



Training Strategy and Guidelines for Human Resource Capacity Development on Multisector Nutrition



Bangladesh National Nutrition Council

Ministry of Health and Family Welfare

Government of the People's Republic of Bangladesh

Foreword

Bangladesh formulated its National Nutrition Policy in 2015 and based on the strategies of the policy prepared the Second National Plan of Action for Nutrition (NPAN2) 2016-2025. Both the Policy and the Plan recognized and emphasized the capacity development of human resources as an important precondition for successful implementation of nutrition plans including the NPAN2.

In 2019, a study was conducted to review the status of human resources for nutrition across nutrition specific and sensitive ministries in terms of gap, requirement, and recommendations. As a follow-on action, BNNC took the current initiative to prepare a strategy and guidelines on human resource capacity development. Objectives of the initiative included review of training component and scope across ministries with respect to NPAN2 implementation, identify gaps and opportunities, recommend strategies and preparing guidelines for improvement of the overall context.

I would like to extend my heartfelt thanks and congratulations to my BNNC colleagues, NTEAM members and the Consultants for developing this important document, and same to the Capacity Development Platform members for reviewing, contributing valuable inputs and endorsing the document. I express my gratitude to the Nutrition International and the UK- Aid for providing this valuable technical assistance. Further, I gratefully acknowledge the support from Staff Members and Consultants of UNICEF, WHO, WFP, Care GAIN and other development partners.

I sincerely hope that this strategy and guidelines will guide us to strengthen capacity development initiatives roll out with effective coordination in the coming days and thereby enhancing the capability to implement NPAN2.



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Acronyms

BNNC	Bangladesh National Nutrition Council
CIP	Country Investment Plan
CMRT	Central Multi-sectoral Resource Team
CSO	Civil Society Organization
DGHS	Directorate General of Health Services
DMRT	Divisional Multi-sectoral Resource Team
DNCC	District Nutrition Coordination Committee
DP	Development Partner
FAO	Food and Agriculture Organization
FPMU	Food Planning and Monitoring Unit
GOB	Government of Bangladesh
HPN	Health Population Nutrition
IEC	Information Education and Communication
INFS	Institute of Food Science and Nutrition
LGD	Local Government Division
L&HEP	Lifestyle and Health Education Promotion
MCRAH	Maternal Child Reproductive and Adolescent Health
MNCAH	Maternal Neonatal Child and Adolescent Health
MOA	Ministry of Agriculture
MOFL	Ministry of Fisheries and Livestock
MOPME	Ministry of Primary and Mass Education
MOF	Ministry of Finance
MOFood	Ministry of Food
MOHFW	Ministry of Health & Family Welfare
MOLGRD&C	Ministry of Local Government, Rural Development & Cooperatives
MOP	Ministry of Planning
MOPME	Ministry of Primary and Mass Education
MODMR	Ministry of Disaster Management & Relief
MOSW	Ministry of Social Welfare
MOWCA	Ministry of Women and Children Affairs
NGO	Non-government Organization
NCDC	Non-communicable Disease Control
NIPSOM	National Institute of Preventive and Social Medicine
NNS	National Nutrition Services
NPAN2	Second National Plan of Action for Nutrition
NSSS	National Social Security Strategy
OP	Operational Plan
PMO	Prime Minister's Office
SBCC	Social and Behavior Change Communication
SUN	Scaling Up Nutrition
SSN	Social Safety Net Program
NTEAM	Nutrition Technical Assistance Mechanism
UNCC	Upazila Nutrition Coordination Committee
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization

Glossary

Nutrition Specific interventions are those that lead directly to an improvement in nutritional status (e.g., breastfeeding, vitamin and mineral supplements, reduction of diseases, etc.)¹

Nutrition Sensitive interventions are those that have indirect effect on nutritional status by impacting on underlying and basic causes of undernutrition (e.g., keeping girls in school through secondary years to avoid adolescent pregnancies, improvements in personal and environmental hygiene through water and sanitation initiatives, etc.)¹

Clinical Nutrition: a discipline that deals with the prevention, diagnosis and management of nutritional and metabolic changes related to acute and chronic disease and conditions caused by a lack or excess of energy and nutrients. (*European Society for Clinical Nutrition and Metabolism*)

Public Health Nutrition encompasses those interventions that focuses on populations, the nutritional component of public health.¹

Public Nutrition, which goes beyond the health sector to include nutrition sensitive as well as nutrition specific interventions that form a multi-sectoral approach to sustainable improved population nutrition.¹

Capacity is defined as the ability to carry out a stated objective on a population.¹

Capacity Building, the process by which individual groups, organizations and societies increase their ability to perform, solve problems, define objectives, understand and deal with development needs to achieve objectives in a sustainable manner.¹

Food systems: Food systems encompass the entire range of actors and their interlinked value-adding activities involved in the production, aggregation, processing, distribution, consumption and disposal of food products that originate from agriculture, forestry or fisheries, and parts of the broader economic, societal and natural environments in which they are embedded (FAO).

Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life. (WFS 1996)

Food Availability, Access and Utilization

Food availability:

The availability of sufficient quantities of food of appropriate quality, supplied through domestic production or imports (including food aid).

Food access: Access by individuals to adequate resources (entitlements) for acquiring appropriate foods for a nutritious diet. Entitlements are defined as the set of all commodity bundles over which a person can establish command given the legal, political, economic and social arrangements of the community in which they live (including traditional rights such as access to common resources).

¹UNICEF 2013. *Regional workshop on Nutrition Capacity Building: Dissemination of results and way forward Bangkok, 16 May 2013: Meeting Report*

Utilization: Utilization of food through adequate diet, clean water, sanitation, and health care to reach a state of nutritional well-being where all physiological needs are met. This brings out the importance of non-food inputs in food security. (FAO 2006)

Food Insecurity: A situation that exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. (FAO)

Dietary diversity: dietary diversity is defined as the number of different foods or food groups consumed over a given reference period. It is a qualitative measure of food consumption that reflects household access to a variety of foods and is also a proxy for nutrient adequacy of the diet of individuals. Dietary diversity has special significance with relation to children and women.

Undernourishment: is an estimate of the proportion of the population whose habitual food consumption is insufficient to provide the dietary energy levels that are required to maintain a normal active and healthy life. It is expressed as a percentage. (FAO)

Underweight: Low weight for age against WHO child growth standard (less than -2 standard deviations). Evidence has shown that the mortality risk of children who are even mildly underweight is increased, and severely underweight children are at even greater risk. (adapted from WHO)

Stunting: Low height for age against WHO child growth standard (less than -2 standard deviations). Stunting is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity. This in turn affects economic productivity at national level. (adapted from WHO)

Wasting: Low weight for height against WHO child growth standard (less than -2 standard deviation). Wasting in children is a symptom of acute undernutrition, usually as a consequence of insufficient food intake or a high incidence of infectious diseases, especially diarrhoea. Wasting in turn impairs the functioning of the immune system and can lead to increased severity and duration of and susceptibility to infectious diseases and an increased risk for death. (adapted from WHO)

Overweight: High weight for height against WHO child growth standard (more than $+2$ standard deviation). Childhood obesity is associated with a higher probability of obesity in adulthood, which can lead to a variety of disabilities and diseases in adulthood, such as diabetes, cardiovascular diseases mainly heart disease, stroke and cancers - known as noncommunicable diseases. (Adapted from WHO)

Obesity: Obesity (BMI equal to or more than 30) is a disease that is largely preventable through lifestyle changes. The costs attributable to obesity are high, not only in terms of premature death and health care but also in terms of disability and a diminished quality of life. (Adapted from WHO)

Malnutrition in women

Women of short stature (less than 145 cm) are at greater risk for obstetric complications because of a smaller pelvis. Small women are at greater risk of delivering an infant with low birth weight, contributing to the intergenerational cycle of malnutrition, as infants of low birth weight or retarded intrauterine growth tend to be smaller as adults. (adapted from WHO)

BMI (Body Mass Index): is a simple index of weight-to-height commonly used to classify underweight, overweight and obesity in adults. It is defined as the weight in kilograms divided by the square of the height in metres (kg/m^2). For example, an adult who weighs 58 kg and whose height is 1.70 m will have a BMI of 20.1: $\text{BMI} = 58 \text{ kg} / (1.70 \text{ m} \times 1.70 \text{ m}) = 20.1$. A BMI between 18.5–24.9 indicates normal weight.

Moderate and severe thinness: A BMI less than 17.0 indicates moderate and severe thinness in adult populations. It has been linked to clear-cut increases in illness in adults and has been chosen as a cut-off point for moderate risk. A BMI less than 16.0 is known to be associated with a markedly increased risk for ill health, poor physical performance, lethargy and even death; this cut-off point is therefore a valid extreme limit. (Adapted from WHO)

Micronutrients Deficiency: Micronutrients are vitamins and minerals needed by the body in very small amounts. However, their impacts on a body's health are critical, and deficiency in any of them can cause severe and even life-threatening conditions. Deficiencies in iron, vitamin A and iodine are the most common around the world, particularly in children and pregnant women. (WHO)

Gender sensitive

Policies and programs that take into account the particularities pertaining to the lives of both women and men, while aiming to eliminate inequalities and promote gender equality, including an equal distribution of resources, therefore addressing and taking into account the gender dimension. (European Institute of Gender Equality)

Gender Mainstreaming

Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality." (The United Nations Economic and Social Council -ECOSOC, 1997)

The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems (WHO).

Nutrition and social protection: the common ground Social protection and nutrition are intrinsically linked by the fact that poverty (and the inadequate quantity, quality or access to human, economic and institutional resources it implies) is the most important root cause for malnutrition. More specifically, there are strong complementarities between social protection and the fight against malnutrition. (FAO 2015).

Most operational definitions include three elements of social protection: 1. social assistance; 2. social insurance; 3. social equity. Social protection in its broadest sense aims to alleviate income poverty, for example, through the promotion of income-generating activities, to reduce vulnerability, such as through insurance against crop failure, and to foster greater social justice and inclusion, for instance, through the empowerment of marginalized groups.

Executive Summary

The Bangladesh National Nutrition Policy 2015 emphasized the need to enhance the knowledge and skills of human resources involved in nutrition programs. To strengthen multi-sectoral efforts, the policy identified training as part of its core strategy. Subsequently, the Second National Plan of Action for Nutrition (NPAN2) emphasized provisioning and capacitating human resources at all levels. It further recommended that all sectors should address capacity in nutrition in their own work plans and actions, while the BNNC would be doing a broader examination of existing capacity gaps, new needs, changing needs and the required trainings. Aim of all these actions would be to constitute a critical mass of human resource for the NPAN2 operationalization.

An assessment in 2019 undertook a comprehensive review of the human resource for nutrition within nutrition specific and sensitive ministries including mapping of existing workforce for nutrition, assessment of the human resource gap and requirement for nutrition in different ministries. The above said documents and survey set the context of this strategy and guideline as a follow-on activity.

This review was done with objectives of reviewing in-service training components of nutrition relevant major ministries with respect to NPAN2 implementation. It also analyzed and identified gaps and opportunities of existing capacity development activities in place for in-service human resources. Further strategies are recommended for improvement and coordination of human resource capacity development and preparing guidelines for training improvement which include model lessons. The methodology while conducting the review comprised desk review of relevant documents including the national policies, strategies, plans; global literatures on multisector nutrition, collection of nutrition relevant information across selected ministries, expert consultation through group, committees, platform, and individuals under the guidance of a Thematic Working Group (TWG) formed by the BNNC.

The review included a back look to the previous assessment on human resources. Further it mapped nutrition relevant human resources at planning, management and service delivery levels of selected nutrition relevant major ministries, mapping and analysis of the current in-service training programs relevant to nutrition as well as training programs with nutrition potential under different ministries and organizations. Additionally, a mapping of the training institutes with residential facilities under selected ministries and organizations has also been done.

The review identified a set of gaps, the key ones being: i) absence of policy guideline and plan for training on nutrition promotion ii) inadequate budget allocation and investment for training iii) lack of adoption and adaptation on emerging and re-emerging issues iv) turnover of the faculty members of training institutes hindering the steady growth of professionalism v) poor maintenance of physical facilities of training institutes vi) lack of basic knowledge about food, nutrition, and safe food among relevant staffs, and vii) lack of follow up training, and lack of conducting training need assessment to design and update training manuals.

On the other hand, a set of opportunities were also identified, the salient ones being: i) availability of training infrastructure with trainers and facilitators in various departments ii) adequate knowledge and expertise on nutrition in many organizations iii) availability of skilled resource personnel in many organizations iv) a network of subnational level physical facilities for training, and iv) potential for linkage and cooperation among departments and organizations.

Contingent upon the inputs from different ministries a set of recommendations are made, the key ones include provision of necessary policy support for training on nutrition across ministries, incorporating nutrition promotion and education in national training policy guidelines and action

plans, and multi–sectoral collaboration on human resource capacity development on nutrition programs. Further, BNNC to adopt a coordination role linking training stakeholders, institutes, and organizations with respect to multi-sectoral nutrition, and updating training materials to achieve the target of national plans including NPAN2.

Given the overall situation, a strategy to improve the scope of capacity development, training and orientation on multi-sectoral nutrition is proposed based on the principles of i) not to develop a new curriculum around multi-sectoral nutrition but to complement existing contents ii) bridging the concept and content gap iii) use of existing resources-institutional, human resources, and financial resources iv) make existing ones efficient and open to quality standardization iv) emphasis on short to medium term approach as the NPAN2 tenure is ending in 2025 v) multi-sectoral approach – collaboration and coordination among multiple sectors vi) linkage with other initiatives of the BNNC including roll out of advocacy plan, CMRT (Central Multi-sectoral Resource Team) and DMRT (Divisional Multi-sectoral Resource Team), DNCC and UNCC orientations etc., and vii) leveraging in-house capacity development plans of respective organizations including BNNC.

A three-level strategy is recommended: i) *System level*- Policy support in terms of socio-cultural, economic, and political environment that influences capacity development initiatives positively ii) *Organizational level* (Sectors/Ministries/training institutes)- competencies, knowledge, skills, and attitudes of human resource of line ministries; capacity of BNNC to coordinate, monitor and evaluate; and iii) *Workplace level* - Job descriptions update through review and inclusion, supportive supervision to institutionalize coaching and mentoring.

Two types of capacity development process are proposed: The short-term process (up to 3 months) includes work-force in-service training and distance learning with periodic face to face contact through trainer’s pool or outsourcing. The medium term (3-18 months) process includes: i) specially designed graduate certificate executive program of around 3 months duration on multisector nutrition in academic institutes e.g., INFS, NIPSOM; ii) thesis/dissertation on NPAN2 and its operationalization, status of multi-sectoral coordination, policy environment of multi-sectoral nutrition etc. under Masters/MPhil/PhD courses in INFS, NIPSOM, and Public Health/ Nutrition faculties of Universities.

Based on the context analysis, gaps and feasibility, a guideline with model lessons as a universal package is prepared to roll out within the in-service training systems of relevant ministries. Objectives and scope of the guidelines are: at the end of orientation/training, participants i) have clear understanding about the causality of malnutrition, recognize multi-sectoral linkage of various programs for improved nutrition ii) have updated information about nutrition landscape/situation; related key policies, strategies and plans in Bangladesh iii) Informed about the context of the NPAN2, its goal and objectives and ministry specific responsibilities v) understand relationship between nutrition and development both human and economic, vi) understand intricate relationship between gender and nutrition, and vii) overcome the jargon gap related to multi-sectoral nutrition. Further, expected knowledge and skills conferred out of the lessons are also specifically identified. However, it is important to note that the guideline would not address whole range of capacity gaps but would address and bridge basic and strategic loopholes of concept and knowledge.

Six model lessons are designed with the aim to sensitize relevant staffs of Ministry /Division/Directorate/ Organizations and other relevant stakeholders on multisector nutrition either as an independent one or as an adjuvant to existing training programs. Topics of lesson are 1) Selected operational definitions relevant to the multi-sectoral nutrition 2) Causality of Malnutrition 3) Nutrition and Development- Human and Economic, 4) Nutrition is Multi-sectoral, 5) Gender and Nutrition and 6) Nutrition Situation and Selected Policy and Plan on Multi-sectoral Nutrition in Bangladesh. The Facilitators would be from the master trainers of the BNNC, CMRT and DMRT members, staff

facilitators at Training Institutes of relevant ministries and organizations with a gender balance as per context.

The target users of this training guide would be nutrition stakeholders in various public, civil society and private sectors. Due to the multi-sectoral nature of nutrition programming, participants from the government departments of relevant ministries (health, food security and social safety net systems), administration, budgeting and planning are prioritized. Due gender balance among participants is recommended.

Main challenge of this assignment was obtaining information across multiple ministries and organizations within short time. There is scope for exploring additional opportunities and actions through further accessing and analyzing human resource and capacity development related information of ministries and organizations over time as a continuous process. This effort may work as a guideline. The Capacity Development Platform of the BNNC may take it as an ongoing agenda to roll out, monitor and evaluation of the recommended strategies and guidelines. To steer the whole process in-house capacity strengthening of BNNC itself is also recommended.

Chapter 1

1. Background

The Bangladesh National Nutrition Policy 2015 identified the need to enhance the knowledge and skills of human resources involved in nutrition programs. To strengthen multi-sectoral efforts, the policy captured training as part of its core strategy, for ensuring nutrition for all population.

Based on the national nutrition policy, a multi-sectoral plan named Second National Plan of Action for Nutrition (2016-2025)-NPAN2 was prepared for 10 years with engagement of 17 ministries. The plan was formulated to address national and global commitments of the Bangladesh Government. The guiding principles of NPAN2 included defining a comprehensive and integrated strategy, promoting good nutrition governance, harmonization that promotes vertical and horizontal integration as well as convergence of multi-stakeholder actions, establishing government-led coordination mechanisms at the national and sub-national levels. Further it identified short-term and long-term measurable impacts to achieve, and sustainability. The thematic areas of NPAN2 were identified as: nutrition for all following lifecycle approach, agriculture and diet diversification and locally adapted recipes, social protection, implementation of Integrated and Comprehensive SBCC strategy, monitoring, evaluation and research to inform policy and program formulation and implementation, and capacity building.

The first ever Public Expenditure Review on Nutrition (PER-N) 2018 revealed that in 2016-17, nutrition expenditure was spread across 15 ministries/divisions and 4 ministries accounted 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 spending areas determined were food security; health; education and social protection.

NPAN2: Capacity Building

An essential part of an effective and functioning NPAN2 will be in building capacity. This needs to be targeted at all levels. Part of this will be to ensure that vacant positions are funded and filled. All sectors should address this in their own work plans and actions taken should be reported back to the BNNC who could be doing a broader examination of what capacity gaps there are, new needs, changing needs and the required trainings. In this regard, a training pyramid which will identify what would constitute a critical mass of human resource for NPAN2 is recommended to be developed.

Under the direction of the BNNC, a review of capacity needs assessment including training strategies and curricula will be carried out. Amongst other aspects it would help identify exactly whose capacity needs to be developed, and how this might be done through available teaching, training facilities, training of trainers and pre- and in-service training opportunities. Training methodologies, tools and activities that effectively result to competency building need to be scaled up.

1.1. Assessment of Human Resources Need for Nutrition across Sectors: First of its Kind

According to a decision taken during the first meeting of the revitalized BNNC under the chairmanship of Hon'ble Prime Minister on 13 August 2017, MOHFW and BNNC with support from UKAID-NI undertook a study to assess the human resource need for nutrition in different sectors (mainly ministries) in 2019. The study conducted a comprehensive review of the human resource for nutrition within nutrition specific and sensitive ministries. It included mapping of existing workforce for nutrition, assessment of the human resource gap and requirement for nutrition work force in different sectors. The study also recommended to minimize the human resource gap for nutrition at different

tiers/levels. The assessment took an effort to assess human resource need of 20 relevant Ministries. The key findings of the assessment relevant to HR capacity is summarized in a Table (Annex 1).

Table 1: Requirement of training of HR ministry-wise as per the assessment:

The table below is an attempt by the BNNC to summarize the training needs based on the HR Assessment 2019, which is adopted from the Monitoring Report of NPAN2 2018-19. Interestingly, the table demonstrate that the single most prominent training need as per the assessment is ‘nutrition sensitization training’ across ministries.

