



Scaling Up Nutrition BANGLADESH COUNTRY REPORT 2010-2017

Public Health and World Health Wing
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

October 2017

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Government has already ensured food security for all by boosting food production. Our aim is now to ensure nutrition for all.

HPM Sheikh Hasina

“Malnutrition is the largest single contributor to physical and mental under-development and disease. Personally I am committed to taking up these challenges at all levels.”

Her Excellency **Sheikh Hasina**,
Prime Minister of Bangladesh



Additional Secretary
(Public Health & World Health) &
SUN Country Focal Point
Ministry of Health and Family Welfare
Government of the People's
Republic of Bangladesh



Message

The Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, dreamt of a developed golden Bengal free of hunger and malnutrition. The Government of Bangladesh accordingly recognizes “receiving adequate nutritious food” as a fundamental human right of all citizens.

The Scaling Up Nutrition, or SUN Movement was launched in 2010 in response to the continuing high rates of global malnutrition. Bangladesh emerged as an early riser in the global SUN movement. Her Excellency, The Prime Minister Sheikh Hasina, was nominated as a member of the Global Lead Group of the SUN Movement, to act – along with a small group of other leaders - as global champions of scaling up nutrition. SUN is a unique global political Movement founded on the principle that all people have a right to food and good nutrition. I am very glad to see that SUN unites people - from governments, civil society, the United Nations (UN), donors, businesses and researchers - in a collective effort to improve nutrition. In line with the principles of SUN movement, Bangladesh has taken initiatives, ownership and responsibility to address malnutrition of our children and women, adolescents and elders.

At this point of time in 2017, we can all take pride in how far we have come. This Report bears some of the testimony of our commitments, efforts and achievements. However, we are not complacent as we have to go a long way. This will be more important as our government has turned its attention to achieving the Sustainable Development Goals, a good number of which contain targets and indicators linked to nutrition.

We know that investing in nutrition is one of the best investments we can make towards eradicating extreme poverty and achieve sustained economic growth.

Finally, we hope Bangladesh will support and actively participant in the global nutrition agenda for making nutrition a priority and we have every reason for optimism. We will move forward together- encouraged by the results we have achieved the momentum we have built around nutrition and the urgent need to reach millions of children and women at risk of malnutrition. Our job will never be finished until all of them get the future they deserve.

I thank all who have worked behind to produce this Report. We look forward to working with the SUN Movement in the days to come.

Roxana Quader

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Abbreviations

BINP	Bangladesh Integrated Nutrition Project
BNNC	Bangladesh National Nutrition Council
BSTI	Bangladesh Standards Testing Institute
CSA	Civil Society Association
CSNB-SUN	Civil Society Network of Bangladesh for SUN
CIP	Country Investment Plan
CRF	Common Result Framework
CSO	Civil Society Organization
FBCCI	Federation of Bangladesh Chambers of Commerce and Industries
GOB	Government of Bangladesh
HPNSDP	Health, Population and Nutrition Sector Development Program
MDG	Millennium Development Goal
MoA	Ministry of Agriculture
MoFDM	Ministry of Food and Disaster Management
MoFL	Ministry of Fisheries and Livestock
MPTF	Multi-Partners Trust Funds
NNS	National Nutrition Services
NWG	Nutrition Working Group
NPAN	National Plan of Action for Nutrition
PSA	Public Service Announcement
REACH	Renewed Effort Against Child Hunger
SDG	Sustainable Development Goal
SUN	Scaling-Up Nutrition

Introduction

The Scaling Up Nutrition, or SUN, Movement was launched in 2010 in response to the continuing high rates of global malnutrition. SUN is a unique global political Movement founded on the principle that all people have a right to food and good nutrition. SUN unites people - from governments, civil society, the United Nations (UN), donors, businesses and researchers - in a collective effort to improve nutrition. Scaling Up Nutrition relies on national leaders taking ownership and responsibility for addressing malnutrition.

Within the SUN Movement, national leaders are prioritizing efforts to address malnutrition. Countries are putting the right policies in place, collaborating with partners to implement programmes with shared nutrition goals, and mobilizing resources to effectively scale up nutrition, with a core focus on empowering women.

Bangladesh emerged as an early riser in the global SUN movement. Her Excellency, The Prime Minister Sheikh Hasina, and Sir Fazle Hasan Abed, Founder Chairman- BRAC, were nominated as members of the Global Lead Group of the SUN Movement, to act - along with a small group of other leaders - as global champions of scaling up nutrition. Under their collective leadership, the SUN Movement has grown exponentially, galvanizing commitment and action for improving nutrition in 50 of the countries/states most affected by high levels of under-nutrition. In 2011, Bangladesh joined Scaling Up Nutrition (SUN). This was followed by the visit of three-member team SUN Global Secretariat in early 2011.

Nutrition improves when everyone gets together to support national governments to put these processes fully in place. SUN countries are at different stages in pursuing the four processes: Stage 1: Taking stock; Stage 2: Preparing for scaling up; and Stage 3: Scaling up rapidly to deliver results. Countries are establishing platforms for nutrition; developing strategies including budgeted plans for scaling up effective actions; strengthening capacity for implementation and monitoring; operating programs and interventions at scale; reporting progress; and mobilizing significant internal and external investment across relevant sectors to ensure delivery.

The Scaling Up Nutrition (SUN) Movement recognizes that malnutrition has multiple causes. That's why it requires people to work together across sectors to include nutrition in all development efforts. SUN supports actions which are known to be effective including nutrition-specific interventions such as support

for breastfeeding, fortification of foods, vitamin and mineral supplementation, and treatment of acute malnutrition. It also supports nutrition sensitive approaches to agriculture: making nutritious food accessible to everyone throughout the year; water and sanitation: improving access to clean water and good hygiene to reduce infection and disease; education: making sure children have enough energy to concentrate and learn; employment and social protection: making sure families have enough income to meet their needs; health: improving access to services so that women and children stay healthy; resilience: establishing strong communities that are better able to cope during crises.

SUN countries are working through four strategic processes to get results:

1. Bringing people together to work effectively through functioning multi-stakeholder platforms.
2. Putting policies and laws in place to establish a coherent policy and legal framework.
3. Implementing and aligning programmes with common objectives and an agreed framework for results.
4. Mobilizing resources from domestic sources supplemented by external assistance.

A Historical Perspective: Commitment of Government of Bangladesh on Nutrition

The 1972 Constitution of Bangladesh, formulated under the leadership of the Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, enshrined access to adequate nutrition as a basic human right. Article 18 (1) of the Constitution¹ describes the principles of State governance as: "...the State shall regard raising the level of nutrition and improvement of public health as among its primary duties...". Forty five years ago from now, such commitment of the State to improve nutrition of the people reflects the farsightedness of the Father of the Nation. He established the Institute of Public Health and Nutrition in 1974 as part of institutional development for ensuring nutritional security. In continuation, he formed Bangladesh National Nutrition Council on 23rd April 1975. The establishment of Bangladesh National Nutrition Council is lauded as a visionary creation of the Father of the Nation.

Immediately after assuming responsibility of running the country after 21 years in 1996, the Bangladesh Awami League, which led the independence war of Bangladesh, extended the national nutrition programme. In their tenure, the National Food and Nutrition Policy was developed in 1997. The first National Plan of Action for Nutrition was also developed in year 1997. But due to change of political regime in year 2001, the activities of Bangladesh National Nutrition Council became stagnant and the pace of implementation of the first National Plan of Action for Nutrition got sluggish. The current political government since its earlier tenure in 2009 has been giving priority on nutrition security of the people as part of constitutional obligation and commitment for reaching the Millennium Development Goal (MDG).

Other than MDG, one of the major global commitments is Scaling up Nutrition (SUN) initiative, where Bangladesh has been an early adopter and one of the lead countries. Bangladesh reaffirmed its commitment during the FAO/WHO Second International Conference on Nutrition at Rome in 2014 by endorsing both the Rome Declaration and the Plan of Action for the next decade (until 2025) and its targets. Similarly, GoB also endorsed the six global nutrition targets by 2025 at the World Health Assembly in 2012². To fulfill these commitments, the GoB formulated National Nutrition policy in 2015. Thus national as well as global commitments added the urgency towards development and adoption of this Second National Nutrition Plan of Action (NPAN2).

Bangladesh is also committed to the 2030 Agenda for Sustainable Development adopted by the United Nations General Assembly in 2015, which includes as its second goal 'to end hunger, achieve food security and improved nutrition and promote sustainable agriculture'. This Goal includes the specific target (2.2) to be reached by 2030, as: "... end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age and address the nutritional needs of adolescent girls,

1 Quoted in National Nutrition Policy 2015.

2 GoB (2014). *Country Nutrition Paper Bangladesh. International Conference on Nutrition 21 years later, 19-21 November 2014. Rome, Italy*

pregnant and lactating women and older persons”³. It is also well-recognized that the other SDG goals contribute to the improvement of nutrition. On 1 April 2016, the United Nations General Assembly adopted a third resolution on the Second International Conference on Nutrition (2014) and its follow-up, in which it proclaimed 2016–2025 as the United Nations Decade of Action on Nutrition. So, it is an auspicious time to achieve improved nutrition and food security goals in the country.

Bangladesh Nutrition Situation

In spite of significant improvements over nearly three decades, Bangladesh still possesses a high burden of under-nutrition (stunting 36.1%, wasting 14.3%, underweight 32.6%)⁴ of children under 5 yrs of age. As shown in Figure 1, stunting is declining, but not at fast enough rate. Given the current Average Annual Rate of Reduction (AARR) the country is unlikely to achieve the SDG target of reducing prevalence of stunting to 27% by 2025. Under-nutrition is also observed among adult women and adolescent girls and this varies widely by region. Areas like coastal districts and haor (low lying marshy area) have been identified as highly vulnerable to food insecurity and under-nutrition. A rural and urban divide is evident with rural areas being more disadvantaged with exception of urban slums. Half of the under-five children in slums are stunted, which is around one-third for non-slums and other urban areas. Only one in every four children (25.9%) of age 6–23 months in slums is fed with proper IYCF practices, compared with 40.4% for non-slum children. The teenage pregnancy rate is higher among slum women⁵. Twenty three per cent⁶ of infants are born with a birth weight less than 2500gm, 18% of pregnant women are undernourished (MUAC less than 230mm) and 30.8% of women aged 15–19 years starts childbearing⁷.

In terms of largely avoidable deaths due to disease and under-nutrition, Bangladesh achieved Millennium Development Goal 4, an under-5 mortality target of 48 deaths per 1,000 births. Currently, under-5 mortality is 46 deaths per 1,000 live births, infant mortality rate is 38 deaths per 1,000 live births, and the neonatal mortality rate is 28 deaths per 1,000 children⁸.

