



Operational Guideline for N4G Summit Commitments of Bangladesh Tokyo 2021

Prepared By

Bangladesh National Nutrition Council (BNNC)

Health Service Division

Ministry of Health and Family Welfare

Government of the People's Republic of Bangladesh

Acronyms

BCC	Behaviour Change Communication
BDHS	Bangladesh Demographic and Health Survey
BNNC	Bangladesh National Nutrition Council
BCSIR	Bangladesh Council for Scientific and Industrial Research
CBHC	Community Based Health Care
CIP3	Third Country Investment Plan
CSA	Civil Society Alliance
CSO	Civil Society Organization
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DNCC	District Nutrition Coordination Committee
DNO	District Nutrition Officer
DWA	Department of Women Affairs
ESP	Essential Service Package
FDMN	Forcefully Displaced Myanmar Nationals
FIES	Food Insecurity Experience Scale
FNS	Food and Nutrition Security
FPMU	Food Policy Monitoring Unit
GAP	Global Action Plan for Childhood Wasting
GNR	Global Nutrition Report
GoB	Government of Bangladesh
HIES	Household Income and Expenditure Survey
HPNSP	Health, Population and Nutrition Sector Programme
IFST	Institute of Food Science and Technology
IPHN	Institute of Public Health Nutrition
IYCF	Infant and Young Child Feeding
LGD	Local Government Division
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoA	Ministry of Agriculture
MoC	Ministry of Commerce
MoCHTA	Ministry of Chittagong Hill Tracts Affairs
MoDMR	Ministry of Disaster Management and Relief
MoE	Ministry of Education
MoF	Ministry of Finance
MoEF	Ministry of Environment, Forest and Climate Change
MoFL	Ministry of Fisheries and Livestock
MoFood	Ministry of Food
MoHFW	Ministry of Health and Family Welfare
MoI	Ministry of Information
MoInd	Ministry of Industries
MoLE	Ministry of Labour and Employment
MoLGRD&C	Ministry of Local Government, Rural Development and Cooperatives
MoP	Ministry of Planning
MoPA	Ministry of Public Administration
MoPlanning	Ministry of Planning
MoPME	Ministry of Primary and Mass Education
MoRA	Ministry of Religious Affairs

MoST	Ministry of Science and Technology
MoSW	Ministry of Social Welfare
MoWCA	Ministry of Women and Children Affairs
MoWR	Ministry of Water Resources
MoYSports	Ministry of Youth and Sports
N4G	Nutrition for Growth
NAF	Nutrition Accountability Framework
NCD	Non-Communicable Disease
NFNSP	National Food and Nutrition Security Policy 2020
NNP	National Nutrition Policy
NNS	National Nutrition Services
NPAN2	Second National Plan of Action for Nutrition
PHC	Primary Health Care
PoU	Prevalence of Undernourishment
PSC	Public Service Commission
R&D	Research and Development
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SOFI	State of Food Security and Nutrition
SSP	Social Security Programmes
SUN	Scaling Up Nutrition
UHC	Universal Health Coverage
UNCC	Upazila Nutrition Coordination Committee
UzHC	Upazila Health Complex
WHA	World Health Assembly

Preamble

The Honourable Prime Minister of Bangladesh conveyed the country's commitments to the Tokyo Nutrition for Growth (N4G) Summit, which were based on previous summit commitments from 2013 and 2017, as well as emerging global and national priorities such as the UN Food Systems Summit. Bangladesh places great importance on these commitments and fulfilling them will require the involvement of at least 22 different ministries and divisions, as well as support from development partners, United Nations (UN) agencies, organizations, academia, and civil society. Although the commitments are mainly strategic and political in nature, successful implementation will require integration into sectoral strategies and actions. This will necessitate a collaborative approach across multiple sectors, stakeholders, and levels, with an operational guideline to help plan, coordinate, implement, and monitor activities from an N4G perspective.

This Operational Guideline has been prepared under the auspices of the Scaling Up Nutrition (SUN) Country Focal Point and coordinator of the N4G Commitments and the Bangladesh National Nutrition Council (BNNC) through a consultative process that involved stakeholders, different ministries including cabinet division, the implementing agencies of these ministries, development partners, UN agencies, non-governmental organizations (NGOs), academia, researchers, and the private sector. A working group, which was led by the SUN Country Focal Point and five thematic groups comprised of members from the above stakeholders, contributed to prepare and review this document that was finalized through a validation workshop. This Guideline complements the N4G commitment document of the Government of Bangladesh (GoB).

Nutrition International has been supporting the revitalization of the BNNC and operationalization of the second National Plan of Action for Nutrition (NPAN2) since 2017. Nutrition International has also provided technical assistance (TA) to support the operationalization process for these commitments made by the government at the Tokyo 2021 N4G Summit.

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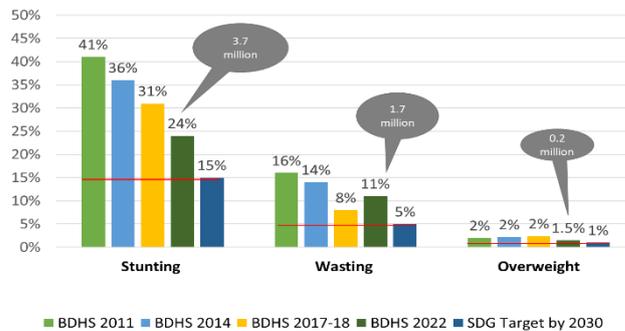
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1. Introduction

1.1 NUTRITION SITUATION IN BANGLADESH

Bangladesh has embarked upon a long journey towards improved nutrition since its independence, characterized by formulation of pro-poor policies and programs and joint efforts

Malnutrition among children, trends and SDG targets



of government and non-government entities. There has been notable improvement in the reduction of the level of stunting, wasting and underweight among children under five years. Low birth weight (LBW) has also been reduced significantly. Along with child nutrition, there have also been improvements in maternal undernutrition. However, there are differences in the level of malnutrition in various geographical regions, along with rural and urban divides. There

also exist differences in different socio-economic groups, with urban slum populations facing the worse extent of all forms of malnutrition (Urban Wellbeing Survey, 2016). At the same time, the gradual increase of overweight and obesity (2% in 2011 and 2.4% in 2017–18, BDHS) coupled with undernutrition among different demographic groups are causing a double burden of malnutrition. For instance, the prevalence of increased blood pressure, blood cholesterol and cardiovascular diseases were found to be higher in urban areas in comparison to rural areas, as a corollary of malnutrition (overweight and obesity) related to non-communicable diseases (NCD) (STEPS, 2018).

To preserve access to adequate nutrition as a basic human right as enshrined in the Constitution of the People’s Republic of Bangladesh, the Government of Bangladesh (GoB) is committed to invest in nutrition and has been developing various policies integrating food security and nutrition. The National Nutrition Policy (NNP) endorsed in October 2015 provides the necessary directions to implement and strengthen strategies and actions to improve the nutritional status of the population. Being aligned with the objectives of the NNP 2015 and expressing the country’s continued commitment to combat malnutrition in all its forms, the Second National Plan of Action for Nutrition (NPAN2) 2016–2025 was formulated with priority strategic actions. To complement NNP 2015 and NPAN2 the National Food and Nutrition Security Policy 2020 (NFNSP) and the Third Country Investment Plan (CIP3) have been formulated. The Scaling Up Nutrition (SUN) movement’s multistakeholder platform (MSP) has been guiding the implementation of the NPAN2 and CIP3 with representation from government departments, UN agencies, donor networks, Civil Society Alliance (CSA) groups, and business community, academia, and research network, as well as Bangladesh National Nutrition Council (BNNC) and the Food Policy Monitoring Unit (FPMU). Nutrition is one of the cornerstones of long-term developmental roadmaps in Bangladesh, namely, Vision 2041, Perspective Plan 2021–2041 and the medium-term strategies, namely Five-Year Plans and National Social Security Strategy 2015 (NSSS). The BNNC is an apex body for nutrition policy and coordination throughout the country and across government and non-government entities. It has the primary responsibility to ensure multisectoral coordination in achieving the nutrition-related targets and goals in these development documents.

1.2 NUTRITION FOR GROWTH (N4G) – CONTEXT AND SIGNIFICANCE

Nutrition for Growth (N4G) is a global effort to drive greater action toward ending malnutrition and helping ensure everyone, everywhere can reach their full potential. Over the past decade,

the governments of the United Kingdom, Brazil, and Japan each stepped up to mobilize N4G commitments against the backdrop of the Olympics—a symbol of health, strength, and human potential. The first N4G Summit was held in London in 2013, followed by Milan in 2017. The Government of Japan hosted the N4G Summit 2021 in Tokyo. It came at a critical time, midway through the UN’s Decade of Action on Nutrition, with only four years left to achieve the World Health Assembly (WHA) targets on maternal, infant, and young child nutrition, and nine years to reach the Sustainable Development Goals (SDG). An outcome document from the N4G Summit (i.e., Compact document) was prepared as a global agreement. It summarizes conclusions from the N4G Summit, provides recommendations for action to the global community, and underscores the combined ambition of all stakeholders to reach specific nutrition targets by a specified date.

Since the very first occasion in 2013 in London, Bangladesh has been an integral part of the N4G summit. Bangladesh participated in London 2013 and Milan, 2017 and made a total of eight commitments (Annex 1). Among these, there was considerable improvement in two critical impact commitments (Commitment 1¹ and 2²), two policy commitments (Commitment 6³ and 7⁴) and one program commitment (Commitment 8)⁵. , There has been no significant progress made with other two impact Commitments 3 and 4 rather there has been deterioration of the situation (commitments related to childhood obesity and anaemia among non-pregnant non-lactating women respectively 26% in 2011 to 28.9% in 2019-20, National Micronutrient Survey) and Commitment 5 (mobilizing domestic and international finance).

1.3 N4G COMMITMENTS OF BANGLADESH, 2021

The Tokyo Summit commitments of the GoB and its partner stakeholders were built on review and status of the previous commitments from 2013 and 2017. The commitments were made towards five thematic areas, and across six commitment types (Table 1). The five thematic areas consist of three core thematic areas (i-iii), and two cross-cutting thematic areas (iv-v). The thematic areas were:

- (i) Health – Making nutrition integral to Universal Health Coverage (UHC)
- (ii) Food – Building food systems that promote healthy diets and nutrition
- (iii) Resilience – Addressing malnutrition effectively in fragile and conflict-affected contexts
- (iv) Accountability – Promoting data-driven accountability
- (v) Financing – Securing new investments and driving innovation in nutrition financing

The commitments were further categorized under six types: Political and governance; Policy; Financial; Operational; Monitoring, Reporting and research; and Impact. The N4G Commitments that Bangladesh made in Tokyo, 2021 are shown in Table 1 under different thematic areas and commitment types.

¹ N4G 2013 Commitment 1: reducing stunting from 41% in 2011 to 31% in 2017–18

² N4G 2013 Commitment 2: reducing wasting 16% in 2011 to 8% in 2017–18

³ N4G 2013 Commitment 6: Reviewing the national policy

⁴ N4G 2013 Commitment 7: Strengthening the national coordination mechanism

⁵ N4G 2013 Commitment 8: Review national safety net programs to ensure they are nutrition sensitive

SUMMARY OF THE COMMITMENTS

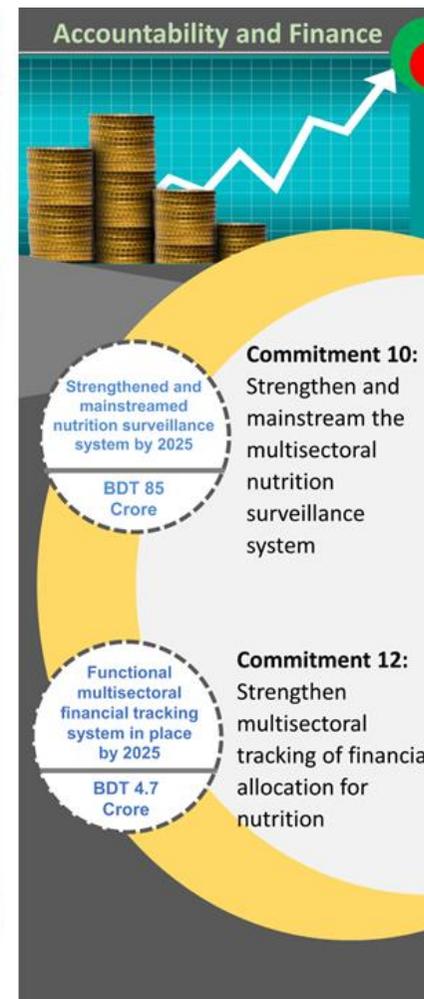
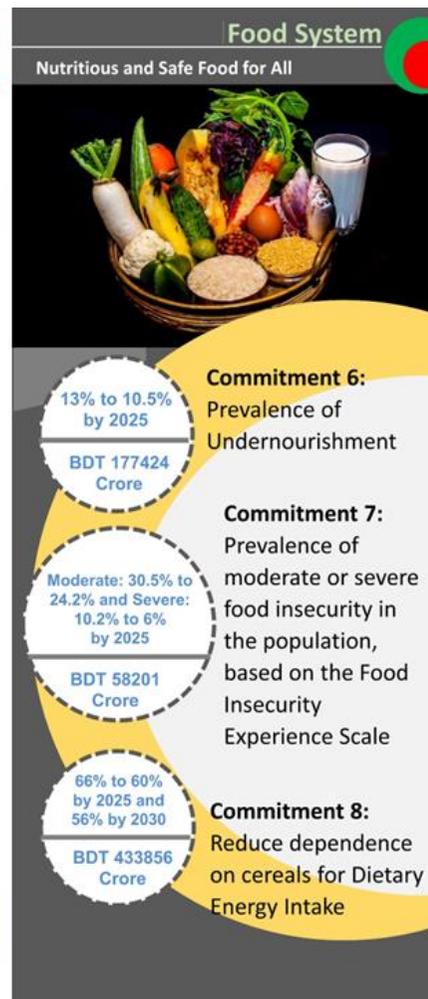
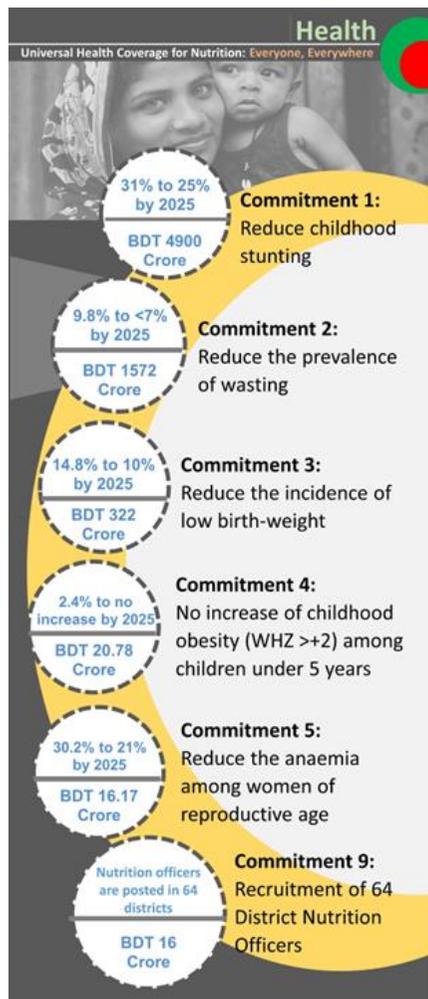


