



**DARFT**

**DETAIL MONITORING AND EVALUATION  
FRAMEWORK OF  
SECOND NATIONAL PLAN OF ACTION FOR  
NUTRITION (2016-2025)**

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**Prepared by: Bangladesh National Nutrition Council (BNNC)**

**Technical Support: TAN-MER, BGD-O4; Nutrition International (NI)**

**This Detail M&E Frame work is the joint action of the following key sectors:**

Prime Minister's Office

Ministry of Health and Family Welfare

Ministry of Agriculture

Ministry of Food

Ministry of Fisheries and Livestock

Ministry of Women and Children Affairs

Ministry of Local Government, Rural Development and Cooperatives

Ministry of Primary and Mass Education

Ministry of Social Welfare

Ministry of Disaster Management & Relief

Ministry of Education

Ministry of Environment and Forest

Ministry of Finance

Ministry of Industries

Ministry of Information

Ministry of Planning

Ministry of Commerce

Ministry of Religious Affairs



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**Nutrition International**

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## FORWORD

This is a very 1st draft of detailing of Monitoring and Evaluation Framework of Second National Plan of Action for Nutrition (2016-2025). It needs a participatory process to produce a realistic M&E framework for implementation of NPAN2. This can be done after the completion of need and gap assessment of the existing M&E system at different levels under different NPAN participating Ministries. It needs to work in a participatory approach with the involvement and input of the existing BNNC M&E platform/forum. With the help of this team a comprehensive M&E framework will be developed over the next few months. Therefore, some initial action has been taken to designate the outline of the proposed framework, the process and timeline only for the development of the framework. In this regard, here a draft framework has been proposed to the forum for necessary review and feedback.

On behalf of Bangladesh National Nutrition Council (BNNC), you are requested to work with this forum for finalization of a detail realistic and implementable M&E framework and detail plan.

Thank you.



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Directorate General  
Bangladesh National Nutrition Council (BNNC)

## DEFINITIONS OF TERMS

Monitoring is the periodic oversight of the implementation of an activity which seeks to establish the extent to which input deliveries, work schedules, other required actions and targeted outputs are proceeding according to plan, so that timely action can be taken to correct any deficiencies detected.

Evaluation is the process to determine as systematically and objectively as possible, the relevance, effectiveness, efficiency and impact of activities in light of specified objectives. Evaluation typically includes measures both at the beginning, midway and at the end of a program and when possible includes a control or comparison group to help determine whether change in outcome results from program activities themselves and not from other influences outside the program. It involves collection of information about programme activities, characteristics, and outcomes that determine the merit or worth of a specific programme.

Inputs refer to resources invested in the programme and will include financial, technological and human resources in a program. Processes These are activities carried out to achieve the program objectives. Monitoring of these activities will show what has been done and how well and timely it has been done based on the work plans for the objectives.

Output -These refer to the results achieved at the program level or simply program products. Output may be in three forms: numbers of activities conducted in each functional area such as training; service output which measures adequacy of services delivery system in terms of access, quality of care or program image; and service utilization that measures the extent to which the services are being used.

Outcome -This refers to the changes observed at the population level among members of the target population as a result of a given program or intervention. There are two types of outcome namely:

- (a) Effects - which is short - to medium range (e.g., 2-5 years) change in behaviour promoted by programme
- (b) Impact - which are changes that occur over long-term

# INTRODUCTION

## 1.1 National Nutrition Status

In spite of significant improvements over nearly three decades, Bangladesh still possesses a high burden of under-nutrition (stunting 36.1%, wasting 14.3%, underweight 32.6%)<sup>1</sup> of children under 5 yrs of age. As shown in Figure 1, stunting is declining, but not at fast enough rate. Given the current Average Annual Rate of Reduction (AARR) it is unlikely to achieve the SDG target of reducing prevalence of stunting to 27% by 2025. Under-nutrition is also observed among adult women and adolescent girls although this varies widely by region. Areas like coastal districts and haor (low lying marshy area) have been identified as highly vulnerable to food insecurity and under-nutrition. A rural and urban divide is evident with rural areas being more disadvantaged with exception of urban slums. Half of the under-five children in slums are stunted, which is around one-third for non-slums and other urban areas. Only one in every four children (25.9%) of age 6-23 months in slums is fed with proper IYCF practices, compared with 40.4% for non-slum children. The teenage pregnancy rate is higher among slum women<sup>2</sup>. Twenty three per cent<sup>3</sup> of infants are born with a birth weight less than 2500gm, 18% of pregnant women are undernourished (MUAC less than 230mm) and 30.8% of women aged 15-19 years starts childbearing<sup>4</sup>.

Concurrently, a rapid increase in prevalence of overweight and obesity (BMI  $\geq 23$ ) (e.g. 39.2% of women of reproductive age are overweight or obese<sup>8</sup>) and non-communicable diseases (NCDs) is visible. About 31.9% of Bangladeshi women and 19.4% men have elevated blood pressure or are currently taking medicine to lower their blood pressure, another 28% of women and men are pre-hypertensive. Approximately 11% of women and men are diabetic with additional 25% of women and men are pre-diabetic<sup>5</sup>.

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<sup>1</sup>National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International (2016). *Bangladesh Demographic and Health Survey 2014*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.

<sup>2</sup> National Institute of Population Research and Training (NIPORT), International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), Measure Evaluation (2013). *Bangladesh Urban Health Survey*. Dhaka, Bangladesh.

<sup>3</sup>GoB (2016). *National Low Birth Weight Survey 2016 (unpublished)*. Institute of Public Health Nutrition, Dhaka, Bangladesh.

<sup>4</sup>GoB (2014). *Country Nutrition Paper Bangladesh. International Conference on Nutrition 21 years later, 19-21 November 2014*. Rome, Italy.

<sup>5</sup> National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International (2013). *Bangladesh Demographic and Health Survey 2011*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, Mitra and Associates, and ICF International.

## 1.2 Guiding Principles for NPAN2 formulation

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

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

### 1.3 Bangladesh National Nutrition Council (BNNC)

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

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

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

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

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

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



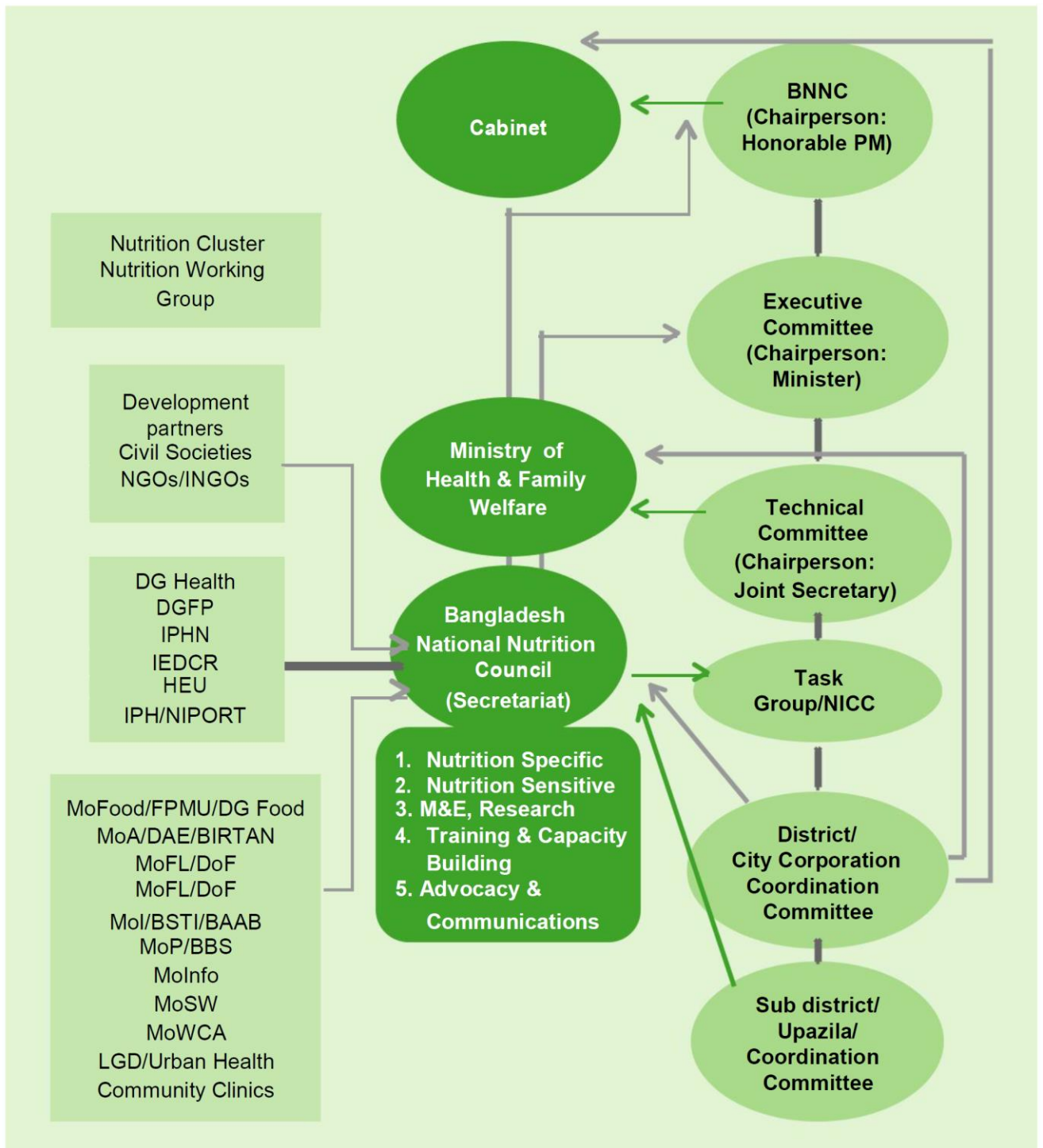


Figure-1: Proposed Coordination Structure for Nutrition Following 3Ms Approach

# Monitoring and evaluation of NPAN2

## Background

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

Chapter 4 and Table 2 shows the proposed M & E framework in detail for NPAN2. This framework embodies the major activities having targets, indicators and time-lines which stem from the main matrices. The indicators for monitoring relate to impacts/outcomes, outputs and inputs and are designed to be SMART. Impact level indicators and their targets have been set considering targets of SFYP, CIP, NNP 2015 and ICN 2 recommendations.

For the implementation of NPAN2, a three to four stage M&E system will be adopted. First stage is the quarterly monitoring where mostly inputs and some output indicators will be tracked. The 2nd stage includes annual M & E which will be the main responsibility of BNNC. In the 3rd and fourth stage there will be mid-term (after 5 years) and end line evaluations (after 10 years) respectively following the provisions envisaged in the NNP 2015. Both the mid-terms as well as the end line evaluation will be GoB initiated with development partners' engagement and preferably conducted by an independent review team. The Government Ministries will actively take part in M&E particularly MOHFW and those that have been designated as lead ministries in the identified strategic actions.

