



# Review of Multisectoral Nutrition Related Policies in Bangladesh



| November 2021

**Bangladesh National Nutrition Council (BNNC)**  
**Ministry of Health and Family Welfare**

## ACRONYMS

BDHS	Bangladesh Demographic and Health Survey
BFSA	Bangladesh Food Safety Authority
BMI	Body Mass Index
BMS	Breast Milk Substitute
BNNC	Bangladesh National Nutrition Council
CDCS	Country Development Cooperation Strategy
CED	Chronic Energy Deficiency
CIP2	Second Country Investment Plan
CMC	Central Management Committee
DLI	Disbursement Linked Indicators
ECNEC	Executive Committee for National Economic Council
ESP	Essential Service Package
FMAU	Financial Management and Audit Unit
FPMU	Food Planning and Monitoring Unit
FSN	Food Security and Nutrition
FYP	Five Year Plan
HPNSDP	Health, Population and Nutrition Sector Development Program
HPNSP	Health, Population and Nutrition Sector Program
ICN2	Second International Conference on Nutrition
IFM	Improved Financial Management
KII	Key Informant Interview
LBW	Low Birth Weight
MDG	Millennium Development Goals
NFNSP	National Food and Nutrition Security Policy
MOLGDR&C	Ministry of Local Government, Rural Development and Cooperatives
NMDCS	National Strategy for Prevention and Control of Micronutrient Deficiencies in Bangladesh
NNP	National Nutrition Policy
NPAN2	Second National Plan of Action for Nutrition
NSSS	National Social Security Strategy
OP	Operational Plan
PoA	Plan of Action
PIP	Program Implementation Plan
RPA	Reimbursable Project Aid
SDG	Sustainable Development Goals
SIP	Strategic Investment Plan
SMART	Specific, Measurable, Achievable, Relevant and Time-bound.
SUN	Scaling up Nutrition
SWAp	Sector Wide Approach Program
SWPMM	Sector Wide Program Management and Monitoring
TWG	Technical Working Group
UNSDCF	UN United Nations Sustainable Development Cooperation Framework
UNSERF	UN Socio Economic Response Framework
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly

## Preface

Policy is the mainstay of BNNC mandate and responsibility. Policies make a favourable environment for nutrition and guides activities across sectors. Coordination of policies is vital for multisectoral realization of nutrition programming.

Bangladesh developed several legislation, policy, plan, and strategies related to nutrition since its independence. However, no comprehensive initiative has been taken to map and review those policies. SUN country plan for 2019-20 for Bangladesh included an activity to review nutrition policies of Bangladesh. Based on this background BNNC took an initiative to review nutrition related policies in Bangladesh with aim to find strengths and gaps, and recommendations to strengthen policy formulation, coordination process and thereby to improve overall policy environment for nutrition in the country.

This initiative encompassed a mapping exercise of nutrition related policies (Legislation, Policy, Plan and Strategy) since independence and a review of selected ones against a standard checklist. I expect that this report will be used as a reference guide for formulation and review of nutrition related policies in coming days.

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## EXECUTIVE SUMMARY

This report is comprised of two parts, the first part is the main report covering background, methodology, results, analysis & discussion, conclusion & recommendation, and annexure; and part two, which includes selected individual policy reviews through the adapted checklist.

Bangladesh experienced notable progress in achieving results in maternal and child nutrition over the previous two decades. Transformation of policies and programmes can largely be attributed towards the improvement that the country experienced till date. Series of national, as well as global commitments added plea and urgency to respond, expand and accelerate nutrition actions across sectors for achieving set targets. However, despite the improvement, malnutrition continues to be a public health challenge. Recent COVID19 pandemic situation has made the situation even more challenging.

BNNC planned to conduct a review of nutrition related (specific and sensitive) policies, plans, strategies, legislations of the Government and development partners in Bangladesh to determine whether and how these have adequately addressed and incorporated nutrition issues. The objective was to create potential opportunity to mainstream and operationalizing nutrition issues into policies and programs of relevant ministries and development partners. A rigorous methodology was followed in the review, that involved formation of a Technical Working Group (TWG), development of a long list of relevant policies, determination of a set of criteria for review, shortlisting the policies, reviewing the policies with the selected criteria, key informant interviews, consultation with the TWG and validation of the findings. A Checklist having a total of twenty-three criteria under five areas were used, predominantly based upon SUN guidelines 2016 for policy review, however, customized slightly in the context of Bangladesh. A total of twenty four policies of the Government of Bangladesh (GoB) were reviewed, which included relevant laws/acts, policies, strategies, and plans. In addition, two relevant policies of the UN and the country development strategy of USAID was also reviewed with the same checklist.

While situational analysis was done in most of the GoB policies, and nutritional status of children was included in majority of those, very few of the policies had lifecycle-based analysis. Sex and region disaggregated data was also included in the situational analysis of these policies. All the selected GoB policies had relevance with nutrition, with six policies having nutrition-specific, twelve having nutrition-sensitive and five having both nutrition-specific and nutrition-sensitive emphasis in the goals and objectives. Thirteen out of the twenty-three GoB policies had direct relationship with the six WHA nutrition targets. However, the indicators to measure nutrition impact was not found to be very structured, with only ten policies having SMART (specific, measurable, achievable, realistic, and time-bound) indicators to measure the progress in goals or objectives.

Among the selected twenty-four policies, six referred to the election manifesto of the ruling political party, while seven referred to the Vision 2021 or Vision 2041 – two of the long-term visions of the ruling party. Fifteen of the policies had sectoral strategies relevant to either Millennium Development Goals (MDG) or Sustainable Development Goals (SDG). Considering the costing and budgetary framework, very few of the policies had costed action plans – only five out of the twenty-four GoB policies.

By practice, legislations and policies in Bangladesh usually do not incorporate actions. All other eligible documents had actions to address bottlenecks to enable environment for nutrition. While

all these policies had actions to sensitize, aware and develop capacities of relevant stakeholders, majority had actions to address secondary reasons for nutrition vulnerabilities. All these eligible policies had an operational framework with implementation arrangements, lead and support organizations and their roles. However, very few had a risk assessment done and subsequent mitigation measures. Almost all the policies had multisectoral coordination and collaboration mechanisms. Interestingly, several policies recommended separate multisectoral coordination mechanisms, without having any real mechanism of collaboration among these coordinating platforms. Majority of the eligible policies had a clear monitoring and evaluation framework.

Majority of the policies had gender equality and women empowerment in the goals and objectives, with seventeen out of nineteen eligible policy documents having specific gender actions. However, very few policies had gender segregated data in the key indicators in the situational analysis. Only eleven out of the nineteen eligible policy documents had discussions on gender dimensions of that respective sector. Only five policies had gender-focused indicators in the M&E framework.

Development Partners-DPs (UN organizations and Donor agencies) play a crucial role historically in nutrition policy and programming in Bangladesh collaborating with the government as well as non-government development organizations. Most international organizations usually follows the global policies and strategy documents, however, few organizations are guided by country specific strategy and plans prepared alone or jointly with the government. A few of such policies of DPs in Bangladesh were reviewed. Situation analysis was found using life cycle-based analysis in these documents, although sex and region-specific data was not seen in other documents. All the reviewed DP policies had a section discussing the impact of COVID19 pandemic.

In general, the goals and objectives of the reviewed, one DP policy were found to be nutrition sensitive, while the other two had both sensitive and specific goals and objectives. These did have connection to global, organizational and respective government commitments, particularly relevant to nutrition in addition to others. One of the three policies reviewed had costed actions, with all the document lacked a clear indication on the financing arrangements. All documents had clear pathways for implementation. These also had capacity development strategy for the relevant stakeholders. The actions also had sensitization, awareness and knowledge dissemination components on issues associated with nutrition. All the policies had actions that addressed specific gender-based issues, that were directly or indirectly associated with nutrition.

Majority of the GoB policies reviewed were not necessarily introduced with nutrition objectives in intent, rather, were introduced for sectoral development. However, almost all the policies reviewed had direct or indirect implications on nutrition. Interestingly, majority of the policies did not acknowledge the existing and potential implications of the respective sectoral strategies and actions on nutrition. This situation can be termed as “nutrition-friendly by incident, not by intent”. A clear shift in understanding could be visible, post national nutrition policy 2015, in these policies, with the older ones putting emphasis on nutrition through food and health, while the newer ones putting more emphasis on holistic approach that include sectors to address secondary vulnerability of nutrition, e.g., education, income, skills, women empowerment, etc. Majority of the policies reviewed, acknowledged the importance of multisectoral coordination, however, had its own in-house mechanism and idea about the “multi-sectorality” of the collaboration and rarely having connection with the similar concept of the other policy. Operationalizing policies into actions was found to be a major issue in almost all policies, as these lacked a clear pathway to convert the strategies into actions. Majority of the policy documents reviewed did not have direct

linkage with resource requirements and did not include actions on how those resources would be mobilized. Although gender was mentioned to be focused as a cross-cutting or overarching issue in almost all the policies reviewed as explicitly women empowerment or equality there were very few documents having specific gender-focused criteria or actions.

In conclusion, Bangladesh bears a mixed situation of policy experience related to nutrition with a transformation towards positive direction and having a lot of potential next actions.

The review furnished a set of recommendations to further improve the nutrition sensitivity of the relevant policies in the country, which included the following:

- Use a standard methodology and checklist (the one which was used during this review) with nutrition markers relevant to respective sector to guide sectoral policy formulation processes and contents
- Adopt strategy of sectoral actions with multisectoral consideration and collaboration as the basis of policy formulation. Ensure preparation of plan of action soon after the finalization of the applicable policy to ensure implementation of strategies with smart objectives and indicators
- Ensure engagement of all potential stakeholders during policy development and review process. Maintain close collaboration with Development Partners in building and maintaining a congenial policy environment for nutrition
- Avoid creation of multiple coordinating authorities under policies concerned that might lead to divergence and non-synchronization in governance system
- Enhance the role of Bangladesh National Nutrition Council (BNNC) as the apex body of multisectoral nutrition towards policy coordination
- Determine cost and budgeting with financing and resource mobilization mechanism to facilitate implementation of policy and plan
- Keep provision for an accountability framework in applicable policies to ensure due role by the responsible parties
- Evaluate/review policy and plans before completion of its tenure to glean lessons learned and formulate the follow-on policy/plan without any gap, to ensure the continuity of business
- Use monitoring and surveillance data on nutrition indicators by gender, socio-economic and geographical areas for comparing development and evaluating the impacts of interventions, and for providing information for advocacy and political decision making
- Strengthen gender component through rigorous analysis using comprehensive markers in policy formulation and monitor progress during implementation.



# CHAPTER ONE: INTRODUCTION

## 1.1 Nutrition Situation Analysis in Bangladesh

There has been notable progress for Bangladesh in achieving results in nutrition, particularly for maternal and child nutrition over the last two decades. Both stunting and underweight reduced from 43 percent and 41 percent in 2007 to 31 percent and 22 percent in 2017-18<sup>1</sup>. After years of a critically high level of around 15 percent, prevalence of wasting came down to 8 percent in 2017<sup>2</sup> respectively. The prevalence of Low Birth Weight (LBW) reduced to 22.6 percent<sup>3</sup> in 2015 in comparison to the 36 percent in 2003-04<sup>4</sup>. Chronic Energy Deficiency (CED) rate among mothers with Body Mass Index (BMI) less than 18.5 has decreased from 52 percent in 1996-97 to about 31 percent in 2019<sup>5</sup>. Though this CED rate at 30 percent for mothers<sup>6</sup> indicates a substantial improvement over time, it is still an issue of public health concern.

Nutritional deficiencies during pregnancy are associated with increased risk of infant LBW and childhood stunting. Therefore, combating maternal nutritional deficiencies at conception and during pregnancy is high priority to achieve nutritional outcomes. Evidence suggests that maternal undernutrition, which is a key determinant of infant and young child under nutrition, remains as a challenge despite efforts to improve the nutritional status of pregnant women<sup>7</sup>.

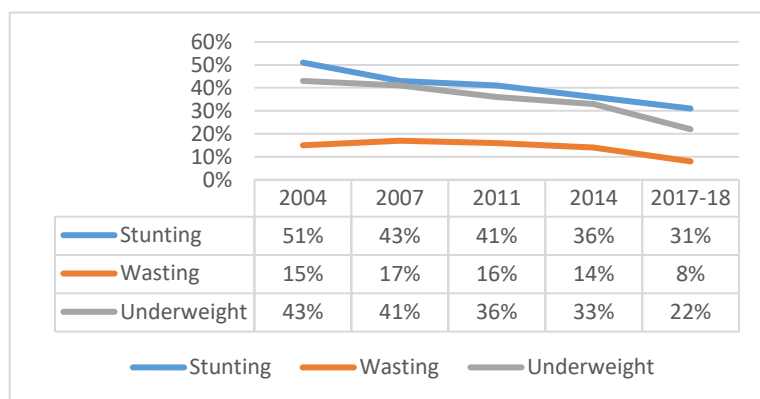


Figure 1: Trends in Nutrition Status Improvement for Children

Anaemia during pregnancy is common in Bangladesh (41.8 percent according to BDHS, 2011), with serious consequences for both mother and newborn, including increased risk of infant low birth weight and preterm birth, as well as high risk of maternal and perinatal morbidity and mortality.

Maternal undernutrition was at 38 percent among adolescent mothers aged 15-19 years. Childbearing during adolescence (15-19 years)

stood at 27.7 percent, as per BDHS 2017-188. This contributes to poor maternal nutritional status and birth outcomes, including high levels of LBW infants. Both stunting and underweight remain quite high among adolescent girls at 29 percent and 56 percent respectively, while overweight

<sup>1</sup> National Institute of Population Research and Training (NIPORT), and ICF. 2020. Bangladesh Demographic and Health Survey 2017-18. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.

<sup>2</sup> *ibid*

<sup>3</sup> IPHN. 2015. National Low Birth Weight Survey, 2015. Institute of Public Health Nutrition, Dhaka, Bangladesh

<sup>4</sup> Bangladesh Bureau of Statistics. National Low Birth Weight Survey of Bangladesh 2003-2004. Planning division, Ministry of Planning, Government of the People's Republic of Bangladesh; 2005.

<sup>5</sup> State of Food Security and Nutrition in Bangladesh 2018-2019, BRAC James P Grant School of Public Health and National Nutrition Services (NNS), 2019, Dhaka, Bangladesh.

<sup>6</sup> National Institute of Population Research and Training - NIPORT/Bangladesh, Mitra and Associates/Bangladesh, and Macro International. 2009. Bangladesh Demographic and Health Survey 2007. Dhaka, Bangladesh: National Institute of Population Research and Training, Mitra and Associates, and Macro International.

<sup>7</sup> Ahmed, T., Mahfuz, M., Ireen, S., Ahmed, A. M., Rahman, S., Islam, M. M., Alam, N., Hossain, M. I., Rahman, S. M., Ali, M. M., Choudhury, F. P., & Cravioto, A. (2012). Nutrition of children and women in Bangladesh: trends and directions for the future. *Journal of health, population, and nutrition*, 30(1), 1-11. <https://doi.org/10.3329/jhpn.v30i1.11268>

<sup>8</sup> National Institute of Population Research and Training (NIPORT), and ICF. 2020. Bangladesh Demographic and Health Survey 2017-18. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.

and obesity prevalence is around 7 percent and 2 percent respectively<sup>9</sup>. Anaemia and micronutrient deficiencies are common in adolescents, notably vitamin A, zinc, iodine and calcium, since dietary intakes are far below requirements.

Bangladesh achieved remarkable success in food security in terms of self-sufficiency in rice and fish production, significant progress in meat, egg and milk production, however, still lagging behind in production of pulses, fruits and vegetables. As a result, despite improvement in quality and diversity of diets consumed by the population, diet quality remains below global recommended level, particularly related to consumption of fruits, vegetables, animal-source foods, and pulses. One out of three people experience some form of food insecurity, while one in ten with severe food insecurity.

## **1.2 Policy Framework and Review for Nutrition: Global and in Bangladesh**

Bangladesh has been experiencing a long journey towards improved nutrition since its independence in 1971. This improvement has been characterized by policy and programme transformations. Set of policies ushered in, in the effort to improved nutrition over the time either specific or sensitive being influenced by global concepts and country context. National commitments e.g., vision 2021, five-year plans and global commitments like International Conferences on Nutrition (ICN), Scaling up Nutrition (SUN) movement, Sustainable Development Goals (SDGs) and World Health Assembly (WHA) have added plea and urgency to respond, expand and accelerate nutrition actions across sectors for achieving different set targets. Recent COVID19 pandemic situation has made the situation even more challenging yet important.

Access to adequate nutrition as a basic human right is enshrined in the Constitution of the People's Republic of Bangladesh promulgated in 1972. Government of Bangladesh (GoB) is committed to invest in nutrition and has been developing various policies and policy instruments there on across sectors integrating food security and nutrition, and other relevant domains.

The National Nutrition Policy (NNP) endorsed in October 2015 provides the necessary direction to implement and strengthen strategies and actions to improve the nutritional status of the population. Aligning with the objectives of the NNP and expressing the country's continued commitment to combat malnutrition in all its forms, NPAN2 2016-2025 has been formulated with identified priority strategic actions. The NPAN2 represented the collective aspirations and commitment of the government through its various ministries and organizations, development partners and the people of Bangladesh, to further reduce malnutrition in the country. The overall aim of NNP, 2015 and NPAN2 was to improve the nutritional status of the people, especially disadvantaged groups, including mothers, adolescent girls and children; to prevent and control malnutrition; and to accelerate national development through raising the standard of living.

BNNC, an apex body for nutrition policy and coordination is responsible for coordinating among multi-sector stakeholders at different levels. BNNC mainly provides policy guidance, evidence uptake in policy making and ensuring that nutrition is adequately mainstreamed in the nutrition relevant policies and action plans.

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<sup>9</sup> State of Food Security and Nutrition in Bangladesh 2018-2019, BRAC James P Grant School of Public Health and National Nutrition Services (NNS), 2019, Dhaka, Bangladesh.

NPAN2 includes so far 22 ministries that have nutrition-related priorities. Many of the 22 ministries have their own policies with nutrition as a cross cutting agenda. BNNC is responsible for coordination among these multi-level and multi-sector stakeholders and for ensuring that nutrition is adequately mainstreamed in their policies and action plans.

On the other hand, Ministry of Food formulated the National Food Policy 2006 and its Plan of Action in 2008. Under the leadership of the same Ministry, particularly Food Planning and Monitoring Unit (FPMU) two Country Investment Plans (CIP) mainly focusing on food security and nutrition sensitive agriculture had been prepared and monitored during 2010-2020; the CIP3 being

under process of finalization. The Ministry of Food also formulated the National Policy on Food Security and Nutrition 2020 and its Plan of Action 2021-2030 recently.

#### **Nutrition Policy Review: Key Global Milestones**

2009-2010: First Global Nutrition Policy Review (GNPR1)  
2011: Political declaration on the prevention and control of NCDs by UNGA  
2012: Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (MIYCN) by WHA 2012. Six global nutrition targets by 2025  
2013: Global Action Plan for prevention and Control of NCD 2013-2020  
2014: Second International Conference on Nutrition  
2015: Agenda for Sustainable Development by UNGA  
2016 April: United Nations Decade of Action on Nutrition  
2016 May: UNGA requested DG-WHO to work with DG-FAO support member states in developing, strengthening and implementation of their policies. SMART commitments within the Framework of the Decade of Action on Nutrition 2016-25

*Source: World Health Organization*

### **1.3 Rationale of the Review**

BNNC planned to conduct a review of nutrition specific and sensitive policies, plans, strategies, legislations of Government and development agencies in Bangladesh to determine whether these have adequately addressed and incorporated nutrition issues. Malnutrition is multi-factorial and thus these multifactorial causation needs multi-sectoral, multipronged policies, strategies, plans to alleviate the problem of malnutrition. This review was planned to create potential opportunity to mainstream and operationalizing nutrition issues into relevant policies and programs under 22 relevant ministries and policies/plans of development partners. The review was also included as one of the three priority activities for Bangladesh in SUN Joint Assessment Report, 2019.

Nutrition policy is a statement by an authoritative body (usually the government) of its intent to act in order to maintain or alter the food supply, nutritional status, or some other indicator in society. It is distinct from 'food policy' since food policy does not explicitly incorporate public health concerns. On the other hand, another term, 'food and nutrition policy' is an umbrella term that incorporates both public health concerns and intersectoral action with food policy. Food and nutrition policy should be discussed together because the effects of nutrition policy depend to such a great extent on food consumption<sup>10</sup>.

This review was intended to examine selected policies with a standard checklist and will indicate towards creating opportunity to mainstream and operationalizing nutrition issues into relevant policies and programs.

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<sup>10</sup> Johanna T. Dwyer, in Reference Module in Food Science 2016

National Information Platform on Nutrition (NIPN), an EC supported joint HKI-BIDS initiative, conducted two policy reviews in 2019, one mapping and review of policies with the lens of availability, accessibility, utilization, and women's agency dimensions: and another on policy context and dynamics in Bangladesh with special reference to the National Nutrition Policy 2015.

#### **1.4 Objectives of the Review**

- Mapping of existing sectoral nutrition specific and sensitive policies, legislations, plans, strategies of government as well as nutrition relevant country strategies of national and international development entities such as UN, other donors.
- Identify key nutrition specific and sensitive policies, legislations, plans and strategies that need to be reviewed and analyzed.
- Design guidelines, data collection methods/approach; Key Informant Interviews (KII), Checklist and other information collection and analysis tools as appropriate.
- Collect nutrition specific and sensitive policies, legislations, plans, strategies document (soft/hardcopy) and make a repository.
- Review identified key nutrition specific and sensitive policies, legislations, plans and strategies in line with the SUN national nutrition plans review checklist 2016.
- Assess the extent to which nutrition relevant contents are incorporated into the goals, objectives, targets and actions of these policies, legislations, plans and strategies
- Carry out discussion/meeting/interview with key stakeholders/individuals as part of information collection, triangulation.
- Make recommendations to make the policies, legislations, plans and strategies adequately nutrition sensitive.
- Validate the findings and recommendations through a validation workshop
- Develop a policy brief for advocacy based on the analysis findings and recommendations.

## CHAPTER TWO: METHODOLOGY

### 2.1 Overall Approach of the Review

A Technical Working Group (TWG) was formed by BNNC for the purpose of this review, led by Director (Policy), BNNC, with representation from NNS, IPHN, NIPN, WHO, UNICEF, World Bank, USAID, WFP, FAO and the consultants associated with BNNC. The detailed formation and terms of reference of the TWG is attached in annex:01. TWG identified a list of acts, rules, policies, strategies and plans. After that, a shortlist was prepared from a consultation meeting within the TWG to identify the relevant acts, rules, policies, strategies and plans that may have direct or

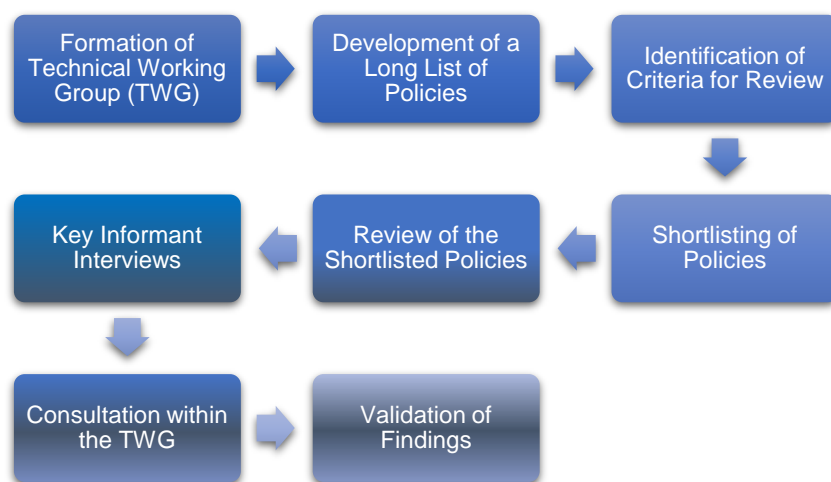


Figure 2: Methodology followed for the Policy Review

indirect relationship with nutrition. A list of criteria was developed to review the policies using basically SUN Checklist 2016 with few adaptations. The shortlisted policies were reviewed using this list of criteria. Key Informant Interviews (KII) were carried out with relevant sectoral experts, academicians,

researchers, and policy experts. Based on the review of the policies and the KIIs, this report was developed. There were series of consultation meetings in the TWG to further refine the findings. The findings would be presented and validated in relevant platform meeting. The detailed process including different steps are shown in the figure below:

### 2.2 Criteria Used for the Review

As mentioned before, the review predominantly used the SUN guideline for policy review, 2016. However, to contextualize with the nutrition landscape of Bangladesh, TWG made some modifications and incorporated a few additional criteria. The list of criteria used is shown in the table below.

Table 1: List of Criteria Used for Review

Area	Criteria
Situation analysis and policy and programming review	<b>1. Situational Analysis</b> <ul style="list-style-type: none"> <li>- Discusses the nutritional status and determinants of malnutrition of children under 5</li> <li>- Life cycle-based analysis</li> <li>- Disaggregates data by either sex or region including urban rural</li> <li>- Effect of Pandemic, if applicable</li> </ul>
	<b>2. Goals /objectives and targets</b> <ul style="list-style-type: none"> <li>- Includes goals consistent with internationally agreed upon recommendations</li> <li>- Includes goals that contribute towards all six WHA nutrition related targets</li> </ul>

Area	Criteria
	<ul style="list-style-type: none"> <li>- Includes expected results are SMART</li> </ul> <p><b>3. Sectoral Strategy Analysis</b></p> <ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> <li>- Documents gaps, lessons learned or areas for improvement</li> </ul> <p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul> <p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul> <p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul> <p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>
<b>Costs and budgetary framework</b>	<p><b>9. Costing</b></p> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul> <p><b>10. Financing arrangements</b></p> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul> <p><b>11. Financial tracking</b></p> <ul style="list-style-type: none"> <li>- Describes a financial tracking mechanism, including on-/off- budget funding, allocation and expenditures</li> </ul> <p><b>12. Resource allocation</b></p> <ul style="list-style-type: none"> <li>- Defines transparent criteria for allocation of resources</li> <li>- Includes specific budget line for nutrition</li> </ul> <p><b>13. Operational framework</b></p> <ul style="list-style-type: none"> <li>- Lists the lead and supporting organizations for each action</li> </ul>

Area	Criteria
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex

## 2.3 Nature and Specifics of the Shortlisted Policies

Although the term “Policy” was used in a generic way, however, the shortlist included four types of regulatory and guiding documents:

- Law:** The word 'law' is defined in Article 152 of the Bangladesh Constitution, 1972. It says that “law” means any Act, ordinance, order, rule, regulation, byelaw, notification, or other legal instrument, and any custom or usage, having the force of law in Bangladesh. Acts or Laws are passed by the Parliament. Ordinances are promulgated by order of the President, later ratified by the Parliament into Laws/Acts. Some of the regulatory documents included in this review were “Rules” that were drafted by the respective ministries and vetted by Ministry of Law. Rules were considered as complementary

documents while reviewing, since they provide detailed guidelines for implementation of the acts.

- **Policy:** Policies are guiding documents for development of a particular sector, formulated by the legitimate public authorities of Bangladesh addressing the interests of the general public. The Constitution of Bangladesh provides basic guidelines for formulating public policies, which include fixation of national development goals, objectives and strategies. Policies are drafted by the respective ministries and approved by the Cabinet
- **Plan and Strategy:** Both plan and strategy are detailed roadmap to implement acts, rules or policies. Major difference is that the extent of plans is typically broad and are approved by Executive Committee for National Economic Council (ECNEC) or similar umbrella authority, whereas strategies are confined within a specific sector and typically are endorsed by the respective ministries

The review included a total of twenty-four policy documents, out of which, four were laws (acts with rules), nine were policies, four plans and seven strategies. While these twenty-four policies were all of Government of Bangladesh, another three policies of Development Partners (DP) were reviewed.

*Table 2: Shortlisted Policy Documents Reviewed*

<b>Nutrition Related Legislations , Policies, Plan and Strategies</b>	<b>Year</b>	<b>Category</b>
<b>Policies of Government of Bangladesh</b>		
1. Breast Milk Substitutes, Baby Foods, Commercially Manufactured Supplementary Baby Foods and Their Equipment (Regulation of Marketing) Act	2013	Law
2. Vitamin A Fortification in Edible Oil Act	2013	Law
3. The Food Safety Act	2013	Law
4. The Salt Act	2021	Law
5. National Livestock Policy	2007	Policy
6. National Poultry Development Policy	2008	Policy
7. National Education Policy	2010	Policy
8. National Women Development Policy	2011	Policy
9. National Health Policy (NNP)	2011	Policy
10. National Nutrition Policy	2015	Policy
11. National Agriculture Policy	2018	Policy
12. National Food and Nutrition Security Policy (NFNSP)	2020	Policy
13. Vision 2041 and Perspective Plan 2021-2041	2020	Policy
14. Second National Plan of Action for Nutrition (NPAN2)	2016	Plan
15. Country Investment Plan 2 (CIP2)	2018	Plan
16. 8 <sup>th</sup> Five Year Plan (FYP)	2020	Plan
17. NFNSP Plan of Action (PoA)	2021	Plan
18. National Strategy on Anaemia Prevention and Control	2007	Strategy
19. National Strategy for Water Supply and Sanitation	2014	Strategy
20. National Strategy for Prevention and Control of Micronutrient Deficiencies in Bangladesh (NMDCS)	2015	Strategy
21. National Social Security Strategy (NSSS)	2015	Strategy
22. National Urban Health Strategy	2020	Strategy



Nutrition Related Legislations , Policies, Plan and Strategies	Year	Category
23. National Hygiene Promotion Strategy	2012	Strategy
24. Strategic Investment Plan (SIP) and PIP of HPNSIP	2016-21	Strategy
Development Partners' Policies		
1. USAID Country development Cooperation Strategy (CDCS)	2020-25	Strategy
2. UN Socio Economic Response Framework (UNSERF) For Nutrition		Strategy
3. UN United Nations Sustainable Development Cooperation Framework (UNSDCF)	2022-26	Plan

While a chronology of the major policies enacted and formulated in last one decade is shown in the figure below, a broader policy document mapping list (not exhaustive) is annexed (Annex 02).

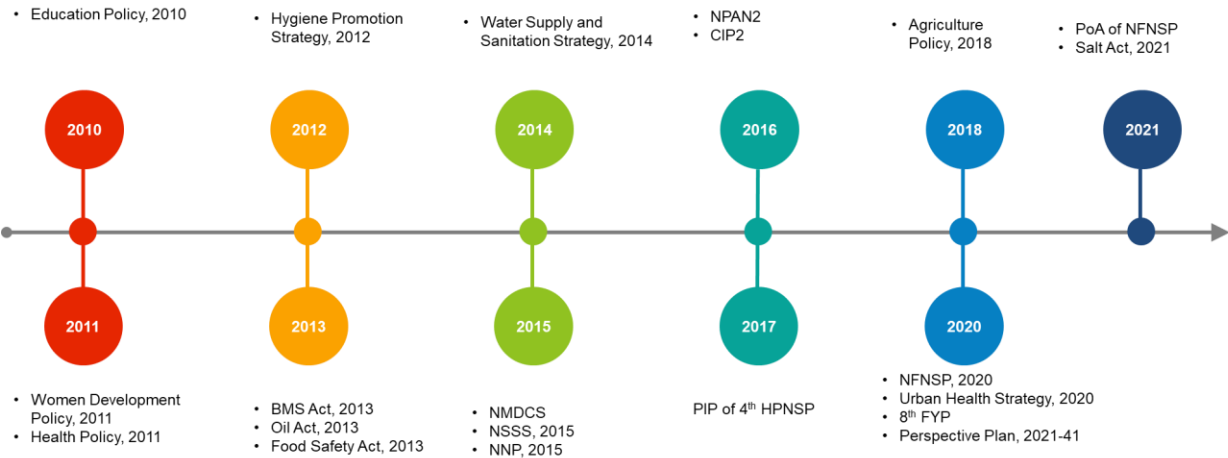


Figure 3: Major Policies Enacted and Formulated in Last One Decade Relevant to Nutrition

### 2.4 Critical Aspects and Limitations of the Methodology

- The criteria for review were predominantly adapted from SUN Guidelines 2016 for nutrition plan review, which focused on reviewing relevant nutrition ‘plans’ across different countries. This means that the policy documents were homogenous (i.e., either plans or action plans) across the country. However, in this review, the policy documents were not homogenous, as mentioned in section 2.3
- The policy documents selected (mentioned in the table 2) were not uniform. Laws and policies in Bangladesh usually do not include actions, M&E framework, or costing/budgeting.
- Apart from a few, majority of the shortlisted documents were enacted based on sectoral needs, not necessarily targeting nutrition as focus. However, these were shortlisted as the TWG considered some of the aspects of those policies having nutrition-implications or addressing secondary causes of nutrition vulnerability.

## CHAPTER THREE: RESULTS

### 3.1 Context, Structure and Formulation Process of the Policies Reviewed

A qualitative assessment of policies was done against the checklist criteria with colour visualization approach; 'Green' indicating 'adequately addressed' and 'White' meaning 'not or inadequately addressed'.

#### 3.1.1 Status and contents of the situation analysis conducted as context of the reviewed policies

Acts in Bangladesh are formulated in a way that does not permit the inclusion of any situation analysis. Hence, the four acts were excluded from this criterion. Apart from the Education Policy and Women Development Policy, all the remaining policy documents had situation analysis conducted, either thorough or at least in a brief form.

Table 3: Status and Contents of Situational Analysis in the Reviewed Policy Documents

Policy Document	Situational Analysis Conducted?	Included Nutritional Status of U5 Children	Life Cycle Based Analysis	Disaggregated Data Analysis by Sex	Disaggregated Data Analysis by Region
1. Breast Milk Subs Act, 2013					
2. Oil Fortification Act, 2013					
3. Food Safety Act, 2013					
4. Salt Act, 2021					
5. Nat Livestock Policy 2007					
6. Nat Poultry Dev Policy 2008					
7. Nat Education Policy 2010					
8. Women Development Policy					
9. National Health Policy 2011					
10. Nat Nut Policy 2015					
11. Nat Agriculture Policy 2018					
12. NFNSP 2020					
13. Perspective Plan 2021-41					
14. 8 <sup>th</sup> FYP 2020-25					
15. NPAN2 2016-25					
16. CIP2 2016-20					
17. Nat Anaemia Strategy 2007					
18. WASH Strategy					
19. Nat Micronutrient Def Con Strategy 2015					
20. Nat Soc Sec Strategy 2015					
21. Nat Urban Health Strategy 20					
22. Hygiene Promotion Strategy					
23. 4 <sup>th</sup> HPNSP 2016-21					
24. NFNSP Plan of Action 21-30					

More than half of these documents had discussion on nutritional status of under five children. Only nine of the reviewed policies have lifecycle-based analysis, indicating status, challenges and opportunities for the sectoral issues for specific demographic groups by age. In addition, Women Development Policy, although did not have discussion on particular age groups, however, briefly mentioned issues of Women and Female Child and thereby broadly categorizing the demography.

Gender-segregated data was almost absent in the situational analysis throughout the policy documents. Only Perspective Plan, 8<sup>th</sup> FYP, NMDCS, NSSS and 4<sup>th</sup> HPNSP (the PIP part) had specific presentation of gender-segregated data. Anaemia strategy, interestingly, though introduced in 2007, had gender-segregated data. Similarly, majority of the policies did not have region disaggregated data or qualitative discussions on the issues of people from rural or urban areas. Anaemia strategy, Perspective Plan, 8<sup>th</sup> FYP, NMDCS, NSSS, 4<sup>th</sup> HPNSP and Urban Health Strategy had quantitative data on rural urban issues. Health policy briefly touched the specific problems of health service delivery at urban slums. NNP, NPAN2 and NFNSP PoA, though did not have disaggregated data by region, however there were discussions on difference in nutrition situation in rural-urban areas, particularly the situation of urban poor and slum dwellers. CIP2 included challenges for urban population particularly slum population, women and disabled population.

Overall, a distinct inattention on situational analysis could be visible from the discussion above. Situational analysis helps develop a basis of understanding of the environment in which the policy is being developed and will be delivered/implemented. Abstraction of such analysis can increase risks of overlooking an important issue or a particular vulnerable demographic group or geographic region. Thorough and data-based situational analysis can be essential for identifying the interrelated roles of the duty bearers, highlight inequalities among groups and regions, and presents contextualized recommendations on what could be done by key stakeholders to attain/sustain inclusive sectoral development. For the weak attention in situational analysis, most of the policy documents reviewed seemed to be resulting in “Missed Opportunities” in capturing these aspects.

