MONITORING REPORT
2016-2017 & 2017-2018

SECOND NATIONAL PLAN OF ACTION FOR NUTRITION

Bangladesh National Nutrition Council

Health Services Division

Ministry of Health and Family Welfare

Government of the People's Republic of Bangladesh

This document is the result of collective efforts of the:

Ministry of Health and Family Welfare
Ministry of Agriculture
Ministry of Food
Ministry of Fisheries and Livestock
Ministry of Women and Children Affairs
Ministry of Local Government, Rural Development and Cooperatives
Ministry of Primary and Mass Education
Ministry of Social Welfare
Ministry of Disaster Management & Relief
Ministry of Education
Ministry of Environment and Forest
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Ministry of Commerce
Ministry of Religious Affairs
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Ministry of Youth and Sports
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Coordinated by:

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

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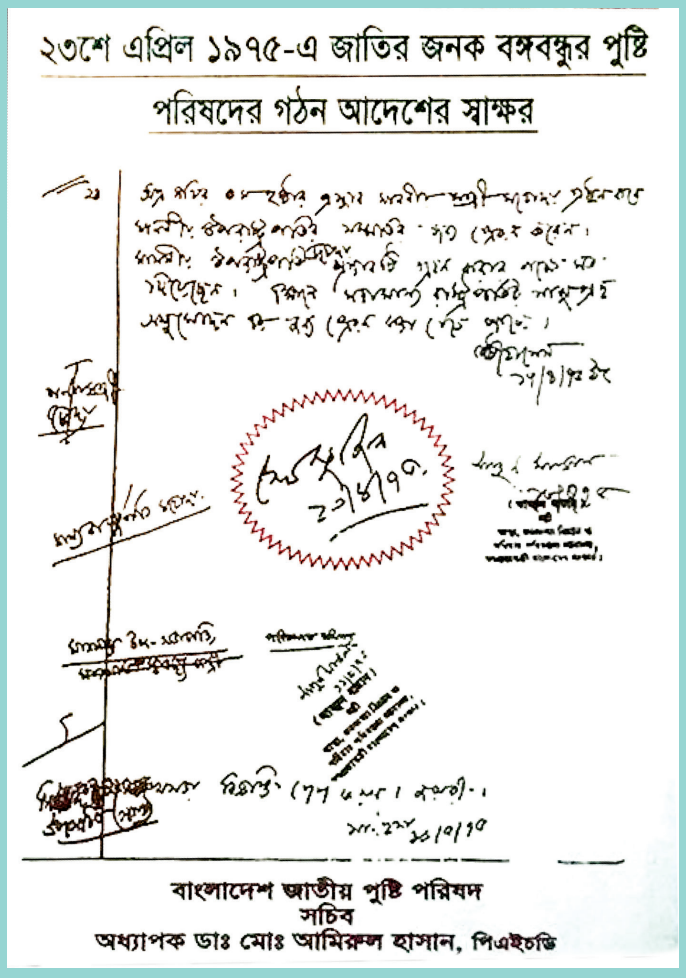
On 23rd April of 1975, Father of the Nation Bangabandhu Sheikh Mujibur Rahman signed an order to form the Bangladesh National Nutrition Council.



২৩শে এপ্রিল ১৯৭৫-এ জাতির জনক বঙ্গবন্ধুর পুষ্টি

পরিষদের গঠন আদেশের স্বাক্ষর

বাংলাদেশ জাতীয় পুষ্টি পরিষদ
সচিব
অধ্যাপক ডাঃ মোঃ আমিরুল হাসান, পিএইচডি

1st meeting of the revitalised BNNC chaired by Honourable Prime Minister Sheikh Hasina.

Foreword

Father of the Nation Bangabandhu Sheikh Mujibur Rahman dreamt a developed Bangladesh free of hunger and poverty and as such he established Bangladesh National Nutrition Council in 1975 which now has been running under the leadership of Her Excellency the Honorable Prime Minister. During the last decades, Bangladesh has made strident improvements in fighting malnutrition but still we need to go a long way to address a population of more than 160 million.

The Government of the People's Republic of Bangladesh has focused on guaranteeing trustworthy and reasonable sustenance, nutrition security for all individuals of the nation consistently. Towards its overextending objective, the National Nutrition Policy 2015 has fabricated a basic strategy system, policy framework and set key directions for improvement of the nutrition through multisectoral coordination, sectoral planning with addressing the sub national level activities. Consequently, Second Plan of Action for Nutrition has been developed targeting a wide range of areas, with a life cycle approach, from urban to rural, from wasting to obesity, from food habit to SBCC in line with the National Food Policy, Vison 2021, and the 7th Five year plan. This also identified priority activities and evaluation process through actualizing the multisectoral interventions and a costed budget up to 2025.

Second National Plan of Action for Nutrition (NPAN-2) aims to reduce all forms of malnutrition from the country keeping alignment with the SUN movement, ICN2, SDG, WHA and other international commitments. Bangladesh has been making a significant improvement in achieving its target and sets herself as a role model for many other countries. NPAN-2 targets to make it multisectoral and BNNC has successfully engaged 22 relevant ministries in implementing NPAN-2. Thus one of the major achievements is to get the Annual work plan within their own budget of the respective ministries which was one of the key directives of Honourable Prime Minister while approving the NPAN-2 in 2017. Thus nutrition is becoming a buzz word among the sectors and making a difference in people's life.

The Monitoring Report of 2016-17 & 2017-18 attempts to have thorough investigation of the present nutrition situation through its pre identified activities and provide suggestions. This monitoring report is the first of its kind for NPAN 2 that brought simultaneously the successes and challenges of 2016-17 and 2017-18. It also outlines the budgetary analysis where sufficient funding has been recommended. Among the 64 indicators stated in the NPAN-2, on realizing practical situation, it identified different sectoral 25 priority indicators through multiple consultation process and tracks the progress accordingly.

Today, this gives me immense pleasure and I am really overwhelmed to see the Monitoring report has been published despite having significant shortcomings. I would like to take the opportunity to thank each ministry, their respective departments, UN bodies, developing partners, INGO, NGOs who contributed through their active and vibrant participation. I am truly grateful to the Health and Family welfare Ministry for the stewardship and their all-out relentless support in every spheres in preparing this document. I would also like to offer my heartfelt thanks to my colleagues, peers and related all who really worked hard to make it a successful one. I am sure that this report will help in making informed decision with basic leadership towards improved nutrition and food security in Bangladesh. I am confident that we are on the very right track and we hope we can achieve our target by 2025.

Dr. Md. Shah Nawaz
Director General
Bangladesh National Nutrition Council (BNNC)

Acknowledgement

This Monitoring and Evaluation Report (2016-17 and 2017-18) of the Second National Plan of Action for Nutrition (NPAN2) is the result of well-coordinated process led by the Bangladesh National Nutrition Council (BNNC) under the stewardship of Ministry of Health and Family Welfare (MOHFW). In order to develop this document, BNNC has got the opportunity to work with other 21 relevant ministries involved in implementation of NPAN2, UN Agencies, INGOs, NGOs, Development partners and enriched the document with their invaluable suggestions and guidance. All of them supported BNNC in every stage of developing this report i.e. data collection, review, compilation, analysis and finalization. BNNC acknowledges the enthusiastic, proactive and constructive guidance and support from the esteemed persons mentioned below:

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Special Thanks to

All the members of Monitoring, Evaluation & Research Platform of NPAN2

Table of **Contents**

About this **Report**

The Annual Monitoring Report details the progress made towards the implementation of the Second National Plan of Action on Nutrition (NPAN2) 2016-2025, during the period of 2016-18. The prime objective of the report is to demonstrate progress against a set of selected indicators as identified under the NPAN2.

The second chapter has described the approach taken for collection of nutrition related information from different key sectors. It describes some cascade activities to develop a monitoring framework and identify the priority nutrition indicators.

The third chapter elaborates the progress towards the NPAN2 goals based on thematic areas related to (1) Nutrition for all following life cycle approach; (2) Agriculture & diet diversification & locally adapted recipes; (3) Social protection; and (4) Integrated and comprehensive SBCC; (5) Monitoring evaluation and research; (6) Capacity building, governance and institutional development. The progress of different indicators was described based on the thematic areas. The chapter also presents an overview of the NPAN 2 actions which are required for progressive changes in the nutrition situation. Details particularly in terms of progress trends are presented in the consolidated Annex 1. Monitoring and Evaluation Matrix to be monitored and evaluated to assess the high-level indicators in light of NPAN2 target.

Chapter four provides an overall progress of nutrition Governance, Institutionalization, Coordination and Implementation Mechanism which has happened during this period by Bangladesh National Nutrition Council (BNNC).

The report also presents, in Annexure, the summary data of M&E matrix and descriptive program information and analysis of financial investments respectively as per the six thematic areas of NPAN2 for the period of 2017-18.

Acronyms

ANC	Antenatal Care
APIR	Annual Program Implementation Report
BARI	Bangladesh Agricultural Research Institute
BBF	Bangladesh Breastfeeding Foundation
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic and Health Survey
BINA	Bangladesh Institute of Nuclear Agriculture
BIRTAN	Bangladesh Institute for Research and Training on Applied Nutrition
BNNC	Bangladesh National Nutrition Council
BSCIC	Bangladesh Small and Cottage Industries Corporation
BSTI	Bangladesh Standards and Testing Institution
DAE	Department of Agricultural Extension
DPHE	Department of Public Health Engineering
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DHIS2	District Health Information System 2
FAO	Food and Agriculture Organization
FFS	Farmers' Field Schools
FPMU	Food Planning and Monitoring Unit
FSNSP	Food Security and Nutritional Surveillance Project
GAP	Good Agricultural Practices
GDP	Gross Domestic Product
GMP	Good Manufacturing Practice
GoB	Government of Bangladesh
HH	Household
HKI	Helen Keller International
HMIS	Health Management Information System
HNP	Health Nutrition Population
ICVGD	Investment Component of Vulnerable Group Development Project
IFA	Iron Folic Acid
IFPRI	International Food Policy Research Institute
IFST	Institute of Food Science and Technology
IGA	Income Generating Activities
IPHN	Institute of Public Health Nutrition
ISPP	Income Support Program for the Poorest
IYCF	Infant and Young Child Feeding
LGD	Local Government Division
LGRD	Local Government and Rural Development
M&E	Monitoring and Evaluation
MAD	Minimum Acceptable Diet
MAM	Moderate Acute Malnutrition

Acronyms

MDG	Millennium Development Goal
MICS	Multiple Indicators Cluster Survey
MIS	Management Information System
MOA	Ministry of Agriculture
MOEF	Ministry of Environment and Forest
MOF	Ministry of Finance
MOFood	Ministry of Food
MOHFW	Ministry of Health & Family Welfare
MOI	Ministry of Information
MOLGRD&C	Ministry of Local Government, Rural Development & Cooperatives
MOPME	Ministry of Primary and Mass Education
MOWCA	Ministry of Women and Children Affairs
MUAC	Mid Upper Arm Circumference
NCD	Non-communicable disease
NGO	Non-government organization
NNS	National Nutrition Services
NPAN	National Plan of Action for Nutrition
NPAN2	Second National Plan of Action for Nutrition
NPNL	Non-pregnant, non-lactating
NSP	Nutrition Surveillance Project
NSSS	National Social Security Strategy
OP	Operational Plan
PNC	Postnatal Care
SAM	Severe Acute Malnutrition
SBCC	Social Behavior Change Communication
SDG	Sustainable Development Goal
SSN	Social Safety Net Program
ST, MT, LT	Short Term, Medium Term, Long Term
TOR	Terms of Reference
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
VGD	Vulnerable Group Development Program
VGF	Vulnerable Group Feeding Program
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHA	World Health Assembly
WHO	World Health Organization

Glossary: **Operational Definition**

SL.	Output/Outcome level indicators	Operational Definition (WHO)
1	% Stunting among under-5 children	Percentage of children under age 5 who fall below minus two standard deviations (moderate and severe) of the median height for age of the WHO standard
2	Children under 5 years who are wasted	Percentage of children under age 5 who fall below minus two standard deviations (moderate and severe) of the median weight for height of the WHO standard
3	Percentage of infants born with low birth weight (<2,500 grams)	The incidence of low birth weight in a population is defined as the percentage of live births under 2500 g out of the total number of live births during the same period.
4	Children under 5 years who are overweight	Prevalence of weight-for-height in children aged 0–59 months defined as above +2 SD of the WHO Child Growth Standards median.
5	% of Women 15-49 with Anemia	Anaemia is defined as haemoglobin level <110 g/L in pregnant women aged 15–49 years. For non-pregnant and lactating women, the haemoglobin cut-off for anaemia is <120 g/L. The indicator captures both pregnant and non-pregnant women in the reproductive age of 15–49 years. (GNMF, 2017).
6	% of children (0-5m) exclusively breastfed	Percentage of infants (0-5m) months of age who are fed exclusively with breast milk (GNMF, 2017)
7	% of children under 5 with diarrhea treated with ORT and Zinc	Percentage of children under 5 years of age with diarrhoea in the last two weeks receiving ORS (fluids made from ORS packets or pre-packaged ORS fluids) and Zinc. (GNMF, 2017)
8	%of women 15-49 yrs who are overweight or obese (BMI ≥23)	Percentage of non-pregnant women aged 15–49 years who are overweight (defined as having a BMI≥23 kg/m2) and obese (defined as having a BMI ≥23 kg/m2). BMI is calculated by dividing the subject's weight in kilograms by their own height in meters squared. (GNMF, 2017)
9	% of adolescent girls (15-19 yrs.) thin (total thinness)	BMI-for-age z-score less than -2SD but greater than or equal to -3SD (GNMF, 2017)
10	% of women (15-19 yrs.) who have begun childbearing	Annual number of births to women aged 15–19 years per 1000 women in that age group. It is also referred to as the age-specific fertility rate for women aged 15–19 years. (GNMF, 2017)

Glossary: **Operational Definition**

11	% of children (6-23 m) receiving MAD	Proportion of children 6-23 months of age who receive a minimum acceptable diet (apart from breastmilk). The "minimum acceptable diet" indicator measures both the minimum feeding frequency and minimum dietary diversity, as appropriate for various age groups. If a child meets the minimum feeding frequency and minimum dietary diversity for their age group and breastfeeding status, then they are considered to receive a minimum acceptable diet.
12	% of population that use improved drinking water	Population using an improved drinking water source (piped water into dwelling, yard or plot; public taps or standpipes; boreholes or tube wells; protected dug wells; protected springs, rainwater, packaged or delivered water) which is located on premises, available when needed and free of faecal and priority chemical contamination. (BDHS 2017-18)
13	% of Caregivers with appropriate hand washing behavior	Proportion of caregivers in households using soap for hand washing for at least two critical times in the past 24 hours. These two critical times include after own defecation, and at least one of the following: after cleaning a young child, before preparing food, before eating, and/or before feeding a child. (FSNSP, 2015)
14	% of population that use improved sanitary latrine (not shared)	Population using an improved sanitation facility that is not shared with other households and where excreta are safely disposed of in situ or treated off site. Improved sanitation facilities include flush or pour flush toilets to sewerage systems, septic tanks or pit latrines, improved pit latrines (pit latrines with a slab or ventilated pit latrines) and composting toilets. (GNMF, 2017)
15	Any antenatal iron supplementation.	The proportion of women who consumed any iron-containing supplements during the current or past pregnancy within the last 2 years. (GNMF, 2017)
16	Breastfeeding counselling services	This indicator is defined as availability of a national program like National Nutrition Services (NNS) that includes provision for delivering breastfeeding counselling services to mothers of infants 0–23 months of age through health systems or other community-based facilities. (GNMF, 2017)

EXECUTIVE SUMMARY

Executive **Summary**

This report is the Annual Monitoring Report of the Second National Plan of Action on Nutrition (NPAN2) 2016-2025. This is the first report of its series that covers two financial years 2016-17 and 2017-18. The report presents data and analysis on the selected indicators of goals/ impact, outcomes, and outputs for 2017-18 (the monitored year) and the previous years to track the progress trend on NPAN2 target indicators, events and activities. The key objective of the NPAN2 monitoring report is to update the status and/or progress of activity implementation, to keep track of resource allocation and to ensure accountability at national, sub-national, community as well as facility levels within Health, Nutrition and Population (HNP) sector and across relevant sectors.

It is mentioned worthy that based on the principles of National Nutrition Policy 2015, Government of Bangladesh formulated the costed Second National Plan of Action for nutrition (NPAN2) for the period of 2016-2025, which is evidence- based and aligned with the national and global commitments and policies. The NPAN2 had been approved on 13 August 2017 by the revitalized BNNC in its first meeting with Honourable Prime Minister Sheikh Hasina as the Chair.

Overall Progress

Bangladesh demonstrated remarkable improvements in child nutrition status during the past decade particularly in the recent years. BDHS 2017-18 Preliminary finding from reveals that the level of stunting among children under the age of 5 has declined from 36 percent in 2014 to 31 percent in 2017. Wasting has been also decreased from 14 percent in 2014 to 8 percent in 2017. The level of underweight has declined significantly from 33 percent in 2014 to 22 percent in 2017. These data is indicative of the likelihood of achieving NPAN2 targets by 2025.

However, geographical variation of prevalence persists. Sylhet is found to be the mostaffected division for all the three indicators of undernutrition. The prevalence of underweight ranged from 19% in Dhaka and Khulna to 33% in Sylhet. Wasting ranged from 7% in Rangpur to 10% in Sylhet; stunting ranged from 26% in Dhaka to 43% in Sylhet. It is evident that under-five nutrition has consistently improved in all divisions between 2014 and 2017-18.

Further, data showed existence of socio-economic inequity between wealth quintiles – stunting rate is almost double in lowest wealth quintiles compared to the highest quintiles; as well as one in every four children is stunted even in the highest wealth quintile group.

Progress in thematic areas

Thematic Area 1: Nutrition for All following Life Cycle Approach

Infant and young child feeding practices (IYCF)

The proportion of exclusively breastfed children had decreased from 64% to 55% between 2011 and 2014. But the preliminary findings of BDHS 2017-18 shows that exclusive breastfeeding practices has improved considerably to 65% against the NPAN2 target of 70% by 2025. Appropriate infant and young child feeding (minimum acceptable diet-MAD) practices has increased from 23 % (2014) to 34 per cent (2017-18). However, even in the highest wealth quintile households, only 1 in 3 children receive appropriate feeding. Commonly, a poor progress in IYCF practices is one of the important determinants of childhood under-nutrition in Bangladesh. Undernutrition can be prevented when appropriate infant and young child feeding practices are adopted, which practices are not yet optimum across Bangladeshi households irrespective to economical status.

Micronutrient malnutrition

The Institute of Public Health Nutrition (IPHN) has been implementing the National Vitamin A Plus Campaign (NVAC+), the 1st round of which was held on 14 July 2018. The coverage of the 1st round's vitamin A supplementation (VAS) was about 98.8% (20,914,529) covering children of age 6 to 59 months, where 6-11 months was 98.4% (2,384,793) & 12-59 months was 98.9% (18,529,736). But demographic health survey data reveals that 62% of children aged 6-59 months had received vitamin A supplementation in the last six months before the survey data collection (BDHS 2014). The coverage of vitamin A supplementation among children age 6-59 months has increased significantly to 79% percent in 2017 based on BDHS 2017-18 preliminary data. The prevalence of anemia in the school age children was 19.1% and 17.1 % respectively in the 6-11 year and 12-14 year age groups.

Maternal nutrition and reduction of low birth weight

The prevalence of under-nutrition is high among pregnant and lactating women of Bangladesh. The prevalence of anemia in the Non Pregnant Non Lactating (NPNL) women was 26.0% in 2011-12. According to the earlier nationally representative survey of 2001, it was 33.0%.

Low birth weight (LBW) is strongly associated with inadequate maternal nutrition. LBW rate among Bangladeshi infants, though it has reduced from 36% (2004), is still high (23%, 2016). Women who do not receive any clinical ANC have a significantly greater odds of miscarriage compared to those who attended a clinic for an ANC check-up during their first trimester. The overall quality of antenatal care has improved since 2007. Also, the percentage of pregnant women who received ANC 4+ during pregnancy increased by 16 percentage points from 2014 to 2017.

Management of Acute Malnutrition

According to NNS-DGHS administrative data , the number of children <5 years screened at community level and referred for nutrition management is 78,145 in 2018, and across the last three years the case detection and referral has been gradually increased to about six times (13,468 to 81,274) in rural Bangladesh.

Adolescent and Women nutrition

Adolescence is a critical period in the life cycle because of rapid growth, increased nutrient requirements and preparation for adulthood. High rate of malnutrition specifically among adolescent girls, and low coverage of programs targeting adolescents demands urgent attention and actions. Current NPAN prioritizes promotion of adolescent nutrition and healthy life style through formal and informal academic curricula and training programs. The trend of adolescent height <145 cm has remained unchanged at 13% since 2011. Nineteen per cent adolescent girls aged 15-19 years were thin (BMI <18.5) cent in 2014. Twelve percent of adult women are shorter than 145 cm, whereas 16 percent having low body mass index (<18.5). About one in every four (23%) adult women is chronically energy deficient.On the contrary, the rates of women 15-49 years who are overweight or obese (BMI ≥23) had been increased (17%, 39%, for 2011 and 2014 respectively), whereas the target is to reduce it to 30% by 2025.

Water, sanitation and hygiene (WASH)

Water, sanitation and hygiene are intimately linked with health and nutrition. Despite good progress in providing safe drinking water and improved toilet facilities, progress in hygiene practices is lagging. Households without proper sanitation facilities have a greater risk of infectious diseases, such as diarrhoeal diseases which include dysentery and typhoid, than households with improved sanitation facilities. Forty-three percent of households have an improved (not shared) toilet facility in 2018, a slight decrease from 45% in 2014. Almost all the households (98%) used portable drinking water and only about 25% of caregivers have the appropriate hand washing behaviour. Use of soap and water found lowest among households in the lowest wealth quintile (11 percent) where stunting rate is the highest (40 percent); on the contrary, hand washing with soap is highest among those in the highest quintile (84%) where stunting rate is lowest (17%).

Several studies have shown the strong associations between WASH programs and malnutrition. For example, WASH interventions have a positive impact on reduction of diarrhoeal diseases: 42– 48 % by hand washing with soap, 17 % by improvement of water quality, and 36 % by excreta disposal, resulting in reduction of stunting. A 20-year multi-country analysis revealed that, five or more diarrhoeal infections in the first 2 years of life accounted for 25 % of all stunting observed, moreover, every five diarrhoeal episodes increased stunting risk by 13 %. In addition, correlation between Environmental Enteric Dysfunction (EED) and stunting is more significant than the correlation between diarrhoea and stunting.

Urban nutrition

Marked disparities exist between urban non-poor and urban poor/slum dwellers. Public sector services are lacking, along with poor environmental conditions that increase the prevalence of malnutrition in urban slums/poor areas. About 35% of the total population lives in urban areas, with an annual growth rate of 3.27%. Food safety in urban and peri-urban areas constitute a challenge, especially in slums. A recent study on slum children in Dhaka that investigated the microbial quality of food and water consumed by children under the age of five together with associated risk factors revealed that 63% of the children were malnourished and 58% were stunted at slum. All of the water samples were contaminated, where yeast and moulds were detected in 86% of the food samples and coliforms in 73%. Strengthening coordination between MOHFW, MOLGRD&C and relevant ministries as well as NGOs are the key to ensure delivery of essential and comprehensive nutrition service packages in urban areas with special focus to the urban slums. It is to be noted that Urban Nutrition service reporting has started since 2015 through the DHIS2 software under DGHS. Reporting rate in recent years is above 60% which is satisfying as the start. At the same time, NGO reporting has also been started. However, the main concern is data quality.

Thematic Area 2: Agriculture & Diet diversification & locally adapted recipes

The production of staple foods such as rice and wheat is increasing. After a negative annual production growth of -2.6% in 2016-2017, the annual percentage increased in rice production and reached 7.3% in 2017-2018. The same trend is observed for wheat production, from -2.7% in 2016-2017 to 0.0% in 2017-2018. Bangladesh has achieved self-sufficiency in rice since 2012. The country is making slow progress in the diversification of its food production. Dietary Energy Supply (DES) is still largely driven by cereals foods, which amounts for 76.3% share of total DES in 2014, dropping by only 1.8 percentage points over a 7-year period (2007-2014). While updated data on DES is not yet available, it might be assumed that the same trend concerning the share of cereals foods in the period 2007-2014 is still continuing. Production of nutrient-dense crops such as pulses and beans is still low compare to cereals, which are opportunity for dietary diversification. The percentage increase in pulses production dropped from 2.3% in 2016-2017 to 0.7% in 2017-2018. The drop is more marked for beans production, which declined from 6.9% in 2016-2017 to -1.9% in 2017-2018. Production of major fruits and vegetables, which are rich in essential micronutrients, are not increasing rather significant decline is noted. Especially for tomato, carrots, lemon, pineapple and mango that have all negative annual changes in production in 2017-2018, with the exception of carrots, guava and banana (14.5%, 5.3% and 0.4% respectively). The situation is mixed for animal source foods. Driven by aquaculture, fish production is increasing over years and Bangladesh already achieved self-sufficiency in fish production by crossing the target of 40.50 lakh metric tons in 2016/17. Though increasing, production of milk and egg is still not meeting the demand (with a gap of 56.23 Lakh Metric Tons for milk and 160.88 Crore numbers for egg. An important achievement is noted for meat production, with a surplus of 0.46 Lakh Metric Ton.

As part of production diversification, food fortification in Bangladesh, including bio-fortification and food to food enrichment needs to be better promoted to increase availability of micronutrient-rich foods. It is important to accelerate efforts towards better availability of nutrient-dense foods, while continuing to ensure cereals self-sufficiency for the country.