One of the aims of NPAN2 is to facilitate the overarching National Accountability Framework of the NNP 2015. The M&E of NPAN2 will take leverage from that of HPNSDP, CIP, 7th FYP, and related sectoral plans. For this to happen, BNNC office will work very closely with the agencies/mechanisms responsible for monitoring those plans. Working linkages with those organizations/mechanisms will be strengthened in such a way that a joint monitoring of the investments on key sectors like agriculture, food security, nutrition and health could be carried

out. It is envisioned that the NPAN2 monitoring will feed into that of CIP and others and vice versa.

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

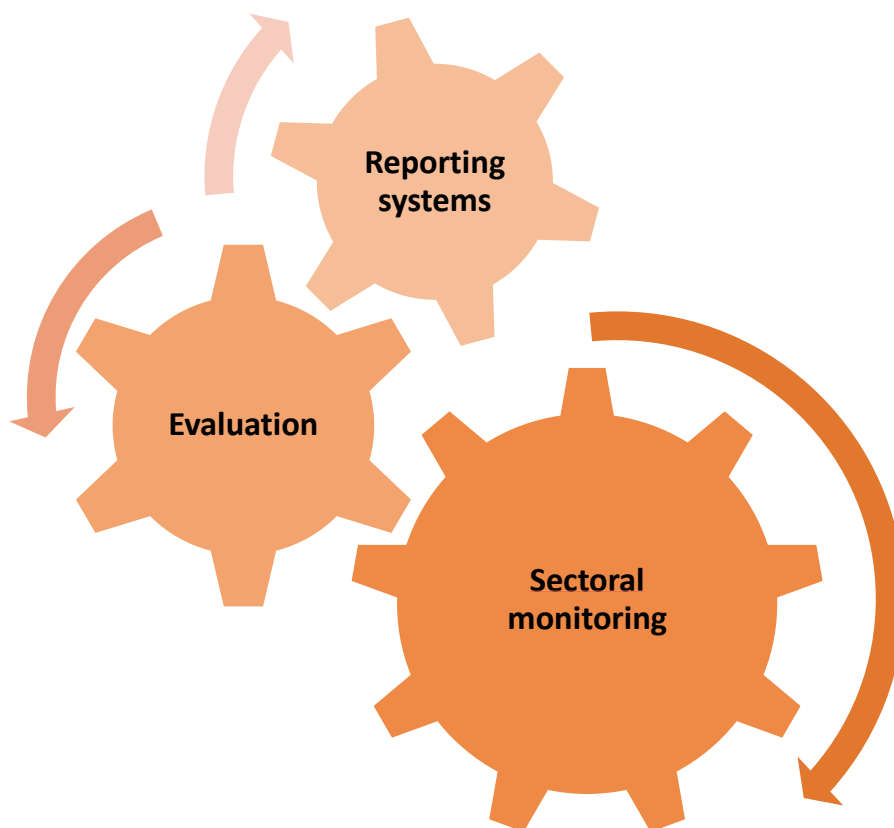


Figure 2: Multi-sectoral Monitoring, Evaluation and Reporting

## Key Monitoring Indicators:

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

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

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

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

# Development of Detail National Nutrition Monitoring and Evaluation Framework

## 3.1 Rationale

Bangladesh has numerous nutrition stakeholders including government ministries, development agencies, implementing partners, private and public teaching and research institutions, nutrition working groups and professional associations, and the private sector. However, even with many players in nutrition, limited impact, including impact from implementation of high impact nutrition interventions, has been realized. This, in part, is attributed to challenges arising from coordination of the nutrition programmes in different sectors, the short-term nature of interventions which mainly target emergency situations and the lack of holistic programming leading to interventions with limited scope and impact. These issues call for sector-wide approaches to nutrition programming in the country in order to meet the Sustainable Development Goals (SDGs).

The main purpose of the M&E framework is to ensure continuous tracking of progress, document lessons learned and replicate best practices of nutrition interventions as outlined in the Second National Plan of Action for Nutrition 2016-2025. Monitoring and evaluation will be an integral part of all aspects of the nutrition intervention programs. The framework is aligned to the Health Information System (HIS) with focus on strengthening nutrition indicators and systems.

## 3.2 Goal and Objectives

### 3.2.1 Goal

The detailed M&E framework will guide and provide quality information for effective planning, decision making, monitoring and evaluation of nutrition interventions in the country.

### 3.2.2 Objectives

- To provide guidelines on data collection, reporting, feedback and use for the nutrition program
- To monitor and evaluate quality of nutrition data and activities
- To promote data use at all levels to inform decision making and nutrition programming
- To produce and disseminate program implementation reports at all levels
- To monitor the health sector's response to nutrition

- To contribute towards strengthening of the nutrition information component of different key sectors
- To develop a supervisory framework to facilitate high quality data collection, collation, analysis, reporting and use at all levels.
- To provide a framework for the systematic linkage of nutrition and food security indicators at National and County level.

### 3.3 Guiding Principles

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

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

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

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

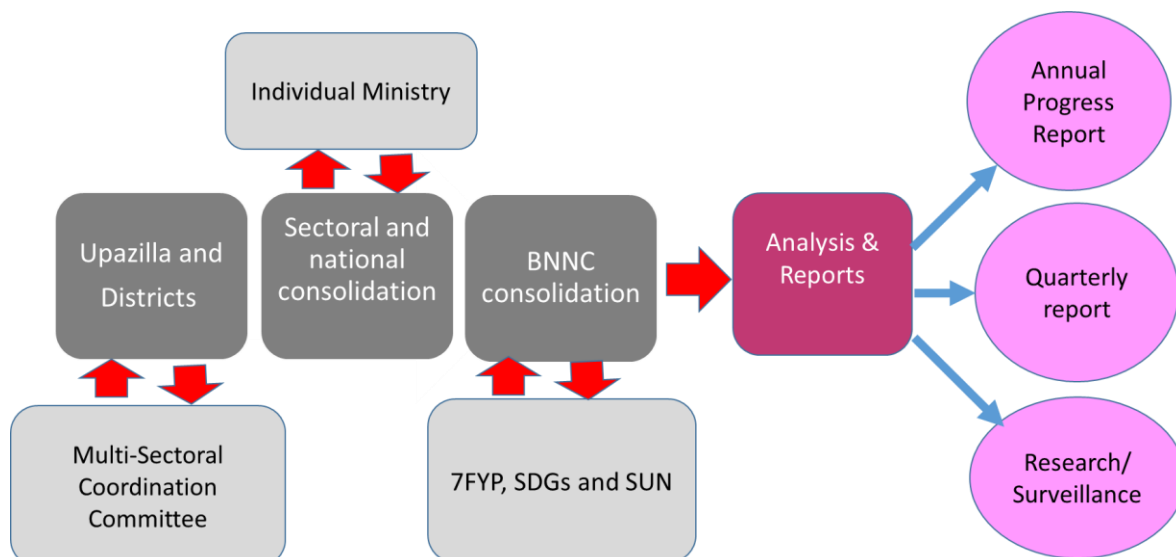


Figure 3: Monitoring, Evaluation & Reporting Strategies

### 3.4 Basic Concepts of Monitoring and Evaluation framework

This logical framework identifies and illustrates the linear relationships flowing from program inputs/processes, outputs, outcomes and impacts. Inputs or resources affect processes or activities which produce immediate results or outputs, ultimately leading to long term or broad results, or outcomes and impacts. Indicators are used to measure performance of a program at different levels. Inputs, processes and outputs are regularly monitored while outcomes and impact are periodically assessed either through surveys or evaluations. The nutrition program has adopted the basic M & E framework as illustrated in Figure 4.

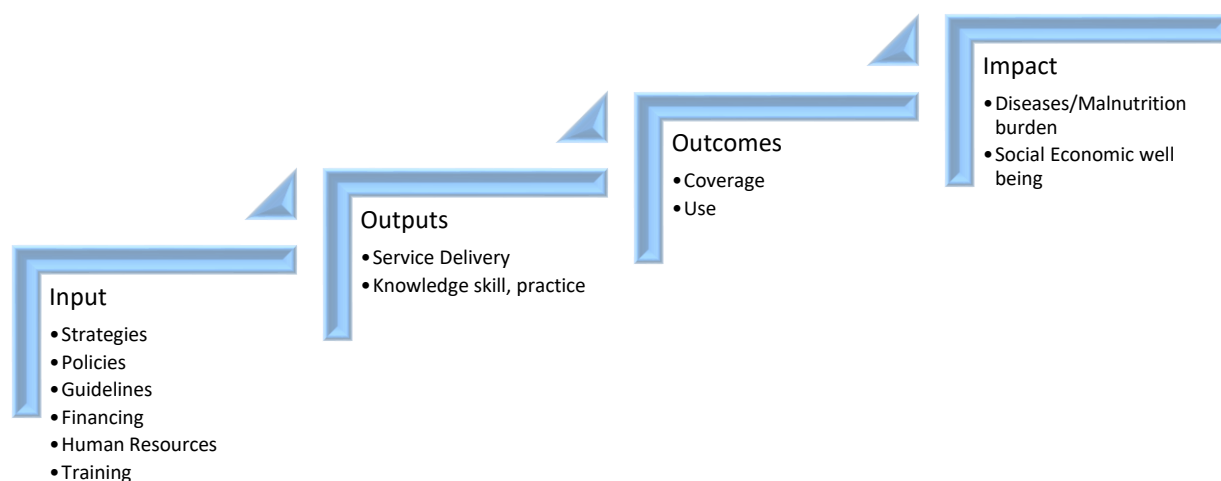


Figure 4: The basic monitoring and evaluation framework

### 3.5 Detailing Data Collection and Analysis Plan

The data collection and analysis plan are to be expanded on the information provided in the indicator matrix by describing in detail how data and information will be defined, collected, organized, and analyzed. Key components of this plan include: the unit of analysis; the link between indicators, variables and questionnaires. Special analyses, such as disaggregating data by gender, age, location, and socio-economic status should also be described. This includes the triangulation of methods (quantitative and/or qualitative) and sources to reduce bias and ensure data integrity.

The Major sources of data and information for monitoring and evaluation include;

**Secondary data:** Secondary data sources include partner ministries and agencies including Bangladesh Bureau of Statistics (BBS), Food Planning and Monitoring Unit (FPMU), University or research centers, international agencies, and other projects/programs working in the field of nutrition. Useful information can be obtained from surveys, other research, and studies previously conducted or planned at a time consistent with the M&E needs, in-depth assessments, and reports.

