



Bangladesh Advocacy Plan for Nutrition 2019-2025

&

Framework for its Operationalization



Bangladesh National Nutrition Council
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 resources and its productivity. However, this is not a well-perceived concept across policy and decision makers. Nutrition investments 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 multi-sectoral 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 was formulated in 2019 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.

Subsequently, as a follow-on activity, a Framework for Operationalization of the Advocacy Plan was prepared in 2020 under a subsequent technical assistance of Nutrition International's Nutrition Technical Assistance Mechanism (NTEAM).

This is the combined printed version of the aforementioned documents.

I like to extend my heartfelt thanks and congratulations to my BNNC colleagues, TAN team and NTEAM members and the Consultants for developing this important document, and the same to the Advocacy and Communication Platform members for reviewing and endorsing the Plan and the Framework. I express my gratitude to the Nutrition International and the UK- Aid for providing valuable technical assistance. Further, I gratefully acknowledge the support from Staff Members and Consultants of UNICEF, WHO, WFP, Care and GAIN.

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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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
IPHIN	Institute of Public Health Nutrition
IYCF	Infant and Young Child Feeding
LHEP	Lifestyle and Health Education & Promotion
MoF	Ministry of Food
MoDM &R	The Ministry of Disaster Management & Relief
MoI	Ministry of Industries
MoInf	Ministry of Information
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

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 need assessment and review of drafts: 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. The first draft was reviewed through a second workshop.

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.

1 Background

1.1 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)

1.1.1 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, the importance of advocacy is becoming an agenda 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 consolidating 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 program 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 resource 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 inter-sectoral 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.

1.2 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 2017/18 the prevalent rates of stunting (31%), wasting (8%) and underweight (22%) 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, 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). 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. Over-nutrition 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, further down to 36% in 2014, and 31% in 2017-18. 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 complementary feeding 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 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. Children who escape stunting in the first 1000 days of their lives are 33% more likely to escape poverty as adults (WB).

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 among 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 64% 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 contribute 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).

1.3 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 the adopted policies, plans, programs in Bangladesh 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	2015	Ministry of Health and Family Welfare, Bangladesh
	National Food Policy	2006	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 lifestyle & 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

1.4 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**.

1.5 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, multi-sectoral 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 multi-sectoral coordination.
- The politicians including the Members of the Parliament are aware of 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 multi-sectoral 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 increased advocacy 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 multi-sectoral 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 multi-sectoral 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 in 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.
- Increased number of media houses and practitioners with adequate information, skills, and understanding of malnutrition and its consequences in Bangladesh.
- 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 application.

1.6 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 addressing 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.

1.7 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 and 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. Further, national social security system emphasizes on women empowerment and protection of young girls from early marriage and teenage pregnancies.

1.8 Evidence base for proposed interventions:

The Lancet review proposed that if these interventions are scaled up to 90% coverage 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 childcare 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. In addition, Food and Agriculture Organization (FAO) supported cost- effectiveness studies conducted by the Research and Evaluation Division (RED), BRAC of some nutrition sensitive interventions for the Food Policy Monitoring Unit of Ministry of Food provided additional evidence in support of investment in the local context.

1.9 Availability of resource:

The overall financial requirement of the NPAN2 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), and 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's commitment towards better nutrition spending effectiveness and efficiency. According to the Bangladesh Public Expenditure Review on Nutrition 2019, 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.

2 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, which was shared and validated. Activities with a timeline 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, MoInf, Ministry of Finance, Mo Planning, MoFood, MoAgri and MoFL (BNNC, DP/UN agencies)
Expected roles	<ol style="list-style-type: none"> Influence allocation of budget. Efficient utilization of allocated budget. Develop and support legislation/policy/program adoption. Increasing accountability through monitoring and follow-up through parliamentary standing committee.
Barriers	<ol style="list-style-type: none"> Competing demands for resources and less prioritization to allocate resources for nutrition. Inadequate awareness on the extent and consequences of malnutrition in the country. Lack of awareness that the Parliament (and national and local political leaders) can play a 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"> Develop orientation guidelines (with defined roles and responsibilities). Identify champions for nutrition. 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 ; Establish a Parliamentary Caucus on Nutrition, which engages multiple sectors, and ensure follow up; Organize special nutrition events. Annual policy dialogue with the members of the standing committees (health, agriculture, finance & other relevant)
Result	<ol style="list-style-type: none"> Nutrition in the agenda of the parliament and the standing committee's discussion (number) Budgetary allocation for nutrition increased
Monitoring indicators	<ol style="list-style-type: none"> Number of nutrition-related discussion in the Parliament and its standing committee. 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, MoInf, MoFinance, MoPlanning, MoFood, MoAg, MoFL, MoWCA, LGRD (BNNC, DP/UN agencies)
Expected roles	1. Elevate 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 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 allocated 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	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	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	<ol style="list-style-type: none"> 1. Prioritize nutrition 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	<ol style="list-style-type: none"> 1. Inadequate awareness on the extent and consequences of malnutrition 2. Lack of understanding about the 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	<ol 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	<ol 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 liaison with media leaders. <ul style="list-style-type: none"> i. Hold meetings with top management (e.g., owners, 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. <ul 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 mothers, children and general people. 5. Regulation of advertisement of non-nutritious junk foods in Print, Electronic 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 (decrease) of ads 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, and materials for social media.

Table 8: Private sector (including food processing business)

Issues	Description
Desired change	Engage private sector in activities in promoting 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. Engage economically in addition to use of CSR fund for nutrition sensitive and specific activities interventions 2. Production and processing of food including fortification and establish efficient food supply chain to reduce losses and wastages. 3. Self-regulation and commitment to compliance with food-related laws/regulations and marketing codes (e.g., BMS Act, Food Safety Act) 4. Raising consumer awareness and marketing of safe and nutritious foods 5. Support food safety environment and enhance laboratory capacity. 6. 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 of businesses. 2. Inadequate information on the benefits of nutrition promotion on productivity gains and profitability. 3. Limited or no relationship 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 with 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 amongst the private sectors. 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 with engagement of sector 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 breastfeed 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 sector 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	<ol style="list-style-type: none"> 1. Supporting government efforts 2. Awareness raising 3. Increased resource allocation and utilization of available resources 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, policy and increasing budgetary allocation
Lead Ministry/ agency (supporting agency/ partners)	MoWCA, Leader of Mahila Samity (BNNC, Girls Guide)
Expected roles	<ol style="list-style-type: none"> 1. Pressure group to enhance women's right 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	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	1. Policy influencing (including program, curriculum development) 2. Awareness raising
Barriers	1. Preoccupied with other issues related to the 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	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	1. Number of meeting professional bodies arrange for the discussion of nutrition issues with their members increased. 2. Professional bodies issued position papers on nutrition-related issues increased.
Monitoring indicators	1. Number of events arranged by the professional bodies. 2. Number of participants (members) attending these events. 3. Number of events undertaken for raising awareness of the public. 4. Professional bodies issue position-paper, practice-guidelines of its members and advocacy briefs for raising public awareness.
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, ICDDR,B, BNNC, BARC