3 United Nations (2015). *Indicators for Sustainable Development Goals*. Department of Economic and Social Affairs, UN, New York.

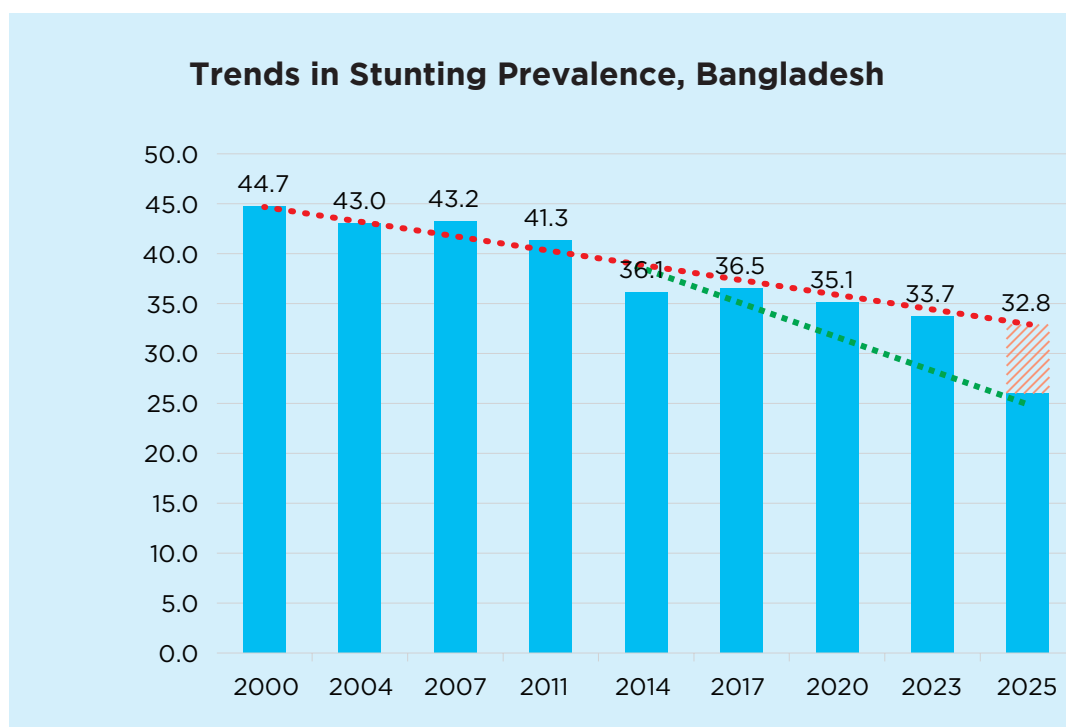
4 National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International (2016). *Bangladesh Demographic and Health Survey 2014*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.

5 National Institute of Population Research and Training (NIPORT), International Centre for Diarrhoeal Disease Research, Bangladesh (icddr), Measure Evaluation (2013). *Bangladesh Urban Health Survey*. Dhaka, Bangladesh.

6 GoB (2016). *National Low Birth Weight Survey 2016 (unpublished)*. Institute of Public Health Nutrition, Dhaka, Bangladesh.

7 GoB (2014). *Country Nutrition Paper Bangladesh. International Conference on Nutrition 21 years later, 19–21 November 2014*. Rome, Italy.

Figure1. Trends in Prevalence of Stunting



Source: BDHS 2000- 2014; WHO global target 2025

Note: stunting prevalence projections are based on exponential growth

Concurrently, a rapid increase in prevalence of overweight and obesity (BMI ≥ 23) (e.g. 39.2% of women of reproductive age are overweight or obese⁸) and non-communicable diseases (NCDs) is visible. About 31.9% of Bangladeshi women and 19.4% men have elevated blood pressure or are currently taking medicine to lower their blood pressure, another 28% of women and men are pre-hypertensive. Approximately 11% of women and men are diabetic with additional 25% of women and men are pre-diabetic⁸.

Household (HH) food insecurity is recognized as an underlying determinant of childhood under-nutrition with disparities by income group and geography. Children from the lowest wealth quintile are twice as likely to be stunted as children from the highest wealth quintile (49.2% and 19.4% respectively)⁸. Districts which have food insecurity prevalence higher than the national average also have higher child stunting rates. Such detriment is further worsened by seasonal variations in food availability, food price increases, gender, ethnicity and natural disasters, all now aggravated by climate change.

On average, the energy gap between requirements and actual intake for a typical adult Bangladeshi is 82 kilocalories (2,400 kilocalories vs. 2,318 kilocalories), which varies as per socioeconomic levels, urban/rural location, and food security

⁸ National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International (2013). *Bangladesh Demographic and Health Survey 2011*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.

status. Diets are still largely dominated by cereals, which contributes around 70% of the per capita total caloric intake, which is much higher than the WHO/FAO recommended (2003) level of 60%. Since 1992, there has been an increase in average per capita daily calorie intake from 2266 kcal in 1991-92 to 2318 kcal in 2010 as well as increase in average per capita protein intake of about 4.54 gm (66.26 in 2010 versus 62.52 gm in 1991-92). Consumption of fish is near desirable (60gm/day), pulse intake has markedly declined to 14g/d while the intake of fruits and vegetables has improved reaching to about 210 gm/day, which is still half of WHO/FAO (2003) recommended quantity (400 gm/day). The usual diets in Bangladesh are typically lacking in important micronutrients, as shown by high prevalence of micronutrient deficiencies for iodine, zinc, vitamin A and iron, which can be attributed to monotonous diets dominated by plant sources, particularly cereals. For instance, thirty-five per cent of the population had mean dietary diversity scores of less than 6 out of 12 food groups⁹.

Micronutrient deficiencies in Bangladesh especially among children and women of reproductive age are still a challenge. Sub-clinical vitamin A deficiency is 20.5% and Zinc Deficiency is 44.6% among pre-school children. About 40% of school aged children and 42% of women (non-pregnant non-lactating, NPNL) suffer from iodine deficiency. Prevalence of iron deficiency is 10.7%, 9.5% and 7.1% for preschool, school age and NPNL women respectively¹⁰. Thirty-three percent of preschoolers and 50% of pregnant women are anemic¹². Zinc deficiency afflicts 44.6% of preschool children and 57.3% of NPNL. Prevalence of vitamin D deficiency is 39.6% for pre-school children, 45.5% for school-aged and 71.5% for NPNL based on serum vitamin D level 50.0nmol/L. Prevalence of calcium deficiency is 24.4% for pre-school children, 17.6% for school-aged children and 26.3% for NPNL¹⁴.

Despite significant improvements in the rate of exclusively BF infants since 2007, the prevalence is still at only 55.3 percent. Moreover, only 22.8 percent of children aged 6-23 months receive minimum acceptable diet⁸.

Although around 97.6% of the population in Bangladesh has access to an improved source of drinking water, problems with water quality remain. Only 45% of households report having an improved toilet facility, and 3.7% of households still use open defecation⁸. In the urban slums of towns and cities, high population density, poor drainage systems, limited formal garbage disposal and minimal access to safe water and sanitation services, remain as major causes of the spread of diseases and other vulnerabilities including under-nutrition. Only 13% of households in slums had access to improved sanitation compared to over 50% in non-slum and other urban areas⁹.

Almost three quarters (73%) of the caregivers still do not practice recommended hygienic behaviors. Only 2% of caregivers reported washing their hands with soap before feeding a child. Nationally, only half of the households safely dispose

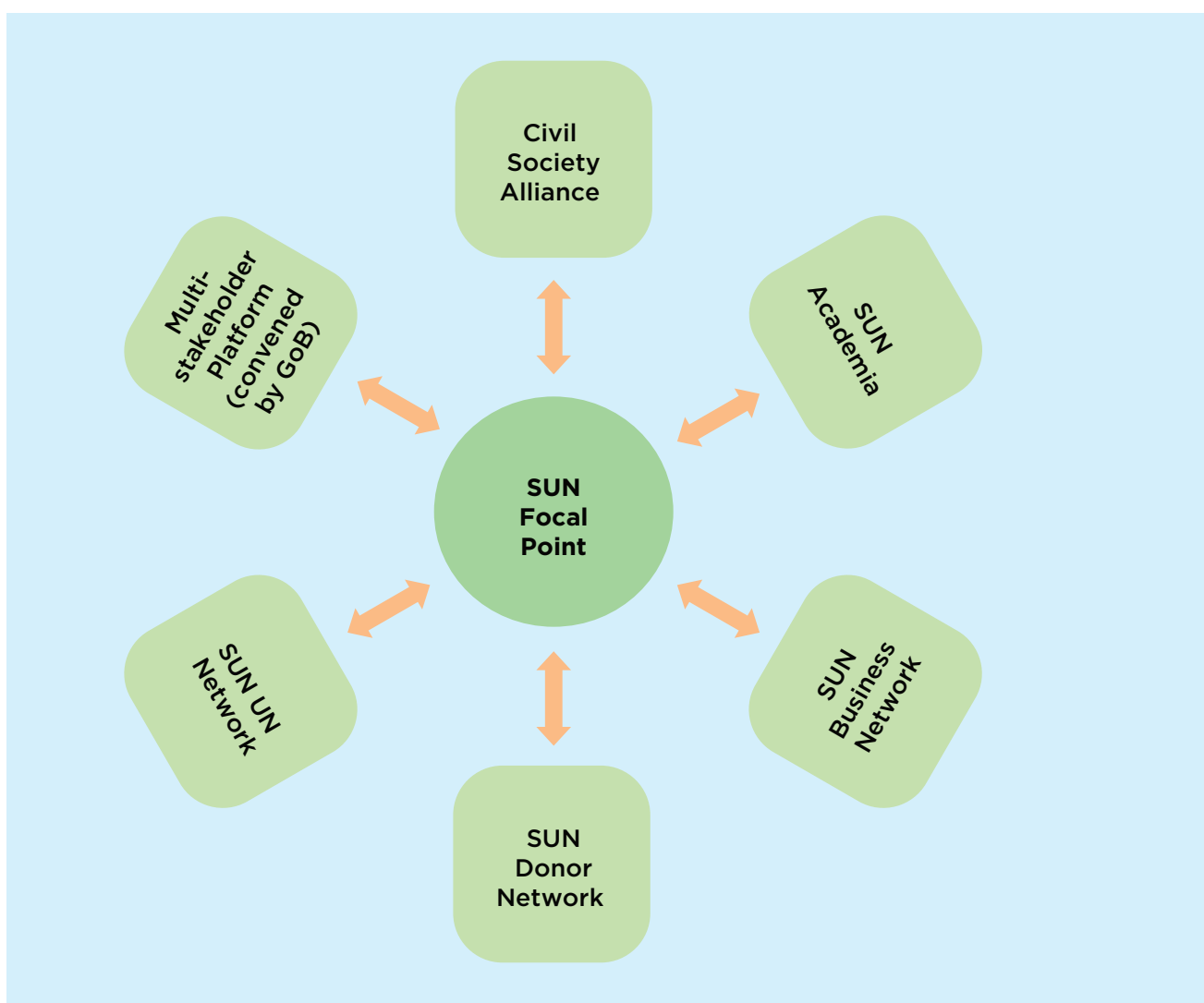
9 BBS (2010). *Household Income-Expenditure Survey 2010*. Bangladesh Bureau of Statistics (BBS), Government of the People's Republic of Bangladesh: Dhaka.

