1–4 have stunting rates over 30% and for wealth group quintiles 1–3 it is over 40%. A significant drop in stunting rates is not seen until quintile 5, or specifically the top 10% by wealth.[32] Therefore, the narrowly targeted poverty programme as currently proposed in the National Social Protection Strategy is not going to sufficiently address chronic malnutrition. The coverage of social protection programmes should be increased.

High-level political commitment and leadership and the integration of nutrition across a multi-sector environment is essential. Governance for nutrition in Bangladesh requires improvement. The development of nutrition-sensitive social protection requires a collaborative effort.

Now is the time for action on nutrition-sensitive social protection in Bangladesh.

DEVELOPING SOCIAL PROTECTION ACROSS THE NUTRITION PATHWAYS

	Priority focus areas	Evidence from social protection	Policy and design implications for Bangladesh
Nutrition outcomes			
Cross-cutting	Stunting remains a considerable challenge in Bangladesh and levels are 'bad for everyone'. In other words, levels of stunting are above 30% for all but the top wealth quintile.	Half of the 22 programmes in our review find reductions in stunting. Half of those were conditional cash transfer programmes, while the other half were unconditional transfer programmes. SHOUHARDO cut stunting by 16 percentage points.[33] Jibon-O-Jibika and Chars Livelihoods programme also achieved significant stunting reduction.[34]	Review the National Social Security Strategy to identify priority programmes for nutrition. Strengthen nutrition objectives based on causal analysis. Develop programme design to target nutritionally vulnerable groups. Consider coverage for all socio-economic groups. Programmes should increase coverage of the critical window of the first 1,000 days and adolescent girls. Integrate monitoring and evaluation systems to show impact on nutrition. Programmes should aim for universal coverage through progressively scaling-up in line with financing and administrative capacity.
Pathway: Household food security			
Assured access to enough food of adequate quality for living an active healthy life	Key challenge is affordability of adequate quality and quantity of food – the poorest spend large percentage of income on food (poorest 40% spend 60–70% on food), and are therefore vulnerable to rising food prices. The cost of a nutritious diet varies by division (region) and between urban/rural areas. Food insecurity and dietary diversity are particular challenges in rural areas.	Cash transfers from social protection programmes are predominantly used to purchase food. Evidence shows social protection can improve household's ability to absorb shocks. Social protection, including cash transfer programmes, can improve productive activities and livelihoods, thereby further improving income and food security.	Consider use of cash transfers to enable households to purchase a nutritious diet. Cash transfers should be large enough and adjusted to reflect regional and urban and rural differences. Impacts on productive activities and livelihoods can be enhanced through complementary income-generation activities or links to appropriate policies. To influence household trends, such as household consumption, sensitisation and behaviour change communication targeted towards men, as well as women, is recommended.

continued overleaf

DEVELOPING SOCIAL PROTECTION ACROSS THE NUTRITION PATHWAYS *continued*

	Priority focus areas	Evidence from social protection	Policy and design implications for Bangladesh
Pathway: Caring practices for women and children			
Pregnancy and lactation are critical junctures for quality care and support	Importance of education: women with more education are significantly less likely to be under-nourished. Education is positively associated with later marriage. Adolescence is a crucial period. The rate of young motherhood is high. Women with decision-making power consistently invest their earnings in children and families so the entire household benefits. Mother, infant and young child feeding practices are inadequate. Practices vary by region.	Only two safety net social protection programmes in Bangladesh currently target pregnant and lactating mothers and the transfer value is too low to have a meaningful impact. Impact of education cash transfers on girls' education attendance. Some evidence on positive impacts of social protection on female empowerment, including power and autonomy in decision-making and participation in the labour market.	Incorporate or link to tailored, basic entrepreneurship training, peer support, income-generating and enterprise activities alongside social protection towards women. Integrate 1,000-days approach: pregnant/lactating women and children under two years. Strengthen inclusion of behaviour change and nutrition awareness-raising activities. Involve men alongside women and other influential household members (eg, mothers-in-law). Target social protection programmes to include adolescence, especially for girls and to promote access to education.
Pathway: Health environment and services			
Conditions children's exposure to pathogens and the use of preventive and curative healthcare	Bangladesh has low spending on healthcare and a weak healthcare system. Improvements in safe water access and open-defecation in Bangladesh may explain some of the observed reduction in stunting. Some regions, such as Sylhet, still experience challenges, eg, 5% drink surface water.	Social protection has potential to encourage access to healthcare in Bangladesh, making the most of existing services.	Access to healthcare should be promoted through social protection schemes, for example through health insurance, referrals and/or awareness-raising, alongside increased investment in healthcare systems.

1 INTRODUCTION

Rates of malnutrition in Bangladesh remain among the highest in the world, with an estimated six million children chronically undernourished.[35] As Bangladesh's National Social Security Strategy undergoes significant reform, harnessing the potential of social protection for nutrition is vital.

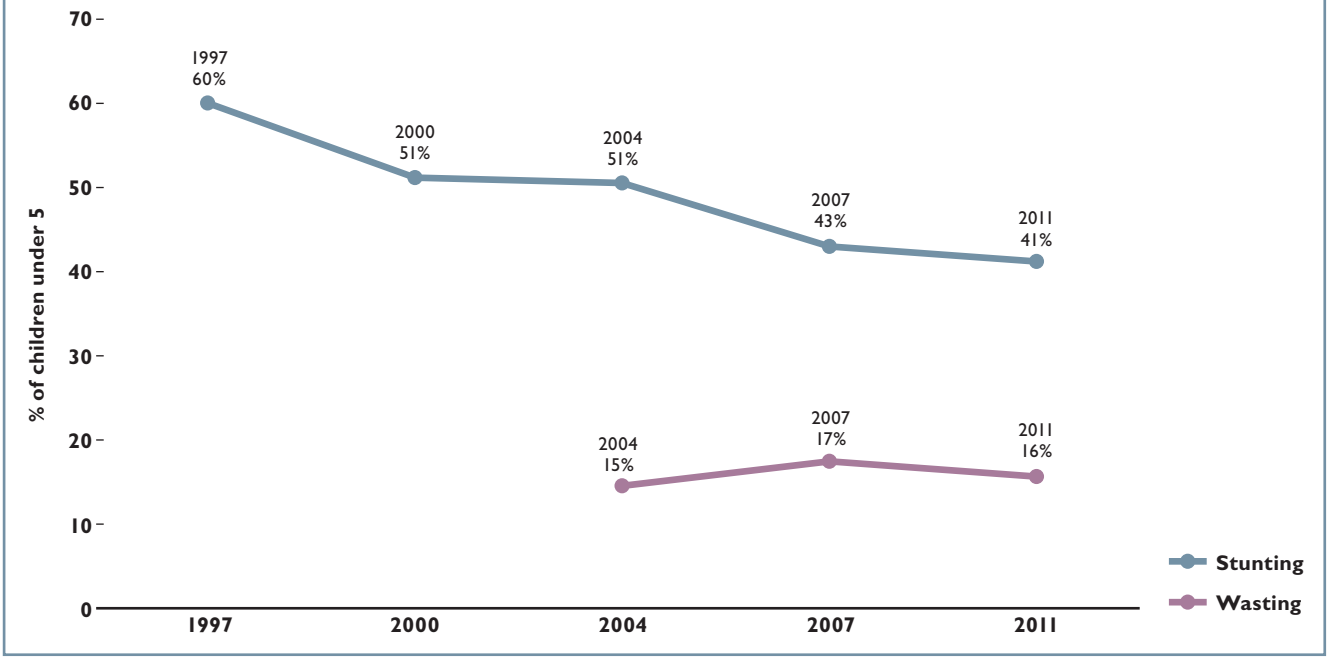
Social protection is a human right and a means for states to protect their most vulnerable citizens. This is confirmed in the Universal Declaration of Human Rights, the United Nations Convention on the Rights of the Child, the International Labour Organization's constitution, and legal instruments on social security. However, social protection is far from the norm for most of the world's population: 73% of the world's population are covered partially or not at all.[36] In Bangladesh in 2010 the social protection system reached just 35% of those living below the poverty line.[37]

Bangladesh's malnutrition burden is significant, with 41% stunting, 16% wasting,[38] 22% with low birthweight, and 2% overweight.[39] Bangladesh's population at last count was 156.5 million, making the number of people affected staggering.[40]

Despite a decline in the prevalence of chronic malnutrition[41] among children under five from 60% in 1997 to 41% in 2011 (see Figure 1), that trend is now slowing. Prevalence of chronic malnutrition remains well above World Health Organization (WHO) 'very high' severity thresholds.[42]

Undernutrition in Bangladesh is a national multi-sector development problem. It is reducing Bangladesh's chances of reaching its goal of achieving Middle Income Country status by 2021, and is preventing millions of children from reaching their potential.

FIGURE 1 **PROGRESS ON MALNUTRITION IN BANGLADESH, 1997–2011**



Source: Save the Children calculation based on the Demographic Health Survey from Bangladesh.

Notes: To be classified as 'stunted' a child must have height less than two standard deviations below the median for that child's age from the reference population. All stunting rates quoted in this document were estimated using most recent population of reference from WHO 2006.[43]

AN OPPORTUNITY

The Government of Bangladesh, in the opening words of the draft National Social Security Strategy,[44] has confirmed its strong commitment to reducing poverty, improving human development and reducing inequality. Yet the current social protection system is fragmented and ineffective. It is in urgent need of reform. Social protection in Bangladesh must be developed and utilised to address the country's high levels of malnutrition.

Over the past decade attention has focused on nutrition-specific interventions that address the immediate causes of undernutrition. Yet, recognised nutrition-specific interventions, even if scaled-up to cover 90% of the population, are estimated to reduce stunting prevalence globally by just 20%.[45] Acceleration of progress in nutrition requires improvements in the nutritional outcomes of effective, large-scale, nutrition-sensitive development programmes.[46]

Efforts have been made to identify ways that programmes such as social protection can be developed to more directly address some of the underlying causes of child undernutrition.[47] Developing social protection across the lifecycle, with a greater focus on empowering women and on the 1,000-day window between a woman's pregnancy and her child's second birthday, will help shape healthier and more prosperous futures for everyone in Bangladesh.

The Government of Bangladesh has renewed its promise to deliver nutrition-specific interventions at community level through a comprehensive nutrition package, including support for breastfeeding and complementary feeding, dietary diversification, food supplementation and fortification, as well as management of severe malnutrition.[48] The National Nutrition Services (NNS) initiative aims to accelerate progress by mainstreaming nutrition interventions into health and family planning services, with infant and young child feeding as a top priority.[49] Efforts are also being made to coordinate policies that set out shared nutrition-sensitive objectives across sectors – from expanded health service delivery, to improving access to nutritious foods through the agriculture sector.

The commitments of the NNS, alongside the reform of the National Social Security Strategy, present a vital opportunity to improve nutrition through greater nutrition-sensitive social protection. Furthermore, the opportunity presented by the drafting of the Government's next (7th) Five Year Plan in 2015 to embed this issue in national policy confirms that now is the time for action on nutrition-sensitive social protection in Bangladesh.

WHAT IS SOCIAL PROTECTION?

Social protection is a set of accountable public policies, programmes and systems that address poverty, vulnerability and exclusion, and provide the means to cope with major risks throughout the lifecycle.

WHAT IS NUTRITION-SENSITIVE SOCIAL PROTECTION?

Within social protection policies and systems, nutrition-focused interventions or programmes address the underlying determinants of foetal, young child and adolescent growth and development. This includes: food security; adequate feeding practices and care-giving resources at maternal, household and community levels; access to health services and a safe, hygienic environment; and specific nutrition goals and actions. See Section 3 for more detail.

THE UNICEF CONCEPTUAL FRAMEWORK

The UNICEF conceptual framework identifies three levels of causes of undernutrition:

Immediate causes: manifest at individual level

Underlying causes: manifest at household and community levels

Basic causes: around the structure and processes of society

Nutrition-sensitive interventions impact on the underlying causes of nutrition through three pathways:[50]

- household food security
- caring practices for women and children
- health environment and services.

OVERVIEW OF THE REPORT

This report examines the potential of social protection for nutrition in Bangladesh, sets out the issues we need to consider (Part 2) and makes recommendations for the development of social protection programmes and systems to effectively improve nutrition (Part 3).

PART 1

Section 2 summarises the issues driving Bangladesh's high levels of malnutrition.

Section 3 sets out how social protection helps tackle hunger and malnutrition, with reference to key factors such as the '1,000-days' approach, the intergenerational cycle of poverty, and the investment case.

PART 2

Section 4 examines the results of our literature review on the impact of Bangladeshi and worldwide social protection programmes on nutrition outcomes and pathways. We summarise the context in Bangladesh for each pathway, consider the known impacts of social protection, and conclude with learning.

4.1 Nutrition pathway: Household food security
4.2 Nutrition pathway: Caring practices for women and children
4.2.1 Special focus: Child marriage, young motherhood and stunting at birth
4.3 Nutrition pathway: Health environment and services

Section 5 identifies the priority groups for nutrition-sensitive social protection in Bangladesh and highlights the places where the problems underlying poor nutrition outcomes are worst.

5.1 Special focus: Urbanisation

PART 3

Section 6 explores governance and the political context.

Section 7 looks at the development of nutrition-sensitive social protection in Bangladesh.

Section 8 draws upon learning of our research to make specific design recommendations.

Section 9 considers the global priorities related to nutrition-sensitive social protection.

Section 10 presents conclusions and recommendations for the development of nutrition-sensitive social protection in Bangladesh.

The major pathways to nutrition outcomes are demonstrated by evidence on nutrition-sensitive social protection. This allows us to make knowledgeable recommendations for policy and programme development in Bangladesh and to inform global learning.

THE POTENTIAL OF SOCIAL PROTECTION

- Investing in social protection brings multiple gains. Social protection can address poverty and provide protection against vulnerability and exclusion. It can offer a means to cope with life's major risks throughout the lifecycle.
- Social protection can increase the effectiveness of investments in nutrition, health, education, and water and sanitation.
- Social protection can reduce people's vulnerability to global challenges such as aggregate economic shocks, instability in the price of food or other essential commodities, and climate change.
- Social protection can contribute to social cohesion and broader national social-economic development and security.[51]
- Well-designed social protection programmes can contribute to reducing inequalities and empower the most vulnerable in society.
- For nutrition, social protection can reduce wasting and stunting, and it can improve diet diversity and food security; this has been proven in a number of cases.

PHOTO: CJ CLARKE/SAVE THE CHILDREN

PART I

Nirob, 2, suffers from malnutrition and is his parents' only surviving child.

2 THE UNDERLYING CAUSES OF MALNUTRITION IN BANGLADESH

A number of issues sit behind Bangladesh's high levels of malnutrition. As the population of Bangladesh continues to increase, the number of people who are malnourished will rise unless the following critical areas, which we examine in detail in this report, are addressed.

Poverty and inequality are basic[52] drivers of malnutrition in Bangladesh. The gap between the poorest and the richest groups in relation to malnutrition is significant at 28 percentage points[53] and must be addressed in order for Bangladesh to truly address its malnutrition burden. Nutrition is closely linked to poverty in Bangladesh, which is widespread and affects the bottom and middle wealth quintiles. The ability to afford a nutritious diet is limited to the wealthier sections of Bangladesh's society.

The underlying causes of malnutrition in Bangladesh manifest at household and community levels across three pathways:

1 HOUSEHOLD FOOD SECURITY

ACCESS TO FOOD, LAND AND WATER

In 2011, 69% of Bangladeshi households experienced some food insecurity.[54] Bangladesh is densely populated, with land and resources in limited supply. The intensity of the seasons increases vulnerability to limited food access for the poorest, particularly in areas prone to flooding. Innovative approaches for resourcing poor areas are needed to allow them to leverage the natural and human resources available to them, increase access to food and achieve more sustainable livelihoods.

2 CARING PRACTICES FOR WOMEN AND CHILDREN

WOMEN'S EMPOWERMENT

Despite progress since 1971 – illustrated by successful family planning and a drastic drop in fertility rates[55] – women in Bangladesh still have a lower social status than men.[56] This is deeply embedded in cultures and traditions that place greater value on men and boys and that view girls and women as social and economic burdens. Women's status remains low from one generation to the next because of a preference for sons and because daughters have less access to food, health services and education. Women are a vital part of the solution of improving nutrition in Bangladesh, and therefore more attention must be given to empowering women.

STUNTING AT BIRTH

Around 20% of babies in Bangladesh are born stunted.[57] Girls who marry young typically give birth at younger ages. Giving birth at a young age increases the risk of intra-uterine growth retardation (poor growth of a baby while in the womb), leading to stunting at birth. Child marriage leads to girls dropping out of education and restricts their social development. It perpetuates an unequal society, enhancing female vulnerability.

Child marriage, early pregnancy and stunting at birth are critical points for malnutrition across the lifecycle.

3 HEALTH ENVIRONMENT AND SERVICES

HEALTH ACCESS

Across Bangladesh, there is low spending on healthcare, a weak public health system and widespread poverty.[58]

URBANISATION

Bangladesh is experiencing rapid urbanisation. Urban populations have expanded rapidly and are expected to increase by a further 50% by 2028.[59] The implications for nutrition are deeply concerning. One-third of the urban population currently live in slums, where many environmental factors negatively affect health and nutrition. In 2013 the stunting rate was 50% in the worst-affected urban areas. By 2038, the majority of people in Bangladesh will live in urban areas.[60]

A well-designed social protection system has the potential to positively affect all of the issues outlined above and improve nutrition in Bangladesh. It is a sustainable, cost-effective nutrition-sensitive approach. Every US dollar invested in programmes to reduce stunting in Bangladesh generates US$17.9–18.4 in economic returns.[61] In the remainder of this report we will probe into the above 'problems' and explore how investing in social protection to address malnutrition could have extremely positive social and economic returns for Bangladesh.

PHOTO: KEN HERMANN/SAVE THE CHILDREN

Amra, 14, is among thousands of children who live and work on the streets of the capital, Dhaka. By 2038, the majority of people in Bangladesh will live in urban areas.

3 SOCIAL PROTECTION AND NUTRITION

In this section we first define social protection then describe the ways in which social protection helps tackle hunger and malnutrition, with effects on intergenerational cycles of poverty. We look at the importance of the '1,000-days' approach and how social protection provides a high return on investment.

DEFINITIONS

WHAT IS SOCIAL PROTECTION?

Social protection is a set of accountable public policies, programmes and systems that address poverty, vulnerability and exclusion and provide the means to cope with major risks throughout the lifecycle.

Social protection initiatives provide:

- social assistance to extremely poor, vulnerable and excluded individuals and households, including transfers as part of social welfare, healthcare provision, child protection and predictable humanitarian responses
- social insurance to protect people against the risks and consequences of livelihood shocks, including those related to unemployment, climate, conflict, economy, and major health concerns
- advocacy and support, as essential measures to address legal, social, cultural and economic barriers to social protection programmes and basic services.

To be effective, social protection should be complemented by wider policy reforms to address the causes of poverty, improve the quality and scale of healthcare, education and other basic services, and promote social equity and inclusion.

Social protection should be designed and implemented through a systems approach, where all actors coordinate in support of strategies, policies and programmes underpinned by the national vision. The role of government in developing, implementing and financing social protection is critical in order to ensure long-term sustainability of policies, guided by national vision. National systems can comprise non-governmental social protection schemes alongside those that are government-led.

NUTRITION-SENSITIVE SOCIAL PROTECTION

How does social protection positively impact on nutrition?

Within social protection policies and systems, nutrition-focused interventions or programmes address the underlying determinants of foetal, young child and adolescent growth and development, which may include: food security; adequate feeding practices and care-giving resources at maternal, household and community levels; access to health services and a safe, hygienic environment; and specific nutrition goals and actions.

Social protection interventions or programmes can serve as delivery platforms for wider and more comprehensive nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness.

Nutrition-sensitive social protection programmes help tackle both the immediate and the underlying causes of malnutrition by reducing vulnerability, removing discrimination and exclusions, protecting productive assets, ensuring that basic needs can be met, and securing access to a nutritious diet.

Nutrition-sensitive social protection is part of addressing the needs of children through the lifecycle.

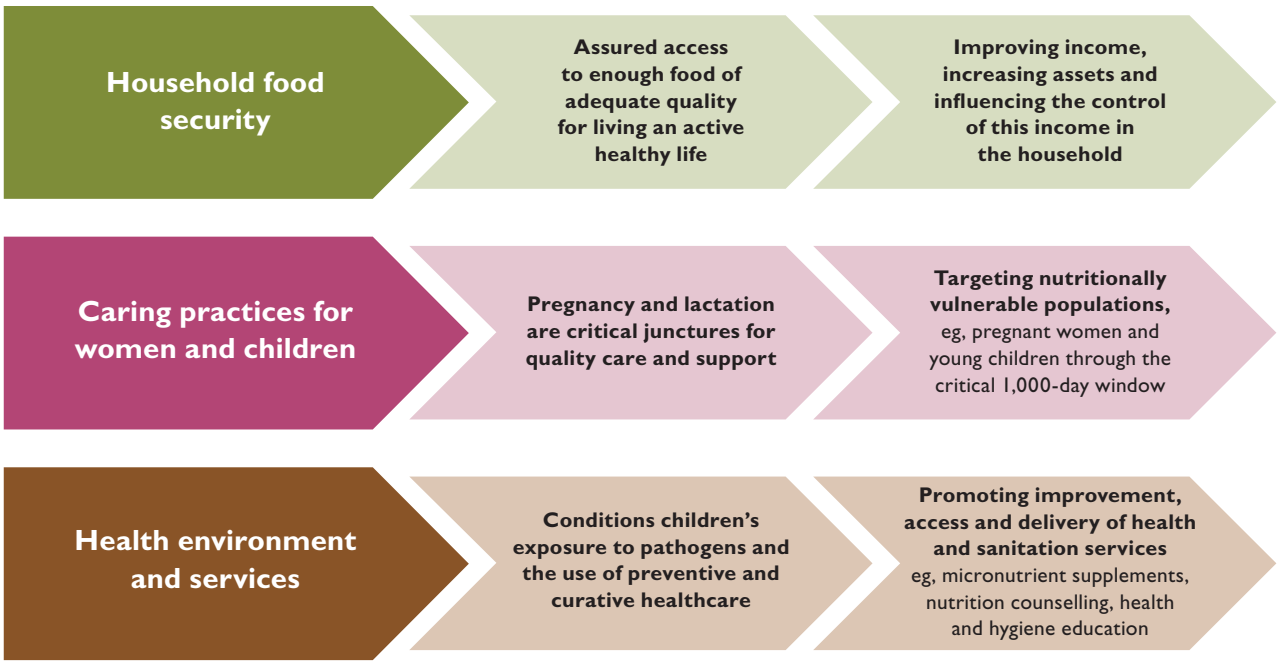
MAIN TYPES OF SOCIAL PROTECTION IN BANGLADESH[62]

Type	Programme examples
Cash transfers	Old Age Allowance Widowed and Distressed Women Allowance Disabled Allowance
Conditional cash transfers	Primary Education Stipend Programme Stipends for Female Secondary Students
Public works or training-based cash or in-kind transfer	Rural Maintenance Programme Food-for-Work Vulnerable Group Development (VGD) Employment Generation Programme (EGP)
Emergency or seasonal relief	Vulnerable Group Feeding (VGF) Gratuitous Relief (GR) Test Relief (TR) Open Market Sale (OMS)

HOW SOCIAL PROTECTION HELPS TACKLE HUNGER AND MALNUTRITION

Nutrition-sensitive social protection tackles the underlying causes of malnutrition through three pathways: household food security; caring practices for women and children; and health environment and services.[63] These impacts can lead to impressive gains for stunting and wasting. Ways in which impacts across the pathways are achieved are shown in the figure below.[64]

FIGURE 2 **NUTRITION-SENSITIVE SOCIAL PROTECTION PATHWAYS**



Social protection initiatives across a number of countries are showing strong evidence of positive impacts on both hunger and malnutrition. In Africa, Asia and Latin America, cash transfers have been shown to improve both the quantity and the diversity of food consumption, as well as to protect food consumption during shocks or lean periods.[65] Better nutrition also contributes to better physical development, as demonstrated by programmes in Mexico, Malawi and Colombia that show reductions in the number of children with stunted growth,[66, 67] while children in South African households receiving a pension grow, on average, five centimetres taller than those in households without a pension.[68]

THE CRITICAL FIRST 1,000 DAYS

Early malnutrition has serious long-term consequences that well-designed social protection systems can address.

LIFELONG CONSEQUENCES OF CHILD MALNUTRITION[69]

The first 1,000 days are a critical time for a child's physical and cognitive growth. During this period, malnutrition affects the structural and functional development of the brain, directly affecting cognitive development. It also has an indirect impact, affecting the ways children learn and their ability to interact and engage with the world. Good maternal nutrition is essential: pregnant or breastfeeding mothers who cannot access the right nutrients are more likely to have children with compromised brain development and poor cognitive performance. Once the child is born, nutrition continues to play a key role in ensuring that the brain develops properly.

The long-term consequences of child malnutrition are well established. Analysis from the Young Lives study, which followed 3,000 children in four countries, showed that, compared with non-stunted children, stunted children:

- scored 7% lower on maths tests
- were 19% less likely to be able to read a simple sentence aged eight, and 12% less likely to be able to write a simple sentence
- were 13% less likely to be in the appropriate grade for their age at school.[70]

Children who are poor and malnourished earn 20% less as adults than children who are well nourished.[71] The effects of malnutrition on physical stature, cognitive development and the ability to do physical work can lock children into poverty and entrench inequality. Malnutrition can therefore act as a significant barrier to economic growth. According to the World Bank, improving nutrition enough to eliminate anaemia in working adults results in a 5–17% increase in adult productivity, increasing the national income growth by up to 2%.[72]

THE POTENTIAL OF SOCIAL PROTECTION

With the ability to promote spending to improve child nutrition and be an active tool for income distribution towards inclusive growth, positive outcomes for nutrition are most likely when social protection systems consider children's needs from the outset.

Social protection is particularly useful for nutrition when targeted at the 1,000 days between a woman's pregnancy and her child's second birthday, helping maximise this unique window of opportunity to shape healthier and more prosperous futures. The right nutrition during this critical period can have a profound impact on a child's ability to grow, learn and rise out of poverty. It can also shape a society's long-term health, stability and prosperity.[73]

In Bangladesh, only two social protection programmes, both with low coverage, target pregnant and lactating mothers supporting the 1,000-days approach. The Vulnerable Group Development Programme has been recognised for its potential in this area, and the Government is exploring options to integrate nutrition-sensitivity, with support from the World Food Programme. See Sections 5.2 and 7 for more detail.

A HIGH RETURN ON INVESTMENT

ECONOMICS

Globally

Maternal and child malnutrition is the cause of 45% of preventable child deaths[74] and leads to irreversible, lifelong consequences for a child's physical and cognitive development. The resulting human and economic cost of malnutrition is huge. With a long-term impact on productivity, hunger and undernutrition reduce global gross domestic product (GDP) by 2–3% and cost the world up to US$2.1 trillion in lost global GDP.[75] The Copenhagen Consensus,[76] which involves hundreds of economists evaluating the returns to investing in a variety of social goods, calls fighting malnutrition a 'phenomenal' investment, putting it in the top category of investments.

For Bangladesh

Malnutrition costs Bangladesh an estimated 2–3% loss of national income due to its long-term impact on productivity.[77] Chronic malnutrition during childhood among poor children may lead to late enrolment in school, which in turn may lead to poor education outcomes and 20% less earning power than children who complete their education.[78] These lifelong impacts, alongside persistently high rates of malnutrition, cost Bangladesh an estimated US$1 billion a year, or more than BDT 75 billion,[79] in lost economic productivity.[80]

Investing funds to end hunger and malnutrition can offer high economic returns. Every US$1 dollar invested in programmes to reduce stunting in Bangladesh generates US$17.9–18.4 in economic returns.[81]

Despite the economic evidence in support of nutrition investment, the national Scaling Up Nutrition (SUN) costed nutrition plan[82] estimates a financing gap of US$5 billion over five years for nutrition interventions in Bangladesh (approximately BDT 379 billion[83]). There is, therefore, a clear need for greater nutrition investment from development partners and the Government. Nutrition-sensitive approaches, including social protection, account for 92.8% of the SUN costed plan.

PART 2

PHOTO: ABIR ABDULLAH/SAVE THE CHILDREN

Mothers attend a community meeting about the construction of a clinic in the village of Pukra, Habiganj district.

4 NUTRITION IMPACTS: THE POTENTIAL OF SOCIAL PROTECTION FOR NUTRITION IN BANGLADESH

So far, we have described the high rates of malnutrition in Bangladesh and some key policy areas. But before we can make recommendations for nutrition-sensitive social protection, it is important to know which programmes have been effective and what features of those programmes might explain their success.

In the following section we explore the results of a comprehensive literature review, which shows the impact of Bangladeshi and worldwide social protection programmes on each nutrition pathway.

Subsequent sections contain a summary of the context in Bangladesh for each pathway, consider the known impacts of social protection, and conclude with learning for Bangladesh.

This approach allows us to understand some of the potential gains for Bangladesh if social protection were to be scaled-up as a nutrition-sensitive approach.

LEARNING FROM EXISTING SOCIAL PROTECTION PROGRAMMES

This section explores the pathways by which social protection interventions produce results and returns by impacting on nutrition status and the underlying determinants of nutrition across the three pathways identified in UNICEF's conceptual framework (see Figure 3 on the next page). Based on our literature review, we summarise the main nutrition-related impacts of 22 major social protection programmes,[85] eight of which are in Bangladesh.[86] Indicators covered nutrition-specific (stunting and wasting) and nutrition-sensitive (household food security, caring practices for women and children, health environment and services) aspects. Programme design features that may explain effectiveness, or lack of effectiveness, are also discussed.

THE PATHWAYS APPROACH

UNICEF's conceptual framework, which has been used by the nutrition community for the past 25 years, identifies three levels of causes of undernutrition:

Immediate causes: manifest at individual level

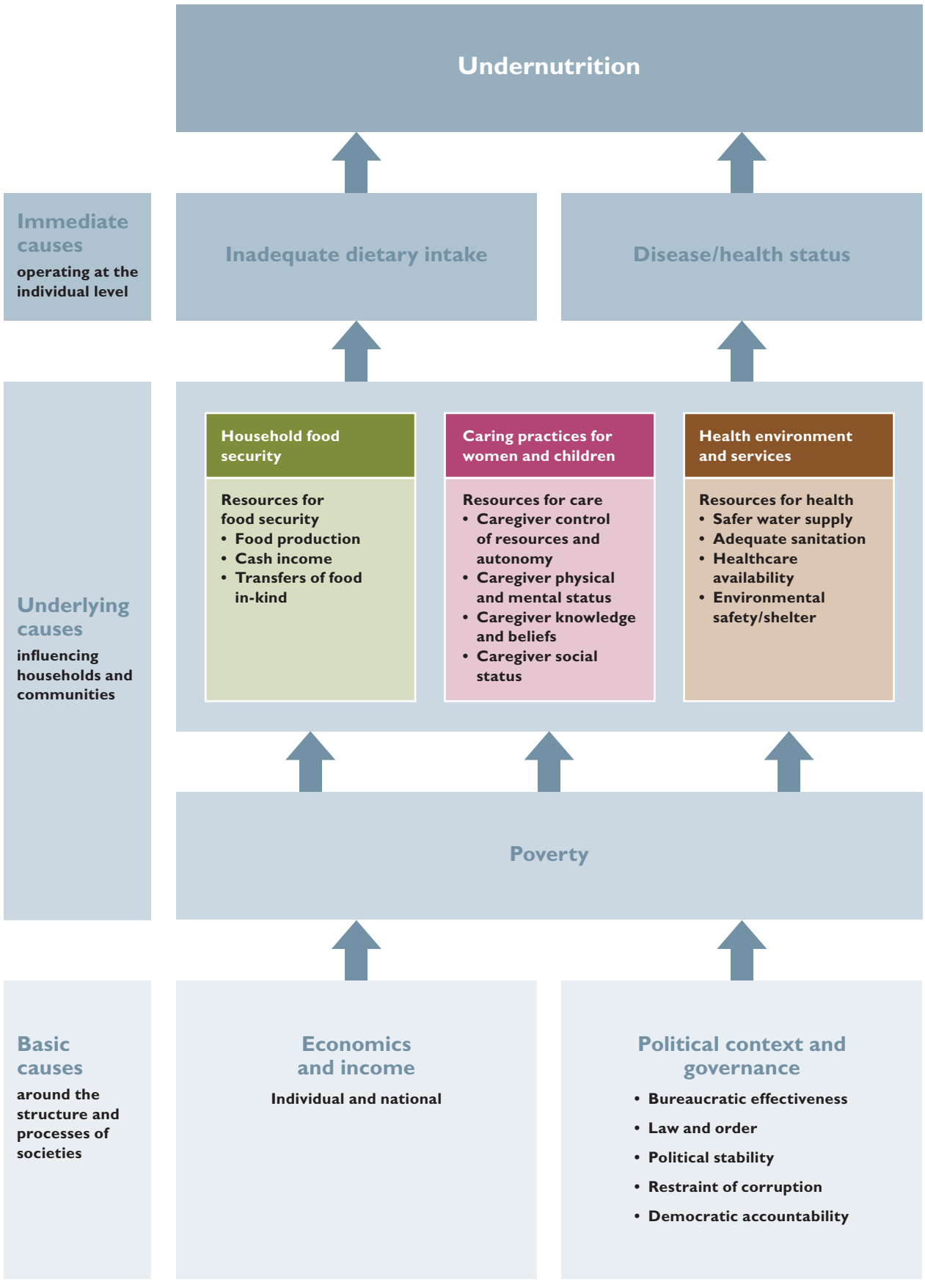
Underlying causes: manifest at household and community levels

Basic causes: around the structure and processes of society

Nutrition-sensitive interventions impact on the underlying causes of nutrition through three pathways:[87]

- **household food security**
- **caring practices for women and children**
- **health environment and services.**

FIGURE 3 **MODIFIED VERSION OF UNICEF CONCEPTUAL FRAMEWORK**



Source: Modified by author with information from L. Smith and L. Haddad (2014), *Reducing Child Undernutrition: Past Drivers and Priorities for the Post-MDG Era*, IDS working paper: 10, based on Black et al (*The Lancet*), 2008; UNICEF, 2013. *Improving Child Nutrition*, United Nations Children's Fund: 6 http://www.unicef.org/publications/files/Nutrition_Report_final_lo_res_8_April.pdf [Accessed 23 December 2014]

FRAMEWORK FOR ACTION

The Lancet Maternal and Child Nutrition series sets out a Framework for Action with three core components:

- **Nutrition-specific interventions** that directly address the immediate causes of child undernutrition, that is, inadequate dietary intake and poor health status
- **Nutrition-sensitive interventions** that incorporate nutrition goals and actions into interventions that address the underlying causes, which are: household food insecurity, poor quality of caring practices for mothers and children, and unhealthy living environments
- **Building an enabling environment** that addresses the basic causes, more distal factors related to the broad economic, political, environmental, social and cultural context shaping children's nutrition.