Expected roles	<ol style="list-style-type: none"> Ensuring supply of quality managers to plan and execute nutrition specific and sensitive programs Providing training of managers about the latest developments. Conducting research to identify what works and what does not. Knowledge management. Generating evidence-based data and information on nutrition
Barriers	<ol style="list-style-type: none"> Inadequate resources to conduct research. Non-availability of comprehensive 'manpower plan' for nutrition and allied sectors Limited interaction between academicians/researchers with the nutrition program managers Unemployment (and poor career prospects) for young nutrition researchers Non allocation of funds 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"> Universities/research institutes engaged in nutrition research increased Suggesting ways to control of high sugar, salt and trans-fat-rich foods Disseminate findings of recently conducted nutrition research in Bangladesh through seminar /policy dialogues. Supplying trained manpower and train existing managers Making regional nutritional status data available for formulating informed programs, policies.
Result	<ol style="list-style-type: none"> Increased number of the research project undertaken. Number of the research report/publication (in peer reviewed indexed journals) Number of meeting professional bodies arrange for the discussion of nutrition issues with their members increased. Professional bodies issued position papers on nutrition related issues increased.
Monitoring indicators	<ol style="list-style-type: none"> Number of students passing out from university with a major in nutrition. Number of researches conducted; Number of research papers published. Number of nutrition related managers/workers trained. Number of peer reviewed, and indexed research paper published.
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, MoDM&R, (Ministry of information)
Expected roles	<ol style="list-style-type: none"> Ensuring that nutrition objectives would be included in safety-net programs Ensuring food security of vulnerable groups (pregnant and lactating women, children including hard-to-reach and urban areas) Raise awareness of the program participants about nutrition through planned SBCC. 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	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	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	1. Number of safety-net programs that included nutrition objectives. 2. Number of nutritionally vulnerable group members (like women, children) covered by the program. 3. Proportion of foods distributed through public food distribution that is 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 meals at schools.
Lead Ministry/ agency (supporting agency/partners)	Ministry of Primary and Mass Education (MoPME) and Ministry of Education (BNNC)
Expected roles	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) supporting main housekeepers (mostly wife) when she is sick, pregnant and lactating would increase.
Barriers	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	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/fish's 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 systems 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); 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	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).

3 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 undertakes most of the safety net programs, those need to be made more nutrition sensitive. Academia, and researchers need 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.

4 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 387.5 million (BDT 38.75 crore). A detailed analysis of the estimated cost is given in Annex 4.

Table 16: Estimated cost for Advocacy

Audience	Activities	Amount (in million BDT)
Parliament and political entities		17.1
Ministries/Directorates		21.3
Local government	Advocacy meeting/workshop, Orientation meeting/workshop,	171.02
Media	Seminar,	21.4
Private sector	Policy dialogue	17.7
Development partners/NGOs	Round Table	7.6
Women's organizations	Programme visit	7.6
Professional bodies	High profile events	7.6
Academic/research institutes	Nutrition scoreboard	81.8
Social safety net programs		8.6
Education		10.7
Food production		15.1
Total		387.5

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

5 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 multi-sectoral 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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7 Annuexure

Annex 1: SBCC issues for improving nutrition in Bangladesh

Changing 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 17: Audience segmentation for SBCC

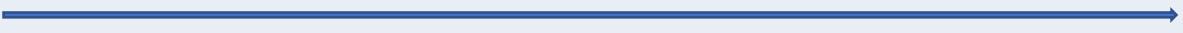
People most affected by malnutrition	People who directly influence those who affected by malnutrition at household	People who directly influence those affected by malnutrition at community level	People who formulate policies, programs and allocate resources
<ul style="list-style-type: none"> • Children 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 18: 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 and women empowerment.

Annex 2: Pathways to effective multi-sectoral nutrition advocacy

Profile	Strategies	Process	Initial Outcome	Sustainable Results	
Context	Multi-sectoral Coordination Capacity and leadership development Engagement of stakeholders	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 strengthening multi-sectoral 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.			Pro-nutrition activities are in the place at district and subdistrict level	DPs and CSOs position a higher priority to nutrition in programming and commit to support a multi-sectoral 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 nutrition specific and sensitive programmes are designed and implemented.	Accessibility of, essential and quality nutrition services .	
Limited participation of the private sector in nutrition activities.			Key private sector companies include nutrition in their CSR strategies	The private sector involvement 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 				
	<p>Research, Monitoring, Evaluation, Knowledge Management</p>  <p>Mainstreaming, Gender, Capacity Strengthening</p>				

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 A. Cost benefit analysis on selected nutrition interventions B. Orientation guidelines (with definite roles and responsibilities) C. Policy brief with infographics and video clips on key topics	X X X	X X X					
	Advocacy meetings with relevant parliamentary steering committees 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	Preparation of an advocacy opportunities (mapping report) and stakeholder analysis	X	X					
	Preparation of advocacy materials (including cost-benefit analysis on selected nutrition issues, infographics, 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 on important nutrition issues and providing to journalist 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 TV Channels/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 specially in mass media (TVC, scroll, spots in prime time, film show etc.)	x	x	x	x	x	x	x
	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.) and monitoring capacity enhancement for maintaining quality	X	X					
	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

Annex 4: Estimated costs by audience and activity

Audience (proposed budget)	Activities	Estimation ¹ (Thousand BDT)	Amount ('000 BDT)
Parliament Members and Political leaders (proposed budget=15 million BDT)	Advocacy materials A. Cost benefit analysis on selected nutrition interventions (on 20 interventions) B. Orientation guidelines (with definite roles and responsibilities) C. Policy brief with info-graphics and video clips on key topics	20 (analysis on important topics) X 400 2 (guideline for parliament members and leaders) X 500 5 (info-graphic) X 500	8000 1,000 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 (Workshop participants may record more activities)	7 (annual reports) X 500	3,500
	Sub-total		17,100
	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	-
Ministries/ divisions/ directorates (proposed budget=20 million BDT)	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
	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
Local government bodies (proposed budget=30 million BDT)	Supporting advocacy activities of district and sub-district nutrition committees (DNCC and UNCC)	7 (years) X64 (districts) X 300	134,400
	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		171,020
Media	Conducting baseline media awareness study	One study	1,000

(proposed budget=5 million BDT)	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 on important nutrition issues and providing standard materials to journalist	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	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

(proposed budget=5 million BDT)	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 solve 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	Baseline assessment	One report	1,000

(proposed budget=10 million BDT)	Ongoing reviewing of curriculum of schools and medical colleges (for inclusion of updated nutrition issues)	4 (one each for primary school, secondary school, madrasha 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		387,520

¹Estimated average cost (incorporating 5% inflation)

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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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, Mol
8	Dr. Md. Abdul Alim, Professor	Bangladesh Agriculture University
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37	Dr. Rudaba Khondker, Country Director	GAIN
38	Dr. Mohammad Mahfuzur Rahman, SSO	BCSIR
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This section is technically supported by:





The Framework for Operationalization of Bangladesh Advocacy Plan for Nutrition 2019-2025

8 Framework for Operationalization of Bangladesh Advocacy Plan for Nutrition 2019-2025

8.1 Summary

Bangladesh National Nutrition Council (BNNC) in 2019 formulated the Bangladesh Advocacy Plan for Nutrition 2019-2025 (the Plan) with technical assistance from UK Aid – Nutrition International under Technical Assistance for Nutrition (TAN) project. Goal of the Plan was to strengthen political and legal framework, increase commitment of stakeholders, change in organizational behavior towards nutrition agenda, and enhance resource mobilization for nutrition.

The total estimated cost for the Plan is BDT 387.5 million (US \$ 4.56 million @ 85). It was proposed in the Plan that the financing to be made from sectoral plans, special projects and allocation to the BNNC.