**Sample surveys:** BBS, National Institute of Population Research and Training (NIPORT) and periodic surveys such as Households Income and Expenditure Survey (HIES), vital registration,

Multiple Indicators Cluster Survey (MICS), Bangladesh Demographic Health Survey (BDHS) would be the best source of data to determine nutritional outcomes and impact. Nevertheless, if any technical support for sample survey is needed that could be provided from BNNC office.

M&E will focus on higher level indicators such as the indicators as itemized in the National Nutrition Policy (NNP) 2015, and to other nutrition framework under Second International Conference on Nutrition(ICN2), Sustainable Development Goals (SDGs), World Health Assembly (WHA) etc. under the UN system.

### **3.6 M&E platform at the BNNC including NIPN**

A strong monitoring and evaluation platform is to be developed and integrated into the BNNC's activities so that the BNNC office can systematically learn beyond what could be obtained through NPAN2 activities and M&E matrix.

The BNNC with its M&E platform will work to assess a number of indicators, examine nutrition and food security trends, progress and formulate 'Annual Monitoring Report of NPAN2'. Apart from an annual report, quarterly reports on some indicators will also be produced. The BNNC office needs support for quality M&E in establishing progress towards the achievement of the objectives of the nutrition programs in addition to tracking its performance. BNNC will establish a nutrition information platform (NIP) to have a linkage with NIPN (National Information Platform for Nutrition) and other platforms of different ministries and agencies. Therefore, comprehensive support to BNNC office is necessary for strengthening the monitoring and evaluation system for nutrition activities.

Ongoing monitoring will enable the BNNC and implementing partners to take stock of implementation and see if the planned activities are being rolled out as planned or if a change may be needed. This monitoring will aid in tracking changes in program performance over time to thereby make changes to improve plan of implementations.

### **3.7 Monitoring Mechanism**

There is a high-level responsibility of the BNNC office to collect, analyze, and use of data. Though need for a good capacity of data collection at the district level and below. Currently, the possibility for analysis is largely confined to the national level. Therefore, sub-district and district level staff are in need of training and capacity building so that they can capture quality data, analyze data and produce preliminary reports as part of a broader monitoring mechanism.

### **3.8 Reporting**

Reporting increases the amount of visibility into activities and will give full insight into the performance. It allows to see the progress, stagnation or regress of certain elements and will aid any decisions to make. Therefore, the support for report writing will help standardized procedures by every group and individual in the BNNC office. The training need to be designed



in such a way that the individual staff would be able to produce report on monitoring and evaluation findings.

### **3.9 Data Analysis and Use**

Nutrition data collected through routine system and through evaluations and assessments will be analyzed for use in decision making at all levels of the health system. Analysis will involve systematic data quality assessment and if necessary adjustment. The analyses will be transparent and in line with national data analysis standards. Identifying and accounting for biases because of incomplete reporting, inaccuracies and non-representatives are essential and will greatly enhance the credibility of the results for users.

Analysis will also be done by looking at the implementation of activities in the nutrition action plan to determine whether progress is being made or not. Data analysis will also compare trends of the nutrition situation and interventions at various levels.

Nutrition information analysis will be complemented by more complex analyses that provide estimates of the burden of malnutrition, nutrition service coverage, trends in nutrition indicators, Food safety and Social safety net and other performance. Use of nutrition research as well as qualitative data gathered through systematic processes of analysing nutrition systems characteristics and changes. Analyzed information will be disseminated through technical forums and meetings, bulletins, quarterly and annual reports and the nutrition website. To ensure effective dissemination the use of graphs, bar charts and maps will be employed.

Analyzed nutrition information is anticipated to enhance:

- Information use for planning,
- Re-strategizing,
- Forming conclusions and anticipating problems,
- Replicating best practices,
- Accountability,
- Advocacy and
- Documentation of lessons learnt.

# Bangladesh National Nutrition Monitoring and Evaluation Framework in Detail

The goal of the detail Monitoring and Evaluation Framework is to ensure a systematic monitoring and evaluation of nutrition key sector's activities in Bangladesh in line with the strategic actions as derived from the Second National Plan of Action for Nutrition 2016-2025.

Tables 1 illustrate the higher level indicators such as the indicators as itemized in the NNP 2015, and to other nutrition framework under ICN2, SDG, WHA etc. under the UN system.

Tables 2 illustrate such as the indicators in line with the strategic actions as derived from the Second National Plan of Action for Nutrition 2016-2025.

**Table 1: Framework for monitoring and evaluation of the Bangladesh Second National Plan of Action for Nutrition, 2016- 2025**

Goal	Impact Indicators	Data source	Frequency	Responsible	
				Lead Agency	Other Agencies
To improve the nutritional status of all people, with special attention to the first 1000 days, disadvantaged groups, including mothers, adolescent girls and children; to prevent and control malnutrition; and to accelerate national development through raising the standard of living.	Reduce stunting among under-5 children	National LBW survey/ MICS/ Service data (DHIS2)	Every 5 years/ Every 3 years/ Annually	MOHFW, MOFood, MOA, MOI, MOLGRD&C	DPs NGOs INGOs Private sector
	Reduce wasting among under-5 children	National LBW survey/ MICS/ Service data (DHIS2)	Every 5 years/ Every 3 years/ Annually	MOHFW, MOFood, MOA, MOI, MOLGRD&C	DPs NGOs INGOs Private sector
	Reduce the rate of low birth weight	National LBW survey/ MICS/ Service data (DHIS2)	Every 5 years/ Every 3 years/ Annually	MOHFW- IPHN/NNS MOP-BBS	DPs NGOs INGOs Private sector
	Increase the rate of exclusive breastfeeding in infants younger than age 6 months	1. BDHS/UESD/FSNSP/ NSP/MICS 2. BDHS	1. Every 4 years/ Every 3 years/ Annually 2. Every 4 years	MOHFW- NIPOORT MOHFW- IPHN/NNS MOP-BBS	DPs NGOs INGOs Private sector

Goal	Impact Indicators	Data source	Frequency	Responsible	
				Lead Agency	Other Agencies
	Increase the proportion of children aged 6-23 months receiving a minimum acceptable diet	1. NCD Risk Factor Survey/ Health & Morbidity Status Survey/ BDHS/ Service data (DHIS2) 2. BDHS	1. Every 4 years 2. Every 4 years	MOHFW- DGHS MOP-BBS MOHFW- NIPORT	DPs NGOs INGOs Private sector
	Reduce the rate of anemia among women	BDHS	Every 4 years	MOHFW MOHFW- NIPORT	DPs NGOs INGOs Private sector
	No increase of childhood obesity (WHZ >+2) among children under 5 years	BDHS	Every 4 years	MOHFW MOHFW- NIPORT	DPs NGOs INGOs Private sector
	Reduce maternal overweight (BMI>23)	BDHS	Every 4 years	MOHFW MOHFW- NIPORT	DPs NGOs INGOs Private sector
	Expenditure on nutrition as % of total public health expenditure;	Bangladesh Public Health Expenditure review on nutrition	Annual/ every 3 years	Oxford Policy Management	DPs NGOs INGOs Private sector
	Expenditure on nutrition sensitive social protection as %of total public expenditure on social protection;	Bangladesh Public Health Expenditure review on nutrition	Annual/ every 3 years	Oxford Policy Management	DPs NGOs INGOs Private sector
	% contribution of Fisheries and Livestock in Agricultural GDP	Bangladesh Public Health Expenditure review on nutrition	Annual/ every 3 years	Oxford Policy Management	DPs NGOs INGOs Private sector
	Poverty Head count Index (CBN upper poverty line)	HIES (2016)	Every 5 years	MOP-BBS	DPs NGOs INGOs Private sector

**Table 1: Framework for monitoring and evaluation of the Bangladesh Second National Plan of Action for Nutrition, 2016- 2025 by strategic objective**

**Thematic Area 1:** Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 1.1:</b> Reducing low birth weight by reducing under nutrition and micronutrient deficiencies with special focus on: adolescent girls, pregnant women; and women of childbearing age	<b>Inputs</b>			
	Conduct nutrition counseling during ANC and PNC	Program Reports/ Annual plan	Annually	MOHFW-IPHN/ NNS MOHFW-DGHS MOHFW-DGFP MOLGRD&C- UPHCP MOWCA MOSW MOI MOFood, MOE
	Provide micronutrient supplements (IFA, Ca etc.) according to national micronutrient strategy	HMIS/ FPMIS	Monthly	
	Promote school health, nutrition and WASH programs	Program Reports/ Annual plan	Annually	
	Monitor weight gain during pregnancy	HMIS/ FPMIS	Monthly	
	Promote food supplementation for targeted pregnant women and lactating mothers who are severely malnourished	Program Reports/ Annual plan	Annually	
	Develop links between severely malnourished pregnant women and lactating mothers and safety net programs	Program Reports/ Annual plan	Annually	
	Provide conditional cash transfers for poor pregnant women and lactating mothers	Program Reports/ Annual plan	Annually	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	<b>Outputs</b>			
	% of pregnant women who received 4+ ANC	HMIS/ FPMIS	Monthly	MOHFW-DGHS MOHFW-DGFP
	% of children 0-23 months old whose weight was taken at a facility	HMIS/ FPMIS	Monthly	MOHFW-DGHS MOHFW-DGFP
	% of visits with pregnant women who received any IFA	HMIS/ FPMIS	Monthly	MOHFW-DGHS MOHFW-DGFP
	% of times women attended a facility during pregnancy that they were weighed	HMIS/ FPMIS	Monthly	MOHFW-DGHS MOHFW-DGFP
	% of women receiving maternal nutrition counselling	HMIS/ FPMIS	Monthly	MOHFW-DGHS MOHFW-DGFP
	<b>Outcomes</b>			
	Proportion of infants with birth weight above 2500 grams	Survey reports	Every 5 years/Every 3 years/Annually	MOHFW-IPHN/NNS MOP-BBS
	Proportion of women 15-49 years supplemented with Iron folate	Survey reports	Every 5 years/Every 3 years/Annually	MOHFW-IPHN/NNS MOP-BBS
	<b>Impact</b>			
% of low birth weight	National LBW survey/ MICS/Service data (HMIS)	Every 5 years/Every 3 years/Annually	MOHFW-IPHN/NNS MOP-BBS	
<b>Strategic objective 1.2:</b> Promoting, protecting	<b>Inputs</b>			
	Promote breastfeeding during ANC & PNC including IYCF	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
and supporting exclusive breastfeeding for the first six months of life and continuation of breast feeding for 2 years	Strengthen legal protection (full implementation of BMS Act 2013, and BFHI, maternity leave etc.)	Legal acts/ordinance	Annually	MOHFW-DGHS MOHFW-DGFP
	Scale up SBCC campaigns for breastfeeding	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP
	Scale up counseling & community support for breastfeeding	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP
	Promote breastfeeding support in the workplace	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP
	Initiate engagement with the Ministry of Labor and private sector for protection of maternal leave rights	Program Reports/ Annual plan	Annually	MOI/MOLabor
	Promote Kangaroo Mother care	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP
	Promote re-lactation method (e.g Oketani etc.)	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP
	<b>Outputs</b>			
	Number of children 0 to 6 months of age on exclusive breastfeeding	HMIS/ FPMIS	Monthly	MOHFW-DGHS MOHFW-DGFP
	Number of infants who are breastfed within one hour of birth	HMIS/ FPMIS	Monthly	MOHFW-DGHS MOHFW-DGFP
	% of caregivers of children 0-23 months old receiving age appropriate IYCF counselling	HMIS/ FPMIS	Monthly	MOHFW-DGHS MOHFW-DGFP
	Number of companies / suppliers complying with the CODE of marketing breast milk substitutes	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP MOCOM

