

Summary Report

Round Table Discussion on

PROMOTING ADOLESCENT NUTRITION IN BANGLADESH

Venue: CIRDAP Auditorium

Date: March 8, 2018 (9:30 AM-13:00PM)

Jointly Organized by:

BRAC James P Grant School of Public Health, BRAC University
And
Shornokishoree Network Foundation



Supported by: UNICEF Bangladesh
And

World Bank



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Acronyms

BSMMU	Bangabandhu Sheikh Mujib Medical University
CIRDAP	Centre on Integrated Rural Development for Asia and Pacific
CSR	Corporate Social Responsibility
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DSHE	Directorate of Secondary and Higher Education
FSNSP	Food Security and Nutritional Surveillance Project
FSSP	Field Support Services Project
GAIN	Global Alliance for Improved Nutrition
GOWB	Government of West Bengal
HSD	Health Service Department
IFPRI	International Food Policy Research Institute
IPHN	Institute of Public Health Nutrition
JPGSPH	James P Grant School of Public Health
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MoHFW	Ministry of Health and Family Welfare
NGO	Non-government organizations
PHED	Public Health Engineering Department
SDG	Sustainable Development Goal
SKNF	Shornokishoree Network Foundation
SUN	Scaling Up Nutrition
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank

Introduction

On March 8, 2018, BRAC James P Grant School of Public Health, BRAC University (JPGSPH) and Shornokishoree Network Foundation (SKNF) with the support from the World Bank (WB) and UNICEF-Bangladesh hosted a round table discussion entitled “Promoting Adolescent Nutrition in Bangladesh” at Centre on Integrated Rural Development for Asia and the Pacific (CIRDAP) auditorium in Dhaka. The objectives of this workshop were: a) To report the substantial variation in adolescent malnutrition across the country; b) To identify the best ways to reach adolescent girls and boys; c) To explore the role of private sector in addressing the challenge of adolescent nutrition; and d) To recognize the implications of not acting on this problem. Participants brought a rich diversity of insights and experiences to the workshop, which were strengthened by the participation of high-profile stakeholders from Government and several Non-government organizations (NGOs).

Welcome address

Ms. Brownia facilitated the entire session and gave the welcome speech. At the beginning of the workshop, she mentioned the program will be held in three phases: i. Audio visual presentation, ii. Technical session and iii. Round Table Discussion (question- answer session). She displayed an inspirational audiovisual presentation which was made for the adolescent Bangladeshi girls, where 5,000 adolescent girls from 5,000 union of Bangladesh participated.

Panel Presentations

The first formal presentation was delivered by Dr. Malay Kanti Mridha, Associate Professor, BRAC JPGSPH, BRAC University. He presented on the topic entitled “*The evidence on adolescent nutrition*”, in his presentation, he discussed the methods of analyzing Food Security and Nutrition Surveillance Project (FSNSP) data, the objectives of this analysis, and the nutritional status of Bangladeshi adolescents. He explained that as there is not enough data on adolescent nutrition in Bangladesh, so to understand the overall situation regarding the nutritional status, FSNSP is a worthy source of nationally representative data, which helps address the knowledge gaps and subsequent policy actions to support the food and nutritional security of adolescent girls in Bangladesh. Regarding the nutritional status, he described the trends, risk factors, growth dynamics of the adolescent and showed the growth dynamics of the children born to adolescent mothers. He also presented the regional variation of nutrition among the adolescent in the seven divisions by early (10-14 years) and late (15-19 years) adolescent groups. In his presentation, he also highlighted that according to FSNSP data, growth faltering is occurring among the early adolescent girls, although the obesity observed is higher among the late adolescent group, and obesity is more common among urban adolescents. He shared that undernutrition is decreasing and he explained that the children born to adolescent girls are less likely to grow well. He also mentioned that the dietary diversity is decreasing and opined that the current trend of dietary diversity should be changed.

Mr. Ziauddin Hyder, Senior Nutrition Specialist, presented on “*Promoting Adolescent Nutrition in Bangladesh*”. He stated that the level poverty in Bangladesh reduced between 1992 and 2010,

and the nutritional status is improving, though they are still high by national standard. In his presentation, he mentioned that as our Honorable Prime minister has committed to establish Bangladesh as a middle income country by 2021, the level poverty should decline within the targeted period and the nutritional status should be improved as well. He expressed that there are two windows of opportunity for human development: first window is the time during the first 1,000 days of birth, and the second important widow is the adolescent period (11-19 years of a life cycle). In his presentation, he mentioned that one of the important milestones for the World Bank supported adolescent nutrition project is to organize the three policy round tables regarding situation, solution and costing for multi-sectoral investment for adolescents.

Mr. Asaduzzaman, MP and Minister, Ministry of Home Affairs delivered his speech on the adolescent nutrition in Bangladesh. He expressed that working for adolescent nutrition is a great initiative and expressed that if non-government organizations (NGOs) work the collaboration with the government sectors, the initiatives would be fruitful. He welcomed the Sharnakishoree Network Foundation (SKNF) and wished that everyone will work together to further improve adolescent nutrition. In his speech, he stated that he was wondering to see the findings of FSNSP data regarding the undernourishment status of adolescent girls in Sylhet division, which was presented by Dr. Mridha and expressed his opinion that he thinks that although the population of Sylhet division is richer than the other divisions, the situation might have happened due to the lack of knowledge on nutrition.