### **3.1.2 Goals and targets set in the policies**

Due to the variety in nature, the broad objective/purpose set in the policy documents were termed using different terminologies, including “Goals”, “Vision”, “Purpose” or “Objective”. Nevertheless, all these terminologies have been commonly considered as “Goals and Targets” in this review. In general, these goals and targets were set based upon internationally agreed upon sectoral norms, recommendations, or guidelines.

Considering the emphasis of the policy document on nutrition, National Anemia Strategy, 8<sup>th</sup> FYP, NNP, NPAN2, CIP2 and 4<sup>th</sup> HPNSP had both nutrition specific, and nutrition sensitive goals and targets set. Among the remaining, six policies could be identified with only nutrition-specific goals and targets, while the remaining policies had only nutrition-sensitive goals and targets.

The four laws included in the review did not have any indicators for expected results, as these do not fit within the conventional framework of formulation of acts and rules. Laws are developed for a relatively longer period using umbrella purposes, and hence, defining the outcomes with indicators in laws is quite difficult. Policies are also developed for longer period and hence, policies also do not typically have indicators to measure expected results. However, NNP (National Nutrition Policy) was an exception, since this was the only policy that had specific, measurable, relevant, and achievable targets, although timelines were not set for the targets.

Table 4: Goals, Objectives and/or Targets Set in the Policies and The Implications on Nutrition

Policy Document	Nutrition Emphasis	Nature of contribution towards WHA Nutrition Targets	Expected results are SMART?
1. Breast Milk Act, 2013	Specific	Direct	N/A
2. Oil Act, 2013	Specific	Direct	N/A
3. Food Safety Act, 2013	Sensitive	Indirect	N/A
4. Salt Act, 2021	Specific	Direct	N/A
5. Livestock Policy	Sensitive	Indirect	No Indicators
6. Poultry Development Policy	Sensitive	Indirect	No Indicators
7. Education Policy	Sensitive	Indirect	No Indicators
8. Women Development Policy	Sensitive	Indirect	No Indicators
9. Nat Health Policy	Specific	Direct	No Indicators
10. Nat Nut Policy	Specific and Sensitive	Direct	Yes
11. Nat Agriculture Policy	Specific	Indirect	No Indicators*
12. NFNSP 2020	Sensitive	Indirect	No Indicators*
13. Perspective Plan 2021-41	Sensitive	Direct	Yes
14. NPAN2	Specific and Sensitive	Direct	Yes
15. CIP2	Specific and Sensitive	Direct	Yes
16. 8 <sup>th</sup> FYP	Specific and Sensitive	Direct	Yes
17. NFNSP PoA	Sensitive	Direct	Yes
18. Anemia Strategy	Specific and Sensitive	Direct	Yes
19. WASH Strategy	Sensitive	Indirect	Yes
20. NMDCS	Specific	Direct	Yes
21. NSSS 2015	Sensitive	Direct	Indicators included but no targets set
22. Urban Health Strategy	Sensitive	Indirect	No Indicators
23. Hygiene Promotion Strategy	Sensitive	Indirect	Yes
24. 4 <sup>th</sup> HPNSP	Specific and Sensitive	Direct	Yes

\*Apparent missing of indicators in few policies were covered in the corresponding plan of actions, which is a common practice

In case of NNP, goal was very specific on prevention of malnutrition and targeted vulnerable and disadvantaged people, children, adolescent, and women. The goal indicated the linkage of nutrition with standard of living and national development. Some of the gaps of NNP 2015 were rectified in NPAN2. For example, NNP did not include people with disability as target population, which were included in the NPAN2. NPAN2 adopted a lifecycle approach, which was also not explicitly indicated in NNP 2015. From the formulation, it seemed that NNP had a more inclination towards nutrition-specific issues, although this was later balanced in NPAN2, which had a balanced approach for nutrition-specific and nutrition-sensitive issues.

In the Health Policy, 2011, nutrition was observed from a dietary intake and food security point of view, without relating to other “nutrition-sensitive” issues. However, nutrition was not mentioned in the vision, or specific objectives. Out of the 19 main goals, goal number one briefly mentioned nutrition as “To deliver fundamental health services among people of all social strata to improve nutritional status and public health with the objective of establishing health as right in accordance with the Constitution and other international conventions”. There was, however, no mention on how this would be achieved. These were mostly addressed in the Sector Wide Approach Program

(SWAp) documents, e.g., the Strategic Investment Plan (SIP) and Program Implementation Plan (PIP) of 4<sup>th</sup> HPNSP. Though nutrition was again not mentioned in vision, mission and overall goal did not explicitly mention nutrition, however, the guiding principles, i.e., quality, equity and efficiency, were mentioned to be attained for all three sub-sectors - health, nutrition and population, referring nutrition as one of the three major sectoral targets of the plan. Among the three component and eight strategic objectives, nutrition was included under strategic objective 7 of component 3 (Quality Health Services). The Draft Urban Health Strategy, 2020, another important vehicle for implementation of the Health Policy, 2011, also did not explicitly mention nutrition programming except about awareness creation on nutrition. However, the objective (iii) mentions, among others, equitable access to nutrition care for urban population.

Nutrition was viewed from food and food security point of view (utilization) in National Food and Nutrition Security Policy, and was included in vision, and all five objectives. Objective four included nutrition-sensitive social protection and safety nets. Objective five mentioned strengthening cross-sectoral food and nutrition security governance, coordination, capacity building and partnership for effective policy implementation. The PoA of NFNSP included actions under each of these objectives and detailed out the operationalization of these nutrition sensitive actions.

National Women Development Policy, 2011 had mentions about ensuring nutrition of women in the country under objective 14. Other objectives were focused on addressing secondary reasons for nutrition vulnerability for women, including education and skills, economic empowerment, equal rights, access to public services, climate change and disaster management, etc., although the policy did not explicitly relate these issues as secondary reasons for nutrition vulnerability.

Overall aims and objectives of the Education Policy, 2010 were not directly linked to nutrition. However, some of the aspects of this policy were related to nutrition. For example, objectives of agricultural studies included achieving self-sufficiency in food, fighting malnutrition and alleviation of poverty. The policy put special emphasis on sports and physical activities, which is important to mitigate childhood obesity. It targeted eradicating illiteracy, which is a vital nutrition-sensitive aspect. One of the objectives of the policy is to enhance hygiene awareness of the students, which is another favorable condition for nutrition improvement.

The Perspective Plan 2021-41, developed based on the Vision 2041, is a detailed roadmap of GoB for progressing the country towards the higher income country. The 8<sup>th</sup> FYP is one of the vehicles for Perspective Plan to implement that roadmap. Both Perspective Plan and 8<sup>th</sup> FYP had goals and objectives having direct relationship with nutrition. Particularly, the development, as per Vision 2041, is depended on human development index and economic and environmental development index. Nutrition is a vital factor for human development, as it provides the scaffolding needed for people to fulfill their full potentials. Economic development resulted from income increase is again linked to nutrition, as proper nutrition ensures productivity of the citizens. Considering these, both these policy documents put significant emphasis on nutrition in the respective goals, objectives, and targets.

Goals and targets are strong guiding force for any policy strategy and plan, strategic incorporation brings big results. Missed opportunities are found in National Health policy 2011, and Urban Health Strategy 2020.

### **3.1.3 Nutrition Sensitivity Provisions in Legislations**

Among the twenty policies reviewed, the four acts included legislative provisions. All four of these acts were found to have legislations that were highly nutrition sensitive.

Purpose of the Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories Thereof (Regulation of Marketing), act 2013 (commonly known as Breastmilk Substitute (BMS) Act) was to ensure that mothers and families receive accurate and unbiased information about the healthiest way to feed their infants and young children— free of commercial influence. The act was based on the International Code of Marketing of Breast-milk Substitutes (the Code), adopted by the WHA in 1981. All the provisions under the act prohibited the promotion of BMS, thereby, encouraging both early breastfeeding and exclusive breastfeeding. The provision on Information, Education and Communication was found to be directly contributing the awareness creation on early and exclusive breastfeeding. There was provision for systematically strengthen the capacity of health personnel at all levels to provide support and counseling on infant and young child feeding (IYCF). The act instructed provision of information on complementary feeding using locally available nutritious food. The IEC provision of the act also included the harmful impacts of BMS on health of mother and children, social and economic loss, and the adverse impact on development of an ideal citizen for the nation.

The Food Safety Act, 2013 was to establish an efficient and effective authority for regulating, the activities relating to food production, import, processing, stock, supply, marketing, and sales. Overall, the act was enacted to ensure the right of access towards safe food. The act and its subsequent rules had provisions to discourage and control harmful food and promote safe food, from which, the act (and its rules) was found to be nutrition sensitive. The act included provisions for improved coordination in ensuring food safety, provided standards for safe food and food ingredients, set standard operating guidelines for food commodity business entities, and laid guidelines for regulatory, monitoring and enforcement of act to ensure food safety and prohibit harmful food. These are all supportive to ensure enabling environment. The act addressed a few aspects of the nutrition vulnerability, namely, aggressive, and misleading promotion of harmful food, food adulteration, and low awareness of safe food, and had specific provisions to instruct government to have appropriate measures to address these. The act also had specific provision to prescribe the procedure relating to packaging and expressing claims on health, nutrition, special dietary uses and categorization of packaged food and provide necessary support to the concerned authority or organization for its implementation. The act had provisions to disseminate emergency food safety alert messages on the health and nutritional risks of food to the Government, relevant organizations and officials and take necessary steps to inform the public of those messages.

Vitamin A Enrichment in Edible Oil Act, 2013 mandated the fortification of vitamin A into edible oil to ensure vitamin A need for the population, particularly children under 5 and address vitamin A deficiency. This Act, consisting of 23 sections, provided legislative guidelines for the vitamin A enrichment in edible oils and for its sale, preservation, supply, and marketing. Key provisions in the act mandated vitamin A fortification for marketing and use in commercial establishments like restaurants. Amount/level of vitamin A to be fortified was mentioned and need for sensitization and awareness building was included.

The Iodized Salt Act, 2021 was enacted to improve the monitoring and efficiency of the country's salt iodization programme and to ensure universal use of iodized salt. The act was enacted

based on the issues and gaps identified in Bangladesh, particularly the weaknesses of the previous act of 1989. The act instructed arrangement of alternative income generation activities for the salt farmers during the off-season. There were provisions for capacity development of the salt farmers, however, not directly on nutrition related issues, but on maintaining quality of salt, which is indirectly related to nutrition.

All four legislations, enacted within last eight years are based on meticulous review of past experiences, and long process of review and discussion strongly complement nutrition. However, effectiveness of a legislation depends on its enforcement and implementation status, which is on the weaker side in the country.

### **3.1.4 Nutrition Sensitivity in Sectoral Strategies**

Policies, strategies and plans in Bangladesh have sectoral strategies. Acts do not have strategies, rather include legislative provisions based on which government may develop specific policies or strategies, if required. Hence, the sectoral strategies discussed in this subsection were based on the review of the twenty policies, strategies, and plans, and the four acts were excluded from the discussion.

**National Livestock Policy, 2007:** Specific objective 2 of the policy was related to the development of livestock sector on nutrition. The specific objectives also included goals to address income and employment for landless, small, and marginal farmers, which have implication in addressing nutrition vulnerability. Among the ten critical areas targeted by the policy, area 1 (Dairy and meat development) and area 2 (poultry development) had direct relevance to nutrition, while area 7 (marketing of livestock products) had indirect relevance to nutrition in terms of income increase. Each of the critical areas had documented challenges and gaps and the sectoral policies were developed to address those challenges.

**National Poultry Development policy, 2008:** Objective 3.1.1 and 3.1.2 indicated meeting demand and increasing availability of animal protein - however, there was no relationship established of these two objectives with nutrition. Objectives under 3.2 were relevant to entrepreneurship development, income increase and skills development, which are related to nutrition, although not explicitly mentioned in the policy. Sectoral strategies were highly technical and confined within poultry industry development, without any effort to link those with nutrition, despite having significant opportunities.

**Education Policy, 2010:** No explicit strategy relevant to nutrition was included in this policy. However, it was mentioned that the national committee for curricula development of mass education program will appropriately integrate other areas of studies, one of which is nutrition. Inclusion of new courses in, among others, nutrition, was included as one of the strategies in Agricultural Studies.

**Women Development Policy, 2011:** There were some specific objectives relevant to nutrition of women. Sub-section 18.3 included ensuring necessary rights to the proper physical and mental growth of the female children. Section 30 was on food security of women (three sub-strategies to ensure food security of women). All 11 subsections under section 34 were relevant to health and nutrition of women. The first subsection was solely focusing on nutrition "To ensure rights to nutrition and to have physical and mental health of highest standard all through the life cycle of women i.e., in the childhood, adolescence, during pregnancy and in old age". Other objectives had strong indirect relations with

nutrition of women and female children: e.g. Section 19 - elimination of abuse against women; Section 21 - education and training; Section 23 - ensuring active role and equal participation of women in national economic activities; Section 24 - Poverty elimination of women; Section 25 and 26 - Economic empowerment and employment of women; Section 31 - Women in farming; and Section 27 - Pre-disaster, During Disaster and Post-disaster Protection of Women and Children.

**Health Policy, 2011 and 4<sup>th</sup> HPNSP:** None of the 39 sectoral strategies in Health Policy, 2011 include any specific strategies for nutrition. Only strategy 10 had mention of special attention on nutrition education, that too along with health and family planning education. Some of the strategies, e.g., strategy 4 (community clinic), strategy 6 (awareness development), strategy 32 (communicable disease), and strategy 33 (NCDs) have direct implication on nutrition status improvement, however, this relationship was not established explicitly in the policy.

**National Anaemia Strategy, 2007:** The strategy had three broad objectives - (i) Provide a package of interventions to prevent and control anaemia in 60% of high-risk groups, including micronutrient supplementation, parasitic diseases control, and promotion of key dietary behaviors known to improve micronutrient intake; (ii) Fortify at least one food vehicle with iron and other micronutrients needed for anaemia prevention, and (iii) Increase the availability of affordable micro-nutrient rich foods through household food production, crop diversification, biotechnology and biofortification. Three of the strategies included to achieve the objectives were nutrition-specific, while the remaining three were nutrition-sensitive

**National Hygiene Promotion Strategy, 2012:** The sectoral strategy was focused upon combining three components - access to hardware, hygiene promotion, and enabling environment for prevention of water & sanitation related diseases. The sectoral strategy clearly defined nutrition-sensitive actions (in-terms of prevention of water and sanitation related diseases, particularly among under five children) beyond health/food security.

**National Strategy for Water Supply and Sanitation, 2014:** Goal of this strategy indicated “Safe and sustainable water supply, sanitation and hygiene services for all, leading to better health and well-being”, which had some implications on nutrition. The sectoral strategy had three major intervention areas, one of which was WASH intervention areas. Interventions under WASH were found to have relations with nutrition, particularly to ensure safe drinking water, establish fecal sludge management, manage solid waste judiciously, and improve hygiene promotion.

**National Nutrition Policy, 2015 and NPAN2:** From a design perspective, the NNP was an improvement over the previous policy documents, as it captured the contemporary concerns, including the slow and unsatisfactory pace in reducing childhood undernutrition, poor adherence to recommended infant and young child feeding practices, the problems related to the fact that one-fourth of adolescent girls are malnourished which may transfer stunting from one generation to another, deficiencies of micronutrients, etc. Whereas the Government of Bangladesh had long acknowledged the complexity associated with improving the nutritional status of its citizens and identified nutritional development as a multi-sectoral issue that required a multi-sectoral approach, from a policy perspective the NNP brought this tacit acknowledgement within the domain of government decision-



making processes and outlines not only the necessity of adopting a multi-sectoral approach but also proposes the development of a mechanism to coordinate the activities of different ministries. Strategies in NNP were set against the selected five objectives, namely - Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers; Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices; Strengthen nutrition-specific, or direct nutrition, interventions; Strengthen nutrition-sensitive, or indirect nutrition, interventions; and Strengthen multisectoral programmes and increase coordination among sectors to ensure improved nutrition. All the nutrition-sensitive sectors beyond health and food security were touched upon, including WASH, agriculture, social protection, education, child marriage, etc. Thus, the policy and the subsequent action plan took nutrition beyond health and food strategy and addressed some of the secondary causes of nutrition vulnerability through actions on women education, women empowerment, social security, income, agriculture and other multisectoral issues.

**Perspective Plan and 8<sup>th</sup> FYP.** Perspective Plan is a comprehensive roadmap that includes specific actions in nutrition, food, health, and beyond these sectors, including economic, education, WASH and women empowerment. The sectoral strategies are all developed based on gap analysis, lessons learned and with areas of improvement. Nutrition was primarily included in the HPN strategies of 8<sup>th</sup> FYP. However, beyond HPN, there were several other sectors and cross-cutting areas in which nutrition was embedded and specific nutrition strategies were included. Nutrition was included into Strategy for Children, human development, social protection, agriculture and food security, gender equality and inclusion. A separate multisectoral and multi-agency nutrition strategy was included in the 8<sup>th</sup> FYP. The strategy identified specific domains of nutrition beyond health/food security and had particular strategies under each domain to address nutrition.

**4<sup>th</sup> HPNSP.** 4<sup>th</sup> Health, Population and Nutrition Sector Program (2017-22) is the 4<sup>th</sup> SWAp in Bangladesh, and the biggest among all the SWAps implemented till date. It lays down appropriate strategies and activities for focused improvements in increasing access to, and quality of health care and improving equity along with ensuring financial protection in order to meaningfully realize the objectives of universal health coverage (UHC) by 2030. PIP of 4<sup>th</sup> HPNSP can be considered as the blueprint for implementation of the high level HNP goals and targets laid out in the 7<sup>th</sup> FYP. Learning from the experiences in the previous health SWAp periods, 4<sup>th</sup> HPNSP has a set of three underlying principles: to gain efficiency by reducing wastage and maximizing the impact of all available resources; equity, i.e., all citizens are treated equally, and no one is left behind; and to ensure that all citizens have access to high quality services. Nutrition is one of the major foci of 4<sup>th</sup> HPNSP. The PIP clearly indicates that the nutrition program will continue to be mainstreamed within the DGHS and DGFP service provision (MOHFW, 2017). As per the PIP, nutrition services will be expanded in 4<sup>th</sup> HPNSP through delivery of the newly adopted Essential Service Package (ESP), improved inter-OP functional coordination and multi-sectoral collaboration; growth monitoring and promotion, infant and young child feeding counseling, nutrition counseling delivered through ANC and PNC, identification and management of severe and acute malnourished children, vitamin A supplementation, iron folic acid distribution, food fortification, promotion of food safety and good hygiene including WASH interventions, etc. The document has also shown the intention of strengthening inter- and -intra ministerial coordination; collaboration with the Ministry of

Local Government, Rural Development and Cooperatives (MOLGRD&C), and the Ministry of Food (MoF) to address nutrition and food safety issues within urban contexts.

***National Social Security Strategy, 2015:*** The nutrition sensitivity of NSSS was predominantly within the approach to allow for protection against food price volatility and to balanced consumption when households face hardship and shocks. This was done through distribution of food, cash grants for food purchase, provision of subsidy on food commodities, or a combination of these three. In addition, the employment generation strategies were also focused on increasing income to ensure resilience against hardship and ensuring food security. It also includes lifecycle approach. This a very nutrition friendly strategy. Addresses the underlying and basic causes of malnutrition. The 23 ministries/agencies that are implementing SPP's have been grouped into five thematic clusters on NSSS, each with a lead coordinating ministry, to improve cooperation and coordination. The five clusters were: 1. Social Allowance (with Ministry of Social Welfare as lead), 2. Food Security and Disaster Assistance (with Ministry of Food as lead), 3. Social Insurance (with Ministry of Finance as lead), 4. Labor and Livelihood Investment (with Ministry of Disaster Management and Relief as lead), and 5. Human Development and Social Empowerment (with Ministry of Primary and Mass Education as lead). This cluster 5 had responses to address nutrition challenges, beyond health and food security, in the form of skills development for income increase.

***National Strategy on Prevention and Control of Micronutrient Deficiencies, Bangladesh (2015-2024):*** The strategy, overall, was a nutrition-specific one. The strategy had special focus on prevention and alleviation of micronutrient deficiencies, and thereby to improve the overall health, nutritional status, survival, growth, development and productivity of the population. There were six strategic areas: Policy, Guidelines & Legislation; Intervention Programme; Partnership & Coordination; Capacity Building; Advocacy and Communication; and Monitoring, Evaluation & Research. Strategies were developed based on gaps identified from reviewing global and national programs and situation analysis. Increasing the demand for and use of micronutrient intervention services and improving the utilization of recommended micronutrient supplements, fortified products and food-based approaches are the key objectives of the overall strategy. The strategy put emphasis on vulnerable population groups, including children under five years of age, school-age children, adolescent girls, and pregnant and lactating women.

***National Food and Nutrition Security Policy, 2020 and PoA of NFNSP:*** In general, this policy emphasized more on diet and food security domain, particularly the first three objectives of the policy and looked nutrition from more of a dietary and food security perspective. Strategy four was associated with increasing access to nutrition-sensitive social protection and safety nets across life cycle with a focus on vulnerable groups and regions, and strategy five was focused on strengthening cross-sectoral food and nutrition security governance, coordination, capacity building and partnership for effective policy implementation. The policy document recommended strategies without robust critical review and identification of issues, however, later those were addressed in the PoA of the NFNSP, which was developed based on rigorous analysis and robust review of the issues. Whereas the NFNSP document did not clarify, the PoA included the

rationale/context for each of the strategies, which were based upon lessons learned and areas of improvement in the respective areas.

**CIP2:** Majority of the strategies in this plan were relevant to food and nutrition security. Beyond food security, there were strategies to enhance access to social protection, safety nets, enabling environment and cross-cutting issues. Gaps and lessons learned were well documented and strategies were developed to address those.

**National Agriculture Policy, 2018:** The sectoral strategies under this policy had clear relations with the major objectives, particularly crop productivity, diversity, technological innovation, income increase and food security. Although nutrition was not focused as prominently as these other issues, however, the issues focused were very closely related to nutrition (nutrition-sensitive). However, it is assumed that the apparent gaps have been addressed in its Plan of Action, which was not included in the review list. Beyond food security, the sectoral strategies focused on capacity development, management of resources, agriculture for specific geographical areas within the country, women empowerment, investments, ICT, and multisectoral coordination.

No doubt sectoral policies and strategies are formulated as per sectoral context and priority. However, there are scopes of being logically outbound to incorporate nutritional theories and evidence to make the document more effective and efficient. For example, National Poultry Development policy 2008, Education Policy 2010, and National Health Policy 2011 are assumed to had adequate scope to be more nutrition sensitive.

## **3.2 Stakeholder engagement and high-level political commitment**

### **3.2.1 Stakeholder Engagement for Policy Development**

There is a standard procedure and format for enactment of Acts in Bangladesh. The acts do not include the process in which these were developed. Hence, none of the four acts reviewed have been included under this criterion for analysis.

Among the remaining twenty policy documents, nine had some discussions on how the stakeholders were engaged and who were the stakeholders for development of the respective policy. These are – Perspective Plan, PoA of NFNSP, CIP2, Hygiene Promotion Strategy, Anemia Strategy, WASH Strategy, NMDCS, NPAN2 and 4<sup>th</sup> HPNSP.

- **Perspective Plan:** The plan was developed through series of workshops, consultations and discussions with relevant sectoral experts and stakeholders from relevant government ministries, divisions, departments, agencies, as well as those from non-government and private sector, development partners, academicians, researchers and other experts.
- **CIP2:** A detailed description was included in the annexure on the process through which the plan was created. It seemed that a rigorous process of consultations involving all the relevant stakeholders was followed. Consultations were not only held at national level, but also at district and subdistrict level
- **NFNSP PoA:** A detailed unique description was given regarding the process in which the relevant stakeholders engaged to create the plan. It seemed that stakeholders from government, development partners, private sector, academia, and civil society were

involved with the formulation of the plan. Stakeholder consultations were made both at regional level in all eight divisions.

- **National Anemia Strategy:** The strategy included the process in which stakeholders were involved and listed down the specific stakeholders involved in designing the strategy. It seemed that a comprehensive and participatory approach was adopted to introduce the strategy, which involved relevant ministries, development partners, NGOs, research institutes and academia
- **National Hygiene Promotion Strategy:** The strategy had a section on the development process, and indicated the involvement of multisectoral stakeholder consultation that took place
- **WASH Strategy:** The process through which the strategy was developed was detailed. It seemed that a consultation process was followed, that included relevant stakeholders, including, LGD, DPHE, WASAs, NGOs, development partners and sector professionals.
- **NMDCS:** The strategy was developed based on the findings of the first National Micronutrient Survey 2011-12, followed by series of extensive consultation processes
- **NPAN2:** A core committee and four sectoral committees were formed to develop the plan. The committees included representatives from all relevant ministries, departments, development partners, NGOs, academies, civil society, and researchers
- **4<sup>th</sup> HPNSP:** The SIP and the subsequent PIP - both were developed based on rigorous consultations with relevant stakeholders. Thematic groups were developed on different components and strategic objectives. One of such thematic groups was on Nutrition, which included all the relevant nutrition stakeholders. The key progress, gaps, challenges and strategies were formulated in the thematic group report, which were later incorporated into the SIP

### **3.2.2. Political Commitments Expressed and Linkage with National and International Goals and Commitments**

The current ruling political party is in the government since 2008, a timeline that covers all the policies under this review, except National Livestock Policy, 2007 and National Poultry Development Policy, 2008. The election manifesto of the ruling political party in 2008 had 23 major points, among which, there were nutrition commitments under two major points (Point 11, i.e. Health and Family Welfare and Point 13, i.e. Welfare of Children and Juvenile). The manifesto was converted into Vision 2021, later in December 2008 to formalize the manifesto into a political vision of Bangladesh for the year 2021, the golden jubilee of Bangladesh. Later, in 2020, government declared the expansion of the vision till 2041, defining it as “Vision 2041”, that entails the end of absolute poverty and graduation into Upper Middle-Income Country (UMIC) status by 2031, and High-Income Country (HIC) status by 2041. To operationalize this vision, Perspective Plan 2021-41 was introduced in 2020. As indicated before, the FYPs are the vehicles to implement the vision and the objectives of Perspective Plan. So, these two policies reflect higher level political commitments.

The review took an attempt to identify the policy documents that linked the respective policies with the political commitments of the ruling party. As shown in table 5, four policies were found to have specific mention of the relationship with the election manifesto of the ruling party, namely, Education Policy 2010, Women Development Policy 2011, Health Policy 2011 and Agriculture Policy 2018. Five policies were identified that indicated linkages with Vision 2021 or Vision 2041. These five were Education Policy 2010, Health Policy 2011, Agriculture Policy 2018, National Social Security Strategy 2015 and 4<sup>th</sup> HPNSP.

Prior to 2015, Bangladesh was committed to the UN Millennium Development Goals (MDG), and after 2015, the country committed towards the Sustainable Development Goals (SDG). These have been the major global commitments of the country. These commitments were appropriately linked to majority of the policies as shown in table 5 below.

*Table 5: Political Commitments Expressed in Policy Documents*

Policy Document	Election Manifesto of Ruling Party	Vision 2021 and/or Vision 2041	MDG/SDG
1. Breast Milk Act, 2013	Not Applicable		
2. Oil Act, 2013	Not Applicable		
3. Food Safety Act, 2013	Not Applicable		
4. Salt Act, 2021	Not Applicable		
5. Perspective Plan			
6. 8 <sup>th</sup> FYP			
7. Livestock Policy			
8. Poultry Development Policy			
9. Education Policy			
10. Women Development Policy			
11. Health Policy			
12. NNP			
13. Agriculture Policy			
14. Anaemia Strategy			
15. NFNSP			
16. NFNSP PoA			
17. NPAN2			
18. CIP2			
19. WASH Strategy			
20. NMDCS			
21. NSSS			
22. Urban Health Strategy			
23. Hygiene Promotion Strategy			
24. 4 <sup>th</sup> HPNSP			

In addition, some of the policies were linked to other international goals and commitments. The NFNSP and PoA indicated relationship of the policy with ICN2, SUN Movement and the UN Decade of Action on Nutrition. National Nutrition Policy was also linked to ICN2. NPAN2 was linked to SUN movement, ICN2 and Six targets of WHA.

### 3.3 Cost and Budgetary Framework of the Policies

#### 3.3.1 Costed Planned Actions and Resource Allocations

By nature, the legislative documents (e.g., Acts) in Bangladesh do not contain costed plan of actions. Similarly, policies also do not have plan of action and costs associated with the planned activities. Hence, twelve out of the twenty-four policies selected were not eligible for review under this criterion. Among the ten eligible policies, only four had costed planned actions as shown in the table 6 below.

Table 6: Policies having Costed Planned Actions

Policy Document	Have Costed Planned Actions?
1. Breast Milk Act, 2013	Not Applicable
2. Oil Act, 2013	Not Applicable
3. Food Safety Act, 2013	Not Applicable
4. Salt Act, 2021	Not Applicable
5. Livestock Policy	Not Applicable
6. Poultry Development Policy	Not Applicable
7. Education Policy	Not Applicable
8. Women Development Policy	Not Applicable
9. Health Policy	Not Applicable
10. NNP	Not Applicable
11. Agriculture Policy	Not Applicable
12. NFNSP	Not Applicable
13. Perspective Plan	Not Applicable
14. NPAN2	
15. CIP2	
16. 8 <sup>th</sup> FYP	
17. WASH Strategy	
18. Anemia Strategy	
19. NFNSP PoA	
20. NMDCS	
21. NSSS	
22. Urban Health Strategy	
23. Hygiene Promotion Strategy	
24. 4 <sup>th</sup> HPNSP	

The overall financial requirement of the NPAN2 from 2016-2025 is BD Taka 12,463.41 crore (around USD 1.6 billion). Among this, roughly 43.5 percent was allocated for nutrition specific, 55.5 percent for nutrition sensitive and the remaining for other activities associated with the implementation of the plan. In case of CIP2, total financing for the costed actions were around USD 9,251 Million. Among this, roughly 49 percent was allocated for nutrition-specific and 51 percent for nutrition-sensitive actions.

NSSS estimated total financing requirement from 2015-16 till 2019-20 to be BDT 2,232.3 billion, which is roughly equivalent to USD 26.26 Billion in current dollar value. This was a projection and was supposed to be finalized during the development of plan of action for implementing NSSS.

Point to be noted that the plan of action is only in the process of development. NSSS did not have any specific nutrition budget line.

For 4<sup>th</sup> HPNSP, the budgetary allocation till 2022 (the original completion year of the program) was BDT 11,548.6 billion, which is equivalent to USD 136 Billion in current dollar value. However, the program got extended for a year, and hence, the actual allocation might get changed. NNS was the dedicated nutrition OP under 4<sup>th</sup> HPNSP, having a total of 1.68 percent of the total 4<sup>th</sup> HPNSP budget as allocation. In addition, different nutrition-sensitive and nutrition-specific actions were included under at least eight different OPs of 4<sup>th</sup> HPNSP, which was not within the purview of this review.

### **3.3.2 Financial Arrangements and Tracking System**

NPAN2 estimated the sources of finances to be cumulatively from government, development partners, NGOs and private sector. The BNNC Office, Ministry of Finance and development partners were assumed to be responsible for mobilizing the financial requirements. Financial tracking and reporting were also assumed to be the responsibility of BNNC. However, there was no guideline on how BNNC would carry out these activities of mobilizing resources, tracking and financial reporting.

Resource allocations in 8<sup>th</sup> FYP are not as per actions, rather than as per ministries and divisions implementing different sectoral strategies. Resources are allocated from ADP, i.e., public source only. A debt management strategy was included showing the gaps in resources and actions for addressing the gaps.

CIP2 like NPAN2, considered government, development partners and private sector to be the potential sources of funding for implementation of the plan. To mobilize resources from these sources, there were specific strategies recommended. For example, regular consultation with FPMU, the Ministry of Finance, the Planning Commission and line ministries; quality monitoring of disbursed, available, and pledged financial resources followed by an effective dissemination of the results; and regular fora to promote private investment in FNS involving the private sector, farmer organizations, CSOs, line ministries and the Chamber of Commerce. CIP2 identified the importance of financial tracking. However, no specific tracking mechanism was recommended in CIP2.

NSSS considered the financing requirements would be fulfilled from government sources. It estimated that the available resources for implementing NSSS would be consistent with required resources. The small gap estimated in the first few years was expected to be covered by allocating the modest additional amount required from a growing budget. The strategy also relied on a system like “Result Based Financing” in which, the resource allocation in non-core programs would be allocated depending on M&E results of individual program effectiveness. In this way, the financial allocations were linked to the program outcomes under NSSS. Most importantly, NSSS assumed a substantial surplus resulted from higher GDP growth at the range of seven to eight percent, from which, the financing gap for social protection would be mitigated. Point to be noted here that the strategy did not consider the impact of global pandemic like COVID or other similar global events that could jeopardize the projections. Relying on GOB sources, the strategy assumed the conventional budget tracking system of Finance Division would be used for budget tracking.

The PIP of 4<sup>th</sup> HPNSP estimated around 62.34 percent of the total projected budget of the program to be coming from the GOB revenue budget and 21.34 percent from the GOB

development budget, indicating a total of 83.68 percent of the entire program budget coming out of government's own contribution. This was quite remarkable, considering the 78 percent GOB allocation in the predecessor Health, Population and Nutrition Sector Development Program (HPNSDP) of 2011-16, indicating an increase of close to six percent points. Among the remaining amount, 10.11 percent was estimated as Reimbursable Project Aid (RPA) and only 6.21 percent as Direct Project Aid, predominantly the support from the development partners. Overall, the budgeting of 4<sup>th</sup> HPNSP relied more on GOB's own efforts rather than development partners' support. It was clearly mentioned that the challenge of resource gap would be minimized by increasing GOB's contribution as well as gaining efficiency in both rational fund allocation and utilization, indicating the reliance of own sources for the funding of 4<sup>th</sup> HPNSP. The responsibilities of expenditure tracking were delegated to the Financial Management and Audit Unit (FMAU) of MOHFW. Provisions of capacity development of the FMAU officials were kept in the budget of a specialized OP, namely, Improved Financial Management (IFM). The Sector Wide Program Management and Monitoring (SWPMM) OP, managed by Planning Wing, was delegated with the overall responsibility of tracking of budgetary allocations, release, expenditure and performance, i.e. efficiency against the released budget.

NPAN2, CIP2, and 4<sup>th</sup> HNPSP clearly indicates improvements over budgeting and financing in planning exercise in Bangladesh. Also, more reliance on national resources along with concomitant decrease of overseas aid was a feature. NSSS financed by mostly by the GOB operational budget indicates ever increasing GOB commitments towards equity effort. However, unexpected events like COVID pandemic had not been in consideration, also robust budget tracking mechanism had not been planned and in place.

### **3.4 Operational Framework for the Policies**

#### ***3.4.1 Actions Included in the Policies***

As indicated before, by the formulation, Acts and Policies reviewed did not have actions included, hence are not eligible to review under this criterion. Among the other policy documents, the NMDCS included only specific actions, while WASH strategy, NSSS, Urban Health Strategy and Hygiene Promotion Strategy had nutrition sensitive actions. Anaemia Strategy, NPAN2, CIP2 and 4<sup>th</sup> HPNSP had both nutrition specific and sensitive actions.

All the eligible policy documents had actions to address constraints in enabling environment for nutrition. These also had specific actions to promote sensitization, awareness, and knowledge on nutrition in one form or another. However, not all policies had actions to address secondary reasons for nutrition vulnerability. NPAN2, CIP2 and NSSS had actions to address multiple issues for secondary causes of nutrition vulnerabilities, including early marriage, early pregnancy, women education, women empowerment, skills development for income increase, etc. Several secondary causes of nutrition vulnerability were addressed in 4<sup>th</sup> HPNSP through specific activities relevant to food safety programs, promotion of food safety and hygiene, school nutrition programs, food fortifications, awareness raising on food safety, etc. WASH strategy had actions addressed availability of safe drinking water, effective fecal sludge management, solid waste management and improved hygiene, which are secondary causes of nutrition vulnerability.