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Number of Health facilities certified as Baby Friendly	HMIS/ FPMIS	Monthly	MOHFW- IPHN/NNS
	<b>Impact</b>			
	1. % of children (0-5m) exclusively breastfed 2. % of children (20-23m) who are breastfed	1. DHS/UESD/FSNSP/NSP/ MICS 2. BDHS	1. Every 4 years/Every 3 years/Annually 2. Every 4 years	MOHFW-NIPORT MOHFW- IPHN/NNS MOP-BBS
<b>Strategic objective 1.3:</b> Strengthening appropriate breastfeeding and complementary feeding practices	<b>Inputs</b>			
	Update and implement National IYCF strategy 2007	Activity reports	Annually	MOHFW-DGHS MOHFW-DGFP
	Promote appropriate and safe complementary feeding of infants and young children while continuing breastfeeding up to 2 years of age	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP
	Promote hygienic practices (WASH) for complementary feeding of infants and young children while continuing breastfeeding	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP MOLGRD&C
	Initiate micronutrient supplementation programs for those detected to have deficiency	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP
	Scale up counseling on relevant complementary feeding issues	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Conduct SBCC campaigns on breastfeeding and MAD (Minimum Acceptable Diet) through EPI, ANC, PNC, FP, Delivery care, and IMCI	Program Reports/ Annual plan	Annually	MOHFW-DGHS MOHFW-DGFP
	<b>Outputs</b>			
	% of children 6-23 months are fed with minimum acceptable diet	HMIS/ FPMIS	Monthly	MOHFW-DGHS MOHFW-DGFP
	Proportion of households that wash hands with soap during handling of food, feeding and after toilet use	FSNSP report	Annually	MOHFW-DGHS/ FSNSP
	% of children aged under 5 years with diarrhoea who are treated with zinc supplements	Activity reports/surveys	Annually	MOHFW- IPHN/NNS MOHFW-DGFP
	% of children aged 6-59months receiving multiple micronutrient powders as per the recommended dose	Activity reports	Quarterly	MOHFW- IPHN/NNS MOHFW-DGFP
	Number of children aged 6-59 months receiving Vitamin A supplements	HMIS/activity reports	Six-monthly	MOHFW- IPHN/NNS
	<b>Impact</b>			
	% of children (6-23 m) receiving Minimum Acceptable Diet (MAD)	BDHS/UESD/FSNSP/NSP	Every 4 years/ Every 3 years/ Annually	MOHFW-NIPORT MOHFW- IPHN/NNS MOP-BBS



Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 1.4:</b> Promoting use of dietary guidelines for adults and elderly persons suffering from non-communicable diseases such as hypertension, diabetes mellitus, cardiac diseases and others	<b>Inputs</b>			
	Review, finalize and widely disseminate the guidelines on dietary intakes for adults and the elderly suffering from non-communicable diseases	Program reports	Annually	MOHFW-DGHS MOHFW-DGFP
	Conduct awareness raising activities on non-communicable diseases.	Program reports	Annually	MOHFW-DGHS MOHFW-DGFP
	<b>Outputs</b>			
	Number of health workers trained on healthy diets and physical activity.	Training reports	Annually	FPMU, BHE/DGHS, CIP
	Number of guidelines distributed to health facilities.	Program reports	Annually	MOHFW-NIPORT- BDHS MOP-BBS MOHFW-NIPORT MOHFW-DGFP
	% of population screened for diet related noncommunicable diseases.	HMIS/survey reports	Monthly/Annually	MOHFW-DGHS
	<b>Impact</b>			
1. i. % of population with hypertension ( $\geq 25$ yrs.) ii. % of population (15-64 yrs.) with high blood pressure 2. % of women 15-49 yrs who are overweight or obese (BMI $\geq 23$ )	Survey reports/HMIS	1. Every 4 years/Every 3 years/Annually 2. Every 4 years	1. NCD Risk Factor Survey/Health & Morbidity Status Survey/BDHS/ Service data (HMIS) 2. MOHFW-NIPORT-BDHS	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 1.5: Strengthening measures to ensure regulation of unabated marketing of unhealthy processed and commercial food (junk food) items</b>	<b>Inputs</b>			
	Promote compliance to food standards as per adopted codex/national guidelines	Program reports	Annually	MoFood MOCOM MoInd
	Develop linkage between Codex and INFOSAN focal points (at national and global level)	Program reports	Annually	MoFood MOCOM MoInd
	Enforce Food Safety Act 2013	Program reports	Annually	MoFood MOCOM MoInd
	Conduct awareness-raising activities among producers and consumers about the hazards of unhealthy processed food items to control inappropriate food marketing according to WHA resolutions.	Activity reports	Annually	MoFood MOI MOPME MOHFW-DGHS
	Prepare national guidelines for safe and quality storage and marketing of food and food stuffs.	Program reports	Annually	MoFood MOI MOPME MOHFW-DGHS
	<b>Outputs</b>			
	No. of compulsory food items standardized by BSTI	Monitoring Report	Annually	BSTI, MoI, FPMU, CIP Monitoring Report, FAO
	Number and type of nutrition IEC/BCC materials disseminated of safe and quality storage and marketing of food and food stuffs.	Activity reports	Annually	MoFood MOI MOPME MOHFW-DGHS

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	<b>Impact</b>			
	Finalized Plan of Action for Multi-sectoral Coordination for NCD prevention	Program reports	Once	MOHFW
<b>Strategic objective 1.6: i) Increasing public awareness about family planning methods and birth spacing ii) Increasing public awareness on prevention of early marriage</b>	<b>Inputs</b>			
	Promote advantages of family planning and birth spacing in awareness raising activities. Health Care Providers, Community Groups, School Managing Committees (to monitor school dropout and NGOs to be involved in such awareness raising)	Program reports	Annually	MOHFW MOI MOLGRD&C, MOPME/MOE
	Conduct awareness raising activities on prevention of early marriage and early pregnancy	Program reports	Annually	MOHFW MOI MOLGRD&C, MOPME/MOE
	Promote advantages of delayed pregnancy in Health facilities (FP & Health)	Program reports	Annually	MOHFW-DGHS MOHFW-DGFP
	<b>Outputs</b>			
	Strengthening of FP awareness-building efforts through mass communication and IEC activities and considering local specificities	Program reports	Annually	MOHFW MOI MOLGRD&C, MOPME/MOE
	Focus on adolescent reproductive health to reduce early marriage and pregnancy	Program reports	Annually	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	<b>Impact</b>			
	Contraceptive prevalence rate (women age 15-49 yrs.)	Program reports	Once	MOHFW
<b>Strategic objective 1.7: Promoting nutrition sensitive social protection programs targeting disadvantaged groups/ vulnerable population</b>	<b>Inputs</b>			
	Revise existing SPPs to become adequately nutrition sensitive (e.g. inclusion of nutrition SBCC component, appropriate targeting and transfers and access to health services and specific nutrition interventions)	Program reports	Annually	MoFood MOCOM MoInd
	Design and implementation of nutrition sensitive SPP for vulnerable urban population	Program reports	Annually	MoFood MOCOM MoInd
	Establish strategic linkages and coordination among relevant multi-sectoral nutrition specific and sensitive interventions and SPPs	Program reports	Annually	MOHFW-DGHS MOHFW-DGFP
	<b>Outputs</b>			
	No. of beneficiaries (pregnant, lactating and children) covered by social protection program	Monitoring Report	Annually	MOSW MOWCA MOLGRD&C
	Number of social welfare and protection programmes included nutrition education	Activity reports	Annually	MoDRR
	<b>Impact</b>			

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Number of Social Safety Net Programs which incorporated nutrition sensitive & nutrition specific objectives	Respective SSN Program Reports/ Mapping Report on Nutrition Sensitive SSN Programs	Annually	MOHFW MOSW MOWCA MOLGRD&C MOR&DM MOFood

**Thematic Area 2: Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices**

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 2.1: Strengthening of integrated homestead food production (fruits and vegetables, small livestock, aquaculture, comprehensive nutrition education) with emphasis on indigenous, underutilized and nutritious varieties/species/breeds) and gender sensitive and climate smart technologies</b>	<b>Inputs</b>			
	Conduct ToT for relevant government staff	Program reports	Annually	MOA-DAE/BIRTAN MOFL-DLS MOFL-DOF NARS-BARC LGRD MOHFW MOWR
	Conduct trainings that promote diversified homestead gardening (fruits and vegetables) and backyard poultry/small livestock production/aquaculture supported by strong nutrition education for diet diversity namely farmer field school, village based organization etc.	Program reports	Annually	
Promote horticulture through rooftop garden and Promote healthy nutritious feeding practices	Program reports	Annually		