Ms. Aktari Mantaz, Bangladesh Public Service Commission Secretariat, Government of Bangladesh expressed her opinion regarding the importance of nutritious food. She mentioned that child and mothers should be identified to provide nutrition. She expressed that although government is taking initiatives, it is difficult for the government to do everything alone. Therefore, all the stakeholders should jointly work for the improvement of nutritional status and to develop the awareness among people. During her speech, she mentioned that as Bangladesh achieved the Millennium Development Goals (MDG) in terms of reducing maternal death, achieving the Sustainable Development Goal (SDG) regarding nutrition will also be possible. She concluded her speech with a proverb ‘‘If you want to fast, go alone, if you want to go far, go together’’, and said that as we want to go far, all of us will have to work together.

Dr. Nizam Uddin Ahmed, Executive Director of SKNF highlighted on ‘‘*Understanding the policy environment: Opportunities, gaps and challenges*’’. He expressed that the SKNF started the program titled ‘‘Ichhai Shokti (Will is power)’’ to address adolescent nutrition in December 2017 to build the awareness on nutrition among adolescent boys and girls. He also mentioned that there are several policies on nutrition, and, this is the high time to implement these policies appropriately at the national level. Dr. Ahmed also mentioned that although a few organizations are working for the nutrition of adolescent girls, there is no such program for boys and he concluded his speech with three vital recommendations to improve the adolescent. These are: a) need to operationalize the existing policies with adequate resource allocation; b) need to tackle the multi-sectoral governance challenges and to build the public private partnership; and c) the

need to amplify the adolescents voice through engaging them in designing, implementing monitoring and evaluating.

Prof. Alayne Adams, Consultant, UNICEF delivered her presentation highlighting the theme “*Translating Research to Action*”. She mentioned that 1 in every 4 girls are stunted in Bangladesh. Adolescent girls in rural area are more likely to suffer from stunting and thinness compared with the urban areas and rates of adolescent undernutrition are higher in poor and food insecure households. She shared the trends of nutritional status from 2012 to 2014 and mentioned that overall, undernutrition is declining in all divisions, except in Sylhet. She reiterated the evidence of gender difference e.g., stunting is 5% higher in girls than the boys in Bangladesh. Prof. Adams also highlighted the importance of adolescent nutrition and reminded of the existing policies regarding nutrition and stated that now is the time for action. At the end of her presentation, she brought up the four discussion questions, which were further discussed by the participants during question answer session. These four questions are as follows:

1. What can we do to address the substantial variation in adolescent nutrition across the country?
2. What are the best ways to reach adolescent girls and boys?
3. What can private sector do in addressing the challenge of adolescent nutrition?
4. What are the implications of not acting on this problem?

Another important speech was delivered by Mr. Sohrab Hossain, Secretary, Ministry of Primary and Mass Education. He started his speech with the remembrance of the freedom fighters and mentioned that once in our country people were suffering from poverty, but we overcame the situation. He elucidated that nowadays, there is no food deficit in Bangladesh, consequently, people are thinking about nutritious food, although most of the people do not have appropriate knowledge about healthy food. In his speech, he also mentioned that still people discriminate between boys and girls in our country, general people perceive that boys are the future and that is the reason they take care of the boys more seriously. He mentioned that the girls get married early in the rural and hard to reach areas. Although, in reality numerous girls are better educated and are doing job in reputable places, there is a need for further improve the nutritional status of the girls and women. Mr. Hossain conveyed that NGOs, governments and voluntary organizations can work more on nutrition and initiate projects for the sake of a better Bangladesh with nutrition security. He also said that the two ministries (Education and Health) are working for the adolescent girls and mentioned that an agreement between education ministry and health ministry has been signed in collaboration with the Shornokishoree Network Foundation.

Mr. Ouazi A.K.M Mohiu Islam, Additional Secretary, Medical Education & Family Welfare Division, MoHFW, expressed that every woman is important in our life and we cannot ignore anyone. He mentioned that in every age stage, the women need to be educated properly on nutrition. He expressed his gratitude to the organizations working on adolescent nutrition including Save the Children, Pathfinder, BRAC and suggested them to work more for ensuring a beautiful Bangladesh.

Round Table Discussion and Question and Answer Session

During this part of the round table session, participants talked about the solutions and provided suggestions on the four questions raised by Prof. Alayen Adams during her presentation presentation.

Ms. Indira Chakravarty, Chief Adviser, Public Health Engineering Department (PHED) pointed out that the water sanitation and hygiene status is poor in Sylhet division, diarrhea is high in Sylhet division and suggested there should be activities to ensure food safety, hygiene and cleanliness, especially for women. She also highlighted that Khulna is safer in terms of water and sanitation and ultimately the rate of infectious disease is less and stunting is also lower than the other divisions. She believed that if girls are properly educated in their early adolescence, they will be able to practice hygiene and cleanliness in their late adolescence. Moreover, when they will become mother, they will be able to teach their children. Ms. Chakravarty also pointed out that we have to catch the adolescents at an early age. She also mentioned that Corporate Social Responsibility (CSR) funding in India provides grants to NGOs and mentioned that if there is such funding and grants from private sectors in Bangladesh, NGOs can work more on adolescent nutrition. She stated that building awareness on hygiene and cleanliness to prevent infection among girls in their early life and on healthy food is an important step.