Table 7: Type of Actions Included in the Policies

Policies	Type of Nutrition Actions	Actions to Enable Environment for Nutrition	Actions to Address Secondary Reasons for Nutrition Vulnerability	Actions to Promote Sensitization, Awareness and Knowledge on Nutrition
NPAN2	Specific and Sensitive			
CIP2	Specific and Sensitive			
8 <sup>th</sup> FYP	Specific and Sensitive			
WASH Strategy	Sensitive			
NFNSP PoA	Sensitive			
Anaemia Strategy	Specific and Sensitive			
NMDCS	Specific			
NSSS	Sensitive			
Urban Health Strategy	Sensitive			
Hygiene Promotion Strategy	Sensitive			
4 <sup>th</sup> HPNSP	Specific and Sensitive			

### 3.4.2 Operationalizing Strategy into Action

In the NPAN2, BNNC was made responsible for overall policy guidance, coordination for implementation and technical oversight. A clear implementation pathway was shown indicating roles of different entities under MOHFW, including DGHS, IPHN and DGFP for national level implementation, and the district and subdistrict offices of DGHS and DGFP for subnational level implementation. NPAN2 also identified research entities for technical support for the implementation. Different mechanisms were proposed, including technical committees, task groups, district coordination committees and subdistrict coordination committees for improved implementation and role of different ministries, development partners and non-government organizations were included into those mechanisms. There were specific actions for capacity development of BNNC and other relevant stakeholders for improved implementation of NPAN2. The plan did not have a specific risk assessment and mitigation plan or plan for emergency response.

The FPMU of the Ministry of Food was delegated with the responsibility to ensure secretarial, technical, and operational support for the implementation of CIP2. Thirteen ministries were responsible for implementation for different programs under the CIP2. Eight thematic groups were recommended at FPMU, taking representation from these thirteen ministries, for monitoring process at technical and operational levels. The NC, chaired by the Food Minister, comprised of the secretaries of key ministries and divisions, heads of universities/research institutions, DPs, private sector and other NGOs, was made responsible to oversee the CIP2 implementation and monitoring processes. Strengthened FSN governance, capacity strengthening and leadership across FSN relevant stakeholders was kept as one of the key actions under CIP2. A separate risk assessment and mitigation plan was included to identify the challenges associated with CIP2 implementation and mitigating those.

For the Water Supply and Sanitation Strategy, the National Forum for Water Supply and Sanitation, having representatives from relevant ministries, agencies and the external support agencies and chaired by the Secretary, LGD, was responsible for coordination, monitoring and evaluation of the sector activities. Several thematic groups consisting of members from related government agencies, development partners, NGOs and academicians, have been created to support the implementation of various themes. The sector institutions - DPHE, WASAs and LGIs- was envisaged to implement their respective components related to the National Strategy. The LGIs would support their WATSAN Committees to implement the National Strategy in cooperation with the communities. The NGOs and the private sector would be encouraged to align their respective activities in accordance with the National Strategy. Strengthening capacity of these entities for effective implementation of the strategy was included. No explicit risk assessment or mitigation measures was suggested in the strategy.

In National Anaemia Strategy, a broad plan of action was proposed, although it was not time-bound. Actors for implementing different actions were identified and their roles were defined.

NMDCS had specific stakeholders identified for implementation of different actions under the strategic areas. In most of the cases, MOHFW was made responsible for the lead in the implementation, although in other relevant cases Ministry of Food, Ministry of Agriculture, Ministry of Commerce and Ministry of Industries were given the lead. However, the strategy did not have any capacity building strategy for the identified implementers. It also did not have any risk mitigation strategy.

NSSS identified 23 ministries implementing the social safety net programs, with seven ministries (Ministry of Disaster Management & Relief, Ministry of Food, Ministry Finance, Ministry of Women and Children Affairs, Ministry of Local Government and Rural Development & Cooperative, Ministry of Social Welfare and Ministry of Primary and Mass Education) to administer more than 75 percent of the total funding. The implementation of the individual programs was remained under the respective ministries in NSSS; however, the coordination and oversight mechanisms were provisioned to better monitor and supervise the implementation to improve effectiveness. These mechanisms are discussed in the governance subsection. GED, IMED, Statistics and Informatics Division and LGD were given cross-cutting roles, while Cabinet Division was given the overall coordination role. Capacity development of sectoral stakeholders for improvement of implementation was suggested. No explicit risk assessment and mitigation plan was included.

Urban Health Strategy 2020 included an action plan to operationalize the strategy. The responsible entities were identified for each of the actions. In most of the cases, the responsibilities were jointly shared between MOHFW and LGD. However, there was no capacity development actions to enhance capacities of the stakeholders in implementing the strategy. It also did not have any risk assessment and mitigation plan.

An Action Plan was included in the Hygiene Promotion Strategy for implementation. The plan had key steps, and focal points and executing agencies identified for each of the key steps. Another section of the strategy detailed out role of each of the relevant stakeholders associated with the strategy and actions, along with a timeframe. Capacity development actions were also included for the sectoral actors for effective implementation of the strategy. There was no risk mitigation and emergency response plan included in the strategy.

The 4<sup>th</sup> HPNSP has specific document as strategy (i.e., the SIP) and the implementation plan (i.e. the PIP). The implementation plans for different thematic areas in the PIP are known as

Operational Plan (OP). Initially, there were 29 OPs, to which, later, two additional were included, making a total of 31 OPs. At OP level, as well as in the overall PIP and SIP, lead agencies for different components and strategies were identified, along with other support agencies. Entities under MOHFW, other ministries, development partners, NGOs, and private sector were included as relevant stakeholders under 4<sup>th</sup> HPNSP. The strategy had risk mitigation and emergency management strategies and actions. Capacity development of relevant stakeholders for implementation of the OPs were included.

PoA of NFNSP is a recently developed document, detailing out the operational plan of the policy. The PoA had an action matrix that identified specific stakeholders from both government and non-government sector for each of the actions, along with their roles.

*Table 8: Mechanisms for Operationalizing Actions in the Policy Documents*

Policies*	Includes an operational framework with implementation arrangements, lead and support organizations and their roles	Have Actions on Capacity Development of Stakeholders on Plan Implementation	Includes a Risk Mitigation and Emergency Response
NPAN2			
CIP2			
WASH Strategy			
NMDCS			
NSSS			
Anaemia Strategy			
Urban Health Strategy			
Hygiene Promotion Strategy			
4 <sup>th</sup> HPNSP			
NFNSP PoA			
8 <sup>th</sup> FYP			

*\*Although Perspective Plan was termed as a plan this is a higher-level roadmap, and hence, it did not include specific actions on capacity building or relevant issues. Rather, the document mentioned having those actions in respective FYPs.*

### **3.4.3 Multisectoral Governance and Coordination in Actions**

Almost all the policy documents reviewed had multisectoral governance and coordination mechanisms included. Interestingly, all the policies had proposed separate multisectoral governance and coordination mechanisms for its own, making the inter-policy coordination quite challenging. Policy-wise such mechanisms included are shown in the table below.

*Table 9: Multisectoral Governance and Coordination Mechanisms PROPOSED IN Different Policies*

Policy Document	Multisectoral Governance and Coordination Mechanism
Breast Milk Substitute Act, 2013	The National Advisory Committee was responsible for multisectoral governance and coordination. It consisted of members from the Ministry of Health and Family Welfare, nominated officers, the Department of Health, a child specialist or nutritionist, a non-governmental organization (NGO) representative, and the director of the Institute of Public Health Nutrition.

Policy Document	Multisectoral Governance and Coordination Mechanism
Oil Fortification Act, 2013	Not included
Food Safety Act, 2013	<p>Two entities were instructed to be developed under this act for appropriate governance in food safety, both of which were found to be multisectoral in nature: Bangladesh Food Safety Authority (BFSA) for implementation, monitoring and enforcement of different provisions under this act, to coordinate with respective stakeholders for effective implementation, to enhance capacities of the respective stakeholders, etc.</p> <p>National Food Safety Management Advisory Council for guiding BFSA and for formulation of policies and guidelines regarding better implementation of the provisions under this act</p>
Salt Act, 2021	<p>The act mandated a National Salt Committee for multisectoral governance, including policy coordination and implementation at national level. The committee included representation from Ministry of Industries, LGD, HSD, Ministry of Commerce, Finance Division, Ministry of Food, BSCIC, IPHN, FBCCI, salt farmers, and salt refineries. The act allowed for formation of salt committees at district and subdistrict level to ensure multisectoral governance and coordination</p>
Perspective Plan and 8 <sup>th</sup> FYP	<p>Perspective Plan is a broad, long-term, macrolevel development strategy for Bangladesh. There are only strategic directions in the document, though presented in details. The specific plans and actions are/will be in specific FYPs, that are the vehicles of implementation of the Perspective Plan. Accordingly, detailed "Multi-sectoral, Multi-agency Approach to Improving Nutrition" was included in 8<sup>th</sup> FYP, that had specific strategies to address/mainstream nutrition through the efforts of ten particular domains, as discussed above. There were coordination and collaboration arrangements both at national as well as subnational level, and among multiple ministries of government as well as among private sector and NGOs. Relevant ministries for implementing different nutrition strategies under the multistakeholder multiagency approach were indicated.</p>
Livestock Policy	Not included
Poultry Development Policy	Not included
Anaemia Strategy	<p>A multisectoral National Micronutrient Working Group was suggested for multisectoral coordination and monitoring of the implementation of the plan at national level. No sub-national level mechanism proposed</p>
Education Policy	<p>An autonomous statutory and permanent National Education Commission would be formed taking into account the above-mentioned points. This Commission would be an advisory organization to the education ministry, ministries related to education and University Grants Commission, to help them implement the National Education Policy. One of the responsibilities of this Commission would be to observe the proper and effective implementation of the Education Policy at various levels and streams. Another would be to present the annual report along with recommendations to the government and National Parliament. The Commission would also be responsible to prepare recommendations for revision and amendments in the Education Policy as and when necessary.</p>
Women Development Policy	<p>As multisectoral governance arrangement - the policy referred to the National Women and Child Development Council (NWCDC) under the Prime Minister's Office</p>
Health Policy	<p>Strategy 1 discussed about the governance mechanism, indicating involvement of relevant ministries, non-government actors and private sector. However, specifically how that would be done was not mentioned.</p>
NNP	<p>Multisectoral coordination and program implementation strategy was included under strategy 5. The policy indicated multisectoral coordination at both national and subnational level. It indicated the detailed actions to be included in the action plan.</p>
Agriculture Policy	<p>The policy included particular strategies for multisectoral governance and coordination arrangements at both policy level and implementation level. Collaboration with national and international non-government and private entities was also emphasized in the policy. Collaboration and coordination, however, did not include particular mechanism to collaborate with nutrition stakeholders, or did not mention any specific nutrition entity to collaborate with</p>

Policy Document	Multisectoral Governance and Coordination Mechanism
NFNSP	Major action for multisectoral governance, policy coordination and implementation were indicated in strategy 5.3 “update of policies and programs through wider partnerships”. Strategy 5.4 also touched upon this issue in terms of strengthening regulatory management. Strategy 5.5 further detailed out the governance mechanism. Food Planning and Monitoring Committee (FPMC) (chaired by the Minister for Food and comprised of 19 members including the ministers and Secretaries of the FNS-related ministries) was proposed as the platform for multisectoral coordination and governance. It was mentioned that NFNSP will promote active participation of local governments, civil society, and the private sector at sub-national levels (grass roots, sub-district and district) –which are detailed in its Plan of Action.
NFNSP PoA	Multisectoral governance arrangement mechanisms were described for both national and subnational level. Specific actions for coordination were also suggested with private sector, NGOs and other non-government actors An umbrella organization was suggested that could bring together multitude of actors or groups into cohesive entities to streamline the diverse efforts taking place in the country to try and tackle the causes and underlying factors of food and nutrition insecurity. However, no such existing organization was proposed that could assume this role.
NPAN2	Section 7 of the plan was dedicated for governance and implementation. Multisectoral, multistakeholder and multilevel coordination was defined to be the prime implementation modality. Multisectoral coordination mechanism was detailed for both national and subnational level. BNNC was delegated with the responsibility for multisectoral governance and coordination.
CIP2	The Cabinet-level FPMC chaired by the Food Minister includes ministers and secretaries from key sectors and delivers strategic guidance on FNS issues and establishes a high-level commitment to inter-sectoral collaboration. It provides leadership and oversight in the formulation of food policy strategic documents developed by the institutions it oversees. The National Committee (NC), also chaired by the Food Minister, comprises of the secretaries of key ministries and divisions, heads of universities/research institutions, DPs, private sector and other NGOs. The NC oversees the CIP implementation and monitoring processes. The Food Policy Working Group (FPWG), chaired by the Food Secretary, performs the task of coordination and collaboration at the technical and operational level through the five Task Teams that carry out the monitoring. Members of the Local Consultative Group on Agriculture, Food Security and Rural Development (LCG AFSRD) participate in the CIP Annual Review Meetings. The LCG AFSRD is the venue for dialogue between Government and its DPs. LCGs are designed to contribute towards effective and coordinated implementation of national policies, strategies, plans and programmes.
WASH Strategy	Sector governance was specified as one of the three major themes of the strategy. Four specific strategies, each with particular actions, were included to address governance related issues. Multisectoral collaboration arrangements were outlined, incorporating relevant ministries, government departments, development partners, NGOs and private sector. The National Forum for Water Supply and Sanitation, having representatives from relevant ministries, agencies and the external support agencies and chaired by the Secretary, LGD, was made responsible for coordination, monitoring and evaluation of the sector activities. The Forum was supported by two committees under it: i) Policy and Monitoring Committee chaired by the Joint Secretary (Water Supply), the LGD, with the PSU acting as the secretariat; and ii) Technical Support Committee chaired by Chief Engineer, DPHE.
NMDCS	Multisectoral policy coordination was included under strategic area 3 and was done for both national and sub-national level.
NSSS	Multisectoral coordination mechanisms were established under five thematic clusters to consolidate and coordinate the implementation - Social allowance, Food security and disaster assistance, social insurance, Labour/livelihood interventions, Human development and social empowerment. Overall supervision and guidance responsibility was delegated to the Central Management Committee (CMC), chaired by the Cabinet Division
Urban Health Strategy	Included thorough governance mechanisms analysis, gap identification and strategy formulation to improve governance, transparency, coordination and stewardship.

Policy Document	Multisectoral Governance and Coordination Mechanism
	Actions included coordination at national as well as implementation level among LGIs and health service providers, and coordination with private and non-government actors
Hygiene Promotion Strategy	High emphasis on multisectoral collaboration, which included different ministries (including MOHFW), departments, community organizations NGOs, development partners, research entities, even private sector actors. Particular strategy and actions for multisectoral governance and coordination at national and subnational level was defined
4 <sup>th</sup> HPNSP	Detailed governance mechanism with multisectoral and multilayer governance arrangements both at national and subnational level was included. Operationalization of NPAN2 was indicated as one of the major multisectoral governance initiative in the SIP. Revitalization of BNNC was identified as the key action under the PIP in this regard

### 3.5 Monitoring, Evaluation and Research

Since acts and policies did not have specific actions, they also did not include any M&E framework or evaluation approach. Among the eligible policies, seven had some discussions on monitoring, evaluation and research. The National Anaemia Strategy and Urban Health Strategy 2020 did not have any such discussions. The approaches for monitoring, evaluation and research in the eligible policies are detailed below.

**8<sup>th</sup> FYP:** A result-based monitoring system is included in the plan. Nutrition specific and nutrition sensitive indicators are mentioned along with baseline and target. Role of different entities in M&E was included. Role of different line ministries in review and evaluation of the 8th FYP and different strategies are included. It was envisaged that there would be two reviews of the 8th FYP, with one being in 2023 while other at the end. Process to execute the review was also incorporated into the plan. Capacity building plan was incorporated for M&E and evaluation of the 8th FYP. Operational research was included in respective sectoral strategies.

**CIP2:** M&E framework included indicators to measure progress against each of the interventions and outcomes, the baseline figures, target and means of verification. Means of verification was included for all the outcomes and interventions. Plan progress review activities and processes were included in the M&E plan. Institutional setting was also included to define responsibilities of different stakeholders for monitoring and reviewing the progress. Need for research, including action research, was indicated in all the outcomes under multiple interventions.

**Hygiene Promotion Strategy:** A well-structured M&E framework was included in the strategy, associated with indicators. Review processes, including baseline survey and collection/analysis of routine data through MIS were included. Considering the importance of behavioral change aspects, the strategy had guidelines on monitoring and reviewing progress on behavioral change. Research on improved sanitation facilities and behavioral change communication tools was emphasized in the strategy and partnership with, among others, icddr,b was recommended.

**NSSS:** Detailed M&E framework included. M&E framework had comprehensive list of indicators to measure the progress. Indicators for nutritional effects were included. However, none of the indicators had specific targets. Process of review, identification of corrective

measures and adjustments of the strategy were indicated. Both qualitative and quantitative approaches for review were recommended. Operational research came as a cross-cutting issue across multiple strategies.

**WASH Strategy:** The strategy had specific timeframe and indicated annual review for progress measure. Each strategy and action had milestone, a lead agency, and several supporting agencies, for the review to measure progress. The milestones were measurable and time bound. Annual review was suggested as progress review mechanism. However, it was not explicitly mentioned regarding who would conduct the annual review. A particular strategy was included (strategy 13) for institutionalizing research and development. Resource allocation and partnerships were suggested for conducting the research.

**NMDCS:** M&E framework included SMART indicators for all the actions, along with baseline, target and means of verification. Review process of the strategy was also included in the M&E framework. Need for operational research was included under strategic area 6 and specific actions were designed. Implementation framework included lead and supporting actors in research and coordination mechanism.

**NPAN2:** Detailed M&E framework was developed having SMART indicators for both nutrition-specific and nutrition-sensitive actions. Monitoring mechanisms at national, district and subdistrict level were included. A brief discussion was included regarding review of the plan. The role of Monitoring, Evaluation and Research of NPAN2 was delegated to BNNC, including the coordination in research activities.

**4<sup>th</sup> HPNSP:** A detailed results framework was included in the SIP. This was further expanded in PIP, and OP-specific targets and indicators were added. Both nutrition-specific and nutrition-sensitive indicators were set in NNS, and in a few other OPs. Another set of indicators, known as Disbursement Linked Indicators (DLI) was included in the 4<sup>th</sup> HPNSP. These indicators also included a few relevant to nutrition. Specific review process, method, timeline, and responsible agency/entity was mentioned in the 4<sup>th</sup> HPNSP PIP. Strategic objective 6, i.e., to improve health measurement and accountability mechanisms and build a robust evidence-base for decision making, was entirely developed to plan and execute need-based operational research. PIP of 4<sup>th</sup> HPNSP included operational research under different components and thematic areas, and nutrition was one of these.

**PoA of NFNSP:** The Action Matrix of PoA was also the M&E framework, that included detailed actions, target, baseline, means of verifications and other important issues. These were done for goals, objectives, strategies, and the actions. The institutional arrangement for the monitoring of the PoA was to be built on the existing FNS institutional coordination framework and monitoring mechanism. Organizations responsible for monitoring and review of the plan progress included - The Food Planning and Monitoring Committee (FPMC); The National Committee (NC); The Food Policy Working Groups FPWG; Thematic Teams (TTs); and The Local Consultive Group on Agriculture Rural Development and Food Security (LGD – ARDFS). Importance of research for sectoral improvements was mentioned and the importance of capacity building of private sector and research entities was indicated.



## 3.6 Gender Mainstreaming in the Policies

### 3.6.1 Gender Focused Situational Analysis

As indicated in the previous sections, majority of the policy documents, in general, had brief situational analysis. Even some of the documents had no situational analysis. Hence, gender-focused situational analysis was done for even smaller number of documents. Only twelve eligible policy documents for this criterion had gender-focus in the situational analysis. There was some sort of qualitative or quantitative discussions on gender dimensions of the sector or nutrition. Sex disaggregated data for key indicators was used only in the case of eight policies.

Table 10: Status of policies based on gender focused situational analysis

Policy Document	Includes sex disaggregated data for key indicators?	Discusses gender dimensions of sector/nutrition
1. Livestock Policy		
2. Poultry Development Policy		
3. Education Policy		
4. Women Development Policy		
5. Health Policy		
6. NNP		
7. Agriculture Policy		
8. NFNSP		
9. NPAN2		
10. CIP2		
11. WASH Strategy		
12. Anaemia Strategy		
13. NMDCS		
14. NSSS		
15. Urban Health Strategy		
16. Hygiene Promotion Strategy		
17. 4 <sup>th</sup> HPNSP		
18. Perspective Plan 2041		
19. 8 <sup>th</sup> FYP		
20. NFNSP PoA		

### 3.6.2 Gender Focused Goals, Strategies and Actions in the Policies

**Perspective Plan and 8<sup>th</sup> FYP:** Gender equality was one of the core essences of the plan. Specific sectoral strategies for gender equality and empowerment, as well as broad macro level strategies were included. Equality and women empowerment are among the key aspects in goals and objectives of 8<sup>th</sup> FYP. There is a specific gender strategy in the 8<sup>th</sup> FYP that includes five strategic objectives - Improve women's human capabilities; Increase women's economic participation and benefits; Enhance women's voice and remove constraints on women's agency; Enhance/strengthen enabling environment for achieving gender equality; and Enhance Mother and child benefit programme. Among these, the fifth one is directly relevant to nutrition, while the other four are nutrition sensitive. In addition, specific sectoral strategies have respective gender-mainstreaming



or women empowerment actions. In nutrition, women empowerment was thought to be implemented in terms of the following ways:

- Emphasis on empowerment of women to make decisions about their own and their children's wellbeing
- Highlight child marriage/early pregnancy and childbearing, and their harmful implications for nutrition
- Ensure 6-month fully paid maternity leave is implemented in all sectors

**CIP2:** Focus on Women's empowerment was one of the guiding principles of CIP2. Women was included as one of the target vulnerable groups in the plan. Access to women into actions under almost all the interventions was ensured in the plan.

**Health Policy:** Gender equality was included in vision of the policy. Gender equality was also included as the ninth main goal of the policy. Strategy 11 focused on ensuring gender equality through ensuring good physical and mental health of women. Emphasis was put on reducing maternal mortality through strengthening primary healthcare, ensuring nutrition requirement of women, particularly pregnant mothers, prevention of STIs and development of women-friendly infrastructure at health facilities.

**Agriculture Policy:** No explicit inclusion of gender equality or empowerment at the goals/objectives sections. However, a particular set of strategies was included focusing on women participation and empowerment. A specific set of strategies was found to be formulated on women participation and empowerment in agricultural development. The emphasize was put in family nutrition security, and the need for technical assistance for the same. The policy acknowledged the requirement for specific and focused strategies to increase women participation in agricultural activities. The policy also showed intention of addressing some of the issues that are being considered as secondary reasons for vulnerability of women, including skills development, entrepreneurship development, equal income and wage, and equal access to agricultural education and research. The strategies, overall, were seemed to be quite supportive towards ensuring women participation in agricultural activities. However, without any specific action plan or guideline, operationalizing these strategies is not clear from the policy itself.

**Education Policy:** Objective 7 of the policy indicates eradication of discrimination, among others, gender discrimination. A particular set of strategies are included, titled "Women's Education", emphasis of which is on ensuring women's comprehensive development and empowerment and women's participation for a balanced social advancement.

**NFNSP:** Neither the vision nor any of the objectives explicitly mentioned gender equality. Some of the strategies included gender equality, particularly food-based dietary guidelines suitably linked with national NCD strategies, disaster preparedness, governance, gender mainstreaming and capacity development of women.

**NFNSP PoA:** Focus on women was one of the major guiding principles of the PoA. The PoA has incorporated considerations to incorporate women empowerment, including control over land and access to inputs and services such as credit, irrigation, rural advisory and extension services, access to health services, safe food and water, and information on and sensitization to adequate nutrition. Aol 5.4.2 was focused on strengthening gender mainstreaming for food and nutrition security. Major actions included: Strengthen the

capacity of BBS to disaggregate data by gender and social groups; Promote access to land by women; Ensure wage parity for similar agriculture work done by men and women; Mainstream gender in agriculture extension and scale up Agriculture, Nutrition, and Gender Linkages (ANGeL) initiative; and Integrate gender dimension into food loss assessment and prevention strategies

**National Anaemia Strategy:** Gender equality was not part of strategic vision or goal. However, the targets of the strategy were focused on the need of women. The actions were focused on addressing specific issues of women; however, gender equity was not included.

**Hygiene Promotion Strategy:** One of the key focus areas identified in the strategy was menstrual hygiene. Several strategies and actions had covered this issue. A specific strategy (strategy 10) was developed for mainstreaming gender in sanitation services planning, implementation, and monitoring. The actions, however, under strategy 10 on gender mainstreaming were not as focused and specific as other areas. As a matter of fact, these actions appeared more hypothetical than practical.

**Livestock Policy:** Goals and objectives did not include specific issues for women. Only two critical areas had mention of supporting women entrepreneurs - marketing of livestock products (area 7) and access to credit (area 9). However, no specific action for supporting their production was spelled out. So, it is not clear how the support in those two critical areas would be materialized.

**NNP and NPAN2:** Gender equality was not explicitly included as one of the strategies. However, women empowerment and women education were considered as determinants to improve nutrition situation. Both strategy 4 and 5 had specific recommendations to accomplish these. Gender dimensions of nutrition was discussed, particularly the impact of women education, child marriage, early pregnancy, women empowerment, etc. Gender dimensions of nutrition were addressed through actions under the action plan. However, no specific strategy or action was included to mainstream gender considerations across the activities.

**Poultry Development Policy:** Neither no mention of gender in goals/objectives, nor any strategies or actions included focusing on gender empowerment, gender equality or similar issues.

**NSSS:** Equality was included in the vision of the strategy. Addressing vulnerability of women was within the major issues that the strategy targeted to address. Gender dimensions of nutrition vulnerability were addressed. Gender considerations were made for almost all the program design and implementation process.

**WASH Strategy:** Guiding principle 6 of the strategy recognized the importance of gender in all WASH activities. A particular set of activities under strategy 8 was focused on mainstreaming gender. Involving women in planning, implementing and operation and maintenance of WASH services was mentioned as one of the key actions. Other actions included promoting women empowerment, increasing women representation in WATSAN committees and community-based organizations, implementing technology suitable for women, adoption of gender sensitive techniques for WASH promotion, etc. Coordination with MoWCA for mainstreaming gender was indicated.

**Urban Health Strategy:** Goals and objectives did not include gender equity. No action on addressing gender dimensions. No action to mainstream gender. Actions included to offer ESP at free of cost. Since ESP has specific gender dimensions, from that aspect, gender has been considered. But no direct mention of gender-specific strategies or how to address gender-based vulnerability or ensure gender-based equity into healthcare.

**Women Development Policy:** Objective 14 of the policy mentioned about ensuring nutrition of women in the country. Other objectives were focused on addressing secondary reasons for nutrition vulnerability for women, including education and skills, economic empowerment, equal rights, access to public services, climate change and disaster management, etc. There were some specific objectives relevant to nutrition of women: Sub-section 18.3. Ensuring necessary rights to the proper physical and mental growth of the female children; Section 30 - Food security of women (three sub-strategies to ensure food security of women); Section 34 - Health and Nutrition. All 11 subsections were relevant to health and nutrition of women. The first subsection was solely focusing on nutrition “To ensure rights to nutrition and to have physical and mental health of highest standard all through the life cycle of women i.e., in the childhood, adolescence, during pregnancy and in old age”. Other objectives had strong indirect relations with nutrition of women and female children: Section 19 - elimination of abuse against women; Section 21 - education and training; Section 23 - ensuring active role and equal participation of women in national economic activities; Section 24 - Poverty elimination of women; Section 25 and 26 - Economic empowerment and employment of women; Section 31 - Women in farming; and Section 27 - Pre-disaster, During Disaster and Post-disaster Protection of Women and Children.

**NMDCS:** Being nutrition-specific strategy, gender dimension was not included across goal or all strategic areas. However, nutrition-specific issues of women (e.g., iron deficiency) were identified and actions were included to address those.

**4<sup>th</sup> HPNSP:** Gender, Voice, Accountability and Equity (GEVA) is one of the most important cross-cutting area in the 4<sup>th</sup> HPNSP. There are specific goals, strategies, and targets for gender equality. Specific nutrition actions for women were included in NNS OP, and also in a few other OPs. Nutrition was considered as an integral part of maternal and adolescent health in the relevant OPs of CBHC, MNCAH and MCRAH. Other OPs included gender as cross-cutting issue and incorporated relevant actions to mainstream gender across the respective actions.

### **3.6.3 Gender Focus in M&E Framework**

Only a handful of the reviewed policies had M&E framework. Gender focus in the M&E framework was found to be only in five policies. The extent and contents of the gender focus in the M&E frameworks of these policies are discussed below.

**4<sup>th</sup> HPNSP:** Gender equity was considered as a cross-cutting issue across the entire program and no specific RFW indicator was set for this. However, gender issues were included as one of the key DLI indicators.

**WASH Strategy:** M&E framework had milestones for gender-based actions.

**NSSS:** M&E framework had milestones for gender-based actions. For monitoring of individual programmes, gender-based indicators were included, for example,

empowerment of women and a greater say in decision making, Transformation in traditional social gender norms and attitude, etc. In the evaluation aspects also, there were women-focused indicators, e.g., Transition in social gender attitudes, improved attitudes to the education of girls, increased economic contribution by better educated girls, reduced gender, societal and regional gaps in school enrolment, retention, attendance, and completion, etc.

**Hygiene Promotion Strategy:** Guideline and indicators for monitoring of personal (including menstrual) hygiene was included in the M&E framework.

**NFNSP:** Appropriate indicators were set to measure the progress against AoI 5.4.2. It also had baseline status, means of verification and timeframe of achieving the targets, i.e. SMART indicators.

### **3.6.4 Capacity Development Strategies and Actions for Women**

Although quite a few the policies had emphasis on women empowerment, however, only three of these policies had strategies or actions for capacity development to address unique needs of women and girls. In 4<sup>th</sup> HPNSP, specific capacity building issues were incorporated under different OPs to address unique health and nutrition needs of women of different age, although the major focus was on adolescent girls and women of reproductive age. Quite several social security schemes under NSSS had particular emphasis on capacity development for women employment, women income increases and women empowerment. In case of NPAN2, capacity building was a cross-cutting and gender-neutral strategy, indicating equal emphasis of capacity building to address the unique needs of men and women. Specific capacity building actions are incorporated to address unique needs of women and girls in Perspective Plan, as well as in 8th FYP. Capacity building actions to address women empowerment issues were included in PoA of NFNSP as well.

## **3.7 Analysis of Development Partner (DP) Policies**

Development Partners-DPs (UN organizations and Donor agencies) play a crucial role historically in nutrition policy and programming in Bangladesh collaborating with the government as well as non-government development organization. Most international organizational usually follows the global policies and strategy documents, however, few organizations are guided by country specific strategy and plans prepared alone or jointly with the government. A few of such policies of DPs in Bangladesh were reviewed. Particularly, three policies were reviewed, namely, USAID Country Development Cooperation Strategy (CDCS) for Bangladesh, 2020-2025, United Nations Socio Economic Response Framework (UNSERF) For Nutrition, and United Nations Sustainable Development Cooperation Framework (UNSDCF)<sup>11</sup> for Bangladesh 2022-2026. The same Checklist framework was used for the review of the DP policies.

All the DP documents analyzed had situational analysis section. The situation analysis was done using a life cycle-based analysis in UNSERF, having both gender and region segregated data, which was not found in the USAID CDCS. UNSDCF had the lifecycle analysis, however, no sex and region-specific data was used, although the situation of some of the particular groups living in particular areas was mentioned. All documents had nutritional status of under five children discussed and a special section on the effects of COVID19 pandemic situation.

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<sup>11</sup> The final draft dated July, 2021 was reviewed, as this was the latest version that was publicly available

The goals/objectives of the CDCS were quite vast, covering the entire country and multiple sectors, and using a holistic view. The overall approach of this document could be termed as nutrition sensitive. UNSERF and UNSDCF had both specific and sensitive dimensions on nutrition. The indicators set at objective/goal level at UNSERF and UNSDCF were SMART, however, the articulation in CDCS was quite broad and did not include any indicators.

CDCS was aligned with United States Government mandates and foreign policy priorities, particularly in support of a free and open Indo-Pacific and J2SR (Journey to Self-Reliance). The strategy was meant to support Bangladesh's goal of attaining upper-middle income country (UMIC) status by 2031. No such country political commitment was expressed in UNSERF and UNSDCF, although, both these documents specified the alignment with SDGs, and macrolevel developmental policies of Bangladesh, including FYP.

Whereas UNSERF had costed plan of actions, UNSDCF and CDCS did not include such costed activities. All the document lacked a clear indication on the financing arrangements; however, it was implied that CDCS would generate resources from US government and the other two documents from UN sources.

As indicated before, the actions specified in CDCS were more of nutrition sensitive, SERF had both nutrition specific and nutrition sensitive actions. All the policies had actions to address constraints in enabling environment for nutrition. All the policies addressed secondary causes of nutrition vulnerability. All documents had clear pathways for implementation. These also had capacity development strategy for the relevant stakeholders. The actions also had sensitization, awareness and knowledge dissemination components on issues associated with nutrition. In case of UNSDCF, governance was part of the implementation plan rather than one of the core actions. This policy had both specific and sensitive actions to address malnutrition. Apart from nutrition and health actions, UNSDCF had actions relevant to WASH, Education, Social Protection and Child and Youth Protection, which can be termed as actions to address secondary reasons for nutrition vulnerability. Whereas CDCS had specific risk assessment plan, UNSERF or UNSDCF did not have any such assessment nor mitigation measures. All the policies had actions that addressed specific gender-based issues, that were directly or indirectly associated with nutrition.

Table 11: Analysis of DP Policies in Bangladesh

Criteria	USAID Country Development Cooperation Strategy (CDCS), 2020-2025	UN Socio Economic Response Framework (UNSERF) For Nutrition	United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-26 (Draft)
Situational Analysis Conducted?			
Nutritional Status of U5 Children Discussed?			
Life Cycle Based Analysis			
Disaggregated Data by Sex			
Disaggregated Data by Region			
Effects of Pandemic in Situation Analysis			
Nutrition Emphasis	Sensitive	Specific and Sensitive	Specific and Sensitive
Nature of contribution towards WHA Nutrition Targets	Indirect	Direct	Direct
Expected results are SMART?			
Political Commitments	US Gov Mandate, Foreign Policy, Indo-Pacific Policy	None	None
Have Costed Planned Actions?			
Financial Arrangements and Tracking System			
Type of Nutrition Actions	Sensitive	Specific and Sensitive	Specific and Sensitive
Actions to Enable Environment for Nutrition			
Actions to Address Secondary Reasons for Nutrition Vulnerability			
Actions to Promote Sensitization, Awareness and Knowledge on Nutrition			
Includes an operational framework with implementation arrangements, lead and support organizations and their roles			
Have Actions on Capacity Development of Stakeholders			
Includes a Risk Mitigation and Emergency Response			
Includes sex disaggregated data for key indicators?			
Discusses gender dimensions of sector/nutrition			

## CHAPTER FOUR: ANALYSIS AND DISCUSSION

### 4.1 Key Strengths and Gaps of the Policies

#### ***Breastmilk Substitute Act, 2013***

Key Strengths: The BMS Act 2013 intends to protect, promote, and support breastfeeding by ending the unethical marketing of breast-milk substitutes (BMS) and infant foods. The Act is characterized by wider coverage of BMS & infant food, and accessories, as well as, covering wider age group of children that is under-5 years of age. The act is a nutrition-specific legal document, enforcing government to ensure nutrition specific interventions like early initiation breastfeeding, exclusive breastfeeding, and appropriate complementary feeding along with nutrition counseling.

Major Gaps: The Act confers a huge challenge of monitoring violations and enforcement across the country in the face of weak awareness level and institutional capacity. Inadequate effort and resources for promotion of breastfeeding against widespread tricky commercial promotion of BMS and junk food is a reality.

#### ***Food Safety Act, 2013***

Key Strengths: This is a quite advanced act considering the context of Bangladesh that laid guidelines for ensuring availability of safe food and restrict harmful foods. The act had guidelines for all facets of food - production, processing, marketing, import, store, transportation, and promotion. It laid the ground for multisectoral platform for collaboration and coordination in, not only food safety issues, but also in other aspects of nutrition sensitive interventions.

Major Gaps: The Act deserves huge monitoring responsibility and enforcement challenge in the context of overall capacity gap of governance system.

#### ***Iodized Salt Act, 2021***

Key Strengths: A very recently enacted specific, focused, and specialized legal instrument to ensure the correct level of iodine in the edible salt. There were specific provisions and indications on implementation, monitoring, enforcement, coordination and multisectoral governance. The act is carefully designed keeping in consideration loopholes of the 1989 law.

Major Gaps: The rule under the law is still to be prepared and gazetted, which is essential for effective enforcement of the Act.

