Government of the People's Republic of Bangladesh

SECOND NATIONAL PLAN OF ACTION FOR NUTRITION (2016-2025)

Ministry of Health and Family Welfare

August 2017

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This Plan of Action for Nutrition is the result of joint initiatives of the:

Prime Minister's Office
Ministry of Health and Family Welfare
Ministry of Agriculture
Ministry of Food
Ministry of Fisheries and Livestock
Ministry of Women and Children Affairs
Ministry of Local Government, Rural Development and Cooperatives
Ministry of Primary and Mass Education
Ministry of Social Welfare
Ministry of Disaster Management & Relief
Ministry of Education
Ministry of Environment and Forest
Ministry of Finance
Ministry of Industries
Ministry of Information
Ministry of Planning
Ministry of Commerce
Ministry of Religious Affairs

Coordinated by

Public Health and World Health Wing
Ministry of Health & Family Welfare

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PRIME MINISTER
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

28 Agrahayan 1424
12 December 2017

Message

The greatest Bangalee of all time, the Father of the Nation Bangabandhu Sheikh Mujibur Rahman dreamt of a developed golden Bangladesh free of hunger and malnutrition. In line with this spirit, the constitution of the Government of the People's Republic of Bangladesh, incorporates an article on fundamental rights as follows: "The State shall regard the raising of the level of nutrition and the improvement of public health as among its primary duties". The Government of Bangladesh accordingly recognizes "receiving adequate nutritious food" as a fundamental human right of all citizens. As part of institution building to that end, the Father of the Nation established the "Institute of Public Health and Nutrition" in 1974. Subsequently, in 1975 he approved the proposal for establishing the Bangladesh National Nutrition Council. This reflects a visionary initiative of the Father of the Nation. Unfortunately after his sad demise, this institution could not perform its functions. The current pro-poor political government, therefore, revitalized this Council after assumption of its office.

As the chair of the Bangladesh National Nutrition Council, I feel proud of seeing these two institutions actively supporting the development of Second National Plan of Action for Nutrition (NPAN2). I consider it as a great initiative for mainstreaming nutrition into development agenda, especially in the programs of health and family planning, agriculture, food, education and social protection sector.

The Government of Bangladesh recognizes that access to adequate nutrition is a basic human right. This NPAN2 is an expression of our continued national commitment to combat malnutrition in all its forms in line with Vision 2021, the Seventh Five Year Plan and upcoming Vision 2041. It also testifies our commitment towards SDGs and targets of International Conference on Nutrition 2014.

This plan of action addresses current and emerging nutrition problems of all citizens, especially under five children with particular focus on first 1000 days, women of child bearing age, including pregnant and lactating mothers and adolescent girls from disadvantaged groups.

This document is anchored on the National Nutrition Policy 2015 and relevant policies and plans of the government. I strongly believe the implementation of this framework will lead us towards a more productive nation to achieve our target of higher middle income status by 2030 and a developed nation by 2041.

I would like to congratulate all relevant sectors from the government, development partners, NGOs and private sector who contributed to the preparation of this valuable document. I am sure this plan will help achieve "Nutrition for All" and foster collaboration and coordination for implementing nutrition initiatives in the country.

Joi Bangla, Joi Bangabandhu
May Bangladesh Live Forever.

Sheikh Hasina

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

Message

With the vision of attaining healthy and productive lives through having adequate nutrition, the Government of Bangladesh (GOB) has translated its commitment and the priorities of the National Nutrition Policy 2015 by developing Bangladesh's Second National Plan of Action for Nutrition (NPAN2) for the coming decade of 2016-2025.This plan is expected to contribute to the targets of the 7th Five Year Plan to put the country on track in terms of achieving both its national and global commitments including the Sustainable Development Goals (SDGs).

Under the leadership and coordination of Bangladesh National Nutrition Council (BNNC) and the Ministry of Health and Family Welfare (MOHFW), we managed to bring together the active involvement of all relevant sectors and development partners. While the process was tedious and long, it was important to ensure shared responsibility of the malnutrition problem, and more importantly of the solution, as outlined in this NPAN2 as strategic actions. We acknowledge the valuable contributions from all the relevant ministries, as well as other stakeholders such as the United Nations Agencies, other development partners, academia, and the private sector.

I believe that this Second National Plan of Action for Nutrition (NPAN2) is highly important as it will provide technical guidance to all toward an effective, efficient and timely implementation of all identified priority nutrition actions and facilitate the delivery of the much needed resources to translate this Plan into reality.

Mohammad Nasim, MP

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

Message

Ensuring adequate nutrition for all is essential for national socio-economic development. This stems from the recognition that nutrition has a significant impact on survival as well as physical and cognitive development and productivity. Thus, for a country like Bangladesh, it is important to ensure that every woman, man or child is ensured of good nutrition to become a valuable national asset.

The Government of the People's Republic of Bangladesh has taken steadfast steps to improve the nutrition and food security situation of the country. One of these is the formulation of Second National Plan of Action for Nutrition (NPAN2), which identifies the priority strategic actions that are directed to address various forms of malnutrition affecting its population. The plan also emphasizes the need for multi-sectoral, multilevel collaboration and coordination under a revitalized National Nutrition Council which will be responsible for nutrition governance, policy coordination and leadership. A robust monitoring and evaluation mechanism is also recommended to track progress alongside ensuring accountability.

Let us all join our hands in the fight against all forms of malnutrition.

Zahid Malek, MP

Secretary
Health Education & Family Welfare Division
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Message

The Second National Plan of Action for Nutrition (NPAN) is an integrated and multi-sectoral framework for improving nutritional status in the country. The first NPAN was adopted by the Government of the People's Republic of Bangladesh in 1997. This second NPAN has focused on improving the nutritional status of people specially the first 1000 days, pregnant and lactating women, adolescent girls and young children. It presents the prioritized evidence based cost-effective interventions, efficient and effective modes of implementation and coordination mechanisms for maximum nutrition impact and lastly, a doable strategy for scaling up.

NPAN2 addresses the intergenerational effects of malnutrition and low birth weight which has been implicated in the persistence of malnutrition in Bangladesh. It also recognizes that problems of over-nutrition and obesity as well as non-communicable diseases are on the rise and need to be addressed as well. Thus, the NPAN2 covers the entire spectrum of malnutrition.

Throughout the process of NPAN2 formulation until its sign off, we ensured that there was multisectoral, multi-stakeholder and multilevel representation and engagement. This was borne out of the recognition that NPAN2 requires a breadth and depth that could only be guaranteed by such a process. As the Chair of the then NPAN working committee, it was a heart-warming experience to witness firsthand the dedication and commitment of all those involved.

While Bangladesh has seen impressive progress in health and nutrition in the last few decades, there is still so much that need to be done to meet our SDG commitments among others. I earnestly hope that NPAN2 will bring a new era of impactful and sustainable actions for improving nutrition in Bangladesh.

Md. Sirazul Islam

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

Message

Nutrition is an important determinant of Public Health. It plays a significant role in building a healthy and strong nation. In recent years, considerable awareness on nutrition has been created among the highest level of the Government. Ministry of Health and Family Welfare, under the direction of the Honorable Prime Minister, has been working with relevant ministries, divisions and development partners for improving the nutrition scenario in Bangladesh.

Despite considerable improvement in recent years, the country still faces high prevalence of maternal and child malnutrition. Currently, Bangladesh has a burden of around 4.5 hundred thousand severe malnourished children who are vulnerable to death twelve folds than that of normal children. After achieving the MDG in child and maternal heath, Bangladesh is committed to achieve the SDGs by 2030. Improvement of nutritional status will contribute greatly to the pathways of development towards achieving these goals.

The current pro-poor political Government has endorsed the National Nutrition Policy 2015. Formulated in line with the National Nutrition Policy, this Second National Plan of Action for Nutrition (NPAN2) will play a vital role in fostering nutritional situation of the country. I believe that all relevant government ministries/ divisions in collaboration and coordination with non-government agencies and development partners will work jointly towards implementation of the NPAN2.

I am well aware that preparation of this Second National Plan of Action for Nutrition was a tiresome and time consuming initiative. I thank those who have contributed their valuable time and efforts to develop this NPAN2. I also gratefully acknowledge the contributions of the development partners especially World Bank, UNICEF, WHO and FAO for their technical and financial support. Their support has enabled us formulating a quality document.

Finally, I wish the implementation of this valuable document a success.

Md. Serajul Huq Khan

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

Message

The current pro-people Government has been working relentlessly for strengthening nutrition governance in order to have better coordinated implementation of the National Nutrition Policy 2015. Formulation of the Second National Plan of Action for Nutrition for 2016-2025 (NPAN2) is a part of that process. The Bangladesh National Nutrition Council (BNNC) led the development of the first National Plan of Action on Nutrition (NPAN) in 1997. Unfortunately the momentum of its implementation did not continue. This Second National Plan of Action for Nutrition for 2016-2025 (NPAN2) identifies an integrated and multi-sectoral nutrition strategy, with prioritized, evidence based and cost-effective activities. It also includes an implementation strategy with a revitalized Bangladesh National Nutrition Council providing leadership. A rigorous monitoring and evaluation system is also suggested to track progress particularly in terms of attainment of expected impacts, outcomes and outputs. The aim of the current Plan is to provide technical as well as implementation guidance for all involved agencies.

Bangladesh is one of the early riser and enthusiastic adopter of Scaling Up Nutrition (SUN) initiative. Along with its SUN commitments, the Government of Bangladesh further re-affirmed its pledge to the United Nations General Assembly 2030 Agenda for Sustainable Development in 2015, which includes a goal 'to end hunger, achieve food security and improved nutrition and promote sustainable agriculture'. This NPAN2 is viewed as an important step towards reflecting our commitment to the SDGs, SUN, ICN2 and WHA.

While we at the health sector recognize the importance of our interventions, we also recognize that strategies outside our sector such as food, agriculture, fisheries and livestock, education, social welfare and others are equally important if we are to address the basic, underlying and immediate causes of malnutrition from all fronts. Thus, we carefully constituted different committees to formulate an authentic and coordinated multi-sectoral NPAN2. I congratulate members of the committees for their invaluable contributions.

With this, I urge all to extend their support towards the implementation of NPAN2 to facilitate the attainment of our national goal for nutrition and food security for all.

Roxana Quader

Foreword

The formulation of the Second National Plan of Action for Nutrition (NPAN2) for 2016-2025 signifies another landmark event in the development initiatives of the country to fight and address all forms of malnutrition. This NPAN2 represents the collective aspirations and commitment of the government, through its various ministries and organizations, development partners and our people to bring the scourge of malnutrition to an end. Under the initiative and coordination of Additional Secretary Public Health and World Health Wing, the Working Committee (headed by Secretary, MOHFW), National Technical Committee (headed by Additional Secretary, HRM, MOHFW) and 4 (four) sectoral committees, core group and subgroups were organized. A series of meetings/joint meetings of the Committees were convened to identify the strategic actions required for each strategy and sub-strategy as outlined in the National Nutrition Policy (2015) using an agreed matrix. These actions were then subjected to a priority setting exercise using stringent criteria. The matrices developed by the different sectoral committees were then consolidated for coherence and logical sequencing and indicators, timelines, concerned and collaborating ministries/agencies were then identified. Development Partners (DPs) offered technical and financial support in the process including the costing exercise. Nutrition governance with the Bangladesh National Nutrition Council (BNNC) office as core agency for coordination and leadership was reviewed to ensure that a revitalized architecture is put in place. Finally, the Plan was signed off by the Honorable Prime Minister upon the endorsement of the BNNC and its Executive Committee.

Thus the NPAN2 was developed with the active and full involvement of the community of national, regional, and international stakeholders for every step of the process culminating in the national dissemination workshop held October 20, 2016. There were numerous open and interactive discussions conducted at the NPAN committees as well as core group/subgroup levels. The information used in the formulation was based on the most up-to date data from well-conducted research. Also, the valuable inputs shared during the meetings provided a substantial and solid understanding of the local context. The majority of the interventions are on-going, so an analysis of the good practices, from targeting to implementation to monitoring and evaluation, provide valuable insights on implementation strategies that promote multi-sectoral, multi-level and multi-stakeholder engagement, while at the same time guiding the scaling up process.

The Plan is divided into ten sections. Section 1 deals with the commitment of the Government of Bangladesh (GoB) on Nutrition. It is followed by a brief description of the policy context for the NPAN2 and a brief assessment of the food and nutrition situation and it's determinants that lead to malnutrition. Section 2 presents the principles that guided the formulation of the NPAN2 while Section 3 shows the alignment with the National Nutrition Policy (NNP) through the adoption of its vision, objectives as well as targets as stated in Section 4. As a response to the many nutrition challenges, Section 5 outlines the strategic actions presented in brief narrative as thematic areas as well as a consolidated matrix which details the major actions under different strategies in Section 6. Section 7 deals with the very important mechanism of nutrition governance through the revitalization of the BNNC and implementation strategy categorized into short, medium and long term actions. Monitoring and evaluation is also one of the pillars of this NPAN2 and is presented in Section 8. An M&E matrix which specifies the indicators to be monitored and evaluated is also included. Section 9 presents the indicative financial requirements of the entire NPAN2 as well as recommendations on resource generation and mobilization. Lastly, section 10 presents in a nutshell the entire NPAN2 with some notes on the way forward.

One of the most pressing concerns is coordination and collaboration, particularly inter-sectoral, which will definitely affect the efficient and effective implementation of the NPAN2; therefore, as Chair of the NPAN Technical Committee, I urge everyone to build synergies and let us all work together towards building strong partnerships and alliances to achieve the NPAN2 goals, objectives and targets.

I wish to thank everybody who contributed their time, efforts and valuable insights in the preparation of the NPAN2including the development partners and UN agencies, notably UNICEF, WHO, FAO and the World Bank for providing technical and financial support that enabled us to engage national as well as international experts.

Let me reaffirm the Government of Bangladesh's commitment to deal with the root causes of malnutrition and its negative consequences in order to achieve socio-economic development.

Dr. Md. Shajedul Hasan
Additional Secretary
& Chair, National Technical Committee for NPAN2

List of Acronyms

3M	Multi-sector, multi-stakeholder, multilevel
5YP	Five Year Plan
AARR	Average Annual Rate of Reduction
ANC	Antenatal Care
ARSH	Adolescent Reproductive and Sexual Health
BARI	Bangladesh Agricultural Research Institute
BAU	Bangladesh Agricultural University
BBF	Bangladesh Breastfeeding Foundation
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic and Health Survey
BFHI	Baby Friendly Hospital Initiative
BFSA	Bangladesh Food Safety Authority
BIRDEM	Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders
BINA	Bangladesh Institute of Nuclear Agriculture
BIRTAN	Bangladesh Institute for Research and Training on Applied Nutrition
BMS	Breast Milk Substitute
BNNC	Bangladesh National Nutrition Council
BSCIC	Bangladesh Small and Cottage Industries Corporation
BSTI	Bangladesh Standards and Testing Institution
Ca	Calcium
CC	Community Clinic
CCHPU	Climate Change and Health Promotion Unit
CIDD	Control of Iodine Deficiency Disorders
CIP	Country Investment Plan
Cm	Centimeter
CMAM	Community-based Management of Acute Malnutrition
DAE	Department of Agricultural Extension
DAM	Department of Agricultural Marketing
DPHE	Department of Public Health Engineering
DG	Director General
DGFP	Directorate General of Family Planning
DGFPMIS	Directorate General of Family Planning Management Information System
DGHS	Directorate General of Health Services
DHIS2	District Health Information System 2
DLS	Department of Livestock Services
DOTS	Directly Observed Treatment Short-Course
DP	Development Partner
DWA	Department of Women Affairs
ECD	Early Childhood Development
EGPP	Employment Generation Program for the Poorest
FAO	Food and Agriculture Organization
FFS	Farmers' Field Schools
FIAC	Farmers' Information and Advice Center
FP	Family Planning
FPMU	Food Planning and Monitoring Unit
FSNSP	Food Security and Nutritional Surveillance Project
GAP	Good Agricultural Practices

GDP	Gross Domestic Product
GMP	Good Manufacturing Practice
GO	Government Organization
GoB	Government of Bangladesh
GR	Gratuitous Relief
HACCP	Hazard Analysis and Critical Control Points
HH	Household
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HKI	Helen Keller International
HMIS	Health Management Information System
HNP	Health Nutrition Population
HPNSDP	Health Population Nutrition Sector Development Program
icddr,b	International Centre for Diarrhoeal Diseases Research, Bangladesh
ICVGD	Investment Component of Vulnerable Group Development Project
IFA	Iron Folic Acid
IFPRI	International Food Policy Research Institute
IFST	Institute of Food Science and Technology
IGA	Income Generating Activities
INFOSAN	International Food Safety Authority Network
INFS	Institute of Nutrition and Food Science
IPHN	Institute of Public Health Nutrition
IPM	Integrated Pest Management
ISPP	Income Support Program for the Poorest
IYCF	Infant and Young Child Feeding
LGD	Local Government Division
LGRD	Local Government and Rural Development
LMIS	Logistics Management Information System
M	Month
MI	Micronutrient Initiatives
M&E	Monitoring and Evaluation
MAD	Minimum Acceptable Diet
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goal
MICS	Multiple Indicators Cluster Survey
MIS	Management Information System
mm	Millimeter
MOA	Ministry of Agriculture
MOCom	Ministry of Commerce
MOE	Ministry of Education
MOEF	Ministry of Environment and Forest
MOF	Ministry of Finance
MOFood	Ministry of Food
MOFL	Ministry of Fisheries and Livestock
MOHFW	Ministry of Health & Family Welfare
MOInd	Ministry of Industries
MOI	Ministry of Information
MOLaw	Ministry of Law
MOLGRD&C	Ministry of Local Government, Rural Development & Cooperatives
MOPME	Ministry of Primary and Mass Education

MORA	Ministry of Religious Affairs
MODMR	Ministry of Disaster Management & Relief
MOST	Ministry of Science and Technology
MOSW	Ministry of Social Welfare
MOWCA	Ministry of Women and Children Affairs
MoWR	Ministry of Water Resources
MUAC	Mid Upper Arm Circumference
NARS	National Agriculture Research System
NCD	Non-communicable disease
NFP	National Food Policy
NGO	Non-government organization
NICC	Nutrition Implementation Coordination Committee
NIPORT	National Institute of Population Research and Training
NIS	Nutrition Information System
NNS	National Nutrition Services
NPAN	National Plan of Action for Nutrition
NPAN2	Second National Plan of Action for Nutrition
NPNL	Non pregnant, non-lactating
NSP	Nutrition Surveillance Project
NSSS	National Social Security Strategy
OP	Operational Plan
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
PM	Prime Minister
PNC	Postnatal Care
Ppm	parts per million
SAM	Severe Acute Malnutrition
SBCC	Social Behavior Change Communication
SC	Sectoral Committee
SDG	Sustainable Development Goal
SSN	Social Safety Net Program
ST, MT, LT	Short Term, Medium Term, Long Term
SUN	Scaling Up Nutrition
TB	Tuberculosis
TOR	Terms of Reference
ToT	Training of Trainers
U5	Under five
UHS	Urban Health Survey
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UPHCP	Urban Primary Health Care Project
UPHCSDP	Urban Primary Health Care Service Development Program
VGD	Vulnerable Group Development Program
VGF	Vulnerable Group Feeding Program
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHA	World Health Assembly
WHO	World Health Organization
Y or yrs	Years

Executive Summary

Access to adequate nutrition is a basic human right. The Constitution of Bangladesh, in Article 18 (1) describing the principles of State governance, states: "... the State shall regard raising the level of nutrition and improvement of public health as among its primary duties...".Despite the impressive progress with under-nutrition and attainment of the MDG goals for under-nourishment and underweight children ahead of schedule, the National Nutrition Policy (NNP 2015) notes that improvements in the nutritional status of the population have not continued at the same rate nor reached expected levels. This NPAN2 is formulated to address this as well as to enable the Government of Bangladesh (GoB) to deliver on its global commitments like Sustainable Development Goals (SDGs), Scaling Up Nutrition (SUN), Second International Conference on Nutrition (ICN2) and World Health Assembly (WHA) among others.

In spite of remarkable progress towards child and maternal nutritional status over the years, data show that the children under 5 years continue to experience a high burden of stunting, wasting and underweight resulting mainly from sub-optimal breastfeeding, low rates of dietary diversity and poor hygiene. Micronutrient deficiencies such as vitamin A, iron, iodine, Zinc, vitamin B12 and folate are also prevalent affecting not only children under 5 but also pregnant and lactating women. There is also a notable increase in overweight, obesity and non-communicable diseases. Major contributory factors to such situation include limited access to adequate, safe and nutritious foods, inappropriate infant and young child feeding, access to safe water and improved sanitation facilities, lack of proper hygiene practices and timely management of diseases.

Guided by a set of agreed principles and to facilitate the step up change, the NPAN2 adopted the five overarching objectives of NNP specifically aimed to:

- improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers
- ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices
- strengthen nutrition-specific, or direct nutrition, interventions
- strengthen nutrition-sensitive, or indirect nutrition, interventions, and
- strengthen multi-sectoral programs and increase coordination among sectors to ensure improved nutrition

Based on these objectives, the Second National Plan of Action for Nutrition (NPAN2) seeks to operationalize the sub-strategies of the NNP by specifying prioritized key action areas and major activities that fall into different thematic areas under the major classification of nutrition specific and nutrition sensitive actions. Other cross cutting areas which are identified in all strategies as important were consolidated. These are: (a) Comprehensive and integrated social behavior change communication agenda in support of NPAN2;(b) Research to generate evidences to inform policy and programming particularly on best practices; and(c) Capacity building, a cross cutting and essential part of NPAN2, which targets all relevant sectors at different administrative levels. Responsible ministries and collaborating partners have also been identified along with SMART indicators for tracking progress and achievements, timeframes and costs involved for implementing the agreed prioritized interventions.

It also builds on existing platforms and delivery mechanisms which have proven to be effective. In particular, the NPAN2 is viewed as inextricably linked to national as well as relevant sectoral development plans. While the NPAN2 has a longer duration, the first 5 years of NPAN2 implementation is aligned with the 7th Five Year Plan of the GoB leveraging insights from CIP and HPNSDP of the Government and ultimately it envisages emancipating country's goals under Vision 2021 and beyond. Describing an accelerated phase of implementation upto 2025, it seeks a coordinated financing as well as tracking of investments on the key sectors, namely nutrition, agriculture and food security.

To ensure a multi-sectoral, multi-level and multi-stakeholder approach, the NPAN2 will engage over 17ministries, and numerous stakeholders and partners, both domestic, regional and global, in the implementation of its activities at upazila, district, and national levels. An equally important aspect of the NPAN2 is its monitoring and evaluation. This will not only track progress made in the implementation of NPAN2 and investments on nutrition but will also serve as bases for the annual reports to be submitted to the Honorable Prime Minister. Bangladesh National Nutrition Council office is charged with this responsibility.

An estimated total of around **Twelve thousand four hundred sixty three crore and forty one lakh Taka** (BD Taka 12463.41 crore) **or around USD1.6 Billion** is required to finance the NPAN2 over a ten-year period to carry out the priority activities of this demand-driven plan including cost of institutional development and capacity building as well as monitoring and evaluation.

1. Background

1.1 Commitments of the Government of Bangladesh (GoB) 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 Constitution[1] 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 reflected 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 slowed down. The current political government since its earlier tenure in 2009 has been giving priority on nutrition security of the people due to constitutional obligation and commitment for reaching the Millennium Development Goals (MDGs).

Other than MDGs, one of the major global commitments is Scaling Up Nutrition (SUN) initiative, where Bangladesh has been an early adopter and one of the lead signatory countries. Bangladesh reaffirmed its commitment during the FAO/WHO Second International

1 Quoted in National Nutrition Policy 2015.

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 2012[2]. 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 it's 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, pregnant and lactating women and older persons"[3]. It is also well-recognized that the other SDGs 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 for the country.

Consequently, Bangladesh's NPAN2 for 2016-2025 is developed based on GoB's commitment and the priorities of the NNP 2015 (Annex-1) and on recent global and local evidences.

1.2 Policy context for the NPAN2

Nutrition is well-recognized as an important determinant of physical growth, cognitive development and fundamental to achieving optimal health and education. In the broadest sense, it is both an input to and outcome of development. The economic and social costs of malnutrition, in terms of reduced economic returns and a loss of DALYs (disability-adjusted life years) and the consequences to both individual and national economic development are considerable and life-long. Ensuring effective investments in nutrition has been estimated to lead to economic gains in Bangladesh, through an estimated increased productivity, exceeding 70,000 crore taka by 2021[4] and presumably even more. In particular,

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

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

4 Howlader, et al. (2012). *Investing in Nutrition Now: A Smart Start for Our Children, Our Future. Estimates of Benefits and Costs of a Comprehensive Program for Nutrition in Bangladesh, 2011– 2021. PROFILES and Nutrition Costing Technical Report.* Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA), FHI 360.

further investments in sustaining food and nutrition security interventions, improving program execution performance and up scaling nutrition sensitive programs are required. Many reasons to specifically tackle malnutrition both under-nutrition and micronutrient deficiencies, and increasingly, over-nutrition and non-communicable diseases are well accepted now and policies as well as plans of action are being freshly developed at both national and global levels.