Dr Halida Hanum Akhter, Director General of Family Planning Association of Bangladesh (FPAB) expressed her opinion based on the four points mentioned above. She told that regional variation on food should be addressed and maternal education can have direct impact on girl's health. About reaching the adolescents, she suggested to identify school and colleges and to communicate with the authority. In this regard she talked about her previous implementation program where they provided adolescent friendly services. In that program they helped the unmarried girls to delay the marriage and the married adolescents to delay the first pregnancy, or to delay their second pregnancy, if they are already mother. She suggested that we have to go to private sector and ask them to provide some free of cost supplements to the school and college going adolescents, so that they can meet the nutritional requirements.

Md. Ruhul Amin Talukder, Joint Secretary, Health Service Department (HSD) pointed out that the current Government is very much aware of the nutritional problems. Regarding nutritional programs, he mentioned that it is a multi-sectoral operation and 17 ministries are working on it. He also stated that National Plan of Action on Nutrition (NPAN2) is also being implemented by the existing government and there is a focus on the adolescent nutrition. He also specified to focus on adolescent pregnancy. Regarding the contribution of private sectors, he pointed out that private sector can work together with the government and they can be engaged with both nutrition sensitive and specific programs. He also mentioned that NPAN2 is emphasizing on the

platform of advocacy, communication, research, monitoring and evaluation and capacity building.

Some valuable opinions were expressed by Saika Siraj from IFPRI. She said that nutritional program and food distribution should be geographical area based. In addition to this, she raised another important point that is although many people among the audience are talking about involving the CSR, a lot of business organizations are providing unhealthy foods, such as chips to our adolescents. She pointed out that a large number of adolescent girls and boys in our country are already married and are not engaged with a formal platform. She said that we will have to identify them too..

Dr. S M Mustafizur Rahman, PM, NNS, DGHS discussed that in Sylhet, some people are very rich and some are too poor and therefore, there is a need to address equity. In his speech, he also mentioned that most of the time in Bangladesh government and private sector work on pregnant and under 5 children, but in future there is a need to focus on the adolescent components, including boys.

Dr. Md. Sharif Md. Sharif, Director, MNCAH, DGFP expressed his opinion regarding the importance of adolescent nutrition and told that he wants to work in collaboration with the DGHS to provide adolescent nutrition services. He also expressed that in union level they started providing nutrition services through the health facilities. He told that involving private sector and media would be an important step.

Mr. Shishir Morol, Journalist, Daily Prothom Alo, expressed that due to political turmoil the importance of nutrition is becoming less important topic in the media. He also pointed out that the importance of adolescent nutrition should be understood by the journalist, so that they can publish on this topic.

Mr. Shaikh Moniruzzaman, Macroeconomist, UNDP emphasized that we will have to find the important nutritional factors and their differences with respect to geographical areas. Regarding private sectors, he mentioned that it should be market driven, so that the private sector will be benefited too. Cross-cutting issues regarding nutrition should be highlighted in the budget of the ministry. He also expressed that data over three years period cannot inform us of a long term trend and therefore, data on long term trend is needed. He also mentioned that to implement a nutritional program, it is necessary to work in coordination with the researcher.

Ms. Jannatul Baki Keka, Channel I expressed that we have to critically think about the food safety, even though we do not have food deficit nowadays. We should aware the people regarding the nutritious food and will have to make them realize the link between mother's health, pregnancy and child health.

Mr. Rezaul Karim Kajol highlighted that many adolescents are facing different complications including menstrual irregularity. Some of them are obese or over-weight and are not interested to do any work outside. He also mentioned that we need to aware the adolescent groups. There are several health and education programs. Many of the programs do not have any idea and do not understand the importance of adolescent nutrition. Therefore, it is a high time to involve them. Finally, he expressed that celebrities (models, cricketers, actors, actresses) can influence change of the food habit among young generation though advertising on nutritious diet.

Ms. Shirin Afroz, Director, Nutrition, Helen Keller International pointed out that we need more resource and more data on adolescent nutrition by geographical areas. She suggested to implement a program like ‘little doctor’ where adolescents in hard to reach area will be able to inspire their peer regarding the nutrition.

Dr. Mir Nowazesh Ali, Assistant Professor of Oral and Maxillofacial Surgery at BSMMU, expressed that media people especially celebrities who can influence the adolescents should be engaged in nutritional program. He also suggested to work with the government sector and private sector together on nutritional issues.

Dr. Md. M. Islam Bulbul, Deputy Project Manager, NNS, IPHN said that we need micro-level plans. We will have to tell the children what to eat and it will be vary based on the areas. Regarding private sector involvement, Dr. Bulbul mentioned that we have to demonstrate them what nutritious food is and ask them to market those foods. He suggested that NGOs can do that, even, BRAC can take the initiative.

Mr. Moniruzzaman Bipul from GAIN, mentioned that nutrition is pertinent to global alliance and Scaling Up Nutrition (SUN) business network, which is made up of private sectors. GAIN and WFP jointly took initiative to develop a business network too. f all of us know the information and not only the private sector but also the civil society, SKNF can be involved with it. If all of us can share our opinion, it would be possible to make the business enterprises sensitive.

