



# LANSA

Leveraging Agriculture for  
Nutrition in South Asia

## Country Policy Landscape Analysis

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A brief review of the agriculture/ nutrition  
policy landscape in Bangladesh

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The LANSAs Country Policy Landscape Analysis papers have been produced to provide context for LANSAs work. It should be noted these are living / evolving papers not intended for publication.

# Agriculture policies and strategies

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## Background

In the 1970s, the Government of Bangladesh invested heavily in large-scale flood control, irrigation, and drainage projects, all of which accounted for half of the budget for agriculture and rural development. The Bangladesh Agricultural Development Corporation (BADC) had monopoly control over the markets for modern agricultural inputs, including seeds, fertilizer, and irrigation, which were distributed to farmers at highly subsidized prices. In the 1980s, the government liberalized the input markets, gradually eliminated subsidies on agricultural inputs, and removed bans on private-sector imports of agricultural machinery. These policy changes induced private investment into small-scale irrigation, such as shallow tube wells and power pumps, all of which has contributed to the faster dry-season growth of irrigated rice (boro) during the last two decades. Fertilizer subsidies were reintroduced in the 1990s and currently account for over two-thirds of the public sector's expenditure on agriculture. Livestock and fisheries, considered by many to be nutrition-friendly agricultural sub-sectors, receive only one-eighth of the allocation given to the crop sector within the national budget.

A 1993 seed policy allowed the private sector to produce and import seeds for all crops except inbred rice, wheat and jute, and to distribute them to farmers with truthful labelling. This policy promoted the growth of the private-sector seed industry and rapid expansion of the market for seeds of potatoes, fruits, and vegetables. As a result, the production of these crops has grown very quickly since the mid-1990s, contributing to the consumption of nutritious foods.

## More Recent Developments

Bangladesh's Ministry of Agriculture (MoA) prepared the New Agricultural Extension Policy (NAEP) in 1996 in accordance with the agriculture policies and priorities set out in the fifteen-year prospective plan (1995-2010). The main goal of NAEP was to encourage the various partners and agencies within the national agricultural extension system to provide efficient and effective services that can help boost agricultural productivity in the country. The Department of Agriculture Extension (DAE) strategic plan (1999-2002) outlines objectives that can help implement NAEP and also includes agriculture extension manuals and seed policies.

The MoA prepared its first comprehensive policy statement, the National Agriculture Policy (NAP), in 1999. NAP identified 18 subsidiary objectives and 18 programme areas where actions or policies should be undertaken, with help from input and support sectors involved with crop production, to achieve the overall goal of food self-sufficiency and food security. In 2010, NAP was revised and updated to address new

and emerging drivers and trends, such as climate change, declining biodiversity, more frequent and intense natural disasters, and rising input prices.

The government finalized a Country Investment Plan (CIP) in March 2011, which includes a set of 12 priority investment programmes to improve food security and nutrition in an integrated way, and supporting the revised National Strategy for Accelerated Poverty Reduction. It contains an updated vision, proposed actions and indicative costs in favour of poverty reduction, including agriculture as a major contributor to pro-poor economic growth, food security, social protection programmes and nutrition. CIP is coordinated by the Ministry of Food and Disaster Management, with the involvement of 13 other ministries, including the Ministries of Agriculture, Health and Family Welfare, Industries, Fisheries, and Livestock.

On the donor side, the government has also began implementing the World Bank-funded Global Agriculture and Food Security Programme to enhance agricultural productivity through technology generation and adoption, as well as improved water management. USAID's Feed the Future (FTF) programme is currently being rolled out and includes both food security and nutrition components. Another USAID-funded programme, Strengthening Partnerships, Results and Innovation for Nutrition Globally (SPRING), promotes homestead gardening activities along with behaviour change communication in Bangladesh's FTF zone. USAID is also supporting GAIN to conduct an assessment of various agricultural value chains to identify opportunities to strengthen agriculture-nutrition linkages.

# Nutrition policies and strategies

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## Background

Bangladesh's 1972 constitution lays out the right of its citizens to the basic necessities of life, including food. Bangladesh is also a signatory to the Declaration on the Right to Development (1986) and the International Covenant on Economic, Social and Cultural Rights (1998), the latter explicitly recognizing the right to adequate nutrition.

Despite these rights-based policy milestones, national nutrition actions in Bangladesh have traditionally been dominated by isolated, vertical programming. In 1974 and 1975, the Government of Bangladesh established the Institute of Public Health Nutrition (IPHN) and the Bangladesh National Nutrition Council (BNNC) to assist in formulating policies and strategies for nutrition-related activities and programmes, and to conduct research, training, and surveillance. IPHN, reporting through the Director General of Health Services, is responsible for addressing all public health and nutrition problems in the country. The National Plan of Action for Nutrition (NPAN) was endorsed in 1995, and the comprehensive National Food and Nutrition Policy was approved in 1997, the latter including nutrition goals, objectives, policies, and strategies.

