



Advocacy Plan for Nutrition, Bangladesh

2019-2025

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



Foreword

Bangladesh National Policy 2015 recognizes that nutrition is a development issue, and expense behind nutrition is considered as an investment. Nutritional status determines cognitive capacity of human resource and its productivity. However, this is not a well-perceived concept across policy and decision makers. Nutrition investment need adequate resources, which is limited and need to be effectively and efficiently used. It is the policy and planning decision that determine resource allocation at different levels.

Bangladesh formulated a costed multisectoral nutrition plan (the Second National Plan for Nutrition- NPAN2) for the period 2016-2025. The Plan was approved by the Bangladesh National Nutrition Council chaired by the Hon'ble Prime Minister Sheikh Hasina in 2017. The nutrition policy, NPAN2 and other plans of the country including the 7th FYP and CIP2 clearly express the commitment of the Government towards nutrition.

With an objective to increase focus on nutrition and thereby facilitating enabling policies and interventions, commitments and investment, this advocacy plan is formulated with technical assistance from the UK Aid through Nutrition International. The Plan is aligned with relevant national policies and strategies including the SBCC strategy. The process involved a wide stakeholder group of advocacy and communication arena on nutrition.

We hope that implementation of the Advocacy Plan will bring forth a congenial and enabling environment for improved nutrition planning and programming in the country.

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Acknowledgement

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1 List of acronyms

BCC	Behavior Change Communication
BCC WG	Behavior Change Communication Working Group
BHE	Bureau of Health Education
BMS	Breast Milk Substitute
BNNC	Bangladesh National Nutrition Council
CSA SUN	Civil Society Alliance for Scaling up Nutrition
DGHS	Directorate General Health Services
DMC	Department of Mass Communication
FAO	Food and Agriculture Organization
FPMU	Food Planning and Monitoring Unit
GOB	Government of Bangladesh
INGO	International Non-Government Organization
IEC	Information, Education and Communication
IPHN	Institute of Public Health Nutrition
IYCF	Infant and Young Child Feeding
LHEP	Lifestyle and Health Education & Promotion
MoF&DM	The Ministry of Food and Disaster Management, Bangladesh
MoL&PA	The Ministry of Law and Parliamentary Affairs
MoHFW	Ministry of Health and Family Welfare
MoL&PA	The Ministry of Law and Parliamentary Affairs
MoP	The Ministry of Planning, Bangladesh
NGO	Non-Government Organization
NNS	National Nutrition Services
NPAN	National Plan of Action for Nutrition
SBCC	Social and Behavior Change Communication
SUN	Scaling Up Nutrition

SWOT	Strength Weakness Opportunity Threat
UNICEF	United Nations Children Fund
WASH	Water Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization

2 Methods

The Advocacy Plan for Nutrition, Bangladesh was developed through a review of evidence and situation, Key Informant Interviews, expert sharing and consultation, and validation process. Major steps followed are:

Literature review: various existing and relevant advocacy and communication strategies, documents and materials were reviewed for information gathering. Academic literature, national documents including nutrition, health and food security related policies, plans, strategies and programs; and national and international nutrition advocacy strategies have been analyzed and best practice examples have been drawn on from different countries including Nepal, Uganda, Ethiopia, Zambia and Mozambique.

Rapid needs assessment: The drafting of the plan was completed through a series of participatory workshops. Through an inception workshop, the methodology and outline of the plan was shared with the experts and members of the Advocacy and Communication Platform on Nutrition under the Second National Plan of Action on Nutrition (NPAN2). Expert opinions were collected using 'SWOT' exercise in workshops. The experts also identified issues for advocacy and participated in the audience analysis.

Key informants' inputs: inputs from the policy makers, researchers, program managers were sought through in-depth interviews particularly with the experts and members of the Advocacy and Communication Platform on Nutrition under NPAN2.

Expert reviewing: The report was reviewed by relevant experts from Nutrition International (NI) and inputs and issues raised by them were addressed.

Validation: the final draft was validated through a workshop. The input and suggestion provided by the participants were included in the final version. The participants did a cost estimation exercise for implementation of the plan.

3 Background

3.1 Theoretical discussion on Advocacy and SBCC

Advocacy may be defined as the thoughtful procedure, based on evidence, to directly and indirectly influence decision makers, stakeholders and relevant audiences to support and implement actions that contribute to the improvement of nutrition of population especially of women and children.

Burkhalter (1999) stated that although it is generally accepted that good nutrition is a looked-for goal of development, investment in nutrition programs has been relatively poor because:

- Nutrition has been regarded as a 'result of' rather than 'an input' into development
- Nutrition programs have been perceived as less cost-effective than some other investments in the national planning.

However, good nutrition can have a considerable effect on human and economic development, and it is possible to quantify the relationships in question as described in the PROFILE program (Burkhalter, et al. 1999).

The scaling up of nutrition programs from pilot schemes to national programs requires an expanded investment in the financial resources, political will/commitment and other dimensions, which may prove difficult due to the strong competition for resources and political support, and hence effective advocacy is therefore crucial to ensure more investment in nutrition programs.

To instill change to improve nutrition at all levels, a broad social and behavior change approach is needed. Within this approach, three important components are required:

- Advocacy to increase investments and political/social pledges to change goals
- Social mobilization for the broader participation, shared action, and ownership, including community mobilization, and
- Behavior change communication for modifications in knowledge, attitudes, and practices of specific audiences on specific health, nutrition or development issues.

Figure 1: The three components of nutrition advocacy and communication strategy



SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)

3.1.1 Nutrition advocacy, social mobilization and behavior change communication

Advocacy, social mobilization and behaviour change communication are not mutually exclusive but interconnected; advocacy is related but not same as BCC. Advocacy is for motivating influential audiences to take a specific action.

Importance of advocacy: As evidence has been accumulating for the long-term adverse effects of malnutrition including increasing disease burden of the population, lower productivity of labor force becoming distilled within the technical nutrition community. There have also been encouraging developments in the last decade in advocacy, commitment building and partnership arrangement for the young child nutrition at the global level, specially, through endeavors such as SUN (Scaling up Nutrition), REACH (Renewed Efforts Against Child Hunger), and Thousand Days (1000 Days) Partnership, the global nutrition community has been uniting on a broadly common agenda of goals, strategies and interventions to tackle the issue of undernutrition.

Advocacy and other forms of planned communications are emerging as vital for consolidation and supporting actions. Advocacy is a form of evidence-based, results-orientated procedure of purposeful communication commenced in collaboration with the participant groups, linked to other program

elements, cognizant of the local context and favoring a multiplicity of communication approaches, to stimulate positive and measurable behavior and social change.

UNICEF (2005) proposed three forms of strategic communication:

Program communication or behavior change communication: it is a research supported consultative practice of tackling knowledge, attitudes and practices done for classifying, analyzing and segmenting audiences and programs stakeholders by delivering them with appropriate information and motivation through well-defined plans, using an audience- oriented mix of interpersonal, group and mass-media channels, including participatory methods.

Advocacy: it is a continuous and adaptive process of gathering, organizing and formulating information into argument, to be communicated to the decision-makers (often policy elites) through various interpersonal and media channels, with a view to influencing their decision towards increasing resources allocation or political and social leadership acceptance and commitment for a development program, thereby preparing a society for its acceptance.

Social mobilization: is a process of assembling together all possible and practical intersectoral social stakeholders and associates for promotion of awareness of, and demand for, a particular development objective. It involves registering the participation of such actors, including institutions, groups, networks and communities, in identifying, raising and managing human and material resources.

3.2 Nutrition situation in Bangladesh:

During past few years Bangladesh has made noteworthy advancement in reduction of poverty and child mortality rates. There have also been significant improvements in other key development areas such as education and food production. There is progress on child nutritional status although according to the Bangladesh Demographic and Health Survey 2014 the prevalent rate stunting (36.1%), wasting (14.3%) and underweight (32.6%) are still high.

Naher (2014) described that during the first four decades of independence, Bangladesh has seen more than a doubling of the GDP per capita and a reduction in the headcount poverty index to 31.5% from 75% at independence. Agricultural growth enhanced from less than 2% per year between 1970 and 1989 to 3% in the 1990s and to more than 4% between 2006 and 2011 (Naher F, et al. 2014). Although Bangladesh is sustainably maintaining the food production growth at a rate higher than the population growth, but regional variations in food security exists and emerging climate change may pose additional burden in near future in maintaining food security for all population (Mainuddin, et al. 2015; Ara, et al. 2017) and Access to clean drinking water and sanitation, infant and child mortality, immunization

coverage, life expectancy, and school enrollment have recorded noteworthy improvements. However, these developments in the agriculture and health sectors do not seem to have translated into corresponding improved nutritional outcomes underscoring the need for examining the nutrition situation in Bangladesh.

Double burden of malnutrition: In recent years, malnutrition and related non-communicable diseases (NCDs) have received unprecedented global attention. Developing countries such as Bangladesh today are facing a double burden of malnutrition - both under- and over-nutrition, encompassing overweight and obesity. This is undermining achievements in development indicators. Bangladesh has achieved self-sufficiency in cereal production despite an increasing population pressure, but the dietary intake lacks diversity. Yet, diversity is essential to face the challenge of the emerging double burden of malnutrition. Malnutrition results from the interaction between inadequate dietary intake and unhealthy environments. Considering the centrality of food quantity, quality and diversity as determinants of nutritional adequacy, food and agriculture systems need to be oriented for delivering healthy and diverse diets. There is usually a larger focus on quantity rather than quality of the food being produced. Coherent policies and better coordinated actions across all relevant sectors can help strengthen, preserve and recover healthy and sustainable food systems. Orienting food systems to more nutrition-sensitive can potentially lead to healthier diets and improved nutritional outcomes. Overnutrition results from the sedentary lifestyle, intake of starchy staples, high amounts of sugar and oil- ridden ultra-processed foods and lack of proper dietary diversification. Among adult women of reproductive age, prevalence of overweight is evolving as a major public health concern in Bangladesh. The proportion of overweight women (39%) in the country is now more than double than that of underweight women (19%), which may increase burden of obesity-induced NCDs (NIPORT, 2016). The continuous decline of the natural growth rate and an increasing life expectancy may lead to a growing number of elderly people in the coming decades.