10 icddr,b, UNICEF, Bangladesh, Global Alliance for Improved Nutrition (GAIN), Institute of Public Health and Nutrition (IPHN) (2011-12). National Micronutrients Survey. Dhaka, Bangladesh

child's solid waste and 38% of young children defecated on the premises/yard¹¹. The BDHS (2014) survey revealed that 5.7% of children under 5 years had diarrhea in the two weeks preceding the survey and among them only 38% received both ORT and zinc. About 5.4% of children under age 5 had symptoms of acute respiratory infection (ARI) and 34.2% were given antibiotics to treat the illness.

SUN Platforms in Bangladesh

Figure 2. SUN platforms in Bangladesh



11 Helen Keller International (HKI) and James P. Grant School of Public Health (JPGSPH). (2016). *State of food security and nutrition in Bangladesh: 2014*. Dhaka, BD: HKI and JPGSPH.



Strategic Processes and Results

A. Bringing people into a shared space for action

[Strengthened coordinating mechanisms at national and sub-national level enable in-country stakeholders to better work for improved nutrition outcomes. Functioning multi-stakeholder and multi-sectoral platforms enable the delivery of joint results, through facilitated interactions on nutrition related issues, among sector relevant stakeholders. Functioning multi-stakeholder platforms (MSP) enable the mobilization and engagement of relevant stakeholders, assist relevant national bodies in their decision making, enable consensus around joint interests and recommendations and foster dialogue at the local level]

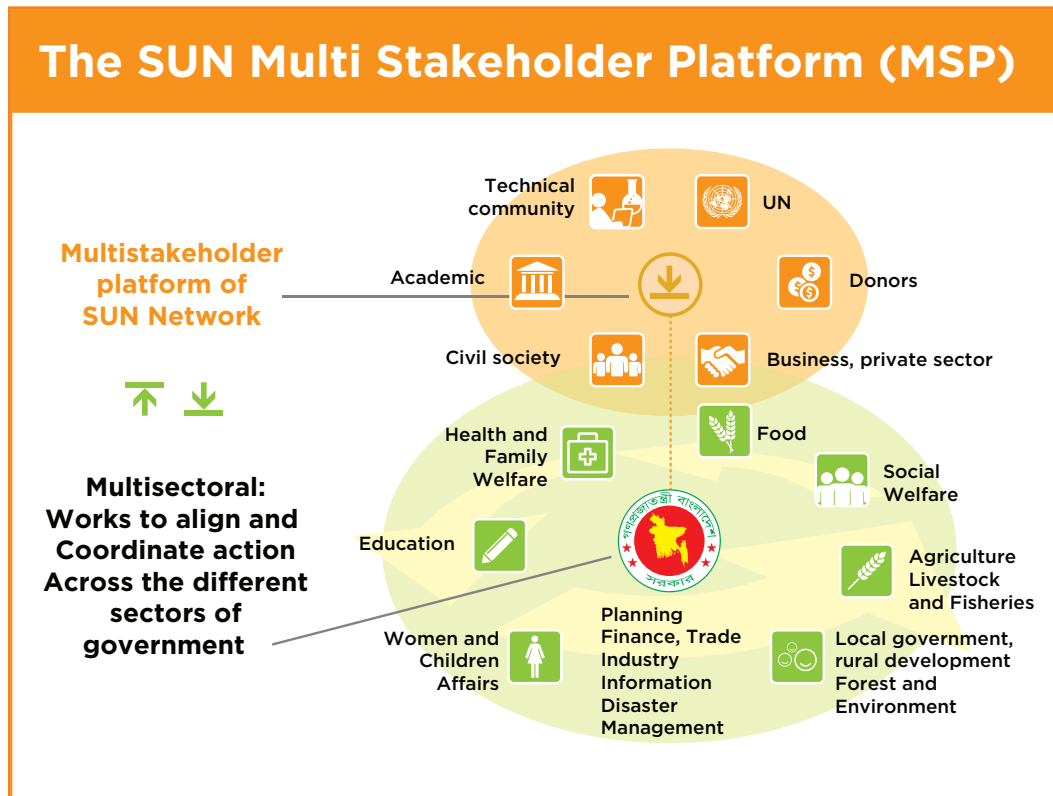
SUN Focal Point

At country level, the Government of Bangladesh nominated one Additional Secretary in the Ministry of Health and Family Welfare (MoHFW) to be the SUN Country Focal Point in January 2014. The Focal Point has been successfully leading and coordinating the agenda and activities of SUN movement with active engagement of the Government, Civil Society Organizations, Academia, and Businesses etc. The Focal Point through the SUN Multi-Stakeholder Platform (MSP) and other networks discharges her roles and responsibilities.

Multi-stakeholder Platform (MSP) convened by GoB

The **SUN Multi-Stakeholder Platform**, or MSP, is a coalition network comprising of interested representatives from civil society, donors, technical community, UN agencies, academia and business and the private sector who come together in partnership with Government in support of the national SUN Movement.

Figure 3. Multi-stakeholder Platform



The SUN Country Focal Point and the SUN MSP and its networks (UN, Donor, Civil Society and Business) have been working together to address the strategic processes of the SUN Movement and how these can be aligned with the national context. A key element of this is to strengthen or build linkages with other key Ministries whose mandates include activities that are nutrition-specific or nutrition-sensitive.

Revitalized Bangladesh National Nutrition Council (BNNC)

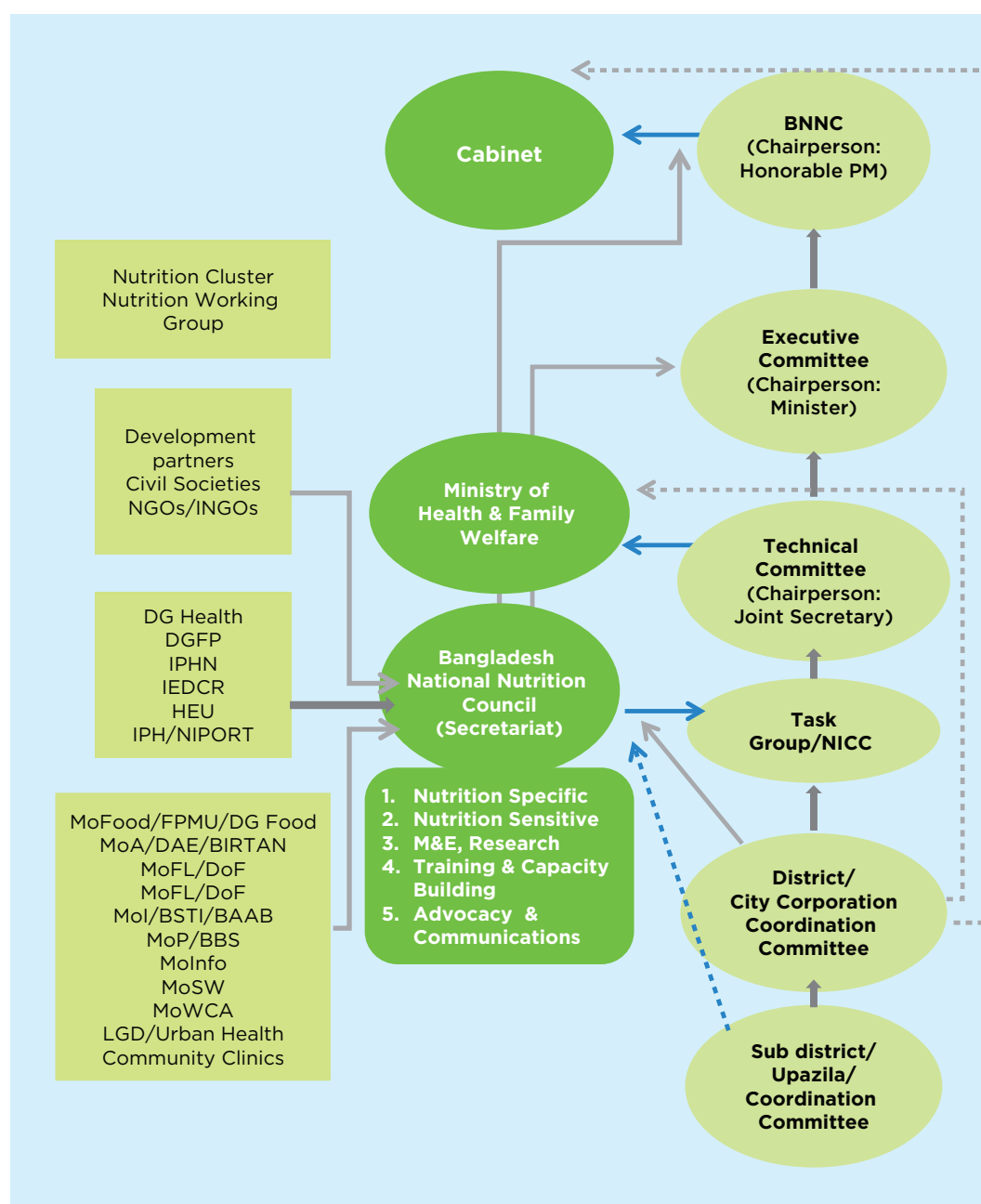
Government of Bangladesh (GOB) revitalized and reformed Bangladesh National Nutrition Council (BNNC), which had been established in 1976 but inactive for long time, with revised Terms of References (TOR) to coordinate and monitor multi-sectoral nutrition programmes in the country.

BNNC is a supra-ministerial apex body chaired by the Prime Minister that is supposed to coordinate multi- sectoral and multi-stakeholder agencies responsible for nutrition activities. BNNC comprises of three tier committees. Terms of Reference for the BNNC Office (Secretariat) have been included in the Second National Plan of Action on Nutrition (NPAN), which is already approved by the Council with the Prime Minister in Chair. The terms of reference for the

Council, the Executive Committee, and the Standing Technical Committee of the Bangladesh National Nutrition Council (BNNC) have been formulated and notified with detailed roles and responsibilities in 2015.

