POLICY BRIEF

NUTRITION FOR URBAN POOR

NOVEMBER | 2024

Urban nutrition gaps

Good nutrition underpins economic, social and human development. Research shows that, in Bangladesh, every dollar put in nutrition bring in over 20 dollars in economic growth.[1] Alternatively, reducing malnutrition by just 1 percent leads to a 4 percent decrease in poverty.[2] This link is crucial for Bangladesh. Many jobs in the economy, such as in manufacturing, service and construction, require physical strength and stamina. Investing in nutrition, therefore, stands as a pivotal lever for national development.

Bangladesh, however, contends with deep-rooted nutrition challenges. For instance, among children under five, 24 percent are stunted, 22 percent underweight, and wasting has risen from 8 to 11 percent in recent years.[3] Poor nutrition not only stunt physical and cognitive development, but also weakens long-term productivity, passing poverty to the next generation.

> Box 1. Malnutrition's 3 major forms
> 1. Stunting (a state of chronic undernutrition)
> 2. Wasting (low weight-for-height)
> 3. Micronutrient deficiencies (i.e., iron and vitamin)

Counterintuitively, in Bangladesh, cities face more pressing nutrition challenges than villages. For past decades, health policies have focused mainly on rural areas,[4] leaving many nutrition indicators falling behind in urban.[5] Rapid urbanization, with two out of every three new city residents coming from rural areas, further complicates the issue. Many lost their livelihoods due to climate change - rising sea levels and frequent floods - arriving in cities with minimal resources and uncertain job prospects. Consequently, they often end up in poor settlements (e.g., slums), where poor nutrition is prevalent.[6] Children in these urban poor communities face more stunting and wasting than those in other parts of cities or the countryside.[7, 8] These urban poor families struggle with distinct living conditions, setting them apart from both rural communities and better-off urban counterparts. Understanding and addressing urban poor's nutrition dilemma, therefore, require separate consideration from general urban nutrition.[9]

This brief charts a path forward. Drawing from UNDP's National Urban Poverty Reduction Programme (NUPRP), it maps solutions for improving long-term nutrition outcomes for urban poor.[10] Change begins with transformed mindsets - in households, communities, and government offices.

3 Pathways to better nutrition

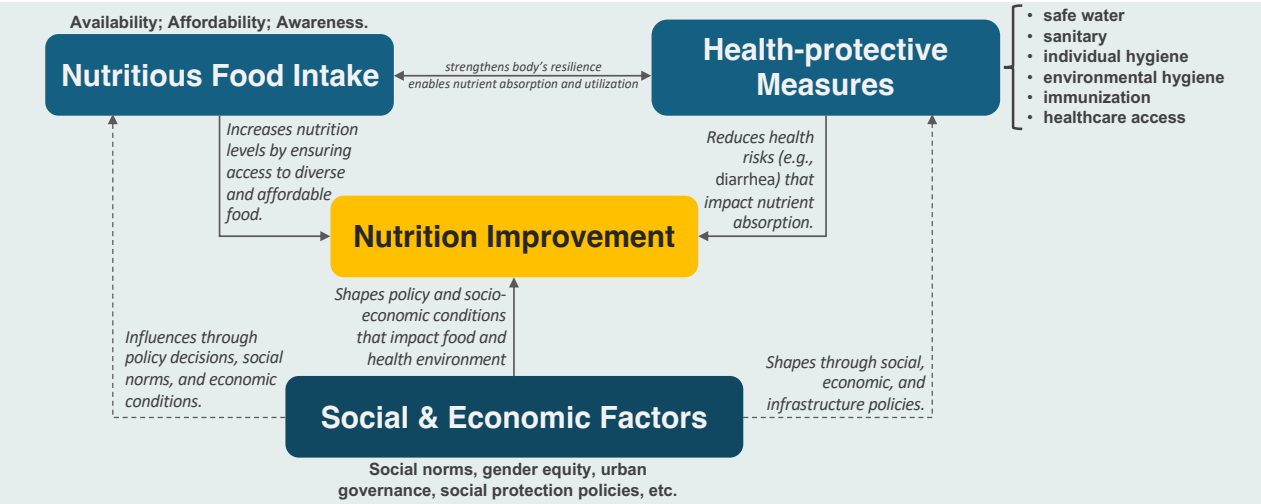
In general, nutrition improvement requires concerted action across three interconnected pathways: nutritious food intake, health-protective measures, and underlying social and economic factors.[11, 12, 13, 14]