Ms. Sohana Shafique, Assistant Scientist, icddr,b highlighted that for some people, it is like triple burden of malnutrition as they are also facing the hidden hunger. She expressed that the urban food insecurity, low vegetable intake among urban people are real concerns. She also stated that obesity is also common among urban people, and therefore, the impact of non-communicable diseases is becoming overt and ultimately catastrophic household expenditure is increasing. She suggested to find out the drop-out adolescents and the working group of adolescents who might be from rural areas but came to urban areas for livelihood. Ms. Shafique also proposed to train the health care providers regarding the nutritional facts, so that they are able to reach out and alert the community people.

One of the Shornokishorees (adolescent girls from SKNF), Hridita Hossain expressed her feeling that she is proud and glad to know that several organizations and numerous people are working for their nutrition and she expects that everyone works together for improving nutritional status of all the adolescents in Bangladesh to make a beautiful Bangladesh in future.

One of the Surjokishors (adolescent boys from SKNF), Zahid Hasan told that he is concerned about the food they take every day including fruits, meat and fishes. These foods are containing lots of chemicals, hence, he is worried whether these foods are providing nutrition or harming the adolescents. So he hopes that everyone will be aware regarding the food adulteration and will take the essential steps to prevent it.

Dr Sabiha Sultana, GAIN articulated that to build a responsible partnership with the private sector, active (from policy level) and passive (via awareness program for adolescent regarding healthy foods) activities are important. She also mentioned that to address the regional variation, substitute of foods should be found out in case of unavailability of specific foods in a specific area. She suggested that both parents and their adolescent children should know about nutrition so that they can design their food plate accordingly.

Ms. Anuradha Naryan, Chief of Nutrition Section at UNICEF suggested to collect more data on adolescent nutrition, to work with national partners and adolescent groups and to aware the adolescents who became mother early.

Concluding Remarks

Prof. Sabina Faiz Rashid expressed her cordial appreciations to all the members who took the initiative to arrange the program and mentioned that adolescents are important. Similarly every group of people is important in different ways. She mentioned that community-centric design is essential and pointed out that nutrition is linked to the human right issues. In her speech, Prof. Rashid highlighted that BRAC James P Grant School of Public Health of BRAC University is always dedicated to work for nutrition. Finally she concluded the round table discussion by expressing her gratitude to all the organizations who work for food and nutrition.

Annex

Presentation 1

The evidence on adolescent nutrition

Malay K. Mridha
BRAC James P. Grant
School of Public Health



This presentation

- Why this study?
- Methods
- Results
- Current situation
 - Trends
 - Risk factors
 - Growth dynamics
 - Children born to adolescent mothers
- Summary



Why this research?

- Health and nutrition of adolescent girls is relatively under-researched in most LMICs including Bangladesh
- Comprehensive dietary and anthropometric data of adolescent girls obtained through the **Food Security and Nutrition Surveillance Project (FSNSP)** offers a unique opportunity to generate evidence
- Analysis of these data sets helps identify knowledge gaps and policy actions to support the food and nutritional security of adolescent girls in Bangladesh



The data

- Nationally representative data
- All households with women 10-49 year of age and/or children under 5 years included
- Stratified by surveillance zone base on agro-ecological zones and other areas by division
- Focus on 2 adolescent age groups 10-14 and 15-19 years
- Sample size:
 - 2012: 5803 (10-14 y: 2110, 15-19 y: 3693)
 - 2013: 4621 (10-14 y: 1694, 15-19 y: 2927)
 - 2014: 5316 (10-14 y: 1832, 15-19 y: 3484)



Results

FSNSP DATA



The current situation

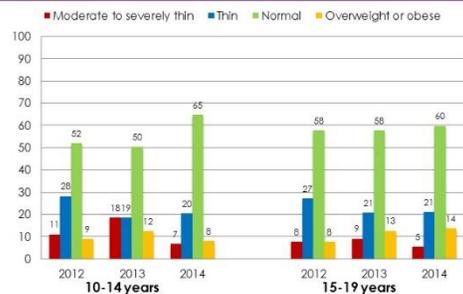


Trends

FSNSP DATA



Trends of undernutrition and overweight of adolescent girls in Bangladesh



Division trends in undernutrition and overweight 2012-2014

Division	Early adolescence (10-14 years)		Late adolescence (15-19 years)	
	Undernutrition	Overweight	Undernutrition	Overweight
Rajshahi	Decreased	No change	Decreased	Increased
Khulna	No change	No change	Decreased	No change
Barisal	No change	Increased	No change	Decreased
Dhaka	Decreased	No change	Decreased	Increased
Sylhet	No change	No change	No change	No change
Chittagong	No change	Increased	Increased	Increased
Rangpur	No change	No change	Decreased	Increased



Rural-urban trends in undernutrition and overweight 2012-2014

Division	Early adolescence (10-14 years)		Late adolescence (15-19 years)	
	Undernutrition	Overweight	Undernutrition	Overweight
Rural	Decreased	Increased	Decreased	Increased
Urban	Decreased	Inconsistent	Decreased	Increased