Table 1: N4G Commitments of Bangladesh by Thematic Areas and Types, 2021

	Commitments	Institution Lead	Commitment Type						Status		Thematic Area				
			Political and governance	Policy	Financial	Operational	Monitoring, reporting and research	Impact	Ongoing	New	Health	Food	Resilience	Data	Financing
1	Reduce childhood stunting	Ministry of Health and Family Welfare						Ö	Ö		Ö	Ö	Ö		
2	Reduce the prevalence of wasting	Ministry of Health and Family Welfare						Ö	Ö		Ö	Ö	Ö		
3	Reduce the incidence of low birth weight (LBW)	Ministry of Health and Family Welfare						Ö	Ö		Ö	Ö	Ö		
4	No increase of childhood obesity	Ministry of Health and Family Welfare						Ö	Ö		Ö	Ö	Ö		
5	Reduce anaemia among women of reproductive age	Ministry of Health and Family Welfare						Ö	Ö		Ö	Ö			
6	Prevalence of undernourishment	Ministry of Food						Ö	Ö		Ö	Ö	Ö		
7	Prevalence of moderate or severe food insecurity	Ministry of Food						Ö	Ö		Ö	Ö	Ö		
8	Reduce dependence on cereals for Dietary Energy Intake (DEI)	Ministry of Food		Ö					Ö		Ö	Ö	Ö		
9	Recruitment of 64 District Nutrition Offices (DNO)	Ministry of Health and Family Welfare				Ö				Ö	Ö				
10	Strengthen and mainstream the multisectoral nutrition surveillance system	Ministry of Health and Family Welfare					Ö	Ö		Ö				Ö	

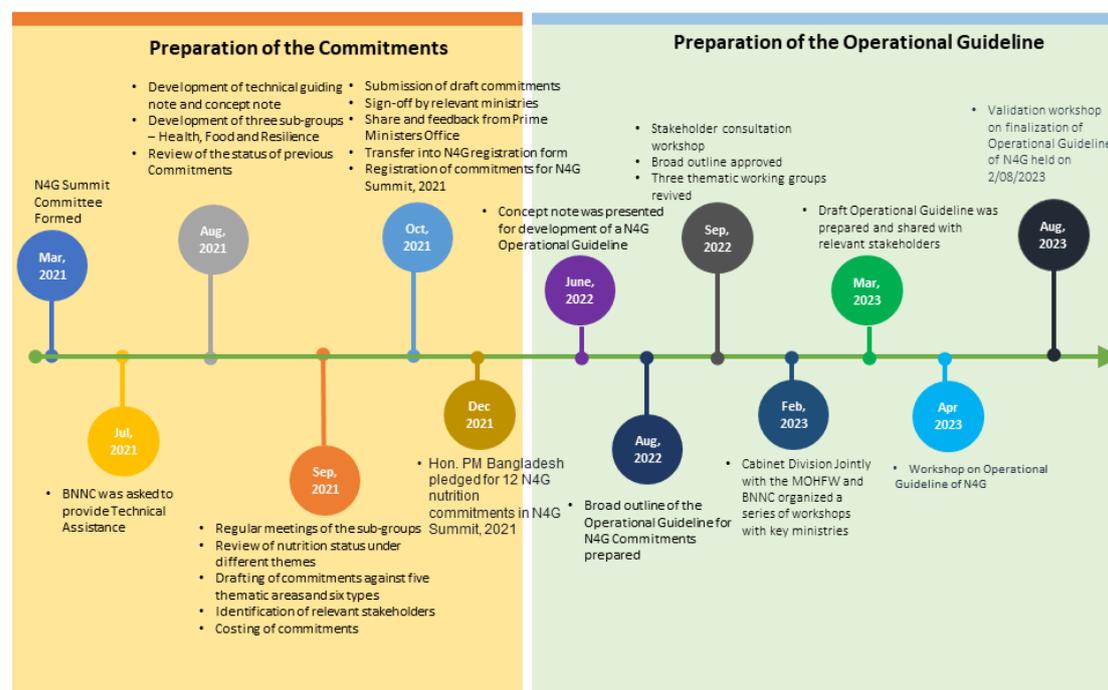
	Commitments	Institution Lead	Commitment Type					Status		Thematic Area					
			Political and governance	Policy	Financial	Operational	Monitoring, reporting and research	Impact	Ongoing	New	Health	Food	Resilience	Data	Financing
11	Increase the coverage of nutrition-related social safety net programs	Cabinet Division, Ministry of Planning				○			○		○	○	○		
12	Strengthen multisectoral tracking of financial allocation for nutrition	Ministry of Finance			○					○					○

1.4 RATIONALE FOR AN OPERATIONAL GUIDELINE OF N4G COMMITMENTS

Bangladesh accords the highest priority to the N4G commitments. The inputs and activities required to fulfill the commitments fall under the purview of at least 22 different ministries and divisions/departments. The GoB recognizes that implementation of N4G will require significant support from relevant development partners, UN agencies, national and international organizations, academia, and civil society organizations. While the commitments are mainly strategic and political in nature, their implementation requires the relevant ministries and entities to integrate them into their respective sectoral strategies and actions. A multisectoral, multistakeholder and multilevel collaborative approach is needed to harmonize the various sectoral activities towards a synergistic outcome. As such, an operational plan is required to help respective stakeholders to better plan, coordinate, implement, and monitor the activities with an N4G lens. In addition, each country is required to produce yearly progress reports on their country commitments and must submit to the Global Nutrition Report (GNR) and Nutrition Accountability Framework (NAF) assigned to track global progress, as well as individual country progress. This operational plan includes a Monitoring and Evaluation (M&E) framework and a financial tracking system, both of which will help the GoB produce pertinent information required to complete the GNR and NAF and fulfil the regular reporting requirements.

The SUN Multistakeholder Platform (MSP) and BNNC jointly supervised and monitored the development of the operational guideline. The process of formulating the commitments and developing the guideline was inclusive and participatory (see the roadmap below). Nutrition International funded a TA team, which supported BNNC in the development of the guideline. While developing the operational guideline, a thorough literature review was conducted. The review included the relevant nutrition-specific and nutrition-sensitive policies, strategies and action plans of different ministries, divisions, and departments. It also included regional and international plans, including the Global Action Plan (GAP) document. Some of the documents have been mentioned in Section 2. When the commitments were developed, three subgroups were formed—namely Health, Food, and Resilience—with representation from various relevant sectors, development partners and other experts. The BNNC assigned the three groups to supervise the development of the operational guidelines for the respective commitments. Consultations were carried out with relevant stakeholders, including those from the respective ministries, divisions, and agencies, as well as with sectoral experts. The findings, including the suggested strategies and priorities from all these processes, were consolidated in the development of the operational guideline.

Roadmap and milestones for formulation of the commitments and preparation of the guideline.



1.5. STRATEGY FOR OPERATIONALIZATION OF N4G COMMITMENT

This guideline provides recommended strategies and priority action areas for each of the 12 commitments made by the Government of Bangladesh, as well as responsible institutions for each commitment. The 12 commitments can be grouped under two categories:

- (i) **Ongoing commitments:** Commitments 1 to 8 and 11 are ongoing commitments that are typically program based. For these, efforts are needed to refocus priority, increase coverage, promote good practices, reallocate resources, and expedite implementation at the national and subnational levels. In most instances, nutrition action plans are already in place. Examples include nutrition and nutrition-related Operational Plans (OP) under MOHFW, Second National Plan of Action for Nutrition (NPAN2) 2016–25, the Third Country Investment Plan (CIP 3), NFSNP Plan of Action 2021–30, and National Social Security (NSSS) Strategy 2015.
- (ii) **New commitments:** Commitments 9,10 and 12 were additions made for the Tokyo Summit 2021. These are mainly related to strengthening the system for nutrition, thus require one-off action (e.g., recruiting District Nutritionists, initiating a mainstream nutrition surveillance system, and establishing a financial tracking system for nutrition). For the new commitments, respective ministries, divisions, and agencies will undertake new initiatives, planning, and follow-up actions in terms of scope, budget, and monitoring. Subsequently these will be included in their plans. This guideline provided stakeholders with clear priority action areas along with listing responsibilities for each commitment.

There are multiple entities working towards N4G commitments, including the ministries and agencies of the GoB as well as non-governmental partners. Therefore, the Cabinet Division, MOHFW (SUN focal person) and BNNC may jointly organize orientation workshops/meetings to advise, share best practices, and hold accountable all relevant ministries/divisions and departments. In addition, a coordination mechanism is imperative to fulfill the commitments, and will require regular follow ups on progress at both national and sub-national level through

existing coordination mechanism, such as the Executive Committee of BNNC and SUN MSP. BNNC should expedite sub-national level operationalization of N4G action through the District Nutrition Coordination Committee (DNCC) and Upazilla Nutrition Coordination Committee (UNCC). Immediate actions should be taken to familiarize the relevant stakeholders with the guideline through workshops and discussion sessions, seizing all opportunities.

The primary signatory entities include:

- The Ministry of Health and Family Welfare (MoHFW) is responsible for Commitments 1, 2, 3, 4, 5, 9, 10
- The Ministry of Food (MoFood) is responsible for Commitments 6, 7, 8
- The Ministry of Planning (MoPlanning) - Cabinet Division is responsible for Commitment 11
- The Ministry of Finance (MoF) is responsible for Commitment 12

Additional signatory entities from GoB include:

- Cabinet Division
- Ministry of Agriculture (MoA)
- Ministry of Fisheries and Livestock (MoFL)
- Ministry of Primary and Mass Education (MoPME)
- Ministry of Education (MoE)
- Ministry of Women and Child Affairs (MoWCA)
- Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C)
- Ministry of Social Welfare (MoSW)
- Ministry of Public Administration (MoPA)
- Ministry of Industries (MoInd)
- Ministry of Commerce (MoCom)
- Ministry of Religious Affairs (MoRA)
- Ministry of Information (MoI)
- Ministry of Chittagong Hill Tracts Affairs (MoCHTA)
- Ministry of Labour and Employment (MoLE)
- Ministry of Environment, Forest and Climate Change (MoEF)
- Ministry of Youth and Sports (MoYSports)
- Ministry of Water Resources (MoWR)

The Additional Secretary (World Health) of the Health Services Division under MoHFW, who is also the designated SUN Focal Point Bangladesh, is the coordination lead and is authorized for submission of the commitments. The membership of the existing SUN MSP will be reviewed and reconstituted, if required. BNNC will provide all technical support to SUN MSP in this regard as required. In addition to ministries and divisions, there are other coordinating entities for fulfilling the commitments, including several UN agencies (e.g., FAO, WFP, WHO, UNDP,

UNICEF, etc.⁶), Development Partners (DP), academia and research institutes, NGOs, and the private sector.

Fulfilment of the following strategic frameworks and plans are closely related to achieving the commitments:

1. Strategies Related to Health and Nutrition System

- a. The 5th Health, Population and Nutrition Sector Programme (5th HPNSP) (2024–2029)
- b. Second National Plan of Action for Nutrition (NPAN2), 2016–2025
- c. National Strategy for Prevention and Control of Micronutrient Deficiencies in Bangladesh 2015–2024
- d. National Urban Health Strategy, 2020
- e. Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases 2018–2025
- f. Global Action Plan for Childhood Wasting (GAP) for Bangladesh
- g. National Strategy for Maternal Health (2019–2030)
- h. National Strategy for Adolescent Health (2017–2030)

2. Strategies Related to Food System

- a. Third Country Investment Plan (CIP 3)
- b. National Food and Nutrition Security Policy Plan of Action (2021–2030)

3. Strategies Related to Water, Sanitation and Hygiene (WASH) System

- a. National Water Supply and Sanitation Strategy, 2021

4. Strategies Related to Social Protection

- a. National Social Security Strategy 2015
- b. National Social Security Strategy Plan of Action, 2021–2026

1.6. SCOPE OF THIS DOCUMENT

- A compiled document to be used as a ready reference/handbook.
- To be used as a guideline by ministries, divisions, and departments to develop their nutrition workplan based on the priority action for the N4G Commitments that fall under their jurisdiction.
- To be used by high and mid-level officials responsible for implementation and monitoring of the N4G commitments.

⁶ FAO: Food and Agriculture Organization of the United Nations
WFP: UN World Food Programme
WHO: World Health Organization
UNDP: United Nations Development Programme
UNICEF: United Nations Children's Fund

2. BANGLADESH COMMITMENTS TO INTEGRATE NUTRITION INTO UNIVERSAL HEALTH COVERAGE

The core philosophy of Universal Health Coverage (UHC) is equity, i.e., gradual realization of health for all, without leaving anyone behind. It is a core tenet of United Nations (UN) Sustainable Development Goal (SDG) 3, which seeks to realize UHC by 2030. Health systems for UHC are governed by three pillars: service delivery, health financing, and governance. Bangladesh is committed to achieving UHC by 2032. The country has a comprehensive set of policies towards UHC—for example, a health financing strategy and phased recommendations for pooling of funds to create a national health insurance scheme and expand financial protection for health. The GoB is trying to increase the fiscal space for health and expand coverage while improving service quality and availability in both rural and urban areas with limited success. Despite impressive strides in improving its economic and social development outcomes, the GoB still faces challenges in health financing and service delivery—including limited fiscal space for implementing UHC—particularly given low public spending for health and high out-of-pocket expenditure. The crisis in the country's human resources for health (HRH) compounds public health service delivery inefficiencies⁷.