Low birth weight and child stunting: According to a recently completed survey, the prevalence of low birth weight in Bangladesh reduced from 36% in 2004 to 22.6% in 2015, which greatly exceeds the 15% threshold indicative of it being a public health problem. Childhood stunting rates also dropped from 51% in 2004 to 41% in 2011 and further down to 36% in 2014. While these declines are remarkable, the burden of malnutrition is still very high (NIPORT, 2016). Apart from rapid economic growth which enables households to eat better diets and seek better health care and education for their children, improvement in many other factors including higher dietary energy availability (Frongillo et al., 1997), maternal education (Ruel and Alderman, 2013), expansion of healthcare coverage (Chowdhury et al., 2013), very rapid improvement in households' access to water and sanitation facilities and virtual disappearance of

open defecation (WHO and UNICEF, 2015) and women's empowerment in the country might have played an important role in such a rapid improvement in the overall nutritional status of the country.

Diet of pregnant women and infant and young child feeding: Despite a rapid reduction, burden of stunting among children still remain unacceptably high. The target of the Second National Plan of Action for Nutrition (NPAN2) for stunting by the year 2025 is 25%. Alongside infectious diseases, faulty weaning practices are some of the major causes of underweight throughout the pre-school years. Changing the child feeding behaviors and hygienic practices of mothers, caregivers and households is critical to reducing malnutrition and childhood illnesses. Micronutrient deficiency is high among pregnant women (Shamim et al., 2015) and also the diets of pregnant women lack food diversity (Shamim et al., 2016). Exclusive breastfeeding is common in the first one to three months, but drops significantly by 4-5 months (NIPORT, 2016). Assessment of children's diets showed that only around a fourth have adequate dietary diversity where a minimum of four food groups are taken out of a total list of seven food groups on a daily basis. Infant and young child feeding is a key area for enhancing child survival, growth and the child development. The first two years of the child's life are exceptionally significant, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic diseases later in life, and promote better development.

Micronutrient deficiency: Although the role of whole diet in the etiology of stunting is not adequately studied in Bangladesh, earlier studies have indicated that deficiencies of micronutrients including zinc (Ninh et al., 1996), vitamin A and vitamin E (Ibrahim et al., 2001) and iron as well as inadequate intake of protein and energy are associated with stunting. Higher household expenditure on non-grain foods, particularly animal source of foods in Indonesia (Sari et al., 2010); and consumption of the animal source of foods in Cambodia (Darapheak et al., 2013) were reported to be associated with stunting. Bangladesh has one of the highest micronutrient deficiencies, commonly known as 'hidden hunger', that affect the health of the major share of the population. Despite the relatively high availability of food, consumption and diets are insufficiently diversified, leading to child malnutrition and notably stunting (Marriott et al., 2012). Micronutrient deficiencies are common among preschool children, school-aged children and non-pregnant non-lactating (NPNL) women. Vitamin A deficiency in preschool, school aged and NPNL is 20.5%, 20.9% and 5.4%, respectively; anemia deficiency in preschool children and NPNL is 33.1% and 26%, respectively; and iron deficiency in preschool children and NPNL is 10.1% and 7.1%, respectively. Zinc and iodine deficiency are most alarming in children. Deficiency of iodine, vitamin B12, zinc and vitamin E are also common among pregnant women in rural Bangladesh and vitamin D deficiency is common urban women. Riboflavin, folic acid and calcium intakes are also largely deficient in both males and females. These micronutrients-deficiencies could be the reflection of lower dietary diversity of Bangladeshi population. Diets in Bangladesh are monotonous, with cereals contributing to 70% of total calories against an ideal 60% owing to a highly cereal-based food production.

Nutrition of adolescent girls: In Bangladesh, 29% of adolescent girls are short for their age (Hussain et al., 2015). Evidence shows that malnutrition among young girls increases the risk for delivering babies of low birth weight who then fail to thrive and go on to become stunted. Female children themselves become young and undernourished mothers, and so the intergenerational cycle of undernutrition continues. Child marriage leads to early pregnancy and childbearing, and this is associated with low birth weight and poor nutritional status of newborns (Bhagowalia et al., 2012). Research conducted in northwest Bangladesh has shown that adolescent pregnancy and lactation leads to poor linear growth and fat depletion (Rah et al., 2009 and 2010).

Urbanization, dietary and nutrition transformation: Increasing incomes and rapid urbanization are transforming developing countries like Bangladesh. This structural transformation is changing lifestyles and food consumption and food production systems. Using information from HIES 2005 and 2010 data (more than 29000 households), it was reported from Bangladesh that with the increase in income and urbanization, this traditional rice-consuming country is increasingly consuming more wheat and processed foods (Mottaleb, 2018). As greater percentage of women working outside the home, there is an increased demand in urban areas for certain foods that reduce the preparation time of food in general and are also associated with lifestyle and income improvements. Smaller family size, due to reduced fertility rates for working couples, may enable families to eat outside the home on a more regular basis and demand more convenience processed food. There is evidence that diet transition is also witnessed in smaller and poorer households, especially with increased reliance on street foods as purchase of street foods which includes copycat branded products at a lower price frees up time for income-earning activities (Ruel 1998)/ Increasing reliance on such trans-fat, sugar and salt rich foods may contribute to raising burden of obesity and NCD. On the contrary, stunting in children among urban slum population, which has been increasing at a much higher rate than average increase, prevails with much higher scale than rural as well as national average. Poor sanitation and unhygienic practices are considered to be important contributing factors.

Gender and nutrition: Gender and nutrition are closely connected and there are strong linkages between women's status and both their own, and their children's nutritional status. A better understanding of gender-nutrition linkages contributes to reducing malnutrition. Studies show that low social status of women in South Asia compared to Sub-Saharan Africa may explain much of the region's nutritional status gap. The findings suggest that low nutrition status of women relative to the men could be an important factor explaining higher child malnutrition rates. Bengali female-headed households in the Chittagong Hill Tracts (CHT) are significantly more insecure than Bengali male-headed households, an inequity not apparent within the other indigenous groups in that area. Rural households headed by women are more

likely to be among the poorest. Acceptance and experience of domestic violence is associated with chronic malnutrition both for boys and girls, with the impact being worse on girls. Households with more socio-economically empowered women would have well-nourished children, as well as better nourished mothers. The measures of women’s empowerment include: decision -making abilities; mobility; control of household resources (cash); experience and perception on domestic violence; and political participation. (World Bank 2010).

3.3 Current policies, plans, strategies and programs to improve nutrition in Bangladesh

Right to food for the population in Bangladesh: the right to food is recognized as one of the fundamental principles of the state policy as enshrined in the Constitution of Bangladesh.

Table 1: Right to food and nutrition in the Constitution of Bangladesh

Article	Description
15(a)	Recognizes the fundamental responsibility of the state to ensure the provisioning of the basic necessities of life including food for its citizen.
16	Recognized that rural transformation has to be brought through the agricultural revolution
18	Positions that ‘the State shall promote the level of nutrition and public health as its primary duties’
31 and 32	Enshrine the ‘right to life’ and personal liberty as a fundamental right.

Nutrition related policies, programs in Bangladesh: Since independence Bangladesh adopted policies, plans, programs to improve the food security and nutrition of its population is summarized in

Table 2:

Table 2: Nutrition related policies, plans, strategies in Bangladesh

List of the reviewed policy documents	Published Year	Coordinating Ministries
The Constitution of the People’s Republic of Bangladesh	1972	the Ministry of Law and Parliamentary Affairs
Policies (3 documents)	National Nutrition Policy	Ministry of Health and Family Welfare, Bangladesh
	National Food Policy	Ministry of Food and Disaster Management, Bangladesh

	National Health Policy	2011	The Ministry of Health and Family Welfare, Bangladesh
Legislation	The Breastmilk Substitutes Act	2013	The Ministry of Health and Family Welfare
Plans	The 7th Five-Year Plan (2015-16 to 2019-20)	2015	The Ministry of planning, Bangladesh
Plans/ Strategies (4 documents)	The Second National Plan of Action for Nutrition (NPAN2)	2017	The Ministry of Health and Family Welfare, Bangladesh
	BANGLADESH Country Investment Plan (CIP 2)	2016	Food Policy and Monitoring Unit, Government of the People's Republic of Bangladesh
	Operational plans for life style & health education and promotion (L&HEP) and Information Education and Communication (IEC) under HPNSDP and 4 th Sector Plan.	2011, 2016	The Ministry of Health and Family Welfare
Guidelines (1 document)	Dietary Guidelines for Bangladesh 2013	2013	Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM)
Advocacy strategy	Comprehensive Social and Behavior Change Communication Strategy	2016	The Ministry of Health and Family Welfare

3.4 Pathways to effective multi-sectoral nutrition advocacy

A conceptual framework was constructed and used in designing the plan based on identified profile and issues, resources, strategies, monitoring and evaluation with initial and long-term results. The framework may be used as a flexible and adaptable tool as applicable to a stakeholder. It is shown in the **annex 2**.

3.5 Goal, strategies, issues and guiding principles of the nutrition advocacy plan:

Goal:

To strengthen political and legal framework, increase commitment of stakeholders, change in organizational behavior towards nutrition agenda, and enhance resource mobilization for nutrition.

3.5.1 **Strategy 1:** Increasing multi-stakeholder, multisectoral and multi-level **coordination** to mobilize nationwide support till end of NPAN2 implementation.