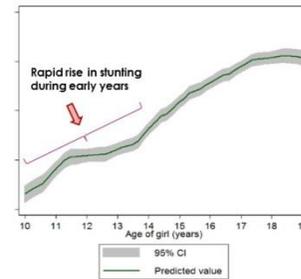


Adolescent growth dynamics

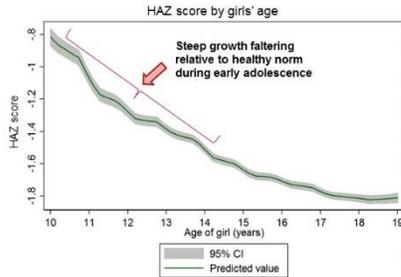
FSNSP DATA



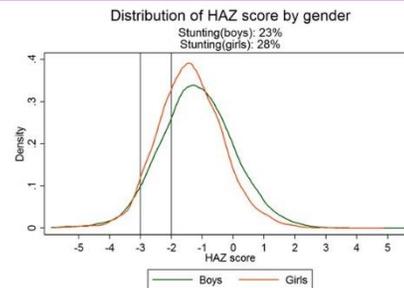
Growth faltering in early adolescence



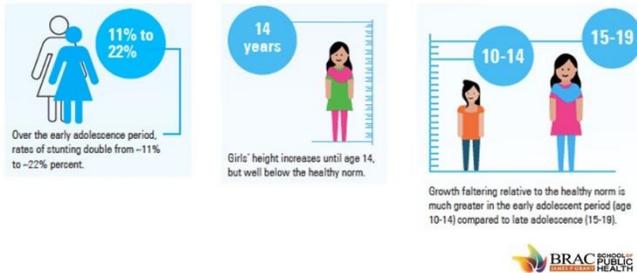
Growth faltering in early adolescence



Gender differences in stunting



Growth faltering in early adolescence



What factors lie behind these trends?

FSNSP DATA



What factors lie behind these trends?



What factors lie behind these trends?



Inadequate & worsening dietary diversity

- Increasing inadequacy in dietary diversity (<4 food groups) among adolescent girls
- Higher risk of poor dietary diversity among adolescent girls in:
 - All Divisions except Dhaka and Chittagong
 - Rural areas
 - Severe and mid to moderate food insecure groups
 - Non-Muslim populations
 - Low maternal education households
 - Lower socio-economic households

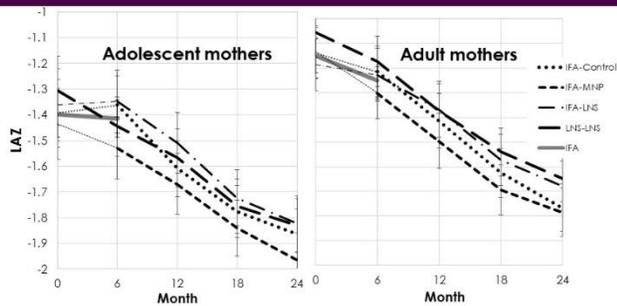


What about the children born to adolescent mothers?

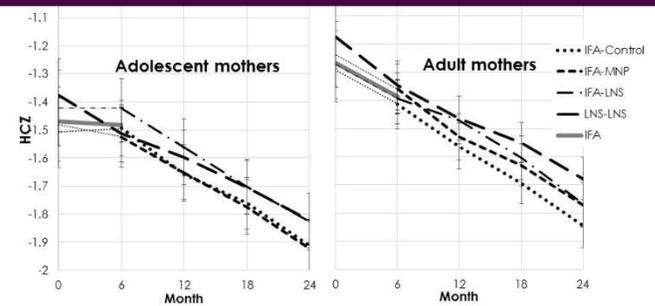
DATA FROM RDNS



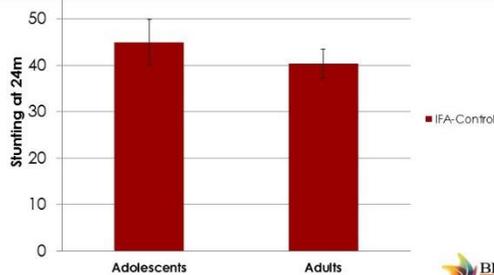
Length-for-age Z-score (LAZ) of children born to adolescents vs. adult women



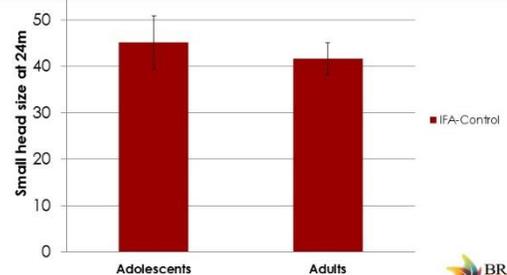
Head circumference-age Z-score (LAZ) of children born to adolescents vs. adult women



Stunting of children aged 24 months born to adolescents vs. adult women



Small head size among children aged 24 months born to adolescents vs. adult women



Summary

- Slow but steady declines in adolescent undernutrition with substantial regional differences.
- Growth faltering is occurring in early adolescence (10- 14 years).
- Overweight and obesity are increasing especially in urban areas, wealthier households, and in older adolescent girls
- Children born to adolescent girls are less likely to grow well, having longer term implication for country's development.