UNDERSTANDING THE NUTRITION PATHWAYS: WHAT MATTERS FOR IMPROVING NUTRITIONAL STATUS?

At the most basic level, nutritional status depends upon nutrition being available and upon a child's ability to absorb it. Nutrition depends in part upon household access to food and on caregivers' awareness of nutrition and their ability to provide it to children. At the same time, children's ability to absorb nutrients is linked to their health status, which is, in part, a function of environmental determinants of health such as access to clean water and developed means of sanitation. As Smith and Haddad[88] explain: "…safe water and sanitation, women's education and empowerment, and the quantity and quality of food available in countries have been key drivers of past reductions in stunting. Income growth and governance played essential facilitating roles. Complementary to nutrition-specific and nutrition-sensitive programmes and policies, accelerating reductions in undernutrition in the future will require increased investment in these priority areas."

The success of nutrition-sensitive programmes is often measured by their ability to alleviate the incidence of chronic malnutrition (low height-for-age or stunting) as a long-term indicator and acute malnutrition (low weight-for-height or wasting) as a short-term indicator. It is notoriously difficult to attribute gains to specific nutrition-sensitive interventions. This leads to a lack of evidence.

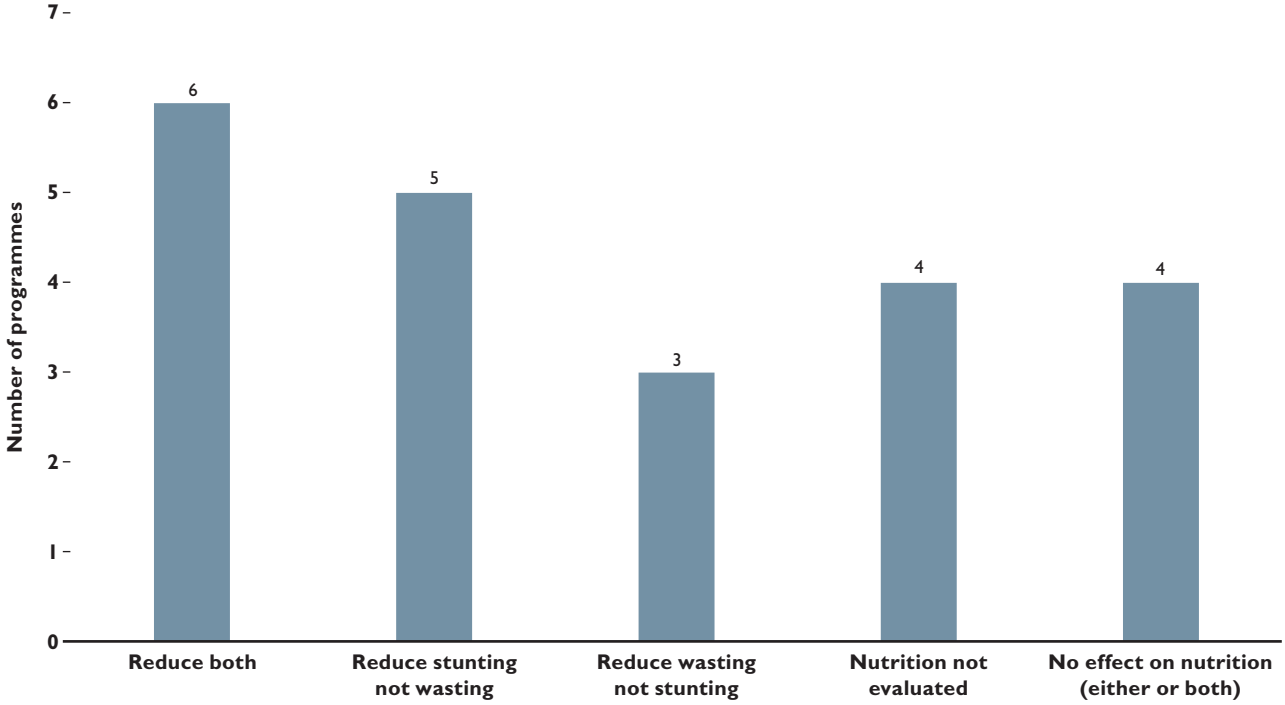
IMPACTS OF SOCIAL PROTECTION ON CHRONIC MALNUTRITION (STUNTING)

A review of the literature on the 14 international programmes shows that half find reductions in stunting (see Figure 4 on the next page). Interestingly, about half of the interventions that had an effect on stunting were conditional cash transfer programmes, while the other half were unconditional transfer programmes.

Three of the Bangladeshi programmes reviewed achieved significant reduction in stunting: SHOUHARDO, Jibon-O-Jibika (JoJ), and, to some extent, Chars Livelihoods Programme (CLP). The largest change in stunting was achieved by SHOUHARDO, which cut stunting by 16 percentage points in about three and a half years (from 56.1 to 40.4%).[89] JoJ also achieved significant reduction is stunting (from 35.7 to 31.5% among moderately malnourished children).[90] CLP reported a more modest but still significant reduction in stunting.

It is important to note that many of the programmes included in our review did not evaluate effects on stunting. It is expensive to train survey-takers to measure properly and if programme effects are to be estimated in a relatively short timeframe after implementation, it is not likely that effects will be seen in any case.

FIGURE 4 **NUTRITION OUTCOMES FOR 22 SOCIAL PROTECTION PROGRAMMES**



Sources: Save the Children calculation based on literature review. See Appendix C for literature review references.

Notes: Different programme evaluations used different measures for stunting and wasting. These have been interpreted liberally, with, eg, any measured and significant increase in height-for-age counting as a reduction in stunting. Programmes that showed a measured effect, or lack of effect for one nutrition outcome but the other was not evaluated, have been categorised according to the measured effect. This means that, eg, the 'reduce stunting not wasting' group includes one programme where a reduction in stunting was measured but wasting was not evaluated.

IMPACTS OF SOCIAL PROTECTION ON ACUTE MALNUTRITION (WASTING)

In Bangladesh, more programmes report reductions in wasting. This could be due to the fact that wasting, a short-term indicator of malnutrition, is often associated with severe food shortages and, once food is introduced, rapid improvements can be achieved. Among the programmes that reduce wasting are Millennium Development Goal/Fund (MDG/F), Jibon-O-Jibika, TUP (Targeting the Ultra Poor) and, perhaps, SHOUHARDO (which does not specifically report wasting but reports that the percentage of underweight children went down from 60 to 44%). MDG/F almost completely eliminates the most severe form of malnutrition.

Improvements in wasting are rarer as we look internationally. Unconditional cash transfer programmes in Malawi, Zambia and Honduras improved child weight-for-height and/or undernutrition. Peru also managed to make gains. None of the other ten programmes examined showed such gains, although some chose not to examine the outcome at all.

However, a positive nutrition outcome was not guaranteed. For two of the programmes included in the review, both indicators of malnutrition were tested and found not to have been affected: Bolsa Familia cash transfer programme in Brazil did not explicitly target nutrition, despite having a nutrition education element; and the VGD programme in Bangladesh, where evaluations suggest that it was not children under age five who ate more as a result of the programme, but rather other household members.

By exploring the nutrition pathways in the following sections of this report we will be able to understand more about the differences in impact (Sections 4 and 5) and the implications for design (Section 8).

THE IMPACT OF SOCIAL PROTECTION ON MALNUTRITION INTERNATIONALLY

Zambia's Child Grant Programme brought a significant increase in weight-for-height z-scores among children aged three to five years and increased infant and young child feeding by 22%.[91]

In **South Africa**, female pension eligibility resulted in an increase of 0.6 standard deviations in young girls' weight-for-height z-scores.[92] The Child Support Grant in South Africa also bolstered childhood nutrition as indicated by stunting (height-for-age) scores among programme recipients.[93]

Colombia's Familias en Acción conditional cash transfer programme saw an average increase of 0.58kg for newborn babies in urban areas, which was attributed to better nutrition during pregnancy.[94]

Among child participants in **Malawi**'s Mchinji Social Cash Transfer scheme, there was a reduction in the proportion experiencing stunted growth (from 55% to 46%), while non-recipients maintained a constant proportion at 55%.[95]

THE IMPACT OF SOCIAL PROTECTION ON MALNUTRITION IN BANGLADESH (BY PROGRAMME)[96]

SHOUHARDO[97]

- **Stunting rates among 6–24-month-old children in beneficiary households fell by 16%** (from 56.1 to 40.4%).
- Households had sufficient food for more months per year (8.9 months compared to 5.5 months).
- The number of beneficiaries reporting having 'three square meals' a day rose significantly in the last year, as did the average household dietary diversity score.
- Women were empowered, resulting in better diets, more rest during pregnancy and better antenatal care.
- Access to sanitary latrines increased from 14% to 54.6%.
- The number of households with access to safe water increased from 57% to 72%.
- Access to skilled birth services improved.

MDG/F[98]

- **Wasting among young children in programme households was nearly eliminated.**
- From initial rates of 2.12% and 0.89%, the prevalence of severe acute malnutrition among children under five years of age fell to 0.02% and 0.04%.
- Moderate acute malnutrition decreased from 9% and 11% to 1%.
- A reduction in malnutrition among pregnant and nursing women was also reported.
- Women took more decisions regarding gardens, small livestock and children's food consumption.
- Pregnancy practices improved with beneficiary women eating more and getting more rest.

JIBON-O-JIBIKA[99]

- **There were significant declines in child stunting and wasting.**
- Food security also improved significantly.
- The fraction of severely food-insecure households fell from 44% at baseline to 33–40%.
- The household dietary diversity score also improved.
- A higher awareness of health and nutrition issues was achieved.

CHARS LIVELIHOODS 'CASH FOR WORK'[100]

- **Over 99% of beneficiaries reported spending money earned from the programme on food.**
- Some 90% of beneficiaries reported that they could feed their families better.
- Stunting was reduced by about 2.2%.
- Households consumed more fish, eggs, meat and own produce, suggesting a more diversified diet.
- Significant increases in access to and use of tubewells (67%) and latrines (80–90%) reported, especially among girls.
- Access to healthcare also improved.

POVERTY, INEQUALITY AND NUTRITION

Monetary poverty, at household, local and national levels, is often linked to food security. As Figure 5 demonstrates, living below the poverty line is associated with higher stunting. Bangladesh is no exception. However, we must recognise that the US$1.25 poverty line is likely to buy a very different amount of food in one country than it does in another.

As we look at Bangladesh's divisions (regions), we see that a higher proportion of people living under the poverty line is associated with a higher stunting rate (see Figure 6 on the next page). Khulna and Rajshahi have low proportions of people living below the poverty line and relatively low stunting. Barisal and Rangpur have higher proportions of the population living below the poverty line and higher stunting rates.[101] As we will see later in this section, these regions also experience high food insecurity. For more detail on divisional differences for nutrition and across the pathways indicators, see Section 5.

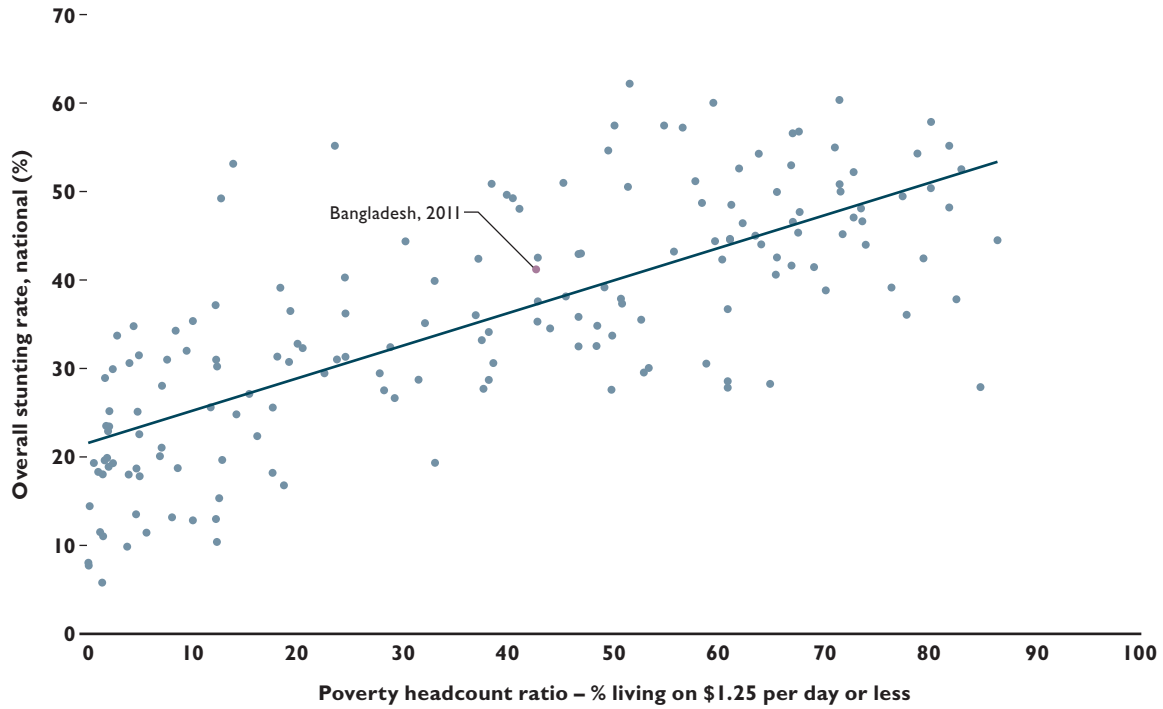
Social protection has emerged as a major focus in efforts to reduce poverty worldwide. This is the result of growing recognition of the positive impact that social protection systems can have on poor and vulnerable people, countering deprivation and reducing vulnerability to global challenges such as economic shocks, instability in the price of food or other essential commodities, and climate change.

Social protection expenditure has a prominent role in reducing and preventing poverty, promoting equality and addressing social exclusion. According to the International Labour Organization, there is a distinct relationship between higher levels of public social protection expenditure and lower levels of inequality. Social protection provides a channel through which governments can redistribute income and resources and share the benefits of growth. It promotes inclusive growth, allowing people to contribute to and benefit from economic growth.[102]

Social protection has the ability to lift people out of poverty for life and also reduce the depth of poverty:[103]

- in South Africa, non-contributory grants have reduced the poverty gap by more than one-third[104]
- Mexico's Opportunities programme has reduced the number living in poverty by 10% and the poverty gap by 30%[105]
- social transfers and taxation have reduced poverty by more than 50% in most European countries.[106]

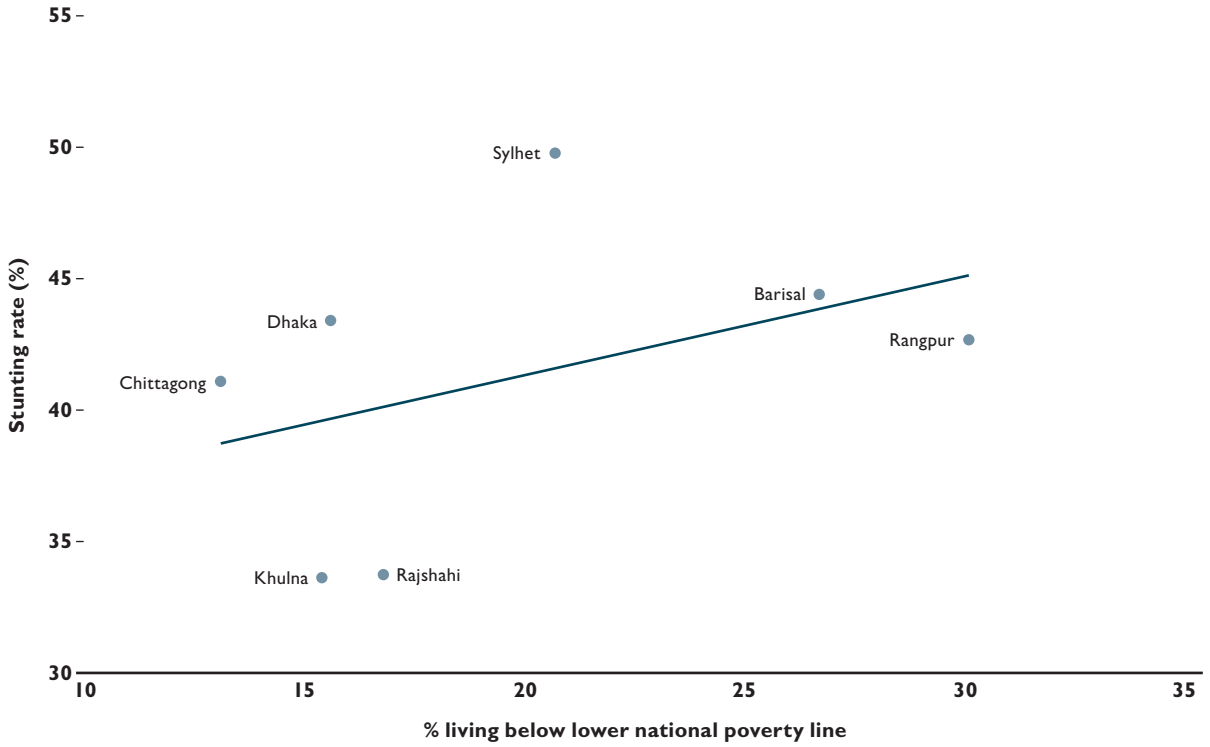
FIGURE 5 **STUNTING RATE vs. POVERTY HEADCOUNT % ACROSS ALL COUNTRIES AND YEARS IN GRID**



Source: DHS, World Development Indicators

Notes: Poverty headcount is % living under US$1.25 per day. GRID: Groups and Inequality Database

FIGURE 6 **POVERTY HEADCOUNT PERCENTAGE vs. STUNTING IN 2010–11**



Source: Save the Children calculation based on the 2011 Demographic Health Survey from Bangladesh and the Household Income and Expenditure Survey (HIES) 2010–11:35

Notes: This figure compares the level of income poverty with the proportion of stunted children. While correlation is expected, we found that the same level of income poverty can have very different levels of stunting. The figure uses the poverty line in the HIES work, which is based on a national poverty line. Those living below the lower poverty line are classed as 'extreme poor'. Their total expenditures on food and non-food are equal or less than the food poverty line.

SYLHET

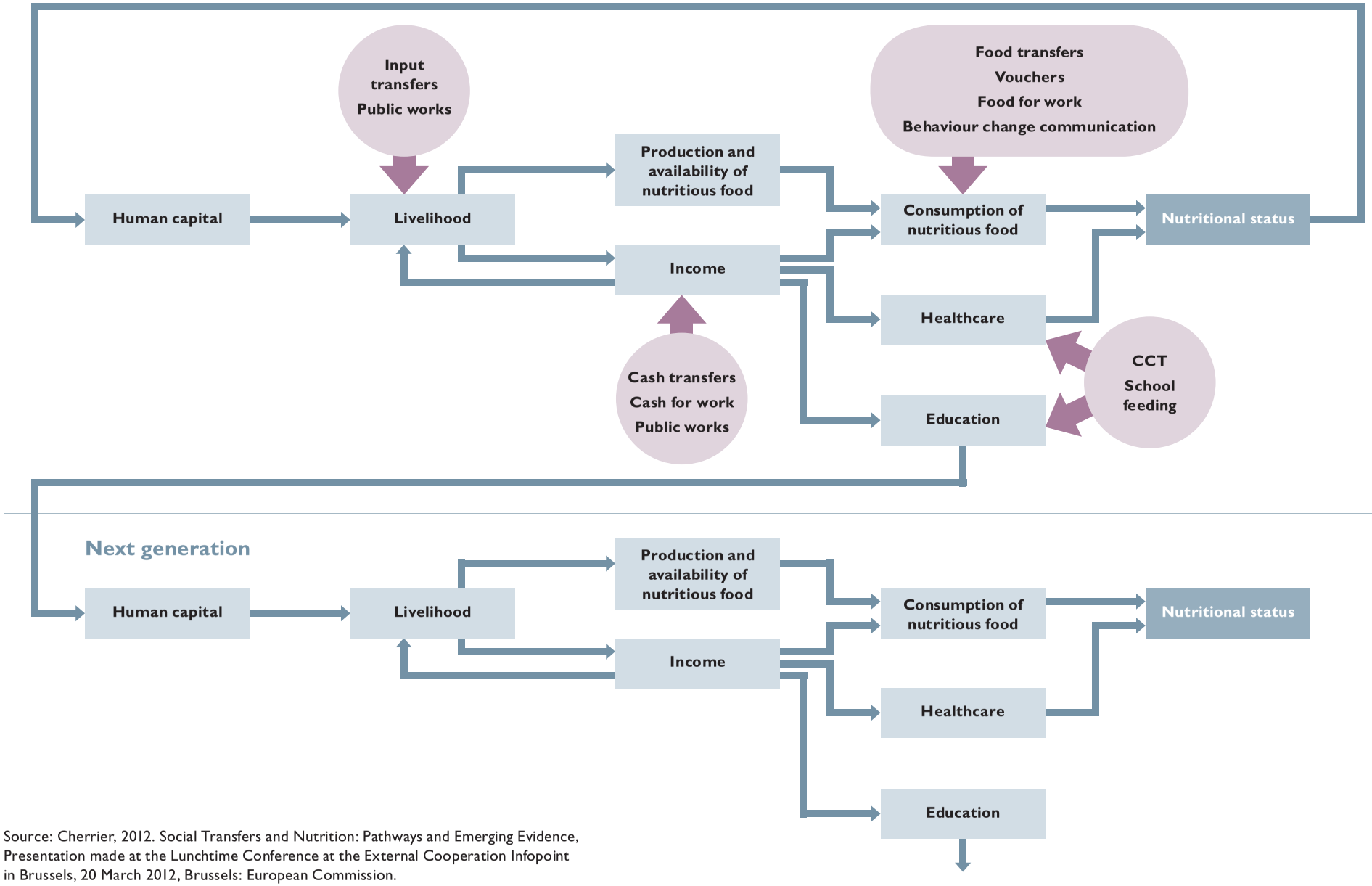
Sylhet is high above the line in Figure 6 above. This is because stunting is much higher in this division than you would expect for its share of the population living below the poverty line. When we examine the pathway indicators (see table in Section 5, page 52) poor indicators of stunting are clear. Sylhet performs badly on a whole range of pathway indicators, its pregnant women are badly undernourished and not well educated, there are very few health professionals at births – suggesting a poor healthcare system, and 5% are still drinking surface water. Together, these are likely to compound the issues that arise from 20% living below the poverty line and help explain why Sylhet's stunting rate is so high.

EFFECTS ON THE INTERGENERATIONAL CYCLE OF POVERTY

Effective social protection can build strong foundations that can help break the intergenerational poverty cycle. When focusing on lifecycle vulnerabilities and the formation of life capabilities, social protection can be especially beneficial during sensitive phases when people may be particularly vulnerable, for example, in early childhood. Figure 7 on the next page illustrates this further.

Failure to invest adequately in the wellbeing of children from an early age has long-term implications, not only for children but also for society as a whole, because it increases the likelihood of poverty in adulthood and perpetuates intergenerational transmission of poverty.

FIGURE 7 **THE IMPACT OF SOCIAL PROTECTION ON THE INTERGENERATIONAL POVERTY CYCLE**



Source: Cherrier, 2012. Social Transfers and Nutrition: Pathways and Emerging Evidence, Presentation made at the Lunchtime Conference at the External Cooperation Infopoint in Brussels, 20 March 2012, Brussels: European Commission.

4.1 NUTRITION PATHWAY: HOUSEHOLD FOOD SECURITY

Now that we are clearer on the potential of nutrition-sensitive social protection for nutrition in Bangladesh, it is time to take a closer look at each nutrition pathway in turn. In this section we explore the context of household food security in Bangladesh, the known impact of social protection on this pathway and the implications for the development of nutrition-sensitive social protection.

We look at the key drivers of malnutrition under this pathway: food access, food security and diet diversity.

THE KEY DRIVERS OF MALNUTRITION IN BANGLADESH

FOOD ACCESS, FOOD SECURITY AND DIET DIVERSITY

Household food security impacts on nutrition through access to enough food of adequate quality for living an active healthy life.[107]

Research suggests that food available from markets, barter systems and subsistence agriculture is sufficient to meet current levels of demand in most areas of Bangladesh.[108] Food insecurity therefore arises mainly when, despite food being available, it is not affordable. This can occur when households' own crops fail, when they don't have enough money, or when food prices temporarily or permanently become too high.

PHOTO: PATRICIA KAPOLYO/SAVE THE CHILDREN

Naima holds up a homegrown coconut. Until her parents received a grant to set up a garage from the SHIREE (Stimulating Household Improvements Resulting in Economic Empowerment) project, they often could not afford to buy enough food.

AGRICULTURE IN BANGLADESH

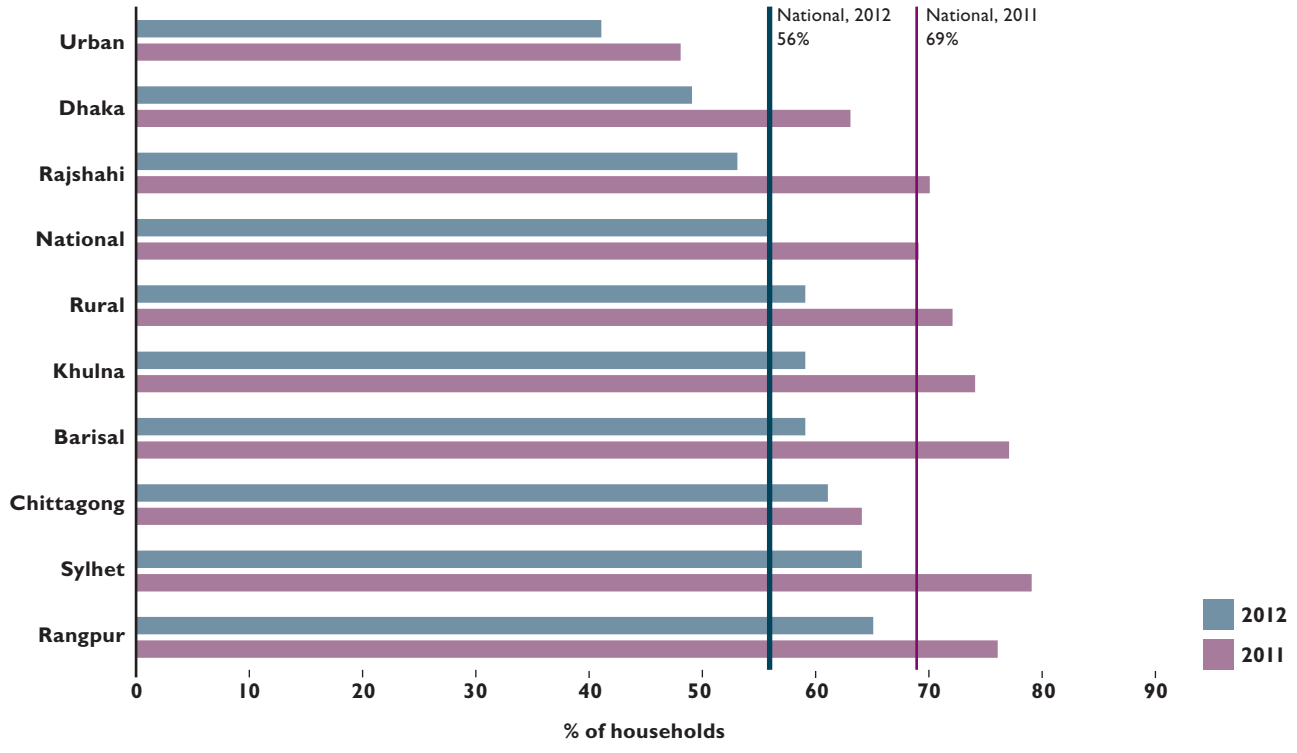
Agriculture in Bangladesh is dominated by small and marginal farms and production for subsistence rather than sale. A large proportion of cropped land is given to rice farming. This means only a limited percentage of domestic crops circulate through commercial channels. Therefore, many people are unable to acquire domestically produced pulses, oilseeds and fruit. For these reasons, despite recent gains in food production, Bangladesh still relies heavily on imports. In the five years leading up to 2011, 70% of pulses and 66% of edible oil were imported and imports of food grains fluctuated between two and three million tonnes.[109]

Bangladeshi households are very vulnerable to such changes (see Figure 8 below). **The poorest 40% of households in Bangladesh spend 60–70% of their entire consumption budget on food.**[110] This compares to the poorest 20% of households in the UK, whose share of budget for food is only 17%.[111]

When rice prices were at a high in 2011, **69% of Bangladeshi households experienced some food insecurity**[112] (such as eating less preferred foods, eating less food than desired, skipping meals, and resorting to unsustainable means such as loans or selling assets to obtain food). In 2012, when prices had fallen, the rate of food-insecure households fell to 56% – still more than half of all households.

In both years, the rate was much lower in urban areas (48% in 2011, 41% in 2012), and much higher in rural areas (72% in 2011, 59% in 2012). Rates were also particularly high in the regions where stunting is highest, ie, Barisal (77% in 2011, 59% in 2012) and Sylhet (79% in 2011, 64% in 2012).

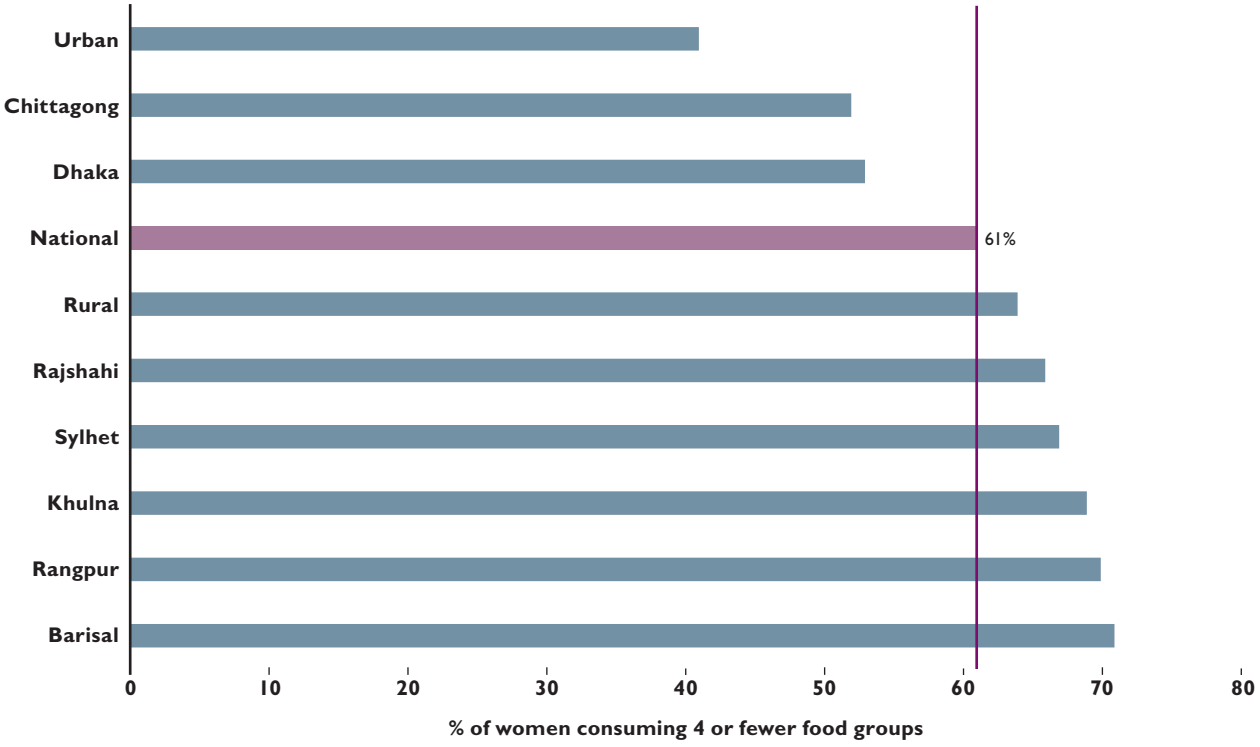
FIGURE 8 **HOUSEHOLD FOOD INSECURITY BY GROUP, 2011 vs. 2012**



Source: Food Security Nutritional Surveillance Project (FSNSP) 2011/2012[113, 114]

Notes: % of households having experienced food insecurity according to FSNSP's Household Food Insecurity Access Scale

FIGURE 9 **INADEQUATE DIETARY DIVERSITY AMONG WOMEN, 2011**



Source: FSNSP 2011[115]

Similar patterns are visible for dietary diversity among women (see Figure 9 above). In 2011, **61% of women were consuming an inadequately diverse diet consisting of four or fewer food groups**. The prevalence of inadequately diverse diets among women was considerably higher in Barisal (71%) and Rangpur (70%). It was much lower in urban areas (41%) than in rural areas (64%).[116]

SOCIAL PROTECTION AND FOOD SECURITY

There is a great deal of evidence supporting the link between social protection and food security:

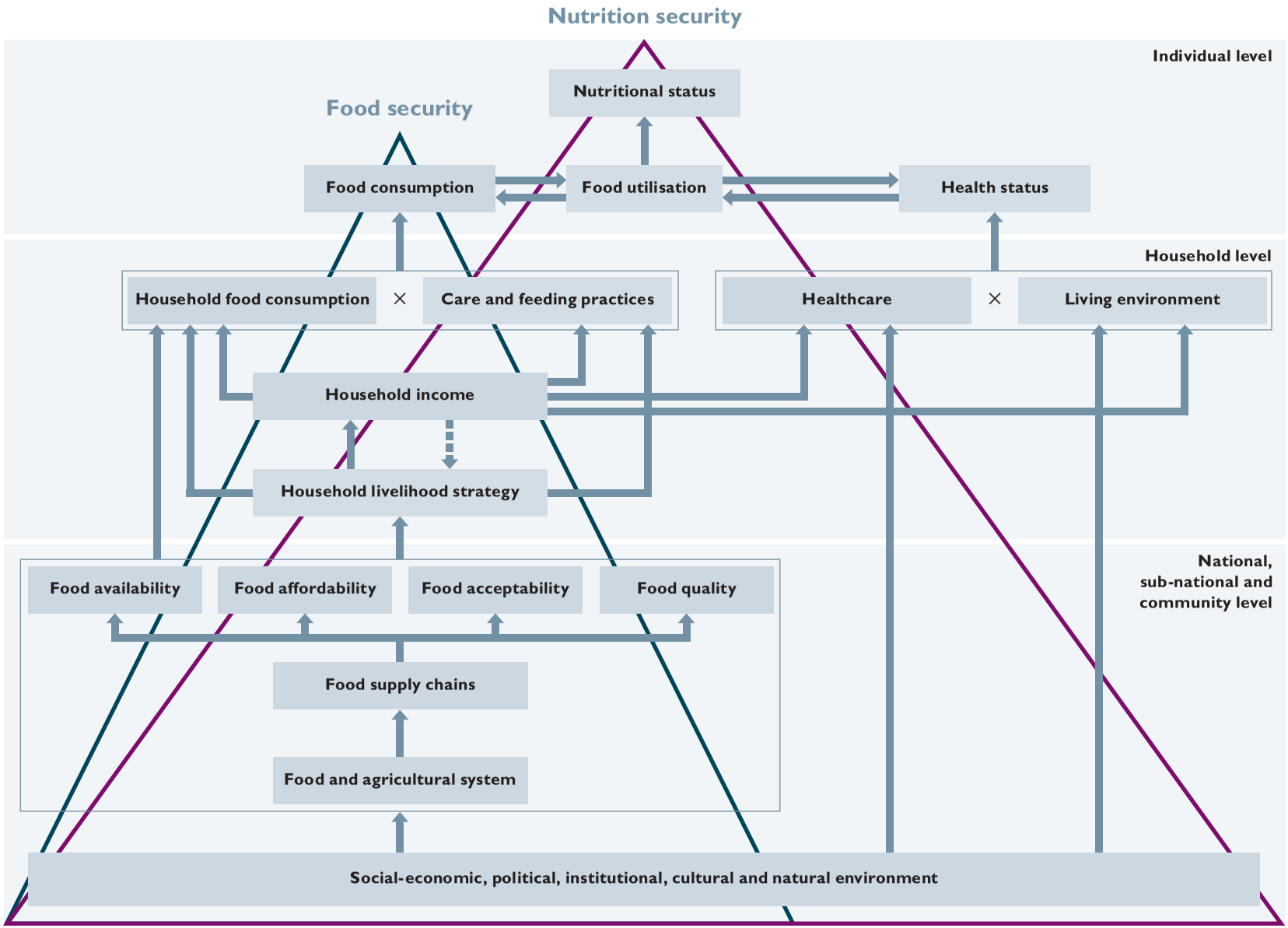
- Poor households use most of the cash transfers from social protection programmes to purchase food.[117]
- By increasing food security, social protection improves households' ability to absorb shocks, such as those experienced in Bangladesh during the 2008 food price crisis.
- Social transfers, whether in cash or in kind, can encourage food production,[118] thought to be the result of increased stability in market demand for food in areas where social protection programmes have been implemented.
- Food security is an important prerequisite to long-term productivity.[119] Gains in nutrition due to increased food security make both direct and indirect contributions to labour productivity. Directly, proper caloric intake enables workers to endure demanding physical labour. Indirectly, nutritional gains resulting from food security and adequate child feeding and nutrition practices support children's cognitive development and school attendance, increasing educational attainment.[120]

Figure 10 on the next page outlines the relationship between nutrition security, food security and social transfers.