The 7th Five-Year Plan (2016-2020) has an over-arching promise to address 'accelerating growth and empowering citizens'. There are four key sectors in the 7th Five Year Plan which directly and indirectly impact food security and nutrition. These are: (1) Agriculture (Crop and Non-crop); (2) Environment and Climate Change; (3) Health, Nutrition and Population Development; and (4) Social Protection. This Plan aims to foster the successes of the previous development plans particularly in promoting multi-sectoral efforts and formulating a common results framework that combines both nutrition-specific as well as nutrition-sensitive actions. It also covers all the important thematic areas which endorse a comprehensive, integrated approach where poverty reduction and nutrition are seen as central[5].

The 7th Five Year Plan also notes that while the prevalence of child malnutrition has been reduced significantly since the mid 1990s, further progress in the area of child nutrition will require concerted, multi sectoral efforts. The Plan will address the impeding factors related to nutrition improvement and strengthen the enabling environment for scaling up nutrition. To this end, the National Nutrition Policy was endorsed by the Government of Bangladesh in 2015. To continue and accelerate past progress in nutrition, the National Nutrition Policy has especially been designed to strategically address the multiple causality of malnutrition through specific and sensitive nutrition actions. The NPAN2 translates the provisions of the National Nutrition Policy into sectoral strategies, key action areas and major activities for the period 2016 -2025. As reflected in Vision 2021, the Government of Bangladesh is strongly committed to reducing poverty, improving human development and reducing inequality, as specified in the 7th Five-Year Plan (2016-2020). Amongst other measures, the Government aims to lower the impact of risks faced by the poor and vulnerable people, including nutrition vulnerability. Bangladesh has longstanding experience in providing assistance to the poor through social protection programs e.g. food based safety nets such as the Vulnerable Group Feeding (VGF) program, Vulnerable Group Development (VGD) program etc. since its independence[6].

The National Social Security Strategy (NSSS), endorsed in 2015, recognized the need for strengthening the scope and coverage of existing safety net programs by modifying

5 General Economics Division (2015). *Seventh Five Year Plan FY2016-FY2020: Accelerating growth, empowering citizens*. Planning Commission, GoB.

6 FPMU (2016). *NFP-POA and CIP Monitoring Report.* Food Planning and Monitoring Unit, Ministry of Food, Dhaka.

and improving program delivery. The Strategy also acknowledges the need to scale-up and increase outreach, access and coverage. There are about 145 food and/or cash based social safety net programs that are being delivered by the Government of Bangladesh; but the outreach is still limited. Despite adoption of a life-cycle approach, vulnerable groups such as pregnant and lactating women (PLW), adolescents, infants and young children are needed to be better targeted[7].

The initiative of formulation of NPAN is also in line with the ten special initiatives of Hon'ble Prime Minister in a way that NPAN seeks to orient social safety net program (including one farm, one house program) towards nutrition. It has also followed Result Based Management (RBM) approach as adopted in the APA (Annual Performance Agreement) of the cabinet division.

1.3 The Nutrition Situation in Bangladesh and its Determinants

Bangladesh continues to experience a high burden of under-nutrition (stunting 36.1%, wasting 14.3%, underweight 32.6%)[8] of children under 5 yrs although with significant improvements over nearly three decades. As shown in Figure 1, stunting is declining, but not fast enough. Given the current Average Annual Rate of Reduction (AARR) it might jeopardize the SDG target of reducing prevalence of stunting to 27% by 2025 if adequate efforts are not taken. Nutrition service coverage, quality and household practices need improvement. Under-nutrition was also observed among adult women and adolescent girls although this varies widely by region. There are areas like coastal districts and *haor* which have been identified as highly vulnerable for food insecurity and under-nutrition. There also exists a rural and urban divide with rural areas being more disadvantaged. In spite of the overall better health and nutrition scenario in urban areas, the same parameters are worst in urban slum areas. Half of the under-five children in slums were 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. Moreover, the teenage pregnancy rate is higher among slum women[9].

7 FPMU (2015). *NFP-POA and CIP Monitoring Report 2015.* Food Planning and Monitoring Unit, Ministry of Food, Dhaka.

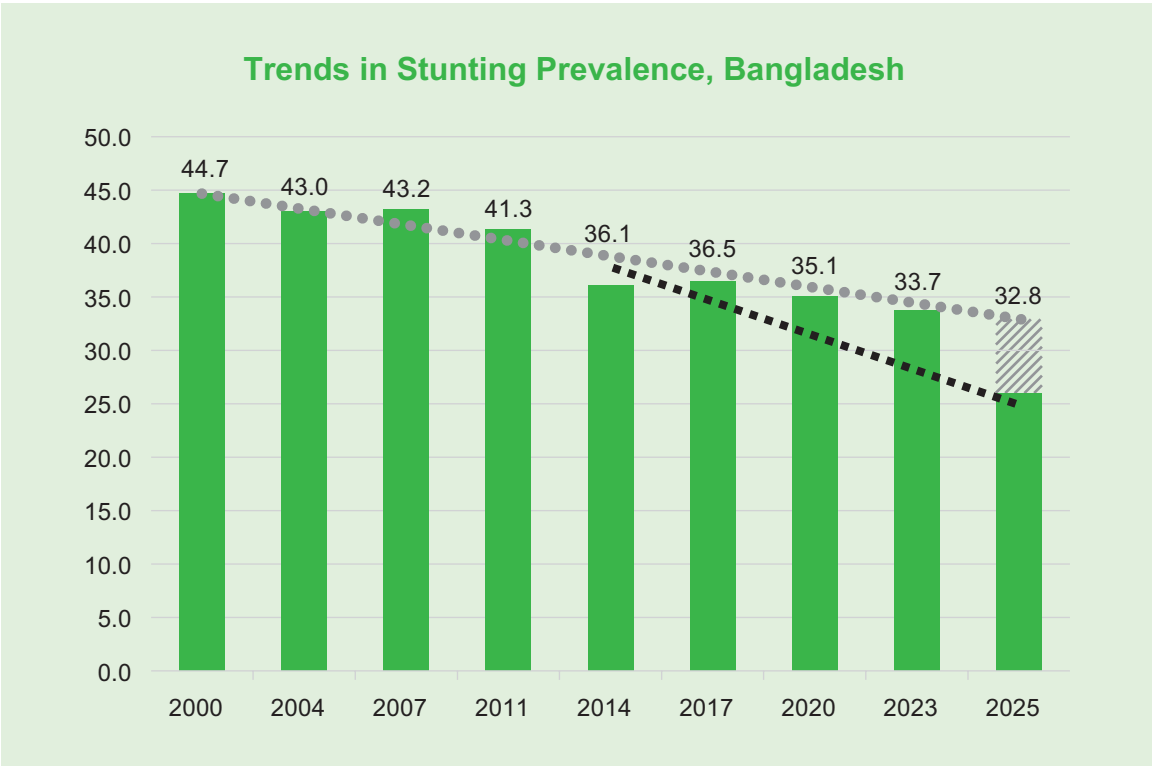
8 National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International (2016). *Bangladesh Demographic and Health Survey 2014*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.

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

In the context of Bangladesh, 23%[10] of infants are born with a birth weight <2500gm, 18% of pregnant women are undernourished (MUAC <230mm) and 30.8% of women aged 15-19 years have already begun childbearing[11].

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 children[8].

Figure1. **Trends in Prevalence of Stunting**



Source: BDHS 2000- 2014; WHO global target 2025
Note: stunting prevalence projections are based on exponential growth

At the same time there has been a rapid increase in prevalence of overweight and obesity (BMI ≥23) (e.g. 39.2% of women of reproductive age are overweight or obese[8]) and non-communicable diseases (NCDs). About 31.9% of Bangladeshi women and 19.4% men have elevated blood pressure or are currently taking medicine to lower their blood pressure,

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

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

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-diabetic[12].

Household (HH) food insecurity is recognized as an underlying determinant of childhood under-nutrition. Prevalence of stunting as well as food insecurity at the national and sub-national level shows disparity 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]. The 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 may differ between socio-economic levels, urban/rural location, and food security status. Dietary intakes vary substantially depending on socio-economic status and residence (i.e. whether rural or urban). Diets are still largely dominated by cereals, which contributes around 70% of the per capita total caloric intake remaining much higher than the WHO/FAO recommendation (2003) 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 HIES 2010 versus 62.52 gm in HES 1991-92). Consumption of fish is near desirable dietary pattern (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 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 groups[13].

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 respectively[14]. Thirty –three percent of preschoolers and 50% of pregnant women

12 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.

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

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

are anemic[12]. 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 50.0mmo/L). Prevalence of calcium deficiency is 24.4% for pre-school children, 17.6% for school-aged children and 26.3% for NPNL[14].

Poor Infant and Young Child Feeding (IYCF) practices (such as early initiation and exclusive breastfeeding and appropriate complementary feeding) have been contributing to the problem. 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 diet[8].

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 defecation[8]. In Bangladesh, access to improved water and sanitation is improving gradually but only in rural areas. In the slum areas of urban towns and cities, high population density, poor drainage systems, limited formal garbage disposal and minimal access to safe water as well as 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 areas[9].

In Bangladesh, 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 child's solid waste and 38% of young children defecated on the premises/yard[15]. The impact on under-nutrition is considerable and improving the WASH environment remains a key issue. The BDHS (2014) survey showed 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.

15 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.

2. Guiding Principles for NPAN2 formulation

Aligned with the National Nutrition Policy (NNP-2015) and the 7th Five Year Plan and to put the country on track in achieving the Sustainable Development Goals (SDGs), the NPAN 2 adopted the following guiding principles:

- *Defining a comprehensive and integrated strategy* that addresses the priority problems affecting the group of people who are vulnerable to food and nutrition security.;
- *Promoting good nutrition governance* characterized by full transparency and accountability on roles and responsibilities as well as on progress, input and outputs;
- *Ensuring the harmonization that promotes vertical and horizontal integration as well as convergence of multi-stakeholder actions* to guide planning, implementation and monitoring as well as evaluation;
- *Establishing government-led coordination mechanisms at the national and sub-national levels* for planning, implementation, management and monitoring/surveillance as well as evaluation of the national nutrition program;
- *Achieving Short-term and Long-term Measurable Impact and Sustainability* – building on lessons learned to achieve rapid and sustainable reduction in the various forms of malnutrition.

3. Vision, Goal and Objectives of National Nutrition Policy 2015

Vision

The people of Bangladesh will attain healthy and productive lives through gaining expected nutrition.

Goal

The goal of the National Nutrition Policy is to improve the nutritional status of all people, with special attention to the first 1000 days, disadvantaged groups, including mothers, adolescent girls and children; to prevent and control malnutrition; and to accelerate national development through raising the standard of living.

Objectives

The objectives of the National Nutrition Policy 2015 specifically aim to:

- improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers
- ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices
- strengthen nutrition-specific, or direct nutrition, interventions
- strengthen nutrition-sensitive, or indirect nutrition, interventions, and
- strengthen multi-sectoral programs and increase coordination among sectors to ensure improved nutrition

Based on a nationally held vision and built on concerted efforts and on a set of cost-effective, evidence based interventions with estimated resources, NPAN2 is expected to steer the country towards achieving its goal of providing adequate nutrition for all citizens of Bangladesh.

4. Target groups of NNP 2015

Following the NNP 2015, NPAN2 has taken a lifecycle approach in ensuring adequate nutrition for every Bangladeshi citizen.. Specifically, the plan targets the following groups::

- The first 1000 days, from conception up to 23 months of a child
- Adolescent girls
- Pregnant and lactating women
- Elderly population
- Physical, mental & cognitive disabled

In NPAN2, the malnutrition of preschool as well as primary school children is also focused. The most vulnerable people in the country with the highest levels of poverty, food insecurity, victims of natural disasters and the people living in very remote areas will be targeted. The people with disability, living with TB and/or HIV/AIDS and other conditions affecting nutritional status will get priority attention.

Target Indicators

Following the NNP (2015) and other policy goals and targets, NPAN2 sets the following targets and indicators by 2025 for reducing various forms of malnutrition:

- 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 5to less than1%
- Reduce malnutrition (Total Thinness, BMI<18.5) among adolescent girls (15-19yrs) less than 15 %
- Increase Vitamin A capsule supplementation coverage in children aged 6- 59 month by 99%
- Increase the rate (>15PPM) of iodized salt intake to 90%
- Control & reduce maternal overweight (BMI≥23) to 30%
- Reduce the rate of anemia among pregnant women to less than 25%
- No increase of childhood obesity (WHZ >+2) among children under 5 years

5. Thematic Areas and matrix

Improvement of nutritional status leads to increased productivity and enhanced economic growth, which accelerates income growth of households, and thus towards better nutrition outcomes. Based on this assumption, this plan sticks to implementing the strategies envisaged in the National Nutrition Policy having leverage from CIP and HPNSDP implementation experience. The strategies are built upon six themes: Nutrition for all following lifecycle approach; food and diet diversification through nutrition sensitive food and agriculture sector interventions; reoriented social protection; implementing SBCC strategies in HNP and allied sectors; capacity building in all related sectors; monitoring, evaluation and research for informed policy decisions.

One of the major strategies of the plan is to improve the nutritional status of all citizens throughout the life cycle. To do this, sustainable interventions (both nutrition-specific and nutrition-sensitive) need to be continued, underlined by supportive platforms and infrastructure. Many of these activities already exist in the work plans of different ministries, especially in the HPNSDP of MOHFW. However, complementary interventions from other sectors like agriculture, fisheries and livestock, education and social protection need to be effectively integrated to leverage on synergies between nutrition-specific and nutrition sensitive actions.

These interventions underwent prioritization by the respective sectoral committees using an agreed set of criteria, namely, (a) high cost-effectiveness or cost benefit based on evidence; (b) has recognized nutrition outcomes/results as revealed in *the Lancet's series (2013),* among others; (c) able to deliver on a relatively immediate effect in reducing different forms of malnutrition;(d) preferably possible to implement using a common platform to promote a multi-sectoral engagement; (e) ability to leverage on existing capacities and delivery systems; (f) ease of measurement and monitoring; and (g) alignment with and endorsement from NNP 2015 and other GoB documents. Further, to ensure a more coherent and logical presentation, the strategic actions have been grouped into thematic areas thereby reducing duplications.

To accelerate the reduction in stunting, investments need to be increased in all sectors particularly in the health sector. Priority groups will include the window of opportunity or first 1000 days as well as other critical periods of growth like adolescence.

This section briefly describes the different thematic areas and presents an overview of the NPAN 2 actions which are required for the step up change in the nutrition situation. Details particularly in terms of activities are presented in the consolidated table (Table 1 in section 6) appearing at the end of this section.

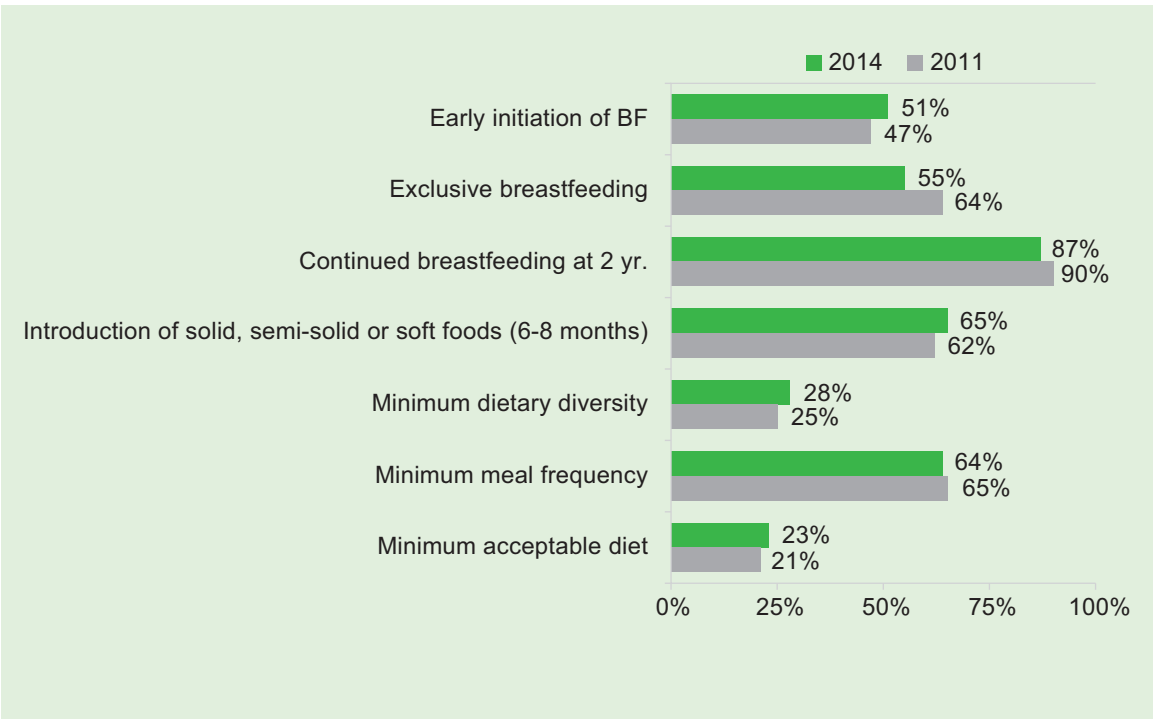
5.1 Nutrition for all following lifecycle approach

Infant and young child feeding practices (IYCF)

Persistent poor progress in IYCF practices is one of the important determinants of childhood under-nutrition in Bangladesh. Stunting can be prevented when appropriate infant and young child feeding practices are adopted. But, these behaviors are not changing fast enough across families.

Strengthening promotion of appropriate IYCF practices through social behavior change communications (SBCC) activities and capacity building of health, nutrition and population workers; strengthening BFHI, strengthening enforcement of BMS Act 2013 and extending support for working mothers to follow recommended IYCF practices are the major action areas that have been identified in NPAN2 to accelerate the progress which are in line with National Strategy for IYCF in Bangladesh.

Figure1. **Trends in Prevalence of Stunting**



Source: BDHS 2011 & BDHS 2014

Micronutrient malnutrition

Over the past decade, mixed progress has been observed in reduction of micronutrient deficiencies, however, it remains as a challenge among children and women of reproductive age. The implementation of the recommendations of the National Strategy on Prevention and Control of Micronutrient Deficiencies for Bangladesh emphasizes on the promotion of food based dietary guidelines and food fortification for targeted vulnerable groups including pregnant and lactating women, adolescent girls, children of under 5 aged.

Maternal nutrition and reducing low birth weight

The prevalence of under-nutrition is unacceptably high among pregnant and lactating women of Bangladesh. Rate of low birth weight (LBW) is also high and is strongly associated with inadequate maternal nutrition. To improve the situation, strengthening nutrition counseling during ANC and PNC, promotion of diversified food intake, micronutrient supplementation, SBCC to promote community awareness; and linking with social safety net program support for vulnerable poor mothers are key activities that need to be implemented and scaled up.

Management of Acute Malnutrition

Management of Moderate Acute Malnutrition (MAM) and SAM as per standard guidelines through in-patient or out-patient management are included in the strategic actions to be pursued. Activities include establishment of community-based programs, review and updating guidelines, capacity building of the health workers, timely reporting, regular supply of therapeutic foods (following the National Guidelines) at facilities treating SAM, strengthening of nutrition counseling service (including cooking demonstration), adequate nutritional support to the SAM/MAM children and acutely undernourished Pregnant Lactating Women (PLWs) targeted through Social Protection Programs (SPPs).

Adolescent nutrition

Adolescence is a critical period in the life cycle because of rapid growth and preparation for adulthood. High rate of malnutrition specifically among adolescent girls, and low program coverage demands urgent attention and actions. Current NPAN prioritizes promotion of adolescent nutrition and healthy life style through formal and informal academic curricula and training programs. Health seeking behavior of adolescents, young/teenage couples are planned to be enhanced through facility and community based approaches.

Nutrition for the elderly population

Elderly population has been growing with the increase of life expectancy at birth in the country. Nutrition of the elderly is therefore emphasized with the inclusion of them into existing health, nutrition and safety net programs. This will entail the development or updating of existing guidelines and development of nutrition information, communication and education materials for dissemination.

Prevention and control of obesity and non-communicable diseases

In the current context of Bangladesh, the growing epidemics of obesity and overweight and non-communicable diseases is a concern and equally demands pressing attention and scale up of interventions. Key actions proposed in the NPAN2 are promotion of updated dietary guidelines and physical exercise, awareness raising activities, inclusion/strengthening of nutrition education in formal as well as informal curricula of primary and secondary educational institutions, enforce measures to ensure regulation of unabated marketing of unhealthy processed and commercial food (junk food) items.

Water, sanitation and hygiene (WASH)

Water, sanitation and hygiene are intimately linked with health and nutrition. In spite of good progress in providing safe drinking water and improved toilet facilities, progress in hygiene practices is lagging behind. In response to this problems, linkage between nutrition and WASH programs need to be established to promote hygiene practices at all level (personal/household/community/food production, processing, storage, preparation).

Urban nutrition

Marked disparities exist between urban non-poor and urban poor/slum dwellers. Public sector services are lacking, along with poor environmental conditions that increase the prevalence of malnutrition. Strengthening coordination between MOHFW, MOLGRD&C and relevant ministries as well as NGOs are key to ensure delivery of essential and comprehensive nutrition service packages in urban areas with special focus to the urban slums. Nutrition sensitive social protection program (SPP), access to balanced and diversified diets as well as WASH services for vulnerable urban population need to be designed and implemented.

5.2 Agriculture and diet diversification and locally adapted recipes

The primary role of food, agriculture, livestock and fisheries sectors is to increase the availability, affordability, accessibility and consumption of diverse, safe, culturally appropriate halal foods and diets using environment-friendly technologies. This starts with the promotion of diversified and integrated homestead gardening, small animal raising, aquaculture and fisheries production. Diversified, integrated home food production systems enable resilience to climate and price shocks, seasonal food and income fluctuations and more gender-equitable income generation. Many area-based, climate smart and innovative technologies will continue to be promoted including hydroponic gardening, floating gardens as well as area-appropriate varieties of crops and will complement more established activities to scale-up priority interventions to increase nutrition outcomes in this sector. Plant disease management which promotes Integrated Pest Management (IPM) will also be promoted.

Dietary nutrient targets using food-based dietary guidelines to encourage diversified food planning and diets, will be promoted. The overall goal is to increase the production of

nutrient-dense crops, horticulture and animal source foods (ASF) for home consumption and for surplus sale at local markets. Moreover, this can add variety and improve nutritional quality of diets with emphasis on indigenous and underutilized varieties/breeds/species. Utilization of these indigenous food sources will be further promoted through nationwide training and awareness raising programs.

Food Fortification

Bio-fortification is a recognized long-term agricultural investment for improving nutrition and is going to be an integral component of a comprehensive package of complementary strategies for enhancing agricultural and food based interventions. The technology has the potential to increase the availability of vitamins and minerals in a country like Bangladesh where the diets are dominated by micronutrient-poor staple food crops. Bangladesh, through its research institutions like BRRI, BARI and BINA, has already undertaken transgenic collaborative research to improve beta-carotene and iron levels for micronutrient enhancement of certain crops like orange sweet potato, legumes and other vegetables.

Apart from bio-fortification, the matrix embodies scaled up home-based fortifications and industrial processes and activities of food fortification with essential micronutrients and distribution through targeted food-based programs.

Food Processing and Storage

Time and convenience in the preparation of healthy foods particularly for infant and young child feeding has often been a major constraint faced by mothers and it can often be addressed by simple food processing techniques. This can also generate employment for vulnerable groups, particularly women, through women's groups and provision of small capital to enable them to undertake small and medium enterprises. Organization of women into groups will also be encouraged.

The importance of improved post-harvest practices, processing, storage, transport and preservation cannot be overemphasized. Technology development and transfer on food processing/preservation and Hazard Analysis and Critical Control Points (HACCP), Good Agricultural Practices (GAPs) and Good Manufacturing Practices (GMPs) to retain nutritional value, prolong shelf life to reduce seasonality of foods availability, and food safety are all listed activities. Techniques which are relevant to improve nutrition outcomes - from post-harvest losses to transport and storage - will be promoted with special attention given to use of sugars, fat, salt/sodium including possibilities for post harvest fortification.

Food security, safety and quality

Assurance of safe and quality food is an important determinant for nutrition security for all age groups. In addition to strengthening GAPs (including aquaculture and veterinary), GHPs and GMPs along the food chain/value chain, risk-based food inspection, risk-based food standards formulation, monitoring of food contaminants and adulterants, and conduction of food borne disease surveillance supported by laboratory analysis; campaign for good hygienic practices, support for the food businesses operators are needed to be ensured.