With aim to materialize partnership and resource mobilization for operationalization of the Plan, additional technical assistance is provided under TAN to develop a ‘Framework for Operationalization of the Advocacy Plan for Nutrition, Bangladesh’.

Through the process of consultations, it was agreed that half of the total cost would be coming from GOB sectoral sources (Ministry Plans; Operational Plans under HPN sector and National Nutrition Week allocation), and other half would be incurred through partnership between the BNNC and Development Partners and other interested agencies.

For the partnership arrangement, a Priority Action Plan (PAP) for the period of 2020-2025 is prepared based on some set criteria (audience based, having evidence, cost-effectiveness, feasibility, acceptable-politically, culturally and to the partner). One purpose of the PAP is to use it as a basis for negotiation with potential Partners.

Cost of the PAP is estimated as BDT 187.9 mill (US \$ 2.2 mill @ 85) for 6 years (2020-2025).

The PAP is based on selected activities for all the 12 Audiences identified in the Advocacy Plan. The key activities include mapping/stakeholder analysis for selected audiences, development of audience-specific advocacy materials, organizing advocacy events, mass media campaign, champion award for the media and private sector, relevant priority research and monitoring process.

A Checklist has been developed to explore potential partners with their area of interest, activity of choice, modality of partnership and others. A Guideline is developed to guide planning and execution of the activities.

Further, a compilation of the advocacy components of the Ministry Plans and OPs under HPN sector is made to have a look into the characteristics and quality.

The BNNC is recommended to set for improvement of the advocacy components of GOB Plans, and negotiation with interested partners to build partnership arrangement with interested DPs and other agencies.

8.2 Framework for Operationalization of Advocacy Plan for Nutrition

With aim to materialize partnership and resource mobilization for operationalization of the Plan, additional technical assistance is provided under TAN to develop a ‘Framework for Operationalization of the Bangladesh Advocacy Plan for Nutrition’.

Through the process of consultations among BNNC officials and TAN team members, it was agreed that half of the total cost would be coming from GOB sectoral sources (Ministry Plans and Operational Plans under HPN sector), and other half would be incurred through partnership between BNNC and Development Partners and other interested agencies.

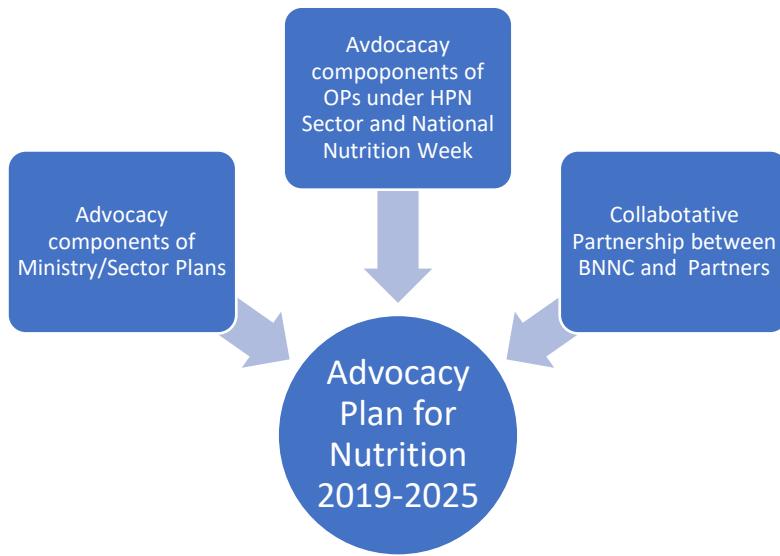


Fig: Framework for Operationalization of Bangladesh Advocacy Plan for Nutrition

For the partnership arrangement between BNNC and Partners, a Priority Action Plan (PAP) for the period of 2020-2025 is prepared based on some set criteria (audience based, having evidence, cost-effectiveness, feasibility, acceptable- politically, culturally and to the partner). One purpose of the PAP is to use it as basis for negotiation with potential Partners.

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A Checklist has been developed to explore potential partners with their area of interest, activity of choice, modality of partnership and others.

Further, a compilation of the advocacy components of the Ministry nutrition work plan and relevant Operational Plans under the health, population and nutrition (HPN) sectoral plan was done to see the characteristics and quality of advocacy or advocacy related activities. It is observed that advocacy component in nutrition plans/OPs are generally not well-focused, there is a lack of objectivity, intermingled with BCC activities and not costed in many cases. There is scope of improving the quality of advocacy activities in those plans.

8.3 Way Forward

BNNC is recommended to undertake following initiatives:

1. Advocacy and Technical assistance to Ministry/Sectors towards incorporation of quality nutrition advocacy components in their nutrition plan followed by efficient implementation.
2. Advocacy and Technical assistance to NNS and nutrition associated (MNCAH, MCRAH, CBHC, HSM) and supportive (L&HEP, IEC, CDC, NCDC) operational plans in incorporation of quality nutrition advocacy components into their plans followed by smooth implementation.
3. Utilization and leveraging of National Nutrition Week for stronger nutrition advocacy both at national and sub-national level.
4. Negotiate with potential and interested development partners/organizations for bilateral /multilateral agreement of collaboration.

To roll out and monitor the above initiatives, the initiatives should be included in the routine workplan of BNNC. For initiative 1 and 2, organization of orientation for Ministry focal persons, and PM/DPMs of relevant OPs prior to preparation of yearly plans would be helpful.

Sources:

1. Bangladesh Advocacy Plan for Nutrition 2019-2025, BNNC (2019)
2. Nutrition Plans of different Ministries 2019-2020
3. Operational Plans under HPN Sector Programme, 2019-2020

8.4 Checklist for Partnership Exploration

**Government of the People's Republic of Bangladesh
Bangladesh National Nutrition Council**

Checklist for Partnership Exploration

BNNC with support from UK Aid through Nutrition International has developed a framework for mobilizing partners and resources to operationalize Advocacy Plan for Nutrition 2019-2025. One of the objectives of the effort is to identify Development Partners/INGO/NGO/other organization interested to come in partnership with BNNC to support operationalization of the Advocacy Plan. This Check List is intended to explore organizations with their audience of interest, activity of interest, modality of working, nature of agreement tool etc.

Name of the organization:

Type of organization: UN Agency/ Foundation/INGO/NGO/Fund/Bilateral Donor/ Program/ Others-----

Audience of Interest:

Sl	Audience	Mark Tick
1	Parliament Members and Political Leaders	
2	Ministries, Divisions, Directorates	
3	Local Government bodies (DNCC, UNCC)	
4	Media	
5	Private sector	
6	Development partners and NGOs	
7	Women's organizations	
8	Professional bodies including BMA	
9	Academic and research institutes	
10	Social safety net programmes	
11	Education	
12	Food production (agriculture, livestock, fisheries, food processing)	

Activity of Interest

Sl	Activity Type (details are provided in the Guidelines)	Mark Tick
	Assessment/ mapping/ stakeholder analysis for selective audience group	
	Development of audience specific advocacy materials	
	Organization of Advocacy events	
	Mass media campaign (Electronic/Print)	
	Media award/champion	
	Private sector award/champion	
	Relevant priority research, research result dissemination	
	Monitoring and reporting	
	Other (please specify) -----	

Modality/Method of Partnership

	Memorandum of Understanding	
	Joint Work Plan	
	Other (please specify)	

Modality of Resource Transfer

	Consultancy service provision	
	Direct Cash Transfer	
	Supplies	
	Other (please specify)	

Who (designation) is the signatory of the MOU/Work plan on behalf of the organization:

8.5 Guidelines for some Key Activities of the Advocacy Plan

A. Stakeholder Analysis

Stakeholder analysis is a process of systematically gathering and analyzing qualitative information to determine whose interests should be considered when developing and/or implementing a policy or programs.

