

Tackling Child Malnutrition in Coastal Bangladesh

Ina Schonberg

Food aid works in Bangladesh to feed hungry children after devastating floods or in other emergencies. Cash aid works to provide children with the health care and schools they need and to provide their families with the means to produce household income. Both kinds of aid are needed indefinitely in a country where perhaps half the people cannot afford an adequate diet.

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Bangladesh is most often in the news when floods, population pressure, and extreme poverty collide. It remains one of the most densely populated countries in the world, with more than 130 million people living in a fertile flood plain delta that is crisscrossed by rivers, lakes, and ocean inlets. Floods and cyclones are a constant threat, pollution is on the rise, and soils are being depleted. Despite consistent socioeconomic progress, poverty remains pervasive and deep rooted. In the south central coastal regions of Barisal, food insecurity is high and malnutrition persists more than in other parts of the country.

Along Bangladesh's coast, Save the Children works with other nongovernmental organizations and local governments to reduce child malnutrition. Using food from the U.S. Agency for International Development's (USAID) Title II program, the Jibon-O-Jibika (Life and Livelihood) program feeds 180,000 children every month. The people on the program's staff penetrate deep into villages to immunize children (jointly with the government), monitor their growth, and provide health services where none existed. The program provides access to safe drinking water and sanitation services and gives poor families opportunities for adding income by getting them started on homestead gardens.



Courtesy of Save the Children, Hunger and Malnutrition Unit

A malnourished Shireen and her mother were enrolled in Save the Children's Intensive Nutritional Counseling program; the child received food, and the family got a new well and latrine.

For children like Shireen, such a program could not have come soon enough. Identified as being severely malnourished from repeated illnesses and an inadequate diet, Shireen was at risk of dying before she turned two

years old. Shireen's mother was given food as an incentive to attend Save the Children's monthly activities in her village, and community volunteers worked with Save the Children staff to provide Shireen with enough nutrition to gain weight. Installation of a new tube well for water and a sanitary latrine gives Shireen's family immediate gains while offering them hope for better nutrition and reduced illness in the longer term.

CHANGING BEHAVIOR

Save the Children's Jibon-O-Jibika program aims at getting mothers to adopt different habits for feeding their infants and young children and taking them for critical health care. It also makes sure needed health services are available. Modest food aid rations give mothers in families most at risk of food insecurity an incentive to get training to change their behavior.

Results from the program after two years, as of June 2007, are impressive:

- Some 311,080 mothers and children received health services, with consistently high rates of attendance at all provision points.
- More than 29,000 tube wells were tested for arsenic; 37 percent more families reported access to sanitary latrines.
- Both production and consumption of green leafy vegetables increased.

At the same time, Save the Children has worked closely with local government officials and community groups in 66 of the most vulnerable coastal areas to cope with emergencies. More than 1,200 volunteers have been trained and equipped for disaster preparedness and mitigation. They plan improvements to cyclone shelters, conduct drills to improve disaster warnings, conduct search and rescue missions after floods, and conduct rapid assessments for distribution of emergency relief. Access to emergency food stocks, combined with the people and infrastructure to deliver them, has saved lives and reduced suffering in disasters.

EFFECTIVE FOOD AID

Studies have found that effectively targeted food aid is essential to Bangladesh's food security, not only for short-term emergency relief but also for long-term economic development. Emergency food aid has been found to be effective in saving lives. Food aid closely

tied to specific developmental objectives — such as enhancing infrastructure and production or supporting social outcomes such as education — has been effective in reducing poverty and in contributing to food security gains for the family.

Studies have found that food stockpiling and use of food aid to reduce cereal price fluctuations — particularly any adverse effect on producers — have contributed to the overall stability of the cereal supply in the country, benefiting all Bangladeshis.

The optimal results are achieved when aid is both well targeted and directed toward meeting specific development objectives as part of a wider program.

But it takes more than food to fight hunger. The effectiveness of food aid is maximized when programmed together with cash aid. Cash is needed, for example, for training people to grow their own food, supplying them with the initial supplies, and monitoring their progress.

Still, in some circumstances, aid recipients, particularly women, prefer food aid over cash because it is easier for them to control. And studies indicate that, in both developed and developing countries, food consumption remains higher when direct food aid is provided as compared with cash. In Bangladesh, given the severity of malnutrition and extent of hunger, the use of direct food assistance remains essential.

NEW DIRECTIONS FOR FOOD AID

By some estimates, about half of Bangladesh's 143 million people are still unable to afford an adequate diet (42 percent of households are below the poverty line). While economic growth and market policies are essential to poverty eradication, the poorest fifth of the population remains seriously underfed and unable to participate in the economy. For them, a safety net in the form of direct food assistance is critical for both income and nutritional security.

Food aid flows to Bangladesh have been declining with reduced overall development assistance. Increased commodity and freight costs, as well as shifting U.S. government aid priorities, have played a role in reducing food aid availability. The implications are already being felt directly on the ground with USAID Title II program cuts. A shortage of funds has delayed implementation and expansion of some program activities such as treatment of sick children with acute respiratory illness and diarrhea. Food distribution will have to be phased out to some

beneficiaries earlier than planned. In addition, efforts to decrease community and household vulnerabilities to natural shocks through increased community preparedness will not be expanded to all vulnerable areas served by Jibon-O-Jibika.

Food aid tied to specific development objectives has worked in Bangladesh. It has raised households' income, allowed girls to enroll in and complete school, and reduced food insecurity during periods of hunger.

Cash aid is also critical to ensure that food aid is programmed effectively for improving health care and

access to water, improving schools, and responding to flood disasters. Innovative programs can include combinations of cash-supported programs, food aid, and even cash transfers.

Given the positive outcomes, consistent supplies of food aid supported by adequate levels of cash assistance should continue to be a priority for Bangladesh. ■

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About half of Bangladesh's people, such as these at a relief camp in Dhaka, are unable to afford an adequate diet.

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