5.3 Social Protection

Social Protection Programs offer multiple ways for integrating nutrition considerations. Examples are food transfers (including fortified food) and cash transfers for vulnerable people in chronic or disaster related state of food insecurity, school meals and school feeding, which may include fortified foods as well as nutrition-related education. These programs can deliberately aim for gender equality and women empowerment, support income generation, and ensure a transparent targeting of the appropriate target groups.

Prioritization of targeting for nutritionally vulnerable groups is an important mechanism to deliver on social protection program's potential nutrition impact. Where relevant, pregnant and lactating mothers and households with children under two years as well as adolescents will be prioritized in the targeting of social protection programs. An interministerial assessment committee will be constituted and involved in revising the targeting criteria in the various programs, as recommended in the National Social Security Strategy (2015). People in urban slum areas are particularly vulnerable to food insecurity and malnutrition, since these areas are very congested with unhealthy environment and they have access to basic services.

In order to enhance the nutritional value, inclusion of multiple micronutrient fortified foods (e.g. rice and edible oil) into the food basket/transfer of social protection programs can contribute to reducing micronutrient deficiencies to targeted sections of population. Some of the existing social protection programs such as the Vulnerable Group Development (VGD) program need to be encouraged to further replace regular food with fortified food in the near future.

The design of social protection programs must also address underlying causes to the maximum extent, such as poverty, women empowerment and child marriage, which have been acknowledged as the leading underlying causes of under-nutrition in Bangladesh. Increasing the amount and coverage of secondary school stipend programs for girls (keeping them in schools), empowering women, and special IGA/vocational and skill development training for vulnerable women can be used to influence families to adopt the recommended age of marriage and pregnancy. Nutrition SBCC, along with safety net cash and/or food transfers, is known to influence better food consumption leading to improved child nutritional status (see discussion on SBCC below). Other campaigns that promote adherence to the law at all government levels should also be carried out, as this would benefit many sectors.

To address the challenge of adequate nutrition for the people affected by disasters, crises and/or emergencies, efforts by all involved sectors need to be guided by the nutrition support/assistance package adopted by the Government of Bangladesh for emergency response. Food Security and Nutrition Clusters in the country need to periodically review the proposed/planned assistance package, particularly to ensure that the needs of young children and pregnant as well as lactating women and other nutritionally vulnerable groups are met. Mechanisms for linking/coordination between health, nutrition and food security

clusters should be in place and emergency responses should establish a linkage with social protection programs and the respective ministries should actively encourage such mechanisms.

During and post emergency (disaster/crisis) and at the time of severe food insecurity, under-nutrition among vulnerable population is likely to deteriorate, because often access to even usual food and nutrition is interrupted. In order to better sustain nutritional status, provision of fortified basic and supplementary food(s) in association with packages/food baskets (as approved by GOB) is helpful.

There is a strong gender dimension to food insecurity and malnutrition, and women in rural Bangladesh face a larger gap to access and empowerment. Restraints in women's decision power over household resources and income, and lack of a social supportive environment for recommended nutrition behaviors, negatively impact on nutrition outcomes. Gender conscious program operations and mechanisms can enhance women's access and decision power over social protection benefits. The premise of the Public Food Distribution System (PFDS) and targeted distribution programs under it have to be reoriented with adequate nutrition focus in addition to aligning with the National Social Security Strategy and emergency response needs. This will help strengthen their nutrition sensitivity and ensure shock responsiveness. The NPAN2 emphasizes on ensuring NSSS's recommendation for the implementation of better targeted cash and food transfers coherent with the public food stock management strategy, amongst other nutrition and social protection programs.

5.4 Implementation of Integrated and Comprehensive Social and Behavior Change Communication (SBCC) Strategy

The National Nutrition Policy (2015) of Bangladesh calls for the implementation of Social and Behavior Change Communication activities aligned with National Comprehensive SBCC Strategy 2016, NPAN2 stipulates that, for building political and society-wide awareness and commitment to food and nutrition security, advocacy, and social mobilization are key Social Behavior Change Communication (SBCC) activities. These approaches will build on the gains made in the last ten years in a number of important areas such as WASH, environmental sanitation, family planning, and the reduction in stunting. SBCC activities in Bangladesh have likely contributed significantly to improvements in food and nutrition security.

The tipping point for social change in nutrition necessitates the participation of a greater number and more diverse array of people, organizations, and leaders at all levels and capacities, including political leaders, religious and traditional leaders, as well as other champions who are committed, responsible and accountable for achieving the goals and objectives of ending malnutrition in Bangladesh. These stakeholders will be identified and engaged actively in Social Behavior Change Communication (SBCC) activities, and will contribute further to the collaborations among different sectors like health, agriculture,

education and social protection. It is essential to conduct advocacy, social marketing and integrated awareness-raising campaigns about nutrition using, among others, food based dietary guidelines. Households will be encouraged to include nutrient-dense vegetables and fruits in diets to create demand and secure that produced vegetables and fruits are indeed enriching the diet of local households and particularly Pregnant and Lactating Women (PLW) and children under five (with special attention to the first 1000 days). Special focus will be paid to improve complementary feeding among children aged 6- 23 months, and promoting the importance of a balance diet for all, including breastfeeding for infants and young children.

SBCC also contributes to accomplish the task of targeting and program design, in generating and mobilizing resources, and creating awareness among decision-makers of the impact of malnutrition on people's health and nutritional status, cognitive development and national socio-economic development. Engagement of influential stakeholders from the highest policy levels of government, eminent personalities and media is needed to raise the discussion of food and nutrition security issues. The strategy proposes the development of an advocacy plan led by the BNNC to guide the development of policy briefs to enable policy makers to advocate for policy change, amplify success of interventions and programmatic gaps. Advocacy towards sustainability would also be central to implementation of this SBCC strategy.

The overall aim of this Nutrition SBCC part of the NPAN2 is to develop a harmonized and effective advocacy and nutrition information, education and communication strategy including resource materials for national as well as sub-national level activities. The SBCC activities go beyond HNP sector to foster communications and advocacies for diversified and safe food production, marketing and storage. Thus many implementation activities in the NPAN2 consolidated matrix use SBCC strategies and will contribute to developing a workable implementation plan for carrying out the communication and awareness-raising activities in the most coordinated, effective and efficient manner across and between sectors. The BNNC will organize and delegate to achieve such a strategy.

A good start is evidence creation by conducting formative research, baseline and end-line surveys, participatory action research as well as the use of findings to inform the program developers of the dynamics of nutrition issues and facilitating factors, and barriers, to the adoption of appropriate nutrition behaviors. While there are sector specific topics to be appropriately promoted, most of these key messages are cross-cutting in nature and, as such, should be promoted through joint planning and implementation.

Awareness-raising campaigns will go together with practical cooking classes/ demonstrations in the village using the recipes developed, teaching villagers how to best use produced vegetables and fruits including newly introduced indigenous foods in their dishes especially in infant and young child feeding.

A consolidated list of key topics which can provide directions in identifying overarching themes and a call to action is presented in Annex 2.

In coordination with the agency designated focal points related to Nutrition SBCC, one key action of BNNC will be to establish a data-base inventory of all nutrition-related IEC and training materials, both hard and soft copies. NPAN2 takes notes that an ad-hoc clearing-house for technical review/approval of communication/advocacy materials prior to production and dissemination has already been established and foresees to make it more effective and functional. These mechanisms should provide the platform for standardization of messages as well as methodologies so that different sectors re-enforce one another.

Other ministries identified to play important roles under this component include Ministry of Information (MOI),Ministry of Food, Ministry of Agriculture, Ministry of Fisheries and Live Stocks, Ministry of Women and Child Affairs (MOWCA), Ministry of Education (MoE), Ministry of Primary and Mass Education (MPME) and Ministry of Water Resources (MoWR).

5.5 Monitoring, Evaluation and Research to inform policy and program formulation as well as implementation

Monitoring, evaluation and research are key ways of generating evidence for policymakers, implementers and development partners to show the most effective, feasible tracks to pursue and accordingly guide decision-making about the design and implementation of nutrition programs and strategies. Research findings coupled with the data and information generated through regular monitoring and evaluation of the programs will create the repertoire of collective useful evidence which is important for strengthening and correcting the policies of the program.

Gap analysis has been an essential step in developing the sector matrices and is a part of the on-going monitoring system to identify inconsistencies between the current situation and the expected planned NPAN2 outcomes. Importantly, it is also helpful in determining the steps that need to be taken to move from the current position and continue the pace of progress to the desired outcomes of the NPAN2. Gap analysis and systems research are also necessary to ensure improved nutrition services through increasing the accountability of Government and non-Government nutrition service providers at all levels to meet desired expectations. Furthermore, gaps need to be identified with regard to inefficiencies in multi-sector, multi-stakeholder, multi-level (3Ms) coordination to strengthen cooperation and coordination among different stakeholders.

In NPAN2, it is recognized that there is a need to establish a common nutrition research agenda which is relevant to national needs and academic platforms as well as knowledge sharing mechanisms particularly in the utilization of research findings and outcomes.

Here are some of the action-oriented research areas proposed for the agriculture, food and HNP sectors, with some overlap representing some common identified needs:

- Assessment of required size and type of human resource requirements needed for implementation of the NPAN at all different levels

- Skills and training needs assessment to inform the appropriate provision of training
- Piloting of integrating nutrition into social protection/social safety net programs and their impact on food and nutrition security

5.6 Capacity building

An essential part of an effective and functioning NPAN2 will be the building and developing capacity. Which needs to be targeted at all levels, especially in rural areas and urban slums. Part of this will be to ensure that vacant positions are funded and filled. All sectors should address this policy in their respective work plans and report their activities to the BNNC on a regular basis. The BNNC will monitor the activities, examine the data and find the capacity gaps. Accordingly, they will analyze the needs and design the required trainings. In this regard, a training pyramid which will identify what would constitute a critical mass of human resource for NPAN2 is recommended to develop.

Under the direction of the BNNC, a review of capacity needs assessment including training strategies and curricula will be carried out. Amongst other aspects it would help identify exactly whose capacity needs to be developed, and how this might be done through available teaching, training facilities, training of trainers (ToT), and pre- and in-service training opportunities. Part of this would also be the identification of un-filled posts and their terms of reference. The number of health workers to be employed at community clinics and union health centers, as well as assessment of their skills and identification of their training needs – so that the ratio between health workers and beneficiaries is maintained and nutrition services can be scaled up - needs to be ascertained. Training methodologies, tools and activities that effectively result to competency building need to be scaled up. Capacity of food testing laboratories (especially for IPHN, IPH and the like) also need to be strengthened.

Other sectors also need to plan to provide training (with modules) on adolescent nutrition to the relevant stakeholders (school teachers, school management, community etc.) and to incorporate and strengthen nutrition education programs into agriculture extension services, with a special focus on the first 1000 days and adolescent girls.

Capacity strengthening among food and agriculture staffs at national and sub-national levels to address nutrition issues and for mainstreaming nutrition in agriculture extension programs is an important enabling mechanism. Agricultural extension workers will be well grounded on participatory extension methods and adult learning principles such as those used in Farmers Field Schools (FFS) and Farmers' Information and Advice Centers (FIACs). BIRTAN's capacity as the training and research arm of the Ministry of Agriculture will be enhanced through different capacity-building initiatives.

The other capacity areas to be addressed include exploring existing institutional linkages for capacity building (including an identification of the technical areas of expertise of the institutions), as well as existing linkages of key institutions in Bangladesh and abroad.

6. Consolidated matrix of strategies

Below is a detailed presentation of the actions mentioned in the plan including their time frames and agencies responsible as well as supporting the implementation of the different actions.