Household Income and Expenditure Survey (HIES) 2010 and 2016 showed a decrease in national total dietary calories intake from 2318 Kcal/capita/day to 2210 Kcal/capita/day, against 2430 Kcal/capita/day desirable. The notable reduction in rice consumption could partially explain this decrease. However, there are still 15.2% of the population undernourished in 2015-2017. While rice remains the main staple food, its consumption at national level has decreased from 416 g/capita/day in 2010 to 367 g/capita/day in 2016, which is an encouraging situation. However, the share of dietary energy intake from cereals is still at 64%, above the recommended value of 60%. Consumption of nutrient-dense foods such as vegetables and pulses has slightly increased by 0.7% and 9% respectively. On the contrary, daily consumption of fruits per capita has declined from 44.7g in 2010 to 35.78g in 2016. On the status of animal source foods, fish consumption has seen a significant increase by 26%, as well as chicken/duck and eggs. Consumption of beef has dropped, and the same trend is observed for milk. Overall, protein intake decreased from 66.26 g/capita/day in 2010 to 63.8 g/capita/day in 2016. It is important to note there is still a gap between the existing dietary patterns and the desirable ones.

Diet quality and diversity of young children is rapidly improving, with a fast increase from 2014 to 2017. From 23% of children 6-23 months having minimum acceptable diet in 2014, BDHS 2017 showed that it increased to 34%, which corresponds to 11 percentage points in 3 years. If this trend is maintained, the target of 40% or more by 2025 as set in NPAN2 would be largely achieved. It should be noted that these per-capita data neither represent the socio-economic groups nor the regional or seasonal variations. For example, the consumption is doubled amongst children from highest quintile (48%) compared to their counterpart in the lowest quintile (24%) of the economic strata. One the other hand, dietary diversification among women in reproductive age needs to be significantly improved, with 46% of women in reproductive age having minimum dietary diversity in 2015, considering the target of 75% by 2030.

Access to food remains one of the key determinants of dietary quality. Poverty prevalence has dropped from 31.5% in 2010 to 24.3% in 2016 and non-food expenditures have exceeded food expenditures in 2016, representing an improvement in quality of life. However, existing food inflation as well as high cost of major nutrient-dense foods such as fish and meat can prevent food accessibility, especially for vulnerable populations.

Thematic Area 3: Social Protection

Social Protection Programs offer multiple ways for integrating nutrition components. Examples are food transfers (including fortified food) and cash transfers for vulnerable people in chronic or disaster- prone food insecurity areas, school meals, which may include fortified foods as well as nutrition education.

There are 145 schemes being implemented under the current National Social Security Strategy (NSSS) through 23 Ministries/Divisions. Though the spending on social safety net (SSN) programs as percentage of GDP has reduced to 1.42% in 2014/15 compared to 1.95% in 2009/10, against the national target of 3% by end of 6th Five Year Plan (6FYP) in nominal terms, the total SSN budget has increased reaching BDT 275 billion in 2018/19, from BDT 215.3 billion in 2014/15 and BDT 189.8 billion in 2013/14. The share of food security programmes in the SSN budget decreased from 43.1% in 2010/11 to 34.9% in 2014/15.

The Income Support Program for the Poorest (ISPP) – JAWTNO (2015-2020), a conditional cash transfer project jointly financed by the Government of Bangladesh and the World Bank, executed by the Local Government Division is being implemented to improve the nutritional status of 600,000 direct beneficiaries (poor pregnant women and under-five children) from the selected poorest households from 444 union parishad of 43 upazilas in 7 districts. Conditions that apply for receiving cash transfer include, i) four antenatal visits for pregnant women, ii) 0-24 months children attending monthly Growth and Monitoring Promotion (GMP) sessions, iii) 2-5 years children undertaking quarterly weight and height measurements, and iv) pregnant, and mother of children 0-5 years age group attending monthly health and nutrition education sessions.

Social Safety Net (SSN) spending as a percentage of GDP has steadily increased to 2.53% in

2018 from 2.08% in 2015. The number of beneficiaries for maternal allowance benefit increased by about 3 time (2.5 million in 2015 to 7 million in 2018). In addition, the number of beneficiaries' allowance for working lactating women also doubled from 1.25 million in 2015 to 2.5 million in 2018. Moreover, the beneficiaries for Vulnerable Group Development (VGD) program has also increased from 7,50,000 to 10,40,000 during the same period.

Thematic Area 4: Implementation of Integrated and Comprehensive SBCC Strategy

Observation of National Nutrition Week 2018

National Nutrition week 2018 (23-29 April) was celebrated all over the country with vibrant and lively aspiration after 19 long years since 1999.

Recent advances in the development of nutrition communication materials

With the advent of rapidly changing technology in the world, Bangladesh has also begun to reach wider population through developing user-friendly application to be used by Smartphones. There had already been few software companies who are helping some of the NGOs by developing few Apps. BRAC developed Apps that has been explicitly used for pregnant mothers.

Other than Government nutrition programme, UNICEF, USAID, CARE Bangladesh, Save the Children, FHI360 supported area-based nutrition communication programmes. WFP undertook an initiative of creating public awareness through mass media on fortified rice in IC-VGD project under MOWCA.

Thematic Area 5: Monitoring, Evaluation and Research

Activities for Strengthening

Monitoring and Evaluation (M&E) reside at the core of BNNC activity and key to unlock many uncertainties and conquer challenges of implementing NPAN2. Bangladesh National Nutrition Council's M&E system is built on a logical framework. NPAN2 log frame and monitoring arrangements specifies what is intended to be achieved (objectives) and how this achievement will be measured (indicators). It is essential to interpret the project inputs, outputs, outcomes and impact since the indicators to be measured under the M&E system. Monitoring and Evaluation are linked to the overall targeted indicators of NPAN2.

The revitalized BNNC office with its platforms are working to assess limited number of indicators in a coordinated approach, examine food security and nutrition trends, progress and formulate annual monitoring reports of Second National Plan of action for Nutrition (NPAN2) for 2017-18. NPAN2 Monitoring, Evaluation and Research Platform has been established to provide technical guidance on NPAN2 monitoring and evaluation process.

Financial review of Public Expenditure on Nutrition 2018

Finance Division under Ministry of Finance with technical assistance from UNICEF Bangladesh undertook the initiative of conducting 'Bangladesh Public Expenditure Review on Nutrition', (PER-N) for the first time in 2018. The primary objective of the PER-N 2018 was to analyse the level and composition of public expenditure in nutrition over the past three fiscal years (2014/15 – 2016/17) and the projections for 2017-18. The PER-N provided a baseline for future trend analysis in budget allocation and execution to effectively monitor progress towards the achievement of the nationally set goals for nutrition – specifically the goals of the NPAN2.

In 2016/17, the Government of Bangladesh spent BDT 23,210 crore (USD 2.7 billion) in nutrition relevant interventions, representing around 1% of GDP and around 9% of the national budget. Nutrition budget allocations and actual expenditure have remained relatively stable in relative terms during the period under review.

Expenditure is spread across 15 ministries/divisions and almost 300 projects or operational lines. Four ministries account for about 80% of nutrition relevant expenditure: the Ministry of Food (MoFood), the Ministry of Health and Family Welfare (MoHFW), the Ministry of Primary and Mass Education (MoPME) and the Ministry of Women and Children Affairs (MoWCA). The largest 20 projects account for 81% of total expenditure.

Thematic Area 6: Capacity building

The capacity building has focused on two areas (i) Institutional Capacity and (ii) Human Capacity. An essential part of an effectively functioning BNNC is based on suitable infrastructure and accommodation of proposed manpower in organogram including enhancement of nutrition-related knowledge and human developmental prioritization.

Capacity strengthening among food and agriculture staffs at national and sub-national levels to address nutrition issues and for mainstreaming nutrition in agriculture extension programs are being implemented through Farmers Field Schools (FFS) and Farmers' Information and Advice Centers (FIACs), BIRTAN's etc.

Some program/project-based achievements are added in the annex.

Nutrition Governance, Institutionalization, Coordination and Implementation Mechanism Strengthening the BNNC

Formation of Platforms and Coordination Committees

As outlined in the NPAN2, five working level platforms with necessary terms of reference (Annex-1) have been established in July 2018 and made functional for improving intersectoral coordination and operationalization of NPAN2. The Platforms are:

1. Nutrition-Specific
2. Nutrition-Sensitive
3. Monitoring, Evaluation and Research
4. Training and Capacity Building
5. Advocacy and Communication

Further, MOHFW formed District and Upazila Nutrition Coordination Committees with their terms of reference in August 2018 for sub-national coordination and operationalization of NPAN2.

This report prepared by BNNC sets the baseline for subsequent regular multisectoral annual monitoring of operationalization and progress of the NPAN2 implementation. The monitoring framework under BNNC is robust and intends to track progress and trends of cardinal indicators as envisaged in NPAN2. This process of establishing a monitoring and evaluation framework under BNNC would help establish the process for strengthening the monitoring of various nutrition initiatives in Bangladesh. The major challenges encountered during the preparation of the report were poor documentation, inaccessibility and unattainability of reliable data from relevant sectors.

Chapter 1
INTRODUCTION

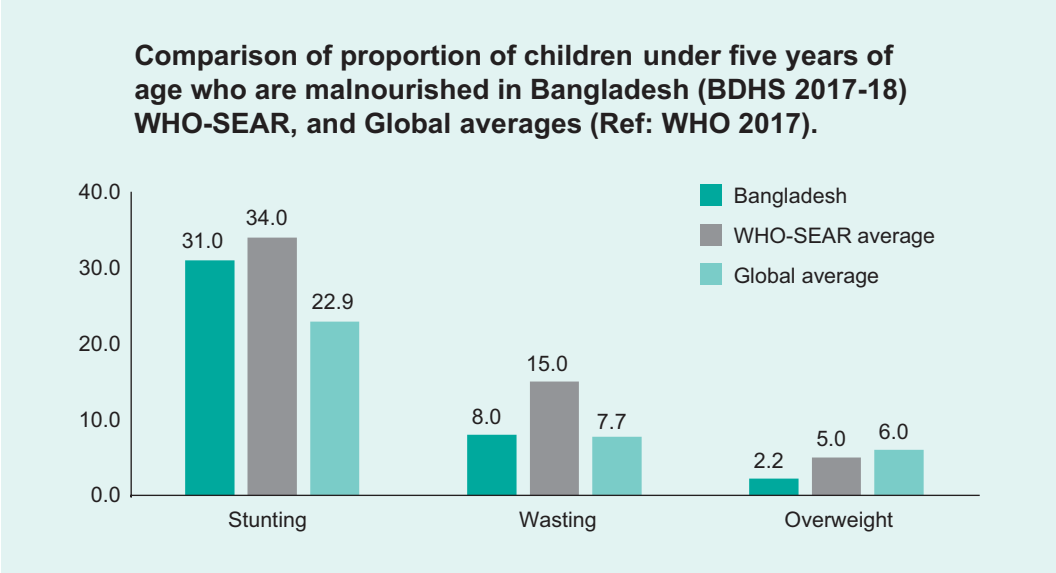
Between 2007 & 2017, Bangladesh witnessed:

28% drop in stunted children

46% drop in underweight children

53% drop in wasted children

Figure 1.1: Comparison of nutritional status of under 5 children (%) in Bangladesh with WHO-SEAR & Global averages



Despite impressive gains that Bangladesh has made to counter child malnutrition in the last 10 years, Bangladesh continues to face a serious public health problem owing to the high prevalence of undernutrition among under-five children in the country. According to the preliminary report of Bangladesh Demographic and Health Survey 2017-18 shows that around 31% of under five children are stunted, 22% are underweight and 8% are wasted. Figure 1.1 shows that Bangladesh has a lower prevalence of stunting as compared to the South East Asia Region (SEAR) average but a higher prevalence of stunting than the global average.

Figure 1.1 also indicates that the proportion of children who are wasted in Bangladesh is almost level with the global average, and is nearly 50% lower than the regional (WHO-SEAR) average. The prevalence of children who are overweight is much lower compared to both the global and regional averages.

In order to reduce the burden of malnutrition, the Government of Bangladesh (GoB) has taken several corrective actions for improving the nutrition status of under five children and is working to achieve the United Nations' sustainable development goals (SDGs) relating to nutrition status. These are listed in table 1.1.

Table 1.1: Selected Food Security and Nutrition Indicators as per SDGs target

Target	Indicator
1.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	1.1.1 Prevalence of undernourishment
	1.1.2 Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale
1.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	1.2.1 Prevalence of stunting (height for age <□2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
	1.2.2 Prevalence of malnutrition (weight for height >+2 or <□2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)

In order to continue improving the nutrition status of Bangladesh's children, substantial efforts to combat child malnutrition should focus on the underlying causes of malnutrition and their remediation. The box below highlights key elements that should be a focus in nutrition sensitive interventions.

Underlying causes affecting the nutrition status of children in Bangladesh

- **Wealth.** 40.2% of children from the lowest wealth quintile (40.2%) were found to be stunted; this was more than double the prevalence of stunting experienced by children in the highest wealth quintile (17.1%) (BDHS, 2017-18, Preliminary Findings).
- **Lower food security.** The prevalence of stunting was higher in the children in districts having lower food security as compared to the national average (BDHS, 2014).
- **Untreated diarrhoea.** Only 44% of the 5% reported diarrhoea cases in children under five were treated with both oral rehydration therapy (ORT) and Zinc (BDHS, 2017-18, Preliminary Findings).
- **Untreated acute respiratory infections.** While only 5.4% of children under age five had symptoms of acute respiratory infection (ARI), only 34.2% were given antibiotics to treat the illness (BDHS, 2017-18, Preliminary Findings).
- **Too few calories.** Overall calorie intake per capita per day has decreased to 2210 Kcal (against the national target of 2400 Kcal/person/day) from 2308 Kcal in 2010 (HIES, Household Income and Expenditure Survey, 2016, preliminary report).
- **Micronutrient deficiencies.** Dietary energy supply (DES) from cereals has remained static with slight reduction from 78.1% in 2005/07 to 76.3% in 2010/12, still far above the national target of less than 60%. The usual diets in Bangladesh are also typically lacking in important micronutrients, leading to high prevalence of micronutrient deficiencies.
- **Poor dietary diversification.** 35% of the population reported mean dietary diversity scores of less than 6 out of 12 food groups, indicating poor dietary diversification across population (HIES, 2010).
- **Poor water quality.** While 97.6% of the population in Bangladesh has access to an improved source of drinking water, problems with water quality remain major concern (BDHS, 2014).
- **Lack of sanitary facilities.** Only 45% of households report having an improved toilet facility, and 3.7% of households still use open defecation (BDHS, 2014).
- **The most vulnerable report the lowest access to improved sanitation facilities.** Only 13% of households in slums have access to improved sanitation compared to over 50% in other, non-slum urban areas (BUHS, 2013).

- **Female literacy rate.** Increased from 54.8% in 2010 to 63.4% in 2016. Primary School enrollment increased to 93.5% in compared to 84.8% in 2010 and Secondary School enrollment increased from 77.8% to 84.3% during the period 2010-2016 (HIES, 2016, preliminary report).
- **Unhygienic behaviours.** 73% of the caregivers do not practice recommended hygienic behaviours (FSNSP, 2015). For example, only 2% of caregivers reported washing their hands with soap before feeding a child (DPHE, 2015) and nationally, only half of the households safely dispose child's solid waste. 38% of young children defecate on the premises/yard (FSNSP, 2015).
- The households and programme beneficiary under different SSNP was 24.6% (HIES, 2010), whereas it increased to 27.8% households and 28.7% programme beneficiaries in (HIES, 2016, preliminary report).
- The share of household expenditure is about 48% whereas that of non-food expenditure is 52%. In rural areas, the share of food expenditure is 50%. In urban areas, the share of food expenditure is 43% whereas that of non-food expenditure is 57%. The proportions of expenditure on food items in 2010 were 55% and non-food was 45% (HIES, 2016, preliminary report).

Government efforts, including the first National Plan of Action on Nutrition which was carried out from 1997 to 2015, have led to significant progress over the last decade. The prevalence of stunting fell from 43 % in 2007 to 31% in 2017, and the prevalence of wasting dropped from 17% in 2007 to 8% in 2017. Bangladesh's second National Plan of Action (NPAN2) is continuing to build on this progress.

Development and Approval of the 2nd National Plan of Action on Nutrition (NPAN2)

The Second National Plan of Action for nutrition (NPAN2) for 2016-2025 is evidence-based and aligned with the global commitments and policies (WHA, ICN2, SDG etc.). The NPAN2 was developed under the leadership of the Ministry of Health and Family Welfare (MoHFW). The relevant Ministries, the Bangladesh National Nutrition Council (BNNC), NGOs and Development Partners and other stakeholders including academic institutions and the private sector participated in the process of its development. Based on experience and lessons learned from the first NPAN, NPAN2 set out a comprehensive and multisectoral nutrition action plan, with a robust monitoring and evaluation framework. NPAN2 incorporates the most cost-effective interventions, most efficient modes of implementation, and coordination mechanisms for nutrition strategies leading to result based achievements. The Plan was approved by the BNNC on 13 August 2017.

National Launching and Dissemination of NPAN2

NPAN2 was launched on 12 December 2017. The launching brought together senior national policymakers from different sectors to commit to integrated efforts from food, WASH, agriculture, social protection, health and related systems to improve nutritional outcomes. Participants from different ministries, the United Nations, international and national NGOs, civil society and others were present. The speakers emphasized the importance of a coordinated responses across the ministries, civil society, UN and other development partners, and the private sector to ensure the effective implementation of NPAN2.

Chapter 2
MONITORING METHODS

2.1 Monitoring and Evaluation process

One of the key responsibilities of the BNNC is to collect, analyse, disseminate and use data and information to inform actions to achieve desired health outcomes. Currently, data management and analysis is largely confined to officials at the national level. However, the BNNC understands that in order to improve health outcomes, officials at the sub-national (district and below) levels must be trained on capturing quality data and analysis as well. They must also learn and able to generate periodical reports as part of a country-wide monitoring mechanism.

The monitoring and evaluation process is developed at the Upazila and District levels, with monitoring at the National (ministry) level; the BNNC office plays a key coordinating role.

Monitoring at the Upazila and District levels with additional screening: Data collected by local sector workers collate, analyse, and send to the Upazila Multi-sectoral Nutrition Coordination Committee and the District Multi-sectoral Nutrition Coordination Committee for feedback. The Committees meet bi-monthly to monitor progress of nutrition activities. During these meetings, the Committees discuss and evaluate the data; following this screening the Committees provide comments to the data collectors.

Monitoring at the National level with consolidation and exhaustive interpretation: Each ministry uses data to enrich and monitor their program activities. Based on the data collected from the Upazilas and Districts, and following the screening process described above, each ministry have the ability to produce, analyse and monitor relevant nutrition indicators. These indicators are fed into a central monitoring mechanism established in the BNNC office.

The BNNC Office consolidates the data, assesses the most crucial outcome indicators, examines food security and nutrition trends, and notes progress. This information are the part of NPAN2's Annual Monitoring Report. Quarterly reports on selected indicators will also be produced highlighting key progress alongside a suggested action plan. (NPAN, 2016-25).

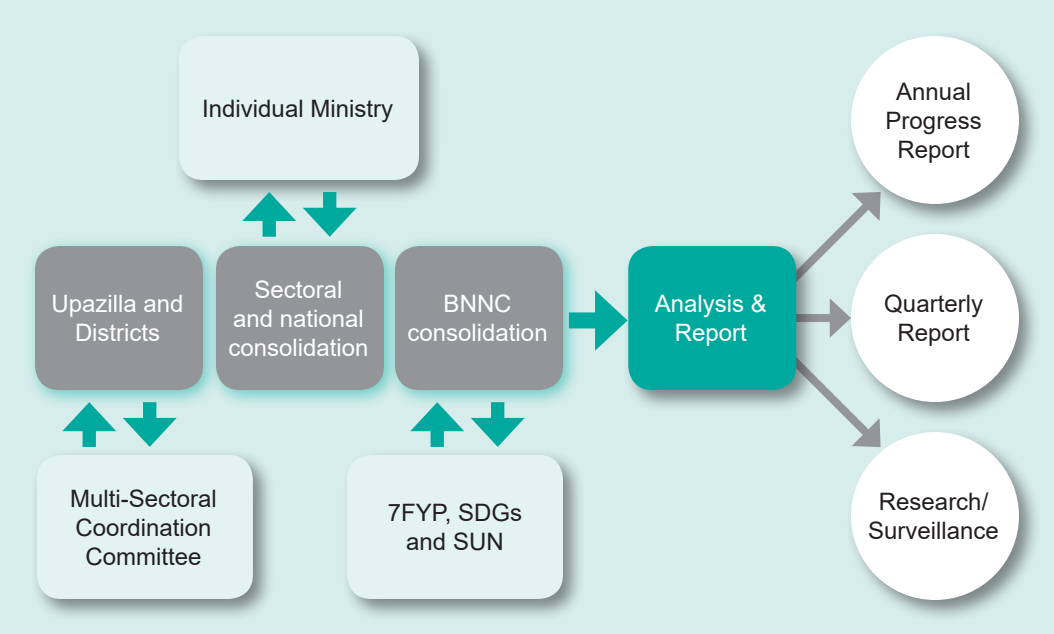


Figure 2.1: Monitoring, Evaluation & Reporting Strategies

2.2 BNNC Monitoring and Evaluation Framework

The Bangladesh National Nutrition Council's log frame specifies NPAN2 M&E framework which clearly spelling out the outcomes that are to be achieved along with defining how each one will be measured over time. The monitoring and evaluation framework is linked to NPAN2's overall target indicators, and is an integral part of all aspects of the nutrition intervention programs. The M&E system helps BNNC officials measure the program's performance and interpret the indicators related to inputs, outputs, outcomes, and impact. The M&E framework ensures continuous tracking of progress, document lessons learned, and replicate best practices of nutrition interventions as outlined in NPAN2.

Inputs, processes and outputs are to be regularly monitored, while outcomes and impact are to be periodically assessed either through surveys or evaluations. These surveys and evaluations can serve as a guide and provide quality information for effective planning, decision making, monitoring and evaluation of nutrition interventions in Bangladesh.

The BNNC M&E framework is illustrated in **Figure 2.2.**below.

GOAL: NPAN2

Improve the nutritional status of all people, with special attention to the first 1000 days, disadvantaged groups, including mothers, adolescent girls and children; to prevent and control malnutrition; and to accelerate national development through raising the standard of living

OUTCOMES: 5 Strategic Actions Areas to cover outcome indicators

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 interventions	Strengthen multi-sectoral Programs to ensure countrywide efforts toward ensuring nutrition, including necessary financing for such Programs.

OUTPUTS: Indicators related to program areas

Promoting exclusive breastfeeding Maternal nutrition & Reducing low birth weight Obesity & NCD	Food Fortification Food Security, Safety & quality Food security, safety and quality	Food Fortification Food Security, Safety & quality Food security, safety and quality	Food Fortification Food Security, Safety & quality Food security, safety and quality	Food Fortification Food Security, Safety & quality Food security, safety and quality

SUB-OUTPUTS: 23 priority outputs indicators +15 Operational indicators

Proxy Indicators: Projects based performance indicators

2.3 Categories of Indicators

The indicators have been broken down into three general categories based on how they are measured:

i. National target indicators:

NPAN2 has set tangible and measurable targets to be achieved by 2025 for reducing various forms of malnutrition. The National Nutrition Policy (NNP 2015) and other policy goals and targets are shown below in Table 2.1.

Table 2.1: List of National Target Indicators for reducing various forms of malnutrition and their progress towards NPAN2 targets by 2025.

Target Indicators	Baseline	Target by 2025	Progress	Target Status
Increase the rate of initiation of breastfeeding in the first hour of birth	51% (BDHS 2014)	80%	69% (BDHS 2017)	
Increase the rate of exclusive breastfeeding in infants less than 6 months of age	55% (BDHS 2014)	70%	65% (BDHS 2017)	
Increase the rate of continued breastfeeding in children aged 20 to 23 months	87% (BDHS 2014)	>95%	87% (BDHS 2017)	
Increase the proportion of children aged 6-23 months receiving a minimum acceptable diet	23% (BDHS 2014)	>40%	34% (BDHS 2017)	
Reduce the rate of low birth weight	23% (National LBW Survey 2016)	16%	Not Available	NA
Reduce stunting among under-5 children	36% (BDHS 2014)	25%	31% (BDHS 2017)	
Reduce wasting among under-5 children	14% (BDHS 2014)	8%	8% (BDHS 2017)	
Reduce the proportion of underweight among under-5 children	33% (BDHS 2014)	15%	22% (BDHS 2017)	
Reduce the rate of severe acute malnutrition (SAM)(WHZ < -3)among children under 5	8% (BDHS 2014)	<1%	4% (BDHS 2017)	

Target Indicators	Baseline	Target by 2025	Progress	Target Status
Reduce malnutrition (Total Thinness, BMI<18.5) among adolescent girls (15-19yrs)	19% (BDHS 2014)	<15 %	Not Available	NA
Increase Vitamin A capsule supplementation coverage in children aged 6- 59 month	62% (BDHS 2014)	99%	79% (BDHS 2017)	
Increase the rate (>15PPM) of iodized salt intake	50% (National Salt Iodization Survey 2015)	90%	Not Available	NA
Control & reduce maternal overweight (BMI>23)	39% (BDHS 2014)	30%	Not Available	NA
Reduce the rate of anaemia among pregnant women	50% (BDHS 2011)	25%	Not Available	NA
No increase of childhood overweight (WHZ >+2) among children under 5 years	1.4%	No increase	2.2% (BDHS 2017)	

The color indicators show the progress achieved

Good progress On track Off track NA = Not available

ii. NPAN2 Priority Output indicators:

To achieve the agreed upon targets a number of output indicators will be used to assess the progress of NPAN2's Monitoring & Evaluation Matrix.