Outcomes:

- All relevant Government sectors are aware of their role in scaling up nutrition and commit to strengthening multisectoral coordination
- The politicians including the Members' of the Parliament are aware about the importance of nutrition and play an important role in allocating budget and formulating legislations
- Development partners' position nutrition as a top priority in programming and commit to supporting a multisectoral approach
- There is increased district and Upazila level coordination and prioritization of nutrition issues
- There is Increased integration of nutrition objectives into NGOs' programs, research and outreach work and increasingly advocate for improved nutrition with a 'common voice'
- Media practitioners are increasingly involved as a key stakeholder in coordination activities
- Academics, researchers and technical experts are more and more involved to expand the evidence base for strengthening and expanding nutrition-specific and nutrition-sensitive interventions countrywide
- The private sector is increasingly involved as a key stakeholder in scaling up nutrition
- Advocacy and Communication Platform on Nutrition under NPAN2 is fully functional to coordinate advocacy efforts, share best practices and translate evidence into advocacy outputs

3.5.2 Strategy 2. Capacity and leadership development:

Increase capacity and commitment of policy and programme leaders at all levels for reducing malnutrition by the end of NPAN2.

Outcomes:

- There is an increased understanding of the benefits of improving nutrition amongst national leaders resulting in high level coordination and increased resource allocation
- There is an increased understanding of improving nutrition at the District and Upazila levels resulting in strengthened coordination and district evidence of successful multisectoral programming
- Awareness of the critical 1000-day window is increased amongst leaders at all levels and the human and economic benefits of improving nutrition are mainstream issues
- Civil Society increasingly drives public demand for reducing malnutrition
- Professional medical associations and networks of health practitioners play a leadership role in supporting nutrition particularly in promoting behaviors like exclusive breastfeeding, good IYCF practices, healthy lifestyle to reduce burden of obesity and NCDs
- Development partners increasingly mobilize resources to support and sustain multisectoral leadership at all levels

- Key private sector companies have included nutrition in their corporate governance (improving workforce nutrition and promotion of healthy foods as part of establishing themselves as responsible brands and through their CSR strategies; and nutrition is included as a tax exemption attribute by the National Board of Revenue

3.5.3 Strategy 3: Engagement of stakeholders

Consolidate the ownership and engagement of all sectors and stakeholders to coordinate, formulate and implement harmonized activities on good nutrition and to build political will to invest in reducing malnutrition by end 2025.

Outcomes:

- The Government and Development Partners increasingly commit to mobilizing resources for mass awareness activities
- Leverage existing national campaigns and events to promote the critical 1000-day window and raise awareness of the multiple determinants of malnutrition
- Establish National Nutrition Week to galvanize sectors, stakeholders and raise mass awareness that nutrition is everyone's business
- There is an increase of pro-nutrition activities at the district level, stimulating grassroots awareness. There is increased involvement of community leaders including religious leaders, local elected bodies and teachers
- The number of media houses and practitioners with adequate information, skills, and understanding of malnutrition and its consequences in Bangladesh will increase
- Civil Society, Development Partners and private sector, increasingly provide timely, accurate, targeted human interest nutrition information through their communication channels
- Nutrition education is integrated into school curriculum with a focus on practical application⁸

3.6 Advocacy issues for Bangladesh:

Based on international evidence, Bangladesh policies and plans, key informant interview and inputs provided by the participants of the Inception workshop on "Formulation of Advocacy Plan for Nutrition Aligned with Social and Behavior Change Communication Strategy in Bangladesh, held on November 8, 2018, a set of nutrition issues and required actions were identified and are summarized below:

Table 3: Advocacy issues and required actions

	Advocacy Issues	Required actions
1.	Limited understanding of nutrition and its impact particularly about double burden of malnutrition i.e. coexistence of a high level of undernutrition with an emerging burden of overnutrition.	Improved understanding and awareness that nutrition is a development issue and malnutrition include both undernutrition and overnutrition.
2.	Inadequate investment in nutrition services and interventions, as well as, lack of effectiveness and efficiency of expenditure.	Increased financial resources for nutrition across all sectors and appropriate use of resources intended for nutrition.
3.	Weak system of tracking of public and off-budget expenditures for nutrition-specific and nutrition-sensitive activities.	System of tracking of public and off-budget expenditures on nutrition both specific and sensitive to ensure best use of resources allocated for nutrition.
4.	Limited understanding among sectors about how to work together effectively.	Strengthened integration of nutrition into sector plans and budgets.
5.	Inadequate coordination of nutrition-related activities within and across ministries at national and subnational levels.	Strengthen coordination of nutrition-related actions including intersectoral planning.
6.	Due importance on optimal maternal and infant and young child nutrition practices.	Prioritization and investment behind maternal and infant and young child nutrition interventions
7.	Due importance of appropriate water, sanitation, and hygiene practices at the household level.	Strengthened programming on water sanitation and hygiene.
8.	Limited human resources for nutrition services and interventions.	Provisioning adequate human resources for nutrition sector-wide.
9.	Inadequate supply and consumption of diverse foods.	Improved dietary diversity by making nutritious foods more affordable and accessible.
10.	Inadequate legislations on regulations of food standards to counter harmful practices and effects on nutrition.	Enough Legislations to maintain quality food standards.
11.	Inadequate dissemination of research on determinants of malnutrition and evaluation of nutrition interventions.	Increased prioritization of research on determinants of malnutrition and evaluation of nutrition programmes with adequate sharing of results at all levels.
12.	Limited participation of the private sector in nutrition activities.	Strengthened involvement of the private sector in nutrition through production and marketing of more nutritious foods for public consumption, adhering to national food and nutrition standards, and increasing corporate social responsibility.
13.	Inadequate enforcement of food regulations, standards and codes for maintaining quality of processed foods and foods sold for children)	Enactment and enforcement of food regulations, standards and code.
14.	Inadequate address of the emerging and complex urban nutrition issues, reaching hard to reach area and population with nutrition interventions.	Appropriate and coordinated nutrition strategy and programming for urban and hard to reach areas.

3.7 Key nutrition specific interventions included in the National Nutrition Policy 2015 and NPAN2

In line with the recommendation of the Lancet 2013 review, the National Nutrition Policy 2015, NPAN2 and CIP2 included following nutrition specific interventions encompassing the immediate determinants of fetal and child nutrition and development –adequate food and nutrient intake, feeding, caregiving and parenting practices, and lower load of infectious disease:

For children:

- Exclusive breastfeeding during the first 6 months after birth
- Providing complementary food after age 6 months, appropriately prepared at home, alongside breastfeeding
- Washing hands with soap before feeding a child
- Vitamin A supplementation for children every 6 months;
- Supplementation with other micronutrients
- Providing zinc as part of diarrhea treatment, and
- Treatment of moderate or severe acute malnutrition

For adolescent girls and women:

- Behavior change communication to provide nutritional knowledge through counseling at family level
- Provision of iron, folic acid or multiple micronutrients as supplements, as appropriate
- Consumption of iodized salt (at households)
- Promotion of the use of calcium during pregnancy as a supplement; and
- Preventative activities (for example promotion of physical activities and healthy food intake) in educational institutions and communities to prevent incidences of overweight and obesity

Nutrition sensitive interventions included in the Nutrition Policy 2015, NPAN2 and CIP2: The National Nutrition Policy 2015 included 10 nutrition sensitive interventions/activities. CIP2 also proposed 13 nutrition sensitive investment programs to improve food and nutrition security in an integrated way.

3.8 Evidence base for proposed interventions:

The Lancet review proposed that if these interventions are scaled up nearly 15% of under 5 death can be avoided and reduce stunting by 20%.

The following pathways for agriculture-nutrition are suggested (Kadiyala et al., 2014):

- As a source of food and diverse diets (from own production)
- As a source of income for food and nonfood expenditures from wage earning or marketing of produce
- Food price
- Women's social status and employment in agriculture and intra-household decision making and resource allocation
- Women's time: maternal employment and child care and feeding; and
- Women's own health & nutritional status

Previous research on the effectiveness of agriculture intervention in improving nutrition is mixed so far. Berti (2004) reviewed 30 agriculture schemes including home gardening, livestock, mixed garden and livestock, cash cropping, and irrigation projects' effect on nutrition; and reported that agricultural interventions invested in improving human capital, especially nutrition education, and consideration of gender issues had a greater likelihood of improving nutrition outcomes.

3.9 Availability of resource:

The overall financial requirement of the NPA2 from 2016 to 2025 is BD Taka 12,463.41 crore (around USD 1.6 billion). Of this amount BDT 150 crore (USD 19 million) is allocated for SBCC and WASH activities. The CIP2 proposes 13 nutrition sensitive investment programs to improve food and nutrition security in an integrated way. It is solidly anchored in existing policies and programmatic frameworks and incorporates the priorities expressed by stakeholders, ranging from government agencies to civil society such as Non-Governmental Organizations (NGOs) or farmers' organizations to the private sector. The total cost of the CIP2 is estimated at US\$ 9.2 billion with US\$3.6 billion still requiring funding. This financing gap amounts to US\$2.4 billion while prioritizing nutrition-weighted funding for nutrition impact.

A positive landscape change towards resource allocation for nutrition in public sector in Bangladesh is evident, which reflects a clear demonstration of the government commitment towards nutrition pending better effectiveness and efficiency. According to the Bangladesh Public Expenditure Review on Nutrition 2018 (unpublished report), in 2016/17 fiscal year, the Government of Bangladesh spent BDT 23,210 crore (USD 2.7 billion) in nutrition relevant interventions, representing around 1% of GDP (about 100 fold increase from 15 years back) and around 9% of the national budget. Nutrition budget allocations and actual expenditure has remained relatively stable in relative terms during the period under review. Expenditure is spread across 15 ministries/divisions and almost 300 projects or operational lines. Four

ministries account for about 80% of nutrition expenditure: the Ministry of Food (MoFood), the Ministry of Health and Family Welfare (MoHFW), the Ministry of Primary and Mass Education (MoPME) and the Ministry of Women and Children Affairs (MoWCA). The largest 20 projects account for 81% of total expenditure. The vast majority is spent on nutrition-sensitive interventions (98%) and a significant amount is on Non-Development Operational lines.