Ministry	Required training
MoFood	<ul style="list-style-type: none"> ▪ Training on the standard process of testing fortified rice.
MoHFW	<ul style="list-style-type: none"> ▪ Nutrition sensitization training for field level staff ▪ Divisional level staff require training on food safety and food security ▪ All the staff of MIS OP need basic training on computer skills
MoPME	<ul style="list-style-type: none"> ▪ Nutrition sensitization training of Upazila Education Officers
MoWCA	<ul style="list-style-type: none"> ▪ Nutrition sensitization training of all the staff involved in nutrition activities
MoLGRD	<ul style="list-style-type: none"> ▪ Nutrition sensitization training for field level staff
MoA	<ul style="list-style-type: none"> ▪ Nutrition sensitization training for staff at all levels ▪ Need to develop high quality nutrition-aware master trainers for DAE
MoE	<ul style="list-style-type: none"> ▪ Nutrition sensitization training to all the staff at national level
MoFL	<ul style="list-style-type: none"> ▪ Nutrition sensitization training from top level to field level staff ▪ Training on upgrading technology to ensure safe and healthy dairy production
MoDMR	<ul style="list-style-type: none"> ▪ Nutrition sensitization training to the field level staff ▪ Lack of skilled human resource for quality control of the nutritional quality of dry food
MoSW	<ul style="list-style-type: none"> ▪ Nutrition sensitization training for all levels and capacity building of human resources to ensure improved nutrition intake of the transgender community
MoInd	<ul style="list-style-type: none"> ▪ Nutrition sensitization training for all staff ▪ Consumer awareness needs to be developed through SBCC materials and training
MoEF	<ul style="list-style-type: none"> ▪ Nutrition sensitization training to national level staff
Mol	<ul style="list-style-type: none"> ▪ Nutrition sensitization training to all the staff ▪ BSS requires skilled human resources for conducting nutrition awareness programs
MoRA	<ul style="list-style-type: none"> ▪ Nutrition sensitization training to all the staff related to nutrition activities
MoST	<ul style="list-style-type: none"> ▪ Nutrition sensitization training to all the staff related to nutrition activities
MoLE	<ul style="list-style-type: none"> ▪ Technical training on anti-natal check-ups, post-natal check-ups and benefits of breast feeding.
MoCom	<ul style="list-style-type: none"> ▪ Policy level HR requires training on managerial and policy development process ▪ Field level staff needs training on recognition of pure and contaminated goods
MoFin	<ul style="list-style-type: none"> ▪ Nutrition sensitization training to all the staff involved in nutrition activities
MoWR	<ul style="list-style-type: none"> ▪ Nutrition sensitization training to all the staff

Ref: BNNC, Annual Monitoring Report 2018-19

1.2 Multi-sectoral Minimum Nutrition Package

Concomitantly, the BNNC developed a Multi-sectoral Minimum Nutrition Package (MMNP) with overall objective of scaling up sub-national level nutrition plans. The aim of the service package is to prioritize nutrition interventions (specific and sensitive) as deemed necessary to meet the demand of a particular area and the people so that no one is left behind. In addition, the prioritization was done depending on high impact low-cost interventions by specific sectors and departments including health and population, agriculture, livestock, fisheries, DPHE-WASH, social protection, education, social welfare, MODRM and NGOs, civil societies and other partners working in the area of nutrition.

The Multi-sectoral Minimum Nutrition Package is based on:

- i) 25 priority nutrition indicators identified/earmarked by the BNNC (out of a total 64 indicators and related activities envisaged in NPAN2 monitoring framework).
- ii) Activities included in the Sectoral Annual workplan/ Operational Plans of the respective ministry at national level.
- iii) Activities emanating from and meeting the geographical and cultural needs/demands.
- iv) Interventions under nutrition related Disbursement Linked Indicator (DLI) 13, 14 and other relevant DLIs (for nutrition specific interventions) under the 4th Health Population and Nutrition sector programme.

Contents of the nutrition package

There are 22 priority indicators and total of 93 activities included in the multi-sectoral district nutrition package belonging to 8 ministries and their respective line departments at District and Upazila level. It is noted that most indicators and activities are confined to only 7 to 8 ministries at operational levels which is in agreement with the findings of Public Expenditure Review on Nutrition (PERN) report, which revealed that most nutrition resources are being spent by these ministries.

The MMNP package points towards a set of activities and indicators assigned to specific ministries and departments that need capacity development of the implementers. Accordingly, BNNC also drafted one orientation package on MMNP for sub-national level managers and other staffs through the CMRT (Central Multi-sectoral Resource Team) and DMRT (District Multi-sectoral Resource Team) approach.

All the above-mentioned documents, assessments, exercises, and initiatives focuses to the necessity of a capacitated human resources across nutrition relevant ministries for effective operationalization of the NPAN2. This initiative is to review, conduct situation analysis, formulate strategies, design lessons and recommend roll out to that end, it's both an independent as well as complementary to other initiatives.

2. Objectives

1. To review in-service training components of nutrition relevant ministries with respect to NPAN2 implementation.
2. To analyze and identify gaps and opportunities of existing capacity development activities for in-job human resources of relevant Ministries.
3. To recommended strategies for improvement, adjustment and coordination of human resource capacity development plan and activities.
4. To prepare Guidelines for training improvement including model lessons.

It is noteworthy that this strategy and guideline mainly focus on the capacity development of relevant government ministries and allied staffs responsible for NPAN2 implementation through existing in-service framework, not about the whole range of basic, academic and long-term domains of capacity development.

3. Methodology

1. Review of relevant documents including the national policies, strategies, plans, capacity development/training strategies/training plans related to nutrition of different ministries/sectors.
2. Targeted data collection from selected ministries using standard information gathering tool.
3. Expert consultations (platform, committee, agency, individual)
4. Qualitative and quantitative data analysis, report writing and validation.

A Thematic Working Group (TWG) on Strategy and Guideline for Capacity Development on Multi-sectoral Nutrition for Ministries formed by the BNNC (annexed) guided the processes.

4. Situation Analysis: Gaps and Opportunities

A tool for information gathering across ministries (annexed) was developed and shared by the BNNC to the nutrition focal persons of selected ministries requesting provision of information. The feedback from ministry focal points was mapped, analyzed, categorized and compiled as below:

4.1 Summary of situational analysis across relevant ministries

Table 2: Description of staff who are directly or indirectly related to nutrition specific/sensitive program/project (planning, management, supervision, service delivery etc.)

Name of the Ministry/Directorate: Ministry of Fisheries and Livestock, Department of Fisheries			
Designation	Level of working/posting (National/Division/ District/Upazila/ Field)	Type of Responsibility (Planning/Management/ Supervision/ Service Delivery)	Remarks
Director General (DG)	National	Planning, Management & Supervision	
Principal Scientific Officer (PSO)	National	Planning, Management	
Deputy Director (DD)	National & Division	Planning, Management	
District Fisheries Officer/ Senior Assistant Director (DFO/SAD)	District	Management & Supervision	
Senior Upazila Fisheries Officer (SUFO)	Upazila	Supervision & Service Delivery	
Upazila Fisheries Officer ((UFO)	Upazila	Supervision & Service Delivery	
Field Assistant	Field	Service Delivery	
Ministry of Fisheries and Livestock, Department of Livestock Service (DLS)			
Designation	Level of working/posting (National/Division/ District/Upazila/ Field)	Type of Responsibility (Planning/Management/ Supervision/ Service Delivery)	Remarks
Director General (DG)	National	Planning/Management / Supervision	

Deputy Director (DD)	National / Division	Management / Supervision/ Service Delivery	
District Livestock Officer/ Assistant Director	District	Management / Supervision/ Service Delivery	
Upazila Livestock Officer / Manager	Upazila	Management / Supervision/ Service Delivery	
Veterinary Surgeon/ Poultry Development Officer/ Animal Production Officer/ Scientific Officer	Upazila/ District/ Division	Management / Supervision/ Service Delivery	
Veterinary Field Assistant / Sub-assistant Livestock Officer	Upazila/Field	Service Delivery	

Ministry of Agriculture: National Agriculture Training Academy (NATA), Gazipur

Deputy Director (Horticulture)	National	Planning/ Management/ Supervision/ Trainer	
Deputy Director (Food technology)	National	Planning/ Management/ Supervision/ Trainer	
Deputy Director (Soil Science)	National	Planning/ Management/ Supervision/ Trainer	
Senior Assistant Director (Vegetable & Spices)	National	Planning/ Management/ Supervision/ Trainer	
Senior Assistant Director (Food Processing technology)	National	Planning/ Management/ Supervision/ Trainer	

Ministry of Agriculture, Bangladesh Agricultural Development Corporation (BADC)

Project Director (ECHDP)	National Level	Planning and Management	
Asst. Project Director (ECHDP)	National Level	Planning, management, supervision	

Ministry of Agriculture, Bangladesh Agricultural Research Council (BARC)

Member Director	National level	Planning and management	
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Ministry of Agriculture, Bangladesh Agricultural Research Institute (BARI)

Chief Scientific Officer (CSO)	Division and District	Planning, Management, Supervision and Research	
Principal Scientific Officer (PSO)	Division and District	Planning, Management, Supervision and Research	
Senior Scientific Officer (SSO)	Division and District	Planning, Management, Supervision and Research	
Scientific Officer (SO)	Division and District	Planning, Management, Supervision, and Research	

Senior Scientific Assistant (SSA)	Division and District	Planning, Management, Supervision, Service delivery and Research	
Scientific Assistant (SA)	Division and District	Planning, Management, Supervision, Service delivery and Research	

Ministry of Agriculture, Bangladesh Institute of Research and Training on Applied Nutrition (BIRTAN)

Executive Director	National/ District	Planning/Management/ Supervision	
Director	National/ District	Planning/Management/ Supervision	
Principal Scientific Officer	District/ Upazila	Management/ Supervision	
Principal	District	Management/Monitoring	
Senior Scientific Officer	District/ Upazila/ Field	Management/ Supervision/ Service Delivery	
Senior Instructor	District/ Upazila	Management/ Supervision/ Service Delivery	
Scientific Officer	District/ Upazila/ Field	Management/ Supervision/ Service Delivery	
Instructor	District/ Upazila	Service Delivery	
Assistant Scientific Officer	District/ Upazila/ Field	Service Delivery	
Assistant Instructor	District/ Upazila	Service Delivery	

Ministry of Food, Food Planning and Monitoring Unit (FPMU)

Designation	Level of working/posting (National/Division/ District/Upazila/ Field)	Type of Responsibility (Planning/Management/ Supervision/ Service Delivery)	Remarks
Research Director (Food based Nutrition)	National	Planning and Monitoring: Implementation of Food Security and Nutrition Related Policies and Investment Plan	
Associate Research Director (Food based Nutrition)	National	Planning and Monitoring: Implementation of Food Security and Nutrition Related Policies and Investment Plan	
Research Officer (Food based Nutrition)	National	Planning and Monitoring: Implementation of Food Security and Nutrition Related Policies and Investment Plan	

Ministry of Industries/Bangladesh Small and Cottage Industries Corporation (BSCIC)

Chairman	National	Planning Policy level	
Director Project	National	Supervision	
Project Director, CIDD	National	Management -implementation	
Deputy PD, CIDD	National	Management	
Chemist	Division (HQs)	Service delivery	

Monitoring officer, CIDD	HQs & Field	Service delivery	
Inspector CIDD	HQs & Field	Service delivery	
Laboratory Assistant, CIDD	HQs & Field	Service delivery	

Local Government Division

Designation	Level of working/posting (National/Division/District/Upazila/Field)	Type of Responsibility (Planning/Management/Supervision/Service Delivery)	Remarks
Additional secretary, Local Government Division & Project Director, EU Support to Health and Nutrition to the Poor in Urban Bangladesh	At national level	Responsible for overall implementation of the project including planning, management, supervision, service delivery etc.	
Deputy Secretary, Local Government Division & Imprest Accounting Officer, EU Support to Health and Nutrition to the Poor in Urban Bangladesh	At national level	Responsible for supervising the accounts of the project.	
Administrative Officer, Local Government Division, act as AO for the Project	At national level	Responsible for the administrative work of the project.	

Local Government Division, Department of Public Health Engineering

Chief Engineer	National	Overall Management and control	01
Additional Chief Engineer	National	Planning & Management	03
Superintending Engineer	Divisional/Circle	Planning & Management	14
Executive Engineer	District	Execution / Implementation	84
Assistant Engineer	Upazila	Supervision/service delivery	14
Sub Assistant Engineer	Upazila	Supervision/service delivery	480

Ministry of Women and Children Affairs

Designation	Level of working/posting (National/Division/District/Upazila/Field)	Type of Responsibility (Planning/Management/Supervision/Service Delivery)	Remarks
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Joint Secretary (PLAU)	National	Planning, Management and Supervision	Nutrition Focal
Joint Secretary (development)	National	Planning, Management and Supervision	
Deputy Secretary (Budget)	National	Planning, Management and Supervision	Nutrition Alternative Focal
Deputy Secretary (DWA-2)	National	Planning, Management and Supervision	
Deputy Secretary (Development-2)	National	Planning, Management and Supervision	
Senior Asst. Chief (PLAU)	National	Planning, Management and Supervision	

MOWCA, Department of Women Affairs

Director General	National	Planning, Management and Supervision	
Director	National	Planning, Management and Supervision	
Deputy Director (admin)	National	Planning, Management and Supervision	
Deputy Director (VGD)	National	Planning, Management and Supervision	
Deputy Director (Planning)	National	Planning, Management and Supervision	
Deputy Directors of all District	District	Management, Supervision and Implementation	
Assistant Director (VGD)	National	Planning, Management and Supervision	
Program Director (Maternity Allowance)	National	Planning, Management and Implementation	
Program Director (Lactating Mother Allowance)	National	Planning, Management and Implementation	
Program Director (Mother and Child Benefit Program)	National	Planning, Management and Implementation	
Upazila Women Affair Officers in all Upazilas	Upazila	Management and Implementation	

4.2 Table 3: An Analysis of ongoing nutrition relevant in-service training in different ministries/ departments

Ministry Fisheries and Livestock, Department of Fisheries			
Title of Training	Key Areas of Knowledge	Main Skill Conferred	Collaborating Ministry/Department (if any)

TOT training on food-based nutrition	Gathering knowledge about food and nutrition	Planning & management	BIRTAN, Sher-e Bangla Nagor, Dhaka
Nutritional Status Indicator	Status of nutrition in Bangladesh	Planning & management	Helen Keller International
Country Investment Plan	Priority area of investment based on food and nutrition	Planning & management	Ministry of Food, USAID, FAO
Culture technique based on species (e.g- carp Culture, Culture of Tilapia, Koi, Shingh, Magur, Gulsa, Pabda, shol, Chitol, Galda, Bagda, Mud crab, Eel, Mollusk, SIS)	Creating job opportunities to rural people with economic safety; promoting nutrition sensitive social protection programs targeting disadvantaged/ vulnerable groups	Planning/ management/ service delivery	Department of Fisheries, NGOs and Development Partners
Culture technique based on the basis of technology (e.g- Monoculture, Polyculture, Pen culture, Cage culture, Intensive, Integrated culture, Mariculture, Raceway, Bioflack)	Strengthening of integrated homestead food production along with aquaculture emphasis on indigenous, underutilized, climate resilient nutritious varieties for sensitization of nutrition requirement for people specially for rural & underprivileged	Planning/ management/ service delivery	Department of Fisheries, NGOs and Development Partners
Good Aquaculture Practice (GAP) and Code of Conduct for Responsible Fishing (CCRF)	Ensuring safe & quality fish for all	Management/ service delivery	Department of Fisheries, NGOs and Development Partners
Food safety in fisheries and safe fish Production	Providing safe and quality fish for all	Management/ service delivery	Department of Fisheries, NGOs and Development Partners
Fish and Fish product (Inspection and quality control) ordinance, 1983	Ensuring quality food for all with high market value	Management	Department of Fisheries
Fish Feed and Animal Feed Act, 2020 and Animal Feed Rules, 2011	Providing quality fish feed which is prerequisite for quality nutritive fish production with high yield.	Management	Department of Fisheries

Ministry of Fisheries and Livestock, Department of Livestock Service (DLS)			
Title of Training	Key Areas of Knowledge	Main Skill Conferred	Collaborating Ministry/Department (if any)
TOT training on food-based nutrition	Nutrition	Planning & management	BARTAN, Sher-E-Bangla nagor, Dhaka
Food Safety towards building a nation of our dream	Safe food	Planning/ management/ service delivery	National safety food authority
Technologies on safe food production development by NARS Institutes.	Safe Food production	Planning/ management/ service delivery	BARC
Integrated food security phase classification 4 th chronic annalists	Food Security	Planning/ management/ service delivery	USAID-EU

Ministry of Agriculture, National Agriculture Training Academy (NATA), Gazipur			
Title of Training	Key Areas of Knowledge	Main skill Conferred	Collaborating Ministry/Department (if any)
Food processing and preservation Techniques	<ul style="list-style-type: none"> - Concept on safe and nutritious foods - Osmotic dehydration packaging - GAP and SOP principles and methods of food preservation - Food preservation by increasing solids - Preparation of Jam/Jelly/ Marmalade - Food processing by frying, fried products, fermentation - Modern techniques in food processing - Food processing by drying 	<ul style="list-style-type: none"> Participants will be able to - Understand the methods and principles food processing and preservation - Explain purpose and principles food processing and preservation - Apply knowledge of micro-organisms and food chemistry to the principles of food preservation. - Develop proficiency in producing different processed fruits and vegetables food products 	<p>17 organizations under Ministry of Agriculture like</p> <p>BARI/ BARI/ BARC/ BRR/ DAE/ CDB/AIS/NATA/BW/MRI/BMDA/SRDI/DAM/BADC/BSRI/SCA/BIRTAN/BI NA</p>
Food security and Nutrition	<ul style="list-style-type: none"> - Basic concepts, policies, issues and historical overview of food security in the context of Bangladesh and the global perspective - Sustainable production strategies of different crops, livestock and fisheries 	National Food Security Policy (NFSP), Strategies of sustainable agriculture development in assurance of food security and threat to Food security and strategies for improving food security, National food policy, food safety authority 2013, key goals, strategies	

	in assurance of food security - Food safety, GM crops, Nutrition and food hygiene at household level	and challenges of the food security system	
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Ministry of Agriculture, Bangladesh Agricultural Research Institute (BARI)

Title of Training	Key Areas of Knowledge	Main Skill Conferred	Collaborating Ministry/Department (if any)
Integrated Farming Systems Research and Development through Livelihood improvement of framers in different eco-systems	* Year-round homestead gardening * High value crop production and management of livestock and fisheries system.	Management and service delivery	Ministry of Agriculture
Household nutrition and production through agroforestry systems	* Availability of vegetables and fruits * Nutrition uptake * Proper cooking process	Management and service delivery	Ministry of Agriculture

Ministry of Food, Food Planning and Monitoring Unit (FPMU)

Title of Training	Key Areas of Knowledge	Main Skill Conferred	Collaborating Ministry/Department (if any)
Enhancing the Analytical Skills of Government Officials	Monitoring & Evaluation, Nutrition Sensitive Food System, Analytical software-STATA, Knowledge Sharing	Planning and Monitoring, Management and Service Delivery	FAO-CIRDAP-Ministry of Food

Ministry of Industries/Bangladesh Small and Cottage Industries Corporation (BSCIC)

Title of Training	Key Areas of Knowledge	Main Skill Conferred	Collaborating Ministry/Department (if any)
Quality control (QC) and quality assurance (QA) system and Lab test procedure for salt iodization	Salt test procedure, record keeping, Levy Jennings plot & reaction mechanism	Quality Control (QC) & Quality Assurance (QA) procedure, internal and external quality assurance procedure, preparation of test sample, reagents and indicators, good laboratory practice	Ministry of Industry, BSCIC, INFS, Institute of Food Science and Technology (IFST) and Nutrition International

Laboratory training for Quality control (QC) and quality assurance (QA) system for Salt Millers	Salt test procedure, record keeping, Levy Jennings plot & reaction mechanism	Quality Control (QC) & Quality Assurance (QA) procedure, internal and external quality assurance procedure, preparation of test sample, reagents and indicators, good laboratory practice	Ministry of Industry, BSCIC and Nutrition International
Training on i-check device for detection iodine in edible salt	Operation and maintenance of i-check device		Ministry of Industry, BSCIC and Nutrition International and GAIN

4.3 MOHFW: List of Operational Plan based Nutrition Relevant Inservice Trainings

Name of operation plan	Training Title	Duration	Remarks
NNS	CCTN training for service providers and supervisors	4 days	
	Orientation of MSG on IYCF	1 day	
MNCAH	cSBA training and refresher	6 months	
	Training for CHCP, field supervisors on ENC and IMCI	5 day	
	Training of service providers on maternal voucher scheme	X	
MCRAH	Training on basic nutrition for field staff		
	Newborn care training for Doctors, SACMOs, FWVs, FWAs and FPIs		
CBHC	CHCP basic training	1.5 months	
	CHCP refresher training	1 week	
	<i>Monitoring and supervision training for supervisors:</i>		
	Master trainer training (National)	02 days	
	TOT (Upazila)	02 days	
	Field worker	02 days	
	<i>Training of supervisors and field workers on new household data collection formats:</i>		
	Master trainer training (National)	02 days	
	TOT (Upazila)	02 days	
	Field worker	02days	
	Supervisors	02 days	
NCDC	Orientation on NCD for health staff including CHWs		
IEC	eToolkit and eLearning courses for FWAs, FWVs on ICT tools		

CCTN: Comprehensive Competency based Training on Nutrition, MSG: Mother Support Group, IYCF: Infant and Young Child Feeding, CHCP: Community Health Care Provider, ENC: Essential Newborn Care, CBHC: Community based Health Care, IMCI: Integrated Management of Childhood Illness

Training courses at National Institute of Population Research and Training (NIPORT)