Thank you



Presentation 2

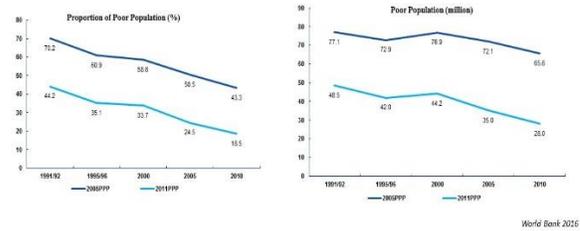
1st Round Table Discussion on "Promoting Adolescent Nutrition in Bangladesh"

Ziauddin Hyder, MD, PhD
Senior Nutrition Specialist
World Bank



Bangladesh has been celebrating the sharp decline in poverty, and increased investment in human development is a key to achieve and sustain the gain

- The number of poor is much lower, but the trend is the same



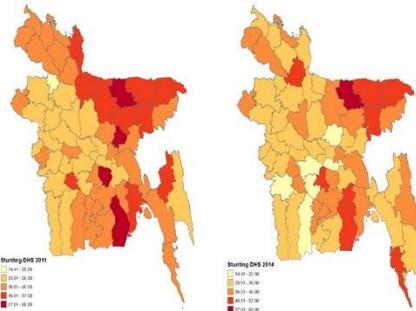
World Bank 2016

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The First Window of Opportunity for Human Development



The First Window of Opportunity: Nutrition is improving but still very high by international standards

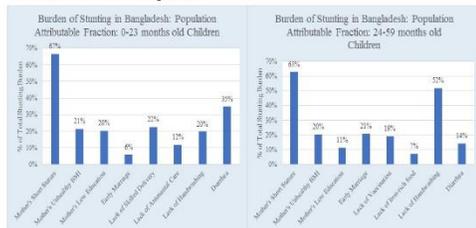


- Considerable improvements in stunting incidence throughout the country from 51% in 2004 to 31% in 2014
- Yet regional variations persist
- Some of the most affected areas (north-east) in 2011 stayed in the same status in 2014

World Bank 2017

The First Window of Opportunity: Short Stature, Low BMI, Early Marriage and Low Education are Attributable to Stunting

Population Attributable Fraction: Total burden of stunting associated with each factor in Bangladesh



Short stature: Mother's height < 152cm,

Low BMI: BMI < 18 or BMI >= 30

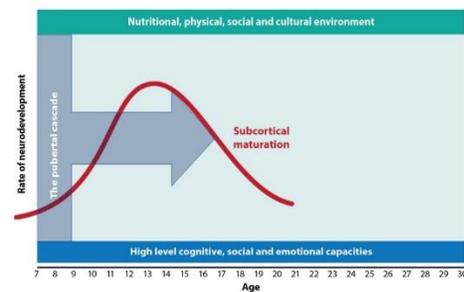
Early Marriage: Age at marriage < 18 year

Low Education: Below primary education

World Bank 2017

5

Adolescence: The Second Window of Opportunity for Human Development



A JPGSPH/SKF/UNICEF/WB Initiative addressing the Second Window of Opportunity for Development

Project Development Objective

To support Bangladesh in making evidence-based decision on multisectoral nutrition programming with specific focus on adolescent girls. The proposed task will harness the latest evidence from existing information, including the Food Security and Nutrition Surveillance Project (FSNSP) data collected over the past years.

Important Project Milestones between 2017 and 2019



We will continue to build on:

- Government Commitment & Leadership
- Multi-stakeholder collaboration & partnership
- In-country evidence (FSNSP type national surveillance systems)



Presentation 3

 <p>Adolescent Nutrition IN BANGLADESH: understanding the policy environment: opportunities, gaps & challenges</p> <p>Dr. Nizam Uddin Ahmed Executive Director, Shornokishore Network Foundation (SKNF)</p>	<h3>Presentation Outline</h3> <ul style="list-style-type: none"> ✓ Why this Review? ✓ What is the Policy Environment in Bangladesh? ✓ Opportunities, Gaps & Challenges ✓ Conclusions
<h3>Why this Review?</h3> <ul style="list-style-type: none"> ■ What are the national level health and nutrition policies pertaining to adolescents? ■ What are the multisectoral opportunities for improving nutrition policies for adolescents? ■ What are opportunities, gaps & challenges in Bangladesh for adolescent nutrition. 	<h3>Policy Environment in Bangladesh</h3> <ul style="list-style-type: none"> ■ Article 18 of the Bangladeshi Constitution make the State duty as raising the level of nutrition ■ Article 19 ensures equality of opportunity to all the citizens including the participation of women in all spheres of national life ■ Signatory to Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) – ratified in November 1984, with reservations on some articles ■ Ratified the International Convention on the Rights of the Child (CRC) in August 1990 and committed to respect, defend, and promote the rights of Bangladeshi children aged up to 18 years. ■ 2nd National Plan of Action on Nutrition (NPAN 2), 2016-2025, signifies government’s commitment towards a multi-sectoral approach to nutrition and its governance.
<h3>Multiple Policies and Strategies exist that Address Adolescent Nutrition</h3> <ul style="list-style-type: none"> ■ Constitution of People’s Republic of Bangladesh ■ Bangladesh National Health Policy 2011 ■ Bangladesh National Population Policy 2012 ■ Bangladesh National Nutrition Policy 2015 and the National Plan of Action on Nutrition, 2016 ■ 7th Five Year Plan 2016-2020 ■ 4th HNPSP Sector Program 2017-2021 ■ National ICT Policy, 2016 ■ National Adolescent Health Strategy 2016 <p>Multisectoral policy documents were reviewed for consultation</p>	<h2>Opportunities, Gaps & Challenges</h2>
<h3>Opportunities - Policies</h3> <ul style="list-style-type: none"> ■ Bangladesh’s Constitution obliges Government to address adolescent nutrition, under Articles 18 and 19 <p>Articles 18 (1): <i>“The State shall regard the raising of the level of nutrition and the improvement of public health as among its primary duties”</i></p> <ul style="list-style-type: none"> ■ Signatory to International Conventions such as CRC, CEDAW, ICPD, ICN2 which highlight adolescent nutrition as a critical nutrition-related health burden at the global level ■ SDGs will guide efforts for the next 15 years – on how to integrate adolescent nutrition with all sectors - Target 2.2 By 2030, end all forms of malnutrition, by 2025, address the nutritional needs of adolescent girls, pregnant and lactating women and older persons 	<h3>Opportunities – Policies cont’d</h3> <ul style="list-style-type: none"> ■ 7th Five Year Plan, National policies like Health, Population, Nutrition, Women development -all specifically mentioned adolescent girls and nutrition ■ 4th Health Nutrition and Population Sector Plan, Second National Plan of Action for Nutrition (NPAN-2) describes some of the governance challenges of multi-sectoral nutrition programs.