4 Audience based nutrition advocacy plan

Identification of Audiences for nutrition advocacy was done through workshops, document review and key informant interviewing. Total 12 audiences (person and entities) were identified. Then a detailed audience analysis (tables 4-15) in terms of desired change, expected role, barrier, advocacy objectives, activities, results, monitoring indicator, means of verification and advocacy materials was done for each audience, shared and validated. Activities with a time line for these 12 audiences are shown in **Annex - 3**.

Table 4: Parliament members and national level political leaders

Issues	Description
Desired change	Prioritize nutrition and influence increased allocation of resources for nutrition programs to implement NPAN2 and CIP2.
Lead Ministry/ agency (supporting agency/ partners)	MoHFW, MoF, MoA and MoFL (BNNC, DP/UN agencies)
Expected roles	<ol style="list-style-type: none"> 1. Influence allocation of budget. 2. Efficient utilization of allocated budget. 3. Develop and support legislation/policy/program adoption. 4. Increasing accountability through monitoring and follow-up through parliamentary standing committee.
Barriers	<ol style="list-style-type: none"> 1. Competing demands for resources and less prioritization to allocate resources for nutrition. 2. Inadequate awareness on the extent and consequences of malnutrition in in the country. 3. Lack of awareness that the Parliament (and national and local political leaders) can play role in improving nutrition.
Advocacy objectives	By the end of 2025 (end year of NPAN2), among Parliamentarians, there will be an increased understanding and appreciation of the effect of malnutrition on national development in Bangladesh.

Advocacy activities	<ol style="list-style-type: none"> 1. Develop orientation guidelines (with definite roles and responsibilities); 2. Identify champions for nutrition; 3. Conduct orientation for Parliamentary committees on nutrition issues (workshop or breakfast meeting), including social services, health, food security, food safety, , agriculture, gender, WASH, planning and finance ; 4. Establish a Parliamentary Caucus on Nutrition, which engages multiple sectors, and ensure follow up.; 5. Organize special nutrition events. 6. Annual policy dialogue with the members of the standing committees (health, agriculture, finance & other relevant)
Result	<ol style="list-style-type: none"> 1. Nutrition in the agenda of the parliament and the standing committee's discussion (number) 2. Budgetary allocation for nutrition increased
Monitoring indicators	<ol style="list-style-type: none"> 1. Number of nutrition-related discussion in the Parliament and its standing committee; 2. Budgetary allocation and utilization; 3. Number of legislations (affecting nutrition) enacted; 4. Number of MPs attending nutrition events in their constituencies.
Means of verification	Proceedings of the parliaments; approved budget (ADP)
Advocacy materials	Orientation guide; PowerPoint presentations; policy briefs and testimonials, audio-visual materials/presentations

Table 5: Prime minister's office, relevant ministries/divisions/directorates

Issues	Description
Desired change	Generate commitment, increase resources availability and utilization for nutrition and institute a conducive legal and policy environment.
Lead Ministry/ agency (supporting agency/ partners)	MoHFW, MoF, MoAg, MoFL, MoWCA, LGRD (BNNC, DP/UN agencies)
Expected roles	<ol style="list-style-type: none"> 1. Raise national visibility 2. Allocation of more resources in budget for nutrition programs including for hard to reach and urban areas and proper utilization of allocated budget; 3. Support intervention programs and ensure accountability 4. Incorporation of nutrition objectives in health, education, agriculture, food, women affairs and relevant projects/programs (including through local government and social safety net programs) 5. Cross ministry/agency coordination
Barriers	1. Lack of prioritization of nutrition activities

	<ol style="list-style-type: none"> 2. Lack of common understanding between different ministries 3. Nutrition capacity gaps in sector leadership 4. Limited awareness of benefits of nutrition on national development 5. Competing demands for resource 6. Inadequate capacity of implementing agencies in utilizing allocate resources 7. Lack of awareness about how government agencies can play an important role in improving nutrition.
Advocacy objectives	By the end of 2025 (end year of NPAN2), through strengthening leadership and coordination mechanisms, there will be an increase in Cabinet members', civil service members' understanding of the essential role nutrition plays in development.
Advocacy activities	<ol style="list-style-type: none"> 1. Hold meetings with the Cabinet Division, Ministries of Finance, Planning and the Ministry of Local Government to include nutrition as a cluster of cross-cutting issues 2. Map out advocacy opportunities for intra and inter-ministries 3. Conduct a stakeholder analysis 4. Fully activating BNNC committees 5. Organize commemoration of national nutrition related days 6. Support formulation of relevant laws
Result	Ministries mainstream nutrition into their policies, strategies, and plans
Monitoring Indicators	<ol style="list-style-type: none"> 1. Number of international nutrition related commitments incorporated into national policies; 2. Number of national policies, laws incorporating nutrition objectives; 3. Number of nutrition-related programs/projects implemented; 4. Coverage (Number of beneficiaries); and 5. Budgetary allocation and utilization for nutrition sensitive and specific programs.
Means of verification	Policy documents, legislations, ADP, Expenditure reviews.
Advocacy materials	Information kits (including technical and policy briefs and testimonials; talking points; audiovisual kits, mapping guide), orientation guide; PowerPoint presentations.

Table 6: Local government bodies

Issues	Description
Desired change	Prioritize nutrition and budget for nutrition interventions.
Lead Ministry/ agency (supporting agency/ partners)	MoHFW, MoLGRD, (BNNC, INGO, NGO)
Expected roles	1. Prioritize nutrition

	<ul style="list-style-type: none"> 2. Resource allocation for nutrition 3. Influence local leaders and service providers 4. Implementation of national programs 5. Activation of the nutrition committees at district and sub-district level
Barriers	<ul style="list-style-type: none"> 1. Inadequate awareness on the extent and consequences of malnutrition 2. Lack of understanding about role local government can play in improving nutrition 3. Lack of capacity building and training activities
Advocacy objectives	By the end of 2025 (end year of NPAN2), there will be an intensification in the understanding among local government leaders on the effects of malnutrition in their communities.
Advocacy activities	<ul style="list-style-type: none"> 1. Conduct partner/stakeholder mapping of those implementing nutrition services in local government. 2. Identify nutrition champions in the districts and communities (including religious and cultural leaders). 3. Arrange orientation of district/sub-district leaders and nutrition committees on their role in line with the advocacy plan and NPAN2 4. Conduct workshops on planning and budgeting for nutrition district coordination committees. 5. Disseminate terms of reference for district/sub-district nutrition coordination committees.
Result	Local government bodies include nutrition specific and sensitive activities into their regular discussion agenda and programs.
Monitoring indicators	<ul style="list-style-type: none"> 1. Number of meetings incorporating nutrition in the agenda; 2. Allocation of resources by local government bodies (district, sub-district, union) in their budgets; 3. Number of awareness campaigns observed (in accordance with the national events)
Means of verification	Annual/periodic reports prepared by the districts/sub-district administrations (and submitted to line ministries).
Advocacy materials	Information kits in Bangla (including technical and policy briefs and testimonials; talking points; mapping guide, orientation guide; PowerPoint presentations).

Table 7: The Media

Issues	Description
Desired change	Increase the amount of consistent quality media reports/messages /stories on nutrition.
Lead Ministry/ agency (supporting agency/ partners)	MoHFW, MoInformation (BNNC, DMC, DP/UN agencies, INGO, NGO)

Expected roles	<ol style="list-style-type: none"> 1. Generate accountability among policymakers and program managers. 2. Raise awareness among people through publishing/broadcasting/televising promotional nutrition messages/information. 3. Increase visibility of nutrition
Barriers	<ol style="list-style-type: none"> 1. Inadequate or inconsistent information on nutritional facts 2. Inadequate financial resources for mass media campaign 3. Lack of understanding on significances of malnutrition 4. Lack of understanding of the role media can play in improving nutrition 5. Demand from commercial products for time/space 6. Preference for profit making popular programs and competition among electronic media houses
Advocacy objectives	By the end of 2025 (end year of NPAN2), the number of media personnel capacitated with adequate awareness and skills on nutrition communication increased; and adequate resource for mass media promotion of maternal diet and infant & young child feeding available.
Advocacy activities	<ol style="list-style-type: none"> 1. Conduct baseline media monitoring; 2. Create relations with media leaders. <ol style="list-style-type: none"> i. Hold meetings with top management (e.g., owner, management, editors-in-chief, station managers, editorial directors, managing editors) ii. Hold workshops and dialogues with middle managers (e.g., sub-editors, page editors and producers, operational staff). 3. Provide support to develop skill in media practitioners. <ol style="list-style-type: none"> i. Conduct trainings with media practitioners based on priority areas in nutrition. ii. Develop mentorship programs 4. Advocacy for allocation of adequate resources for mass media promotion (TVC, Scroll, Radio spots in prime times, mobile film shows etc.) on good eating and feeding practices targeting mother, children and general people. 5. Regulation of advertisement of non-nutritious junk foods in TV and social media.
Result	<ol style="list-style-type: none"> 1. Number of reports published in the media increased. 2. Resource allocation for mass media nutrition promotion increased. 3. Duration of mass media promotion on appropriate eating and feeding increased.
Monitoring indicators	<ol style="list-style-type: none"> 1. Number of reports published in printed and online news media 2. Allocation of resources for mass media nutrition promotion; 3. Number of commercials on nutrition printed/broadcasted/televised in media promoting good nutrition; 4. Number (decreasing) of adds on unhealthy foods, BMS published in media;

	5. Number of journalists oriented/trained on nutrition issues
Means of verification	Media program monitoring reports prepared by commercial organizations, annual report of BTV, Radio
Advocacy materials	Information kits in Bangla (including technical and policy briefs and testimonials; talking points; mapping guide, orientation guide; PowerPoint presentations), TVCs, materials for social media.