Head quarters

Sl	Name of the Course	Duration	Category of Trainees
Development Budget			
1	Orientation Training	5 days	MO (MCH-FP), UFPO
2	Orientation training on Covid -19 & other Communicable Diseases	5 days	Senior Staff Nurse
3	Orientation training	10 days	Senior Staff Nurse
4	Comprehensive Newborn Care (CNC) Training	5 days	Physician, Nurse, Paramedic
5	Financial Management Training	5 days	Officers of DGFP, DGHS, DGNM, NIPORT and others
6	Management and Leadership Training	5 days	Officers of DGFP, DGHS, DGNM, NIPORT and others
7	Office Management Training	5 days	Staff (11-15 grade) of DGFP, DGHS, DGNM, NIPORT & others
8	Behavior Change Communication training	5 days	Staff (16-20 grade) of DGFP, DGHS, DGNM, NIPORT & others
9	Training of Trainers (TOT)	5 days	Faculty of NIPORT & Others
10	House Keeping Training	5 days	Housekeepers of RPTIs and RTCs
Operational Budget			
1	On the job training	5 days	Officers of NIPORT
2	On the job training	5 days	Staffs of NIPORT

Regional Centres

Development budget			
1	Orientation training on Covid -19 & other Communicable Diseases	5 days	Nurse & Paramedic
2	Orientation training	10 days	Senior staff nurse
3	Counseling, IUD and IP training	5 days	FWV
4	Comprehensive Newborn Care (CNC) Training	5 days	Physician, Nurse, Paramedic
5	Early Childhood Development (ECD) and BRCR	5 days	FWV, SACMO & others
6	Sexual and Reproductive Health Rights (SRHR) training	5 Days	Nurse, FWV, SACMO & others
7	Office Management Training	5 days	Staff (11-15 grade) of DGFP, DGHS, DGNM, NIPORT & others
Operational budget			
1	Basic Training	18 months	FWV
2	Induction training	10 days	SACMO

Source: Training Calendar, NIPORT 2020-21

4.4. Table 4: Potential Current Trainings that have the potential of being Considered/Made more Nutrition Sensitive

Ministry of Agriculture, Bangladesh Agricultural Research Council (BARC)

Title of Training	For Whom (Designation)	Duration (Days/Month)	Level where trainings are conducted (Nat/Div/Dist/Upazila)	Remarks
Awareness building training on safe, healthy and hygienic meat production	NARS scientists, school/college/madrasa teachers, journalists, extension and health workers, SAAO etc.	5 days	District Level and Upazila	
Quality processing and preservation of Agro products	Small entrepreneurs, food processors, traders, farmers, health workers, NGO/extension workers etc.	5 days	District Level and Upazila	
COVID-19: Balanced Diet and Role of Food Based Nutrition to reduce Stunting and Wasting	Academicians, traders, farmers, health workers, NGO/extension workers as well as policy makers.	5 day	District Level and Upazila	
Quality production of Dried Fish by Herbal Methods	Academicians, traders, farmers, health workers, NGO/extension workers as well as policy makers.	5 days	District Level and Upazila	
Food Adulteration and Contamination Vs Nutrition: Inside Facts and Consumer Responsibility	NARS scientists, school/college/madrasa teachers, journalists, extension and health workers, SAAO, policy makers etc.	1 day	District Level and Upazila	

Ministry of Agriculture, Bangladesh Institute of Research and Training on Applied Nutrition (BIRTAN)

Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks
5 Days Food based (Applied Nutrition) Training of Trainers (TOT)	BIRTAN Head Quarter (HQ)	Non-residential	30	
3 Days Food based (Applied Nutrition) Training for Farmers	Upazila Agriculture Office	Non-residential	30	
3 Days Food based (Applied Nutrition) Training for Government/Non-Govt. officials, NGO, Teachers, Imam, journalist, local representative etc.)	Upazila Agriculture Office	Non-residential	30	
1 Day Food based (Applied Nutrition) Training for	Respective School/College Premise	Non-residential	100	

Adolescent in School/College Girls				
1 Day Food based (Applied Nutrition) Training for marginal people (garments worker, migrant worker, slum people, fisherman, handloom worker etc.)	BIRTAN HQ, Regional Office and Upazila Agriculture Office	Non-residential	30	
1 Day Food based training to boost up immunity against COVID-19	BIRTAN HQ	Non-residential	30	

Local Government Division, Department of Public Health Engineering

Title of Training	For Whom (Designation)	Duration (Days/Month)	Level where trainings are conducted (Nat/Div/Dist/Upazila)	Remarks
Orientation Course on Water and Sanitation for newly recruited SAE of DPHE.	Sub Assistant Engineer	6 Days	DPHE HRD Centre, Mohakhali, Dhaka	All are in national level.
Training on Water Safety Plan for DPHE Officials	AE/SAE	5 Days	ITN-BUET	
Training on Water Quality Monitoring and Surveillance.	AE/SAE	3 Days	DPHE Training Division	
Training on Innovation for DPHE Officials	AE/SAE	2 Days	DPHE Training Division	

4.5 Inservice Training: Consolidated Gaps and Opportunities

Based on the information provided by different ministries through the tool, a consolidated list of gaps and opportunities is made as follows:

Gaps

Policy and plan

- Absence of policy guideline and plan for training including on nutrition promotion.
- Research and development opportunity are underutilized.
- Poor data availability on training management.

Finance

- Inadequate budget allocation/inadequate investment for/on training.
- Lack in conducting training need assessment to design and update training manuals mainly due to fund unavailability.

Physical Logistical and Admin

- Available physical facilities like training room, dormitory, cafeteria, conference room, auditorium etc., are not of the standard to impart quality training
- Poor residential facilities; needing repair and maintenance of training institutes
- Lack of modern logistic and training equipment support.
- Inefficient library management

Human resource:

- The faculty members of training institutes are deputed; long-term stay at training institutes is highly uncertain which inevitably hinders the steady growth of professionalism.
- Lack of basic knowledge about food, nutrition, and safe food.
- Lack of orientation with direct/nutrition specific Nutrition related activities in nutrition sensitive ministries.
- Insufficient supporting staffs in training institutes.

Others

- Lack of adaptation on emerging and re-emerging issues including trans-boundary diseases and adverse impact of climate change
- Lack of follow up training

Opportunities

- Availability of training infrastructure with trainer and facilitator in various departments (Department of Fisheries, Department of Livestock, BIRTAN, NATA, BARI etc.)
- Potential cooperation and partnership among stakeholders/institutes of training across ministries
- Adequate knowledge and expertise on nutrition in many organizations particularly in ministries of Agriculture and Fisheries and Livestock.
- Availability of skilled resource personnel in many organizations.
- Government initiative on In-House Training for officials in ministries.
- Establishing software base data management & reporting system on training management
- BIRTAN and NIPORT have the capacity to conduct training in each division and below of the country.
- Linking training with research and development.

4.6 Recommendations based on inputs from the Ministries/Division/Organizations

Recommendations from the information tool are consolidated as follows:

- Provide necessary policy support for training across ministries.
- Incorporate nutrition promotion and education in national training policy guidelines and action plan aligned with SDGs, the eighth five-year plan and the perspective plan.
- Promoting research and studies for enabling nutrition sensitive environment and knowledge-based working culture.
- Multi–sectoral collaboration on human resource capacity development on nutrition programmes.
- Developing multi-sectoral data base on in-service training.
- Increase budget allocation for training.
- Including more nutrition related topics in the training curricula.
- Project and program support for institutional capacity building on training.
- Designing job description based /related training.
- Establish online /software base data management & reporting system.
- Incorporate Nutrition issues in existing WASH training modules.
- BNNC to get a quarterly report from each stakeholder regarding the nutritional works including training done by the respective organization followed by feedback.
- Updating of training manuals to achieve the target of national plans including NPAN2.

Chapter 2

2.1 Strategy for Improvement

A mixed situation prevails across ministries in terms of capacity and training status and needs. Both gaps and opportunities exist with wide potential for improvement and leveraging. With aim to achieve a short to medium term objectives of enhancing the capacity of NPAN2 implementation, a strategic framework is set forth in this chapter.

2.1.1 Principles

Following principles are proposed to design the strategy for improvement of capacity of relevant human resources of ministries:

- Not to develop a new set of curriculum or manual around multi-sectoral nutrition but to complement existing contents.
- Bridging the concept and content gap as per assessment and situation analysis.
- Relying on use of existing resources-institutional, human resources, and financial.
- Being efficient and open to quality standardization.
- Emphasis on short to medium term approaches.
- Multi-sectoral approach in terms of roll out, monitoring and coordination.
- Linkage with other initiatives of the BNNC including advocacy plan operationalization, CMRT and DMRT roll out, DNCC (District Nutrition Coordination Committee) and UNCC (Upazila Nutrition Coordination Committee) orientations etc.
- Leveraging in-house and exclusive capacity development plans of respective ministries and organizations including BNNC.

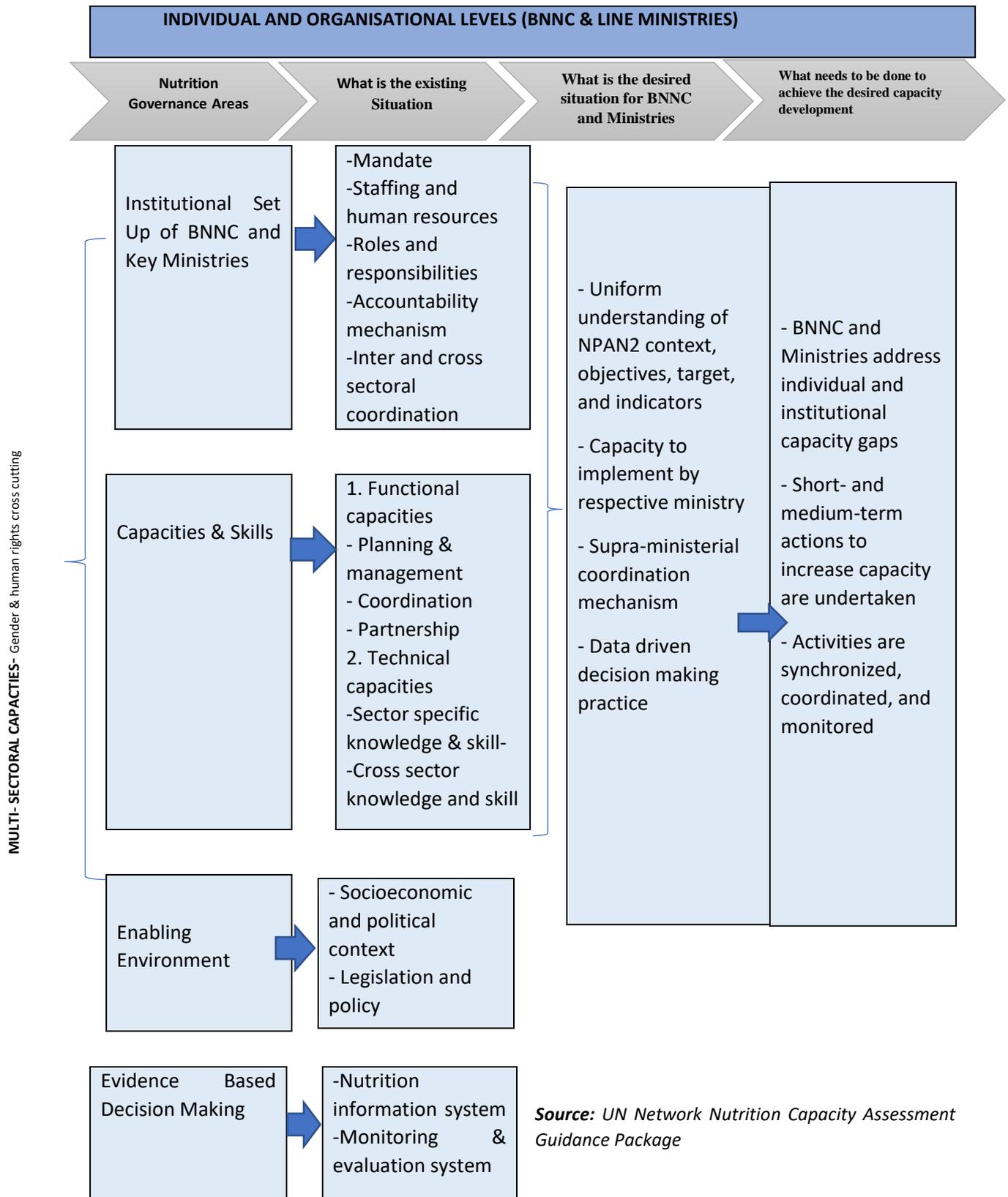


Figure 1: Pathway for Capacity Development

2.2 Level of Action for Capacity Development

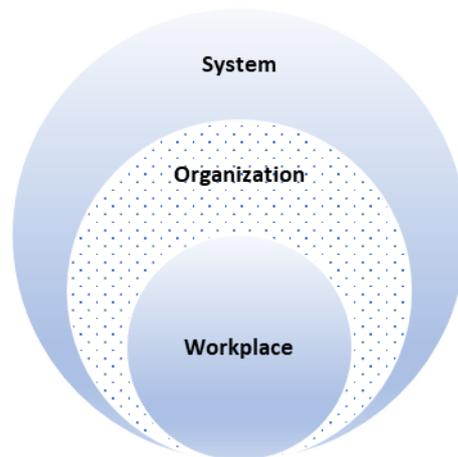


Figure 2: An Ecological Analysis. Adapted from U. Bronfenbrenner 1979

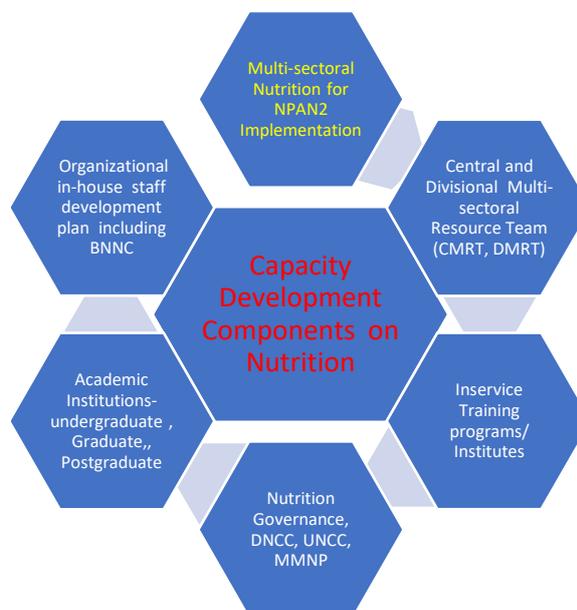


Figure 3: Components of Capacity Development System on Nutrition

A three-tier effort is proposed at system, organizational and workplace level, although organizational level is the central under this review.

System level actions: Policy support in terms of socio-cultural, economic, and political environment that influences capacity development initiatives positively. System level may additionally be addressed through the Advocacy Plan component of the BNNC.

Organizational level actions: (Sectors/Ministries/training institutes)

- Competencies, Knowledge, Skills, and Attitudes of human resources of line ministries.
- Capacity and role of BNNC to coordinate, monitor and evaluate.

Workplace level actions:

- Job descriptions updating through review and inclusion.

- Supportive supervision to institutionalize coaching and mentoring.

2.3 Types of Training with Duration

Short term (up to 3 month)

- Work-force in-service training.
- Distance learning with periodic face to face contact through Trainer's pool or outsourcing.

Mid-term (3-18 months)

- Graduate certificate executive program – 1 to 3 months specially designed on multisector nutrition in academic institutes e.g., INFS, NIPSOM etc.
- Thesis/Dissertation on NPAN2 and its operationalization, Status of multi-sectoral coordination, Policy environment of multi-sectoral nutrition etc. under Masters/MPhil/PhD courses in INFS-DU, NIPSOM, Public/Health Nutrition Faculties of Universities.
- Multi-sectoral research (double burden of malnutrition, social cash transfer for nutrition, Women's Health pre -pregnancy, Urban agriculture etc.)

Chapter 3

3.1 The Guidelines

Based on the context analysis including gaps, opportunities, and feasibility, a guideline with model lessons is prepared and recommended below to be rolled-out within the in-service training system of relevant ministries. Objectives and scope of the guidelines are detailed below:

Objectives

At the end of orientation/training, participants will/be:

- Have clear understanding about the causality of malnutrition, recognize multi-sectoral linkage of various programs for improved nutrition.
- Have updated information about nutrition situation; related key policies, strategies and plans in Bangladesh.
- Informed about the context of the NPAN2, its goal and objectives and ministry specific responsibilities.
- Overcome the jargon gap related to multi-sectoral nutrition, that is - have clarity about different terminology and jargons related to multi-sectoral nutrition.
- Confer understanding on Nutrition and Development- Human and Economic, and
- Understand crucial relation between gender and nutrition.

Enhance Knowledge of participants on

- Multiple determinants of nutrition - biological, social, cultural, economic.
- Understanding on the impact of malnutrition on individual, community and national development.
- Understanding that isolated policy, decisions, or actions have little impact on nutritional status.
- Concurrent and coordinated actions by many actors across sectors and levels of government bring results.
- Importance of effective nutrition leadership at multiple levels.
- Requirement of accountability, responsiveness, and transparency.
- Importance of commitment and capacity for implementing nutrition programs effectively and efficiently.
- Maximization of nutrition sensitive programs.
- Necessity of direct coordination with the Local Government authorities for sub-national actions.
- Nutrition monitoring, evaluation, research, and learning.

Expected Skills conferred by the training/orientation

- Identify how a program/project is nutrition sensitive or not.
- Make a nutrition program nutrition sensitive.
- Make linkage with other sectoral program/project/activity.
- Plan and implement nutrition actions effectively within their ministries.
- Coordinate intra-sectoral nutrition plans and actions at higher level.
- Coordinate inter-sectoral nutrition plans and actions at local level.
- Championing and advocating for nutrition at all levels.

Outcome level objective: The participants will have an equal level understanding on the concept of multi-sectoral nutrition, interrelationship of its underlying determinants, and as a prerequisite to

human and national development leading to improvement of attitude and skill to implement the national plans.

Course Participants:

The primary target users of this training guide are nutrition stakeholders in various public, civil society and private sectors. Due to the multi-sectoral nature of nutrition programming, participants from the government departments of relevant ministries (health, food security and social safety net systems, administration, budgeting and planning) are targeted. Due gender balance among participants is advocated.

- I. Relevant staff of planning, management, and service delivery level of nutrition related Ministries
- II. Program managers from central and local government agencies involved with nutrition specific and nutrition sensitive programs.
- III. Development and bilateral agencies, civil society organizations, and groups involved with multi-sectoral nutrition projects/programs.
- IV. Training institutions and schools that aim to promote nutrition through increased participation in nutrition programs.

The facilitation techniques/methods:

- I. Presentations (activities conducted by the facilitator or a resource specialist to convey information, theories, or principles)
- II. Case studies (descriptions of real-life situations used for discussion)
- III. Role-plays (two or more individuals enacting parts in scenarios as related to a training topic)
- IV. Group work (participants sharing experiences and ideas or solving a problem together)
- V. Brainstorming (participants contribute ideas to a given session)
- VI. Group work and participatory lectures (the facilitator provides guidelines as well as encourages participants to make active contributions/demonstrations during the session)

However, it is recommended that the techniques/methods could be adapted/customized based on circumstances /situational demand.

Facilitators: Master trainers of BNCC, CMRT (Central Multi-sectoral Resource Team) and DMRT (Divisional Multi-sectoral Resource Team) members, Staff facilitators at Training Institutes of relevant ministries.

3.2 Model Lessons – a universal package

Lack of sensitization on nutrition particularly multi-sectoral attributes is the prime gap identified in assessments for human resources capacity development across sectors and ministries. To address this gap five model lessons are designed with aim to sensitize relevant staff of Ministry /Division/Directorate/ Organizations, and other stakeholders on multisector nutrition either as an independent or as adjuvant to existing training programs. Topics of lessons are 1) Selected operational definitions relevant to the multi-sectoral nutrition 2) Causality of Malnutrition 3) Nutrition and Development- Human and Economic, 4) Nutrition is Multi-sectoral, 5) Gender and Nutrition, and 6) Nutrition Situation and Selected Policy and Plan on Multi-sectoral Nutrition in Bangladesh.