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Introduce the recent area-based home gardening technologies (such as hydroponic, floating gardens) through trainings and aquaculture and social forestry in the unused land	Program reports	Annually	
	Conduct trainings that promote small fish rearing and indigenous species (like mola, carplet) linked to nutrition education	Program reports	Annually	
	Develop/Adopt/Disseminate nutrition sensitive training resources and information materials	Program reports	Annually	
	Scale up diversified and integrated homestead food production (fruits and vegetables small livestock +small fish) linked with nutrition education) through provision of necessary inputs	Program reports	Annually	
	Conduct trainings (ToT and training of beneficiaries) on echniques/ tools to reduce postharvest losses (PHL) in horticultural, fishery and livestock commodities	Program reports	Annually	
	Construct or improve 'Storage and Marketing Facilities' at local/national level	Program reports	Annually	
	Undertake relevant research activities on biofortification(e.g.. legumes, orange fleshed sweet potato)/evaluate impacts on health	Program reports	Annually	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Accelerate the release and adopt Zn biofortified rice to target HHs for production and consumption/)/evaluate impacts on health	Program reports	Annually	
	Develop/Distribute nutrition sensitive information materials to translate research results into actions	Program reports	Annually	
	Integrate nutrition in regular agricultural extension support activities/programs	Program reports	Annually	
	Scale up One house one farm (eekti bari, eekti khamar) program	Program reports	Annually	
	<b>Outputs</b>			
	Poor households engaged in home gardening and backyard poultry	Program Report	Annually	FSNSP DAE, MOA
	<b>Impact</b>			
1. Per capita consumption of fruits and vegetables 2. % share of total dietary energy from consumption of cereals	1. HIES/FPMU report 2. HIES/FPMU report	1. Every 5 years/ Annually 2. Every 5 years/ Annually	MOP-BBS MOFood MOA, MOWR, MoFL	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 2.2: Improving social mobilization and community awareness to avoid processed food &amp; beverage, excess salt &amp; sugar, saturated fat and trans fat.</b>  <b>Implementing Multisectoral Plan of Action on NCD prevention.</b>	<b>Inputs</b>			
	Establish linkages between nutrition and NCD programs	Program reports	Annually	MOHFW-IPHN/NNS MOHFW-BNNC MOFood MOCOM MOInd MOI-BSCIC MOLGRD&C
	Create public awareness on the importance of prevention, management and control of diet-related NCDs	Program reports	Annually	MOHFW-DGHS
	Review, develop and disseminate a comprehensive strategy and guidelines for prevention, management and control of diet-related NCDs	Program reports	Annually	MOHFW-DGHS
	Train service providers on prevention, management and control of diet-related NCDs	Program reports	Annually	MOHFW-DGHS
	<b>Outputs</b>			
	Proportion of the population who are screened for non-communicable diseases.	HMIS report	Monthly	MOHFW-DGHS
	% no. of population whose BMI is monitored regularly	HMIS report	Monthly	MOHFW-DGHS
	Proportion of counties implementing nutrition guidelines on NCDs	Program reports	Annually	MOHFW-DGHS
	<b>Outcomes</b>			



Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	% of population screened for noncommunicable diseases	Program reports	Annually	MOHFW-DGHS
	% of population with normal range BMI.	Program reports	Annually	MOHFW-DGHS
	<b>Impact</b>			
	Change in per capita consumption of: i. salt ii. sugar consumption	HIES report	Every 5 years	MOP-BBS MOFood MOHFW-NCD OP
<b>Strategic objective 2.3: Improve, encourage and accelerate clean and hygienic food preparation practices so that safe and quality food consumption is increased and nutrition quality in food is restored. Encourage food preparation and preservation using local and appropriate technologies to ensure availability of food throughout the year</b>	<b>Inputs</b>			
	Conduct Mass media campaign for improving food safety, water and sanitation and hygiene practices/SBCC to make right and safe food choices/improve hygiene practices.	Program reports	Annually	MOHFW MOFood MOA MOI MOInd MOST/IFST MOLGRD&C MOCHTA
	Develop skill/build capacity to related personnel on food safety specially detecting unsafe food.	Training reports	Annually	
	Enforce compliance to act/laws/guidelines related to food safety during production/processing/marketing/preservation	Program reports	Annually	
	Promote food preservation and effective storage through trainings	Training reports	Annually	
	Provide technical support to producers and processors for assurance of food safety along the value chain	Program reports	Annually	
	<b>Outputs</b>			

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Proportion of households served with safe water for domestic use	HMIS report	Monthly	MOHFW-DGHS
	Proportion of households having access to safe drinking water	HMIS report	Monthly	MOHFW-DGHS
		Program reports	Annually	MOHFW-DGHS
	<b>Outcomes</b>			
	Mainstreaming food safety, water, sanitation & hygiene practices in sectoral SBCC strategy	Program reports	Annually	MOHFW-DGHS
	Promoting/Enforcing measures to ensure regulations of production/processing/marketing/preservation of food items			
	Increasing knowledge and improving practices to ensure food safety along the value chain	Program reports	Annually	MOHFW-DGHS
	<b>Impact</b>			
	Prevalence of food borne diseases (Proxy: prevalence of childhood diarrhoea)	Survey report	Every 4 year/Annually	BDHS/Service data (IPH, IEDCR, icddr,b)/FSNSP/NSP
<b>Strategic objective 2.4: Providing nutritionally enriched supplementary food in responses to emergency and severe food insecurity</b>	<b>Inputs</b>			
	Supply supplementary food to affected populations during disasters and times of severe food insecurity	Program reports	Annually	MOFood MOWCA MODMR
	Promote Nutritionally enriched food in responses to emergency and severe food insecurity	Program reports	Annually	MOInd MOHFW

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Explore other feasible food fortification program including bio fortification, staple food fortification and others through research	Program reports	Annually	
	Building capacity of implementing and monitoring bodies, i.e. BSCIC, IPHN, BSTI etc.	Program reports	Annually	
	Link with IGA/Livelihood programs and also social safety net/Voucher scheme programs where indicated	Program reports	Annually	
	School stipend for all school going adolescents belonging to the poor and vulner- able households	Program reports	Annually	
	<b>Outputs</b>			
	Strengthening of SPP focusing viable IGA, market access and role in family decision making process	Program reports	Monthly	MOInd MOFood
	Revised National Social Security Strategy (NSSS) Paper related to food diversity in food related programs	Program reports	Monthly	GED-MOP
	<b>Outcomes</b>			
	Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale	Program reports	Annually	MOFood MOWCA MODMR MOInd MOHFW
	<b>Impact</b>			

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	1. Number of upazilas covered under VGD program to providing nutritionally enriched fortified food 2. Nutritionally enriched fortified food distributed to vulnerable people during and immediately after emergency	Program report	Annually	MOFood MOWCA MODMR MOInd
<b>Strategic objective 2.5: Promoting food fortification and enrichment with micronutrients</b>	<b>Inputs</b>			
	Scale up and assure the quality of universal salt iodization and fortification of edible oil with Vitamin A	Program reports	Annually	MOHFW-IPHN MOHFW-BNNC, MOInd- BSTI/CIDD/ MOCOM MOFood MOA MOI MOWCA BSCIC MOST/IFST
	Introduce fortified foods into food basket of safety net programs and bring to scale.	Program reports	Annually	
	Conduct research to identify other feasible food fortification programs such as bio-fortification	Program reports	Annually	
	Strengthen monitoring and evaluation systems/research of fortified foods on health outcomes	Program reports	Annually	
	Develop crude salt specification by BSCIC and monitoring of crude salt quality	Program reports	Annually	
	Introduce Quality control lab in all salt industries	Program reports	Annually	
	Build capacity of implementation and monitoring bodies, i.e. BSCIC, IPHN, BSTI, IPH, DG Food, DWA etc.	Program reports	Annually	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Initiate activities related to Market Intervention Operation (MIO) for affordable price for consumers	Program reports	Annually	
	<b>Outputs</b>			
	No. of health workers at all levels trained on prevention, management and control of micronutrient deficiencies.	Training reports	Monthly	MOInd MOFood
	No. of advocacy workshops on micronutrient interventions conducted at all levels	Program reports	Monthly	GED-MOP
	% U5 children supplemented with vitamin A	HMIS report	Monthly	MOHFW
	% of women of reproductive age supplemented with iron and folic acid	HMIS report	Monthly	MOHFW
	<b>Outcomes</b>			
	Decreased prevalence of micronutrients deficiencies	Program reports	Annually	MOHFW MOInd
	Decreased prevalence of Vitamin A deficiency	Program reports	Annually	MOHFW MOInd
	<b>Impact</b>			
	% coverage of 1. adequately iodized salt ( $\geq 15$ ppm) 2. edible oil with Vit A	1. National Micronutrient Survey/MICS 2. Program Data	1. Every 5 years/Every 3 years 2. Yearly	MOHFW MOInd MOFood

### Thematic Area 3: Strengthen nutrition-specific or direct nutrition interventions

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
Strategic objective 3.1 Promoting 'Maternal Health & Nutrition care', and encourage health seeking behavior through facility and community based approaches	<b>Inputs</b>			
	Promote early health seeking behavior	Program reports	Annually	MOHFW-DGHS/ TCC MOSW MOWCA MOI
	Organize advocacy on tobacco hazards/link with tobacco control programs	Program reports	Annually	
	<b>Outputs</b>			
	Gain adequate weight during pregnancy;	HMIS/FPMIS	Monthly	DGHS-MOHFW DGFP-MOHFW
	Ensure taking of micronutrient supplements, especially iron-folic acid, during pregnancy and lactation period, as applicable;	HMIS/FPMIS	Monthly	DGHS-MOHFW DGFP-MOHFW
	<b>Outcomes</b>			
	Prevent infection and ensure appropriate treatment;	Program reports	Annually	MOHFW MOInd
	Bring about behavioral changes, including avoiding tobacco products and smoking, during pregnancy	Program reports	Annually	MOHFW MOInd
	<b>Impact</b>			

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	To be ascertained by the M&E platform of BNNC	Program reports	Annually	MOHFW- IPHN/NNS MOHFW-DGHS MOHFW-DGFP, BNNC office
<b>Strategic objective 3.2 Promoting appropriate Infant and Young Child Feeding practices</b>	<b>Inputs</b>			
	Update and implement National IYCF strategy	Program reports	Annually	MOHFW MOFood MOI MOA
	Build capacity of health care providers on IYCF counseling	Training report	Annually	
	Scale up “ Baby Friendly Hospital Initiatives”	Program reports	Annually	
	Conduct SBCC activities to promote and support IYCF practices	Program reports	Annually	
	Conduct breastfeeding counseling during ANC & PNC	HMIS/FPMIS	Monthly	
	Enforce law and Strengthening legal protection (full implementation of BMS Act 2013, maternity leave for women working in all sectors etc.)	Program reports	Annually	
	Promote and facilitate the work place support	Program reports	Annually	
	Promote appropriate and safe complementary feeding of infants and young children with emphasis on dietary diversity and proper cooking practices while continuing breastfeeding	Program reports	Annually	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Promote hygienic practices (WASH) for complementary feeding of infants and young children while continuing breastfeeding	Program reports	Annually	
	<b>Outputs</b>			
	Number of Health facilities certified as Baby Friendly	Activity reports	Annually	MOInd MOFood
	Number of infants who are breastfed within one hour of birth	HMIS/FPMIS	Monthly	MOHFW
	Number of companies / suppliers complying with the CODE of marketing breast milk substitutes	Program reports	Annually	MOInd MOFood
	Number of health workers trained in IYCN	Training reports	Annually	MOHFW
	Number of children 6 to 24 months of age having adequate dietary diversity, appropriate feeding frequency and continued breast feeding.	HMIS/FPMIS	Monthly	MOHFW
	Number of ACSM materials produced and distributed to health facilities and communities	Program reports	Annually	GED-MOP
	Number of health facilities equipped with anthropometric equipment.	Activity reports	Annually	MOHFW
	<b>Impact</b>			



Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	% of infants 6–8 months of age who received solid, semi-solid or soft foods	Survey reports	Annually	BDHS/FSNSP/NSP
<b>Strategic objective 3.3 Strengthening the treatment of common infections that impact on nutritional status</b>	<b>Inputs</b>			
	Provide training to staff at primary health care centers on appropriate management of common illnesses including diarrhea, dysentery, pneumonia, ear infection, parasitic infestation, etc.	Training reports	Annually	MOHFW-DGHS, DGFP MOLGRD&C
	Establish supply chain of adequate and appropriate medicines and staff at all PHC facilities in timely manner	Program reports	Annually	
	Make the linkages effective with secondary and tertiary level health care	Program reports	Annually	
	<b>Outputs</b>			
	Number of children < 5 years screened at community level and referred for nutrition management.	HMIS/FPMIS	Monthly	DGHS-MOHFW DGFP-MOHFW
	Number of health facilities equipped with anthropometric equipment.	HMIS/FPMIS	Monthly	DGHS-MOHFW DGFP-MOHFW
	% of children aged under 5 years with diarrhoea who are treated with zinc supplements	HMIS/FPMIS	Monthly	DGHS-MOHFW DGFP-MOHFW
	<b>Impact</b>			

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	% of children (<5y) with ARI treated with antibiotics	1. BDHS 2. Service data	1. Every 4 year 2. Annually	MOHFW-NIPORT MOHFW-DGHS
<b>Strategic objective 3.4 Strengthening the treatment of moderate and severe acute malnutrition as per standard guidelines</b>	<b>Inputs</b>			
	Review and update National guidelines	Program reports	Annually	MOHFW-DGHS, DGFP MOHFW-IPHN/ NNS MOLGRD&C MOWCA
	Build capacity of health workers to screen, manage and follow up uncomplicated SAM and MAM cases at community level	Training reports	Annually	
	Build capacity of all relevant facilities for providing quality management services of complicated SAM with reporting	Program reports	Annually	
	Establish regular and timely supply of therapeutic foods (as per National guidelines) at facilities management of SAM	Program reports	Annually	
	Scale up nutrition counseling service (including cooking demonstration) for acutely malnourished children and PLW	Program reports	Annually	
	Develop linkage between SAM/MAM case families with social safety net programs where applicable	Program reports	Annually	
	Include adequate nutritional support to 6-59 months old SAM/MAM children and acutely undernourished PLWs targeted through SPPs	Program reports	Annually	
	<b>Outputs</b>			

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	% of < 5 year children screened at community level and referred for SAM management	Service data (DHIS2)	Monthly	DGHS-MOHFW DGFP-MOHFW
	% of children under 5 suffering from severe acute malnutrition who received appropriate treatment according to standards (cure rate, death rate, defaulter rate, GoW, LoS, etc)	Service data (DHIS2)	Monthly	DGHS-MOHFW DGFP-MOHFW
	<b>Impact</b>			
	1. Number of facilities providing SAM management (in- patient) 2. % of CC providing CMAM services	Service data (DHIS2)	Quarterly/Annually	MOHFW- IPHN/NNS MOHFW-DGHS
<b>Strategic objective 3.5 Promoting of Early Childhood Development {parenting (0-3 yrs), pre-primary education (3-6 yrs) }</b>	<b>Inputs</b>			
	Arrange mass media campaign on the importance of care and supporting environment for proper physical growth and mental development of children.	Program reports	Annually	MOHFW-IPHN MOHFW-BNNC MOPME MOWCA MOSW
	Integrate child development components into nutrition- specific and -sensitive services	Training reports	Annually	
	Scale up protective and responsive care giving& feeding practices and stimulation	Program reports	Annually	
	Establish creche at workplaces and day care centers, pre-schools in the community	Program reports	Annually	
	<b>Outputs</b>			

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Situation analysis on school/ institutional feeding conducted, documented and disseminated	Program reports	Annually	DGHS-MOHFW DGFP-MOHFW
	% population in public institutions with adequate nutrition status	Program reports	Annually	DGHS-MOHFW DGFP-MOHFW
	% of pupils in Primary Schools with adequate nutrition status.	Program reports	Annually	DGHS-MOHFW DGFP-MOHFW
	<b>Impact</b>			
	% of children (36-59 m) who are attending an early childhood education program	Survey reports	Every 3 years	MICS
<b>Strategic objective 3.6 Ensure intake of adequate varieties of food for adolescent girls and boys for their appropriate growth, so that they can develop as adults with expected height and weight</b>	<b>Inputs</b>			
	Scale up formal and non-formal nutrition education and behavior change communication (SBCC) programs on balanced diets for adolescent and healthy cooking practices through mass media and community awareness Programs	Program reports/SBCC materials	Annually	MOHFW-IPHN MOHFW-BNNC, MOE MOI MOWCA MOLGRD&C
	Update nutrition education modules and their incorporation in school curricula across primary, secondary and higher secondary levels	Updated nutrition modules	Annually	
	Provide orientation/training on adolescent nutrition to the relevant stakeholders (School	Program reports	Annually	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	teacher, school management community etc.)			
	Link with Community Support Group/Girl guides/Scout	Program reports	Annually	
	Link with School health program/little Doctor program/ Adolescent Reproductive & Sexual Health (ARSH)	Program reports	Annually	
	Identify all contact opportunities for increasing awareness on adolescent nutrition	Program reports	Annually	
	<b>Outputs</b>			
	Number of Orientation program for teachers and students	Program reports	Annually	DGHS-MOHFW DGFP-MOHFW
	Link Established with relevant authorities to include/ strengthen the nutrition component in academic curriculum	Program reports	Annually	DGHS-MOHFW DGFP-MOHFW
	Developed of guideline, IEC materials, training module, academic curriculum related to adolescent nutrition on adolescent nutrition and IFA	Program reports	Annually	DGHS-MOHFW DGFP-MOHFW
	<b>Impact</b>			
	1. % of adolescent girls (15-19 yrs.) with height <145 cm 2. % of adolescent girls (15-19 yrs.) thin (total thinness)	Survey reports	Every 4 years/ Annually	BDHS/ FSNSP/NSP
	<b>Inputs</b>			

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 3.7 Reviewing and updating of nutrition curriculum (formal/informal) at different levels of academic institutions</b>	Update nutrition curriculum (with special focus on both nutrition specific & nutrition sensitive interventions) at different levels of academic institutions (formal & informal)	Program reports	Every 4/5 years	MOHFW-BHE, CME MOE MOPME
	Update nutrition contents in primary, secondary, medical & nursing curriculum	Program reports	Every 4/5 years	
	Develop interactive e-learning on nutrition related issues	Program reports	Annually	
	<b>Outputs</b>			
	Number of updated academic curriculum with focus on nutrition at different levels of academic institutions, 1. primary 2. secondary 3. medical 4. Nursing	Program reports	Every 4/5 years	MOHFW MOE MOPME
	<b>Impact</b>			
	Academic curriculum developed and updated	Updated curriculum	Every 4/5 years	MOHFW MOE MOPME
<b>Inputs</b>				

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 3.8 Strengthening Nutrition services in hard-to-reach areas with special focus to the marginalized people in urban slums and people in hard-to-reach areas.</b>	Conduct situation analysis/need assessment with special focus on demand & supply side barriers for seeking nutrition services in hard -to- reach areas/urban slums	Program reports	Annually	MOHFW-BNNC MOHFW-IPHN/NNS MOLGRD&C
	Scale up/expand nutrition services in the hard-to-reach areas/urban slums	Program reports	Annually	
	<b>Outputs</b>			
	Urban nutrition strategy developed	Program reports	Annually	DGHS-MOHFW DGFP-MOHFW
	>95% of children 6-59 months of urban and hard-to-reach area receiving at least one dose of Vitamin A supplementation within six months.	Program monitoring reports	Annually	DGHS-MOHFW DGFP-MOHFW
	<b>Impact</b>			
	% of U-5 children in slums, 1. stunted 2. wasted 3.underweight	Survey reports	Every 5 years	Urban Health survey BDHS
<b>Strategic objective 3.9 Developing a comprehensive, integrated Multi-channel Plan of Action for SBCC with involvement of key relevant stakeholders</b>	<b>Inputs</b>			
	Develop & implement a comprehensive coordinated multi-sectoral, multi-channel, advocacy and communication on nutrition	Program reports	Annually	MOHFW MOI MOE MOA MOFood

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Scale up/expand nutrition services in the hard-to-reach areas/urban slums	Program reports	Annually	
	<b>Outputs</b>			
	BCC e-toolkit developed	Program reports	Annually	MOHFW MOI MOE
	Developed & broadcasted of nutrition SBCC through electronic different media	Program reports	Annually	MOHFW MOI MOE
	<b>Impact</b>			
	Number of ongoing comprehensive coordinated multi-sectoral, multichannel advocacy and communications campaign	Program reports	Annually	MOHFW- IPHN/NNS- BKMI MOHFW MOI MOE MOA MOFood
<b>Strategic objective 3.10</b> i) Filling up of vacant posts for health service delivery personnel ii) Ensuring uninterrupted Nutrition Supply chain iii) Ensuring necessary equipment and logistics for health facilities for nutrition services	<b>Inputs</b>			
	Recruit to fill up vacant posts	Program reports	Annually	MOHFW-DGHS, DGFP MOFin
	Scale up the Nutrition Supply chain	e-LMIS	Quarterly/Annually	MOPA MOLGRD&C



Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Assess the equipment needs of health facilities and support procurement process (make list and send to relevant authorities)	Activity reports	Quarterly/Annually	
	Review/update/implement job descriptions of nutrition workforce	Program reports	Annually	
	<b>Outputs</b>			
	Coverage of health personnel for nutrition service delivery	HRM software	Monthly	MOHFW-DGHS MOHFW-DGFP
	Online Supply Chain Management Portal (SCMP) developed	Program reports	Annually	MOHFW-DGHS MOHFW-DGFP
	Logistics Management Information System (LMIS) to be ensured timely supply of products from central to service delivery points	Program reports	Annually	MOHFW-DGHS, DGFP MOFin MOPA
	Linkage with DGHS,DGFP, and CMSD supply chain management information system is developed	Program reports	Once (When developed)	MOHFW-DGHS MOHFW-DGFP
	<b>Impact</b>			
	1. % of vacancy for health/nutrition service delivery personnel 2.Nutrition-LMIS established	1. Report from Human Resource Information System 2. LMIS data	1. Annual 2. Once (Updated if needed)	MOHFW-DGHS MOHFW-DGFP MOFin, MOPA, MOLGRD&C MOHFW- IPHN/NNS