Table 8: Private sector (including food processing business)

Issues	Description
Desired change	Engage private sector in activities in promotion and scaling up nutrition
Lead Ministry/ agency (supporting agency/ partners)	MoHFW, Mo Food, Ministry of Commerce, Ministry of Ind, Ministry of Agriculture, FBCCI (trade union, Ministry of Information, Ministry of Home)
Expected roles	<ol style="list-style-type: none"> 1. Use of CSR fund for nutrition sensitive and specific activities interventions 2. Compliance with food-related laws/regulations (e.g., BMS Act, Food Safety Act) 3. Raising consumer awareness and marketing of safe and nutritious foods 4. Improving nutrition of the workforce and their babies through providing nutritious meals/snacks, WASH facilities at workplace, establishment of the day care center, breastfeeding corner at workplace and overall promotion of nutrition at workplace
Barriers	<ol style="list-style-type: none"> 1. Inadequate information on the consequences of malnutrition on productivity and profitability in business. 2. Inadequate information on the benefits of nutrition promotion on productivity gains and profitability. 3. Limited or no relationships between private sector and nutrition community 4. Marketing of unhealthy (salt, sugar, trans fat rich) foods by food processing companies 5. Marketing/promotion of breast milk substitutes 6. Poor enforcement of law
Advocacy objectives	By the end of 2025, the number of private sector players engaged in nutrition promotion and protection activities aimed at scaling up nutrition in Bangladesh will increase.
Advocacy activities	<ol style="list-style-type: none"> 1. Profile private sector companies currently engaged or potential to engage in activities to promote and scale up nutrition. 2. Hold meetings/policy dialogue to introduce nutrition and its potentials and consequences in relation to the growing private sector in Bangladesh. 3. Identify nutrition champions among the private sector.

	<ol style="list-style-type: none"> 4. Invite private sector representatives to nutrition events and activities; 5. Hold consultative meetings to explore ways to promote nutrition through the private sector; 6. Develop a plan of action to work with each private sector partner (through its associations) 7. Involving private sector in 'nutrition day' like orientation activities 8. Regulating promotion of all unhealthy food products in the media 9. Advocacy for financing mass media promotion of nutrition through CSR
Result	<ol style="list-style-type: none"> 1. Strengthening private sector network for nutrition under SUN movement. 2. Number of private sector companies that integrate nutrition into their CSR strategies increased. 3. Private food processors will increase sale of nutritious foods at fair price. 4. The female workers of private sectors will get facilities to breast fed their babies.
Monitoring indicators	<ol style="list-style-type: none"> 1. Number of companies complying with food and nutrition standards; 2. Number of companies producing nutrient-rich foods (including fortified foods); 3. Number of companies contributing to nutrition as part of their CSR; 4. Number of companies violating regulations (including BMS code) 5. Number of companies prosecuted.
Means of verification	Report of the private associations, report from concerned industry
Advocacy materials	Information kits in Bangla (including technical and policy briefs and testimonials; talking points; mapping guide, orientation guide; PowerPoint presentations), documentary and the newsletter on private sector engagement

Table 9: Development partners and civil society organizations

Issues	Description
Desired change	Increased engagement of DPs, INGOs, National NGOs to effectively contribute to scaling up nutrition.
Lead Ministry/ agency (supporting agency/ partners)	Senior managers of large NGOs, Coordinating bodies/ alliances (SUN Focal Point)
Expected roles	1. Supporting government efforts

	<ol style="list-style-type: none"> 2. Awareness raising 3. Increased resource allocation and utilization of available resource 4. Technical support to implement Advocacy Plan and prepare advocacy materials
Barriers	<ol style="list-style-type: none"> 1. Inadequate coordination and weak information sharing 2. Lack of awareness on the role CSOs can play in improving nutrition 3. Competing priorities of DPs
Advocacy objectives	By the end of 2025 (end year of NPAN2), the DPs/ NGOs will have a harmonized agenda on scaling up nutrition.
Advocacy activities	<ol style="list-style-type: none"> 1. Conduct mapping of NGO nutrition actors at all levels. 2. Conduct assessments to identify advocacy gaps among nutrition actors at all levels. 3. Share best practices
Result	<ol style="list-style-type: none"> 1. Number of DPs and CSOs that have integrated nutrition in their programs increased 2. Increased budget allocation for nutrition
Monitoring indicators	<ol style="list-style-type: none"> 1. Percentage of CSOs working on nutrition programs; 2. Percentage increase in the number of districts reached by CSOs working in nutrition; 3. Budgetary allocation (percent increase) of DPs increased annually.
Means of verification	Annual reports of the respective organizations, NGOAFB reports
Advocacy materials	A common set of talking points on nutrition; common narrative on nutrition, write-ups for websites and blogs; brochures; mapping tool.

Table 10: Women’s organizations (including Bangladesh Mahila Samity)

Issues	Description
Desired change	Increase the Bangladesh Mahila Samity’s role in protecting women’s rights through formulation/updating new regulations/laws and increasing budgetary allocation
Lead Ministry/ agency (supporting agency/ partners)	MoWCA, Leader of Mahila Samity (BNNC, Girls Guide)
Expected roles	1 Pressure group to enhance women’s right

	<ol style="list-style-type: none"> 2. Policy, regulation formation in favor of women's right (for example, maternity leave for private sector workers) 3. Joint monitoring with other private sector and government agencies
Barriers	<ol style="list-style-type: none"> 1. Preoccupied with other issues like women's property right, education .2. Inadequate awareness to protect the right of female labor force engaged in private industries (especially for allocating maternity leave) 3. Limited interaction between women's right based organizations and nutrition community 4. Absence of Women's associations' in the private sector (to work for health and nutrition)
Advocacy objectives	By the end of 2025, the number of women's association engaged in activities aimed at scaling up nutrition in Bangladesh will increase.
Advocacy activities	<ol style="list-style-type: none"> 1. Women associations conducting advocacy meetings for women's right to breastfeed their babies 2. Demanding (through meetings/workshops) for adequate maternity leave for female workers of private sector (especially engaged in readymade garments sector) 3. Invite private sector representatives to nutrition activities and events; 4. Hold consultative meetings to explore ways to promote nutrition through the women's organizations 5. Including nutrition issues during observance of women's day.
Result	<ol style="list-style-type: none"> 1. Nutrition policy and plans ensure that gender issues are adequately addressed. 2. Ministries allocate increased resources to programs that target raising nutritional status of women and children; 3. Leadership of women's organizations become aware about nutrition and include it in their agenda. 4. Promotion of Adolescent health/nutrition issues.
Monitoring indicators	<ol style="list-style-type: none"> 1. Number of projects run by MoWCA having nutrition objectives; 2. Budgetary allocation of the projects of MoWCA; 3. Number of nutrition related events (meeting. Workshop etc.) organized by women's organizations
Means of verification	Reports of MoWCA, professional associations.
Advocacy materials	Information kits in Bangla (including technical and policy briefs and testimonials; talking points; mapping guide, orientation guide; PowerPoint presentations), situation analysis.

Table 11: Professional organizations (including Bangladesh Medical Association)

Issues	Description
Desired change	Professional bodies including Bangladesh Medical Association (BMA), Bangladesh Pediatric Association of Bangladesh (BPA), Obstetric and Gynecological Society of Bangladesh (OGSB), Nutrition Society of Bangladesh (NSB) are engaged in formulating a legal framework for protecting breastfeeding and support ongoing effort to control sugar, salt and trans-fat-rich foods.
Lead Ministry/ agency (supporting agency/ partners)	MoHFW, MoFood , MoAgriculture, MoCommerce, (BNNC, BMA)
Expected roles	<ol style="list-style-type: none"> 1. Policy influencing (including program, curriculum development) 2. Awareness raising
Barriers	<ol style="list-style-type: none"> 1. Preoccupied with other issues related to demand of the members 2. Inadequate awareness to protect the health and nutrition of the population these bodies serve 3. Limited interaction between professional bodies and the nutrition community.
Advocacy objectives	By the end of 2025 (end year of NPAN2), the number of bodies engaged in activities aimed at scaling up nutrition programs in Bangladesh will increase.
Advocacy activities	<ol style="list-style-type: none"> 1. Professional bodies conducting advocacy meetings for promotion of a healthy diet and lifestyle. 2. Demanding (through meetings/dialogues/workshops) for legislation for control of high sugar, salt and trans-fat-rich foods 3. Hold consultative meetings to explore ways to promote nutrition through the professional bodies.
Result	<ol style="list-style-type: none"> 1. Number of meeting professional bodies arrange for the discussion of nutrition issues with their members increased; 2. Professional bodies issue position papers on nutrition-related issues increased.
Monitoring indicators	<ol style="list-style-type: none"> 1. Number of events arranged by the professional bodies; 2. Number of participants (members) attended these events; 3. Number of events for undertaken for raising awareness of the public; 4. Professional bodies issue position-paper, practice-guidelines of its members and advocacy briefs for raising awareness of public.
Means of verification	Reports of professional associations.
Advocacy materials	Information kits in Bangla (including technical and policy briefs and testimonials; talking points; mapping guide, orientation guide; PowerPoint presentations).