Opportunities - National Action Plans

- 4th Five year plan HNPS sector programs acknowledge the importance of addressing adolescent nutrition
- National Nutrition Services (NNS) has opportunities & challenges in implementing activities pertinent to adolescent nutrition
- Essential Service Package includes services for adolescent nutrition to be delivered at each tier of the health delivery system
- Gender Equity Strategy guide the health system for better adolescent friendly services
- National ICT policy and eHealth strategy encourage the utilization of digital services in health & nutrition services

Gaps in Implementation

- No common data-base or inventory which presents a challenge for effective coordination of programs/interventions, geographical coverage, roles & resources
- Engagement of adolescents:
 - Alternative delivery channels needed to enable integrated approaches to improve adolescent health, nutrition and social wellbeing (e.g. eHealth, mHealth, TV media, school clubs etc)
- The Private Sector can be engaged to a greater extent
- Challenges in planning, program design, resource allocation and utilization, implementation, coordination, monitoring and evaluation must be addressed

Gaps: policies exist- but national action plans and programs are limited

- Few programs target adolescent nutrition, even within key ministries and other entities
- Adolescent issues are located under reproductive health programs, limiting opportunity to address specific needs of adolescents
- Health services are not tailored towards the need of unmarried adolescents.
Example: Weekly iron-folate supplementation target nutritional needs of adolescent girls but no intervention specifically meant for adolescent boys in Bangladesh.

Gaps in Implementation

Education

- School feeding programs, exist, but coverage is low. Focus is to drive school enrollment, not necessarily on building dietary habits and improved nutrition behaviors for boys and girls.

MOWCA

- Forming clubs at school and community for behavior change programs and prevention of malnutrition & early marriage

Non Government Programs

- Few programs target adolescent nutrition; most organizations/ agencies have integrated nutrition interventions within other health and education programs at community level & lack of coordination

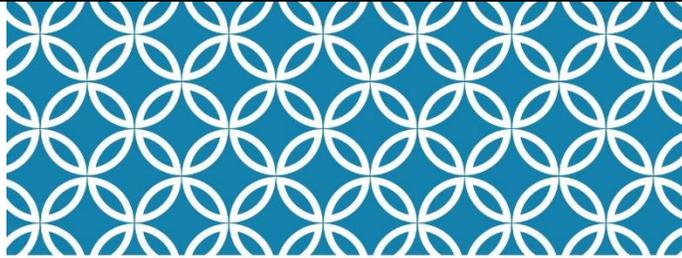
Conclusions

- 1. Need to operationalize the policies that we HAVE!**
 - Backed by solid implementation plans
 - With adequate resource allocation
- 2. Governance challenges must be tackled:**
 - National policies describe some of the governance challenges of multisectoral nutrition programs in Bangladesh
 - Coordination across Public Private partnership is key for a unified platform
- 3. Adolescents' voice need amplification:**
 - Have access to digital media, live in a globalized world, understand issues related to positive lifestyle and health
 - Design, implement, monitor & evaluate with adolescents



Thank you

Presentation 4



TRANSLATING RESEARCH TO ACTION a last window of opportunity

Prof. Alayne Adams
Georgetown University
& BRAC School of Public
Health

TRENDS FROM 2012 TO 2014

- Undernutrition is **declining**, except in Sylhet where there are no improvements
- Overweight and obesity are **increasing** among older adolescents and in urban areas
- Increasing inadequacy in dietary diversity (<4 food groups) among adolescent girls

THE CURRENT SCENARIO

- Over **1 in 4 girls are stunted** in Bangladesh
- Adolescents girls in rural areas are more likely to suffer from stunting and thinness compare to those in urban areas
- Rates of adolescent undernutrition are highest in poor and food insecure households

GROWTH FALTERING IN EARLY ADOLESCENCE

- Height increases until the age of 14, but not on par with the healthy norm
- Growth faltering accelerates during early adolescence (10-14 yrs)
 - Stunting rate more than doubles (from ~11% to 22%) in this period
- Faltering occurring across the population, but girls from the poorest households are smaller to start with...