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 3.11</b> <b>'Mainstreaming Nutrition specific intervention' into existing health and family planning services</b>	<b>Inputs</b>			
	Convene regular effective NICC (Nutrition Implementation Coordination Committee) meeting	Program reports	Annually	MOHFW-IPHN/ NNS, BNNC
	Conduct regular nutrition coordination meeting at district and sub-district level in order to ensure effective coordination between health and family planning	e-LMIS	Quarterly/ Annually	
	<b>Outputs</b>			
	At least 3 meetings for district level nutrition coordination meeting are conducted yearly	Meeting minutes	By 4 months	MOHFW-DGHS MOHFW-DGFP
	At least 4 meetings for upazila level nutrition coordination meeting are conducted yearly	Meeting minutes	Quarterly	MOHFW-DGHS MOHFW-DGFP
	<b>Impact</b>			
	Number of NICC meetings held	Meeting Minutes	Quarterly	MOHFW- IPHN/NNS
<b>Strategic objective 3.12</b> <b>i) Strengthening/ Implementing the M&amp;E of NPAN</b> <b>ii) Harmonizing the M&amp;E of Nutrition</b>	<b>Inputs</b>			
	Disseminate NPAN across sectors/units/departments/ GO & NGO stakeholders and their roles & responsibilities	Dissemination reports	Annually	MOHFW-BNNC, HMIS MOInd

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>services and Nutrition Information System and reporting</b> <b>iii) Conducting policy dialogues with 3Ms</b>	Report regularly to the stakeholders/action players and updated information system (following the identified indicators to measure accountability)	Progress reports	Annually	MOHFW-BNNC, HMIS MOInd
	Undertake gap analysis and take corrective measures for effective nutrition services	Assessment reports	Annually	MOHFW-BNNC, HMIS MOInd
	Sensitize existing health and non-health forum/ platform for greater engagement in nutrition	Meeting Minutes	Every two months	MOHFW-BNNC, HMIS MOInd
	<b>Outputs</b>			
	Number of NPAN progress report published and disseminated	Progress reports	Annually	MOHFW-BNNC
	Number of quarterly bulletin published on BNNC activities and achievement	Progress reports	Quarterly	MOHFW-BNNC
	Number of meeting conducted of M&E and research platform/forum	Meeting Minutes	Every two months	MOHFW-BNNC
	<b>Impact</b>			
	Number of meetings with consumers' associations/public hearing organized	Meeting Minutes	Bi-yearly	MOHFW-BNNC
<b>Strategic objective 3.13</b> <b>Ensuring sanctioned post for required Nutritionists in facilities/hospitals</b>	<b>Inputs</b>			
	Recruit 64 District Nutritionists with adequate capacity development support (not only through training but also continued supervisory support)	Dissemination reports	Annually	MOHFW-DGHS MOPA MOF

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Create positions for Upazila Nutritionists	Progress reports	Annually	MOHFW-DGHS MOPA MOF
	<b>Outputs</b>			
	Upazila Nutrition Officer post created and recruited for all upazila	Program monitoring	Annually	MOHFW-BNNC
	100% of upazilas are covered through CCNT	Program monitoring	Annually	MOHFW-BNNC
	100% of relevant doctors and nurses of SAM facilities are capacitated to provide SAM management	Program monitoring	Annually	MOHFW-BNNC
	<b>Impact</b>			
	1. Number of district nutritionists recruited 2. Number of nutritionist posts created for all upazila	1. Gazette published and Recruitment List 2. Gazette published	1. Once 2. Once	MOHFW-BNNC MOHFW-IPHN/NNS MOPA MOFin

#### Thematic Area 4: Strengthen nutrition- sensitive or indirect interventions

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 4.1 Addressing women empowerment through social protection/safety nets, education and information sectors</b>	<b>Inputs</b>			
	1. Conduct media campaigns, community awareness program to prevent early marriage and adolescent pregnancy and take programs with MOI, MOWCA, MOE, MOPME etc. to identify appropriate messages for mass awareness raising	Program reports	Annually	MOHFW MOE MOPME MOI MOWCA MOSW
	2. Promote VGD scheme for adolescent and women	Program reports	Annually	
	3. Scale up 'school stipend' for all school going children/ adolescents belonging to the poor and vulnerable households	Program reports	Annually	
	4. Focus on education and training programs to motivate the adolescents to complete education	Program reports	Annually	
	5. Implement programs of financial support to vulnerable women (widows, divorced, destitute, single mother, and unemployed single women including adolescent girls) and facilitate their participation in the labor market	Program reports	Annually	
	6. Generate evidence on the links between agriculture and nutrition particularly as regards the role of women	Program reports	Annually	
	7. Promote universal secondary female education coverage	Program reports	Annually	

	8. Scale up SPP focusing viable IGA, market access and role in family decision making process	Program reports	Annually	
	<b>Outputs</b>			
	Counselled on prevention of early marriage and delaying pregnancy among the adolescents and their parents	Activity report	Annually	DGHS-MOHFW DGFP-MOHFW MOPME MOI MOWCA MOSW
	No. of orientation workshops on prevention of early marriage, promoting small family norms, nutrition, ANC, PNC & FP in Islam, spacing and limiting births, ARH, facility delivery, safe motherhood.	Program reports	Annually	
	Developed strong network on Adolescent and Reproductive health involving different stakeholders/ partners (launch website, publish newsletter etc.)	MCRAH program report	Annually	
	<b>Impact</b>			
	1. % of women age 20-24 who were first married by age 18 2. % of women who completed secondary/higher education 3. % of women (15-19 yrs) who have begun childbearing	BDHS Survey report	1. Every 4 years 2. Every 4 years 3. Every 4 years	MOHFW-NIPORT MOE MOWCA
<b>Strategic objective 4.2</b> <b>i) Ensuring safe drinking water and good sanitation Promoting hygiene</b>  <b>ii) practices at all level (personal/household/ community/food production, processing, storage, preparation)</b>	<b>Inputs</b>			
	1. Scale up and expand WASH program at all level (rural/urban slum and squatters/community/remote areas etc.)	Program reports	Annually	MOHFW MOLGRD&C MOI MOE
	2. Link between Nutrition and WASH programs	Program reports	Annually	
	3. Organize media campaign and community mobilization for WASH and nutrition	Program reports	Annually	

	<b>Outcomes</b>			
	<p>1. % of population that use improved drinking water</p> <p>2. % of population that use improved sanitary latrine (not shared)</p> <p>3. % of caregivers with appropriate hand washing behavior (% of caregivers in households who used soap for hand washing at least two critical times in the past 24 hours, these two times include after own defecation and at least one for the following: after cleaning a young child, before preparing food, before eating, and/or before feeding a child) (FSNSP)</p> <p>4. % of households safely disposing of child's feces</p>	<p>1. BDHS Survey report</p> <p>2. BDHS Survey report</p> <p>3. FSNSP Survey report</p> <p>4. FSNSP Survey report</p>	<p>1. Every 4 years</p> <p>2. Every 4 years</p> <p>3. Annually</p> <p>4. Annually</p>	<p>MOHFW-NIPORT</p> <p>MOHFW-IPHN/NNS</p> <p>MOLGRD&amp;C</p>

**Thematic Area 5:** Strengthen multi-sectoral Programs to ensure countrywide efforts toward ensuring nutrition, including necessary financing for such Programs. Increase joint efforts and coordination among sectors/Ministries/non-Government organizations and development partners with regard to social safety nets, women’s empowerment, education, and water, sanitation and hygiene, among others.

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
Strategic objective 5.1 Ensure joint work by the Ministries of Local Government, Rural Development and Cooperatives and Health and Family Welfare in malnutrition-stressed urban areas, especially urban slums and squatters	<b>Inputs</b>			
	Conduct regular meeting of the Urban Health Coordination Committee co-chaired by Secretary, MOHFW and Secretary- LGD	Meeting Minutes	By every 6 months	MOHFW- BNNC, HMIS MOLGRD&C
	Sale up and harmonize nutrition component in urban primary health care package	Program reports	Annually	
	Promote stronger collaboration with IPHN, UPHCSDP, City Corporation and Municipalities	Program reports	Annually	
	Include urban nutrition reporting in the HMIS	DHIS2 online report	Monthly	
	Set up multi-sector working group (including MOHFW, MOLGRD&C, BNNC etc.) to outline a plan which include mobile outreach Primary Health and Nutrition Care team under MOHFW	Program reports	Annually	
	<b>Outputs</b>			
	Effective Coordinating between MOHFW and MOLGRD, MOInd&C and urban service providing organizations (NGOs)/Project (UPHCSDP)/DP	Activity report	Annually	MOHFW-BNNC MOHFW MOPME MOI



Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	Setting up of up urban health collaboration working group for urban health and nutrition	Program reports	Annually	MOWCA MOSW
	Outlining a plan for ensuring urban health and nutrition services for all considering the rapid urbanization	Work plan report	Annually	
	<b>Impact</b>			
	1. Number of Urban Health coordination committee meetings held in a year 2. Urban nutrition reporting included in DHIS2 of HMIS 3. NGO nutrition reporting included DHIS2 of HMIS	1. Meeting Minutes 2. DHIS2 with Urban Nutrition Reporting 3. DHIS2 with NGO Nutrition Reporting	1. Quarterly 2. Once 3. Once	MOHFW-DGHS MOLGRD&C MOHFW-BNNC
<b>Strategic objective 5.2 Strengthening/integrating nutrition education in regular formal and informal curricula of primary and secondary educational institutions</b>	<b>Inputs</b>			
	Review curricula to ensure appropriate inclusion of nutrition education for boys and girls	Revised Curricula	Once	MOHFW-BHE MOPME MOE MOI
	Scale up school health, school feeding, and school gardening programs	Program reports	Annually	
	Scale up physical education in educational institutions	Program reports	Annually	
	Promote physical exercise and sports in communities	Program reports	Monthly	
	<b>Outputs</b>			
	Number of institutions incorporating micronutrient issues in their training curricula	Program reports	Annually	MOHFW-BHE MOPME MOE MOI
Integrated nutrition education in school curricula at all levels	Program reports	Annually		

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	% of pupils in Primary Schools with adequate nutrition status	Program reports	Annually	
	<b>Impact</b>			
	Number of academic curricula revised to include healthy diet and physical education	Curriculum healthy diet and physical education	Every 5 years	MOHFW MOPME MOE
<b>Strategic objective 5.3 Jointly implement nutrition Programs through strengthened partnerships and coordination between Government institutions and non-Government organizations and institutions</b>	<b>Inputs</b>			
	Map nutrition interventions	Mapping report	Every 2 years	MOHFW-BNNC, IPHN, NNS MOA MOFood MOWCA MOLGRD&C MOInd
	Make the GO-NGO partnership and coordination effective and efficient	Program reports	Annually	
	<b>Outputs</b>			
	Established effective coordination mechanism involving all relevant stakeholders	Program reports	Annually	MOHFW-BHE MOPME MOE MOI
	Strengthening the 'Mainstreaming of Nutrition' following a Coordinated approach	Program reports	Annually	
	<b>Impact</b>			
	Updated report on Nutrition mapping	Mapping report	Every 2 years	MOHFW MOPME MOE