Objectives:

1. Identifying the role and interest of the stakeholder
3. Identifying the information need for the stakeholders
4. Knowing the current knowledge and opinion level of the stakeholders and identifying the gaps
5. Identifying what influence the stakeholders
6. If they are not currently interested then what can be done to gain their support or ensure at least that the stakeholders will not oppose

Table 1. Classification of Interest/ possible interest

Sectors	Description/role
High priority and high interested (ministries, senior executives, policy makers)	Fully engage these people and make the greatest efforts to satisfy them.
High power, less interested (nutrition sensitive sectors might be engaged with competing priorities of their own sector)	Keeping these stakeholders satisfied, but not so much that they become bored with message
Low power, highly interested (certain professional bodies and civil society organizations?)	Adequately inform these people and talk to them to ensure that no major issues arise. Stakeholders in this category can often be very helpful with the details of the project in a supportive role.
Low power, less interested (certain lowermost level local government agencies, community-based organizations)	Again, monitor these people, but don't bore them with excessive communication.

Clustering of Audiences for Advocacy

Advocacy audiences can be further grouped for operational convenience including organization of events, development of advocacy materials, etc.

Table 2. Clustering of Audiences

Categories	Sectors	Key Roles	Key Issues* for advocacy	Need for advocacy materials
Policy Makers	Parliament members and political leaders	1. Policy making 2. Budget allocation 3. Accountability setting	1. Nutrition- a development agenda 2. Adequate investment for Nutrition 3. Expenditure tracking 4. Gender 5. Multi-sectoral coordination 6. Food security and diversity 7. Women empowerment 8. Disaster response 9. Equity including ethnic minority and hard to reach population 10. Supportive Legislation-enactment and enforcement	1. Stakeholder analysis 2. Budget analysis 3. Policy briefs describing benefits for investing for improvement of nutrition 4. Info-graphic and audio video content
	Ministries/Divisions/Directorates (PMO, Planning, Finance, Commerce, Cabinet, LGD)			
	Food production sector (agriculture, livestock, fisheries), Health (high level), Food, WASH, Education (high level), MoWCA (high level), MoDRM			
	Development Partners, GOB-DP networks like SUN			
Public opinion influencers	Media	1. Opinion formation 2. Promotion of healthy behavior Knowledge and skill generation among students 3. Evidence generation through research	(As above plus) 1. Role of public information campaign 2. Role of Female education 3. Evidence generation 4. Importance of operational and implementation research	1. Stakeholder analysis 2. Media content analysis of news and advertisements 3. Training materials for media and other stakeholders 4. Curriculum reviewing and material development for all level of educational institutes 5. Identification of key areas for research 6. Advocacy materials (info-graphic) 7. Formulation of procedure for providing media awards for best nutrition content
	Education (mid-level)			
	Information and ICT			
	Academic and research institutes			
Professional organizations and Private sector	Professional bodies	1. Working as pressure groups to demand more attention to nutrition	(As above plus) 1. Healthy food business 2. Nutrition and productivity 3. Women friendly working environment	1. Stakeholder analysis 2. Advocacy material development 3. Training materials for promotion of emphasized behaviors
	Women's organizations			
	NGOs			

Categories	Sectors	Key Roles	Key Issues* for advocacy	Need for advocacy materials
	Private sector including FBCCI, DCCI and BGMEA	2. Making food value chain more nutrition oriented		
Organizations engaged with service delivery	Local government	1. Prioritization of nutrition programs and projects 2. Incorporation of nutrition objectives in projects and programs	(As above plus) 1. Coverage of quality services 2. Maternal and Child nutrition 3. Nutrition sensitivity of social protection services	1. Stakeholder analysis 2. Advocacy material development 3. Training material development
	Health (mid-level)			
	MoWCA (mid-level)			
	NGOs/CSOs			

* Suggestive, may be adjusted as applicable.

B. Development of Audience Specific Advocacy Materials:

For different audience cluster separate set of advocacy materials needs to be developed. Objectives and Activities would include:

Table 3. Policy advocacy for Parliament Members, Ministries, Development Partners

Objectives	Activities/comments
Identification of problems and defining target and assessing national priorities	1. A thorough review of relevant policies, programs, strategies and set target in alignment with international and national goals 2. Conducting reviews of studies, surveys, evaluations and budget analysis to see the resource availability and utilization for nutrition sensitive and nutrition specific programs
Developing materials specific for targeted audiences	Development of communication materials which are easy to understand and developed using the expertise of the communication specialists

Table 4. Policy advocacy for Media, Education and Research sectors

Objectives	Activities/comments
	Media
Identification of problems and defining target and assessing national priorities	1. Media content analysis 2. Conducting reviews of studies, surveys, evaluations and budget analysis to see the resource availability and utilization for nutrition sensitive and nutrition specific programs
Engaging stakeholders (journalists and editors)	1. Planning course of actions 2. Conducting events and contact for reaching the policymakers
Developing orientation/training materials for reporters	Development of communication materials which are easy to understand and developed using the expertise of the communication specialists
Influencing the policy makers with creative engagement of media and lobbyists	On important issues media can be engaged by: 1. Identifying messages needed to be conveyed 2. Arranging round-table discussions 3. Providing materials to the journalist

Influencing community for SBCC	Providing tested media content and circulating them through electronic and print media
Educational institute (additional activities)	
Curriculum analysis and development of standard content	Reviewing the relevant textbooks of schools (science, home-science, biology, and agriculture)
Development of content	Development of content and finalization of them through field testing
Development of content for teachers' training institutes	Reviewing the curriculum of the existing program and suggesting changes in the content
Research and academic (higher studies) institutes	
Research gap analysis	Comprehensive literature reviews
Identification of priority research	Literature reviews and dialogue

Table 5. Advocacy for Professional-organizations and Private-sector

Objectives	Activities/comments
Professional organizations	
Identification of problems and defining target and assessing national priorities	As part of the stakeholder analysis (described earlier): <ol style="list-style-type: none"> Analysis of the agenda of the professional bodies Researching the interest of the professional bodies including medical association, women's organizations, trade unions Identifying the areas where the nutrition objectives are aligned with the interest of the professional organizations and private sector
Engaging professional organizations (such as Bangladesh Medical Association, Nutrition Society of Bangladesh, Women's Association etc.)	<ol style="list-style-type: none"> Planning course of actions Conducting events and contact for reaching the policymakers
Developing orientation/training materials for reporters	Development of communication materials which are easy to understand and developed using the expertise of the communication specialists
Private sector	
Engaging private sector in making nutritious foods at affordable price	As part of the stakeholder analysis: <ol style="list-style-type: none"> Food value chain analysis to identify opportunities and actors of the food value chain Identifying 'best cases of food value chain' benefiting the food producers and the consumers for replication, for example Grameen-Danone milk value chain project is providing the milk producers marketing opportunities, creating employment and improving the nutrition of children (consumers)
Market regulation of the unhealthy (salt, sugar, saturated fat and trans-fat rich foods)	<ol style="list-style-type: none"> Advocacy for increasing the capacity of regulators (BSTI, Food Safety Authority) Opportunities for regulation of advertisement of unhealthy foods particularly targeting children