Workshops and consultation meetings were conducted to select and finalize the priority output indicators to be monitored at different phases in the NPAN2 Monitoring & Evaluation Matrix. In total, 25 program indicators and 13 operational indicators were selected to be priority monitoring indicators (annex 1) based on national nutrition status and NPAN2's short-term and mid-term targets. Data supporting these indicators will be collected through periodic surveys, for example, the Bangladesh Demographic and Health Survey (BDHS) undertaken by the National Institute of Population Research and Training (NIPORT) every three years. These indicators will be used by program managers and national-level stakeholders.

iii. Proxy Indicators: Projects based performance indicators

These proxy indicators (Chapter: 3 & Table 3.1 - 3.14) in most cases are expected to be available over time at the community, facility, district and regional levels, primarily for use by program managers and implementers. They should be reviewed by BNNC on a regular basis.

2.4 Data Collection and Analysis technique

The data collection and analysis was guided by the information provided in the indicator matrix by describing in detail how data and information are defined, collected, organized, and analysed. Key components of this plan include: the unit of analysis; the link between indicators, variables and analysis. Special analyses, such as disaggregating data by gender, age, location, and socio-economic status are defined as well. The data was triangulated based on data collected using different methods and sources, reducing bias and ensuring data integrity.

The major sources of data and information for monitoring and evaluation include:

Secondary data: Secondary data sources include partner ministries and agencies including Bangladesh Bureau of Statistics (BBS), Food Planning and Monitoring Unit (FPMU), Food Security and Nutritional Surveillance Project (FSNSP), international agencies, and other projects/programs working in the field of nutrition. Useful information was obtained from surveys, other research, and studies previously conducted consistent with the M&E needs, in-depth assessments, and reports.

Sample surveys: Periodic surveys such as the Households Income and Expenditure Survey (HIES), vital registration, Multiple Indicators Cluster Survey (MICS), Bangladesh Demographic and Health Survey (BDHS) are the source of data to be used to determine nutritional outcomes and impact. M&E has focused on higher level indicators such as the indicators itemized in the National Nutrition Policy (NNP) 2015, and those outlined as part of other nutrition frameworks. For example, this includes those indicators outlined under the Second International Conference on Nutrition (ICN2), Sustainable Development Goals (SDGs), and the World Health Assembly (WHA).

2.5 Data Analysis and Use

Nutrition data collected through routine system and through evaluations and assessments have been analysed for use. Analysis has involved systematic data quality assessment and adjusted as deemed necessary. The analyses ensure a transparent process and be in line with national data analysis standards.

2.6 Structure of the Report

The report has been designed based on the following considerations:

- Followed by Six different thematic areas of NAPAN2
- Focused is on short term targets (2016-2018)
- Prioritized and proxy of nutrition monitoring indicators as per NPAN2 target

Thematic areas:

One of the major goals of the Plan is to improve the nutritional status of all citizens across the lifespan. Nutrition-specific and nutrition-sensitive interventions which already exist in the work plans of different ministries, especially in the HPNSDP of MOHFW were obtained. Information from complementary interventions from other sectors such as agriculture, fisheries and livestock, education and social protection were also collected. The specific thematic areas on which this monitoring report has been based include the following:

1. Nutrition for all following a lifecycle approach
2. Agriculture and diet diversification and locally adapted recipes
3. Social protection
4. Implementation of Integrated and Comprehensive SBCC Strategy
5. Monitoring, Evaluation and Research to inform policy and program formulation and implementation
6. Capacity building

Target Period:

The NPAN2 is divided into three time periods. This report focuses mainly on short term and mid-term targets (2016-2018) and (2016-2020). Otherwise long term target is from 2016-2025.

a) Short-term: Accelerated implementation over the next 3 years (2016 – 2018)

b) Mid-term: Implementation over the next 5 years (2016 – 2020)

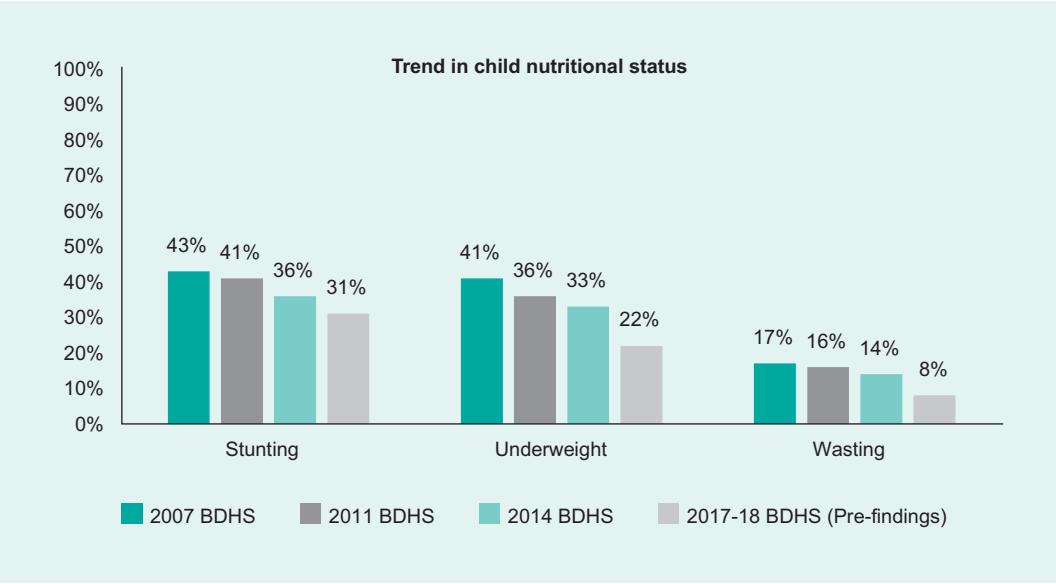
Chapter 3

PROGRESS TOWARDS NPAN2 TARGET AND OUTPUTS

3.1 Overview

Bangladesh demonstrated improvement in child nutritional status during the past decade (Figure 3.1). The level of stunting among children under age five declined from 36 percent in 2014 to 31 percent in 2017 (BDHS, 2017-18, Preliminary Findings) . Wasting in children under five decreased from 14 percent in 2014 to 8 percent in 2017. The level of underweight also declined significantly for this age group from 33 percent in 2014 to 22 percent in 2017. Where as stunting need to be reduced by 25%, reduce wasting to less than 8% among under-5 children and reduce the rate of low birth weight to 16% by 2025 are the target of NPAN2.

Figure 3.1: Nutritional status of children under five based on WHO growth standard 2006

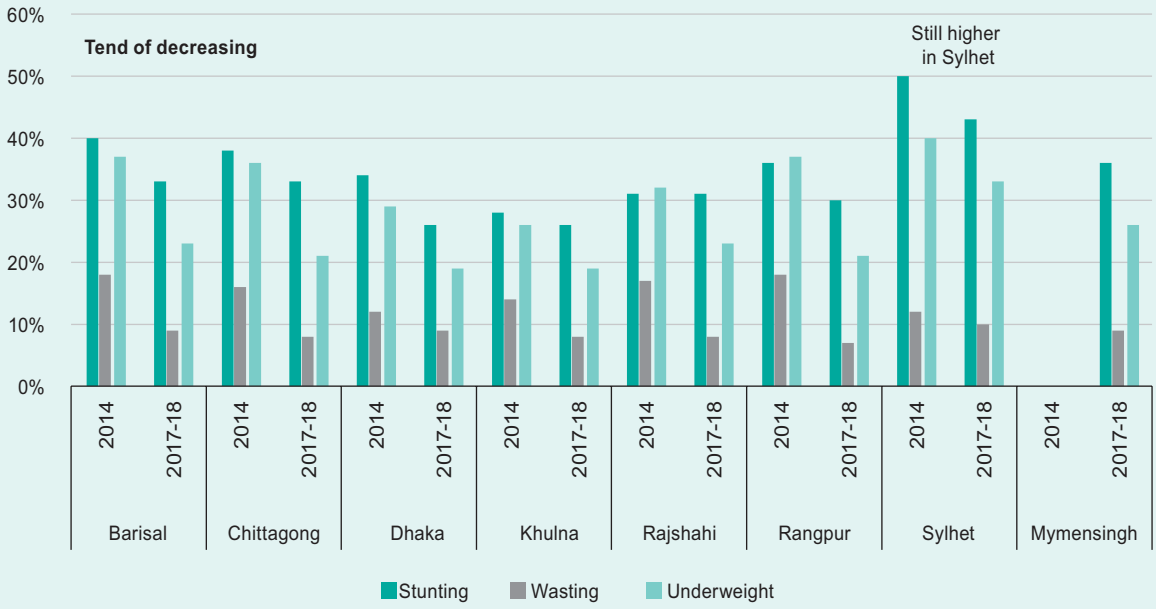


3.1.1 Geographical variation among divisions in prevalence of under-five undernutrition

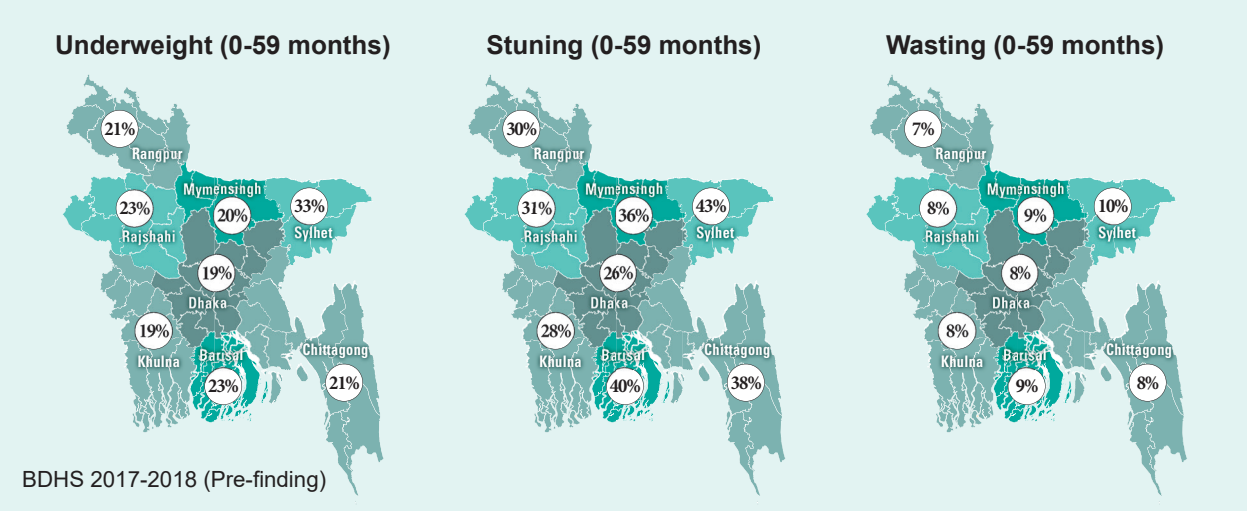
Sylhet Division still continues to record the highest measure of malnutrition in Bangladesh for under-five children as measured by stunting, underweight and wasting.

The prevalence of underweight ranged from 19% in Dhaka and Khulna to 33% in Sylhet. Wasting extend from 7% in Rangpur to 10% in Sylhet and stunting ranged from 26% in Dhaka to 43% in Sylhet. It is evident that under-five nutrition has consistently improved in all divisions between 2014 and 2017/18. (BDHS, 2017-18, Preliminary Findings)

Figure 3.2: "Undernutrition status across Bangladesh's divisions in 2014 and 2017-2018



Based on the 2017-18 Bangladesh Demographic and Health Survey (BDHS), Sylhet Division has the highest burden of malnourishment for under-five children, followed by Mymensingh Division (see Figure 3.2 and maps below).

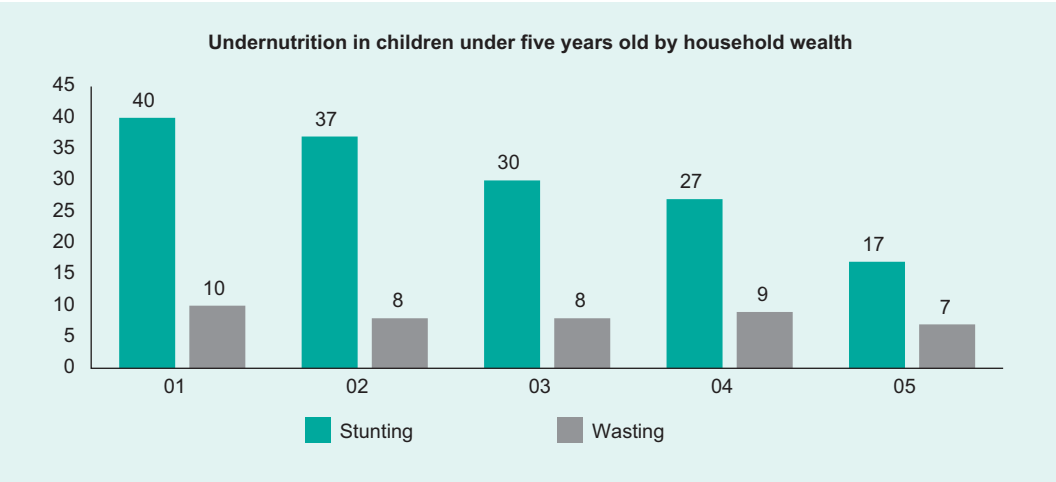


BDHS 2017-2018 (Pre-finding)

3.2 Under-nutrition and wealth

The nationally representative data in BDHS 2017-18 showed a clear inverse association between household wealth and nutrition indicators. As wealth increased, the malnutrition of under five children tends to decreased.

Figure 3.3: Undernutrition in children under five years old by household wealth



Source: (BDHS, 2017-18, Preliminary Findings)

While two-fifths of children under five years of age in the poorest household wealth quintile (quintile one) are stunted, fewer than one-fifth of the under-five children from the highest wealth quintile (quintile five) are stunted. On the other hand, there is not such marked difference in the percentage of wasted under-five children amongst the five wealth quintiles. This indicates acute undernutrition is less sensitive to changes in wealth than chronic malnutrition, highlighting the role of other underlying determinants in chronic malnutrition.

3.3 Progress by NPAN2 thematic areas:

Thematic Area 1: Nutrition for all following the Life Cycle Approach

3.3.1 Infant and young child feeding (IYCF) practices

IYCF practices include initiating timely feeding of solid or semi-solid foods at the age of six months and increasing the amount and variety of foods and frequency of feeding as the child gets older, while maintaining frequent breastfeeding.

Appropriate IYCF practices are based on three feeding practices:

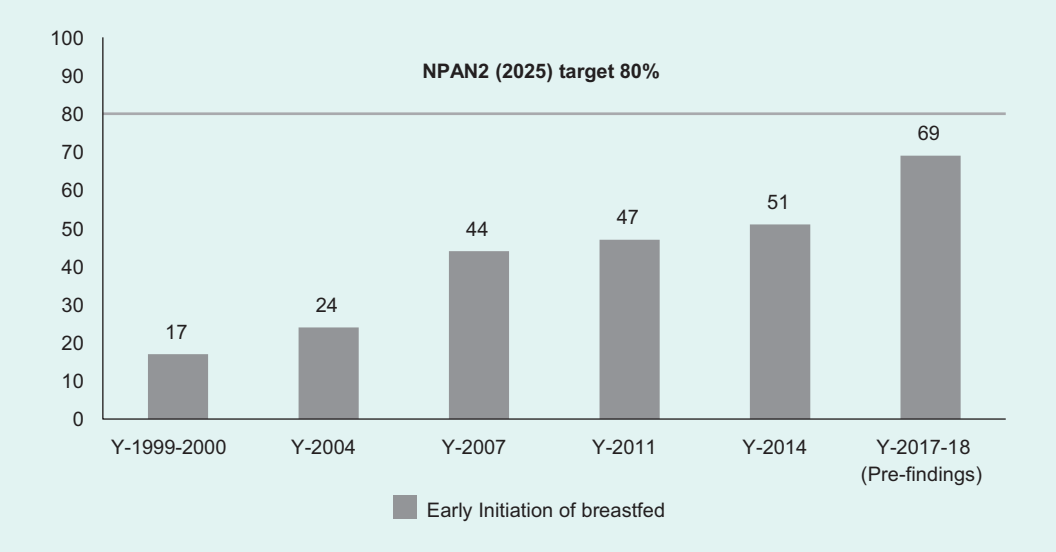
- Continued breastfeeding or, if not possible, feeding of milk or milk products
- Feeding of semi-solid or solid foods at meal times with additional snacks
- Feeding a diverse diet.

Unsatisfactory progress in IYCF practices is one of the important determinants of childhood under-nutrition in Bangladesh. Stunting can be prevented when appropriate IYCF practices are adopted and children are protected from infection. The data shows that progress on IYCF practices is not up to the required standard.

3.3.2 Status of early initiation of breast feeding (EIBF)

EIBF is referred to as initiation of breastfeeding within one hour of birth. Data presented in figure 3.4 clearly shows improvement in EIBF over the years: from 17% in 1999/2000 to 69% in 2017/18. With the current rate of improvement, the country is on track to achieve the NPAN2 targets by 2025.

Figure 3.4: Trends of early initiation of breast feeding among children aged 0-5 months compared to the NPAN2 target

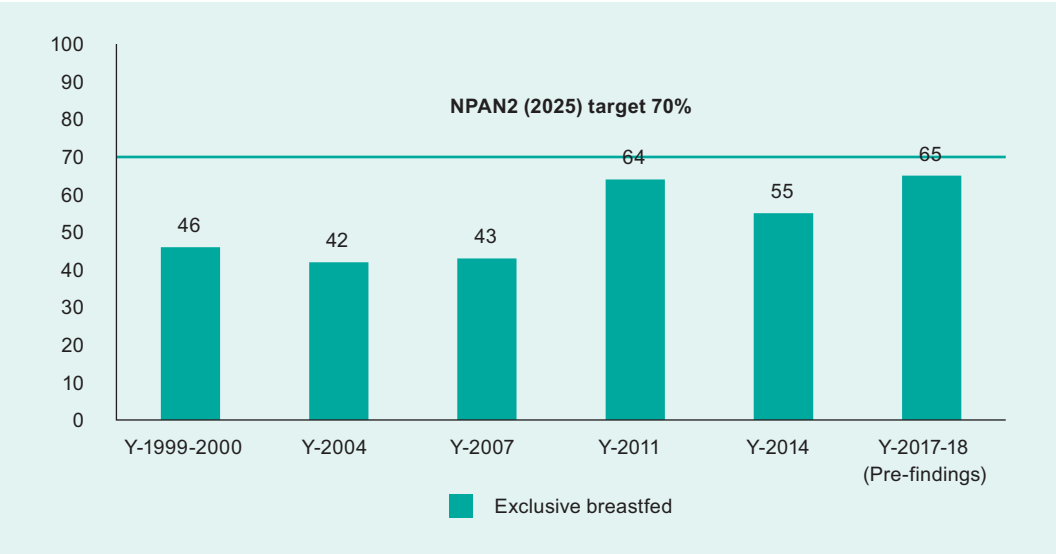


Source: (BDHS, 2017-18, Preliminary Findings)

3.3.3 Trends in exclusive breastfeeding (EBF) practices

Breast milk is uniquely tailored to meet all the nutritional needs of human babies for the first six months of life and thus is the best source of nutrition to offer new-born babies. In Bangladesh, despite a fall in EBF rates from 64% in 2011 to 55% in 2014, the EBF rate bounced back to 65% in 2017-2018 and is approaching the 70% NPAN2 target.

Figure 3.5: Trends in exclusive breastfeeding practices among children aged 0-5 months along with NPAN2 target

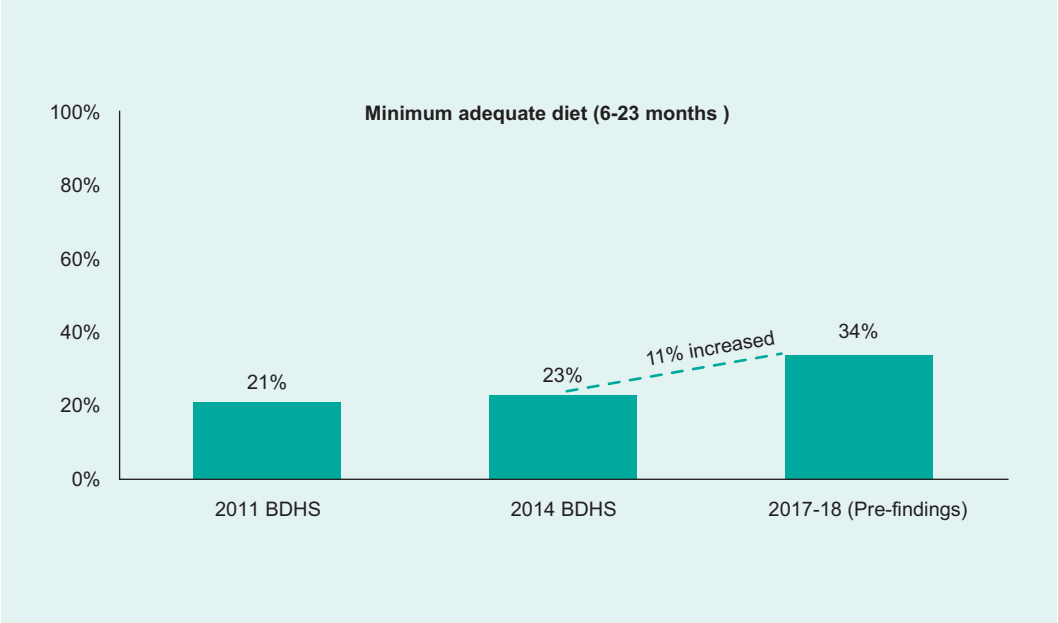


Source: (BDHS, 2017-18, Preliminary Findings)

3.3.4 Minimum Acceptable Diet

Appropriate nutrition for infants and young children includes feeding children a variety of foods to ensure that nutrient requirements are met. Figure 3.6 shows infant and young child feeding (IYCF) practices for young children aged 6–23 months. The indicator is a composite of minimum diet diversification and minimum meal frequency and takes into consideration the age of the child in months and the status of breastfeeding based on WHO guidelines. (WHO 1998).

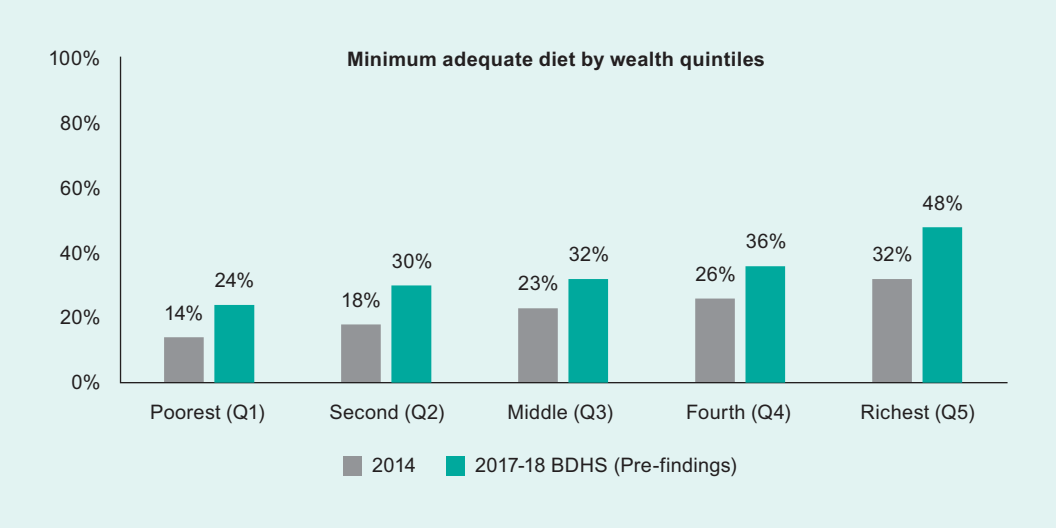
Figure 3.6: Percentage of children 6-23 months fed with Minimum Acceptable Diet (MAD)



Source: (BDHS, 2017-18, Preliminary Findings)

Figure 3.6 shows 2017 BDHS findings which reported that 34% of children aged 6-23 months were consuming a minimum acceptable diet (MAD) compared to the 21% reported in the BDHS 2011. The evident improvement in MAD might be due to intensive mass media campaigns over the years together with effective program implementation on the part of government. The improvement is evident across all wealth quintiles (Figure 3.7). The 4th Health, Population and Nutrition Sector Program (HPNSP) targets 45% of children consuming a minimal acceptable diet by 2022. Accelerated improvement is required in order to meet this target.

Figure 3.7: Percentage of children 6-23 months fed consuming a Minimally Acceptable Diet by wealth quintile



Source: (BDHS, 2017-18, Preliminary Findings)

As evident in Figure 3.7, consuming a minimally adequate diet was positively associated with wealth status. However, while those following IYCF practices doubled (2017-2018 BDHS) from the poorest to richest quintile, even in the highest wealth quintile, only 1 in 3 children received a minimally acceptable diet. The national nutrition programs needs to intensify efforts to raise awareness regarding appropriate feeding practices for infants and young children alongside behaviour change interventions.

3.4 Progress in nutrition program indicators (2015-2018)

Since 2011, there has been progress in IYCF process indicators, with the most notable progress taking place between 2015 to 2018. The trend of providing IYCF counselling gradually increased from 2015 to 2018.