FIGURE 10 **UNDERSTANDING THE LINKS BETWEEN NUTRITION AND FOOD SECURITY**

Nutrition security
is an outcome of good health, a healthy environment, good caring practices and household-level food security.

Food security
exists when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life.



Source: Cherrier, 2012. Social Transfers and Nutrition: Pathways and Emerging Evidence, Presentation made at the Lunchtime Conference at the External Cooperation Infopoint in Brussels on 20 March 2012, Brussels: European Commission.

THE IMPACT OF SOCIAL PROTECTION ON HOUSEHOLD FOOD SECURITY

Almost all of the programmes in our literature review[121] enable households to purchase more food and therefore reduce food insecurity. The review looked for improvements in three aspects of food security across the 22 programmes: dietary diversity, percentage of food from staples, and calories consumed or consumption expenditure.[122]

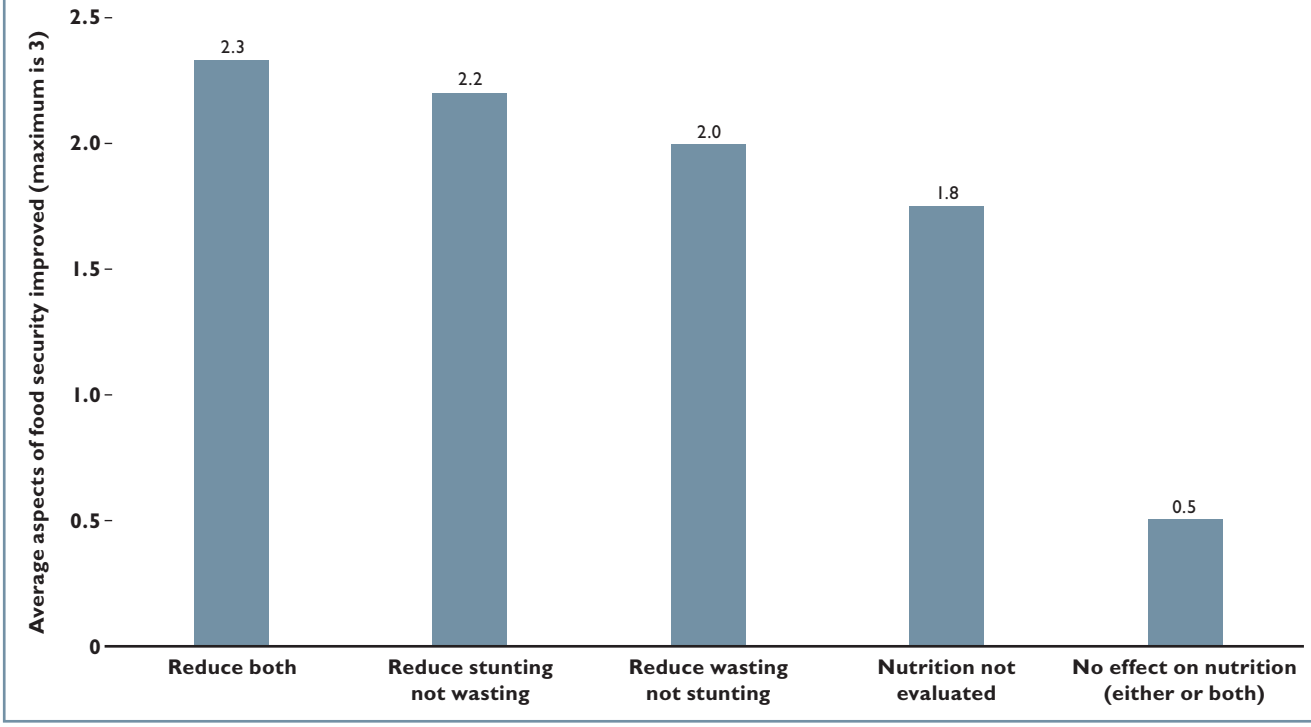
Figure 11 shows how many of these aspects (to a maximum of three) were improved on average in programmes reporting different nutrition effects. Programmes where there was an improvement in both stunting and wasting had the highest number of increases, with an average of 2.3 out of three aspects of food security improving. At the other end of the figure, the programmes where the evaluations looked but found no effect on nutrition had an average of only 0.5 out of three food security measures improving.

In their comprehensive review of conditional cash transfer programmes, Fiszbein and Schady[123] write: "Transfers… have raised consumption levels and have reduced poverty – by a substantial amount in some countries."

This is the case not only for conditional cash transfer programmes included in this review, but also for unconditional programmes and the other approaches applied in the various Bangladeshi programmes included in our review. The same is true of food aid.[124] Gilligan and colleagues[125] find that in the three countries they review, modality matters little: food transfers, cash transfers and food vouchers have similar results, increasing consumption by about the same amounts.

It is not only the absolute number of calories that is increased but, in most cases, dietary diversity as well. Hoddinott and Yohannes[126] link dietary diversity to household consumption and caloric availability, and point out its usefulness as an identifier of food insecurity. Yet many programmes also note improvements in dietary diversity, with most dietary diversity measures based on simple counting of the number of different foods consumed, not taking into account the amount of each food consumed. This may explain why studies that score the nutritional value of the foods consumed may find no improvements in diet quality even though people may be consuming more foods. It is also important to keep in mind that only dietary diversity measures at individual level have been linked to higher micronutrient adequacy. Dietary diversity at household level has been linked only to higher food security, not necessarily higher micronutrient adequacy.

FIGURE 11 **EFFECTS OF FOOD SECURITY ON NUTRITION**



Source: Save the Children calculation based on literature review. See Appendix C for literature review references.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN BANGLADESH

- The analysis presented in this section demonstrates that, **in general, more income does lead to increased food security**. There is also evidence that increased income is a major contributing factor to reduced stunting rates, both in different countries and in different regions within South Asia. In some cases this translates into increased dietary diversity.
- However, **the nature of this relationship and the challenge that social protection must tackle are more complicated**. Even when it is measured very carefully using household surveys, increasing household income may not provide enough appropriate assistance. This is because in different geographical locations the lowest income needed to eat nutritious food is different. Also, importantly, as we see in other areas of this report, although it is a vital part of nutrition-sensitive social protection, **targeting food security alone is not sufficient** to address the underlying causes of nutrition.
- **Policy-makers must consider the modality of transfer and how it impacts on food security** (see Section 8 for more detail on the design implications of social protection programmes). A recent study on modality undertaken by the International Food Policy Research Institute (IFPRI)[127] shows that different combinations of support impact differently on the types of nutritious food consumed. For example, programmes with both transfer and behaviour change communication (BCC) components saw greater consumption of diverse food groups compared to 'food' alone and cash alone.[128] IFPRI also found the size of the transfer relative to household income to be tremendously important in achieving sustainable food security or livelihood improvements.[129]

PHOTO: DARREN FLETCHER/SAVE THE CHILDREN

Children at a nutrition class in the village of Baroikhali, south-west Bangladesh.

4.2 NUTRITION PATHWAY: CARING PRACTICES FOR WOMEN AND CHILDREN

In this section we explore the context of caring practices for women and children in Bangladesh, the known impact of social protection on this pathway, and the implications for the development of nutrition-sensitive social protection.

We look at the key drivers of malnutrition under this pathway: women's status, infant and young child feeding and health-seeking behaviour.

THE KEY DRIVERS OF MALNUTRITION IN BANGLADESH

WOMEN'S STATUS IN SOCIETY

Women's low status in Bangladesh passes through the generations due to their poor access to food, health services and education, as explored throughout this section.

Much of the focus within this pathway is on women because of their role in giving birth and breastfeeding children and caring for them on a daily basis.[130] Women's educational attainment has innumerable positive effects on the quality of care they themselves receive during pregnancy and post-partum and on the quality of care they give their children – from duration of breastfeeding to seeking healthcare during illnesses.[131]

PHOTO: ABIR ABDULLAH/SAVE THE CHILDREN

Children at a school in Pukra, Habiganj district. Women's education is correlated with better nutrition outcomes.

Education

Better education status for women is correlated with better nutrition outcomes in a wide range of developing countries.[132] This is certainly true in Bangladesh, where Zayed and colleagues[133] found the extent of a mothers' primary and secondary education had a negative effect on the probability of her child being stunted. Secondary education was the more important of the two. They concluded that meeting Millennium Development Goal targets on stunting would require continued effort by the Government in offering incentives to get girls into secondary education.

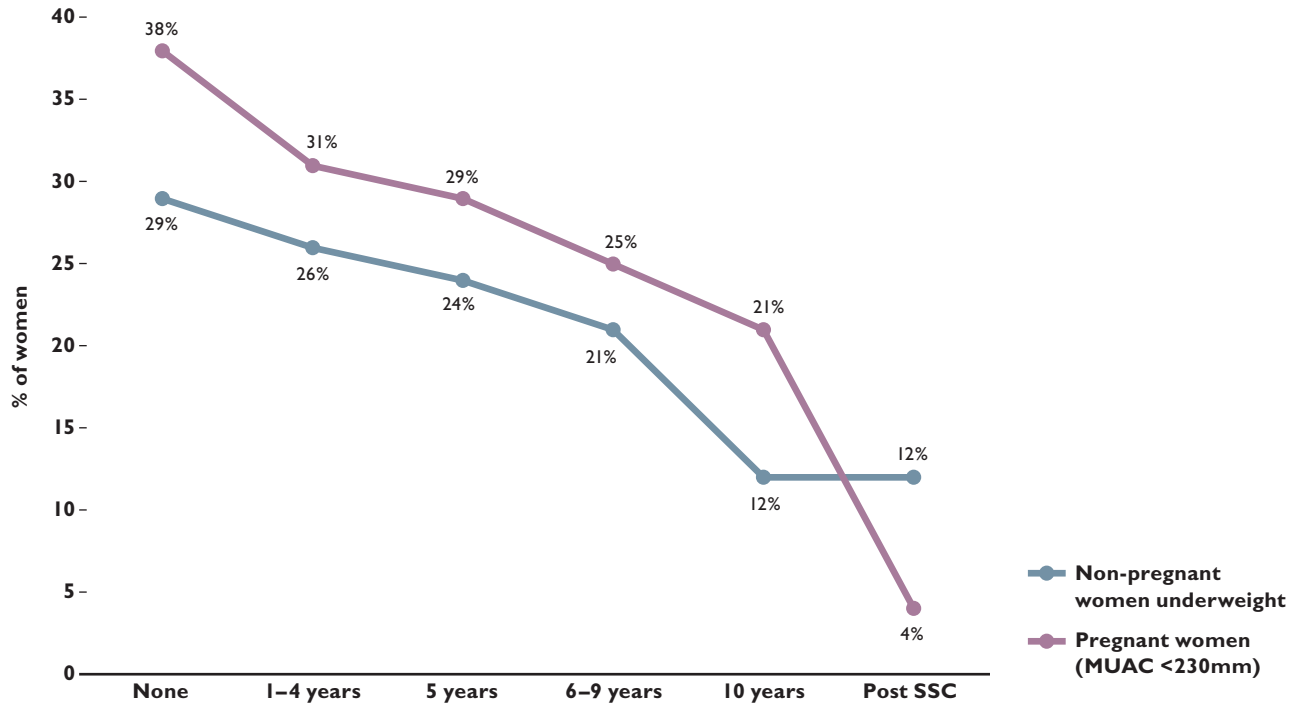
Women's education is also related to the two risk factors related to stunting at birth, which is a major concern for Bangladesh.

Bangladeshi women with more education are significantly less likely to be undernourished (Figure 12). In fact, the chances of a pregnant woman being so thin that her baby is at risk of intra-uterine growth restriction (mid-upper arm circumference (MUAC) <230mm) falls from 38% for a woman with no education to just 4% for women educated to post-Secondary School Certificate level.[134]

Bangladesh has seen huge increases in primary school enrolments among girls, with the rate more than doubling between 2000 and 2005 and reaching 90% by the end of that period.[136] Yet this has not yet filtered through to an improved status for adult women. Analysis shows that **women go without food considerably more often than men at times of food insecurity**.

Women's education is also positively associated with later marriage. This is partly to do with girls and women dropping out of school when they get married and partly to do with more-educated girls being less likely to enter into child marriage.[137] Among women aged 20–24 (in 2012), Plan[138] found that **86% with no education were married by the age of 18**, lowering slightly to 79% for those who had completed primary education, and dropping significantly to 26% for those who completed secondary education or higher. This is important for nutrition due to the links between young marriage and young motherhood, and resulting consequences for stunting at birth.

FIGURE 12 **PERCENT OF PREGNANT AND NON-PREGNANT WOMEN UNDERNOURISHED, BY EDUCATION, 2011**



Source: FNSNP 2011[135]

Decision-making

When women participate in household decisions they are better able to care for their family. Research shows that **when women are the principal decision-makers, households spend more on food and medical care, make better choices of food, and enjoy a better nutritional status, even if they have a lower income than households with a male decision-maker**.[139] In 2001, women in rural Bangladesh were the principal decision-makers in less than one in twenty households with pre-school children[140] and the situation does not appear to have changed.

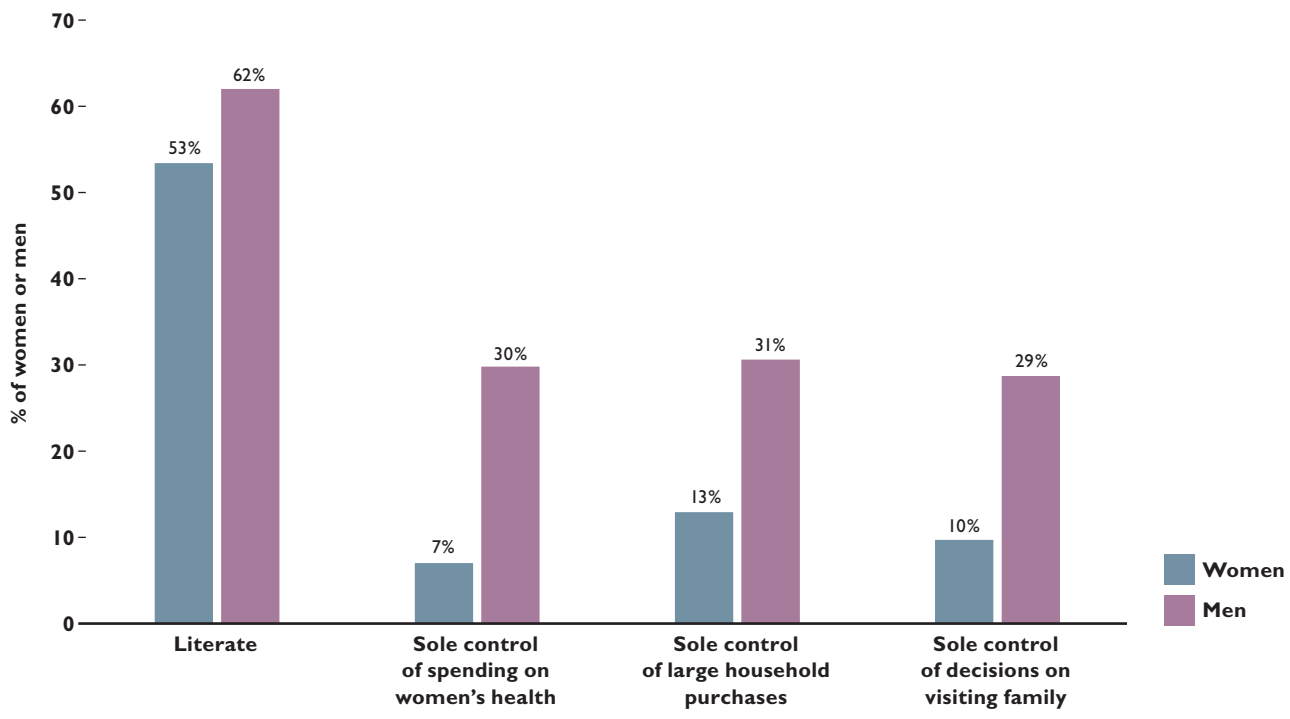
Women in Bangladesh remain less educated than men, they earn less than men and they have less control over household decisions than men. In general, men are responsible for the majority of interactions with society outside the extended family.[141] In around 30% of households, men retain sole control of decisions on household purchases, women's healthcare and family visiting (see Figure 13).

Women's decision-making ability in households is closely linked to the resources they contribute. In Bangladesh, on average, **a woman's daily wage can buy only half the amount of food that a man's daily wage can buy**. In 2011, FSNSP[142] found the ratio of men's daily wage to daily cost of a typical daily food basket is 5.2 compared to 2.6 for women.

A recent study into market purchase motivation among men in Kulna district found that it is men who use household income to buy food at the market for their family. If for any reason the male head of the household cannot go, another man in the family will take on that responsibility; it is rare for his spouse to go to the market in his place. There are examples of women making purchases, but in these instances certain conditions seem to be important, such as a market being very close to the home and the man being preoccupied with work, or being away from home.[143]

Studies also show that when resources are controlled by women, children are more likely to benefit.[144] In Ecuador, a programme that targeted transfers to

FIGURE 13 **GENDER IMBALANCES IN BANGLADESH, 2011**



Source: Save the Children calculation based on the 2011 Demographic Health Survey from Bangladesh and the CIA World Factbook 2011.

poor rural mothers led to substantial improvements in child outcomes, particularly among the poorest children.[145] Social protection transfers put in the hands of women lead to greater nutritional gains for the household; the same trend applies to wages. This is due to their increased ability to make decisions to obtain better healthcare and food for their children.

HEALTH-SEEKING BEHAVIOUR

Education has a positive impact on health-seeking behaviour. Zayed and colleagues[146] found that, in addition to directly affecting stunting, mothers' secondary education increased the effectiveness of healthcare provision in Bangladesh. As Figure 14 demonstrates, **primary and secondary education is associated with improved antenatal care, births supported by skilled attendants, health-seeking behaviour when children are ill (acute respiratory infection and diarrhoea), and early initiation of breastfeeding** (gains linked to primary education only).

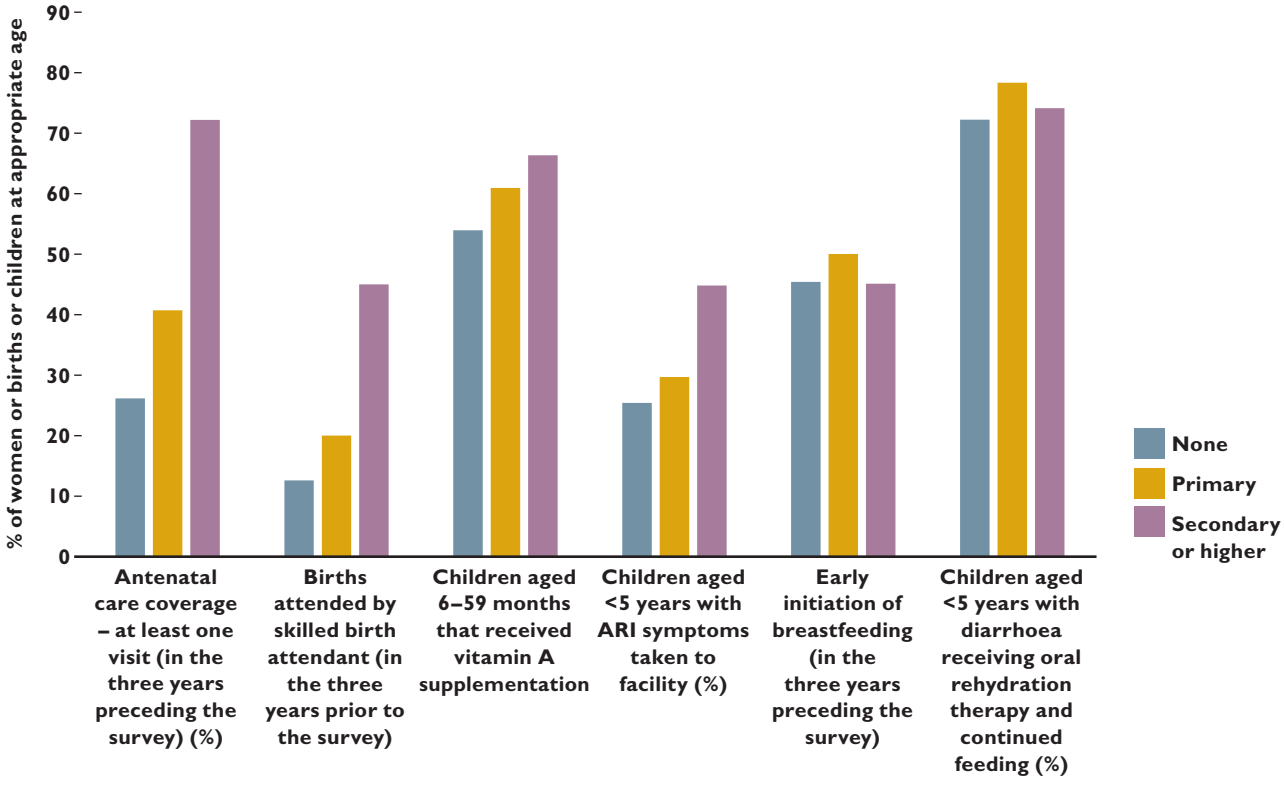
INFANT AND YOUNG CHILD FEEDING

As widely recognised, and not at all surprisingly, **infant and child feeding is important for nutrition among young children**. Across Bangladesh improvement is needed in this area.

Figure 15 on the next page compares stunting among children in Bangladesh receiving different types of feeding, with the ideal or desirable feeding practice in purple and the less desirable practice in blue. For these four different aspects of feeding, getting it right reduces stunting.

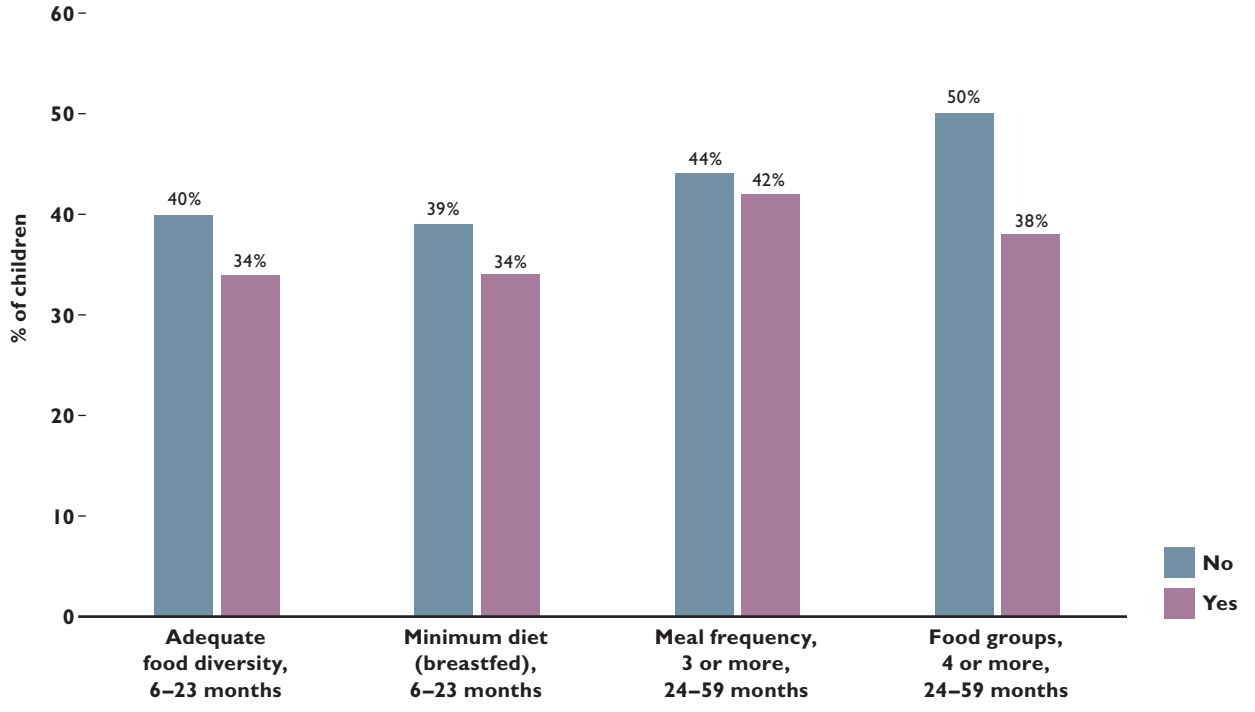
Looking more closely at 6–23-month-old babies receiving a minimum adequate diet and being breastfed, and at two- to four-year-old children eating a diverse diet consisting of four food groups or more, the first thing to notice is that there is room for improvement on both measures. Nationally, **only 35% of babies age 6–23 months get the minimum adequate breastfed diet**,[147] which feels far away from the World Health Assembly target of exclusive breastfeeding rates in the first six months of at least 50% by 2025.[148] For

FIGURE 14 **HEALTH-SEEKING AND EARLY INITIATION OF BREASTFEEDING BY WOMEN'S EDUCATION, 2011**



Source: Save the Children calculation based on the 2011 Demographic Health Survey from Bangladesh and WHO 2014[150]

FIGURE 15 **PREVALENCE OF STUNTING BY INFANT AND CHILD FEEDING PRACTICE, 2011**



Source: FSNSP 2011[151]

older children (two to four years old), the proportion getting a sufficiently diverse diet is 61%.[149]

There is a lot of variation across regions in both measures, with some regions doing considerably worse than the national average. **Sylhet stands out as a region where feeding practices are not good enough.** Only 21% of 6–23-month-old babies in that region get an adequate breastfed diet, compared to 35% nationally and 39% in Chittagong, the best region. On diet diversity in older children, Sylhet scores 47%, compared to 61% nationally and 69% in Dhaka, the best region.

SOCIAL PROTECTION AND GENDER

Prioritising gender in social protection programmes can have extremely positive impacts on child nutrition outcomes.[152] A study across 63 countries by the International Food Policy Research Institute revealed that more productive farming, as a result of female education, accounted for 43% of the total reduction in child malnutrition between 1970 and 1995.[153]

THE IMPACT OF SOCIAL PROTECTION ON CARING PRACTICES FOR WOMEN AND CHILDREN

Many of the 22 programmes included in our review were designed to facilitate female empowerment by putting transfers or other power in the hands of women. Qualitative research on cash transfer programmes has found this to have positive effects, although this is not as clear in quantitative analyses.[154]

The picture is clearer in Brazil, where women beneficiaries are, in the large majority, the 'cardholders' of the programme. These women have been noted to acquire greater autonomy and power in family decisions, purchase of durable goods, medicine and clothing, participation in the labour market and in the use of contraceptive methods. These trends are recognised to have contributed to the significant decline in birth rates in the country.[155]

Similarly in Nicaragua, increased women's empowerment has been recognised as a result of the Red de Protección Social & Atención, a crisis cash transfer programme, including a greater recognition of women's roles. Some also describe

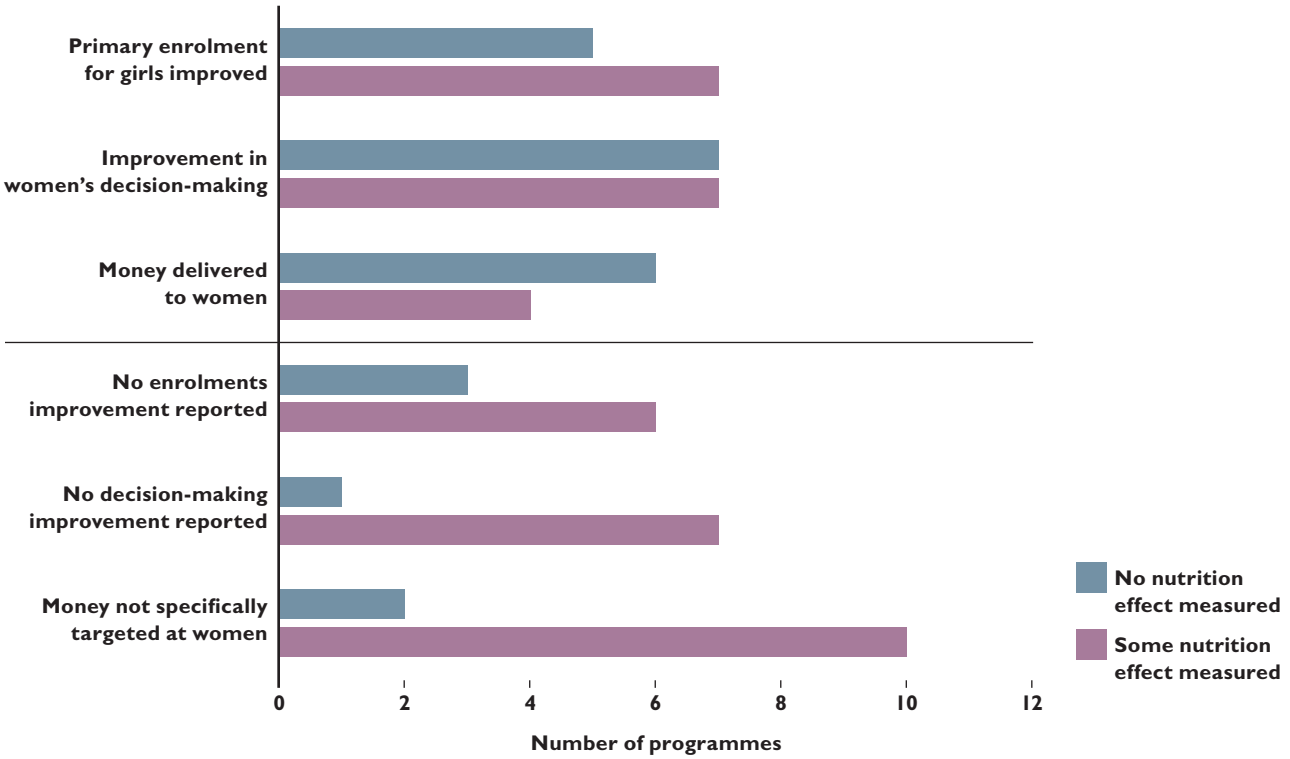
more equality between men and women as a result of the transfer programme.[156]

Many of the programmes in Bangladesh, including SHOUHARDO and Jibon-O-Jibika, have also been associated with greater female empowerment. Care[157] argues that the impressive achievements of SHOUHARDO in terms of reduction in chronic malnutrition could not have been achieved without the remarkable achievements in women's empowerment. IFPRI's research on the most beneficial form of transfer showed that for participants in the south of Bangladesh, two-thirds reported participating more in making decisions about spending and 70% felt their status within the household had improved as a result of the transfer.[158]

However, impacts vary across programmes. Soares and Silva[159] agree that programmes do some good things for women, particularly in freeing them to be better mothers, but note that this focus can also entrench traditional roles. In Kenya, the Hunger Safety Net Programme is noted to benefit women's economic and social empowerment by enabling some women (specifically those in female-headed households) to take more control of the household budget and increase their potential for undertaking income-generating activities. However, there is also evidence, particularly from the qualitative research, that for individuals this has the unintended consequence of creating tensions within households, especially between female Hunger Safety Net Programme recipients and their husbands.[160]

Drawing upon the results of our literature review,[161] the results are counter-intuitive. Programmes[162] where there was no measured effect on these indicators of women's empowerment, in the bottom panel of Figure 16, were more likely to see a measured impact on nutrition. On the other hand, the bars in the top half show that in programmes where there was a measured improvement in the women empowerment indicators, the likelihood of seeing an improvement in nutrition was much nearer to 50–50. However, we remain assured of the relationship between women's empowerment indicators and nutrition.

FIGURE 16 **WOMEN'S EMPOWERMENT AND EFFECT ON NUTRITION**



Source: Save the Children calculation based on literature review. See Appendix C for literature review references.

Notes: The measures here on whether or not money was delivered to women and whether or not there was an improvement in women's decision-making were constructed according to whether or not these things were mentioned in the review tables or summaries. The review did not look for them specifically.