	3.Working with private sectors to reformulate unhealthy foods (such as reducing salt, sugar and saturated fat content in processed foods)
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Table 6. Advocacy for organizations engaged with service delivery

Objectives	Activities/comments
Local government	
Preparing a manual for use by the local government bodies	1. reviewing the current activities of the local government particularly related with food production, health and social safety net and preparing a manual so that the local government bodies could integrate nutrition with their regular activities
Development of training manual for providing short training	A general and several sector specific training manuals for health, food production and social safety net programs.
Easy to understand (pictorial) materials	Local government bodies could use these for communications
NGOs/CSOs	
Preparing a manual	1. Reviewing the available materials 2. Preparation of a manual for use at the micro-credit groups

C. Organization of advocacy events

Once the stakeholder mapping report and advocacy materials is ready, then the next step will be to arrange advocacy events for specific audiences. The events are described below

Table 7. Advocacy events for different audiences

Target audience	Nature of Advocacy and mass media events
Policy makers	1. Round table discussion with publication of special supplement in the national dailies 2. Policy dialogue 3. Seminar, conference 4. Formation of a Parliamentary Caucus on nutrition
Public opinion influencers	1. Seminar 2. Workshop 3. Training/orientation for media personnel on reporting 4. Talk show 5. Media campaign
Professional organizations	1. Round table discussion with publication of special supplement in the national dailies 2. Advocacy meetings/workshops/seminar
Organizations engaged with service delivery	1. Training/orientation 2. Workshops/meeting

D. Awards for media, private sectors, NGOs and professional bodies

As part of the national nutrition week observation, ‘Nutrition Champions’ for extra-ordinary contribution towards nutrition could be identified and award and certificates of recognition for champions could be awarded.

'Nutrition Champions', according to the SUN Movement are:

GRACING high-level events with their presence and with inspirational words of commitment to the cause.

SHARING messages on the importance of good nutrition through the media.

ENGAGING with policymakers to ensure that laws, legislation and collaboration amongst essential sectors across government, truly address the root causes of malnutrition.

INSPIRING collaboration between diverse stakeholders, such as civil society, United Nation's agencies, businesses and donors, as they strive to implement actions that will ensure good nutrition for everyone.

DEMONSTRATING how integral good nutrition is for the health and wellbeing of children, so they do well in school, access employment and reach their full potential. In turn, communities and society will prosper.

E. Research and research result dissemination:

Bangladesh National Nutrition Council already developed a research strategy and prepared a list of research needed to be implemented immediately and in long term for improving the nutrition situation in line with the government policies, plans and strategies including NPAN. To operationalize this strategy, it would need:

1. Coordination of research
2. Allocation of budget, if possible
3. Formation of technical committee to review proposals from qualified agencies and negotiate/manage fund
3. Disseminate the results through publication of papers and conferences, special events.

F. Monitoring:

1. Specially designed monitoring plan to monitor the activities of the Advocacy Plan followed by special publication.
2. Monitoring of advocacy activities under routine monitoring system of Bangladesh National Nutrition Council and published in the annual monitoring report.

8.6 Priority Action Plan 2020-2025 (To be implemented under BNNC-Partner Collaboration)

A Priority Action Plan is prepared based on some set criteria (audience based, having evidence potential, cost-effective, doable/feasible, acceptable-politically, culturally and to the partner) agreed through technical consultations within BNNC. One purpose of the Priority Action Plan is to use it as reference for negotiation with potential partners.

It is noted that development of advocacy material and advocacy event are common for all audiences. Other activities include mapping/stakeholder analysis for selective audience group, and a common monitoring report with dissemination.

Audience	Activities	Estimation (Thousand BDT)	Amount BDT (in Thousands)
Parliament Members and Political leaders	Orientation guidelines (with definite roles and responsibilities)	2 (guideline for parliament members and leaders) X 500	1,000
	Policy brief with infographics and video clips on key topics	5 info-graphic X 300	1,500
	Advocacy meeting with relevant parliamentary standing committees and parliamentary caucus on nutrition members, organizing special nutrition events, annual policy dialogue (twice a year)	12 events X 500	6,000
Sub-total			8,500
Ministries/ divisions/ directorates	Preparation of an advocacy opportunity (mapping report) and stakeholder analysis	One analysis	1,000
	Preparation of advocacy materials on selected nutrition issues)		1,000
	Advocacy meeting with relevant ministries (including Cabinet Division, MoLGRD)	6 year X 3 event X 300	5,400
Sub-total			7,400
Local government bodies	Baseline assessment (stakeholder mapping)	One exercise	1,000
	Preparation of advocacy materials and training materials	2 (for district, sub-districts) X 500	1,000
	Supporting advocacy activities of district and sub-district nutrition committees (DNCC and UNCC)	3 (years) X 64 (districts) X 125	24,000
	Conducting annual orientation meetings/training/workshops with local government bodies	64 (districts) X 3 (years) X 125	24,000
Sub-total			50,000

Media	Conducting baseline media awareness study	One study	1,000
	Preparation of advocacy materials and TVCs	5 X 500	2,500
	Conducting orientation/meeting/workshop for media leaders and management.	6 (annual event) X 300	1,800
	Conducting training for journalists to improve their skill.	6 (annual event) X 300	1,800
	Providing annual media award for best 'nutrition reports' (for printed and electronic media)	12 (2 annual awards for 6 years) X 100	1,200
	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 facilitated by BNNC 2 eventX500	1000
	Mass Media (Electronic/Print) campaign- televising TVCs and Round Table		50,000
	Sub-total		57,100
Private sector	Baseline assessment (preparing profile of private sector companies)	One assessment	1,000
	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) within private sector	12 (two awards annually) X 100	1,200
	Advocacy meeting/training/policy dialogue/workshops and consultative meetings	6 (event) X 500	3,000
	Sub-total		6,700
Development partners/NGOs	Advocacy materials for NGOs/DPs	2 (one each for nutrition sensitive and specific sectors) X 500	1,000
	Advocacy meeting/workshop	6 (event) X 300	1,800
	Sub-total		2,800
Women's organizations	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)	6 (event) X 300	1,800
	Sub-total		3,800

Professional bodies (including BMA)	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 for the control of unhealthy foods	6 (event) X 400	2,400
	Sub-total		2,500
Academic/research institutes	Advocacy materials for academic/research institutes	2 (one each for nutrition sensitive and specific sector) X 500	1,000
	Advocacy meeting/training	6 (event) X 300	1,800
	Supporting academic/research institutes in conducting research to help solving nutrition problems (through providing guidelines and funds)	3 X 5,000	15,000
	Dissemination of research findings through bi-annual meeting/workshop	12 (event) X 300	3,600
	Sub-total		21,400
Social safety programs	Baseline assessment, mapping	One report	3,000
	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)	6 (event) X 500	3,000
	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
	Sub-total		8,000
Education sector	Baseline assessment, mapping	One report	2,000
	Ongoing reviewing of curriculum of schools and medical colleges (for inclusion of updated nutrition issues)	4 (one each for primary school, secondary school, madrasa and medical college) X 500	2,000
	Advocacy materials for the education sector	2 X 500	1,000
	Advocacy meeting/training with curriculum boards, instructors of the teachers training colleges	6 events X 300	1,800
	Sub-total		6,800
Food production (agriculture, livestock,	Baseline assessment, mapping	One report	3,000

fisheries, processing)	food		
	Advocacy materials for the agriculture, fisheries and livestock sector	3 (one each for agriculture, fisheries and livestock sector) X 500	1,500
	Advocacy material development for the promotion of healthy and nutritious diet (including info-graphic and video clip)	5 (materials) X 500	2500
	Advocacy event	6X400	2,400
	Situation analysis and materials development and advocacy for ensuring food quality maintenance (avoiding food adulteration)	one set of material development	1,000
	Sub-total		7,900
Monitoring Report	Annual overall monitoring report and dissemination of monitoring report		5,000
	Sub-total		5,000
Grand total		BDT	187,900,000
		US \$ @ 85	2,210,588