Table 3.1: Status of process indicators for assessing IYCF status

Proxy indicators	2015	2016	2017	2018	Source
Number of infants who are breastfed within one hour of birth	324947 (Rural facility)	421517 (Rural facility)	520759 (Rural facility)	592872 (Rural facility)	DHIS2, DGHS
% of caregivers of children 0-23 months old receiving age appropriate IYCF counselling at facility	Na	19% (Rural)	31% (Rural)	33% (Rural)	DHIS2, DGHS
Number of health facilities certified as Baby Friendly Hospital Initiatives	188	231	Not available	723	BBF

3.5 Micronutrient malnutrition

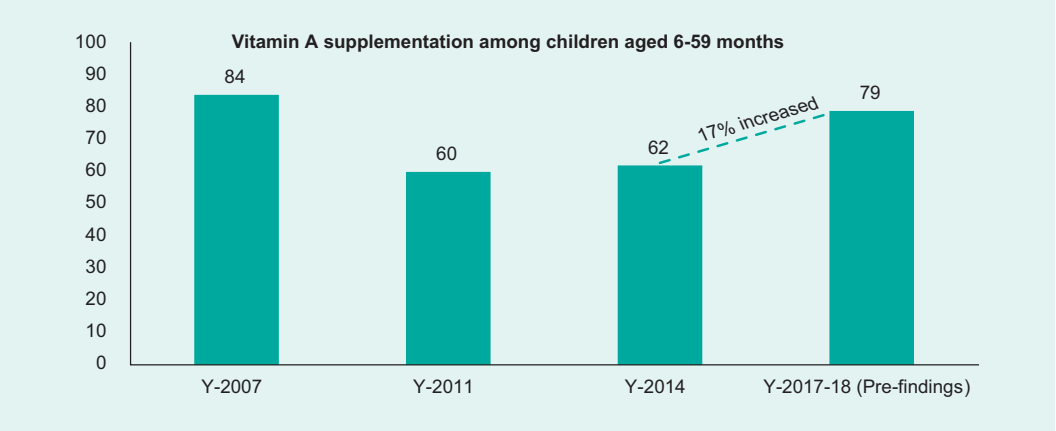
This section highlights the progress made over time to reduce the prevalence of micronutrient deficiencies among children and women of reproductive age in Bangladesh. Though progress is visible, a major challenge remains to reduce micronutrient deficiencies among these target groups. To address the issue, the National Strategy on Prevention and Control of Micronutrient Deficiencies for Bangladesh emphasises the promotion of food based dietary guidelines and food fortification for targeted vulnerable groups including pregnant and lactating women, adolescent girls, and children under five years of age.

One of the major goals of the Plan is to improve the nutritional status of all citizens across the lifespan. The prevalence of anemia in the preschool age children was 33.1%. It was 37.0% and 22.8% respectively in the rural and the urban strata. The prevalence appeared to be lower than the earlier nationally representative estimates of the country (47.0%, NSP 2001); however this may be accountable to the difference in the assessment methods. The venous hemocue was used in the national micronutrients survey. The prevalence of anaemia in the school age children was 19.1% and 17.1 % respectively in the 6-11 year and 12-14 year groups. The prevalence of anemia in the NPNL women was 26.0%. According to the earlier nationally representative survey it was 33.0%. (NMS, 2011-12)

The national prevalence of iron deficiency, as measured by low ferritin (preschool age children<12 ng/ml; school age children and NPNL women<15 ng/ml) was 10.7% in the preschool age children and in the NPNL women it was 7.1%. It was 3.9% and 9.5 % in the school age children aged 6-11 year and 12-14 year respectively. (NMS, 2011-12)

As shown in Figure 3.8 and based on data reported in the 2014 BDHS, 62% of children aged 6-59 months were reported to have received vitamin A supplementation in the last six months. This increased to 79% in 2017. The level of vitamin A supplementation varied across subgroups (6-11 m and 12-59 m) of children (as indicated below).

Figure 3.8: Percentage of children 6-59 months who received supplements in the last six months



Source: (BDHS, 2017-18, Preliminary Findings)

3.5.1 Progress on nutrition programs of micronutrient supplementation (2015-2018)

Based on administrative data, Bangladesh's bi-annual Vitamin A supplementation programme has maintained progress in achieving 98% coverage for children aged 6-59 months.

The first round of the National Vitamin A Plus Campaign 2018 (NVAC+) was held on 14 July 2018. It was preceded by a child to child (CtC) search, which was undertaken from 15 to 18 July 2018 and covered about 21 million children aged 6-59 months throughout the country. The administrative coverage of the first round of vitamin A supplementation to children aged 6 to 59 months was 98.8% (20,914,529); coverage for children aged 6-11 months was 98.4% (2,384,793): and for children aged 12-59 months, coverage was 98.9% (18,529,736). In municipalities, the coverage among children aged 6-59 months was comparatively lower (97.5%) than that among children in city corporations (99.2%) and those in rural areas (98.8%).

Beside this, the program data says the number of services of children under 5 with diarrhoea treated with ORT are increasing by year.

Table 3.2: Status of Micronutrient status complied from National Nutrition Program data

Output indicators	2015	2016	2017	2018	Source
% of children aged 6-59 months receiving Vitamin A supplements	99% (The World Bank)	98.6% (DHIS2, DGHS)	99.9% (DHIS2, DGHS)	98.8% (DHIS2, DGHS)	World Bank, DHIS2-DGHS
Number of children under 5 with diarrhoea treated with ORT and Zinc	737824 (Only ORT)	794022 (Only ORT)	846331 (Only ORT)	851518 (Only ORT)	DHIS2, DGHS

3.6 Maternal nutrition and reducing low birth weight

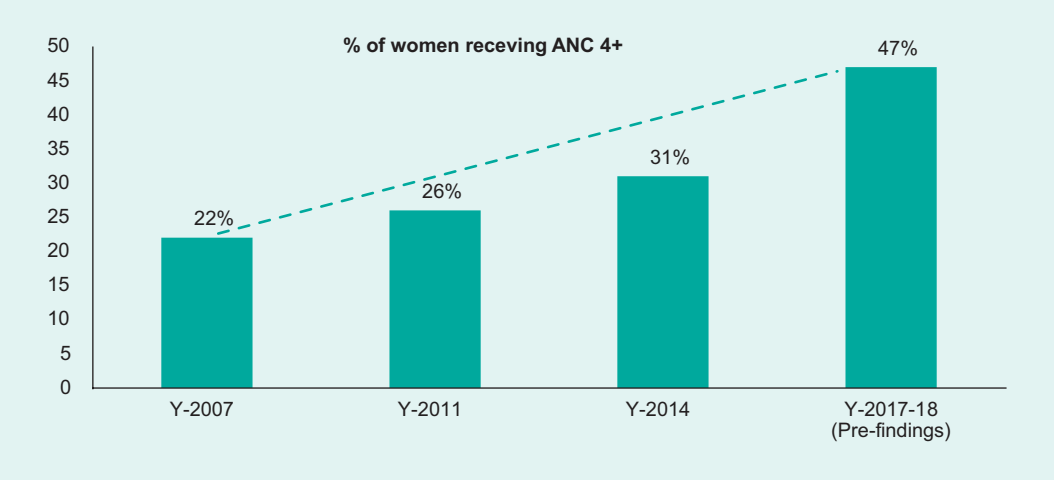
The prevalence of under-nutrition, notably anemia which is high among pregnant and lactating women in Bangladesh also contributes to the high rate of babies born with a low birth weight (LBW). The National Low Birth Weight Survey of 2003-04 showed an LBW rate in Bangladesh of 36%. While this had reduced to 23% in the 2016 Survey, though the rate remains high.

To improve the situation, the WHO recommends strengthening nutrition counselling during antenatal (ANC) care, promotion of diversified food intake during pregnancy,

micronutrient supplementation, and social behaviour change communication (SBCC) strategies to promote community nutrition and health awareness. Additionally, linking vulnerable and poor mothers with social safety net programme support need to be strengthened and scaled up.

Women who do not receive clinical ANC have significantly greater odds of miscarriage compared to those who attended a clinic for an ANC check-up during first trimester.

Figure 3.9: Proportion of women receiving 4 or more ANC check-ups



Source: (BDHS, 2017-18, Preliminary Findings)

Figure 3.9 shows that the overall coverage of antenatal care has improved since 2007. The percentage of pregnant women who received more than four ANC check-ups during pregnancy increased by 16 percentage points from 2014 to 2017, however still less than 50% of pregnant women receive 4+ ANC check-ups.

3.6.1 Progress in maternal nutrition and LBW proxy indicators (2016-2018)

Table 3.3 shows trends in ANC 4+ among rural women between 2016 and 2018. The proportion of women who received four or more ANC check-ups gradually increased from 31% in 2016 to 37% in 2018. The table shows that the highest (44%) proportion of women received iron-folic acid supplementation (IFA) during 2017 in their first trimester, and the proportion was lowest (33%) in 2016. At the national level, about 17% of women were weighed during ANC check-ups. Between 2016 and 2018, 11% to 15% of mothers received counselling for appropriate nutrition care during motherhood and counselling in child feeding practices through integrated management of childhood illness (IMCI) programmes and at every visit of the sick child to a health care facility. It is evident from Table 3.3 that the overall coverage of all five proxy indicators has been very low without any visible improvements since 2016.

Table 3.3: Status of management of maternal nutrition and reducing low birth weight

Output indicators	2016	2017	2018	Source
% of pregnant women who received 4+ ANC	31% (Rural)	35% (Rural)	37% (Rural)	APIR report
% of children 0-23 months old whose weight was taken at a facility	9% (Rural)	7% (Rural)	10% (Rural)	DHIS2, DGHS
% of visits with pregnant women who received any IFA	33% (Rural)	44% (Rural)	38% (Rural)	DHIS2, DGHS
% of times women who attended ANC check-ups during pregnancy were weighed	17% (Rural)	16% (Rural)	17% (Rural)	DHIS2, DGHS
% of women receiving maternal nutrition counselling	15% (Rural)	15% (Rural)	11% (Rural)	DHIS2, DGHS

3.7 Management of Acute Malnutrition

Management of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) as per standard guidelines through in-patient or out-patient management are included in the strategic actions. Activities include establishment of community-based programmes, review and updating guidelines, training the health workers, timely reporting, regular supply of therapeutic formulas at facilities treating SAM, strengthening of nutrition counselling services (including cooking demonstrations), adequate nutritional support to the SAM/MAM children and acutely undernourished Pregnant & Lactating Women (PLWs) targeted through Social Protection Programmes (SPPs).

Table 3.4: Status of Management of Acute Malnutrition as a proxy for progress among relevant programmes from 2015-2018

Output indicators	2015	2016	2017	2018	Source
Number of children < 5 years screened at the community level and referred for nutrition management.	13,468 (Rural)	59,891 (Rural)	81,274 (Rural)	78,145 (Rural)	DHIS2, DGHS
Number of health facilities equipped with anthropometric equipment.	Not available	Not available	Not available	427 (Rural)	NNS, DGHS

It is estimated that at any given time in Bangladesh there are about 500,000 under-five children suffering from severe acute malnutrition, a condition that has 12 times

higher risk of death compared with well-nourished children. According to NNS-DGHS information, 78,145 under five children were screened at the community level and referred for nutrition management. Over the last three years (2015-2018) the case detection of acute malnutrition has increased by about six times (13,468 in 2015 to 78,145 in 2018) in absolute numbers in rural Bangladesh, however, the total coverage of the estimated caseload seems very low (around 16%).

3.8 Adolescent nutrition

Adolescence is a critical period in the life cycle because of rapid growth and preparation for adulthood. High rates of malnutrition specifically among adolescent girls, and low programme coverage demands urgent attention and action. The NPAN2 prioritizes promotion of adolescent nutrition and a healthy life style through formal and informal inclusion in Bangladesh's academic curricula and training programmes. As per government plans to improve the health of adolescents, young people and teenage couples through facility and community-based approaches.

Table 3.5: Status of nutrition in adolescent girls and women

Indicators	NPAN2 Target 2025	2011	2014	Source
%of women 15-49 yrs. who are overweight or obese (BMI ≥23)	30%	17%	39%	BDHS
% of adolescent girls (15-19 yrs.) with height <145 cm	<8%	13%	13%	BDHS
% of adolescent girls (15-19 yrs.) thin (total thinness)	<15%	25%	31%	BDHS

Source: BDHS 2011 and 2014

Table 3.5 shows that adolescents who have inadequate height (<145 cm) has remained unchanged at 13% since 2011. Percentages of girls who are too thin, as well as women who are overweight has been increased since 2011.

3.8.1 Double burden of malnutrition is evident among adult women in Bangladesh

Nearly one-third of women are undernourished, with a body mass index of <18.5 kg/m^2. The prevalence of anaemia among young infants, adolescent girls, and pregnant women is still at unacceptable levels.

Figure 3.10: Undernutrition in adult woman (19-49 years)

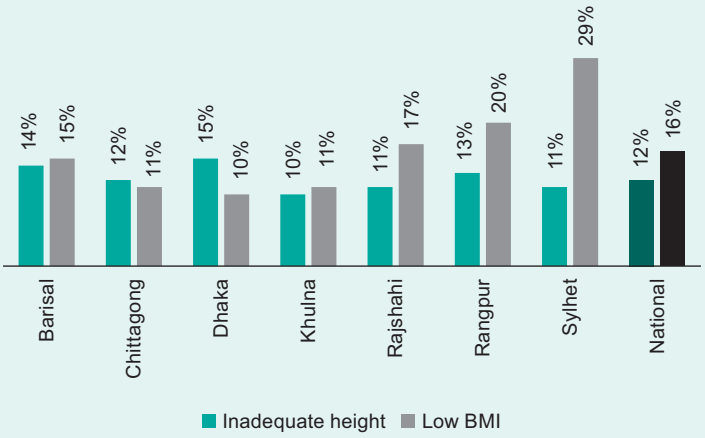


Figure 3.11: Undernutrition in adult woman by food consumption and diet diversity

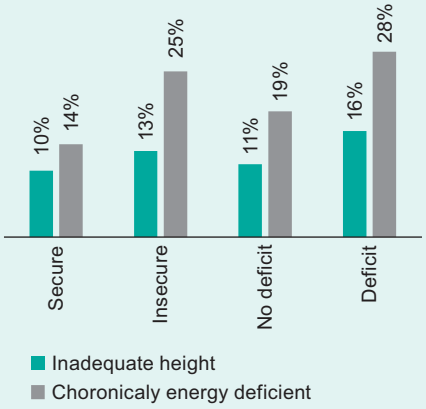
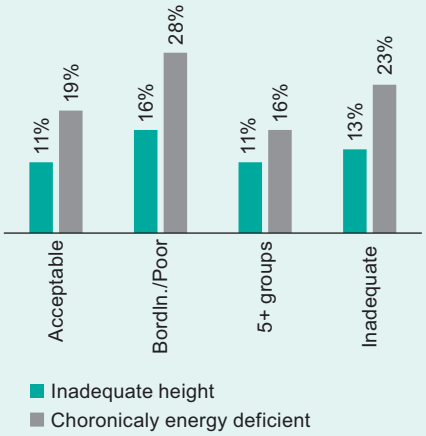


Figure 3.12: Undernutrition in adult woman by food consumption and diet diversity



Inadequate height = shorter than 145cm

Low Body Mass Index = BMI (weight kgs/height m2) less than 18.5

HFIAS: Household Food Insecurity Access Scale

FDS: Food Deficit Scale

FCS: Food Consumption Score

DD: Diet Diversity

FSNSP 2015 report

Under nutrition (BMI < 18.5) in Sylhet division is strikingly higher at 29% than that reported in any other division in the country. This is a 13% higher prevalence of undernutrition compared to the national average (16%). (Figure 3.10).

The percentage of women with chronic energy deficiencies in food deficient (28%) and food insecure households (25%) is nearly double that of women in food secure households who report chronic energy deficiency (14%). (Figure 3.11).

3.9 Water, sanitation and hygiene (WASH)

Water, sanitation and hygiene are closely linked with health and nutrition status. Despite good progress in providing safe drinking water and improved toilet facilities, progress in hygiene practices (27%) and use of improved sanitary latrines (48%) are reported to be unsatisfactory. These unsatisfactory WASH practices have an impact on stunting. Based on the current rate of progress, it is unlikely that the UN's UN's Sustainable Development Goals (SDG) targets for Bangladesh will be achieved by 2025. It is crucial for the government to link nutrition and WASH programmes in order to accelerate and re-emphasise the promotion of good hygiene practices at all levels (personal/household/community/food production, processing, storage, preparation).

Table 3.6: Sanitation practices and hand washing behaviour

Indicators	2014	2015	2017	NPAN2 target 2025	Sources
% of population that use improved drinking water	98%	na	Not available	100%	BDHS
% of population that use improved sanitary latrine (not shared)	48%	na	43%	75%	BDHS
% of caregivers with appropriate hand washing behavior	27%	14%	na	50%	FSNSP

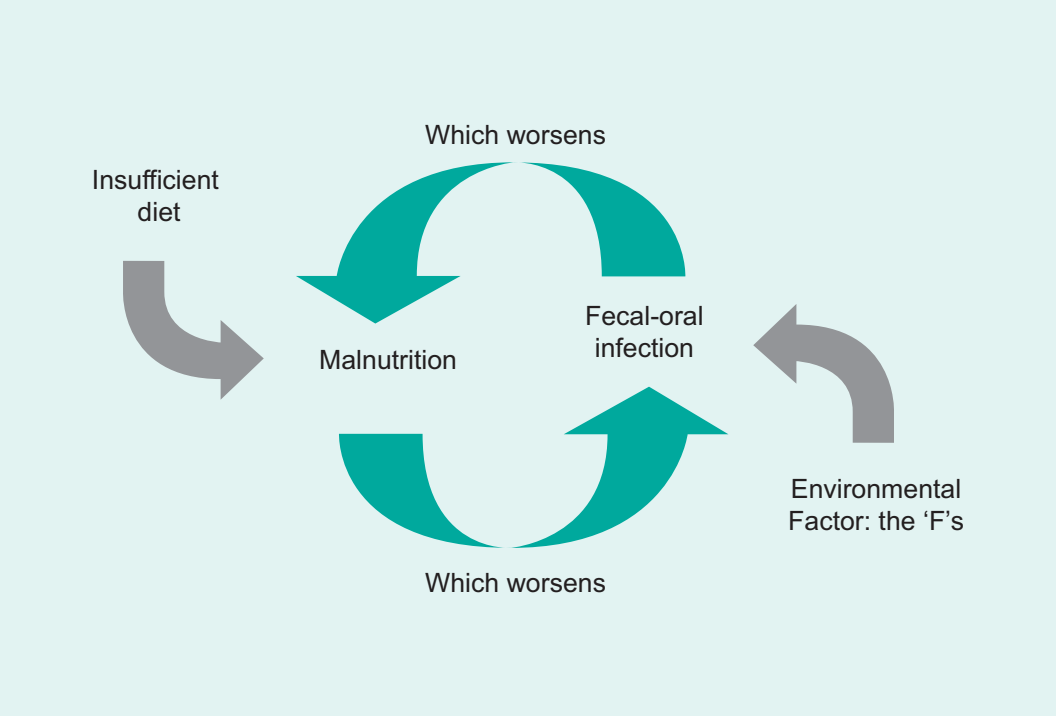
Though 98% of Bangladesh households report that they use improved drinking water, only 27% of caregivers have appropriate hand washing behaviour. However, 50% of caregivers used soap for washing their hands after using the toilet (Tab. 3.6).

3.9.1 WASH-Nutrition Linkages

The links between WASH programmes and malnutrition is shown in several studies. WASH interventions have a positive impact on reduction of diarrhoeal diseases: 42–48 % by hand washing with soap, 17% by improvement of water quality, and 36 % by appropriate excreta disposal. Reducing diarrhoeal diseases has been shown to reduce stunting. A 20-year multi-country analysis revealed that five or more diarrhoeal infections in the first two years of life accounted for 25 % of all stunting observed,

moreover, every five diarrhoeal episodes increased stunting risk by 13 %. In addition, correlation between Environmental Enteric Dysfunction (EED)[1] and stunting is more significant than the correlation between diarrhoea and stunting.

Figure 3:13: Progress of WASH-Nutrition Pathways

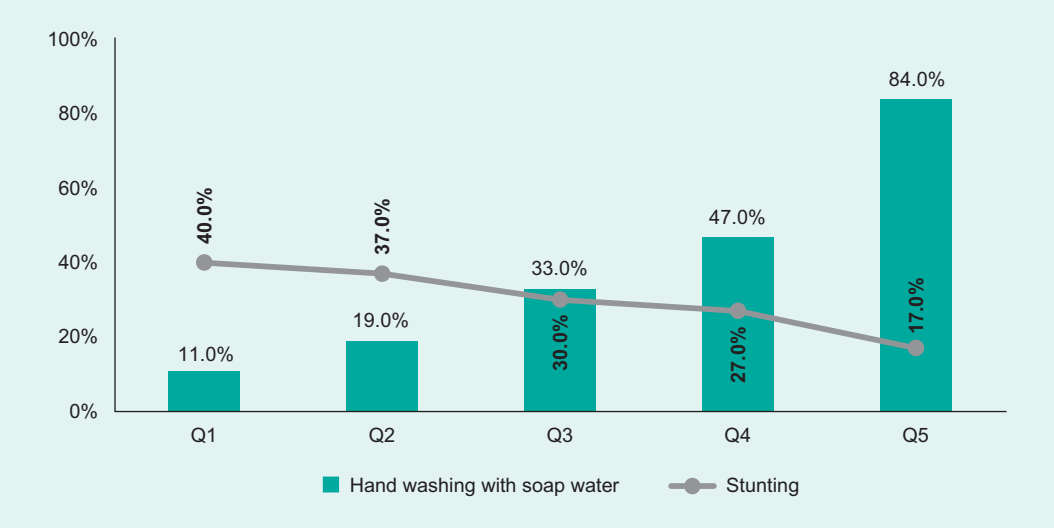


3.9.1.1 Hand washing behaviour improves significantly with household wealth and is related to level of stunting

It is well known that as appropriate hand washing practices increase, communicable diseases like diarrhoea – and thus stunting- decrease. Based on this premise, the Government of Bangladesh together with development partners has been extensively promoting hand washing. Figure 3.14 shows how the stunting rate decreases as wealth and hand washing rates increase.

1 "EED is a disorder of intestinal function common in tropical countries and in settings of poverty and economic disadvantage. EED in young children is associated with stunting, malnutrition, and greatly impaired responses to oral vaccines, notably rotavirus and poliovirus vaccines" https://www.nature.com/articles/s41385-018-0036-1

Figure 3.14: Hand washing behavior in different wealth quintiles and stunting



Source: BDHS 2017-18 (Pre- findings)

Progress of program indicators towards WASH (2015-2017)

Table 3.7: Status of process indicators and WASH targets as envisaged under NPAN2.

Output indicators	2015	Source
% of population that use improved drinking water	99%	DPHE
% of population that use improved sanitary latrine	61%	DPHE
% of caregivers with appropriate hand washing behaviour (% of caregivers in households who used soap for hand washing at least two critical times in the past 24 hours, these two times include after own defecation and at least one for the following: after cleaning a young child, before preparing food, before eating, and/or before feeding a child)	35%	DPHE

3.10 Urban nutrition

Marked disparities exist between the urban non-poor and urban poor/slum dwellers. Public sector services for the urban poor and slum dwellers are lacking, along with poor environmental conditions that increase the prevalence of malnutrition. About 35% of Bangladesh's total population lives in urban areas, with an annual growth rate of 3.27%. A recent study investigated the microbial quality of food and water consumed by children under the age of five living in Dhaka slums. The study showed that 83% of the households where the children lived were food insecure and 58% of the children under five in the study were stunted. All of the water samples were contaminated; yeast and moulds were detected in 86% of the food samples and coliforms in 73%.

Strengthening coordination between the Ministry of Health and Family Welfare (MOHFW), Ministry of Local Government, Rural Development and Co-operatives (MOLGRD&C) and other relevant ministries as well as NGOs are key to ensure delivery of essential and comprehensive nutrition service packages in urban areas with special focus on the urban slums. Nutrition sensitive social protection programmes (SPP), access to balanced and diversified diets as well as WASH services for vulnerable urban population need to be designed and implemented.

Table 3.8: Status of existing urban nutrition and reporting mechanism as envisaged under NPAN2.

Output indicators	2015	2016	2017	2018	Target by 2018	Source
Number of Urban Health coordination committee meetings held in a year	1	2	2	0	3	MOL GRDC
Urban nutrition reporting included in DHIS2 of HMIS	Yes	Yes	Yes	Yes	Yes	DHIS2, DGHS
NGO nutrition reporting included DHIS2 of HMIS	Yes	Yes	Yes	Yes	Yes	DHIS2, DGHS

Urban Nutrition Reporting has also been initiated since 2015 through the District Health Information Software (DHIS2) used by the Directorate General of Health Services (DGHS) and current reporting is satisfactory. NGO reporting currently underway has also been of a high quality. However further efforts are required to improve the quality of data reported.

Thematic Area 2: Agriculture & Diet diversification & locally adapted recipes

(Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices)

The primary role of the food, agriculture, livestock and fisheries sectors is to increase the availability, affordability, accessibility and consumption of diverse, nutritious, safe, culturally appropriate foods and diets using environmentally-friendly technologies.

This starts with the promotion of diversified and integrated homestead gardening, livestock development and small animal raising, aquaculture and fisheries production. Diversified, integrated home food production systems enable resilience to climate and price shocks, seasonal food and income fluctuations and more gender-equitable income generation.

Table 3.9: Status of process indicators and targets of food security, safety and quality as envisaged under NPAN2.