Lesson 1: Selected operational definitions relevant to the multi-sectoral nutrition

Objectives	Methods	Materials/Aides	Time
<ul style="list-style-type: none"> - Understanding on common definitions of multisector nutrition. - Overcome jargon gap related to multi-sectoral nutrition. - Have clarity about different terminology and jargons related multi-sectoral nutrition. 	<ul style="list-style-type: none"> • Brainstorming • Presentation • Interactive discussion • Group Work • Simulation and practice session • Role play 	<ul style="list-style-type: none"> • Multimedia • PP slides • Flip Charts, White boards, Marker • VIPP Cards and VIPP board • Handout • Exercise sheet 	1 hour

Handout

Selected operational definitions relevant to the multi-sectoral nutrition

Terminology	Definitions
Malnutrition	People are malnourished if their diet is not balanced with their nutritional needs. Malnutrition includes both undernutrition (stunting, wasting, underweight, and micronutrient deficiencies) and over-nutrition (overweight and obesity).
Multi-sectoral approach	An approach to nutrition planning and programming in which different departments coordinate and collaborate to address both direct and underlying causes of malnutrition.
Nutrition governance	Nutrition governance represents actions taken to provide an institutional framework and systems to facilitate the institutionalization of nutrition in existing government structures, policies, and frameworks. Nutrition governance includes information management, coordination and partnership, advocacy, communication, and policy development and implementation.
Nutrition-sensitive interventions	Nutrition-sensitive interventions address some of the underlying and basic causes of malnutrition—such as food security; adequate caregiving resources at the maternal, household, and community levels; and access to health services, a safe and hygienic environment—and incorporate nutrition goals and actions from a wide range of sectors. They can also serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness.
Nutrition-specific interventions	Nutrition-specific interventions address the immediate causes of malnutrition (e.g., inadequate dietary intake) and some of the underlying causes (e.g., feeding practices and access to food).
Food Security	<p>Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life. (WFS 1996)</p> <p>Food Availability, Access and Utilization</p> <p>Food availability: The availability of sufficient quantities of food of appropriate quality, supplied through domestic production or imports (including food aid).</p> <p>Food access: Access by individuals to adequate resources (entitlements) for acquiring appropriate foods for a nutritious diet. Entitlements are defined as the set of all commodity bundles over which a person can establish command given the legal, political, economic and social arrangements of the community in which they live (including traditional rights such as access to common resources).</p>

	Utilization: Utilization of food through adequate diet, clean water, sanitation and health care to reach a state of nutritional well-being where all physiological needs are met. This brings out the importance of non-food inputs in food security. (FAO 2006)
Food Insecurity	Food Insecurity: A situation that exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. (FAO)
Dietary diversity	Dietary diversity: dietary diversity is defined as the number of different foods or food groups consumed over a given reference period. It is a qualitative measure of food consumption that reflects household access to a variety of foods and is also a proxy for nutrient adequacy of the diet of individuals. Dietary diversity has special significance with relation to children and women.
Food Systems	Food systems encompass the entire range of actors and their interlinked value-adding activities involved in the production, aggregation, processing, distribution, consumption and disposal of food products that originate from agriculture, forestry or fisheries, and parts of the broader economic, societal and natural environments in which they are embedded (FAO).
Undernourishment	Undernourishment: is an estimate of the proportion of the population whose habitual food consumption is insufficient to provide the dietary energy levels that are required to maintain a normal active and healthy life. It is expressed as a percentage. (FAO)
Over nutrition	<p>Over-nutrition happens when a person's daily energy intake consistently exceeds energy requirements. If it continues over time, a person may become overweight or obese. There are 2 categories:</p> <p>Overweight: it is a range of weight that exceeds what is generally considered healthy for a given height. For adults, overweight is having a BMI from 25 to 29.9. In children under 5, overweight is a BMI-for-age more than 2 standard deviations (> +2 SD) above the median of the WHO Child Growth Standards, and in children 5–19, overweight is a BMI-for-age more than 1 standard deviation (> +1 SD) above the median of the WHO Growth Reference.</p> <p>In short, Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from energy intakes from food and beverages that exceed children's energy requirements. Overweight increases the risk of diet-related noncommunicable diseases later in life (WHO-UNICEF-WB 2020).</p> <p>Obesity: it is a range of weight that is much greater than what is generally considered healthy for a given height. For adults, obesity is having a body mass index (BMI) of 30 or higher. In children under 5, obesity is a BMI-for-age more than 3 standard deviations (> +3 SD) above the median of the WHO Child Growth Standards, and in children 5–19, obesity is a BMI-for-age more than 2 standard deviations (> +2 SD) above the median of the WHO Growth Reference.</p>
Undernutrition	<p>Undernutrition is a consequence of a deficiency in nutrient intake and/or absorption in the body. The different forms of undernutrition, which can appear alone or in combination, are acute malnutrition (bilateral pitting edema and/or wasting), chronic malnutrition (stunting), underweight (combined form of wasting and stunting), and micronutrient deficiencies. There are various form of undernutrition such as:</p> <p>Stunting, or chronic malnutrition: it occurs when a child fails to grow at a healthy pace and is shorter than expected for a healthy child of the same age. Stunting develops over a long period because of long-term inadequate nutrition (including poor maternal nutrition and poor infant and young child feeding practices) and/or</p>

	<p>repeated illness or infection. Stunted children have a higher risk of death from diarrhea, pneumonia, and measles. Stunting is associated with poor cognitive and motor development and lower achievement at school. In children under 5 it is defined as a height-for-age of more than 2 standard deviations below the median (<-2 SD) of the WHO Child Growth Standards (children under 5).</p> <p>In short, Stunting refers to a child who is too short for his or her age. These children can suffer severe irreversible physical and cognitive damage that accompanies stunted growth. The devastating effects of stunting can last a lifetime and even affect the next generation (WHO-UNICEF-WB 2020).</p> <p>Underweight: it is a composite form of undernutrition that includes elements of stunting and wasting and is defined in children under 5 as a weight-for-age of more than 2 standard deviations below the median (<-2 SD) of the WHO Child Growth Standards. This indicator is commonly used in growth monitoring and promotion (GMP) and child health and nutrition programs aimed at prevention and treatment of undernutrition.</p> <p>Wasting: this occurs when an individual is very thin for his or her height. It happens when a person loses weight rapidly or a growing child does not gain adequate weight relative to their growth in height. Wasting may be caused by inadequate food intake, such as a drop in food consumption or sub-optimal infant and young child feeding practices; by disease or infection, including HIV or tuberculosis; or a combination. In children under 5 it is defined as weight-for-height of more than 2 standard deviations below the median (<-2 SD) of the WHO Child Growth Standards or MUAC under 125 mm. Wasting is one form of acute malnutrition.</p> <p>In short, Wasting refers to a child who is too thin for his or her height. Wasting is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible. (WHO-UNICEF-WB 2020).</p>
Gender	<p>Gender sensitive: Policies and programs that take into account the particularities pertaining to the lives of both women and men, while aiming to eliminate inequalities and promote gender equality, including an equal distribution of resources, therefore addressing and taking into account the gender dimension. (European Institute of Gender Equality)</p> <p>Gender Mainstreaming Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality." (The United Nations Economic and Social Council -ECOSOC, 1997)</p>
Social determinants of health	<p>The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems (WHO).</p>

Nutrition and social protection:

Nutrition and social protection: the common ground Social protection and nutrition are intrinsically linked by the fact that poverty (and the inadequate quantity, quality or access to human, economic and institutional resources it implies) is the most important root cause for malnutrition. More specifically, there are strong complementarities between social protection and the fight against malnutrition. (FAO 2015).

Most operational definitions include three elements of social protection: 1. social assistance; 2. social insurance; 3. social equity. Social protection in its broadest sense aims to alleviate income poverty, for example, through the promotion of income-generating activities, to reduce vulnerability, such as through insurance against crop failure, and to foster greater social justice and inclusion, for instance, through the empowerment of marginalized groups.

Slides

Normal height for age

Normal

Wasting
Low weight for height

Stunting
Low height for age

Underweight
Low weight for age

Wasting: weight for height < -2 SD of the WHO Child Growth Standards median. Wasting in children is a symptom of acute undernutrition, usually as a consequence of insufficient food intake or a high incidence of infectious diseases, especially diarrhoea.

Stunting: height for age < -2 SD of the WHO Child Growth Standards median. Stunting is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity.

Underweight: weight for age < -2 standard deviations (SD) of the WHO Child Growth Standards median

Overweight and stunted

Stunted and wasted

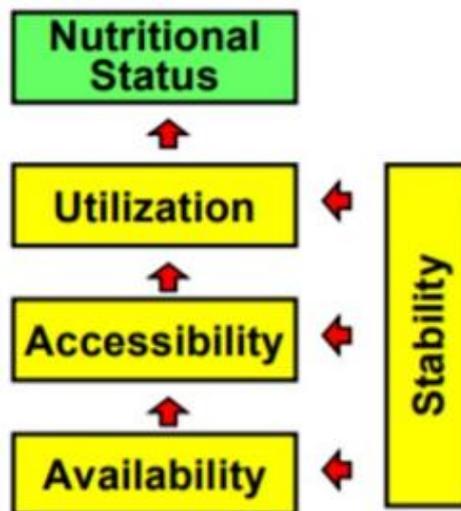
* Some children suffer from more than one form of malnutrition – such as **stunting and overweight** or **stunting and wasting**. There are currently no joint global or regional estimates for these combined conditions.

Bangladesh National Nutrition Council

Food Security and Nutrition



Food Security and Nutrition



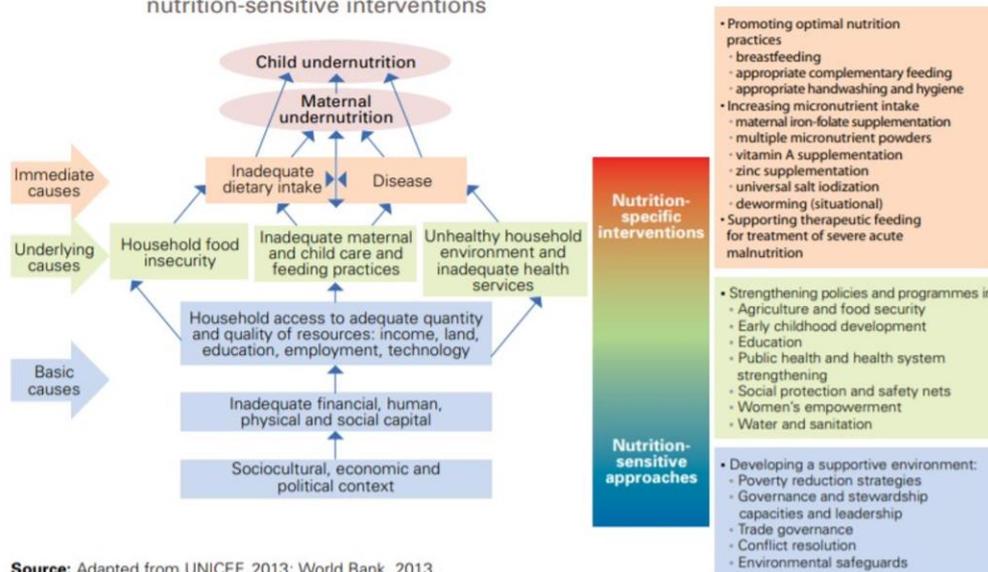
Nutrition-sensitive Interventions

- Social safety nets
- Water, Sanitation and Hygiene
- Agriculture & Food Security
- Women's Empowerment
- Early childhood development
- Adult education
- Governance



MULTI-SECTORAL NUTRITION STRATEGY | GLOBAL LEARNING AND EVIDENCE EXCHANGE | ASIA REGIONAL MEETING

FIGURE 1 UNICEF conceptual framework and nutrition-specific and nutrition-sensitive interventions



Source: Adapted from UNICEF, 2013; World Bank, 2013.

Exercise Sheet: Discuss and Match

Selected operational definitions relevant to the multi-sectoral nutrition

Malnutrition interventions **Nutrition governance** **Multi-sectoral approach** **Nutrition-specific interventions**
Stunting **Food Security** **Overweight** **Food systems** **Nutrition-sensitive interventions**
Wasting **Gender sensitivity** **Social determinants of Health**

Terminology	Definitions
	People are malnourished if their diet is not balanced with their nutritional needs. Includes both undernutrition (stunting, wasting, underweight, and micronutrient deficiencies) and over-nutrition (overweight and obesity).
	An approach to nutrition planning and programming in which different departments coordinate and collaborate to address both direct and underlying causes of malnutrition.
	Represents actions taken to provide an institutional framework and systems to facilitate the institutionalization of nutrition in existing government structures, policies, and frameworks. Nutrition governance includes information management, coordination and partnership, advocacy, communication, and policy development and implementation.
	Interventions address the immediate causes of malnutrition (e.g., inadequate dietary intake) and some of the underlying causes (e.g., feeding practices and access to food).
	Exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life.
	Refers to a child who is too short for his or her age. These children can suffer severe irreversible physical and cognitive damage that accompanies stunted growth. The devastating effects of stunting can last a lifetime and even affect the next generation.
	Refers to a child who is too thin for his or her height. Is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.
	Refers to a child who is too heavy for his or her height. This form of malnutrition results from energy intakes from food and beverages that exceed children’s energy requirements. It increases the risk of diet-related noncommunicable diseases later in life.
	Encompasses the entire range of actors and their interlinked value-adding activities involved in the production, aggregation, processing, distribution, consumption, and disposal of food products that originate from agriculture, forestry or fisheries, and parts of the broader economic, societal and natural environments in which they are embedded.
	Interventions those address some of the underlying and basic causes of malnutrition—such as food security; adequate caregiving resources at the maternal, household, and community levels; and access to health services and a safe and hygienic environment—and incorporate nutrition goals and actions from a wide range of sectors.
	Are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems

	include economic policies and systems, development agendas, social norms, social policies, and political systems.
	Policies and programs that take into account the particularities pertaining to the lives of both women and men, while aiming to eliminate inequalities and promote gender equality, including an equal distribution of resources, therefore addressing and taking into account the gender dimension.

Lesson 2: Causality of Malnutrition

Objectives	Methods	Materials/Aides	Time
- Have clear understanding about the causality of malnutrition,	<ul style="list-style-type: none"> Brainstorming Presentation followed by interactive discussion Group Work Practice session 	<ul style="list-style-type: none"> Multimedia PP slides Flip Charts, White boards, Marker VIPP Cards and VIPP board Handout 	1 hour

Handout

Conceptual Framework of Causality of Malnutrition

A. Immediate causes of undernutrition are inadequate dietary intake and disease.

Inadequate food intake refers to both quantity of food and quality of the diet. The nutritional quality of food intake holds importance in driving the biological processes that govern the growth and development of the musculoskeletal and the nervous system. The quality of a diet is reflected by the dietary diversity and the micronutrient content of the diet. Animal-source foods contain vitamin A, vitamin B12, riboflavin, calcium, iron, and zinc as well as higher amounts of protein, energy, and fat compared with plant food sources. The lack of essential vitamins and minerals within the diet is also known as the “hidden hunger.” Deficiency of certain vitamins and nutrients can lead to specific conditions but the deficiency in even just one can be a limiting factor for growth. It is also important to acknowledge that when there is one micronutrient deficiency there is a high likelihood that there are multiple micronutrient deficiencies.

The second immediate cause in the conceptual framework is disease. Disease can be a cause and consequence of malnutrition. Common childhood infections and diarrheal diseases can lead to poor absorption or ability to retain nutrients. The incidence of diarrhea in children has a dose–response effect on stunting; as the incidence of diarrhea increases, the risk of becoming stunted also increases. Children may not only be at risk of stunting due to diarrheal disease but also due to environmental enteropathy, which is a subclinical disease caused by ingestion of fecal material and the subsequent intestinal inflammation and enteric infection.

B. Underlying causes: A child’s dietary intake and exposure to disease are affected by underlying factors, including household food insecurity (lack of availability of, access to, and/or utilization of a diverse diet), inadequate care and feeding practices for children, unhealthy household and surrounding environments, and inaccessible and often inadequate health care.

At the household level, food insecurity relates more to the household economy and contextual determinants of how food is used and consumed. These determinants include maternal knowledge of care and feeding practices, maternal chores or livelihoods, and family eating behaviors (e.g., who eats first, the size of individual rations, etc.) These components also include household income, market prices, gender dynamics, dietary diversity, and household and individual behavior. Furthermore, the agricultural systems and environmental components of agriculture systems, such as soil, water, and agrobiodiversity, have an impact on food security through both the quantity of available food and the quality of available food, being both diverse and culturally acceptable.

Other underlying causes of malnutrition are inadequate care practices, which include lack of exclusive breastfeeding and poor IYCF practices. Breast milk is important component of an infant's intake and is key to help build a strong immune system.

Additional underlying causes of malnutrition are inadequate services and the presence of an unhealthy environment. More specifically, this includes poor access to and quality of health services, water, and sanitation facilities, substandard hygiene practices, and inadequate food preparation, all of which are important in their contribution to the disease environment.

C. Basic causes of poor nutrition encompass the societal structures and processes that neglect human rights and perpetuate poverty, limiting or denying the access of vulnerable populations to essential resources. Social, economic, and political factors can have a long-term influence on maternal and childhood undernutrition. Moreover, chronic undernutrition can lead to poverty, creating a vicious cycle.

Historically, policies and programs focused on economic growth have impacted health outcomes through increased access to health services and improved quality of health services. More generally, economic growth, if equitable, leads to greater household purchasing power. Many countries showed an overall decline in stunting as economic indicators improved. However, an overall analysis of GDP per capita found no significant relationship with reductions in stunting or other nutrition outcomes. Again, the increases in wealth at a country level need to be equitable and investments in health and nutrition are needed in order to impact the nutrition status of the most vulnerable households. There is also an association between increased risk of stunting and lack of basic infrastructure, which includes water, sanitation, electricity, and shelter.

Beyond economic and political factors, cultural factors can play an important role in child growth. The cultural factors, which have been shown to be important to the prevalence of stunting, are women's autonomy and fertility practices.

The **consequences** associated with undernutrition can be devastating. In the short term, undernutrition increases the risk of mortality and morbidity, and in the longer term, the consequences of stunting extend to adulthood, increasing risk of poor pregnancy outcomes (including newborns who are small for gestational age), impaired cognition that results in poor school performance, reduced economic productivity and earnings, and future risk for overweight and subsequently NCDs such as hypertension and cardiovascular disease. Stunting, micronutrient deficiencies, overweight and related NCDs can occur in the same country, district, household and often in the same individual over the life course.

The causes of undernutrition and overweight and obesity are in many ways similar and intertwined.

Stunted growth in early life increases the risk of overweight later in life. By preventing stunting, promoting linear growth and preventing excessive weight gain in young children, we can reduce adult risk of excessive weight gain and NCDs. Similarly, factors such as poverty, lack of knowledge and access to adequate diets, poor infant and young child feeding practices, and marketing and sales of foods and drinks can lead to undernutrition as well as to overweight and obesity.

Source:

1. UNICEF 1990

2. Kristina Reinhardt and Jessica Fanzo (2014). *Addressing chronic malnutrition through multi-sectoral, sustainable approaches: a review of the causes and consequences.*

Addition to the Framework:

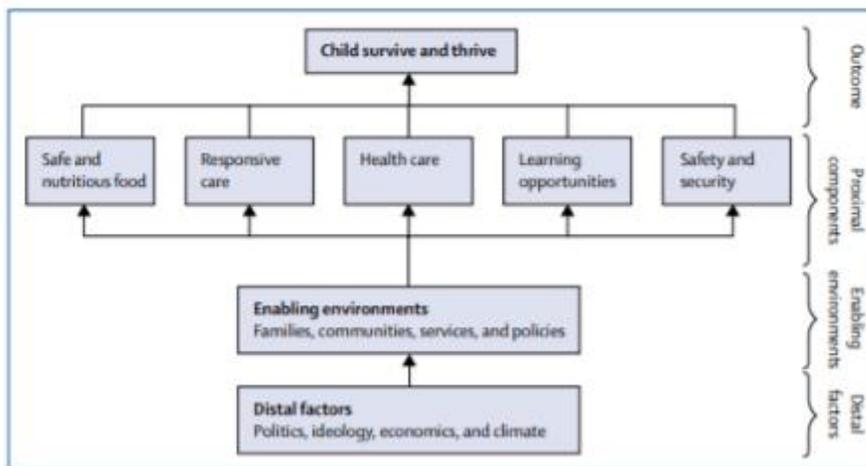


Figure: Conceptual framework of children surviving and thriving

The revised conceptual framework of malnutrition expands to survive and thrive by including safe and nutritious food, responsive care, health-care learning opportunities, and safety and security.

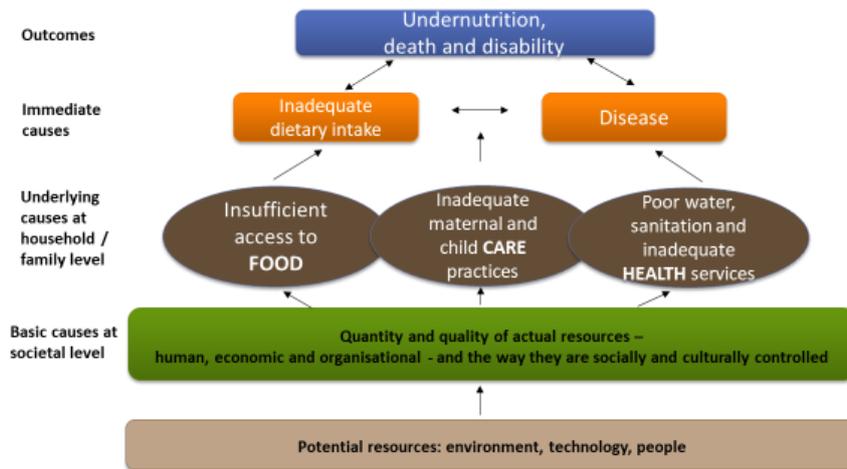
The proposed revision, the conceptual framework of children surviving and thriving (figure), captures the essential roles of health and nutrition and the additional components of nurturing care, including responsive care, learning opportunities, and security and safety to ensure that children grow and develop to their potential. As shown in a meta-analysis, published in 2019, interventions that target children’s nutrition can benefit their growth and nutritional status, and interventions that target responsive caregiving and learning can promote their neurodevelopment.