Table 1. **Consolidated matrix of strategic actions**

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.1	**Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers**						
6.1.2	Ensure required nutrition at all stages of the life cycle	6.1.2.1 Ensure appropriate and adequate nutrition for all pregnant women and lactating mothers throughout pregnancy, so that healthy children are born with expected birth weight	Reducing low birth weight by reducing under nutrition and micronutrient deficiencies with special focus on * adolescent girls * pregnant women; and * women of childbearing age	1. Conduct nutrition counseling during ANC and PNC 2. Provide micronutrient supplements (IFA, Ca etc.) according to national micronutrient strategy 3. Promote school health, nutrition and WASH programs 4. Monitor weight gain during pregnancy 5. Promote food supplementation for targeted pregnant women and lactating mothers who are severely malnourished 6. Develop link s between severely malnourished pregnant women and lactating mothers and safety net programs 7. Provide conditional cash transfers for poor pregnant women and lactating mothers	LT	MOHFW-IPHN/ NNS MOHFW-DGHS MOHFW-DGFP MOLGRD&C-UPHCP MOWCA MOSW MOI MOFood, MOE	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
		6.1.2.2 Ensure that mothers are able to exclusively breastfeed their children up to 6 months of age and continue breastfeeding through age 2 years, by ensuring a supportive family environment, services and regulatory safety net	Promoting, protecting and supporting exclusive breastfeeding for the first six months of life and continuation of breast feeding for 2 years	1. Promote breastfeeding during ANC &PNC including IYCF 2. Strengthen legal protection (full implementation of BMS Act 2013, and BFHI, maternity leave etc.) 3. Scale up SBCC campaigns for breastfeeding 4. Scale up counseling & community support for breastfeeding 5. Promote breastfeeding support in the workplace 6. Initiate engagement with the Ministry of Labor and private sector for protection of maternal leave rights 7. Promote Kangaroo Mother care 8.Promote re-lactation method (e.g Oketani etc.)	LT	MOHFW-IPHN/ NNS MOHFW-DGHS MOHFW-DGFP MOLGRD&C-UPHCP MOWCA MOSW MOI/MOLabor MOFood	DPs NGOs INGOs
		6.1.2.3 Following exclusive breastfeeding till age 6 months to ensure an appropriate nutritional foundation for all newborns and very young children, ensure the start of complementary food after age 6 months together with breastfeeding, and ensure continuation of breastfeeding up to age 2 years	Strengthening appropriate breastfeeding and complementary feeding practices	1. Update and implement National IYCF strategy 2007 2. Promote appropriate and safe complementary feeding of infants and young children while continuing breastfeeding up to 2 years of age 3. Promote hygienic practices (WASH) for complementary feeding of infants and young children while continuing breastfeeding 4. Initiate micronutrient supplementation programs for those detected to have deficiency 5. Scale up counseling on relevant complementary feeding issues 6. Conduct SBCC campaigns on breastfeeding and MAD (Minimum Acceptable Diet) through EPI, ANC, PNC, FP, Delivery care, and IMCI	LT	MOHFW-BNNC MOLGRD&C MOI MOFood	DPs NGOs INGOs
		6.1.2.4 Ensure the availability of adequate and safe nutritious food for growth and development of adolescent girls and boys, including through prevention of early marriage, to develop a healthy and productive future generation	Increasing public awareness on nutritional needs of adolescents girls and boys	1. Conduct awareness raising activities on prevention on malnutrition among adolescents 2. Enforce law to prevent early marriage	LT	MOHFW, MOI, LGRD&C, MoHA/Local Administration, MoE,	DPs NGOs, INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
		6.1.2.5 Ensure appropriate nutrition for adults and elderly persons suffering from malnutrition-related non-communicable diseases	Promoting use of dietary guidelines for adults and elderly persons suffering from non- communicable diseases such as hypertension, diabetes mellitus, cardiac diseases and others	1. Review, finalize and widely disseminate the guidelines on dietary intakes for adults and the elderly suffering from non-communicable diseases 2. Conduct awareness raising activities on non-communicable diseases.	LT	MOHFW MOI MOLGRD&C	DPs NGOs Specialized institutions
		6.1.2.6 Take steps to ensure regulation of unabated marketing of processed and commercial food items, given that the food habits of people, especially children, are at stake and influenced by advertisement of such foods. As a result, obesity, diabetes and other chronic non-communicable diseases have become an epidemic in the country. Encourage appropriate food habits and a healthy lifestyle.	Strengthening measures to ensure regulation of unabated marketing of unhealthy processed and commercial food (junk food) items	1. Promote compliance to food standards as per adopted codex/national guidelines 2. Develop linkage between Codex and INFOSAN focal points (at national and global level) 3. Enforce Food Safety Act 2013 4. Conduct awareness-raising activities among producers and consumers about the hazards of unhealthy processed food items to control inappropriate food marketing according to WHA resolutions. 5. Prepare national guidelines for safe and quality storage and marketing of food and food stuffs.	LT	MOHFW MOCom MOFood MoA MOI BFSA MOInd MOLGRD&C	DPs NGOs INGOs
		6.1.2.7 Prevention of early marriage. Ensure easy availability and the best utilization of family planning methods to delay pregnancy and space births.	Increasing public awareness about family planning methods and birth spacing Increasing public awareness on prevention of early marriage	1. Promote advantages of family planning and birth spacing in awareness raising activities. (Health Care Providers, Community Groups, School Managing Committees (to monitor school dropout) and NGOs to be involved in such awareness raising) 2. Conduct awareness raising activities on prevention of early marriage and early pregnancy 3. Promote advantages of delayed pregnancy in Health facilities (FP & Health)	LT	MOHFW MOI MOLGRD&C, MOPME/MOE	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.1.3	Ensure adequate nutrition for - disadvantaged groups	6.1.3.1 Ensure the adoption of nutrition Programs targeting people living in poor rural and urban areas and in remote locations identified through nutrition surveillance. Give special targeting to those who have very limited access to food and are unable to earn.	Promoting nutrition sensitive social protection programs targeting disadvantaged groups/ vulnerable population	1. Revise existing SPPs to become adequately nutrition sensitive (e.g. inclusion of nutrition SBCC component, appropriate targeting and transfers and access to health services and specific nutrition interventions) 2. Design and implementation of nutrition sensitive SPP for vulnerable urban population 3. Establish strategic linkages and coordination among relevant multi-sectoral nutrition specific and sensitive interventions and SPPs	MT	MOHFW MOFood MOA MOFL MOSW MOWCA MLGRD&C MODMR	DPs NGOs INGOs
		6.1.3.2 Ensure adequate nutrition for the people in emergencies (natural disaster, epidemic or conflict), as well as ensure the inclusion of basic nutritional needs of affected people in disaster preparedness plans. Further, ensure application of the related Act [Breastmilk substitute, infant food, commercially prepared complementary food and the accessories thereof (Regulation of Marketing) Act 2013]	Strengthening nutrition actions in existing disaster preparedness and response management strategies and program implementation Strengthening linkages between health, nutrition, WASH and food security clusters, ensuring their preparedness and coordinated response to emergencies	1. Ensure adequate integration of nutrition in coordinated emergency preparedness plans 2. Capacity development on rapid assessment of situation 3. Provide appropriate nutrition support for vulnerable groups i.e. pregnant women, lactating mothers, and children <5 yrs, elderly and disabled) in disaster situations 4. Promote compliance and enforce BMS Act 2013 during emergency 5. Establish linkages between disaster affected vulnerable population and existing SPPs	LT	MOHFW MOSW MOA MOWCA MODMR/ MOFood MOLGRD&C	DPs NGOs INGOs
		6.1.3.3 Ensure adequate nutrition during and after illness of people suffering from chronic disease, including those who are living with tuberculosis and HIV/AIDS (match with 6.1.2.5)	Increasing awareness for healthy dietary practices of people suffering from chronic diseases, including those who are living with tuberculosis and HIV/AIDS	1. Revise National Guidelines for management of Tuberculosis and HIV/AIDS with special focus on Nutrition 2. Update Healthy Dietary Guidelines/protocols including focus on TB & HIV/AIDS, cancers, renal and hepatic diseases, etc. 3. Disseminate and conduct trainings on the use of the guidelines/protocols in relevant health care facilities	LT	MOHFW, MOFood, MOI/ MOLabor, MOLGRD&C	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.2	**Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices**						
6.2.1	Encourage coordinated homestead gardening and small-scale livestock and poultry rearing, at family level or collectively, to increase the availability of diverse, safe and nutritious food		Strengthening of integrated homestead food production (fruits and vegetables, small livestock, aquaculture, comprehensive nutrition education) with emphasis on indigenous, underutilized and nutritious varieties/species/breeds) and gender sensitive and climate smart technologies	1. Conduct ToT for relevant government staff 2. Conduct trainings that promote diversified homestead gardening (fruits and vegetables) and backyard poultry/ small livestock production/aquaculture supported by strong nutrition education for diet diversity namely farmer field school, village based organization etc. 3. Promote horticulture through rooftop garden and Promote healthy nutritious feeding practices 4. Introduce the recent area-based home gardening technologies (such as hydroponic, floating gardens) through trainings and aquaculture and social forestry in the unused land 5. Conduct trainings that promote small fish rearing and indigenous species (like mola, carplet) linked to nutrition education 6. Develop/Adopt/Disseminate nutrition sensitive training resources and information materials 7. Scale up diversified and integrated homestead food production (fruits and vegetables small livestock +small fish) linked with nutrition education) through provision of necessary inputs 8. Conduct trainings (ToT and training of beneficiaries) on techniques/tools to reduce postharvest losses (PHL) in horticultural, fishery and livestock commodities 9. Construct or improve 'Storage and Marketing Facilities' at local/national level 10. Undertake relevant research activities on biofortification(e.g.. legumes, orange fleshed sweet potato)/evaluate impacts on health 11. Accelerate the release and adopt Zn biofortified rice to target HHs for production and consumption/)/evaluate impacts on health 12. Undertake relevant research activities on climate smart technologies 13. Develop/Distribute nutrition sensitive information materials to translate research results into actions 14. Integrate nutrition in regular agricultural extension support activities/programs 15. Scale up One house one farm (eekti bari, eekti khamar) program	LT	MOA-DAE/ BIRTAN MOFL-DLS MOFL-DOF NARS-BARC LGRD MOHFW MOWR	IPHN PSB Selected DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.2.2	Initiate a special behavior change communication program to create awareness of the need to avoid processed food, excess salt, saturated fat and trans fat		Implementing Multisectoral Plan of Action on NCD prevention	Establish linkages between nutrition and NCD programs	ST	MOHFW-IPHN/ NNS MOHFW-BNNC MOFood MOCom MOInd MOI-BSCIC MOLGRD&C	Specialized Institutions DPs NGOs INGOs
6.2.3	Encourage local production and indigenous varieties of crops, fruits and vegetables to promote biodiversity and uninterrupted food diversity		Increasing production of indigenous varieties of crops, fruits and vegetables to promote biodiversity and food diversity	Promote the use of indigenous varieties of crops, fruits and vegetables to promote biodiversity and food diversity	LT	MOFood, MOA, DAE, NARS (National Agriculture Research Services)	DPs NGOs INGOs
6.2.4	Encourage enhanced nutritional value through the combination of different types of food, given that an appropriate such combination is important for achieving food diversity		refer 6.2.9				
6.2.5	Improve, encourage and accelerate clean and hygienic food preparation practices so that safe and quality food consumption is increased and nutrition quality in food is restored. Encourage food preparation and preservation using local and appropriate technologies to ensure availability of food throughout the year		Mainstreaming food safety, water, sanitation & hygiene practices in sectoral SBCC strategy Promoting/Enforcing measures to ensure regulations of production/ processing/marketing/ preservation of food items Increasing knowledge and improving practices to ensure food safety along the value chain	1. Conduct Mass media campaign for improving food safety, water and sanitation and hygiene practices/SBCC to make right and safe food choices/improve hygiene practices. 2. Develop skill/build capacity to related personnel on food safety specially detecting unsafe food. 3. Enforce compliance to act/laws/guidelines related to food safety during production/processing/marketing/ preservation 4. Promote food preservation and effective storage through trainings 5. Provide technical support to producers and processors for assurance of food safety along the value chain	LT	MOHFW MOFood MOA MOI MOInd MOST/IFST MOLGRD&C MOCHTA	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.2.6	Ensure the supply of the required amount of animal protein through the promotion of the cultivation of small fish such as mola, dhela and puti in homestead water bodies to meet the nutritional needs of rural families		Refer 6.2.1				
6.2.7	Supply supplementary food to affected populations during disasters and times of severe food insecurity		Providing nutritionally adequate food in responses to emergency and severe food insecurity (as followed by national guideline/food basket)	Promote inclusion of basic and nutritionally adequate food items into emergency food distribution/assistance for the targeted	ST	MOFood MOWCA MODMR MOHFW CCHPU MOCHTA	DPs NGOs INGOs Private sectors
6.2.8	Initiate a food fortification Program and expand its use and perimeter (including, e.g., iodine in edible salt, Vitamin A in edible oil, and enriched main food for children, cooked at home with mixed micronutrients)		Promoting food fortification and enrichment (followed by national guideline with priority given to the food based approaches) with micronutrients for the targeted people	1. Scale up and assure the quality of universal salt iodization and fortification of edible oil with Vitamin A 2. Introduce fortified foods into food basket of safety net programs and bring to scale. 3. Conduct research to identify other feasible food fortification programs such as bio-fortification 4. Strengthen monitoring and evaluation systems/research of fortified foods on health outcomes 5. Develop crude salt specification by BSCIC and monitoring of crude salt quality 6. Introduce Quality control lab in all salt industries 7. Build capacity of implementation and monitoring bodies, i.e. BSCIC, IPHN, BSTI, IPH, DG Food, DWA etc. 8. Initiate activities related to Market Intervention Operation (MIO) for affordable price for consumers	LT	MOHFW-IPHN MOHFW-BNNC, MOInd- BSTI/ CIDD/ MOCom MOFood MOA MOI MOWCA BSCIC MOST/IFST	DPs, NGOs INGOs Private sector
6.2.9	Popularize the effective consumption of fats, carbohydrates and micronutrients to control malnutrition, overweight and micronutrient deficiencies		Promoting of food based dietary guidelines for healthy diet.	1. Scale up SBCC activities on healthy diets 2. Promote optimal IYCF feeding practices 3. Promote healthy life style including physical exercise 4. Promote nutrition labeling to discourage consumption of junk foods 5. Promote enforcement of regulatory control on quality of processed foods	ST	MOHFW/IPHN/ BNNC, MOI, MOFood, MOA, MOI, MOLGRD&C	DPs NGOs, INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.2.10	Reduce stunting, wasting and micronutrient deficiencies through diversified food production and consumption		Enhancing diversified foodproduction and consumption in agriculture, fisheries and livestock programs. Developing/updating& implementing comprehensive nutrition awareness strategies/ programs across sectors.	Promote 'motivation and awareness building' activities towards food diversification for: i) Producers/farmers ii) Consumers iii) Caregivers	LT	MOHFW, MOFood, MOA, MOI, MOLGRD&C	DPs NGOs INGOs Private sector
6.3	**Strengthen nutrition-specific or direct nutrition interventions**						
6.3.1	Motivate mothers to: (a) take appropriate nutritious food during pregnancy; (b) to gain adequate weight during pregnancy; (c) ensure taking of micronutrient supplements, especially iron-folic acid, during pregnancy and lactation period, as applicable; (d) prevent infection and ensure appropriate treatment; (e) reduce physical labor during pregnancy and ensure appropriate rest; and (f) bring about behavioral changes, including avoiding tobacco products and smoking, during pregnancy.		Promoting 'Maternal Health & Nutrition care', and encourage health seeking behavior through facility and community based approaches	1. Promote early health seeking behavior 2. Organize advocacy on tobacco hazards/link with tobacco control programs	LT	MOHFW-DGHS/ TCC MOSW MOWCA MOI	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.3.2	Promote the consumption of adequate quantities of nutritious food to prevent malnutrition in lactating mothers and ensure appropriate care to children		Promoting 'Maternal Health & Nutrition care', and encourage health seeking behavior through facility and community based approaches (covered by 6.1.2 -sub 1 & 2; 6.3.1)	1. Conduct SBCC activities to improve community awareness on maternal diet and care during lactation and encourage early health seeking behavior 2. Scale up micronutrient (IFA, Vit A, Ca etc.) supplementation for the targeted as per National Micronutrient strategy 3. Promote at least 3 PNC visit within 42 days with counseling on maternal diet and care 4. Establish linkages with IGA/Livelihood programs, social safety net/Voucher scheme programs where indicated	LT	MOHFW/BNNC, IPHN, DAE, MOSW, MOWCA, MOI	DPs NGOs INGOs Private sectors
6.3.3	Start breastfeeding within one hour of birth to ensure appropriate care to the newborn, with exclusive breastfeeding up to age 6 months; and encourage the provision of complementary food from age 6 months 3-4 times a day, prepared at home (combining at least four food groups), with continuation of breastfeeding up to age 2 years.		Promoting appropriate Infant and Young Child Feeding practices	1. Update and implement National IYCF strategy 2. Build capacity of health care providers on IYCF counseling 3. Scale up " Baby Friendly Hospital Initiatives" 4. Conduct SBCC activities to promote and support IYCF practices 5. Conduct breastfeeding counseling during ANC & PNC 6. Enforce law and Strengthening legal protection (full implementation of BMS Act 2013, maternity leave for women working in all sectors etc.) 7. Promote and facilitate the work place support 8. Promote appropriate and safe complementary feeding of infants and young children with emphasis on dietary diversity and proper cooking practices while continuing breastfeeding 9. Promote hygienic practices (WASH) for complementary feeding of infants and young children while continuing breastfeeding	MT	MOHFW MOFood MOI MOA	DPs NGOs INGOs
6.3.4	Immediately treat any infection that may have adverse effects on nutrition		Strengthening the treatment of common infections that impact on nutritional status	1. Provide training to staff at primary health care centers on appropriate management of common illnesses including diarrhea, dysentery, pneumonia, ear infection, parasitic infestation, etc. 2. Establish supply chain of adequate and appropriate medicines and staff at all PHC facilities in timely manner 3. Make the linkages effective with secondary and tertiary level health care	LT	MOHFW-DGHS, DGFP MOLGRD&C	DPs Specialized agencies NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.3.5	Treat moderate and severe acute malnutrition both at health centers and in the community		Strengthening the management of moderate and severe acute malnutrition as per National guidelines	1. Review and update National guidelines 2. Build capacity of health workers to screen, manage and follow up uncomplicated SAM and MAM cases at community level 3. Build capacity of all relevant facilities for providing quality management services of complicated SAM with reporting 4. Establish regular and timely supply of therapeutic foods (as per National guidelines) at facilities management of SAM 5. Scale up nutrition counseling service (including cooking demonstration) for acutely malnourished children and PLW 6.. Develop linkage between SAM/MAM case families with social safety net programs where applicable 8. Include adequate nutritional support to 6-59 months old SAM/MAM children and acutely undernourished PLWs targeted through SPPs	MT	MOHFW-DGHS, DGFP MOHFW-IPHN/ NNS MOLGRD&C MOWCA	DPs Specialized agencies NGOs INGOs
6.3.6	Ensure care through families and communities for physical growth and mental development of children, and motivate the ensuring of a supportive environment for child development		Promoting of Early Childhood Development {parenting (0-3 yrs), pre-primary education (3-6 yrs)}	1. Arrange mass media campaign on the importance of care and supporting environment for proper physical growth and mental development of children. 2. Integrate child development components into nutrition-specific and -sensitive services 3. Scale up protective and responsive care giving& feeding practices and stimulation 4. Establish creche at workplaces and day care centers, pre-schools in the community	LT	MOHFW-IPHN MOHFW-BNNC MOPME MOWCA MOSW	DPs NGOs INGOs Private sectors
6.3.7	Ensure intake of adequate varieties of food for adolescent girls and boys for their appropriate growth, so that they can develop as adults with expected height and weight		Promoting 'Adolescent Nutrition and healthy life style' through formal and informal academic curriculum/training programs. Enhancing health seeking behavior by adolescent/ young couples/teenage couples through facility and community based approaches.	1. Scale up formal and non-formal nutrition education and behavior change communication (SBCC) programs on balanced diets for adolescent and healthy cooking practices through mass media and community awareness Programs 2. Update nutrition education modules and their incorporation in school curricula across primary, secondary and higher secondary levels 3. Provide orientation/training on adolescent nutrition to the relevant stakeholders (School teacher, school management community etc.) 4. Link with Community Support Group/Girl guides/Scout 5. Link with School health program/little Doctor program/ Adolescent Reproductive & Sexual Health (ARSH) 6. Identify all contact opportunities for increasing awareness on adolescent nutrition	LT	MOHFW-IPHN MOHFW-BNNC, MOE MOI MOWCA MOLGRD&C	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.3.8	Extend and strengthen nutrition education in educational institutions		Updating nutrition curriculum (formal/ informal) at different levels of academic institutions	1. Update nutrition curriculum (with special focus on both nutrition specific & nutrition sensitive interventions) at different levels of academic institutions (formal & informal) 2. Update nutrition contents in primary, secondary, medical & nursing curricula 3. Develop interactive e-learning on nutrition related issues	MT	MOHFW-BHE, CME MOE MOPME	DPs Professionals' associations NGOs INGOs
6.3.9	Ensure availability of food enriched with energy, protein and micronutrients for elderly persons		Integrating services for elderly population into existing health, nutrition and safety net Programs	1. Develop geriatric nutrition component in the training manual 2. Include elderly population into existing safety net Program 3. Include geriatric nutrition in the existing curriculum/ training manual for health care providers 4. Scale up preventive and curative health and nutrition services for elderly population at all tier of health services	MT	MOHFW, MOWCA, MOSW, MOI, MOLGRD&C	DPs Professionals' associations NGOs INGOs
6.3.10	Scale up nutrition-specific Programs in rural areas, through coordination between non-Government organizations and the Ministry of Health and Family Welfare, as well as through primary health care services in urban areas under the Ministry of Local Government, Rural Development and Cooperatives		Strengthening nutrition service delivery package in both urban and rural health system	1. Implement nutrition related operational plan in DG health and family planning with quality and monitoring 2. Provide nutrition service delivery package in both urban and rural health system 3. Coordinate between MOHFW, MOLGRD&C and relevant ministries and NGOs for mainstreaming nutrition both at urban and rural areas	ST	MOHFW-DGHS, DGFP, MOLGRD&C	DPs NGOs INGOs
6.3.11	Scale up nutrition-specific or direct Programs for marginalized persons in urban slums and people in hard-to-reach locations		Strengthening Nutrition services in hard-to-reach areas with special focus to the marginalized people in urban slums and people in hard-to-reach areas.	1. Conduct situation analysis/need assessment with special focus on demand & supply side barriers for seeking nutrition services in hard -to- reach areas/urban slums 2. Scale up/expand nutrition services in the hard-to-reach areas/urban slums	LT	MOHFW-BNNC MOHFW-IPHN/NNS MOLGRD&C	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.3.12	Change behaviors through strengthened nutrition counseling, information and education. Undertake intensive communication through all media, involving all stakeholders, to raise public awareness on maintaining a balanced diet, the nutritional value of food, and physical activity and exercise. In the light of experiences with successful national Programs such as family planning, immunization and distribution of oral saline solution, develop a plan for a nutrition and food security campaign through the mass media, and allocate resources for this purpose.		Developing a comprehensive, integrated Multi-channel Plan of Action for SBCC with involvement of key relevant stakeholders	Develop & implement a comprehensive coordinated multi-sectoral, multi-channel, advocacy and communication on nutrition	ST	MOHFW MOI MOE MOA MOFood	DPs NGOs INGOs
6.3.13	Build Knowledge about appropriate micronutrient enriched family foods and promote increased consumption		Promoting Food based Dietary guidelines with special focus on diversified food consumption	1. Organize Orientation for the Health Care Providers on Food based Dietary Guidelines 2. Conduct SBCC campaign on food based dietary guideline	LT	MOHFW, MOC, MOFood, MOA, MOI	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.3.14	Make the existing health system universal, utilize the system effectively, and estimate effective manpower needs for the purpose —particularly including the number of health workers to be employed at community clinics and union health centers, as well as assessment of their skills and identification of their training needs – so that the ratio between health workers and beneficiaries is maintained and nutrition services can be scaled up		Integrating nutrition services into Universal Health Coverage	1. Improve capacity of health system ready for universal health coverage 2. Undertake appropriate measures based on the human resource capacity need (required number & skill training) assessment for all community based nutrition, human resource requirement etc in nutrition service delivery centers 3. Undertake Training Need Assessment (TNA) 4. Assess the status of nutrition workforce at different level 5. Conduct training on need assessment and on nutrition services	ST	MOHFW, MOFin, MOPA, MOLGRD&C	DPs NGOs INGOs
6.3.15	Provide the required number of health workers through filling of all vacant posts and ensuring of required supplies. Develop local-level health facilities, such as community clinics, union sub- centers, family welfare centers and upazila health complexes, to be suitable for providing nutrition services		Filling up of vacant posts for health service delivery personnel Ensuring uninterrupted Nutrition Supply chain Ensuring necessary equipment and logistics for health facilities for nutrition services	1. Recruit to fill up vacant posts 2. Scale up the Nutrition Supply chain 3. Assess the equipment needs of health facilities and support procurement process (make list and send to relevant authorities) 4. Review/update/implement job descriptions of nutrition workforce	MT	MOHFW-DGHS, DGFP MOFin MOPA MOLGRD&C	DPs NGOs INGOs
6.3.16	Mainstream nutrition services appropriately with health services, through effective coordination between health and family planning workers at grassroots level		'Mainstreaming Nutrition specific intervention' into existing health and family planning services	1. Convene regular effective NICC (Nutrition Implementation Coordination Committee) meeting 2. Conduct regular nutrition coordination meeting at district and sub-district level in order to ensure effective coordination between health and family planning	ST	MOHFW-IPHN/ NNS, BNNC	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.3.17	Ensure improved services, through increasing the accountability of Government and non-Government nutrition service providers at all levels to meet people's expectations.		Strengthening/ Implementing the M&E of NPAN Harmonizing the M&E of Nutrition services and Nutrition Information System and reporting Conducting policy dialogues on 3Ms	1. Disseminate NPAN across sectors/units/departments/ GO & NGO stakeholders and their roles & responsibilities 2. Report regularly to the stakeholders/action players and updated information system (following the identified indicators to measure accountability) 3. Undertake gap analysis and take corrective measures for effective nutrition services 4. Sensitize existing health and non-health forum/platform for greater engagement in nutrition	ST LT LT	MOHFW-BNNC, HMIS MOInd	DPs NGOs INGOs
6.3.18	Develop and establish a strong national monitoring and evaluation system to ensure accountability with regard to nutrition services		Establishing NPAN2 M and E system and linking with existing systems	Develop a detailed NPAN 2 M and E system Link NPAN2 M and E with CIP and other plans of the country	ST	MOHFW-BNNC, MOFood-FPMU	DPs NGOs INGOs
6.3.19	Conduct a needs assessment for a comprehensive work plan and appropriate allocation of resources.		Developing Capacity building Road Map for NPAN2	1. Conduct a Training Needs Assessment 2. Formulate capacity building road map	ST& MT	MOHFW-BNNC, MOFood, FPMU	DPs NGOs INGOs
6.3.20	Appoint nutritionists in hospitals and in public health nutrition programs		Ensuring sanctioned post for required Nutritionists in facilities/hospitals	1. Recruit 64 District Nutritionists with adequate capacity development support (not only through training but also continued supervisory support) 2. Create positions for Upazila Nutritionists	ST & MT	MOHFW-DGHS MOPA MOF	DPs NGOs INGOs
6.4	**Strengthen nutrition-sensitive or indirect interventions**						
6.4.1	Enhance food security at household level. Publicize and promote food-based dietary guidelines. Ensure informed food selection and consumer rights.			reflected 6.1.3-sub 1, 2,7; 6.2.1; 6.2.7; 6.2.10 (HH Food security); 6.1.3.1; 6.2.2;6.2.9 (dietary guideline)			

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.4.2	Encourage investment in nutrition-sensitive agriculture to produce fruits, vegetables, chicken, fish, fish products, milk and meat		Refer to 6.1.3 to 6.2	reflected 6.2 (food availability)			
6.4.3	Increase the rate of female education and women's empowerment. Create employment opportunities for women, and encourage the delay pregnancy until at least age 20 years.		Addressing women empowerment through social protection/safety nets, education and information sectors	1. Conduct media campaigns, community awareness program to prevent early marriage and adolescent pregnancy and take programs with MOI, MOWCA, MOE, MOPME rtc. to identify appropriate messages for mass awareness raising 2. Promote VGD scheme for adolescent and women 3. Scale up 'school stipend' for all school going children/ adolescents belonging to the poor and vulnerable households 4. Focus on education and training programs to motivate the adolescents to complete education 5. Implement programs of financial support to vulnerable women (widows, divorced, destitute, single mother, and unemployed single women including adolescent girls) and facilitate their participation in the labor market 6. Generate evidence on the links between agriculture and nutrition particularly as regards the role of women 7. Promote universal secondary female education coverage 8. Scale up SPP focusing viable IGA, market access and role in family decision making process	LT	MOHFW MOE MOPME MOI MOWCA MOSW	DPs NGOs INGOs
6.4.4	To combat different types of infection (diarrhea, pneumonia, environmental enteropathy) that adversely affect child nutrition, motivate people to follow hygiene practices, especially washing hands with soap. Also ensure safe drinking water and strengthen the sanitation system to reduce the risks of these infections.		Ensuring safe drinking water and good sanitation Promoting hygiene practices at all level (personal/household/ community/food production, processing, storage, preparation)	1. Scale up and expand WASH program at all level (rural/ urban slum and squatters/community/remote areas etc.) 2. Link between Nutrition and WASH programs 3. Organize media campaign and community mobilization for WASH and nutrition	ST MT	MOHFW MOLGRD&C MOI MOE	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.4.5	Engage all relevant Ministries, Divisions, institutions, civil society and non-Government organizations in nutrition interventions		Reflected in 6.5	reflected under 6.5.3 (coordination)		reflected under 6.5.3 (coordination)	reflected under 6.5.3 (coordination)
6.4.6	Accelerate research activities to increase production of non-cereal agricultural products, such as pulses, fruits and vegetables		Reflected in 6.5	reflected under 6.5.6 (research)		reflected under 6.5.6 (research)	reflected under 6.5.6 (research)
6.4.7	Initiate new Programs and strategies to implement nutrition Programs involving all concerned Ministries and agencies (e.g. food, agriculture, education, fishery and livestock, local government, women and children affairs, disaster and relief)		Reflected in 6.5	reflected 6.5.4) joint program)		reflected 6.5.4 (joint Program)	reflected 6.5.4) joint Program)
6.4.8	Coordinate nutrition-sensitive Programs to be implemented under Ministries such as Agriculture, Food, Fishery and Livestock, Women and Children Affairs, Education, Industry and Local Government, Rural Development and Cooperatives, among others		Reflected in 6.5	reflected under 6.5.3 (coordination)		reflected under 6.5.3 (coordination)	reflected under 6.5.3 (coordination)

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.5	**Strengthen multi-sectoral programs to ensure countrywide efforts toward ensuring nutrition, including necessary financing for such Programs. Increase joint efforts and coordination among sectors/Ministries/non-Government organizations and development partners with regard to social safety nets, women's empowerment, education, and water, sanitation and hygiene, among others.**						
6.5.1	Ensure joint work by the Ministries of Local Government, Rural Development and Cooperatives and Health and Family Welfare in malnutrition-stressed urban areas, especially urban slums and squatters		Effective coordinating between MOHFW and MOLGRD&C and urban service providing organizations (NGOs)/ Project (UPHCSDP)/DP Setting up of up urban health collaboration working group for urban health and nutrition Outlining a plan for ensuring urban health and nutrition services for all considering the rapid urbanization	1. Conduct regular meeting of the Urban Health Coordination Committee co-chaired by Secretary, MOHFW and Secretary- LGD 2. Sale up and harmonize nutrition component in urban primary health care package 3. Promote stronger collaboration with IPHN, UPHCSDP, City Corporation and Municipalities 4. Include urban nutrition reporting in the HMIS 5. Set up multi-sector working group (including MOHFW, MOLGRD&C, BNNC etc.) to outline a plan which include mobile outreach Primary Health and Nutrition Care team under MOHFW	LT	MOHFW- BNNC, HMIS MOLGRD&C	DPs NGOs INGOs
6.5.2	Implement interventions in all educational institutions and communities, in both rural and urban areas, to reduce overweight and obesity. Encourage physical labor and exercise.		Strengthening/integrating nutrition education in regular formal and informal curricula of primary and secondary educational institutions	1. Review curricula to ensure appropriate inclusion of nutrition education for boys and girls 2. Scale up school health, school feeding, and school gardening programs 3. Scale up physical education in educational institutions 4. Promote physical exercise and sports in communities	LT	MOHFW-BHE MOPME MOE MOI	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.5.3	Strengthen cooperation and coordination among the Ministry of Health and Family Welfare, international organizations, development partners, educational and research institutions, non-Government organizations and concerned Ministries toward development and implementation of multi-sectoral nutrition Programs in the areas of nutrition security, safety nets for marginalized communities, hygiene and sanitation, and employment generation		Revitalizing and Strengthening of BNNC and its Office multi-sector, multi-stakeholder, multilevel (3M) coordination unit (BNNC Office),	1. Conduct need assessment and gaps analysis in 3M coordination 2. Revitalize BNNC office in terms of human resources and physical facility 3. Prepare a short-, medium- and long-term plan for BNNC 4. Determine required technical assistance 5. Make the council, executive committee and standing technical committee effective and efficient 6. Establish sub-national level coordination architectures (district and upazila) 7. Provide adequate resources for BNNC office 8. Identify nutrition focal points across the sectors/ divisions/departments/services with clear TOR and accountability 9. Monitor the progress of NPAN2	ST	MOHFW, MOWCA, MOFood, MOA, MOPA, MoFin	DPs, NGOs, INGOs
6.5.4	Jointly implement nutrition Programs through strengthened partnerships and coordination between Government institutions and non-Government organizations and institutions		Establishing effective coordination mechanism involving all relevant stakeholders Strengthening the 'Mainstreaming of Nutrition' following a coordinated approach	1. Map nutrition interventions 2. Make the GO-NGO partnership and coordination effective and efficient	ST	MOHFW-BNNC, IPHN, NNS MOA MOFood MOWCA MOLGRD&C MOInd	DPs NGOs INGOs
6.5.5	Include issues of nutrition in the National Social Security Strategy paper, particularly with regard to food diversity in food-related Programs. Initiate nutrition Programs targeting ultra-poor and deprived communities, and link up nutrition Programs with other social safety net Programs.		Ensuring stronger nutrition focus in social protection as per NSS Establishing links between the health system and social safety net programs	Revise National Social Security Strategy (NSS) to integrate nutrition considerations like promotion of food diversity and better targeting	LT	GED MOSW MOWCA MOHFW	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.5.6	Strengthen research activities on nutrition in the Bangladesh context so that policymakers are informed about nutrition Programs and strategies and able to make decisions accordingly. In addition, undertake action-oriented research.		Strengthening research, surveillance, knowledge management and Nutrition Information System to inform nutrition policy decisions	1. Do map and gap analysis for evidence, research and coordination 2. Scale up routine NIS (expand nutrition indicators into DGHS/DGFP routine MIS & reporting with quality data, nutrition surveillance system etc.) 3. Build an effective knowledge management process (e.g. undertake periodic review and evaluation of the impact and effectiveness of nutrition interventions/programs/ services at national & sub-national level dissemination, take corrective measures & follow up actions) 4. Commission nutrition research relevant to identified national needs 5. Establish research/academia platform 6. Undertake new research/piloting on integrating nutrition in social protection/Safety-net Programs, share the evidences with policy/decision makers and ensure the design of SPPs/SSNs is continuously improved (making it better nutrition sensitive), based on research outcomes 7. Develop M&E system for nutrition sensitive social protection programs (SPPs)	LT	MOHFW- DGHS, DGFP, IPHN, NNS MOSW MOFood	DPs NGOs INGOs
6.5.7	Strengthen research activities to boost production of non-cereal crops. Increase food security for the ultra-poor through appropriate food preservation methods.		Ref 6.2.1	Ref 6.2.1		6.2.1	6.2.1
6.5.8	Strengthen the enforcement of laws against the adulteration of food and raise public awareness on the issue.		Strengthening the enforcement of Food Safety Act 2013 Enhancing public awareness on food safety	1. Scale up the capacity of the Bangladesh Food Safety Authority and build linkage with Codex/INFOSAN and enhance accountability for the Food Safety Law 2013 2. Finalize the National Food Safety Policy and develop National Plan of Action on food safety and disseminate 3. Build capacity of the Codex and INFOSAN focal points and enforce measures to ensure food safety along the value chain 4. Conduct public awareness campaign on food safety	LT	MOFood MOHFW MOInd MOC MOLaw MOA	DPs NGOs INGOs

#	Strategy of NNP	Sub-Strategy	Key Action Area	Major Activities	Time-line	Responsible Ministries	Partners
6.5.9	Adapt food security, employment and disease management strategies in line with the situation related to climate change in Bangladesh		Mitigating climate change impact on nutrition through strategic adaptation	1. Revise and update climate change adaptation strategies with inclusion of food security, employment and disease management with an impact on nutrition 2. Scale up nutrition and health services in areas most vulnerable to climate change	MT	MOHFW-CCHPU MOEF MOA MOFood MOWR	DPs NGOs INGOs
6.5.10	Strengthen the National Nutrition Council, with the Honorable Prime Minister as the Chair, to review the nutritional situation of the country and implement/ coordinate multi-sectoral programs		Setting up of an effective, operational multisector, multi-stakeholder, multilevel (3M) coordination unit (BNNC Office), facilitating information sharing, coordination and collaboration of all relevant stakeholders in support of the BNNC. Institutionalize BNNC Office with new structure/ platforms and strengthen accountability Operationalize the M&E mechanism under the esteemed guidance of BNNC	1. Identify gaps causing ineffective 3M coordination 2. Make the BNNC Office functional through recruiting full time personnel including clear job description 3. Prepare a short-, medium- and long-term plan for BNNC Office 4. Establish linkages for securing technical & financial assistance needed for ensuring effective operationalization of BNNC Office 5. Activate the bodies (council, executive committee and standing technical committee) with required support from BNNC Office with clear TOR and responsibilities 6. Establish national and sub-national level coordination architectures (district and upazila) for planning, information sharing at local level 7. Identify nutrition focal points across the sectors/ divisions/departments/services with clear TORs and accountability 8. Monitor & evaluate progress of NPAN implementation 9. Constitute the interagency (working level) coordination platforms within BNNC office as envisaged in NPAN2	ST & MT	MOHFW-BNNC, IPHN, NNS, DGHS, DGFP, MOF, MOPA, PM Office, Cabinet	DPS NGOs INGOs

ST- short-term; MT- medium term and LT- long term

7. Nutrition Governance, institutionalization, coordination and implementation mechanisms

Nutrition governance emanates from the highest level of government with the Honorable Prime Minister as the Chair of Bangladesh National Nutrition Council (BNNC). Under the Council is the Executive Committee (EC), led by the Honorable Minister of Health and Family Welfare, which has top level representations from among the various government ministries and agencies. Then there is the Standing Technical Committee (STC) headed by the Joint Secretary of MOHFW with expert members from various government agencies, academia and civil society. While BNNC is responsible for overall policy guidance, the Executive Committee is responsible for the overall coordination throughout implementation of the policies, program management cycle and act as executive oversight. The STC is responsible for technical oversight of the policies and programs related to nutrition (Annex 4).