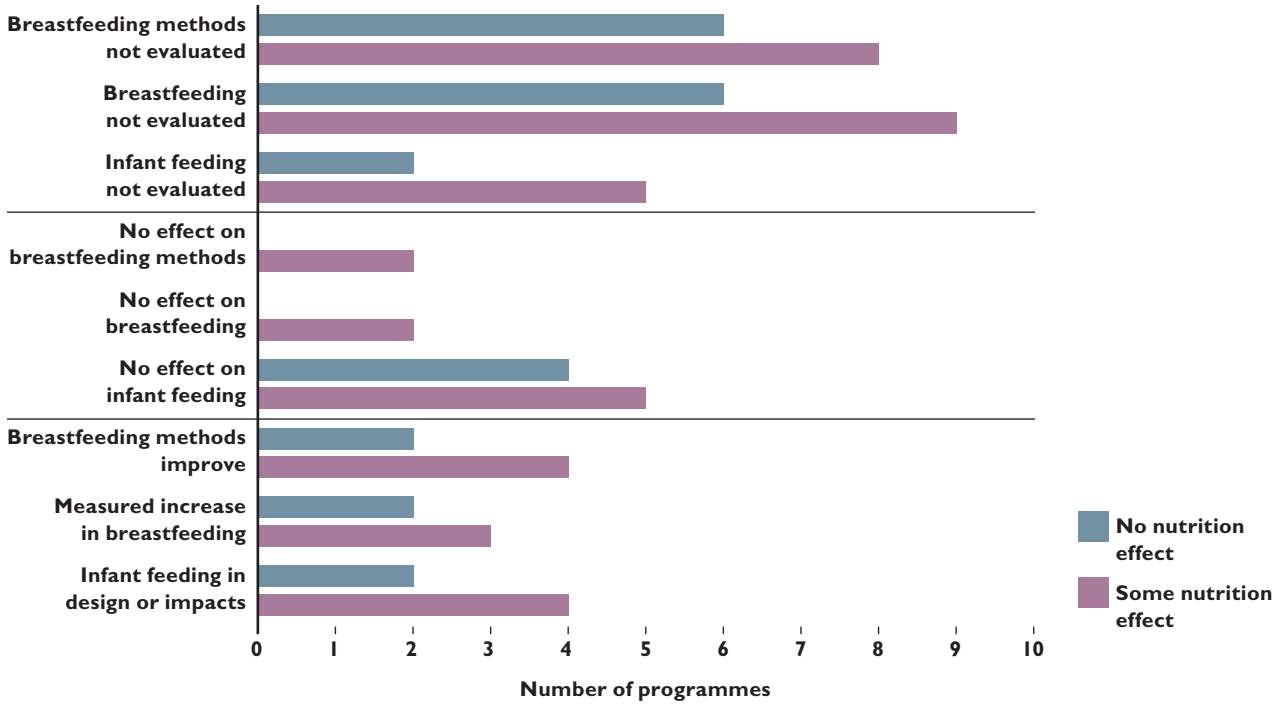
A plausible explanation for the results rests on the observation that most programme evaluations are carried out quite soon after the programme has finished (after just a year or two), or else during its operation. It could be that greater investments were made in women's empowerment in places where the plight of women was already quite bad. It may be that women's empowerment takes a long time to filter through to nutrition outcomes, so the evaluations cannot pick up an effect.

Although there is little evidence on this as yet in relation to nutrition-sensitive social protection, involving men in behaviour change and nutrition awareness-raising activities should be considered alongside women's empowerment activities. This is particularly important for long-term change. Experience from Bangladesh suggests that progress on women's empowerment often ends when the transfer stops. Bangladesh's entrenched gender roles mean that addressing men's perceptions and their role in household nutrition is vital.

Targeting the 1,000-day window[163] for pregnant women and children under age two in order to improve breastfeeding and infant feeding practices is likely to also lead to significant improvements in linear growth. Better caring practices early in life may explain the significant improvement in stunting prevalence for the SHOUHARDO and Jibon-O-Jibika programmes. Both programmes report significant improvements in caring practices for both young children (including breastfeeding) and pregnant women (more food and rest during pregnancy as well as higher rates of prenatal care). Jibon-O-Jibika is the only programme that reports on improved awareness about nutrition, hygiene and sanitation among other caregivers in the family such as mothers-in-law and husbands. Although the role of other caretakers has long been recognised, especially in the context of South Asia, few interventions report any improvements from engaging mothers-in-law in addition to mothers.

Exploring the results of our literature review,[164] we find that, unfortunately, the majority of programme[165] evaluations did not include measures on caring practices for children, therefore making comparison difficult. In programmes where there was improvement in caring practices (see the bottom panel of Figure 17 below), a positive nutrition effect was experienced more often than not. However, as

FIGURE 17 **CARING PRACTICES FOR CHILDREN AND EFFECT ON NUTRITION**



Source: Save the Children calculation based on literature review. See Appendix C for literature review references.

Notes: The measure here on infant feeding in design or impacts was constructed according to whether or not these things were mentioned in the review tables or summaries. The review did not look for them specifically.

the number of programmes included is small, the figure is not conclusive. The impact of caring practices on nutrition is not debated, however; the issue here is in relation to effective monitoring and evaluation of nutrition-sensitive social protection programmes.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN BANGLADESH

WOMEN'S EMPOWERMENT

- **It is essential that nutrition-sensitive social protection programmes in Bangladesh tackle the issue of women's empowerment alongside other underlying determinants of malnutrition.**
- Policy-makers should take note of IFPRI's study on women's empowerment in agriculture, which concluded that, in general, for Bangladeshi women, **policies and programmes must address the three domains that contribute most to disempowerment: weak leadership in the community, lack of control over resources, and lack of control over income**.[166] Specifically, social protection programmes, as well as wider nutrition initiatives, must give more attention to empowering women to make decisions that promote the nutrition and health of their families.
- **Income-generating and enterprise activities should be tailored towards women, providing additional training where needed, to allow women to gain the business skills and the confidence to succeed.** Women are shown to consistently invest their earnings in their children and families, so the entire household benefits. Basic entrepreneurship training, small-scale livelihood inputs, and peer support all help women gain confidence, independence and lifelong livelihood skills.[167] The approach must be sensitive to the diversity among women and acknowledge the implications of the different stages of their lives.
- Recognising different gender roles is important. Although not as evident in the data presented here, entrenched cultural roles in Bangladesh are unlikely to change any time soon. Therefore, **involving men in behaviour change communication (BCC) and nutrition awareness-raising activities is essential** and should be programmed alongside women's empowerment activities.

1,000 DAYS

- **The incorporation of the 1,000-days approach into social protection programmes is critical for nutrition.**
- Policy-makers should incorporate BCC activity on caring practices for pregnant women and their children during this window. For some activity, such as income generating and enterprise, expectations of women during pregnancy and the period after birth must be treated sensitively as their availability will be limited.
- Currently, only two safety net social protection programmes in Bangladesh target pregnant and lactating mothers, with a total coverage of less than 165,000 women, representing 0.13% of all households in Bangladesh receiving safety net transfers. In most of the schemes, the transfer value is too low (eg, BDT 350/month) to have a meaningful impact. Apart from school stipends, no programme addresses the needs of young people, particularly adolescent girls at risk of early marriage and undernutrition.[168] Increasing the coverage and scale of programmes in this area should be a priority.

BEHAVIOUR CHANGE COMMUNICATION

Including behaviour change communication (BCC) in nutrition-sensitive social protection measures, to tackle both women's empowerment and the '1,000 days', is important. IFPRI's modality research in Bangladesh confirmed that if the policy objective is to improve the nutritional status of poor children, transfers alone are inadequate.[169]

The BCC training that accompanies IFPRI's study covers basic nutrition, control and prevention of micronutrient deficiencies, infant and young child feeding practices, healthcare, maternal nutrition, and hygiene. Women receiving the transfer attend the training. Family group meetings share BCC messages with mothers-in law, pregnant and lactating mothers, fathers, and other influential family members.[170] However, it is recognised that more research is needed to explore exactly how this BCC should be delivered and to whom, and what the resulting impact might be.

4.2.1 SPECIAL FOCUS: CHILD MARRIAGE, YOUNG MOTHERS AND STUNTING AT BIRTH

Our review of the caring practices of women and children highlighted some areas that warrant in-depth analysis. Trends in child marriage, young motherhood and stunting at birth need to be understood in order to consider their implications for nutrition-sensitive social protection in Bangladesh.

WHY 1,000 DAYS AND WOMEN'S EMPOWERMENT ARE CRITICAL FOR NUTRITION IN BANGLADESH

HEADLINES

- Half of all stunting in under-fives occurs before birth,[171] a likely consequence of high levels of child marriage.[172]
- Stunting and wasting among children under five is higher if the mother was under 18 at the time of the birth.[173]
- In 2011, one in four pregnant women were so thin that their foetuses faced a moderate risk of growth retardation.[174]
- Adult women are almost always the first to go without food when households need to reduce their consumption.[175]
- Pregnant women are more than twice as likely to be undernourished than non-pregnant women.[176]

PHOTO: TANVIR AHMED/SAVE THE CHILDREN

Panna, 25, had suffered two miscarriages before her daughter, Sriti, was born at the rehabilitated clinic in Shibpasa, Habiganj district.

Bangladesh has achieved considerable progress in reducing maternal and child mortality. It has also increased the rate of girl's enrolment in universal primary education. However, the high rate of child marriage (below the age of 15) is one of the highest in the world and shows that much more needs to be done to empower women and adolescent girls.[177]

The major underlying causes of the high rate of child marriage emanates from the traditional patriarchal and rigid social structure. Poverty, dowry and increasing sexual harassment in society are some other major causes behind the increase in early marriage.[178]

As 64% of women aged 20–24 are married before the age of 18,[179] pregnancy among very young women continues to be a serious problem in Bangladesh. When girls marry young they often become pregnant before their minds and bodies are fully developed for childbirth.[180] Pregnancy is the number one cause of death among young women aged 15–19 worldwide. Child marriage disproportionately affects many more girls than boys and reinforces the gendered nature of poverty, with limited education and skills lowering the potential of the girl, her family, her community and her country. These impacts extend throughout adult life and into the next generation.[181]

Young motherhood increases the risk of intra-uterine growth retardation (poor growth of a baby while in the mother's womb), leading to stunting at birth.

HIGH LEVELS OF STUNTING AT BIRTH

STUNTING RATE OF NEWBORN BABIES BY AGE, 2011

	Stunting rate (%)	Sample size
Month 0	20	51
Month 0–1	19	192
Month 1–2	17	318

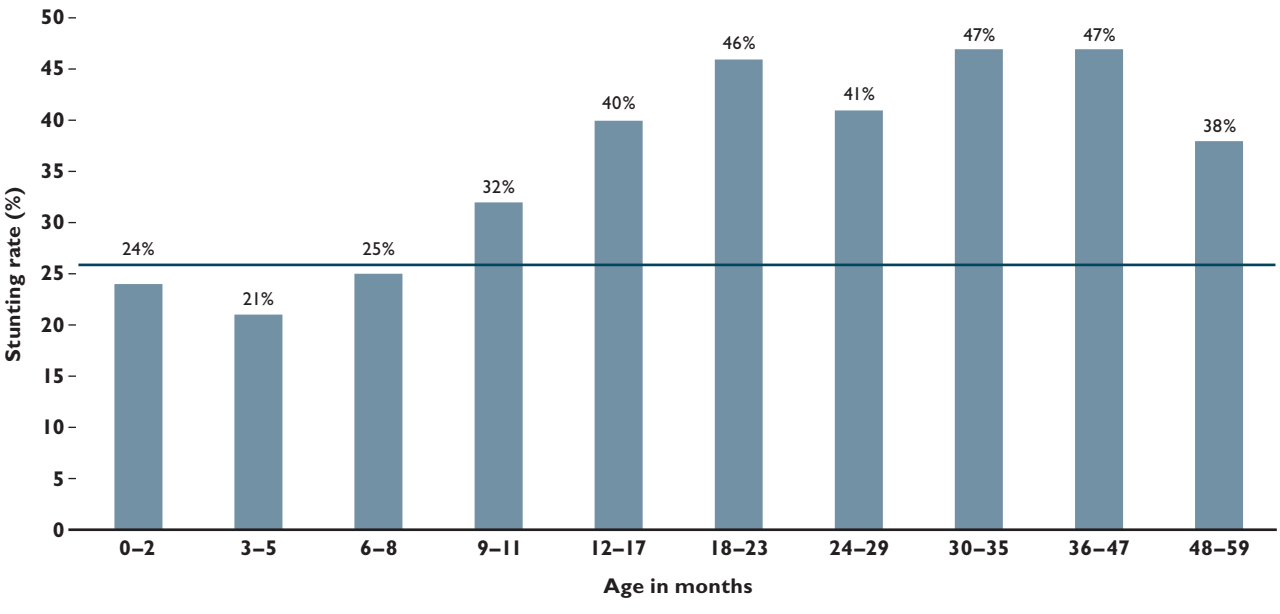
Source: Save the Children calculation based on the Demographic Health Survey (2011) from Bangladesh

Note: This table shows stunting rates of newborn babies in Bangladesh by age

Around 20% of babies in Bangladesh are born stunted (see table above). As mentioned previously, this is half of all stunting in under-fives.

Due to the small sample, it is important to treat the stunting rate for 'month 0' with some care. However, the stunting (or 'small for gestational age') rates for months 0–1 and months 0–2 help verify the figure. A detailed survey on food availability and nutrition, carried out by the Food Security Nutritional Surveillance Project (FSNSP) in 2011 (see Figure 18), revealed the same pattern. For babies aged 0–2 months, data showed that 24% were stunted.[182] Therefore, of the 3.15 million babies born in Bangladesh in 2011,

FIGURE 18 **STUNTING RATE OF CHILDREN UNDER 5 BY AGE, 2011**



Source: FSNSP 2011[183]

between 622,000 (20%) and 757,000 (24%) babies will have been born stunted.

When we explore stunting rates in childhood, we see that as children grow older they are more likely to be stunted, with the proportion increasing from 24% for 0–2-month-olds to a maximum of 47% at around three years of age.[184] However, half of all stunting in under-fives occurs before birth.[185]

It is clear that in Bangladesh, action on undernutrition cannot target children only after they have been born. It is imperative that measures are taken to reduce the chance of babies being born undernourished.

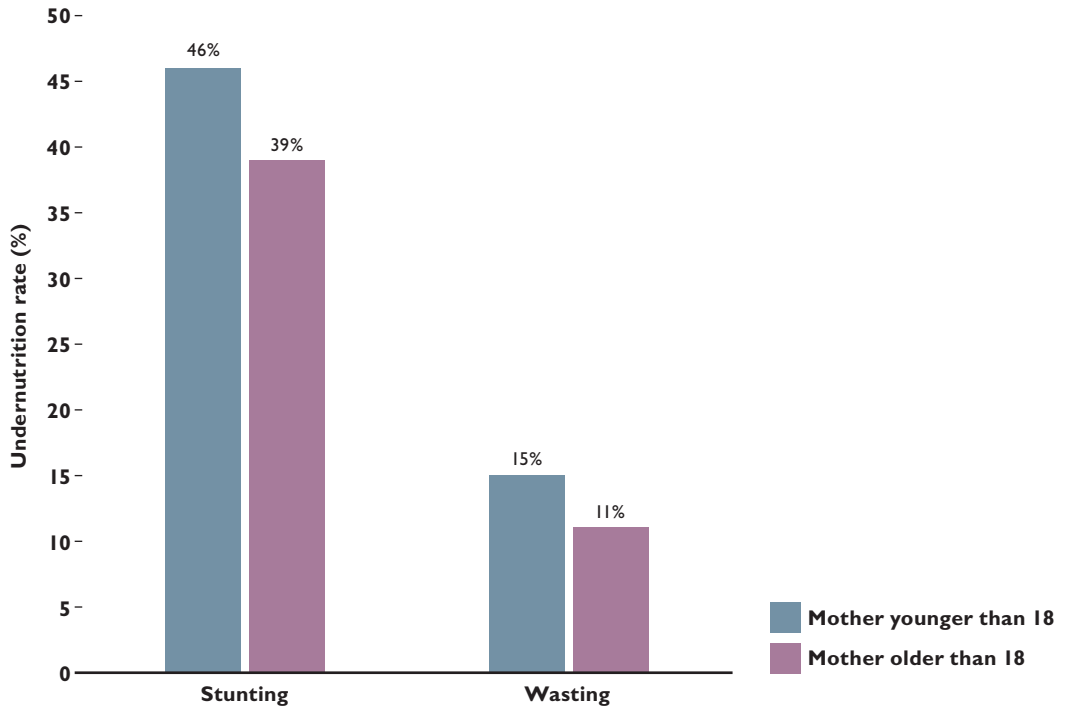
We have been unable to draw any information[186] that allows us to confidently examine further and reveal the characteristics of the 20–24% of babies who are born stunted. However, there are two common explanations. The first is that Bangladesh has a high prevalence of young women or adolescent girls getting married and becoming pregnant. The second is that pregnant women suffer from high rates of undernutrition themselves and, as a result, their babies experience intrauterine growth retardation.

YOUNG MOTHERS AND CHILD MARRIAGE

Stunting and wasting among children under five is higher if the mother was under 18 at the time of her baby's birth (see Figure 19). The 46% of children born stunted to women under the age of 18 in 2011 was considerably higher than the national average of 41%. This suggests that **if women waited until they were over 18 before having children, there might be a reduction in both stunting at birth and stunting overall**. This is an important area for policy and civil society action.

For all the progress Bangladesh has made in addressing malnutrition, there has been very little change in the age at which women begin having babies. The median age of first birth reported by women aged 20–24 increased by only one year, from 18 to 19 years old, in the 15-year period between 1992 and 2007.[187]

FIGURE 19 **UNDERNUTRITION OF CHILDREN UNDER AGE 5 BY MATERNAL AGE AT BIRTH**



Source: FSNSP 2011[188]

Part of the problem is that **Bangladesh has had a consistently high rate of child marriage for some time**. Despite the legal minimum age for marriage being set at 18, in 2011 around 50% of adolescent girls[189] surveyed who were under 18 were already married.[190] Additionally, in 2012, when Plan Bangladesh asked 5,400 women of different ages how old they were when they got married, 1.6% reported being married before age 11, and a further 30.6% were married between the ages of 12 and 14.[191] Focus groups revealed some of the reasons for child marriage. The belief was expressed that dowries generally increase, and the number of financially solvent grooms decrease, as girls get older. This puts poor families under a lot of financial pressure to arrange marriages early.[192] Plan's survey also asked about the consequences of child marriage. Around 44% cited early pregnancy as a consequence and 49% said this was bad for the health of the woman.[193]

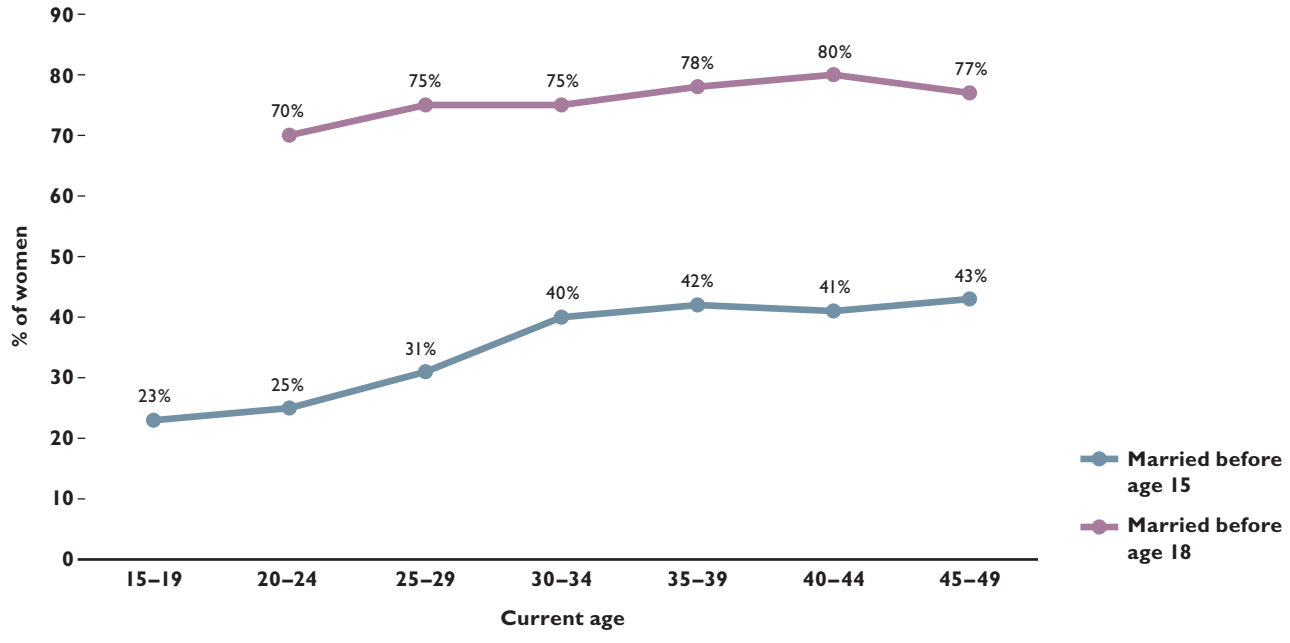
There has been some improvement in the rates of marriage at very young ages. In Plan's survey, the older women were much more likely (around 40%) to have been married before the age of 15 than were the younger women (closer to 25%) (see Figure 20). But the prevalence of marriage below the legal

CHILD MARRIAGE AND CHILDREN'S RIGHTS IN BANGLADESH

Child marriage is a serious violation of human rights. A 2013 report by Plan Bangladesh[194] examining child marriage found that despite widespread awareness in rural areas about the legal age of marriage and the adverse consequences of child marriage, there is limited awareness of child rights. Reports suggest that authorities seldom intervene to stop child marriages and parents continue to marry off their daughters in secrecy.[195]

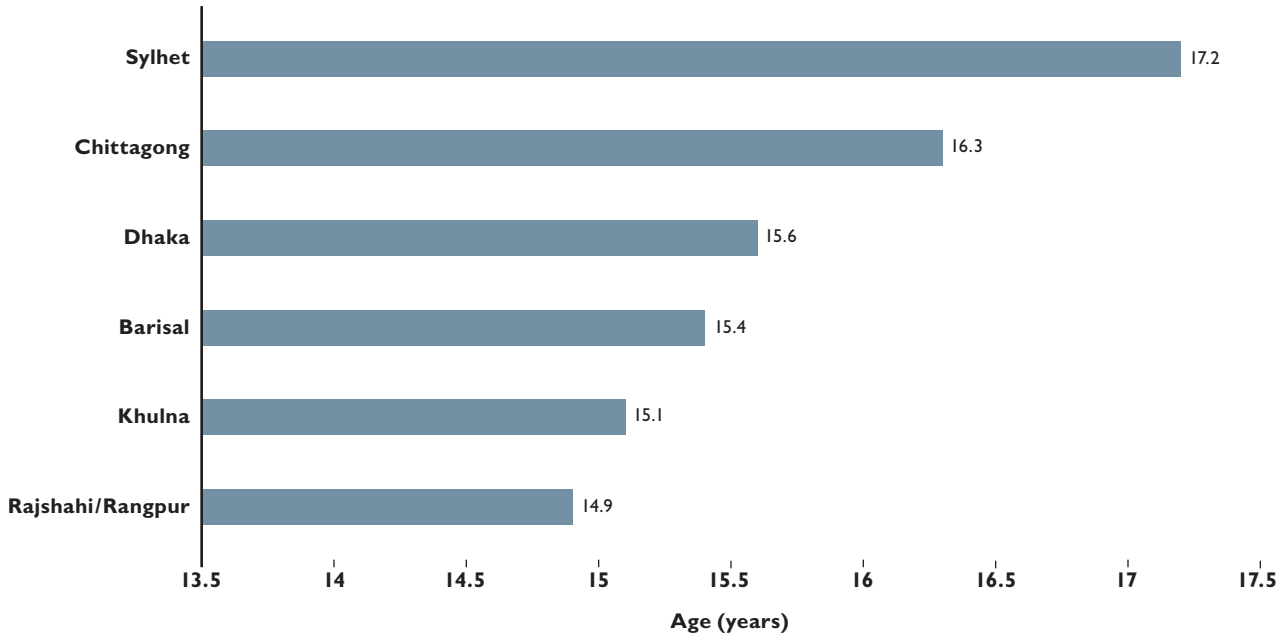
In September 2014, the Government of Bangladesh proposed amendments to the Child Marriage Restraint Act 1929, primarily that the minimum legal age of marriage for girls be lowered from 18 to 16 years and for boys from 21 to 18 years. In response to public outcry and appeals by human rights organisations, in mid-October the Government announced that the legal age of marriage would remain at 18 for girls. Plans for a mobile court were also shared for the 'visible and speedy' trial for the crime of child marriage.[196]

FIGURE 20 **CHILD MARRIAGE BY WOMEN'S AGE IN 2012 AND BY AGE AT MARRIAGE**



Source: Plan 2013[197]

FIGURE 21 **MEDIAN AGE AT FIRST MARRIAGE AMONG 25–49-YEAR-OLDS**



Source: DHS 2011

age of 18 has not changed much over the lifetime of the women who were in their forties in 2012. Throughout that period, 70–80% of women were married before 18.

The prevalence of child marriage is very different in different parts of the country

The average age of first marriage is considerably lower in Rajshahi/Rangpur in the north-west of the country and much higher in Sylhet in the east (see Figure 21). FSNSP[198] investigated Rajshahi/Rangpur in more detail. It found that around 60% of adolescent girls in that region were married by age 17, and almost 30% were married by 15. The Bangladesh district-level socio-demographic and healthcare indicators study of 2010 found similar patterns in their data on the proportion of adolescent girls aged 15–19 currently married.

UNDERNUTRITION AMONG PREGNANT WOMEN

Another explanation for high stunting rates at birth is undernutrition among pregnant women. This is well known to be a major cause of intra-uterine growth retardation. In part, the problem is undernutrition in women of child-bearing age in general, which is very hard to overcome quickly when a woman becomes pregnant. In 2011, FSNSP[199] explored the extent of undernutrition among 27,000 nationally representative girls and women of the age that have children in Bangladesh. It found that:

- almost a third of the girls aged 10–18 and 12% of the women aged 19–49 were chronically malnourished[200] (stunted)
- 43% of girls aged 10–18 and 22% of the women aged 19–49 were underweight[201] (malnourished or wasted).

Women are more likely to 'go without' food in the household

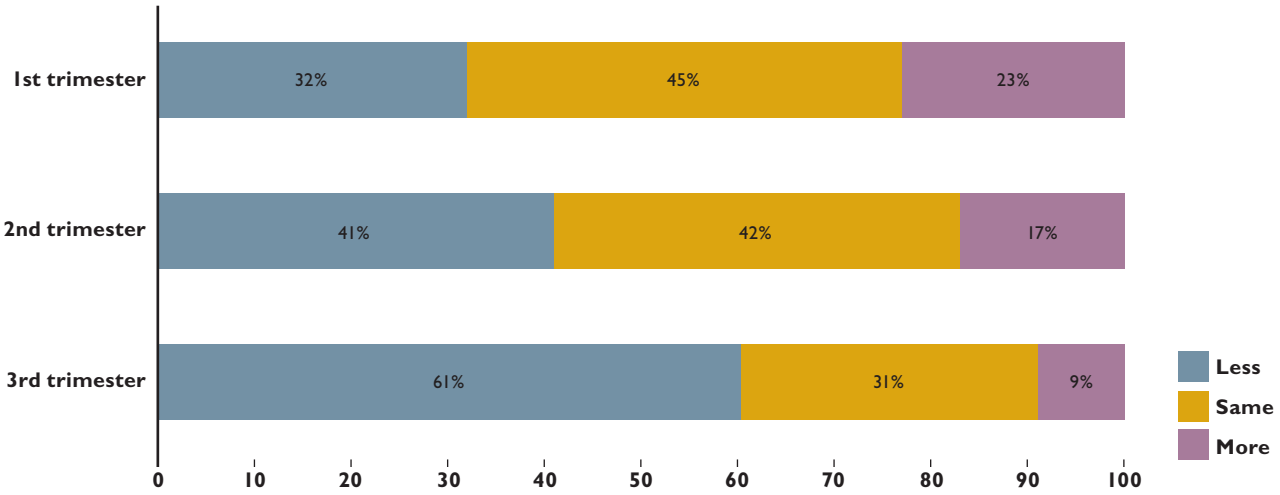
One of the factors that has led to the high levels of undernutrition in women is the way food is distributed within households at times when supply is limited. The evidence shows that in difficult times adult women are the first to adopt 'coping strategies,' which generally consist of going without some or all types of food.

According to FSNSP research,[202] when only one person is required to reduce consumption in a Bangladeshi household that individual is almost always an adult woman.

Increased consumption and diet diversity required for many pregnant women

Women need to eat a larger quantity and variety of food when they are pregnant, particularly if they were already undernourished when the baby was conceived. Unfortunately, in Bangladesh the evidence suggests that in a large proportion of cases the

FIGURE 22 **AMOUNT OF FOOD CONSUMED IN PREGNANCY COMPARED TO BEFORE (%)**



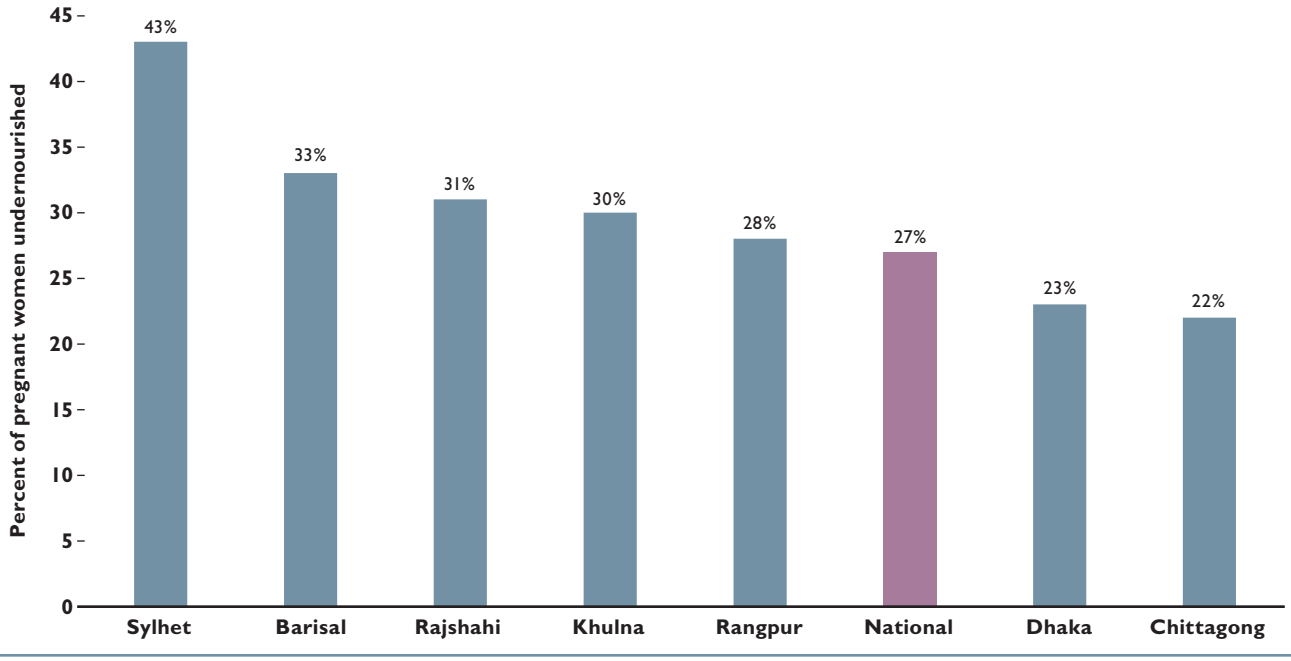
Source: FSNSP 2011[203]

additional resources are not available or are not allocated to the pregnant woman. In FSNSP's survey of pregnant women, the majority actually reported eating less in the first trimester than they did before they were pregnant (Figure 22). As the pregnancy proceeds, a higher proportion of women reported eating more, but there was still an alarmingly high proportion of women eating less than they did before pregnancy.

The pattern of eating by trimester (shown in Figure 22) may partly explain why wasting at birth is not as high as stunting at birth. Newborn babies may be suffering from chronic undernutrition due to their mothers not eating enough throughout the pregnancy.

The news on dietary diversity is also troubling as research has shown there is hardly any difference

FIGURE 23 **UNDERNUTRITION IN PREGNANT WOMEN**



Source: FSNSP 2011[204]

between the diversity of diets for pregnant women and non-pregnant women.[205]

High levels of malnutrition in pregnant women

Inadequate diets for pregnant women shows up clearly in measures of their nutritional status. This is examined by looking at the mid-upper arm circumference (MUAC) to establish nutritional status – a measure which is used instead of body mass index (BMI) because pregnant women's weight is naturally very variable. The risk of intra-uterine growth restriction increases to 'moderate' when a pregnant mother's MUAC falls below 230mm. The Sphere Project[206] recommends that at this point mothers should be included in emergency feeding programmes.[207]

Alarmingly, research from 2011 shows more than one in four (27%) pregnant women nationally were so thin that their foetuses faced a moderate risk of growth retardation. In Sylhet and Barisal, and in the bottom 40% poorest of the population, the rate was more than one in three.[208]

Pregnant women are more than twice as likely to be undernourished

When the 27% national figure for pregnant women is compared to the same measure of undernutrition for non-pregnant women, the results are alarming. Pregnant women are more than twice as likely to be undernourished by this measure as non-pregnant women, with the figure for non-pregnant women standing at only 12%.[209]

High levels of anaemia

Anaemia also contributes to low birthweight, impairs the growth and brain development of children, and reduces immunity. Estimates suggest that loss in economic productivity due to anaemia alone contributes to 7.9% of gross domestic product (GDP) in Bangladesh.[210] Forty-four percent of women of reproductive age and more than one-third of pregnant mothers in Bangladesh, particularly those from rural areas, are anaemic,[211, 212] yet only 55% of mothers take iron tablets during pregnancy.[213]

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN BANGLADESH

The levels of malnourishment in pregnancy and the age of marriage and motherhood present clear priorities for the development of nutrition-sensitive social protection in Bangladesh.

Adolescence is a particularly critical period to influence the future potential of girls, their families, their communities and future generations. The high rates of child marriage and young pregnancy mean that in order to positively impact on nutrition and intergenerational cycles of poverty, **policy-makers need to include adolescents in social protection programmes**. In terms of human rights, it is crucial to invest in girls to enable them to shape and fulfil their aspirations and capabilities – and this applies to all policies, not only those concerned with nutrition.