Source: *The Lancet*

Slides

Analyzing the causes of undernutrition

This nutrition analysis is grounded in the widely-accepted causal Conceptual Framework



Adapted from UNICEF 1990 model

Figure 1. Underlying and basic causes of malnutrition.



Source: Scaling Up Nutrition Movement, 2013.

6 Nutrition Sensitive Programming in the Philippines: Concepts and Ideas for Action

Determinants of Stunting in Bangladesh

Bangladesh - sources of 53.3% of nutritional change 1997-2011

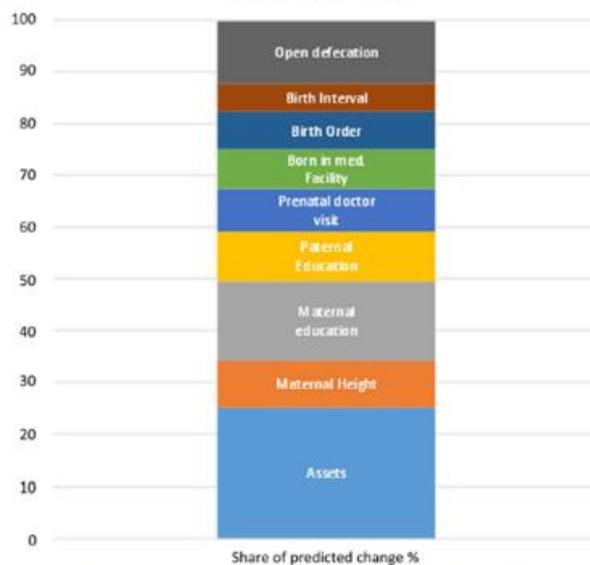
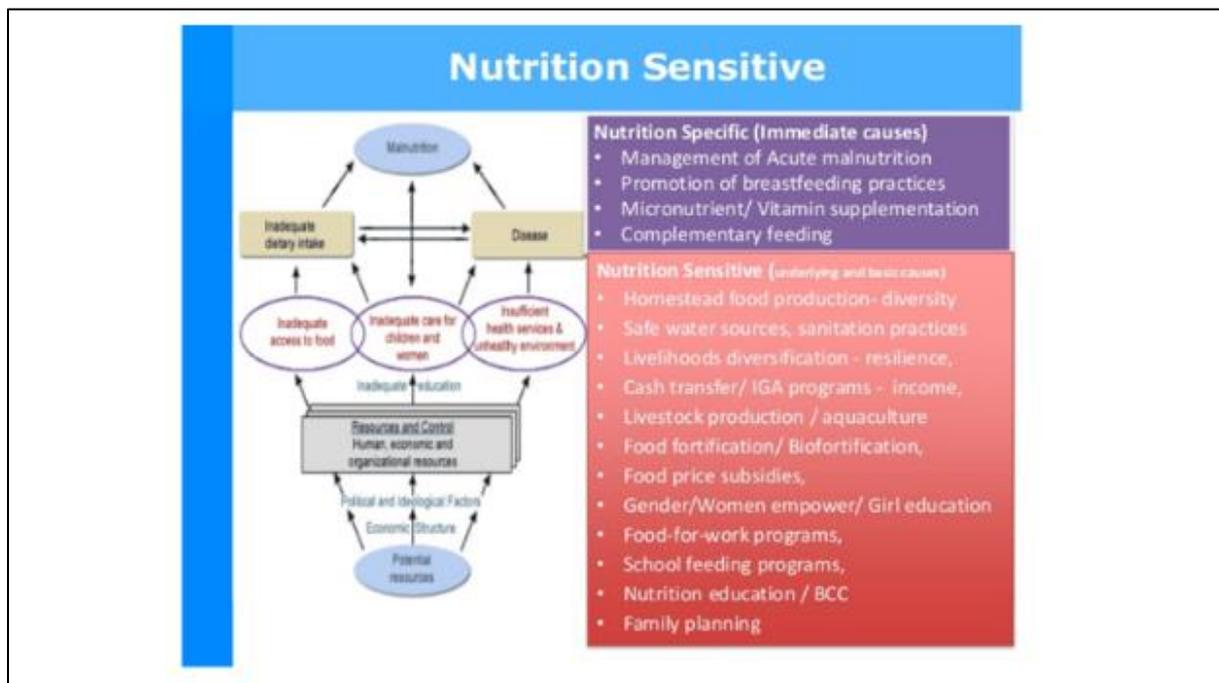


Fig. 3. Decomposition analysis of DHS variables associated with stunting reductions, 1997-2011. Source: Headey et al. (2015).



Lesson 3: Nutrition and Development- Human and Economic

Objectives	Methods	Materials/Aides	Time
Understand impact of nutrition on human and economic development	<ul style="list-style-type: none"> • Brainstorming • Presentation followed by interactive discussion • Group Work • Practice session 	<ul style="list-style-type: none"> • Multimedia • PP slides • Flip Charts, White boards, Marker • VIPP Cards and VIPP board • Handout 	1 hour

Handout

Nutrition and Development- Human and Economic

Nutrition is an input to and foundation for health and development. Interaction of infection and malnutrition is well-documented. Better nutrition means stronger immune systems, less illness and better health. Healthy children learn better. Healthy people are stronger, are more productive and more able to create opportunities to gradually break the cycles of both poverty and hunger in a sustainable way. Better nutrition is a prime entry point to ending poverty and a milestone to achieving better quality of life.

The state of hunger and malnutrition within a country is related to its level of development. The relationship between nutrition and human resource development was best described by the 1992 International Conference on Nutrition (ICN) held in Rome, which, in its World Declaration and Plan of Action for Nutrition, stated that nutritional well-being of all people is a pre-condition for the development of societies and is a key objective of progress in human development.

A well-nourished, healthy workforce is a pre-condition for sustainable development. At the same time, the nutritional well-being of a population reflects the performance of its social and economic sectors, and to a large extent, an indicator of the efficiency of national resource allocation.

Malnutrition, in every form, presents significant threats to human health. Today the world faces a double burden of malnutrition that includes both undernutrition and overweight, especially in developing countries. Hunger and inadequate nutrition contribute to early deaths for mothers, infants and young children, and impaired physical and brain development in the young. At the same time, growing rates of overweight and obesity worldwide are linked to a rise in chronic diseases such as cancer, cardiovascular diseases, and diabetes.

Nutritional status is a measure of the health condition of an individual that is affected primarily by the intake of food and utilization of nutrients. For a national social and economic development programme to be successful and sustainable, most of the population should be able to participate in the process. Therefore, much of the population should be in good health and have good nutritional status.

Nutrition plays a critical role in human resource development since deficiencies in essential nutrients lead to malnutrition, which affects an individual's mental and physical state, resulting in poor health and poor work performance. In addition, a hungry, malnourished child may have mild to serious learning disabilities, resulting in poor school performance; a sick, poorly nourished individual will not respond well to treatment, could lose many working hours, and may continue to drain family and

national resources. Thus, malnutrition may undermine investments in education, health, and other development sectors.

A well-nourished, healthy workforce is a pre-condition for sustainable development.

When human potential and resources are trapped in the vicious cycle of malnutrition, development goals and improved standards of living will not be realized. Hence, the ICN recommended that nutrition be at the center of socio-economic development plans and strategies of all countries (FAO/WHO,1992). This recommendation was based on the fact that significant improvements in nutritional status can result from incorporating nutritional considerations into broader policies of economic growth and development, food and agricultural production activities, health care, education and social development.

For the human resource capital to be sustainable, it is important to promote nutrition objectives within current development strategies, plans and priorities.

Three emerging bodies of work highlight the nature of the link between nutrition and human development: (1) nutrition, cognition, and school enrollment, (2) foetal nutrition and adult chronic disease, and (3) the importance of community-based approaches to development and the leadership of the nutrition community in this regard.

The economics literature offers compelling evidence of the importance of nutrition for development. Country statistics reveals that increase in stunting causes an increase in age of first enrollment at school.

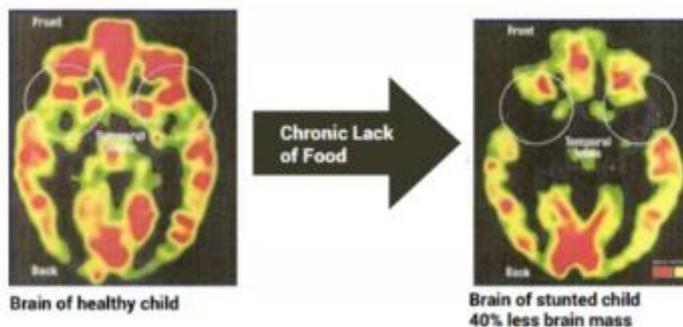
New wave of evidence confirms the importance of nutrition to development. Recent evidence shows strong links between infant undernutrition and cognitive development. This new evidence reemphasizes the crucial role played by nutrition in the acceleration of development, no matter how it is defined. The link between foetal undernutrition and adult chronic disease has implications for development policy, including strengthening the economic productivity rationale for investing in nutrition.

Traditionally focus is imposed on the vast magnitude of the many forms of nutritional deficiency, along with their associated mortality and morbidity in infants, young children, and mothers. However, the world is also seeing a dramatic increase in other forms of malnutrition characterized by obesity and the long-term implications of unbalanced dietary and lifestyle practices that result in chronic diseases such as cardiovascular diseases, cancers, and diabetes. All forms of malnutrition's broad spectrum are associated with significant morbidity, mortality, and economic costs, particularly in countries where both under- and overnutrition co-exist as is the case in developing countries undergoing rapid transition in nutrition and lifestyle.

Finally, the human rights paradigm has emerged as a potentially powerful way of thinking about and practicing development. Nutrition is about much more than economic productivity arguments; it is about fundamental rights. Freedom from hunger and malnutrition is a basic human right and their alleviation is a fundamental prerequisite for human and national development.

Sources: WHO, UNICEF, FAO, IFPRI, ACC/SCN

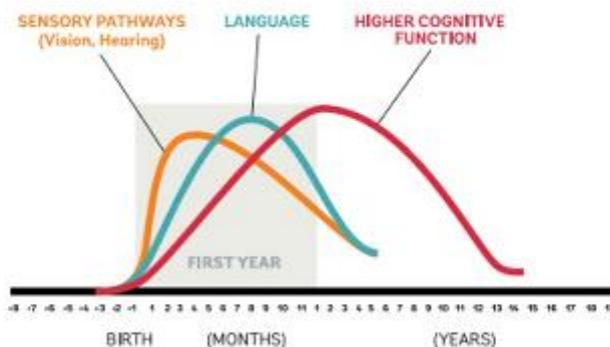
Lack of proper nutrition during this critical phase (first 1000 days) leads to stunting, which impedes brain development, affecting memory, and comprehension. Physical growth and immunity are also compromised.



Source: <http://www.globalhealthhub.org/2014/09/15/iron-evidence-how-cash-transfers/>

10 Nutrition-Sensitive Programming in the Philippines
Concepts and Ideas for Action

Early life is a highly sensitive period for Brain development



Source: Harvard University, World Bank 2017

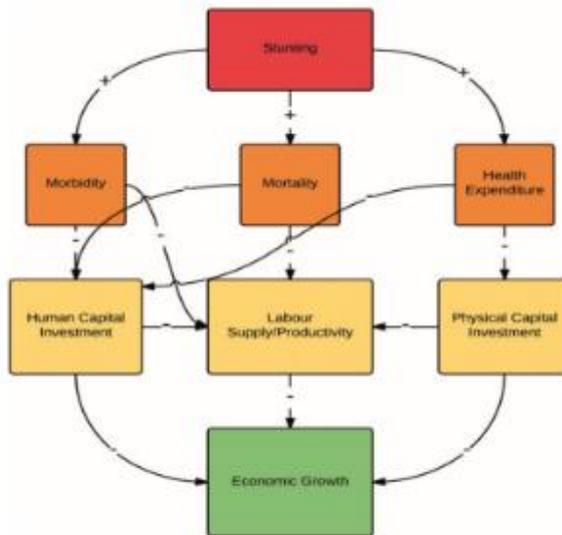
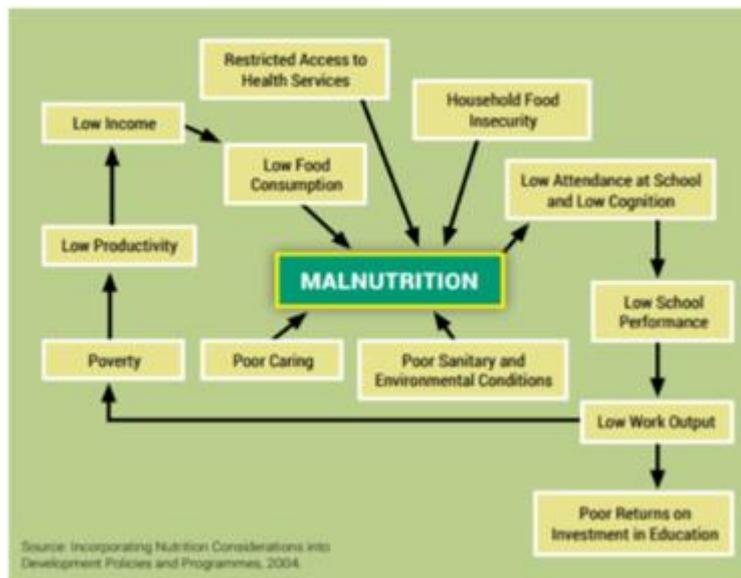


Figure 2. Summary of the pathways linking stunting to economic growth. Adapted from Bloom *et al.* (2014).¹⁰⁰

Framework for analysis of nutrition and national development



The economics is
also convincing



\$16

back for every \$ invested
in nutrition programmes

30 year
compound
rate of
interest of
10%

www.globalnutritionreport.org

Lesson 4: Nutrition as a multi-sectoral agenda

Objectives	Methods	Materials/Aides	Time
<ul style="list-style-type: none"> - Recognize multi-sectoral linkage of various programs for improved nutrition - Understand potential impact of urbanization and rural transformation on nutrition. 	<ul style="list-style-type: none"> • Brainstorming • Presentation followed by interactive discussion • Group Work • Practice session 	<ul style="list-style-type: none"> • Multimedia • PP slides • Flip Charts, White boards, Marker • VIPP Cards and VIPP board • Handout 	1.5 hour

Handout

Nutrition is Multi-sectoral

Causes of malnutrition are multi-factorial, so it needs to be addressed multi-sectorally with the involvement of different stakeholders at different level/tier. Thus, nutrition action is a multi-sector, multi-stakeholder and multi-level (national, subnational, urban, rural) issue. Effective multi-sectoral coordination along with collaborative planning, programming and monitoring across sectors at national, regional, and local levels are necessary to accelerate and sustain nutrition improvements.

Programming nutrition-specific and nutrition-sensitive interventions in the same geographic areas can also be effective to improve nutrition outcomes. Any country has to strengthen multi-sectoral coordination and promote the establishment of mechanisms and programs to jointly plan and program resources across sectors for nutrition results. Strong partnership among the government, development partners and other stakeholders bring together the necessary sectors to effectively improve nutrition in targeted areas. Expanding linkages and joint planning between humanitarian assistance and development programs to build resilience, reduce the negative impacts of periodic or recurrent shocks, and improve economic and social opportunities for sustainable nutritional outcomes.

To effectively coordinate multi-sectoral planning and programming for improved nutrition, many countries have established both programs and high-level, multi-sectoral nutrition coordination groups with representation from line ministries and, at times, from CSOs and the private sector. To be able to sufficiently respond to countries' nutrition needs, it is critical for coordination groups to have clear mandates, high-level commitment, adequate authority, and responsibility for monitoring and disseminating results of these efforts. Country-led processes for multi-sectoral nutrition planning and programming at all levels in close collaboration with all stakeholders important for improved nutrition outcomes.

Nutrition is both a maker and a marker of development. Improved nutrition is the platform for progress in health, education, employment, empowerment of women and the reduction of poverty and inequality, and can lay the foundation for peaceful, secure and stable societies."

Ban Ki-moon, United Nations 8th

Coordination and leveraging private and public sector resources to strengthen all parts of the food system, from small processors, agribusiness, food and beverage companies, to wholesale and retail sellers is essential. Promoting positive partnerships with businesses small and large can increase the creation, availability, and access to safe and nutritious foods. It is the role of governments to provide

adequate information and technical assistance to the food industry to foster their compliance with national regulations and WHO and FAO standards, especially the Codex Alimentarius, to protect health of consumers, and to engage in public-private sector dialogue to ensure ethical marketing practices, including adherence to the Code of Marketing of Breast Milk Substitutes.

The latest Lancet Series on Maternal and Child Nutrition (2013) confirmed that nutrition is crucial to both individual and national development. However, acknowledging the importance of nutrition is just the first step, and the challenge today is to ensure that all children can grow to reach their full potential. It is well recognized that malnutrition is a multi-faceted problem, with causes across several sectors. Household food security, adequate care and feeding practices, as well as a healthy environment and access to health services are all important factors for optimal growth. Each one is necessary but not sufficient alone. Implementing nutrition-specific interventions solely is not enough; according to the Lancet Series, the ten proven nutrition-specific interventions -if implemented together at large scale- could only reduce stunting prevalence by 20%. Achieving a sustainable decrease in malnutrition rates requires an integrated response. Working together across different sectors is challenging but necessary.

Understanding the causal chain, first of all, it is important to understand how interventions can have an impact on the underlying causes of malnutrition and consequently on the nutritional status of children. Agriculture and social safety nets are two of the sectors in which interventions can have the greatest impact on nutrition: they address crucial underlying factors (supporting livelihoods, food security, diet quality and women's empowerment), they are implemented on a large scale and can reach poor and malnourished populations (Lancet Series 2013).

While a program may have positive consequences on one or several underlying factors of undernutrition, these are not necessarily translated into an improvement in mother and child nutrition status. One program or activity can have an impact on food consumption and dietary diversity, it does not mean that improvements will be observed in weights of children from households of targeted beneficiaries. So, planners need to think through how their programs can improve nutrition and achieve nutrition objectives and explicitly and adequately integrate actions that will enable this to happen from the planning stage.

Food security and Nutritional Impacts of Urbanization and Rural Transformation

Increased rural-urban linkages present both challenges and opportunities for urban and rural areas alike. Achieving food security and nutrition across the rural-urban continuum involves a series of complex and interlinked factors touching on issues such as sustainable production models, promotion of markets that are beneficial to small-scale producers, decent employment and income generation, consumer access to diversified and nutritious products, secure access to natural resources, provision of appropriate services and infrastructure.

The transformation of rural areas stimulated by interactions with urban centers can deliver positive impacts in terms of access to services and higher incomes, and can contribute to more sustainable urbanization, but it can also mean that certain areas are left behind, creating pockets of poverty and obliging people to escape from their areas of origin in search of better living conditions. Only by addressing the root causes of food insecurity and malnutrition in both rural and urban areas will it be possible to break the vulnerability cycle and take full advantage of the opportunities presented by urbanization and rural transformation.

Though poverty, food insecurity and malnutrition remain concentrated in rural areas, there is also a need to better understand these challenges in urban areas. The most inequitable outcomes of

urbanization and rural transformation will occur when the same social groups are excluded and further marginalized – which are often low-income groups, including those that face social exclusion for reasons such as gender, age, ethnicity, race, religion, or social class. All of such groups face the risk of being excluded from opportunities afforded by greater access to services and infrastructure, employment and income generating opportunities, and access to nutritious foods emerging from rural-urban linkages and will face greater challenges to achieving food security and nutrition.

- Sources: 1. USAID, FAO, WFP documents
 2. FAO, IFAD, WFP 2018
 3. SUN Newsletter, 10 Anniversary

Slides

NUTRITION

IS ESSENTIAL

FOR THE SUCCESS

OF ALL THE SDGs

Optimal nutrition

is essential for achieving several of the Sustainable Development Goals, and many SDGs impact nutrition security. Nutrition is hence linked to goals and indicators beyond Goal 2 which addresses hunger. A multisectoral nutrition security approach is necessary for success.