Nutritious food intake largely depends on food availability, affordable prices, and knowledge. What food is **available** locally directly shapes people's eating pattern, particularly in low-income neighbourhoods. Whether healthy diets are **affordable** is often a bigger concern than availability – a common barrier being found across urban Asia.[15] In Bangladesh, when prices rise, urban poor often adopt worrying coping measures: 50% borrow money, 48% reduce food variety, and 30% switch to lower quality food.[16] **Awareness** changes people's food choices and, subsequently, nutrition level. Data from Dhaka slums shows mothers' education levels directly affect child nutrition status. Unlike rural residents who might

grow food, urban poor depend entirely on purchases. Therefore, within tight budgets, all three factors - diversity, prices and knowledge - stands essential to urban poor's nutritional status.

Health-protective measures focus on preventing illness or conditions that could interfere with nutritional absorption, such as infections, poor sanitation, and lack of healthcare access. It points to the importance of **safe drinking water, sanitation, and overall health and hygiene practices**. In Bangladesh, urban poor face particularly dire environmental conditions - lack of clean water, open sewage, poor waste management, limited cooking and cold storage facilities. This increases the risk for food-borne diseases, such as diarrhoea,[17] which is significantly associated with poorer nutrition status.[18] Relatedly, contamination also pervades urban poor food systems. In Dhaka's slums, 86% of food samples contain yeast and moulds, while 73% show coliform contamination. Poor hygiene plagues informal settlements. For instance, one research showed that only 1% of mothers practice proper handwashing before feeding children,[19]putting their children in doubling risk of malnutrition.[20] The path forward, therefore, requires both improved infrastructure and knowledge of health practice. When families understand and can practice proper hygiene, nutrition outcomes improve.[21]

Social and economic factors span structural, socio-economic, and governance-related components that influence another two pathways. Local **nutrition governance** in Bangladesh has significant gaps, especially in nutrition issues in urban informal settlements. Urban poor populations face unique challenges that are often left out of policy discussions. While **social protection** programs can play a crucial role in supporting nutrition for urban poor groups, a 2017 study found that, in the selected slums, none received social protection support.[22] **Social norms**, particularly those related to gender, further complicate food access. Women's limited decision-making power within households affects food selection and distribution, especially as they bear primary responsibility for caregiving. Meanwhile, **social issues** like early marriage and adolescent pregnancy would reinforce cycles of malnutrition, extending an intergenerational deadlock on poverty.[23]



UNDP's approach

UNDP recognizes nutrition as an essential component of poverty reduction. Working hand in hand with the UK's Foreign, Commonwealth and Development Office (FCDO) and the Bangladesh Government, the National Urban Poverty Reduction Programme (NUPRP) blends nutrition support with broader urban poverty reduction efforts. Between 2019 and 2024, NUPRP has improved the lives of approximately four million urban residents across 19 cities and towns, bringing nutrition support to 270,000 children (under age 2), adolescent girls, pregnant and lactating mothers in urban poor communities who need it most.

NUPRP builds its work around the afore-mentioned three pathways (see graph). This integrated approach delivers both immediate nutrition assistance and sustainable behavioral changes, while building strong relationships with local governments. Women's empowerment features prominently across all activities, acknowledging that when women are supported, entire communities benefit.

Nutritious food intake

- **Conditional cash/food transfers:** Pregnant and lactating women receive food baskets containing eggs, lentils, and fortified oil through conditional grants. These grants focus on the first 1,000 days of a child's life, a critical period for development, aiming to prevent early stunting.[24]
- **Nutrition education & counselling:** For pregnant and lactating women, home-to-home visits and group counselling sessions are provided, focusing on improving maternal, infant, and young child feeding (IYCF) practices, supported by tailored education materials. These efforts involve family members, including their husbands, mother, brothers, fathers-in-law and sisters-in-law. Increased knowledge has led to measurable improvements in dietary diversity and meal frequency among infants.
- **Nutrition and Women-Friendly Business Corners (N&WFBCs):** Adolescent girls and women are provided with vouchers that allow them to purchase nutritious food and micronutrient supplements at N&WFBCs, aiming for increased accessibility to and affordability of nutrients.