#### ***Vitamin A Fortification in Edible Oil Act, 2013***

Key Strengths: This was quite a nutrition-specific legislative instrument since it mandated fortification of staples to address vitamin A deficiencies. Though it was quite brief in a legislation format, however, it had clear guidelines for fortification industry and businesspersons of edible oil on appropriate fortification of vitamin A.

Major Gaps: BSTI was delegated with the responsibility to monitor production and marketing to ensure compliance with this act and enforce, including penalize, in case of

violations. Considering the organizational structure, mandate, and practice of BSTI, it is challenging to enforce such an act amid wide range of responsibilities.

### ***National Livestock Policy, 2007***

Key Strengths: A highly technical document, helpful for sectoral experts in developing sectoral strategies and implementation. Two of the areas have direct impact on nutrition through increasing the production of dairy products, meat, egg and relevant animal protein, although this specific impact or relationship with nutrition was not mentioned in the policy.

Major Gaps: The extent of the policy seemed to be very specific and confined within a section of the ministry. It seemed that it was a technical direction for DLS and BLRI and did not specify role of other relevant actors. Despite the scope to involve multisectoral actors (ministries and departments) there was no such attempt. The timeline in which the policy developed may also be responsible for this, since the multisectoral governance, coordination and collaboration approach came much later, around 2010s. Overall, despite the opportunities, the policy could not explicitly relate itself to nutrition adequately.

### ***National Poultry Development policy, 2008***

Key Strengths: Nothing significant.

Major Gaps: A document, possessing a list of intents, however, without identification of sectoral strategies based upon thorough situational analysis and gap identification. Most importantly, the Livestock Policy, 2007, developed one year prior to the Poultry Development Policy, 2008 had a specific area dedicated for poultry development. Hence, the purpose of the formulating of this policy was not clear. Nevertheless, despite having opportunities, this policy did not relate itself with nutrition.

### ***National Agriculture Policy 2018***

Key Strengths: A through situation analysis was done in the policy, linking, among others, nutrition, with agricultural development and modernization of agriculture in the country. The sectoral strategies had clear relations with the major objectives, with indirect relation to nutrition (nutrition-sensitive) and beyond food security. The policy included particular strategies for multisectoral governance and coordination arrangements at both policy level and implementation level. The policy was found to be linked with some of the higher-level political commitments, including the electoral manifesto of ruling party in 1996 and Vision 2041.

Major Gaps: The policy, however, did not include significant gap analysis, lessons learned and areas of improvement, only a light-touch analysis was done. The policy did not include any action under different strategies. So, there is no clear pathways for implementation of the strategies. There were specific strategies on capacity development. Among the priority areas of capacity development - nutrition management is included. However, as indicated before, without action plan or a particular pathway, it is difficult to understand how these capacity development strategies would be implemented. No costing was done in the policy. No financing arrangements were spelled out. No specific risk assessment was conducted, and there was no mitigation plan in the policy. No emergency response plan was found to be incorporated into the policy.



Collaboration and coordination, however, did not include particular mechanism to collaborate with nutrition stakeholders, or did not mention any specific nutrition entity to collaborate with stakeholders. No advocacy actions were found at national or subnational level. No gender-based analysis done. It is assumed that its Plan of Action would cover the gaps.

### ***National Education Policy, 2010***

Key Strengths: All components under “Education” sector were brought in, aim in that sector was specified and the strategies, more of what need to be done are brought under those aims.

Major Gaps: There was no situation analysis done the aims and strategies under one subcomponent have very limited or no link with the same under another component. Overall, the policy, lacks a multisectoral approach of looking at education. Education was viewed completely from the Ministry of Education point of view. So, there was virtually no discussion on collaboration/coordination with other sector. For example, there are discussions on agricultural studies, medical education, nursing education, etc. but no indication how to involve these relevant ministries and stakeholders into the strategy.

### ***National Health Policy, 2011***

Key Strengths: Considering the time in which the policy was developed, it included quite several issues that were innovative and way ahead of time. For example, the emphasis on healthy lifestyle, integrated management of information system, involvement of private sector into public health, hospital waste management, relationship of climate change on health, healthcare for industrial workers, etc.

Major Gaps: The policy was not strongly nutrition-sensitive one as should be as a closely allied sector. Nutrition was viewed as, mostly, relevant to diet, however, its linkage with lifestyle, communicable and non-communicable diseases was not established. The secondary causes of nutrition vulnerability were not identified and addressed in it. The nutrition benefits from the improvement of health systems and the service delivery were not highlighted, whereas there is a clear relation of improved nutritional status of the population with issues covered in the policy like strengthened primary healthcare, reproductive health, child health, hospital management improvement, health education and improved governance. The policy had no action plan, so it was not clear how the strategies would be implemented. Moreover, the roles of different stakeholders were not clear from the policy. By that time the health sector had functionally been transformed as Health Population and Nutrition (HPN) sector, which is not reflected in the policy.

### ***National Women Development Policy, 2011***

Key Strengths: As a detailed-out policy, this document identified all the areas of women vulnerability and derived policies on addressing those vulnerabilities. Although not explicitly linked to nutrition, the vulnerabilities identified were all relevant to nutrition and addressing those would have positive nutritional outcomes. Outline of a separate multisectoral coordination platform for women development was provided. Relevant stakeholders associated with the policy were identified and their roles were well-defined.

Major Gaps: Operationalizing of the policy was based on incorporation into respective ministerial/departmental work plan and budgetary allocations. However, it was not mentioned that who would monitor such operationalizing.

### ***National Nutrition Policy, 2015***

Key Strengths: This was probably the first nutrition policy in the country that explicitly indicated gaps and issues in nutrition and recommended policy directions for that. This was particularly important provided the limited focus of immediate past National Health Policy, 2011 on nutrition aspects. Also, this is probably the first instance in which nutrition was looked holistically beyond diet and health perspectives and more from a multisectoral angle. The secondary causes of nutrition vulnerability, including education, women education, women empowerment, social security was also mentioned, and appropriate strategy was indicated. The policy paved the way in formulation of NPAN2 and strengthening BNNC.

Major Gaps: Gender equality issues did not appear explicitly in the strategies, although the need for women empowerment was indicated multiple times. Also, the policy was more focused on under five children, adolescent girls. and women of reproductive age, however, did not focused on working men and women, and people with disability, The set targets of the Policy was heavy on nutrition specific side.

### ***National Food and Nutrition Security Policy, 2020***

Key Strengths: Although the policy was designed from a food systems point of view emphasizing nutrition sensitive agriculture (in which nutrition was looked as dietary outcome), the objectives combinedly focused on nutrition-sensitive issues (e.g. dietary diversity, social security) with multisectoral governance and coordination mechanism.

Major Gaps: The policy document recommended strategies without explicit review and identification of issues. Further, the actions indicated under the strategies would have been smarter with indication of implementer. No costed or time-bound action plan was suggested, though it recommended for preparing an action plan based on the policy. In one section, names of the relevant ministries and stakeholders were mentioned, however, their roles under different strategies were not identified. There was no M&E framework indicating indicators for the strategies, or even higher-level indicators for vision and objectives. Considering the recent timeline in which it was designed and developed, it would have been a more comprehensive and time-befitting document.

### ***Perspective Plan 2021-2041***

Key Characteristics: Although this has been termed as “Plan”, in reality, this was a broad and long-term roadmap for the development of Bangladesh by 2041, which would be operationalized through the implementation of multiple FYPs (8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup>). However, even though being a broad roadmap, the document specifies individual sectoral, as well as cross-cutting strategies. Special emphasis was put on human capital development, thereby, making nutrition more visible as an individual sector rather than a subset of health and food system. Moreover, the strategies focused on development of, among others, nutrition status of poor for improved human capital, but also emphasizing on ethnic communities and socially excluded communities in the country. This is quite unique in the context of the country and was rarely seen in previous policy documents.

The plan acknowledged the gaps of nutrition (along with population and health) service delivery at urban areas. It also identified the importance of private sector contribution in urban PHN service delivery and indicated GoB intension of integrating these actors into public PHN service delivery at urban areas. The plan included strategy for reaching children with quality nutrition services at urban slums through collaboration with NGOs.

Another key strength of the plan was to relate the agricultural development (including livestock and fisheries) with nutrition and the strategies of intensifying agricultural development to ensure household nutrition. Malnutrition was identified as one of the bottlenecks for barriers and effective social safety net was identified to be a strategy to address malnutrition. Overall, the plan is a comprehensive one addressing nutrition issues from multiple sectors.

### **8<sup>th</sup> Five Year Plan 2020-25**

Key Strengths: A highly detailed and thorough medium-term policy framework inclusive of development strategy for nutrition from the HPN sector, as well as from multistakeholder multiagency point of view. Both nutrition-specific and nutrition-sensitive strategies and actions are incorporated. The nutrition sensitive actions incorporated several domains beyond health and food, which is unique and not common in the country. The FYP is linked to implementation of the Perspective Plan 2021-41, and hence, have all the key strengths discussed under that policy document.

Major Gaps: The actions were not costed in detail, rather, the costs were consolidated and allocated under specific ministries and divisions. Hence, it is difficult to ascertain the resource allocations for nutrition. Resource allocation also seemed to be predominantly depended on public funding. Though gender empowerment issues were detailed, along with specific strategies and actions, however, the M&E framework did not reflect appropriate women empowerment indicators, as this was done for other sectoral and cross-cutting strategies.

### **National Anaemia Strategy, 2007**

Key Strengths: Quite an elaborate strategy to identify key issues and address those with a combination of nutrition-specific and nutrition-sensitive indicators. A well framed document on a complex issue like anaemia with concept and information of the then context.

Major Gaps: Although quite a number of the strategies and actions indicated need for multisectoral collaboration, however, the mechanism for that was only mentioned, without operationalizing it. That means, the specifics of the National Micronutrient Working Group, including its formation and terms of reference was not mentioned. The mechanisms in which the working group would collaborate was also not detailed out. While the strategies and interventions were quite elaborate, the plan of action was not specific to provide a clear pathway of operationalization. Quite a number of activities included were resource intensive, however, the strategy did not shed lights on resource generation. The strategy appears backdated in the face of exploration of changed status of anemia in the country as well as new information came up in anemia science in country and at global level.

### ***National Hygiene Promotion Strategy, 2012***

Key Strengths: Overall, this was a well-planned and well-documented strategy to identify problems in the sanitation sector, determine the root causes and identify strategies to address those constraints/root causes. The M&E framework had clear indicators to measure progresses against key objectives. Relevant stakeholders were identified, and their roles were well-defined. Emphasis was put on multisectoral coordination, governance and enabling environment. Capacity building strategies were defined for national and subnational level actors.

Major Gaps: The strategy have immense impact on nutrition, which was not mentioned or linked in the original document. No disaggregated data either by sex or region was presented in the situation analysis. The broad objective of the strategy did not explicitly mention nutrition, however, it aimed at reducing water related diseases, a determinant of malnutrition among under five children. No specific capacity building focused on gender-based hygiene actions were included.

### ***National Strategy for Water Supply and Sanitation, 2014***

Key Strengths: Overall, a well-drafted strategy, identifying the gaps and designing strategies accordingly. The strategy covered some important nutrition-sensitive issues, in the form of availability of safe drinking water, solid waste management, fecal sludge management and promotion of hygiene. Multisectoral coordination was promoted, indicating prospects of potential collaboration with nutrition stakeholders. The strategy had particular emphasis on urban areas and urban population.

Major Gaps: The strategy was time-bound and was developed for five years. From that aspect, the strategy is outdated since 2019 and as such no updated strategy is available currently for the WASH. The strategy could have easily related the outcomes with eradication of different diseases associated with improved WASH system, which was not made. From this aspect, the strategy missed the opportunity to relate to Health, Population and Nutrition sector and the sectoral stakeholders (which the National Hygiene Promotion Strategy 2012 did).

### ***National Social Security Strategy, 2015***

Key Strengths: Overall, the NSSS (2015) is quite a nutrition-friendly strategy, having huge potential to be enhanced, in the socio-economic context of Bangladesh. It covered nutrition vulnerability from multiple dimensions and included strategies to address those, some of which were beyond health and food sector. As a matter of fact, all five thematic clusters of NSSS, i.e., social allowance, food security and disaster assistance, social insurance, labour/livelihood interventions and human development and social empowerment have direct implication on nutrition. Another key strength of the NSSS was its lifecycle approach, focusing on protecting pre-birth, childhood, adolescence, working age till old age of the citizens.

Major Gaps: NSSS acknowledged the weaknesses in coordinating the efforts of social security schemes of different ministries. However, the multisectoral coordination mechanism proposed itself was not adequate to ensure the required coordination, which was identified in the MTR of NSSS done by GED of Planning Commission. IMED was made responsible for M&E exercises, however, IMED cannot monitor projects other than

those included in ADP, and hence, the off-budget project monitoring is not covered under the M&E framework of NSSS. Although the vulnerability of urban poor was highlighted, few programs to address their vulnerability were included. Under-emphasis of quality SBCC along with materials and money transfer is a feature.

#### ***National Strategy on Prevention and Control of Micronutrient Deficiencies, Bangladesh (2015-2024)***

Key Strengths: This was a very detailed strategy that identified the gaps and constraints through rigorous situational analysis and identified appropriate strategies and actions to address those using a lifecycle approach. The objectives, strategies and interventions were time-bound, having appropriate actors identified along with their roles. Implementation mechanisms of the strategies had process described for operationalization at national, subnational, even community level. Actors were identified well to be involved in the multisectoral governance, coordination, and implementation process. Detailed actions were identified under each strategy, having a clear timeline, target and baseline.

Major Gaps: The actions were not costed, and financing mechanism not addressed. No resource allocation strategy was included. Gender dimensions would have been further elaborated.

#### ***4<sup>th</sup> Health, Population and Nutrition Sector Program***

Key Strengths: Overall, 4<sup>th</sup> HPNSP was a highly nutrition-friendly plan that incorporated both nutrition-sensitive and nutrition-specific interventions although heavy on the specific side. Moreover, nutrition issues have been incorporated into several other OPs, either associated (MNCAH, MCRAH, CBHC, HSM) and supportive (CDC, NCDC and particularly those relevant to information, education and lifestyle changing - L&HEP under DGHS and IEC under DGFP). The multisectoral governance and coordination was emphasized and relevant actions and budgetary allocations were kept for these.

Major Gaps: Although a very comprehensive plan in design and in terms of all the characteristics, SIP and PIP of the 4<sup>th</sup> HPNSP is implemented under a single ministry (Health and Family Welfare) with a sector wide approach. Nutrition programming expands much beyond that, to 22 ministries, at least 5 major ministries.

#### ***Second National Plan of Action for Nutrition (NPAN2) (2016-25)***

Key Strengths: This is a comprehensive action plan for operationalization of National Nutrition Policy, 2015. Moreover, the plan addressed the gaps that were identified in the NNP. It included a detailed situational analysis, specific actions under each identified strategy, a thorough implementation plan that had timebound actions showing the relevant stakeholders, a detailed costing and a thorough M&E framework.

Major Gaps: Gender components have scope to be improved.

#### ***National Urban Health Strategy, 2020***

Key Strengths: The strategy put special emphasis on the need for increased coordination between MOHFW and MOLGDR&C. The action plan was also had actions on how to improve such coordination. There was special attention on improving governance and

accountability in the strategy. Subsequently, there were particular actions included in the action plan. The needs for both slum and non-slum dwellers were segregated, although from an overall HPN angle rather than from specific nutrition point-of-view. The action plan focused more on making the HPN services available for slum dwellers and floating population at a lower cost, while enhancing quality. This addressed the equity issues of healthcare services in the urban areas. The role that MOHFW has been played in providing primary healthcare in rural areas was clarified (despite the Local Government Acts like City Corporation Act, 2009 and Municipality Act, 2009 designating local government for catering the PHC needs). The continued role of MOHFW in providing PHC in urban areas was also recommended. The strategy also had specific actions on increasing number and capacity of the human resources associated with urban service delivery. There were some unique ideas regarding alternative financing arrangements for city corporations and municipalities for healthcare service delivery, although these were only indicated rather than detailing out. Although the strategy did not include many actions explicitly for nutrition, however, it paved way for vehicles to effective delivery of nutrition services for urban poor by strengthening the service delivery network of MOHFW and MOLGDR&C and enabling the governance and regulatory environment

Major Gaps: There was no results framework or M&E framework included in the strategy. Also, there was no indication on how to measure the progresses against different strategies and actions. The actions indicated in the action plans also seemed to be quite broad and not very clear on how to implement those. There was no gender analysis or gender-based actions in the strategy. The strategy, overall, did not consider any gender-based constraints and hence did not recommend any such strategies to address those. The action plan did not detail out some of the very important strategies, particularly Strategy 8 (Building robust evidence base for decision making), and strategy 9 (Development and functioning of a structured referral system). No indicators or timelines were specified for achieving goals and objectives. Expected results are not appeared SMART. were included in the strategy. There was no particular risk identification or mitigation strategy or plan for disasters or emergency. No costing and financing arrangement were done or mentioned.

### ***NFNSP Plan of Action***

Key Strengths: This was a meticulous plan of action to operationalize the NFNSP. It clarified how the goals, objectives and strategies of the policy would be implemented through well planned actions. Nutrition was embedded into almost all the strategies and actions. Both nutrition-specific and nutrition-sensitive actions were included. The PoA not only targeted nutrition vulnerability through availability, accessibility, and utilization of nutritious food, but also addressed the secondary causes of nutrition vulnerability through strategies and actions for food security, income increase and social security. The document included a very detailed action matrix that clearly defined role of different stakeholders, along with targets and timeline for each of the actions. Institutional capacity development actions for relevant nutrition stakeholders like BNNC, FPMU and BFSA were clearly spelled out. The gender actions were also quite detailed and straightforward. Instead of keeping gender as a cross-cutting action, the PoA included it as one of the main strategies so that specific actions could be designed, and indicators could be set. From this aspect, this was a unique document.

Major Gaps: Costing for the actions was not done. Rather, the document indicated reliance on a new CIP, and other programme documents for costing. Provided a costing exercise could be done then the document would be a comprehensive one.

### **Development Partners' Policy**

#### ***UNSERF***

Key Strengths: A unique joint UN-GOB document developed for emergency nutrition response to COVID19 pandemic. It's a purposive plan framework involving multisectoral stakeholders focused on COVID19 response. Although a focus area framework it considered most multisectoral characteristics in planning and designing. It linked all concomitant national plans in terms of implementation and monitoring.

Major Gaps: The plan framework lacks a detailed costing and financing component. Very brief about monitoring and evaluation, made just through linking narrative. Gender assessment component deserved further treatment.

#### ***UNSDCF 2022-26***

Key Strengths: This was a thorough document detailing out the joint UN and GOB efforts in addressing the challenges and constraints to achieve SDGs by 2030. Majority of the strategic priorities were found to have direct or indirect implications on nutrition. The document carefully laid out roles and responsibilities of each of the UN agencies working in Bangladesh for different strategic priorities and actions. The monitoring framework was detailed, having specific indicators, means of verification, baseline status and other relevant indicators to measure periodic progresses.

Major Gaps: The framework lacks a detailed costing and financing component. That is probably because the document reviewed under this assignment was still a draft and appears incomplete one. The final version of the policy document may include such costing and financing component.

#### ***CDCS 2020-2025***

Key Strengths: This was a well-designed strategy document for USAID in Bangladesh for 2020 to 2025 period. It was not focused on a particular sector, rather across the sectors of interest. The strategy was aligned with the US Government mandates and foreign policy priorities, particularly in support of a free and open Indo-Pacific and J2SR, which was mentioned in several areas. Equality and inclusive development were the cornerstones of the strategy, which are essential for nutritional development of Bangladesh. The strategy had particular objectives for improving governance and accountability, which are essential for enabling environment of nutrition as-well. There were also nutrition considerations during disasters, including natural disasters and appropriate strategies were set for that. The strategy was unique from nutrition point of view for two reasons – first, it identified nutritionally vulnerable population, and second, it included impact of COVID pandemic and had strategies to mitigate social and economic vulnerability in such pandemic situations in future. Overall, the strategy was quite nutrition-sensitive, addressing multiple

secondary causes of nutrition and promoting equality, inclusive and integrated approaches for development.

Major Gaps: The strategy identified a number of stakeholders for collaboration, however, there were no explicit mention on how the multisectoral coordination would be done. It seemed that the coordination of USAID would be done with respective stakeholder groups on a bilateral basis. Apart from LCGs, no other multisectoral coordination platforms were mentioned in the strategy. The M&E framework did not include a list of indicators for different DOs (development objective), IRs (intermediate result) and sub-IRs, so it is not clear what were the baseline and what would be the target. This would make the progress review difficult.

## **4.2 Key Findings Regarding Nutrition Sensitivity and Gender Assessment and in the Policies**

Nutrition focus of the policies: Majority of the policies reviewed were not introduced with nutrition objectives in mind, rather, were introduced for sectoral development. However, almost all the policies reviewed had direct or indirect implications on nutrition. Interestingly, majority of the policies did not acknowledge the existing and potential implications of the respective sectoral strategies and actions on nutrition. As one of the key informants mentioned as example *“In fact, there are policies which are directly involved in food production, but you would not find the word “nutrition” in the whole statement as if the sole purpose of that policy is just to produce food, but why nutrition is not thought of”*. Another key respondent mentioned *“Sectors are implementing many nutrition sensitive activities but unknowingly”*. These statements imply a general lack of awareness, intention and understanding regarding “Nutrition Sensitivity” of sectors beyond “food and health”.

Shift in understanding of nutrition over the period: Analyzing the policies against the timeline of introduction, a clear shift in understanding could be visible. Prior to 2015, the understanding of nutrition in the development policies was based on “Diet and Health”. Even the National Health Policy, 2011 – country’s most important health policy viewed nutrition from dietary perspective, and not linking lifestyle and communicable and non-communicable diseases with nutrition. National Education Policy, 2010, National Women Development Policy, 2011, National Hygiene Promotion Strategy, 2012 – all had implications of nutrition in terms of addressing the secondary reasons for nutrition vulnerability, which the respective policies did not include or acknowledge. National Nutrition Policy (NNP), 2015 was the first instance in which nutrition was looked holistically beyond diet and health perspectives and the secondary causes of nutrition vulnerability, including education, women education, women empowerment, social security, etc. were acknowledged. Eventually, NPAN2, based on NNP, was more holistic in nature and include actions that are beyond “food and health”, making the approach more comprehensive. This leads to the importance of taking the “holistic approach” for nutrition in all relevant sectoral strategies, as specified by one key informant – *“Nutrition has to be a holistic issue and must be human centered. That means, each sector or sub-sectoral policy framers must have a holistic view of nutrition”*.



Non-synchronized concept of “Multi-sectoral Collaboration/Coordination” across the policies:

Majority of the policies reviewed, particularly those developed after 2010-11, acknowledged the importance of multisectoral coordination/collaboration for effective governance and implementation of the respective policies and emphasized on incorporating non-government and private sector actors, and ministries beyond the respective sectoral/line ministry responsible for that policy. However, almost all the policies mentioning multisectoral coordination had its own in-house mechanism and idea about the “multi-sectorality” of the collaboration and rarely have connection with the similar concept of the other policy. At least seven of the reviewed 20 government policies had individual multisectoral coordination mechanisms/platforms. Apart from CIP2 and NNP/NPAN2, no other policies mentioned any such platforms/committees that are common in other policies. This leads to a conclusion regarding the limited apprehension of the sectoral stakeholders on the “Multisectoral Approach” and the respective implications on aligning sectoral policies to accommodate such collaborations. This issue was articulated well by a key respondent during KII – *“In most cases, these are tunnel visions. That an issue of nutrition has many determinants and that even within a sector, there should be understanding of the synergy or trade-offs with other sectoral policies or actions are not well understood”*.

Operationalizing Policies into Actions – a Major Gap in Policy Environment: As per the norm, policy documents in Bangladesh do not accompany an action plan or operationalizing plan. Hence, it becomes quite difficult to understand the strategy of the respective government ministry or department on implementing that policy, and the role of other relevant government and non-government stakeholders with that policy. The practice is, thus, to develop separate action plans or strategies by the respective ministries to operationalize the policies. Without the action plans, the policy documents remain only a “List of Intent”. On the other hand, NPAN2 may be an example that laid the operational framework and guideline and clarified the ways in which the National Nutrition Policy would be implemented for improvement of the nutrition status of the citizens. Conversely, National Livestock Development Policy or National Poultry Development Policy did not accompany any action plan or strategies, making it quite difficult for the implementers to effectively implement the policy guidelines. A key respondent, during the KIIs, indicated this as a major weakness of the policies in Bangladesh – *“I wonder how many policies have action plans for implementation at all. That is a major weakness of most such policies”*.

Linking Resources with Policies and Actions: Majority of the policy documents reviewed did not have direct linkage with resource requirements and include actions on how those resources would be mobilized. As mentioned before, the acts and policies, as per the usual norms, do not have such resource mobilization plans. As a result, without having appropriate costed actions plans, majority of the policy documents remained “wish lists” rather than practical guiding documents. However, even in the strategy and action plans, budgets needed to implement the actions and potential sources of financing were absent in half of the documents reviewed. Even it is there, whether the investment is adequate or not that is not assessed at any stage. As indicated by one of the key respondents as a gap in the nutrition policy documents in Bangladesh – *“Lack of investment analysis and investment gap assessment; examining adequacy of investment and measuring investment effectiveness and efficiency are lagging”*.

Gender Sensitivity in Policies: Although gender was mentioned to be focused as a cross-cutting or overarching issue in almost all the policies reviewed as explicitly women empowerment or equality, in reality, there were very few documents having specific gender-focused criteria or actions. Only five of the government policies reviewed had gender-segregated data and only eight

of these had actual discussions regarding sectoral gender dynamics. Despite having gender equality or women empowerment in goal or visions of around 15 out of the reviewed 20 government policies, only four had particular inclusion of gender focused targets in the results framework with measurable indicators. Only three had any actions regarding capacity development to address unique needs of women and girls, indicating significant gaps.

## 5. CONCLUSION AND RECOMMENDATION

Bangladesh possesses a rich heritage of policies those have direct or indirect relations with nutrition. The policies, developed since post-independence till now, are quite diverse in dimensions and objectives.

It is observed that, with few exceptions, the policies are very sector-focused and purposive, which may be consistent with the demand of the time and context in case of old documents. With advent of increasing notion about multi-sectorality of nutrition agenda, recent time experiences influence in policy environment and its formulation, although it did not happen all-across. Still inadequate efforts are experienced in intersectoral linkages despite having potential to do so.

The SUN checklist was developed and disseminated 2016, it is observed that even for policies developed after 2016 reflection of the checklist criteria was not common except for few ones.

Major gaps were identified in the context analysis, design and content of some policies and programs, nutrition governance, policy implementation, and in monitoring and evaluation components.

Absence of continuity of policy stream is a feature, one policy had not necessarily been followed by next time-befitting one hampering an updated and improved policy environment.

### Recommendations

Recommendations proposed are based on findings under five thematic areas against which policies were reviewed and assessed.

#### Area 1: Situation analysis and policy and programming review:

- Use a standard methodology and checklist (the one which was used during this review) with nutrition markers relevant to respective sector to guide sectoral policy formulation processes and contents
- Follow an evidence-based nutrition action approach, decision making, intervention based on international and national harmonized criteria for different population groups, implementation, and evaluation of public health nutrition policy (WHO 2013)
- Adopt strategy of sectoral actions with multisectoral consideration and collaboration as the basis of policy formulation. Ensure preparation of plan of action soon after the finalization of the applicable policy to ensure implementation of strategies with smart objectives and indicators

- Address the double burden of malnutrition through the prevention of diet-related diseases, a sustainable and safe food supply, and the integration with related risk factors

#### **Area 2: Stakeholder engagement and high-level political commitment**

- Ensure engagement of all potential stakeholders during policy development and review process. Maintain close collaboration with Development Partners in building and maintaining a congenial policy environment for nutrition
- Avoid creation of multiple coordinating authorities under policies concerned that might lead to divergence and non-synchronization in governance system
- Enhance the role of Bangladesh National Nutrition Council (BNNC) as the apex body of multisectoral nutrition towards policy coordination

#### **Area 3: Costs and budgetary framework**

- Determine cost and budgeting with financing and resource mobilization mechanism to facilitate implementation of policy and plan
- Institute investment analysis to ascertain the adequacy of investment with its tracking and monitoring mechanism

#### **Area 4: Monitoring, evaluation, operational research, and review**

- Keep provision for an accountability framework in applicable policies to ensure due role by the responsible parties
- Keep provision for review process in applicable policies to evaluate its effectiveness, adjust strategies and target, as well as guideline for the next policy
- Evaluate/review policy and plans before completion of its tenure to glean lessons learned and formulate the follow-on policy/plan without any gap, to ensure the continuity of business
- Use monitoring and surveillance data on nutrition indicators by gender, socio-economic and geographical areas for comparing development and evaluating the impacts of interventions, and for providing information for advocacy and political decision making

#### **Area 5: Gender assessment**

- Strengthen gender component through rigorous analysis using comprehensive markers in policy formulation and monitor progress during implementation.

## Annexure

### Annex 01: Technical Working Group formed by the BNNC

Will be replaced in same date and memo



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**BNNC/Coordination/11-54/2018-147**

**Date:08-09-2021**

**Subject: Formation of a “Technical Working Group (TWG) on Nutrition Policy Review”**

Bangladesh National Nutrition Council (BNNC) has taken an initiative to review existing nutrition relevant Policies, Legislations, Plans and Strategies of the Government and Development Partners in Bangladesh during September- November 2021 in technical collaboration with WHO. To support the process a Technical Working Group (TWG) is hereby formed as follows-

**Technical Working Group (TWG):**

1	Dr. Zubaida Nasreen, Director (Policy), BNNC	Chairperson
2	Dr. Md. Akhter Imam, Deputy Director, BNNC, Focal Person & Technical Support to SUN FP	Member
3	Dr. Khainoor Zahan, Deputy Director, BNNC	Member
4	Representative, National Nutrition Service	Member
5	Representative, Institution of Public Health for Nutrition	Member
6	Representative, Associate Director, FPMU,	Member
7	Representative, Additional Director, DAE	Member
8	Dr. AFM Iqbal Kabir, Lead Consultant, BNNC	Member
9	M. Asaduzzaman, SPA, NIPN-BIDS	Member
10	Shabnam Faria, NPO, WHO	Member
11	Dr. Mohsin Ali, Sr. National Consultant-Nutrition, WHO	Member
12	Farhana Sharmin, Nutrition Specialist, UNICEF	Member
13	Tonima Sharmin, Nutrition Officer, WFP	Member
14	Waziha Khatun, Nutritionist, FAO	Member
15	Taskin Chowdhury, Nutrition Advisor, USAID	Member
16	Wameq Azfar Raza, HNP Specialist, World Bank	Member
17	Dr. Hasnin Jahan, Assistant Director, BNNC	Member Secretary

**Terms of Reference (TOR) for Technical Working Group (TWG):**

1. The TWG will technically guide the review process;
2. Provide inputs into checklist, tools, reports and other outputs.
3. It will provide support in organizing meetings/consultations, with relevant stakeholders.
4. Committee can sit as deemed necessary
5. The group can co-opt other members as necessary

**Dr. Md. Khalilur Rahman**  
Director General  
Bangladesh National Nutrition Council (BNNC)

**Copy for necessary action (not according to seniority):**

1. Director General, FPMU, Ministry Of Food (With request to nominate relevant representative)
2. Director General, DAE, Ministry of Agriculture (With request to nominate relevant representative)
3. D Dr. Zubaida Nasreen, Director (Policy), BNNC
4. Dr. Md. Akhter Imam, Deputy Director, BNNC, Focal Person for Technical Support to SUN FP
5. Dr. Khainoor Zahan, Deputy Director, BNNC
6. Line Director, NNS, Mohakhali, Dhaka (With request to nominate relevant representative)
7. Director, IPHN, Mohakhali, Dhaka- (With request to nominate relevant representative)
8. Dr. AFM Iqbal Kabir, Lead Consultant, NTEAM
9. M. Asaduzzaman, SPA, NIPN-BIDS
10. Shabnam Faria, NPO, WHO
11. Sr. National Consultant-Nutrition, WHO
12. Farhana Sharmin, Nutrition Specialist, UNICEF
13. Tonima Sharmin, Nutrition Officer, WFP
14. Waziha Khatun, Nutritionist, FAO
15. Taskin Chowdhury, Nutrition Advisor, USAID
16. Wameq Azfar Raza, HNP Specialist, World Bank
17. Dr. Hasnin Jahan, Assistant Director, BNNC

  
08.09.2021  
Dr. Hasnin Jahan  
Assistant Director

**Bangladesh National Nutrition Council**

**Annex 2: List of National Strategies, Plan, Policies and Legislations (not exhaustive)**

<b>Nutrition Related Policies, strategies, and legislations</b>	<b>Year</b>	<b>Category</b>
The Constitution of Bangladesh	1972	Constitution
Animal Disease Act	2005	Law
Livestock Quarantine Act	2005	Law
Mobile Court Act	2009	Law
The Consumers' Right Protection Act	2009	Law
Animal Slaughter and Meat Quality Control Act	2011	Law
Breast Milk Substitutes, Baby Foods, Commercially Manufactured Supplementary Baby Foods and Their Equipment (Regulation of Marketing) Act. & Rules	2013 2017	Law
Vitamin A Fortification in Edible Oil Act	2013	Law
The Food Safety Act	2013	Law
The Child Act	2013	Law
Bangladesh Hotel and Restaurant Act	2014	Law
Formalin Control Act	2015	Law
The Salt Act	2021	Law
Seed Law	2018	Law
Bangladesh Labour Law	2006, amend 2018	Law
National Food and Nutrition Policy	1997	Policy
National Fisheries Policy	1998	Policy
National Policy for Safe Water Supply and Sanitation	1998	Policy
National Food Policy (NFP)	2006	Policy
National Livestock Policy	2007	Policy
National Livestock Extension Policy (draft)	2013	Policy
National Poultry Development Policy	2008	Policy
National Education Policy	2010	Policy
National Children Policy	2011	Policy
National Women Development Policy	2011	Policy
National Health Policy	2011	Policy
National Child Development Policy	2011	Policy
Lactating Women Allowance Policy	2011	Policy
National Nutrition Policy	2015	Policy
National Population Policy	2012	Policy
National Disaster Management Policy	2015	Policy
Maternal Allowance Policy (rev)	2015	Policy
National Agriculture Policy	2018	Policy
National Agricultural Extension Policy	2018	Policy
National Environment Policy	2018	Policy
National Food and Nutrition Security Policy	2020	Policy
National Salt Policy		Policy
National Broadcasting Policy		Policy
National Seed Policy		Policy
National Water Policy		Policy

Bangladesh Integrated Nutrition Project (BINP)	1996	Plan
National Plan of Action for Nutrition (NPAN)	1997	Plan
the National Nutrition Project (NNP) (under 2 <sup>nd</sup> SWAp)	2003	Plan
National Food Policy Plan of Action	2008	Plan
National Plan for Disaster Management	2010-15	Plan
Country Investment Plan -CIP	2011	Plan
PIP of 4 <sup>th</sup> HPNSP	2017-22	Plan
National Nutrition Service (NNS) (under 3 <sup>rd</sup> SWAp)	2011	Plan
Second National Plan of Action for Nutrition (NPAN2)	2016	Plan
7 <sup>th</sup> Five Year Plan	2016	Plan
NNS in 4 <sup>th</sup> SWAp (i.e., 4 <sup>th</sup> HPNSP)	2017	Plan
Country Investment Plan 2 (CIP2)	2018	Plan
8 <sup>th</sup> Five Year Plan	2021	Plan
Perspective Plan, Vision 2021	2010-2021	Plan
Perspective Plan, Vision 2041	2021-2041	Plan
National Food and Nutrition Security Policy Plan of Action (2021-2030)	2021	Plan
National Strategy for Water Supply and Sanitation	2014	Strategy
National Strategy for Anaemia Control and Prevention	2006	Strategy
National Strategy for IYCF	2007	Strategy
SBCC strategy for HPN sector	2015	Strategy
National Strategy for Prevention and Control of Micronutrient Deficiencies in Bangladesh	2015	Strategy
National Social Security Strategy	2015	Strategy
National Strategy for Adolescent Health	2016	Strategy
Bangladesh Maternal Health Strategy 2019-2030 (Bangla)	2019	Strategy
Bangladesh National Strategy for Maternal Health	2019	Strategy
National Urban Health Strategy	2014	Strategy
National Urban Health Strategy	2020	Strategy
National Hygiene Promotion Strategy	2012	Strategy
National Sanitation strategy	2005	Strategy
Strategic Investment Plan HPNSIP	2016-21	Strategy