8.7 Ministry Nutrition Plans Having Advocacy Component, 2019-2020 (Compiled)

Ministry	Activity	Indicators/Target	Budget	Partner
BIRTAN, Ministry of Agriculture	Support to rearrange Social Protection Programme into a nutrition sensitive programme in line with NPAN2 activities (Conducting SBCC to include its activities). 15000 peoples selected from amongst vulnerable group including deserted women, abroad going workers, garments workers will be trained	Number of people trained 15000	Total project budget BDT 450 lacs	
	Support to develop nutrition info-graph and communication materials. Hold 10 seminars/ conferences in 2019-20.	Seminars/conferences held. 10		
	Promote social and behavioral change communication to identify and select appropriate and safe food, water sanitation and healthy habits.	Report		
Ministry of Commerce	Distribute pamphlets, leaflets and stickers to promote awareness of consumers.	Number of pamphlets distributed. 300 markets	N/R	
	Celebrate Consumer's Right day in districts, upazilas and divisions. Arrange workshops and seminars, and meetings.	Number of workshops, seminars and meetings arranged. 250 Upazilas	N/R	
Ministry of Disaster Management and Relief	Ensure inclusion and provide adequate nutrition during preparation and in early phase disaster program.	Number of packets of fortified rice distributed	Aggregate budget of BDT 2,09,050 lac for the year 2019-20	
	Provide supplementary foods for population affected by disaster and severe food deficit. Fortify foods for orphans, Lillah boarding children and others in government programme.	Proportion of GR rice fortified. 5%		
Ministry of Education	Support awareness building programme for prevention of under-nutrition for adolescents in the country.		N/R	WFP
	Support to raise awareness among school adolescents to build knowledge in birth-spacing through school management committees and engage non-governmental organizations in these efforts.		N/R	
	Support to ensure updating of nutrition in the school curricula.		N/R	
Ministry of Environment,	Climate change and adaptation information dissemination to vulnerable community for emergency preparedness measures and awareness raising on enhanced climatic disasters.	Preparation National Adaptation Plan (NAP).	Project has budget Total Project	

Forest and Climate Change		Covers 39 million coastal population	budget is USD 15.195 million	
Ministry of Finance	Conducting Nutrition BCC sessions for the adolescent girls, pregnant mothers, lactating mothers and mother in laws.	Number of BCC sessions conducted. 24920 sessions	Ministry has aggregate budget of 868.15 lac BDT for the year 2019-20	SDF and FID
	Promotion and motivation of farmers and village-based organizations to facilitate them to rear chickens, ducks, live stocks for improving food diversity.	87757 population of different categories including adolescents are targeted		
Ministry of Finance Finance Division	Conducting Nutrition counseling for the, pregnant mothers in ANC and PNC sessions.	Number of counseling sessions conducted for PLW mothers. 12.52 lac PLW mothers	Aggregate budget of 868.15 lac BDT for the year 2019-20	PKSF
	Support counseling on IYCF and breastfeeding during ANC and PNC sessions.	Exclusive breast-feeding rate under 6 months and breastfeeding for 0-23 months children.		
	Promotion of breastfeeding through SBCC to lactating mothers.			
Ministry of Food	Promote optimum and safe complementary food alongside breastfeeding for 0-23 months aged children alongside develop hygienic practices during feeding.	Nutrition Olympiad Observance of national safe food day.	Project has budget 320 lac BDT plus money equivalent 7.5 lac MT of food	
	Identify nutrition focal points with specific scopes and ToR from services of sector/department/ branches.	Number of districts, Upazilas and Divisions celebrated consumers day. 250 Upazilas.		
Ministry of Industry	Enhancing monitoring activities at market and industry level. Support enhancing laws for salt iodization, awareness building of population on iodine use through workshop, awareness building of population through advertisement in newspapers.	- Conducting 14 mobile court at field level - Conducting 11 advocacy a. - Conducting 11 advocacy meeting amongst 943 people - Conducting 2 workshop and conference with 300 persons amongst 943 people	Aggregate budget of BDT 774.08 lac BDT	
Ministry of Livestock	Recommend considering turning current social protection plan into nutrition sensitive programme (inclusion of social and behavior change communication activities for nutrition for target population and in health services).	- Per head per day milk consumption. 166.74 ml/day -Per head consumption of meat 123 gm/day	Aggregate budget of BDT 42789.08 lac	

		- Per head per year egg consumption 106/year		
	Ensure support to follow food safety on legislature/rules/guidelines during production/processing/marketing.	Numbers of mobile court conducted. 500 mobile court	N/R	
Ministry of Religious Affairs	Enhance Social and Behavioral Changes Communication (SBCC) to improve breastfeeding by mothers	Number of mothers reached. 360 breastfeeding mothers.	N/R	
	Promote awareness and support to create social backup for breastfeeding to children as a priority (according to second national plan of action for nutrition) programme.	Number of mothers reached to provide social supports. 460 mothers.	N/R	
	Improve social and behavioral changes communication to help improve EPI, PNC, family planning, promote breastfeeding focusing on numbers of times of feeding, promoting diversified food during IMCI sessions.	Number of mothers reached. 640 breastfeeding mothers	N/R	
Ministry of Science and Technology	Support SBCC to improve identifying appropriate and safe food and also to use potable water and promote hygiene and healthy habits.	Number of print materials developed.	Ministry has aggregate budget of BDT 11 lac	
Ministry of Social Welfare	Recommend turning current social protection plan to nutrition sensitive programmes (This will entail inclusion of social and behavioral change communication in identifying targets, health services and the uptake of nutrition specific services.	Developing and updating a conditional cash transfer guideline.	Ministry has aggregate budget of BDT 27,879.0 lac	
	Prepare and implement a social protection plan for the vulnerable population in the urban area.	Developing a set of social and behavioral change communication materials.		
	Support to promote creating an enabling environment for physical and mental development of children.	Increasing allocation of budget for food for children from institutions.		
Ministry of Youth and Sports	Enhance supports in healthy living including physical exercise.	Number of vulnerable women trained.	Ministry has aggregate budget of BDT 5697.8 lac	
	Support to promote physical exercise in education institutes.	Numbers of students received physical exercise. Students of 64 districts.		
	Ensure inclusion and provide adequate nutrition during preparation and in early phase disaster program.	Number of school students got motivated. Students from 64 districts.		