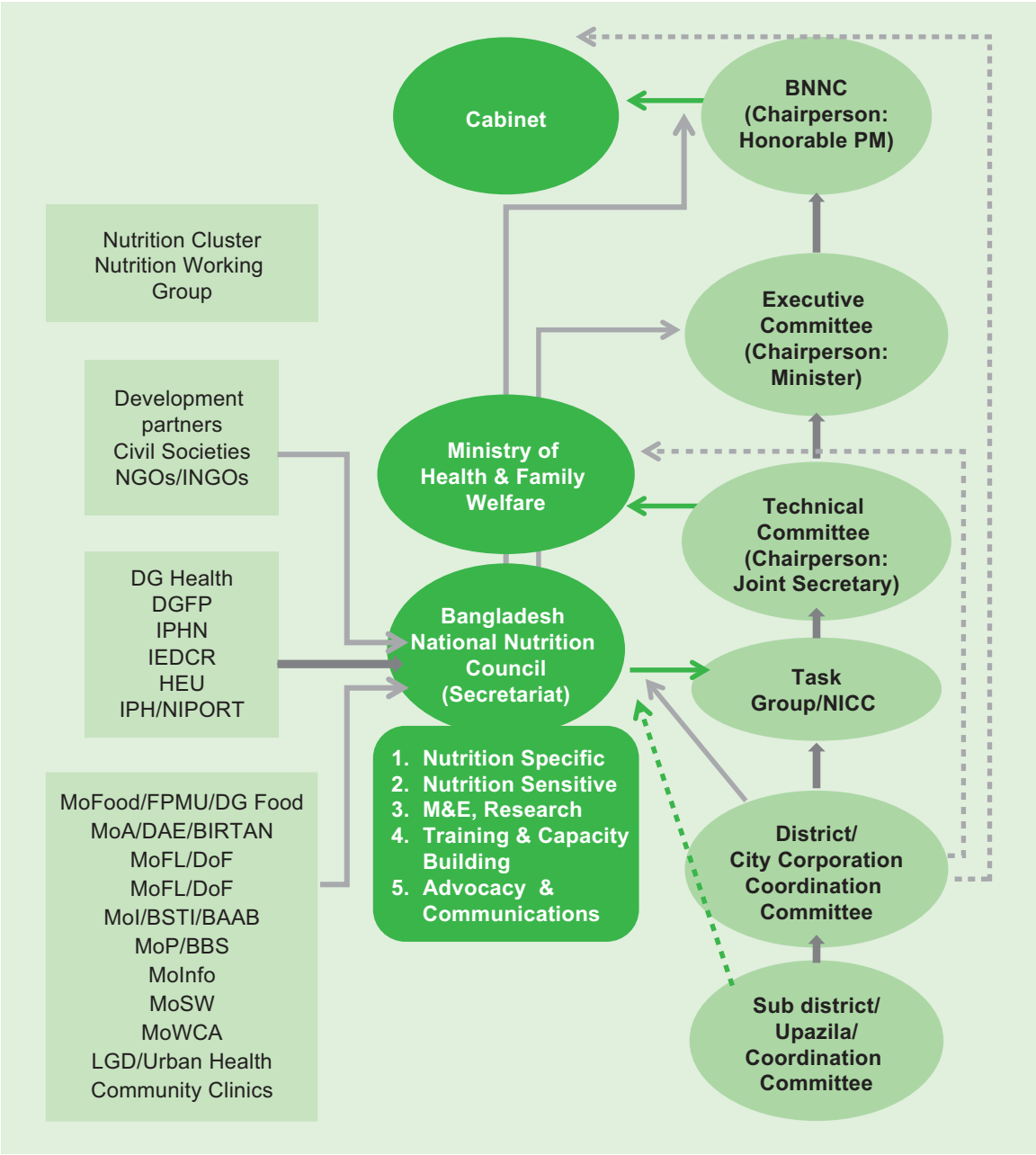
BNNC office is placed at the core of the governance system coordinating the overall monitoring and evaluation as well as supporting the Council, its Executive Committee, Standing Technical Committee with informed policy advice. For this, second NPAN has envisaged a number of coordination platforms within the BNNC office itself, such as nutrition specific programs, nutrition sensitive programs, research/study/policy analysis, capacity development, communication/advocacy etc. to carry out the responsibility assigned upon it (see diagram below). The relevant ministries, agencies, DPs, civil society etc. are already linked to apex committees of BNNC and will be linked with these working level platforms through mid-level representations (see figure-3).

MOHFW, DGHS, IPHN-NNS, DGFP, district civil surgeon offices, upazila health and family planning offices etc. act as implementing organizations for nutrition specific programs, while IPHN, IPH, IEDCR, icddr,b, NIPORT etc. play their role as technical support organizations. For nutrition sensitive programs MOA/DAE, MOFL/DOF/DLS, MOFood/DGFood/BFSA, MOWCA/DWCA, MOSW/DSW, LGD etc. act as implementing organizations whereas BIRTAN, NARS, BARC, BARI, BINA, BFSA, BRRI, BFRI, BLRI, BAU, IFST of BCSIR, INFS, IFRB of Atomic Energy Commission etc. provide technical support.

IPHN is assumed to play a strategic and catalytic role as it is seen as a Center of Excellence in nutrition, apart from its role in implementation of NNS operational plan. It is expected to actively engage in research/study, training and advocacy (i.e SBCC) on top of its contributions in the implementation of the NNS.

On the whole, the support from nutritionists, development activists, donors, civil society and private sector to the government in sustaining political commitments and resource mobilization over the long run is necessary.

Figure-3: **Proposed Coordination Structure for Nutrition Following 3Ms Approach**



7.1 Organizational Structure of BNNC

For BNNC to be able to effectively and efficiently discharge its functions, it needs to be restructured, adequately manned and funded. The Council with Hon'ble Prime Minister as its Chair will meet twice a year and its Executive Committee will meet bi-monthly to

implement decisions of the Council. Standing Technical Committee (STC) will provide technical recommendations to BNNC; secretarial support as well as execution of the decisions of the Council, EC and STC will be the responsibility of the office of the BNNC. Therefore, it is imperative that BNNC office possesses highly qualified human resources with adequate and sustained financial support to carry out its functions.

BNNC Office will be headed by an Executive Director/Director General (in the rank of Additional Secretary as of now called Secretary) as the executive head. S/he will be supported by three Directors: for the following divisions, respectively, Policy, Planning & Coordination; Research, Monitoring & Evaluation; and Capacity Development & Communication. Each of these three directors will be supported by two Deputy Directors and another Deputy Director responsible for Administration and Finance under the direct supervision of the Executive Director/Director General. The Deputy Directors of BNNC will be assisted by Assistant Directors with specific responsibilities. Annex -3a shows the proposed organogram of BNNC office.

7.2 The role of BNNC

While the National Nutrition Policy 2015 has the blessings and support from the Hon'ble Prime Minister, the high-level governance currently needs strengthening on urgent basis. In September 2015, the Government reformed Bangladesh National Nutrition Council (BNNC) with Hon'ble Minister of MOHFW as the Vice-Chair and 35 other members from all relevant ministries, including Ministers, State Ministers, Senior Secretaries, the Executive Chairman and Chairman of the Bangladesh Agricultural Research Council and the Bangladesh Medical Research Council respectively; other relevant members include the Chair and Member-Secretary of BNNC's Standing Technical Committee, along with three Nutrition Specialists nominated by STC (Annex-4).

The BNNC office has been envisaged to play the core role in: i) providing technical/ analytical, policy advisory and secretariat support to apex committees; ii) monitoring and evaluation of NPAN2 along with research and study; iii) multi-sectoral coordination; iv) knowledge management, communication and reporting. The BNNC office will also promote an enabling environment for the successful implementation of the NPAN2, overseeing advocacy activities, horizontal and vertical coordination, accountability framework, publication of reports described in M&E system etc.

The BNNC office has to make linkage with relevant M&E system within and across sectors of the country including those responsible for CIP, 7th FYP etc. It has to coordinate and build strong linkage with the governance further down the line, the sub-national level institutions responsible for implementation of NPAN2 in the field level.

In view of the envisaged functions (Annex-3b) and roles stated above, the currently under-resourced office of the BNNC itself needs capacity strengthening. The rationale for a strong BNNC Office is vital because of the multi-sectoral approach that has been mentioned in the NNP 2015 as an effective way towards scaling-up nutrition activities. As noted, this

involves networking with multiple ministries, departments, institutions, and other relevant stakeholders.

The activities under NPAN2 need to be incorporated into the medium term budgetary framework including that of Annual Development Program (ADP). This would again be the responsibility of the BNNC to strongly pursue, so that these are properly incorporated by the respective Ministries.

7.3 Implementation Scheme

While the details of the implementation will be outlined in a global annual workplan, the respective ministries will have their Annual Work Plans incorporating their part for which they are envisaged as responsible. For completely new activities new programs and/or project will be formulated while for existing activities, the current programs or projects could be scaled up. In fact, the NPAN2 provides high-level guidance on the implementation roadmap and the working and governance structure and identifies the scope of necessary budget requirements for the next 10 years.

The NPAN2 is based on the agreed prioritization and sequencing principles and is divided into three time periods:

- Short-term: Accelerated implementation over the next 3 years (2016 – 2018)
- Mid-term: Implementation over the next 5 years (2016 – 2020)
- Long-term: Implementation over the next 10 years (2016 – 2025).

While there is not an exact match between the three strategic dimensions of the NPAN2 and time periods mentioned above, the goal is to commence the priority interventions in targeted areas over the next three years.

a) Short-term (2016-2018)

To achieve rapid impact and to set the foundations for sustainable long-term development, the Government of Bangladesh has defined a set of high priority interventions for short-term implementation that will be closely monitored.

b) Medium-term (2016-2020) and Long-term (2015-2025)

Medium and long term interventions represent the remaining interventions listed in the action as well as M&E matrix. For the period of 2016-2025, these are further described in the costing table placed in the (Annex-5)

The key to implementing the NPAN2 is to ***"plan collectively, implement sectorally and evaluate collectively".***

8. Monitoring and evaluation

The main objective of monitoring and evaluation of NPAN2 is to inform the status and or progress of activity implementation, to keep track of resource allocation and to ensure accountability at national, sub-national, community as well as 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. The results (especially lessons learned and identification of good practices) will be used for re-planning and re-designing of programs along with supporting evidence-based policy as management decisions. It would also address the information needs of different stakeholders, that is, policy makers, donors, Civil Society Organizations (CSOs), research and academic institutions, development partners, media and the people in general.

Table 2 shows the M and E matrix for NPAN2. This framework embodies the major activities having targets, indicators and time-lines which stem from the main matrices. The indicators for monitoring relate to impacts/outcomes, outputs and inputs and are designed to be SMART[16]. Impact level indicators and their targets have been set considering targets of SFYP, CIP, NNP 2015 and ICN 2 recommendations.

For the 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. Both the mid-terms as well as the end line evaluation will be GoB initiated with development partners' engagement and preferably conducted by an independent review team. The Government Ministries will actively take part in M&E particularly MOHFW and those that have been designated as lead ministries in the identified strategic actions.

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

16 Specific, Measurable, Achievable, Realistic/Relevant, Time-bound

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.

More specifically, there are a variety of national agencies monitoring NPAN2 related information at regular intervals which will be tapped. Examples are: Nutrition Information System (NIS) and Nutritional Information Planning Unit (NIPU), the MIS- DGHS, the MIS-DGFP and District Health Information Software (DHIS 2), the Food Security and Nutrition Information System of FPMU, Food Security Nutritional Surveillance Program, as well as data from surveys such as the Bangladesh Health and Demographic Survey (BDHS), National Micronutrient Survey, MICS, HIES, and Agriculture statistics by BBS, Fisheries statistics by DoF, and those obtained through research by academic institutions, UN and other DPs, CSOs, NGOS/INGOs and the alike. Given the myriad of potential data sources which, while representing a real potential strength, a simplified system will be adopted for the NPAN2; one that does not require further separate measurements, biomarkers that are already analyzed, and be simplified as much as possible. The Common Results Framework (CRF) would address this best.

The monitoring and evaluation will be a four-tier process with decreasing specificity and number of indicators according to need.

Monitoring at the Upazila and District levels through a strengthened method: Data collected by local sector workers will be collated and sent with some interpretation to local and district level policy-makers for their feedbacks to make adjustments, strengthen supervision, and improve targeting and so on. Upazila Multi-sectoral Nutrition Coordination Committee and District Multi-sectoral Nutrition Coordination Committee will be formed with specific terms of reference and they will meet bi-monthly to monitor progress of nutrition activities and report back to the competent authority at regular interval.

Monitoring at the National level with consolidation and exhaustive interpretation: Each ministry will use their data for their own programs in customary usage and to monitor and strengthen their sector activities. They will also have capacity for the selected nutrition indicators, as itemized in the Sector Matrices, to be assembled, *and then fed to BNNC.*

BNNC Office with its platforms (envisaged in the diagram in section 7 and Annex-3a): They will work for consolidation to assess more limited number of indicators, examine food security and nutrition trends, progress and formulate Annual Monitoring Report of NPAN2. Apart from annual report, quarterly reports on some indicators will also be produced.

Higher level indicators such as the indicators as itemized in the NNP 2015, and to other nutrition framework under ICN2, SDG, WHA etc. under the UN system. **The indicators are:**

- Stunting;
- Wasting;
- Low Birth Weight (LBW);
- Exclusive Breast Feeding (EBF);
- MAD at 6-23 months of age;
- Maternal Anemia;
- Childhood Obesity;
- Overweight and Obesity of adult women (15-49 yrs);
- Expenditure on nutrition as % of total public health expenditure;
- Expenditure on nutrition sensitive social protection as %of total public expenditure on social protection;
- % contribution of Fisheries and Livestock in Agricultural GDP
- Poverty Head count Index (CBN upper poverty line)

The* 7th Five-Year Plan** (with one nutrition indicator) and the ***SDGs (having several nutrition related targets and indicators) monitoring system which interpret the outcomes and report back to the National Economic Council (NEC) and it Executive Committee annually.

Tracking and reporting of financial resources by the BNNC is outlined in Section 9 as many other mechanisms are already in place to a greater or lesser degree. Intended users of monitoring and evaluation data include policy makers, donors, civil society organizations, research and academia, development partners, media and general public.

8.1 Table 2. **Monitoring & Evaluation Matrix**

#	Key Action Area	Indicators	Baseline	Target	Time-line	Means of Verification/ Sources of Data	Frequency of Data Collection	Implementing agency/ Responsible Ministries
6.1	**Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers**							
6.1.2	Reducing low birth weight by reducing under nutrition and micronutrient deficiencies with special focus on * adolescent girls * pregnant women; and * women of childbearing age	% of low birth weight	23% (National Low-birth weight Survey 2016; unpublished)	16%	2025	National LBW survey/ MICS/ Service data (DHIS2)	Every 5 years/ Every 3 years/ Annually	MOHFW-IPHN/NNS MOP-BBS
	Promoting, protecting and supporting exclusive breastfeeding for the first six months of life and continuation of breast feeding for 2 years	1. % of children (0-5m) exclusively breastfed 2. % of children (20-23m) who are breastfed	1. 55% (BDHS 2014) 2. 87% (BDHS 2014)	1. 70% 2. >95%	1. 2025 2. 2025	1. BDHS/UESD/FSNSP/ NSP/MICS 2. BDHS	1. Every 4 years/ Every 3 years/ Annually 2. Every 4 years	MOHFW-NIPORT MOHFW-IPHN/NNS MOP-BBS
	Strengthening appropriate breastfeeding and complementary feeding practices	% of children (6-23 m) receiving MAD	23% (BDHS 2014)	More than 40%	2025	BDHS/ UESD/ FSNSP/NSP	Every 4 years/ Every 3 years/ Annually	MOHFW-NIPORT MOHFW-IPHN/NNS
	Promoting use of dietary guidelines for adults and elderly persons suffering from non- communicable diseases such as hypertension, diabetes mellitus, cardiac diseases and others	1. i. % of population with hypertension (≥25 yrs.) ii. % of population (15-64 yrs.) with high blood pressure 2. %of women 15-49 yrs who are overweight or obese (BMI ≥23)	1. i. 18% (NCD Risk Factor Survey Bangladesh 2010) ii. 15.8 per 1000 (Health & Morbidity Status Survey 2012) 2. 39% (ever married women) (BDHS 2014)	1. < 10% 2. 30%	1. 2025 2. 2025	1. NCD Risk Factor Survey/ Health & Morbidity Status Survey/ BDHS/ Service data (DHIS2) 2. BDHS	1. Every 4 years 2. Every 4 years	MOHFW-DGHS MOP-BBS MOHFW-NIPORT
	Strengthening measures to ensure regulation of unabated marketing of unhealthy processed and commercial food (junk food) items	Finalized Plan of Action for Multi-sectoral Coordination for NCD prevention	No	Yes	2018	Report	Once	MOHFW

#	Key Action Area	Indicators	Baseline	Target	Time-line	Means of Verification/ Sources of Data	Frequency of Data Collection	Implementing agency/ Responsible Ministries
	Increasing public awareness about family planning methods and birth spacing Increasing public awareness on prevention of early marriage	Contraceptive prevalence rate (women age 15-49 yrs.)	62% (BDHS 2014)	75%	2025	BDHS	Every 4 years	MOHFW-NIPORT
6.1.3	Promoting nutrition sensitive social protection Programs targeting disadvantaged groups/ vulnerable population	Number of Social Safety Net Programs which incorporated nutrition sensitive & nutrition specific objectives	10% (assumption)	50% (all large, medium and small scale SSNPs: VGD/ ICVGD, VGF, GR, EGPP, ISPP, Maternal Allowance program, Working women program, Adolescent Garment Worker support program)	2025	Respective SSN Program Reports/ Mapping Report on Nutrition Sensitive SSN Programs	Annually	MOHFW MOSW MOWCA MOLGRD&C MOR&DM MOFood
	Strengthening nutrition actions in existing disaster preparedness and response management strategies and Program implementation Strengthening linkages between health, nutrition, WASH and food security clusters, ensuring their preparedness and coordinated response to emergencies	Disaster preparedness and response management strategies incorporated nutrition actions	No/Partially	Yes	2020	Strategy	Annually	MOHFW MODMR Health/Nutrition/Food security clusters

#	Key Action Area	Indicators	Baseline	Target	Time-line	Means of Verification/ Sources of Data	Frequency of Data Collection	Implementing agency/ Responsible Ministries
6.2	**Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices**							
6.2.1	Strengthening of integrated homestead food production (fruits and vegetables, small livestock, aquaculture, comprehensive nutrition education) with emphasis on indigenous, underutilized and nutritious varieties/ species/breeds) and gender sensitive and climate smart technologies	1. Per capita consumption of fruits and vegetables 2. % share of total dietary energy from consumption of cereals	1. Fruits: 44.7 gm Vegetables: 166.1 gm (HIES 2010) 2. 70% (HIES 2010)	1. ≥400g per day 2. <60%	1. 2025 2. 2025	1. HIES/FPMU report 2. HIES/FPMU report	1. Every 5 years/ Annually 2. Every 5 years/ Annually	MOP-BBS MOFood MOA, MOWR, MoFL
6.2.2	Improving social mobilization and community awareness to avoid processed food & beverage, excess salt & sugar, saturated fat and trans fat Implementing Multisectoral Plan of Action on NCD prevention	1. Change in per capita consumption of: i. salt ii. sugar consumption	1. i. Salt: not available ii. Sugar: 7.4 (Gram per capita per day) (HIES 2010)	1. i. <5 gm/ person/day (WHO) ii. <10% of total energy intake	2025	HIES	Every 5 years	MOP-BBS MOFood MOHFW-NCD OP
6.2.5	Mainstreaming food safety, water, sanitation & hygiene practices in sectoral SBCC strategy Promoting/Enforcing measures to ensure regulations of production/ processing/marketing/ preservation of food items Increasing knowledge and improving practices to ensure food safety along the value chain	1. Prevalence of food borne diseases (Proxy: prevalence of childhood diarrhoea)	1. 6% (BDHS, 2014)	TBD	2025	BDHS/ Service data (IPH, IEDCR, icddr,b)/ FSNSP/NSP	Every 4 year/ Annually	MOHFW-NIPORT MOHFW-NNS/IPHN MOHFW-DGHS, MOInd

#	Key Action Area	Indicators	Baseline	Target	Time-line	Means of Verification/ Sources of Data	Frequency of Data Collection	Implementing agency/ Responsible Ministries
6.2.7	Providing nutritionally enriched supplementary food in responses to emergency and severe food insecurity	1. Number of upazilas covered under VGD program to providing nutritionally enriched fortified food 2. Nutritionally enriched fortified food distributed to vulnerable people during and immediately after emergency	1. - 2. Partial	1. 50% 2. 90%	1. 2025 2. 2025	Program report	Annually	MOFood MOWCA MODMR MOInd
6.2.8	Promoting food fortification and enrichment with micronutrients	% coverage of 1. adequately iodized salt (≥15ppm) 2. edible oil with Vit A	1. 58% (National Micronutrient Survey 2011-12) 2. Not available	1. 90% 2. 90%	1. 2025 2. 2025	1. National Micronutrient Survey/MICS 2. Program Data	1. Every 5 years/ Every 3 years 2. Yearly	MOHFW MOInd MOFood
6.3	**Strengthen nutrition-specific or direct nutrition interventions**							
6.3.1	Promoting 'Maternal Health & Nutrition care', and encourage health seeking behavior through facility and community based approaches	To be ascertained by the M&E platform of BNNC	--	--	2025		Annually	MOHFW-IPHN/NNS MOHFW-DGHS MOHFW-DGFP, BNNC office
6.3.3	Promoting appropriate Infant and Young Child Feeding practices	% of infants 6–8 months of age who received solid, semi-solid or soft foods	65% (BDHS 2014)	75%	2025	BDHS/FSNSP/NSP	Every 4 years/ Annually	MOHFW-NIPORT MOHFW-IPHN/NNS
6.3.4	Strengthening the treatment of common infections that impact on nutritional status	% of children (<5y) with ARI treated with antibiotics	34% (BDHS 2014)	80%	2025	1. BDHS 2. Service data	1. Every 4 year 2. Annually	MOHFW-NIPORT MOHFW-DGHS
6.3.5	Strengthening the treatment of moderate and severe acute malnutrition as per standard guidelines	1. Number of facilities providing SAM management (in- patient) 2. % of CC providing CMAM services	1. 200 2. 0	1. All (UHC and above) 2. 85%	1. 2020 2. 2025	Service data (DHIS2)	Quarterly/Annually	MOHFW-IPHN/NNS MOHFW-DGHS
6.3.6	Promoting of Early Childhood Development {parenting (0-3 yrs), pre-primary education (3-6 yrs) }	1. % of children (36-59 m) who are attending an early childhood education program	13% (MICS 2012-13)	30%	2025	MICS	Every 3 years	MOPME/ MOP-BBS

#	Key Action Area	Indicators	Baseline	Target	Time-line	Means of Verification/ Sources of Data	Frequency of Data Collection	Implementing agency/ Responsible Ministries
6.3.7	Promoting 'Adolescent Nutrition and healthy life style' through formal and informal academic curriculum/training programs. Enhancing health seeking behavior by adolescent/ young couples/teenage couples through facility and community based approaches.	1. % of adolescent girls (15-19 yrs.) with height <145 cm 2. % of adolescent girls (15-19 yrs.) thin (total thinness) [may be revised by M&E platform]	1. 13% (BDHS 2014) 2. 19% (BDHS 2014)	1. <8% 2. <15%	1. 2025 1. 2025	BDHS/ FSNSP/NSP	Every 4 years/ Annually	MOHFW-NIPORT MOHFW-IPHN/NNS
6.3.8	Reviewing and updating of nutrition curriculum (formal/informal) at different levels of academic institutions	Number of updated academic curriculum with focus on nutrition at different levels of academic institutions, 1. primary 2. secondary 3. medical 4. Nursing	No	Yes	2020	Updated academic curriculum	Every 4/5 years	MOHFW MOE MOPME
6.3.11	Strengthening Nutrition services in hard-to-reach areas with special focus to the marginalized people in urban slums and people in hard-to-reach areas.	% of U-5 children in slums, 1. stunted 2. wasted 3.underweight	1. 50% (UHS, 2013) 2. 19% (UHS, 2013) 3. 32.6% (BDHS 2014)	1. 25% 2. 8% 3. 15%	1.2025 2. 2025 3.2025	Urban Health Survey BDHS	Every 5 years	MOHFW-NIPORT MOLGRD&C
6.3.12	Developing a comprehensive, integrated Multi-channel Plan of Action for SBCC with involvement of key relevant stakeholders	Number of ongoing comprehensive coordinated multi-sectoral, multichannel advocacy and communications campaign	0	10	2025	Report	Annually	MOHFW-IPHN/NNS-BKMI MOHFW MOI MOE MOA MOFood