Initiatives that positively impact the 1,000-days window and women's empowerment must be integrated into social protection programmes to effectively address malnutrition, targeting **pregnant and lactating women and adolescent girls** as key nutritionally vulnerable groups.

Policy-makers should again note the importance of BCC alongside transfers. Building on the recommendations in the previous section, **BCC activity should target adolescent girls from a nutrition perspective as future mothers**. Key elements include transforming gender-based eating practices, eating practices during pregnancy, delaying pregnancy, and BCC for whole family (particularly men).

4.3 NUTRITION PATHWAY: HEALTH ENVIRONMENT AND SERVICES

In this section we explore the context of caring practices for women and children in Bangladesh, the known impact of social protection on this pathway, and the implications for the development of nutrition-sensitive social protection.

We look at the key drivers of malnutrition under this pathway: water, sanitation and hygiene, health and nutrition, and health services.

THE KEY DRIVERS OF MALNUTRITION IN BANGLADESH

WATER, SANITATION AND HYGIENE

It is widely acknowledged that poor water and sanitation, in particular open defecation combined with drinking surface water, breeds diseases that affect malnutrition. Of particular concern is a disorder of the small intestine called tropical enteropathy, which is experienced in childhood. It thrives wherever there is open defecation, as faecal matter travels from children's hands into their mouths or drinking water. Tropical enteropathy

PHOTO: G. CLARKE/SAVE THE CHILDREN

Rohima, who is five months pregnant, receives her first antenatal check-up from Sita, a paramedic at the Poilarkandi health clinic in Habiganj district.

impedes the ability of children's bodies to absorb and retain nutrients in food.[214] Other similarly transmitted problems that affect growth in children are diarrhoea and parasitic infections (worms).[215]

The link between open defecation and stunting is clearly visible when countries with different stunting rates are compared with one another. Research from the Rice Institute[216] confirmed the higher the proportion of population practising open defecation, the lower the average height of children.

Bangladesh has made massive strides towards eradicating open defecation. In 1990, one in three people nationally practised open defecation, but the prevalence of the practice had dropped to only 3% by 2012. These impressive gains can be associated with a national campaign launched in 2003 which brought non-governmental organisations (NGOs), international agencies and the Government together to mount what was called a 'community-led sanitation approach'. The community was involved in all stages of planning and action, and they were helped to understand that 'if we openly defecate, we will be consuming other people's faeces'.[217]

Interestingly, the timing of the national campaign on sanitation coincides with a period between 2004 and 2007 when Bangladesh saw a fall in stunting, from 51% to 43%.[218] It may be that the improvement in sanitation helped to bring about this change.

Another success story: during the same period in which open defecation dropped dramatically, the practice of drinking surface water was virtually eradicated in Bangladesh. Fifteen percent of households still drink water from an 'unimproved' well or other unimproved source, so work remains to be done, but the vast majority (85%) now use an adequate water source.[219]

HEALTH AND NUTRITION

A good diet is not enough on its own to protect children from malnutrition. Infection, particularly frequent or persistent diarrhoea, pneumonia, measles and malaria, undermines a child's nutritional status.[220] Children need to be protected from disease by vaccinations, clean water and good hygiene, as well as being treated when they are sick. This is the foundation upon which a good diet can enable proper growth and development.

Medical conditions that can contribute to malnutrition include:[221]

- those that cause a lack of appetite, such as cancer or liver disease
- persistent pain or nausea
- a health condition that disrupts the body's ability to digest food or absorb nutrients
- a mental health condition that affects ability for self-care
- persistent diarrhoea
- persistent vomiting.

HEALTH SERVICES

Health coverage, and particularly access to healthcare when it is needed, is crucial for wellbeing.[222]

Universal health coverage has been defined as the desired outcome of health system performance where all people who need health services (promotion, prevention, treatment, rehabilitation and palliative care) receive them, without undue financial hardship.[223]

Universal health coverage has two interrelated components that should benefit the entire population:[224]

- the full spectrum of good-quality essential health services according to need
- protection from financial hardship, including possible impoverishment due to out-of-pocket payments for health services.

Bangladesh has been commended for its progress in health. Improvements in the survival of infants and children under five years of age, life expectancy, immunisation coverage, and tuberculosis control are all part of the success story. This has been achieved despite low spending on healthcare, a weak health system, and widespread poverty.[225] But, as addressed in this report, Bangladesh still faces acute problems, including deep poverty and malnutrition.

Experts have called for Bangladesh's system to undergo a 'second generation of health-system innovations' as it strives towards universal health coverage.[226] As *The Lancet*[227] sets out, this agenda should draw on the experience of the first generation of innovations that underlie the country's impressive health achievements and creatively address future health challenges.

Central to the reform process will be the development of a multi-pronged strategic approach that:

- responds to existing demands in a way that ensures affordable, equitable, high-quality healthcare from a pluralistic health system
- anticipates healthcare needs in a period of rapid health improvements and social transition
- addresses underlying structural issues that otherwise might hamper progress.

A pragmatic reform agenda for achieving universal health coverage in Bangladesh should include:

- development of a long-term national human resources policy and action plan
- establishment of a national insurance system
- the building of an interoperable electronic health information and monitoring system
- investment to strengthen the capacity of the Ministry of Health and Family Welfare
- creation of a supraministerial council on health.

Greater political, financial and technical investment to implement this reform agenda offers the prospect of a stronger, more resilient, sustainable and equitable health system.[228]

HEALTH PROTECTION SCHEMES

Social protection impacts on health in many ways. A particularly important element is in relation to health protection schemes.

A health protection system or scheme provides legal health coverage to individuals, eg, through entitlements to benefits prescribed by national law. Health coverage should be rights-based and protected through national health services and/or national, social or private health insurance schemes.[229]

Health protection schemes and systems that are well designed and implemented, and which are embedded in appropriate economic and labour market policies, are extremely cost effective and have the potential to recover a large part of their costs at national level.[230]

Of all the elements of social protection, healthcare is arguably the most essential to the economy as a whole and to economic recovery in particular. **In developing countries, the economic returns on investing in health are estimated at 24% of the economic growth between 2000 and 2011, taking into account increases in both national income and life year's gains.**[231]

THE IMPACT OF SOCIAL PROTECTION ON THE HEALTH ENVIRONMENT AND SERVICES

An important finding from our literature review[232] is that programmes that have achieved significant reductions in stunting have also addressed the health environment, resulting in infrastructure improvements. Programmes from Bangladesh that have seen successes include SHOUHARDO, Jibon-O-Jibika (although there were some issues with broken latrines) and the Chars Livelihood Programme.

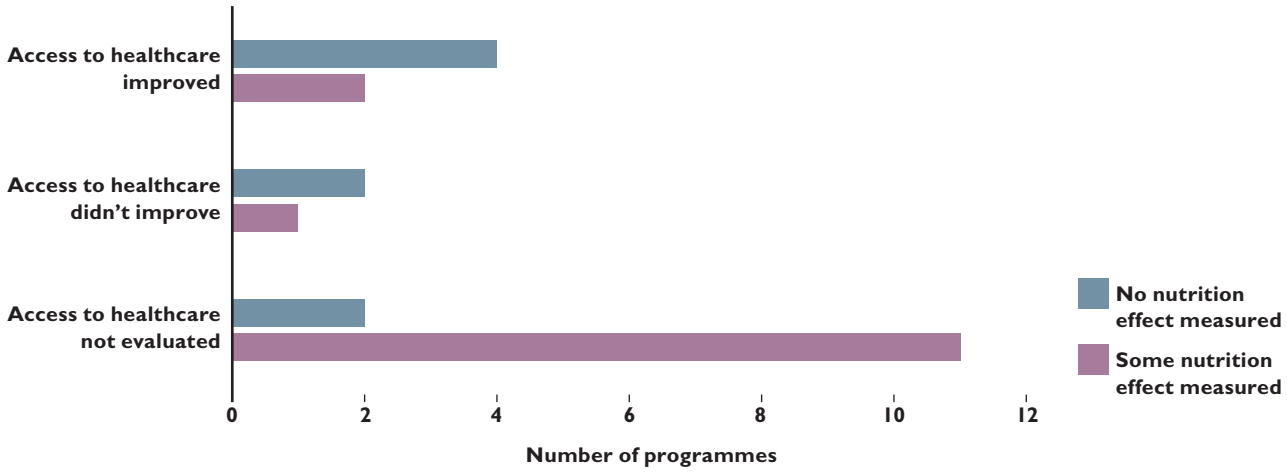
Unfortunately, the information from our literature review[233] is very limited for programmes that saw a measured improvement in access to safe water versus those that did not. This pathway indicator was not evaluated for a majority of programmes. Therefore, it is hard to make strong conclusions in relation to these specific programmes. What we do know is, of the four programmes where access to safe water was evaluated and there was an improvement, three measured some nutrition effect. In the six where it was evaluated and there was no effect, the chances of seeing impacts on nutrition, or not, were even. This implies that if access to safe water is successfully achieved, impact on nutrition is likely.

The disease environment also matters a great deal for wasting. While severe wasting may be reduced by simply improving food intake and nutrition as a whole, tackling chronic malnutrition requires a more integrated approach, including making improvements to the overall health environment in order to reduce incidences of infectious disease. Providing nutrition counselling without addressing access and use of safe water and sanitation may prove ineffective, as almost all programmes provide nutrition counselling but only a few achieve significant reductions in stunting.

Information on access to healthcare is much more conclusive (see Figure 24 on the next page). The majority of programmes were evaluated on this pathway and in most cases access to healthcare improved.

Of the 13 programmes that impacted on health access, 11 saw some measured nutrition effect. This demonstrates social protection as an effective mechanism to improve health access and confirms the strong relationship between health and nutrition, highlighting the importance of this pathway for nutrition-sensitive social protection.

FIGURE 24 **ACCESS TO HEALTHCARE AND EFFECT ON NUTRITION**



Source: Save the Children calculation based on literature review. See Appendix C for literature review references.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN BANGLADESH

As our review has shown, **nutrition gains are often greater when social protection impacts on safe water and the disease environment**. The importance of WASH (water, sanitation and hygiene) as part of an integrated approach to tackle chronic malnutrition (stunting) has been highlighted. This theory is supported by Humphrey[234] and others who argue that open defecation and drinking contaminated surface water breeds disease and that this is the major way in which poor water and sanitation lead to stunting.

Improvements in access to safe water and a decrease in the practice of open defecation may explain some of the reduction in stunting observed in Bangladesh. It may also imply that the stunting gains possible from further improvement in sanitation and water are limited, and that in many parts of Bangladesh there are now more important priorities, such as women's empowerment and addressing stunting at birth.

Access to quality and affordable healthcare is a significant problem. How social protection can promote access to public health services in Bangladesh, with a particular focus on adolescent girls, is a key question for strategy and programme design. **Policy-makers should also consider how the National Social Protection Strategy can encourage and support the much-needed health reform agenda.**

5 MALNUTRITION IN BANGLADESH: WHAT DOES SOCIAL PROTECTION NEED TO ADDRESS?

Clear priorities have emerged from our pathways analysis, but before we can draw conclusions we need to understand the wider nutrition context. In this section, we identify the priority groups for nutrition-sensitive social protection in Bangladesh, and highlight the places where the problems underlying poor nutrition outcomes are worst. In order to do this, we explore nutrition progress through an equalities lens, compared with other Asian countries.

IS BANGLADESH ON TARGET TO HALVE STUNTING BY 2030?

In 2010 Bangladesh's overall stunting rate was estimated at 42%.[235] Halving this figure means reaching a target of 21% by 2030.[236] If the trend from 1997 to 2011[237] continued[238] to 2030, the stunting rate in 2030 would be 25% – four percentage points higher than the target.

Only the top 10% richest by wealth will meet the target of halving stunting. The top two quintiles by wealth and Khulna division are also likely to get close.

Sylhet division, the poorest quintile, and urban areas of Bangladesh would remain some distance from the target if current trends continue.

Figure 25 shows a 2030 target based on halving 2010 levels of stunting, and a forecast for 2030, based on trends between 1997 and 2011. The groups are ordered by how far from the target they would be in 2030 under this scenario, with those that will be furthest away at the top. The targets for each group differ due to the difference in stunting prevalence at the baseline for each.

GRID

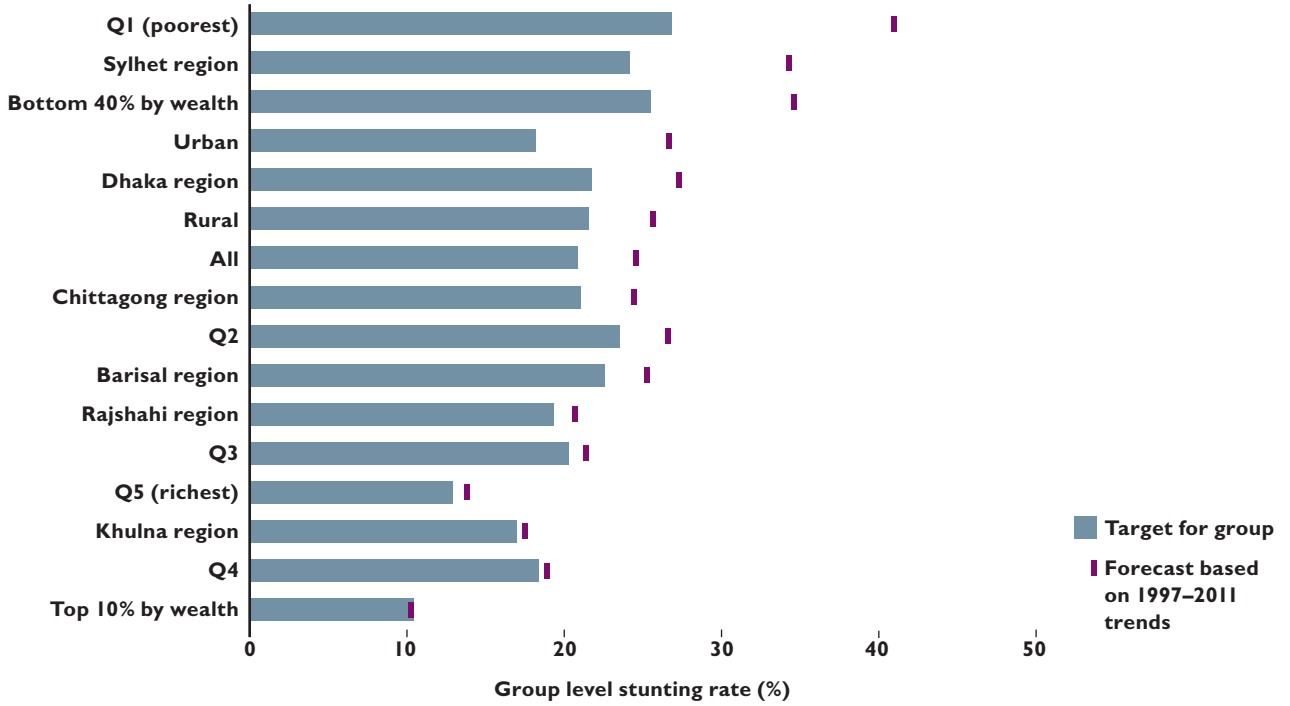
The data in this section is drawn from the Groups and Inequality Database (GRID). GRID was developed by Save the Children and is designed to monitor group-based inequality across developing countries in key dimensions of child rights and wellbeing, including child mortality, malnutrition and WASH.

GRID allows the identification of children that are 'hardest to reach' or those who have been 'left behind'.

GRID is based on direct processing of raw data from Demographic and Health Surveys (DHS), and it contains results from 257 nationally representative household surveys. GRID currently includes over 90 developing countries (for up to seven points in time).

Country data is disaggregated to measure and monitor disparities across the following groups: girls/boys; urban/rural; sub-national regions; ethno-linguistic groups; wealth groups (measured with the wealth index).

FIGURE 25 **FORECAST STUNTING RATE vs. 2030 TARGET**



Source: Save the Children calculation based on the 2011 Demographic Health Survey

Notes: Forecast based on compound annual growth rate between 1997 and 2000

WHICH GROUPS ARE FURTHEST BEHIND?

The lowest quintile by wealth, with a 54% stunting rate, and the poorest 40% by wealth, with a 50% stunting rate, have the highest prevalence of stunting and are the furthest behind. These stunting rates are significantly higher than the national figure of 41.3%. Sylhet division is the third worst group, with a similarly large stunting rate of 50%.

Wealth and malnutrition are clearly linked in Bangladesh. The poorest have the highest rates of stunting, yet stunting trends reflect widespread poverty. A significant drop in stunting rates across wealth quintiles is not seen until quintile 5 or the richest 10% by wealth.

Figure 26 shows stunting rates by group in 2011 (the latest DHS data available). The groups with the highest stunting rate are at the top of the figure.

Bangladesh's performance on stunting rates between 1997 and 2011 has brought a large number of children out of chronic undernutrition. In 1997, 9.9m children in Bangladesh were stunted. By 2011, that number had dropped by more than a third, to 6.0m.[239] Between 1997 and 2000 there was a fairly fast drop in stunting, and again between 2004 and 2007 (which may have been at least partly attributable to the national push on sanitation). In other periods (eg, 2000–04 and 2007–11) progress was slower.[240]

ARE INEQUALITIES WIDENING OR NARROWING?

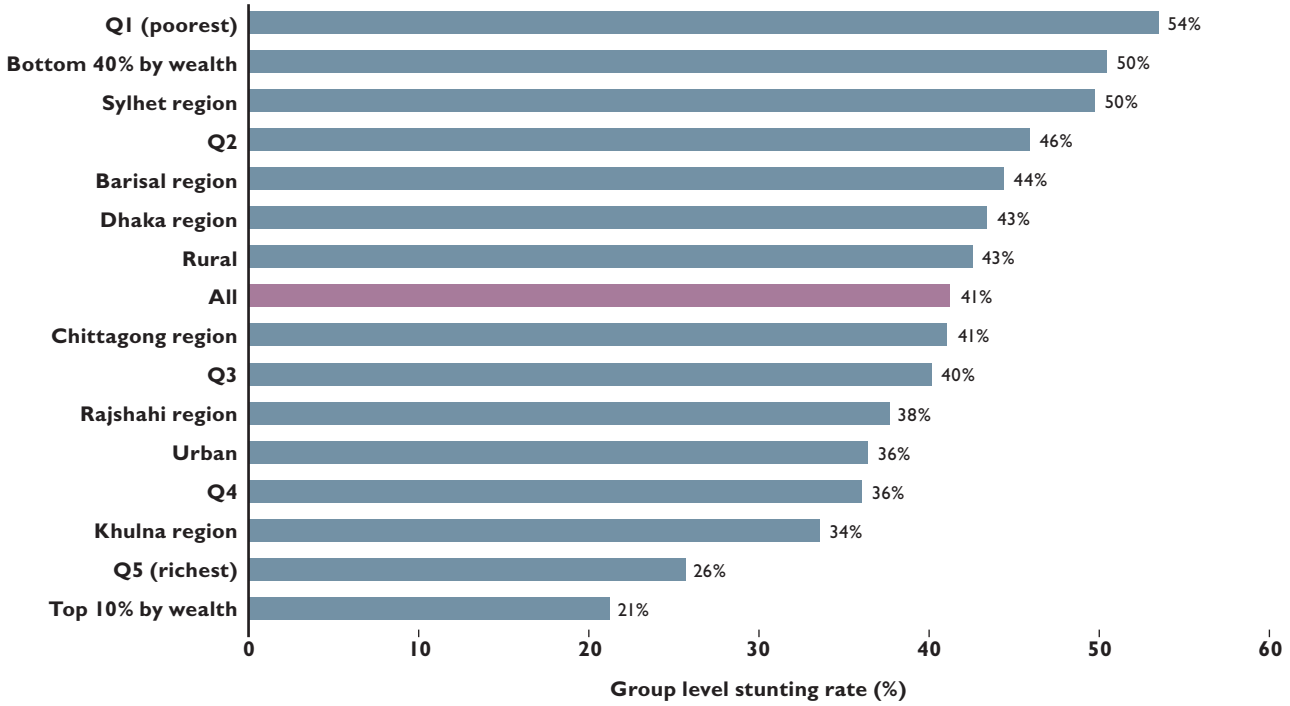
The table below summarises inequality between groups. It reports the ratio of stunting rates. This measures how much higher stunting in the first group is compared to the second.

WEALTH INEQUALITIES

The situation for poor children is getting worse

A child in the bottom 40% (poorest) by wealth is 2.4 times more likely to be stunted than a child in the top 10% (richest) by wealth. This ratio increased from 1.8 in 2007. A similar pattern is visible for the poorest versus richest quintiles, meaning a deteriorating situation for poor children in Bangladesh. We found a similar pattern when we examined the poorest versus richest quintiles.

FIGURE 26 **STUNTING RATES IN 2011 BY GROUP**



Source: Save the Children calculation based on the Demographic Health Survey of Bangladesh

INEQUALITY IN STUNTING RATES BETWEEN DIFFERENT GROUPS 1997–2011

	1997	2000	2004	2007	2011	Increase 1997–2011
Bottom 40% vs. top 10% ratio	1.8	2.5	2.3	2.6	2.4	0.5
Poorest vs. richest quintile ratio	1.6	2.0	2.0	2.0	2.1	0.5
Rural vs. urban ratio	1.4	1.3	1.2	1.2	1.2	-0.2
Barisal vs. Khulna ratio	1.2	1.2	1.4	1.4	1.3	0.1
Sylhet vs. Khulna ratio	1.2	1.4	1.3	1.3	1.5	0.3

Source: Save the Children calculation based on the Demographic Health Survey of Bangladesh

DIVISIONAL [REGIONAL] DIFFERENCES

Inequality between the best and worst divisions is increasing

Barisal and Sylhet divisions are the two worst for stunting rates and Khulna is the best. In 1997, 2004 and 2007 Barisal was the worst, and in 2000 and 2011 Sylhet was the worst. Khulna is the division with the lowest stunting in each year. The two bottom rows of the above table compare Barisal and Sylhet to Khulna. In particular, Sylhet and Khulna are increasingly further apart on stunting.

URBANISATION

Rural versus urban inequality is narrowing

The only type of inequality shown here that is narrowing is rural versus urban inequality. Between 1997 and 2004, the ratio was dropping because rural areas saw faster reductions in stunting than urban areas did.

These findings pose significant policy and design implications so a closer look is required. Next we will look at the trends in wealth inequality.

Then we explore why some divisions have higher levels of malnutrition than others, based on our pathway analysis, before looking at the comparisons with other Asian countries.

Urbanisation will be considered in Section 5.1.

WEALTH INEQUALITIES

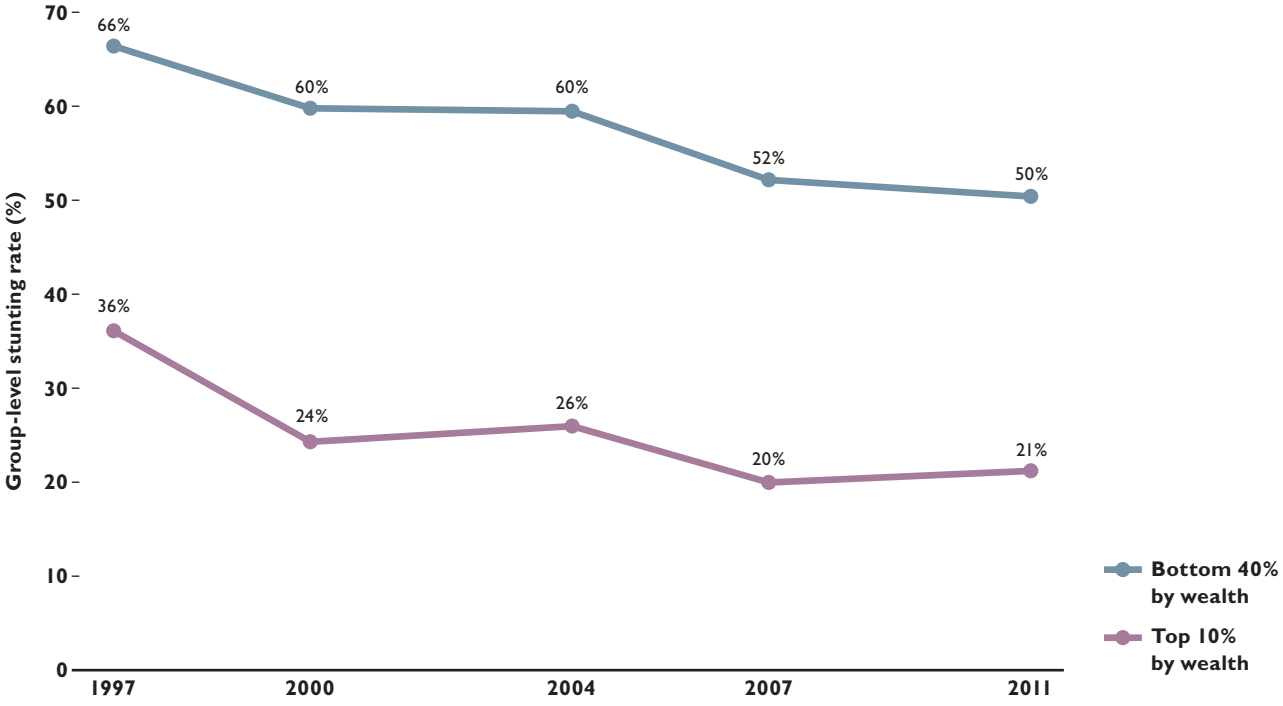
By taking a closer look at the differences in stunting between the poorest and richest children over time, we see that **the large gap between rich and poor has been consistent for some time and shows no significant sign of narrowing** (see Figure 27).

This is a major concern for Bangladesh. As future nutrition programmes are developed, efforts must be made to address this imbalance and ensure that no one is left behind.

The poorest groups have the highest rates of stunting, yet stunting trends reflect widespread poverty

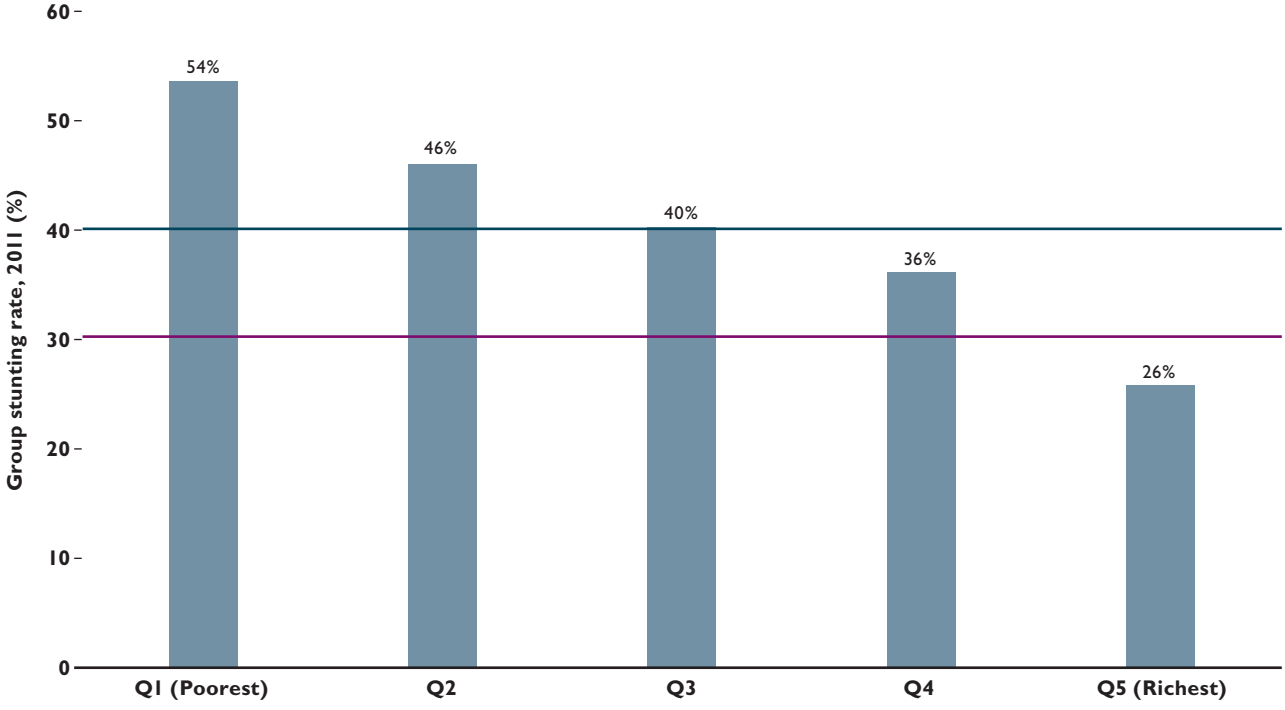
The prevalence of stunting across wealth quintiles is also important to understand. Wealth group quintiles 1–4 have stunting rates over 30% and for wealth group quintiles 1–3 it is over 40% (see Figure 28). A significant drop in stunting rates is not seen until quintile 5, or specifically the top 10% by wealth. The 'poorest' actually refers to the vast majority of society. This has significant implications for the development of Bangladesh's national social protection system, illustrating that universal social protection coverage is a viable cost-effective approach.

FIGURE 27 **STUNTING RATES FOR BOTTOM 40% AND TOP 10% BY WEALTH 1997–2011**



Source: Save the Children calculation based on the Demographic Health Survey of Bangladesh

FIGURE 28 **STUNTING RATES IN 2011 BY WEALTH GROUP QUINTILE**



Source: Save the Children calculation based on the Demographic Health Survey of Bangladesh

DIVISIONAL INEQUALITIES

In this report we have explored a range of nutrition indicators that social protection affects in both Bangladesh and elsewhere. The divisional (regional) differences we have seen in Bangladesh are significant. In the table on the next page, we explore nutrition outcomes by division alongside ten of the 'pathway' indicators identified to measure factors that can contribute to nutrition outcomes. These indicators are grouped into five categories identified through our analysis to be particularly significant for nutrition-sensitive social protection in Bangladesh: household financial status (money), factors associated with stunting at birth (pre-birth), food security, caring practices for women and children, and water and sanitation.

Divisions with the highest levels of undernutrition score poorly on a range of pathway indicators. Sylhet, with a very high stunting rate of 50% and 18% wasting rate in 2011, has eight out of ten of the indicators coloured red. Barisal, which also has a poor stunting rate (44% in 2011), has six out of ten red. At the other end of the scale, the divisions that do well on nutrition, like Khulna with a relatively low 34% stunting rate and 15% wasting rate, are those which have good scores on many of the pathway indicators.

Chittagong and Dhaka have a majority of pathway indicators showing strong (green) scores, although it is important not to be deceived. These are, by far, the most populous divisions in Bangladesh, with 28.4m (19%), and 47.4m (32%) people respectively in 2011. Because of their large share of the population, their nutrition outcomes are close to the national average, and so classified amber, almost by definition.[241]

Rajshahi and Rangpur are a little mysterious. They both have better nutrition outcomes than their pathway indicators would suggest. Most pathway indicators in Rajshahi have been classified as amber or red, and yet the stunting rate in 2011 was a very low 34%. In Rangpur, six out of ten pathway indicators were classified red, and yet stunting was within 5% of the national average and wasting was more than 5% below. One possible explanation is the high rice price in 2010 and 2011. This may well have benefitted households in Bangladesh's 'rice belt' – located in Rajshahi and Rangpur. However, further exploration is required before any conclusions can be drawn.

DIVISIONAL SCORES ON NUTRITION AND PATHWAY INDICATORS, 2010–11

	Nutrition outcome		Money	Pre-birth		Food security	Caring practices for women and children				Water and sanitation	
	Stunting (%)	Wasting (%)	% living under lower poverty line	MUAC pregnant women <230mm (%)	Median age at first marriage (25–49-year-olds) (years)	Household food insecurity access scale (FSNSP) (%)	Highest educational level: secondary or higher (%)	Feeding 4 or more food groups, 24–59 months (%)	Health professional at birth (3 years before survey) (%)	Antenatal visits – any (%)	Surface water (%)	No toilet facility (%)
Sylhet	50	18	21	43	17.2	79	32	47	7	62	5	4
Barisal	44	15	27	33	15.4	77	46	51	9	60	4	2
Dhaka	43	16	16	23	15.6	63	42	69	7	74	0	4
Chittagong	41	16	13	22	16.3	64	48	63	9	86	0	2
Rangpur	43	13	30	28	14.7	76	38	48	11	87	0	14
Rajshahi	34	16	17	31	15.1	70	39	65	9	78	0	5
Khulna	34	15	15	30	15.1	74	47	59	18	82	5	2
Source	DHS 2011	DHS 2011	HIES 2010	FSNSP 2011:102	DHS 2011	FSNSP 2011:62	DHS 2011	FSNSP 2011:132	DHS 2011	FSNSP 2011:96	DHS 2011	DHS 2011
Nat +5%	43	16	18	28	16.3	72	44	64	10	81	1	5
National	41	16	18	27	15.5	69	42	61	10	77	1	5
Nat -5%	39	15	17	26	14.7	66	40	58	9	73	1	4

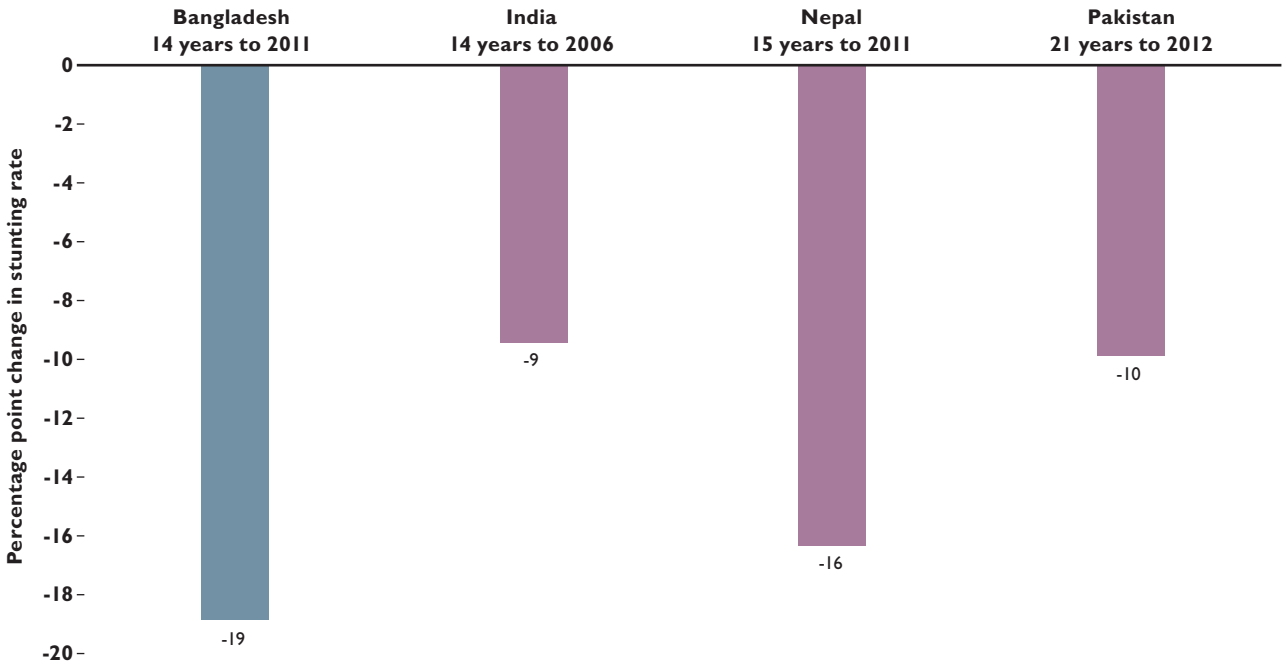
Within 5% of national average

Worse than that

Better than that

Sources: Save the Children calculations based on DHS 2011, HIES 2010, FSNSP 2011

FIGURE 29 **PROGRESS ON MALNUTRITION IN BANGLADESH COMPARED TO OTHER SOUTH ASIAN COUNTRIES**



Source: Save the Children calculation based on the Demographic Health Survey of Bangladesh

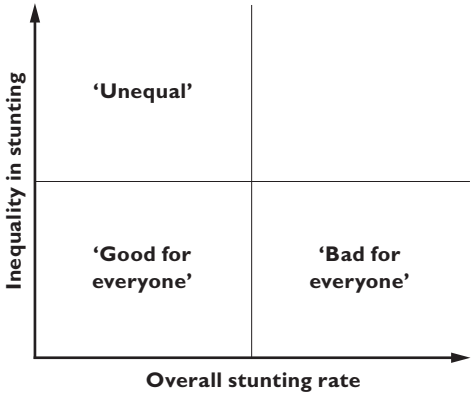
BANGLADESH'S PROGRESS ON MALNUTRITION COMPARED TO OTHER COUNTRIES

Bangladesh has reduced stunting quicker than its neighbours in South Asia. It has seen a drop of 19 percentage points in 14 years, while other countries have only managed smaller drops (see Figure 29). In order to understand this achievement in more detail, this section uses both the national stunting rate and inequality in stunting to benchmark Bangladesh, and to show how it is progressing relative to other countries.