N/R: not reported

8.8 Operational Plan Activities having Advocacy Components 2019-2020 (Compiled)

1. National Nutrition Services (NNS) 2019-2020

Sl No	Strategy # & sub strategy # of NNP (1)	Major Activities according to NPAN2 (2)	Activities of relevant OP (3)	Indicator (4)			Source (D)	Estimated Budget in 2018-2019 fiscal year (Lakh taka) (5)	Estimated Budget in 2019-2020 fiscal year (Lakh taka) (6)	Activities of 2019-2020 fiscal year (7)				Relevant Organization (8)	
				Performance Indicator (A)	Baseline (B)	2019-2020 Target © Population based / Others Geographic Coverage				1st quarter (A)	2nd Quarter (B)	3rd Quarter ©	4th Quarter		
1	6.1.2.1	3. Promote school health, nutrition and WASH programs	Good Hygiene Practices (GHP) Including WASH at All level	50 Selected school	2%	Students / Parents / Caregiver	National & sub national	Routine data	30	50	yes	yes	yes	yes	MNC&AH_DGHS, CBHC_DGHS, PMR_DGHS, MNC&RH_DGFP
2	6.1.2.2	1. Promote breastfeeding during ANC &PNC including IYCF 2. Strengthen legal protection (full implementation of BMS Act 2013, and BFHI, maternity leave etc.) 3. Scale up SBCC campaigns for breastfeeding 4. Scale up counseling & community support for breastfeeding 5. Promote breastfeeding support in the workplace	Promote, protect and support Infant and Young Child Feeding (IYCF) practices I. Social and Behavior Change Communication (SBCC) for IYCF promotion II. Update of National Strategy for Infant and Young Child Feeding 2007 III. Revitalization of Baby Friendly Hospital Initiatives (BFHI) IV. Implementation of BMS Act 2013 V. Promote workplace support protection for breastfeeding and creation of	Update of National Strategy	0	Strategy	National & sub national	Routine data	15	20	yes	yes	yes	yes	MNC&AH_DGHS, CBHC_DGHS, PMR_DGHS, MNC&RH_DGFP

			breastfeeding corner at health facilities												
3		5. Scale up counseling on relevant complementary feeding issues 6. Conduct SBCC campaigns on breastfeeding and MAD (Minimum Acceptable Diet) through EPI, ANC, PNC, FP, Delivery care, and IMCI	Promote, protect and support Infant and Young Child Feeding (IYCF) practices I. Social and Behavior Change Communication (SBCC) for IYCF promotion	Strategy of IYCF	0	under 2 years child	National & Sub National	Routine data			yes	yes	yes	yes	MNC&AH_DGHS, CBHC_DGHS, PMR_DGHS, MNC&RH_DGFP
4	6.1.2.4	1. Conduct awareness raising activities on prevention on malnutrition among adolescents	Promotion of Adolescent Nutrition I. Awareness raising Programme to promote adolescent nutrition II. Development of guideline, IEC materials, training module, academic curriculum related to adolescent nutrition on adolescent nutrition and IFA	# orientation held	0	Select ed school	National & Sub National (rural/urban)	Routine Data	12	20	yes	yes	yes	yes	MNC&AH_DGHS, CBHC_DGHS, PMR_DGHS, MNC&RH_DGFP
5	6.1.2.5	1. Review, finalize and widely disseminate the	Strengthen Nutrition Services for Elderly Population	Dietary guideline & Geriatric	0	I. Relevant	National & sub national	Routine Data	5	15	yes	yes	yes	yes	Relevant Ops, Multi-sectoral (Relevant Ministries /

		guidelines on dietary intakes for adults and the elderly suffering from non-communicable diseases	1. Promotion of dietary guideline 2. Geriatric nutrition strategy development and orientation	nutrition strategy		stakeholders									Departments / Divisions etc.)
6	6.1.2.6	4. Conduct awareness-raising activities among producers and consumers about the hazards of unhealthy processed food items to control inappropriate food marketing according to WHA resolutions.	Food Safety Programme Awareness raising Programme for food safety			National	Routine data								MNC&AH_DGHS, CBHC_DGHS, PMR_DGHS, MNC&RH_DGFP
7	6.1.3.1	3. Establish strategic linkages and coordination among relevant multi-sectoral nutrition specific and sensitive interventions and SPPs	Social Behavior Change Communication (SBCC) 1. Establish coordination with Ministry of Information (MOI), other relevant ministries and stakeholders for successful implementation of the Programme			National & Sub National	Routine data								MNC&AH_DGHS, CBHC_DGHS, PMR_DGHS, MNC&RH_DGFP
8	6.1.3.2	1. Ensure adequate integration of nutrition in coordinated emergency preparedness plans 2. Capacity development on rapid assessment of situation 3. Provide appropriate nutrition support for vulnerable groups i.e. pregnant women, lactating mothers, and children	Strengthen Nutrition Interventions in Emergencies 1. Awareness development campaign to address nutrition issue during emergency 2. Update of Rapid Nutrition Assessment Guideline 3. Facilitating implementation of full set of nutrition response package as			National & Sub National (rural/urban)	Routine data								MNC&AH_DGHS, CBHC_DGHS, PMR_DGHS, MNC&RH_DGFP

		<5 yrs, elderly and disabled) in disaster situations 4. Promote compliance and enforce BMS Act 2013 during emergency 5. Establish linkages between disaster affected vulnerable population and existing SPPs	per cluster contingency plan 4. Coordinate with relevant ministries to incorporate nutrition in emergency response plans											
9	6.2.5	1. Conduct Mass media campaign for improving food safety, water and sanitation and hygiene practices/SBCC to make right and safe food choices/improve hygiene practices.	Good Hygiene Practices (GHP) Including WASH at All level.			National & sub national	Routine data		yes	yes	yes	yes	MNC&AH_DGHS, CBHC_DGHS, PMR_DGHS, MNC&RH_DGFP	
10	6.3.2	1. Conduct SBCC activities to improve community awareness on maternal diet and care during lactation and encourage early health seeking behavior 2. Scale up micronutrient (IFA, Vit A, Ca etc.) supplementation for the targeted as per National Micronutrient strategy 3. Promote at least 3 PNC visit within 42 days with counseling on maternal diet and care	Promotion of maternal nutrition I. Conduct SBCC activities to improve awareness on maternal diet and nutrition care II. Micronutrient supplementation i.e. Iron Folic Acid (IFA), Calcium III. Update IEC materials, reminder tool, monitoring tools etc. Control of Micronutrient Deficiencies			National & sub national	Routine data		yes	yes	yes	yes	MNC&AH_DGHS, CBHC_DGHS, PMR_DGHS, MNC&RH_DGFP	

11	6.4.4	1. Scale up and expand WASH program at all level (rural/urban slum and squatters/community/ remote areas etc.) 2. Link between Nutrition and WASH programs 3. Organize media campaign and community mobilization for WASH and nutrition	Conduct SBCC to promote GHP at household level & also in the preparation and sale of street food	No. of orientation	0	# househ old & street food shop	National & Sub National (rural/urban)	Routine data	10	12	yes	yes	yes	yes	LGRD, PMR_DGHS, MNC&RH_DGFP
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2. Lifestyle, Health Education & Promotion Operational Plan 2019-2020