Nutrition in SDG

17 Aid allocated to nutrition has high returns a \$1 investment in nutrition has demonstrated a \$16 return in economic growth

01 Being poor limits the ability of individuals to access adequate food

02 Agriculture and food security are cornerstones of nutrition

03 Up to 45% of deaths in children under 5 are caused by undernutrition

04 Learning and focusing in school is difficult without a sufficient diet

05 When women control the family income, children's health and nutrition improve at a greater rate

06 Access to safe water and sanitation is an absolute prerequisite for nutrition

08 High levels of malnutrition in some countries may result in an 11% loss to GDP

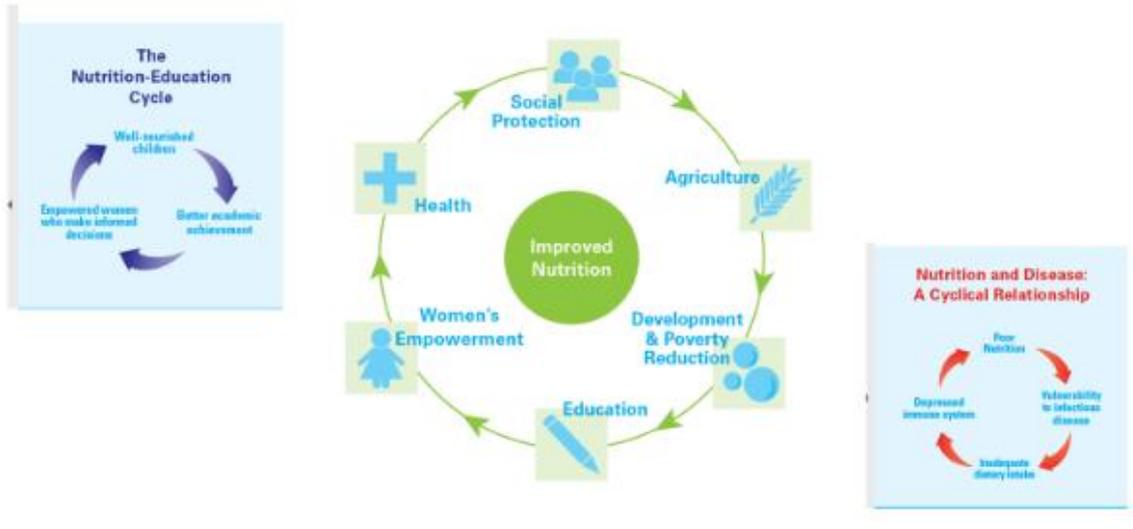
12 Tackling resource use and degradation is key for sharing resources and improving access to quality food

13 Climate change may reduce food production and cause water scarcity

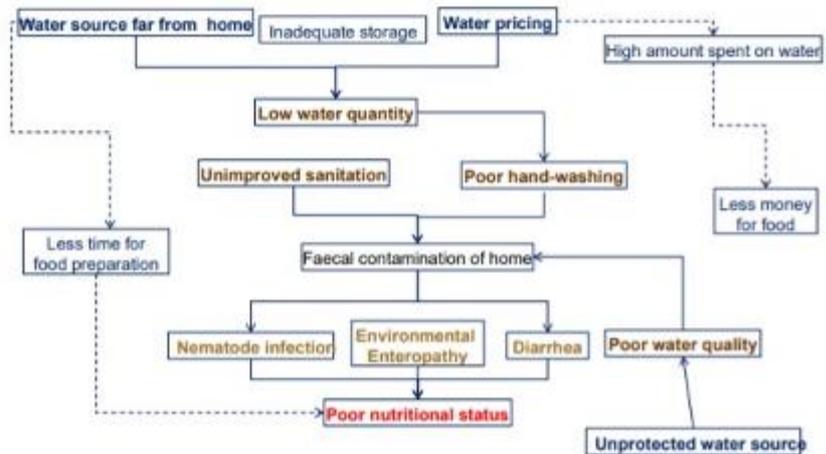
15 Soil degradation threatens our ability to grow food

16 War and conflict are major underlying factors of nutrition insecurity

NUTRITION Improvement, vis a vis Stunting reduction is to be addressed multi-sectorally



Linkages between WASH and Nutrition



Source: O. Cumming, London School of Tropical Medicine and Hygiene, 2013

How Does Agriculture Affect Nutrition?

Food Consumed

- Calories
- Protein
- Micronutrients

Income Invested in...

- Diverse diet, nutrient-rich foods
- Health care
- Sustainable livelihood for year-round food and health care access

Gender in Agriculture

- Maximizing women's control of income
- Managing time and energy demands

MULTI-SECTORAL NUTRITION STRATEGY | GLOBAL LEARNING AND EVIDENCE EXCHANGE | ASIA REGIONAL MEETING

Agriculture as it affects gender



Control over assets and use of income

- Women's control lead to better diets for women and children

Time Use & Child Care

- Tension between earning income and caring for child

Female Energy Expenditure

- Physical work compromises pregnancy and lactation nutrition

MULTI-SECTORAL NUTRITION STRATEGY | GLOBAL LEARNING AND EVIDENCE EXCHANGE | ASIA REGIONAL MEETING

Agriculture as a source of Food: Homestead Food Production



- Producer households are more likely to consume a diversity of foods grown than non-producing households
- Home production is associated with better household and women's dietary diversity.
- Production decisions are influenced by market prices, relative costs and risks, productive assets, preferences and cultural norms
- Processing and storage impact food access and nutrient content

MULTI-SECTORAL NUTRITION STRATEGY | GLOBAL LEARNING AND EVIDENCE EXCHANGE | ASIA REGIONAL MEETING

Agriculture as a source of Income



- Improved year-round income and cash flows to meet household needs, including diverse, nutritious foods, and health care
- Assumes nutritious foods and health services are accessible – reflects the importance of generating demand and need for nutrition behavior change

MULTI-SECTORAL NUTRITION STRATEGY | GLOBAL LEARNING AND EVIDENCE EXCHANGE | ASIA REGIONAL MEETING

Conclusions



- Link nutrition-sensitive activities, outcomes, and indicators with nutrition-specific activities.
- Targeting of nutrition-sensitive interventions is key: know your context
- Overcome terminology gaps between sectors
- Role of gender is paramount
- A food systems approach is needed: sustainability, scalability, cost-effectiveness

MULTI-SECTORAL NUTRITION STRATEGY | GLOBAL LEARNING AND EVIDENCE EXCHANGE | ASIA REGIONAL MEETING

Lesson 5: Gender and Nutrition

Objectives	Methods	Materials/Aides	Time
Participants have concept of gender and its relationship with nutrition	<ul style="list-style-type: none"> • Brainstorming • Presentation followed by interactive discussion • Group Work • Practice session 	<ul style="list-style-type: none"> • Multimedia • PP slides • Flip Charts, White boards, Marker • VIPP Cards and VIPP board • Handout 	1 hour

Handout

Gender and Nutrition

The socially constructed gender roles of men and women interact with their biological roles to affect the nutrition status of the entire family and of each gender. Because of women's cyclical loss of iron and their childbearing, their nutrition status is particularly vulnerable to deficiencies in diet, care, and health or sanitation services. Moreover, the nutrition status of newborns and infants is intimately linked with the nutrition status of the mother before, during, and after pregnancy.

Women typically have limited access to land, education, information, credit, technology, and decision-making forums. They have the primary responsibility for child rearing and rely on developed social networks that act as an informal safety net for the family in times of crisis. When involved in formal employment, they typically command lower remuneration rates than their male colleagues, even when they hold the same skills. Because of their triple burden of productive, reproductive, and social roles, women also tend to have less time to attend to their own needs, leisure related or otherwise.



Figure 1: kaproject.org

Poor female nutrition early in life reduces learning potential, increases reproductive and maternal health risks, and lowers productivity. This situation contributes to women's diminished ability to gain access to other assets later in life and undermines attempts to eliminate gender inequalities. In essence, women with poor nutrition are caught in a vicious circle of poverty and undernutrition.

Women, men and nutrition

More often than not, the face of malnutrition is female. In households which are vulnerable to food insecurity, women are at greater risk of malnutrition than men. Malnutrition in mothers, especially those who are pregnant or breastfeeding, can set up a cycle of deprivation that increases the likelihood of low birth weight, child mortality, serious disease, poor classroom performance and low work productivity.

Why gender matters

Despite their vulnerability to malnutrition, women are in a unique position to improve nutrition in their households. They are responsible for growing, purchasing, processing, and preparing most of the food which is consumed. Yet vulnerable women, especially those in female-headed households, frequently have limited access to nutrition information and the resources they need to improve food security, such as income, land, equipment, financial services and training. Gender matters because initiatives to improve nutrition cannot achieve lasting success without taking into consideration the social, economic and biological differences between men and women and, in particular, the gender inequalities which stand in the way of good nutrition. FAO has found that projects which promote

gender equality and the empowerment of women significantly improve nutrition and well-being for the entire household.

Gender inequality in access to and control of resources not only is unfair to women and their children, but also constitutes bad economics. It results in the misallocation of scarce resources, increased health care costs, lowered productivity, and poor human development trends. Investment in the nutrition of women is an important short-term barometer in assessing expected returns to improving household nutrition and overall human development capacity for a country. Targeting to improve the nutrition status of girls and adolescents will help to ensure that women's status improves throughout the life cycle.

Given the already susceptible situation of women and girls in developing countries, attempts to improve the overall status of women should work hand in hand with attempts to improve the nutrition status of female girls, adolescents, and adults. Incorporating gender-sensitive nutrition components into policies and programs that aim to improve women's status will enhance both the expected short-term and long-term results of the programming efforts. Improvements in nutrition status of female infants and children will translate into the improved human capital of their adolescence, the empowerment of their adulthood, and the development of their communities.

- Many women in developing countries cultivate, purchase and prepare much of the food eaten by their families, but they often have limited access to information about nutrition.
- Poor women, especially those in female-headed households, tend to have less access than men to income, credit and other financial services and other resources needed to improve food security.
- Women require two and a half percent more dietary iron than men, and women need more protein than usual when pregnant and lactating.
- In many societies, men and boys are given priority when meals are served. This can contribute to undernutrition in women and girls.

Sources:

1. Ruth Oniang'o and Edith Mukudi, "Nutrition and Gender." In Nutrition: A Foundation for Development, Geneva: UN ACC/SCN, 2002
2. Food and Agriculture Organization of the United Nations/G.Napolitano

Slides

Gender

- Socially constructed
- Can vary from society to society, and from time to time
- Concerned with socially acceptable norms and behaviours

<http://www.who.int/gender-equity-rights/understanding/gender-definition/en/>

GENDER NORMS

Which of these are biology (genetic/sex) and which are social/cultural (gender)?

1. Girls are gentle; boys are not.
 2. Having sex with her husband is a woman's duty.
 3. Women can get pregnant; men cannot.
 4. Men are good at logical and analytical thinking.
 5. Real men don't cry.
 6. Women can breastfeed babies; men cannot.
 7. Women are creative and artistic.
 8. Women have maternal instincts.
 9. Men's voices break at puberty; women's voices don't.
 10. Men have a greater sex drive than women.
 11. Women like to dress up and wear makeup.
 12. Men should be the wage earners of a family, not women.
 13. Women are natural caregivers and men are not.
- FROM: HIV Alliance Sexual and reproductive health and rights, and HIV 101 workshop guide

ROLE OF GENDER IN HEALTH

- Many differences in disease patterns are not explained by sex/biology.
- But many health outcomes differ because of gender norms and hence can be lessened or avoided.

WHY DOES GENDER MATTER TO NUTRITION?

- Factors that can impact women and children's nutrition:
 - Women's ability to influence household decisions
 - Extent women are able to access/control resources for their personal health/well-being
- Factors that can negatively impact women and children's nutrition:
 - Heavy work burden on women
 - Large age difference between the wife and her husband
 - The role of the mother-in-law
 - Polygamous relationships (e.g. children of the wife who is "less important" (p. 26))
 - No suitable substitute caregivers in families (due to low income/parental pressure to work)
 - Cultural norms (e.g. around breastfeeding), making it important to engage men and other members of the household (e.g. mother-in-laws) in education
 - Gender-based violence
- Factors that can positively impact women and children's nutrition:
 - Older maternal age
 - Higher maternal education
 - Women's exposure over lifetime to paid employment
 - Women's ability to make decisions for domestic purchases and when to seek health care
- Addressing gender can help put and end to intergenerational malnutrition

UNICEF and Liverpool School of Tropical Medicine (2011). *Gender Influences on Child Survival, Health and Nutrition: A Narrative Review*. New York, UNICEF.
SUN (2015). *Guidance Note – 21st SUN Movement Country Network Meeting (14–18 September 2015): Thematic Discussion – Equity and Gender*.

WHY DOES GENDER MATTER TO NUTRITION?

- "Malnutrition reflects socioeconomic and gender inequalities in access to food, incomes, productive resources and other essential goods and services. Women have specific nutritional requirements that need to be acknowledged and met. In addition, gendersensitive interventions should recognize and address women's critical role in food production, food purchase, processing and meal preparation and in providing care and support for family members.
- Empowering women and improving their access to, and control over, resources, opportunities, services and information can increase their productivity as food producers as well as incomes from other sources, resulting in better nutrition, health and education outcomes for all the family"
- "Strengthening women's role in policy development is key for poverty alleviation and the eradication of malnutrition.
- Women's voices should be heard in decisionmaking from the household to the political level."

<http://www.fao.org/about/meetings/icn2/faq/en>

SUN MOVEMENT COMMITMENT TO GENDER

- **One of six priorities in SUN's 2016-2020 Strategy:**
- "Equity, equality and non-discrimination for all – with women and girls at the centre"
- "By 2020, all SUN countries will:
 - Have equitable improvement in the nutrition status of all people, ensuring that no one is left behind
 - Adopt policies that reduce nutritional inequities, especially among women and girls and eliminate discriminatory laws and practices
 - Strive to involve representatives from all communities in their decisionmaking processes"

• SUN (n.d.). "SUN Movement: Strategy and Roadmap (2016-2020)".

GENDER MAINSTREAMING

- "The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels.
- It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated".
- Can take time as it involved changing structures in organizations, and attitudes, behaviours and practices
- Requires organizational commitment, resources, champions, and skills
- Involves women and men

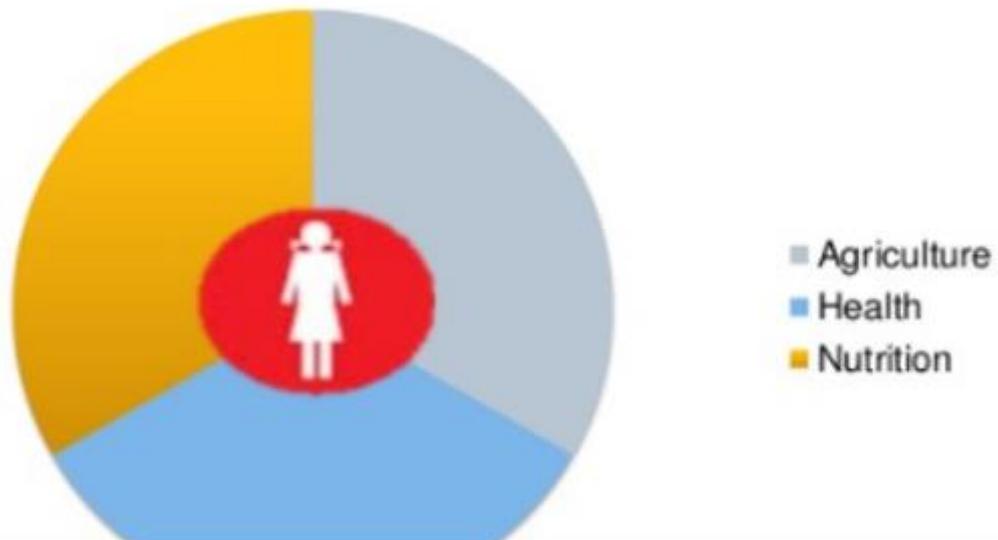
- **Nutritional demand vary depending on age, sex, health, status and activity level.**
- **In the reproductive years of women, especially during pregnancy and lactation women have specific additional nutrient requirement, which determine both their own and their children's nutritional status.**
- **These extra needs are not always recognized and women and children suffers the consequences.**

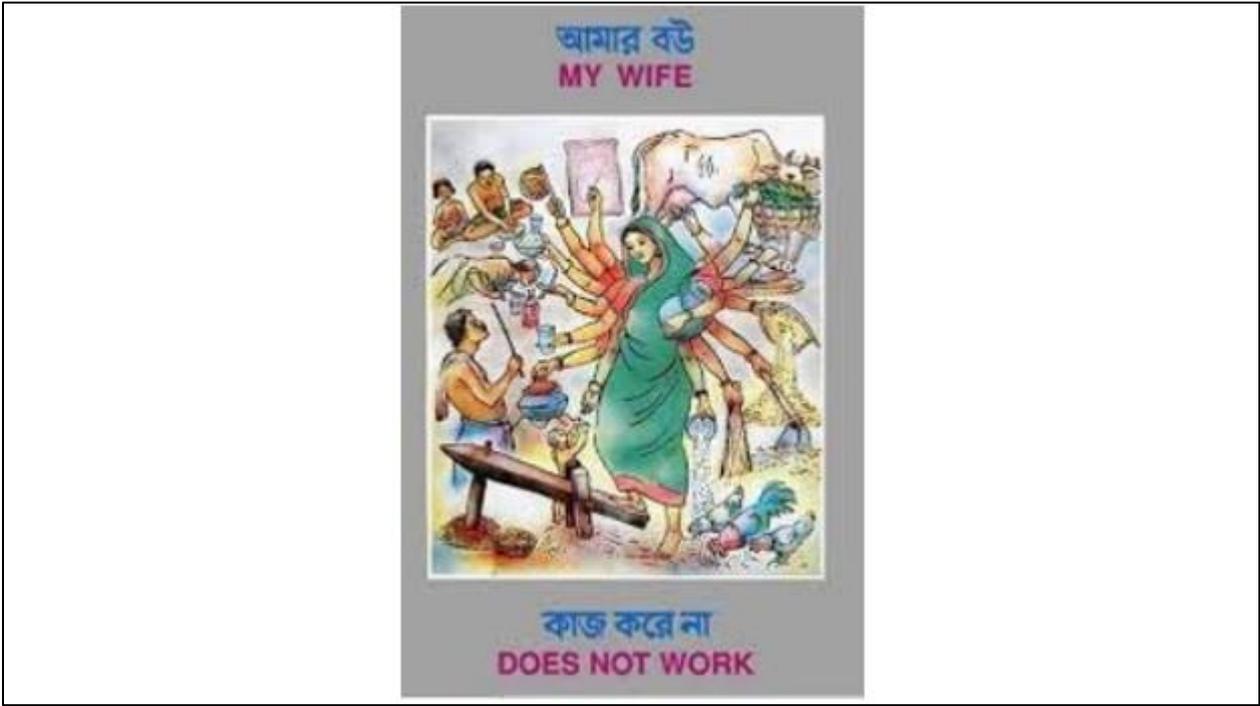
- 
- **Gender equality** means **equal treatment** of women and men in laws and policies, and **equal access** to resources and services within the society.
 - **Gender equity** means **fairness** and **justice** in the distribution of benefits and responsibilities between women and men..
 - **Gender discrimination** means any **distinction, exclusion or restriction** made on the basis of socially constructed gender roles and norms which prevent a person from enjoying full human rights.
 - **Gender integration** means taking into account both the **differences** and the **inequalities** between men and women in service provision.

- Several studies have shown the positive relationship among education of mothers, household autonomy and the nutritional status of their children.
- During the 10th years of age, the energy and nutrient needs of girls and boys are the same.
Yet in some countries , especially in South Asia, men and boys often receive greater quantities of higher quality, nutritious food such as diary products, because they will become the breadwinners.
- Several studies also found evidence of gender bias in food allocation in childhood and correspondingly in health care allocation.



- Central role of women in agriculture, health and nutrition





Nutrition Improves when Women:

- 
SAVE TIME
- 
SAVE ENERGY
- 
MAKE DECISIONS
- 
CONTROL INCOME

#AV4Nutrition #GenderFirst

Lesson 6: Nutrition Situation and Selected Multi-sectoral Nutrition Policy and Plans on in Bangladesh

Objectives	Methods	Materials/Aides	Time
Participants have updated information about nutrition situation; relevant policies, strategies and plans in Bangladesh	<ul style="list-style-type: none"> • Brainstorming • Presentation • interactive discussions, • Group Work • Practice session • Questions and Answers on current policies and strategies 	<ul style="list-style-type: none"> • Multimedia • PP slides • Flip Charts, White boards, Marker • VIPP Cards and VIPP board • Handout 	1 hour

Handout

Selected Policy and Plan of Multisector Nutrition in Bangladesh

National Nutrition Policy 2015

Key theme: Nutrition is the foundation of development.

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

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

Objectives: 1. Improve the nutritional status of all citizens, including children, adolescent girls pregnant women and lactating mothers

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

3. Strengthen nutrition-specific, or direct nutrition interventions

4. Strengthen nutrition-sensitive, or indirect nutrition interventions

5. Strengthen multi-sectoral programs and increase coordination among sectors to ensure improved nutrition

Key Strategies: 1. Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women, and lactating mothers.

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

3. Strengthen nutrition-specific, or direct nutrition interventions,

4. Strengthen nutrition-sensitive, or indirect interventions

5. Strengthen multi-sectoral programs to ensure countrywide efforts toward ensuring nutrition,

Second National Plan of Action for Nutrition (2016-2025)

Based on the national nutrition policy, multi-sectoral plan for 10 years with engagement of 17 ministries. Guided by the National Nutrition Policy 2015, NPAN2 was formulated to address national commitments as well as to enable the GoB to deliver on its global commitments like Sustainable Development Goals (SDGs), Scaling Up Nutrition (SUN), Second International Conference on Nutrition (ICN2) and World Health Assembly (WHA) among others.

Guiding principles:

- Defining a comprehensive and integrated strategy
- Promoting good nutrition governance
- Harmonization that promotes vertical and horizontal integration as well as convergence of multi-stakeholder actions
- Establishing government-led coordination mechanisms at the national and sub-national levels
- Achieving Short-term and Long-term Measurable Impact and Sustainability

Thematic areas of NPAN2:

- Nutrition for all following lifecycle approach
- Agriculture and diet diversifications and locally adapted recipes
- Social Protection
- Implementation of Integrated and Comprehensive Social and Behavior
- Change Communication (SBCC) Strategy
- Monitoring, Evaluation and Research to inform policy and program formulation and implementation
- Capacity building

Other Elements

- Nutrition Governance, institutionalization, coordination and implementation mechanisms.