Full population coverage and full prepayment are necessary conditions to ensure that UHC leaves no one behind. Integrating essential nutrition services into UHC is a unique opportunity to address all forms of malnutrition in Bangladesh. Essential nutrition services are among the health interventions that save the most lives while yielding the highest return on investment. For example, 45% of all under-five deaths are attributable to undernutrition and every dollar invested in nutrition services results in almost 16 dollars in benefit. Hence, integrating nutrition within health system can be a highly cost-effective approach in generating substantial health gains.

2.1 COMMITMENT 1: REDUCE THE PREVALENCE OF STUNTING IN CHILDREN UNDER FIVE (CHILDHOOD STUNTING)

2.1.1 Commitment at a Glance

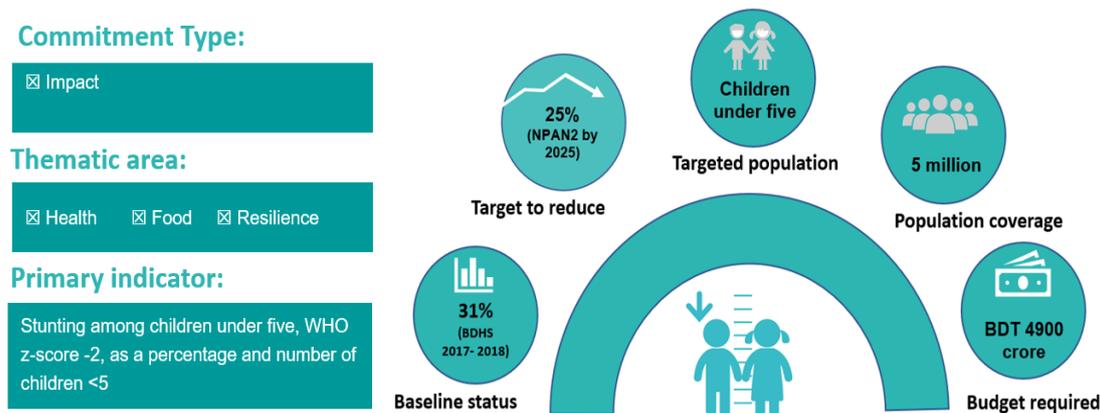
The GoB has committed to reduce the prevalence of stunting from 31% in 2017–2018 to 25% by 2025 through the implementation of the NPA2 and CIP3. The MoHFW, in collaboration with 21 relevant ministries⁸ and the Cabinet Division, are working to implement the Second National Action Plan for Nutrition (NPA2).

The goal of NPA2 is to reduce the prevalence of stunting among 960,000 children under 5 years of age in both urban and rural areas, focusing on gender and equity. There will be focus on the intensification of multisector and multistakeholder efforts to address key direct determinants of stunting, for example poor health and nutrition condition, as well as underlying determinants of stunting, such as food insecurity, inadequate social protection, and inadequate WASH programs.

⁷ The path to universal health coverage in Bangladesh: Bridging the gap of human resources for health, The World Bank, 2015

⁸ Ministries collaborating with MoHFW on Commitment 1 include: MoA, MoFood, MoFL, MoWCA, MoLGRD&C, MoPME, MoSW, MoDMR, MoE, MoEF, MoF, MoInd, MoI, MoP, MoCom, MoRA, MoCHTA, MoYSports, MoLE, MoST, and MoWR.

Progress towards the commitment will be monitored through the Bangladesh Health and Demographic Survey (BDHS), Multiple Indicator Cluster Survey (MICS), and Food Security and Nutrition Surveillance project (FSNSP) with support of district and upazila nutrition coordination committees. The overall estimated cost is approximately BDT 4,900 crore (Table 14). The financial commitment will be tracked through the multisectoral budget tracking system for nutrition.



2.1.2 Operational Framework for Commitment 1

The lead agency for implementing Commitment 1 is MOHFW. The deadline to achieve this commitment is 2025. Approximately 21 other GoB ministries and agencies, as well as partners, civil society organizations (CSOs), and the private sector will also make key contributions to this commitment.

Table 2 illustrates key strategies and the agencies responsible for operationalizing Commitment 1.

Table 2: Key Strategies and Priority Actions for Achieving N4G Commitment 1

Strategies	Priority Actions	Responsible Entity
Increase the coverage and improve the quality of nutrition-specific services	<ol style="list-style-type: none"> Expand coverage of quality nutrition-specific services in a uniform manner through a lifecycle approach in both rural and urban areas. Increase and sustain supply of essential nutrition commodities in facilities at all levels. Enhance capacity of human resources on provision of quality nutrition services. Strengthen multisectoral coordination for nutrition. Increase government financing for nutrition-specific interventions to increase the coverage at desired level. 	MoHFW (DGHS and DGFP), NGOs, and UN agencies

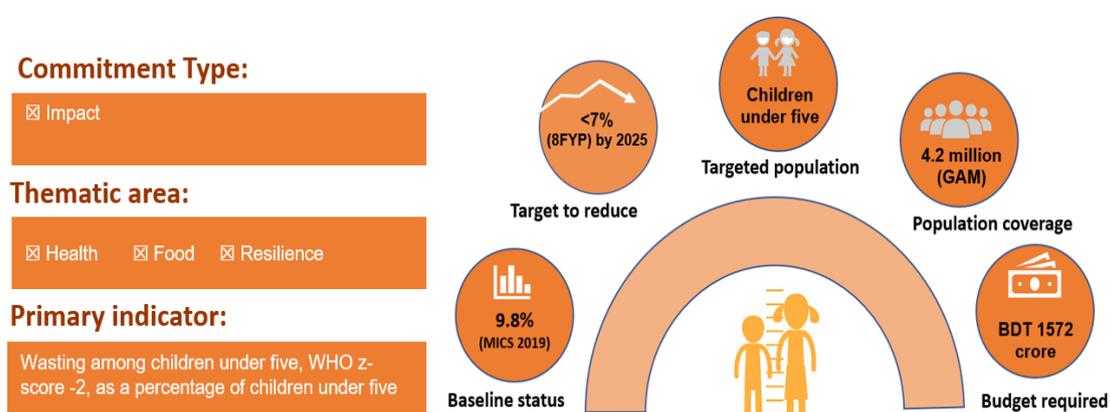
Strategies	Priority Actions	Responsible Entity
<p>Improved support systems for enhanced nutrition sensitive interventions (particularly for Food, Education, WASH and Social Security Systems)</p>	<p>1. Improve food system for increased availability, access, affordability, consumption, and utilization of healthy and nutritious food.</p>	<p>GoB: MoA, MoFood, MoFL, MoInd, MoCom, MoLE</p> <p>UN (FAO), Private Sector, NGOs, Academia</p>
	<p>2. Enhance development of women and children through girl’s education at or above secondary level, prevention of early marriage and early pregnancy, and increased promotion of healthy lifestyle among adolescents and young population.</p>	<p>GoB: MoWCA, MoPME, MoSW, MoE, MoCHTA, MoYSports</p> <p>UN Agencies, Youth Forums and NGOs, Academia</p>
	<p>3. Include key nutrition topics (e.g., balance and healthy diet, healthy lifestyle, overweight/obesity, etc.) in respective curricula.</p>	<p>GoB: MoLGRD&C, MoWR</p> <p>UN Agencies, Private Sector, NGOs</p>
	<p>4. Render quality WASH services through improved infrastructure and engagement of private sector with effective coordination.</p>	<p>GoB: MoDMR, MoEF</p> <p>UN Agencies, NGOs</p>
	<p>5. Enhance rapid response ensuring nutrition of women and children during humanitarian crises and emergencies including climate shocks.</p>	<p>MoF, MoP, Cabinet Division, MoI, MoRA</p>
	<p>6. Create enabling environment for appropriate governance, stewardship, monitoring, and resource allocation.</p>	<p>GoB: MoA, MoFood, MoFL, MoWCA, MoPME, MoSW, MoE, MoLGRD, MoCHTA, Cabinet Division</p> <p>UN Agencies, Private Sector, NGOs, Academia</p>
	<p>7. Increase coverage in rural and urban areas for nutrition-sensitive social protection programs along with behaviour change communication.</p>	<p>UN Agencies, Private Sector, NGOs, Academia</p>

2.2 COMMITMENT 2: REDUCE THE PREVALENCE OF WASTING IN CHILDREN UNDER FIVE

2.2.1 Commitment at a Glance

The GoB has committed to reducing the prevalence of wasting among children under five from 9.8% in 2019 to less than 7% by 2025 through the implementation of the Global Action Plan (GAP) for Wasting. This will focus on 26 high-burden districts, three city corporations, and all of the camps for Forcefully Displaced Myanmar Nationals (FDMN) in Cox’s Bazar. The MoHFW is responsible for achieving this commitment in collaboration with MoFood, MoA, MoFL, MoWCA, MoLGRD&C, MoSW, MoF, as well as development partners.

The estimated total cost of accelerating the reduction of wasting will be BDT 1,572 crore (Table 14). A multisectoral approach targeting national acceleration of the reduction of wasting will be engaged, while providing additional support to vulnerable, high-burden areas. Routine monitoring will be conducted through DHIS2 and DGFP MIS, supported by periodic surveys (MICS, BDHS and the SDG tracker). The financial implementation of efforts will be monitored through a multisectoral financial tracking mechanism, under the auspices of the BNNC.



2.2.2 Operational Framework for Commitment 2

A system approach encompassing health, food, WASH and social protection systems will be assumed to reduce incidence and prevent wasting by attending the direct and underlying causes of wasting in a more comprehensive manner.

The lead agency for implementing Commitment 2 is MOHFW. The deadline to achieve this commitment is 2025. Other ministries and agencies of GoB, development partners, CSOs, and private sector will make key contributions to this commitment. A fundamental prerequisite to fulfilling this commitment is to ensure the implementation of the GAP.

Table 3 indicates some of the key priority actions, along with the responsible ministries. These key actions have been adapted from the GAP. Details on these strategies and actions are shown in Annex 2. The timeline for fulfilling this strategy is 2025.

Table 3: Key Strategies and Priority Actions for Achieving N4G Commitment 2

Strategies	Priority Actions <i>See Annex 2 for detailed actions</i>	Responsible Entity
Reduce low birth weight (LBW) by improving maternal nutrition	<p><u>Health and nutrition related:</u></p> <ol style="list-style-type: none"> 1. Increase coverage of quality maternal, Sexual & Reproductive Health (SRH) and Family Planning (FP) services and improve facility readiness. 	<p>MoHFW NGOs, UN Agencies, Private Sector</p>
	<p><u>Food related:</u></p> <ol style="list-style-type: none"> 1. Enhance knowledge and practices for safe, diversified, and healthy diets; increase availability of nutritious food through local production. 2. Include key nutrition topics (e.g., balance and healthy diet, healthy lifestyle, overweight/obesity, etc.) in respective curricula. 	<p>MoHFW (DGHS and DGFP), MoFood, MoA, MoFL, MOE, UN Agencies, Private Sector, NGOs, Academia</p>
	<p><u>Social protection related:</u></p> <ol style="list-style-type: none"> 1. Increase coverage and improve quality of nutrition-sensitive social protection programs targeting adolescents and youths. 	<p>Cabinet Division, MoHFW (DGHS and DGFP), MoSW, MoWCA, MoPME, MoE, MoFood, MoLGRD&C UN Agencies, NGOs, Private Sector, Academia</p>
	Improve child health by improving access to primary healthcare, WASH services, and enhanced food safety	<p><u>Health and nutrition related:</u></p> <ol style="list-style-type: none"> 1. Strengthen supplementation programs, Growth Monitoring & Promotion in EPI platform and real-time monitoring and reporting capacity of MoHFW.
<p><u>Food related:</u></p> <ol style="list-style-type: none"> 1. Ensure food safety through awareness-building, strengthening capacity of stakeholders, and monitoring and supervision. 		<p>MoFood, MoA, MoFL, MoCom, MoInd NGOs, UN Agencies, Private Sector, Academia</p>

Strategies	Priority Actions <i>See Annex 2 for detailed actions</i>	Responsible Entity
	<p><u>WASH related:</u></p> <ol style="list-style-type: none"> 1. Strengthen WASH services to increase availability, accessibility and utilization for mothers, adolescents, and children under five. 	<p>MoLGRD&C NGOs, UN Agencies, Private Sector, Academia</p>
<p>Improve infant and young child feeding (IYCF) by improving breastfeeding practices and children's diets in the first years of life</p>	<p><u>Health related:</u></p> <ol style="list-style-type: none"> 1. Implement interventions to ensure appropriate IYCF practices. 	<p>MoHFW (DGHS and DGFP) MoRA, MoWCA, MoDMR NGOs, UN Agencies, Private Sector, Academia</p>
	<p><u>Food related:</u></p> <ol style="list-style-type: none"> 1. Ensure availability, accessibility, and utilization of diversified and nutritious food for infants and young children. 	<p>MoFood MoFL, MoA, MoInd, MoCom UN Agencies, NGOs, Private Sector, Academia</p>
	<p><u>Social protection related:</u></p> <ol style="list-style-type: none"> 1. Expand and strengthen social protection programs for ensuring availability of nutritious, diversified, and safe foods for infants and young children. 	<p>Cabinet Division, MoHFW (DGHS and DGFP), MoSW, MOWCA, MoPME, MoE, MoFood, MoLGRD&C UN Agencies, NGOs, Private Sector, Academia</p>
<p>Improved treatment of children, and pregnant and lactating</p>	<p><u>Health and nutrition related:</u></p> <ol style="list-style-type: none"> 1. Improve health system for better screening and management of children with acute malnutrition. 	<p>MoHFW (DGHS and DGFP), MoFood, MoA, MoFL, MoCHTA, MoDMR, MoLGRD&C</p>

Strategies	Priority Actions <i>See Annex 2 for detailed actions</i>	Responsible Entity
mothers with wasting by strengthening health systems and integrating treatment into routine primary health services		UN Agencies, Private Sector, NGOs
	Food related: 1. Promote food-based interventions for screening and referral of severe acute malnutrition (SAM) and management of moderate acute malnutrition (MAM).	MoFood, MoA, MoFL UN Agencies, Private Sector, NGOs, Academia
	Social protection related: 1. Include screening and referral of wasted children for in-patient treatment for SAM with complication and community management for uncomplicated wasting through social protection safety net.	Cabinet Division, MoHFW (DGHS and DGFP)

2.3 COMMITMENT 3: REDUCE THE INCIDENCE OF LOW BIRTH WEIGHT

2.3.1 Commitment at a Glance

The commitment to reducing incidence of LBW from 14.8% in 2019 to below 10% by 2025 is part of the GoB's efforts to reduce wasting through the implementation of the GAP for Wasting and NPAN2. The estimated total cost is part of the budget for reducing wasting as indicated in Bangladesh's second N4G commitment. The estimated total cost of further reducing the incidence of LBW will be BDT 322 crore.