BENCHMARKING COUNTRIES BY STUNTING AND DISPARITIES IN STUNTING

Figure 30 shows possibilities for how stunting and measures of disparities might combine. Countries with high stunting rates across the whole population combined with little inequality appear in the bottom right corner of the figure. Here, the situation is bad for everyone. The bottom left corner of the figure is the opposite situation. Countries here have low overall stunting rates and low inequality. The situation is good for everyone. The two uppermost quadrants of the figure are where there is high inequality. The top right hand corner with high inequality and high overall stunting rates is the worst case scenario, but this is rarely seen in practice. This leaves the top left, which is where advantaged groups have lower stunting than disadvantaged groups, presumably because the privileged have experienced progress not available to the less fortunate.

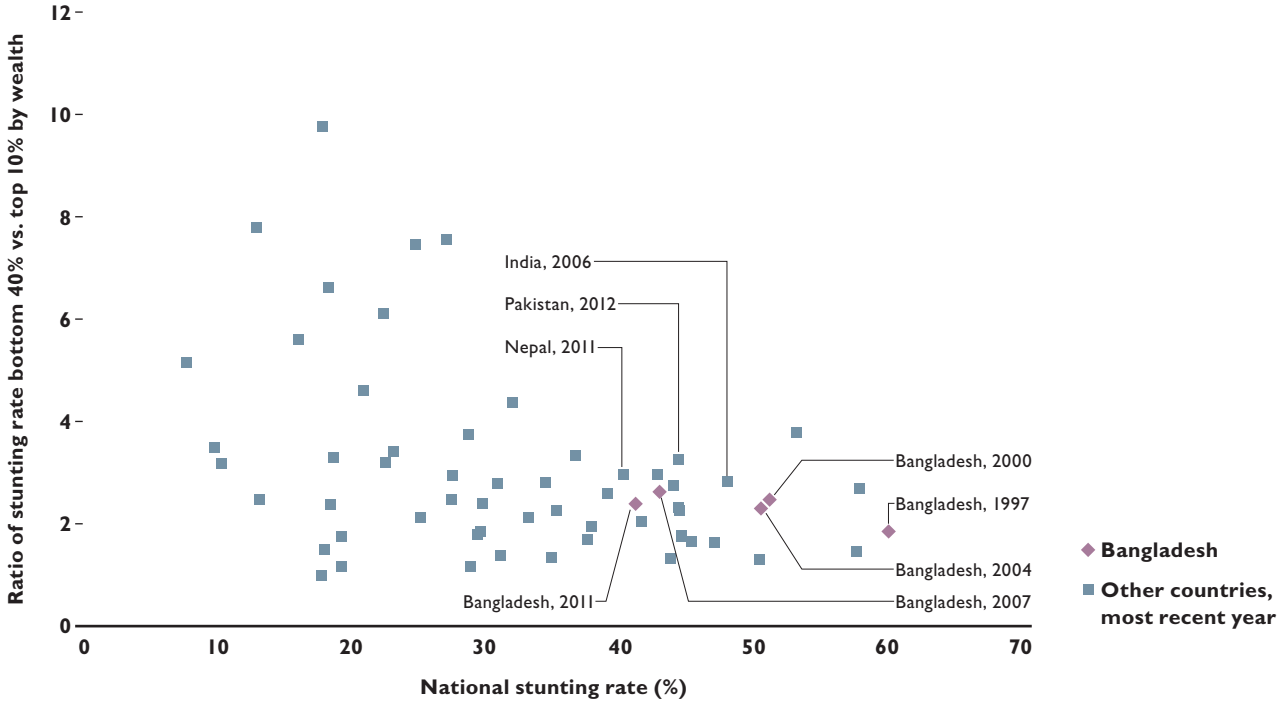
FIGURE 30 **BENCHMARKING COUNTRIES BY STUNTING AND DISPARITIES IN STUNTING**



Source: Save the Children

Bangladesh's position in Figure 31 on the next page, alongside all the other countries in the GRID database, gives some context to the findings outlined above. It shows how the overall stunting rate and

FIGURE 31 **BENCHMARKING AGAINST ALL COUNTRIES IN GRID FOR WEALTH GROUP**



Source: Save the Children calculation based on the Demographic Health Survey of Bangladesh

Notes: 56 countries included in total. All years are shown for Bangladesh; for other countries only the most recent year in the database is included.

inequality in stunting compare to other countries, and whether Bangladesh's stunting rate and inequality in stunting is 'high' or 'low'. In the figures below, all the years available for Bangladesh are plotted and labelled. This also allows us to benchmark Bangladesh's progress. So, if the overall stunting rate is falling, is this progress happening at the expense of widening inequalities between social and economic groups? If inequality is increasing, is it now reaching the levels in the worst countries?

Inequality across wealth groups is increasing in Bangladesh, but how does it compare to other countries?

Even after all that progress, stunting in 2011 remains widespread and 'bad for everyone'

Bangladesh has a high stunting rate relative to other countries, according to our analysis, but fairly low inequality in stunting across wealth groups. It is in the 'bad for everyone' quadrant of the figure.

Stunting rates in Bangladesh are considerably higher than average

On average, in the 55 other countries included, the stunting rate was 31% in the most recent year for which we have data. Bangladesh's score of 41% in 2011 is considerably higher. The average inequality ratio between the top 10% and bottom 40% is 3.1. Between 1997 and 2011, Bangladesh went from 1.8 to 2.4. This increase did not push Bangladesh's inequality ratio above the average.

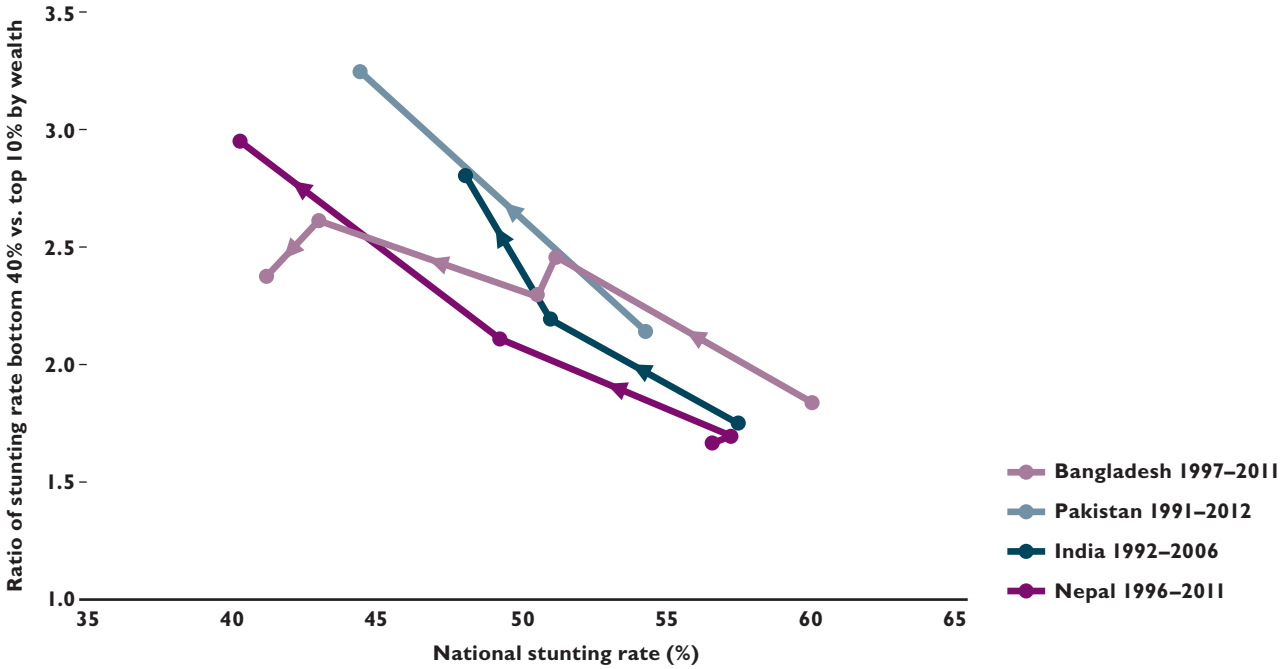
The situation is improving very slowly

A fair summary of Bangladesh's progress on stunting is that, in the period since 1997, there has been a big improvement in the overall stunting rate, and this has come at the expense of only a relatively modest increase in inequality across wealth groups. For a country in the 'bad for everyone' quadrant to start off with, this is the right kind of progress. The aim is to see stunting fall without introducing significant inequality.

Bangladesh's comparative success in nutrition is due to low levels of inequality

Taken in the context of the trajectories that other South Asian nations have experienced, Bangladesh has done very well. Nepal, India and Pakistan have all reduced national-level stunting by significant numbers since the early-mid 1990s. However, all three have experienced much larger increases in inequality across wealth groups.

FIGURE 32 **PROGRESS IN BANGLADESH COMPARED TO OTHER SOUTH ASIAN NATIONS – WEALTH GROUPS**



Source: Save the Children calculation based on the Demographic Health Survey

Bangladesh has done well in reducing chronic malnutrition relative to other countries, but progress still needs to accelerate to meet targets, and if you look below country level at particular groups there are still sizeable groups of children who need faster progress. Poverty is widespread and this is reflected in high stunting across all but the wealthiest groups.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN BANGLADESH

Social protection carries the capacity to improve nutrition for all while targeting the most vulnerable groups. Poverty is very closely linked with malnutrition. The risk of falling back into poverty is very high where effective social protection mechanisms do not exist.

Stunting in Bangladesh is 'bad for everyone', therefore a narrow poverty-targeted programme (as is proposed) is not going to sufficiently address stunting. Arguments for universal social protection coverage arise as a viable cost-effective approach due to the high stunting prevalence across wealth groups.

Critical policy implications arising for the targeting of social protection programmes are:

- **progress to improve malnutrition in Bangladesh needs to increase for everyone**
- **the large divide between wealth groups needs addressing**
- **divisional trends need attention**
- **the trend of urban malnutrition rates moving closer to rural rates is an increasing concern** (see Section 5.1)
- **well-designed social protection needs to target a range of pathway indicators.**

We present specific design recommendations for Bangladesh in Section 8 based on all of the evidence presented in this report.

5.1 SPECIAL FOCUS: URBANISATION

The only area of inequality shown to be reducing in Bangladesh is urban versus rural. This has significant policy implications for nutrition. In this section we look deeper into the trend and consider the implications for nutrition-sensitive social protection.

THE IMPACT OF RAPID URBANISATION ON MALNUTRITION IN BANGLADESH

HEADLINES

- Chronic malnutrition (stunting) in urban areas is decreasing at a slower rate than in rural areas.
- Populations in urban areas are expected to expand by a further 50% by 2028. From 2045 onwards, Bangladesh will be a predominantly urban country.
- The worst affected urban areas for malnutrition, city corporation slums, had 50% stunting rate in 2013. This was as bad as the worst groups in the country.
- Only 9.4% of households in urban areas benefit from social protection. Coverage of key schemes for old age and for vulnerable women is particularly weak, with only 6% and 2% of beneficiaries coming from urban areas.

PHOTO: SEBASTIAN RICH/SAVE THE CHILDREN

Maushum, 18, and her daughter Shapna, 8 months, live in the slums of Dhaka, where there are high levels of malnutrition.

Rural versus urban inequality is decreasing

Between 1997 and 2004 rural areas saw faster decreases in stunting than urban areas (see Figure 33).

Rural areas historically have had much higher stunting rates and have been home to approximately two-thirds of the total population. The improvements in nutrition are likely to be the result of well-targeted human development interventions. In the future, however, priorities look set to change.

As of 2011, the disparity in stunting rates between urban and rural was only nine percentage points and closing. At the same time, the location of populations is changing. Growth in rural populations has slowed and declines are expected from 2016 onwards. Urban populations, on the other hand, have expanded rapidly, and are expected to expand by a further 50% by 2028. From 2045 onwards, the urban population is expected to exceed the rural population, with the gap getting ever wider.[242]

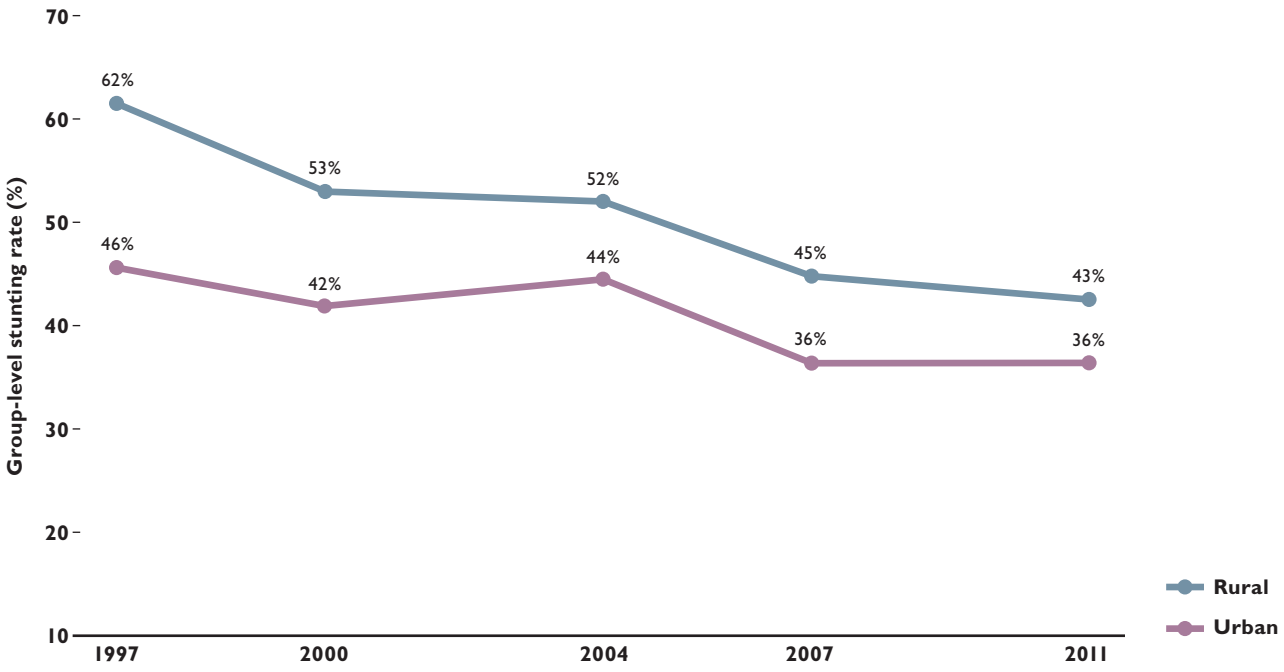
Addressing nutrition in urban areas presents a complex challenge. The overall urban stunting rate, at 36% in 2011,[243] masks considerable diversity (see Figure 34 on the next page). **The 2013 Urban Health Survey showed that the stunting rate was 50% in city corporation slums – the worst affected urban areas.**[244] This was as bad as the worst groups in the country. As we have seen, in 2011 the poorest quintile had a 54% stunting rate, the poorest 40% a 50% rate, and Sylhet region, 50% also.[245]

Addressing undernutrition in slums may involve targeting a range of pathways to better nutrition. Some pathway indicators – access to improved water, proximity of a health facility, contraceptive use, exclusive breastfeeding, and children with acute respiratory infection receiving antibiotics – show a good performance in urban slums.[246]

But, as Figure 34 shows, and as is the case elsewhere, a range of other issues are important for nutrition in urban areas. **Urban slums remain behind other urban areas and in many cases behind Bangladesh as a whole.** Each panel of the figure represents one of the major pathway areas we have focused on in this report: stunting at birth, women's empowerment, caring practices for women and children, infant feeding, and health environment.

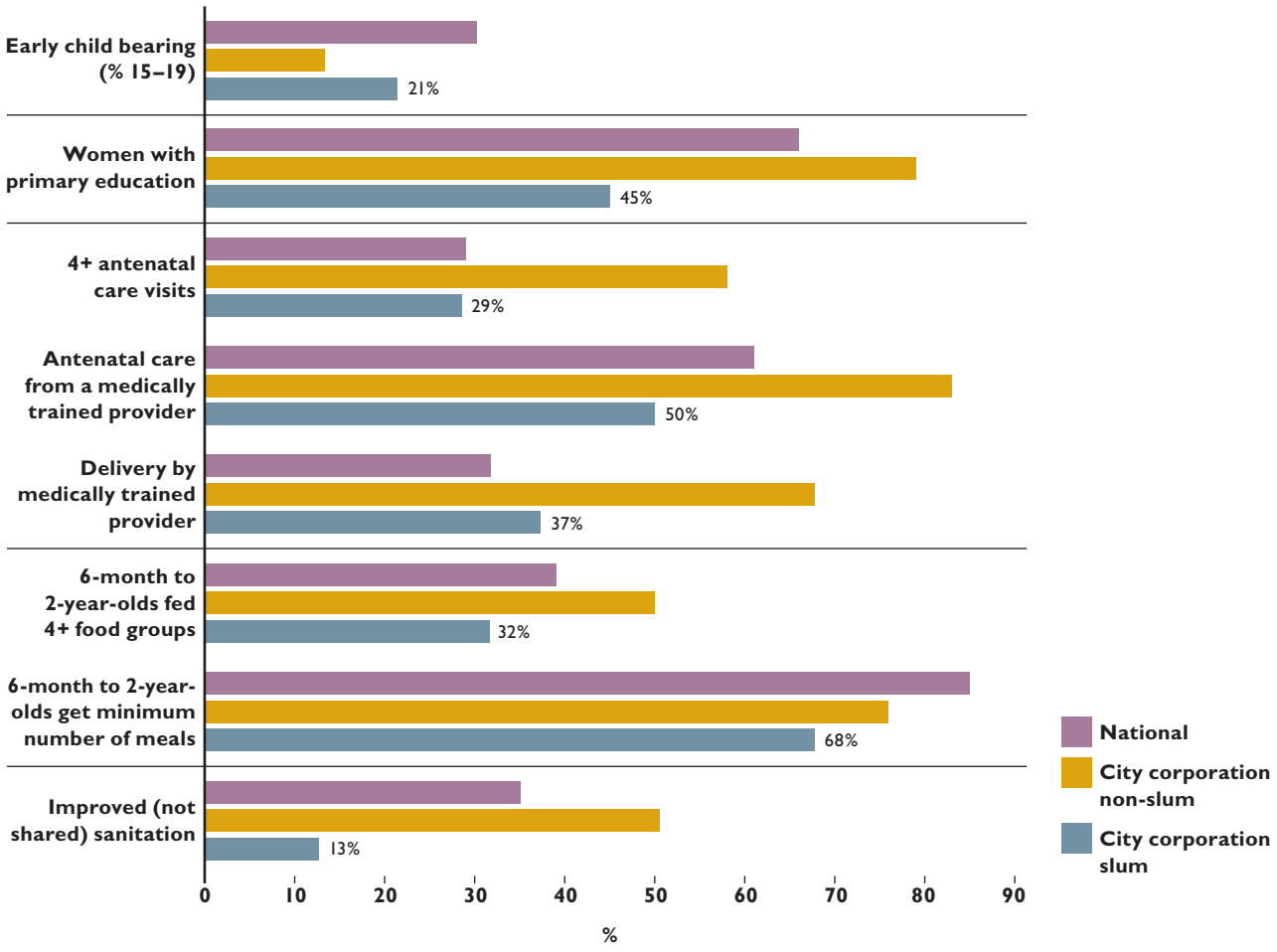
The pathway indicators that show **the worst performance for urban areas are in women's education, antenatal care from a medically trained provider, and sanitation. These, along with food security,[247] may be the areas most in need of intervention**, and should be considered for the development of nutrition-sensitive social protection programmes in urban areas. It is also

FIGURE 33 **STUNTING RATES FOR URBAN AND RURAL AREAS 1997–2011**



Source: Save the Children calculation based on the Demographic Health Survey

FIGURE 34 **COMPARING PATHWAY INDICATORS IN SLUMS TO NON-SLUMS AND NATIONAL**



Source: National Institute of Population Research and Training (NIPORT) 2013,[248] DHS 2011, FSNSP 2012[249]

Notes: Figures for 'city corporation slums' and for 'city corporation non-slums' are from UHS 2013. That publication included a third urban category, 'other urban areas', which is not shown. National figures are from DHS 2011 for 'Delivery by medically trained provider', and from FSNSP for all other indicators. The measure used for 'Early child bearing' is the percentage of 15–19-year-olds who were pregnant or already mothers; this was not available nationally.

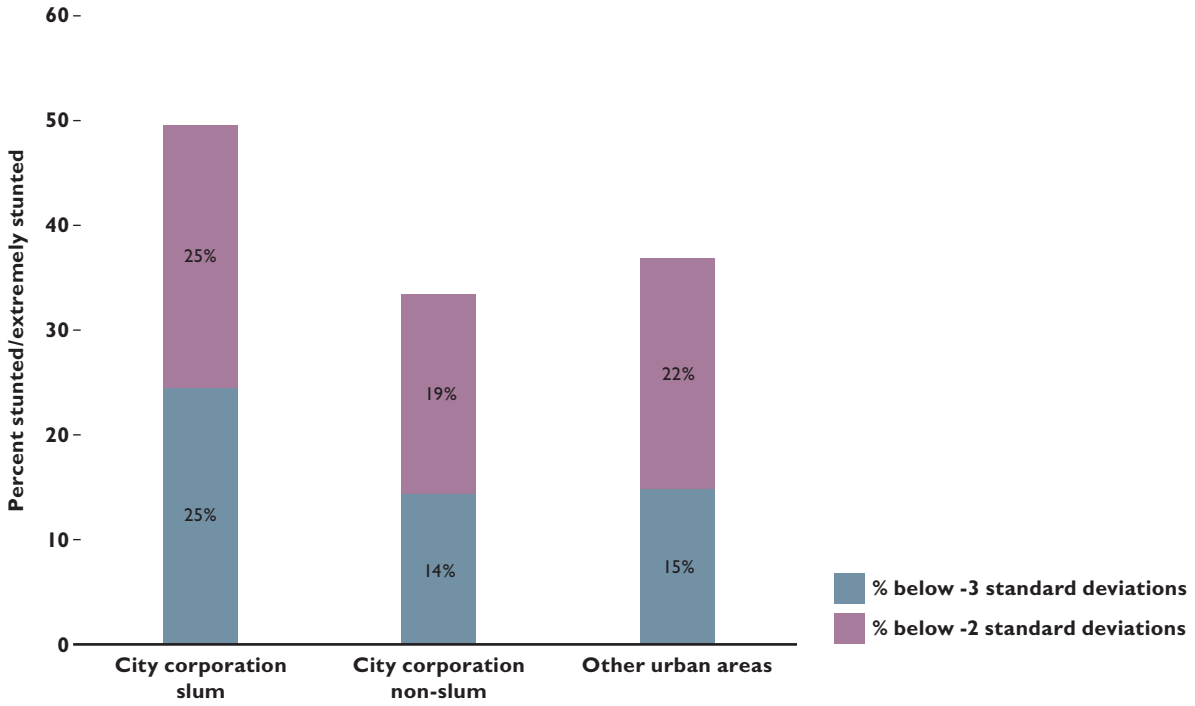
important to consider the specific needs of new migrants, as these are often the poorest people in slums and it is therefore likely that they experience disproportionately bad nutrition outcomes.[250]

On 'severe' stunting, the picture in urban slums is even worse compared to the rest of Bangladesh. In slums, 25% of children under the age of five have 'height-for-age' more than three standard deviations below the median in the reference population (see Figure 35 on the next page). This is a considerably worse rate than the other urban groups in the figure. It is also worse than *all* the groups from across Bangladesh that FSNSP evaluated in 2012;[251] in its survey, the worst groups were Sylhet region, which had severe stunting at 21%, and the poorest quintile, where severe stunting was 17%.

Urban slum dwellers are among the most malnourished groups in the country and should therefore also be in the group at the top of the priority list for help. Urban slums are home to one-third of the total urban population and are rapidly growing. As of 2013, there were about ten million slum dwellers experiencing a 50% stunting rate. By 2030, there will be more than twice as many urban slums, which are predicted to become home to 24 million people.[252]

Yet progress has so far been slow. In 2006, the Urban Health Survey (UHS) measured a stunting rate of 57% in city corporation slums. This means that in the seven years between 2006 and 2013, the stunting rate has only declined by around one percentage point per year.[253] Accelerated effort is required.

FIGURE 35 **STUNTING RATES FOR URBAN AREAS**



Source: NIPORT 2013[254]

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN BANGLADESH

- Social protection coverage is substantially lower in urban areas than rural areas in Bangladesh. The historic rationale for this has been that more people live in rural areas, and that existing programmes such as disaster relief and income-generation activities had an in-built rural focus. In 2012, 20.1% of rural households benefited from a social security programme, compared to 9.4% for urban areas.[255]
- The number of beneficiaries of two of Bangladesh's unconditional cash transfer programmes, 'old age allowance' and 'widowed and distressed women allowance' reflect this bias, with 94% and 98% of beneficiaries respectively coming from rural areas (see table below).
- As urban areas continue to grow in size and rates of malnutrition rise, a critical priority area for the targeting of nutrition-sensitive social protection is emerging. Rural programmes need sustaining to address vulnerability to limited food access for the poorest in areas prone to flooding, but urban programmes must also be developed.
- **The coverage of social protection in urban areas should be increased, with a specific nutrition focus to address high levels of malnutrition, which are only set to increase.**

SOCIAL PROTECTION COVERAGE

Type of programme	National	Rural	Urban
Old Age Allowance	24,75,000	23,27,247	1,47,753
	100%	**94.03%**	**5.97%**
Widowed and Distressed Women Allowance	920,000	9,04,502	15,498
	100%	**98.32%**	**1.68%**

Source: Government of Bangladesh (GoB) (2014)[256]

PART 3

PHOTO: SHAFIQUL ALAM KIRON/SAVE THE CHILDREN

A mother and child in Gowainghat Upazila, Sylhet, where the MaMoni Integrated Safe Motherhood, Newborn Care and Family Planning project is supporting and complementing the government's Health, Nutrition and Population Sector Programme.

6 GOVERNANCE AND POLITICS – THE DRIVING FORCE

We have learned a huge amount about the potential of social protection for nutrition in Bangladesh through our analysis so far. We have identified priority issues and groups. It is now time to think about how to put this learning into action. The remainder of this report will focus on ways of developing social protection programmes and systems in Bangladesh that will effectively affect nutrition.

We start by exploring governance and the political context (this section), then look at the development of nutrition-sensitive social protection in Bangladesh (Section 7), making recommendations as we go. We then pause to reflect on everything we have learned so far before making specific design recommendations (Section 8).

SOCIAL PROTECTION SYSTEMS

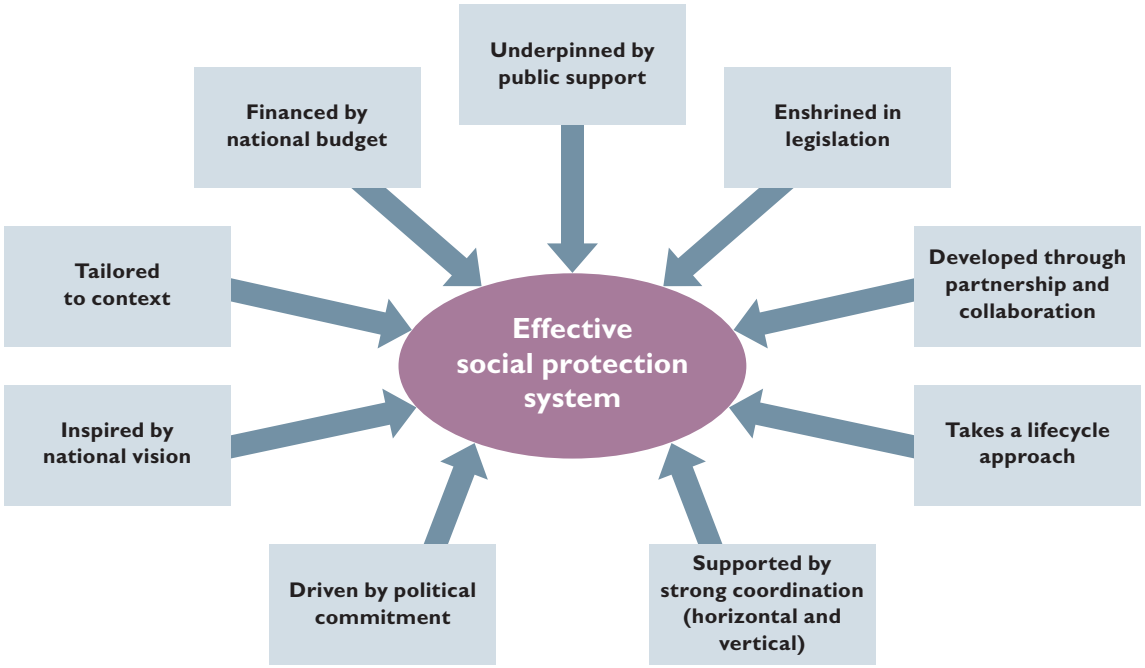
Social protection systems are a country's set of social protection programmes. Social protection systems provide a coordinated portfolio of interventions to address different dimensions of poverty and deprivation, aiming to reduce vulnerability across the lifecycle and ensure cumulative benefits across generations.[257]

Central to the systems approach is a focus on coordination and harmonisation in order to address the fragmentation that limits the effectiveness and impact of social protection policies and programmes, as currently underway with Bangladesh's National Social Security Strategy reform process. National social protection systems are largely based on the existing policy environment and the historical evolution of institutional arrangements developed within a country, as demonstrated in Bangladesh since 1971. To be successful and sustainable, social protection programmes should be institutionalised as part of a system, within national social protection strategy and domestic laws.[258]

The systems approach is advocated and endorsed by the World Bank, the UN and many other development partners. However, it is important to note that there are many challenges, risks and costs involved, including: the challenges of the political economy and differing donor views and practice, the risks of excessive centralisation, and the potential costs of transactions and limited transparency.[259]

The transition towards more integrated systems is a gradual and contextual progress. In operationalising this agenda, it is useful to consider different levels of systems coordination: policy, programmatic and administrative.[260]

FIGURE 36 **EFFECTIVE SOCIAL PROTECTION SYSTEMS – WHAT DOES IT TAKE?**



STRONG GOVERNANCE SYSTEMS

A strong governance system lays the foundation for an enabling environment to maximise the impact of policies and programmes to scale-up nutrition-specific and nutrition-sensitive interventions.[261] Technical and scientific knowledge has established which interventions work to reduce undernutrition, and in this report we have seen the potential that nutrition-sensitive social protection has to offer. However, in order to be successful, it must be delivered through effective governance systems. Furthermore, the influence of politics and governance is critical in the creation of a sustained political force to maintain productivity on the ground, where undernutrition continues to pose a threat to the population.[262]

In this section we explain the importance of building social protection systems, identify central policy and governance implications and present recommendations for the development of governance systems to support nutrition-sensitive social protection.

Brazil and Peru have been widely hailed as two success stories, recognised as having made substantial progress in tackling nutrition through social protection systems. These examples can inform countries such as Bangladesh, which has very high levels of stunting but is making slow but steady progress in reducing hunger and undernutrition.[263]

UNDERSTANDING GOVERNANCE

Governance refers to the exercise of political and administrative authority at all levels to manage a country's affairs. Governance comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences.[264]

Good governance has eight major characteristics. It is:[265]

- **Participatory**
- **Consensus oriented**
- **Accountable**
- **Transparent**
- **Responsive**
- **Effective and efficient**
- **Equitable and inclusive**
- **Conducted following the rule of law**

Good governance ensures that corruption is minimised, the views of communities are taken into account, and the voices of the most vulnerable in society are heard in decision-making processes.

LESSONS ON GOVERNANCE

Over the past decades, Brazil and Peru have successfully accelerated progress in nutrition and health outcomes through strong political commitment, institutional framework and multi-sector engagement. Both countries have utilised governance as a mechanism to connect national, municipal and regional governments to the food insecure population. Learning from the experiences of these two countries, **we recommend governments prioritise the following three factors when developing governance systems to support nutrition-sensitive social protection**.