The key to implementing the NPAN2 is to “plan collectively, implement sectorally and evaluate collectively”.

- Monitoring and evaluation

The overall financial requirement of the NPAN2 from 2016-2025 is BD Taka 12,459 crore (around USD 1.6 billion).

Country Investment Plan (CIP) 2011-2016; CIP2 (2016-2020)

CIP (2011-2015): A road map towards investment in agriculture, food security and nutrition. The CIP was spelled out as a country led planning, fund mobilization and alignment tool aimed to increase and to diversify food availability in a sustainable manner to have improved access to food and nutrition security. Its interventions are also aimed to mobilize investment by smallholders and other private sector food security actors. The CIP provided a coherent set of 12 priority investment programs to improve food security and nutrition in an integrated way.

The total cost of the CIP was estimated at US\$ 7.8 billion. Of this, US\$ 2.8 billion were already financed through allocated GOB budget resources and contributions by Development Partners; with a financing gap of US\$ 5.1 billion.

CIP2 (2016-2020): The Second Country Investment Plan on Nutrition-Sensitive Food Systems (CIP2, 2016-2020) is with the goal of achieving improved food security and nutrition for all at all times, by making food systems nutrition-sensitive and sustainable. Of multi-sectoral nature, the CIP2 also serves as a platform for monitoring the Sustainable Development Goals (SDGs) at country level in alignment with Bangladesh’s Seventh Five Year Plan (7FYP) and is in continuation with CIP1 (2011- 2015) developed in the wake of the 2008 food price crisis. Moreover, it aligns with other international initiatives, such as the ICN2 Framework for Action, the UN Decade of Action on Nutrition, and the SUN movement.

National Food and Nutrition Security Policy 2020 -

Vision: All people of Bangladesh will achieve food and nutrition security to lead a healthy and productive life.

Goal: The goal of the national food and nutrition policy is to improve the situation of food and nutrition security to achieve the targets of SDG and fulfill all the food and nutrition security related national and international commitments by 2030.

Objectives:

1. Ensure balanced food consumption through supply system of safe and nutritious food.
2. Increase availability and accessibility of safe and nutritious food.
3. Increase consumption of healthy and diversified food to achieve improved nutritional status.
4. Increase opportunity of availing nutrition-sensitive social safety net by the distressed people in hard to reach and disaster-prone areas.
5. Develop related inter-sectoral coordination structure and governance and strengthen capacity of stakeholders to implement the NFNSP

Main Provisions of the Food Safety Act, 2013

As per Section 13(1) of the Food Safety Act, 2013 of the People's Republic of Bangladesh, it is the duty of Bangladesh Food Safety Authority (BFSA) "to regulate and monitor the activities related to manufacture, import, processing, storage, distribution and sale of food so as to ensure access of safe food through exercise of appropriate of scientific methods,".

Under Section 13(2)(a), it is stated that BFSA shall "scientifically define all the available food.... and provide support to the concerned authorities or organizations in updating quality parameters, and monitor the implementation of their activities to ensure food safety;" Under Section 13(2)(b), it is stated that BFSA shall "render necessary support to the concerned authorities or organizations in updating and upgrading the food standards or guidelines to the highest level of safety done by the same under existing laws;"

Under Section 13(2)(c), it is stated that BFSA shall "specify food standards and formulate guidelines, where no quality and safety parameter or guideline of such food is determined under existing laws;"

Similarly, under Section 13(2) (d), (e), (f), (g), (h), (j), (k) and (l), it is stated that BFSA shall carry out similar functions in respect of various Horizontal issues -- Food Additives, Processing Aids, Food Contaminants (heavy metals, mycotoxins), Pesticide Residues, Veterinary Drug Residues, microbiological contaminants, Naturally Occurring Toxic Substances, Nutrition and Functional Foods, Food Fortification, Packaging / Labelling / Claims, testing methods and procedures, sampling procedures, accreditation procedures, etc.

As per various sub-sections of Section 13(3) of the Act, BFSA shall take steps to inter alia provide scientific advice and technical support to the Government in formulating food and nutrition policy or rules, or regulations; analyze scientific and technical information concerning the risks to human health; develop methods of risk assessment and to co-operate with international organizations in relation to food safety, quality and testing; harmonize safety and quality standards with international food articles.

Section 13(4) of the Act requires BFSA to make Regulations to carry out the purposes of Section 13 of the Act. Under Section 17(1), it is stated that BFSA may form required number of Technical Committees consisting of subject matter experts to assist and advise the BFSA in conducting its functions. A list of Technical Committees that may be formed is given in Section 17(2).

Under Section 17(3), it is stated that the Technical Committees may, if necessary, invite the relevant industry and 4 consumer representatives and experts in the meeting. Section 17(6) also states that the composition and Terms of Reference of the Technical Committees shall be prescribed by rules.

Under Section 19(1), it is stated that BFSA may" issue directives related to food safety and quality to any authority, organization or person concerned directly or indirectly with food safety management, and such authority, organization or person shall be bound to comply with such directives."

Eighth Five Year Plan 2020-2025

Nutrition Program in 8th FYP

In Bangladesh both chronic and acute malnutrition levels are higher than the WHO's thresholds for public health emergencies, although there has been considerable progress in decreasing malnutrition, in particular undernutrition and micro-nutrient deficiencies. Moreover, over nutrition due to life-style changes and intake of junk food is an emerging problem in urban areas as well, increasing the burden of NCDs such as obesity, diabetes and cardiovascular diseases. The key strategies and actions to be pursued during the 8FYP are continuation of nutrition service through regular government channels, micro-nutrient supplementation, treatment of severe acute malnutrition, strengthening BCC to promote good nutritional practices, coordination of nutrition activities across different sectors and mainstreaming gender into nutrition programming and promoting equity. Simultaneously, availability of adequate skilled human resources and nutrition logistics and commodities through improved supply chain management will be prioritized and ensured.

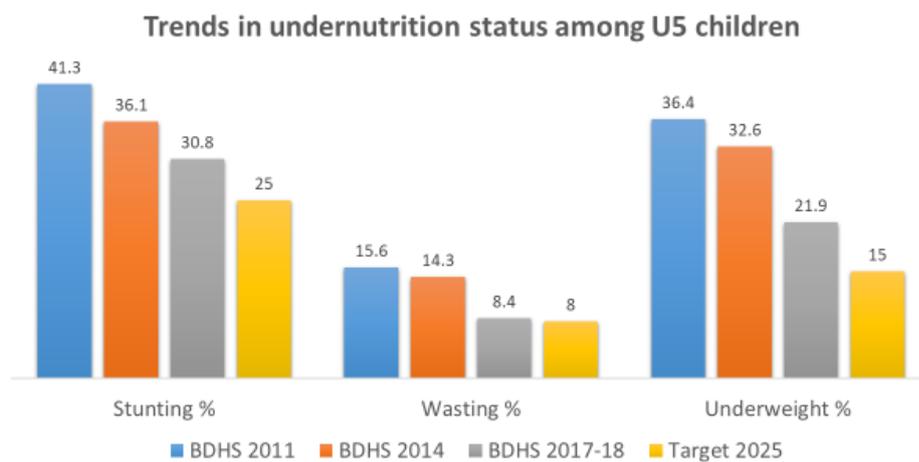
Strategy for Nutrition

It is important to note that nutrition is a multi-sectoral issue that requires a multi-sectoral approach and multi-agency actions. Nutrition is intimately linked with the quality and quantity of food consumption. Table 10.3 lists the major public sector agencies that play a role in the nation's nutrition outcome. This multi-sectoral multi-agency approach was advocated in the 7FYP through the development and approval of several policies and guidelines (e.g., NPAN2, CIP2, NSSS, FSNP, 4th HPNSP), strengthening the enabling environment for nutrition security significantly. The 8FYP will build on the progress and strengthen the nutrition strategy to achieve the targeted nutrition outcomes. The roles and responsibilities of the stakeholders for nutrition will be further specified, and arrangements of appropriate coordination and synergistic action will be made in line with the aforementioned enabling environment. Nutrition related policy guidance and inter/intra ministerial linkages will be facilitated through the revitalized Bangladesh National Nutrition Council (BNNC). Moreover, existing cabinet committees that address food and nutrition security will contribute to effective coordination of nutrition programming. The MoHFW will collaborate with the Ministry of LGRD&C, the Ministry of Agriculture, and the Ministry of Food to address nutrition and food safety issues.

The Bangladesh Constitution

Article 18(1):
the state shall regard the raising
level of **nutrition** and improvement
of public health as among its
primary duties.

Nutrition situation in Bangladesh



Nutrition situation in Bangladesh

Indicator	Status	Source
Low birth weight rate	23%	LBW Survey 2016
Vitamin A deficiency among U5 children	21%	NMS 2012
Anaemia in children	33%	NMS 2012
Iodine deficiency in children	40%	NMS 2012
Women (15-19 years) are too thin	19%	BDHS 2014
Anemia among pregnant women	50%	BDHS 2011
Women (15-49 years) are overweight (BMI>23)	39%	BDHS 2014

Bangladesh National Nutrition Council



Nutrition related policies/strategies/plan in Bangladesh



Key common objectives...

- Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers
- To ensure adequate and stable supply of safe and nutritious food; focuses on interventions related to nutrition sensitive food system – food availability, access and utilization
- Strengthen nutrition-specific, Nutrition-sensitive interventions
- Strengthen multisectoral programmes and increase coordination among sectors to ensure improved nutrition

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Other related policies and strategies

Name of the policy	Ministry
National Health Policy 2011	Ministry of Health and Family Welfare
SBCC strategy	Ministry of Health and Family Welfare
National Strategy for Prevention and Control of Micronutrient Deficiency	Ministry of Health and Family Welfare
National Strategy for Adolescent Health	Ministry of Health and Family Welfare
National Agriculture Policy 2018	Ministry of Agriculture
National Food Policy Plan of Action 2008	Ministry of Food
National Fisheries Policy	Ministry of Fishery and Livestock
National Poultry Development Policy 2008	Ministry of Fishery and Livestock
National Child Policy 2011	Ministry of women and Child Affairs
National Women Development Policy	Ministry of women and Child Affairs
National Education Policy 2010	Ministry of Education
National Social Security Strategy	Ministry of Planning
7 th /8 th Five Year Plan	Ministry of Planning
National Plan for Disaster Management 2010-2015	Ministry of Disaster management and Relief
National Salt Policy	Ministry of Industry
National Broadcasting Policy	Ministry of Information

Bangladesh National Nutrition Council

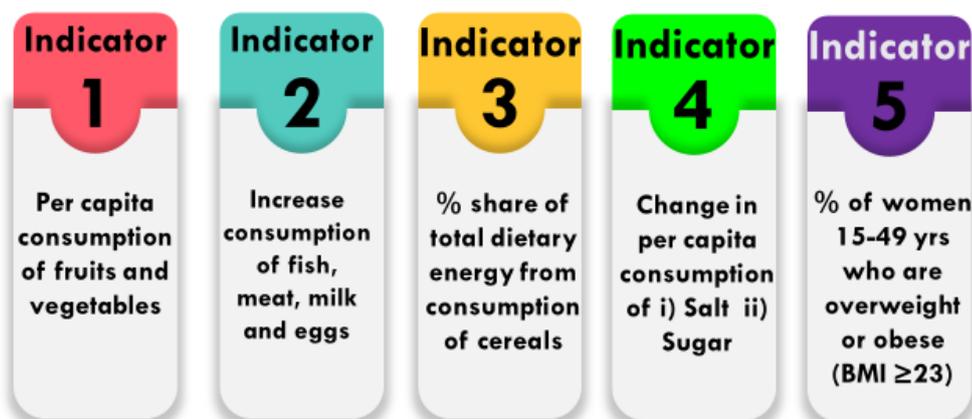


•**Mainstreaming** nutrition in all service delivery points through the regular channels of DGHS and DGFP. Nutrition service will be expanded throughout the country mainstreaming into the MNCH activities of DGHS and DGFP.”

•“Nutrition services will be **mainstreamed** in an integrated way through all facilities providing MNCH services under DGHS and DGFP”.

- *HPNSDP PIP 2011-16*

Food Security & Safety



Bangladesh National Nutrition Council



Contents of the NPAN 2

- Background
- Guiding principles
- Vision, Goal and Objectives
- Target population
- Thematic areas and the Matrix
- Strategic Framework
- Governance coordination and Implementation Strategy
- Monitoring and Evaluation Framework
- Cost estimation and Financing
- Conclusion and Way forward

Bangladesh National Nutrition Council



Guiding Principles of NPAN 2

- **Defining a comprehensive and integrated strategy**
- **Promoting good nutrition governance**
- **Harmonization that promotes vertical and horizontal integration as well as convergence of multi-stakeholder actions**
- **Establishing government-led coordination mechanisms at the national and sub-national levels**
- **Achieving Short-term and Long-term Measurable Impact and Sustainability**

Bangladesh National Nutrition Council



More than 200 activities under 6 thematic areas

- **Nutrition for all following lifecycle approach**
 - **Agriculture and diet diversification and locally adapted recipes**
 - **Social Protection**
 - **Implementation of Integrated and Comprehensive SBCC Strategy**
 - **Monitoring, Evaluation and Research to inform policy and program formulation and implementation**
 - **Capacity building**
- **Implementation Plan**
Short Term : 2016-2018
Mid Term : 2016-2020
Long Term: 2016-2025

Bangladesh National Nutrition Council



Indicators and Targets of NPAN2

- Increase the initiation of breastfeeding in the first hour of life to 80%
- Increase the rate of exclusive breastfeeding to 70% in infants younger than 6 months of age
- Increase the rate of continued breastfeeding in children aged 20 to 23 months to > 95%
- Increase the proportion of children aged 6-23 months receiving a minimum acceptable diet to more than 40%
- Reduce the rate of low birth weight to 16%
- Reduce stunting to 25% among under-5 children
- Reduce wasting to less than 8% among under-5 children
- Reduce the proportion of underweight among under-5 children to 15%

Bangladesh National Nutrition Council



8. Conclusion and Recommendations

Capacity development is a continuous process befitting with context and time. Main challenge of this assignment was obtaining information across multiple ministries and organizations within short time. There is scope for exploring additional opportunities and actions through further accessing and analyzing human resource and capacity development related information and development in multiple ministries and organizations over time as a continuous process. This effort may work as a guideline. The Capacity Development Platform of the BNNC may take it as an ongoing agenda. BNNC to coordinate, monitor and evaluate the roll out the recommended strategy and guidelines as part of its overall monitoring system in terms of quantity and quality. Capacity development activities on multisector nutrition to be a marker of the ministry work plans. At the same time, updating of training contents with evolving concepts and evidence on multi-sectoral nutrition are necessary. Training resources to be easily accessible through website or other means. Negotiation and collaboration with different institutions, organizations, academic entities to be part of routine work plans. And to coordinate, monitor and manage all the responsibilities, capacity of BNNC must be optimized and improved.

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Annexure

Annex 1: Summary of key findings of HR Assessment 2019 of Key Ministries

The table shows summary findings of the HR Assessment 2019, which established base for the current review as part of setting the context. Point to note that any shortfall or incompleteness of information owes to the assessment itself and it was one of the challenges faced during the current review.

Ministry	Assessment Findings	Comments (needs for the current review)
Ministry of Food	<p>Nutrition related (key) role: Stabilization of price fluctuation of food (mainly cereals) and monitoring of food and nutrition security of the population.</p> <p>HR: Sub districts, districts and divisional levels allocated posts for the food directorate were 618, 64, and 7 respectively. Out of these 76 percent and 42 percent posts remained vacant at sub-district and district level respectively.</p> <p>HR related requirement: FPMU (Food Policy Monitoring Unit) need further higher studies for the existing staffs.</p> <p>HR related resources and needs available: Not specified</p> <p>Gaps: not specified</p>	<ol style="list-style-type: none"> 1. Identification of gaps, opportunities, and requirement for existing staffs 2. Identification of facilities (physical and training resources)
Ministry of Health and Family Welfare (MoHFW)	<p>Nutrition related (key) role: Delivering nutrition specific services throughout the country (particularly in the rural areas).</p> <p>HR: All the allocated posts for IMCI & neonatal health, adolescent and school health and maternal health were filled (no HR Gaps).</p> <p>HR related needs and available resources: Not specified</p> <p>Gaps: As MoHFW is a large ministry and mainly deliver the nutrition specific services it is important to identify its HR requirement and availability of facilities.</p>	<ol style="list-style-type: none"> 1. Identifying the gaps and requirement for all the staffs involved with nutrition service delivery 2. Identification of resources available for providing training to their staffs
Ministry of Primary and Mass Education	<p>Nutrition related (key) role: As part of ensuring 100% enrolment in school included nutrition related issues in the curriculum and provide meals (mainly biscuits) as midday meal.</p> <p>HR: Significant gaps in HR numbers at the divisional and Upazilla level. There should be 70% more Assistant Monitoring Officers and around 83% more Assistant URC/TRC Instructors in place.</p> <p>HR related need and available resources: Not specified</p>	<ol style="list-style-type: none"> 1. Identifying the gaps and requirement for all the staffs involved with nutrition service delivery 2. Identification of resources available

	Gaps: Not specified	for providing training to their staffs
Ministry of Women and Children Affairs (MOWCA)	<p>Operations: It operates through:</p> <ul style="list-style-type: none"> i) Jatiya Mohila Songstha (National Women Organization) ii) Bangladesh Shishu Academy iii) Department of Women Affairs <p>Nutrition related (key) role: Providing allowance to pregnant and lactating women from poor households; vulnerable group development program for women from food insecure households. Fortified foods distributed through its safety net programs. They also have a role of sensitizing women on practices that will support in improving nutrition e.g., early childhood care and feeding.</p> <p>HR: Specific number were not provided</p> <p>HR related need and available resources: Not specified. However, the following issues for training needs were identified: raising awareness, primary health care, cultural education, healthy cooking, nutrition education etc.</p> <p>Gaps: Not specified</p>	<ol style="list-style-type: none"> 1. Identifying the gaps and requirement for all the staffs involved with nutrition service delivery 2. Identification of resources available for providing training to their staffs
Ministry of Local Government, Rural Development and Cooperatives	<p>Operations: It operates through:</p> <p>Local Government Division (LGD)</p> <ul style="list-style-type: none"> • Local Government Engineering Department • Chittagong, Dhaka and Khulna WASA • City Corporations (Dhaka North, Dhaka South, Chittagong, Khulna, Rajshahi, Narayanganj Sylhet) • Public Health Engineering Department • National Institute of Local Government <p>Rural Development and Co-operatives Division (RD & CD)</p> <ul style="list-style-type: none"> • Department of Cooperatives • Bangladesh Rural Development Board (BRDB) • Rural Poverty Alleviation Foundation (PDBF) • Small Farmer Development Foundation (SFDF) • Bangladesh Cooperative Bank • Bangladesh Dairy Farmer Co-operative Union Limited (Milk Vita) • Bangladesh Academy for Rural Development (BARD) • Rural Development Academy (RDA) Bogra • Bangabandhu Poverty Alleviation and Rural Development (BAPARD) <p>Nutrition related (key) role: Providing nutrition specific services in the urban areas through the Urban</p>	<ol style="list-style-type: none"> 1. Identifying the gaps and requirement for all the staffs involved with nutrition service delivery 2. Identification of resources available for providing training to their staffs

	<p>Primary Health Care Services Delivery Project-II (UPHCSDP). Department of Public Health Engineering (DPHE) and Water and Sewerage Authority (WASA) are working to improve the water and sanitation services in rural and urban areas respectively.</p> <p>HR: This is a large ministry, which provide its services through more than 10 thousand personnel. However, it lacks a nutrition cell.</p> <p>HR related need and available resources: Not specified</p> <p>Gaps: Not specified</p>	
<p>Ministry of Agriculture</p>	<p>Operations: It operates through 7 Wings and 16 agencies, these are:</p> <ol style="list-style-type: none"> 1. Agriculture Information Service (AIS) 2. Department of Agricultural Marketing 3. Department of Agricultural Extension 4. Central Extension Resources Development Institute 5. National Institute of Biotechnology 6. Cotton Development Board 7. Barind Multipurpose Development Authority 8. Bangladesh Agricultural Development Corporation 9. Bangladesh Agricultural Research Institute 10. Bangladesh Agricultural Research Council 11. Bangladesh Sugarcane Research Institute 12. Bangladesh Rice Research Institute 13. Bangladesh Institute of Nuclear Agriculture 14. Bangladesh Jute Research Institute (BJRI) 15. Bangladesh Applied Nutrition and Human Resources Development Board 16. Soil Resources Development Institute 17. SAARC Agricultural Information Centre (SAC) 18. Seed Certification Agency <p>Nutrition related (key) role: The main responsibility is to ensure food security through domestic production. DAE provides training to the farmers to increase production of crops, the training also includes some nutrition components.</p> <p>HR: Out of 287 sanctioned posts of MoA, 102 remained vacant in 2019; but most of the services is delivered by various wings of the ministry, particularly</p>	<ol style="list-style-type: none"> 1. Identification of the requirement for existing staffs' 2. Identification of facilities (physical and training resources)