A multisectoral approach targeting national reduction of LBW will be implemented, ensuring that additional support is provided to vulnerable, high-burden areas. The MoHFW is collaborating with MoFood, MoA, MoFL, MoWCA, MoLGRD&C, MoDMR, MoSW and MoF, as well as development partners. Under Commitment 3, there will be ongoing advocacy efforts to promote routine monitoring using the monitoring system through Director General of Health

Services (DGHS) and Director General of Family Planning (DGFP), while periodic surveys (MICS and BDHS) will continue. The financial implementation of efforts will be monitored through a multisectoral financial tracking mechanism under the auspices of BNNC.

2.3.2 Operational Framework for Commitment 3

A system approach encompassing health, food and social protection systems will be assumed to reduce incidence/prevent LBW by attending to the direct and underlying causes in a more comprehensive manner, as indicated in the GAP for wasting.

The lead agency for implementing Commitment 3 is MOHFW. The deadline to achieve this commitment is 2025. Other ministries and agencies of GoB, development partners, CSOs, and the private sector will also make key contributions for this commitment. Table 4 illustrates key strategies and the responsible agencies in operationalizing Commitment 3.

Table 4: Key Strategies and Priority Actions for Achieving N4G Commitment 3

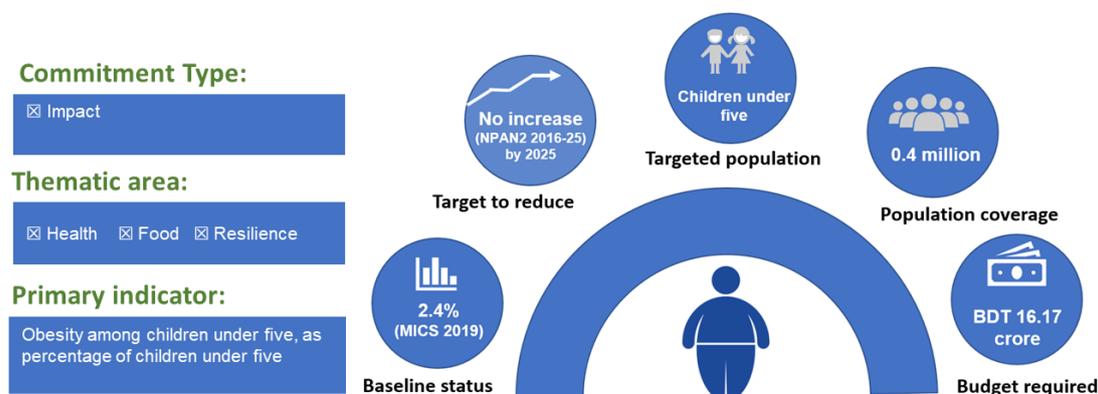
Strategies	Priority Actions	Responsible Entity
Reduce LBW by improving maternal nutrition	<p><u>Health and nutrition related:</u></p> <ol style="list-style-type: none"> Increase expansion of quality maternal, SRH and FP services, and improve facility readiness in rural and urban areas. <p>(See Annex 2 for detailed actions)</p>	<p>MoHFW (DGHS and DGFP) MoLGRD</p> <p>NGOs, UN Agencies, Private Sector, Academia</p>
	<p><u>Food related:</u></p> <ol style="list-style-type: none"> Enhance knowledge and practices for safe, diversified, and healthy diets for pregnant women. 	<p>MoHFW (DGHS and DGFP), MoFood, MoA, MoFL</p> <p>UN Agencies, Private Sector, NGOs, Academia</p>
	<ol style="list-style-type: none"> Increase availability and consumption of nutritious food through local production targeting women who are small landholders. 	
	<ol style="list-style-type: none"> Conduct training of staff/officials from various relevant ministries/agencies on food-based nutrition and food safety to enhance knowledge and practices for safe, diversified, and healthy diets. 	
	<ol style="list-style-type: none"> Provide nutrient-fortified supplementary foods for vulnerable and at-risk mothers. 	

Strategies	Priority Actions	Responsible Entity
	<p><u>Social protection related:</u></p> <ol style="list-style-type: none"> Increase coverage and improve quality of nutrition-sensitive social protection programs covering adolescents and youths <p>(See Annex 2 for detailed actions)</p>	<p>Cabinet Division, MoHFW (DGHS and DGFP), MoSW, MoWCA, MoPME, MoE, MoFood, MoLGRD&C</p> <p>UN Agencies, NGOs, Private Sector, Academia</p>

2.4 COMMITMENT 4: NO INCREASE OF OVERWEIGHT AND OBESITY AMONG CHILDREN UNDER FIVE YEARS

2.4.1 Commitment at a Glance

The GoB commits to preventing an increase in the prevalence of obesity (currently at 2.4%) among children under five years of age by 2025 through the implementation of NPAN2 and the Multisectoral Action Plan for the prevention and control of noncommunicable diseases (NCD). The estimated total cost for preventing an increase in overweight and obesity in children under five through a multisectoral approach will be BDT 16.17 crore. A national approach will be implemented, ensuring that additional support is provided to high-prevalence areas.



The MoHFW in collaboration with MoFood, MoInd, MoC, MoLGRD&C, as well as development partners will be working towards this commitment. Routine monitoring will be conducted through Growth Monitoring and Promotion (GMP) through regular service platforms complemented by periodic surveys (BDHS, MICS). The financial implementation of efforts will be monitored through a multisectoral financial tracking mechanism, under the auspices of the BNNC.

2.4.2 Operational Framework for Commitment 4

The lead agency for implementing Commitment 4 is MoHFW. The deadline to achieve this commitment is 2025. Other ministries and agencies of GoB, development partners, CSOs, and the private sector will also make key contributions for this commitment. Table 5 illustrates the key strategies and the responsible agencies in operationalizing Commitment 4.

Table 5: Key Strategies and Priority Actions for Achieving N4G Commitment 4

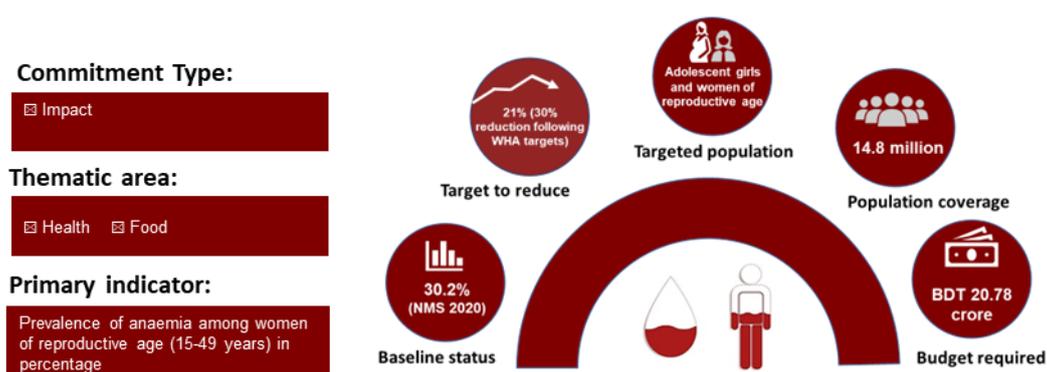
Strategies	Priority Actions	Responsible Entity
<p>Increase coverage and improve quality of nutrition-specific services</p>	<p><u>Health and nutrition related:</u></p> <p>1. Expand coverage of Primary Health Care (PHC) services for promotion of physical activities and healthy lifestyle through quality nutrition counseling services.</p>	<p>MoHFW (NNS, NCD, PHC, L&HEP, IEC, CBHC, UHC, MNCAH and MCRAH OP), MoE, MOPME.</p> <p>NGOs, UN agencies, Private Sector, Academia</p>
	<p>1. Incorporate child overweight and obesity component into Essential Service Package (ESP) and implement through the National Nutrition Services (NNS) operational plan in 5th HPN sector plan.</p>	
	<p>2. Carry out lifestyle and health education and promotion activities through relevant OPs under 5th HPNSP on avoidance of obesogenic factors and their consequences.</p>	
	<p>3. Include key nutrition topics (e.g., balanced and healthy diet, healthy lifestyle, overweight/obesity, etc.) in respective curricula.</p>	
<p>Improved support systems for enhanced nutrition sensitivity</p>	<p><u>Food related:</u></p>	<p>GoB: MoFood, MoCom, MoInd</p> <p>UN (FAO), Private Sector, NGOs, Academia</p>
	<p>1. Improve the food system for increased availability, access, and affordability of healthy and nutritious foods.</p>	
	<p>2. Increase consumer information on nature and consequence of unhealthy food to influence consumption.</p>	
	<p>3. Enforce laws related to producing, packaging, and marketing of junk food, high salt and sugar, trans fats, and similar harmful foods, especially those targeting children.</p>	
	<p><u>Education related:</u></p>	<p>GoB: MoLGRD&C, MoE, MoPME, MoLaw</p> <p>UN Agencies, Private Sector, NGOs, Academia</p>
	<p>1. Improve infrastructure for increased physical activities for children and adolescents at schools and at the community level through the community-level government entities, e.g., adolescent clubs and similar organizations.</p> <p>2. Include topics of nutrition, balanced diets, and overweight into different tiers of the education system curricula.</p>	

Strategies	Priority Actions	Responsible Entity
	3. Expand school feeding, nutrition, and similar educational institution-based programs to ensure healthy foods for preschool children.	
	<p><u>Social protection related:</u></p> <p>1. Update food- package for emergency relief ensuring nutritious diet with required diversity</p>	<p>GoB: MoDMR</p> <p>Cabinet Division, MOHFW (NNS, BNNC)</p> <p>UN Agencies, NGOs, Academia</p>

2.5 COMMITMENT 5: REDUCE ANAEMIA AMONG WOMEN OF REPRODUCTIVE AGE

2.5.1 Commitment at a Glance

The MoHFW in collaboration with MoFL and MoInd commits to reducing anaemia among women of reproductive age (WRA) (15–49 years) from 30.2% in 2019–2020 to 21% by 2025 in urban and rural areas, and in humanitarian and development settings. This will be achieved through the implementation of the NPAN2, NNS-OP, HPNSP, MNCH-OP, MCRAH-OP and CBHC under MOHFW, as well as the NFNSP 2020 operational plan and CIP under MoFood, which focuses on dietary improvement (promotion of animal protein consumption and other iron rich food), supplementation (iron and folic acid, multiple micronutrients) and fortification (rice with micronutrients) by intensification of multisectoral and multistakeholder efforts. Progress will be monitored through SDG tracker, DHIS2, MIS-FP, BDHS and the National Micronutrient Survey. The overall estimated cost is approximately BDT 20.78 crore. The financial commitment will be tracked through the multisectoral budget tracking system for nutrition.



2.5.2 Operational Framework for Commitment 5

The lead agency for implementing Commitment 5 is MOHFW. The deadline to achieve this commitment is 2025. Other ministries and agencies of GoB, development partners, CSOs, and private sector will also make key contributions for this commitment. Table 6 illustrates key strategies and the responsible agencies in operationalizing Commitment 5.

Table 6: Key Strategies and Priority Actions for Achieving N4G Commitment 5

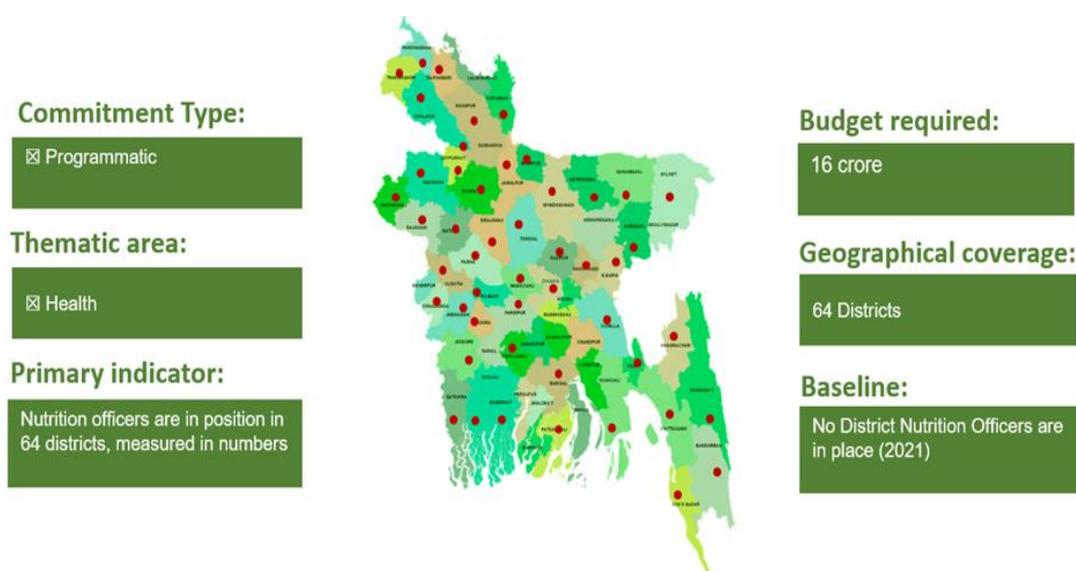
Strategies	Priority Actions	Responsible Entity
Reduce anaemia among high-risk groups	<p><u>Health and nutrition related:</u></p> <p>1. Strengthen and expand micronutrient supplementation program (IFA, MMS) for pregnant and lactating woman, adolescent girls and children aged 6–23 months as per the National Micronutrient Deficiency and Control Strategy.</p>	<p>MoHFW (NNS, CDC, MNCAH, MCRAH, CBHC, PHC and UHC OPs and BNNC)</p> <p>MoLGRD&C, MoFood, MoPME, MoE, MoRA, MoInd, MoWCA</p> <p>UN Agencies, NGOs, Academia</p> <p>MoFood, MoA, MoFL MoInd, MoCom</p> <p>UN Agencies, NGOs, Private Sector, Academia</p>
	<p>2. Implement the Essential Service Package (ESP) targeting all population groups including adolescent girls and boys, WRA, both at communities and facilities through expanded quality PHC services throughout the country under 5th HPNSP.</p>	
	<p>3. Strengthen the parasitic disease control programs.</p>	
	<p>4. Use different health service platforms to raise community awareness on dietary diversity to promote consumption of nutritious food in the diet of the of WRA.</p>	
	<p>5. Use potential platforms, e.g., adolescent clubs under Department of Women Affairs (DWA).</p>	
	<p>6. Identify priority research to generate evidence for appropriate actions to achieve the commitments.</p>	
	<p><u>Food related:</u></p> <p>1. Produce micronutrient-rich foods through household food production, crop diversification, biotechnology and biofortification.</p>	
	<p>2. Ensure food fortification to make micronutrient-rich food available and accessible.</p>	

Strategies	Priority Actions	Responsible Entity
	<p><u>Social Protection related:</u></p> <ol style="list-style-type: none"> 1. Include micronutrient-rich foods in the distribution list/food package of the relevant Social Protection Programs. 	<p>MoFood, MoWCA, MoSW, MoDMR</p> <p>UN Agencies, NGOs</p>

2.6 COMMITMENT 9: RECRUITMENT OF 64 DISTRICT NUTRITION OFFICERS

2.6.1 Commitment at a Glance

The absence of a dedicated nutrition cadre has been identified as a predominant bottleneck to ensuring and expanding quality essential nutrition service delivery and monitoring. The Ministry of Health and Family Welfare (MoHFW), in collaboration with the MoF, MoPA, and the Cabinet Division commits to the recruitment of 64 District Nutrition Officers (DNO) by 2025 through the implementation of the Health Population and Nutrition Sector Programme (HPNSP) and led by the Institute of Public Health Nutrition (IPHN). Meeting this commitment will facilitate multisectoral planning, monitoring, and implementation of nutrition activities at sub-national level through strengthened district and upazila nutrition coordination committees. The estimated total cost of recruiting and employing 64 DNO is BDT 16 crore, which includes required resources and training. The recruitment and employment of DNO will be coordinated and monitored by IPHN, with support of the DGH.