Table 12: Academic/research institutes

Issues	Description
Desired change	Manpower development for running programs and knowledge generation to undertake new programs or modifying interventions and policy improvement.
Lead Ministry/ agency (supporting agency/ partners)	Mo Education, Mo Science and Technology, University Grants Commission, ICDDRB (BNNC, BARC)
Expected roles	<ol style="list-style-type: none"> 1. Ensuring supply of quality managers to plan and execute nutrition specific and sensitive programs 2. Providing training of managers about the latest developments. 3. Conducting research to identify what works and what does not. 4. Knowledge management. 5. Generating evidence-based data and information on nutrition
Barriers	<ol style="list-style-type: none"> 1. Inadequate resource to conduct research. 2. Non-availability of comprehensive 'manpower plan' for nutrition and allied sectors 3. Limited interaction between academicians/researchers with the nutrition program managers 4. Unemployment (and poor career prospects) for young nutrition researchers 5. Not an allocation of a fund for priority research (like micronutrient deficiency control through diets)
Advocacy objectives	By the end of 2025 (end year of NPAN2), the number universities/research institutes engaged in activities aimed at scaling up nutrition in Bangladesh will increase.
Advocacy activities	<ol style="list-style-type: none"> 1. Universities/research institutes engaged in nutrition research increased 2. Suggesting ways to control of high sugar, salt and trans-fat-rich foods 3. Disseminate findings of recently conducted nutrition researches in Bangladesh through seminar /policy dialogues . 4. Supplying trained manpower and train existing managers 5. Making regional nutritional status data available for formulating informed programs, policies.
Result	<ol style="list-style-type: none"> 1. Increased number of the research project undertaken; 2. Number of the research report/publication (in peer reviewed indexed journals) 3. Number of meeting professional bodies arrange for the discussion of nutrition issues with their members increased; 4. Professional bodies issue position papers on nutrition related issues increased.
Monitoring indicators	1. Number of students passing out from university with a major in nutrition;

	<ul style="list-style-type: none"> 2. Number of researches conducted; 3. Number of research papers published; 4. Number of nutrition related managers/workers trained; 5. Number of peer reviewed, and indexed research paper published; 6. Number of schools participated in nutrition quiz.
Means of verification	Annual report of universities and research institutes
Advocacy materials	Information (including technical and policy briefs and testimonials; talking points; mapping guide, orientation guide; PowerPoint presentations), video clips, 'nutrition quiz for schools'

Table 13: Social safety net programs and public food distribution programs

Issues	Description
Desired change	The safety net programs will be more nutrition sensitive/oriented
Lead Ministry/ agency (supporting agency/partners)	Cabinet Division, MoWCA, MoFood, MoSocial Welfare, FPMU (Ministry of information)
Expected roles	<ul style="list-style-type: none"> 1. Ensuring that nutrition objectives would be included in safety-net programs 2. Ensuring food security of vulnerable groups (pregnant and lactating women, children including hard-to-reach and urban areas) 3. Raise awareness of the program participants about nutrition through planned SBCC. 4. Foods distributed through public food distribution channels would be fortified. 5. Other sectors having links with nutrition should be included and governance need to be improved.
Barriers	<ul style="list-style-type: none"> 1. Inadequate resource to cover all poor and vulnerable groups 2. Inappropriate (nutrition) targeting
Advocacy objectives	By the end of 2025 (end year of NPAN2), all the vulnerable groups would be covered, and all foods distributed through public food distribution channel would be fortified.
Advocacy activities	<ul style="list-style-type: none"> 1. Social safety net programs reoriented to incorporate nutrition objectives 2. SBCC materials developed, and the campaigns conducted for desired changes in behavior of the partisans of the safety net programs. 3. Supplying trained manpower and train existing managers
Result	Safety net programs would be more nutrition sensitive and nutrition focused.
Monitoring indicators	<ul style="list-style-type: none"> 1. Number of safety-net programs included nutrition objectives; 2. Number of nutritionally vulnerable group members (like women, children); 3. Proportion of foods distributed through public food distribution fortified 4. Geographical disaggregated data

Means of verification	Report of FPMU, CIP2 monitoring report.
Advocacy materials	Information (including technical and policy briefs and testimonials; talking points; mapping guide, orientation guide; PowerPoint presentation, TV clips).

Table 14: Education sector for nutrition interventions of school going children and adolescents

Issues	Description
Desired change	The nutritional status of school going children and adolescents will improve through learning from updated curriculum and practicing of good behaviors and provision of micronutrients and midday at schools.
Lead Ministry/ agency (supporting agency/partners)	Ministry of Primary and Mass Education (MoPE) and Ministry of Education (BNNC)
Expected roles	<ol style="list-style-type: none"> 1. The textbook board will review the curriculum and periodically adopt it to include updated nutrition information 2. Micronutrient supplements and deworming tablets are distributed among school students as per the guideline 3. Nutritious school meals (containing diverse food groups) are provided among students as per the guideline especially in the poverty prone areas 4. The students will practice better nutrition behaviors and will influence their family members to adopt these behaviors. 5. Other members of households (men) should support main housekeepers (mostly wife) when she is sick, pregnant and lactating.
Barriers	<ol style="list-style-type: none"> 3. Demand from many sectors to change school curriculum 4. Less interaction of nutrition sector with education sector 5. High school dropouts (before completion of secondary school)
Advocacy objectives	By the end of 2025 (end year of NPAN2), all the primary and secondary schools will be covered under school nutrition program (better syllabus, micronutrient supplements, deworming, school meal)
Advocacy activities	<ol style="list-style-type: none"> 1. The teachers are trained on the nutrient related issues (through annual training/orientation); 2. Curriculum of primary and secondary schools reviewed, and suggested changes incorporated in the textbooks and development of interactive educational materials like cartoon for primary school children. 3. Series of meeting with high officials to motivate them to give more emphasis on nutrition. 4. Display of nutritious foods in schools, pictorial food plate. 5. Formation of nutrition club.

	6. Nutrition campaign with adolescent clubs.
Result	1. The children and adolescents' nutritional status would be increased 2. Learning ability and future productivity would increase; 3. Nutrition awareness of children and adolescents (and their household members) increased.
Monitoring indicators	1. Number of books reviewed (and changes recommended to the textbook board); 2. Number of children, adolescents covered through supplementation programs; 3. Knowledge about food and nutrition improved
Means of verification	Annual report of MoPME, MoE.
Advocacy materials	Information (including technical and policy briefs and testimonials; talking points; mapping guide, orientation guide; PowerPoint presentations, food models, pictorial food plate, posters, booklets).

Table 15: Nutrition sensitive Food Production Systems (Agriculture, Fisheries , Livestock)

Issues	Description
Desired change	Food production (agriculture, livestock, fishery) sector will be more nutrition focused (in addition to its current focus of increasing production) and will provide safe foods (from production to plate)
Lead Ministry/ agency (supporting agency/partners)	Cabinet Division, MoWCA, MoFood, MoSocial Welfare, FPMU (Ministry of information, BIRTAN)
Expected roles	1. Bangladesh Agricultural Research Council (BARC) will give more emphasis in developing more nutritious crops/livestock/fishes variety 2. Food production sectors (agriculture, livestock, fishery) will be more nutrition sensitive (through their extension services)
Barriers	1. Existing system is more focused in producing more foods and stabilize price 2. The key players are less aware about the importance of non-food issues (care, disease control) needed to improve nutrition 3. Lack of technical knowledge (and adoption of good practice) to maintain food safety throughout the food chain (production to consumption).
Advocacy objectives	By the end of 2025 (end year of NPAN2), all the agriculture system will be more nutrition sensitive
Advocacy activities	1. The extension works of the agriculture, livestock and fishery ministries will be trained on the nutrient related issues (through annual training/orientation);

	<ol style="list-style-type: none"> 2. Advocacy meetings with BARC and ministries to make changes 3. Designing and providing training on food safety and nutrition.
Result	Food production will be more nutrition sensitive
Monitoring indicators	<ol style="list-style-type: none"> 1. Number of nutrient rich varieties released (example zinc bio-fortified rice) 2. Number of experts trained 3. Number of training materials developed for extension workers and farmers
Means of verification	Annual report of agriculture, fisheries and livestock ministries.
Advocacy materials	Information (including technical and policy briefs and testimonials; talking points; mapping guide, orientation guide; PowerPoint presentations, technical notes, materials for social media).

5 Implementation plan and monitoring indicators for the nutrition advocacy plan

The advocacy plan is formulated for the period 2019 to 2025 in line with the NPAN2. The nutrition advocacy plan activities and indicators are described for 12 audiences in **Tables 4-15**. To reap the benefit maximally continued interactions will required to be undertaken over the coming years. The audience of the advocacy are mostly decision-making persons like MPs, high officials from concerned ministries, including health, education, women and children affairs, food, agriculture, fisheries, and livestock. The Parliament and the Cabinet may allocate more resources for nutrition; health ministry undertakes most of the nutrition specific interventions and allocation in this sector need to be increased. Education ministry's effort is needed to improve the nutritional status of students through curriculum development and implementation, supplementation and school meals. Agriculture sectors' effort is needed to make the food production more nutrition sensitive, from its current focus on cereal production. Food ministry undertake most of the safety net programs, those need to be made more nutrition sensitive. Academia, and researchers to be involved to generate evidence regarding what interventions are effective in improving nutritional status.

Continuous monitoring is essential to monitor improvements and suggest changes if required. Monitoring indicators for advocacy across 12 audiences are also proposed in Tables: 4 to 15.

6 Estimated costing for nutrition advocacy

Conducting advocacy for 12 categories of audience will require resource. And it is a continuous process as continued advocacy and monitoring will be required. The NPAN2 costed BDT 1500 million for SBCC and WASH in 10 years. The participants of the validation workshop estimated the cost of implementing the Plan during 2019-2025 as BDT 477.1 million (BDT 47.7 crore).

Table:16 Estimated cost for Advocacy

Audience	Activities	Amount (in million BDT)
Parliament and political entities	Advocacy meeting/workshop, Orientation meeting/workshop, Seminar, Policy dialogue Round Table Programme visit High profile events Nutrition scoreboard	17.1
Ministries/Directorates		21.3
Local government		260.6
Media		21.4
Private sector		17.7
Development partners/NGOs		7.6
Women's organizations		7.6
Professional bodies		7.6
Academic/research institutes		81.8
Social safety net programs		8.6
Education		10.7
Food production		15.1
Total		477.1

Financing to be made from sectoral plans, special projects and allocation to BNNC. BNNC would be coordinating and monitoring the processes.