1. Responsiveness
- High level of government commitment
- Sustainable funding and investment
- Clearly defined, context- and target-specific national priorities

2. Multi-sector engagement
- A vibrant civil society
- Community and beneficiary engagement
- An active private sector

3. Robust institutional framework
- Strong coordination
- Effective monitoring and evaluation
- International support

1. RESPONSIVENESS

Nutrition-sensitive social protection programmes and nutrition interventions require long-term commitment, broad coverage and sustainable funding in order to be successful.[266]

High level of government commitment

Strong executive leadership and agenda-setting in Brazil and Peru have been central to respective successes in reducing undernutrition. It is widely recognised that in Brazil, the reduction of undernutrition is connected to the presidential commitment to combat hunger and reduce poverty in the country.[267, 268] Juntos, Peru's flagship social protection programme, was successful in reducing undernutrition due to the depoliticised nature of the programme. Peru's national nutrition strategy points to government successfully integrating diverse actors in the design, implementation and monitoring of nutrition-sensitive social protection programmes.[269]

Sustainable funding and investment

Effective and sustainable funding mechanisms need to encourage policy coordination and implementation.[270] In the short term, external bodies such as international financial institutions can strengthen funding. However, to remain effective in the long term, sustained commitment must be managed internally by the national government. Finding domestic fiscal space for critical economic and social investments, such as social protection, is essential if sustained and equitable development is to be achieved.[271] As we explore design implications in Section 8, our analysis suggests that success on nutrition requires a minimum level of spend.

FINANCING SOCIAL PROTECTION – THE OPTIONS[272]

- Reallocating public expenditures
- Increasing tax revenues
- Extending social security contributions
- Borrowing or restructuring existing debt
- Curtailing illicit financial flows
- Drawing on increased aid and transfers
- Tapping into fiscal and foreign exchange reserves
- Adopting a more accommodating macroeconomic framework

Clearly defined, context- and target-specific national priorities

Governments should consider strategies that focus on the progressive nature of social protection initiatives, recognise how these programmes are situated within broader policy frameworks, and what that means for their country.[273] The uniqueness of each country requires that a range of options is carefully examined at national level and that selection is based on effective social dialogue and a sound approach to political economy.[274]

Social protection strategies should be aligned with relevant areas to support higher development returns, such as nutrition, health, education, and child protection. For nutrition-sensitive social protection, national nutrition and social protection strategies must be linked and mutually supportive. To maximise the nutritional impact, social protection policies must be designed to reach children under two years of age, adolescent girls, pregnant women and breastfeeding mothers.[275]

2. MULTI-SECTOR ENGAGEMENT

In the past, nutrition has been identified as everyone's business, yet no one's responsibility to change. Today, nutrition is a development priority recognised and prioritised across sectors. National governments, international financial institutions, civil society and the private sector are increasingly working together to reduce the widespread prevalence of undernutrition in children.[276] Given the multi-faceted and multi-dimensional causes of undernutrition, strong multi-sector coordination across a number of ministries and stakeholders is critical to ensuring effective nutrition governance.[277]

A vibrant civil society

The active and strategic involvement of civil society organisations in the formulation, implementation and monitoring of social protection policies, programmes and systems is a critical governance component. It is widely recognised to result in more sustainable and effective programmes responsive to local contexts and needs. Furthermore, the rights-based approach to social protection makes meaningful participation of relevant stakeholders, including children and civil society organisations, a prerequisite to ensure relevant, inclusive and effective nutrition-sensitive social protection programmes.

International and national civil society organisations also have a great deal of experience to share in the development, delivery and evaluation of social protection systems. International civil society should work alongside national civil society organisations to build capacity in both civil society and government. Similarly, opportunities to connect civil society-led social protection initiatives with national social protection systems should be encouraged.

Community and beneficiary engagement

Civil society organisations and community groups are uniquely placed to present the voice of the people and drive government to include appropriate nutrition goals into national plans. In Peru, the community initiative was successful in including nutritional goals within the national poverty reduction strategy. In Brazil, communities engaged with numerous political parties, government ministers and local governments to transform nutrition campaigns into national government policies. The experience of Brazil and Peru highlights the real impact individuals at community level can have on lobbying government to consider nutrition as a national priority.

An active role for the private sector

Engaging the private sector is necessary to develop new patterns of sustainable and inclusive production. The private sector has a central role in the production, distribution and marketing of food, as well as a strong influence on the cost and price of food products. Coupled with its influence over workforces, the private sector carries strong potential to accelerate the progress of nutrition-sensitive social protection and shape nutrition outcomes.

When considering the private sector role in governance at national level, it is important to distinguish between private sector organisations in the value chain and other actors that might include financial institutions that trade and have a huge impact on commodity markets and pricing.

The private sector is increasingly willing to contribute to sustainable development, particularly leading global and national corporates, but there remains

SOCIAL ACCOUNTABILITY MECHANISMS

Social accountability mechanisms are an important part of the governance process. Child-focused social accountability is a set of participatory activities designed and implemented by children and other citizens to hold public officials and service providers accountable, through dialogue, for their commitments to children.

Accountability is a two-way process:

Downwards: requiring state bodies and individual representatives of the state to act in a manner appropriate to their function

Upwards: requiring citizens to act in a responsible manner, and to demand that the state fulfils its duties properly.[278]

a lack of models showing what to do and how to engage in partnerships with the public sector. Private sector partnerships should focus on:

- mobilising long-term private finance for sustainable development
- generating more innovation in technologies and business models
- leveraging the capabilities of the private sector along with those of the public and not-for-profit sectors to develop sustainable and scalable solutions to complex development challenges
- building mechanisms to hold the private sector accountable for development results.[279]

The private sector already contributes to social protection, albeit mainly logistical. This is most prominent through the development of technology to facilitate transfers at community level; for example, through mobile technology and other innovative banking methods. It is also important to consider how the private sector can be more inclusive, eg, paying a living wage or supporting poorer communities to qualify to be part of their value chains.

Similarly, the role of the private sector in nutrition is developing, with initiatives such as the Scaling Up Nutrition (SUN) business network working globally to harness expertise and apply its strengths and comparative advantages to improve nutrition. The network works to advance opportunities for the business community to support efforts around agriculture, product development, infrastructure systems, distribution channels, or research and innovation.[280]

Despite this evidence of progress, more research is required to outline the impact different forms of public policy, regulation and financial incentives can have on the private sector to raise awareness and create change in the levels of undernutrition.[281]

PHOTO: PATRICIA KAPOLYO/SAVE THE CHILDREN

Onju Rani Pal making pots at her home in Khulna, Bagerhat. She and her husband were able to set up a business with a grant from the Stimulating Household Improvements Resulting in Economic Empowerment (SHIREE) project.

3. ROBUST INSTITUTIONAL FRAMEWORK

The institutional layout that makes countries achieve more through collaboration is vital for the development of effective nutrition-sensitive social protection programmes.

Strong coordination

Sustainable change requires coordinated action and effort on the part of different line ministries and agencies at national and regional levels. Vertical coordination across different levels of decision-making and service delivery is important. Cross-sector coordination is also required, particularly across areas of education, health, agriculture and nutrition. It is important to ensure that there are proper structures in place, and national and regional governments generate the proper technical capacities and incentives to transfer resources and remain accountable to each other.[282, 283]

Effective monitoring and evaluation

Effective monitoring and data collection is important for us to understand what works and what does not work in social protection programming and to improve understanding of impact on nutrition outcomes. It is important to integrate nutrition indicators and monitor nutritional outcomes, including the nutrition pathways of household food security, caring practices for women and children, and health environment and services.

Up-to-date data should be reviewed regularly to enable identification of coverage gaps and help prevent and respond to environmental shocks and stresses. This is particularly important in areas prone to flooding, which increases the vulnerability of undernourished sectors of the population.

Evidence of programme impact also plays an important role in reinforcing the political commitment needed for nutrition initiatives[284] and increases accountability.

International support

International commitments and initiatives provide powerful support for the development of national nutrition-sensitive social protection systems.

The ILO- and World Bank-led Social Protection Floor initiative encourages national governments to develop support systems to provide protection to all citizens. This commitment will aid the prevention and reduction of poverty and social exclusion, and contribute towards the social, economic and environmental dimensions of sustainable development.

The Scaling Up Nutrition (SUN) movement, which aims to eliminate all forms of malnutrition, is representative of a global push for action to improve conditions related to maternal and child nutrition. Utilising support from movements such as these can increase 'buy-in' and accelerate progress nationally.

The Millennium Development Goals (MDGs) and the forthcoming Sustainable Development Goals (SDGs) have a huge influence on international development policy. Both social protection and nutrition feature prominently in the proposed SDGs for 2015–30.

Public sector

The public sector is responsible for the targeted provision of supplements and services to the poorest of the poor.

The public sector: government and non-government organisations operating at local, regional, national and international levels

Private sector

The private sector is where most people access most products and services to meet most of their needs.

The private sector: local, small and medium-size enterprises and regional and multinational companies[285]

Civil society

Civil society often comes together to advance its common interests through collective action and bear the voice of communities. Civil society organisations may operate nationally or internationally.

Civil society: organisations, networks, associations, groups and movements that are independent from government and business[286]

GOVERNANCE IN BANGLADESH

FRAGMENTED NUTRITION GOVERNANCE AT SUB-NATIONAL AND NATIONAL LEVELS

Nutrition has a prominent place within the Government of Bangladesh's development agenda, characterised by a vibrant landscape of nutrition stakeholders[287] and a number of strong plans on paper. However, substantial operational and political challenges hinder the translation of government ambitions into action.[288]

Governance in Bangladesh is characterised by conflicting rivalries across ministries and directorates, inadequate targets across and within ministries/ departments at national and sub-national levels, a lack of shared goals, inadequate resources (both human and financial) that can result in poor capacity, chronic absenteeism, and misuse of resources.[289] Understanding needs to be built within and across ministries on: why nutrition is important to their individual mandates; what the roles and responsibilities are; how to more effectively monitor nutrition; and how to collaborate across ministries to maximise impact on nutrition outcomes.

The multi-faceted nature of nutrition requires a strong multi-sector, coordinated response. Attempts to achieve this at national level (eg, Nutrition Council, NNS Steering Committee, Food Policy Monitoring Committee[290]) demonstrate commitment, but competing agendas and low attendance hinder progress.

Research on sub-national governance mechanisms also highlighted challenges related to coordination between transferred line ministries and the local governance institutions that hold the mandate for planning, implementing and coordinating all government projects and services on the ground (upazila and union parishad). These relationships are commonly challenging with tenuous and blurred lines of communication and decision-making, which can undermine the effectiveness of service delivery. Accountability (both downwards and upwards) is often absent, and participatory processes drawing on relevant information involving citizens for planning and monitoring are not always present.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN BANGLADESH

Build a shared understanding of nutrition to increase commitment and capacity

Capacity-building would be beneficial for all, particularly government ministries not currently engaged in nutrition activities. It should encompass building understanding of:

- why nutrition is important to individual mandates
- what the roles and responsibilities are
- how to more effectively monitor nutrition
- how to collaborate across ministries to maximise impact on nutrition outcomes.

Commitments need to be turned into action

Nutrition is prominent within the Government of Bangladesh's development agenda and many commitments have been made. However, these commitments are a long way from being turned into practice.

Improved coordination nationally

Eight line ministries within the Government of Bangladesh have nutrition mandates. These line ministries require stronger coordination mechanisms with improved joint planning and monitoring, in collaboration with partners.

Such improvements could significantly increase the government's ability to holistically and effectively address the multi-faceted factors and underlying vulnerabilities that exacerbate undernutrition in Bangladesh.

Improved governance sub-nationally

Improving the functional and institutional capacity as well as the accountability of both the union parishad and upazila parishad is recognised as a fundamental building block for providing an enabling environment for mobilising resources for nutrition. Priorities include:

- communication and decision-making lines
- stronger two-way accountability mechanisms (upwards and downwards).

Increased investment

Greater investment of domestic funds:

- social protection and health expenditure: Bangladesh's public social protection and health expenditure (2010–11) at 2.69% of GDP is significantly lower than the regional average of 5.3% for Asia and the Pacific
- average social protection and health expenditure globally is 8.6%% GDP, although western Europe invests significantly more at 26.7% GDP[291]
- nutrition funding gap: Despite the economic evidence in support of nutrition investment, the national SUN-costed nutrition plan estimates a funding gap of US$5 billion over five years for nutrition interventions in Bangladesh. There is, therefore, a clear need for greater nutrition investment from development partners and the government.

Stronger multi-sector collaboration

Utilise the commitment, existing skills, resources and access to beneficiaries available in Bangladesh's civil society and the private sector to develop a robust national social protection system. This might include utilising domestic funds to scale-up successful civil society initiatives such as the Chars Livelihoods Programme.

PHOTO: SHAFIQUL ALAM KIRON/SAVE THE CHILDREN

A mother and child who are being supported by the MaMoni project which aims to improve maternal and newborn health in the Sylhet and Habijang districts of Bangladesh.

7 NUTRITION-SENSITIVE SOCIAL PROTECTION IN BANGLADESH

Bangladesh's existing social protection system is not working well. It is fragmented and ineffective, reaching just 35% of those under the poverty line in 2010.[292] The current government reform of the national social security system is essential. In this section we explore how the system has developed, future plans, and recommendations for development to support nutrition-sensitive social protection.

THE DEVELOPMENT OF SOCIAL PROTECTION IN BANGLADESH

The development of social protection in Bangladesh originates from independence in 1971. Since that time, there has been a gradual growth in the proportion of transfers provided as cash instead of food, although cash is mainly provided through programmes targeting key moments across the lifecycle. There has also been an increase in small schemes among both NGOs and government that include elements of social protection.[293]

Budgetary allocations from the Government of Bangladesh to social security have grown in absolute terms, as well as a share of GDP. The allocation for social security programmes increased from 1.3% GDP in 1998 to 2.5% of 2011.[294] Since then, it has stabilised at around 2%, with the latest available figure (2010–11) showing public social protection expenditure at 2.69% of GDP.[295]

In the Government's Sixth Five Year Plan (2011–2015),[296] social protection is defined to include safety nets, various forms of social insurance, labour market policies as well as processes of self-help existing or emerging within society. The plan argues the need for "a holistic re-thinking on the direction, scope and design of safety net policies in particular and social protection policy in general" in the context of eroding informal safety nets, emerging newer risks from rapid processes of urbanisation and global economic integration.

NUTRITION AND THE NATIONAL SOCIAL SECURITY STRATEGY

The draft National Social Security Strategy (NSSS) of Bangladesh[297] advocates two core programmes for children; in addition to continuing the school stipend for all primary and secondary school children belonging to poor and vulnerable households, a child grant for children of poor and vulnerable families up to age four is proposed. The child grant will be limited to a maximum of two children per family to 'avoid any adverse implications for the population management policy'.

The NSSS also sets out that eligible children will benefit from disability benefit, the school meals programme, the orphans programme and the legal provision to ensure that abandoned children get financial support from the responsible parent. A commitment is made to strengthen supply-side interventions relating to immunisation, childcare, health and nutrition, water supply and sanitation, and nutrition outreach.

The NSSS acknowledges the impact of social security programmes on hunger:[298] "At the national level the impact of the SSPs [social security programmes] spending is party reflected by the sharp reduction in the incidence of hunger-based poverty." However, the NSSS remains weak on malnutrition.

BANGLADESH'S SOCIAL SECURITY SYSTEM

Moment	Response
1971 Independence	The main social security scheme was the government service pension, complemented by a Provident Fund providing government and formal private sector employees with a lump sum on retirement.[299]
1974 Food shortage **1980s** Floods	New schemes developed for poor families that were badly affected. These schemes were mainly public works and other food aid programmes, utilising foreign assistance.[300]
1990s Vulnerable groups focus	The Government of Bangladesh began to introduce schemes intended to address risks across the lifecycle. In reality, more of a vulnerable groups focus was taken, such as through school stipends programmes and allowances for the elderly, people with disabilities, and widows. Significant investment by donors in programmes managed by non-governmental organisations, providing a range of social services (including social transfers).[301]
2000s The current system	Bangladesh's safety net system contains a number of programmes (95 at the last count) across a wide range of different types of interventions.[302] Yet much improvement is needed. This fragmented system reached just 35% of those under the poverty line in 2010,[303] and does not adequately address nutrition or the critical 1,000-day period.[304] Only two schemes are targeted at pregnant women and lactating mothers, with very low coverage – less than 165,000 women, representing 0.13% of all households in Bangladesh receiving safety net transfers. In most schemes, the transfer value is too low (eg, BDT 350/month) to have a meaningful impact.[305] Apart from school stipends, no existing programme addresses the needs of young people, particularly adolescent girls at risk of early marriage and undernutrition. Furthermore, there is no systematic linking of social protection beneficiaries to complementary schemes and services that could address undernutrition.[306]
Today Reform	The Government of Bangladesh has reiterated its strong commitment to social protection by embarking on a National Social Protection Strategy reform process that seeks to strengthen and streamline social protection interventions. A new nutrition policy is also expected and is likely to have a social protection aspect. This follows a demonstrable a shift of recognition that nutrition focus needs to be better integrated into social protection reform.

HUNGER AND MALNUTRITION ARE DIFFERENT

It is very important to distinguish between the two issues of hunger and malnutrition (see 'Key terms', page vii). Reducing hunger through food security measures is essential and is recognised in the strategy. However, improving food security does not tackle all causes of malnutrition, and less attention is given in the plan to other causes. Malnutrition, such as stunting, wasting and micronutrient deficiencies, is a significant challenge for Bangladesh.

PROGRAMMES FOR ADOLESCENT GIRLS

Specifically, the strategy does not include programmes specifically designed to meet the needs of young women/adolescent girls who may be at risk of child marriage and undernutrition in the years before they give birth. The female secondary school stipend could be considered for development in this area. Low investment and transfer values prevent safety nets from having a sustainable impact. For example, in Sylhet the existing maternity and lactating women's allowance can only result in a 5% improvement in the affordability of a nutritious diet.[307] There is also no systematic linking of social protection beneficiaries to complementary schemes and services that could increase the impact on nutrition.

FINANCING THE NATIONAL SOCIAL SECURITY STRATEGY OF BANGLADESH

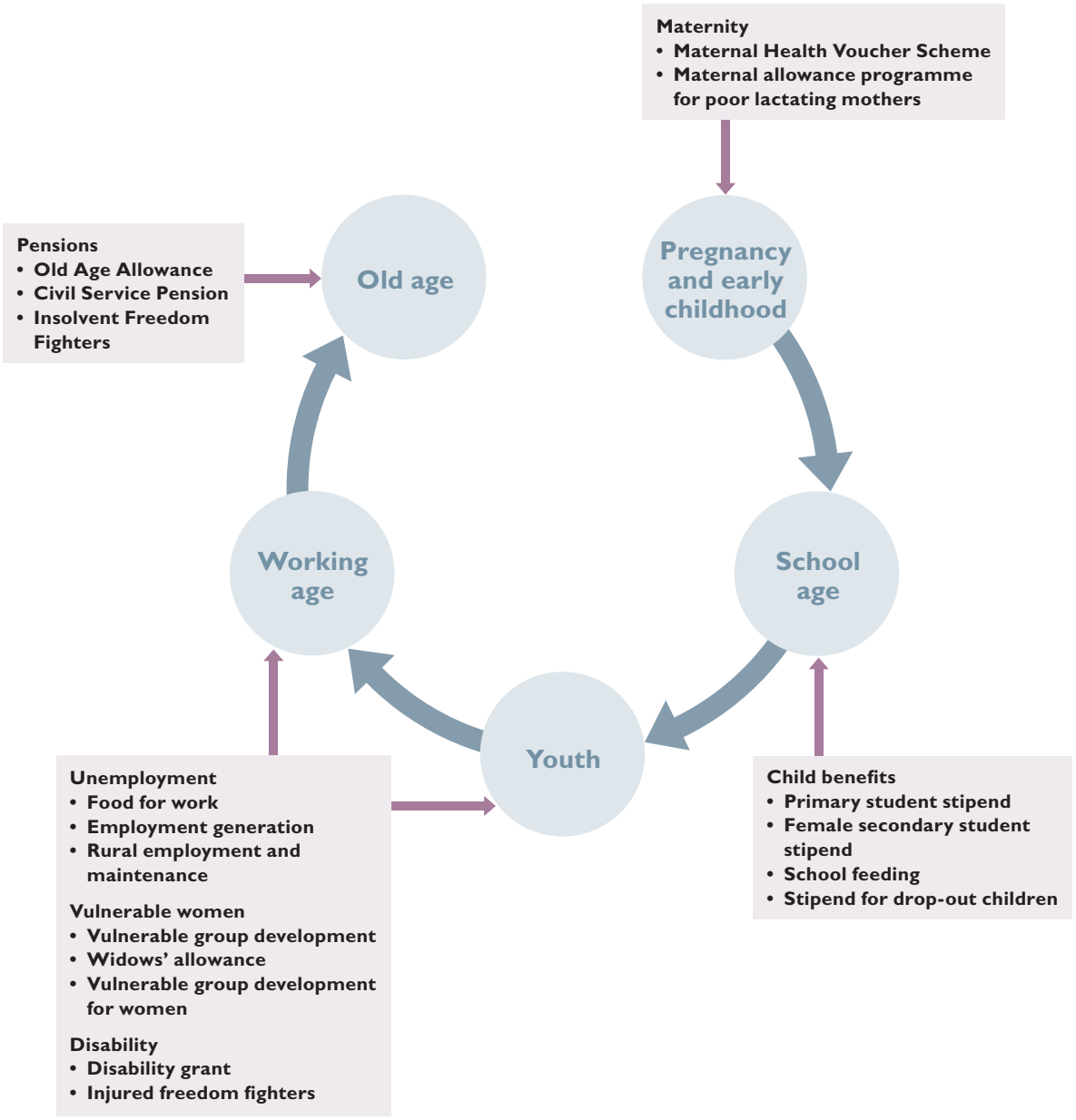
The full financing of the NSSS is based on cost-sharing arrangements between the government and the private sector. The Public Expenditure Financed component is only one part of the NSSS financing; the other part is financed by the private sector, based on social insurance and employment-based regulations.[308]

LIFECYCLE APPROACH

Bangladesh is moving towards a lifecycle approach to social protection programming. The lifecycle approach addresses vulnerabilities experienced by individuals at particular stages in their life. It is also effective for reducing or eliminating intergenerational cycles of poverty. Key stages of the lifecycle are: pregnancy and early childhood, school age, youth, working age and old age.

Many of Bangladesh's core lifecycle schemes, such as the Old Age Allowance, Widows' Allowance, Disability Grant, Child grants for Lactating Mothers (in MoWCA), and Employment Generation Scheme, have been initiated over the past 15 years, indicating a clear move away from a simple 'poor relief' system towards a lifecycle approach.[309]

FIGURE 37 **BANGLADESH'S EXISTING CORE SOCIAL PROTECTION SCHEMES MAPPED AGAINST STAGES OF THE LIFECYCLE**[310]



IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN BANGLADESH

Recommendations for the National Social Security Strategy of Bangladesh can be found as part of our overall recommendations in Section 10.

8 DESIGN IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION

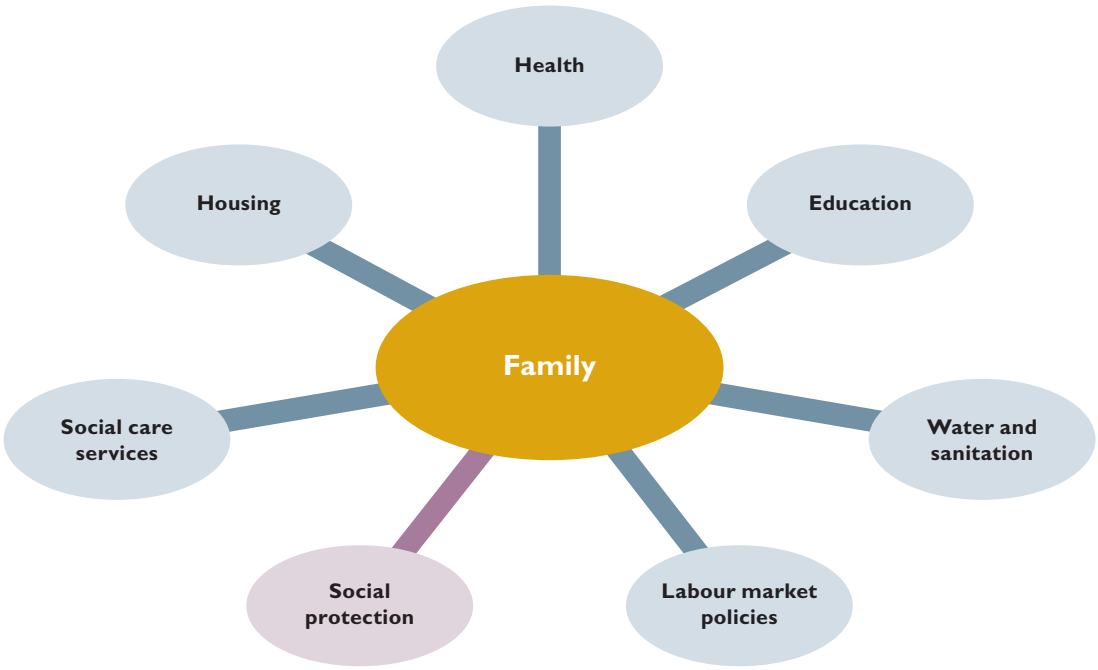
There are a number of steps that can be taken to increase the positive impact that social protection programmes can have on nutrition. In this section we apply our learning from the literature review,[311] contextual and policy analysis to understand the design implications. We look at the importance of existing complementary services, integrated versus simple approaches, the target group, and the size of the transfer; we then explore some of the key debates. We conclude with recommendations for the design of nutrition-sensitive social protection in Bangladesh and offer international design principles.

EXISTENCE OF COMPLEMENTARY SERVICES

SOCIAL PROTECTION AS PART OF AN ESSENTIAL PACKAGE OF SERVICES

Social protection can increase the effectiveness of investments in health, education, shelter, water and sanitation as part of an essential package of services for citizens.[312] Social protection programmes can serve as delivery platforms for wider and more comprehensive nutrition interventions, potentially increasing their scale, coverage and effectiveness. Yet in order for this to happen, there needs to be a foundation of basic and social services.

FIGURE 38 **SOCIAL PROTECTION AS PART OF A PACKAGE OF BROADER PUBLIC SERVICE DELIVERY**[313]



NUTRITION-RELATED SERVICES IN BANGLADESH

A study commissioned by Save the Children in Bangladesh found that key nutrition-specific (Ministry of Health and Family Welfare) and nutrition-sensitive ministries (Ministry of Agriculture, Ministry of Fisheries and Livestock, Ministry of Finance, Ministry of Social Welfare, Local Government Engineering Department, Ministry of Defence) did not have the technical capacity needed to deliver quality and inclusive nutrition-related services.

The study also revealed that inadequate staffing and vacant positions (in terms of coverage and quality) were very common and widespread problems across the government service delivery system.[314] Community clinics typically serve a population larger than the intended capacity, which stretches both time and resources.

This greatly limits the potential to reach poor and vulnerable households through the provision of important nutrition-specific and sensitive services, including maternal and child health, WASH, nutrition, agriculture, fisheries, livestock, and disaster risk management. Nutrition services cannot be sustainable or resilient unless they are part of systems that can continue to prevent and treat undernutrition when shocks and stresses arise.[315]

It is crucial that social protection is not seen as a panacea for all problems but rather, in combination with good basic and social services, as a great resilience and graduation instrument for the poorest and marginalised communities and their children.

INTEGRATING A NUTRITION FOCUS WITHIN SOCIAL PROTECTION

EXPLICITLY TARGET NUTRITION

Our review highlights the importance of incorporating 'nutrition' into the design of social protection schemes in order to have an impact on reducing undernutrition. The presence of an objective related to nutrition is likely to influence the design of programmes, including how the programme is able to address needs of specific groups as well as of messaging on the programme, which may influence behaviour.

As the Bolsa Familia case illustrates,[316] nutrition sensitivity in the design of programmes is important for their effectiveness at improving nutrition outcomes. Bolsa Familia did not explicitly include nutrition as an objective within its programme design, and the resulting programme did not affect nutrition. Across the other programmes in the review,[317] it was generally the case that **programmes that saw improvements in nutrition included nutrition explicitly in their objectives**. All six programmes in our review that reduced both stunting and wasting explicitly targeted nutrition. This was also true for 10 of the 15 programmes that reduced either of the two measures.

TARGET GROUP

Nutrition and poverty in Bangladesh are widespread and closely linked. Therefore, Bangladesh should be striving towards a universal social protection system through progressively scaling-up in line with financing and administrative capacity.

In the short term, inequalities in stunting should be addressed by greater inclusion of the worst-affected groups in social protection coverage:

- the first 1,000 days
- women and adolescent girls.

Our earlier analysis found limited inequality in outcomes between groups; so, for example, wealth quintiles 1 to 4 have stunting rates over 30% and 1 to 3 over 40%. This should be taken into account in programme design, and while some socio-economic groups or regions could be prioritised in terms of coverage, programmes should be broad based enough to make an impact on the high stunting levels across the majority of the country. Urban areas are currently under-covered and, therefore, should be a focus for improving nutrition-sensitive social protection.

SIZE OF TRANSFER

The amount of money spent per household included also helps us understand the extent and variety of help delivered to households through social protection.

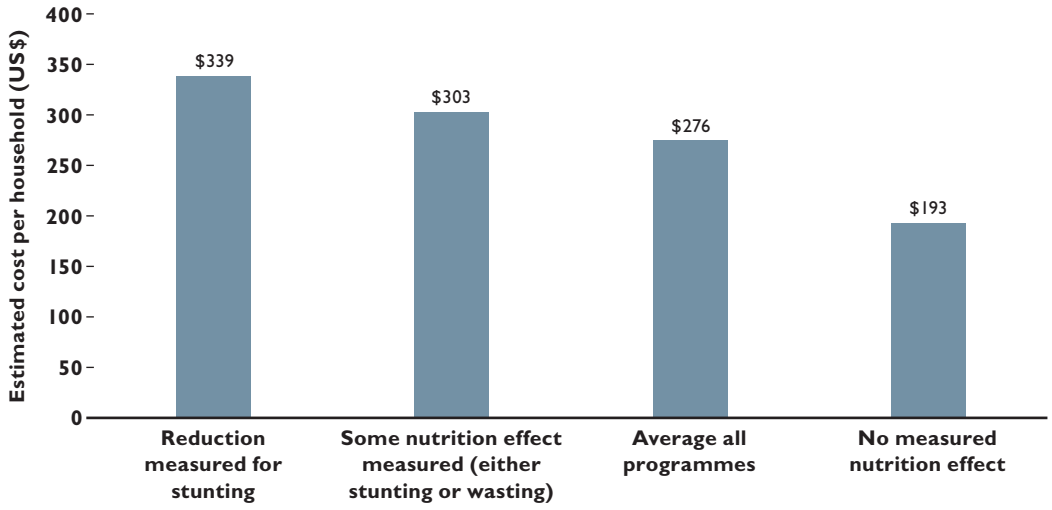
More money spent indicates more cash to recipients in the cash transfer programmes,[318] and in 'in kind packages' means more of one type of transfer that is helpful to recipients, or a wider variety of benefits.

As we explore the size of the transfer through the literature (average amount spent) per household for programmes with different nutrition outcomes (see

Figures 39 and 40), we see that **spending more brings a better outcome**. The programmes that saw a reduction in stunting had an average transfer per household of US$339, whereas programmes where there was no measured effect had an average of US$193.

This suggests that success on nutrition requires a minimum level of spend. This is verified by the qualitative findings around programmes in Nepal, Zambia and Kenya[319] – where our review suggests that transfers were too small to have a noticeable effect on the very poor populations targeted. Further confirmation arises from IFPRI's modality research in Bangladesh, where the size of the transfer relative to household income was found to be tremendously important in achieving sustainable food security or livelihood improvements.[320]

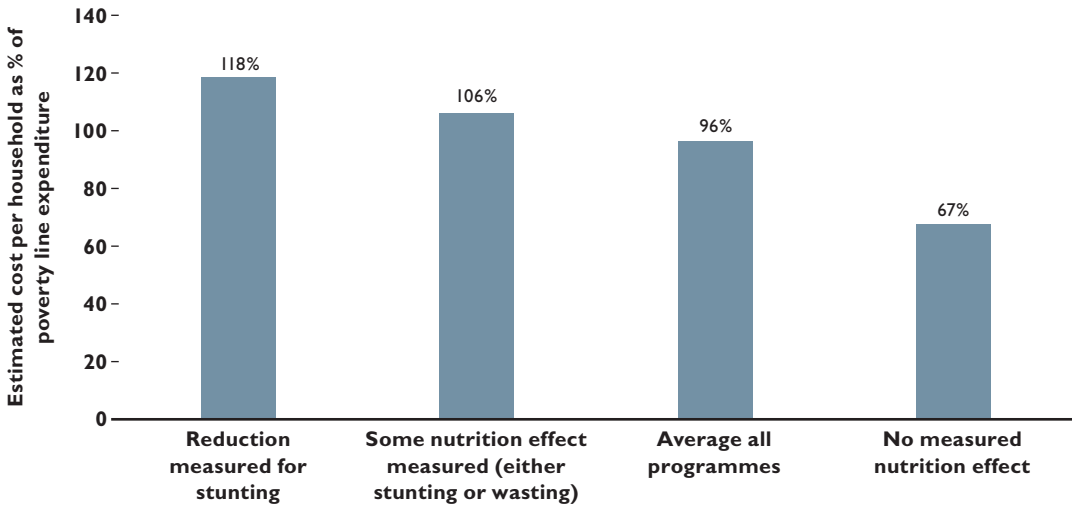
FIGURE 39 **NUTRITION OUTCOMES FOR CASH TRANSFER PROGRAMMES vs. 'IN KIND' PACKAGES**



Source: Save the Children calculation based on literature review. See Appendix C for literature review references.

Notes: Analysis covers the 22 programmes in our review, which are from Bangladesh as well as other countries. Programme evaluations often used one specific year to provide a figure on transfer per household, and this year may not be representative of the whole programme.

FIGURE 40 **ESTIMATED COST PER HOUSEHOLD AS % OF BANGLADESH'S POVERTY LINE AND NUTRITION EFFECT**



Source: Save the Children calculation based on literature review. See Appendix C for literature review references.