2.6.2 Operational Framework for Commitment 9

The lead agency for implementing Commitment 9 is MoHFW. The deadline to achieve this commitment is 2025. Table 7 illustrates key strategies and the responsible agencies for operationalizing the commitment.

Table 7: Key Strategies and Priority Activities for Achieving N4G Commitment 9

Strategies	Priority Actions	Responsible Entity
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Recruitment and deployment of DNOs	Health and nutrition related:	MoHFW (IPHN, NNS OP) MoPA, PSC, MoF
	1. Accelerate process of selection, deployment, and capacity development of DNOs	
	2. Create Nutrition Officer posts at upazila health complexes and urban health facilities.	
	3. Create dieticians' posts at health facilities in both rural and urban areas.	

3. BANGLADESH COMMITMENTS TO TRANSFORM FOOD SYSTEMS (PROMOTING SAFE, SUSTAINABLE AND HEALTHY FOODS THAT SUPPORT PEOPLE AND PLANET)

Bangladesh has made substantial improvements in the food security and nutritional status of its population. At present, the growth rate of food production exceeds that of the population growth rate. In terms of per capita calorie availability, self-sufficiency achieved in the food grain production of Bangladesh in the financial year 1998–1999 has been sustained and remained stable. Rising per capita incomes and declining incidence of poverty indicate that access to food has also improved over time. Rapid economic growth, access to healthcare, parental education, and improved hygiene and sanitation services have enabled Bangladesh to reach the lower middle-income country status in 2015.

Despite these recent commendable achievements however, Bangladesh still faces daunting challenges for ensuring the food and nutrition security (FNS) of its current population of more than 165.16 million⁹—a number that is projected to reach over 186 million by 2030. The per capita calorie intake and self-sufficiency are at the national average, which varies among different population/demographic groups. The national average masks the real picture at the individual level. Among 121 nations, Bangladesh came in 84th place on the 2022 Global Hunger Index with a score of 19.6, indicating “moderate” levels of hunger¹⁰. Emerging negative demographic and socio-economic trends could exacerbate the current challenges to ending hunger, achieving food security and improved nutrition, and promoting sustainable agriculture. These negative demographic and socio-economic trends include continuing population growth, increasing income inequality, scarcity of agricultural labour resulting from internal and international migration, adverse impact of climate change on food productivity, and barriers to access to safe and nutritious food. The COVID-19 pandemic may also have set back some of the progress achieved so far with long term effects.

Overall calorie intake per capita per day in Bangladesh has decreased to 2,210 Kcal from 2,308 Kcal in 2010 (a decrease of about 4%). This decrease amount (2,210 Kcal) is below the desirable

⁹ BBS. (2022). *Population & Housing Census*. Dhaka, Bangladesh: Bangladesh Bureau of Statistics, Statistics and Informatics Division, Ministry of Planning

¹⁰ “Global Hunger Index: Food Systems Transformation and Local Governance”, 2022. Deutsche Welthungerhilfe e.V and Concern Worldwide

2,430 Kcal/capita/day. 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 20.8% in 2000, decreasing to 15.2% in 2015–2016 and further decreasing to 13% in 2019. This decline is largely due to nutrition-sensitive drivers within a wider enabling environment of agriculture and pro-poor economic growth, despite substantial fluctuations. This is attributed to strong associations between household assets and large gains in parental education and child growth outcomes. Other factors likely to have influenced child nutrition include improved access to health services, hygiene and sanitation, reduced fertility rates, longer birth intervals and pro-poor multisectoral policies. Building on these notable declines, accelerated efforts through comprehensive nutrition-sensitive policies can help to meet the national nutrition targets and pave the way for sustainable food systems.

The 2016 Household Income and Expenditure Survey (HIES) showed that Bangladeshi households spent 47.7% of their household expenditure on food, compared to 54.81% in 2010. In 2016, the share of food expenditure in rural areas was 50.49%; in urban areas however, the share of food in a household's budget fell to 42.59%. In 2016, for the first time in HIES history, 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 Bangladeshis. However, poverty is still prevalent, especially in rural and urban slum areas—this despite the reduction of national prevalence of poverty from 31.5% in 2010 to 24.3% in 2016, following the same trend since 2000. Poverty, coupled with regular fluctuations in food prices and the generally higher cost of key nutrient-dense foods such as meat and fish thus limits access to a quality and diversified diet.

Though Bangladesh achieved its nutrition-related Millennium Development Goals (MDG) with respect to underweight reduction, wider targets were set under the SDGs that require scaling up and accelerating both nutrition-specific and nutrition-sensitive interventions to impact diets and nutrition. The fact, for example, that one-third of children were still chronically undernourished with serious implications for their long-term health and nutrition had wide-ranging implications. There has been a clear transition from food security to Food and Nutrition Security (FNS).

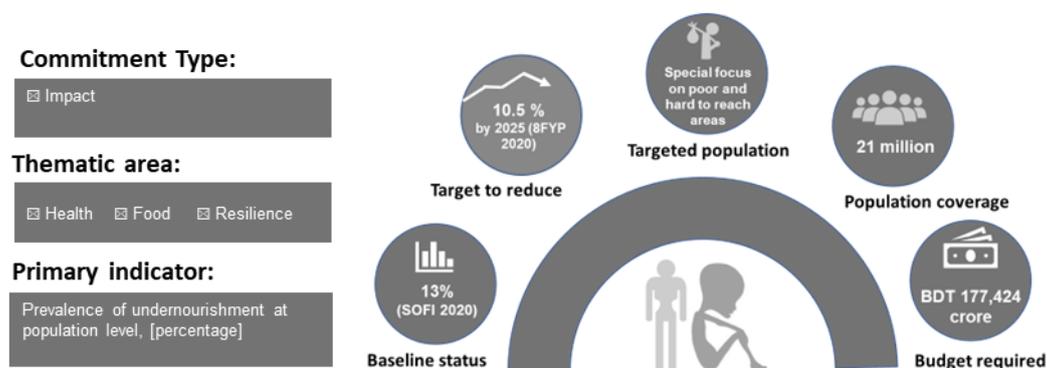
Against this backdrop, the GoB is committed to achieving FNS for all citizens, and at all times, to ensure an active and healthy life. Incentives and regulations are viewed as the main policy instruments to indirectly encourage changes in the economic decisions of private sector agents such as farmers, processors, marketers, and consumers. In addition to this, the recently enacted NFNSP 2020 recognizes the potential direct role that the public sector can play in a variety of areas such as procurement and management of public food stock for price stabilization and social security, and in partnership with the private sector on investment in agricultural infrastructure, product development, or on specific aspects of agricultural Research and Development (R&D).

3.1 COMMITMENT 6: REDUCE PREVALENCE OF UNDERNOURISHMENT

3.1.1 Commitment at a Glance

The MoFood, in collaboration with the MoA, MoFL, MoInd, and MoHFW, as well as UN agencies, development partners and CSOs, commits to reduce the prevalence of undernourishment (PoU) from 13% in 2017–2019 to 10.5% by 2025 among the entire population of Bangladesh through implementing the National Food and Nutrition Security Policy Plan of Action (2021–2030), and intensification of multisectoral and multistakeholder efforts including Country Investment Plan (CIP) and NPAN2. Progress will be monitored through the State of Food Security and Nutrition in the World (SOFI). The overall estimated

cost is approximately BDT 177,424 crore. Financial commitment will be tracked through the multisectoral budget tracking system for nutrition.



3.1.2 Operational Framework for Commitment 6

The lead agency for implementing Commitment 6 is MoFood. The deadline to achieve this commitment is 2025. Table 8 illustrates key strategies and the responsible agencies in operationalizing Commitment 6.

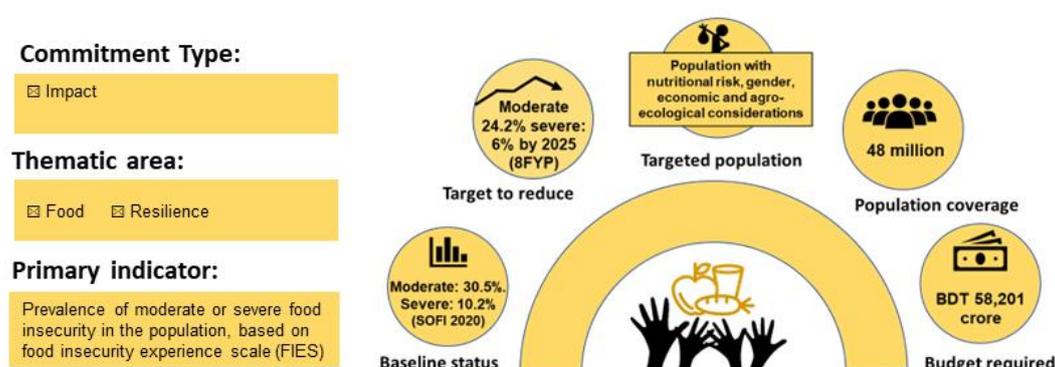
Table 8: Key Strategies and Priority Actions for Achieving N4G Commitment 6

Strategy	Priority Actions	Responsible Entity
Adopt nutrition-sensitive food systems	<u>Food related:</u>	
	1. Adopt diversified and sustainable and climate-smart agriculture, fisheries, and livestock for healthy diets through implementation of the National Food and Nutrition Security Policy Plan of Action (2021–2030) and CIP3.	MoFood MoA, MoFL, MoInd FAO, Private Sector, NGOs, LGD
	2. Ensure efficient and nutrition-sensitive post-harvest management and value addition.	
	3. Minimize food wastage from production to consumption.	
	<u>Health and nutrition related:</u>	
	1. Enhance the availability, access, and utilization of healthy and diversified diets for achieving nutrition improvements.	MoHFW (DGHS and DGFP), MoWCA - DWA (Adolescent clubs), MoA, MoFL, MoDMR UN Agencies, Private Sector, NGOs, Youth Forums, Academia

3.2 COMMITMENT 7: REDUCE THE PREVALENCE OF MODERATE OR SEVERE FOOD INSECURITY IN THE POPULATION, BASED ON THE FOOD INSECURITY EXPERIENCE SCALE

3.2.1 Commitment at a Glance

The MoFood commits to ensuring access, availability, affordability, and utilization of safe and nutritious food to ensure food security as measured through the Food Insecurity Experience Scale (FIES). This will be accomplished in collaboration with MoFL, MoA, MoSW, MoWCA, MoHFW, MoDMR, MoLGRD&C, MoInd, as well as development partners and CSOs. By 2025, Commitment 7 aims to reduce moderate and severe food insecurity from 30.5% to 24.2% and to reduce severe food insecurity from 10.2% to 6%. This will be done by ensuring adequate and stable supply of safe and nutritious foods through integrated public food management and coordination with multisectoral policies and programs. The total cost will be BDT 58,201 crore, which will be tracked through the multisectoral financial tracking mechanism.



3.2.2 Operational Framework for Commitment 7

The lead agency for implementing Commitment 7 is MoFood. The deadline to achieve this commitment is 2025. Table 9 illustrates key strategies and the responsible agencies in operationalizing Commitment 7.