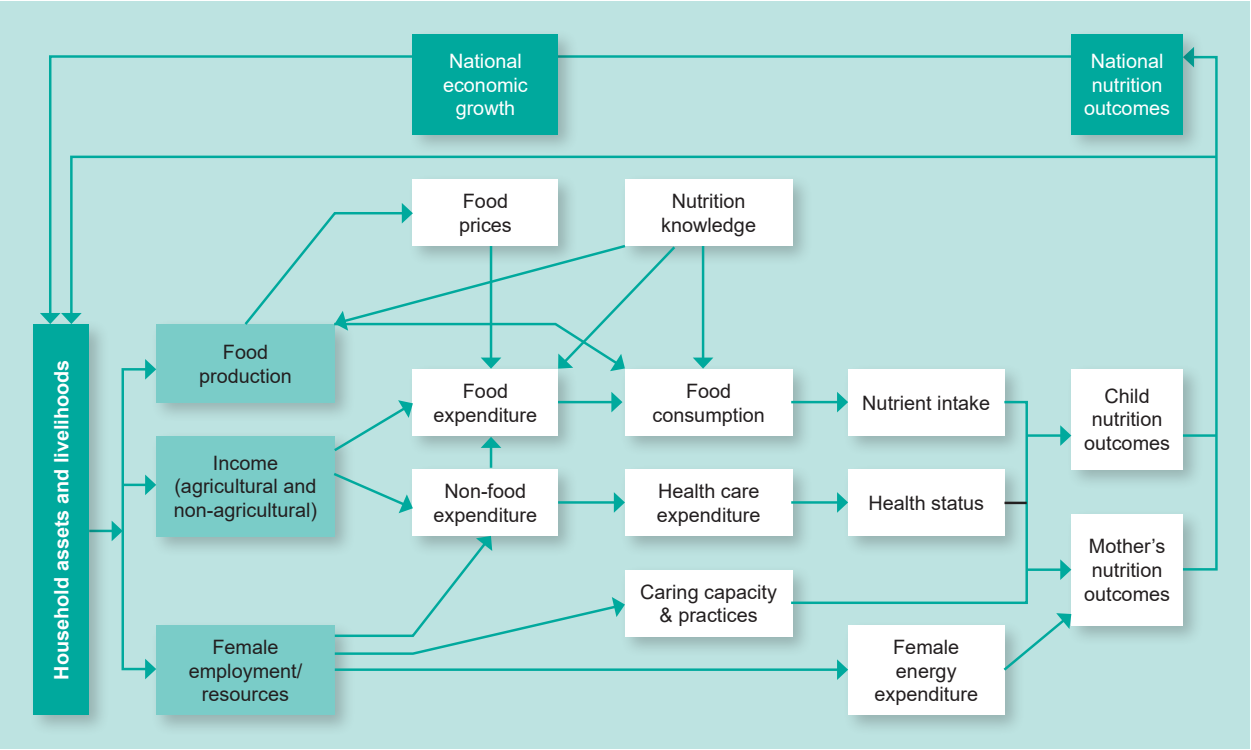
Output indicators	2015	2016	2017	2018	Target by 2018	Source
Rate of growth of agricultural GDP at constant prices (2005-06)	3.12% (BBS)	2.50% (BBS)	2.65% (BBS)	Not Available	Not Available	BBS Yearbook of Agricultural Statistics
Poor households engaged in home gardening and backyard poultry	46.10%	49%	Not Available	Not Available	Not Available	BBS, HIES report

Agriculture - Nutrition Nexus

Being food secure does not ensure that a person is receiving adequate nutrition to prevent malnutrition. Fig 3.15 below depicts the complex interplay of multiple food and non-food factors affecting nutritional status, including the four dimensions of food security – availability, access, utilization and stability. The anticipated link–from poor food insecurity to child undernutrition–is more easily understood, because it is intuitive. However, more evidence is needed to understand the role that food security can play in improving the nutritional status of children and women.

Multiple reviews have noted that the pathways that lead from food production to markets in ways that influence food purchases, diets, and the nutritional status of populations are incompletely understood. The existing research as summarized in Figure 3.15 points to a link between household food insecurity and stunting among under five years of age, low birth weight, anaemia among women of reproductive age, and adult obesity among women, though little evidence is currently available supporting the association between food insecurity and child undernutrition.

Figure 3.15: Pathways from Agriculture to Nutrition



Source: Adapted from Gillespie and al. 2012 and Headey and al 2012

3.11 The agricultural sector's response to address malnutrition

The Second Country Investment Plan 2016-2020 (CIP2)

The Second Country Investment Plan 2016-2020 (CIP2) on Nutrition Sensitive Food Systems

Bangladesh's Second Country Investment Plan (CIP2) 2016-2020 is a comprehensive inter-sectoral plan on Nutrition Sensitive Food Systems that has been formulated by the Ministry of Food in partnership with 17 ministries. The CIP2 focuses on nutrition-sensitive food systems, by setting forth priority investment programmes for each stage of the food value chain -'from production to plate'- as well as emerging challenges to Bangladesh's food systems. Its primary goal is to "achieve improved food security and nutrition for all at all times by making food systems nutrition-sensitive and sustainable". The CIP's strategic objective is to "ensure availability, affordability and nutritional quality of foods, and that all people have access to a variety of safe and nutritious foods, and the knowledge they need to make wise food choices for a healthy diet". These objectives are to be achieved through 13 investment programmes. The total cost of the CIP2 is estimated at US$ 9.2 billion with US$ 3.6 billion still awaiting funding. CIP2 adopts nutrition-sensitive budgeting, by identifying investments which have the potential to achieve more impact on nutrition. When prioritising nutrition-

weighted funding for nutrition impact, the financing gap amounts to US$ 2.4 billion. (CIP2, 2016-2020)

There are strong linkages between NPAN2 and CIP2, which have common objectives and involve the same stakeholders and sectors. Action is being taken to ensure complementarity and synergy in the implementation of these two policy action plans.

The CIP2 is being monitored by FPMU in close collaboration with 17 partner ministries under the direct leadership of the Minister of Food. FPMU is responsible for producing the Annual Monitoring Reports. The first CIP2 Monitoring Report (MR 2019) which covers the period 2017-2018 provides FSN data and analysis that are used for the NPAN2 Monitoring Report 2016-2017 and 2017-2018.

3.12 Current situation and trends in agriculture and food security

3.12.1 Food production and availability

Production of some staple foods

From Statistical Yearbook of Bangladesh 2017, it is clear that the performance of the agricultural sector is improving, as shown by the constant annual growth of agricultural GDP from 2015 to 2017. Rice is the main staple food consumed in Bangladesh; the country has been self-sufficient in rice production since 2012. After a decrease in annual rice production (-2.6% in 2016-2017), rice production increased by 7.3% from 2017 to 2018. The annual change in wheat production was negative in 2016-2017 (-2.7%) and flat in 2017-2018.

Production of some nutrient-dense foods

- Pulses and beans: the production of pulses, which are rich in proteins, is increasing, yet at a slower pace in compared to rice. In 2016-2017, the annual change in production was 2.3% and dropped to 0.7% in 2017-2018. After an annual change of 6.9% in 2016-2017, the production of beans dropped nearly 2% from 2017 to2018 (-1.9% annual change in production)

- Fruits and vegetables: unlike cereals, the production growth of fruits and vegetables remained low or experienced a considerable decrease from 2017 to 2018. Major vegetables including tomatoes, lemons, pineapples and mango all had negative annual changes in production from 2017-2018, with the exception of carrots, guava and banana (14.5%, 5.3% and 0.4% respectively).

- Animal Source Foods (ASF): Fish production keeps increasing, despite a decrease in the annual growth of fish production from 6.7% in 2016-2017 to 3.46% in 2017-2018. Bangladesh has achieved self-sufficiency in fish production, by crossing the target of 40.50 lakh metric tons in 2016/17. Pond aquaculture remains quite prominent in its production with 2,477,883 ponds in 2017-2018. Marine fisheries are being developed with the existence traditional fishing. In 2017-2018, production from marine fisheries was only 15% of the total fish production, with artisanal capture representing 81.6%.

Although production of meat, eggs and milk is increasing every year, the percentage of increase is still low (Table 3.9) and there is a gap between production and demand, with the exception of meat (Table 3.10)

Table 3.10: production of milk, meat and eggs in fiscal years 2016-2017 and 2017-2018

Products	Fiscal Year 2016-2017	Fiscal Year 2017-2018
Milk (Lakh Metric Ton)	92.83	94.06
Meat (Lakh Metric Ton)	71.54	72.60
Egg (Crore number)	1493.31	1552.00

Source: (DLS, 2017-18)

Table 3.10: demand and availability of milk, meat and eggs in fiscal year 2017-2018

Products	Demand	Availability	Gaps
Milk (Lakh Metric Ton)	150.29 Lakh Metric Ton (250 ml/day/head)	158.19 (ml/day/head)	56.23 Lakh Metric Ton
Meat (Lakh Metric Ton)	72.14 Lakh Metric Ton (120 gm/day/head)	122.10 (gm/day/head)	**Surplus** of 0.46 Lakh Metric Ton
Egg (Crore number)	1712.88 Crore number (104 numbers/year/head)	95.27 (numbers/year/head)	160.88 Crore numbers

Source: (DLS, 2017-18)

Bio-fortified crops, food fortification and food to food enrichment: Bio-fortification is a recognized long-term agricultural investment for improving nutrition and is going to be an integral component of a comprehensive package of complementary strategies for enhancing agricultural and food-based interventions for nutrition. Bangladesh, through its research institutions like BRRI, BARI and BINA, has already undertaken transgenic collaborative research to improve beta-carotene and iron levels for micronutrient enhancement of certain crops like orange sweet potato, legumes and other vegetables. Bangladesh Rice Research Institute (BRRI) and the International Rice Research Institute (IRRI) along with HarvestPlus have developed and released seven zinc-biofortified rice varieties. HarvestPlus along with partners have delivered the seeds of four zinc rice varieties to almost half a million households across 62 out of 64 districts. The aim is to reach about one million farming households with bio-fortified zinc rice by the end of 2018. In addition, Bangladesh, through its research institutions like BRRI, BARI and BINA, has already undertaken transgenic collaborative research to improve beta-carotene and iron levels for micronutrient enhancement of certain crops like orange sweet potato, legumes and other vegetables.

Table 3.11: Status of process indicators and targets of bio-fortification and micronutrient as envisaged under NPAN2.

Indicators	Status			Target	Source/Remarks
	2016	2017	2018	2018	
(#)/Any kind of national level information on (Salt Iodization, fortification of oil/other food with Vitamin 'A', iron etc.)	YES	YES	YES	NA	Salt - BSCIC, Ministry of Industries; Edible oil – Ministry of Industries; Rice – Ministry of Women and Children Affairs, Ministry of Food
Develop crude salt specification by BSCIC and monitoring of crude salt quality	NO	NO	NO	NA	BSCIC is developing specifications for crude salt
Build capacity of implementation and monitoring bodies, i.e. BSCIC, IPHN, BSTI, IPH, DG Food, DWA etc.	YES	YES	YES	YES	BSCIC, IPHN are being capacitate by IFST through NI finance; DG Food and DWA are being capacitate by NI and WFP in monitoring fortified rice.
Initiate activities related to Market Intervention Operation (MIO) for affordable price for consumers	NO	NO	NO	YES	Ministry of Industries planned to intervene market to stabilize price of iodized salt but didn't take place

na = not available

Universal salt iodization and fortification of edible oil with vitamin A are ongoing under the auspices of the Ministry of Industries. Eight laboratories managed by the Bangladesh Small and Cottage Industries Corporation (BSCIC) in the salt zones are regularly testing the quality of iodized salt. Fortified rice supplementation for poor and vulnerable women and children are ongoing in selected upazilas under the direction of the Ministry of Women and Children Affairs.

Cereals based foods still constitute the main share of the Dietary Energy Supply (DES), with 76.3% share of total DES in 2014, dropping by only 1.8 percentage points over a seven-year period (2007-2014). While updated data on DES is not yet available, it might be assumed that the same trend concerning the share of cereals-based foods from 2007-2014 is continuing. It is important to accelerate the diversification of Bangladesh's food production towards more availability of nutrient-dense foods, while continuing to ensure cereals' self-sufficiency for the country.

3.13 Food accessibility

Overall calorie intake per capita per day has decreased to 2210 Kcal from 2308 Kcal in 2010 (a decrease of about 4%) which is below the desirable 2430 Kcal/capita/day (BIRDEM report, 2015). This reduction could be attributable to the considerable decrease of rice consumption both in rural and urban areas in 2016 compared to 2010. However, the prevalence of the population suffering from chronic energy deficiency (undernourishment) was 15.2% in 2015-2016 (FAO, IFAD, UNICEF, WFP and WHO. 2018).

Subsequent efforts were made to promote home gardening for vulnerable populations, in order to ensure direct access to nutrient-dense foods such as horticultural products. In 2016, 49% of poor households were engaged in home gardening, compared to 46.10% in 2015.

The 2016 Household Income and Expenditure Survey (HIES) showed that Bangladeshi households spent 47.70% of their household expenditure on food. This compares to 2010, when expenditure on food items for a Bangladeshi household accounted for 54.81% of household expenditure. In 2016 in rural areas, the share of food expenditure was 50.49%. In 2016 in urban areas, the share of food in a household's budget fell to 42.59% of total expenditure. For the first time in HIES history in 2016, non-food expenditure exceeded food expenditure at the national level and in urban areas. Expenditure on food and non-food items was almost equal in rural areas in 2016. This indicates improvement in the quality of life of population of Bangladesh. However, poverty is still prevalent especially in rural areas and urban slums, despite the reduction of national prevalence from 31.5% in 2010 to 24.3% in 2016 (HIES 2016), following the same trend since 2000. (Figure 3.16). Poverty is coupled with regular food price fluctuation and generally higher cost of key nutrient-dense foods such as meat and fish, thus limiting access to a quality and diversified diet.

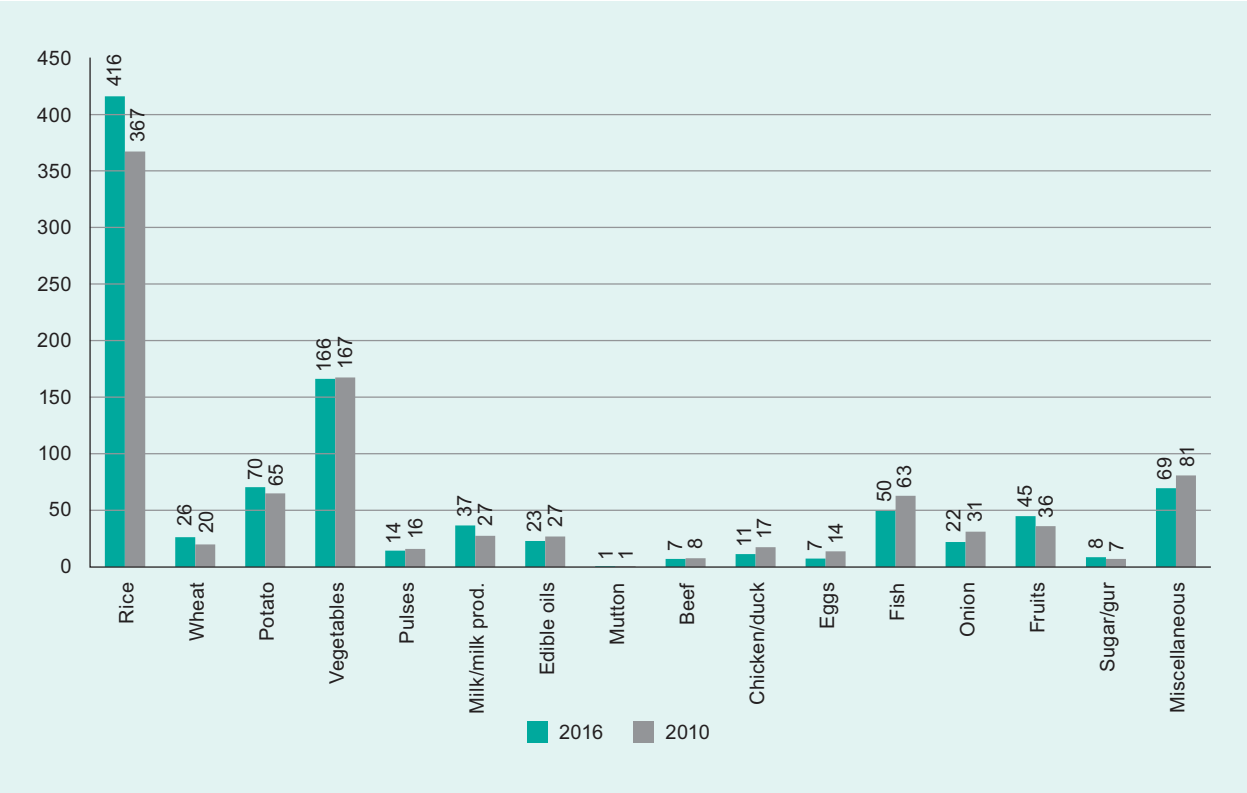
Figure 3.16: Trend in poverty prevalence

Source: (HIES, Household Income & Expenditure Survey)

3.14 Diet quality and diversity

Diet quality and diversity among young children is rapidly improving, with an 11% increase from 2014 to 2017 alone. In 2014, the BDHS showed that 23% of children 6-23 months old had a minimal acceptable diet; in 2017 the BDHS recorded that 34% of children 6-23 months old had a minimal acceptable diet. If this trend is maintained, the target of 40% or more by 2025 as set in NPAN2 would be largely achieved. It should be noted that these per-capita data neither represent socio-economic groups nor regional or seasonal variations. For example, 48% of children from the highest wealth quintile have a minimally acceptable diet compared to only 24% of children in the lowest wealth quintile. On the other hand, more efforts need to be made to achieve the target of 75% of women of reproductive age with minimum dietary diversity by 2030, if we consider the baseline of 46% in 2015.

Fig. 3.17. Per capita per day intake (grams) of major food items, 2010 and 2016



Source: (HIES, Household Income & Expenditure Survey)

While rice remains the main staple food in Bangladesh, its consumption at the national level has decreased from 416 g/capita/day in 2010 to 367 g/capita/day in 2016 where there is recommended by 270-450 g/capita/day (Dietary Guideline for Bangladesh, 2013). However, the share of dietary energy intake from cereals is still 64%, above the recommended value of 60%. Consumption of nutrient-dense foods such as vegetables and pulses has slightly increased by 0.7% and 9% respectively. On the contrary, daily consumption of fruits per capita has declined from 44.7g in 2010 to 35.78g in 2016. In

the area of animal sourced foods, fish consumption has seen a significant increase by 26%, as well as chicken/duck and eggs. However, farmed-fish are by far the main fish consumed as compared to non-farmed fish which contain more micronutrients. This could explain the reduction of micronutrient intake from fish observed in Bangladesh, while fish consumption has increased significantly. Consumption of beef has dropped, and the same trend is observed for milk (Figure 3.17). Overall, protein intake decreased from 66.26 g/capita/day in 2010 to 63.8 g/capita/day in 2016. It is important to note there is still a gap between the current dietary patterns and the desirable ones (Table 3.12).

Table 3.12: Desirable dietary pattern for Bangladesh

Food groups	Desirable intake (g/capita/day)	Intake in 2016 (g/capita/day)	Gap (g/capita/day)
Cereals	400	409	(9)*
Potato	100	65	35
Vegetables	300	167	133
Pulses	50	16	34
Food groups	**Desirable intake (g/capita/day)**	**Intake in 2016 (g/capita/day)**	**Gap (g/capita/day)**
Edible oils	30	28	2
Animal source foods (ASF)	260	129	131
Condiments and spices	20	75	(55)*
Fruits	100	36	64
Sugar/gur	20	7	13

* (surplus intake)

Source: (BIRDEM Report, 2015) and HIES 2016 Preliminary Results;;

Thematic Area 3: Social Protection

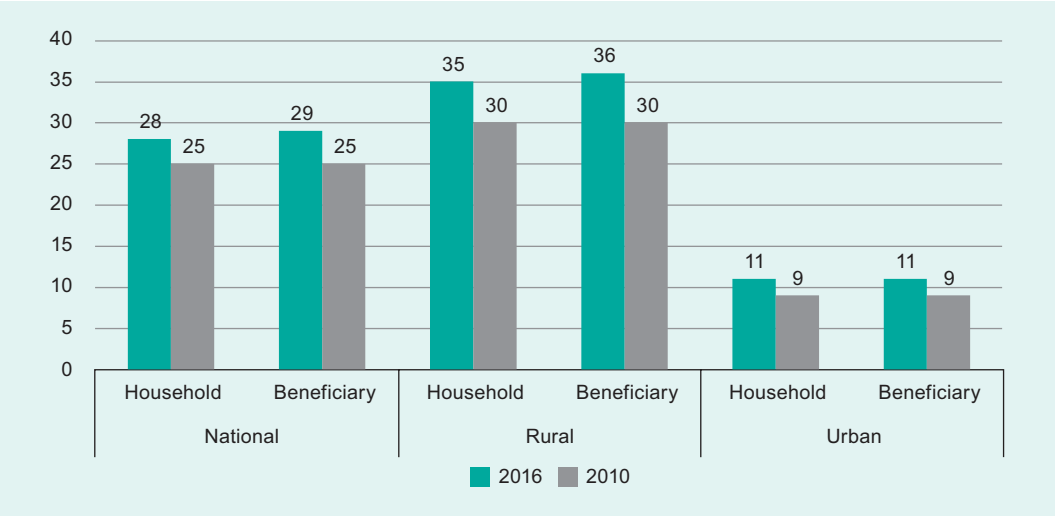
Social Protection Programmes offer multiple ways for integrating nutrition considerations. Examples are food transfers (including fortified food) and cash transfers for vulnerable people in chronic or disaster related state of food insecurity, school meals and school feeding, which may include fortified foods as well as nutrition-related education. These programmes can deliberately aim for gender equality and women empowerment, support income generation, and ensure a transparent targeting of the appropriate target groups.

Prioritization of targeting for nutritionally vulnerable groups is an important mechanism to deliver on social protection programme's potential nutrition impact. Where relevant, pregnant and lactating mothers and households with children under two years as well as

adolescents will be prioritized in the targeting of social protection programmes. People in urban slum areas are particularly vulnerable to food insecurity and malnutrition, since these areas are very congested with unhealthy environment and compromised access to basic services.

There are 145 schemes being implemented under the current National Social Security Strategy (NSSS) through 23 Ministries/ Divisions. It is acknowledged by Government that unplanned growth of the portfolio has caused fragmented implementation, with both duplication and under-coverage resulting from incorrect targeting, leakages and lack of inter-ministerial coordination. Though the coverage of these programmes for poor and vulnerable households has increased and helped reduce poverty, a large proportion of poor and vulnerable households do not have any access to these programmes. The average benefit size is low and has in many cases been falling in real terms. Consequently, the impact on poverty reduction from the amount of money spent on these programmes is less than what would be possible with a more effective social security system.

Fig. 3.18 Households and Beneficiaries of SSNP in 2010 and 2016



Source: (HIES, Household Income & Expenditure Survey)

The 2016 HIES data shows that 27.8% of the households have received benefits during the last 12 months from social safety net (SSN) programmes. The total number of programme beneficiaries increased 11.0 million in 2016 compared to 8.0 million in 2010. The percentage of beneficiaries was 28.7%, 35.7% and 10.9% at the national, rural and urban areas in 2016. At the national level the average amount received from all SSNP programme in the last 12 months was tk 2927.2. The amount was tk 2815.4 for rural areas and 3781.4 for urban areas. Among the households covered by SSNPs, primary school students benefit the most, (36.14%), followed by old age allowance (14.22%) and higher secondary students (11.42%), vulnerable group feeding (7.38%), and gratuitous relief (GR) 5.88%. All other programmes are small, with the exception of the school feeding programme (4.44%).The spending on SSN programmes as a percentage of GDP fell to 1.42% in 2014/15 compared to 1.95% in 2009/10, against the

national target of 3% by end of 6FYP. The share of SSN spending in total budget terms has continued to decrease from 12.9% in 20110/11 to 9.0% in 2014/15, and to 5.1% in 2018/19. However, in nominal terms, the total SSN budget has increased reaching BDT 215.3 billion in 2014/15 from BDT189.8 billion in 2013/14 and BD 275 billion in 2018/19. The share of food security programmes in the SSN budget decreased from 43.1% in 2010/11 to 34.9% in 2014/15. The programmes and activities must be evaluated to ensure they are targeting the most nutritionally vulnerable population groups, reaching them on time and yielding the desired results.

3.15 Example of a Nutrition Sensitive Social Safety-net programme

Income support programme for the poorest project (ISPP), JAWTNO Project, under the Local govt. Division (LGD).

A five year project (2015-2020) financed by the World Bank which covers 600,000 direct beneficiaries (poor pregnant women and under-five children) from 444 Union Parishads (local councils) of 43 Upazilas (sub districts) in seven districts. Among other coverage, the conditional cash transfer component to beneficiaries intends to provide cash for:

- At least four antenatal visits for pregnant women (BDT 200 per visit);
- 0-24 months children for attending monthly GMP sessions (BDT500 per visit);
- 2-5 years children for undertaking quarterly weight and height measurements (BDT 1000 per visit; and
- Attending monthly health and nutrition education sessions (for pregnant, and mother of children 0-5 years age group) (BDT 500 per month).

In order to enhance the nutritional value, inclusion of multiple micronutrient fortified foods (e.g. rice and edible oil) into the food basket transferred by social protection programmes can contribute to reducing micronutrient deficiencies to targeted sections of the population. Some of the existing social protection programmes such as the Vulnerable Group Development (VGD) programme need to be encouraged to further replace regular food with fortified food soon.

The design of social protection programmes must also address underlying causes to the maximum extent, such as poverty, women empowerment and child marriage, which have been acknowledged as the leading underlying causes of under-nutrition in Bangladesh. Increasing the amount and coverage of secondary school stipend programmes for girls (keeping them in schools), empowering women, and special income generating activities, vocational and skill development training for vulnerable women can be used to influence families to adopt the recommended age of marriage and pregnancy.

Table 3.13: Status of Social Protection Programme indicators

Indicators	2011	2014	2017-18	NPAN2 target 2025
% of woman who completed secondary/ higher education	12%	14%	17%	90%
% of woman age 20-24 who were first married by age 18	65%	59%	59%	30%

Source: BDHS

The budgeted coverage of women age 20-24 who were first married by age 18 remained unchanged at 59% in 2014 and 2017 compared to the previous years, this represented a 65% increase/decrease on NPAN targets from 59% to 30% by 2025. On the other hand, trend of women who completed secondary/higher education is comparatively lower than NPAN target by 2025. Therefore, to meet the target the performance should gradually trend higher.

Status of a few Social Protection Programmes indicators

Disparities exist for skilled birth attendants (18% vs 74%), use of oral rehydration salts (ORS) for treatment of diarrhoea among children (72% vs 81%), stunting rate (21% vs 50%) and primary school enrolment (88% vs 93%) between poorest 20% and richest 20% respectively. The percentage of women age 20-24 years who were first married by age 18 fell by 6% between 2011 (65%) and 2014 (59%), but remains very high. (BDHS)

Table 3.14: Status of process indicators and targets of Social Protection Programmes as envisaged under NPAN2.