12	6.1.2.4	1. Conduct awareness raising activities on prevention on malnutrition among adolescents	C4. Counselling on safe sexual behavior, mental health, HIV/AIDS, tobacco and drug abuse, Dietary advice among the adolescents.	Workshop/S eminar	—	"	OP	11.00	11.00	✓	✓	✓	✓	
13		2. Enforce law to prevent early marriage	C5. Counselling on prevention of early marriage and delaying pregnancy among the adolescents and their parents.	Session	—	"	OP	32.00	62.00	✓	✓	✓	✓	
14		4. Conduct awareness-raising activities among producers and consumers about the hazards of unhealthy processed food items to control inappropriate food marketing	A.ii.1. District level workshop on promotion around healthy diet, the effects of dietary salt intake, hazards of excessive sugar and oil intake and need for high fruits and vegetables intake.	Workshop	—	"	OP	20.00	20.00	✓	✓	✓	✓	
15	6.2.5	1. Conduct Mass media campaign for improving food safety, water and sanitation and hygiene	C.1. Provide practical health education on hygiene and hand washing to preschool children and follow up	Student orientation	—	"	OP	34.00	56.00	✓	✓	✓	✓	

		practices/SBCC to make right and safe food choices/improve hygiene practices.	at home to ensure healthy practices.											
16	6.2.9	3. Promote healthy lifestyle including physical exercise	C 2. Public education campaigns about the benefits of exercise.	Campaign	—	"	OP	12.80	12.00	✓	✓	✓	✓	
17		Include elderly population into existing safety net program	C 3. Conduct community-based workshop/seminar to promote compassion for elderly health care through procurement of service package.	Package/session/workshop	—	"	OP	32.00	72.00		✓	✓		
3. Non-Communicable Disease Control (NCDC) 2019-2020														
18		1. Review, finalize and widely disseminate the guidelines on dietary intakes for adults and the elderly suffering from non-communicable diseases		350 Radio & TV spots	350 Radio & TV spots	National to Sub-national Level	Nation Wide	OP, Multi-sectoral Action Plan to Reduce NCD, GOV/RPA	570	547		✓	✓	HSD, MoHFW
19		2. Conduct awareness raising activities on non-communicable diseases	Action Area 2: Raise public and political awareness/understanding about NCDs and their risk factors through social marketing, mass media and responsible media reporting;	2 National Level Seminars among Key Ministries, NGOs, Development Partners, Academia etc.	2 National Level Seminars among Key Ministries, NGOs, Development Partners , Academia etc.	2 Seminars	National Level	OP, Multi-sectoral Action Plan to Reduce NCD, GOV/RPA	10	10		✓	✓	HSD, MoHFW MOE NGOs ME& FWD, MoHFW MoLGRD Mol Media Agencies DP (WHO)
20		1. Promote compliance to food standards as per adopted	Action Area 3: Healthy Diet - Major Activities: Multi sectoral co-	1 National Level Meeting	1 National Level Meeting	1 Meeting	National Level	OP, Multi-sectoral Action Plan to Reduce	10	10		✓	✓	BSTI Bangladesh Food Safety

		codex/national guidelines 2. Develop linkage between Codex and INFOSAN focal points (at national and global level) 3. Enforce Food Safety Act 2013 4. Conduct awareness-raising activities among producers and consumers about the hazards of unhealthy processed food items to control inappropriate food marketing according to WHA resolutions. 5. Prepare national guidelines for safe and quality storage and marketing of food and food stuffs.	ordination (non-health interventions, stewardship and regulatory). (i) Network with Codex committees on inclusion of trans fat, saturated fat, salt and sugar, (ii) Educate mobile courts on food labeling and contents on salt, trans fat, saturated fat, and sugar, (iii) Regulate private industries to voluntarily reduce salt, trans fat, saturated fat, etc in packaged food products. (iv) Conduct review of fast food, sugary drinks, beverages, soft drinks marketing and promotion and make strategic recommendations to take counter measures, (v) Mass media promotion of consumption of fruits and vegetables, (vi) Salt reduction mass media campaigns.				NCD, GOV/RPA							Authority MoI MoComm MoAg MoPME HSD, MoHFW DP (WHO)	
21	f) bring about behavioral changes, including avoiding tobacco products and smoking, during	2. Organize advocacy on tobacco hazards/link with tobacco control programs	Reduce tobacco use: Advocate for 100% tobacco-free environment in all indoor workplaces, public transport, and indoor public places and strengthen enforcement programs through mobile court checks; Implement pictorial health warning	1. 42 Billboards in Different Districts 2. 2 rounds of media campaigns on TV every year	1. 42 Billboard s in Different Districts 2. 2 Roun ds of Media campaig ns on TV	1. 42 Billbo ards 2. 2 Roun ds of Media campaig ns 2. 2 round	Nation wide	OP, Multi-sectoral Action Plan to Reduce NCD, GOV/RPA	24	24			✓	✓	BOE Partners in Tobacco Control MoI Media Agencies NTCC DP (WHO)

	pregnancy.	on tobacco use including smokeless tobacco through strategic mass media and behavioral change campaigns		every year	s of media camp aigns on TV every year									
22	1. Review curricula to ensure appropriate inclusion of nutrition education for boys and girls 2. Scale up school health, school feeding, and school gardening programs 3. Scale up physical education in educational institutions 4. Promote physical exercise and sports in communities	Advocate on the food safety related to packaged food content and consumer rights Activities: Multi-sectoral co-ordination (non-health interventions, stewardship and regulatory): viii) Implement Health Promoting Schools Programs in 100 schools.	Facilitate yearly Seminar- 1	Facilitate yearly Seminar - 1	Consumers - 1 seminar	Divisional Level	OP, Multi-sectoral Action Plan to Reduce NCD, GOV/RPA	10	10			✓	✓	Consumer group MoI MoComm MoAg HSD, MoHFW DP (WHO)
4. Communicable Diseases Control (CDC)														

23	Strengthening the treatment of common infections that impact on nutritional status	<p>1. Provide training to staff at primary health care centers on appropriate management of common illnesses including diarrhea, dysentery, pneumonia, ear infection, parasitic infestation, etc.</p> <p>2. Establish supply chain of adequate and appropriate medicines and staff at all PHC facilities in timely manner</p> <p>3. Make the linkages effective with secondary and tertiary level health care.</p>	<p>Food and water borne disease control</p> <p>1. Advocacy meeting</p> <p>2. Cholera vaccination campaign</p> <p>3. Training of health care professionals related to food and water borne disease</p> <p>4. Supply of ORS, Cholera saline and WPT (Water Purifying Tablet) distribution.</p>	<p>1. Number of Advocacy meeting</p> <p>2. % of Coverage in target population</p> <p>Cholera vaccination.</p> <p>3. Number of health care professionals got training related to food and water borne disease</p> <p>4. Supply of ORS, Cholera saline and WPT (Water Purifying Tablet) distribution.</p>	<p>1. 8 meeting</p> <p>2. No survey</p> <p>3. 500 HCWs</p> <p>4. ORS-10 lac</p> <p>Cholera saline-1.36 lac</p> <p>WPT-15 lac</p>	<p>1. 8 meeting</p> <p>2. 10% coverage</p> <p>3. 480 HCW</p> <p>4. ORS-10 lac</p> <p>Cholera saline - 1.36 lac</p> <p>WPT-15 lac</p>	<p>1. Outbreak area</p> <p>2. Hotspot area</p> <p>3. Representation from all Sadar hospital and upazila health complex</p> <p>4. Country wide</p>	CDC, DGHS	269.75	576.66		<p>1. Advocacy meeting at pre monsoon season</p> <p>2. Vaccination in hotspot area.</p> <p>3. Training of health care professional</p> <p>3. Number of Supply of ORS, Cholera saline and WPT (Water Purifying Tablet) distribution.</p>	<p>3. Vaccination in hotspot area.</p> <p>4. Number of Supply of ORS, Cholera saline and WPT (Water Purifying Tablet) distribution.</p>	<p>1. IEDCR</p> <p>2. MIS</p> <p>3. IHSM</p> <p>4. icddr'b</p> <p>5. WHO</p> <p>6. DPHE</p> <p>7. WASA</p> <p>8. City corporation</p> <p>9. Unicef</p> <p>10. Water aid</p>
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