The first major nutrition programme in the country was the Bangladesh Integrated Nutrition Programme (BINP), implemented from 1995 to 2002. The core component of BINP was community-based, NGO-delivered nutrition activities such as behavior change and communication activities, growth promotion for children under two years of age, food supplementation to children under 2 years of age and pregnant women, micronutrient supplementation, and de-worming. The project covered 61 upazilas (sub-districts) covering 16 percent of the rural population. BINP was heavily criticized in terms of cost effectiveness and low impact towards achieving the MDG target of reducing malnutrition by 2015, and ended in 2002. These same activities were continued under the National Nutrition Programme (NNP). Based on lessons learned in BINP, NNP was implemented in 167 upazilas covering one fourth of the population. However, an evaluation of the NNP revealed weaknesses in the programme's implementation in terms of insufficient screening and supervision of partner NGOs, and NNP too closed down.

## More Recent Developments

Recently, the country has begun mainstreaming nutrition services. Responsibility for coordinating nutrition interventions remains with the Ministry of Health, which has generally focused on expanding community clinics that can provide therapeutic services for severely malnourished individuals. These activities are funded by a Sector-Wide Approach (SWAp) through the World Bank and 16 other donors, the third in a series of SWAps that coincide with the country's series of 5-year development programmes. Nutrition, and specifically mother and child mortality, is included in the new National Health Policy (2011).

Nutrition is one of the three core objectives of the National Food Policy (NFP 2006) and is also embedded within the associated Plan of Action (NFPPoA 2008-2015), with the objective to achieve adequate nutrition for all individuals, especially women and children. The NFP and NFPPoA, which replace earlier policy guidelines on nutrition, identify 26 strategic areas of intervention and priority actions to achieve all dimensions of food and nutrition security, including food availability, access, and utilization. The NFPPoA's key areas of intervention include: i) long-term planning for balanced diets, ii) balanced and nutritious food at minimal cost for vulnerable groups, iii) nutrition education for dietary diversification, iv) food supplementation and fortification, v) provision of safe drinking water and sanitary latrines for improved sanitation, vi) a safe and high-quality food supply, and vii) the improvement of women's and children's health. The new Health, Population and Nutrition Sector Development Programme has replaced NNP by instituting the National Nutrition Services (NNS). Nutrition has now been mainstreamed within the existing service delivery channels of the Directorate General of Health (DGHS) and the Directorate General of Family Planning (DGFP) under the Ministry of Health and Family Welfare, officially in operation since July 2011.

Other relevant actions include:

- Infant and Young Child Feeding (IYCF): The National Strategy for IYCF (developed in 2007); IYCF National Plan of Action (2009-2011); National Communication Framework and Plan for IYCF (2010-2013); National Neonatal Health Strategy (published in 2009) have all indicated progress in this area. BRAC is also delivering Alive and Thrive's community interventions through its Essential Health Care (EHC) Programme and its Maternal, Neonatal, and Child Health (MNCH) Programme.
- Severe acute malnutrition: National Guidelines for the Management of Severely Malnourished Children (developed in 2008); and the National Guidelines for Community Based Management of Acute Malnutrition (launched in 2012)
- Vitamin A Supplementation Programme: Every year, IPHN administers vitamin A capsule supplementation to children aged 6-59 months and anti-helminthes tablets to children ages 12-59 months.
- Iron and Zinc Deficiencies: The National Nutrition Service (NNS) distributes iron-folic acid (IFA) supplementation to primarily pregnant and lactating women. De-worming of children of 24-59 months is also done regularly. The IPHN provides training to doctors and other health staff on controlling iodine deficiency disorders. All Integrated Management of Childhood illness (IMCI) programmes are providing free zinc tablets to children with diarrhoea.
- Iodine Deficiency: IPHN manages a programme to combat iodine deficiency disorder together with UNICEF, the Ministry of Industry and the national public health laboratory. The Global Alliance for Improved Nutrition (GAIN) also partners with UNICEF in the Universal Salt Iodization Project.
- School Feeding: The government and the World Food Programme (WFP) launched the School Feeding Programme (SFP) in 2002, in an effort to distribute fortified biscuits to elementary school children in the targeted schools six days a week during the school year. In 2011, the National School Feeding Programme was launched, with a target of reaching 1.2 million primary school children.

## Integrating Agriculture and Nutrition Policies

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Nutrition and agricultural policies in Bangladesh have traditionally been uncoordinated. Institutional anchoring for nutrition has been cluttered across several directorates under the Ministry of Health and Family Welfare (MOHFW). Services provided by the now-defunct National Nutrition Programme (NNP) were under one of the 38 Line Directorates under the MOHFW, and the NNP was not empowered to coordinate all nutrition activities.

