Bangladesh, a South Asian country with a population of nearly 166 million has recently raised its economic standing from low to middle income. Bangladesh has already met several targets of the Millennium Development Goals (MDGs) including poverty gap ratio reduction; attaining gender parity within primary and secondary education; under-five mortality rate reduction; and increasing access to antiretroviral drugs to contain HIV infection, among others. Additionally, Bangladesh moved up three spots and is currently ranked 139th out of 188 countries according to the UNDP’s most recent Human Development Index (HDI) report.

However, Bangladesh continues to lag behind in terms of nutrition:

- 36% of children under five are stunted and 14% are wasted.
- Two-thirds of all children under the age of 2 and half of all pregnant women are anemic.

As a leader in the country’s health sector, CARE Bangladesh places nutrition as a top priority. In the last 5 years, we have completed 15 major health projects, and in FY17 alone, our health sector activities directly impacted over 4.95 million beneficiaries while our food and nutrition security initiatives benefited over 235,000.

Recently, CARE Bangladesh’s Nutrition at the Center project, also known as N@C, has inspired the Bangladesh government to replicate the project’s multi-sectoral approach on a national scale. By integrating Maternal, Infant and Young Child Nutrition (MIYCN); water, sanitation, and hygiene (WASH); food security; and women’s empowerment, the multi-sectoral approach aims to reduce anemia in women and stunting among children by 13% and 9%, respectively.

The government of Bangladesh has already incorporated this multi-sectoral approach into the next decade’s National Plan for Action in Nutrition (NPAN2) to be implemented from 2016 to 2025. The model is expected to be scaled up in 492 sub-districts, covering a population of nearly 116 million.
CARE Bangladesh’s **Nutrition at the Center** project was a pioneering five year (2013-2017) program focused on the overall nutrition of mothers and children, with the goal of improving the general health of mothers, young girls, and children. **N@C** in Bangladesh targeted 88,600 women of reproductive age, 36,366 pregnant and lactating women, and 22,653 children under 2 years. **N@C** started as a local program in the Derai and Biswambarpur sub-districts of the north-eastern Bangladeshi district of Sunamganj, in the Sylhet Division.

The success of the novel multi-sectoral nutrition program has prompted some major changes at the national and local policy level and **N@C** continues to work to establish a multi-sectoral platform (Sub-district Nutrition Coordination Committee, or UNCC) to improve nutrition at the community level.

The initiative has yielded positive results, as reflected in the end line data, and the UNCC platform is included in NPAN2, with plans to be in place by 2019. An operational guideline has been developed for the UNCC platform and is being followed accordingly.

**CARE Bangladesh is proud to support the country-wide implementation of the N@C multi-sectoral approach and recognizes N@C’s long-term policy impact as one of the program’s greatest successes.**

This is because multiplying the impact of our work – beyond just our direct target beneficiaries – is what drives our work and our mission to make a real difference to the community we serve at large.

“**If all the related departments can work together through a coordinated manner then we can achieve our desired nutritional goal.**”

- **Ms. Roxana Quader**  
  Additional Secretary (PH & WHO)  
  Ministry of Health and Family Welfare

“A good example has been set here. We have taken the lessons from here. We will discuss the issue at the National level and the Government may take a step to include an institutional structure so that all the Upazilas and districts of the entire country can adopt such mechanism.”

- **Mr. Ruhul Amin Talukdar**  
  Joint Secretary  
  Health Services Division  
  Ministry of Health and Family Welfare