Health-protective measures

- **WASH interventions:** Installation of safe water and sanitation facilities, including shared latrines, to reduce exposure to water-borne diseases that reduce nutrient absorption.
- **Preventative health services:** N&WFBCs offer hygiene commodities, contraceptives and preventative health services, including blood pressure check, pregnancy testing, diabetes screenings in women-friendly environments. One targeted service aiming at intergenerational nutrition improvements is the regular screening for malnutrition among children (7-24 months) using the MUAC tape. It is followed by referrals for acute malnutrition cases. Essentially, the N&WFBCs served as crucial bridge between the urban poor and health facilities and services.
- **Digital health services & micro-health insurance:** NUPRP introduces digital healthcare services (including telemedicine) and micro-health insurance coverage to urban poor households. Upon final evaluation, this initiative has significantly reduced health-related expenses and improved access to and incentives for healthcare.

Social and economic factors

- **Social safety net through conditional grants:** NUPRP showcases the integration of nutrition-related factors into urban social security initiatives.

In a urban poor community, regular home visits from nutrition workers led to meaningful changes in familys' food choices and nutrition intake.

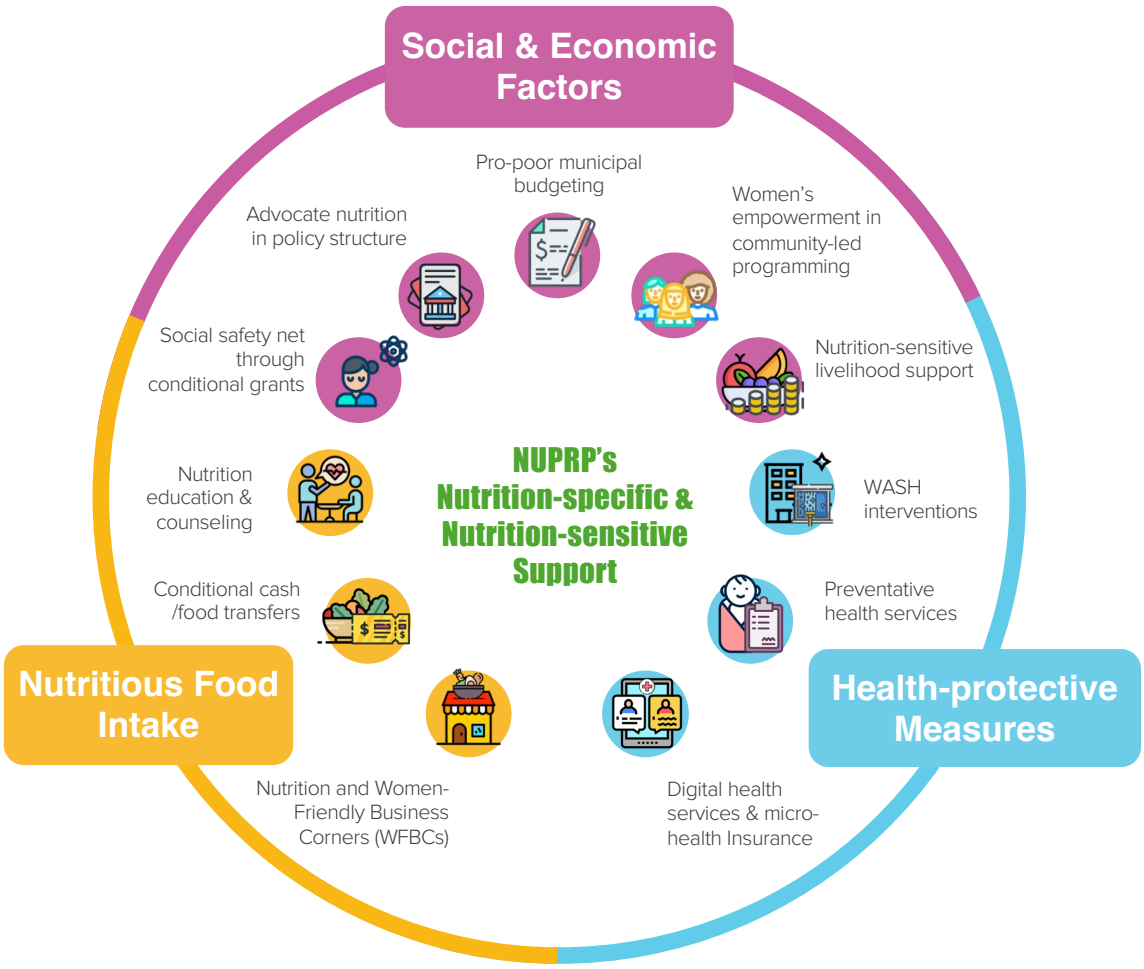
Previously viewing meat as the premium protein choice, mothers of the community learned about more affordable and equally nutritious alternatives. After NUPRP's nutrition counseling sessions, which actively involved the husbands and mother-in-law, urban poor families now regularly includes eggs and other diverse protein sources in their meals. This simple dietary change through education effctively improved urban poors' nutrition level, within their limited resources.