Total 69: 14 laws, 25 policies, 16 plans, 14 strategies

### Annex 3: List of Policies, Plan and Strategies developed/used/supported by Development Partners

Nutrition Related Policies, Plan, Strategies	Development Partner	Year	Category
Policy Note on Urban Nutrition	World Bank	2021	Policy Note
Bangladesh Nutrition Programs Mapping	World Bank	2020	Program Mapping

The UK's Global Nutrition Position Paper- Saving lives, investing in future generations and building prosperity	FCDO-UK	2017	Position paper
DFID's Conceptual Framework on Agriculture	FCDO-UK	2015	Conceptual Framework
Country development Cooperation Strategy (CDCS) Dec 2020-Dec 2025	USAID	2020	Strategy
Multisectoral Nutrition Strategy 2014-2025	USAID	2014	Strategy
Socio Economic Response Framework for Nutrition (SERF)	UN	2021	Strategy
Sustainable Development Cooperation Framework (UNSDCF) 2022-26	UN	2021	Plan

#### **Annex 4: List of Key Informants**

Mr. Ruhul Amin Talukder, Additional Secretary, PPC Wing, Ministry of Agriculture

Professor Nazma Shaheen, Institute of Food Science and Nutrition, Dhaka University

Professor SK Roy, Chairperson, Bangladesh Breastfeeding Foundation

Mr. Asaduzzaman, Senior Policy Advisor, National Information Platform for Nutrition (NIPN)- Bangladesh Institute of Development Studies (BIDS)

Ms. Sultana Khanum, Steering Group Member, Global SUN Civil Society Network



# Review of Multisectoral Nutrition Related Policies in Bangladesh

## Part 2

This part contains selected individual policies reviewed with the adapted SUN 2016 checklist

<b>GOB</b>	<b>Total 24</b>
Act/Law	4
Policy	8
Plan	5
Strategy	7

<b>DP</b>	<b>Total 3</b>
Plan	1
Strategy	2

**Bangladesh National Nutrition Council (BNNC)**  
**Ministry of Health and Family Welfare**

*Supported by*

**WHO Bangladesh**

November 2021

## PART TWO: INDIVIDUAL REVIEW OF THE POLICIES

### Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories Thereof (Regulation of Marketing), act 2013

Area	Criteria	Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories Thereof (Regulation of Marketing), act 2013 <sup>12</sup>
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• Not applicable, since acts in Bangladesh do not contain any situational or contextual analysis</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• Purpose of this act was to ensure that mothers and families receive accurate and unbiased information about the healthiest way to feed their infants and young children— free of commercial influence</li> <li>• The act is based on the International Code of Marketing of Breast-milk Substitutes (the Code), adopted by the WHA in 1981. The purpose of enactment is completely in line with the WHA nutrition-related targets</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>• Key provisions of the act included the following, which are all relevant to newborn and child nutrition:                             <ul style="list-style-type: none"> <li>○ MARKETING                                     <ul style="list-style-type: none"> <li>▪ No samples of Breast Milk Substitute (BMS), infant foods, bottles, and teats can be given to infants, mothers, childcare providers, or any health care providers.</li> <li>▪ No speeches or statements can be disseminated in support of BMS, including images promoting BMS.</li> <li>▪ No circulation or distribution of misleading information about child health and development, the nutritional value of BMS, the safety of BMS, or implying the superiority of BMS.</li> <li>▪ No organizing activities or programs for the promotion of BMS with the assistance of importers, producers, distributors, or sellers/ marketers.</li> <li>▪ No event or promotions of BMS, including special days or weeks.</li> </ul> </li> </ul> </li> </ul>

<sup>12</sup> Breast- Milk Substitute (BMS) Rules 2017 was also considered as a complementary document to this act

		<ul style="list-style-type: none"> <li>▪ No incentives for health workers, including commissions or financial benefits.</li> <li>○ LABELING <ul style="list-style-type: none"> <li>▪ Proper instructions, warnings, and health concerns must be attached to all BMS products.</li> <li>▪ No labels or statements may be added to BMS products regarding any approval by doctors or similar authorities. No labels or statements may be added implying the superiority of BMS.</li> </ul> </li> <li>○ INFORMATION, EDUCATION, AND COMMUNICATION (IEC) MATERIALS: Mothers and childcare providers of infants must be given information on the value of breastfeeding, including the importance of breastfeeding within one hour of birth, the superiority of breastmilk as a complete dietary food, the protection from disease provided by breastmilk, and all other benefits.</li> <li>○ VICTIMIZED FAMILY COMPENSATION: In case of violation, the Court may issue an order for a BMS company to compensate the family of a victimized child as penalty for violating the BMS Act.</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• All the provisions under the act prohibited the promotion of BMS, thereby, encouraging both early breastfeeding and exclusive breastfeeding.</li> <li>• The provision on Information, Education and Communication was found to be directly contributing the awareness creation on early and exclusive breastfeeding</li> <li>• There was provision for systematically strengthen the capacity of health personnel at all levels to provide support and counseling on infant and young child feeding (IYCF)</li> <li>• The act instructed provision of information on complementary feeding using locally available nutritious food</li> <li>• The IEC provision of the act also included the harmful impacts of BMS on health of mother and children, social and economic loss, and the adverse impact on development of an ideal citizen for the nation</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for acts</li> </ul>

	- Inclusion of nutrition-vulnerable areas as target locations	
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Director, Institute of Public Health Nutrition, was delegated with the responsibility for enforcement and monitoring under this act</li> <li>• The National Advisory Committee, consisting of members from the Ministry of Health and Family Welfare, nominated officers, the Department of Health, a child specialist or nutritionist, a non-governmental organization (NGO) representative, and the director of the Institute of Public Health Nutrition was delegated with the task to guide government for enforcing and monitoring the provisions under the act</li> <li>• Government was made responsible for development and operationalizing a system for monitoring and enforcing the BMS Act</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• Key actors identified under this act were government, healthcare providers, media and journalists</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for Acts</li> </ul>
<b>Costs and budgetary framework</b>	<p><b>9. Costing</b></p> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for Acts</li> </ul>
	<p><b>10. Financing arrangements</b></p> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	Not applicable for Acts
	<p><b>11. Financial tracking</b></p> <ul style="list-style-type: none"> <li>- Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures</li> </ul>	Not applicable for Acts

	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	<ul style="list-style-type: none"> <li>Not applicable for Acts</li> </ul>
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	The act identified the lead and supporting organizations for overall enforcement and monitoring of the act
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Capacity building of healthcare providers on IYCF was mentioned
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	Not applicable for acts
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	Not applicable for acts
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	Not applicable for acts
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	Not included in this act
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Not included in this act
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	Not included in this act
	<b>4. Stakeholder engagement</b>	Not included in this act

	- Indicates stakeholders with gender expertise were involved in plan development	
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	Not included in this act
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included in this act

### Vitamin A Fortification of Edible Oil Act 2013

Area	Criteria	Vitamin A Fortification of Edible Oil Act, 2013
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• Not applicable, since acts in Bangladesh do not contain any situational or contextual analysis</li> <li>• However, importance of vitamin A fortification oil to ensure nutrition and address diseases from vitamin A deficiency was mentioned as justification clause</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• The act mandated the fortification of vitamin A into edible oil to ensure vitamin A need for the population, particularly children under 5 and address vitamin A deficiency. From this context, the act is nutrition-specific in nature</li> <li>•</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps	<ul style="list-style-type: none"> <li>• Key provisions in the act mandated vitamin A fortification for marketing and use in commercial establishments like restaurants</li> </ul>

	<p>-Describes actions that address at least two types of bottlenecks in the enabling environment</p> <ul style="list-style-type: none"> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Amount/level of vitamin A to be fortified was mentioned</li> <li>• Need for sensitization and awareness building was mentioned</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<p>Not applicable for Acts</p>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• No such mechanisms included</li> </ul>
<p><b>Stakeholder engagement and high-level political commitment</b></p>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for Acts</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship of nutrition to the Constitution was referred to</li> </ul>

	<p>partnership/collaboration with relevant nutrition stakeholders</p> <ul style="list-style-type: none"> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	
<b>Costs and budgetary framework</b>	<p><b>9. Costing</b></p> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for Acts</li> </ul>
	<p><b>10. Financing arrangements</b></p> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	Not applicable for Acts
	<p><b>11. Financial tracking</b></p> <ul style="list-style-type: none"> <li>- Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures</li> </ul>	Not applicable for Acts
	<p><b>12. Resource allocation</b></p> <ul style="list-style-type: none"> <li>- Defines transparent criteria for allocation of resources</li> <li>- Includes specific budget line for nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for Acts</li> </ul>
	<p><b>13. Operational framework</b></p> <ul style="list-style-type: none"> <li>- Lists the lead and supporting organizations for each action</li> </ul>	BSTI was mandated for monitoring, implementation and enforcement of this act
	<p><b>14. Capacity building</b></p> <ul style="list-style-type: none"> <li>- Describes capacity building needs for plan implementation</li> </ul>	Not included
<b>Monitoring, evaluation, operational research and review</b>	<p><b>15. M &amp;E framework</b></p> <ul style="list-style-type: none"> <li>- Includes nutrition -specific and nutrition sensitive indicators (beyond impact)</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for acts</li> </ul>
	<p><b>16. Review processes</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan progress will be reviewed</li> <li>- Describes feedback loops to identify to identify corrective measures and adjustments</li> </ul>	The act mandated BSTI to provide an annual report regarding the activities conducted under this act
	<p><b>17. Operational research</b></p> <ul style="list-style-type: none"> <li>- Clearly describes the need for operational research</li> <li>- Describes a mechanism to coordinate operational research</li> </ul>	
	<b>1. Situation analysis</b>	Not included in this act



<b>Gender assessment</b>	- Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Not included in this act
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	Not included in this act
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	Not included in this act
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	Not included in this act
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included in this act

## The Food Safety Act 2013

Area	Criteria	The Food Safety Act 2013
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>Not applicable, since acts in Bangladesh do not contain any situational or contextual analysis</li> </ul>
	<b>2. Goals /objectives and targets</b>	<ul style="list-style-type: none"> <li>Purpose of this act was to establish an efficient and effective authority for regulating the activities relating to food production, import,</li> </ul>

	<ul style="list-style-type: none"> <li>- Includes goals consistent with internationally agreed upon recommendations</li> <li>- Includes goals that contribute towards all six WHA nutrition related targets</li> <li>- Includes expected results are SMART</li> </ul>	<p>processing, stock, supply, marketing and sales. Overall, the act was enacted to ensure the right of access towards safe food.</p> <ul style="list-style-type: none"> <li>• The act and its subsequent rules had provisions to discourage and control harmful food and promote safe food, from which, the act (and its rules) was found to be nutrition sensitive</li> </ul>
	<p><b>3. Sectoral Strategy Analysis</b></p> <ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> <li>- Documents gaps, lessons learned or areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Key provisions of the act included the following, which are all relevant to health and nutrition of the citizens: <ul style="list-style-type: none"> <li>○ Prohibition of food commodities: Poisonous, radio-active/heavy metal having excessive limits, adulterated food, sub-standard food, use of food additives/processing aid having excessive limits, expired food, and other potentially harmful food</li> <li>○ Prohibition of false claims and misleading information in labeling/advertisement, and use of information of key ingredients in the packaged food</li> <li>○ Prohibition of food produced in hygienic process/facility, by persons with contagious diseases</li> <li>○ Ensure safe and healthy environment in hotels, restaurants and food serving places</li> </ul> </li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• All the provisions under this act were found to be consistent with global evidences and local standards in ensuring safety and standard of food and food ingredients</li> <li>• The act included provisions for improved coordination in ensuring food safety, provided standards for safe food and food ingredients, set standard operating guidelines for food commodity business entities, and laid guidelines for regulatory, monitoring and enforcement of act to ensure food safety and prohibit harmful food. These are all supportive to ensure enabling environment</li> <li>• The act identified particular stakeholders and their roles for implementation, monitoring, testing, supervision and enforcement of different provisions</li> <li>• The act addressed a few aspects of the nutrition vulnerability: <ul style="list-style-type: none"> <li>○ Aggressive and misleading promotion of harmful food</li> <li>○ Food adulteration</li> <li>○ Low awareness of safe food</li> </ul> </li> <li>• The act had specific provision to prescribe the procedure relating to packaging and</li> </ul>

		<p>expressing claims on health, nutrition, special dietary uses and categorization of packaged food and provide necessary support to the concerned authority or organization for its implementation</p> <ul style="list-style-type: none"> <li>• It also had provisions to sent emergency food safety alert messages on the health and nutritional risks of food to the Government, relevant organizations and officials and take necessary steps to inform the public of those messages</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<p>The act had specific provisions to develop methods of assessment of possible risk and take necessary initiatives to update the existing risk assessment methods involving all relevant stakeholders and implementation monitoring</p>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Two entities were instructed to be developed under this act for appropriate governance in food safety, both of which were found to be multisectoral in nature: <ul style="list-style-type: none"> <li>○ Bangladesh Food Safety Authority (BFSA) for implementation, monitoring and enforcement of different provisions under this act, to coordinate with respective stakeholders for effective implementation, to enhance capacities of the respective stakeholders, etc.</li> <li>○ National Food Safety Management Advisory Council for guiding BFSA and for formulation of policies and guidelines regarding better implementation of the provisions under this act</li> </ul> </li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for Acts</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for Acts</li> </ul>

	- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>Not applicable for Acts</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	Not applicable for Acts
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	Although it is quite unusual in the legal system of Bangladesh, this act had specific guidelines for tracking the budget and expenditure (Chapter IV, clause 21 and 22)
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	<ul style="list-style-type: none"> <li>The act had clear indication on getting allocations of the funding for the authority to implement, monitor and enforce the act and the management of the fund</li> </ul>
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	The act preliminarily identified specific actors for implementation of different provisions. Thereafter, the rules developed as complementary to this act further detailed out the operational framework for implementing particular actions
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	<ul style="list-style-type: none"> <li>The act had provisions to organize training programmes on food safety for the personnel, who are involved, directly or indirectly, with the implementation of this Act and who are engaged in food business</li> </ul>
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp; E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	<p>Although the acts in Bangladesh do not include M&amp;E framework or guideline, however, this act had some indication on aspects to be monitored for effective implementation of the provisions:</p> <ul style="list-style-type: none"> <li>Monitoring of permissible limit of radiation in food</li> <li>Monitoring activities of accrediting food testing laboratories</li> <li>Monitoring of laboratories engaged in measuring food adulterants and quality</li> <li>Monitoring quality aspects of the imported food, etc.</li> </ul>
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	Not applicable for acts

	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	The act instructed BFSA to conduct scientific research on various aspects of food safety relevant issues and publish the findings for mass awareness.
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	Not included in this act
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Not included in this act
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	Not included in this act
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	Not included in this act
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	Not included in this act
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included in this act

## Iodized Salt Act, 2021

Area	Criteria	Iodized Salt Act, 2021
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis	<ul style="list-style-type: none"> <li>Not applicable for acts</li> </ul>

	<ul style="list-style-type: none"> <li>- Disaggregates data by either sex or region including urban rural</li> <li>- Effect of Pandemic, if applicable</li> </ul>	
	<p><b>2. Goals /objectives and targets</b></p> <ul style="list-style-type: none"> <li>- Includes goals consistent with internationally agreed upon recommendations</li> <li>- Includes goals that contribute towards all six WHA nutrition related targets</li> <li>- Includes expected results are SMART</li> </ul>	<ul style="list-style-type: none"> <li>• Purpose of this act was to improve the monitoring and efficiency of the country's salt iodization programme and to ensure universal use of iodized salt. This is consistent with internationally agreed upon recommendations.</li> </ul>
	<p><b>3. Sectoral Strategy Analysis</b></p> <ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> <li>- Documents gaps, lessons learned or areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Major Provisions in this act were: <ul style="list-style-type: none"> <li>○ National standard for proportion of iodine in salt</li> <li>○ Salt production, storage and supply system</li> <li>○ Responsibilities of edible salt producers r in ensuring quality</li> <li>○ Process of salt refining and fortification</li> <li>○ Ensure supply of iodine for salt refineries</li> <li>○ Packaging and labeling of iodized salt</li> </ul> </li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• The act was enacted based on the issues and gaps identified in Bangladesh, particularly the weaknesses of the previous act of 1989.</li> <li>• The act itself was enacted to ensure enabling environment for salt iodization in order to address iodine deficiencies in Bangladesh</li> <li>• No such implementation pathway for operationalization in the act. However, acts in Bangladesh are complemented by rules, that act as operationalization guideline for the act. Being a quite a recent act, no such rules have been developed yet</li> <li>• The act instructed arrangement of alternative income generation activities for the salt farmers during the off-season</li> <li>• No such provisions of sensitization, awareness or knowledge on nutrition-related issues</li> <li>• There were provisions for capacity development of the salt farmers, however, not directly on nutrition related issues, but on maintaining quality of salt, which is indirectly related to nutrition</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for acts</li> </ul>

	<ul style="list-style-type: none"> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• The act mandated a National Salt Committee for multisectoral governance, including policy coordination and implementation at national level. The committee included representation from Ministry of Industries, LGD, HSD, Ministry of Commerce, Finance Division, Ministry of Food, BSCIC, IPHN, FBCCI, salt farmers, and salt refineries</li> <li>• The act allowed for formation of salt committees at district and subdistrict level to ensure multisectoral governance and coordination</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for acts</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• The act was linked to some of the other nutrition sensitive acts, including the Breastmilk Substitute Act, 2013, and Bangladesh Food Safety Act, 2013</li> <li>• The multisectoral coordination mechanism (i.e. the National Salt Committee) allowed engagement of IPHN, a nutrition relevant stakeholder</li> </ul>
<b>Costs and budgetary framework</b>	<p><b>9. Costing</b></p> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable for acts</li> </ul>
	<p><b>10. Financing arrangements</b></p> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	Not applicable for acts
	<p><b>11. Financial tracking</b></p> <ul style="list-style-type: none"> <li>- Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures</li> </ul>	Not applicable for acts
	<p><b>12. Resource allocation</b></p>	<ul style="list-style-type: none"> <li>• Not applicable for acts</li> </ul>

	<ul style="list-style-type: none"> <li>- Defines transparent criteria for allocation of resources</li> <li>- Includes specific budget line for nutrition</li> </ul>	
	<b>13. Operational framework</b> <ul style="list-style-type: none"> <li>- Lists the lead and supporting organizations for each action</li> </ul>	<ul style="list-style-type: none"> <li>• The act identified the implementing authority for different provisions</li> </ul>
	<b>14. Capacity building</b> <ul style="list-style-type: none"> <li>- Describes capacity building needs for plan implementation</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> <ul style="list-style-type: none"> <li>- Includes nutrition -specific and nutrition sensitive indicators (beyond impact)</li> </ul>	<ul style="list-style-type: none"> <li>• There was no such M&amp;E framework. However, there was a provision on monitoring and implementation of this act. Under this provision, an Iodized Salt Monitoring and Implementation Cell would be formed, which would be responsible for the enforcement of the provisions under this act</li> <li>• There was a provision for evaluation of the enforcement and implementation of the act. National Salt Committee supposed to conduct the evaluation based on the assessment reports done by IPHN</li> </ul>
	<b>16. Review processes</b> <ul style="list-style-type: none"> <li>- Describes how the plan progress will be reviewed</li> <li>- Describes feedback loops to identify to identify corrective measures and adjustments</li> </ul>	No such provisions
	<b>17. Operational research</b> <ul style="list-style-type: none"> <li>- Clearly describes the need for operational research</li> <li>- Describes a mechanism to coordinate operational research</li> </ul>	<ul style="list-style-type: none"> <li>• There was a provision of establishment of a salt research institute to conduct research on salt iodization</li> </ul>
<b>Gender assessment</b>	<b>1. Situation analysis</b> <ul style="list-style-type: none"> <li>- Includes sex disaggregated data for key indicators</li> <li>- Discusses gender dimensions of nutrition (beyond data disaggregation)</li> </ul>	Not included in the act
	<b>2. Goals/objectives and targets</b> <ul style="list-style-type: none"> <li>- Includes gender equality as part of the strategic vision, goals or principles</li> </ul>	Not included in the act
	<b>3. Actions</b> <ul style="list-style-type: none"> <li>- Include actions that address gender dimensions of nutrition</li> </ul>	Not included in the act



	- Describes how gender considerations will be mainstreamed across activities	
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	Not included in the act
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	Not included in the act
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included in the act

## National Livestock Policy, 2007

Area	Criteria	National Livestock Policy, 2007
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• A situation analysis was done in the introduction section of the policy</li> <li>• The analysis indicated a positive impact of livestock development on nutrition - however, no data was presented to further clarify it</li> <li>• No disaggregated data by sex or region was presented</li> <li>• No lifecycle analysis was done</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• Specific objective 2 of the policy related the development of livestock sector on nutrition</li> <li>• The specific objectives also included goals to address income and employment for landless, small and marginal farmers, which have implication in addressing nutrition vulnerability</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>• Among the ten critical areas targeted by the policy, area 1 (Dairy and meat development) and area 2 (poultry development) had direct relevance to nutrition, while area 7 (marketing of livestock products) had indirect relevance to nutrition in terms of income increase</li> </ul>

		<ul style="list-style-type: none"> <li>Each of the critical areas had documented challenges and gaps and the sectoral policies were developed to address those challenges</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>- Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Policy frameworks and specific policies under each critical areas were developed based on the gap analysis</li> <li>No such actions on governance or addressing constraints in enabling environment</li> <li>Implementation pathway was not very clear from the policies</li> <li>Income increase for small and marginal and landless farmers was included under several critical areas, which address secondary cause of nutrition</li> <li>No such awareness actions on nutrition-related issues</li> <li>Training was included for smallholder farmers, as well as for the sectoral actors for development of, among other, meat, egg, dairy and relevant commodities' production improvement, which have direct impact on nutrition improvement</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>No specific risk assessment or mitigation plan</li> <li>No vulnerability analysis and targeting were done</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>No analysis on governance was done other than drug administration of veterinary drugs</li> <li>No multisectoral governance or coordination mechanism was included</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>No indication on how the policy was formulated</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> </ul>	<ul style="list-style-type: none"> <li>No such political commitment was spelled out</li> </ul>

	<ul style="list-style-type: none"> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• No specific collaboration or partnership strategy was included</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	No costed action was included
	<b>10. Financing arrangements</b> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	Not included
	<b>11. Financial tracking</b> <ul style="list-style-type: none"> <li>- Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures</li> </ul>	Not included
	<b>12. Resource allocation</b> <ul style="list-style-type: none"> <li>- Defines transparent criteria for allocation of resources</li> <li>- Includes specific budget line for nutrition</li> </ul>	Not included
	<b>13. Operational framework</b> <ul style="list-style-type: none"> <li>- Lists the lead and supporting organizations for each action</li> </ul>	An implementation framework was included. It only indicated the roles of DLS and BLRI, but didn't identify other relevant stakeholders, particularly outside the ministry of fisheries and livestock development
	<b>14. Capacity building</b> <ul style="list-style-type: none"> <li>- Describes capacity building needs for plan implementation</li> </ul>	Detailed capacity development policies were detailed for farmers and key sectoral actors, including private sector
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp; E framework</b> <ul style="list-style-type: none"> <li>- Includes nutrition -specific and nutrition sensitive indicators (beyond impact)</li> </ul>	Only one of the ten critical areas, i.e., the breeding policy, had M&E framework, time-bound actions, and measurable targets. Other nine critical areas did not have such inclusions
	<b>16. Review processes</b> <ul style="list-style-type: none"> <li>- Describes how the plan progress will be reviewed</li> </ul>	Not included

	- Describes feedback loops to identify to identify corrective measures and adjustments	
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	<ul style="list-style-type: none"> <li>• Research was included in the tenth critical, which detailed out the need for research, the role of different public and private sector entities in the research activities, institutional capacity development for livestock research and other critical areas</li> <li>• Collaboration of BLRI with universities, research entities and private sector was included</li> <li>• No specific mechanism to coordinate the research activities was included</li> </ul>
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	Not done
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Goals and objectives did not include specific issues for women
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>• Only two critical areas had mention of supporting women entrepreneurs - marketing of livestock products (area 7) and access to credit (area 9). Surprisingly, no specific action for supporting their production was spelled out. So, it is not clear how the support in those two critical areas would be materialized</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>• Not mentioned</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>• Not specifically mentioned</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included

## National Poultry Development policy, 2008

Area	Criteria	National Poultry Development policy, 2008
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>A very brief situation analysis was done, which had no indication on nutrition, no lifecycle-based analysis, no disaggregated data by sex or region, or any relationship of poultry development on nutrition</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>Objective 3.1.1 and 3.1.2 indicated meeting demand and increasing availability of animal protein - however, there was no relationship established of these two objectives with nutrition</li> <li>Objectives under 3.2 were relevant to entrepreneurship development, income increase and skills development, which are related to nutrition, although not explicitly mentioned in the policy</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>Sectoral strategies were highly technical and confined within poultry industry development.</li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps -Describes actions that address at least two types of bottlenecks in the enabling environment - Describes a clear implementation pathway for operationalization with identified focal persons - Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.) - Promote sensitization, awareness and knowledge on nutrition-related issues - Allow for nutrition capacity development of the sectoral stakeholders	<ul style="list-style-type: none"> <li>The sectoral strategies were put in bullet form, without indicating any actions on how to implement the strategies</li> <li>No clear implementation pathway for operationalizing</li> <li>The strategies had some issues relevant to skills development for income increase and entrepreneurship development, that are relevant to secondary causes of nutrition vulnerability</li> <li>There were skills development strategies, however, strictly for entrepreneurs and farmers regarding production and marketing of poultry commodities</li> <li>No sensitization, awareness or capacity building actions on nutrition</li> </ul>
	<b>5. Risk mitigation and emergency response</b>	<ul style="list-style-type: none"> <li>Not included</li> </ul>

	<ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Not included</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• Not included</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Not mention of any political commitment</li> <li>• It was indicated that the policy would be relevant to Animal Disease Act, 2005</li> </ul>
<b>Costs and budgetary framework</b>	<p><b>9. Costing</b></p> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	Not included
	<p><b>10. Financing arrangements</b></p> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	Not included
	<p><b>11. Financial tracking</b></p> <ul style="list-style-type: none"> <li>- Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures</li> </ul>	Not included

	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	Not included
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	Not included
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Not included
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	Not included
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	Not included
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	<ul style="list-style-type: none"> <li>Section 8.5 was on research and development of poultry, which included the areas of research and the entities that would be responsible</li> </ul>
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	Not included
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Not included
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	Not included
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	Not included

	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>• Not included</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included

## National Education Policy, 2010

Area	Criteria	National Education Policy, 2010
Situation analysis and policy and programming review	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• No situation analysis was conducted in the policy</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• Overall aims and objectives of the policy not directly linked to nutrition. However, one of the aims of Agricultural Studies are linked to nutrition <ul style="list-style-type: none"> <li>○ Achieving self-sufficiency in food, fighting malnutrition and alleviation of poverty was included</li> </ul> </li> <li>• Expected results are difficult to measure</li> <li>• The policy is focused on a lifecycle approach of the learners - from pre-primary till adult education. Although it is not explicitly mentioned in the policy, however, such lifecycle strategy of education is supportive for nutrition knowledge development</li> <li>• Policy is targeted towards eradicating illiteracy, which is a constraint for nutrition</li> <li>• Policy put special emphasis on sports and physical activities, which is important to eradicate childhood obesity</li> <li>• One of the objectives of the policy is to enhance hygiene awareness of the</li> </ul>



		students, which is another favorable condition for nutrition improvement
	<p><b>3. Sectoral Strategy Analysis</b></p> <ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> <li>- Documents gaps, lessons learned or areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• There is no documented gap analysis, lessons learned or areas of improvement in the policy</li> <li>• No explicit strategy relevant to nutrition actions. However, it was mentioned that the national committee for curricula development of mass education program will appropriately integrate other areas of studies, one of which is nutrition</li> <li>• Inclusion of new courses in, among others, nutrition, was included as one of the strategies in Agricultural Studies</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• The policy does not incorporate any time-bound action plan, nor specifies any actions against each strategy</li> <li>• Overall, the strategies are supportive in addressing secondary causes of nutrition, particularly formal and non-formal education, skills development through vocational training, etc.</li> <li>• Strategies under health education, physical education, sports education, etc. are supportive towards development of the overall sensitization and awareness of the students, which, in turn, are supportive towards development of knowledge and awareness on nutrition-related issues. However, no explicit relations of these forms of education with nutrition have been established in the policy</li> <li>• No mention of nutrition capacity development</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• There is no analysis or exercise on risk identification or mitigations</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Governance arrangement is clearly stated</li> <li>• However, the governance arrangement is focused only in education sector</li> <li>• No emphasis on coordination with other ministries, other than Ministry of Cultural Affairs and Ministry of Religious Affairs. No mention of coordination with Ministry of Health, in spite of the fact that health education,</li> </ul>

		medical education and nursing education strategies are included in the policy
<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>• Framework has been suggested on engaging stakeholders within the Ministry of Education</li> <li>• No specific plan on how to engage stakeholders outside the ministry of education</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>• The policy appears to be related to the Election Manifesto, 2008 of the Ruling Party, which was later converted into Vision 2021. So, the policy is linked to a higher-level political commitment.</li> <li>• No indication of any advocacy/communications actions at any level</li> <li>• No partnership strategy or framework recommended for collaboration with any nutrition stakeholders</li> <li>• No mechanism proposed for coordination with nutrition relevant stakeholders</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	No costing was done for any strategies in the policy
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	No financial arrangement was indicated
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off- budget funding, allocation and expenditures	No indication on the financial tracking
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	No mention of any strategy or indicator of resource allocation
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	No action plan in the policy, hence, no mention of responsibility of lead and supporting organizations for each actions. However, some of the key education-relevant stakeholders' names are mentioned associated with education administration
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Describes training needs of the teachers in implementation of the policy. However, no mention of nutrition training of teachers or any other relevant stakeholders

<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	No M&E framework associated with the policy
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	No mention on how the progress of the policy implementation will be reviewed
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	No mention of any operational researches associated with the implementation or improvement of the policy
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	No situation assessment is done for the policy
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	<ul style="list-style-type: none"> <li>Objective 7 of the policy indicates eradication of discrimination, among others, gender discrimination</li> </ul>
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>A particular set of strategies are included, titled “Women’s Education”, emphasis of which is on ensuring women’s comprehensive development and empowerment and women’s participation in a balanced social advancement</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>No particular mention of any specific gender experts or stakeholders associated with gender to be involved with the implementation of the policy</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>Only teacher training is included in the capacity building strategy</li> <li>No specific training has been mentioned to address any gender specific issues</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	No M&E framework in the policy

## National Women Development Policy, 2011

Area	Criteria	National Women Development Policy, 2011
<p style="text-align: center;"><b>Situation analysis and policy and programming review</b></p>	<p><b>1. Situational Analysis</b></p> <ul style="list-style-type: none"> <li>- Discusses the nutritional status and determinants of malnutrition of children under 5</li> <li>- Life cycle-based analysis</li> <li>- Disaggregates data by either sex or region including urban rural</li> <li>- Effect of Pandemic, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• A thorough qualitative situational analysis was done               <ul style="list-style-type: none"> <li>○ summarizing the transition of the policy and its relationship with national development goals and five-year plans - right after independence till 2010-11.</li> <li>○ Situation analysis also related the policy with higher level political commitments of the government, the constitution, and the country commitments toward global targets and visions</li> <li>○ A key argument was presented illustrating the sectoral potentials of women in different sector and the importance of converting them into resources for the overall development of the country</li> <li>○ Social security initiatives of governments taken for women economic development were mentioned</li> <li>○ Relevance with relevant acts and laws were explained</li> <li>○ Organizational and institutional transition of women development was summarized, clarifying the role of MoWCA</li> <li>○ Problems with resource allocation and financing in women development was narrated</li> </ul> </li> <li>• Situational analysis focused on women in general, rather than emphasizing on any particular age group. However, the objective section indicated “Women and female children”, indicating emphasis on the lifecycle of women in general.</li> <li>• No discussion on regional discriminations</li> </ul>
	<p><b>2. Goals /objectives and targets</b></p> <ul style="list-style-type: none"> <li>- Includes goals consistent with internationally agreed upon recommendations</li> <li>- Includes goals that contribute towards all six WHA nutrition related targets</li> <li>- Includes expected results are SMART</li> </ul>	<ul style="list-style-type: none"> <li>• In general, the objectives were related to the internationally agreed upon targets and goals in women development to which Bangladesh is committed to</li> <li>• Objective 14 of the policy mentioned about ensuring nutrition of women in the country</li> <li>• Other objectives were focused on addressing secondary reasons for nutrition vulnerability for women, including education and skills, economic empowerment, equal rights, access to public services, climate change and disaster management, etc.</li> <li>• All the objectives could directly or indirectly be linked to the nutritional status of children</li> <li>• No logical framework, results framework or indicators were set against different objectives or expected results</li> </ul>
	<p><b>3. Sectoral Strategy Analysis</b></p>	<ul style="list-style-type: none"> <li>• There were some specific objectives relevant to nutrition of women:</li> </ul>

	<ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> <li>- Documents gaps, lessons learned or areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>○ Sub-section 18.3. Ensuring necessary rights to the proper physical and mental growth of the female children.</li> <li>○ Section 30 - Food security of women (three sub-strategies to ensure food security of women)</li> <li>○ Section 34 - Health and Nutrition. All 11 subsections were relevant to health and nutrition of women. The first subsection was solely focusing on nutrition “To ensure rights to nutrition and to have physical and mental health of highest standard all through the life cycle of women i.e. in the childhood, adolescence, during pregnancy and in old age”</li> <li>● Other objectives had strong indirect relations with nutrition of women and female children: <ul style="list-style-type: none"> <li>○ Section 19 - elimination of abuse against women</li> <li>○ Section 21 - education and training</li> <li>○ Section 23 - ensuring active role and equal participation of women in national economic activities</li> <li>○ Section 24 - Poverty elimination of women</li> <li>○ Section 25 and 26 - Economic empowerment and employment of women</li> <li>○ Section 31 - Women in farming</li> <li>○ Section 27 - Pre-disaster, During Disaster and Post-disaster Protection of Women and Children</li> </ul> </li> <li>● The situational analysis had documented gaps, lessons learned and areas of improvement, which were included in the policy</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> </ul>	<ul style="list-style-type: none"> <li>● There were no particular time-bound and costed action plan, nor results framework included in the policy</li> <li>● No particular description indicating how the policies would be operationalized and how the intended systemic changes would be brought upon</li> <li>● There were multiple objectives associated with removal of bottlenecks in the enabling environment</li> <li>● No particular action was included. As mentioned before, quite a number of objectives were designed to address secondary causes of nutrition vulnerability</li> <li>● Although there were no action plan, however, it was mentioned that all ministries/departments would incorporate the policy into their respective work plans</li> <li>● No specific strategy or actions on capacity development were detailed. Only it was mentioned that there would be special training for the officials making respective sectoral/ministerial work plan to incorporate this policy</li> </ul>

	<p>- Allow for nutrition capacity development of the sectoral stakeholders</p>	<ul style="list-style-type: none"> <li>• Social awareness programs for sensitization and awareness building on women empowerment, women development and women rights were prioritized in the policy</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b>  - Identifies risks to plan implementation and approaches to mitigate them  - Inclusion of nutrition-vulnerable population as target population  - Inclusion of nutrition-vulnerable areas as target locations</p>	<ul style="list-style-type: none"> <li>• No particular risk assessment and mitigation plan was included</li> <li>• All women and female children were targeted under this policy, however, special focus was put on persons with disability, distressed, those living in hard-to-reach areas, those affected by natural calamities and disasters and those from small ethnic minority groups</li> </ul>
	<p><b>6. Governance mechanism</b>  - Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level  - Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism  - Legislative actions</p>	<ul style="list-style-type: none"> <li>• An institutional framework was proposed in the policy, that included a number of ministries, departments, as well as non-government actors from national, subnational and grassroot level.</li> <li>• As multisectoral governance arrangement - the policy referred to the National Women and Child Development Council (NWCDC) under the Prime Minister's Office</li> </ul>
<p><b>Stakeholder engagement and high-level political commitment</b></p>	<p><b>7. Stakeholder engagement</b>  - Describes how the plan was created</p>	<ul style="list-style-type: none"> <li>• No such details were put on how the policy was created, who were the stakeholders or how the stakeholders were engaged for development of the policy</li> <li>• For the policy implementation, specific actors were identified and their roles were defined</li> <li>• The actors were identified from both public and non-government (NGO and private) sectors</li> <li>• Actors were further identified from national, subnational as well as from grassroot level</li> </ul>
	<p><b>8. Political commitment</b>  - References high level political commitment  - Includes advocacy/communication actions at national level  - Includes advocacy/communication actions at the subnational level  - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders  - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</p>	<ul style="list-style-type: none"> <li>• Higher level political commitment, in-line with the election manifesto of the ruling political party of both 1996 and 2008</li> <li>• Relationship was made with all the five-year plans made in Bangladesh till date.</li> <li>• Linkages were made with Bangladesh commitments to international forums and goals, including World Women Convention, Convention of the Elimination of All Forms of Discrimination Against Woman (CEDAW) and Millennium Development Goals (MDG)</li> <li>• Relevance of the policy in the context of the Constitution of Bangladesh was established.</li> </ul>