EVIDENCE OF GENDER DIFFERENCES

- Stunting **5 pp** higher in girls vs. boys
- What's the story?
 - Intra-household food distribution inequity, particularly during periods of food shortage (FSNSP)
 - Early marriage and childbearing
 - Other factors?
- But need more data on boys... as they might be disadvantaged on other nutrition factors

CONNECTING THE DOTS

- Girls appear to stop growing in stature in early adolescence
 - Early menstruation?
 - Sub-optimal diet?
- However, they continue to gain weight
 - Sub-optimal (carb-heavy) diet?
 - Decreasing physical activity

The concern...

Will contribute to increasing rates of overweight and obesity in adulthood, and their adverse implications for NCDs

POLICY LANDSCAPE

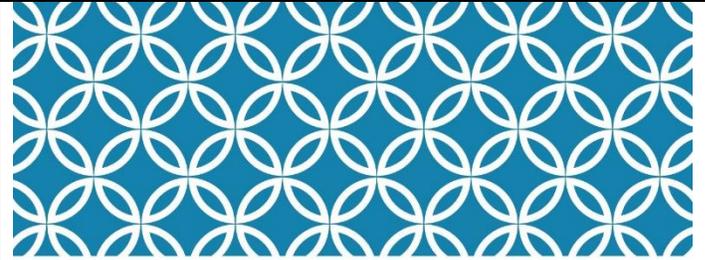
- Lots of policies with good intent
- Many sectors have a role to play
- Many policy entry points
- BUT implementation and resources allocation are weak...

POLICY LANDSCAPE

- Lots of policies with good intent
- Many sectors have a role to play
- Many policy entry points
- BUT implementation and resources allocation are weak...

NOW IS THE TIME FOR ACTION!

- Focus on younger adolescents (10-14 years)
 - Prevent malnutrition when there is still time and they can be found in school!
- Leverage SDGs around multi-sectoral actions
- Promote better dietary habits and physical activity
- Prevent child marriage and early pregnancy
- Engage adolescents in actions to promote their own health and nutrition



THANK YOU |

DISCUSSION QUESTIONS

1. What can we do to address the substantial variation in adolescent nutrition across the country?
2. What are the best ways to reach adolescent girls and boys?
3. What can private sector do in addressing the challenge of adolescent nutrition?
4. What are the implications of not acting on this problem?

Guests and Participants

1. Ms. Farzana Brownia, Chairman, SKNF
2. Mr. Assaduzzaman Khan Kamal, MP, Minister, Ministry of Home Affairs.
3. Md. Ruhul Amin Talukder, Joint Secretary, Health Service Department (HSD)
4. Quazi AKM Mohiul Islam, Medical Education and Family Welfare division, Ministry of Health and Family Welfare (MoHFW)
5. A.K.M. Mustafa Kamal, Deputy Director, Directorate of Secondary and Higher Education (DSHE)
6. Ziauddin Hayder, Senior Nutrition Specialist, WB
7. Indira Chakravarty, Chief Adviser, Public Health Engineering Department (PHED), Government of West Bengal (GOWB)
8. Momina Parveen, Nutrition Officer, UNICEF
9. Saika Siraj, Advisor, International Food Policy Research Institute (IFPRI)
10. Dr. Md. M. Islam Bulbul, Deputy Project Manager, National Nutrition Services, Institute of Public Health Nutrition
11. Dr. Md. Aatur Rahman, Health and Nutrition Advisor, Field Support Services Project (FSSP) of GAC
12. Moniruzzaman Bipul, Project Manager, Nutrition Portfolio at Global Alliance for Improved Nutrition (GAIN)
13. Ms. Sohana Shafique, Assistant Scientist, icddr, b
14. Dr. Rajaul Karim Kajal, Associate Professor, Bangabandhu Sheikh Mujib Medical University (BSMMU)
15. Dr. Mir Nowazesh Ali, Assistant Professor, Oral and Maxillofacial Surgery, BSMMU
16. Julie Gostlaw, Technical Specialist, GAIN
17. Dr. S M Mustafizur Rahman, PM, NNS, DGHS
18. Shirin Afroz, Director, Nutrition, Helen Keller International
19. Ms. Anuradha Naryan, Chief, Nutrition Section, UNICEF
20. Dr. Nizam Uddin Ahmed, Executive Director, SKNF
21. Dr Halida Hanum Akhter, Director General of Family Planning Association of Bangladesh (FPAB)
22. Mr. Shaikh Moniruzzaman, Macroeconomist, United Nations Development Programme (UNDP)
23. Prof. Alayne Adams, Consultant, UNICEF
24. Dr. Md. Sharif, Director, Maternal and Child Health (MCH), DGFP
25. Ms. Aktari Mamta, Bangladesh Public Service Commission Secretariat, Govt. of Bangladesh Shishir Morol, Journalist, Daily Prothom Alo
26. Jannatul Bakia Keka, Channel I
27. Dr. Sabina Faiz Rashid, Professor and Dean, BRAC JPGSPH, BRAC University
28. Dr. Malay Kanti Mridha, Associate Professor, BRAC JPGSPH, BRAC University
29. Dr. Tanvir Hasan, Assistant Professor, BRAC JPGSPH, BRAC University