Output indicators	2016	2017	2018	Target by 2018	Source
Government spending on social protection as % of GDP	2.19% (2015-16)	Not Available	Not Available	Not Available	Finance Division, MoF
No. of beneficiaries (pregnant, lactating and children) covered by social protection programme	0.5 Million (Maternal allowance)	0.5 Million (Maternal allowance)	0.7 Million (Maternal allowance)	Not Available	DWA
	175 Million (Working Lactating allowance)	175 Million (Working Lactating allowance)	0.25 Million (Working Lactating allowance)	Not Available	DWA
	10,00000 lac (VGD)	10,00000 lac (VGD)	10,40,000 lac (VGD)		

Social Safety Net (SSN) spending as a percentage of GDP has steadily increased to 2.53% in 2018 from 2.08% in 2015. Information related to most indicators are missing as shown in the above table (Table 3.14). The number of beneficiaries for maternal allowance benefit increased by about three times as many (0.25 Million in 2015 to 0.7 Million in 2018). In addition, the number of beneficiaries' allowance for working lactating women also doubled from 0.125 million in 2015 to 0.25 Million in 2018. Moreover, the beneficiaries for the VGD programme has also increased from 0.75 million to 1.04 million during the same period.

Thematic Area 4: Implementation of Integrated and Comprehensive SBCC Strategy

The overall aim of the Nutrition SBCC part of the NPAN2 is to develop a harmonized and effective advocacy and nutrition information, education and communication strategy including resource materials for national as well as local activities. The SBCC activities go beyond the health, nutrition and population (HNP) sector to foster communications and advocate for diversified and safe food production, marketing and storage. Thus, many implementation activities in the NPAN2 consolidated matrix use SBCC strategies and will contribute to developing a workable implementation plan for carrying out the communication and awareness-raising activities in the most coordinated, effective and efficient manner across and between sectors. The BNNC will organize and delegate to achieve such a strategy.

Table 3.15: Status of process indicators of SBCC as envisaged under NPAN2.

Output indicators	NPAN2 baseline 2016	2016-18	Target by 2018	Source
Number of ongoing comprehensive coordinated multisectoral, multichannel advocacy and communications campaign	0	Not Available	Not Available	Programme report
Change in per capita consumption of: i. salt ii. sugar consumption	i. Salt: not available ii. Sugar: 7.4 (Gram per capita per day)	i. Salt: not available ii. Sugar: 6.90 (Gram per capita per day)	Not Available	HIES report 2016

Progress towards Nutrition SBCC activities (2016-2017)

There are certain cascading activities regarding nutrition SBCC which have been done through different line ministries and development partners. Technical support has been provided to integrate an SBCC strategy in the Improved Maternity and Lactating Allowance programme implemented by MoWCA in alignment with the National Comprehensive SBCC strategy. Moreover, under the Rice Fortification Programme, advocacy and commercialization is being led by the Ministry of Food.

A public awareness campaign highlighting the benefits of a healthy diet is due to be launched under the leadership of the Ministry of industry and technical assistance by relevant ministries. Under this programme a database of SBCC materials on nutrition has been developed, and is currently under discussion for mainstreaming into the Government of Bangladesh's information system.

Other Coverage

Other than the Government nutrition programme, UNICEF's support to the nutrition programme, USAID's communication support programme to Government health interventions and other nutrition programme interventions resulted only in small amounts of coverage. CARE Bangladesh's nutrition communication programme covered two Upazilas. Save the Children's nutrition communication programme was in three Upazila and the current INCA nutrition communication support programmes are 11 Upazilas. WFP created public awareness around the benefits of fortified rice under the investment component for vulnerable group development (IC-VGD) project under MOWCA. It is now crucial to review the outcomes, successes and challenges from SBCC interventions to adapt future nutrition SBCC materials.

3.16 Observation of National Nutrition Week 2018

National Nutrition Week (NNW) 2018 was observed countrywide from 23-30 April 2018 to commemorate the formation of Bangladesh's National Nutrition Council in 1975 by the Father of the Nation. The decision to celebrate NNW was taken at the first meeting of the revitalized BNNC on 13 August 2017 with Honorable Prime Minister Sheikh Hasina as Chair. Under the leadership of the Ministry of Health and Family Welfare, the Institute of Public Health and Nutrition and Bangladesh's National Nutrition Council, along with relevant stakeholders, elaborate programmes were undertaken nationwide. The theme of 2018 nutrition week was - "While thinking about food, think about nutrition too" **"**খাদ্যের কথা ভাবলে পুষ্টির কথা ও ভাবুন।**"** This is a significant achievement because the last celebration of Nutrition Week took place in 1999.

Table 3.16: Themes of National Nutrition Week 2018

Day	Date	Events
Day-1	April'23, 2018	Inaugural Session, Nutrition Fair, Rally
Day-2	April'24, 2018	Maternal Nutrition
Day-3	April'25, 2018	Child nutrition especially under 5 children with emphasis on autism, physically and mentally challenged children.
Day-4	April'26, 2018	Nutrition for school going children and adolescents as well as food habits
Day-5	April'27, 2018	Geriatric nutrition
Day-6	April'28, 2018	Multisectoral coordination and discussion
Day-7	April'29, 2018	Closing and prize giving ceremony

The week-long programmes included a fair, procession, essay and debate competitions and prize giving ceremony and other programmes to create awareness among the public while engaging the media. Nutrition week was coordinated by the GOB in collaboration with partners, INGOs and related institutions. The inaugural event was attended by many dignitaries, nutrition experts, nutrition related institutions and the media.

Four distinguished ministers along with participants from different organizations were present at the inaugural ceremony.

The NNW was observed country wide through rallies and discussions on nutrition themes, with participation from government and non-government officials, NGOs and representatives from civil society at the sub national level (district & upazila). Nutrition week was coordinated by the GoB in collaboration with partners, international NGOs and related institutions. Other events included a cooking competition, a food fair, and school and courtyard meetings. A multisectoral meeting was held on day six of the NNW. On the seventh day, a closing and prize giving ceremony was observed.

Thematic Area 5: Monitoring, Evaluation and Research

Research, monitoring, and evaluation are essential elements for activities aimed at improving nutritional wellbeing. Research support is essential for developing policy and strengthening programme quality, or more broadly, gaining understanding and knowledge on themes of interest and relevance. On the other hand, monitoring and evaluation (M&E) is instrumental in tracking programme progress and enables programme management to take required, timely, corrective actions. Hence the monitoring, evaluation and research framework enables the BNNC to track and measure progress in a scientific manner.

Gap analysis has been an essential step in developing the sector matrices and is a part of the on-going monitoring system to identify inconsistencies between the current situation and the expected planned NPAN2 outcomes. Importantly, it is also helpful in determining the steps that need to be taken to move from the current position and continue the pace of progress to achieve NPAN2's desired outcomes.

Status of the functionality of Monitoring and Evaluation platform of NPAN2

Monitoring and evaluation is a key component to BNCC activities, and is vital for identification of challenges and making informed decisions for achieving desired outputs of the Second National Plan of Action for Nutrition (NPAN2). Bangladesh's National Nutrition Council's M&E system is built on a logical framework with defined objectives and indicators for measuring the progress towards NPAN2 targets.

Table 3.17: Status of operational level indicators to measure functionality of Monitoring, Evaluation and Research platform as envisaged under NPAN2

Output indicators	2016	2017	2018	Target by 2018	Source
Number of disseminations of NPAN2 in District and sub-district levels	NA	NA	37 Districts	NA	BNNC
Number of meeting conducted on M&E platform	NA	NA	2 meetings	4	BNNC
Number of orientations held on Multisectoral Coordination committee at District level	NA	NA	28 Districts (Approx.)	NA	BNNC
Number of orientations held on Multisectoral Coordination committee at Sub-district level	NA	NA	59 Sub-districts (Approx.)	NA	BNNC
Establishment of updated nutrition information systems (following the identified indicators to measure accountability)	NA	NA	Ongoing	NA	BNNC

NA=Not Applicable; na=not available

3.17 Formation and functions of the M&E platform

The Second National Plan of Action for Nutrition (2016-2025) proposes five working-level platforms for coordinating and monitoring nutrition policy / activities.

Nutrition Monitoring Evaluation Research Platform is a 28 member's platform. Chairperson of the platform can also co-opt additional three members in the platform. Unlimited number of observer can be participated in the platform meeting. The committee meet once in every 2 months.

The BNNC with its M&E platform works to assess a number of indicators, examine nutrition and food security trends, progress and formulate 'Annual Monitoring Report of NPAN2'. Apart from an annual report, quarterly reports on some indicators will also be produced. The BNNC office is getting support from the platform for quality M&E in establishing progress towards the achievement of the objectives of the nutrition programs in addition to tracking its performance.

3.18 First Bangladesh Public Expenditure Review on Nutrition 2018

The Finance Division of the Ministry of Finance with technical assistance from UNICEF Bangladesh undertook the initiative of conducting the 'Bangladesh Public Expenditure Review on Nutrition', (PER-N) for the first time in 2018. The PER-N was commissioned to provide a thorough and in-depth assessment of public expenditures on nutrition

financed through the government budget. The findings were assessed against the priority interventions set out in the NPAN2. This PER-N also identified shortcomings in budgetary processes for nutrition and assessed how budgetary support can be better directed to achieve better nutrition outcomes.

The primary objective of the PER-N was to analyse the level and composition of public expenditure in nutrition over the past three fiscal years (2014/15 – 2016/17) and the projections for 2017-18. The PER-N provided a baseline for future trend analysis in budget allocation and execution to effectively monitor progress towards the achievement of the nationally set goals for nutrition – specifically the goals of the NPAN2.

The GoB recognises that ensuring existing funding is being spent efficiently in line with NPAN2 can provide a further boost in reaching nutrition goals. Having reliable financial data, including data on budget allocations and expenditure is essential for policy makers to be able to prioritise, plan, and make decisions on resource allocation, as well as to monitor and evaluate proper and efficient use of these resources in line with the NPAN2.

Objectives and approach

The Public Expenditure Review of Nutrition (PER-N) aimed to:

- Analyse the level and composition of public expenditure in nutrition over the past three fiscal years (2014/15 – 2016/17) and the budget for 2017-18;
- Provide a baseline against which developments in nutrition budget allocations and execution to effectively monitor progress towards the achievement of the nationally set goals for nutrition; and,
- Assess the institutional mechanisms for the management of public finances for nutrition.

To do so, four interrelated areas were analysed using several data sources to provide specific recommendations to improve nutrition expenditures and budget management performance going forward. The methodology used is derived from international best practice guidelines issues by the SUN Movement.

Key findings of PER-N

In 2016/17, the Government of Bangladesh spent BDT 23,210 crore[2] (US$ 2.7 billion) in nutrition relevant interventions, representing around 1% of GDP and around 9% of the national budget. Nutrition budget allocations and actual expenditure has remained relatively stable in relative terms during the period under review.

Expenditure is spread across 15 ministries/divisions and almost 300 projects or operational lines. Four ministries account for about 80% of nutrition expenditure: Ministry of Food (MoFood), Ministry of Health and Family Welfare (MoHFW), Ministry of Primary and Mass Education (MoPME) and Ministry of Women and Children Affairs

2 Without attributing Secretariat expenditures, the figure amounts to BDT 20,855

(MoWCA). The largest 20 projects account for 81% of total expenditure. The vast majority is spent on nutrition-sensitive interventions (98%) and a significant amount is on non-development operational lines.

With improvements in budget processes and performance, execution of plans is expected to improve and hence should lead to expenditure closer to that of original budget. Analysis also showed that no pattern was seen in nutrition expenditure but was quite similar to the respective ministries.

Additional investment as envisaged in NPAN2 was approved in August 2017 and this was not covered in the PER. The PER provides an initial classification of all project/ operational lines identifying the largest projects per thematic area and putting special attention on the largest spending areas: food security; health; education and social protection and analysis highlighted that is a lot of scope in making these investments more nutrition sensitive. With NPAN2 and the PER, allocative efficiency can be improved over time as targeting maximises the impact on nutrition outcomes.

Figure 3.20: Distribution of expenditure on nutrition

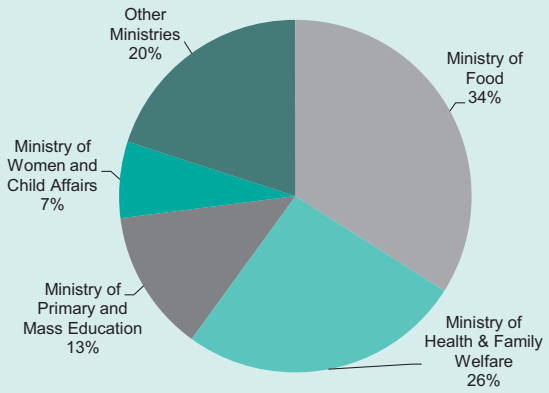
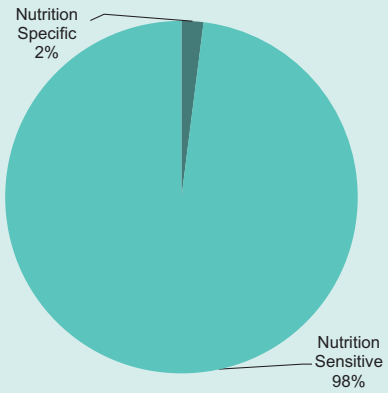


Figure 3.21: Majority is spent on nutrition-sensitive interventions



In Bangladesh, significant funding for nutrition is provided by donors, which is channelled through organisations outside of the government system. Therefore, other available data sources were also analysed to provide an understanding of off-budget expenditure. Many projects/programmes (60) are currently receiving significant funding from funders directly as well as through NGOs and other organisations. External funding on nutrition programmes was estimated to be US$ 736 million (6,182 crore taka) for the three years from 2014-15 to 2017-18. All projects/programmes were broadly aligned with the thematic areas of the NPAN2. Fourteen such projects/ programmes have a direct objective to improve nutritional status, and nine are explicitly focusing on pregnant and lactating mothers, children under five and adolescent girls. There is likely to be more investment for nutrition outside of the government system than what has been found in PER-N. This is because NGOs are likely to receive funds from foundations and private sources which are not captured in existing datasets.

Opportunities for action

This PER-N provides several opportunities for action to improve nutrition expenditure, in terms of both allocation and execution. It is the first time ever to identify and classify expenditure for all ministries under NPAN2. The report provides an understanding of how state expenditures are used to meet nutrition goals and serves as a baseline to operationalize NPAN2.

Several recommendations emerged from the PER-N and these were validated through a multi-sectorial workshop. The key recommendations are as follows:

- In order to improve the level and composition of expenditure, NPAN2 activities should be budgeted in the annual budgets along with key performance indicators. In addition, the largest spending items should be scrutinized to identify any potentially missed opportunities for better targeting nutrition impact, particularly for the MoFood, MoHFW, MoPME and MoWCA given they account for a significant proportion of overall investments.
- Strengthen coordination and reporting, the nutrition investment dataset that accompanies this PER-N should be consolidated and refined going forward as additional data becomes available.
- Strengthen advocacy efforts for nutrition. BNNC should consider developing a nutrition training module to be used by line ministries for generating awareness on nutrition for the nutrition focal points in line ministries.
- Regular collection and use of relevant data to be strengthened in order to resolve data challenges pertaining to data as identified in PER-N, including district-disaggregated data, information on donor investments, as well as public and city corporations.
- PER-N to be used as a baseline to institutionalise tracking of financial investments on nutrition going forward, as part of the mandate of BNNC.

Thematic Area 6: Capacity building

Effective functioning of the BNNC would require building capacities both in terms of infrastructure and ensuring skilled human resources are available as per the organogram.

Training personnel on planning, managing and monitoring and evaluation of BNNC's work is critical.

Staffs need to be trained in the food and agricultural departments at the national and sub-national levels on addressing nutrition issues and mainstreaming nutrition in agriculture extension programmes. It will help in leveraging the skills of agricultural extension workers about participatory extension methods and adult learning principles such as those used in Farmers Field Schools (FFS) and Farmers' Information and Advice Centres (FIACs). BIRTAN's capacity as the training and research arm of the Ministry of Agriculture will be enhanced through different capacity-building initiatives. Further details on the institutional and human resource capacity are mentioned below:

Institutional Capacity

One way institutional capacity is defined is having human resources in place as per requirement. Currently investing in human resources is required in order to improve overall productivity for delivering high quality services. Investment will also mean an ongoing commitment to innovation, monitoring and evaluation system development.

Table 3.18: Status of Institutional Capacity of BNNC as envisaged under NPAN2.

Output indicators	2016	2017	2018	Target by 2018	Source
BNNC office strengthening	na	Yes	Yes	Yes	BNNC
Number of full time personnel recruited for BNNC Office	na	15	13	34	BNNC
Number of council meetings held	na	1	0	2	BNNC
Number of executive committee meeting held	na	1	0	4	BNNC
Number of standing technical committee meetings held	na	1	0	6	BNNC
Inter-Ministrial meeting held	na	2	3	3	BNNC
District and Upazila nutrition coordination committee are in place	na	na	Yes	Yes	BNNC
Yearly monitoring report on NPAN is available	na	na	Yes	Yes	BNNC
Nutrition focal points in different sectors are in place and TOR available	na	na	Yes	Yes	BNNC

Human Resource Capacity

A capacity assessment of BNNC's technical team on M&E Nutrition Data Management and Reporting Systems was conducted in the last year. Under the assessment recommendations of the BNNC, a review of capacity needs assessment including training strategies and curricula will be carried out through the technical and financial support of Nutrition International.

3.19 Progress towards capacity building activities (2016-2017)

Training/ Orientation / Workshop conducted under NNS during 2017-18

IYCF:

- 723 baby friendly hospital initiative training sessions, 120 sessions for mother support group (MSG), 102 training on BMS Act-2013 and 12 Oketani lactation management to promote, protect and support Infant Young Child Feeding (IYCF Practices)
- Eight central level MOHFW personnel and 24 non-MOHFW personnel attended workshop on IYCF academic curriculum
- 17 central level MOHFW personnel and 18 non-MOHFW personnel attended workshop on National IYCF strategy
- A total of 61 central level MOHFW personnel and a total of 500 field level MOHFW staff (480 at union and 20 at CC) and a total of 808 non-MOHFW personnel (192 at upazila and 616 at CC) attended training sessions on MSG
- A total of 173 central level MOHFW personnel (80 at division, 33 at district and 60 at upazila level), a total of 306 field level MOHFW staff (66 at district and 240 at upazila level) and a total of 5,234 non-MOHFW personnel (320 at division, 1,914 at district and 3,000 at upazila level) attended training on BMS Act-2013
- 20 non-MOHFW personnel attended TOT-central level on oketani lactation management.
- 300 non-MOHFW personnel attended TOT- district level on oketani lactation management
- 15 central level MOHFW personnel and 16 non-MOHFW personnel attended workshop on Oketani training module

BFHI:

- A total of 400 central level MOHFW personnel (200 resource persons and 200 assessors) and140 non-MOHFW personnel (project staff) attended TOT (Training of Trainers) on BHFI
- 2,870 field level MOHFW staff and 40 non-MOHFW persons attended refreshers training
- 1,000 field level MOHFW health facilitates and 640 non-MOHFW health facilitates attended training on BHFI

Source: Annual Program Implementation Report (APIR) 2017-18, PMMU, MOHFW

It is evident from the assessment results that BNNC lacks the requisite capacity to effectively deliver on its M&E functions. At present, the priority is to set up a functional M&E unit in BNNC. The M&E unit will be accountable for tracking progress by developing management systems for periodic data collection, for estimating coverage and ensuring the quality of data.

Chapter 4

NUTRITION GOVERNANCE, INSTITUTIONALIZATION, COORDINATION AND IMPLEMENTATION MECHANISM

Chapter 4: **Nutrition Governance, Institutionalization, Coordination and Implementation Mechanism**

4.1 Formation and functions of coordination platforms

Formation of Platforms and Coordination Committees

As outlined in the NPAN2, the Ministry of Health and Family Welfare formed five working level platforms with necessary terms of reference (Annex-1) in July 2018. The Platforms are:

1. Nutrition Specific
2. Nutrition Sensitive
3. Monitoring Evaluation and Research
4. Training and Capacity Building
5. Advocacy and Communication

Further, MOHFW trained District and Upazila Nutrition Coordination Committees with respect to their terms of reference in August 2018. Sub-national coordination activities are to be under taken by a few special area-based projects which are listed in Annex 2.

Table 4.1: Progress and status of five different Platforms Meetings conducted in 2018

Platforms	Number of Meeting	Date	Committee member (number)	Absent Member
Nutrition specific	1	25.12.2018	26	15(57%)
Nutrition sensitive	1	07.01.2019	21	12(42%)
M&E, Research	1	24.10.2018	29	6(21%)
Training & Capacity Building	1	02.12.2018	18	5(27%)
Advocacy and communication	1	08.11.2018	25	3(12%)

Observations

- All the platforms trained by the MOHFW have the potential to benefit the BNNC
- It is too early to set a trend/pattern of absentees
- Absentees are more common from a few organizations/agencies (e.g. BBS, SUN networks, planning commission)
- Nutrition Specific and Sensitive were two platforms with the most absentees
- Participation in discussion and feedback is sometimes at a minimum

Way forward

- Identify the reasons for absenteeism and take appropriate measures
- Provide advance notice with sufficient time before the meeting schedule/date
- Follow-up reminder or call personally before the meeting
- Avoid first and last day of the week for any meeting date (e.g. Sunday and Thursday)

Chapter 5

CONCLUSION AND RECOMMENDATIONS

Chapter 5: **Conclusion and Recommendations**

5.1 Conclusion

Bangladesh demonstrated remarkable successes in nutrition across sectors during the reporting period including improvement in the overall nutritional status of its population. Several data are indicative of the likelihood of achieving NPAN2 targets by 2025, however a few targets need special attention that are flagged in this report. Still there are challenges around coordination & monitoring, financing the projects & programmes, equity issues around socio-economic classes and geographical areas etc. NPAN2 sets a platform to facilitate harmonized efforts to achieve targets and to overcome the challenges.

5.2 Recommendations

The monitoring and evaluation framework of NPAN2 is to be established under the auspices of the BNNC, and would be maintained throughout the years to achieve, acquire and document data and information from all available sources, so that reports - including annual monitoring report can be prepared at relevant points of time.

Financing and resource mobilization, both internal and external, for implementation of the NPAN2 is a key challenge. Internal resources must be mobilized through multisectoral negotiation and coordination. Further, negotiation with Development Partners to channel funds to priority areas related to NPAN2, as well as, to support selective technical assistances to be accelerated.

Overall, strengthening the ability of the BNNC to carry out the challenging tasks of facilitating multisectoral programming, resource mobilization, monitoring and coordination are important.

Thematic area: Nutrition for All following life cycle approach

IYCF: Scale up quality and standard IYCF counselling during maternal, neonatal and child health care service delivery system, as well as potential nutrition sensitive platforms.

Micronutrient malnutrition: Scale up supplementation and fortification programs with essential micronutrients including bio-fortification with appropriate targeting, coverage and compliance.

Maternal nutrition and reducing LBW: Ensure maternal dietary improvements during pregnancy through nutrition education and supplementation.

Management of Acute Malnutrition: Establish and scale up facility and community-based management of moderate and severe acute malnutrition.

Adolescent Nutrition: Scale up adolescent nutrition interventions through appropriate packaging and multisectoral approaches.

Nutrition for elderly population: Design, mainstream and scale up nutrition interventions for the growing elderly population in sectoral and social safety-net programmes.

Prevention and control of obesity and NCD: Scale up and link nutrition programmes with prevention of obesity and non-communicable diseases through lifestyle and dietary approached through multi-sectoral pursuits.

Water sanitation and Hygiene (WASH): Emphasize effective linkage between health-nutrition and WASH interventions with adequate emphasis on the hygienic practices across all interfaces (personal, household, community, food processing and marketing etc.)

Urban nutrition: Mainstream and strengthen essential nutrition services in urban health care delivery system through GO-NGO-Private and inter-ministerial coordination.

Thematic area: Agriculture, dietary diversification and local adapted recipes

- Accelerate the diversification of the food production, with increased production of nutrient-dense foods, including horticultural products, small livestock and fisheries (improving capture production while continuing aquaculture development)
- Regularly assess dietary consumption of the population through ad hoc surveys or by integrating a food consumption module in the HIES.
- Scaling-up the use of Food-Based Dietary Guidelines to guide food, agriculture and health planning
- Develop and promote improved nutrient dense recipes for the first 1000 days and adolescents based on local production
- Promote biofortification, food fortification and food-to-food enrichment to prevent and control micronutrient deficiencies in the population
- Ensure the quality and safety of food from production to consumption points through scaling up the implementation of GAP, GHP, GMP.

Thematic area: Social Protection

- Implement the comprehensive SBCC strategy and plans across the departments and wings of multiple sectors
- Harmonize nutrition messages in BCC activities under different sectoral programmes
- Redesign messages and approaches through formatives researches from time to time
- Evaluate SBCC strategies and programmes at intervals to demonstrate their effectiveness and nutrition impact.