<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>No such costed actions were included. But, the policy indicated that the work plans of all the ministries and departments would incorporate the objectives of the policy</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	<ul style="list-style-type: none"> <li></li> </ul>
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off- budget funding, allocation and expenditures	
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	<ul style="list-style-type: none"> <li>Although there was no such costing or budgeting, however, there were indications on possible sources of resources for women development at different level <ul style="list-style-type: none"> <li>For national and subnational level, the policy emphasized on increasing budgetary allocations for MoWCA</li> <li>For grassroot level, it was indicated that the budget would be allocated from the respective budgets of Union, Upazila and Zila parishad</li> </ul> </li> <li>It was mentioned that Gender Responsive Budget (GRB) would be implemented and gender responsive budget process would be continued to be observed in state budget making under midterm budget framework.</li> </ul>
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	There were no specific operational framework under different objectives. However, in general, there were actors identified from different level and their roles in implementing the overall policy were defined
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	The capacity building needs were specified for the respective officials of different ministries and departments responsible for planning and budgeting, since the policy relied on the annual work plans and ADP allocations to the work plans of these ministries. The policy mentioned that such officials would be trained at PATC, Planning Academy and other institutes on topics of gender and development to ensure correct reflection in work plans and programs
	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	No M&E framework was included
<b>Monitoring, evaluation, operational research and review</b>	<b>16. Review processes</b> - Describes how the plan progress will be reviewed	<ul style="list-style-type: none"> <li>The policy indicated the need for review of particular work plans of respective ministries for the inclusion of relevant topics from this policy into those work plans. However, there was no discussion on how the review would be done, what</li> </ul>

	- Describes feedback loops to identify to identify corrective measures and adjustments	processes would be followed, which indicators to be focused on or any specific timeline
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	<ul style="list-style-type: none"> <li>Section 44 of the policies emphasized on research in the matter of women development and gender equality. But as similar to the issues mentioned before, no particular guideline or details were made on how those would be done</li> </ul>
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>The entire policy was focused on women - all the sub criteria mentioned under gender assessment were fulfilled under this policy, as discussed above</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	



## National Health Policy 2011

Area	Criteria	Health Policy, 2011
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• A situation analysis was included in the policy</li> <li>• The situation analysis touched upon maternal health, child health, quality of healthcare, number of health workforce, and budgetary allocations in health sector</li> <li>• In nutrition - status on underweight, stunting and coverage of vitamin A campaign came</li> <li>• Data presented was not disaggregated by sex or region</li> <li>• The problems of health service delivery at urban slums were briefly touched upon</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• Nutrition was not mentioned in the vision, or specific objectives</li> <li>• Out of the 19 main goals, goal number one briefly mentioned nutrition as “To deliver fundamental health services among people of all social strata to improve nutritional status and public health with the objective of establishing health as right in accordance with the Constitution and other international conventions.”</li> <li>• Expected results were not specified by any indicator</li> <li>• Nutrition was observed from a dietary intake and food security point of view, without relating to other “nutrition-sensitive” aspects like education, income, early marriage, skills, etc.</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>• None of the 39 sectoral strategies included specific plans for nutrition</li> <li>• Only strategy 10 had mention of special attention on nutrition education, that too along with health and family planning education</li> <li>• Some of the strategies, e.g., strategy 4 (community clinic), strategy 6 (awareness development), strategy 32 (communicable disease), and strategy 33 (NCDs) have direct implication on nutrition status improvement, however, this relationship was not established in the policy</li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps -Describes actions that address at least two types of bottlenecks in the enabling environment - Describes a clear implementation pathway for operationalization with identified focal persons - Having actions addressing secondary causes of nutrition	<ul style="list-style-type: none"> <li>• No actions were defined in the policy to operationalize the sectoral strategies</li> <li>• No timeline for implementation of the strategies was indicated</li> <li>• No pathway for operationalization was identified</li> <li>• No strategy was defined to address the secondary causes of nutrition vulnerability</li> <li>• Emphasis was put on capacity development for healthcare providers in both pre-service and in-service training. However, there was no such mention of capacity development of non-</li> </ul>

	<p>vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</p> <ul style="list-style-type: none"> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<p>service providers or other sectoral stakeholders</p> <ul style="list-style-type: none"> <li>• Health awareness raising was one of the strategies in list of strategies (strategy 6). In addition, there was mention of awareness raising on healthy lifestyle to prevent NCDs (strategy 33), which have implications on nutrition, although not mentioned in the policy</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• There was no risk assessment or mitigation plan</li> <li>• The policy, however, identified 18 challenges, and the strategies were developed to address those challenges</li> <li>• No definition of “vulnerable” population was made, there was no mention of nutrition vulnerability</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy 1 discussed about the governance mechanism, indicating involvement of relevant ministries, non-government actors and private sector. However, specifically how that would be done was not mentioned</li> <li>• No discussion on subnational level multisectoral governance arrangement</li> <li>• No mention of any legislative actions</li> </ul>
<p><b>Stakeholder engagement and high-level political commitment</b></p>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• No indication on which stakeholders were involved in the development of the policy and how</li> <li>• In the context section, there were mention about some of the other ministries having role in improving health services and health system - however, it was not specified their particular role in different strategies</li> <li>• It seemed that all the actions (strategies) indicated in the policy would be the responsibility of MOHFW</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• The policy indicated high level political commitment of the current ruling party</li> <li>• The document established relations of the policy in fulfilling the Vision 2021, the then long-term political vision of Bangladesh, again indicating the higher level of political commitment</li> <li>• Strategy 3 mentioned that MOHFW would develop strategy for collaboration with other ministries</li> <li>• Strategy 5 indicated creation of coordination and partnership with private sector for effective health services</li> </ul>

	- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>No action plan and costing were done</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	Not included
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	Not done
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	Strategy 19 discussed briefly about the health financing. This strategy indicated that budgetary allocation for health would be increased every year
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	No such operational framework was included
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	No such mention
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	No M&E framework was included
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	Not mentioned
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	Strategy 17 indicated the intention for expanding quality and extent of health research. It also mentioned that capacity of research entities would be enhanced
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators	<ul style="list-style-type: none"> <li>Situation analysis indicated the progress of Bangladesh in eliminating gender inequality</li> </ul>

	- Discusses gender dimensions of nutrition (beyond data disaggregation)	and emphasized on further strengthening the effort <ul style="list-style-type: none"> <li>Situation analysis presented data on maternal health and from that aspect the data for women came. However, no gender-segregated data was presented for other issues</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	<ul style="list-style-type: none"> <li>Gender equality was included in vision of the policy</li> <li>Gender equality was also included as the ninth main goal of the policy</li> </ul>
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>Strategy 11 focused on ensuring gender equality through ensuring good physical and mental health of women. Emphasis was put on reducing maternal mortality through strengthening primary healthcare, ensuring nutrition requirement of women, particularly pregnant mothers, prevention of STIs and development of women-friendly infrastructure at health facilities</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	No such indication was there
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	No such capacity development action was included to address unique needs of men/women
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included

## National Nutrition Policy, 2015

Area	Criteria	National Nutrition Policy, 2015
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>A brief situation analysis was done</li> <li>Nutrition status and determinants of malnutrition of children under 5 was mentioned</li> <li>Analysis included under 5 children, adolescent girls and women of reproductive age</li> <li>Disaggregated data by region was not shown. However, there were discussions on difference in nutrition situation in rural-urban areas, particularly the situation of urban poor and slum dwellers</li> </ul>

	<p><b>2. Goals /objectives and targets</b></p> <ul style="list-style-type: none"> <li>- Includes goals consistent with internationally agreed upon recommendations</li> <li>- Includes goals that contribute towards all six WHA nutrition related targets</li> <li>- Includes expected results are SMART</li> </ul>	<ul style="list-style-type: none"> <li>• Goal was very specific on prevention of malnutrition and targeted vulnerable and disadvantaged people, children, adolescent and women</li> <li>• The goal indicated the linkage of nutrition with standard of living and national development</li> <li>• All five objectives included in the policy have direct relationship towards achieving all six WHA nutrition related targets</li> <li>• Although no target was set, however, the indicators for the objectives and other expected results were specific, achievable, measurable and relevant, although no timeline was set to those</li> </ul>
	<p><b>3. Sectoral Strategy Analysis</b></p> <ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> <li>- Documents gaps, lessons learned or areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies are set against the selected five objectives. Among these, objective 4, i.e., nutrition-sensitive issues had strategies beyond food security and health, including the following: <ul style="list-style-type: none"> <li>○ Nutrition-sensitive agriculture</li> <li>○ Female education and empowerment</li> <li>○ Multisectoral governance</li> <li>○ Education</li> <li>○ Social security</li> </ul> </li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Being a strategy, it didn't have actions. The actions to implement the strategies were later incorporated into NPAN2</li> <li>• All the strategies are consistent with global evidence and identified issues/gaps in national nutrition programs</li> <li>• No strategy for improving governance, although strategy 5 talked about multisectoral coordination that have some implication on nutrition governance</li> <li>• Secondary causes of nutrition vulnerability were addressed through strategies on actions, particularly women education, women empowerment, social security, income, agriculture and other multisectoral issues</li> <li>• Sensitization, awareness and knowledge dissemination on nutrition-related issues was a common issue across strategy 2, 3 and 5.</li> <li>• Training of relevant health and FP workers at community and union level and those from relevant sectors other than health was included in the policy</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> </ul>	<ul style="list-style-type: none"> <li>• Mentioned about adequate nutrition for the people in emergencies (natural disaster, epidemic or conflict), as well as ensure the inclusion of basic nutritional needs of affected people in disaster preparedness plans.</li> </ul>

	- Inclusion of nutrition-vulnerable areas as target locations	
	<b>6. Governance mechanism</b> - Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level - Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism - Legislative actions	<ul style="list-style-type: none"> <li>• Multisectoral coordination and program implementation strategy was included under strategy 5.</li> <li>• The policy indicated multisectoral coordination at both national and subnational level. It indicated the detailed actions to be included in the action plan</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>• Not explicitly mentioned</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>• The policy took into consideration both global policies such as ICN2 and relevant national policies in areas such as health, food, agriculture, environment and education, reflecting the multisectoral nature of ensuring nutrition</li> <li>• Both strategy 2 and 3 had actions relevant to BCC</li> <li>• Partnership framework and collaboration with relevant nutrition stakeholders was included in the multisectoral coordination strategy (strategy 5)</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>• Not included.</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	Not included.
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	Not included.
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources	Not included.

	- Includes specific budget line for nutrition	
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	Not included.
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Not included.
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	No M&E framework was included, but a list of indicators was set
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	Not included.
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	Strategy 5 had extensive indication on government's intension of strengthening research in nutrition arena
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>Situation analysis did not have sex disaggregated data. But data for women and adolescent girls were included</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Gender equality was not explicitly included as one of the strategies. However, women empowerment and women education were considered as determinants to improve nutrition situation. Both strategy 4 and 5 had specific recommendations to accomplish these
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li></li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	Not mentioned
	<b>5. Capacity building</b>	Not mentioned

	- Includes capacity assessment/capacity building actions that address unique needs of men/women	
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included

## National Agriculture Policy, 2018

Area	Criteria	National Agricultural Policy, 2018
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• A through situation analysis was done in the policy, linking, among others, nutrition, with agricultural development and modernization of agriculture in the country</li> <li>• Particular emphasis was given in the situation analysis on small-holder farming, and production of high value crops to attain nutrition security</li> <li>• The situation analysis did not focus on any particular demographic group, rather, emphasized on all the citizens in the country - No lifecycle-based analysis</li> <li>• No sex or region disaggregated data was used in the situation analysis</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• Nutrition security was included in the “Main Goal” of the policy</li> <li>• “Main objective” of the policy stated the importance of producing nutritious food in order to ensure food security and socio-economic development</li> <li>• Specific objectives of the policy indicated government’s intentions of planning for production of nutritious food</li> <li>• However, none of the goals or objectives have any indicator. None of these are time-bound objectives</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>• The sectoral strategies had clear relations with the major objectives, particularly crop productivity, diversity, technological innovation, income increase and food security. Although nutrition was not focused as prominently as these other issues, however, the issues focused were very closely related to nutrition (nutrition-sensitive)</li> <li>• Beyond food security, the sectoral strategies focused on capacity development, management of resources, agriculture for specific</li> </ul>



		<p>geographical areas within the country, women empowerment, investments, ICT, and multisectoral coordination.</p> <ul style="list-style-type: none"> <li>The policy, however, did not include significant gap analysis, lessons learned and areas of improvement, only a light-touch analysis was done.</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>- Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>The policy did not include any action under different strategies. So there is no clear pathways for implementation of the strategies.</li> <li>The strategies were predominantly focused on food security, skills development for income, gender empowerment - which are some of the secondary reasons for nutrition vulnerability. However, without any specific actions, it is difficult to understand how these strategies would be operationalized</li> <li>No specific strategy was identified to address the bottlenecks in the enabling environment that, among others, can address nutrition related bottlenecks</li> <li>There were specific strategies on capacity development. Among the priority areas of capacity development - nutrition management is included. However, as indicated before, without action plan or a particular pathway, it is difficult to understand how these capacity development strategies would be implemented</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<p>No specific risk assessment was conducted, and there was no mitigation plan in the policy</p> <p>No particular emergency response plan was found to be incorporated into the policy</p>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>The policy included particular strategies for multisectoral governance and coordination arrangements at both policy level and implementation level</li> <li>Collaboration with national and international non-government and private entities was also emphasized in the policy</li> <li>Collaboration and coordination, however, did not include particular mechanism to collaborate with nutrition stakeholders, or did not mention any specific nutrition entity to collaborate with</li> </ul>

<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>Although the policy talked about stakeholder engagement and collaboration, there was no specific plan on how to do it</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>The policy was found to be linked with some of the higher-level political commitments, including the electoral manifesto of AL on 1996 and Vision 2041. The policy was linked to all the major macro level policy documents, including FYP, Perspective Plan, SDG, CIP, Food Safety Act, Food Policy, etc.</li> <li>Extension and information issues were found to be incorporated into the policy; however, no particular advocacy actions were found at national or subnational level. Extension and information issues were found to be predominantly within agricultural production, technology and agricultural innovation, without any specific mention about nutrition. However, the policy indicated putting emphasize on applied nutrition research, although no specific guidelines or action plans were included to show how this would be operationalized</li> <li>Although there was no mention of any specific nutrition relevant stakeholders, however, the multisectoral governance and coordination mechanisms indicated in the policy may be useful to incorporate nutrition stakeholders as well</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	No costing was done in the policy
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	No particular financing arrangements were spelled out
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	No mention on how financial tracking would be done
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	No particular guideline on resource allocation or criteria for particular proportion of resource allocation included in the policy.
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	No mention of lead and supporting organizations for implementation of the strategies

	<p><b>14. Capacity building</b> - Describes capacity building needs for plan implementation</p>	<p>The capacity development part was found to be quite elaborated, covering a wider array of issues, including human resources development, agricultural technology transfer, agricultural skills development, employment and entrepreneurship development, innovation, etc. However, no specific mention of capacity development on nutrition was found in the policy.</p>
<p><b>Monitoring, evaluation, operational research and review</b></p>	<p><b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)</p>	<p>No M&amp;E framework was included in the policy. There was no mention of any indicators to verify the progress against the different strategies included</p>
	<p><b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments</p>	<p>No indication on how the review process would be carried out</p>
	<p><b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research</p>	<p>Agricultural research was prioritized, including operational research for different agricultural technologies and innovations</p>
<p><b>Gender assessment</b></p>	<p><b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)</p>	<p>No sex disaggregated data was presented in the situation analysis The situation analysis did not include particular issues faced by women farmers</p>
	<p><b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles</p>	<p>No explicit inclusion of gender equality or empowerment at the goals/objectives sections. However, a particular set of strategies was included focusing on women participation and empowerment</p>
	<p><b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities</p>	<ul style="list-style-type: none"> <li>• A specific set of strategies was found to be formulated on women participation and empowerment in agricultural development. The emphasize was put in family nutrition security, and the need for technical assistance for that.</li> <li>• The policy acknowledged the requirement for specific and focused strategies to increase women participation in agricultural activities</li> <li>• The policy also showed intension of addressing some of the issues that are being considered as secondary reasons for vulnerability of women, including skills development, entrepreneurship development, equal income and wage, and equal access to agricultural education and research</li> <li>• The strategies, overall, are seems to be quite supportive towards ensuring women</li> </ul>

		participation in agricultural activities. However, without any specific action plan or guideline, operationalizing these strategies is not clear from the policy itself
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>No explicitly mentioned</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>As indicated before, particular emphasize was given on capacity development of women for increased participation in agriculture, entrepreneurship development and income increase</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	No M&E framework for gender equity actions was included in the policy

## National Food and Nutrition Security Policy, 2020

Area	Criteria	National Food and Nutrition Security Policy, 2020
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>A brief situation analysis was done</li> <li>Malnutrition status of under 5 children was mentioned</li> <li>No discussion on population of other age groups</li> <li>Data was not segregated by sex or region</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>Nutrition was viewed from food and food security point of view and was included in vision, and all five objectives</li> <li>Objective four included nutrition-sensitive social protection and safety nets</li> <li>Objective five mentioned strengthening cross-sectoral food and nutrition security governance, coordination, capacity building and partnership for effective policy implementation</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security	<ul style="list-style-type: none"> <li>Strategies under objectives four and five were beyond health and food security. First three objectives were within diet and food security domain</li> <li>No systematic gap analysis or lessons learned was done, only generic statements were used to indicate gaps.</li> </ul>

	<p>- Documents gaps, lessons learned or areas for improvement</p>	
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>- Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• No specific sections on global evidence or international project/program analysis – so it is difficult to comment whether the identified issues or gaps are based on global evidence. However, in general, the strategies and actions are consistent with global evidence.</li> <li>• Actions under objective five focused on cross-sectoral food and nutrition security governance, coordination, capacity building and partnership for effective policy implementation</li> <li>• No clear implementation pathway for operationalizing</li> <li>• A very brief yet generic institutionalization mechanism was proposed in which some of the stakeholders’ names were mentioned. However, it was difficult to understand the role of these stakeholders across the strategies and actions</li> <li>• Quite several actions were relevant to sensitization, awareness building and knowledge dissemination on nutrition-related issues</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• No risk mitigation and emergency response plan were developed</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Major action for multisectoral governance, policy coordination and implementation were indicated in strategy 5.3 “update of policies and programs through wider partnerships”. Strategy 5.4 also touched upon this issue in terms of strengthening regulatory management. Strategy 5.5 further detailed out the governance mechanism</li> <li>• Food Planning and Monitoring Committee (FPMC) (chaired by the Minister for Food and comprised of 19 members including the ministers and Secretaries of the FNS-related ministries) was proposed as the platform for multisectoral coordination and governance</li> <li>• It was mentioned that NFNSP will promote active participation of local governments, civil society, and the private sector at sub-national levels (grass roots, sub-district and district) – however, it was not detailed on how these would be done</li> </ul>

<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>No discussion on how stakeholders were engaged in developing the strategy.</li> <li>From the list of documents provided, it seemed that the policy was predominantly based upon policy and secondary literature review</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>Relationship was made with SDGs, Second International Conference on Nutrition (ICN2) Framework for Action, Scaling Up Nutrition (SUN) Movement and the UN Decade of Action on Nutrition and CIP2</li> <li>National policies were linked, including National Food Policy (2006), National Nutrition Policy (2015), National Social Security Strategy (2015), and the National Agricultural Policy (2018)</li> <li>No specific partnership framework was suggested. However, an implementation arrangement was mentioned. The arrangement included, among others, BNNC with whom the relevant stakeholders would collaborate to implement the policy</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>Not included*</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	Not included*
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	Not included
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	Not included*
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	A very brief yet generic institutionalization mechanism was proposed in which some of the stakeholders' names were mentioned without specific role.
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	<ul style="list-style-type: none"> <li>Strategy 5.5 indicated about capacity building; however, it only mentioned the issues arising from limited capacities and the importance of capacity building, however, surprisingly, there was no specific actions suggested on how the capacities would be built or who would build the capacities</li> </ul>

<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	No M&E framework was included*
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	Not mentioned
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	Importance of research for sectoral improvements was mentioned and the importance of capacity building of private sector and research entities was indicated
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>No gender segregated data was included</li> <li>There were no gender dimensions of nutrition</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Neither the vision nor any of the objectives mentioned gender equality
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>Some of the strategies included gender equality, particularly food-based dietary guidelines suitably linked with national NCD strategies, disaster preparedness, governance, gender mainstreaming and capacity development of women. However, since there was no action plan, it was not clear how these would be implemented</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	Not indicated *
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	Need for capacity building of women, financing arrangements that are inclusive and gender sensitive, and institutional reforms to tackle gender-based inequalities and discrimination was mentioned.
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included *

\*Included in the Plan of Action 2021-2030

## Vision 2041 and Perspective Plan of Bangladesh 2021-2041

Area	Criteria	Vision 2041 and Perspective Plan of Bangladesh 2021-2041
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>The plan discusses the nutrition status of children under five</li> <li>Lifecycle based analysis was done for various human development relevant issues</li> <li>Data disaggregated by gender and region</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>The goals, particularly those relevant to human asset index, economic and environmental vulnerability index and economic index are highly relevant with nutritional development</li> <li>Fourth strategic objective is directly relevant to nutrition</li> <li>Goals are indirectly contributing towards all six WHA nutrition related targets</li> <li>All goals are denoted with specific, measurable, achievable, relevant and time-bound indicators (SMART)</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>A comprehensive strategy that includes specific actions in nutrition, food, health, and beyond these sectors, including economic, education, WASH and women empowerment</li> <li>The sectoral strategies are all developed based on gap analysis, lessons learned and with areas of improvement</li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps - Describes actions that address at least two types of bottlenecks in the enabling environment - Describes a clear implementation pathway for operationalization with identified focal persons - Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.) - Promote sensitization, awareness and knowledge on nutrition-related issues	<ul style="list-style-type: none"> <li>This is a broad, long-term, macrolevel development strategy for Bangladesh. There are only strategic directions in the document, though presented in detail. The specific plans and actions are/will be in specific FYPs, that are the vehicles of implementation of the Perspective Plan</li> <li>The first chapter of the document is focused on good governance in the country, strategies of which would, among others, enable environment for nutrition</li> <li>Most of the strategies and actions suggested are focused on addressing secondary causes of nutrition.</li> <li>Strategies included both nutrition-specific and nutrition- sensitive strategies</li> <li>The strategy itself did not discuss on sensitization, awareness, capacity building or relevant sectoral strategies. These are included in the vehicles of Perspective Plan, i.e., the FYPs. The discussion is made in the analysis of 8<sup>th</sup> FYP</li> </ul>



	- Allow for nutrition capacity development of the sectoral stakeholders	
	<b>5. Risk mitigation and emergency response</b> - Identifies risks to plan implementation and approaches to mitigate them - Inclusion of nutrition-vulnerable population as target population - Inclusion of nutrition-vulnerable areas as target locations	<ul style="list-style-type: none"> <li>• Risk assessment have been done sporadically under different sections, however, no particular section was on risk assessment and mitigation</li> <li>• No specific emergency response action was included</li> <li>• Discussion on nutrition vulnerability was not in the Perspective Plan, rather in the FYP</li> </ul>
	<b>6. Governance mechanism</b> - Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level - Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism - Legislative actions	<ul style="list-style-type: none"> <li>• Governance, democratization, decentralization and capacity building are the four main pillars of enabling environment strategy as laid out in Vision 2041.</li> <li>• Development of coordination and collaboration was highlighted in the Perspective plan; however, the details were not included in the document, and have been included in the FYP</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>• The plan was developed through series of workshops, consultations and discussions with relevant sectoral experts and stakeholders from relevant government ministries, divisions, departments, agencies, as well as those from non-government and private sector, development partners, academicians, researchers and other experts.</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>• The document itself is an operationalization document for the political manifesto of the ruling party and the political vision, known as “Vision 2041”</li> <li>• The document is linked and considered as an updated version of the previous Perspective Plan 2010-21, which was developed on “Vision 2021”</li> <li>• Overall, the document is a firm commitment towards the political vision and goals of the ruling party</li> <li>• The plan is associated with the SDGs</li> <li>• The 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> FYPs are considered as the vehicles for implementation of this Perspective Plan</li> <li>• The plan is directly linked to Bangladesh Delta Plan, 2100 – another broad and political roadmap of Bangladesh</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>• Not included in the Perspective Plan, rather, included in the FYP</li> </ul>

	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	Not included in the Perspective Plan, rather, included in the FYP
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	Not included in the Perspective Plan, rather, included in the FYP
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	<ul style="list-style-type: none"> <li>Not included in the Perspective Plan, rather, included in the FYP</li> </ul>
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	Not included in the Perspective Plan, rather, included in the FYP
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	One of the main pillars of institutional development and enabling environment was capacity building. Specific capacity building strategies for plan implementation was included
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	The strategic objectives were denoted with a number of SMART indicators Specific M&E framework, review process and other M&E aspects are absent, however detailed out in the FYPs
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>Gender analysis with sex disaggregated data were included in the situation analysis</li> <li></li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Gender equality was one of the core essences of the plan

	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	Specific sectoral strategies for gender equality and empowerment, as well as broad macro level strategies were included
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>Not included</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>Not included in the Perspective Plan, rather, included in the FYP</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included in the Perspective Plan, rather, included in the FYP

## Second National Plan of Action for Nutrition (NPAN2) (2016-25)

Area	Criteria	Second National Plan of Action for Nutrition (NPAN2) (2016-25)
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>Detailed situational analysis was done</li> <li>Nutrition status and determinants of malnutrition of children under 5 was mentioned</li> <li>Analysis included under 5 children, adolescent girls and women of reproductive age</li> <li>Disaggregated data by region was not shown. However, there were discussions on difference in nutrition situation in rural-urban areas, particularly the situation of urban poor and slum dwellers</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>It was explicitly mentioned that the plan would be the plan of action for National Nutrition Policy, 2015. Hence, the goals and objectives of NNP 2015 are the targets for which the actions under NPAN2 were designed.</li> <li>Objectives of NNP 2015 contribute towards all six WHA nutrition related targets</li> <li>SMART indicators were used to define the expected results</li> <li>Some of the gaps of NNP 2015 were rectified in NPAN2. For example, NNP did not include</li> </ul>

		<p>people with disability as target population, which were included in the NPAN2.</p> <ul style="list-style-type: none"> <li>• NPAN2 adopted a lifecycle approach, which was also not explicitly indicated in NNP 2015</li> </ul>
	<p><b>3. Sectoral Strategy Analysis</b>  - Describes existing nutrition actions and responses for sectors beyond health /food security  - Documents gaps, lessons learned or areas for improvement</p>	<ul style="list-style-type: none"> <li>• Both nutrition-specific and nutrition-sensitive strategies were included in the plan, keeping in conformity with the strategies of NNP 2015</li> <li>• All the nutrition-sensitive sectors beyond health and food security were touched upon, including WASH, agriculture, social protection, education, child marriage, etc.</li> </ul>
	<p><b>4. Actions/activities</b>  - Includes actions that are consistent with global evidence and identified issues/gaps  -Describes actions that address at least two types of bottlenecks in the enabling environment  - Describes a clear implementation pathway for operationalization with identified focal persons  - Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)  - Promote sensitization, awareness and knowledge on nutrition-related issues  - Allow for nutrition capacity development of the sectoral stakeholders</p>	<ul style="list-style-type: none"> <li>• Strategies of NNP were expanded into sub-strategies; actions were incorporated under the sub-strategies, along with timeline, and supporting government ministries and development agencies</li> <li>• The role of creating enabling environment was delegated upon BNNC</li> <li>• A clear implementation pathway was shown in section 6 of the plan.</li> <li>• Actions were designed to address secondary causes of nutrition vulnerability, including social security, eradicating early marriage and early pregnancy, women education, etc.</li> <li>• Thematic area 5.4 included specific actions for promotion of sensitization, awareness and knowledge on nutrition-related issues</li> <li>• Thematic area 5.6 indicated key sectoral stakeholders for which capacity development on nutrition would be needed, identified the potential actors that could support in capacity building initiative, and provided strategies on monitoring the capacity development initiatives</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b>  - Identifies risks to plan implementation and approaches to mitigate them  - Inclusion of nutrition-vulnerable population as target population  - Inclusion of nutrition-vulnerable areas as target locations</p>	<p>No explicit risk assessment and mitigation plan was included</p>
	<p><b>6. Governance mechanism</b>  - Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level  - Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</p>	<ul style="list-style-type: none"> <li>• Section 7 of the plan was dedicated for governance and implementation</li> <li>• Multisectoral, multistakeholder and multilevel coordination was defined to be the prime implementation modality</li> <li>• Multisectoral coordination mechanism was detailed for both national and subnational level</li> <li>• Enforcement of appropriate laws was included as actions under some of the strategies</li> </ul>

	- Legislative actions	
<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>A core committee and four sectoral committees were formed to develop the plan. The committees included representatives from all relevant ministries, departments, development partners, NGOs, academies, civil society, and researchers</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>The view of the ruling political party towards nutrition in general and nutrition policy specifically was indicated in the context</li> <li>The plan was indicated to be related to SDG, SUN movement, ICN2, Six actions of WHA, 7<sup>th</sup> FYP and NSSF, 2015</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>A detailed costing was done for all the actions recommended</li> <li>Costing of plan coordination mechanism was also done</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	A brief section was developed for financing arrangements, although no specific financial gap was estimated
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	BNNC was delegated with the responsibility for financial tracking, however, the specific mechanism for that was not recommended
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	Specific budget lines for nutrition-specific and nutrition-sensitive actions were included
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	The operational framework included relevant stakeholders for implementation of each action.
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Included in the plan

<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp; E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	Detailed M&E framework was developed having SMART indicators for both nutrition-specific and nutrition-sensitive actions. Monitoring mechanisms at national, district and subdistrict level were included
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	A brief discussion was included regarding review of the plan.
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	The role of Monitoring, Evaluation and Research of NPAN2 was delegated to BNNC, including the coordination in research activities
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>• Like NNP 2015, situation analysis included data relevant to women. However, in general, sex-disaggregated data was not presented</li> <li>• Gender dimensions of nutrition was discussed, particularly the impact of women education, child marriage, early pregnancy, women empowerment, etc.</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Gender equality and women empowerment was included in the strategies
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>• Gender dimensions of nutrition were addressed through actions under the action plan</li> <li>• No specific strategy or action was included to mainstream gender considerations across the activities</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	Women Empowerment, Education, Social Safety Net and Information was one of the four sectoral committees for formulation of NPAN2 and it included relevant gender experts
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	Capacity building of women was included in the capacity building section of the plan
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	No particular gender equity indicator was included in the M&E framework Sex-disaggregated data was also not included for all the actions

## Second Country Investment Plan (2016-2020)

Area	Criteria	Second Country Investment Plan (2016-2020)
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• A detailed situation analysis was done</li> <li>• Nutritional status and determinants of malnutrition of U5 children was included in the situation analysis</li> <li>• Life cycle-based analysis was done</li> <li>• Region disaggregated data was not presented</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• Goal and the five outcomes were consistent with internationally agreed upon recommendations</li> <li>• Outcome 2 was directly, and other outcomes were indirectly contributing towards the WHA nutrition related targets</li> <li>• Targets against each outcome were specific, time-bound, measurable, and relevant</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>• Majority of the strategies were relevant to food and nutrition security</li> <li>• Beyond food security, there were strategies to enhance access to social protection, safety nets, enabling environment and cross-cutting issues</li> <li>• Gaps and lessons learned were well documented and strategies were developed to address those</li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps -Describes actions that address at least two types of bottlenecks in the enabling environment - Describes a clear implementation pathway for operationalization with identified focal persons - Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.) - Promote sensitization, awareness and knowledge on nutrition-related issues - Allow for nutrition capacity development of the sectoral stakeholders	<ul style="list-style-type: none"> <li>• Programs and interventions were included under different outcomes. These programs and interventions were based on global evidence and/or identified issues/gaps/lessons learned</li> <li>• Interventions under outcome 5 were designed to address bottlenecks in enabling environment and crosscutting issues. Among these, intervention 1 and 4 were explicitly designed to address governance and enabling environment related issues</li> <li>• For each outcome and interventions, specific actors were identified and their roles were defined</li> <li>• Clear pathway for operationalization was shown in the plan</li> <li>• An entire outcome, i.e., outcome 4 is targeted towards social security. In addition, there were clear actions to address women empowerment, skills development for income increase - which are considered to be secondary reasons for nutrition vulnerability</li> <li>• Sensitization, awareness building and knowledge generation on nutrition was included in the outcomes</li> </ul>

		<ul style="list-style-type: none"> <li>Capacity development of sectoral stakeholders, (including NNS) was included in the plan</li> </ul>
	<b>5. Risk mitigation and emergency response</b> - Identifies risks to plan implementation and approaches to mitigate them - Inclusion of nutrition-vulnerable population as target population - Inclusion of nutrition-vulnerable areas as target locations	<ul style="list-style-type: none"> <li>A risk assessment and mitigation plan was included in the plan</li> <li>Vulnerability was identified from the economic status, demography (women, children, elderly) and climate risks perspective</li> </ul>
	<b>6. Governance mechanism</b> - Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level - Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism - Legislative actions	<ul style="list-style-type: none"> <li>Multisectoral governance at national level was emphasized for strengthening governance. Among others, the plan included need for coordination with BNNC in this regard</li> <li>No specific multisectoral governance arrangement was indicated at subnational level</li> <li>Enforcement of relevant laws and acts was included in outcome 5 for strengthened enabling environment</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>A detailed description was included in the annexure on the process through which the plan was created. It seemed that a rigorous process of consultations involving all the relevant stakeholders was followed. Consultations were not only held at national level, but also at district and subdistrict level</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>No specific reference to high level political commitment was included</li> <li>Relationships of the plan with relevant national and international policies, goals and commitments were established and the strategy to harmonize the plan with the provisions of different institutional frameworks was included</li> <li>Specific strategies were included to establish partnership with all relevant ministries beyond ministry of food and ministry of agriculture, NGOs, private sector, and civil society</li> <li>Specific multisectoral coordination mechanism was included to allow for inclusion of nutrition relevant stakeholders, including BNNC and NNS</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>Costed planned actions included in the CIP2</li> </ul>
	<b>10. Financing arrangements</b>	Financial gaps for costed actions included



	- Estimates financial gaps for the costed actions	
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	Resource tracking was included in the monitoring arrangements of CIP2; however, no specific financial tracking mechanism was proposed
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	<ul style="list-style-type: none"> <li>• Specific sources for resource allocation were identified</li> <li>• Specific budget lines for nutrition were defined, and nutrition budget was incorporated into the budget lines</li> </ul>
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	A stakeholder mapping was conducted under each actions and the role of the stakeholders were defined
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Mentioned about institution capacity development and capacity development of stakeholders
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	M&E framework included indicators to measure progress against each of the interventions and outcomes, the baseline figures, target and means of verification
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	<ul style="list-style-type: none"> <li>• Means of verification was included for all the outcomes and interventions</li> <li>• Plan progress review activities and processes were included in the M&amp;E plan</li> <li>• Institutional setting was also included to define responsibilities of different stakeholders for monitoring and reviewing the progress</li> </ul>
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	<ul style="list-style-type: none"> <li>• Need for research, including action research, was indicated in all the outcomes under multiple interventions</li> </ul>
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>• Sex disaggregated data was not used in the situation analysis</li> <li>• Gender dimensions of nutrition was also not discussed in the situation analysis section</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	<ul style="list-style-type: none"> <li>• Focus on Women's empowerment was one of the guiding principles of CIP2</li> <li>• Women was included as one of the target vulnerable groups in the plan</li> </ul>
	<b>3. Actions</b>	<ul style="list-style-type: none"> <li>• Access to women into actions under almost all the interventions was ensured in the plan</li> </ul>