7 Conclusion and recommendation

Advocacy is key to make an enabling environment for effective and efficient planning, programming, monitoring and coordinating activities on Nutrition, which is by default multisectoral in nature. An advocacy plan for Bangladesh is formulated that includes identification of issues, audience analysis, objective and strategy identification, expected outcome, monitoring and budgeting. The plan to be implemented during the implementation period of NPAN2 and to be coordinated and monitored by BNNC. BNNC is to take initiative to develop and prepare appropriate advocacy materials and tools.

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9 Annex 1: SBCC issues for improving nutrition in Bangladesh

Change behaviors through strengthened nutrition counseling, information and education is one of the proposed strategic actions of the NPAN2 (number 6.3.1.2). NPAN2 proposed to undertake intensive communication through all media, involving all stakeholders, to raise public awareness on maintaining a balanced diet, and physical activity and exercise. In the light of the understandings with successful national programs such as family planning, immunization and distribution of oral saline solution, it proposed to develop a plan for a nutrition and food security campaign. It proposed to develop a comprehensive, integrated Multi-channel Plan of Action for SBCC with involvement of key relevant stakeholders and allocate resources for this purpose. USD 19 million is allocated for SBCC in the NPAN2 for SBCC activities (including WASH). The NPAN2 included a consolidated list of 21 SBCC topics.

Table 16: Audience segmentation for SBCC

People most affected by malnutrition	People who directly influence those who affected by malnutrition at household	People who directly influence those affected by malnutrition at community level	People who formulate policies, programs and allocate resources
<ul style="list-style-type: none"> • Children under 5 • Women of reproductive age • Pregnant and lactating women • Adolescents especially girls • People living with infectious diseases • People living with noncommunicable diseases • People with special needs • Vulnerable populations in hunger-prone areas • The elderly 	<ul style="list-style-type: none"> • Caregivers of children under 5 • Men/fathers of children under 5 • Grandparents, siblings, and other family members • Peers including neighbors 	<ul style="list-style-type: none"> • Religious leaders • Traditional healers • Service providers (health workers, agricultural extension workers, community-based service workers, and social workers) • Local political and civic leaders • Community media • Women’s groups 	<ul style="list-style-type: none"> • Members of parliament • Ministries/directorates • Local government bodies • Media • Private sector • Civil society organizations/Development Partners • Professional bodies

Table 17: Consolidated list of SBCC topics proposed in the NPAN2

1. Maternal health and nutrition care and the encouragement of health-seeking behaviors through facility and community-based approaches

2. Appropriate Infant and Young Child Feeding practices with emphasis on optimal breastfeeding and complementary feeding practices
3. Treatment of moderate and severe acute malnutrition using existing guidelines
4. Women's empowerment through formal and non-formal education and livelihoods generation
5. Nutrition of female adolescents and associated risks of early marriage and teenage pregnancy
6. 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)
7. Healthy practices and nutrition support for people suffering from NCDs, TB and HIV/AIDS
8. Healthy food choices using food-based dietary guidelines for a balanced and diversified diet and food basket planning
9. Public awareness about family planning methods and birth spacing
10. Strengthening/scaling up the cultivation and consumption of local nutrient dense foods
11. Healthy food preparation and cooking demonstrations of nutritious recipes (especially for complementary feeding)
12. Reduction of losses during post-harvest processes (namely, transportation, milling, packaging and storage) and preservation of nutritional value during long term storage
13. Food handling and food safety measures
14. Strategies to increase and diversify family food supply and consumption patterns
15. Nutritional requirements of different household members (with emphasis on first 1000 days) and intrahousehold distribution
16. School gardens and school feeding programs
17. Dissemination of nutrition and related laws like National Food Safety Law, Salt Law etc. and the need for enforced compliance
18. Integrating nutrition considerations in Social Protection Programs
19. Nutritional needs of vulnerable groups in times of disasters
20. Viable Income generation Activities/opportunities
21. Gender sensitization or women empowerment.

10 Annex 2: Pathways to effective multi-sectoral nutrition advocacy

Profile	Strategies	Process	Initial Outcome	Sustainable Results
Context	Multisectoral Coordination	A D V O C A C Y P L A N I M P L E M E N T E D 	A nutrition advocacy group and system with plan is in place.	Political Leaders and Parliamentarians at all level understand the human and economic benefit of nutrition and allocate adequate resources.
Limited awareness about nature, extent and significance of malnutrition problem and its impact on development among policy level people.			Widespread awareness on the multiple determinants of malnutrition.	All relevant govt. sectors are aware of their role in scaling up nutrition and commit to strengthen multisectoral coordination.
Inadequate investment in nutrition programmes and services, as well as, lack of effectiveness and efficiency of expenditure.			Media and practitioners are oriented n malnutrition and its consequence.	Media is involved as a key stakeholder in in nutrition promotion and coordination.
Inadequate coordination of nutrition-related activities within and across ministries at national and subnational levels.	Capacity and leadership development		Pro-nutrition activities are in the place at district and subdistrict level	DPs and CSOs position nutrition as a higher priority as a programming and commit to support multisectoral approach.
Inadequate legislations and regulations impacting on nutrition and their poor enforcement.			Enactment and enforcement of legislations and regulations.	Enabling policy and legislative environment
Inadequate prioritization and programming on maternal, adolescent and child nutrition, food & dietary diversification through nutrition sensitive agriculture, WASH etc.			Effective and efficient programming on nutrition specific and sensitives are designed and implemented.	Essential and quality nutrition services are accessible.
Limited participation of the private sector in nutrition activities.	Engagement of stakeholders		Key private sector companies include nutrition in their CSR strategies	The private sector is involved as a key stakeholder in scaling up nutrition.
Resources				
<ul style="list-style-type: none"> - GOB commitment thru NAPN2, CIP2, HPNSP - Enthusiasm for collaboration - Development Partners' support - Platform for communication - Infrastructure for implementation 	Research, Monitoring, Evaluation, Knowledge Management 			
	Mainstreaming, Gender, Capacity Strengthening			

11 Annex 3: Activity Chart for the Advocacy Plan for Nutrition

Audience	Activities	2019*	2020	2021	2022	2023	2024	2025
Parliament Members and Political leaders	Advocacy materials	X	X					
	A. Cost benefit analysis on selected nutrition interventions	X	X					
	B. Orientation guidelines (with definite roles and responsibilities)							
	C. Policy brief with info-graphics and video clips on key topics	X	X					
	Advocacy meeting with relevant parliamentary steering committee and parliamentary caucus on nutrition members, organizing special nutrition events, annual policy dialogue)		X	X	X	X	X	X
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Ministries/ divisions/ directorates	Preparing a advocacy opportunities (mapping report) and stakeholder analysis	X	X					
	Preparation of advocacy materials (including cost-benefit analysis on selected nutrition issues, info-graphics, video clips as described in earlier audience)	X	X					
	Observance of national nutrition days/weeks	X	X	X	X	X	X	X
	Advocacy meeting with relevant ministries (Cabinet Division, MoLGRD)		X	X	X	X	X	X

	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Local government bodies	Baseline assessment (stakeholder mapping,	X	X					
	Preparation of advocacy materials and training materials (including terms of references for district/sub-district nutrition committees)	X	X					
	Supporting advocacy activities of district and sub-district nutrition committees (DNCC and UNCC)	X	X	X	X	X	X	X
	Conducting annual orientation meetings/training/workshops with local government bodies		X	X	X	X	X	X
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Media	Conducting baseline media awareness study	X	X					
	Preparation/review/collection of advocacy materials and messages	X	X					
	Conducting orientation/meeting/workshop for media leaders and management.		X	X	X	X	X	X
	Conducting training for journalists to improve their skill.		X	X	X	X	X	X
	Development of standard materials and providing to journalist on important nutrition issues for print and electronic medias		X	X	X	X	X	X
	Providing annual media award for best 'nutrition reports'		X	X	X	X	X	X
	Advocacy with relevant government agencies (DMC, BTV/Betar /Private TVs/Community Radios); OPs	X	X	X	X	X	X	X

	(NNS, LHEP, IEC), DP-CSOs to allocate more resources for promotion of good nutrition behaviors messages and regulate ads on junk foods specially in mass media (TVC, scroll, spots in prime time, film show etc.)							
	Annual monitoring survey on media watch (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Private sector	Baseline assessment (preparing profile of private sector companies)	X	X					
	Advocacy materials (including info-graphic and video clip) for private sector	X	X					
	Award for private sector nutrition champion/best practice (for improving nutrition of workforce and for increasing awareness of consumers)		X	X	X	X	X	X
	Advocacy meeting/training/policy dialogue/workshops and consultative meetings		X	X	X	X	X	X
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Development partners/NGOs	Baseline assessment (mapping) report	x	X					
	Advocacy materials for NGOs	X	X					
	Advocacy meeting/training		X	X	X	X	X	X
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Women's organizations	Baseline assessment	X	X					
	Advocacy materials for women's organizations	X	X					

	Advocacy meeting/training and supporting these organizations in favor of women's right (like maternity leave)		X	X	X	X	X	X
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Professional bodies (including BMA)	Baseline assessment	X	X					
	Advocacy materials for professional bodies	X	X					
	Advocacy meeting/training and consultative meetings to support these organizations (like BMA) to demand legislation to control of unhealthy foods		X	X	X	X	X	X
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Academic/research institutes	Baseline assessment	X	X					
	Advocacy materials for academic/research institutes	X	X					
	Advocacy meeting/training		X	X	X	X	X	X
	Supporting academic/research institutes in conducting research to help solving nutrition problems (through providing guidelines and funds)		X	X	X	X	X	X
	Dissemination of recent important research findings	X	X	X	X	X	X	X
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Social safety net programs	Baseline assessment	X	X					
	Advocacy materials for SSN sector	X	X					
	Advocacy meeting/training/ consultations (to make SSN more nutrition oriented)		X	X	X	X	X	X