A strengthened office organogram has been on principle agreed by the Council. The office is proposed to be composed of professionals with defined hierarchy and inter-agency thematic platforms to be supported by a technical assistance team.

Figure 4. Coordination Structure for Nutrition



B. Ensuring a coherent policy and legal framework

[The existence of a coherent policy and legal framework should inform and guide how in-country stakeholders work together for improved nutrition outcomes. Updated policies, strategies and legislations are fundamental to prevent conflict of interest among the wide range of actors involved in a complex societal topic such as nutrition. This process focuses on the enabling policy and legal environment.]



Hon'ble Health & Family Welfare Minister Mr. Mohammad Nasim MP addresses dissemination event of National Nutrition Policy 2015. Agriculture Minister Ms. Matia Chowdhury MP, Food Minister Adv. Qamrul Islam MP among others on the dais.

National Nutrition Policy 2015

Ministry of Health and Family Welfare of Govt. of the Peoples' Republic of Bangladesh formulated a dedicated national nutrition policy with multi-sectoral engagement and consultation that was approved by the Cabinet in 2015.

MOHFW organized a dissemination event of National Nutrition Policy 2015 on 14 January 2016. Begum Matia Chowdhury, MP, Minister, Ministry of Agriculture was present as the Chief Guest. Mr. Mohammed Nasim MP, Minister, Ministry of Health and Family Welfare; Advocate Md. Qamrul Islam, MP, Minister, Ministry of Food and Mr. Zahid Maleque, MP, State Minister, Ministry of Health and Family Welfare were present as Special Guests in the occasion. Director General of Health Services Professor Dr. Deen Mohd. Noorul Huq; UNICEF Representative in Bangladesh Mr. Edouard Beigbeder, Mr. Navaratnasamy Paranietharan, WHO representative in Bangladesh and Country Representative of FAO Mr. Mike Robson spoke in the event. Ms. Roxana Quader, Additional Secretary (PH&WH), Ministry of Health and Family Welfare welcomed all in the meeting and Dr. Md. Qamrul Islam, Director

of Institute of Public Health Nutrition (IPHN) and Line Director National Nutrition Services (NNS) presented the key note presentation on the policy. The program was chaired by Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare.

The policy has taken into consideration of all relevant sectoral policies and international strategies, recommendation and evidences.

The Second National Plan of Action on Nutrition 2016-2025

The Second National Plan of Action on Nutrition 2016 -2025 has been developed in line with the National Nutrition Policy 2015. It's a costed plan and has been approved by the BNNC with Honourable Prime Minister in the Chair on 13 August 2017. Second National Plan of Action for Nutrition (NPAN2) developed and costing done through multi-stakeholder's engagement.



Executive Committee of BNNC meeting approves NPAN2. Hon'ble Minister of Health & Family Welfare, Secretary MOHFW Mr. Serajul Islam, Additional Secretary (PH and WH) and SUN Country Focal Point Ms. Roxana Quader and others were present.

Thus the NPAN2 has been developed with the active and full involvement of the community of national, regional, and international stakeholders for every step of the process. The national dissemination workshop on draftNPAN2 was held last October 20, 2016.

This NPAN2 is viewed `as an important step towards reflecting our commitment to the SDGs, SUN, ICN2 and WHA. Under NPAN2, a multi-sectoral plan matrix was prepared anchored on the National Nutrition Policy (2015) as well as the institutionalization format which clearly identified the roles and responsibilities of the relevant sectors ensuring that there is multi-sectoral and multi-stakeholder participation and coordination.

Special Features of NPAN2

1. NPAN2 has been developed through a meticulous process of multi-sectoral and multi-stakeholder engagement of the government, civil society, development partners, research organizations, academia etc. Three tier committees worked on different thematic areas. Inter-ministerial and public sharing was offered to have input.
2. All contemporary global and national commitment, convention, conference recommendation, policy programme , goals etc. were consulted and have been adapted in NPAN 2.
3. The Plan includes a robust process of monitoring and evaluation with appropriate indicators.
4. A strong coordination mechanism has been provisioned in the plan.
5. NPAN2 is costed with proposed financing mechanism.



First meeting of the revitalized BNNC on 13 August 2017 with Honourable Prime Minister Sheikh Hasina in the chair

Breast-milk Substitute (BMS) Act 2013

Bangladesh Parliament passed the new BMS Act 2013 titled “The Breastmilk Substitutes, Infant Foods, Commercially Manufactured Complementary Food and Accessory Thereof (Regulation of Marketing) Act 2013’ replacing the first Law dated back to 1984. The BMS Act 2013 has a stride to be consistent with latest WHA resolutions. A Regulation under the Act is under process of notification by MOHFW. The Act delineated Definitions, Restrictions, Provisions, Information and Labeling, Educational information, Formation of National Advisory Committee, Registration, Penalty etc.

Food Safety Act 2013

In the same year, Bangladesh Parliament passed the Food Safety Act 2013 to make provisions for the establishment of an efficient and effective authority and for regulating, through coordination, the activities relating to food production, import, processing, stock, supply, marketing and sales, so as to ensure the rights toward access to safe food through appropriate application of scientific process, upon repealing and re-enacting the existing laws.

Edible Oil Fortification with Vitamin 'A' Law 2013 and proposed new Salt Law

The Parliament passed the Edible Oil Fortification with Vitamin 'A' Law 2013 making fortification, storage, sale and marketing of edible oil with vitamin A compulsory. Ministry of Industries notified the Rule under the Act in November 2015. Review and formulation new Salt Law has been started and ongoing.

National Social Security Strategy (NSSS) 2015

In line with the strong commitment to reducing poverty, improving human development and reducing inequality, the Government of Bangladesh has embarked upon the formulation of a comprehensive National Social Security Strategy (NSSS). Being entrusted by the Cabinet, the General Economics Division (GED) of the Planning Commission prepared the National Social Security Strategy (NSSS) under the guidance of a Central Monitoring Committee (CMC) for the Social Safety Net Programmes Chaired by the Cabinet Secretary. The CMC provided the terms of reference and overall guidance to the formulation of the NSSS. A Framework Paper was prepared by GED, endorsed by the 11 member Sub-committee of CMC led by Cabinet Division and approved by the Ministry of Planning. A strong process of regional and national consultation helped shape the contents and recommendations of the NSSS. In this regard, the NSSS is fully homegrown and based on the political, social and economic realities of Bangladesh.

Vision of NSSS: build an inclusive Social Security System for all deserving Bangladeshis that effectively tackle and prevent poverty and inequality and contributes to broader human development, employment and economic growth. Goal of NSSS by next five years reads as: reform the national Social Security System by ensuring more efficient and effective use of resources, strengthened delivery systems and progress towards a more inclusive form of Social Security that effectively tackles lifecycle risks, prioritizing the poorest and most vulnerable members of society.

National Strategy on Prevention and Control of Micronutrient Deficiency 2015-2024

Based on the findings of the National Micronutrient Survey, a national strategy on Prevention and Control of Micronutrient Deficiency was developed and endorsed by the MOHFW for 2015-2024. The purpose of the national strategy on prevention

and control of micronutrient deficiencies (NSPCMD) is to provide guidance on interventions, and actions for a coordinated and comprehensive approach to prevent and control micronutrient deficiencies among the Bangladeshi population with an emphasis on vulnerable population groups including children under five years of age, school age children, adolescent girls, and pregnant and lactating women. The strategy document would guide on priority strategies that the country will focus on, for a period of ten years.

The NSPCMD is intended to be used to guide policy makers, stakeholders including government, civil society and private sectors/corporate implementers, researchers, UN and development partners who are involved in designing, implementing, monitoring and evaluating micronutrient-related programmes at the national, regional and community levels.

A National Anaemia Consultation led by UNICEF in collaboration of partners created synergy to understand the etiology of anaemia, one of critical area of public health problem in Bangladesh. Members of SUN Platforms including MoH&FW actively participated and come up with key recommendations to reduce prevalence of anaemia in Bangladesh.

National SBCC (Social and Behavioral Change Communication) Strategy on Health Nutrition and Population

Bangladesh's first-ever National Comprehensive Social and Behavior Change Communication (SBCC) Strategy for Health, Nutrition and Population (HPN) sector officially disseminated on August 30, 2016. The Strategy was developed with technical assistance from Bangladesh Knowledge Management Initiative (BKMI) under USAID's Global Health Communication Capacity Collaborative Project implemented by Johns Hopkins Center for communication Programs (CCP) and Bangladesh Center for Communication programs (BCCP).

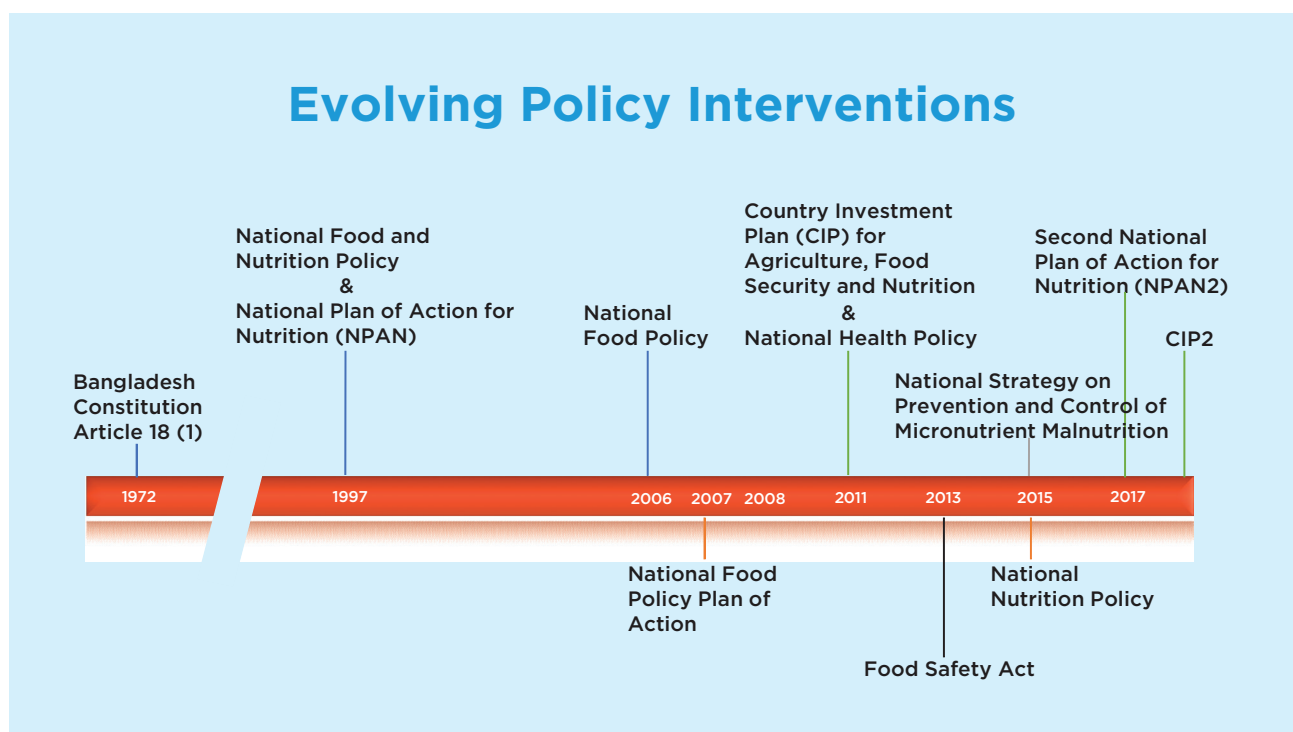


Dissemination event of SBCC Strategy for HPN sector. Additional Secretary (PH-WH) and SUN Country Focal Point and others were present.