	<ul style="list-style-type: none"> <li>- Include actions that address gender dimensions of nutrition</li> <li>- Describes how gender considerations will be mainstreamed across activities</li> </ul>	
	<p><b>4. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Indicates stakeholders with gender expertise were involved in plan development</li> </ul>	<ul style="list-style-type: none"> <li>• No particular mention of gender expertise involvement in plan development</li> </ul>
	<p><b>5. Capacity building</b></p> <ul style="list-style-type: none"> <li>- Includes capacity assessment/capacity building actions that address unique needs of men/women</li> </ul>	<ul style="list-style-type: none"> <li>• No identification of unique need of women and subsequent capacity development strategies/actions</li> </ul>
	<p><b>6. M&amp;E Framework</b></p> <ul style="list-style-type: none"> <li>- Includes gender equity indicators</li> <li>- Discusses collection of data by sex</li> </ul>	<p>No gender equity indicator was included Indicators were not gender segregated No mention of collection of data by sex</p>

## National Food and Nutrition Security Policy Plan of Action (PoA) (2021-2030)

Area	Criteria	National Food and Nutrition Security Policy Plan of Action (PoA) (2021-2030)
<b>Situation analysis and policy and programming review</b>	<p><b>1. Situational Analysis</b></p> <ul style="list-style-type: none"> <li>- Discusses the nutritional status and determinants of malnutrition of children under 5</li> <li>- Life cycle-based analysis</li> <li>- Disaggregates data by either sex or region including urban rural</li> <li>- Effect of Pandemic, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>• A brief situational analysis was done</li> <li>• Malnutrition status of under 5 children was mentioned</li> <li>• No discussion on population of other age groups</li> <li>• Data was not segregated by sex or region</li> <li>• Impact of COVID was touched upon</li> </ul>
	<p><b>2. Goals /objectives and targets</b></p> <ul style="list-style-type: none"> <li>- Includes goals consistent with internationally agreed upon recommendations</li> <li>- Includes goals that contribute towards all six WHA nutrition related targets</li> <li>- Includes expected results are SMART</li> </ul>	<ul style="list-style-type: none"> <li>• The document was a continuation of the previous National Food and Nutrition Security Policy (NFNSP) 2020, and hence did not have any separate goals or objectives.</li> <li>• However, it addressed some of the gaps of the NFNSP (no indicator set for the goals and objectives) by including SMART indicators at these levels</li> <li>• The goals and objectives were found to be directly contributing towards all six WHA nutrition related goals</li> </ul>
	<p><b>3. Sectoral Strategy Analysis</b></p> <ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> </ul>	<ul style="list-style-type: none"> <li>• NFNSP and the PoA had 17 strategies. From sectoral point of view, all of these were associated with food production, food security, and availability, accessibility, and</li> </ul>

	<p>- Documents gaps, lessons learned or areas for improvement</p>	<p>utilization of food. Almost all these strategies were relevant to nutrition</p> <ul style="list-style-type: none"> <li>• Whereas the NFNSP document did not clarify, the PoA included the rationale/context for each of the strategies, which seemed to be based upon lessons learned and areas of improvement in the respective areas</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• All the actions seemed to be consistent with global evidence, identified issues/gaps and lessons learned</li> <li>• Actions under strategy 5.4 and 5.5 were all focused on addressing bottlenecks in the enabling environment in terms of regulatory management, FNS governance, leadership enhancement, etc.</li> <li>• The document had actions for food security and social security. It also had strategy and actions for income increase for poor. So, it addressed secondary causes of nutrition vulnerability</li> <li>• The action matrix of the PoA had clear operationalization pathway, identifying relevant stakeholders and their roles.</li> <li>• Strategy 3.1, 3.2 and 3.3 included sensitization, awareness and knowledge on nutrition-related issues</li> <li>• Actions for capacity development of relevant nutrition stakeholders, including BNNC, were included under strategy 5.5. Other important stakeholders for which institutional capacity strengthening was included were FPMU and BFSA</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• No such risk assessment and mitigation measures were included in the document</li> <li>• The PoA included actions to identify and address nutrition vulnerability targeting nutritionally vulnerable groups</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Multisectoral governance arrangement mechanisms were described for both national and subnational level</li> <li>• Specific actions for coordination were also suggested with private sector, NGOs, and other non-government actors</li> <li>• An umbrella organization was suggested that could bring together multitude of actors or groups into cohesive entities to streamline the diverse efforts taking place in the country to try and tackle the causes and underlying factors of food and nutrition insecurity. However, no such existing</li> </ul>

		organization was proposed that could assume this role
<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>• A detailed unique description was given regarding the process in which the relevant stakeholders engaged to create the plan</li> <li>• It seemed that stakeholders from government, development partners, private sector, academia, and civil society were involved with the formulation of the plan</li> <li>• Stakeholder consultations were made both at regional level in all eight divisions</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>• Linkage was established with SDGs, as well as with ICN2, SUN Movement and UN Decade of Action on Nutrition.</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>• The plan did not have a costing exercise for the actions identified. It assumed that the actual costing would be done in the subsequent CIP. The PoA also assumed that SDGs and costing exercises in other programs would also contribute to planning for resource requirement for the PoA implementation.</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	Not included
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off- budget funding, allocation and expenditures	Not included
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	Not included
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	The action matrix had specific stakeholders and their roles for each of the actions.
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Actions for capacity development of relevant nutrition stakeholders, including BNNC, were included under strategy 5.5. Other important

		stakeholders for which institutional capacity strengthening was included were FPMU and BFSA
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	<ul style="list-style-type: none"> <li>The Action Matrix of PoA was also the M&amp;E framework, that included detailed actions, target, baseline, means of verifications and other important issues. These were done for goals, objectives, strategies and the actions</li> </ul>
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	<ul style="list-style-type: none"> <li>The institutional arrangement for the monitoring of the PoA was to be built on the existing FNS institutional coordination framework and monitoring mechanism. Organizations responsible for monitoring and review of the plan progress included, the following: <ul style="list-style-type: none"> <li>The Food Planning and Monitoring Committee (FPMC)</li> <li>The National Committee (NC)</li> <li>The Food Policy Working Groups FPWG</li> <li>Thematic Teams (TTs)</li> <li>The Local Consultive Group on Agriculture Rural Development and Food Security (LGD – ARDFS)</li> </ul> </li> </ul>
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	<ul style="list-style-type: none"> <li>Importance of research for sectoral improvements was mentioned and the importance of capacity building of private sector and research entities was indicated</li> </ul>
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>No sex disaggregation was found for the data presented in the situational analysis. However, there were discussions on gender dimensions of nutrition</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	<ul style="list-style-type: none"> <li>Focus on women was one of the major guiding principles of the PoA</li> <li>The PoA has incorporated considerations to incorporate women empowerment, including control over land and access to inputs and services such as credit, irrigation, rural advisory and extension services, access to health services, safe food and water, and information on and sensitization to adequate nutrition</li> </ul>
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>Aol 5.4.2 was focused on strengthening gender mainstreaming for food and nutrition security.</li> <li>Major actions included: Strengthen the capacity of BBS to disaggregate data by gender and social groups; Promote access to land by women; Ensure wage parity for similar agriculture work</li> </ul>

		done by men and women; Mainstream gender in agriculture extension and scale up Agriculture, Nutrition, and Gender Linkages (ANGeL) initiative; and Integrate gender dimension into food loss assessment and prevention strategies
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>Capacity building actions to address women empowerment issues were included</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Appropriate indicators were set to measure the progress against Aol 5.4.2

## National Strategy for Water Supply and Sanitation, 2014

Area	Criteria	National Strategy for Water Supply and Sanitation, 2014
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>A brief situational analysis was done</li> <li>Situational analysis included data on handwashing with soap after defecation, access to safe water, and access to hygienic sanitation facilities - which can be considered as nutrition-sensitive issues</li> <li>No such life cycle-based analysis of the aforementioned issues, nor any sex or region-specific data</li> <li>Although the need of urban population was not explicitly detailed out in the contextual analysis, however, the strategy had actions to improve sanitation for urban population</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>Goal indicated “Safe and sustainable water supply, sanitation and hygiene services for all, leading to better health and well-being”, which had some implications on nutrition</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for	<ul style="list-style-type: none"> <li>The sectoral strategy had three major intervention areas, one of which was WASH intervention areas. Interventions under WASH</li> </ul>

	sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	were found to have relations with nutrition, particularly the following <ul style="list-style-type: none"> <li>○ 1. Ensure safe drinking water</li> <li>○ 5. Establish fecal sludge management</li> <li>○ 6. Manage solid waste judiciously</li> <li>○ 7. Improve hygiene promotion</li> </ul> <ul style="list-style-type: none"> <li>● The sectoral implications are beyond health and food security</li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps -Describes actions that address at least two types of bottlenecks in the enabling environment - Describes a clear implementation pathway for operationalization with identified focal persons - Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.) - Promote sensitization, awareness and knowledge on nutrition-related issues - Allow for nutrition capacity development of the sectoral stakeholders	<ul style="list-style-type: none"> <li>● The actions were found to have relevance with the issues/gaps identified in the contextual analysis</li> <li>● There were four specific strategies, each having multiple actions, to address constraints in governance and enabling environment</li> <li>● A clear implementation pathway was set for operationalizing, with identified lead agency, and supporting agencies, and each having clearly defined roles.</li> <li>● Actions addressed availability of safe drinking water, effective fecal sludge management, solid waste management and improved hygiene, which are secondary causes of nutrition vulnerability</li> <li>● Promotion of improved hygiene practice, and sensitization/awareness building regarding hand wash, solid waste management and other sanitation issues were included in the strategy</li> <li>● A specific set of action was included to address sanitation need of the urban population</li> <li>● Capacity development of the sectoral stakeholders on water, sanitation, governance, and coordination was included in the strategy</li> </ul>
	<b>5. Risk mitigation and emergency response</b> - Identifies risks to plan implementation and approaches to mitigate them - Inclusion of nutrition-vulnerable population as target population - Inclusion of nutrition-vulnerable areas as target locations	<ul style="list-style-type: none"> <li>● Disaster and climate change was identified to be the major risks for hygiene and sanitation and appropriate strategies and actions were proposed to address those</li> <li>● Nutrition vulnerability was not mentioned, as such</li> </ul>
	<b>6. Governance mechanism</b> - Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level - Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism - Legislative actions	<ul style="list-style-type: none"> <li>● Sector governance was specified as one of the three major themes of the strategy</li> <li>● Four specific strategies, each with particular actions, were included to address governance related issues</li> <li>● Multisectoral collaboration arrangements were outlined, incorporating relevant ministries, government departments, development partners, NGOs, and private sector.</li> <li>● Collaboration and governance mechanisms were suggested for national, as well as district and subdistrict level</li> <li>●</li> </ul>

<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>The process through which the strategy was developed was detailed. It seemed that a consultation process was followed, that included relevant stakeholders, including, LGD, DPHE, WASAs, NGOs, development partners and sector professionals.</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>No such political commitment was expressed in the strategy</li> <li>Relationship was made with Perspective Plan 2010-21 and Post-MDG agenda (present SDGs)</li> <li>Multisectoral coordination mechanism was presented. National Forum for Water Supply and Sanitation seemed to be promoted as the multisectoral governance and collaboration platform</li> <li>No specific relationship was suggested with BNNC or any other nutrition stakeholders</li> <li>Partnership framework was recommended for fostering relationship among different water and sanitation sector stakeholders</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>There was an action plan, however, was not costed. Cost estimation was not included for other areas of implementation, including coordination, monitoring and research</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	No such mention of financial tracking
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	<ul style="list-style-type: none"> <li>Some indications on resource allocation were included in the strategy</li> </ul>
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Specific strategies and actions for capacity building was included in the strategy
<b>Monitoring, evaluation,</b>	<b>15. M &amp;E framework</b>	<ul style="list-style-type: none"> <li>The strategy had specific timeframe and indicated annual review for progress measure</li> </ul>



<b>operational research and review</b>	- Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	<ul style="list-style-type: none"> <li>• Each strategy and action had particular milestone, a lead agency and several supporting agencies, for the review to measure progress</li> <li>• The milestones were measurable and time-bound</li> </ul>
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	<ul style="list-style-type: none"> <li>• Annual review was suggested as progress review mechanism</li> <li>• However, it was not explicitly mentioned regarding who would conduct the annual review</li> </ul>
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	<ul style="list-style-type: none"> <li>• A particular strategy was included (strategy 13) for institutionalizing research and development</li> <li>• Resource allocation and partnerships were suggested for conducting the research</li> </ul>
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>• Situation assessment did not include gender-based analysis of WASH</li> <li>• Gender-segregated data was not presented</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	<ul style="list-style-type: none"> <li>• Guiding principle 6 of the strategy recognized the importance of gender in all WASH activities</li> </ul>
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>• A particular set of activities under strategy 8 was focused on mainstreaming gender</li> <li>• Involving women in planning, implementing and operation and maintenance of WASH services was mentioned as one of the key actions</li> <li>• Other actions included promoting women empowerment, increasing women representation in WATSAN committees and community-based organizations, implementing technology suitable for women, adoption of gender sensitive techniques for WASH promotion, etc.</li> <li>• Coordination with MoWCA for mainstreaming gender was indicated</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>• Not explicitly mentioned regarding involvement of gender experts</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building	<ul style="list-style-type: none"> <li>• No such mention of capacity building for gender-based actions</li> </ul>

	actions that address unique needs of men/women	
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	<ul style="list-style-type: none"> <li>M&amp;E framework had particular milestones for gender-based actions</li> </ul>

## National Strategy on Prevention and Control of Micronutrient Deficiencies, Bangladesh (2015-2024)

Area	Criteria	National Strategy on Prevention and Control of Micronutrient Deficiencies, Bangladesh (2015-2024)
Situation analysis and policy and programming review	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>Detailed situation analysis done considering both global and national situation</li> <li>Lifecycle-based analysis was done</li> <li>Gender, age and region segregated data was presented, including rural-urban segregation</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>Goals are consisted with internally agreed upon recommendations</li> <li>Goals contribute towards all six WHA nutrition related targets</li> <li>All indicators were specific, measurable, achievable, relevant and time-bound</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>The strategy, overall, was a nutrition-specific one <ul style="list-style-type: none"> <li>There were six strategic areas: <ul style="list-style-type: none"> <li>Policy, Guidelines &amp; Legislation</li> <li>Intervention Programme</li> <li>Partnership &amp; Coordination</li> <li>Capacity Building</li> <li>Advocacy and Communication</li> <li>Monitoring, Evaluation &amp; Research</li> </ul> </li> </ul> </li> <li>Strategies were developed based on gaps identified from reviewing global and national programs and situation analysis</li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps -Describes actions that address at least two types of bottlenecks in the enabling environment - Describes a clear implementation pathway for	<ul style="list-style-type: none"> <li>Actions were consistent with global evidence and identified issues/gaps</li> <li>All the actions in strategic area one focuses on addressing bottlenecks in enabling environment</li> <li>Clear implementation pathway was included showing operationalization of the strategies along with leading and supporting entities</li> <li>Nutrition-specific strategy – secondary causes of nutrition vulnerability not addressed</li> </ul>

	<p>operationalization with identified focal persons</p> <ul style="list-style-type: none"> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic area five included specific interventions for sensitization, awareness and knowledge on micronutrient deficiency relevant issues</li> <li>• Strategic area four included interventions and programs to enhance capacity of relevant sectoral stakeholders</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• No risk assessment and mitigation plan were included</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Multisectoral policy coordination was included under strategic area 3 and was done for both national and sub-national level</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• The strategy was developed based on the findings of the first National Micronutrient Survey 2011-12, followed by series of extensive consultation processes</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Political commitment was expressed through linking the strategy with Vision 2021.</li> <li>• In addition, the strategy was linked to Five Year Plan, Sector Wide Approach Program (SWAp), NNS Operational Plan, National Food Policy, Country Investment Plan, National Nutrition Policy, etc.</li> <li>• Strategic area five focused on advocacy and communication and had relevant actions for both national and subnational level</li> <li>• As mentioned before, strategic area three was focused on partnership and collaboration, that emphasized inclusion of all relevant stakeholders from government, non-government and private sector</li> </ul>

		<ul style="list-style-type: none"> <li>Being a nutrition-specific strategy, the multisectoral coordination mechanism allowed inclusion of all relevant nutrition stakeholders</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>Not included</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	Not included
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	Not included
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	<ul style="list-style-type: none"> <li>Not included</li> </ul>
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	Operational framework listed lead and supporting organizations for each action
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	A specific strategic area was focused on capacity development, including that required for the plan implementation
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp; E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	M&E framework included SMART indicators for all the actions, along with baseline, target and means of verification
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	<ul style="list-style-type: none"> <li>Included in the M&amp;E framework</li> </ul>
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	<ul style="list-style-type: none"> <li>Need for operational research was included under strategic area 6 and specific actions were designed</li> <li>Implementation framework included lead and supporting actors in research and coordination mechanism</li> </ul>
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators	<ul style="list-style-type: none"> <li>Sex disaggregated data was used</li> </ul>

	- Discusses gender dimensions of nutrition (beyond data disaggregation)	
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Being nutrition-specific strategy, gender dimension was not included across goal or all strategic areas. However, nutrition-specific issues of women (e.g., iron deficiency) were identified and actions were included to address those
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>• Not mentioned</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>• Not included</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included

## National Social Security Strategy, 2015

Area	Criteria	National Social Security Strategy, 2015
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• A detailed situational analysis was done</li> <li>• Situational analysis included lifecycle approach and covered all relevant age groups</li> <li>• Data was disaggregated in terms of sex, geographical location, and special vulnerable groups (e.g., CHT, people with HIV, People with disabilities, etc.)</li> <li>• Nutritional status across the lifecycle was analyzed in the situational analysis</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations	<ul style="list-style-type: none"> <li>• Vision and goals in the strategy addressed secondary reasons for nutrition vulnerability</li> <li>• A lifecycle approach was adopted</li> <li>• Goals and strategies contribute towards all six WHA nutrition related targets</li> </ul>

	<ul style="list-style-type: none"> <li>- Includes goals that contribute towards all six WHA nutrition related targets</li> <li>- Includes expected results are SMART</li> </ul>	
	<p><b>3. Sectoral Strategy Analysis</b></p> <ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> <li>- Documents gaps, lessons learned or areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Sectoral strategies included social security, human development, and social empowerment as responses to address nutrition challenges, beyond health and food security</li> <li>• A detailed lessons learned exercise was conducted</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Social security strategies in international settings were analyzed</li> <li>• Actions to address bottlenecks in the enabling environment was included</li> <li>• Pathway for operationalizing the strategy was included along with key lead agencies and supporting entities</li> <li>• Secondary causes of nutrition (e.g., education, skills, income, etc.) were adequately addressed</li> <li>• Detailed strategy and actions to promote sensitization and awareness building on nutrition-sensitive issues (social security, child marriage, sanitation, empowerment, etc.) were included</li> <li>• Capacity development of sectoral stakeholders to manage social security schemes was included</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed risk analysis was done, and appropriate mitigation plan was included</li> <li>• Vulnerability was analyzed from multiple dimensions (economic, disaster, climate, age, demography, etc.), majority of whom are also nutrition vulnerable people</li> <li>• Rural-urban vulnerability, slum dwellers, transgender, floating population, tea-garden workers, urban slum dwellers, and other potential vulnerable groups were included under different strategies</li> <li>• Geographical vulnerability was also conducted, and strategies were devised to address those</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> </ul>	<ul style="list-style-type: none"> <li>• Multisectoral coordination mechanisms were established under five thematic clusters to consolidate and coordinate the implementation</li> <li>- Social allowance, Food security and disaster assistance, social insurance, Labour/livelihood interventions, Human development, and social</li> </ul>

	<ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	empowerment. Overall supervision and guidance responsibility was delegated to the Central Management Committee (CMC), chaired by Cabinet Division
<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<b>8. Political commitment</b> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Higher level political commitments were indicated through relating the strategy with Vision 2021 and Perspective Plan 2010-21</li> <li>• Relationship was established with the Five-Year Plans</li> <li>• This was the highest-level policy direction and hence did not require any advocacy actions</li> <li>• Actions to disseminate the components of the strategy and the M&amp;E results were included</li> <li>• The multisectoral coordination mechanism allow for inclusion of nutrition stakeholders</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• Costing of programs were done</li> </ul>
	<b>10. Financing arrangements</b> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	<ul style="list-style-type: none"> <li>• Financial gaps in costed programs were identified</li> </ul>
	<b>11. Financial tracking</b> <ul style="list-style-type: none"> <li>- Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures</li> </ul>	<ul style="list-style-type: none"> <li>• Financial tracking did not have broad description, however, there were indications on financial tracking in terms of budgeting, allocation, and expenditure</li> </ul>
	<b>12. Resource allocation</b> <ul style="list-style-type: none"> <li>- Defines transparent criteria for allocation of resources</li> <li>- Includes specific budget line for nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Resource allocations for different ministries and programs were indicated</li> <li>• No specific budget line for nutrition was mentioned. However, budgetary allocation for apparent nutrition-sensitive programs was indicated</li> </ul>
	<b>13. Operational framework</b> <ul style="list-style-type: none"> <li>- Lists the lead and supporting organizations for each action</li> </ul>	<ul style="list-style-type: none"> <li>• Included</li> </ul>
	<b>14. Capacity building</b>	<ul style="list-style-type: none"> <li>• Specific capacity building needs for plan implementation was not included</li> </ul>

	- Describes capacity building needs for plan implementation	
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	<ul style="list-style-type: none"> <li>• Detailed M&amp;E framework included</li> <li>• M&amp;E framework had comprehensive list of indicators to measure the progress</li> <li>• Indicators for nutritional effects were included</li> <li>• However, none of the indicators had specific targets</li> </ul>
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	<ul style="list-style-type: none"> <li>• Process of review, identification of corrective measures and adjustments were indicated</li> <li>• Both qualitative and quantitative approaches for review were recommended</li> </ul>
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	Operational research came as a cross-cutting issue across multiple strategies
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>• Sex disaggregated data for key indicators was included</li> <li>• Gender dimensions were included for nutrition, as well as secondary reasons for nutrition vulnerability</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	<ul style="list-style-type: none"> <li>• Equality was included in the vision of the strategy</li> <li>• Addressing vulnerability of women was within the major issues that the strategy targeted to address</li> </ul>
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>• Gender dimensions of nutrition vulnerability were addressed</li> <li>• Gender considerations were done for almost all the program design and implementation process</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	Capacity building strategies were included for women
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators	Gender equity indicators are addressed



	- Discusses collection of data by sex	
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## National Urban Health Strategy, 2020

Area	Criteria	National Urban Health Strategy, 2020
Situation analysis and policy and programming review	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• A brief situation assessment was done, which had urban-rural information, as well as urban slum-non-slum comparison.</li> <li>• Situation analysis had brief mention of stunting (height-for-age), total fertility rate and ANC visits</li> <li>• No specific age group was mentioned</li> <li>• Geographical segregated data (i.e., slum and non-slum) was presented</li> <li>• No mention of pandemic, as the developed initiated in pre-pandemic time</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• Goal was quite broad and generic. The goal does not explicitly mention nutrition</li> <li>• Objective (iii) mentions, among others, equitable access to nutrition care for urban population.</li> <li>• No indicators or timelines were specified for achieving goals and objectives. Expected results are not SMART</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>• Analysis focused on the gaps of urban health services delivered from MOHFW and MOLGDR&amp;C</li> <li>• Detailed analysis of the service delivery structure of health for MOHFW and MOLGDR&amp;C</li> <li>• Analysis mainly includes health services, and some indication of determinants of health (e.g. water, sanitation, etc.)</li> <li>• Gaps identified limited focus on non-communicable diseases and specific patient groups like men, which are typically not included in other strategies</li> <li>• Thorough discussion on the governance issues</li> <li>• No discussion of gaps in nutrition situation or services</li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps -Describes actions that address at least two types of bottlenecks in the enabling environment - Describes a clear implementation pathway for	<ul style="list-style-type: none"> <li>• An action plan was attached with the strategy mentioning roles of different entities. However, no specific timeline was mentioned</li> <li>• Two nutrition related actions were focused, namely, awareness raising on nutrition (along with other services) and supply of logistics for nutrition (came along with logistics for immunization)</li> <li>• Action emphasized on improved coordination between MOHFW and Local Government</li> </ul>

	<p>operationalization with identified focal persons</p> <ul style="list-style-type: none"> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<p>Division (LGD), (which is a bottleneck for nutrition services as well, although not specified as a nutrition bottleneck in the strategy)</p> <ul style="list-style-type: none"> <li>• Other enabling environment strategies were included, including updating laws to regulate the private healthcare providers, capacity increase of enforcers as well as local government institutes, increasing transparency, introduction of referral system, public-private partnership,</li> <li>• Roles of different ministries, divisions and departments was specified. However, focal person was not identified</li> <li>• Actions focused on addressing primary causes for health services delivery - health workforce, supplies, infrastructure, coordination between MOHFW and LGD, MOLGDR&amp;C, etc. But no actions relevant to address secondary causes, like improvement of education, food security, skills, etc.</li> <li>• Inclusion of special entitlement card was there as a critical action to ensure services for poor. This can be considered as a social security action addressing secondary reason of nutrition</li> <li>• Nutrition-related sensitization and awareness building was included into actions</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• No particular risk identification or mitigation strategy</li> <li>• No particular plan for disasters or emergency situation</li> <li>• No relations to the food security monitoring system</li> <li>• Slum dwellers and floating population in urban areas were targeted for the actions, who are considered to be nutritionally vulnerable population</li> <li>• Urban areas were targeted, which are known to have limited nutrition services</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Included thorough governance mechanisms analysis, gap identification and strategy formulation to improve governance, transparency, coordination, and stewardship</li> <li>• Actions included coordination at national as well as implementation level among LGIs and health service providers, and coordination with private and non-government actors</li> <li>• Actions included legislative actions, including updating existing laws and improving enforcement</li> </ul>
<p><b>Stakeholder engagement and high-level political commitment</b></p>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• Specific stakeholders associated with the implementation of the strategy were identified well</li> <li>• The action plan laid specific roles of different stakeholders for specific actions</li> </ul>

	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• The strategy indicated links with SDGs, however, there was no mention of any other national long-term visions or goals</li> <li>• No mention of nutrition-focused advocacy, system modification or enabling environment. However, the enabling environment related actions included in the action plan seemed to be helpful for advocacy at national level, and for multisectoral coordination.</li> <li>• The multisectoral coordination, however, solely focused on inter-ministerial coordination between MOHFW and MOLGDR&amp;C</li> </ul>
<b>Costs and budgetary framework</b>	<p><b>9. Costing</b></p> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• No costing was included in the strategy</li> </ul>
	<p><b>10. Financing arrangements</b></p> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	No financing arrangements mentioned
	<p><b>11. Financial tracking</b></p> <ul style="list-style-type: none"> <li>- Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures</li> </ul>	No mention on financial tracking
	<p><b>12. Resource allocation</b></p> <ul style="list-style-type: none"> <li>- Defines transparent criteria for allocation of resources</li> <li>- Includes specific budget line for nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• There was a suggestion to negotiate the respective ministries with Ministry of Planning and Ministry of Finance for budget</li> <li>• For city corporations, suggestions were also put to arrange financing from private sector</li> </ul>
	<p><b>13. Operational framework</b></p> <ul style="list-style-type: none"> <li>- Lists the lead and supporting organizations for each action</li> </ul>	The action plan had specific roles for different stakeholders against each action
	<p><b>14. Capacity building</b></p> <ul style="list-style-type: none"> <li>- Describes capacity building needs for plan implementation</li> </ul>	There was a thorough discussion, specific strategy and actions on capacity development of different personnel involved with MOHFW and MOLGDR&C for improving service quality and extending service network to cover all the urban population
<b>Monitoring, evaluation, operational research and review</b>	<p><b>15. M &amp;E framework</b></p> <ul style="list-style-type: none"> <li>- Includes nutrition -specific and nutrition sensitive indicators (beyond impact)</li> </ul>	<ul style="list-style-type: none"> <li>• No M&amp;E framework associated with the strategy</li> </ul>

	<p><b>16. Review processes</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan progress will be reviewed</li> <li>- Describes feedback loops to identify to identify corrective measures and adjustments</li> </ul>	No indication on reviewing the strategy
	<p><b>17. Operational research</b></p> <ul style="list-style-type: none"> <li>- Clearly describes the need for operational research</li> <li>- Describes a mechanism to coordinate operational research</li> </ul>	No indication on research
<b>Gender assessment</b>	<p><b>1. Situation analysis</b></p> <ul style="list-style-type: none"> <li>- Includes sex disaggregated data for key indicators</li> <li>- Discusses gender dimensions of nutrition (beyond data disaggregation)</li> </ul>	<ul style="list-style-type: none"> <li>• No sex-disaggregated data used in situation analysis</li> <li>• No specific gender dimension analysis</li> <li>• Actions included to offer ESP at free of cost. Since ESP has specific gender dimensions, from that aspect, gender has been considered. But no direct mention of gender-specific strategies or how to address gender-based vulnerability or ensure gender-based equity into healthcare</li> </ul>
	<p><b>2. Goals/objectives and targets</b></p> <ul style="list-style-type: none"> <li>- Includes gender equality as part of the strategic vision, goals or principles</li> </ul>	<ul style="list-style-type: none"> <li>• Goals and objectives did not include gender equity</li> </ul>
	<p><b>3. Actions</b></p> <ul style="list-style-type: none"> <li>- Include actions that address gender dimensions of nutrition</li> <li>- Describes how gender considerations will be mainstreamed across activities</li> </ul>	<ul style="list-style-type: none"> <li>• No action on addressing gender dimensions</li> <li>• No action to mainstream gender</li> <li>• However, mention was there to provide ESP services at free of cost</li> <li>•</li> </ul>
	<p><b>4. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Indicates stakeholders with gender expertise were involved in plan development</li> </ul>	<ul style="list-style-type: none"> <li>• No indication on whether gender expertise was involved in the strategy development</li> <li>• No mention on whether there would be need for gender-focused stakeholders' involvement</li> </ul>
	<p><b>5. Capacity building</b></p> <ul style="list-style-type: none"> <li>- Includes capacity assessment/capacity building actions that address unique needs of men/women</li> </ul>	<ul style="list-style-type: none"> <li>• No specific action on unique needs of men and women and subsequent capacity development</li> </ul>
	<p><b>6. M&amp;E Framework</b></p> <ul style="list-style-type: none"> <li>- Includes gender equity indicators</li> <li>- Discusses collection of data by sex</li> </ul>	<ul style="list-style-type: none"> <li>• No M&amp;E framework in the strategy - so gender inclusion in M&amp;E framework was absent</li> <li>• No collection of gender- segregated data as there was no log frame or results framework</li> </ul>

## National Hygiene Promotion Strategy, 2012

Area	Criteria	National Hygiene Promotion Strategy, 2012
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• A brief situation analysis done</li> <li>• Data on diarrhoea, dysentery and intestinal worm presented (which are some of the determinants of malnutrition of children under 5) and linkage with handwashing shown</li> <li>• Situation analysis related the importance of clean drinking water with some of the other determinants of under-five child mortality</li> <li>• No disaggregated data either by sex or region was presented in the situation analysis</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• The broad objective of the strategy did not explicitly mention nutrition. However, it aimed at reducing water and sanitation related diseases, which is a determinant of malnutrition among under five children</li> <li>• Scope of the strategy was limited to improve hygiene practices for prevention of diseases from fecal oral transmission - which is a nutrition-sensitive issue</li> <li>• A set of indicators were set to measure progress of the objectives and targets, which were specific and measurable.</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>• The sectoral strategy was focused upon combining three components - access to hardware, hygiene promotion, and enabling environment for prevention of water &amp; sanitation related diseases</li> <li>• The sectoral strategy clearly defined nutrition-sensitive actions (in-terms of prevention of water and sanitation related diseases, particularly among under five children) beyond health/food security</li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps -Describes actions that address at least two types of bottlenecks in the enabling environment - Describes a clear implementation pathway for operationalization with identified focal persons - Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)	<ul style="list-style-type: none"> <li>• One of the three key components of the strategy was enabling environment. Strategy 1, 2 and 3 are particularly focused on creating an enabling environment and addressing bottlenecks.</li> <li>• Other actions were also nutrition-sensitive, in the form of sensitization and awareness increase, and enabling access to improved hygiene services, and thereby prevention of water and sanitation related disease</li> <li>• The strategy had a detailed action plan, having focal ministry/department and executing agencies clearly defined, and linked with strategies. Timeline for actions were also specified</li> <li>• Actors associated with the strategy implementation were well identified and their roles were defined</li> <li>• Behavioral Change Communications for community awareness and capacity building and</li> </ul>

	<ul style="list-style-type: none"> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<p>training program on hygiene promotion were included in the strategy</p>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• No risk identification and mitigation risks were formulated under this strategy</li> <li>• It mentioned high risk groups, however, did not define or specify who those group elements are</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• High emphasis on multisectoral collaboration, which included different ministries (including MOHFW), departments, community organizations NGOs, development partners, research entities, even private sector actors</li> <li>• Strategy and actions for multisectoral governance and coordination at national and subnational level was defined</li> <li>• The strategy one, among others, was focused on ensuring compliance with relevant acts and laws</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• The strategy had a section on the development process, and indicated the involvement of multisectoral stakeholder consultation that took place</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• No particular political commitment was mentioned in the strategy</li> <li>• However, the relevance and compliance of the strategy with several national and international policies and strategies was mentioned</li> <li>• Partnership framework included collaboration with, among others, MOHFW, LGD, MoE, MoPME and DPHE, which are known to have significant involvement with nutrition sensitive actions</li> </ul>
<b>Costs and budgetary framework</b>	<p><b>9. Costing</b></p> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• A particular strategy for budgetary allocation was included. However, the strategy had no specific costed actions</li> </ul>
	<p><b>10. Financing arrangements</b></p> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	

	<p><b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures</p>	
	<p><b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition</p>	<ul style="list-style-type: none"> <li>The strategy had some indication regarding the sources of the finances/resources required for implementation</li> </ul>
	<p><b>13. Operational framework</b> - Lists the lead and supporting organizations for each action</p>	Lead and supporting organizations for each action were included in the strategy
	<p><b>14. Capacity building</b> - Describes capacity building needs for plan implementation</p>	The strategy had multiple strategies and actions on capacity building of people from different tiers using multiple modalities for implementation of the strategy and actions
<b>Monitoring, evaluation, operational research and review</b>	<p><b>15. M &amp; E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)</p>	A well-structured M&E framework was included in the strategy, associated with indicators
	<p><b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments</p>	<ul style="list-style-type: none"> <li>Review processes, including baseline survey and collection/analysis of routine data through MIS were included</li> <li>Considering the importance of behavioral change aspects, the strategy had particular guidelines on monitoring and reviewing progress on behavioral change</li> </ul>
	<p><b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research</p>	<ul style="list-style-type: none"> <li>Research on improved sanitation facilities and behavioral change communication tools was emphasized in the strategy and partnership with, among others, icddr,b was recommended</li> </ul>
<b>Gender assessment</b>	<p><b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)</p>	<ul style="list-style-type: none"> <li>A brief indication of gender challenges was done in the situation analysis</li> </ul>
	<p><b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles</p>	<ul style="list-style-type: none"> <li>One of the key focus areas identified in the strategy was menstrual hygiene. Several strategies and actions had covered this issue</li> <li>A specific strategy (strategy 10) was developed for mainstreaming gender in sanitation services planning, implementation, and monitoring.</li> </ul>

	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>The actions, however, under strategy 10 on gender mainstreaming were not as focused and specific as other areas. As a matter of fact, these actions were more hypothetical than practical</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>Although the stakeholder engagement and consultation process were clearly described in the strategy, however, the involvement of gender experts was not explicitly mentioned. From the list of stakeholders involved, it does not seem that there were specialized gender experts involved with the development process</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>No specific capacity building focused on gender-based hygiene actions were</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	<ul style="list-style-type: none"> <li>Guideline and indicators for monitoring of Personal (including menstrual) hygiene was included in the M&amp;E framework</li> <li>However, no specific guideline was found for the strategy 10, i.e., gender mainstreaming</li> </ul>

### Strategic Investment Plan and PIP of the 4<sup>th</sup> HPNSP, 2016-21

Area	Criteria	Strategic Investment Plan <sup>13</sup> and PIP of the 4 <sup>th</sup> HPNSP, 2016-21 <sup>14</sup>
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>A thorough situation analysis was conducted</li> <li>The population and demographic transition in the country was explained</li> <li>Detailed status of maternal, neonatal and child health, mortality and morbidity, NCDs, women health, adolescent health and communicable disease were explained</li> <li>There was a section on nutrition in the situation analysis and the double burden of malnutrition was well analyzed</li> <li>Where applicable, the situational analysis included both sex and region segregated data</li> <li>The situational analysis touched upon the difference of service provisions and requirements for rural-urban areas and in hard-to-reach areas. The subsequent PIP further detailed out these differences with appropriate data</li> </ul>

<sup>13</sup> While reviewing the SIP, the Program Implementation Plan (PIP) of 4<sup>th</sup> HPNSP was also reviewed, since PIP is the operational document of the SIP

<sup>14</sup> Although the SIP indicated the timeline to be from 2016 to 2021, the PIP of the 4<sup>th</sup> HPNSP initially set the timeline from 2017 to 2022. Later, due to the COVID pandemic, the timeline was further extended for one year, to be incorporated in the revised version of the PIP.