Take, for instance, the education grants for the urban poor households, which allow schoolgirls to complete their education, preventing school dropout and early marriage.

- **Advocate nutrition in policy structure:** City-level Multisectoral Nutrition Coordination Committees (CLMNCCs) have been established to strengthen nutrition and health governance. These committees help integrate nutrition services into local health systems, reinforcing the role of public health in safeguarding nutrition at the city level.
- **Women's empowerment in community-led programming:** The NUPRP offers tailored training to community members, primarily women, empowering them to act as facilitators between city-level committees and local households. This role not only helps bridge the gap in human resources, but also strengthens women's social standing within their communities. By involving men and boys in activities like nutrition counseling, the program further fosters greater gender understanding, creating a more supportive environment for women's leadership. This inclusive approach amplifies women's roles beyond traditional caregiving, reinforcing their value as community leaders and advocates for family well-being.
- **Nutrition-sensitive livelihood support:** Business and apprenticeship grants are provided to women and adolescents to improve household income,

indirectly boosting food security and nutrition. For example, Amena Begum, a project beneficiary, has managed a Nutrition and Women-Friendly Business Corner (N&WFBC) in Gopalganj since 2019, increasing her monthly earnings from BDT 4,000 to an average of BDT 10,000.

- **Pro-poor municipal budgeting:** Advocacy and capacity-building efforts aimed at the inclusion of nutrition-sensitive interventions in city-level budgets, allowing for pro-poor urban planning. The Bangladesh National Nutrition Council has incorporated NUPRP's multi-sector urban nutrition model into the proposed "National Nutrition Services-Operation Plan", indicating stronger municipal commitment to improving urban poor's nutrition outcomes at the city level.



UNDP's NUPRP illustrates how integrated activities amplify development outcomes. Nutrition and Women-Friendly Business Corners (N&WFBCs) serve as an example. Supported by NUPRP's targeted grants and technical assistance, N&WFBCs increase access to essential hygiene, health, and nutrition products. This approach helps overcome a significant barrier where male-staffed pharmacies deter women from purchasing items like sanitary pads and contraceptives. Additionally, women managing these N&WFBCs benefit economically, gaining business skills and a reliable income. This improved financial stability allows them to invest in their own and their families' nutrition, creating a reinforcing cycle of nutritional gains. Similarly, food vouchers go beyond addressing immediate food affordability. They enhance women's economic independence, allowing them greater choice in food selection. Together, these interventions yield powerful, concerted impacts: they address immediate nutritional needs while breaking down deep-rooted structural barriers to nutrition and development.

NUPRP also illustrate a classic combination of ground-level intervention and policy advocacy, which provides a framework for scaling long-lasting solutions to urban malnutrition. In communities, the program provides direct nutrition support to urban poor that visibly improves community nutrition outcomes. Through trained facilitators, NUPRP builds local capacity, ensuring that nutrition knowledge and skills remain within the community. This self-sustaining approach fosters long-term behavioral change and reduces dependency on external aid.

Throughout the project, NUPRP also provides meaningful opportunities for community people to participate in governance. By establishing multi-sectoral platforms, it enables community members to interact with local government officials, an essential step toward addressing the systemic challenges facing urban poor populations. At the policy level, NUPRP advocate for continued resource allocation for nutrition improvements.

What can we do about it?

The following recommendations outline key areas where government and development partners (e.g., bilateral development assistance agencies, multi-lateral organizations and development banks) can contribute to creating long-lasting solutions:

Strengthen nutrition policy coordination and governance

1. Develop urban poor-focused nutrition policies

As Bangladesh's urban population and slum areas grow rapidly, urban nutrition challenges remain less prioritized than those in rural areas, let alone the dilemma urban poor were caught up in. Urban poor face structural vulnerabilities that require context-specific solutions. Migration trends show that many urban residents move to cities in search of economic opportunities, often hoping to return to rural homes when feasible. These patterns call for flexible policies that address both long-term residents and more transient communities, requiring an adaptive urban nutrition framework.