In the dissemination event, presence of a large number of SBCC professionals and policy-makers representing different government, non-government, private and donor agencies, Director General of Family Planning Mohammad Wahid Hossain, accompanied by Additional Secretary (Public Health & World Health) Ms. Roxana Quader, Mr. Md Abdul Malek, Joint Secretary (Public Health-2), MoHFW; and Dr. Faruk Ahmed Bhuiyan, Line Director, Non-Communicable Diseases, Director General of Health Services, unveiled the strategy.

Based on recommendation of the Mid-term Review of the HPN Sector Development Program 2011-16, Comprehensive SBCC Strategy has been developed for the effective implementation of high-quality SBCC activities throughout Bangladesh. This strategy is a “pathway towards a theory-based, consistent, coordinated and audience-specific SBCC.” A highly participatory process has been followed in developing the SBCC Strategy.

Figure 3: Nutrition Policy Milestones in Bangladesh



C. Aligning around a Common Results Framework (CRF)

*[The alignment of actions across sectors that significantly contribute to improvements in nutrition demonstrates the extent to which multiple sectors and stakeholders are effectively working together, and the extent to which the policies and legislations are operationalised to ensure that all people, women and children in particular, benefit from improved nutrition. This process delves into the operational side of policy and legal frameworks and how they translate into actions. The term 'Common Results Framework' is used to describe a set of expected results agreed across different sectors of Governments and among key stakeholders through a negotiated process. The existence of agreed common results would enable stakeholders to make their actions more nutrition driven through increased coordination or integration. In practice, a CRF may result in a **set of documents that are recognized as a reference point** for all sectors and stakeholders that work together for scaling up nutrition impact.]*

7th Five Year Plan 2016-2020

A Development Results Framework, which looks at the Sustainable Development Goal indicators has been created and incorporated into the 7th Five Year Plan (7FYP). The Results Framework is costed and monitored by the Executive Committee of the National Economic Council and the Ministries of Planning and Finance.

Bangladesh has considered Development Result Framework (DRF) as the Common Result Framework (CRF) for overall development of country which is outlined in 7th Five-year plan (2016-2020) document. CRF was also part of 6th Five Year Plan, result framework of HPN sector plan (HPNSDP), first National Plan of Action on Nutrition (NPAN1), Country Investment Plan (CIP) 2010-2015.

7FYP identified nutrition as low priority relative to other development issue in the past, usually dominated by health issues and put a renewed emphasis on nutrition. The 7 FYP document addressed the impeding factors related to nutrition and strengthen the enabling environment for scaling up nutrition. The 7FYP referred to nutrition strategies as outlined in the National Food Policy and its Plan of Action, and National Nutrition Services focusing on adequate and stable supply of safe and nutritious food for everyone, especially women and children, and essential nutrition services. The Plan also figured out ministry wise nutrition actions, and components of nutrition specific package.

Health Population and Nutrition Sector Development Programme (HPNSDP) 2011-16

HPNSDP has been implemented during 2011- 2016. HPN sector plan is the core national plan on nutrition specific interventions implemented by the MOHFW. The plan implemented the strategy of mainstreaming nutrition activities into existing health and family planning service delivery system, a shift from previous area based vertical approach.

HNPSDP had an M&E component with a provision of joint review of the sector program in the third quarter of every year (Annual Programme Review-APR) to oversee its implementation progress, to assess implementation performance against agreed upon indicators in the program framework and adjusts indicators as needed’.

4th HPN Sector Programme 2017-2022



Meeting of ECNEC with Hon'ble Prime Minister Sheikh Hasina in the chair approves 4th HPN Sector Programme 2017-2022

The Fourth Five-year Health Population and Nutrition Sector Programme based on Health, Nutrition and Population Sector Strategic Investment Plan (HNPSIP) 2016-21, recognizes the need to expand existing services to currently underserved groups, including adolescents, the poor and those in urban and hard to reach areas. It aligns with the broader national policy framework as set out in the 7th Five-year plan and national policies on health, nutrition, population and social protection.

Moving into the 4th HPNSP, nutrition services have been designed to be expanded through delivery of the newly adopted ESP, improved inter-OP functional coordination and multi-sectoral collaboration. For further improvement in sector-wide programme management and monitoring, strengthening coordination with DPs through establishing 'HNP sector Coordination Forum' with Honorable Minister for MOHFW in the Chair has been focused.

Under the new financing operation named Programme for Results (PforR), the process of disbursement has been made against achievement of some indicators, known as Disbursement Linked Indicators (DLIs). Nutrition related Disbursement Linked Indicators (DLI) are specifically related to Maternal Nutrition through ANC and infant and young child feeding (IYCF) counseling.

The 4th Health, Population and Nutrition Sector Programme (HPNSP) involving BDT 1.15 lakh crore got ECNEC's approval for improving equity, quality and efficiency for Universal Health Coverage and achieving health-related Sustainable Development Goals (SDGs). Of the total cost, BDT 96,639.13 crore will come from the state exchequer while BDT 18, 847.23 crore will come as project assistance.

The 4th HPNSP is developed on the existing achievement to gradually move towards Universal Health Coverage and achieving health-related SDGs during the next five and a half years.

National Nutrition Services(NNS) Operational Plans, 2011-16, 2017-2022

NNS is the core operational plan on nutrition under HPN sector programme. NNS mainly focuses on nutrition specific interventions service delivery as well as capacity development, coordination, information system etc. NNS gives support to implement nutrition specific intervention as well as also tries to harmonize with the sectors which cater sensitive interventions.

The NNS Operational Plan (OP) 2017-2022 is now approved by MOHFW with cost

involvement of more than US \$ 90 million. More than 60% (US \$ 56 million) of NNS budget is from IDA credit, disbursement of which is related to achievement of two nutrition related DLI (Disbursement Linked Indicators).

Specific Objectives of NNS 2017-2022:

I. To strengthen the mainstreaming of nutrition issues into relevant plans and Programmes

II. To scale up nutrition services through DGHS, DGFP and relevant ministries, departments and

Organizations to prevent and reduce under-nutrition with special focus on children, adoles-

cents, pregnant & lactating women, elderly, poor and underserved population

III. To prevent overweight and obesity

IV. To develop and strengthen coordination mechanisms for nutrition with key relevant sectors

and stakeholders for ensuring multi-sectoral approach at national and sub-national levels

V. To strengthen the food safety activities including capacity development of National Food Safety Laboratory at IPH

VI. To improve capacity of human resources to manage, supervise and deliver quality nutrition services at different levels

VII. To strengthen institutional capacity of IPHN

VIII. To strengthen monitoring, evaluation & surveillance for nutrition by using HMIS

Targets and M & E under the Second National Plan of Action on Nutrition 2016-2025

Target Indicators

Following the National Nutrition Policy 2015 and other policy goals and targets, NPAN2 sets the following targets and indicators by 2025:

- ▶ Increase the initiation of breastfeeding in the first hour of life to 80%
- ▶ Increase the rate of exclusive breastfeeding to 70% in infants younger than 6 months of age
- ▶ Increase the rate of continued breastfeeding in children aged 20 to 23 months to >95%
- ▶ Increase the proportion of children aged 6-23 months receiving a minimum acceptable diet to more than 40%
- ▶ Reduce the rate of low birth weight to 16%
- ▶ Reduce stunting to 25% among under-5 children
- ▶ Reduce wasting to less than 8% among under-5 children
- ▶ Reduce the proportion of underweight among under-5 children to 15%
- ▶ Reduce the rate of severe acute malnutrition (SAM) (WHZ < -3) among children under 5 to less than 1%
- ▶ Reduce malnutrition (Total Thinness, BMI < 18.5) among adolescent girls (15-19 yrs) less than 15%
- ▶ Increase Vitamin A capsule supplementation coverage in children aged 6-59 months by 99%
- ▶ Increase the rate (>15 PPM) of iodized salt intake to 90%
- ▶ Control & Reduce maternal overweight (BMI ≥ 23) to 30%
- ▶ Reduce the rate of anaemia among pregnant women to less than 25%
- ▶ No increase of childhood obesity (WHZ > +2) among children under 5 years

Monitoring and Evaluation

The main objective of monitoring and evaluation of NPAN2 is to inform the status and/or progress of activity implementation, keep track of resource allocation and ensure accountability at national, sub-national, community and facility levels within (HNP sector) and across relevant sectors. It is a critical component of the implementation of NPAN2 because it would encourage multi-sectorality and help address national and international obligations. For implementation of NPAN2, a three to four stage M & E system will be adopted. First stage is the quarterly monitoring where mostly inputs and some output indicators will be tracked. The 2nd stage includes annual M & E which will be the main responsibility of BNNC. In the 3rd and fourth stage there will be mid-term (after 5 years) and end line evaluations (after 10 years) respectively following the provisions envisaged in the NNP 2015.

One of the aims of NPAN2 is to facilitate the overarching National Accountability Framework of the NNP 2015. The M & E of NPAN2 will take leverage from that of HPNSDP, CIP, 7th FYP, and related sectoral plans. For this to happen, BNNC office will work very closely with the agencies/mechanisms responsible for monitoring those plans. Working linkages with those organizations/mechanisms will be strengthened in such a way that a joint monitoring of the investments on key sectors like agriculture, food security, nutrition and health could be carried out. It is envisioned that the NPAN2 monitoring will feed into that of CIP and others and vice versa. There are a variety of national agencies monitoring NPAN2 related information at regular intervals which will be tapped. The monitoring and evaluation will be a four-tier process, across national and sub-national levels, with decreasing specificity and number of indicators according to need.