	<p><b>2. Goals /objectives and targets</b></p> <ul style="list-style-type: none"> <li>- Includes goals consistent with internationally agreed upon recommendations</li> <li>- Includes goals that contribute towards all six WHA nutrition related targets</li> <li>- Includes expected results are SMART</li> </ul>	<ul style="list-style-type: none"> <li>• Vision, mission and overall goal did not explicitly mention nutrition</li> <li>• The guiding principles, i.e., quality, equity and efficiency, were mentioned to be attained for all three sub-sectors - health, nutrition and population, referring nutrition as one of the three major sectoral target of the plan</li> <li>• Among the three component and eight strategic objectives, nutrition was included under strategic objective 7 of component 3 (Quality Health Services)</li> <li>• Although the SIP did not indicate a results framework, its operationalization plan, known as Program Implementation Plan or PIP had a detailed Results Framework (RFW). This RFW had particular indicators detailing the expected results, in which, nutrition was well addressed through SMART indicators at goal/objective level: <ul style="list-style-type: none"> <li>○ GL 5 indicating target for prevalence of stunting among U5 Children</li> <li>○ Result 3.1.2 included Minimum Acceptable Diet (MAD) for 6–23-month-old children</li> <li>○ Result 3.1.3 indicating % of women who have begun childbearing</li> </ul> </li> </ul>
	<p><b>3. Sectoral Strategy Analysis</b></p> <ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> <li>- Documents gaps, lessons learned or areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Output 7.4 described the sectoral strategy of nutrition, which was further detailed out in the PIP and the subsequent Operational Plans (OP)</li> <li>• There were six broad strategies laid out in the SIP of 4<sup>th</sup> HPNSP (defined as priority activities) for nutrition under output 7.4: <ul style="list-style-type: none"> <li>○ Implementation of National Nutrition Strategy (i.e., NPAN2)</li> <li>○ Strengthen leadership and investment for mainstreaming nutrition</li> <li>○ Increase coverage and quality</li> <li>○ Improve facility readiness for nutrition services</li> <li>○ Special focus on severe malnutrition</li> <li>○ Institutionalization of NPAN2 through strengthening inter-ministerial and multi-sectoral collaboration</li> </ul> </li> <li>• The PIP of 4<sup>th</sup> HPNSP described both nutrition-specific and nutrition-sensitive strategies, some of which were beyond health and food security. This level of detailing was not included in the SIP though.</li> <li>• SIP did not have any gap analysis or lessons learned. However, PIP had detailed gap analysis, unfinished agenda, lessons learned and areas of improvement for, among others, nutrition subsector</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types</li> </ul>	<ul style="list-style-type: none"> <li>• SIP was the strategic direction for 4<sup>th</sup> HPNSP, while PIP was the program plan that included the actions. The PIP included actions for both nutrition-specific and nutrition-sensitive areas, that were consistent with global evidence and applicable to address the gaps identified in the gap analysis.</li> <li>• One of the major foci of the 4<sup>th</sup> HPNSP was to improve governance, stewardship and regulatory</li> </ul>

	<p>of bottlenecks in the enabling environment</p> <ul style="list-style-type: none"> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<p>reforms. One of the three components of 4<sup>th</sup> HPNSP SIP thus was focused on governance and stewardship, which indicate strategic objectives to address bottlenecks towards enabling environment. These were later translated into time-bound and costed action plan in the PIP</p> <ul style="list-style-type: none"> <li>• The operationalization of the SIP was detailed out in the PIP. It identified the lead and support entities for carrying out the strategies and subsequent actions. It also included the possible collaboration with other ministries, development agencies, NGOs, private sector and other entities.</li> <li>• Several secondary causes of nutrition vulnerability were addressed through specific activities relevant to food safety programs, promotion of food safety and hygiene, school nutrition programs, food fortifications, awareness raising on food safety, etc.</li> <li>• Sensitization and awareness raising on nutrition related issues was indicated in SIP. The PIP further described specific actions in several OPs, including NNS, MCRAH, MNCAH, HSM, CBHC, NCDC, and L&amp;HEP</li> <li>• Specific actions for nutrition capacity development of the sectoral stakeholders were included in the NNS OP of PIP of 4<sup>th</sup> HPNSP</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• No particular risk assessment and mitigation plan was included in SIP or PIP</li> <li>• No concept of specifically nutrition vulnerable population or location was used in the SIP or PIP. Vulnerability definition was confined within economic vulnerability, hard-to-reach geographic locations, difficult-to-reach demographic groups, particular age groups. Specific strategies and actions were designed for these vulnerable groups and locations</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed governance mechanism with multisectoral and multilayer governance arrangements both at national and subnational level was included</li> <li>• Operationalization of NPAN2 was indicated as one of the major multisectoral governance initiative in the SIP. Revitalization of BNNC was identified as the key action under the PIP in this regard</li> </ul>

<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>• The SIP and the subsequent PIP - both were developed based on rigorous consultations with relevant stakeholders</li> <li>• Thematic groups were developed on different components and strategic objectives. One of such thematic groups was on Nutrition, which included all the relevant nutrition stakeholders. The key progress, gaps, challenges and strategies were formulated in the thematic group report, which were later incorporated into the SIP</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>• Higher level political commitments were expressed in terms of linking the plan with both Vision 2021 and 2041</li> <li>• The need for transitioning of MDGs to SDGs was expressed and the role of this plan was explained</li> <li>• Linkages were established with Health Policy, 2011, Population Policy, 2012 and Nutrition Policy, 2015</li> <li>• Country's commitments in achieving the universally agreed goals in specific areas as set out in the declarations of various global summits were indicated</li> <li>• The SIP and the subsequent PIP included partnership framework for nutrition that indicated the required coordination and collaboration with the relevant ministries other than MOHFW, non-government entities, academia and research entities</li> <li>• SIP indicated specific multisectoral coordination mechanism, which was further specified for nutrition.</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>• Costed actions were included in SIP (in consolidated form) and in PIP (in details for each action under each Operational Plans)</li> <li>• Cost of overall activities, including coordination for implementation of 4<sup>th</sup> HPNSP was also included</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	<ul style="list-style-type: none"> <li>• Financing gaps were identified in both SIP and PIP of 4<sup>th</sup> HPNSP. The PIP had detailed financing plan to address the gaps</li> </ul>
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off- budget funding, allocation and expenditures	<ul style="list-style-type: none"> <li>• 4<sup>th</sup> HPNSP had specific financial tracking mechanism for tracking allocations and expenditures against each activity. At least three OPs under 4<sup>th</sup> HPNSP tracks the fund allocation and expenditure, namely, <ul style="list-style-type: none"> <li>○ SWPMM/Planning Wing: Six monthly progress report and annual project implementation report in which allocation and expenditure against each OP is measured in aggregated form</li> <li>○ HEF/Health Economics Unit: Through the Bangladesh National Health Accounts</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ IFM/Financial Management and Audit Unit: Through Internal Unaudited Financial Reports (IUFR), expenditure reports.</li> </ul>
	<p><b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition</p>	<ul style="list-style-type: none"> <li>• Specific budget line for nutrition included</li> <li>• Specific resource allocations were included in nutrition-specific and nutrition-sensitive interventions under at least eight different OPs under 4<sup>th</sup> HPNSP. These are - NNS, MNCAH, MCRAH, CBHC, HSM, NCDC, L&amp;HEP and IEC</li> </ul>
	<p><b>13. Operational framework</b> - Lists the lead and supporting organizations for each action</p>	<ul style="list-style-type: none"> <li>• Although not included in SIP, the PIP had a detailed operational framework, indicating the lead and supporting organizations for each of the actions</li> </ul>
	<p><b>14. Capacity building</b> - Describes capacity building needs for plan implementation</p>	<ul style="list-style-type: none"> <li>• Capacity building plans and associated resource allocation was included under different OPs</li> </ul>
<b>Monitoring, evaluation, operational research and review</b>	<p><b>15. M &amp;E framework</b> - Includes nutrition - specific and nutrition sensitive indicators (beyond impact)</p>	<ul style="list-style-type: none"> <li>• A detailed results framework was included in the SIP. This was further expanded in PIP, and OP-specific targets and indicators were added</li> <li>• Both nutrition-specific and nutrition-sensitive indicators were set in NNS, and also in a few other OPs</li> <li>• Another set of indicators, known as Disbursement Linked Indicators (DLI) was included in the 4<sup>th</sup> HPNSP. These indicators included a few relevant to nutrition also</li> </ul>
	<p><b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments</p>	<ul style="list-style-type: none"> <li>• Specific review process, method, timeline and responsible agency/entity was mentioned in the 4<sup>th</sup> HPNSP PIP</li> </ul>
	<p><b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research</p>	<ul style="list-style-type: none"> <li>• Strategic objective 6, i.e., to improve health measurement and accountability mechanisms and build a robust evidence-base for decision making, was entirely developed to plan and execute need-based operational research</li> <li>• PIP of 4<sup>th</sup> HPNSP included operational research under different components and thematic areas, and nutrition was one of these</li> </ul>
<b>Gender assessment</b>	<p><b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)</p>	<ul style="list-style-type: none"> <li>• Situation analysis had sex-disaggregated data</li> <li>• Gender dimensions in health, population and nutrition was narrated in the situational analysis</li> </ul>

	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	<ul style="list-style-type: none"> <li>Gender, Voice, Accountability and Equity (GEVA) is one of the most important cross-cutting area in the 4<sup>th</sup> HPNSP</li> <li>There are specific goals, strategies and targets for gender equality</li> </ul>
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>Specific nutrition actions for women were included in NNS OP, and also in a few other OPs</li> <li>Nutrition was considered as an integral part of maternal and adolescent health in the relevant OPs of CBHC, MNCAH and MCRAH</li> <li>Other OPs included gender as cross-cutting issue and incorporated relevant actions to mainstream gender across the respective actions</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>GEVA was a particular theme during the development of SIP and PIP, and relevant gender experts were involved in the development process</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>Specific capacity building issues were incorporated into the PIP of 4<sup>th</sup> HPNSP under different OPs to address unique health and nutrition needs of women of different age, although the major focus was on adolescents and women of reproductive age</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Gender equity was considered as a cross-cutting issue across the entire program and no specific RFW indicator was set for this. However, gender issues were included as one of the key DLI indicator

## National Strategy for the Prevention and Control of Anaemia, 2007-2015

Area	Criteria	National Strategy for the Prevention and Control of Anaemia, 2007-2015
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>A detailed situational analysis was done</li> <li>Status and determinants of malnutrition of children under 5 was included</li> <li>Lifecycle analysis was done, incorporating status of under 5, adolescent, and women of reproductive age</li> <li>Gender segregated data was used, showing nutritional status of men and women</li> <li>Regional-specific data was shown, including the rural-urban scenario, urban slums and Chittagong Hill Tracts situation</li> </ul>
	<b>2. Goals /objectives and targets</b>	<ul style="list-style-type: none"> <li>The goal and objectives were consistent with internationally agreed upon recommendations</li> </ul>

	<ul style="list-style-type: none"> <li>- Includes goals consistent with internationally agreed upon recommendations</li> <li>- Includes goals that contribute towards all six WHA nutrition related targets</li> <li>- Includes expected results are SMART</li> </ul>	<ul style="list-style-type: none"> <li>• One of the six WHA nutrition related targets was included as goal to this strategy</li> <li>• All the targets for goal and objectives were time-bound, measurable and specific</li> </ul>
	<p><b>3. Sectoral Strategy Analysis</b></p> <ul style="list-style-type: none"> <li>- Describes existing nutrition actions and responses for sectors beyond health /food security</li> <li>- Documents gaps, lessons learned or areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• A gap analysis was conducted to identify the gaps in the present strategies, action plans and programs at that time and particular actions were designed to address those gaps</li> <li>• The strategy had three broad objectives - (i) Provide a package of interventions to prevent and control anaemia in 60% of high-risk groups, including micronutrient supplementation, parasitic diseases control, and promotion of key dietary behaviours known to improve micronutrient intake; (ii) Fortify at least one food vehicle with iron and other micronutrients needed for anaemia prevention, and (iii) Increase the availability of affordable micro-nutrient rich foods through household food production, crop diversification, biotechnology and biofortification.</li> <li>• Three of the strategies included to achieve the objectives were nutrition-specific, while the remaining three were nutrition-sensitive</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>-Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• All the actions were consistent with global evidence and were designed to address the gaps identified in the gap analysis</li> <li>• No gaps were identified regarding enabling environment, and hence, no actions were proposed</li> <li>• Each strategy had list of interventions, and channels of action through which the interventions would be implemented</li> <li>• The strategy was directly addressing the nutrition vulnerability and hence did not have actions to address secondary causes of nutrition vulnerability</li> <li>• There were specific strategies and actions to promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>• Actions for development of capacity of the relevant stakeholders for implementation of the strategy, including health service providers, and industries (for fortification),</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p>	<ul style="list-style-type: none"> <li>• Not included</li> </ul>

	<ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• A multisectoral National Micronutrient Working Group was suggested for multisectoral coordination and monitoring of the implementation of the plan at national level. No sub-national level mechanism proposed</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• The strategy included the process in which stakeholders were involved and listed down the specific stakeholders involved in designing the strategy</li> <li>• It seemed that a comprehensive and participatory approach was adopted to introduce the strategy, which involved relevant ministries, development partners, NGOs, research institutes and academia</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• The relationship of anaemia prevention with social and economic development of the country was shown</li> <li>• Linkage was established with MDG, the then global goal to which Bangladesh was committed to.</li> <li>• Linkage was also established with national strategies and policies at that time, including NPAN</li> </ul>
<b>Costs and budgetary framework</b>	<p><b>9. Costing</b></p> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• Not included</li> </ul>
	<p><b>10. Financing arrangements</b></p> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	Not included

	<p><b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures</p>	Not included
	<p><b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition</p>	Only indication regarding advocacy for resource generation was included. No detailed resource allocation strategy or budget line was included
	<p><b>13. Operational framework</b> - Lists the lead and supporting organizations for each action</p>	<ul style="list-style-type: none"> <li>• A broad plan of action was proposed, although it was not time-bound</li> <li>• Actors for implementing different actions were identified and their roles were defined</li> </ul>
	<p><b>14. Capacity building</b> - Describes capacity building needs for plan implementation</p>	<ul style="list-style-type: none"> <li>• Capacity development of health care providers for counseling and industry for food fortification was included</li> </ul>
<b>Monitoring, evaluation, operational research and review</b>	<p><b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)</p>	<ul style="list-style-type: none"> <li>• The impact level indicators were all nutrition specific</li> <li>• No M&amp;E framework or logical framework was included below the impact level</li> </ul>
	<p><b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments</p>	<ul style="list-style-type: none"> <li>• A generic monitoring and review of the strategy was included</li> </ul>
	<p><b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research</p>	<ul style="list-style-type: none"> <li>• Need for operational research was defined and mechanism for coordinating with academia and research entities was included</li> </ul>
<b>Gender assessment</b>	<p><b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)</p>	<ul style="list-style-type: none"> <li>• Sex disaggregated data was included</li> <li>• Nutrition dimensions for women and adolescent men was included</li> </ul>
	<p><b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles</p>	<ul style="list-style-type: none"> <li>• Gender equality was not part of strategic vision or goal. However, the targets of the strategy were focused on the need of women</li> </ul>
	<p><b>3. Actions</b> - Include actions that address gender dimensions of nutrition</p>	<ul style="list-style-type: none"> <li>• Similar to goals, the actions were focused on addressing specific issues of women, however, gender equity was not included</li> </ul>



	- Describes how gender considerations will be mainstreamed across activities	
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	Not included
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	Not included
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Not included

## Development Partner’s Policy:

### USAID Country Development Cooperation Strategy (CDCS), 2020-2025

Area	Criteria	USAID Country Development Cooperation Strategy (CDCS), 2020-2025
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• A detailed situational analysis was done, which was a macrolevel analysis and not focusing a single sector</li> <li>• Brief mention on the improvement of nutritional status was there</li> <li>• Under five child mortality and stunting was included</li> <li>• Data presented was not sex disaggregated</li> <li>• Region specific data was not presented, particularly the rural-urban segregation</li> <li>• Effect of pandemic was included, particularly on health system and health services</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• Goal did not explicitly mentioned nutrition</li> <li>• DO (development objective) 2 was directly relevant to nutrition</li> <li>• DO 1 was focused on improving governance and had some relevance to nutrition</li> <li>• DO 3 was targeted towards resilience to shocks, and had some relevance to nutrition</li> <li>• The document included a logical framework; however, no indicators were assigned to measure progress against targets</li> </ul>

	<p><b>3. Sectoral Strategy Analysis</b>  - Describes existing nutrition actions and responses for sectors beyond health /food security  - Documents gaps, lessons learned or areas for improvement</p>	<ul style="list-style-type: none"> <li>• IR 1.1 anticipated that enhanced governance would improve food security, education, environmental, nutrition, and health conditions</li> <li>• IR 2.3 had particular strategies to improve, among other, nutrition, through multiple healthcare interventions</li> <li>• IR 3.2 emphasized on particular nutrition issues during shocks and identified nutritionally vulnerable population</li> <li>• Strategies also included improvement of education, food security, skills and self-resilience, which address secondary causes of nutrition vulnerability</li> </ul>
	<p><b>4. Actions/activities</b>  - Includes actions that are consistent with global evidence and identified issues/gaps  -Describes actions that address at least two types of bottlenecks in the enabling environment  - Describes a clear implementation pathway for operationalization with identified focal persons  - Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)  - Promote sensitization, awareness and knowledge on nutrition-related issues  - Allow for nutrition capacity development of the sectoral stakeholders</p>	<ul style="list-style-type: none"> <li>• All the actions included in the strategy were consistent with global evidence and issues identified in the situational analysis</li> <li>• All the strategies and actions under DO 1 were focused on addressing bottlenecks and creating enabling environment for sectoral improvement, including nutrition</li> <li>• A clear implementation pathway was included. Being a country-specific strategy for USAID, it was assumed that the agency would take lead in implementation of the strategies. However, the document identified stakeholders with whom the agency would work with for implementation.</li> <li>• As indicated before, there were actions for addressing secondary causes of nutrition vulnerability</li> <li>• Awareness raising actions were included under two IR in DO 3, which would have positive impact on nutrition</li> <li>• Capacity development actions did not explicitly mention about nutrition, however, from the articulation, it could be assumed that there would be support to capacity development of relevant stakeholders on health and nutrition interventions</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b>  - Identifies risks to plan implementation and approaches to mitigate them  - Inclusion of nutrition-vulnerable population as target population  - Inclusion of nutrition-vulnerable areas as target locations</p>	<ul style="list-style-type: none"> <li>• Specific risk assessment and mitigation measures were included under all the three DOs</li> <li>• Nutrition-vulnerable population was identified in the strategy and there were actions on supporting them</li> <li>• COVID and relevant pandemics were identified as a risk and there were mitigation measures to address, among others, nutritional aspects of vulnerable population during pandemics and other disaster situations</li> </ul>
	<p><b>6. Governance mechanism</b>  - Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level  - Describes multisectoral governance arrangements at the subnational level</p>	<ul style="list-style-type: none"> <li>• The strategy included a governance and coordination mechanism that would allow collaboration with the following stakeholders for its effective implementation: <ul style="list-style-type: none"> <li>○ Government of Bangladesh</li> <li>○ Civil society, social enterprises and youth groups</li> <li>○ Private sector entities</li> <li>○ Other development partners and agencies</li> </ul> </li> </ul>

	including policy coordination and implementation mechanism - Legislative actions	<ul style="list-style-type: none"> <li>Local Consultative Group (LCG) seemed to be one of the focused platforms for USAID under the strategy to collaborate with government and other stakeholders for implementation of the strategy</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<b>7. Stakeholder engagement</b> - Describes how the plan was created	<ul style="list-style-type: none"> <li>Not included</li> </ul>
	<b>8. Political commitment</b> - References high level political commitment - Includes advocacy/communication actions at national level - Includes advocacy/communication actions at the subnational level - Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders - Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders	<ul style="list-style-type: none"> <li>The strategy is aligned with United States Government (USG) mandates and foreign policy priorities, particularly in support of a free and open Indo-Pacific and J2SR (Journey to Self-Reliance)</li> <li>The strategy was meant to support Bangladesh's goal of attaining upper-middle income country (UMIC) status by 2031</li> <li>Advocacy actions were mentioned, however, mostly with national level stakeholders</li> <li>No explicit mention of specific strategies for collaboration with particular nutrition related stakeholders.</li> </ul>
<b>Costs and budgetary framework</b>	<b>9. Costing</b> - Estimates cost of planned actions - Includes cost estimates of plan coordination mechanism	<ul style="list-style-type: none"> <li>Not included</li> </ul>
	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	No specific mention of financing arrangements for the strategies and actions
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	Not mentioned
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	Not mentioned
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	Not mentioned
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Not included
<b>Monitoring, evaluation, operational</b>	<b>15. M &amp;E framework</b>	No particular indicators were included in the monitoring framework.

<b>research and review</b>	- Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	Review process was detailed in the Performance Management Plan
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	No explicit mention of any strategy on operational research. However, there were strategies to collaborate with research entities and enhance their strengths for needed research.
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>• Sex disaggregated data was not included</li> <li>• Constraints faced by women were well elaborated in the situational analysis</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Equality was part of the goal of the strategy
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>• Strategies and actions included addressing particular constraints of faced by women, majority of which could be identified as secondary reasons for nutrition vulnerability: <ul style="list-style-type: none"> <li>○ Increasing knowledge and skills for legitimate employment</li> <li>○ Access to value chains for income increase</li> <li>○ Educational attainments</li> <li>○ Addressing social and economic vulnerabilities</li> <li>○ Violence against women</li> <li>○ Legal rights of women and equal participation in democratic practices</li> <li>○ Improvement of leadership</li> <li>○ Enhancement of women entrepreneurship</li> </ul> </li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>• No explicitly mentioned</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building	<ul style="list-style-type: none"> <li>• Particular capacity building actions were included to address need for women for their equal rights and access to address social and economic vulnerabilities</li> </ul>

	actions that address unique needs of men/women	
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	Equity was one of the core targets of the goal

## Development Partner Document: UN Socio Economic Response Framework (SERF) For Nutrition

Area	Criteria	UN Socio Economic Response Framework (SERF) For Nutrition
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>• A detailed situational analysis was included</li> <li>• Nutritional status of under 5 children was indicated</li> <li>• Situational analysis had sex and region (rural-urban) segregated data</li> <li>• Effect of Pandemic was included in the situational analysis</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>• Being a framework, the document did not have any goal or objective sections</li> <li>• Target of the framework were most vulnerable population groups across the life cycle, ensuring gender sensitivity in terms of food security and nutrition, with a focus on poor and non-poor population living in urban and rural areas and priority districts</li> <li>• Targeting also included nutritionally vulnerable districts and groups</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>• No specific sectoral strategy was included in the framework</li> <li>• There were two recommendations in the framework, based on which, the actions were developed: <ul style="list-style-type: none"> <li>○ Develop and promote a comprehensive multi-sectoral costed Food and Nutrition Security Response Plan</li> <li>○ Utilize existing monitoring and coordination systems with evidence-based tracking to enhance the accessibility, coverage and quality of the multisectoral CoVID-19 specific nutrition response</li> </ul> </li> </ul>
	<b>4. Actions/activities</b> - Includes actions that are consistent with global evidence and identified issues/gaps -Describes actions that address at least two types of bottlenecks in the enabling environment - Describes a clear implementation pathway for operationalization with identified focal persons	<ul style="list-style-type: none"> <li>• The actions recommended were consistent with global evidence and identified issues/gaps</li> <li>• Actions 1, 8 and 10 were relevant to addressing bottlenecks in the enabling environment</li> <li>• No operationalization plan was included, however, the results framework indicated stakeholders responsible for implementation of different actions</li> <li>• Actions were focused on strengthening the nutrition interventions</li> </ul>

	<ul style="list-style-type: none"> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthening and scale up SBCC activities on nutrition was included as action 3 in the framework.</li> <li>• There were actions to enhance capacities of relevant stakeholders to address nutrition status during and post-COVID situation</li> <li>• No specific action was recommended for nutrition capacity development of sectoral stakeholders.</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• No such Risk mitigation strategy was included</li> <li>• The entire framework was developed to address the impact of COVID19 on nutrition, hence, was a particular version of emergency response to restore the nutritional status</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• Multisectoral governance arrangement was detailed out in the “Coordination” section. At national level, the framework delegated the responsibility of coordination to BNNC. The specific role of SUN in the multisectoral governance arrangement was specified. At the subnational level, DNCC and UNCCs were delegated with the responsibility of multisectoral coordination</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	<ul style="list-style-type: none"> <li>• Not mentioned</li> </ul>
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• No such indication on the political commitment was found in the document</li> <li>• No specific advocacy/communications actions were included</li> <li>• The framework included opportunities and mechanisms for collaboration with relevant nutrition stakeholders</li> </ul>
<b>Costs and budgetary framework</b>	<p><b>9. Costing</b></p> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• Overall costing of the actions was included</li> <li>• Cost estimation for coordination was not detailed out</li> </ul>

	<b>10. Financing arrangements</b> - Estimates financial gaps for the costed actions	Although there was option to include budget gap, however, the framework did not include any specific budgetary gap
	<b>11. Financial tracking</b> - Describes a financial tracking mechanism, including on-/off-budget funding, allocation and expenditures	Not included
	<b>12. Resource allocation</b> - Defines transparent criteria for allocation of resources - Includes specific budget line for nutrition	Not included
	<b>13. Operational framework</b> - Lists the lead and supporting organizations for each action	The framework included the stakeholders associated with each of the actions. However, the lead and supporting organizations were not categorized
	<b>14. Capacity building</b> - Describes capacity building needs for plan implementation	Not mentioned
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> - Includes nutrition -specific and nutrition sensitive indicators (beyond impact)	M&E framework included both sensitive and specific indicators, along with timeframe. There were columns for baseline, target and means of verification, however, those columns were remained vacant
	<b>16. Review processes</b> - Describes how the plan progress will be reviewed - Describes feedback loops to identify to identify corrective measures and adjustments	It was mentioned that BNNC and the SERF nutrition group would jointly review and update the COVID-19 Situation Analysis periodically for the extent of the 18-month period
	<b>17. Operational research</b> - Clearly describes the need for operational research - Describes a mechanism to coordinate operational research	No particular action was designated for operational research
<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>Situational analysis had gender disaggregated data and discussed gender dimensions of nutrition</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	

	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	Actions 3 and 4 included needs of the pregnant and lactating mothers.
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>Not included</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>Not mentioned</li> </ul>
	<b>6. M&amp;E Framework</b> - Includes gender equity indicators - Discusses collection of data by sex	One of the indicators was associated with status of pregnant and lactating women No particular indicator for gender equity

## Development Partner Document: United Nations Sustainable Development Cooperation Framework (UNSDCF) For Bangladesh 2022-2026 (Draft)

Area	Criteria	United Nations Sustainable Development Cooperation Framework (UNSDCF) For Bangladesh 2022-2026 (Draft)
<b>Situation analysis and policy and programming review</b>	<b>1. Situational Analysis</b> - Discusses the nutritional status and determinants of malnutrition of children under 5 - Life cycle-based analysis - Disaggregates data by either sex or region including urban rural - Effect of Pandemic, if applicable	<ul style="list-style-type: none"> <li>A situational analysis was done covering a multitude of issues and sectors</li> <li>Had the lifecycle analysis, however, no sex and region-specific data was used, although the situation of some of the particular groups living in particular areas was mentioned.</li> <li>Had nutritional status of under five children discussed and a special section on the effects of COVID19 pandemic situation</li> </ul>
	<b>2. Goals /objectives and targets</b> - Includes goals consistent with internationally agreed upon recommendations - Includes goals that contribute towards all six WHA nutrition related targets - Includes expected results are SMART	<ul style="list-style-type: none"> <li>had both specific and sensitive dimensions on nutrition.</li> <li>Goals sets were directly contributing towards the WHA nutrition related targets</li> <li>The indicators set at objective/goal level were SMART</li> </ul>
	<b>3. Sectoral Strategy Analysis</b> - Describes existing nutrition actions and responses for sectors beyond health /food security - Documents gaps, lessons learned or areas for improvement	<ul style="list-style-type: none"> <li>Strategies had five priority areas: Inclusive and Sustainable Economic Development; Equitable Human Development and Well-Being; Sustainable, Healthy and Resilient Environment; Transformative, Participatory and Inclusive Governance; and Gender Equality and Eliminating Gender-Based Violence</li> </ul>



		<ul style="list-style-type: none"> <li>• The nutrition specific actions were included in strategic area 3, although the other areas had nutrition-sensitive actions</li> <li>• Nutrition sensitive actions beyond health/food security were included</li> <li>• Gaps and lessons learned were included</li> </ul>
	<p><b>4. Actions/activities</b></p> <ul style="list-style-type: none"> <li>- Includes actions that are consistent with global evidence and identified issues/gaps</li> <li>- Describes actions that address at least two types of bottlenecks in the enabling environment</li> <li>- Describes a clear implementation pathway for operationalization with identified focal persons</li> <li>- Having actions addressing secondary causes of nutrition vulnerability (e.g., education, food security, social security, gender empowerment, skills development for income, etc.)</li> <li>- Promote sensitization, awareness and knowledge on nutrition-related issues</li> <li>- Allow for nutrition capacity development of the sectoral stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Actions were both nutrition specific and nutrition sensitive</li> <li>• Had actions to address constraints in enabling environment for nutrition</li> <li>• Had actions relevant to WASH, Education, Social Protection and Child and Youth Protection, which can be termed as actions to address secondary reasons for nutrition vulnerability. Had clear pathways for implementation</li> <li>• Had capacity development strategy for the relevant stakeholders</li> <li>• Had sensitization, awareness and knowledge dissemination components on issues associated with nutrition</li> </ul>
	<p><b>5. Risk mitigation and emergency response</b></p> <ul style="list-style-type: none"> <li>- Identifies risks to plan implementation and approaches to mitigate them</li> <li>- Inclusion of nutrition-vulnerable population as target population</li> <li>- Inclusion of nutrition-vulnerable areas as target locations</li> </ul>	<ul style="list-style-type: none"> <li>• A detailed risk assessment was done along with mitigation measures</li> <li>• Emergency response actions were included</li> <li>• No particular nutrition-vulnerability was included. Vulnerability was predominantly defined in-line with the 8<sup>th</sup> FYP</li> <li>• Vulnerable locations were identified based on economic and climactic vulnerability</li> </ul>
	<p><b>6. Governance mechanism</b></p> <ul style="list-style-type: none"> <li>- Describes multisectoral governance arrangement (including policy coordination and implementation) at the national level</li> <li>- Describes multisectoral governance arrangements at the subnational level including policy coordination and implementation mechanism</li> <li>- Legislative actions</li> </ul>	<ul style="list-style-type: none"> <li>• A particular strategic priority was on governance, which included different governance related actions</li> <li>• Joint projects and programmes where relevant, joint programming, joint advocacy, and communications, coordinated implementation where relevant, as well as different shared funding modalities, etc. were defined as mechanisms for multisectoral coordination and collaboration</li> <li>• No particular multisectoral collaboration strategy was defined for the subnational level</li> </ul>
<b>Stakeholder engagement and high-level political commitment</b>	<p><b>7. Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>- Describes how the plan was created</li> </ul>	
	<p><b>8. Political commitment</b></p> <ul style="list-style-type: none"> <li>- References high level political commitment</li> <li>- Includes advocacy/communication actions at national level</li> <li>- Includes advocacy/communication actions at the subnational level</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship was made with Vision 2041 and Perspective Plan 2021-41</li> <li>• A detailed analysis was made on how the SDCF would be related to the 8<sup>th</sup> FYP</li> <li>• Relationship was made with the all the SDGs</li> <li>• Framework included detailed partnership and collaboration mechanisms with all relevant</li> </ul>

	<ul style="list-style-type: none"> <li>- Partnership framework necessitates partnership/collaboration with relevant nutrition stakeholders</li> <li>- Having specific multisectoral coordination mechanism to allow for inclusion of nutrition relevant stakeholders</li> </ul>	stakeholders, included nutrition related stakeholders
<b>Costs and budgetary framework</b>	<b>9. Costing</b> <ul style="list-style-type: none"> <li>- Estimates cost of planned actions</li> <li>- Includes cost estimates of plan coordination mechanism</li> </ul>	<ul style="list-style-type: none"> <li>• Not included</li> </ul>
	<b>10. Financing arrangements</b> <ul style="list-style-type: none"> <li>- Estimates financial gaps for the costed actions</li> </ul>	Not included
	<b>11. Financial tracking</b> <ul style="list-style-type: none"> <li>- Describes a financial tracking mechanism, including on-/off- budget funding, allocation and expenditures</li> </ul>	Not included
	<b>12. Resource allocation</b> <ul style="list-style-type: none"> <li>- Defines transparent criteria for allocation of resources</li> <li>- Includes specific budget line for nutrition</li> </ul>	Not explicitly mentioned
	<b>13. Operational framework</b> <ul style="list-style-type: none"> <li>- Lists the lead and supporting organizations for each action</li> </ul>	
	<b>14. Capacity building</b> <ul style="list-style-type: none"> <li>- Describes capacity building needs for plan implementation</li> </ul>	
<b>Monitoring, evaluation, operational research and review</b>	<b>15. M &amp;E framework</b> <ul style="list-style-type: none"> <li>- Includes nutrition -specific and nutrition sensitive indicators (beyond impact)</li> </ul>	<ul style="list-style-type: none"> <li>• A specific M&amp;E framework was included, indicating specific indicators, targets, means of verification and other important issues</li> <li>• The M&amp;E framework included both nutrition-specific and nutrition-sensitive indicators</li> </ul>
	<b>16. Review processes</b> <ul style="list-style-type: none"> <li>- Describes how the plan progress will be reviewed</li> <li>- Describes feedback loops to identify to identify corrective measures and adjustments</li> </ul>	<ul style="list-style-type: none"> <li>• A particular section was focused on the evaluation of the framework, entities to be evaluating it, responsibilities of the evaluators, timeline, and other important aspects</li> </ul>
	<b>17. Operational research</b> <ul style="list-style-type: none"> <li>- Clearly describes the need for operational research</li> <li>- Describes a mechanism to coordinate operational research</li> </ul>	No particular strategies for operational research were included, however, it was mentioned collaboration with research entities and adoption of research-based strategies on, among others, awareness-raising, advocacy, social mobilization and civic education on human rights issues with a special focus on gender equality and equity, the right to equal protection under the law, and norms and practices

<b>Gender assessment</b>	<b>1. Situation analysis</b> - Includes sex disaggregated data for key indicators - Discusses gender dimensions of nutrition (beyond data disaggregation)	<ul style="list-style-type: none"> <li>• Not all indicators had gender-segregated data, however, gender issues were discussed upon</li> <li>• Gender dimensions of nutrition was not explicitly discussed in the situational analysis section</li> </ul>
	<b>2. Goals/objectives and targets</b> - Includes gender equality as part of the strategic vision, goals or principles	Gender equality was one of the five strategic priorities
	<b>3. Actions</b> - Include actions that address gender dimensions of nutrition - Describes how gender considerations will be mainstreamed across activities	<ul style="list-style-type: none"> <li>• Specific actions were included to address gender dimensions of both nutrition-specific and secondary causes of nutrition vulnerabilities</li> <li>• Not only women and girls, but the gender considerations included sexual minorities. The framework focused on actions on empowerment to exercise rights, agency and decision-making power of the women, girls and sexual minorities over all aspects of their lives towards a life are free from all forms of discrimination, violence and harmful norms and practices.</li> </ul>
	<b>4. Stakeholder engagement</b> - Indicates stakeholders with gender expertise were involved in plan development	<ul style="list-style-type: none"> <li>•</li> </ul>
	<b>5. Capacity building</b> - Includes capacity assessment/capacity building actions that address unique needs of men/women	<ul style="list-style-type: none"> <li>• Specific actions for capacity assessment and actions to address unique needs of men and women were included</li> </ul>