Table 9: Key Strategies and Priority Actions for Achieving N4G Commitment 7

Strategies	Priority Actions	Responsible Entity
Ensuring availability, access, affordability, and utilization of safe and nutritious food	Food related:	MoFood
	1. Adopt diversified, sustainable, and climate-smart agriculture, fisheries, and livestock for healthy diets.	MoA, MoFL, MoInd, MoLGRDC, MoWCA, City Corps /Municipalities, Food Safety Authority, etc.
	2. Ensure efficient and nutrition-sensitive post-harvest management and value addition.	FAO, Private Sector, UN
	3. Conduct training on food-based nutrition and food safety to enhance knowledge and practices for safe, diversified, and	

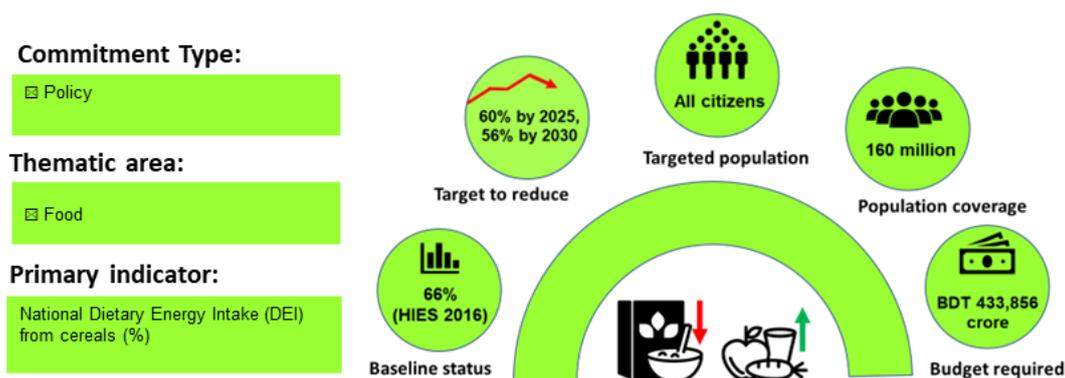
Strategies	Priority Actions	Responsible Entity
	healthy diets in both rural and urban areas.	Agencies NGOs, Academia
	4. Enhance awareness on healthy diet, dietary diversity, food safety, harmful impact of junk/unhealthy food using all service delivery platforms and media including social media.	
	5. Improve food safety/hygiene measures for street foods with special emphasis on urban food systems through training and quality control measures.	
	6. Enforce Food Safety Act 2013 and associated rules/regulations.	
	7. Minimize food wastage from production to consumption.	
Ensure multisectoral coordination to ensure enabling environment under CIP, NFSNP PoA and NPAN2	<p><u>Social protection related:</u></p> <p>1. Increase access to nutrition-sensitive social protection and safety nets across life cycle with a focus on vulnerable groups and regions.</p>	<p>Cabinet Division, MoWCA, MoSW, MoHFW, MoFL</p> <p>UN Agencies, Private Sector, Youth Forums, UN Agencies, NGOs, Academia</p>
	<p><u>Disaster resilience related:</u></p> <p>1. Increase preparedness for ensuring diverse and nutritious food during emergencies.</p>	<p>MoDMR, MoHFW, MLGD,</p> <p>UN Agencies, Private Sector, Donors, NGOs, Academia</p>
	<p><u>Health and nutrition related:</u></p> <p>Promote the healthy and diversified diets for achieving nutrition improvements through raising public awareness on national dietary guidelines to modify consumption behaviour.</p>	<p>MoHFW (DGHS and DGFP), MoFood, MoWCA-DWA (Adolescent clubs)</p> <p>UN Agencies, Private Sector, NGOs, Youth</p>

Strategies	Priority Actions	Responsible Entity
		Forums, Academia

3.3 COMMITMENT 8: REDUCE DEPENDENCE ON CEREALS FOR DIETARY ENERGY INTAKE

3.3.1 Commitment at a Glance

The MoFood commits to reducing the country's dependence on cereals for Dietary Energy Intake (DEI) from 66% in 2016 to 60% in 2025 and 56% by 2030. This will be accomplished in collaboration with MoA, MoFL, MoWCA, MoSW, MoDMR, MoLGRD&C, MoHFW, MoInd, as well as development partners and CSOs. This will be reached through the implementation of the National Food and Nutrition Security Policy Plan of Action, targeting the total population of Bangladesh, and will be measured through Household Income Expenditure Surveys (HIES). The total investment for this commitment will be BDT 433,856 crore.



3.2.2 Operational Framework for Commitment 8

The lead agency for implementing Commitment 8 is MoFood. Table 10 illustrates key strategies and the responsible agencies in operationalizing Commitment 8. The deadline to achieve this commitment is 2030.

Table 10: Key Strategies and Priority Actions for Achieving N4G Commitment 8

Strategies	Priority Actions	Responsible Entity
Scale up nutrition-sensitive diversification of food production	Food related:	MoFood, MoA, MoFL, MoInd, MoLGRDC, MoCHTA, MoST, Food Safety Authority, Institute of Food Science and Technology (IFST), Bangladesh Council
	1. Promote diversification in horticulture, fisheries, livestock, poultry, and dairy products with high nutrient and micronutrient content including regional and ethnic foods.	
	2. Improve efficiency of Research & Development for sustainable agriculture and fisheries. This could	

Strategies	Priority Actions	Responsible Entity
	<p>include research on value addition to agriculture products, minimize post-harvest loss, and providing analytical and research support for nutrition related to food and food safety.</p> <p>3. Improve the availability of safe nutritious food through innovation, agriculture transformation system, and expansion of appropriate methods of urban-based food production.</p> <p>4. Enforce various related Acts (e.g., Fish Feed and Animal Feed Act 2010, and Fish and Fish Products Inspection and Quality Control Act 2020.).</p>	<p>of Scientific and Industrial Research (BCSIR), etc.</p> <p>Private Sector, FAO, NGOs, Academia</p>
Promote dietary diversity	<p><u>Disaster resilience related:</u></p> <p>1. Strengthen preparedness for ensuring diverse and nutritious food during emergencies (as per the guideline).</p>	<p>MoDMR, MoWCA, MoLGRDC</p> <p>UN Agencies, Private Sector, Donors, NGOs</p>
	<p>2. Promote and ensure access to nutritious food, including fortified foods, in addition to existing food grains in emergency food package.</p>	
	<p>3. Integrate Social and Behaviour Change Communication on nutrition, WASH and food hygiene, and nutrition training in social protection safety nets during emergency.</p>	
	<p>4. Promote/advocate the use of the Food Packages for Disaster Affected Population guideline to develop the emergency preparedness plan.</p>	
	<p><u>Health and nutrition related:</u></p> <p>1. Promote and ensure the consumption and utilization of healthy and diversified diets during emergency (as per the guideline).</p>	<p>MoHFW (DGHS and DGFP), MoWCA</p> <p>UN Agencies, Private Sector, NGOs, Youth Forums</p>
	<p><u>Social Protection related:</u></p> <p>1. Redesign the food package and similar supports under different social protection programs to allow more diverse food ingredients as support.</p>	<p>Cabinet Division, MoFood, MoDMR, MoWCA, MoSW UN Agencies</p>

BANGLADESH COMMITMENTS TO PROMOTE RESILIENCE (ADDRESSING MALNUTRITION EFFECTIVELY IN FRAGILE AND CONFLICT AFFECTED CONTEXT)

Presently, Bangladesh is projected to attain higher-middle income country status by 2031. However, while progress has been significant, the country's poverty rate (using upper poverty line) remains high with 39 million people (24.3%) living below the poverty line; furthermore, it has been estimated that the COVID-19 pandemic increased the poverty rate to 35%. Poverty and undernutrition are strongly linked. Undernutrition affects economic growth, as it has a deep direct and indirect impact on lifelong productivity, given that undernutrition in early years inhibits both physical and cognitive development potential, and undernourishment during productive years leads to fatigue and vulnerability to disease. Continued undernutrition thereby contributes to intergenerational malnutrition and poverty. On top of this, Bangladesh's population is aging with about 15 million people aged 60 and above. That means the working-age population needs to become more productive to not only support subsistence but also continued socio-economic development.

Productivity losses in Bangladesh due to undernutrition are estimated at more than BDT 7,000 crore per year, on top of the burden it already poses on the healthcare system. As investment in poverty reduction is strongly linked to reducing malnutrition, it would also lead to an increase in productivity and thus to further poverty reduction, creating a snowball effect. Children who escape stunting in the first 1,000 days of their lives are 33% more likely to escape poverty as adults. Social safety nets which target the most vulnerable people in society can be used as a vehicle to reach the poorest and others who suffer most from malnutrition.

Social protection programs offer multiple ways to integrate nutrition considerations. Some examples include food transfers (including fortified food) and cash transfers to vulnerable people in areas with chronic food insecurity or disaster-related food insecurity, as well as school meals/school feeding programs, which may include fortified foods as well as nutrition-related education. These programs can also target gender equality and women's empowerment, support income generation, and ensure the transparent targeting of the appropriate target groups.

In order to deliver a social protection program's potential nutrition impact, it is vital to prioritize the targeting of nutritionally vulnerable groups. Wherever applicable, women of reproductive age (15–49 years)—especially pregnant women and lactating mothers—and households with children under two years of age and/or adolescents should be prioritized as targets of social protection programs. People in urban slum areas are particularly vulnerable to food insecurity and malnutrition due to the congested living conditions, unhealthy environment, and compromised access to basic services. The coverage of social protection programs in these areas is very low.

The benefit-cost ratio for social safety net programs is 1:29, this means that if BDT 1 is invested in the social safety net programs the economic benefit would be about BDT 29. To improve the nutritional status of children from the poorest households, transfers of cash and/or assets alone is inadequate. However, when a simultaneous behaviour change communication (BCC) campaign is added to the transfers, it can significantly improve the children's nutritional status and anthropometric outcomes. As evidence by an International Food Policy Research Institute (IFPRI) study shows, adding BCC to transfers led to an increase in both "diet quantity" and

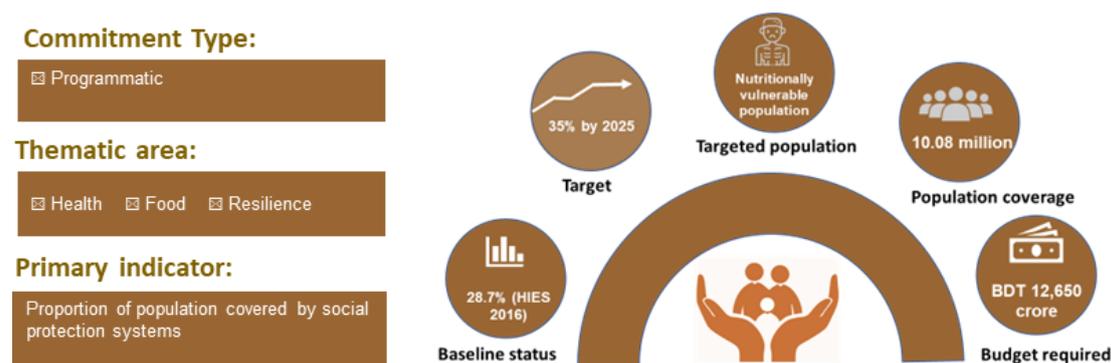
“quality” in terms of household caloric intake and increased consumption of diverse food groups by children, resulting in a significant reduction in child stunting at 7.3 percentage points¹¹.

4.1 COMMITMENT 11: INCREASE THE COVERAGE OF NUTRITION-RELATED SOCIAL SAFETY NET PROGRAMS

4.1.1 Commitment at a Glance

The Cabinet Division will ensure the resources to increase coverage of the population by social security programs (from current 28.7% to 35%¹²). This will be achieved in collaboration with MoDMR, MoF, MoHFW, MoFood, MoA, MoFL, MoPME, MOWCA, MoSW, as well as development partners, and will be coordinated by BNNC. Commitment 11 will enhance flexible systems for resilience, create a database and programs to reach nutritionally vulnerable population, and ensure timely transfer (nutritious food package and/or cash) across urban and rural areas by involving partners—including the private sector—by 2025. To cover additional numbers, an estimated BDT 12,650 crore will be secured by the GoB and partners (see Table 14). The resource allocation and expenditure will be monitored through a multisectoral nutrition budget tracking system.

4.1.2 Operational Framework for Commitment 11



The lead agency for implementing Commitment 11 is the Cabinet Division. The deadline to achieve this commitment is 2025. Table 11 illustrates key strategies and the responsible agencies in operationalizing Commitment 11. Note that several actions related to this commitment have already overlapped with commitments related to health, food and resilience thematic areas. The required budget to fulfill this commitment would be BDT 12,650, the proposed sources for which are mentioned in Table 14.

Table 11: Key Strategies and Priority Actions for Achieving N4G Commitment 11

Strategies	Priority Actions	Responsible Entity
Addressing secondary and underlying reasons of nutrition	<u>Social Protection related actions across Food, Education and Health/nutrition sectors</u>	Cabinet Division MoF, MoFood, MoWCA, MoSW, MoPME, MoE,

¹¹ Social assistance programme impacts on women's and children's diets and nutritional status | IFPRI: International Food Policy Research Institute

¹² HIES, 2016

vulnerability of population from all age groups	1. Implement life-cycle-based core SSPs to ensure protection for children under five, school-going children, working age population, and persons with disabilities.	MoPME, MoA, MoFLS, MoHFW (DGHS and DGFP), MoDMR
	2. Prioritize nutrition and gender in existing and new SSPs to align with NSSS and nutrition-sensitive programming in both rural and urban areas ¹³ .	UN Agencies: FAO, WFP, UNICEF Private Sector, Youth Forums, NGOs.
	3. Provision of food vouchers to access low-cost food baskets to ensuring healthy and nutritious diets.	
	<u>Disaster resilience related:</u>	
	1. Implement consolidated risk mitigation SSPs for protection against disasters, emergencies, and relevant risks.	MoDMR UN Agencies, Donors, NGOs, Private Sector
2. Increase alternative livelihood program in coastal area, char and other vulnerable and hard-to-reach areas.	MoDMR, MoWCA, MoSW, NGOs	

¹³ A review was recently conducted by the Cabinet Division along with BNNC to identify the extent to which nutrition-relevant goals, objectives, targets, and actions were incorporated within key safety net programs. The review identified need of a deeper analysis of current social security programs to strengthen their nutrition impacts. Such analysis will assist the advocacy efforts of policy stakeholders like the Cabinet Division and BNNC for enhanced resource allocation, improved coordination, introduction of interoperability, and increased urban coverage of the social security programs in Bangladesh.

5. BANGLADESH COMMITMENTS TO PROMOTE DATA-DRIVEN ACCOUNTABILITY

A nutrition surveillance system that collects regular and representative primary nutritional data can inform policy and program decisions which need to be made quickly. Large-scale surveys such as Bangladesh Demographic and Health Survey (BDHS), Multiple Indicator Cluster Survey (MICS), Household Income and Expenditure Survey (HIES), Food Security and Nutrition Surveillance Project (FSNSP) are useful for mapping national trends, but they are conducted only after an interval of three-to-five years, which does not provide real-time, actionable data for quick policy and program intervention. A nutrition surveillance system involves regular collection of representative primary data on nutrition indicators and the factors that affect them. This data can be used for early warning, for policy and program adjustments, evaluation, research, and other purposes. A surveillance system, however, can only give an indication of whether a program is effective or not. To properly evaluate a program, special designs for data collection and more complex analysis are needed.

The Nutrition Accountability Framework (NAF) is the world's first independent and comprehensive platform for registering SMART nutrition commitments and monitoring nutrition action¹⁴. The NAF holds all data on commitments made for N4G 2021 and captures the progress made toward them over time. Similar to other countries committed to N4G 2021, Bangladesh will be reporting on progress of all commitments on annual basis to GNR. Therefore, the information that will be collected through this surveillance would be extremely useful.