#	Key Action Area	Indicators	Baseline	Target	Time-line	Means of Verification/ Sources of Data	Frequency of Data Collection	Implementing agency/ Responsible Ministries
6.3.15	Filling up of vacant posts for health service delivery personnel Ensuring uninterrupted Nutrition Supply chain Ensuring necessary equipment and logistics for health facilities for nutrition services	1. % of vacancy for health/ nutrition service delivery personnel 2.Nutrition-LMIS established	1. -- 2. No	1. <10% 2. Yes	1. 2025 2. 2018	1. Report from Human Resource Information System 2. LMIS data	1. Annual 2. Once (Updated if needed)	MOHFW-DGHS MOHFW-DGFP MOFin, MOPA, MOLGRD&C MOHFW-IPHN/NNS
6.3.16	'Mainstreaming Nutrition specific intervention' into existing health and family planning services	Number of NICC meetings held	2 per year	4 per year	2025	Meeting Minutes	Quarterly	MOHFW-IPHN/NNS
6.3.17	Strengthening/ Implementing the M&E of NPAN Harmonizing the M&E of Nutrition services and Nutrition Information System and reporting Conducting policy dialogues with 3Ms	Number of meetings with consumers' associations/public hearing organized	Not available	2 per year	2025	Meeting minutes	Bi-yearly	MOHFW-BNNC
6.3.20	Ensuring sanctioned post for required Nutritionists in facilities/hospitals	1. Number of district nutritionists recruited 2. Number of nutritionist posts created for all upazila	1. 0 (Not recruited) 2. No	1. 64 2. Yes	1. 2018 2. 2020	1. Gazette published and Recruitment List 2. Gazette published	1. Once 2. Once	MOHFW-BNNC MOHFW-IPHN/NNS MOPA MOFin
6.4	**Strengthen nutrition-sensitive or indirect interventions**							
6.4.3	Addressing women empowerment through social protection/safety nets, education and information sectors	1. % of women age 20-24 who were first married by age 18 2. % of women who completed secondary/higher education 3. % of women (15-19 yrs) who have begun childbearing	1. 59% (BDHS 2014) 2. 14% (ever married women) (BDHS 2014) 3. 31% (BDHS 2014)	1. 30% 90% 100%	1. 2025 2. 2025 3. 2025	1. BDHS 2. BDHS 3. BDHS	1. Every 4 years 2. Every 4 years 3. Every 4 years	MOHFW-NIPORT MOE MOWCA

#	Key Action Area	Indicators	Baseline	Target	Time-line	Means of Verification/ Sources of Data	Frequency of Data Collection	Implementing agency/ Responsible Ministries
6.4.4	Ensuring safe drinking water and good sanitation Promoting hygiene practices at all level (personal/household/ community/food production, processing, storage, preparation)	1. % of population that use improved drinking water 2. % of population that use improved sanitary latrine (not shared) 3. % of caregivers with appropriate hand washing behavior (% of caregivers in households who used soap for hand washing at least two critical times in the past 24 hours, these two times include after own defecation and at least one for the following: after cleaning a young child, before preparing food, before eating, and/or before feeding a child) (FSNSP) 4. % of households safely disposing of child's feces	1. 98% (BDHS 2014) 2. 48% (BDHS 2014) 3. 27% (FSNSP 2014) 4. 50% (FSNSP 2014)	1. >99% 100% 2. 75% 3. 50% 4. 70%	1. 2020 2. 2025 3. 2025 4. 2025	1. BDHS 2. BDHS 3. FSNSP/NSP 4. FSNSP/NSP Report- DPHE	1. Every 4 years 2. Every 4 years 3. Annually 4. Annually	MOHFW-NIPORT MOHFW-IPHN/NNS MOLGRD&C
6.5	**Strengthen multi-sectoral Programs to ensure countrywide efforts toward ensuring nutrition, including necessary financing for such Programs. Increase joint efforts and coordination among sectors/Ministries/non-Government organizations and development partners with regard to social safety nets, women's empowerment, education, and water, sanitation and hygiene, among others.**							
6.5.1	Effective Coordinating between MOHFW and MOLGRD, MOInd &C and urban service providing organizations (NGOs)/Project (UPHCSDP)/DP Setting up of up urban health collaboration working group for urban health and nutrition Outlining a plan for ensuring urban health and nutrition services for all considering the rapid urbanization	1. Number of Urban Health coordination committee meetings held in a year 2. Urban nutrition reporting included in DHIS2 of HMIS 3.NGO nutrition reporting included DHIS2 of HMIS	1. 1 meeting per year 2. No 3. No	1. 4 meeting per year 2. Yes and reporting system are functional 3. quarterly	1. On-going 2. 2017 3. 2018	1. Meeting Minutes 2. DHIS2 with Urban Nutrition Reporting 3. DHIS2 with NGO Nutrition Reporting	1. Quarterly 2. Once 3. Once	MOHFW-DGHS MOLGRD&C MOHFW-BNNC

#	Key Action Area	Indicators	Baseline	Target	Time-line	Means of Verification/ Sources of Data	Frequency of Data Collection	Implementing agency/ Responsible Ministries
6.5.2	Strengthening/integrating nutrition education in regular formal and informal curricula of primary and secondary educational institutions	Number of academic curricula revised to include healthy diet and physical education	0	2	2025	Curriculum healthy diet and physical education	Every 5 years	MOHFW MOPME MOE
6.5.4	Establishing effective coordination mechanism involving all relevant stakeholders Strengthening the 'Mainstreaming of Nutrition' following a coordinated approach	Updated report on Nutrition mapping	No	Yes	2025	Mapping report	Every 2 years	MOHFW-IPHN/NNS MOFood MOLGRD&C MoInd
6.5.5	Ensuring stronger nutrition focus in social protection as per NSS Establishing links between the health system and social safety net Programs	Updated National Social Security Strategy Paper related to food diversity in food related programs	No	Yes	2020	Revised National Social Security Strategy (NSSS) Paper	Once	MOSW MOWCA MOHFW MOInd
6.5.6	Strengthening research, surveillance, knowledge management and Nutrition Information System to inform nutrition policy decisions	1. Compendium on nutrition research available 2. Yearly monitoring and evaluation report available	1. 0 2. 0	1. 1 per 2 years interval 2. 10 (one per year)	1. On-going 2. On-going	1. Compendium on nutrition 2. Monitoring and evaluation report	1. One in 2 years 2. Annually	MOHFW-BNNC
6.5.8	Strengthening the enforcement of Food Safety Act 2013 Enhancing public awareness on food safety	1. National Food Safety Policy finalized and disseminated 2. Costed National Plan of Action on Food safety developed	1. No 2. No	1.Yes 2. Yes	2017 2018	1. National Food Safety Policy 2. National Plan of Action on Food safety	1. Once 2. Once	BSTI MOHFW-IPHN/NNS Bangladesh Food safety Network MOHFW-BNNC
6.5.9	Mitigating climate change impact on nutrition through strategic adaptation	Nutrition component of climate change adaptation strategy updated/included	No	Yes	2020	Climate change adaptation strategies	Once	MOHFW-CCHPU MOHFW MOEF MOA MOFood

#	Key Action Area	Indicators	Baseline	Target	Time-line	Means of Verification/ Sources of Data	Frequency of Data Collection	Implementing agency/ Responsible Ministries
6.5.10	Setting up of an effective, operational multisector, multi-stakeholder, multilevel (3M) coordination unit (BNNC Office, facilitating information sharing, coordination and collaboration of all relevant stakeholders in support of the BNNC. Institutionalize BNNC Office and strengthen accountability M&E mechanism under BNNC functional	1. BNNC office functional 2. Number of full time personnel recruited for BNNC Office 3. Number of council meetings held 4. Number of executive committee meeting held 5. Number of standing technical committee meetings held 6. District and Upazila nutrition coordination committee are in place 7. Yearly monitoring report on NPAN is available 8. Nutrition focal points in different sectors are in place and TOR available	1. No 2. 08 3. 0 4. 0 5. 3 6. No 7. No 8. No	1. Yes 2. 34 3. 2 per year 4. 4 per year 5. 6 per year 6. Yes 7. Yes 8. Yes	1. 2017 2. 2017 3. Ongoing 4. On-going 5. On-going 6. 2019 7. Ongoing 8. 2017	1. Budget allocation, personnel, meeting minutes 2. Man power in-place according to Organogram 3. Meeting Minutes 4. Meeting Minutes 5. Meeting Minutes 6. Annual work plan 7. NPAN M&E Report 8. Government notification	1. Budget Allocation- every 2 years (revenue), Personnel- Once, Meeting Minutes- Annually 2. Annually 3. Bi-annually 4. Quarterly 5. Quarterly 6. Once 7. Annually 8. Once	MOHFW-BNNC PM Office Cabinet

Recognizing NPAN2 as a living document, it is imperative to accommodate the changing scenario and progress that will be visible during the course of its implementation. A suggested work plan (Table 3) following the sign off is also prepared. This is intended to make the NPAN2 updated and responsive to the changes.

Table 3. **Way Forward for NPAN2**

	Activities	**Tentative Timeline**			**Expected Outputs**
		ST (2016-2018)	MT (2016-2020)	LT (2016-2025)	
1	Dissemination of NPAN 2	X			Widespread support and engagement of all sectors and stakeholders
2	Conduct M&E synchronization meeting	X			Common platform and synchronized indicators for NPAN M &E as well as reporting mechanism
3	Conduct advocacy for resource mobilization	X			Necessary resources mobilized
4	Conduct sectoral consultations to pave the way for integration of NPAN2 activities	X			Relevant activities integrated in Annual Sectoral Plans
5	Conduct Annual Plans review and NPAN2 updating using agreed M and E framework	XXX	XXX	XXXX	NPAN2 Report and Updated NPAN 2
6	Report preparation and dissemination of NPAN2 progress	XXX	XXX	XXX	Report prepared and disseminated
7	Conduct mid-term evaluation		X		Mid-term Evaluation Report
8	Updating of NPAN2 based on mid-term evaluation results				Results reflected in updated NPAN
9	Conduct end-line evaluation			X	End line Evaluation Report
10	Update NNP and develop successor NPAN			After 2025	Updated NNP and successor NPAN

9. Costing of NPAN2 and resource mobilization

Identifying costs of interventions is a complicated procedure and it is especially so for the activities of NPAN due to its multi-sectorality. Also, in a number of cases, there is scarcity of information on base costs due to limited prior experience. To address this limitation, a series of alternative actions were taken. First, a subgroup is constituted with experts from the relevant sectors. Secondly, a series of consultations are held to discuss various dimensions including measurability of activities. Thirdly, the unit costs of the interventions have been estimated following existing program database (e.g HPNSDP) and experiences from CIP. Finally, considerable number of assumptions has been made through consensus in absence of references.

The estimated costs are reported based on four areas (Health, Urban Health and WASH; Food, Agriculture, Fisheries and Livestock; Women Empowerment, Education, Social Safety Net and Information; and Institutionalization of NPAN) of operation based on three priority levels (high, medium & low). Namely, it considers nutrition specific and nutrition sensitive interventions as well as costs related to institutional development and capacity building, and monitoring and evaluation. Estimates are presented both in Bangladesh taka and US dollar amount.

The costs of nutrition specific interventions across sectors are estimated using the (a) program experience (top-down); and (b) ingredient-based (bottom-up) approaches. The methods involved identifying the unit cost and the assumptions made and calculations, intervention coverage data specifying the scale up assumptions.

As mentioned before, the cost of nutrition sensitive interventions, capacity building and monitoring & evaluation has been estimated considering the costs of existing similar programs/interventions (including that from HPNSDP and CIP) which are then adjusted with scaled up elements wherever applicable. The indicator baseline and targets mentioned in the M&E matrix provide the clue for scaled up elements of costs. In cases where references are not available, costing is carried out based on consensus assumptions made by the costing team with the guidance of relevant sectoral experts. Costs of those activities which are core activities of other sectoral ministries and which will be implemented by ministries other than MOHFW are not estimated to avoid duplication. In such cases, only the costs required for making those programs/interventions more sensitive towards nutrition are considered. Also, the costs of the Government personnel are not included.

9.1. Costs

The overall financial requirement of the NPAN2 from 2016-2025 is BD Taka 12463.41 crore **(around USD 1.6 billion)**. Table 4 shows the disaggregation of the budgetary requirement by category of interventions. Details for each category are given in Annex -5.

Table 4. Summary of cost of NPAN 2

Program Area	Sector	Level of Priority	Taka	US$ (1 $= 78 BDT)
Nutrition Specific				
	Health, Urban health	High	52,705,574,480	675,712,493
	SBCC and WASH	High	1,500,000,000	19,230,769
Nutrition Sensitive				
	Food, Agriculture, Fisheries and Livestock	High	4,424,137,500	56,719,712
		Medium	805,589,950	10,328,076
	Women Empowerment, Education, Social Safety Net, and Information	High	64,005,068,039	820,577,795
		Medium	737098100	9,449,975
Institution and Capacity Building			392,900,000	5,037,179
Monitoring and Evaluation			63,684,500	816,468
Grand total for 10 years program period			**124634052569**	**1,597,872,467**

9.2 Financing

As mentioned in the foregoing sections, 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".

The Government takes note that the increase in the proportion of national allocations, disbursements and visibility of budgetary processes is important for the achievement of NNP 2015 and NPAN2 targets. In order to reduce the funding gap, additional resources from the international donor community will be encouraged, supported and aligned to

priorities through NPAN2 and the annual work and budgetary planning process of the various participating ministries and agencies. For instance, the budget for NNS OP of the HPNSDP has been assumed to be the GOB and DP's commitment to the relevant nutrition specific interventions. The monitoring and evaluation system will provide regular internal reports that can support a rigorous budgetary process within government. It will also provide important documentation and evidence of progress to allow the external donor community to assess the progress.

The BNNC Office, Ministry of Finance and development partners will be responsible for mobilizing the much needed financial requirements.

10. Conclusions

The National Nutrition Policy (2015) has summarized the current situation of malnutrition in the country. By reviewing the available data and conducting the causal analysis of malnutrition as well as by the various causes at all levels – immediate, basic and underlying – the Policy provides a vision, goals, objectives and 51 strategies necessary to strengthen existing programs and policies, as well as new strategies, to improve the nutritional status of the people of Bangladesh. This was largely in response to reported high levels of under-nutrition in the country, particularly in vulnerable pockets including urban slums, which co-exist alongside increasing prevalence of overweight, obesity and nutrition-related NCDs. These high levels are currently found despite marked successes in reaching several of the MDG targets including some health, food in-security and under-nutrition indicators, ahead of target year. More recently these positive trends have plateaued somewhat making the national policy even more timely. Both national and global commitments such as ICN 2, Vision 2021, 7FYP, SUN Movement and the SDGs, have added urgency to scaling-up actions across sectors.

Building on these increased demands, both nutrition-specific and nutrition-sensitive interventions have been designed to be implemented across various sectors in a coordinated way, notably health, agriculture, social protection and education. 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 will help to operationalize the strategies and activities of the second NPAN.

Following the sign off of this NPAN2, it is important that the momentum is not lost. There must be immediate follow-up actions (Table 3) to ensure the integration of the strategies in the sectoral development plans and programs. The case for financial support for NPAN 2 must also be propagated immediately to ensure that this plan is funded.

Annexure

Annex -1. **The National Nutrition Policy 2015 (2015-2025)**

National Nutrition Policy 2015

Nutrition is the Foundation of Development

1. Introduction

Nutrition is an important determinant of physical growth, mental development and good health for every human. When foetal growth is compromised in the mother's womb because of undernourishment; a child is born with low birth weight. In young children, stunting, wasting, underweight and micronutrient deficiency are signs of malnutrition. In addition, malnutrition represents a major cause of child mortality. Undernutrition is an important indicator of malnutrition, although overweight and nutrition-related non-communicable diseases also are on the rise in the country. Overall, a malnourished child grows up with multiple physical and mental limitations; as a result, it becomes difficult for her/him to contribute to society and national development as an adult.

Nutrition also is a basic human right, with both equity and equality related to eliminating malnutrition and ensuring human development. In all, the Government of the People's Republic of Bangladesh is committed to improving the nutritional status of the people. The Constitution of Bangladesh cites nutrition in Article 18 (1), describing the principles of State governance: "...the State shall regard raising the level of nutrition and improvement of public health as among its primary duties..." Nutritional status in Bangladesh already has improved following formulation of the national Food and Nutrition Policy in 1997. Even so, nutritional status of the population has not reached expected levels.

In both urban and rural areas across the country, overweight, obesity, high blood pressure, diabetes, heart attack, stroke, cancer and osteoporosis are considered key nutrition-related issues. Lack of physical activity or physical labour, inappropriate food habits, and a sedentary lifestyle are all major emerging factors, making formulation of a new nutrition policy necessary. To improve overall nutritional status, new evidence in development programming, as well as strategy development and implementation, has been useful in preparing Bangladesh National Nutrition Policy 2015. The policy takes into consideration both global policies such as ICN2 and relevant national policies in areas such as health, food, agriculture, environment and education, reflecting the multisectoral nature of ensuring nutrition.

2. Background

Childhood malnutrition in Bangladesh has been decreasing quite slowly. The most common form of undernutrition is stunting, the result of chronic undernourishment; a stunted child, who is more than two standard deviations below median height for age, is prone to recurrent infections that hinder her/his brain development. In Bangladesh, 2 out of 5 children younger than age 5 years are stunted, with levels twice as high among the poor as among the wealthy. Annual rates of reduction of stunting between 2004 and 2014 were only 1.5 percent.[17]

About 141 percent of under-5 children in Bangladesh are wasted, or more than two standard deviations below median weight for height, which is the result of acute malnutrition. About 450,000 young children in the country, or 3.1 percent,1 suffer from the most serious form of wasting, known as severe acute malnutrition. Those who survive frequently suffer compromised mental development. Lastly, having less weight for age and sex is known as underweight, a condition that also affects children in Bangladesh.

The absence of appropriate child feeding and nutrition practices is the primary reason for childhood malnutrition in Bangladesh. Internationally recognized infant and young child feeding and nutrition guidelines recommend breastfeeding be started within one hour after birth; the baby be exclusively breastfed up to age 6 months (180 days); and the baby be given home- cooked, nutritious complementary food between 6 months and 2 years of age along with breastfeeding. However, the percentage of exclusive breastfeeding up to age 6 months in Bangladesh, while improving, stands at only 55 percent. Moreover, only 23 percent of children aged 6-23 months receive a minimum acceptable diet.1

17 Bangladesh Demographic and Health Survey, 2011.

At the same time, 1 in 4 adolescent girls in Bangladesh are undernourished, while 1 in 8 women of reproductive age is stunted. During delivery, stunted women are at higher risk of complications; in addition, the risk of intra-uterine growth retardation is high and, as a result, newborns of these women are more likely to be underweight and very frequently are low birth weight. Early marriage and early pregnancy contribute significantly to these conditions, because stunting thus passes from generation to generation, a vicious cycle of undernutrition is perpetuated. There are differences in undernutrition between rural and urban areas, women and children living in urban slums are especially worse off.

Among women, rates of overweight and obesity are increasing. The incidence of chronic diseases, including type 2 diabetes, high blood pressure and heart diseases, likewise are on the rise in the country because of overweight and obesity. Overweight is also found among people living below the poverty level and is particularly rising among people living in urban slums.

Although micronutrients play an important role in physical and mental development, micronutrient deficiency in Bangladesh also is very high, especially with regard to Vitamin A, iron, iodine, zinc, Vitamin B12, and folic acid. For example, high proportions of under-5 children and of women suffer from anemia because of deficiencies of iron, folic acid and Vitamin B-12 in their food. In all, anemia causes health risks among women, reduces iron reserves in children, and ultimately burdens the national economy.

The Government of the People's Republic of Bangladesh has taken the initiative to mainstream nutrition into public health and family planning services, with the aim of improving the nutrition situation of the country. Strategies for ensuring nutrition also are being adopted in other sectoral policies outside the health sector. This National Nutrition Policy thus reflects the commitment of the State as a whole to improve the nutritional status of the population.

3. Vision

The people of Bangladesh will attain healthy and productive lives through gaining expected nutrition.

4. Goal

The goal of the National Nutrition Policy is to improve the nutritional status of the people, especially disadvantaged groups, including mothers, adolescent girls and children; to prevent and control malnutrition; and to accelerate national development through raising the standard of living.

5. Objectives

5.1 Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers

5.2 Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices

5.3 Strengthen nutrition-specific, or direct nutrition, interventions

5.4 Strengthen nutrition-sensitive, or indirect nutrition, interventions

5.5 Strengthen multisectoral programs and increase coordination among sectors to ensure improved nutrition

6. Strategies

6.1 Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers

Strategies to achieve this objective are:

6.1.1 Ensure nutrition security for all citizens

Availability, access and utilization of nutritious food play important roles in overall improvement of nutrition for individuals and families alike. The National Nutrition Policy aims to ensure appropriate nutrition through securing a safe and balanced diet during all phases of the life cycle.

6.1.2 Ensure required nutrition at all stages of the life cycle

Ensuring required nutrition at all stages of the life cycle is a continuous process. The vicious cycle of malnutrition starts with childbearing, through malnourished mothers giving birth to malnourished babies, which subsequently affects all phases of the life cycle and even future generations. The National Nutrition Policy has stressed the following life-cycle strategies to mitigate this intergenerational effect of malnutrition:

6.1.2.1 Ensure appropriate and adequate nutrition for all pregnant women and lactating mothers throughout pregnancy, so that healthy children are born with expected birth weight

6.1.2.2 Ensure that mothers are able to exclusively breastfeed their children up to 6 months of age and continue breastfeeding through age 2 years, by ensuring a supportive family environment, services and regulatory safety net

6.1.2.3 Following exclusive breastfeeding till age 6 months to ensure an appropriate nutritional foundation for all newborns and very young children, ensure the start of complementary food after age 6 months together with breastfeeding, and ensure continuation of breastfeeding up to age 2 years

6.1.2.4 Ensure the availability of adequate and safe nutritious food for growth and development of adolescent girls and boys, including through prevention of early marriage, to develop a healthy and productive future generation

6.1.2.5 Ensure appropriate nutrition for adults and elderly persons suffering from malnutrition-related non-communicable diseases

6.1.2.6 Take steps to ensure regulation of unabated marketing of processed and commercial food items, given that the food habits of people, especially children, are at stake and influenced by advertisement of such foods. As a result, obesity, diabetes and other chronic non-communicable diseases have become an epidemic in the country. Encourage appropriate food habits and a healthy lifestyle.

6.1.2.7 Ensure easy availability and the best utilization of family planning methods to prevent early marriage, delay pregnancy and space births

6.1.3 Ensure adequate nutrition for disadvantaged groups

The nutrition status of disadvantaged groups is particularly affected during illnesses and natural and manmade disasters. Programs based on the National Nutrition Policy will:

6.1.3.1 Ensure the adoption of nutrition programs targeting people living in poor rural and urban areas and in remote locations identified through nutrition surveillance. Give special targeting to those who have very limited access to food and are unable to earn.

6.1.3.2 Ensure adequate nutrition for the people in emergencies (natural disaster, epidemic or conflict), as well as ensure the inclusion of basic nutritional needs of affected people in disaster preparedness plans. Further, ensure application of the related Act [Breastmilk substitute, infant food, commercially prepared complementary food and the accessories thereof (Regulation of Marketing) Act 2013]

6.1.3.3 Ensure adequate nutrition during and after illness of people suffering from chronic diseases, including those who are living with tuberculosis and HIV/AIDS

6.2 Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices

On average, the energy gap between need and intake for a typical adult Bangladeshi is 82 kilocalories (2,400 kilocalories[18] vs. 2,318 kilocalories[19]). These figures are calculated based on level of physical activity, basal metabolic rate and expected body weight. However, energy intake also may differ based on socioeconomic status, urban/rural location, and food security status.

18 FAO/WHO recommended daily energy requirement.

19 Household Income and Expenditure Survey Report 2010.

Diets of Bangladeshi people are comprised mostly of cereals, which provide 70 per cent of energy requirements. In all, the dietary menu does not contain adequate meat, milk, vegetables and fruits, so that nutritional needs are not met. The absence of quality protein and micronutrients is evident.