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
<b>Strategic objective 5.4 Include issues of nutrition in the National Social Security Strategy paper, particularly with regard to food diversity in food-related programs. Initiate nutrition Programs targeting ultra-poor and deprived communities, and link up nutrition Programs with other social safety net Programs.</b>	<b>Inputs</b>			
	Revise National Social Security Strategy (NSS) to integrate nutrition considerations like promotion of food diversity and better targeting	Revised NSSS Paper	Once	GED MOSW MOWCA MOHFW
	<b>Outputs</b>			
	Ensuring stronger nutrition focus in social protection as per NSS	Program reports	Annually	GED MOSW MOWCA MOHFW
	Establishing links between the health system and social safety net programs	Program reports	Annually	GED MOSW MOWCA MOHFW
	<b>Impact</b>			
Updated National Social Security Strategy Paper related to food diversity in food related programs	Revised National Social Security Strategy (NSSS) Paper	Once	MOSW MOWCA MOHFW MOInd	
<b>Strategic objective 5.5 Strengthening research, surveillance, knowledge management and Nutrition Information System to inform nutrition policy decisions</b>	<b>Inputs</b>			
	Do map and gap analysis for evidence, research and coordination	Gap analysis report	Every 2 years	MOHFW- DGHS, DGFP, IPHN, NNS MOSW MOFood
	Scale up routine NIS (expand nutrition indicators into DGHS/DGFP routine MIS & reporting with quality data, nutrition surveillance system etc.)	Activity report	Annually	
	Build an effective knowledge management process (e.g. undertake periodic review and evaluation of the impact and effectiveness of nutrition interventions/programs/	Knowledge management Protocol	Once	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	services at national & sub-national level dissemination, take corrective measures & follow up actions)			
	Commission nutrition research relevant to identified national needs	Research report	Annually	
	Establish research/academia platform	Program reports	Annually	
	Undertake new research/piloting on integrating nutrition in social protection/Safety-net Programs, share the evidences with policy/decision makers and ensure the design of SPPs/SSNs is continuously improved (making it better nutrition sensitive), based on research outcomes	Research report	Annually	
	Develop M&E system for nutrition sensitive social protection programs (SPPs)	Program reports	Once	
	<b>Outputs</b>			
	No. of Core nutrition indicators integrated into central NIS for Vision 2025	Program reports	Once	MOHFW-BNNC, IPHN, NNS
	Surveillance protocol and M&E tools (reporting formats etc.) available online.	Program reports	Annually	DGFP MOSW
	Number of nutrition bulletins disseminated annually	Nutrition bulletins	Quarterly	MOFood

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	No. of nutrition stakeholder forum held at county level to support and strengthens feedback mechanisms.	Meeting Minutes	Every 2 months	
	Proportion of health facilities reporting quality nutrition data	DHIS2 online report	Monthly	
	<b>Impact</b>			
	% health facilities nationwide conveying accurate and complete monitoring data to central level	Monitoring report	Quarterly	
	Coordination and information exchange strengthened among nutrition stakeholders.	Program reports	Annually	
	Nutrition Research Coordinating Committee established and executing its appropriate mandate	Meeting Minutes	Every 2 months	
	<b>Impact</b>			
	1. Compendium on nutrition research available 2. Yearly monitoring and evaluation report available	1. Compendium on nutrition 2. Monitoring and evaluation report	1. One in 2 years 2. Annually	MOHFW-BNNC
<b>Strategic objective 5.6 Strengthen the enforcement of laws against the adulteration of food and raise public awareness on the issue.</b>	<b>Inputs</b>			
	1. Scale up the capacity of the Bangladesh Food Safety Authority and build linkage with Codex/INFOSAN and enhance accountability for the Food Safety Law 2013	Program reports	Annually	MOFood MOHFW MOInd MOC MOLaw MOA
	2. Finalize the National Food Safety Policy and develop	Final NFS Policy	Once	

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	National Plan of Action on food safety and disseminate			
	3. Build capacity of the Codex and INFOSAN focal points and enforce measures to ensure food safety along the value chain	Activity report	Annually	
	4. Conduct public awareness campaign on food safety	Activity report	Annually	
	<b>Outputs</b>			
	Strengthening the enforcement of Food Safety Act 2013	Food Safety Act	Once	MOFood MOHFW MOInd MOC MOLaw MOA
	Enhanced public awareness on food safety	Program reports	Annually	
	<b>Impact</b>			
	1. National Food Safety Policy finalized and disseminated 2. Costed National Plan of Action on Food safety developed	1. National Food Safety Policy 2. National Plan of Action on Food safety	1. Once 2. Once	BSTI MOHFW- IPHN/NNS Bangladesh Food safety Network MOHFW-BNNC
	<b>Inputs</b>			
<b>Strategic objective 5.7 Mitigating climate change impact on nutrition through strategic adaptation</b>	1. Revise and update climate change adaptation strategies with inclusion of food security, employment and disease management with an impact on nutrition	Updated strategies	Once	MOFood MOHFW MOInd MOC

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	2. Scale up nutrition and health services in areas most vulnerable to climate change	Progress reports	Annually	MOLaw MOA
	<b>Outputs</b>			
	Support for formulating new policies, plans of action, and country investment plans for agriculture, food security and nutrition	New policies	Once	MOFood MOHFW MOInd MOC MOLaw MOA
	Supporting Implementation of the Bangladesh Climate Change Strategy & Action Plan	Progress reports	Annually	
	Community based adaptation to climate change through Coastal Afforestation in Bangladesh	Progress reports	Annually	
	Promote the development of responses to adapt agricultural systems to climate change	Progress reports	Annually	
	<b>Impact</b>			
	Nutrition component of climate change adaptation strategy updated/included	Climate change adaptation strategies	Once	MOHFW-CCHPU MOHFW MOEF MOA MOFood
<b>Inputs</b>				
<b>Strategic objective 5.8 Strengthen the National Nutrition Council, with the Honorable Prime Minister as the Chair, to review the nutritional situation of the country and</b>	1. Identify gaps causing ineffective 3M coordination	Assessment report	Once	MOHFW- BNNC, IPHN, NNS, DGHS,
	2. Make the BNNC Office functional through recruiting	Progress reports	Annually	DGFP, MOF, MOPA,

Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
implement/ coordinate multi-sectoral programs	full time personnel including clear job description			PM Office, Cabinet
	3. Prepare a short-, medium- and long-term plan for BNNC Office	BNNC work plan	Quarterly/half-yearly/annually	
	4. Establish linkages for securing technical & financial assistance needed for ensuring effective perationalization of BNNC Office	Progress reports	Annually	
	5. Activate the bodies (council, executive committee and standing technical committee) with required support from BNNC Office with clear TOR and responsibilities	Progress reports	Annually	
	6. Establish national and sub-national level coordination architectures (district and upazila) for planning, information sharing at local level	Meeting Minutes	Every 2 months	
	7. Identify nutrition focal points across the sectors/ divisions/departments/services with clear TORs and accountability	List of focal persons with TOR	Annually	
	8. Monitor & evaluate progress of NPAN implementation	Monitoring report	Quarterly/Annually	
	9. Constitute the interagency (working level) coordination platforms within BNNC office as envisaged in NPAN2	Meeting Minutes	Every 2 months	



Strategic objective areas	Performance Indicators	Means of Verification/ Source of Data	Frequency	Responsible
				Lead Agencies
	<b>Outputs</b>			
	Number of full time personnel recruited for BNNC Office	Man power in-place according to Organogram	Annually	MOHFW-BNNC PM Office Cabinet
	Number of council meetings held	Meeting Minutes	Bi-annually	
	Number of executive committee meeting held	Meeting Minutes	Quarterly	
	Number of standing technical committee meetings held	Meeting Minutes	Quarterly	
	<b>Impact</b>			
	<ol style="list-style-type: none"> <li>1. BNNC office functional</li> <li>2. District and Upazila nutrition coordination committee are in place</li> <li>3. Yearly monitoring report on NPAN is available</li> <li>4. Nutrition focal points in different sectors are in place and TOR available</li> </ol>	<ol style="list-style-type: none"> <li>1. Budget allocation, personnel, meeting minutes</li> <li>2. Annual work plan</li> <li>3. NPAN M&amp;E Report</li> <li>4. Government notification</li> </ol>	<ol style="list-style-type: none"> <li>1. Budget Allocation- every 2 years (revenue), Personnel- Once, Meeting Minutes- Annually</li> <li>2. Once</li> <li>3. Annually</li> <li>4. Once</li> </ol>	MOHFW-CCHPU MOHFW MOEF MOA MOFood

# Way Forward

## 5.1 IMPLEMENTATION STRATEGY FOR THE M&E FRAMEWORK

- i. Overall management and ensuring implementation of the M&E Framework
- ii. Development of M&E implementation plan
- iii. Development of M&E operational manual (Laying out M&E Systems)
- iv. Dissemination of M&E Framework to all stakeholders
- v. Capacity building for NIS sub-systems in a central level
- vi. Resource mobilization (Data Warehouse) for M&E activities
- vii. Utilize the reports from M&E systems and decision making
- viii. Analysis of data and preparation of national M&E reports
- ix. Ensuring data quality control in M&E systems
- x. Building strong institutional collaboration/relationships critical for the success of M&E

## 5.2 ROLE OF IMPLEMENTERS

- i. Role of Line Ministries/ Institutions and Agencies
- ii. Role of Development Partners
- iii. The Roles of Upazila and District Multi-sectoral Coordination Committee
- iv. The Roles at the Health Facility Level

## 5.3 CAPACITY STRENGTHENING FOR M&E

- i. Supportive supervision to Central level (BNNC) technical team, Upazila, district and facility level.
- ii. On the job training on technical issues as well as data and information management.

- iii. Formal trainings using approved curriculums in all the trainings conducted in the Central, District and upazila level.
- iv. Ensure that all trainings conducted shall include a unit on monitoring and evaluation.

#### **5.4 NEXT STEPS:**

- Detailed M&E Plan (after assessment of existing M&E mechanism of nutrition key sectors)
- Defining data Sources and process of collection
- Data Quality Assurance
- Information can be disseminated through technical forums and meetings, bulletins, quarterly and annual reports and the nutrition website
- Development and multi-integration of central data warehouse for nutrition information
- Updating of the Framework as per necessity
- Development of Nutrition Dashboard for Decision makers

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