Thematic Area: Integrated and Comprehensive SBCC

- Implementation of the comprehensive SBCC strategy and plans
- Harmonize nutrition messages in BCC activities under different sectoral programmes
- Redesign messages and approaches through formatives researches from time to time
- Evaluate SBCC strategies and programmes at intervals

Thematic Area: Monitoring Evaluation and Research to inform policy and program formulation and implementation

- Institutionalize monitoring systems across sectors to track nutrition progress evaluate nutrition programmes across sectors
- Analyse research gaps and leverage the expertise available to support nutrition relevant research in institutions
- Encourage implementation of the research to inform nutrition programming

Thematic Area: Capacity building

- Assessment of nutrition related human resources and their capacity gaps in public and private sectors and prepare action plan/ take action accordingly
- Mapping of capacity and skill development options and opportunities for nutrition related human resources
- Coordinate capacity and skill development plans and activities in the country Facilitate system to

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Annex 1: Monitoring and Evaluation Matrix to be monitored and evaluated to assess the high-level indicators in light of NPAN2 target

SL.	Output indicators	NPAN2 Target 2025	NPAN2 baseline	Status 2016-18	Target Status
Program Indicators:					
	Thematic area 1: NPAN2 Outcome indicators relating to Nutrition for All following Life Cycle Approach				
1	Increase the initiation of breast-feeding in the first hour of birth	80%	51% (BDHS 2014	69% (BDHS 2017)	
2	% of children (0-5m) exclusively breastfed	70%	55% (BDHS 2014)	65% (BDHS 2017-18)	
3	% of children (6-23 m) receiving MAD	40%	23% (BDHS 2014)	34% (BDHS 2017-18)	
4	Percentage of infants born with low birth weight (<2,500 grams)	16%	23% (National LBW Survey-2016)	23% (National LBW Survey - 2016)	
5	Reduce stunting among under-5 children	25%	36% (BDHS 2014)	31% (BDHS 2017-18)	
6	Children under 5 years who are wasted	<8%	14% (BDHS 2014)	8% (BDHS 2017-18)	
7	Children under 5 years who are overweight	No increase	1.4% (BDHS 2014)	2.2% (BDHS 2017-18)	
8	% of Woman 15-49 yrs. With Anaemia	<25%	42% (BDHS 2011)	Not Available	NA
9	% of children under 5 with diarrhoea treated with ORT and Zinc	Not Available	38% (BDHS 2014)	44% (BDHS 2017-18)	
10	%of women 15-49 yrs who are overweight or obese (BMI ≥23)	30%	24% (BDHS 2014)	Not Available	NA
11	% of adolescent girls (15-19 yrs.) with height <145 cm	<8%	(BDHS 2014)	Not Available	NA

SL.	Output indicators	NPAN2 Target 2025	NPAN2 baseline	Status 2016-18	Target Status
12	% of adolescent girls (15-19 yrs.) thin (total thinness)	<15%	29% (FNSP 2015)	Not Available	NA
13	% of women (15-19 yrs) who have begun childbearing	10%	31% (BDHS 2014)	28% (BDHS-2017)	
14	% of population that use improved drinking water	>99%	98% (BDHS 2014)	99% (DPHE 2015- 2016)	
15	% of population that use improved sanitary latrine (not shared)	75%	48% (BDHS 2014)	43% (BDHS 2017-18)	
16	% of caregivers with appropriate hand washing behaviour	50%	27% (FSNSP 2014)	14% (FSNSP 2015)	
	Thematic area 2: NPAN2 Outcome indicators relating to Agriculture & Diet diversification & locally adapted recipes				
17	Per capita consumption of fruits and vegetables	≥400g per day	Fruits: 44.7 gm Vegetables: 166.1 gm (HIES 2010)	Fruits: 35.78 gm Vegetables: 167.3 gm (HIES 2016)	
18	% share of total dietary energy from consumption of cereals	<60%	70% (HIES 2010)	Not Available	NA
	Thematic area 3: NPAN2 Outcome indicators relating to Social Protection				
19	% of women age 20-24 who were first married by age 18	30%	59% (BDHS 2014)	59% (BDHS 2017-18)	
20	Number of Social Safety Net Programs which incorporated nutrition sensitive & nutrition specific objectives	50%	10% (assumption)	Not Available	NA
21	Number of upazilas covered under VGD program to providing nutritionally enriched fortified food	50%	Nill	50 upazilas (10%) Department of Women Affairs	
22	% of children (36-59 m) who are attending an early childhood education program	30%	13% (MICS 2012-13)	Not Available	NA
23	% of women who completed secondary/higher education	90%	14% (BDHS 2014)	17% (BDHS 2017-18)	

SL.	Output indicators	NPAN2 Target 2025	NPAN2 baseline	Status 2016-18	Target Status
	Thematic area 4: NPAN2 Outcome indicators relating to Integrated and Comprehensive SBCC				
24	Number of ongoing comprehensive coordinated multisectoral, multichannel advocacy and communications campaign	10	0	Not Available	NA
25	1. Change in per capita consumption of: i. salt ii. sugar consumption	i. <5 gm/ person/day (WHO) ii. <10% of total energy intake	i. Salt: not available ii. Sugar: 7.4 (gm/capita /day) (HIES 2010)	i. Salt: not available ii. Sugar: 6.90 (gm/capita/day) (HIES 2016)	
Operational Indicators:					
	Thematic area 5: Operational Indicators to be monitored and evaluated to assess the BNNC functionality				
1	Compendium on nutrition research available	1 per 2 years Interval	0	- (BNNC Office)	
2	Yearly monitoring and evaluation report available	10 (one per year)	0	1 (BNNC Office)	
3	Strengthening/ Implementing the M&E of NPAN2	In place	Not Applicable	In progress (BNNC Office)	
4	Harmonizing the M&E of Nutrition services and Nutrition Information System and reporting	In place	Not Applicable	In progress (BNNC Office)	
5	Conducting policy dialogues with 3Ms	In place	Not Applicable	In progress (BNNC Office)	
	Thematic area 6: NPAN2 Outcome indicators relating to Capacity Building, Governance and Institutional Development				
6	BNNC office functional	Yes (2017)	No	Yes	
7	Number of full-time personnel recruited for BNNC Office	34 (2017)	8	13 (BNNC Office)	
8	Number of council meetings held	2 Per year (On going)	0	0 (BNNC Office)	

SL.	Output indicators	NPAN2 Target 2025	NPAN2 baseline	Status 2016-18	Target Status
9	Number of executive committee meeting held	4 Per year (On going)	0	0 (BNNC Office)	
10	Number of standing technical committee meetings held	6 Per year (On going)	3	0 (BNNC Office)	
11	District and Upazila nutrition coordination committee are functional	Yes (2019)	No	Yes (BNNC Office)	
12	Yearly monitoring report on NPAN is available	Yes (On going)	No	Yes (BNNC Office)	
13	Nutrition focal points in different sectors are in place and TOR available	Yes (2017)	No	Yes (BNNC Office)	

The color indicators shows the progress achieved

Good progress On track Off track NA = Not available

Annex 2: Progress on Thematic Areas: Performance of Ministry/Division/ Authorities/ Agencies/Projects etc.

Thematic Area 1: Nutrition for all following life cycle Approach

1. Name of Ministry/Directorate /OP/Project**: NNS** (National Nutrition Services)

Major activities:

1. Promote, protect and support Infant and Young Child Feeding (IYCF) practices
2. Control of micronutrient deficiencies
3. Management of moderate and severe acute malnutrition
4. Growth Monitoring and Promotion (GMP)
5. Food safety Programme
6. Social and Behavior Change Communication (SBCC) on nutrition

Progress/Achievement:

2016-17

- Observed 2 rounds of National Vitamin-A plus Campaign day.
- Under the maternal nutrition promotion program, 168 persons (mothers, mother-in-laws, adolescents, pregnant mothers, traditional dai-midwives) received training.
- 600 sanitary inspectors attended training on food safety program
- 392 inter doctors were trained on promotion, protection and support of infant and young child feeding (IYCF) practices.

2017-18

Observed Vitamin-A plus Campaign day

- Observed 2 rounds of National Vitamin-A plus Campaign day.

Maternal nutrition

- Ensured 10 CCs and UH& FWCs delivering maternal nutrition during ANCs in Sylhet and Chittagong division.
- 1,400 field level MOHFW staffs and 28,000 non-MOHFW personnel attended orientation on maternal nutrition at CC.
- 18 central level MOHFW personnel and 15 non-MOHFW personnel attended workshop on developing job aid monitoring and reminder tools.

Infant Young Child Feeding

- Ensured 10 CCs and UH& FWCs delivering infant and child specified nutrition services in Sylhet and Chittagong division.
- Arranged 723 baby friendly hospital initiative, 120 sessions for Mother Support Group (MSG), 102 training on BMS Act-2013 and 12 oketani lactation managements to promote protect and support Infant Young Child Feeding (IYCF Practices).

- Eight central level MOHFW personnel and 24 non-MOHFW personnel attended workshop on IYCF academic curriculum.
- 17 central level MOHFW personnel and 18 non-MOHFW personnel attended workshop on National IYCF strategy.
- A total of 61 central level MOHFW personnel (16 at upazila, 20 at union and 15 at CC), a total of 500 field level MOHFW staffs (480 at union and 20 at CC) and a total of 808 non-MOHFW personnel (192 at upazila and 616 at CC) attended training session of MSG.
- 10 central level MOHFW personnel and 20 non-MOHFW personnel attended IYCF orientation for MSG.
- A total of 173 central level MOHFW personnel (80 at division, 33 at district and 60 at upazial level), a total of 306 field level MOHFW staffs (66 at district and 240 at upazila level) and a total of 5,234 non-MOHFW personnel (320 at division, 1,914 at district and 3,000 at upazila level) attended training on BMS Act-2013.
- 20 non-MOHFW personnel attended TOT-central level on oketani.
- 300 non-MOHFW personnel attended TOT- district level on oketani.
- 15 central level MOHFW personnel and 16 non-MOHFW personnel attended workshop on oketani training module.

SAM and CMAM

- Ensured 50 functional SAM units at UHC, district hospital and govt. medical college.
- 29 central level MOHFW personnel and 10 non-MOHFW personnel attended ToT on SAM and CMAM for central resource.
- 23 central level MOHFW personnel, 112 field level MOHFW staffs and eight non-MOHFW personnel attended ToT on SAM and CMAM for Upzazila officials.
- Eight central level MOHFW personnel, 195 field level MOHFW staffs attended training on SAM for SSN and SACMO.
- 4,384 field level MOHFW staffs attended training on CMAM for upazila staffs.

Adolescent nutrition

- Five central level MOHFW personnel and 30 non- MOHFW personnel attended adolescent nutrition training for T &S representative.
- 21 central level MOHFW personnel and 9,000 non- MOHFW **personnel** attended adolescent nutrition orientations for students.
- 15 central level MOHFW personnel and 19 non-MOHFW personnel attended workshop on adolescent nutrition guideline.
- 20 central level MOHFW personnel and 9 non-MOHFW personnel attended workshop on adolescent nutrition existing training module.

Growth Monitoring and promotion (GMP)

- 80 participants attended workshop for update of GMP card.
- Completed printing of 10 lac GMP card (5 lac boys and 5 lac girls).

Prevention of overweight, obesity

- 80 participants attended workshop to develop nutrient profile model to address childhood obesity in line with regional profile.

Food Safety Program

- Conducted 1500 court yard and demonstration session for mother and caregivers for community promotion of home based complementary feeding and 500 field level MOHFW staffs and 37500 non-MOHFW personnel attended those sessions.
- Completed procurement of laboratory chemical, reagents and other consumables •Completed procurement of laboratory instruments, equipment and other non-consumables
- 100% work completed for repairing and maintenance of laboratory equipment and instruments.
- Seven non- MOHFW **personnel** attended training on determination of Aflatoxins in food grains by HPLC.
- Two non- MOHFW **personnel** attended day long training course on LC-MS/MS.
- Two non- MOHFW **personnel** attended understanding course on ISO 17020: 2012.
- Two non- MOHFW **personnel** attended lead auditor training course on QMS according to ISO 9001:2015.
- Three field level MOHFW staffs and 9 non- MOHFW **personnel** attended training on food microbiology.
- 32 non- MOHFW **personnel** attended training on risk assessment and control measures in food processing.
- Three non- MOHFW **personnel** attended Bangladesh Accreditation Board (BAB) assessor training on ISO 17025.
- Three central level MOHFW staffs and seven non- MOHFW **personnel** attended training on “pesticide residue analysis in vegetables using QuEChERS extraction and gas chromatography.
- Three central level MOHFW staffs and 12 non- MOHFW **personnel** attended hands on training on microbiological examination of food and water.
- 78 field level MOHFW staffs received Tabs and organized training for sanitary inspectors on reporting of food safety in DHIS2 of DGHS using android tablet.
- 30 non- MOHFW **personnel** (master trainers -Upazila Agriculture Officers) attended Training of Trainers (TOT) on food control guidelines code of practices related to GAP.
- 105 non- MOHFW **personnel** (lead trainers- agriculture extension officers and sub-assistant agriculture officer) attended Training of Trainers (TOT) on food control guidelines code of practices related to GAP.
- 98 non- MOHFW **personnel** (Value Chain Actors -VCA) attended training on food control guidelines code of practices related to GAP.
- 49 non- MOHFW **personnel** (volunteer scouts) attended Training of Trainers (TOT) on GHP and use of monitoring tools and report in Barisal city corporation.
- Arranged hands-on training of 10 laboratory personnel of PHL&NFSL, IPH.
- 15 personnel attended workshop on development, review and update of laboratory guidance documents and SOPs.
- Print ready version of developed documents on risk-based inspection
- 78 Tabs distributed to sanitary inspectors and 12 tabs distributed to health officers for inspection planning and implementation
- Strengthened and expansion of 10 sentinel sites across the country.

- 200 physicians, nurse, lab technicians and support staffs attended training on food-borne diseases.
- Support system ready for food safety emergency response/outbreak investigation.
- IEC/BCC materials on food safety and food safety emergencies (leaflet, poster, booklet etc.) ready for printing
- TVC and TV spots broadcasted in different channels.
- Completed Quarterly newsletters on food safety.

BFHI

- A total of 400 central level MOHFW personnel (200 resource persons and 200 assessors) and140 non-MOHFW personnel (project staff) attended TOT training on BHFI.
- 2,870 field level MOHFW staffs and 40 non-MOHFW persons attended refreshers training.
- 1,000 field level MOHFW health facilitates and 640 non-MOHFW health facilitates attended training on BHFI.

Good Hygienic Practices (GHP) including WASH at all level

- 30 personnel attended workshop on development of GHP and GMP communication materials.
- Completed observation of National /International hand washing day, food safety day, sanitation day
- Monitoring of GHP among street food vendors and for revitalization
- Disseminated 5,000 pieces of Bangla and English versions of NPAN-2 document
- Attended foreign training on Experience sharing on Nutrition and Public Health in different countries.
- 29 central level MOHFW personnel attended workshop on development for the strategy of elderly population.
- 60 central level MOHFW personnel attended workshop on supply chain manual.
- 60 central level MOHFW personnel attended workshop on field visit monitoring checklist.
- 90 central level MOHFW personnel attended workshop on nutrition data management training manual.
- 140 non-MOHFW personnel attended workshop on farmer sensitization on food safety code of practices related to GAP.
- 74 non-MOHFW personnel attended workshop on codex sub-committee orientation/ meeting on food hygiene, fresh and process food, food additives and residues and veterinary drug residues under national codex committee.
- 4,250 non-MOHFW personnel attended workshop on food safety and hand washing campaign for school students to celebrate LDC graduation.
- 1,108 Head Teachers of Govt. Primary School attended TOT workshop on food safety school education program, Kumarkhali, Kushtia.
- 70 teachers and management staffs of “Beautiful Mind’ a Special Institute for the Autistic Children attended TOT workshop on food safety school education program, Uttara, Dhaka.

- 213 buyers, suppliers, and consumers attended awareness and motivation workshop to promote safe broilers and market linkage (Buyer-Suppliers).
- 46 non-MOHFW personnel attended workshop on sensitization of food safety code of practices (CoP) related to good agricultural practices (GAP) for senior level Department of Agricultural Extension (DAE) in Dhaka.
- 26 newly joined director IPH and technical staff of PHL and NFSL attended consultative meeting/workshop.
- 25 DLS officials attended orientation workshop on implementation of food safety guideline for poultry value chain.
- 58 food safety leaders and DLS field staffs attended orientation workshop.
- 120 non-MOHFW personnel attended workshop on farmers field day on good farm management and best waste disposal system.
- 450 non-MOHFW personnel attended seminar on food safety and public health.
- 701 non-MOHFW personnel attended advocacy seminar on food safety issues from consumer perspective.
- 98 non-MOHFW personnel attended advocacy seminar on safe Iftar in the light of safe food in Ramadan.

Challenges: (Operational/ Financial etc)

- Delayed procurement process.
- Insufficient human resources at the field level.

Recommendations/Way Forward: (With relation to challenges)

Training Information (2017-18)

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	716 (65)	11708 (100)	82499 (24)	94923 (27)
Foreign Training	22 (2)	8 (0)	0 (0	30 (0)
Workshop	368 (33)	0 (0)	262284 (76)	262652 (73)

Financial Progress:

Financial Year	Allocation	Expenditure
2016-17	104041000	103217000
2017-18	1200000000	1002549000

2. Name of Ministry/Directorate /OP/Project**: FAARM** (Food and Agricultural Approaches to Reducing Malnutrition)**, HKI**

Major activities:

1. Court yard session with all project participants on women's nutrition, optimal breastfeeding, complementary feeding, micro-nutrients (focusing on iodine, iron and Vitamin A), hand washing and taking care of sick and recovering children
2. Home visit and individual counselling to all pregnant and lactating women
3. Cooking Demonstration
4. Optimal feeding and food hygiene

Progress/Achievement:	
2016-17	**2017-18**
1. 456 court yard sessions with around 1150 participants on Nutrition, health education, optimal feeding and food hygiene 2. All pregnant and lactating women received counselling on maternal nutrition and IYCF practice 3. All project participants received counselling on Optimal feeding and food hygiene. 4. Around 200 cooking demonstration with maintaining nutrition and hygiene during cooking.	1. 456 court yard session with around 1150 participants on Nutrition and health education. 2. All pregnant and lactating women received counselling on maternal nutrition and IYCF practice. 3. Around 105 cooking demonstration with maintaining nutrition and hygiene during cooking.

Challenges: (Operational/ Financial etc)

1. Due to religious believes some women have restriction in their mobility. Therefore, some women cannot attend courtyard session.
2. Some household have limited space in their homestead for gardening

Recommendations/Way Forward: (With relation to challenges)

1. Household members allow attending courtyard session and encourage discussing within family. Frontline staffs briefly discuss during HH visit about courtyard session topics.
2. Encouraged HH for pit garden and sack/ bag garden to maximize the use of home stead space.

Financial Progress: NA

3. Name of Ministry/Directorate /OP/Projects. **SAPLING**(Sustainable Agriculture and Production Linked to Improved Nutrition Status and Gender Equity)**, HKI**

Major activities:

1.court yard session with Pregnant Lactating Women (ANC-PNC service, EBF, CF, food and nutrition, Sick child care, hand wash and hygiene)

2. GMP session with under two children

3. Key message for household visit (ANC-PNC service, EBF, CF, food and nutrition, Sick child care, hand wash and hygiene)

4. PLW information documentation by mother health card (taken ANC services, IFA tablet, delivery information etc)

5. Attend national level campaign-Deworming campaign, Vitamin-A campaign

Progress/Achievement:	
2016-17	2017-18
1. SAPLING provided varying degrees of training to 5,744 PLW, 671 community members on health, hygiene, and nutrition. 2. 5,774 PLW and 26,290 other participants (32,064 total) received messaging on health and nutrition in sessions conducted through 718 MCHN groups and 1,997 IEHFP groups. 3. 248 traditional leaders, 183 religious leaders, and 240 local elites were provided an orientation on the Essential Nutrition Actions and Essential Hygiene Actions (ENA-EHA) framework to better their understanding of health, nutrition and hygiene needs in their communities. ENA-EHA includes Infant and Young Child Feeding (IYCF) practices and fits within the 1000 days approach to nutrition.	1. SAPLING provided varying degrees of training to 1853 pregnant women and 9592 lactating mothers; total 11,549 MCHN members on health, hygiene, and nutrition. 2. Provided GMP session with 1319 children in 581 EPI centres among them 624 are boys and 695 are girls. 3. In support of building transformative capacity for more resilient by improving health and nutrition services, total 14297 adolescent girls (10-19 aged) among 2161 group are trained on health, hygiene, and nutrition. 4. 877 frontline staffs of SAPLING trained in 41 batch on nurturing connection tools to provide gender transformative approach at community level.

Challenges: (Operational/ Financial etc)

1. Facilitation with female facilitator as CHSW from the non-accessible and remote community

2. Ensure primary health care facilities, ANC –PNC service in all over the community (with all remote area where need to go on foot for 2-3 hour or more)

3. More turnover rate on health service providers.

4. Less number of midwifery present for community service. especially for delivery services.

Recommendations/Way Forward: (With relation to challenges)

1. Strength up female facilitator as CHSW from the community to overcome language barrier

2. Need to in rich health care facilities with mobile medical team especially for remote area where need to go on foot for 2-3 hour or more

3. Need to promote local level health service provider especially from different ethnic group to decrease turnover rate of health service providers and also break down language barrier.

4. Need to strength up community with skilled mid wife from different ethnic group.

Financial Progress: NA

4. Name of Ministry/Directorate /OP/Project: MoWCA (Maternity & Lactating Allowance Programme) **-WFP**

Major activities: **Improved Maternity and lactating allowance program (reform of present maternity allowance program)** – will start from 2019.

1. Improved Programme Design to make it more nutrition sensitive.

2. Develop and Approve Concept paper for improved version of Maternity and Lactating Mother Allowance Programme

3. Inter-Ministry engagement through coordination meeting.

4. Revise training Modules in alignment with national comprehensive SBCC strategy

5. Sensitization and capacity strengthening of MoWCA staff on nutrition.

Progress/Achievement:	
2016-17	**2017-18**
Not Available	1. Programme design improved towards nutrition sensitivity. 2. A concept note on Child Benefit Programme developed and approved. 3. Two inter-ministry meeting organized. 4. Two training module revised aligning with national comprehensive SBCC strategy. 5. 46 MoWCA staffs sensitized on nutrition.

Challenges: (Operational/ Financial etc)

1. Conceptual clarity on NSSS strategy and CBP among government officials and DPs.

2. Functional Linkage with different service providers.

Recommendations/Way Forward: (With relation to challenges)

1. Enhanced coordination among different GoB and DPs.

2. Align with national existing strategies and plans.

Financial Progress:

Financial Year	Allocation	Expenditure
2016-17	Not Available	Not Available
2017-18	1 million USD (TA)- WFP	Not Available

1.4. Management of Acute Malnutrition

5. Name of Ministry/Directorate /OP/Project: Local GoB (MoHFW) - **WFP**

Major activities:

Host community:

1. Screening of PLW and children under 5 both in community and at facility level.
2. Referral service to MAM and SAM children to facilities where it is available.
3. For prevention of acute malnutrition and effective rehabilitation of MAM, the nutrition intervention emphasises on awareness raising and facilitating behaviour change through BCC at the community.
4. Moderately malnourished children aged 6-59 months and PLW selected through screening receives on a bi-weekly basis supplementary food rations as follows: fortified wheat-soya blend (WSB++) 214 gram/person/day for children 6-59 months; WSB+ 225 gram/person/day for PLW and vegetable oil 20 gram/person/day for PLW. This supplementation for rehabilitation operates through CC, FWC and UHC.

Refugee:

1. **Screening and referral:** Community screening through the joint nutrition sector partner outreach activities among refugee camp population
2. **Behaviour change communication (BCC):** At the centre, nutrition educator implements BCC activities to promote caregivers' skills for active and responsive child feeding practices and knowledge on the need for diversified diet and care practices to prevent malnutrition.
3. **Growth Monitoring and promotion:** At the nutrition centre, staff systematically screens (through growth monitoring and promotion - GMP) all children and PLW coming to the centre and refer those found acutely malnourished for admission in appropriate MAM or SAM treatment facilities.
4. **Supplementation for rehabilitation and prevention: Under MAM treatment services:**
5. **MAM counselling at the centre:** Every caregiver of MAM children gets counselling from nurse on the IYCF and other need basis tailored messages on health and nutrition

Progress/Achievement:	
2016-17	**2017-18**
1. **Bangladeshi population:** In 2016-2017, WFP provided MAM treatment services in 4 districts (Dhaka-04 urban slum, Cox's Bazar: 3 upazilas, Satkhira: 2 upazilas, Kurigram: 05 upazilas) During the reporting period **23,335** MAM children under five admitted in the treatment service and received nutrition assistance from MAM treatment services. During the reporting period **13,182** acutely malnourished PLW admitted in the treatment service and received nutrition assistance from MAM treatment services. ***Refugee population:*** In 2016-2017, WFP provided MAM treatment and prevention services in 2 official camps and 2 unregistered camps. During the reporting period **2,000** MAM children under five admitted in the treatment service and received nutrition assistance from MAM treatment services. During the reporting period **6,590** well-nourished children five enrolled in the MAM prevention services and received nutrition assistance from MAM prevention services. During the reporting period **4,000** PLW (both malnourished and well-nourished) enrolled in the MAM prevention services and received nutrition assistance from MAM prevention services.	1. **Bangladeshi population:** During the reporting period **18,325** MAM children under five admitted in the treatment service and received nutrition assistance from MAM treatment services. During the reporting period **9,385** acutely malnourished PLW admitted in the treatment service and received nutrition assistance from MAM treatment services. ***Refugee population:*** In 2017-2018, WFP provided MAM treatment and prevention services for pre-exiting refugees and new refugees came after the violence in 25th August 2017. During the reporting period **24,900** MAM children under five admitted in the treatment service and received nutrition assistance from MAM treatment services. During the reporting period **1,200** acutely malnourished PLW admitted in the treatment service and received nutrition assistance from MAM treatment services. During the reporting period **129,800** well-nourished children five enrolled in the MAM prevention services and received nutrition assistance from MAM prevention services. During the reporting period **27,664** PLW (both malnourished and well-nourished) enrolled in the MAM prevention services and received nutrition assistance from MAM prevention services. **Amount of food distributed:** During the reporting period in total 5,079 mt food distributed to the beneficiaries

Challenges: (Operational/ Financial etc)

1. Under the MAM treatment programme for Bangaldeshi programme: higher defaulter rate in Ukhiya and Tekhnaf compare to the previous year due the large refugee influx happens in late 2017.