Strategies to increase food diversity

The main strategy to increase food diversity is to raise the awareness of people in both rural and urban areas with regard to the importance of such diversity and taking of a well-balanced combination of macro- and micronutrients. In addition to nutrition education, behaviour change communication is to be ensured.

The Government will encourage food-based strategies to achieve food variety, emphasizing the agricultural sector, including fisheries and livestock. In addition, it will create awareness among rural and urban people through the provision of information on the importance of food diversity, along with increasing the availability of food.

Strategies to be taken up for achieving food diversity and emphasizing the important role of the agricultural sector are:

6.2.1 Encourage coordinated homestead gardening and small-scale livestock and poultry rearing, at family level or collectively, to increase the availability of diverse, safe and nutritious food

6.2.2 Initiate a special behaviour change communication program to create awareness of the need to avoid processed food, excess salt, saturated fat and transfat

6.2.3 Encourage local production and indigenous varieties of crops, fruits and vegetables to promote biodiversity and uninterrupted food diversity

6.2.4 Encourage enhanced nutritional value through the combination of different types of food, given that an appropriate such combination is important for achieving food diversity

6.2.5 Improve, encourage and accelerate clean and hygienic food preparation practices so that safe and quality food consumption is increased and nutrition quality in food is restored. Encourage food preparation and preservation using local and appropriate technologies to ensure availability of food throughout the year

6.2.6 Ensure the supply of the required amount of animal protein through the promotion of the cultivation of small fish such as *mola*, *dhela* and *puti* in homestead water bodies to meet the nutritional needs of rural families

6.2.7 Supply supplementary food to affected populations during disasters and times of severe food insecurity

6.2.8 Initiate a food fortification program and expand its use and perimeter (including, e.g., iodine in edible salt, Vitamin A in edible oil, and enriched main food for children, cooked at home with mixed micronutrients)

6.2.9 Popularize the effective consumption of fats, carbohydrates and micronutrients to control malnutrition, overweight and micronutrient deficiencies

6.2.10 Reduce stunting, wasting and micronutrient deficiencies through diversifying food production and ensuring a variety of food intake by children and their families

6.3 Strengthen nutrition-specific, or direct nutrition, interventions

Two inter-dependent nutrition-related programs are being implemented in Bangladesh: nutrition-specific (direct) interventions and nutrition-sensitive (indirect) interventions. Nutrition-specific or direct interventions for children include the promotion of: (a) exclusive breastfeeding during the first 6 months after birth; (b) providing complementary food after age 6 months, appropriately prepared at home, alongside breastfeeding; (c) washing hands with soap before feeding a child;, (d) Vitamin A supplementation for children every 6 months; (e) supplementation with other micronutrients; (f) providing zinc as part of diarrhoea treatment, and (g) treatment of moderate or severe acute malnutrition. For adolescent girls and women, their nutritional status is being improved through: (a) behaviour change communication to provide nutritional knowledge through counselling at family level; (b) provision of iron, folic acid or multiple micronutrients as supplements, as appropriate;

(c) promotion of the use of iodized salt; (d) promotion of the use of calcium during pregnancy as a supplement; and (e) preventative activities in educational institutions and communities to avert incidences of overweight and obesity.

Strategies adopted to expand nutrition-specific (direct) programs include:

6.3.1 Motivate mothers to: (a) take appropriate nutritious food during pregnancy; (b) to gain adequate weight during pregnancy; (c) ensure taking of micronutrient supplements, especially iron-folic acid, during pregnancy and lactation period, as applicable; (d) prevent infection and ensure appropriate treatment; (e) reduce physical labour during pregnancy and ensure appropriate rest; and (f) bring about behavioral changes, including avoiding tobacco products and smoking, during pregnancy.

6.3.2 Promote the consumption of adequate quantities of nutritious food to prevent malnutrition in lactating mothers and ensure appropriate care to children

6.3.3 Start breastfeeding within one hour of birth to ensure appropriate care to the newborn, with exclusive breastfeeding up to age 6 months; and encourage the provision of complementary food from age 6 months 3-4 times a day, prepared at home (combining at least four food groups), with continuation of breastfeeding up to age 2 years.

6.3.4 Immediately treat any infection that may have adverse effects on nutrition

6.3.5 Treat moderate and severe acute malnutrition both at health centres and in the community

6.3.6 Ensure care through families and communities for physical growth and mental development of children, and motivate the ensuring of a supportive environment for child development

6.3.7 Ensure intake of adequate varieties of food for adolescent girls and boys for their appropriate growth, so that they can develop as adults with expected height and weight

6.3.8 Extend and strengthen nutrition education in educational institutions

6.3.9 Ensure availability of food enriched with energy, protein and micronutrients for elderly persons

6.3.10 Scale up nutrition-specific programs in rural areas, through coordination between non-Government organizations and the Ministry of Health and Family Welfare, as well as through primary health care services in urban areas under the Ministry of Local Government, Rural Development and Cooperatives

6.3.11 Scale up nutrition-specific or direct programs for marginalized persons in urban slums and people in hard-to-reach locations

6.3.12 Change behaviours through strengthened nutrition counseling, information and education. Undertake intensive communication through all media, involving all stakeholders, to raise public awareness on maintaining a balanced diet, the nutritional value of food, and physical activity and exercise. In the light of experiences with successful national programs such as family planning, immunization and distribution of oral saline solution, develop a plan for a nutrition and food security campaign through the mass media, and allocate resources for this purpose.

6.3.13 Build knowledge about appropriate micronutrient-enriched family foods and promote increased consumption

6.3.14 Make the existing health system universal, utilize the system effectively, and estimate effective manpower needs for the purpose —particularly including the number of health workers to be employed at community clinics and union health centers, as well as assessment of their skills and identification of their training needs – so that the ratio between health workers and beneficiaries is maintained and nutrition services can be scaled up

6.3.15 Provide the required number of health workers through filling of all vacant posts and ensuring of required supplies. Develop local-level health facilities, such as community clinics, union sub-centers, family welfare centers and *upazila* health complexes, to be suitable for providing nutrition services

6.3.16 Mainstream nutrition services appropriately with health services, through effective coordination between health and family welfare workers at grassroots level

6.3.17 Ensure improved services, through increasing the accountability of Government and non-Government nutrition service providers at all levels to meet people's expectations.

6.3.18 Develop and establish a strong national monitoring and evaluation system to ensure accountability with regard to nutrition services

6.3.19 Conduct a needs assessment for a comprehensive work plan and appropriate allocation of resources.

6.3.20 Appoint nutritionists in hospitals and in public health nutrition programs

6.4 Strengthen nutrition-sensitive, or indirect, interventions

Issues of malnutrition, particularly low birth weight and stunting, cannot be controlled through nutrition-specific programs only. In turn, this necessitates the addition of nutrition-sensitive interventions, especially with regard to food security, female education and empowerment, increased employment opportunities, hygiene and sanitation, agriculture, and expansion of social safety nets.

Strategies to be adopted to expand nutrition-sensitive (indirect) interventions include:

6.4.1 Enhance food security at household level. Publicize and promote food-based dietary guidelines. Ensure informed food selection and consumer rights.

6.4.2 Encourage investment in nutrition-sensitive agriculture to produce fruits, vegetables, chicken, fish, fish products, milk and meat

6.4.3 Increase the rate of female education and women's empowerment. Create employment opportunities for women, and encourage the delay pregnancy until at least age 20 years.

6.4.4 To combat different types of infection (diarrhoea, pneumonia, environmental enteropathy) that adversely affect child nutrition, motivate people to follow hygiene practices, especially washing hands with soap. Also ensure safe drinking water and strengthen the sanitation system to reduce the risks of these infections.

6.4.5 Engage all relevant Ministries, Divisions, institutions, civil society and non-Government organizations in nutrition interventions

6.4.6 Accelerate research activities to increase production of non-cereal agricultural products, such as pulses, fruits and vegetables

6.4.7 Initiate new programs and strategies to implement nutrition programs involving all concerned ministries and agencies (e.g. food, agriculture, education, fishery and livestock, local government, women and children affairs, disaster and relief)

6.4.8 Coordinate nutrition-sensitive programs to be implemented under ministries such as Agriculture, Food, Fishery and Livestock, Women and Children Affairs, Education, Industry and Local Government, Rural Development and Cooperatives, among others

6.5 Strengthen multisectoral programs to ensure countrywide efforts toward ensuring nutrition, including necessary financing for such programs. Increase joint efforts and coordination among sectors/ Ministries/non-Government organizations and development partners with regard to social safety nets, women's empowerment, education, and water, sanitation and hygiene, among others. Prepare a National Plan of Action (with costing, indicators and targets) for the next decade. Strategies to achieve this objective include:

- Strengthen nutrition-specific (direct) and nutrition-sensitive (indirect) programs
- Involve human resources in renewed nutrition efforts, including effective supervision and monitoring of nutrition services
- Support increased coordination among relevant programs, including with regard to social safety nets, education and women's empowerment
- Monitor and evaluate implementation of nutrition programs Enhance knowledge and skills of human resources involved in nutrition programs through appropriate trainings
- Mainstream nutrition education in all types of training programs and in general educational curricula

- Conduct nutrition-related research and collect and analyze disaggregated data, providing feedback.

6.5.1 Ensure joint work by the Ministries of Local Government, Rural Development and Cooperatives and Health and Family Welfare in malnutrition-stressed urban areas, especially urban slums

6.5.2 Implement interventions in all educational institutions and communities, in both rural and urban areas, to reduce overweight and obesity. Encourage physical labour and exercise.

6.5.3 Strengthen cooperation and coordination among the Ministry of Health and Family Welfare, international organizations, development partners, educational and research institutions, non-Government organizations and concerned Ministries toward development and implementation of multisectoral nutrition programs in the areas of nutrition security, safety nets for marginalized communities, hygiene and sanitation, and employment generation

6.5.4 Jointly implement nutrition programs through strengthened partnerships and coordination between Government institutions and non-Government organizations and institutions

6.5.5 Include issues of nutrition in the National Social Security Strategy paper, particularly with regard to food diversity in food-related programs. Initiate nutrition programs targeting ultra-poor and deprived communities, and link up nutrition programs with other social safety net programs.

6.5.6 Strengthen research activities on nutrition in the Bangladesh context so that policymakers are informed about nutrition programs and strategies and able to make decisions accordingly. In addition, undertake action-oriented research.

6.5.7 Strengthen research activities to boost production of non-cereal crops. Increase food security for the ultra-poor through appropriate food preservation methods.

6.5.8 Strengthen the enforcement of laws against the adulteration of food and raise public awareness on the issue.

6.5.9 Adapt food security, employment and disease management strategies in line with the situation related to climate change in Bangladesh

6.5.10 Strengthen the National Nutrition Council, with the Honorable Prime Minister as the Chair, to review the nutritional situation of the country and implement/coordinate multisectoral programs

7. Conclusion

The National Nutrition Policy 2015 has given importance to ensuring appropriate nutrition through identification of its different causes. This Policy will provide the necessary direction to implement and strengthen existing strategies, as well as to develop new strategies to improve the people's nutritional status in Bangladesh.

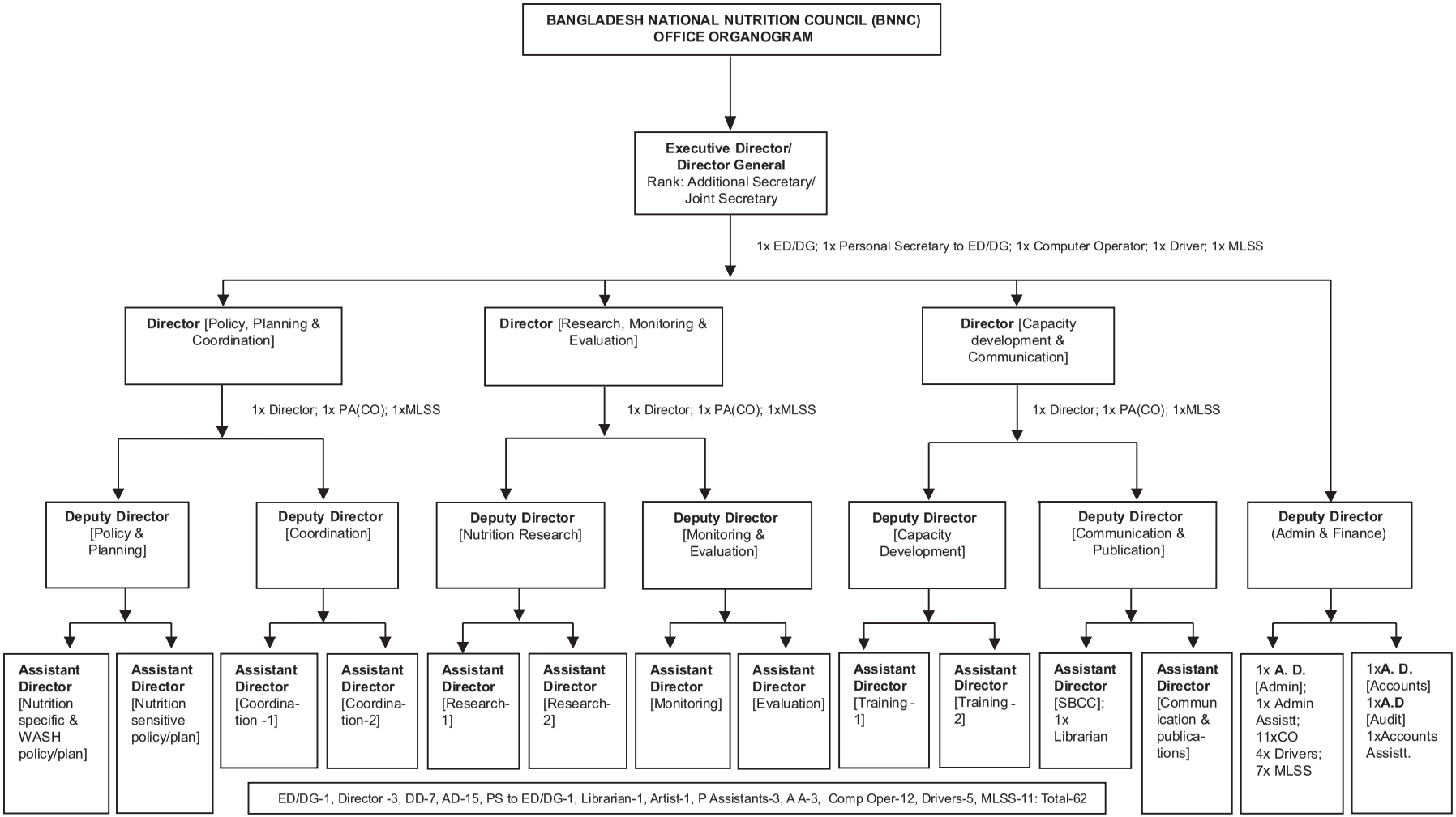
Indicators for achieving optimal nutrition:

- Increase the initiation of breastfeeding in the first hour of life
- Increase the rate of exclusive breastfeeding in infants younger than age 6 months
- Increase the rate of continued breastfeeding in children aged 20 to 23 months
- Increase the proportion of children aged 6-23 months receiving a minimum acceptable diet
- Reduce the rate of low birth weight
- Reduce stunting among under-5 children
- Reduce wasting among under-5 children
- Reduce the proportion of underweight among under-5 children
- Reduce the rate of severe malnutrition among children
- Reduce malnutrition among adolescent girls
- Increase Vitamin A coverage
- Reduce malnutrition among pregnant women and lactating mothers
- Increase the rate of iodized salt intake
- Reduce maternal overweight (BMI>23)
- Reduce the rate of anemia among women

Annex-2. **Consolidated list of SBCC topics**

- Maternal health and nutrition care and the encouragement of health-seeking behaviors through facility and community-based approaches
- Appropriate Infant and Young Child Feeding practices with emphasis on optimal breastfeeding and complementary feeding practices
- Treatment of moderate and severe acute malnutrition using existing guidelines
- Women's empowerment through formal and non-formal education and livelihoods generation
- Nutrition of female adolescents and associated risks of early marriage and teenage pregnancy
- Health risks of inappropriate consumption of processed foods, excess salt and sugar, saturated and trans fat in the development of overweight and obesity and the non-communicable diseases (NCDs)
- Healthy practices and nutrition support for people suffering from NCDs, TB and HIV/AIDS
- Healthy food choices using food-based dietary guidelines for a balanced and diversified diet and food basket planning
- Public awareness about family planning methods and birth spacing
- Strengthening/scaling up the cultivation and consumption of local nutrient dense foods
- Healthy food preparation and cooking demonstrations of nutritious recipes (especially for complementary feeding)
- Reduction of losses during post-harvest processes (namely, transportation, milling, packaging and storage) and preservation of nutritional value during long term storage
- Food handling and food safety measures
- Strategies to increase and diversify family food supply and consumption patterns
- Nutritional requirements of different household members (with emphasis on first 1000 days) and intra-household distribution
- School gardens and school feeding programs
- Dissemination of nutrition and related laws like National Food Safety Law, Salt Law etc. and the need for enforced compliance
- Integrating nutrition considerations in Social Protection Programs
- Nutritional needs of vulnerable groups in times of disasters
- Viable Income generation Activities/opportunities
- Gender sensitization or women empowerment.

Annex- 3a. **Pbangladesh National Nutrition Council (BNNC) Office Organogram***



*In principle approved.

Annex-3b: **Functions of the Bangladesh National Nutrition Council (BNNC) Office**

1. Provide technical, analytical and secretarial support to the Bangladesh National Nutrition Council (BNNC), its Executive Committee (EC), Standing Technical Committee (STC) and other Committees formed from time to time;
2. Execute decisions of the BNNC, EC, STC and other committee meetings as appropriate and inform the concerned ministries/sectors, where applicable, for execution of the decision (s);
3. Conduct/coordinate research and studies to generate knowledge including provision of research grants on nutrition as appropriate and organize different analytical reviews to identify the achievements as well as gaps on nutrition;
4. Execute the M&E framework of NPAN; monitor and evaluate its implementation; and enhance multi-sectoral coordination on policies, strategies and programs within HNP and across ministries and submit reports to the BNNC meetings;
5. Review nutrition programs of different ministries whether those are implemented in line with the national nutrition policy and report to the Council for appropriate guidelines;
6. Review and evaluate progress and outcomes of nutrition programs of different ministries, departments, institutes or agencies for seeking necessary guidelines from BNNC;
7. Provide support to formulate/updating nutrition policies/plan of action;
8. Identify strategic opportunities for more effective collaboration, sharing and utilization of resources;
9. Provide support to publish and disseminate technical and general information on nutrition;
10. Provide support and guidance to relevant stakeholders to develop institutional capacity for nutrition;
11. Provide technical support in making global collaboration for nutrition;
12. Organize national nutrition week throughout the country; and Publish South Asian Journal of Nutrition at regular interval;
13. Organize media campaign on Sustainable SBCC using radio, television and print media for dissemination of nutrition information/messages for wider coverage;
14. Maintain a resource library on nutrition and digitalized information centre to provide information to the public on nutrition;
15. Any other functions assigned by the Council, EC and STC relevant to the cause of nutritional development of the country.

Annex-4. **Apex Committees of BNNC**

Government of the Peoples Republic of Bangladesh
Ministry of Health and Family Welfare
Public Health-Section 2

No.: 45.161.006.01.00.001.2010-432 Date: 22.09.2015

Notification

By cancelling all previous orders, Government of the Peoples Republic of Bangladesh formed "**Bangladesh National Nutrition Council**" with the members mentioned below:-

Bangladesh National Nutrition Council:

1.	Honorable Prime Minister, of the People's Republic of Bangladesh	Chairperson
2.	Minister, Ministry of Health and Family Welfare	Co-Chairperson
3.	Minister, Ministry of Finance	Member
4.	Minister, Ministry of Agriculture	Member
5.	Minister, Ministry of Local Government, Rural Development and Co-operatives	Member
6.	Minister, Ministry of Fisheries and Livestock	Member
7.	Minister, Ministry of Disaster Management and Relief	Member
8.	Minister, Ministry of Primary and Mass Education	Member
9.	Minister, Ministry of Social Welfare	Member
10.	Minister, Ministry of food	Member
11.	State Minister, Ministry of Health and Family Welfare	Member
12.	State Minister, Ministry of Youth and Sports	Member
13.	State Minister, Ministry of Women and Children Affairs	Member
14.	Principal Secretary, Prime Minister Office	Member
15.	Senior Secretary/Secretary Finance Division	Member
16.	Senior Secretary/Secretary, Ministry of Education	Member
17.	Senior Secretary/Secretary, Ministry of Fisheries and Livestock	Member
18.	Senior Secretary/Secretary, Ministry of Primary and Mass Education	Member
19.	Senior Secretary/Secretary, Ministry of food	Member
20.	Senior Secretary/Secretary, Ministry of Women and Children Affairs	Member
21.	Senior Secretary/Secretary, Ministry of Agriculture	Member
22.	Senior Secretary/Secretary, Local Government Division	Member
23.	Senior Secretary/Secretary, Ministry of Information	Member
24.	Senior Secretary/Secretary, Ministry of Social Welfare	Member
25.	Senior Secretary/Secretary, Ministry of Health and Family Welfare	Member-Secretary

26.	Executive Chairman, Bangladesh Agriculture Research	Member
27.	Chairman, Bangladesh Medical Research Council	Member
28.	Member, Division of social and economic infrastructure, planning commission	Member
29.	Chairman, Bangladesh Council of Scientific and Industrial Research (BCSIR)	Member
30.	Director General of Health services	Member
31.	Director General of Family Planning	Member
32.	Chair and Secretary of the Technical committee of BNNC	Member
33.	Director, Institute of Public Health Nutrition	Member
34.	Director, Institute of Nutrition and Food Science, Dhaka University	Member
35.	Chairman, Food Safety Authority	Member
36.	Managing Director, Bangladesh News Agency (Bangladesh Sangbad Songstha)	Member
37.	Three Nutrition specialists nominated by Technical committee of Bangladesh National Nutrition Council	Member

Terms of Reference of Bangladesh National Nutrition Council:

1. To provide guidance on National Food and Nutrition Policy;
2. To provide direction to the ministries or divisions and agencies to implement nutrition interventions according to National Food and Nutrition Policy;
3. To guide the integration of nutrition issues with the activities of relevant ministries, divisions and agencies;
4. To review, evaluate and provide necessary guidance on nutrition related activities to different ministries, divisions and agencies.

Meeting of Bangladesh National Nutrition Council:

1. This council will meet every six monthly and the date, time and venue will be confirmed by the Honorable Chairman;
2. Chairman can call for a meeting any time if necessary;
3. The quorum of the meeting will be at least one third of the committee may remain present in the meeting;
4. Chairman will preside over the meeting every time, in her his absence co-chair will preside over the meeting.

Government of the Peoples Republic of Bangladesh
Ministry of Health and Family Welfare
Public Health-Section 2

No.: 45.161.006.01.00.001.2010-251 Date: 23.02.2015

Notification

By cancelling all previous orders, with the permission of the Honorable Minister of Ministry of Health and Family Welfare (Chairman, Executive committee, Bangladesh National Nutrition Council) the **Executive Committee of Bangladesh National Nutrition Council** is formed with the members mentioned below:

Members of Executive Committee of BNNC:

1.	Minister, Ministry of Health and Family Welfare	Chairman
2.	State Minister, Ministry of Health and Family Welfare	Co- Chairman
3.	Senior Secretary/Secretary, Ministry of Health and Family Welfare	Member
4.	Senior Secretary/Secretary, Ministry of Commerce	Member
5.	Senior Secretary/Secretary, Ministry of Disaster Management and Relief	Member
6.	Senior Secretary/Secretary, Ministry of Finance	Member
7.	Senior Secretary/Secretary, Ministry of Food	Member
8.	Senior Secretary/Secretary, Ministry of Primary and Mass Education	Member
9.	Senior Secretary/Secretary, Ministry of Education	Member
10.	Senior Secretary/Secretary, Ministry of Women and Children Affairs	Member
11.	Senior Secretary/Secretary, Ministry of Agriculture	Member
12.	Senior Secretary/Secretary, Ministry of Religious Affairs	Member
13.	Senior Secretary/Secretary, Ministry of Information	Member
14.	Senior Secretary/Secretary, Ministry of Industries	Member
15.	Senior Secretary/Secretary, Ministry of Fisheries and Livestock	Member
16.	Senior Secretary/Secretary, Ministry of Planning	Member
17.	Senior Secretary/Secretary, Ministry of Social Welfare	Member
18.	Senior Secretary/Secretary, Ministry of Youth and Sports	Member
19.	Senior Secretary/Secretary, Ministry of Environment and Forest	Member
20.	Senior Secretary/Secretary, Ministry of Local Government, Rural Development and Co-operatives	Member
21.	Additional Secretary (Public Health and World Health), Ministry of Health and Family Welfare	Member
22.	Director General of Health services	Member
23.	Director General of Family Planning	Member
24.	Director General, NIPORT	Member
25.	Director General, BBS	Member
26.	Director, Primary Health Care, Directorate General of Health Services	Member

27.	Chief, Health Education Bureau, Directorate General of Health Services	Member
28.	Director, MIS, Directorate General of Health Services	Member
29.	Director, MCH-FP, Directorate General of Family Planning	Member
30.	Director, IEM, Directorate General of Family Planning	Member
31.	Director, MIS, Directorate General of Family Planning	Member
32.	President/General Secretary of Bangladesh Nutrition Society	Member
33.	Director, Institute of Public Health Nutrition	Member-Secretary

Terms of Reference of Executive Committee:

1. To suggest strategies for effective implementation of nutrition activities in line with the policies;
2. To formulate National Plan of Action on Nutrition;
3. To provide support to different ministries or divisions, institutions or agencies for implementation of Nutrition activities;
4. To guide the sub-committees formed by the council and multi-stakeholder co-ordination committees at national (ministries or divisions) and sub-national level.