D. Financial Tracking and Resource Mobilization

[Assessing the financial feasibility of national plans to implement actions for improved nutrition is essential to determine funding requirements. The latter is based on the capability to track planned and actual spending on nutrition across relevant government ministries and from external partners. The existence of plans with clearly costed actions helps government authorities and key stakeholders (e.g. UN, Donors, Business, Civil Society) to align and contribute resources to national priorities, estimate the required budget for implementation and identify financial gaps.]

Public Expenditure Review on Nutrition

Public Expenditure Review (PER) on Nutrition, a joint initiative of Finance Division, Ministry of Finance and UNICEF is underway. Its key objectives include:

- estimating categorized public expenditures on nutrition in key Ministries;
- appraising Bangladesh's performance;
- providing recommendations to enhance the quality of expenditure of nutrition in Bangladesh.

A multi-ministerial Technical Advisory Committee (TAC) has been formed by the Finance Division with Additional Secretary –Finance Division as Chair to provide overall technical guidance on the process.

The undertaking is expected to evaluate the extent of and the appropriateness in the use of funds in the sector. The PER will provide a baseline for future trend analysis in budget allocation and execution and effectively monitor progress towards the achievement of the nationally set goals for nutrition in the 7th Five Year Plan, Sector Plans and SDGs.

Country Investment Plan 2010-2015

The Ministry of Food in partnership with 17 ministries, departments and agencies has prepared the Country Investment Plan (CIP) 2010-2015 and National Food Policy Plan of Action (NFP PoA). The annual monitoring of the NFP Plan of Action (PoA) and CIP present tracking of financial resources for nutrition specific and nutrition sensitive investments through the joint process engaging 16 partner ministries, departments and agencies. The monitoring process demonstrates accountability for tracking progress in achieving national food security and nutrition targets. Analysis on nutrition- relevant budget allocations is carried out by the thematic teams from the participating ministries who are involved in annual exercise. Monitoring is carried out to the fullest extent possible through country assessments as well as data and information available from national accountability mechanisms. Scaling up of resources is taking place for HNP and Food Security. It is easy to track GoB finance through ADP, Sectoral, and CIP monitoring.

CIP reports are published and disseminated regularly. In preparing the CIP Monitoring Report, a results-oriented monitoring approach is adopted, coherent with existing national planning processes, namely the national MDGs and the Seventh Five year Plan (SFYP) results framework.

Under Mid-term budgetary framework, the government (ministry of Finance) is providing resource envelop for the coming three years, gives more insight in predictability of funding. The NFP-PoA and CIP monitoring report, SUN financial tracking shows that domestic contribution has been increasing. On the basis of National Plan of Action, multi-year funding is visible.

The CIP 2 on Nutrition Sensitive Food Systems is being prepared a multi sectoral process in response to the commitment made in the 7FYP and to enhance investment in priorities of nutrition sensitive programmes. Revision of the national food policy plan of action (2008-2015) also is on-going.



Activities of SUN networks in Bangladesh

Bangladesh SUN MSP Participation in SUN Teleconferences/ Network Meetings

Month/Year	Topic
September 2017	Financing nutrition: country investments and access to additional resources
March 2017	Implementing effective nutrition actions aligned with Common results and national goal
December 2016	Information systems for nutrition: data collection, analysis and reporting
September 2016	Successes, lessons and challenges in aligning multiple stakeholders behind national nutrition priorities
May 2016	Building and Sustaining Political Commitment for Nutrition action
July 2015	Development of the updated SUN Movement Strategy 2016 – 2020
March 2015	Business engagement in nutrition
January 2015	SUN Movement ICE report and nutrition-relevant budget allocations
September 2014	Strengths and challenges of the SUN Monitoring and Evaluation Framework
June 2014	Contribution of Agriculture, Food Systems and Social Protection to Scaling Up Nutrition
March 2014	Social Mobilization, Advocacy and Communications
January 2014	Information Systems for Nutrition



Participants attending the SUN Tele-conference on 27 August 2017.

SUN UN Network

The UN System is a key role player among a range of stakeholders taking responsibility and being accountable for realizing nutrition goals. Several UN entities are involved in nutrition work. These include UN System organizations, such as FAO, IFAD, UNICEF, WFP, WHO, UNFPA, UNDP, and UN Women. Significant partnership arrangement was the formation of the REACH Partnership, involving 4 UN agencies (WFP, FAO, UNICEF, and WHO), with IFAD joining later in an advisory capacity. A document captioned 'Undernutrition in Bangladesh- A Common Narrative' has been prepared by 5 UN organizations in conjunction with five leading donors (EU, DFATD, Canada, DFID, USAID and World Bank).



Given the significant engagement, expertise and experience of the UN agencies in Bangladesh, support to normative, analytical and technical capacity strengthening is being provided, including technical support to the implementation of multi-sectoral nutrition and costed action plan / nutrition-sensitive investments – e.g. NPAN2, CIP2. Strong UN coordination for coherent, technical guidance as envisaged, on reaching SDGs and targets, WHA targets, ICN2 follow up actions and support to the UN Decade of Action on Nutrition.

Civil Society Platform for SUN, Bangladesh

Civil Society Alliance (CSA) for SUN, Bangladesh was formally launched on October 31, 2012 with aims to providing strong platform for Civil Society to upscale nutrition ensuring sustainability and facilitating wider participation. To promote sustainable improvement in nutritional status of the people of Bangladesh through creating a coordinated and vibrant civil society constituency which would further support development and wider implementation of the nutritional agenda. The CSA for SUN, BD had been formally launched by Senior Secretary Mr. Humayun Kabir of Health & Family Welfare Ministry with presence of civil society, UN, donors and private sectors.



CSA for SUN office bearers met Advisor to the Prime Minister on Health & Family Welfare and Social Affairs Prof. Syed Modasser Ali

2012: Meeting with Honorable Minister of MoHFW, Honorable Adviser to the Prime Minister for Health & Family Welfare and Social Affairs, UNICEF, WHO, World Bank, DFID, and USAID. Discussions and dialogues with government and civil society groups in collaborations with Media.



State Minister of Women and Children Affairs Ms. Meher Afroz Chumki MP attended a seminar on 'Nutrition in Bangladesh' organized by CSA for SUN

2013: Conducted divisional level workshop in Sylhet involving multi-stakeholders in 2013.

2013: Aligned with the London Hunger Summit, CSA for SUN, BD organized an interactive meeting with different stakeholders on June 04, 2013. Honorable State Minister for Children & Women Affairs, Meher Afroze Chumki, MP attended the meeting as the Chief Guest.

2013: A round table meeting on 'Multi-sectoral Approach to Nutrition' held. EC members contributed in 'Sustaining Political Commitment for 1000 days' a global conference and also attended global launch of Civil Society of SUN at DC, USA 2013. Advocacy for Nutrition Champion and holding policy dialogues to forefront nutrition as a national policy of the Government and finally orienting on SUN Movement with all the relevant Ministries. Clarity of SUN Movement among civil society group. M& E workshop for developing capacity to track commitment and nutritional change. Media orientation on Nutrition. Conducted national SUN mapping for Bangladesh.



Participants in a Round Table discussion on 'Multi-sectoral Approaches to Nutrition' organized by CSA for SUN

2014: Attended aSUN Global Gathering in Rome (November 2014), participating and supporting the regular teleconference calls with the SUN Movement Secretariat. In line with SUN multi-sectoral approach, the Alliance engaged with high level officials from the Ministry of Women and Children Affairs, the Ministry of Cultural Affairs and the Ministry of Education. CSA Talk shows, published newspaper articles on the multi-sectoral approach and the airing of a public service announcement on the 1000 Days featuring a famous academic.

2014: Participation in developing draft a Nutrition Advocacy and Communication Strategy for Bangladesh. The Alliance worked closely with IPHN/NNS, DPs and UN REACH to develop a template for an advocacy strategy and plan for nutrition at district level, using REACH's case district of Satkhira in the South West. A range of communication materials was developed by the Alliance to supplement its advocacy efforts, including brochures, advocacy video, policy brief, public service announcements, newsletters and guidelines for district level activities.

SUN Business Network Bangladesh (SBN)

Since the inception of SUN in Bangladesh, April 2010, under the leadership of the SUN Focal Point (the Government coordinator of SUN's approach in-country, this role sits within the Ministry of Health and FW), Bangladesh had made tangible progress in bringing Government Ministries, UN Agencies, Development Partners, Civil Society Organizations, Academia and partners on Business Network together to scale up nutrition activities linked with accountability and governance. Following the Framework of SUN Bangladesh Network meetings held in March 2017, GAIN and WFP Bangladesh have been working together to establish the SBN Bangladesh

The SBN would provide a dedicated platform for business engagement on nutrition in Bangladesh which is currently absent. It will need to align with other private sector networks for health and social services including food sector and labour and employment sector and work closely with Chambers of Commerce. Indications from leading businesses suggest business would welcome a dedicated platform for nutrition.

Potential areas of focus for the SBN would include:

- Working with the garment industry for both improved nutrition quality at workplace for better performance and productivity of the workers
- The food processing industry should be leveraged to promote and ensure high technical standards for food fortification, food safety and to facilitate and ensure that business contributes their expertise and capacity for enhancing nutrition outcomes in alignment with the national nutrition agenda
- There is potential to explore the role of the telecommunications sector in the network – in order to promote improved communication to consumers on nutrition
- Business actions to improve adolescent girl nutrition/school feeding
- Building nutrition sensitive agricultural-value chains
- Demand creation for nutritious food, particularly amongst low-income consumers

SUN Academia Network

SUN Academia network has recently been conceptualized under the initiative of National Institute of Prevention and Social Medicine (NIPSOM). SUN academia have planned to contribute towards improving nutrition situation in Bangladesh in different areas such as research and capacity building in collaboration with related Institute and Universities. Currently NIPSOM has taken an initiative to conduct situation analysis of emergency nutrition of Forcibly Displaced Myanmar Nationals together with Nutrition Emergency Cluster team.



Other Progresses/Events

National Micronutrient Survey 2011-12

The National Micronutrient Survey was done in 2011-12 by Institute of Public Health Nutrition (IPHN) with Technical assistance from UNICEF and ICDDR'B under guidance of a national technical committee. It was the first comprehensive micronutrient survey that covered all micronutrients including Vitamin A, Iodine, Iron, Zinc, Calcium and anaemia. The survey revealed micronutrient and anaemia status of children and women.