A key initial step is establishing clear definitions for the "urban poor" across Bangladesh's urban areas. These definitions are the basis of future consistent service delivery and effective resource allocation. The Third National Plan of Action for Nutrition (2026-2030) that is currently being drafted should evolve to address urban poor's nutrition needs comprehensively, covering food security, diet quality, and access to affordable nutrition in slum areas.

2. Improve coordination between key authorities

Current institutional arrangements fragment service delivery across multiple ministries and agencies, creating overlapping yet sometimes also unattended mandates in health, nutrition, and social protection programs.[25] To address this, two primary changes are needed: first, the Ministries of Health and Family Welfare (MoHFW) and Local Government (MoLGRD&C) is recommended to establish clear jurisdictional boundaries and collaborative frameworks, particularly in urban health service delivery. Second, the Urban Health Coordination Committee (UHCC) could be strengthened to support joint planning and coordinated implementation.

In this aspect, the rural nutrition committee model offers important lessons. For instance, city-Level Multisectoral Nutrition Coordination Committees (CLMNCCs) could integrate critical nutrition-sensitive interventions - water, sanitation and hygiene (WASH), education, and social protection - into urban programming. These committees provide the needed institutional mechanism for coordinated service delivery. In addition, local governments would need both ownership and capability to implement urban nutrition strategies, especially those that respond to the needs of urban poor communities. A well-defined governance framework, supported by technical and

By engaging decision-makers across different levels, it aligns institutional incentives, human capital, and resources toward a common goal of improving nutrition for the urban poor.

NUPRP shines light on a fundamental development principle: enhancing people's capabilities and freedoms, they can lead lives they value.

In Chandpur, local women who started as NUPRP project facilitator are now bringing nutrition advice to urban poor families, acting as a trusted government nutrition expert in their community.

After receiving comprehensive training through NUPRP, these women impressed local officials with their knowledge and dedication. The local government hired them to continue this vital work, ensuring the NUPRP's nutrition impact lives on. Involving urban poor and building their local expertise help transform short-term project gains into lasting development solutions.

financial assistance from development partners, would help clarify roles across ministries and local authorities.

3. Integrating nutrition goals into local budgets

Consistent government funding is essential for sustainable nutrition initiatives at the local level. NUPRP shows that, with appropriate support, local governments can effectively incorporate nutrition priorities into their budgets. This integration allows for sustainable, long-term service delivery by embedding nutrition into local fiscal planning, aligning with broader urban development goals.

Increase access to services and support for urban poor

1. Expand social protection programs for urban poor

The coverage of government nutrition and health service is limited in urban poor communities. One spatial analysis showed, in poor urban settlements, around 80% of health service delivery is through the private sector, which is unaffordable for many urban poor, while government and NGO facilities account for only 12% and 6% respectively.[26] This market structure creates a fundamental mismatch: urban slum dwellers prefer government and NGO facilities due to affordability, yet these institutions have limited reach. The evidence is particularly telling in basic infrastructure - just 36 Government Outdoor Dispensaries operate across urban Bangladesh. This shortage leaves many urban poor dependent on unregulated private providers. This institutional gap requires targeted expansion of social protection service provision, with particular focus on pregnant women, lactating mothers, and young children.

2. Transform urban food market and supply chains

The current food distribution system systematically disadvantages urban poor households. Multiple factors drive this outcome, including inefficient supply chains inflate fresh produce prices, limited cooking facilities in slums increase dependence on processed foods, and higher maternal employment (24% in slums versus 13% in other areas)[27] reduces time for food preparation. The result is reliance on street food vendors operating outside formal food safety regulations.[28] The solution requires restructuring urban food supply chains through three key mechanisms. First, establish more farmer-to-market linkages to bypass price-inflating intermediaries. Second, create subsidized food markets and places with proper oversight, especially in schools and community centers, prioritizing access for students and vulnerable groups. Third, incentivize private sector investment in regulated markets serving urban slum areas. This approach should balance improving food safety standards in informal markets while preserving their critical role in feeding urban poor communities.