	<p>by the DAE, the HR gaps of these departments is not specified.</p> <p>HR related resources and needs available: It is mentioned that Bangladesh Institute of Research and Training on Applied Nutrition (BIRTAN) can provide training to the employees. But details of its capacity is not specified Gaps: not specified</p>	
Ministry of Education	<p>Operations: It operates through two directorates, these are:</p> <ol style="list-style-type: none"> 1. Secondary and Higher Education Division 2. Directorate of Secondary and Higher Education (DSHE) <p>Nutrition related (key) role: The curriculum of the secondary schools included content of nutrition. It also operates awareness programs like 'little doctor' program. Currently there is no school feeding program (mid-day meal) in the secondary schools (only covers primary schools of selected areas).</p> <p>HR: Not specified</p> <p>HR related resources and needs available: Not specified</p> <p>Gaps: not specified</p>	<ol style="list-style-type: none"> 1. Identification of the requirement for existing staffs' 2. Identification of facilities (physical and training resources)
Ministry of Fisheries and Livestock (MoFL)	<p>Operations: It operates through:</p> <ol style="list-style-type: none"> 1. Department of Livestock 2. Bangladesh Fisheries Research Institute 3. Department of Fisheries 4. Bangladesh Livestock Research Institute (BLRI) 5. Bangladesh Fisheries Development Corporation 6. Marine Fisheries Academy <p>Nutrition related (key) role: Making animal source food available for the population. This sector also provides employment to a large number of populations.</p> <p>HR: This ministry operates up to the lowest level of the administrative system (Union) through about 25 thousand approved posts. But a large portion of these posts remained vacant.</p> <p>HR related resources and needs available: Basic training is provided to the staffs; it is not specified whether nutrition content is included in these training.</p> <p>Gaps: not specified.</p>	<ol style="list-style-type: none"> 1. Identification of the requirement for existing staffs' 2. Identification of facilities (physical and training resources)
	<p>Operations: It operates through 14 agencies and departments:</p> <ol style="list-style-type: none"> A. Information Commission (Information) 	<ol style="list-style-type: none"> 1. Identification of the requirement

<p>Ministry of Information (Moi)</p>	<ul style="list-style-type: none"> ▪ Department of Press Information ▪ Press Institute of Bangladesh ▪ Bangladesh Sangbad Sanstha ▪ Bangladesh Press Council <p>B. Directorate of Mass Communication (Broadcasting)</p> <ul style="list-style-type: none"> ▪ National Institute of Mass Communication ▪ Bangladesh Television ▪ Bangladesh Betar <p>C. Department of Films & Publications (Films)</p> <ul style="list-style-type: none"> ▪ Bangladesh Film and Television Institute ▪ Bangladesh Film Development Corporation ▪ Bangladesh Film Censor Board ▪ Bangladesh Film Archive² <p>Nutrition related (key) role: This ministry has the potential to conduct large SBCC campaign for improving nutrition.</p> <p>HR: Not specified.</p> <p>HR related resources and needs available: There are some employees at field level working on promoting nutrition, but they lack knowledge on nutritional value of foods as they are not trained.</p> <p>Gaps: not specified</p>	<p>for existing staffs'</p> <p>2. Identification of facilities (physical and training resources)</p>
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² [https://en.wikipedia.org/wiki/Ministry_of_Information_\(Bangladesh\)](https://en.wikipedia.org/wiki/Ministry_of_Information_(Bangladesh))

² <http://old.moi.gov.bd/>

Annex 2: Thematic Working Group



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
বাংলাদেশ জাতীয় পুষ্টি পরিষদ কার্যালয়
আইপিএইচ ভবন (৩য় তলা), মহাখালী, ঢাকা-১২১২
ওয়েবসাইট- <https://bnnc.portal.gov.bd>



স্মারক: বাজাপুপ/NPAN-2/পুষ্টি পরোক্ষ/০-৭/২০২০/ ৯১৬

তারিখ: ৩০.০৯.২০

বিমেটিক ওয়াকিং গ্রুপ গঠন

জনগণের পুষ্টির মান উন্নয়নের লক্ষ্যে দেশব্যাপি বিভিন্ন পুষ্টি পরোক্ষ কার্যক্রম পরিচালিত হচ্ছে। সার্বিক পুষ্টি উন্নয়ন নিশ্চিতকরণের লক্ষ্যে উক্ত কার্যক্রমের "Development of Training Strategy and Guidelines for Human Resource Capacity Development on Nutrition of Relevant Ministries" করা অত্যন্ত প্রয়োজন। এ লক্ষ্যে বিগত ২৪.০৯.২০ ইং তারিখে অনুষ্ঠিত সভায় একটি বিমেটিক ওয়াকিং গ্রুপ গঠনের সিদ্ধান্ত গৃহীত হয়। বিমেটিক ওয়াকিং গ্রুপ উল্লিখিত বিষয়ে প্রতিবেদন প্রস্তুতপূর্বক কর্মকৌশল নির্ধারণ করে একটি বাস্তবায়নযোগ্য কমিউনিটি বেজড মডেল প্রস্তাবনা করবে।

বাংলাদেশ জাতীয় পুষ্টি পরিষদ কার্যালয়ের কর্মকর্তা, পরামর্শকবৃন্দ ও সংশ্লিষ্ট উন্নয়ন সহযোগীদের সমন্বয়ে নিম্নোক্ত বিমেটিক ওয়াকিং গ্রুপ গঠন করা হলঃ

ফোকাল পারসনঃ ডাঃ নাজমুস সালেহীন, উপ-পরিচালক (সক্ষমতা বৃদ্ধি, যোগাযোগ ও প্রকাশনা), বিএনএনসি

বিকল্প ফোকাল পারসনঃ ডাঃ আন ম মইনুল কুদ্দুস, সহকারী পরিচালক (পুষ্টি প্রত্যক্ষ), বিএনএনসি

সদস্যবৃন্দঃ

১। আফ ম ইকবাল কবির, প্রধান পরামর্শক, বিএনএনসি

২। মোঃ মহসিন আলী, পরামর্শক, বিএনএনসি

৩। আবু আহমেদ শামীম, পরামর্শক, বিএনএনসি

৪। গোলাম মহিউদ্দিন খান সাদী, নিউট্রিশন স্পেশালিস্ট, ইউনিসেফ/ মোঃ হাবিবুর রহমান, নিউট্রিশন কনসালটেন্ট, বিএনএনসি

৫। ফারহানা শারমিন, পরামর্শক, বিশ্ব স্বাস্থ্য সংস্থা

৬। তনিয়া শারমিন, নিউট্রিশন অফিসার, ওয়ার্ল্ড ফুড প্রোগ্রাম

৭। মোহাম্মদ হাফিজুল ইসলাম, সিনিয়র টেকনিক্যাল কোঅর্ডিনেটর, কেয়ার বাংলাদেশ

৮। অমিতা দে, জেডার স্পেশালিস্ট, নিউট্রিশন ইন্টারন্যাশনাল

কার্যপরিধিঃ

১। অপ্রগতি তত্ত্বাবধান ও কারিগরী সহায়তা প্রদান-

ক. দ্বিতীয় জাতীয় পুষ্টি কর্মপরিকল্পনা (২০১৬-২০২৫) বাস্তবায়নের সাথে সম্পর্কিত মন্ত্রণালয়গুলোর ইন সার্ভিস ট্রেনিংসমূহ পর্যালোচনা করা।

খ. মানব-সম্পদ কর্মদক্ষতার উন্নয়নের নিমিত্তে সমন্বয়যোগ্য ও চাহিদা ভিত্তিক নতুন কর্মকৌশল সরিবেশন করা।

২। গ্রুপের সদস্যবৃন্দ ও অন্যান্য অংশীজনের সাথে নিয়মিত সভার আয়োজন করা।

৩। রিভিউ প্রক্রিয়ার জন্য কর্মশালার আয়োজন করা।

৪। মাঠ পর্যায়ে পরিদর্শন পরিচালনার মাধ্যমে প্রয়োজনীয় তথ্য উপাত্ত সংগ্রহ করা।

৫। প্রয়োজনীয় অন্যান্য দায়িত্ব পালন করা।

ডা. মো. খলিপুর রহমান

মহাপরিচালক

বাংলাদেশ জাতীয় পুষ্টি পরিষদ কার্যালয়

মহাখালী, ঢাকা-১২১২

ফোন নং- ০২-৯৮৬১৮২৯

ই মেইল- dgbnncbd@gmail.com

Annex 3: Tool for information collection across Ministries

Bangladesh National Nutrition Council Ministry of Health and Family Welfare

[To improve the capacity of human resources of key Ministries, who are directly or indirectly related to implementation of the Second National Plan of Action for Nutrition (NPAN2), BNNC has taken an initiative to develop a strategy and guideline. Key objectives of the initiative include:

1. Review of in-service training components of nutrition relevant major Ministries with respect to NPAN2 implementation.
2. Analyze and identify gap and opportunity of existing in-job capacity development activities for human resources of relevant Ministries.
3. Recommend strategies for improvement and coordination of human resource capacity development plan/activities.
4. Prepare Guidelines for training improvement, customization and co-ordination including role of BNNC.]

This tool has been developed to collect HR and Training related information from relevant ministries.

Capacity Development of Human Resources on Nutrition for Key Ministries

Information Gathering Tool

Name of the Ministry/Division/Directorate/Organization:

Description of staffs those are directly or indirectly related to Nutrition specific/sensitive program/project (planning, management, supervision, service delivery etc.)

Designation	Level of working/posting (National/Division/District/Upazila/Field)	Type of Responsibility (Planning/Management/Supervision/Service Delivery)	Remarks

Description of In-service Training programmes within Ministry/Division/Directorate

Title of Training	For Whom (Designation)	Duration (Days/Month)	Level where trainings are conducted (Nat/Div/Dist/Upazila)	Remarks

An Analysis of ongoing in-service training activities (any training other than nutrition relevant)

Title of Training	Key Areas of Knowledge (subject/theme/topic)	Main Skill Conferred (planning/management / service delivery)	Remarks

An Analysis of ongoing in-service training activities (nutrition relevant if any)

Title of Training	Key Areas of Knowledge	Main Skill Conferred	Collaborating Ministry/Department (if any)

Description of In-service Training Institutes/organization under the Ministry/Division/Directorate

Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks

Gap, Opportunity, and Recommendation

Perceived gap in capacity	Opportunity	Recommendation

Recommended documents for review, if any, please give details:

- 1.
- 2.
- 3.

Compiled by (signature/name/designation):

Reviewed by (signature/name/designation):

Annex 4: Description of In-service Training Institutes/Organization under the Ministry/Division/Directorate

Name of the Ministry/Directorate: Ministry of Fisheries and Livestock, Department of Fisheries				
Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks
Fisheries Training Academy (FTA)	Savar, Dhaka	Residential	50/batch	
Fisheries Training Institutes	Chandpur	Residential	30/batch	
Fisheries Training Centre	Kotchandpur, Jhenaidah	Residential	25/batch	
	Natore	Residential	25/batch	
	ADB hatchery, Charpara, Cox's bazar	Residential	25/batch	
	Rangamati	Residential	20/batch	
Fisheries Diploma Institute	Gopalganj	Residential	50/batch	
	Chandpur	Residential	50/batch	
	Kishoreganj	Residential	50/batch	
	Sirajganj	Residential	50/batch	
Fisheries Training and Extension Centre	East Gangaborthy, Faridpur	Residential	25/batch	
	Maskanda, Mymensingh	Residential	25/batch	
Fisheries Breeding and Training Centre	Raipur, Laxmipur	Residential	20/batch	
	Parbortipur, Dinajpur	Residential	25/batch	
Name of the Ministry/Directorate: Ministry of Fisheries and Livestock, Department of Livestock (DLS)				
Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks
Officer Training Institute (OTI)	Savar, Dhaka	Residential	60	Construction to be start soon
Veterinary Training Institute	Mymensingh	Residential	60	
Veterinary Training Institute	Chuadanga	Residential	60	

Name of the Ministry/Organization: Ministry of Agriculture, National Agriculture Training Academy (NATA)				
Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks
National Agricultural Training Academy (NATA)	Gazipur	Residential	80 (Eighty) Trainer	

Ministry/Organization: Ministry of Agriculture, Cotton Development Board

Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks
Cotton Research, Training and Seed Multiplication Farm	Sreepur, Gazipur	Residential	60	
Cotton Research, Training and Seed Multiplication Farm	Sadarpur, Dinajpur	Residential	60	
Cotton Research, Training and Seed Multiplication Farm	Jagadishpur, Jessor	Residential	60	
Hill Cotton Research Center	Balaghata, Bandarban	Residential	60	

Description of In-service Training Institutes/organization under the Ministry/Organization: Ministry of Agriculture, BIRTAN

Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks
BIRTAN HQ	Araihazar, Narayanganj	Residential		
Barishal	Dist HQ	Residential		
Suanamganj	Dist HQ	Residential		
Sirajganj	Dist HQ	Residential		
Jhenaidah	Dist HQ	Residential		
Netrokona	Dist HQ	Residential		
Noakhali	Subornochoor upazila	Residential		
Rangpur	Pirganj upazila	Residential		

Name of the Ministry/Division/Directorate/Organization: Ministry of Industries/Bangladesh Small and Cottage Industries Corporation (BSCIC)

Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks
Bangladesh Small and Cottage Industries Training Institute (SCITI)	House -6, Road 13/A, Sector 6, Uttara, Dhaka	Both	75 (Residential) 150 (non-residential)	

Name of the Ministry/Division: Local Government Division

Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks
National Institute of Local Government	Agargaon, Dhaka	Residential		

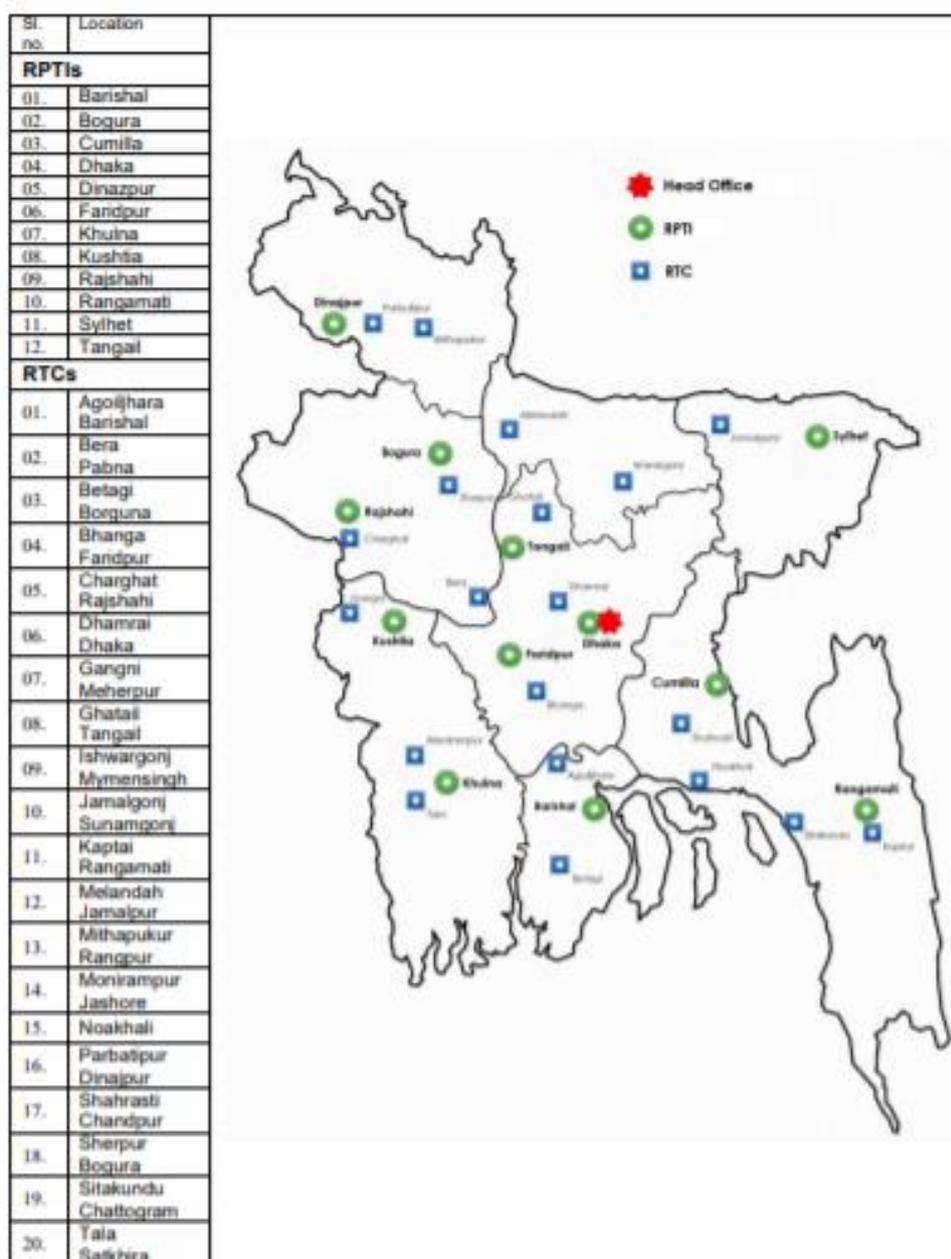
Name of the Ministry/Directorate: Local Government Division, Department of Public Health Engineering

Name	Location	Residential/ Non-residential)	Capacity (# of trainee)	Remarks
Training Division, DPHE	Mohakhali, Dhaka	Residential	50	

Name of the Ministry/Directorate: MOWCA/ Department of Women Affairs

Name	Location	Residential/ Non- residential)	Capacity (# of trainee)	Remarks
1.National Women Training and Development Academy	37/3 Eskaton Garden Road, Dhaka	Non-Residential	25 person per batch	
2. Human Resource Development and Training Centre	259 Firozabad Sopura, Rajshahi	Residential	40 person per batch	

NIPORT (National Institute of Population Research and Training): Location of Training Facilities



Annex 5: FAO: Key recommendations for Improving Nutrition through Agriculture and Food Systems



Food and Agriculture Organization of the United Nations



KEY RECOMMENDATIONS FOR IMPROVING NUTRITION THROUGH AGRICULTURE AND FOOD SYSTEMS

Food systems provide for all people's nutritional needs, while at the same time contributing to economic growth. The food and agriculture sector has the primary role in feeding people well by **increasing availability, affordability, and consumption of diverse, safe, nutritious foods and diets** aligned with dietary recommendations and environmental sustainability. Applying these principles helps strengthen resilience and contributes to sustainable development.

Agricultural programmes and investments can strengthen impact on nutrition if they:

- 1 Incorporate explicit nutrition objectives and indicators into their design**, and track and mitigate potential harms, while seeking synergies with economic, social and environmental objectives.
- 2 Assess the context at the local level, to design appropriate activities to address the types and causes of malnutrition**, including chronic or acute undernutrition, vitamin and mineral deficiencies, and obesity and chronic disease. Context assessment can include potential food resources, agro-ecology, seasonality of production and income, access to productive resources such as land, market opportunities and infrastructure, gender dynamics and roles, opportunities for collaboration with other sectors or programmes, and local priorities.
- 3 Target the vulnerable and improve equity** through participation, access to resources, and decent employment. Vulnerable groups include smallholders, women, youth, the landless, urban dwellers, the unemployed.
- 4 Collaborate and coordinate with other sectors** (health, environment, social protection, labour, water and sanitation, education, energy) and programmes, through joint strategies with common goals, to address concurrently the multiple underlying causes of malnutrition.
- 5 Maintain or improve the natural resource base** (water, soil, air, climate, biodiversity), critical to the livelihoods and resilience of vulnerable farmers and to sustainable food and nutrition security for all. Manage water resources in particular to reduce vector-borne illness and to ensure sustainable, safe household water sources.
- 6 Empower women** by ensuring access to productive resources, income opportunities, extension services and information, credit, labour and time-saving technologies (including energy and water services), and supporting their voice in household and farming decisions. Equitable opportunities to earn and learn should be compatible with safe pregnancy and young child feeding.
- 7 Facilitate production diversification, and increase production of nutrient-dense crops and small-scale livestock** (for example, horticultural products, legumes, livestock and fish at a small scale, underutilized crops, and biofortified crops). Diversified production systems are important to vulnerable producers to enable resilience to climate and price shocks, more diverse food consumption, reduction of seasonal food and income fluctuations, and greater and more gender-equitable income generation.
- 8 Improve processing, storage and preservation** to retain nutritional value, shelf-life, and food safety, to reduce seasonality of food insecurity and post-harvest losses, and to make healthy foods convenient to prepare.
- 9 Expand markets and market access for vulnerable groups, particularly for marketing nutritious foods** or products vulnerable groups have a comparative advantage in producing. This can include innovative promotion (such as marketing based on nutrient content), value addition, access to price information, and farmer associations.
- 10 Incorporate nutrition promotion and education** around food and sustainable food systems that builds on existing local knowledge, attitudes and practices. Nutrition knowledge can enhance the impact of production and income in rural households, especially important for women and young children, and can increase demand for nutritious foods in the general population.

Printed in 2021

Published By

Bangladesh National Nutrition Council

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