Micronutrient Fortification

In scaling up rice fortification initiative different evidence and programmatic experience have been gathered. WFP and GAIN shared some of the effective practices from Bangladesh at Global Level i.e. Fortification Summit in Arusha, Tanzania in September 2015.

Update National SAM and CMAM Guidelines in 2017

'National Guidelines for the Management of Severely Malnourished Children 2008' has been updated as 'National Guidelines for Facility-based Management of Children with Severe Acute Malnutrition in Bangladesh 2017' through broad sectoral technical consultations. The guidelines have been endorsed by the MOHFW. At the same time, 'National Guidelines for Community Based Management of Acute Malnutrition in Bangladesh' has also been updated incorporating latest evidences through technical consultations. Ministry of Health and Family Welfare endorsed the guidelines. The guidelines are expected to assist managers and community level service providers to provide life saving management to children with acute malnutrition at facility as well as community level.



Panel of experts discussing on update of SAM and CMAM national guidelines chaired by Director IPHN and LD NNS

Draft Advocacy and Communication Strategy on Nutrition

In 2014, draft first Nutrition Advocacy and Communications Strategy on Nutrition for Bangladesh was developed through a participatory consultative process. The process was facilitated and technically supported by UN REACH.



Dissemination event of National Low Birth Weight Survey 2015. Attended by Hon'ble Minister of Health & Family Welfare, Secretary MOHFW, Additional Secretary PH & WH, Director General Health Services and others.

National Low Birth Weight Survey 2015

National Nutrition Services conducted the second National Low Birth Weight Survey 2015 after the first one done in 2003-04 with a gap of 13 years. The survey found a low birth (<2500 gm) rate of 22.6 per cent, which was 36 per cent in 2003-04. Despite improvement, still it is above 15 per cent, cut off mark for a public health problem. Further, intra-uterine growth retardation (IUGR) rate shows marginal improvement, 73 per cent in contrast to 77 per cent.

United Nations Development Assistance Framework (UNDAF) 2012-2016, 2017-2020

UNDAF 2012-2016 and 2017-2020 underscores the commitment of the UN System to work together to 'deliver as one' so that development assistance results in greater impact and relevance to the people of Bangladesh as envisioned in the Government's 7th Five Year Plan 2016-2020, and the Sustainable Development Goals.

Engaging Parliamentarians in Nutrition



A group of Hon'ble Women Members of the Parliament (MP) and other participants in a workshop on Maternal Nutrition organized by Alive & Thrive Bangladesh

On the 23rd February 2017, in Dhaka, Bangladesh, Alive and Thrive, with the support of the private media and communication company, Dhansiri, arranged a seminar aimed at engaging women parliamentarians in mainstreaming nutrition into policies, with a special emphasis on the importance of breastfeeding, and maternal, infant and young child nutrition. The SUN Civil Society Alliance was invited as a special guest to provide relevant information about scaling up nutrition initiatives, and recommendations on how national civil society organizations can collaborate with MPs in order to achieve the national nutrition goal. Thereafter, a working session led women MPs to explore how they can serve as nutrition advocates and involve community and local representatives in scaling up nutrition. Following this seminar, it was agreed that MPs and the SUN Civil Society Alliance will jointly work on organizing nutrition awareness events.

Visit of SUN Global Coordinator, Ms. Gerda Verburg

On 2 April 2017, Gerda Verburg, SUN Movement Global Coordinator and UN Assistant Secretary-General, made a three day official visit to Bangladesh. She met with high level dignitaries and officials including Honorable Prime Minister, Her Excellency Sheikh Hasina; Ms. Begum Matia Chowdhury, Minister of Agriculture; Mr. Mohamed Qamrul Islam, Minister of Food; Mr. Mohammed Nasim, Minister of Health and Family Welfare and Mr. A H M Mustafa Kamal, Minister of Planning. She joined the 136th Inter-Parliamentary Union General Assembly. She also met UN Country Team and MSP.



Hon'ble Prime Minister Sheikh Hasina and Ms. Gerda Verburg, UN ASG and SUN Global Coordinator during her Bangladesh visit



SUN MSP meeting attended by SUN Global Coordinator , Minister of Health & Family Welfare, Senior Secretary – Ministry of Industries, Secretary MOHFW, SUN CFP and DGHS

The global coordinator of the Scaling Up Nutrition (SUN) Movement has called upon the government to increase domestic investment in nutrition “step by step” as Bangladesh heads towards becoming a middle-income country.

Ms. Gerda Verburg also praised Prime Minister Sheikh Hasina’s leadership in the nutrition sector, and emphasized “multi-sectoral approach” for combating malnutrition. She

Seminar on “Food Systems and Nutrition in Bangladesh”

On May 7, the Global Alliance for Improved Nutrition (GAIN) and the International Food Policy Research Institute (IFPRI)—in partnership with the Government of Bangladesh, the Embassy of the Kingdom of the Netherlands, UNICEF, FAO, WFP, and icddr,b—organized a seminar on food systems and nutrition in Bangladesh at a Hotel. The seminar convened high-level experts to discuss food systems and nutrition in achieving the Sustainable Development Goals (SDGs) by 2030.

Many ministry officials reinforced the Bangladesh Government’s commitment to improving food security and nutrition. Advocate Md. Qamrul Islam, MP, Honourable Minister of Food stated that The Honourable Prime Minister Sheikh Hasina has prioritized food security for all in light of the Vision 2021 and SDGs. Ms. Meher Afroze Chumki, MP, Honourable State Minister of Women and Children Affairs highlighted the inter-ministerial efforts are underway in Bangladesh that are placing women’s adolescents and children’s nutrition at the fore. Ms. Roxana Quader, Ms. Roxana Quader, Additional Secretary (PH & WH) & SUN Focal Point, Ministry of Health & Family Welfare (MoH&FW), Mr. Mustak Hassan Md. Iftekhar, Chairman, Additional Secretary, Bangladesh Small & Cottage Industries Corporation (BSCIC), Ministry of Industries and Mr. Md. Ruhul Amin Talukder, Joint Secretary, MoH&FW shared the government’s inter-ministerial commitment to improving food systems and nutrition.

the Agriculture, Nutrition, and Gender Linkages (ANGeL) project, a two-year effort piloted by the Bangladesh Ministry of Agriculture through its Department of Agricultural Extension.

IFPRI committed to providing open-access datasets that help to improve how policy options are understood, discussed, and implemented. The Bangladesh Integrated Household Survey (BIHS) dataset of all seven of the country's administrative divisions (Barisal, Chittagong, Dhaka, Khulna, Rajshahi, Rangpur, and Sylhet); and at USAID-supported Feed the Future zone of influence in southern Bangladesh. is a significant contribution to the knowledge base of agriculture, food security, nutrition, poverty, and empowerment.

Nutrition Information System

Currently National Health MIS system includes facility based nutrition interventions and reporting from all public health facilities. The national nutrition plan of action includes a monitoring, evaluation (M&E) and research framework that is sound, draws from sectors' M&E systems and includes core indicators; sources of information; methods and responsibilities for ethical data collection, management, analysis, quality assurance, learning and communication. The M&E framework specifies the types of data analysis that will be performed, including data quality issues and the mechanisms in place to support rigorous data analysis and evaluation.

National Nutrition Service (NNS) contributed through selection and incorporation of nutrition indicators into Health MIS (DHIS2), capacity development of relevant personnel, analysis and dissemination of DHIS2/nutrition data, and others. They further supported developing IMCI-Nutrition Corner MIS, SAM database, urban nutrition reporting, LMIS, NNS training database.

Nutrition in Emergency

- ▶ Humanitarian response plan Bangladesh for monsoon floods, approved on 18 Aug 2016
- ▶ Humanitarian Coordination Task Team (HCTT) Situation Report prepared.
- ▶ Community based management of acute malnutrition (CMAM) in Moheskhali, Teknaf, Ukhiya, Sadar and Ramu through strengthening community clinic based nutritional services in Cox's Bazar district;
- ▶ SAM (severe acute malnutrition) & MAM (moderate acute malnutrition) treatment with BSFP in makeshifts in Kutupalong & Leda;
- ▶ Active screening and management of SAM instituted in Cox's Bazar sadar and Ramu Upazila through government system;
- ▶ Nutrition surveys in Cox's Bazar. And
- ▶ **Emergency nutrition response to forcibly displaced Myanmar citizens (Rohynga) influx in Cox's Bazar :**



Photos: Visit of Health and Nutrition response to forcibly displaced Myanmar citizens (Rohynga) influx in Cox's Bazar by Hon'ble Health and Family Welfare Minister Mohammad Nasim MP, SUN Focal Point Ms. Roxana Quader and Director IPHN & LD NNS Dr. ABM Muzharul Islam

Participation at 70th World Health Assembly 2017, Geneva, 22 to 31 May 2017

A Bangladesh delegation led by H. E. Mr. Mohammed Nasim, MP, Hon'ble Minister for Health and Family Welfare attended the 70th World Health Assembly (WHA). The team participated actively in plenary session, bilateral meetings, side-events and events. The Hon'ble Minister delivered a statement at the Plenary Session of the WHA on 24 May 2017. Bangladesh delegation participated the 'Commonwealth Health Ministers' Meeting' on 21 May, 2017.

Bangladesh co-sponsored and participated several side events also H. E. Mr. M. Shameem Ahsan, Ambassador and Permanent Representative of Bangladesh in Geneva attended a side-event titled 'Bridging the Gap between Evidence and Health Policy: The Role of Parliamentarians in Advancing the 2030 Agenda for Sustainable Development' held on 29th May 2017. Mr. Md. Serazul Huq Khan, Secretary, Health Services Division, Ministry of Health and Family Welfare attended the side-event titled 'Gearing up Towards Sustainable Health Development by 2030: Are We Walking the Talk?' held on 22 May 2017. Ms. Roxana Quader, Additional Secretary (PH&WH), Health Services Division, MoHFW took part as a panellist in the side event titled "Embodying the future: How to improve the



Bangladesh delegation at World Health Assembly 2017 in Geneva led by Hon'ble Minister of Health & Family Welfare Mr. Mohammad Nasim MP

nutrition status of adolescents?” organized by the delegations of the Netherlands and Global Alliance for Improved Nutrition. She chaired side- event on Cholera organized by the Global Task Force on Cholera Control (GTFCC).



Members of Bangladesh delegation at World Health Assembly 2017 in Geneva – Dr. Ruhul Amin Talukder, Joint Secretary MOHFW; Dr. Mofizul Islam Bulbul, Dr. Raisul Hoque and others.