Notes: Analysis covers the 22 programmes in our review, which are from Bangladesh as well as other countries. Programme evaluations often used one specific year to provide a figure on transfer per household, and this year may not be representative of the whole programme. Poverty line of BDT 19,812 from HIES (2010) was converted to US$ using 2009 exchange rate from Bangladesh Bank; available at http://www.bangladesh-bank.org/econdata/exchangerate.php

SOME KEY DEBATES: USE OF TRANSFERS = ECONOMIC GAINS, DEPENDENCY

USE OF TRANSFERS

Programme transfers are used remarkably well by recipients, but it is important to recognise that dietary diversity is a 'mixed bag' and increases in consumption do not always take the most nutritious forms. Dasso and Fernandez[321] note that, during the week in which they gain access to their cash transfers, recipients in Peru are much more likely to eat food away from home and to eat more sweets and soft drinks. A study in Colombia[322] and one in Mexico[323] found that women's body mass indices were rising at rates matching their receipt of transfers. Recipients in Brazil were found to eat more biscuits, but also more of four kinds of fruit, six kinds of vegetables, meat, fish and yogurt.[324] In Malawi, oil and sugar purchases climbed, along with roots and tubers, pulses, meat, fish, fruit and dairy, while vegetable consumption was already at 100%.[325]

On the other hand, Peru's Juntos programme actually saw a 50% decline in alcohol consumption,[326] no impacts on decreased adult work and no impacts on fertility. In the Philippines, there were also no increases in alcohol consumption or fertility.[327] In South Africa, programme participation reduced drug and alcohol use, sexual activity and the number of sexual partners.[328, 329] In Zambia,[330] Colombia[331] and Nicaragua, no impact was found on alcohol or tobacco spending. In Brazil, non-recipients consume statistically more hard liquor, although per capita expenditures on alcohol are not statistically different.[332]

ECONOMIC GAINS AND ASSETS

A few studies on international programmes have demonstrated the outsize returns that accrue to transfers. Gertler and colleagues[333] show that over 70% of the money from Mexico's Progresa conditional cash transfer programme was used to increase consumption, with the rest invested in productive assets that increased permanent income by a small amount. In Kenya there is some evidence (albeit, not fully conclusive) that programme participants are able to retain their livestock at higher rates, alongside more solid evidence that a small but significant proportion of beneficiaries started or expanded a business using Hunger Safety Net Programme cash as working capital.[334] In Malawi, intervention households amassed a range of assets, from household items to bicycles, productive farm assets and livestock during the one year that they received the cash transfer.[335] Programme reviews from Peru[336] and Nicaragua[337] describe mothers engaging in entrepreneurial activity as a result of receiving the transfers.

DEPENDENCY

Finally, although the evidence is not 100%, in almost no cases does transfer of any type lead to dependency. This is recognised to be due partially to careful programme design, such as keeping transfer amounts at a small enough level.[338] The Pantawad Pamilyang Pilipino Programme saw no reduction in work behaviour in the Philippines.[339] Similarly, there were no negative effects on adult labour supply resulting from Honduras's Nutrition and Social Project.[340]

Fiszbein and Schady[341] conclude that, "CCTs [conditional cash transfers] appear to have had at most modest disincentive effects on adult work. Research on Cambodia, Ecuador, and Mexico shows that adults in households that received transfers did not reduce their work effort."

The table on the next page summarises key aspects that worked or did not work for the programmes reviewed.

SOCIAL PROTECTION AND NUTRITION

What worked?	What didn't work?
• Nutrition specifically targeted through interventions such as vitamin and mineral supplementation (India's Integrated Child Development Services and Peru's Juntos) • Tracking children's health and intervening where necessary (Nicaragua's Red de Proteccion Social and Atencion a Crisis and the Honduran Social Safety project) • Straightforward cash transfers to the extremely poor (Malawi and South Africa) • Conditional cash transfer programmes (Mexico and Colombia)	• Relatively small cash transfers to the extremely poor (Nepal, Zambia, and Kenya) – higher transfer levels likely to have seen different results • Too many conditions and bureaucratic processes restricting access (Philippine programme)

POLICY IMPLICATIONS[342]

In this section, we draw conclusions and policy implications from the priority focus areas that emerged from our analysis of nutrition pathways. An integrated nutrition-sensitive social protection response for Bangladesh should consider the following priority focus areas for nutrition outcome areas, across all the pathways.

DEVELOPING SOCIAL PROTECTION ACROSS THE NUTRITION PATHWAYS IN BANGLADESH

	Priority focus areas	Evidence from social protection	Policy and design implications for Bangladesh
Nutrition outcomes			
Cross-cutting	Stunting remains a considerable challenge in Bangladesh and levels are 'bad for everyone'. In other words, levels of stunting are above 30% for all but the top wealth quintile.	Half of the 22 programmes in our review find reductions in stunting. Half of those were conditional cash transfer programmes, while the other half were unconditional transfer programmes. SHOUHARDO cut stunting by 16 percentage points.[343] Jibon-O-Jibika and Chars Livelihoods programme also achieved significant stunting reduction.[344]	Review the National Social Security Strategy to identify priority programmes for nutrition. Strengthen nutrition objectives based on causal analysis. Develop programme design to target nutritionally vulnerable groups. Consider coverage for all socio-economic groups. Programmes should increase coverage of the critical window of the first 1,000 days and adolescent girls. Integrate monitoring and evaluation systems to show impact on nutrition. Programmes should aim for universal coverage through progressively scaling-up in line with financing and administrative capacity.

continued on the next page

DEVELOPING SOCIAL PROTECTION ACROSS THE NUTRITION PATHWAYS *continued*

	Priority focus areas	Evidence from social protection	Policy and design implications for Bangladesh
Pathway: Household food security			
Assured access to enough food of adequate quality for living an active healthy life	Key challenge is affordability of adequate quality and quantity of food – the poorest spend large percentage of income on food (poorest 40% spend 60–70% on food), and are therefore vulnerable to rising food prices. The cost of a nutritious diet varies by division (region) and between urban/rural areas. Food insecurity and dietary diversity are particular challenges in rural areas.	Cash transfers from social protection programmes are predominantly used to purchase food. Evidence shows social protection can improve household's ability to absorb shocks. Social protection, including cash transfer programmes, can improve productive activities and livelihoods, thereby further improving income and food security.	Consider use of cash transfers to enable households to purchase a nutritious diet. Cash transfers should be large enough and adjusted to reflect regional and urban and rural differences. Impacts on productive activities and livelihoods can be enhanced through complementary income-generation activities or links to appropriate policies. To influence household trends, such as household consumption, sensitisation and behaviour change communication targeted towards men, as well as women, is recommended.
Pathway: Caring practices for women and children			
Pregnancy and lactation are critical junctures for quality care and support	Importance of education: women with more education are significantly less likely to be under-nourished. Education is positively associated with later marriage. Adolescence is a crucial period. The rate of young motherhood is high. Women with decision-making power consistently invest their earnings in children and families so the entire household benefits. Mother, infant and young child feeding practices are inadequate. Practices vary by region.	Only two safety net social protection programmes in Bangladesh currently target pregnant and lactating mothers and the transfer value is too low to have a meaningful impact. Impact of education cash transfers on girls' education attendance. Some evidence on positive impacts of social protection on female empowerment, including power and autonomy in decision-making and participation in the labour market.	Incorporate or link to tailored, basic entrepreneurship training, peer support, income-generating and enterprise activities alongside social protection towards women. Integrate 1,000-days approach: pregnant/lactating women and children under two years. Strengthen inclusion of behaviour change and nutrition awareness-raising activities. Involve men alongside women and other influential household members (eg, mothers-in-law). Target social protection programmes to include adolescence, especially for girls and to promote access to education.

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DEVELOPING SOCIAL PROTECTION ACROSS THE NUTRITION PATHWAYS *continued*

	Priority focus areas	Evidence from social protection	Policy and design implications for Bangladesh
Pathway: Health environment and services			
Conditions children's exposure to pathogens and the use of preventive and curative healthcare	Bangladesh has low spending on healthcare and a weak healthcare system. Improvements in safe water access and open-defecation in Bangladesh may explain some of the observed reduction in stunting. Some regions, such as Sylhet, still experience challenges, eg, 5% drink surface water.	Social protection has potential to encourage access to healthcare in Bangladesh, making the most of existing services.	Access to healthcare should be promoted through social protection schemes, for example through health insurance, referrals and/or awareness-raising, alongside increased investment in healthcare systems.

PHOTO: DARREN FLETCHER/SAVE THE CHILD

Mothers and children attend a cooking and nutrition class in Baroikhali.

INTERNATIONAL DESIGN PRINCIPLES FOR NUTRITION-SENSITIVE SOCIAL PROTECTION

In the short term, food security and wasting can be addressed quite effectively through food transfers. However, to address chronic malnutrition and reduce stunting rates, long-term integrated programmes that consider a number of the nutrition pathways are required.

The development of nutrition-sensitive social protection internationally should include the following key steps and be informed by our international design principles (see table below):

- assess the **context** across nutrition **pathways** to **identify priorities**
- ensure **programme lifespan** is long enough for impact to occur (how long?)
- **evaluate** a range of **pathway indicators** to assess success against malnutrition and to inform development strategies.

Consider the **integration** of empowerment, behaviour change and income-generating activities to encourage sustainable outcomes.

INTERNATIONAL DESIGN PRINCIPLES[345] FOR NUTRITION-SENSITIVE SOCIAL PROTECTION

Cross-cutting

- Integrating within broader food and nutrition security strategies
- Understanding the local causes of malnutrition (supply, access, care, environment)
- Clarifying the pathways through which the programme is intended to impact nutrition
- Preventing negative side effects on the causes of both undernutrition and overweight

Household food security

- Choice of impact indicators (as a minimum, dietary diversity)
- Reaching the 1,000 days: pregnant/lactating women and children under two years old
- Providing transfers in an appropriate form (examples of consideration of nutrition in development of form)
- Adjusting cash/voucher benefit level to the cost of a healthy diet

Caring practices for women and children

- Reaching the 1,000 days and adolescent girls: pregnant/lactating women and children under two years old
- Having nutrition-focused complementary actions
  - Food supplements, nutritional training, deworming
- Adapting design and implementation arrangements
  - Minimising time spent (and cost) for beneficiaries to receive the transfer, eg, using mobile phones
- Exempting pregnant women from work requirement

Health environment and services

- Having nutrition-focused complementary actions
- Food supplements, nutritional training, deworming

9 SOCIAL PROTECTION AND NUTRITION ON THE GLOBAL DEVELOPMENT AGENDA

Social protection and nutrition currently sit high on the development agenda, supported by a series of high-level recommendations and commitments that have created a strong momentum to be utilised in the development of nutrition-sensitive social protection programmes within national systems. Before we conclude and make our recommendations for nutrition-sensitive social protection in Bangladesh, we consider the global priorities.

UNSCN SOCIAL PROTECTION AND FOOD SECURITY RECOMMENDATIONS

In October 2012 the United Nations Standing Committee on Nutrition endorsed recommendations regarding Social Protection for Food Security and Nutrition,[346] notably:

- member states to design and put in place, or strengthen, comprehensive, nationally owned, context-sensitive social protection systems for food security and nutrition
- member states, international organisations and other stakeholders to improve the design and use of social protection interventions to address vulnerability to chronic and acute food insecurity
- member states, international organisations and other stakeholders to ensure that social protection systems embrace a 'twin-track' strategy to maximise impact on resilience and food security and nutrition.

WORLD HEALTH ASSEMBLY GLOBAL TARGETS

In 2012 the World Health Assembly set six global targets designed to reduce the unacceptably high burdens of disease and death caused by poor nutrition by 2025.

The World Health Assembly Global Targets[347] to improve maternal, infant and young child nutrition by 2025 including: a 40% reduction in the number of children under five who are stunted; a 30% reduction in low birthweight; and a reduction and maintenance of childhood wasting to less than 5%.

POST-2015 – DEVELOPING THE SUSTAINABLE DEVELOPMENT GOALS

The nutrition goal and social protection target (under the poverty goal) are both thought be in strong positions to make the final cut for the much-anticipated post-2015 sustainable development goals.

In the latest version of the proposed goals released by the Open Working Group,[348] social protection sits under proposed goal 1: "End poverty in all its forms everywhere", articulated by the target 1.3: "by 2030, fully implement nationally appropriate social protection measures including floors, with a focus on coverage of the poor, the most marginalized and people in vulnerable situations".

The Open Working Group has received strong support from nutrition specialists for the proposed stand-alone food and nutrition security goal, with its emphasis on ending hunger and malnutrition as a universal goal. Proposed goal 2: "End hunger, achieve food security and improved nutrition for all, and promote sustainable agriculture" has 11 targets in its latest form, **on areas including stunting and wasting for children under five, food access and sustainable food productions**.

THE MILLENNIUM DEVELOPMENT GOALS AND THE POST-2015 AGENDA

The eight Millennium Development Goals (MDGs) have been a milestone in global and national development efforts. The MDGs framework, ranging from halving extreme poverty to halting the spread of HIV and AIDS and providing universal primary education, has helped to galvanise development efforts and guide global and national development priorities.[349]

The MDGs were set for 15 years, yet after 2015 efforts to achieve a world of prosperity, equity, freedom, dignity and peace will continue. The UN is working with governments, civil society and other partners to build on the momentum generated by the MDGs and carry on with an ambitious post-2015 development agenda.[350]

ILO RECOMMENDATION 202: SOCIAL PROTECTION FLOORS

Social protection floors are nationally defined sets of basic social security guarantees that secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion.

The Social Protection Floors Recommendation, 2012 (No. 202)[351] was adopted by the International Labour Conference in June 2012. The Recommendation expresses the commitment of member states to move towards building comprehensive social security systems and extending social security coverage by prioritising the establishment of national floors of social protection accessible to all in need. It complements the existing International Labour Organization (ILO) conventions and recommendations related to social security. The Recommendation provides guidance to member states to ensure that all members of society enjoy at least a basic level of social security throughout their lives.

The Social Protection Floor envisages that countries establish a set of tax-financed social security guarantees directed towards tackling lifecycle risks. Priority is given to schemes that provide income security for: children; those of working age to protect them against the risks of sickness, disability, maternity and unemployment; and the elderly. A Social Protection Floor is, however, meant to provide a minimum and not a maximum. Countries can choose to provide a much higher level of support to their citizens, including establishing contributory schemes that enable people to invest in their own social protection so that, if a shock occurs, they can access a higher level of benefit.[352]

10 OVERALL CONCLUSIONS AND RECOMMENDATIONS

Social protection needs to be linked to specific complementary interventions to maximise its impact on nutrition. Cash transfers are not usually a silver bullet on their own.

Developing social protection across the lifecycle with a greater focus on empowering women and the 1,000-day window between a woman's pregnancy and her child's second birthday will help shape healthier and more prosperous futures.

The inclusion of behaviour change communication is important for sustainable gains. Access to water and maternal education are essential, as Handa and colleagues[353] note: "There is significant heterogeneity in treatment effects among children living in households with a protected water source, and whose mother had more years of schooling, suggesting these are complementary inputs to cash in determining child height."

Programmes that are too narrowly focused on achieving short-term gains in nutritional status may miss the larger picture. If transfers are burdened with too many conditionalities or kept too small, then important opportunities may be missed. Larger, more sustainable impacts for individual and household welfare could be gained through synergies with productive household activities and opportunities to participate in household livelihood strategies and community economic activity.[354]

THE DEVELOPMENT OF NUTRITION-SENSITIVE SOCIAL PROTECTION INTERNATIONALLY

Nutrition-sensitive social protection requires strong analysis, a focus on long-term gains and integrated programmes that consider a number of the nutrition pathways:

- Assess the context and evidence across nutrition pathways to identify priorities and analyse policy options (as we have done through this report for Bangladesh).
- Ensure programme lifespan is long enough for change to occur.
- Include and evaluate a range of pathway indicators to assess success against malnutrition and to inform multi-sector development plans.
- Consider the integration of empowerment, behaviour change communication and income-generating activities to encourage sustainable outcomes.

CONCLUSIONS FOR BANGLADESH

A well-designed social protection system has great potential to improve malnutrition in Bangladesh.

The international and domestic evidence presented in this report clearly demonstrates the importance of an integrated approach to tackling malnutrition in Bangladesh. Severe wasting may be reduced by simply improving food intake but tackling chronic malnutrition requires integrated social protection programmes.

Programmes that have effectively reduced stunting and wasting have also addressed many of the underlying causes of malnutrition, including improving household food security and the health environment. Effects are greater when efforts are accompanied by infrastructural improvements that enable participants to access safe water and use sanitary latrines. Bangladesh has made great progress in this area.

Demonstrating the importance of caring practices for women and children, behaviour change communication (BCC) and the education of caretakers (male and female) about proper child feeding practices, nutrition and hygiene has also been linked to substantial improvements in child nutrition.

The stark underlying causes of malnutrition in Bangladesh related to undernourished pregnant women, child marriage and stunting at birth highlight the importance of BCC and education as part of an integrated approach for nutrition-sensitive social protection. Specific focus should be given to changing eating practices during pregnancy, to delaying pregnancy and to BCC for the whole family (particularly men).

The pathways approach taken in this report demonstrates the potential of social protection for nutrition, yet issues arose on a number of occasions in relation to limited data. This is a result of ineffective monitoring and evaluation of nutrition-sensitive social protection programmes. Well-designed programmes with clear indicators are required.

Stunting in Bangladesh is 'bad for everyone' and closely linked to widespread poverty. Therefore, a narrowly targeted poverty programme, as is currently proposed in the National Social Protection Strategy, is not going to sufficiently address chronic malnutrition.

Policy- and decision-makers in Bangladesh should recognise the value of integrating nutrition into social protection. Immediate opportunities are available with the vulnerable group development (VGD) programmes. Strengthening the 'hand up, not a hand out' approach can help prevent the intergenerational transmission of poverty, inequality and undernutrition.

RECOMMENDATIONS FOR POLICY-MAKERS AND PROGRAMME IMPLEMENTERS IN BANGLADESH

1: STRENGTHEN EXISTING SOCIAL PROTECTION PROGRAMMES FOR NUTRITION

Bangladesh has a large number of social protection programmes that have the potential to be strengthened for nutrition, with little additional expenditure. Gains can be made through changing selection criteria and ensuring that awareness-raising and income-generating activities are as nutrition-sensitive as possible. The design principles set out in this report in Section 8 should be incorporated.

Specifically, social protection programmes should be developed to impact nutrition through the following:

- integrate the 1,000-days approach into targeting, awareness-raising and behaviour-change activities
- incorporate gender issues into social protection programmes for multiple gains. Critical areas are:
  - women's empowerment
  - sensitisation on nutrition and the 1,000-days approach for men
- widen targeting for women to incorporate adolescent girls, to reflect the high number of teenage pregnancies and child marriage
- assess a range of pathways to good nutrition in order to identify priorities
- strengthen social protection monitoring and evaluation systems, learning from the pathways approach to show impact on nutrition for future learning and development.

2: EXTEND COVERAGE OF SOCIAL PROTECTION PROGRAMMES

Malnutrition and poverty are widespread, and therefore the ultimate aim for Bangladesh should be universal coverage.

In the short term, inequalities in chronic malnutrition (stunting) should be addressed by greater inclusion of worst-affected groups in social protection coverage, eg:

- adolescent girls and pregnant and lactating women
- the poorest in society, which is, in reality, a large proportion of society[355]
- the worst affected regions: Barisal and Sylhet
- urban areas (particularly urban slums).

The development of the Vulnerable Group Development (VGD) programme provides a good starting point.

3: IMPROVE GOVERNANCE FOR NUTRITION

- High-level political commitment and leadership is essential. Nutrition must be integrated across all ministries, not just those responsible for health and nutrition. A useful first step would be to integrate SMART[356] nutrition indicators, informed by the common results framework being developed by the UN Food and Agriculture Organization (FAO), the World Food Programme and others to inform the Government of Bangladesh's next (7th) Five Year plan.

- There must be continued development of multi-sector mechanisms to allow civil society to provide effective technical assistance to support the strengthening and expansion of social protection for nutrition.
- To reflect nutrition-sensitive priorities and to embed nutrition-sensitive social protection, national nutrition forums and mechanisms need to be extended to include social protection specialists. This is particularly important for the Scaling Up Nutrition (SUN) movement.[357]

The recommendations and implications raised in this report need to be considered in the development of Bangladesh's National Nutrition Services and the National Social Security Strategy of Bangladesh, and in the drafting of the Government of Bangladesh's next (7th) Five Year Plan in 2015.

RECOMMENDATIONS FOR THE NATIONAL SOCIAL SECURITY STRATEGY OF BANGLADESH

The following recommendations are based on analysis by Save the Children.

WELCOME APPROACHES

Lifecycle

The overarching lifecycle approach used as the guiding framework for the strategy is welcome, as is the increased focus on children, particularly the introduction of a child grant and child disability grant. The lifecycle approach could be more consistently applied with further consideration of the non-consumption measures of poverty alongside the poverty assessment.

Coverage

The acknowledgement that significantly extending coverage of core schemes is the most effective way to reach greater numbers of the poor is also very welcome.

Vulnerability

The focus on the 'near poor' and recognition of their vulnerability to poverty is welcome.

Urban poverty

This is a welcome move, as many of the dimensions of child poverty are equally pronounced in urban areas but not adequately captured by a consumption poverty measure or by current Bangladesh poverty maps.

AREAS TO STRENGTHEN

Strengthen the nutrition section

Draw on the analysis presented in this report. It could be expanded further through cost-of-diet analyses.[358]

Strengthen existing social protection programmes for nutrition – integrate the 1,000-days approach, incorporate gender issues and behaviour change communication (BCC) and widen targeting to include adolescent girls

As existing and future nutrition-sensitive social protection programmes are developed, assess a range of pathways to good nutrition in order to identify priorities, and evaluate a range of pathway indicators to measure success. Include indicators on micronutrient deficiency, wasting or weight-for-age in the monitoring and evaluation framework alongside stunting indicators (at minimum).

Inequalities in chronic malnutrition (stunting) should be addressed by greater inclusion of worst-affected groups in social protection coverage: women and adolescent girls, the poorest in society, worst affected regions: eg, Barisal and Sylhet, and urban areas (particularly urban slums).

In principle, the move from food to cash is welcome. However, the particular gender dynamics around household transfers should be considered. Explore how the type of transfer (cash or food) affects the extent to which women are able to influence the distribution of resources within households.

Increase investment and adopt a universal approach

It is recognised that this approach will increase the costs of the social protection system but, given the social and economic value of social protection, this is considered to be an investment in future generations. Nutrition and poverty are widespread – therefore the ultimate aim should be universal coverage. Furthermore, the increased support of the middle class for a universal approach will be essential to maintain adequate financing in the long term.

Elaborate the link between social care services and the National Social Security Strategy

At present, a range of social care services are implemented across government under different policies – including some within the current safety nets budget framework. A coherent system for social care services is an essential complement to social protection interventions.

Strengthen the role of NGOs

The strategy has limited information on the anticipated role of NGOs in supporting government with implementation. This is a missed opportunity given that the strategy acknowledges that multiple-complementary elements are required, beyond income transfers, to achieve significant improvements in many aspects of child welfare (eg, nutrition, child labour, education).

Outline the role of social protection for social and economic long-term development

It would be particularly useful to outline the links to other sectors.

RECOMMENDATIONS FOR SPECIFIC GROUPS

The development of nutrition-sensitive social protection requires a collaborative effort.

CIVIL SOCIETY

- Develop a national civil society advocacy strategy for the implementation of the recommendations set out in this report. As part of this, assess the feasibility of the recommendations in relation to resource implications.
- Support the delivery of effective behaviour change communication and education activities in social protection programmes.
- Promote access and accountability for social protection programmes among communities.
- Play an active role through the Scaling Up Nutrition (SUN) movement.[359]

LEADERS/DECISION-MAKERS

- Keep nutrition high on the development agenda with a focus on empowering women and targeting adolescent girls.
- Demonstrate leadership by turning the many commitments made on nutrition into practice, specifically by following through on the Nutrition for Growth commitment to review national safety net programmes to ensure they are nutrition-sensitive and deliver improved nutrition outcomes.
- Facilitate an effective multi-sector environment through the SUN movement to develop nutrition-sensitive social protection and to utilise the experience of civil society in this area.[360]

ACADEMICS

- Facilitate research to support the strengthening of the evidence base for nutrition-sensitive social protection, including the development of monitoring, evaluation and indicators.
- Support the assessment of the feasibility of the recommendations in this report in relation to resource implications.
- Facilitate research to outline the impacts and potential role of the private sector in supporting nutrition-sensitive social protection in Bangladesh.

PRIVATE SECTOR

- Develop meaningful partnerships with the government and civil society to support the implementation of social protection programmes (see Section 6 of this report for ideas). Engagement should be sought through the Scaling Up Nutrition movement.[361] Ensure that Bangladesh's commitment to 'nutrition for growth' is followed through.

Now is the time for action on nutrition-sensitive social protection in Bangladesh.

APPENDIX A: NUTRITION-SENSITIVE SOCIAL PROTECTION CHECKLIST[362]

Pathway	**Impact of programme** (positive impact, no impact, negative impact) *Note: Broad indicator underlined, followed by examples of what might be measured under that indicator. The review should focus on the indicators and not be limited by the measures.*	**Design principle incorporated** (incorporated, partially incorporated, not incorporated)
Cross-cutting	Impact on World Health Assembly 2025 global nutrition targets: **Reduction in the number of children under five who are stunted**[363] **Reduce and maintain childhood wasting*** **No increase in childhood overweight*** **Reduction in low birthweight*** **Reduction of anaemia in women of reproductive age*** **Increase the rate of exclusive breastfeeding in the first six months*** **Intra-uterine growth retardation** (poor growth of a baby while in the mother's womb during pregnancy) **The amount of food available at the national level** • Measured using countries' daily per-capita dietary energy supplies, an indicator of the average amount of food available per person in a country.	**Integrating** within broader food and nutrition security strategies **Understanding the local causes of malnutrition** (supply, access, care, environment) **Clarifying the pathways** through which the programme is intended to impact nutrition Preventing any negative **side effects** on the causes of both undernutrition and overweight

* WHO and UNICEF provide the UN system's joint monitoring programme definition: http://www.who.int/water_sanitation_health/mdg1/en/ [Accessed 4 December 2014]

** UNICEF: http://www.unicef.org/wcaro/overview_2570.html [Accessed 4 December 2014]

*** http://www.wssinfo.org/definitions-methods/ [Accessed 4 December 2014]

Pathway	Impact of programme (positive impact, no impact, negative impact)	Design principle incorporated (incorporated, partially incorporated, not incorporated)
Household food security Assured access to enough food of adequate quality for living an active healthy life	**Diet quality**[364] • **Household diet diversity.** The number of foods or nutritionally significant food groups acquired by a household over the reference period. • **Percentage of food energy available from staples.** The percentage of the energy acquired by a household over the reference period that is derived from staple foods (cereals, roots, and tubers). • **Quantities of foods acquired daily per capita.** Quantity of specific foods acquired over the reference period divided by the number of household members and the number of days in the period. **Quantity of food available** • **Household daily food energy availability per capita.** • **The energy in the food** acquired by a household over the survey reference period divided by the number of household members and the number of days in the period. • **Whether a household is food energy-deficient.** Whether a household acquires insufficient food over the reference period to meet the energy requirements of all of its members for basal metabolic function and light activity. (An individual's energy-deficiency situation is defined as that of her or his household.) **Economic vulnerability** • **Percentage of expenditures on food.** The percentage of total household expenditures devoted to food over the reference period.	**Choice of impact indicators** (as a minimum, dietary diversity) **Reaching the 1,000 days**: pregnant/ lactating women and children under two years of age Providing transfers in an appropriate **form** (examples of consideration of nutrition in development of form) Adjusting cash/voucher **benefit level** to the cost of a healthy diet

* WHO and UNICEF provide the UN system's joint monitoring programme definition: http://www.who.int/water_sanitation_health/mdg1/en/ [Accessed 4 December 2014]

** UNICEF: http://www.unicef.org/wcaro/overview_2570.html [Accessed 4 December 2014]

*** http://www.wssinfo.org/definitions-methods/ [Accessed 4 December 2014]

Pathway	**Impact of programme** (positive impact, no impact, negative impact)	**Design principle incorporated** (incorporated, partially incorporated, not incorporated)
Caring practices for women and children Pregnancy and lactation are critical junctures for quality care and support	**Women's education** • Female gross secondary school enrolment ratio[365] **Empowerment** (marker of women's power relative to men) • The ratio of female/male life expectancy at birth • Age of marriage (female) **Infant and young child feeding**[366] • Early initiation of breastfeeding • Exclusive breastfeeding up to six months • Continued breastfeeding at one year • Introduction of solid, semi-solid or soft food • Minimum dietary diversity/ minimum acceptable diet **Health-seeking behaviours** • Utilisation of the modern healthcare system • Utilisation of traditional healthcare • Timely access of healthcare • Seeking of health information	Reaching the **1,000 days: adolescent girls, pregnant/ lactating women**, and **children under two years of age** **Having nutrition-focused complementary actions** • food supplements, nutritional training, deworming **Adapting** design and implementation arrangements • Minimising time spent (and cost) for beneficiaries to receive the transfer, eg, using mobile phones • Exempting pregnant women from work requirement
Health environment and services Conditions children's exposure to pathogens and the use of preventive and curative healthcare	**Access to shelter** • Place giving protection from bad weather or danger **Access to and use of good-quality health services** • Skilled birth attendants coverage **Access to and use of safe water** • Access to safe drinking water • Use of safe drinking water • Improved drinking water **Access to and use of sanitation facilitates for disposing of human waste** • Provision of facilities and services for the safe disposal of human urine and faeces	Having **nutrition-focused complementary actions** • food supplements, nutritional training, deworming

* WHO and UNICEF provide the UN system's joint monitoring programme definition: http://www.who.int/water_sanitation_health/mdg1/en/ [Accessed 4 December 2014]

** UNICEF: http://www.unicef.org/wcaro/overview_2570.html [Accessed 4 December 2014]

*** http://www.wssinfo.org/definitions-methods/ [Accessed 4 December 2014]

SUPPORTING DEFINITIONS

Access to	Water used for domestic purposes, drinking, cooking and personal hygiene. Access to drinking water means that the source is less than one kilometre away from its place of use and that it is possible to reliably obtain at least 20 litres per household member per day.*
Safe water	Water with microbial, chemical and physical characteristics that meet WHO guidelines or national standards on drinking water quality.*
Use of safe drinking water	The proportion of people using improved drinking water sources, eg, household connection, public standpipe, borehole, protected dug well, protected spring, rainwater.*
Improved drinking water	Defined as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter.* It comprises piped water on premises such as piped household water connection located inside the user's dwelling, plot or yard. Other improved drinking water sources include public taps or standpipes, tubewells or boreholes, protected dug wells, protected springs, rainwater.*
Open defecation	Defecation in fields, forests, bushes, bodies of water or other open spaces, or disposal of human faeces with solid waste.**
Basic sanitation	The lowest-cost technology ensuring hygienic excreta and sullage disposal and a clean and healthful living environment both at home and in the neighbourhood of users. Access to basic sanitation includes safety and privacy in the use of these services. Coverage is the proportion of people using improved sanitation facilities, eg, public sewer connection, septic system connection, pour-flush latrine, simple pit latrine, ventilated improved pit latrine.*
Improved sanitation	Defined as one that hygienically separates human excreta from human contact.***
Unimproved sanitation	Facilities that do not ensure hygienic separation of human excreta from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.**
Shared sanitation	Sanitation facilities of an otherwise acceptable type shared between two or more households. Shared facilities include public toilets.**

* WHO and UNICEF provide the UN system's joint monitoring programme definition: http://www.who.int/water_sanitation_health/mdg1/en/ [Accessed 4 December 2014]

** UNICEF: http://www.unicef.org/wcaro/overview_2570.html [Accessed 4 December 2014]

*** http://www.wssinfo.org/definitions-methods/ [Accessed 4 December 2014]

APPENDIX B: PROGRAMMES INCLUDED IN LITERATURE REVIEW

	Programme	Country
1	Bolsa Familia	Brazil
2	Familias en Acción/CCT	Colombia
3	Child Support Grant	South Africa
4	Child Grant Programme	Zambia
5	Hunger Safety Net Programme	Kenya
6	Progressa / Oportunidades	Mexico
7	Social Safety Net	Honduras
8	Juntos	Peru
9	Pantawid Pamilyang Pilipino Program	Philippines
10	Child Grant	Nepal
11	Integrated Child Development Services (ICDS)	India
12	Bono de Desarrollo Humano	Ecuador
13	Red de Proteccion Social and Atencion a Crisis	Nicaragua
14	Social Cash Transfer	Malawi
15	Vulnerable Group Development Programme – national vulnerable group development programme	Bangladesh
16	MDG-F – Protecting and Promoting Food Security and Nutrition for Children and Families in Bangladesh	Bangladesh
17	Chars Livelihood Programme/Cash-for-work	Bangladesh
18	CARE SHOUHARDO	Bangladesh
19	Targeting the Ultra Poor (TUP)	Bangladesh
20	Kishoree Kontha (KK)	Bangladesh
21	SHIREE	Bangladesh
22	Jibon O Jibika (now Nobo Jibon)	Bangladesh

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[163] Note: The 1,000 days between a woman's pregnancy and her child's second birthday

[164] See appendix A for details of the pathways indicators, appendix B for details of the 22 programmes included and appendix C for references.

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[185] Based on '20% stunting at 0 month' statistic as half of the 41% national stunting rate in children under 5 (DHS, 2011).

[186] The samples in available surveys are too small to be indicative let alone conclusive.

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[232] See Appendix A for the pathways indicators, Appendix B for details of the 22 programmes included in the review and Appendix C for full references.

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[236] Note: Target is from Save the Children's 'Children 2030' campaign and coincides with the timescale for goals currently being agreed as part of the global Post 2015 process

[237] Note: The earliest and latest DHS surveys available

[238] Note: That is, if the average annual growth rate experienced between 1997 and 2011 was achieved every year to 2030

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10 OVERALL CONCLUSIONS AND RECOMMENDATIONS

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APPENDIX A: NUTRITION-SENSITIVE SOCIAL PROTECTION CHECKLIST

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MALNUTRITION IN BANGLADESH

Harnessing social protection for the most vulnerable

Progress with the Millennium Development Goals has shown children in the poorest 20% of households to be twice as likely to be stunted as children in the richest 20%. One thing is clear about the much anticipated Sustainable Development Goals – they must leave no child behind. With the ability to promote spending to improve child nutrition and be an active tool for income distribution towards inclusive growth, social protection provides a, currently underutilised, key policy solution.

Malnutrition in Bangladesh: Harnessing social protection for the most vulnerable explores the impact of social protection on nutrition. It makes recommendations for policy development and implementation in Bangladesh and for global learning. The report guides the reader through a pathways approach to understand how developing social protection across the lifecycle – with a greater focus on nutrition behaviour change, adolescent girls, early marriage, empowering women and the 1,000-day window of opportunity between a woman's pregnancy and her child's second birthday – will help shape healthier and more prosperous futures for all. In doing so, essential lessons are shared on an integrated approach to tackling malnutrition through social protection internationally, the importance of national systems and contextual programme design.

COVER PHOTO: ABIR ABDULLAH/SAVE THE CHILDREN

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