The activities of the new National Nutrition Service, which is now under IPHN and works through the Directorate General of Health Services and the Directorate General of Family Planning, seem to be much more mainstreamed. However, though NNS outreach staff are renamed “community nutrition workers”, they are still pulled from MOHFW’s health care staff, who were only peripherally involved in NNP, and have traditionally focused on the reduction of severe malnutrition with very little attention for preventative and food-based approaches to nutrition. These gaps underline the need to increase the capacity and knowledge of staff to link nutrition to communities’ agriculture, fisheries, and livestock activities. The NNS has seemed to be proactive in this regard, holding quarterly meetings of a multisector steering committee, which discusses relevant activities such as school nutrition and health.

The Ministry of Food and Disaster Management’s Food Division has a Food Planning and Monitoring Unit that tracks inputs from 12 different ministries and 400 food-related projects in the country, including data on public food management, market access, safety net coverage, production and consumption, undernutrition, overweight and obesity, anaemia, iodine deficiency, complementary feeding, and exclusive breastfeeding. It also carries out quarterly food security assessments in collaboration with BRAC, Helen Keller International, and other partners. This is further good news for multisectoral progress.

The Country Investment Plan on Agriculture, Food Security and Nutrition sets ambitious, yet perhaps unrealistic targets for malnutrition, such as reducing stunting rates to 25 percent by 2015. The organization of the plan into 12 programmes, which cover food availability, accessibility and utilization, seems to provide hope for creating cross-sectoral links. Programme 10 “Community-Based Nutrition Programmes and Services,” for example, will link community- and livelihoods-strengthening packages to existing National Nutrition Services health-based nutrition interventions such as micronutrient supplementation and behaviour change. The programme also addresses the link between short-term actions against malnutrition (e.g. therapeutic and supplementary feeding) and longer-term food-based and agriculture-linked interventions. Other programmes under CIP, such as the livestock and fisheries programmes, offer opportunities for nutrition-sensitive agricultural investments at a larger scale, ensuring the availability of nutritious and quality food at reasonable prices.

Bangladesh also has a strong NGO sector, which already helps to support cross-sectoral policies in the field of food security and nutrition. HKI and BRAC have been jointly implementing the Food Security and Nutritional Surveillance Project (FSNSP) and have now recommended that the FSNSP should have an institutional home within the Bangladesh Bureau of Statistics (BBS). GAIN, a private sector player, is providing support for the Fortification of Edible Oil project in Bangladesh. CARE is operating the SHOUHARDO programme, a large scale multisector project that combines interventions such as increased food access, health and hygiene, women's empowerment, and disaster preparedness. Many of these NGOs combine their efforts through the national Nutrition Working Group (NWG) and other forums, to produce interventions that integrate agricultural production, nutrition education, child care, and complementary feeding. Multilateral organizations, such as FAO, WFP, and UNICEF, have also begun working together on linked programmes that combine malnutrition services with homestead gardening and school programmes. The Civil Society Alliance for Scaling Up Nutrition, Bangladesh, is aligned with the global SUN movement and comprises representatives from civil society networks across the country. The more recent Bangladesh Civil Society Network for Promoting Nutrition is similarly committed to cross-sectoral nutrition advocacy.

The most recent good news is the release of the government's draft 2013 nutrition policy for public inputs. The document emphasizes a multisector approach, delineating both nutrition-specific and nutrition-sensitive interventions, and underlining the importance of different Ministries working cohesively on health and nutrition. In order to strengthen nutrition surveillance activities, FSNSP is again proposed to be integrated with the institutional frameworks of BBS and NNS. The document also explicitly calls for the involvement of a variety of stakeholders that can help contribute to evidence-based policy, these partners including UNICEF, the Food Planning and Monitoring Unit of the Ministry of Food, FAO, FSNSP, the Urban Primary Care Health Care Project, The Smiling Sun Franchise Programme, HKI, the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Micronutrient Initiative, and BRAC. This development indicates that Bangladesh is making marked progress toward integrating agriculture and nutrition policies.

## References

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Ireen, S., T. Ahmed, M. Hossain, W.M.H. Jaim, M.M. Uddin Mia, B. Chakraborty, and A. Sanjana. 2012. LANSAs Bangladesh Country Evidence Paper. ICDDR,B and BRAC.

Netherlands Embassy. 2011. Agriculture-nutrition linkages: Exploring possibilities to link agriculture, food security, and nutrition in Bangladesh. Final mission report.

Scaling Up Nutrition. “Bangladesh: Progress and Impact” Accessed March 13, 2014 at: <http://scalingupnutrition.org/sun-countries/bangladesh>

Taylor, L. The nutrition agenda in Bangladesh: ‘Too massive to handle’?. IDS Analysis Nutrition Governance Bangladesh Country Report. UK: Institute of Development Studies.

Transform Nutrition. “Bangladesh”. Accessed March 14, 2014 at: <http://www.transformnutrition.org/country-focus/bangladesh/>