	Incorporating dietary counseling as an integral part of all social safety net program (development of materials)	X	X	X				
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Education	Baseline assessment		X					
	Ongoing reviewing of curriculum of schools and medical colleges (for inclusion of updated nutrition issues)		X	X	X	X	X	X
	Advocacy materials for education sector	X	X					
	Advocacy meeting/training with curriculum boards, instructors of the teachers training colleges		X	X	X	X	X	X
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X
Food production (agriculture, livestock, fisheries, food distribution, processing)	Baseline assessment	X	X					
	Advocacy materials for SSN sector	X	X					
	Reviewing extension manuals and procedures to include more nutrition contents	X	X					
	Advocacy meeting/training (especially to extension workers)		X	X	X	X	X	X
	Advocacy material development for promotion of healthy and nutritious diet (including info-graphic and video clip)							
	Situation analysis and advocacy materials development for food fortification (salt, oil, rice etc.)	X	X					

	and monitoring capacity enhancement for maintaining quality							
	Materials development and advocacy for ensuring food quality maintenance (avoiding food adulteration)	X	X	X	X	X	X	X
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report		X	X	X	X	X	X

12 Annex 4: Estimated cost by audience and activity

Audience (proposed budget)	Activities	Estimation ¹ (Thousand BDT)	Amount
Parliament Members and Political leaders (proposed budget=15 million BDT)	Advocacy materials		
	A. Cost benefit analysis on selected nutrition interventions (on 20 interventions)	20 (analysis on important topics) X 400	8000
	B. Orientation guidelines (with definite roles and responsibilities)	2 (guideline for parliament members and leaders) X 500	1,000
	C. Policy brief with info-graphics and video clips on key topics	5 (info-graphic) X 500	2,500
	Advocacy meeting with relevant parliamentary steering committee and parliamentary caucus on nutrition members, organizing special nutrition events, annual policy dialogue (twice a year)	7 (events) X 300	2,100
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (annual reports) X 500	3,500
	(Workshop participants may record more activities)		
Sub-total		17,100	
Ministries/ divisions/ directorates (proposed budget=20 million BDT)	Preparing a advocacy opportunities (mapping report) and stakeholder analysis	One analysis	1,000
	Preparation of advocacy materials (including cost-benefit analysis on selected nutrition issues)	Included in previous audience	-
	Observance of national nutrition days/weeks	7 (annual events) X 1,500	105,00
	Advocacy meeting with relevant ministries (Cabinet Division, MoLGRD)	7 (year) X 3 (event) X 300	6,300
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (annual report) X 500	3,500

	Sub-total		21,300
Local government bodies (proposed budget=30 million BDT)	Baseline assessment (stakeholder mapping report)	One exercise	3,000
	Preparation of advocacy materials and training materials (including terms of references for district/ sub-district nutrition committees)	2 (for district, sub-districts) X 500	1,000
	Supporting advocacy activities of district and sub-district nutrition committees (DNCC and UNCC)	7 (years) X64 (districts) X 500	224,000
	Conducting annual orientation meetings/training/workshops with local government bodies	64 (districts) X 7 (years) X 65	29,120
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (annual report) X 500	3,500
	Sub-total		260,620
Media (proposed budget=5 million BDT)	Conducting baseline media awareness study	One study	1,000
	Preparation/review/collection of advocacy materials and messages	2 (for journalists, & editors) X 500	1,000
	Conducting orientation/meeting/workshop for media leaders and management.	7 (annual event) X 300	2,100
	Conducting training for journalists to improve their skill.	7 (annual event) X 300	2,100
	Development of standard materials and providing standard materials to journalist on important nutrition issues	21 (annually 3 materials) X 100	2,100
	Providing annual media award for best 'nutrition reports' (for printed and electronic media)	12 (2 annual awards for 6 years) X 800	9,600
	Advocacy with relevant government agencies (DMC, BTV/Betar /Private TVs/Community Radios); OPs (NNS, LHEP, IEC), DP-CSOs to allocate more resources for promotion of good nutrition behaviors messages and regulate ads on junk foods.	(to be covered from the budget of HEB)	

	Annual monitoring survey on media watch (as part of overall monitoring report) and dissemination of monitoring report	7 (annual event) X 500	3,500
	Sub-total		21,400
Private sector (proposed budget=10 million BDT)	Baseline assessment (preparing profile of private sector companies)	One assessment	1000
	Advocacy materials (including info-graphic) for private sector	3 (one each for food processing, RMG & other sectors) X 500	1,500
	Awards for best practice (champion)	12 (two awards annually) X 800	9,600
	Advocacy meeting/training/policy dialogue/workshops and consultative meetings	7 (event) X 300	2,100
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (annual report) X 500	3,500
	Sub-total		17,700
Development partners/NGOs (proposed budget=5 million BDT)	Baseline assessment (mapping) report	One report	1,000
	Advocacy materials for NGOs	2 (one each for nutrition sensitive and specific sectors) X 500	1,000
	Advocacy meeting/training	7 (event) X 300	2,100
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (annual report) X 500	3,500
	Sub-total		7,600
Women's organizations (proposed budget=5 million BDT)	Baseline assessment	One baseline study report	1,000
	Advocacy materials for women's organizations	2 (one each for nutrition sensitive and specific sector) X 500	1,000
	Advocacy meeting/training and supporting these organizations in favor of women's right (like maternity leave)	7 (event) X 300	2,100
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (report) X 500	3,500

	Sub-total		7,600
Professional bodies (including BMA) (proposed budget=5 million BDT)	Baseline assessment	One baseline study report	1,000
	Advocacy materials for professional bodies	2 (one each for BMA and another one for other sector) X 500	1,000
	Advocacy meeting/training and consultative meetings to support these organizations (like BMA) to demand legislation to control of unhealthy foods	7 (event) X 300	2,100
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (report) X 500	3,500
	Sub-total		7,600
Academic/research institutes (proposed budget=10 million BDT)	Baseline assessment	One baseline study report	1,000
	Advocacy materials for academic/research institutes	2 (one each for nutrition sensitive and specific sector) X 500	1,000
	Advocacy meeting/training	7 (event) X 300	2,100
	Supporting academic/research institutes in conducting research to help solving nutrition problems (through providing guidelines and funds)	7 (years) X 10,000	70,000
	Dissemination of research findings through annual meeting/workshop	14 (event) X 300	4,200
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (report) X 500	3,500
	Sub-total		81,800
Social safety net programs (proposed budget=10 million BDT)	Baseline assessment	One report	1,000
	Advocacy materials for SSN sector	2 (one each for nutrition sensitive and specific sectors) X 500	1,000
	Advocacy meeting/training/ consultations (to make SSN more nutrition oriented)	7 (event) X 300	2,100

	Incorporating dietary counseling as an integral part of all social safety net program (development of materials	2 (materials for workers and recipients) X 500	1,000
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (report) X 500	3,500
	Sub-total		8,600
Education (proposed budget=10 million BDT)	Baseline assessment	One report	1,000
	Ongoing reviewing of curriculum of schools and medical colleges (for inclusion updated nutrition issues)	4 (one each for primary school, secondary school, madrasa and medical college) X 500	2,000
	Advocacy materials for education sector	7 (event) X 300	2,100
	Advocacy meeting/training with curriculum boards, instructors of the teachers training colleges	7 (report) X 300	2,100
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (report) X 500	3,500
	Sub-total		10,700
Food production (agriculture, livestock, fisheries, food processing) (proposed budget=10 million BDT)	Baseline assessment	One report	1,000
	Advocacy materials for agriculture, fisheries and livestock sector	3 (one each for agriculture, fisheries and livestock sector) X 500	1,500
	Advocacy material development for promotion of healthy and nutritious diet (including info-graphic and video clip)	5 (materials) X 500	2500
	Reviewing extension manuals and procedures to include more nutrition contents	3 (one each for agriculture, fisheries and livestock sector) X 500	1,500

	Situation analysis and advocacy materials development for food fortification (salt, oil, rice etc.) and monitoring capacity enhancement for maintaining quality	(one set of material development)	1,500
	Situation analysis and materials development and advocacy for ensuring food quality maintenance (avoiding food adulteration)	(one set of material development)	1,500
	Advocacy meeting/training (especially to extension workers)	7 (report) X 300	2,100
	Annual monitoring report (as part of overall monitoring report) and dissemination of monitoring report	7 (report) X 500	3,500
	Sub-total		15,100
Grand total			477,100

¹Estimated average cost (incorporating 5% inflation)

13 Annex 5: List of Contributors (Key Informant, Workshop Participant and Consultant)

SL No	Name with Designation (according to alphabetic order of the last name, not according to seniority or precedence)	Organization
Key Informants		
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7	Dr. Mohammed Mosleh Uddin Mia, Ex-Director, (Nutrition)	Bangladesh Agricultural Research Council
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9	Professor Nazma Shaheen, Professor and Ex-Director	INFS, Dhaka University
10	Md Ruhul Amin Talukder, Joint Secretary	Health Service Division, Ministry of Health and Family Welfare
Chair/Chief Guest/Guests of the Workshops		
1	Md. Habibur Rahman Khan, Additional Secretary	Health Service Division, MoHFW
2	Ashrafunnesa, Joint Secretary and Director	IEM, DGFP
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7	Md. Tayub Ali, Director	Dept. of Mass Communication, MoI
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11	Md. Nezam Uddin Biswas, Lead Consultant	Nutrition International, BNNC
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15	Dr. Tanveer Ahmed Chowdhury	Community Based Health Care-CBHC, DGHS
16	Taskeen Chowdhury, Nutrition Specialist	USAID
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