Further, the team attended few Events including ‘Commonwealth Civil Society Forum 2017’ organized by the Commonwealth Secretariat; ‘High-Level event on Antimicrobial Resistance: Accessing New Ways to Tackle Multi-Drug Resistant Tuberculosis’; ‘Success Factors for NCDs: Pathways to Accelerate Progress’; Roundtable Discussion on ‘WHO Comprehensive Mental Health Action Plan’; ‘Accelerating Healthcare Development through Financing and Sustainable Partnerships’, three Technical Briefings by WHO on ‘immunization’, ‘Universal Health Coverage (UHC)’ and ‘Health and Environment’; and event on ‘innovations to Drive Maternal, Child and Adolescent Health’.

Workshop on, “Food Systems for Healthier Diets in Bangladesh”

On 6 July 2017, a Workshop on, “Food Systems for Healthier Diets in Bangladesh”, was hosted by the International Food Policy Research Institute (IFPRI), and co-organized with Wageningen University, The Netherlands. Food Systems for Healthier Diets (FSHD), a part of the CGIAR Research Program on Agriculture

for Nutrition and Health (A4NH), focused on understanding how changes in food systems can lead to healthier diets, identifying and testing entry points for improving availability and effective demand for healthier food.

During the workshop, participants discussed what is known and not yet known about the state of food systems in Bangladesh, as well as what the future holds for food systems and diets. “Bangladesh is at the threshold of significant dietary transformation,” commented Inge Brouwer, Food Systems for Healthier Diets Flagship Leader and Associate Professor at Wageningen University and Research. “Governments, businesses, and civil society groups have the opportunity to come together and create a plan to support this changing food system to produce and supply diverse nutritious and safe foods for healthy lives.”

“It is not enough to look at individual commodities or policies – we have to look at how they come together as a system to form a diet, and diets are changing,” noted John McDermott, A4NH Director. Food Systems for Healthier Diets is such a central issue to A4NH’s research agenda that it is one of five pillars, or flagships, of the program.

“Dietary diversity is key for promoting food systems for healthier diets. IFPRI research in Bangladesh shows that agricultural diversity and nutrition knowledge improve dietary diversity,” stated IFPRI Country Representative for Bangladesh Akhter Ahmed.

Celebration of World Breastfeeding Week 2017: Sustaining Breastfeeding Together

Bangladesh had been celebrating World Breastfeeding Week every year from 1 to 7 August since 1992. This year WABA has announced the theme for WBW 2017- **“Sustaining Breastfeeding Together”**. WBW 2017 theme calls for multi-sectorial collaboration, and builds upon partnerships to take forward breastfeeding under SDG.



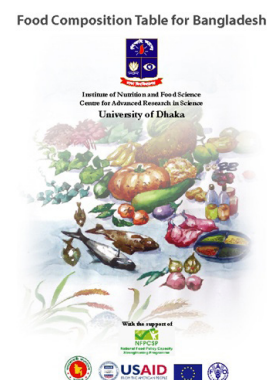
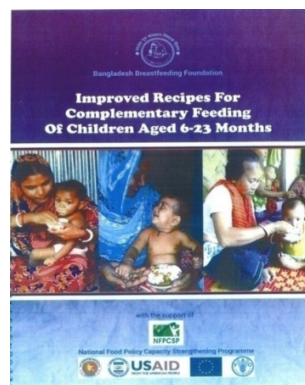
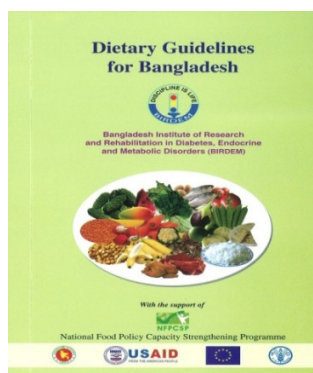
Hon'ble Minister of Health & Family Welfare and other dignitaries at inaugural ceremony of World Breastfeeding Week 2017

WBW 2017 was inaugurated on August 01. Inauguration was addressed by Mr. Mohammad Nasim, MP Honourable Minister, Ministry of Health and Family Welfare (MOHFW), as the Chief Guest. State Minister for Health Mr. Zahid Maleque, MP and Mr. Md. Sirajul Islam, Secretary, Health Education and Family Welfare, MOHFW were present as special guests. Prof. Dr. Abul Kalam Azad, Director General of Health Services and Dr. Kazi Mustafa Sarwar, Director General of Family Planning, were present as guests of honour. Launching ceremony was chaired by Mr. Md. Serajul Huq Khan, Secretary, Health Services Division, MOHFW. Ms. Roxana Quader, Additional Secretary (PH and WH), MOHFW, Dr. A.B.M Muzharul Islam, Director, IPHN and Line Director, NNS, Dr. S.K Roy, Chairman, Bangladesh Breastfeeding Foundation (BBF) and many other dignitaries were present to mark the occasion.

The Health Minister, Mr. Mohammad Nasim MP, said that it is the breastfeeding that can reduce child mortality, neonatal mortality through strengthening immunity of children. He emphasized on creating awareness on and enabling environment for breastfeeding by the mothers.

Mr. Zahid Maleque, MP, State Minister for Health said that mothers who breastfeed also enhance their own health – breastfeeding is linked to a reduced incidence of breast and ovarian cancers, diabetes and cardiovascular disease. He added that breastfeeding is environment friendly – it doesn't produce any additional waste like manufacturing or packaging of artificial milk.

Tools/guidelines developed to improve dietary pattern and complementary feeding








Examples of selected BCC Materials on Nutrition developed, produced and being used by IPHN-NNS and others (not exhaustive)

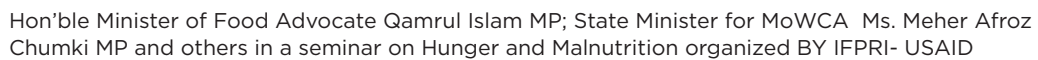
Category /Type	Theme/Topic
Poster	Anaemia in Pregnancy
Brochure	IYCF Job Aid
Brochure	BMS Act 2013
Brochure	Hand washing
Card (Boy/Girl)	Growth Monitoring and Promotion (GMP)
Brochure	GMP card manual
Poster	Balanced diet
Poster	Complementary Feeding
Poster	Growth Monitoring and Promotion
Poster	Iron rich food
Poster	Iodine Deficiency
Poster	Community Participation
Poster	Nutrition Value of Food items
Poster	Costly versus cheap Food
Poster	Breastfeeding –early initiation
Video	Vitamin A song by Porshi
TVC	Breastfeeding
TVC	Infant and Young Child Feeding (IYCF)
Mobile message	Voice call by Hon'ble Speaker of the Parliament
Video	Breastfeeding song by Momtaj
Video	IYCF song by Kiron Ch Roy
TVC	Iodine nutrition (Budhir Feriwala)
TVC	Iodine Nutrition (Bibek)
TVC	Iodine nutrition (Magician)
TVC	Iodine nutrition (Slogan)
TVC	Breast milk substitute
TVC	Complementary Feeding (3)
TVC	Best Loving Mom (Complementary Feeding)

Ref: IPHN-NNS Archive

Selected BCC Materials Developed and Produced by CSA SUN

Category/Type	Theme/Topic	Sample /visual
Brochure(English and Bengali)	CSA for SUN	
Brochure	Job Aid on 1000 day Nutrition	
Folder	CSA for SUN	
Booklet	Maternal and Child Nutrition	
Booklet	Adolescent Nutrition	

The International Food Policy Research Institute (IFPRI) under its USAID-funded Policy Research and Strategy Support Program organized a workshop in Dhaka on 4 October 2017 titled, “Eliminating Hunger and Malnutrition: Are Sustainable Solutions in Sight?”.



Discussants in a seminar on Hunger and Malnutrition organized BY IFPRI- USAID

Regarding recent flood Hon'ble Minister of Food, Advocate Md. Qamrul Islam said: "We must be prepared to deal with these kinds of disasters, and still, we must move forward and develop diversified food value chains." Participants reached a consensus that accelerating progress in eradicating hunger and malnutrition requires a bifocal lens to address immediate needs raised by recurring shocks and other crises, and a longer-sighted vision to anticipate, plan for, and thereby mitigate emergent challenges and strengthen food systems through evidence-based policy formulation.

The workshop also stimulated discussions on the role of in-depth and high-quality data to bridge knowledge gaps for generating effective policy options. "High quality research-based evidence is essential for formulating policy and assessing country progress on achieving development goals," noted Akhter Ahmed, IFPRI Country Representative for Bangladesh. The USAID Mission Director Janina Jaruzelski also emphasized how USAID, through its Feed the Future agricultural programs, has a strong focus on nurturing women's potential to encourage more inclusive growth, improved nutrition, and other complementary development goals. "

Way forward

1. Resource mobilization for NPAN2

The overall financial requirement of the NPAN2 from 2016-2025 is **BD Taka 12,463 crore (around USD 1.6 billion)**. It is estimated that the cost per child of implementing this NPAN2 is less than a USD.

There is a need for increased and sustained investments that are dedicated to the improvement of nutrition and food security in Bangladesh. One of the principal aims of NPAN2 is to increase financing and budgetary awareness and commitment in order to ensure that adequate resources are allocated to the identified strategic actions across relevant sectors. The increase in investment is expected to be supported by the Government as well as by development partners, including bilateral and multilateral donors, NGOs and the private sector. The financing should be harmonized in line with the commitment extended through ICN2 i.e “Health system will work with Food system very closely”.

In order to reduce the funding gap, additional resources from the international donor community will be encouraged, supported and aligned to priorities through this NPAN2 and the annual work and budgetary planning process of the various participating ministries and agencies. The BNNC Office, Ministry of Finance, the Government of Bangladesh and development partners will be responsible for mobilizing the much needed financial requirements.

2. Operationalization of the implementation of NPAN2 and NNS

Effective implementation of the NPAN2 will require coordinated responses across the ministries, civil society, UN and other development partners and private sector. Adequate resource allocations are needed by all relevant stakeholders/sectors to improve the nutritional status of all citizens, especially the first 1000 days, young children, adolescent girls, pregnant women and lactating mothers. Robust monitoring and reporting mechanism will be an essential element of the NPAN2. The National Nutrition Policy 2015 has the support of the Hon'ble Prime Minister, as Chair of the BNNC and will provide the necessary directions

and commitment to implement and strengthen existing strategies, as well as to develop new strategies to improve the people's nutritional status in Bangladesh. This second NPAN will operationalize the strategies and activities to do so.

3. Activation of SUN business and academia platforms

SUN business and academia platforms are at different stages of development in Bangladesh. Both would be in place soon with their respective terms and references and activities.

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Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh



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