Meeting of Executive Committee:

1. This council will meet at least two monthly and the date, time and venue will be confirmed by the Chairman
2. Chairman can call for a meeting any time if necessary
3. The quorum of the meeting will be in a presence of at least members of the committee
4. Chairman will preside over the meeting every time, in her his absence co-chairman will preside over the meeting.

Bangladesh National Nutrition Council and its Executive Committee can formed a Sub-committee by the specialist if necessary.

Government of the Peoples Republic of Bangladesh
Ministry of Health and Family Welfare
Public Health-Section 2

No.: 45.161.006.01.00.001.2010-250 Date: 23.02.2015

Notification

By cancelling all previous orders, with the permission of the Honorable Minister of Ministry of Health and Family Welfare (Chairman, Executive committee, Bangladesh National Nutrition Council) the Standing Technical Committee of Bangladesh National Nutrition Council is formed with the members mentioned below:-

1.	Dr. Md. Shajedul Hasan	Joint Secretary (HRM), MOHFW	Chairman
2.	Professor M.Q.K. Talukder	Chairperson, CWCH	Member
3.	Dr. S.K. Roy	Chairman, BBF	Member
4.	Director	Institute of Public Health Nutrition, Dhaka	Member
5.	Professor Mamun Rashid	Ex-Director, Institute of Public Health Nutrition, Dhaka.	Member
6.	Director	NIPSOM	Member
7.	Professor Nazma Shaheen	Professor, Clinical Nutrition, Institute of Nutrition and Food Science, Dhaka University.	Member
8.	Professor Dr. Shahidullah	Pro VC, BSMMU	Member
9.	Director	Bangladesh Institute of Research and Training on Applied Nutrition (BIRTRAN)	Member
10.	Director	Bangladesh Council of Scientific and Industrial Research (BCSIR), Dhaka.	Member
11.	Head of the Department	Department of Biochemistry, Dhaka University.	Member
12.	Head of the Department	Department of Anthropology, Dhaka University.	Member
13.	Dr. Tahmeed Ahmed	Head of Nutrition, icddr,b	Member
14.	Head of the Department	Department of Nutrition, Home Economics College, Azimpur, Dhaka.	Member
15.	Dr. Mohsin Ali	Nutritionist	Member
16.	Chairman	Department of Microbiology, Bangabandhu Sheikh Mujib Medical University, Dhaka.	Member
17.	Secretary	Bangladesh National Nutrition Council	Member Secretary

Standing Technical Committee members will be valid for 3 years.

Terms of Reference of Standing Technical Committee

1. To provide support to arrange meetings, seminars, conferences and workshops to update National Food and Nutrition Policy and to improve nutrition knowledge;
2. To provide support to review, monitor and evaluate the technical issues for improvement of nutrition;
3. To provide advisory support and recommendations to the National Nutrition Council;
4. To execute decisions of the BNNC & Executive committee meetings;
5. The technical committee can co-opt at best two nutrition specialists, if needed.

Annex-5. **Details of costed interventions**

5a: Nutrition Specific *(High priorities)*

Interventions	Taka
IFA supplementation in pregnancy	2,093,442,080
Breastfeeding promotion	6,125,581,680
Complementary feeding education	5,550,192,560
Vitamin a supplementation	2,341,541,120
Deworming	2,466,071,920
Zinc and ORS for the treatment of diarrhea	2,754,549,600
Management of severe acute malnutrition (as per National Guidelines)	2,086,165,840
Management of moderate acute malnutrition (as per National Guidelines)	2,059,932,400
Public provision of complementary foods	18,372,926,560
Rice fortification (public costs only)	5,953,216,000
Salt iodization (public costs only)	1,618,463,600
Calcium supplementation in pregnancy	1,283,491,120
Total BDT	**52,705,574,480**
Total USD	**675,712,493**

NB: The relevent minisries will include the enlisted activities under the national plan of action for nutrition in their ADP and adjust/execute cost from own budget.

5b: Food, Agriculture, Fisheries and Livestock (*High priorities*)

Description of Activities	Taka
Conduct ToT for relevant government staff	10,037,500
Conduct trainings that promote diversified homestead gardening(fruits and vegetables) fish ponds and backyard poultry supported by strong nutrition education production for diet diversity	2,318,250,000
Introduce recent area-based home gardening technologies (such as hydroponic, floating gardens)	68,750,000
Develop/Adopt/Disseminate nutrition sensitive training resource and information materials	383,350,000
Establish Storage and Marketing Facilities at local/national level	1,375,000,000
Undertake relevant research activities on bio-fortification (e.g. legumes, sweet orange potato)	50,000,000
Accelerate the release and adoption of Zn bio-fortified rice to target HHs for production and consumption	50,000,000
Undertake relevant research activities on climate smart technologies	50,000,000
Develop/Distribute nutrition sensitive information materials to translate research results into action	50,000,000
Provide regular agricultural extension support (vertical integration of research-extension-farm)	68,750,000
Total BDT	**4,424,137,500**
Total USD	**56,719,712**

NB: The relevant ministries will include the enlisted activities under the national plan of action for nutrition in their ADP and adjust/execute cost from own budget.

5c: Women Empowerment, Education, Social Safety Net and Information (*High priorities*)

Description of Activities	Taka
Incorporate linkages in the SSN strategy and operational program	382,800
Dissemination and orientation of strategy and operational guideline from national level to division, district, upazila to local level	640,000
IMPLEMENTATION: Staff time, administrative process, field operation (includes referral to SPP/SSN, service delivery, monitoring)	20,280,516
Scale up of existing Maternity Allowance project to 90% coverage (based on SSN programs budget)	63,397,525,388
Technical Assistance for revising existing SPPs and provide policy guidance	5,104,000
Reflected as "Design the SBCC component and harmonize with MoHFW/ Nutrition SBCC" under Action area 3, should be supported/guided by BNNC. Capacity building for program implementation staff.	4,158,000
Revisiting of existing Rapid Nutrition Assessment Guideline	660,000
Assessing emergency nutritional needs for vulnerable groups	2,000,000
Emergency Supplies	1,190,200
Cluster coordination/emergency nutrition	10,120,000
Orientation of the Members of the disaster management committees at different level	21,615,000
Emergency BCC for Nutrition	1,245,000
Monitoring and Evaluation	2,315,000
Conduct timely rapid nutrition assessments in crisis affected areas, integrated in broader emergency assessments as relevant	660,000
Guidelines, Nutrition education and BCC materials prepared and prepositioned	695,000
IMPLEMENTATION: Staff time, administrative process, field operation (includes referral to SPP/SSN, service delivery, monitoring)	391,201,885
Preparation of strategy, guidelines, and operational plan	2,200,000
Module printing and distribution to lowest government levels of different line agencies	5,074,250
Orientation/training to the stakeholders and service deliverers (school teacher, school management community etc.)	60,891,000
Conduct research studies	55,000,000
Disseminate Research Output	22,110,000
Total BDT	**64,005,068,039**
Total USD	**820,577,795**

NB: The relevant ministries will include the enlisted activities under the national plan of action for nutrition in their ADP and adjust/execute cost from own budget.

5d: Food, Agriculture, Fisheries and Livestock (*Medium priorities*)

Description of Activities	Taka
Undertake relevant research activities on bio-fortification (e.g. legumes, sweet orange potato)	52800000
Undertake relevant research activities on climate smart technologies (Vegetables & Fruits)	61710000
Develop/Distribute nutrition sensitive information materials to translate research results into action	11055000
Integration of nutrition in regular agricultural extension support (vertical integration of research-extension-farm)	1000000
Conduct skill development trainings to promote the adoption of safe and healthy preservation/processing techniques of most perishable commodities	516108450
Organize women's groups and provision of capital for small scale food processing activities	1000000
Provide agricultural extension support services to promote the adoption of Good Agriculture Practices (GAPs) including development and dissemination of user friendly guidelines	1925000
Conduct regular monitoring of products produced, imported and sold for contamination	120000000
Enforce Food Safety guidelines and regulations	28050000
Develop nutrition labeling guidelines as complementary effort to nutrition education and consumer welfare	1400000
Disseminate and promote use of Food based Dietary Guidelines to promote healthy behaviors	8541500
Identify/strengthen institutional arrangements from relevant ministries	2000000
Grand Total	**805,589,950**
Grand Total	**10,328,076**

NB: The relevant ministries will include the enlisted activities under the national plan of action for nutrition in their ADP and adjust/execute cost from own budget.

5e: Women Empowerment, Education, Social Safety Net and Information (*Medium priorities*)

Description of Activities	Taka
Development of Rapid Assessment Guideline/Methodology (Common, national level document)	148,081,200
Supply supplementary food to affected populations during disasters and times of severe food insecurity	24,640,000
Nutritionally enriched food in responses to emergency and severe food insecurity	2,200,000
Explore other feasible food fortification program including bio fortification, staple food fortification and others through research	10,000,000
Building capacity of implementing and monitoring bodies, i.e. BSCIC, IPHN, BSTI etc.	81,316,900
Link with IGA/Livelihood programs and also social safety net/Voucher scheme programs where indicated	110,150,000
Include adequate nutritional support (as per National Guideline) to 6-59 months old SAM/MAM children and acutely undernourished PLWs targeted through SPPs	1,000,000
Update nutrition education modules and incorporate them into secondary and higher secondary curriculum	13,310,000
School stipend for all school going adolescents belonging to the poor and vulnerable households	1,000,000
Implementing a program of financial support to vulnerable women (widows, divorced, destitute, single mother, and unemployed single women including adolescent girls) and facilitate their participation in the labor market	1,500,000
Strengthen SPP focusing viable IGA, market access and role in family decision making process	329,600,000
Revise National Social Security Strategy (NSSS) Paper related to food diversity in food related programs	14,300,000
Grand Total BDT	**737,098,100**
Grand Total USD	**9,449,975**

NB: The relevant ministries will include the enlisted activities under the national plan of action for nutrition in their ADP and adjust/execute cost from own budget.

5f: Monitoring and Evaluation

Description of Activities	Taka
Monitoring progress of NPAN implementation	17,814,500
Program Evaluation Studies	42,900,000
Printing	1,650,000
Inception and Dissemination Meetings	1,320,000
Total BDT	**63,684,500**
Total USD	**816,468**

NB: The relevant ministries will include the enlisted activities under the national plan of action for nutrition in their ADP and adjust/execute cost from own budget.

5g: Institution and Capacity Building

Item	BNNC	IPHN	Nutrition and FS Cell
Construction		150000000	
Laboratory		20000000	
Library		20000000	
ICT		35000000	
Furniture and Fixture		20000000	
Module development		8400000	
Study tour and training visit		25000000	
Resource Person		4500000	
Sub total	100000000	282900000	10000000
Total	100000000	282900000	10000000
Grand Total			**392,900,000**
Total USD			**5,037,179**

Annex-6. **Committees for NPAN 2 Formulation**

1.1 **National Working Committee:**

Sl. No	Designation	Status
1.	Secretary, Ministry of Health and Family Welfare	Chairman
2.	Additional Secretary, Ministry of Health and Family Welfare	Member
3.	Additional Secretary (Public Health & World Health), Ministry of Health and Family Welfare	Member
4.	Director General, Directorate General of Health Services	Member
5.	Director General, Directorate General of Family Planning	Member
6.	Joint Chief (Planning)	Member
7.	Director, Institute of Public Health Nutrition	Member
8.	Director, Institute of Nutrition and Food Science	Member
9.	Representative, Finance Division, Ministry of Finance	Member
10.	Representative, Ministry of Planning	Member
11.	Representative, ERD	Member
12.	Representative, Local Government Division	Member
13.	Representative, Ministry of Agriculture	Member
14.	Representative, Ministry of Food	Member
15.	Representative, Ministry of Fisheries and Livestock	Member
16.	Representative, Ministry of Social Welfare	Member
17.	Representative, Ministry of Women and Child Affairs	Member
18.	Representative, Ministry of Education	Member
19.	Representative, Ministry of Primary and Mass Education	Member
20.	Representative, Ministry of Information	Member
21.	Chairman, Bangladesh Food Safety Authority	Member
22.	Prof. Dr. M Q K Talukder, Eminent Pediatrician & Nutrition Expert	Member
23.	Prof. Dr. S.K Roy, Eminent Nutrition Expert and Chairman, BOT, BBF	Member
24.	Dr. Kaosar Afsana, Public Health Nutrition Expert	Member
25.	Chairman, Standing Technical Committee, BNNC	Member
26.	Secretary, Secretariat of BNNC	Member Secretary

Technical Support to Working committee:

1. Md. Ruhul Amin Talukder- Joint Secretary, MOHFW
2. Ms. Farzana Bilkes. Technical Advisor to SUN FP, MOHFW
3. Dr. M. Islam Bulbul, Technical Support to Additional Secretary (PH &WH) & SUN-FP, MOHFW
4. Dr. Sadia Sobhan, Technical Support to Additional Secretary (PH &WH) & SUN-FP, MOHFW
5. Ms. Farhana Sharmin, Consultant, UNICEF
6. Ms. Samina Israt, Technical Support to Additional Secretary (PH &WH) & SUN-FP, MOHFW

1.2 Committees of Sectoral Focal Points of NPAN:

Sl. #	Designation	Status
1.	Additional Secretary (Public Health & World Health), Ministry of Health and Family Welfare	Convenor
2.	Joint Secretary (Development)/Joint Chief, Finance Division, Ministry of Finance	Member
3.	Joint Secretary (Development)/Joint Chief, Ministry of Planning	Member
4.	Joint Secretary (Development)/Joint Chief, ERD, Ministry of Finance	Member
5.	Joint Secretary (Development)/Joint Chief, Local Government Division	Member
6.	Joint Secretary (Development)/Joint Chief, Ministry of Agriculture	Member
7.	Joint Secretary (Development)/Joint Chief, Ministry of Food	Member
8.	Joint Secretary (Development)/Joint Chief, Ministry of Fisheries and Livestock	Member
9.	Joint Secretary (Development)/Joint Chief, Ministry of Social Welfare	Member
10.	Joint Secretary (Development)/Joint Chief, Ministry of Women and Child Affairs	Member
11.	Joint Secretary (Development)/Joint Chief, Ministry of Education	Member
12.	Joint Secretary (Development)/Joint Chief, Ministry of Primary and Mass Education	Member
13.	Joint Secretary (Development)/Joint Chief, Ministry of Information	Member

1.3 National Technical Committee:

Sl #	Designation	Status
1.	Chair, Standing Technical Committee, BNNC	Chair
2.	Representative from Sectoral committee	Member
3.	Professor Nazma Shaheen, Director, INFS	Member
4.	Chairman, BIDS	Member
5.	Program Manager, NNS	Member
6.	Representative, Bangladesh Agricultural Research Council	Member
7.	Representative, BIRTAN	Member
8.	Representative, FPMU	Member
9.	Representative, Bangladesh Livestock Research Institute	Member
10.	Representative, icddr,b	Member
11.	Representative, Bangladesh Bureau of Statistics	Member
12.	Deputy Chief (Health), Planning Wing	Member
13.	Representative, USAID	Member
14.	Representative, DFID	Member
15.	Representative, DFTAD	Member
16.	Representative, WHO	Member
17.	Representative, UNICEF	Member
18.	Representative, FAO	Member
19.	Representative, WFP	Member
20.	Representative, UNDP	Member
21.	Representative, The World Bank	Member
22.	Representative, The Asian Development Bank	Member
23.	Dr. S M Mustafizur Rahman, Country Director, MI	Member
24.	Dr. Zeba Mahmud, Country Director, Alive and Thrive	Member
25.	Dr. Kuntal Roy, Director, JPGSPH, BRAC University	Member
26.	Representative, NHSDP	Member
27.	Chairman, Neonatology, BSMMU	Member
28.	Prof. Nazmul Hassan, Eminent Nutritionist	Member
29.	Representative, Bangladesh Food Safety Authority	Member
30.	Representative, Health Economics Unit	Member
31.	Dr. Nasreen Khan (In attachment), Public Health & World Health Wing, MOHFW.	Member Secretary

Four Sectoral Committees of NPAN:

A) Sectoral Committee-1:Health, Urban Health and WASH

Sl #	Designation	Status
1.	Chairman, Standing Technical Committee, BNNC	Chairman
2.	Representative, Local Government Division	Member
3.	Prof. Dr SK Roy, Eminent Nutrition Expert and Chairman, BOT, BBF	Member
4.	Program Manager, NNS	Member
5.	Representative, icddr,b	Member
6.	Representative, Bangladesh Bureau of Statistics	Member
7.	Representative, USAID	Member
8.	Representative, WHO	Member
9.	Representative, UNICEF	Member
10.	Representative, The World Bank	Member
11.	Representative, The ADB	Member
12.	Representative, NHSDP	Member
13.	Chairman, Neonatology, BSMMU	Member
14.	Professor Nazmul Hassan, Eminent Nutritionist,	Member
15.	Representative, Health Economics Unit	Member
16.	Deputy Chief, Planning Division	Member
17.	Representative, WaterAID	Member
18.	Representative, IFPRI	Member
19.	Dr. Nasreen Khan (In attachment), PH & WH, MOHFW	Member
20.	Ms. Farzana Bilkes, Technical Advisor to SUN FP, MOHFW	Member
21.	Ms. Farhana Sharmin, Consultant, UNICEF	Member
22.	Director, IPHN	Member Secretary

B) Sectoral Committee-2: Food, Agriculture, Fisheries and Livestock

Sl #	Designation	Status
1.	Director General, FPMU	Chairman
2.	Representative, Ministry of Agriculture	Member
3.	Representative, Ministry of Food	Member
4.	Representative, Ministry of Fisheries and Livestock	Member
5.	Representative, Bangladesh Agriculture Research Council	Member
6.	Representative, BIRTAN	Member
7.	Representative, Bangladesh Livestock Research Institute	Member
8.	Representative, DFID	Member
9.	Representative, FAO	Member
10.	Dr. Mahbub Hossain, Advisor, BRAC	Member
11.	Representative, Bangladesh Food Safety Authority	Member
12.	Representative, IFPRI	Member
13.	Joint Secretary, (Public Health -2)	Member Secretary

C) Sectoral Committee-3: Women Empowerment, Education, Social Safety Net, Information

Sl #	Designation	Status
1.	Additional Secretary, Ministry of Health & Family Welfare	Chairman
2.	Representative, Ministry of Social Welfare	Member
3.	Representative, Ministry of Women and Child Affairs	Member
4.	Representative, General Economic Division	Member
5.	Representative, Ministry of Education	Member
6.	Representative, Ministry of Primary and Mass Education	Member
7.	Representative, Ministry of Information	Member
8.	Representative, BIDS	Member
9.	Representative, DFID	Member
10.	Representative, DFTAD	Member
11.	Representative, UNDP	Member
12.	Representative, ADB	Member
13.	Mr. Mofizul Islam, Deputy Chief, Health Economics Unit	Member Secretary

D) Sectoral Committee-4: Institutionalization of NPAN: Finance, Planning, Budget

Sl #	Designation	Status
1.	DG, Health Economics Unit	Chairman
2.	Representative, Finance Division, Ministry of Finance	Member
3.	Representative, Ministry of Planning	Member
4.	Representative, Economics Relationship Department	Member
5.	Chairman, BIDS	Member
6.	DG, Bangladesh Bureau of Statistics	Member
7.	Deputy Chief, Planning Wing, MOHFW	Member
8.	Representative, USAID	Member
9.	Representative, DFID	Member
10.	Representative, WHO	Member
11.	Representative, UNICEF	Member
12.	Representative, FAO	Member
13.	Representative, UNDP	Member
14.	Representative, The World Bank	Member
15.	Representative, ADB	Member
16.	Representative, Health Economics Unit	Member
17.	Representative, FPMU	Member
18.	Representative, Agriculture Policy Support Unit	Member
19.	Representative, Fisheries and Livestock Policy Support Unit	Member
20.	Representative, Local Government Division	Member
21.	Deputy Secretary (PH-3), MOHFW	Member Secretary

Core Committee of NPAN and formed sub groups:

Overall, NPAN Core Group:

Chair:	Dr. Md Shajedul Hasan, Joint Secretary (HRM) MOHFW
Secretary:	Dr. Moudud Hossain, IPHN, DGHS
Members:	Dr. Md. Monirul Islam, BARC
	Dr. Sainar Alam, DoF
	Dr. Md. Golam Rabbani, DLS
	Mr. Mostafa Faruq Al Banna, FPMU, MOFood
	Dr. Nasreen Khan, Technical Advisor to SUN FP, MOHFW
	Ms. Farzana Bilkes, Technical Advisor to SUN FP, MOHFW
	Dr. Mustafizur Rahman, Country Director, MI
	Dr, Tahmeed Ahmed, icddr,b
	Dr. Mohsin Ali, UNICEF
	Ms. Anuradha Narayan, UNICEF
	Dr. Iftekhar Rashid, USAID
	Dr. Monira Parveen, WFP
	Mr. Ingo Neu, REACH, WFP
	Dr. Lalita Bhattacharjee, FAO-MUCH
	Mr. Naoki Minamiguchi, FAO-MUCH
	Ms. Faria Shabnam, NPO, MNCAH, WHO
	Ms. Farhana Sharmin, Consultant, UNICEF

Subgroup for Sectoral Matrices review & harmonization:

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Dr. Sadia Sobhan, TSN to Additional Secretary (PH& WH), MOHFW
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Farzana Bilkes- Technical Advisor to SUN FP, MOHFW
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Monique Beun- Head of Nutrition, WFP
Faria Shabnam- NC Nutrition Advisor, WHO
Ms.Samina Israt, TSN to Additional Secretary (PH& WH), MOHFW

Subgroup for costing exercise for NPAN2

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Dr. Nasreen Khan- Member Secretary, NPAN
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Dr. Mohammad Sabbir Haider- Deputy Director, HEU, MOHFW
Ms Farzana Bilkes, Technical Advisor to SUN FP, MOHFW
Dr Mohsin Ali- Nutrition Specialist, UNICEF
Dr Lalita Bhattacharjee, Senior Nutritionist, FAO/Dr Armen Sedrakyan, FAO, Economist, FAO
Ms Farhana Sharmin, Consultant, UNICEF

Subgroup Bangladesh National Nutrition Council (BNNC) - structure

Md. Ruhul Amin Talukder- Joint Secretary, MOHFW, Ex-Research Director, FPMU, Ministry of Food

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Dr. Nasreen Khan- Member Secretary, NPAN

Naoki Minamiguchi- Sr. Technical Adviser, FAO

Ms. Anuradha Narayan- Chief Nutrition, UNICEF

Dr. Iftekhar Rashid- Nutrition Specialist, USAID

Faria Sabnam- NC Nutrition Advisor, WHO

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Dr. Md. Mofijul Islam Bulbul- TSN to Additional Secretary (PH& WH)

Dr. Moinul Haque- Planning and MIS Specialist, IPHN

Ms. Farhana Sharmin-Consultant, UNICEF

Small group for finalizing the NPAN2 document (editing, sentence consistency, information correction, etc)

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Dr. Mohammad Raisul Haque, Consultant, BNNC, NI

How did we do NPAN2

Following the sign off of the National Nutrition Policy, it was deemed necessary to formulate its accompanying Plan of Action for Nutrition. The composition of the various committees (Annex 6) ensured that all stakeholders as well as relevant sectors were identified and a sectoral focal point was designated not below the rank of a Joint Secretary. Soon after a tentative timeline was formulated and agreed. Funding support from development partners was solicited to enable the Team to recruit local as well as international consultants. Simultaneously, a strategic action matrix was compiled anchored on the National Nutrition Policy (2015) and sectoral priorities along with the institutional mechanism which would clearly identify the roles and responsibilities of the relevant sectors ensuring that there is multi-sectoral and multi-stakeholder participation and coordination.

A series of meetings of the working committee, technical committee, sectoral committees and core group/sub groups were held not only to ensure widespread participation but more importantly so that there is buy in from the relevant sectors. Several stakeholder consultations and feedback from partner Ministries/Divisions/Stakeholders across the sectors as well as organizations enriched the finalization process. The draft was then approved at the Working Committee, Executive Committee of BNNC and finally BNNC chaired by Hon'ble Prime Minister, Government of the People's Republic of Bangladesh.

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