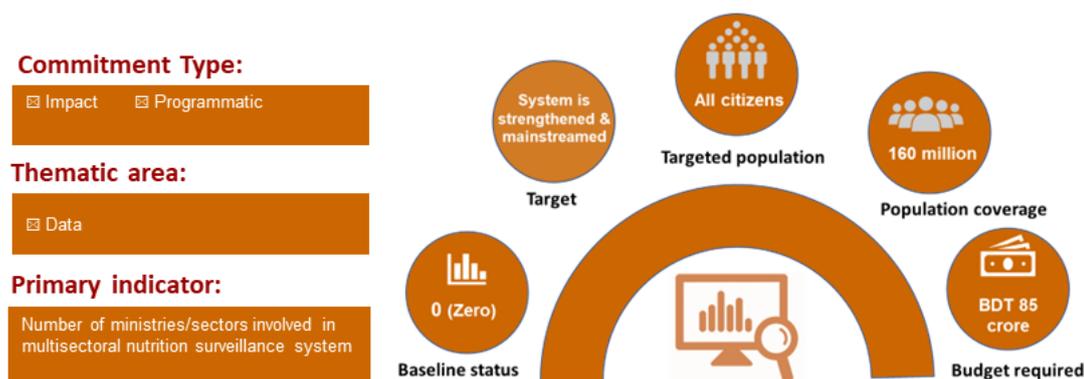
The Guideline for Multisectoral Nutrition Surveillance System has been developed. It offers a regular system to establish ongoing monitoring of the key indicators that underpin the nutritional status of Bangladesh, both at short, intermediate, and long intervals. As a unique feature, the Guideline provides an analysis on operationalization of the system in the country context in terms of potential coordination among implementation agencies, supporting partners, and a sustainable plan. It also provides an estimated costing analysis to establish such a system. The Guideline will be helpful in the implementation of the nutrition surveillance system.

5.1 COMMITMENT 10: STRENGTHEN AND MAINSTREAM THE MULTISECTORAL NUTRITION SURVEILLANCE SYSTEM

5.1.1 Commitment at a Glance

The MoHFW commits to strengthen and mainstream the current nutrition surveillance system to monitor and measure nutrition outcomes—encompassing both development and humanitarian programs as well as nutrition-specific and nutrition-sensitive—across urban and rural areas by 2025 to complement the existing monitoring systems like DHIS 2 as well as others that are being developed. This will be accomplished in collaboration with Bangladesh Bureau of Statistics (BBS) under the MoP, BNNC, MoFood, MOA, MOWCA, MOSW, MODMR, MOLGRD&C. To implement strengthened the nutrition surveillance system, the GoB and partners have committed approximately BDT 85 crore. Financial commitment will be tracked through the multisectoral budget tracking system for nutrition.

¹⁴ Global Nutrition Report. The Nutrition Accountability Framework. Online Reference. <https://globalnutritionreport.org/resources/naf/> Date of Access: 17 June 2023



5.1.2 Operational Framework for Commitment 10

The lead agency for implementing Commitment 10 is MOHFW. The deadline to achieve this commitment is 2025. Table 12 illustrates key strategies and the responsible agencies in operationalizing commitment 10.

In 2021, the BNNC has prepared a guideline for developing a multisectoral national nutrition surveillance system in Bangladesh. This was developed in collaboration with relevant government institutions/agencies and partners. The guideline provides a regular system that aims to establish ongoing monitoring of key indicators that underpin the nutritional status and food security at short, medium, and long intervals. A multisectoral surveillance system will be established and operationalized as envisaged in the surveillance guideline.

Table 12: Key Strategies and Priority Actions for Achieving N4G Commitment 10

Strategy	Priority Action Area	Responsible Entity
Establishing government-led coordination mechanisms at the national and sub-national levels for planning, implementation, management of surveillance system as per BNNC guideline to achieve real-time data	1. Establish Multisectoral Nutrition Surveillance System to assess nutrition situation trends to adopt real-time, data-driven decision-making both in humanitarian and development situations covering urban and rural areas.	MoHFW (DGHS and DGFP)
	2. Strengthen and align routine data collection from the sentinel sites and analysis across sectors, and establish feedback mechanisms.	MoFood, MoA, MoFL, MOWCA, MoSW, MoPME, MoE, MoLGRD&C, MoDMR
	3. Strengthen monitoring of multisectoral nutrition activities at the sub-national level.	BNNC, SUN Agencies, NGOs, Donors, Youth Forums, Academia
	4. Produce periodic reports and share with relevant agencies including GNR and NAF to review progress of Bangladesh's commitments, advocacy and policymaking as required.	

6. BANGLADESH COMMITMENTS TO PROMOTE DATA TO FINANCE NUTRITION (SECURING NEW INVESTMENT AND DRIVING INNOVATION IN NUTRITION FINANCING)

As countries progress toward achieving the SDG agenda, governments are increasingly being called to ensure that data on SDG-related expenditures are published through effective mechanisms to enable the public to use the data and be engaged in ensuring the equitable and effective use of the government resources¹⁵. Availability of detailed government spending is needed to create a “data revolution” that would lead to an increase in budgetary allocations and achieve results (IBP, DFI, & Oxfam, 2014). In 2015, the United Nations hosted the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, where heads of state and government and high representatives gathered to uphold the action agenda, for instance, to “promote transparency, accountability, and responsiveness of Governments to their citizens, with the goal of improving the quality of governance and government services.” The SUN Movement has assisted many of its member countries to bring together different stakeholders at the national level to systematically assess/track nutrition-related disbursements in the name of trust and for the sake of transparency.

During the previous and the present phases, significant efforts were made by the SUN Movement to standardize steps for analyzing nutrition budgets and set the stage for countries to begin systematically tracking their investments in nutrition-relevant activities (e.g., Budget Tracking System). In 2018, USAID-SPRING led a study entitled “Putting Budget Data to Work for Nutrition.”¹⁶ It found that 51 countries had conducted an analysis of their government budgets in the past five years, with eight countries having performed the exercise three times, and five countries conducting the exercise four times. These efforts show that it is feasible to conduct a budget analysis but also that this process needs to be sustained and improved on a continuous basis. Since Bangladesh will be reporting on financial progress of all commitments on annual basis to GNR and NAF, the information to be collected through such a system would therefore be critical. In Bangladesh, the MOF jointly with MOHFW and BNNC, and with technical and financial support from UNICEF has initiated the process for undertaking a second Public Expenditure Review on Nutrition (PERN) and establishing a multisectoral financial system involving the key ministries.

¹⁵ Schouten, 2015

¹⁶ <https://www.spring-nutrition.org/publications/briefs/putting-budget-data-work-nutrition>

6.1.1 Commitment at a Glance

The Ministry of Finance (MoF) commits to developing and engaging a multisectoral budget tracking system for nutrition. This will be undertaken in collaboration with the MOHFW, MoP, MoFood, MOA, MOPME, MOWCA, MOLGRD&C and development partners. Progress will be monitored by the MoF with support from the BNNC. The overall estimated cost for the development and operation of the financial tracking system will be BDT 4.7 crore.

Commitment Type:

Financial

Thematic area:

Financing

Primary indicator:

Multisectoral financial tracking system for nutrition established and maintained with trained human resources

Geographical coverage:

National



Budget required:

4.7 crore

Baseline:

Concept note to set up financial tracking system approved by Standing Technical Committee (2021)

Target:

Functional multisectoral financial tracking system for nutrition by 2025

6.1.2 Operational Framework for Commitment 12

The lead agency for implementing Commitment 12 is MoF in collaboration with BNNC and other stakeholders. The deadline to implement this system is 2025. Table 13 illustrates key strategies and the responsible agencies in operationalizing Commitment 12.

Table 13: Key Strategies and Priority Actions for Achieving N4G Commitment 12

Strategy Area	Priority Actions	Responsible Entity
Establishing a Multisectoral Budget Tracking System for Nutrition (MBTS4N) in Bangladesh	1. Establish the institutional set-up of MBTS4N for tracking of public and partner finances for nutrition in Bangladesh based on PERN.	MoF
	2. Analyze the level and composition of public/partner allocation and expenditure for nutrition in key ministries and programs through the MBTS4N.	BNNC, MoHFW (DGHS and DGFP), MoFood, MoA, MoFL, MoWCA, MoSW, MoPME, MoE, MoLGRD&C, MoDMR
	3. Monitoring of budget allocation and expenditure for nutrition targeting most disadvantaged geographical location and population groups through the MBTS4N.	Development Partners (Donors), UN Agencies, NGOs
	4. Issue of policy directives to union and upazila level local governments by LGD to incorporate nutrition into their projects/programs and local level budget planning.	

3. RESOURCE ALLOCATION IN COMMITMENTS

The estimated total cost for implementation of all 12 commitments is 689,067.65 crore BDT, which breaks down as follows:

- BDT 6,846.95 crore (1%) for seven commitments under health
- BDT 669,481.00 (97%) crore for three commitments under food
- BDT 12,650.00 (1.8%) crore for one commitment under social security (resilience)
- BDT 4.7.00 (0.001%) crore for one commitment under financing
- BDT 85.0 (0.01%) crore for one commitment for promoting data driven accountability.

The costs for each of the twelve commitments have been estimated based on review of costs incurred for existing programs, costing studies undertaken by different programs, and other methods. The estimated cost was calculated based on the requirements to implement them over the next four to five years. Since some of these commitments are already being implemented by their respective ministries/departments and relevant partners, it will be necessary to find out the how much of this cost is already available and how much is needed, so that a fund mobilization strategy can be prepared.

In addition, the strategies to implement N4G are not isolated, but rather in-built within the existing sectoral strategies. Furthermore, as per the guideline from the Honourable Prime Minister, nutrition-related interventions are to be implemented from the respective budgets of the ministries and divisions, hence, a substantial amount will be borne by the respective ministries and divisions. Both the revenue and development budgets of the ministries will be used. Committed budgets for the commitments are shown in the table below. Establishing a multisectoral budget tracking system (Commitment #12) will support tracking of allocation and expenditure by level for each commitment by the respective ministry.

Table 14: Committed Budget and Sources for N4G Commitments

Commitment	Thematic Area	Type	Committed Budget	Source
1. Reduce childhood stunting	Health, Food, Resilience	Impact	BDT 4,900 crore	Revenue and development budget
2. Reduce the prevalence of wasting	Health, Food, Resilience	Impact	BDT 1,572 crore	Revenue and development budget
3. Reduce the incidence of low birth weight	Health, Food	Impact	BDT 322 Crore	Revenue and development budget
4. No increase of childhood obesity (WHZ >+2) among children under 5 years	Health, Food	Impact	BDT 16.17 crore	Revenue and development budget
5. Reduce anaemia among women of reproductive age	Health, Food	Impact	BDT 20.78 crore	Revenue and development budget

Commitment	Thematic Area	Type	Committed Budget	Source
6. Reduce prevalence of undernourishment	Food	Impact	BDT 177,424 crore	Revenue and development budget
7. Prevalence of moderate or severe food insecurity in the population, based on the FIES	Food	Impact	BDT 58,201 crore	Revenue and development budget
8. Reduce dependence on cereals for DEI	Food	Policy	BDT 433,856 crore	Revenue and development budget
9. Recruitment of 64 DNOs	Health	Operational	BDT 16 crore	Revenue budget
10. Strengthen and mainstream the multisectoral nutrition surveillance system	Data	Operational, Impact	BDT 85 crore	Revenue and development budget
11. Increase the coverage of nutrition-related SSP	Health, Food, Resilience	Operational	BDT 12,650 crore	Revenue and development budget
12. Strengthen multisectoral tracking of financial allocation for nutrition	Financing	Financial	BDT 4.7 crore	Revenue and development budget

4. MONITORING FRAMEWORK OF THE COMMITMENTS

The main objective of monitoring and evaluation under the N4G Operational Guideline is to inform the status and/or progress of activity implementation, to keep track of resource allocation, and to ensure accountability across relevant sectors. It is a critical component of the operational guideline, as the results will inform relevant stakeholders regarding their respective progress and help them in taking action to expedite the processes. Moreover, the results will be useful for the respective ministries and divisions in advocating for the required resources from the MoF. It will also address the information needs of different stakeholders, that is, policymakers, donors, CSOs, research and academic institutions, development partners, media, and the general population.

Unlike other plans, the majority of the indicators for the monitoring framework of this Operational Guideline are outcome- or impact-oriented, and not activity-based. Most of the data will be collected from multiple national and international surveys, while some information will be collected from routine data and/or administrative data. The BNNC will be responsible for coordinating with the relevant entities through existing annual work-planning mechanisms for 22 ministries to collect the data and report the progress of the N4G commitments, including reporting annually to GNR and NAF. Instituting a quarterly review and reporting system would be useful. BNNC needs to take support from the lead ministries in this regard, namely, MoHFW, MoF, MoPlanning, MoFood and MoDMR. As suggested in Section 1.6, a coordination committee would be helpful in this regard, with participation from all respective ministries, UN agencies and other entities.