3. High absenteeism both in the MAM treatment and prevention services

5. Faced difficulties to find qualified staffs.

Recommendations/Way Forward: (With relation to challenges)

Financial Progress: Not Available

1. Name of Ministry/Directorate /OP/Projects: SAPLING (Sustainable Agriculture and Production Linked to Improved Nutrition Status and Gender Equity), HKI

Major activities:
1. Training for MOHFW frontline staff on tropical disease identification and prevention 2. Day observation –world leprosy day, world malaria day

Progress/Achievement:	
2016-17	2017-18
1. Attend Day observation – World leprosy day, Malaria day, De-worming week, Nutrition week, Sanitation months, global hand wash day, safe motherhood day, menstrual hygiene day, Breast feeding Week and others arranged by MOHFW and national campaign accordingly	1. 261 participants attend in Training for MOHFW frontline staff on tropical disease identification and prevention through 11 batch. 2. Attend Day observation – World leprosy day, Malaria day, De-worming week, Nutrition week, Sanitation months, global hand wash day, safe mother hood day, menstrual hygiene day, Breast feeding Week and others arranged by MOHFW and national campaign accordingly

Challenges: (Operational/ Financial etc)

1. Less activity taken for community level to identify patients on non-communicable disease

2. Health care service for non-communicable disease need to more accessible in remote area.

Recommendations/Way Forward: (With relation to challenges)

1. More awareness program need to take with mass communication to identify patients on non-communicable disease

2. Strengthen primary level health facilities and provide skilled health service provider to decrease non-communicable disease

Financial Progress: NA

1.8. Water Sanitation & Hygiene

1. Name of Ministry/Directorate /OP/Project: Local Government Division, Ministry of Local Government, Rural Development and Cooperatives- **Water Aid Bangladesh**

Major activities:

1. Promoting safe drinking water coverage through construction/renovation of water facilities for the deprived population.

2. Promoting improved sanitation facilities at household, community and institutional setup for those who lack proper sanitation.

3. Influencing hygiene behaviour change through awareness raising and promoting handwashing facilities at household, community and institutional setup.

4. Collaborating with government, line agencies and civil society networks for improved WASH governance for reaching the unreached with WASH coverage.

Progress/Achievement:	
2016-17	2017-18
1. Reached 125,771 people with access to safe drinking water 2. Reached 119,390 people with improved sanitation facilities 3. Reached 195,522 people with hygiene messages	1.Reached 68,348 people with access to safe drinking water 2. Reached 127,826 people with improved sanitation facilities 3. Reached 133,280 people with hygiene messages

Challenges:

1. Floods and uneven rainfall with prolonged water logging affected programme implementation in the rural areas in both 2016-17 and 2017-18 reporting period.

2. In urban slums, eviction and fire incident in 2017-18 required rehabilitation and reconstruction support on short notice

3. The peri-urban programme we are implementing to help garment workers and their family members with improved WASH faced continued difficulty with factory access.

Recommendations/Way Forward:

1. WaterAid Bangladesh is contributing with CSA-SUN network and expecting a broader collaboration and support ahead with NNS

2. Although WaterAid is mainly working with nutrition sensitive intervention (water, sanitation and hygiene promotion) but it recognises the need for strong collaboration with health and nutrition sector.

3 We strongly recommend integration of WASH priority in health and nutrition sector both in terms of policy guideline and dedicated plan of action

Financial Progress:

Financial Year	Allocation	Expenditure
2016-17	622 million BDT	608 million BDT
2017-18	646 million BDT	625 million BDT

1.9. Urban Nutrition

Thematic Area 2: Agriculture & diet diversification & locally adapted recipes

2.1. Food fortification

Name of Ministry/Directorate/ OP/ Project**: Control of Iodine Deficiency Disorders through Universal Salt Iodization, BSCIC, Ministry of Industries**

Major Activities:

1. Control of iodine deficiency disorders through iodization of salt.
2. Ensure production and supply of iodized salt as per demand.
3. Ensure quality of salt iodization through intensive supervision.
4. Demonstration of salt purification and drying processes to entrepreneurs.
5. Provide development and extension support to iodized salt producers.
6. Supporting production and research activities to produce white salt.
7. Attain self-sustainability of the project.

Progress / Achievement	
2016-2017	**2017-2018**
- Ensured production and supply of 5.27 MT iodized salt. - Distributed 1.02 Lacs information and communication materials - Trained 893 persons on awareness development for iodized salt use. - Imported and supplied 64 MT Potassium Iodate - Strengthened monitoring system for production and supply of quality iodized salt. - Tested sample of 0.62 MT salt - Conducted 176 Mobile courts at District and Upazila level.	- Ensured production and supply of 5.76 MT iodized salt. - Advertised 16 times in Newspaper - Trained 1153 persons on awareness development for iodized salt use. - Imported and supplied 32 MT Potassium Iodate - Continued strengthened monitoring system for production and supply of quality iodized salt. - Tested sample of 0.63 MT salt - Conducted 195 Mobile courts at District and Upazila level.

Challenges (Operational/Financial etc.)

- Delay in fund release
- Deficiency of expected monitoring system at retail level
- Intrusion of industrial salt into edible salt market
- Inadequate quality control of iodized salt at seller level

Recommendations/Way Forward

- Timely release of fund
- Strengthening monitoring system at retail level
- Prevent intrusion of industrial salt in to edible sale salt market
- Quality assurance at salt seller level

Financial Progress

Financial Year	Allocation	Expenditure
2016-17	782.53	404.30
2017-18	724.00	604.60

2.2. Food processing & Storage

2.3 Food Security, Safety & Quality

1. Name of Ministry/Directorate/OP/Project: Ministry of Food/ **Bangladesh Food Safety Authority**

Major activities:

1. To regulate and monitor the activities including manufacture, import, processing, storage, distribution and sale of food to ensure access to safe food through appropriate scientific methods.

2. To coordinate the activities of all the organizations concerned with food safety management.

3. To support in updating the food standards, permissible limit of food additives, drug residue, contaminants etc. or formulating guidelines of concerned organizations.

4. To provide support to the concerned organizations in achieving accreditation.

5. To provide scientific and technical assistance to the Government in formulation and updating of Polices, Rules, guidelines related to food safety, and food and nutrition security.

6. To create public awareness towards the safety and quality of food articles.

7. To conduct risk-based inspection and enforcement of Food Safety Act 2013.

Progress/Achievement:	
2016-17	2017-18
1.**Training**: 194 persons. Workshop: 10 (2200 persons) 2. **Sample collection:** 15816. Tested (Positive): 1574 3. **Mobile Court Operation:** 528 (case filed: 858) 4. **Lab networking**: Lab- Directory of 50 food labs prepared. 5. **Gazette notification**: 1 Rule and 4 Regulations. 6. MoU signed with 3 organizations. 7. International Food Safety Conference 2017 on "Protecting Consumers: A Shared Responsibility" held at Dhaka	1. **Training: 604 persons. Workshop**: 14 (4200 persons) 2. **Sample collection**: 8391. Tested (Positive): 745 3. **Mobile Court Operation**: 1424 (case filed: 118) 4. 10 labs designated as Food labs. 5. **Gazette notification**: 1 Rule and 2 Regulations. 6. MoU signed with 2 organizations. 7. 1st National Food Safety Day2018 celebrated.

Challenges: (Operation/Financial etc)

1. Inadequate skilled manpower and logistic support.
2. Inadequate coordination among regulatory agencies and stakeholders.
3. Insufficient laboratory capacity in terms of expertise and food analytical facilities.
4. Poor implementation of different good practices e.g. GAP, GAqP, GMP, GHP in all level of food supply chain.
5. Lack of awareness, traditional culture and food habits in consumption, production and Safe Food supply chain.

Recommendations/Way Forward: (With relation to challenges)

1. Recruitment of manpower as per organizational structure.
2. Strong coordination building among regulatory agencies.
3. Regular monitoring and implementation of GAP/GMP/GHP along the food chain.
4. Continuous motivation and strengthening enforcement.
5. Establishment of Risk Analysis Framework.

Financial Progress:

Financial Year	Allocation	Expenditure
2016-17	10,50,00,000. 00	5,52,62,788. 00
2017-18	14,01,83,212. 00	14,01,83,212. 00

2. Name of Ministry / Directorate/OP/ Project: **Bangladesh Standards and testing Institution (BSTI), Ministry of Industries**

Major activity:

1. Bangladesh standards and Testing institution (BSTI) is the only National Standards Body of Bangladesh, is playing an important role in developing and promoting industrial Standardization. Keeping in view that Standardization, metrology, testing and quality control in the industrial spheres are the basic pre- requisite for sound economic development of the country. BSTI is entrusted with the responsibility of formulation of national Standards of industrial food and chemical products in line with regional international standards. BSTI formulated total 591 food standard out of them 80 food products are in mandatory certification marks scheme.
2. BSTI is responsible for the quality control of the products which are ensured as per specific national standards (BDS) formulated by the technical committees of BSTI.
3. To secure compliance of producers with the Bangladesh Standards adopted by BSTI. To implement Bangladesh Standards through national certificate mark scheme by testing and inspection of goods.
4. The Functions of Chemical Testing Wing of BSTI is to ensure the quality of food. Agricultural products, Organic and Inorganic products by testing /analysis with modern equipment's such as LC-MS/MS. GC-MS, HPLC. AAS etc. as per national and international Standards. Chemical Testing Wing also provide testing facility and inspection of commodities, processes and practices for any investigation, research or promotion of export that may be necessary to issue test reports.
5. BSTI is also responsible for the implementation of metric system and to oversee the accuracy of weights and measures in the country. National Metrology Laboratory (NML) provides calibration service for mass, length, volume, pressure and time.

Progress/ Achievement	
2016-2017	**2017-18**
Chemical Testing Laboratory for food and non-food item are accredited by NABL. India since 2011. In 2017 laboratories are accredited by Bangladesh Accreditation Board (BAB) according to ISO/ IEC 17025 for 411 parameters which include total 35 products. Out of 35 products 27 are food products.	194 products brought under Mandatory Certification Marks Scheme out of them 80 are food products. BSTI is working for quality control of Iodine fortification in salt and vitamin A fortification in Soybean Oil, Edible Palm Oil. Edible Sunflower Oil and Palm Olein.

Challenges: (Operational/ Financial etc.)

1. There is shortage of human resources for specific technical field.

2. Lack of training for updated international analytical methods and techniques for analysis of food product.

3. There is limited number of supplier for Certified Reference Material (CRM), reagents, chemicals and consumables in Bangladesh that is way sometimes we do not get that material for food testing laboratories in time.

Recommendations/ Way Forward: (with relation to challenge)

1. Creation of new technical post in BSTI Organogram.

2. Allocation more financial budget for training in the field of analytical methods and techniques for analysis of food product, some international organization can also provide technical and financial support for training of technical personnel.

Financial Progress:

Financial Year	Allocation	Expenditure
2016-17 (Total Budget of BSTI)	76,48,85,454.00	66,39,12,518.00
2017-18	Not Available	Not Available

Theme: Social Protection

Name of Ministry/Directorate /OP/Project. MoWCA, MoPME, MoFood- **WFP**

Major activities:

1.Pilot program IC VGD was technically assisted MoWCA on developing income generating component, to provide fortified rice to reduce micronutrient deficiency, capacity strengthen of NGO staffs on life skill training on nutrition, gender, hygiene etc for vulnerably women beneficiary.

2. WFP is also supporting MoWCA to reform its maternal allowance program into child benefit program. Thus, WFP is supporting to strengthen MoWCA staff's capacity on nutrition, develop SBCC strategy, technical guidance and linkage with relevant ministries to use existing GoB structure to implement SBCC activities in the field, test new cash transfer system in 8 piloting area.

3. WFP provide technical supports to MoPME to implement school feeding program, quality assurance of fortified biscuit, follow up & joint monitoring and promote school meal. Besides that, WFP direct implementation of SF in few areas along with piloting of school meal.

4. Under Rice fortification program, Fortified rice are distributing in IC VGD program by MoWCA, school feeding (meal) program under MoPME and Food friendly program under MoFood. WFP also has a private sector partnership for commercialization of fortified rice.

5. A mass campaign on healthy diet is planned to be launched in middle of the year lead by MoI to increase awareness on nutrition.

Progress/Achievement:	
2016-17	**2017-18**
IC VGD program under MoWCA 1. IC-VGD and VGD participant in selected 8 upazilas received a sealed bag of 30.30 kg fortified rice once a month. 2. Training on nutrition, personal health and hygiene and disaster risk management has been completed 3. 6000 ICVGD women received 15000 taka as investment grant and invested as per their business plan. **Rice fortification Program** 1. Dissemination of Effectiveness study 3.Eight rice Blending unit established. 5. Total beneficiaries reached through safety net: 450,000 **School Feeding** 1. Distributed about 6,600 MT biscuit fortified with 14 micronutrients - vitamin and minerals locally (in country) and distributed to school children; 2. More than 450 MT fortified rice, red lentil and fortified vegetable oil were used for preparation of hot meal at school level for school children; 3. Utilized $225,000 for purchasing fresh vegetables and other condiments from local women growers for preparing hot meal for children. 4. Number of vegetable gardening were stablished at school premises to aware schoolchildren about nutrition; 5. Number of school teachers, school management committee member, parents and students were provided awareness on water, sanitation and hygiene, health and nutrition education	**Rice Fortification**: 1. Assessment of Quality control system and dissemination of finding 2. Thirty Blending unit established 4. TA to established two Fortified Rice Kernel factory for production 5. Total beneficiaries reached through safety net: 1,200,000 2. Assessment of Quality control system and dissemination of finding 2. Thirty Blending unit established 4. Total beneficiaries reached through safety net: 1,200,000 **School feeding** 1. Handed over 210,000 school children from WFP assisted school feeding programme to Government funded school feeding programme 2. Distributed about 5,000 MT biscuit were fortified with 14 types of micronutrient- vitamin and minerals locally (in country) and distributed to school children; 3. More than 350 MT fortified rice, red lentil and fortified vegetable oil were used for preparation of hot meal at school level for school children; 4. Utilized $200,000 for purchasing fresh vegetables and other condiments from local women growers for preparing hot meal for children.

Challenges:

1. The progress in approval of the National School Feeding Policy has been delayed. School Feeding is implementing as project approach under MoPME which needs to shift as programme approach under revenue budget.
2. Commercialization of Fortified Rice at an affordable prize.

Recommendations/Way Forward:

1. There is a need for strengthening collaboration between MoPME and other relevant ministries & agencies including MoHFW, BNNC, IPHN, MoFood, MoA, DAE for the nutrition sensitive School Meal Implementation Strategy as well as integrating school meals activities in the respective ministries' portfolio.
2. Advocacy and technical support to private sectors for the commercial availability of Fortified Rice.
3. Nutrition BCC in ICVGD and maternity allowance program need to be strengthened and emphasized, in order to create impact on the nutrition status, as it appears that the current approach was not yet sufficient

Financial Progress:

Financial Year	Allocation	Expenditure
2016-17	WFP – 15 million USD	Not Available
2017-18	WFP- 16 million USD	Not Available

Theme: Integrated and Comprehensive SBCC

Name of Ministry/Directorate /OP/Project: MoI, MoWCA, MoF, MoPME. **WFP**

Major activities:

1. Providing technical support to integrate SBCC strategy in Improved Maternity and Lactating Allowance program implement by MoWCA in alignment with National Comprehensive SBCC strategy.

2. A training module and methodology of Vulnerable Group Development program of MoWCA is under development in its reformed program (IC-VGD). And nutrition is addressed as an important component of this program.

3. Essential learning package for primary school children under school feeding program of MoPME has been implementing for long time. It is also under revising process to strengthening the SBCC approach.

4. Rice fortification program is doing advocacy and commercialization under the leadership of MoFood.

5. Public Awareness campaign on healthy diet is going to be launched under the leadership of MoI and technical assistance by relevant ministries. Under this program a data base of Nutrition SBCC materials has been developed which is currently under discussion of mainstreaming in GoB system.

Progress/Achievement:	
2016-17	**2017-18**
1. Training module for beneficiary of IC-VGD program has been developed.	1. Two training module revised aligning with national comprehensive SBCC strategy under Improved maternity allowance program. 2. Few TVC has been produced on fortified rice.

Challenges: (Operational/ Financial etc)

1. As SBCC is a relatively new concept in WFP as well as different ministries so it was difficult design proper SBCC approach for different GoB programs

2. Continuous changing of leadership.

3. understanding of SBCC is very poor.

Recommendations/Way Forward: (With relation to challenges)

Financial Progress:NA

Theme: Capacity Building

Name of Ministry/Directorate /OP/Project: MoPME, MoI,MoWCA, MoFood : **World Food Programme (WFP)**

Major activities:

1. Provide technical support to MoWCA for policy review, evidence generation and advise sectoral ministries for policy formulation/revision related to the nutrition sensitive social security programmes
2. Technical assistance and Capacity development of relevant GoB agencies to institutionalization of distribution of Fortified Rice
3. Technical support on Quality control system, inspection and standard guideline for FR. Promote common learning for relevant government and private sector stakeholders;
4. WFP is being provided technical assistance with regard to establishment of effective and efficient system for programme design & management, strengthening Inter-Ministerial & inter-agency coordination on school feeding, to develop necessary guidelines, providing tools for monitoring and reporting,
5. Strengthen capacity on nutrition through training, sensitization workshop of GoB officials from different ministries.

Progress/Achievement:	
2016-17	**2017-18**
School Feeding: WFP support has enabled the government to establish a nutrition-sensitive draft national school feeding policy.	**IC VGD** 1. Supported MoWCA and DWA officials to enhance their understanding on Nutrition and Nutrition sensitive social protection 2. 47 GoB officials trained on basic nutrition capacity strengthening training **School Feeding** 1. WFP supported MoPME, to establish a nutrition-sensitive National School Feeding Policy (NSFP) draft which has been endorsed by the Inter-Ministerial Committee. 2. MoHFW & WFP jointly facilitated a technical workshop on “School Meals: Addressing School Children’s Nutritional Needs” 3. WFP provides TA supports to enable DPE for real-time monitoring through SF online-database **Rice Fortification:** 1. Provided capacity building training to GoB and NGO officials on fortified rice and nutrition

Annex 3. Sub-national dissemination of NPAN2

BNNC undertook initiative to disseminate NPAN2 at divisional and district level with support from development partners. The dissemination helped to sensitize divisional and district level GOB officials of different line ministries and other stakeholders on NPAN2. The table below shows summary of the events:

Table: Sub-National Dissemination of NPAN2

Sl	Division/District	Date	Chief Guest	Chair
1	Sylhet	28 April 2018	Mr. Subash Chandra Sarkar Additional Secretary, MOHFW	Div. Director
2	Chattagram	28 April 2018	Dr. Samir Kanti Sarkar Director IPHN & Line Director NNS	Div. Director
3	Dhaka			
4	Cox's Bazar	30 April 2018	Dr. Md. Shah Nawaz Director General, BNNC	Civil Surgeon
5	Mymensingh	14 May 2018	Dr. Samir Kanti Sarkar Director IPHN & Line Director NNS	Div. Director
6	Cumilla	20 May 2018	Dr. Samir Kanti Sarkar Director IPHN & Line Director NNS	Civil Surgeon
7	Khulna	27 May 2018	Dr. Md. Shah Nawaz Director General, BNNC	Div. Director
8	Jashore	28 May 2018	Deputy Commissioner	Civil Surgeon
9	Dinajpur	30 May 2018	Deputy Commissioner	Civil Surgeon
10	Rashahi	30 May 2018	Deputy Commissioner	Div. Director
11	Chapainawabganj	31 May 2018	Deputy Commissioner	Civil Surgeon
12	Rangpur	31 May 2018	Mr. Abdul Karim, ndc, Additional Secretary, MOWCA	Div. Director
13	Kishoreganj	03 June 2018	Deputy Commissioner	Civil Surgeon
14	Manikganj	03 June 2018	Mr. Zahid Malek, MP State Minister, MOHFW	Civil Surgeon
15	Feni	04 June 2018	Deputy Commissioner	Civil Surgeon
16	Jamalpur	06 June 2018	Deputy Commissioner	Civil Surgeon
17	Narsingdi	07 June 2018	Deputy Commissioner	Civil Surgeon
18	Bogra	07 June 2018	Deputy Commissioner	Civil Surgeon
19	Chandpur	10 June 2018	Deputy Commissioner	Civil Surgeon
20	Munshiganj	11 June 2018	Deputy Commissioner	Civil Surgeon
21	Kurigram	20 June 2018	Prof. Dr. Umar Ali	Civil surgeon
22	Lalmonirhat	21 June 2018	Prof. Dr. Umar Ali	Civil surgeon
23	Pirozpur	27 June 2018	Deputy Commissioner	Civil Surgeon
24	Barishal	28 June 2018	Div. Commissioner	Civil Surgeon

Sl	Division/District	Date	Chief Guest	Chair
25	Gaibandha	16 Sep 2018	Div. Commissioner	Civil Surgeon
26	Rangamati	26 Sep 2018	Chairman, Zila Parishad	Civil Surgeon
27	Banderban	27 Sep 2018	Chairman, Zila Parishad	Civil surgeon
28	Sirajganj	11 Oct 2018	Md. Nasim,MP Minister, MOHFW	Civil Surgeon
29	Moulavibazar	04 Nov2018	Deputy Commissioner	Civil Surgeon
30	Bhola	26 Nov 2018	Deputy Commissioner	Civil Surgeon
31	Habiganj	26 Nov 2018	Deputy Commissioner	Civil Surgeon

Sub-National Coordination by Special Projects

1. Name of Ministry/Directorate /OP/Project: **SAPLING** (Sustainable Agriculture and Production Linked to Improved Nutrition Status and Gender Equity)**, HKI**

Major activities:

1. Upazila level training on Essential Nutrition Actions – Essential Hygiene Actions (ENA-EHA) and Lactation Management for MOHFW
2. Training on ENA-EHA for union level MOHFW Staff
3. Training on ENA-EHA for union level GOB staff other than MOHFW Staff
4. Training for MOHFW frontline staff on tropical disease identification and prevention
5. Nutrition in Emergencies training for Union MOHFW frontline staff
6. Nutrition in Emergencies orientation for Upazila Disaster Management Committees (DMCs)
7. Nutrition in Emergencies orientation for Union DMCs
8. Train Union WATSAN committees in hygiene Promotion
9. District level joint monitoring visit with MOHFW, other than MOHFW, Local government and Ministry of Fisheries and Livestock
10. Upazila level joint monitoring visit with MOHFW, other than MOHFW, Local government and Ministry of Fisheries and Livestock
11. Attend monthly coordination meeting of MOHFW
12. Attend national level campaign-Deworming campaign, Vitamin-A campaign
13. Observe special days-Nutrition week, safe motherhood day, Breast feeding week, Global hand washing day.

Progress/Achievement:	
2016-17	2017-18
1 SAPLING. Attend monthly once in coordination meeting of MOHFW staff and also organize Biannual meeting with union level MOHFW staffs. 2. Orientation on ENA-EHA for religious and Traditional Leader accomplished with 248 traditional leaders, 180 religious leaders, and 240 local elites 3. Total 37 school oriented Little doctor orientation with 569 students to educate other students by Peer session 4. Attend Day observation – Deworming week, Nutrition week, Sanitation months, global hand wash day, safe mother hood day, menstrual hygiene day, Breast feeding Week and others arranged by MOHFW and national campaign accordingly	1. 5 batch Upazila level training on ENA-EHA and Lactation Management for MOHFW held with 84 participants 2. Total 240 participants received Training on ENA-EHA for union level MOHFW Staff in 12 batch 3. Training on ENA-EHA for union level GOB staff other than MOHFW Staff received by 85 health service providers in 5 batch 4. Total 261 participants attend in Training for MOHFW frontline staff on tropical disease identification and prevention through 11 batch. 5. Total 210 TBA and CSBA participates in training on ENA-EHA and lactation Management for CSBA and Traditional Birth Attendant in 6 batches 6. Total 288 Village Doctors attend in Union level basic ENA-EHA training for Village Doctors among 12 batches 7.Total 129 participants attend in Nutrition in Emergencies orientation for Upazila DMC among 3 batch 8. Total 548 participants attend in 15 batches of Nutrition in Emergencies orientation for Union DMCs 9. Nutrition in Emergencies training for Union MOHFW frontline staff received by 187 participants with 4 batch 10. By Trained Union WATSAN committees in hygiene Promotion; SAPLING began the process of reactivating three union-level WatSan committees and 27 ward-level WatSan committees in Lama, Ruma and Bandarban Sadar upazila 11. Attend Day observation – Deworming week, Nutrition week, Sanitation months, global hand wash day, safe mother hood day, menstrual hygiene day, Breast feeding Week and others arranged by MOHFW and national campaign accordingly

Challenges: (Operational/ Financial etc)

1. Ensure primary health care facilities, ANC –PNC services in all over the community (with all remote area where need to go on foot for 2-3 hour or more)

2. More turnover rate on health service providers.

3. Less number of midwifery present for community service especially for delivery services.

Recommendations/Way Forward: (With relation to challenges)

1. Need to in rich health care facilities with mobile medical team especially for remote area where need to go on foot for 2-3 hour or more

2. Need to promote local level health service provider especially from different ethnic group to decrease turnover rate of health service providers and also break down language barrier.

3. Need to strengthen community with skilled mid wife from different ethnic group.

2. Name of Ministry/Directorate /OP/Project: FAARM (Food and Agricultural Approaches to Reducing Malnutrition), HKI

Major activities:	
1. Maintain liaison with Health, Agriculture and Livestock department 2. Attend monthly coordination meeting with GOB and other stakeholder 3. Visit of GOB officer to the project site	
Progress/Achievement:	
2016-17	**2017-18**
1. Provide/ Submission of Village Model Farmer (VMF) and local vaccinator list to relevant GOB department 2. Attend monthly coordination meeting with GOB and other stakeholder and share update of the project 3. Upazila Agriculture Officer and Livestock Officer visited project act ivities once in a year.	1. Provide/ Submission of VMF and local vaccinator list to relevant GOB department 2. Attend monthly coordination meeting with GOB and other stakeholder and share update of the project 3. Upazila Agriculture. Officer and Livestock Officer visited project activities once in a year

DESIGN: MAASCOM

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