3. Promote public awareness on nutrition and reshape market demand

Improving nutrition for the urban poor requires changing not only food affordability and availability but also consumption patterns rooted in social and cultural norms. For instance, some urban residents associate purchasing from junk food chains with higher social status,[29] while many are unaware of the health benefits of nutritious food.

The institutional response must operate on two fronts. First, launch targeted public education campaigns in urban poor communities that encourage healthier food choices, especially among youth. Second, implement advertising regulations that alter market incentives to favor healthier food choices over processed alternatives. Working together, these interventions would fundamentally reshape urban poor's food environments.

Address structural inequities in urban nutrition

1. Incorporate gender lens in nutrition interventions

Women's decision-making autonomy in nutrition is often limited by social and cultural norms, despite evidence showing women are the primary caretaker and driver of family nutrition outcomes. This creates a paradox - those most responsible for nutrition have the least power to make decisions about it. The gendered constraints in urban poor communities are further reinforced by prevalent early marriage. It reduces schoolgirls' education access, which further limits their future economic opportunities, leading to poor maternal nutrition and being locked in mal-nutrition traps.

Breaking this sequence requires a women- and adolescents-focused approach. Measures include robust reproductive health education, financial stipends to keep girls in school, and improved access to proper nutrition through economic autonomy. Each component reinforces the others, multiplying their individual impact.

2. Leverage community knowledge for better nutrition outcomes

When urban poor lack input into programs that affect their nutrition and health, even the most well-meaning projects risk missing their mark. The solution lies in tapping into existing community networks and knowledge. Evidence from NUPRP shows that when local people are genuinely involved in designing and rolling out nutrition initiatives, participation and outcomes improve significantly. This isn't about token consultation; it requires empowering communities with real decision-making power and capacities over program implementation. When communities transition from passive recipients to active shapers of nutrition policy, the effectiveness of development projects will last for a long term.

Build enabling infrastructure for urban poor

1. Strengthen water, sanitation, and hygiene (WASH) services in urban poor communities

Reliable WASH infrastructure is essential for protecting health outcomes related to nutrition. Past research showed that when communities gain access to clean water and sanitation, child health indicators improve significantly. Currently, informal providers are filling these service gaps in urban slums, pointing out urban poor's clear demand. This creates an opportunity. By expanding public WASH infrastructure strategically, development partners can leverage existing delivery networks while dramatically reducing household costs. Public investment in WASH infrastructure would also yield returns, mainly through three channels, including reduced healthcare spending, improved nutrition absorption, and increased social productivity.

Create long-term nutrition support systems

1. Foresight policies

Bangladesh's urban systems face unprecedented opportunities for transformation. Population growth, climate adaptation, and economic development are reshaping cities, creating openings for innovative nutrition policies. Foresight enables governments to anticipate some of these emerging trends and evaluate the implications of their policies under different circumstances. As an initial step, it is advised to develop predictive models with monitoring system that anticipate changing factors; meanwhile, create flexible distribution systems that can adapt to demographic and environmental changes.

2. Invest in research on urban poor nutrition

Current research gaps reveal unexplored opportunities in urban nutrition programming. While cross-sectional studies provide valuable snapshots, longitudinal research is needed to help unlock deeper insights into what drives sustained nutrition improvements. Development partners can design research programs that specifically track the effectiveness of new interventions. By investing in rigorous research now, development community creates feedback loops that would accelerate nutrition program refinement and scale-up of successful initiatives.[30]

3. Foster collaborative efforts among development partners

As shown in UNDP's NUPRP, development partnerships strengthen program effectiveness. By bringing together UNICEF, BNNC, Alive and Thrive, and local community organizations, NUPRP build on each other's strengths while avoiding duplication. This model shows how concerted action generates project advantages, including resource optimization, knowledge sharing, and comprehensive coverage of interrelated challenges like nutrition, healthcare, and education. When development partners align their efforts through shared planning and broad consultation, they create powerful institutional networks that can drive collective impact in urban nutrition.

Conclusion

This brief has provided a structured approach to understanding the interconnected challenges faced by Bangladesh's urban poor, emphasizing the need to keep pace with rapid urbanization. Improving nutrition for urban poor is about recognizing nutrition as a catalyst for unlocking human development potential. As a trusted development partner of the Bangladesh government, UNDP is committed to driving forward solutions that connect better nutrition with urban poor's wellbeing and sustainable urban development.


Photo from UNDP's NUPRP

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ENDNOTES

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