Table 6: M&E Framework for Operationalizing N4G Commitments

Commitment	Measurable Goal	Baseline	Source	End Target	Means of Verification
1. Reduce childhood stunting	To reduce stunting among children under 5 years of age	31%	BDHS, 2017–18	25% (NPAN2) by 2025	BDHS, MICS, SDG Tracker
2. Reduce the prevalence of wasting	To reduce the prevalence of wasting among children under 5 years of age	9.8%	MICS, 2019	<7% (8FYP) by 202	BDHS, MICS
3. Reduce the incidence of LBW	To reduce the incidence of LBW	14.8%	MICS, 2019	10% (GAP Bangladesh) by 2025	Routine monitoring through DGHS and DGFP MIS monitoring systems + MICS + other LBW surveys
4. No increase of childhood obesity (WHZ >+2) among children under 5 years	To reduce the prevalence of obesity among children under 5 years of age	2.4%	MICS, 2019	No increase (NPAN2 2016-25) by 2025	BDHS, MICS + GMP program in EPI centres, real-time data
5. Reduce anaemia among women of reproductive age	To reduce anaemia among women of reproductive age (15-49 years)	30.2%	NMS, 2020	21% (30% reduction following WHA targets)	National Micronutrient Survey (Every 3–5 years)
6. Reduce prevalence of undernourishment	Ensure adequate and stable supply of safe and nutritious food through integrated public food management and coordination with multisectoral policies and programs	13%	SOFI, 2020	10.5 % by 2025 (8FYP 2020)	SOFI
7. Reduce prevalence of moderate or severe food insecurity in the population, based on the FIES	Ensure adequate and stable supply of safe and nutritious food through integrated public food management and coordination with multisectoral policies and programs	Moderate: 30.5%. Severe: 10.2%	SOFI, 2020	Moderate 24.2% severe: 6% by 2025 (8FYP)	FIES survey by BBS
8. Reduce dependence on cereals for DEI	The GoB is committed to achieving FNS for all citizens, at all times, to ensure access to safe and diversified foods	66%	HIES, 2016	60% by 2025, 56% by 2030	HIES

Commitment	Measurable Goal	Baseline	Source	End Target	Means of Verification
9. Recruit 64 District Nutrition Officers	To expedite the recruitment of district nutrition officers	0	2021	64	IPHN Human Resource Management System
10. Strengthen and mainstream the multisectoral nutrition surveillance system	To strengthen and mainstream the nutrition surveillance system in both development and humanitarian settings	0	2021	1	multisectoral nutrition surveillance system in place
11. Increase the coverage of nutrition-related social security programs	To improve resilience for nutrition outcomes among vulnerable population	28.7%	HIES, 2016	35% by 2025	HIES, MICS
12. Strengthen multisectoral tracking of financial allocation for nutrition	Strengthen multisectoral tracking of financial allocation for nutrition	Concept note to set up financial tracking system approved by Standing Technical Committee	2021	Functional multisectoral financial tracking system for nutrition by 2025	Financial Tracking System, MoF and BNNC

Annex 1: Status of Previous Bangladesh N4G Commitments

Commitments	N4G Summit	Commitment Type	Status
1. Reduce stunting from 41% (in 2011) to 38% (in 2016)	London, 2013	Impact	31% in 2017/18 (BDHS)
2. Reduce wasting from 16% (in 2011) to 12% (in 2016)	London, 2013	Impact	8% in 2017/18 (BDHS)
3. No increase of childhood obesity (WHZ>+2) among children under 5 years by 2025	Milan, 2017	Impact	Baseline: 1.4% (BDHS 2011); 2.2% in 2017/18 (BDHS)
4. Reducing the rate of anaemia among pregnant women to less than 25% by 2025	Milan, 2017	Impact	50% (BDHS, 2011) Non-pregnant, non-lactating women: 26%-National; 27.1%-Rural (NMS 2011): 30%-National (NMS 2021: Prelim findings).
5. Mobilize domestic and international finance to support national efforts to improve nutrition (London, 2013).	London, 2013	Financial	A PERN was conducted in 2018–2019 to improve transparency in nutrition investments, which will provide a baseline for further improvements in accountability and transparency in financing for nutrition.
6. Review the national policy for nutrition to ensure that both nutrition-specific and nutrition-sensitive interventions are given due attention	London, 2013	Policy	NNP 2015, NPAN2 (2016–2025), CIP2 (2017–2021) and NFNSP 2020 were prepared, which include both nutrition-specific and nutrition-sensitive interventions. Nutrition included in 8 th FYP. A review of sectoral policies in view of the food security and gender has been undertaken. A further review of all sectoral policies including the development partners by BNNC and NNS with support from partners has been initiated.
7. Strengthen the national coordination mechanism for improved nutrition	London, 2013	Policy	SUN MSP and six networks (government, UN, donors, CSOs, SARN, and business) have been established and are functional. BNNC was revitalized in 2017 under the leadership of the Hon. PM. HR were recruited at national. DNCC and UNCC guidelines were developed and established in some locations for sub-national level coordination. Nutrition focal persons were identified across 22 relevant ministries. Five multisectoral platforms under BNNC have been established and made functional.

Commitments	N4G Summit	Commitment Type	Status
8. Review national safety net programs to ensure they are nutrition-sensitive and deliver improved nutrition outcomes	London, 2013	Program	BNNC jointly with the Cabinet Division with support from partners has undertaken a review of SSNPs to assess their impact and potential impact on nutrition and gender equality. A policy brief has been prepared.

Annex 2: Detailed Strategies and Actions for Commitments 2 and 3.

Strategies	Priority Action Area	Responsible Entity
Reduce Low Birth Weight (LBW) by improving maternal nutrition	Health Related: 1. Increased antenatal care (ANC) coverage (4+ visits, nutrition counselling, IFA, weight measurement) along with counseling for facility-based delivery	MoHFW NGOs, UN Agencies, Private Sector
	2. Strengthen nutrition counselling during ANC & postnatal care (PNC) for pregnant adolescent women	
	3. Ensure facility readiness for nutrition service delivery for Pregnant and Lactating Women	
	4. Provision of FP services to promote birth spacing.	
	5. Strengthen community-based platforms to increase uptake and coverage of maternal nutrition interventions	
	6. Conduct SBCC activities to improve awareness on maternal nutrition care at facility and community level	
	7. Identify and manage severely malnourished PLW	
	8. Strengthen service providers' capacity on management of pre-term and LBW cases (during Kangaroo Mother Care), with a special focus on nutrition management	
	Food Related: 1. Conduct training on food-based nutrition and food safety to enhance knowledge and practices for safe, diversified, and healthy diets	MoHFW, MoFood, MoA, MoFL, UN Agencies, Private Sector, NGOs
	2. Apply research outcomes (production and consumption perspectives) through nutrition-sensitive agriculture/horticulture/Fisheries and Livestock Services (FLS) interventions targeting for women with small land holdings	
	3. Provision of nutrient-fortified supplementary foods for vulnerable and at-risk mothers	
	Social Protection Related: 1. Develop capacity on adolescent nutrition among relevant stakeholders	Cabinet Division, MoHFW, MoSW, MoWCA, MoPME, MoE, MoFood, MoLGRD&C
	2. Mobilize community support groups/girl guides/scouts/adolescents and youth	
	3. Capacity strengthening for nation-wide scale-up of school feeding to support the nutritional needs of primary school-aged children	

Strategies	Priority Action Area	Responsible Entity
	<p>4. Develop and disseminate e-learning/virtual trainings on integrated nutrition modules for youth and adolescents</p> <p>5. Development of adolescent nutrition guidelines and awareness raising</p> <p>6. Program to promote adolescent nutrition in secondary schools/madrasah and adolescent clubs in community, and other government service delivery programs, as well as in local clubs and child-friendly spaces</p> <p>7. Expand existing nutrition-sensitive social safety net programs to increase their coverage in both urban and rural areas, especially coverage of SSNPs focusing on the prevention of child marriage</p> <p>8. Strengthen existing nutrition-sensitive social safety net programs along with integration of nutrition SBCC, improved targeting, nutrition-sensitive transfer modalities and enhanced linkages to health and specific nutrition and complementary multisectoral interventions for both urban and rural areas</p> <p>9. Evidence generation on the effectiveness of social protection on maternal nutrition and LBW</p> <p>10. Promote and ensure access of nutritious food, including fortified foods, in addition to food grains for households with nutritionally vulnerable groups including adolescents and pregnant and lactating women</p> <p>11. Integrate SBCC on nutrition, WASH and food hygiene, and nutrition training in social protection safety nets</p>	UN Agencies, NGOs, Private Sector
<p>Improve child health by improving access to primary healthcare, WASH services, and enhanced food safety</p>	<p>Health Related:</p>	MOHFW
	<p>1. Vitamin A and other essential micronutrients supplementation through campaign approach with SBCC on food enriched with essential micronutrients and Deworming for young children.</p>	MoPME, MoE, MoRA, MoLGRD&C
	<p>2. Strengthen Real-Time Monitoring and Reporting (RTMR)</p>	NGOs, UN Agencies, Private Sector
	<p>3. Integrate Growth Monitoring and Promotion (GMP) into all EPI platforms, and in health and nutrition facilities, community clinics including refugee response, hard-to-reach areas, and urban areas</p>	Private Sector
	<p>Food Related:</p>	MoFood, MoA, MoFL, MoCom, MoInd
	<p>1. Develop capacity on safe food handling, preparation, and storage to multisectoral partners and all actors across the food supply chain with a focus on complementary feeding</p>	NGOs, UN Agencies, Private Sector
	<p>2. Promote safe, hygienic food preparation, storage, and processing technologies at community level</p>	Private Sector
<p>3. Utilization of food safety indicators to track food contamination and dietary risk exposure across the food chain</p>		
<p>4. Awareness building on and enforcement of Food Safety Act</p>		
<p>WASH Related:</p>	MoLGRD&C	
<p>1. Develop guidelines for WASH in essential nutrition service delivery</p>		

Strategies	Priority Action Area	Responsible Entity
	2. Develop SBCC materials for WASH to use in essential nutrition service delivery and promote handwashing at three critical times (after defecation, prior to feeding and preparation of food) 3. Strengthen WASH interventions prioritizing the recovery of SAM and MAM children with provision and utilization of hygiene kits to targeted mothers, households, U5 children, specifically in emergencies 4. Ensure provision of safe adequate water in healthcare facilities to prevent enteric infections, special emphasis given to SAM corners	NGOs, UN Agencies, Private Sector
Improve IYCF by improving breastfeeding practices and children's diets in the first years of life	Health Related:	MoHFW
	1. SBCC to promote appropriate IYCF practices	MoRA, MoWCA,
	2. SBCC for restriction of unhealthy foods for children	MoDMR
	3. Update and strengthen national strategy, communication framework, implementation plan, and monitoring for IYCF	NGOs, UN Agencies, Private Sector
	4. Revitalize, strengthen, and increase the number of Baby Friendly Hospital Initiative (BFHI) with effective monitoring	
	5. Strengthen national and subnational level monitoring system and implementation of Breast Milk Substitutes (BMS) Act 2013 and rules 2017 both in emergency and non-emergency settings along with advocacy towards GoB implementers	
	6. Promote workstation, private sector and public place, emergency setting, support for protecting breastfeeding through establishment of maternity leave, breastfeeding corners, and daycare centres	
	7. Strengthen strategy for community-based interventions on IYCF	
	8. Advocacy to include IYCF issues in the emergency response plan.	
	9. Establish and strengthen a holistic approach for Early Childhood Care and Development (ECCD) and nutrition through health sector platforms utilizing community/home-based approaches.	
	10. Provide supplementary food to children 6–23 months in special vulnerable groups including natural disasters and humanitarian emergencies	
	Food Related:	MoFood
	1. Produce reliable and timely food- and nutrition-related information through an improved data system as well as providing support to existing e-marketing platforms to facilitate access safe and diversified foods	MoFL, MoA, MoInd, MoCom
2. Use research results (i) to develop tools on nutrient dense foods and (ii) to support the development of production plans to enhance the availability and access of nutrient dense food to improve IYCF	UN Agencies, NGOs, Private Sector	
3. Engage agricultural platforms (horticulture, livestock, and fisheries) to promote diversified food production and consumption for improving complementary feeding to prevent wasting (incl. recipes)		
Social Protection Related:		

Strategies	Priority Action Area	Responsible Entity
	<ol style="list-style-type: none"> 1. Promote social and economic access to food and complementary feeding (IYCF) for the poorest sections of the population in times of crisis and in areas most affected by disasters 2. Link safety net beneficiaries to primary healthcare services such as vitamin A, deworming, growth monitoring, and immunization 3. Support SBCC and access to safety net beneficiaries to increased consumption of healthy diets of young children both in emergency and non-emergency settings 4. Generate evidence on resilience of agricultural systems and supply chain to enhance availability of fresh, nutritious, and safe foods at urban markets accessed by safety net beneficiaries, particularly those with young children 5. Generate evidence on the consumption of fresh and nutritious complementary foods through targeted social protection transfer and SBCC 	<p>Cabinet Division, MoHFW, MoSW, MoWCA, MoPME, MoE, MoFood, MoLGRD&C</p> <p>UN Agencies, NGOs, Private Sector</p>
<p>Improved treatment of children, and Pregnant and Lactating Mothers with wasting by strengthening health systems and integrating treatment into routine primary health services.</p>	<p>Health Related:</p> <ol style="list-style-type: none"> 1. Capacity development of service providers on screening, referral, management, counseling, and reporting system on acute malnutrition 2. Strengthen linkages with health Operational Plans—especially Hospital Service Management (HSM), Community Based Health Care (CBHC), Maternal, Neonatal, Child and Adolescent Health (MNC&AH), Maternal, Child, Reproductive and Adolescent Health (MCRAH), Non-Communicable Disease Control (NCDC), National Tuberculosis Programme (NTP) and HIV/AIDS Operational Plan (OP) etc.—and urban programs to ensure screening of malnourished children and detection of respective cases, and ensure management and nutrition supplementation. 3. Conduct operational research on community-based management for uncomplicated SAM and MAM children to generate evidence 4. Strengthen community-based interventions under multisectoral platform for early detection, referral, and management of wasting including emergency and non-emergency settings 5. Strengthen integrated Nutrition Information System (NIS), with special emphasis on urban, Chittagong Hill Tracts (CHT), emergency-prone areas 6. Conduct surveys, surveillance, research for wasting in normal and emergency situations 7. Publish monitoring report, newsletter, policy brief, etc. 8. Strengthen and coordinate supply chain management by establishing an online Supply Chain Management Portal (SCMP) Logistics Management Information System (LMIS) to ensure a reliable pipeline of nutritional treatment, Micronutrient supplements, anthropometric equipment, and drugs from central to service delivery points 	<p>MOHFW, MoFood, MoA, MoFL, MoCHTA, MoDMR, MoLGRD&C</p> <p>UN Agencies, Private Sector, NGOs</p>

Strategies	Priority Action Area	Responsible Entity
	9. Strengthen/operationalize management of acute malnutrition in infants younger than 6 months of age (C-MAMI/MAMI approach)	
	10. Make budgetary provisions for therapeutic products and other logistics for SAM corners (including maintenance cost at local level)	
	Food Related: 1. Engage agricultural platforms to promote screening by service providers to improve early detection and management at community level, and referral for treatment at health facilities for cases of SAM	MoFood, MoA, MoFL UN Agencies, Private Sector, NGOs
	2. Promote nutrient-dense recipes to support community-based management of wasting	
	Social Protection Related: 1. Include screening and referral of wasted children for in-patient treatment for SAM with complications and community management for uncomplicated wasting through social protection safety net	Cabinet Division, MoHFW
	2. Incorporate caregivers/mothers of SAM children into SSNPs	



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