

FANTA III

FOOD AND NUTRITION
TECHNICAL ASSISTANCE



USAID
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Integrating and Strengthening Maternal and Child Nutrition in Health Service Delivery in Bangladesh

A Report on FANTA Activities from 2010 to 2014



Overview

Starting in 2010, the Food and Nutrition Technical Assistance III Project (FANTA), which is funded by the U.S. Agency for International Development (USAID), began working in Bangladesh to address the country's chronic and acute malnutrition problems, particularly in the area of maternal and child nutrition. Over the past 4 years, we collaborated with the Ministry of Health and Family Welfare (MOHFW), USAID implementing partners, and other nutrition stakeholders to achieve three objectives:

1. Conduct multifaceted advocacy activities to increase government attention and commitment to nutrition, focused on the continuum of care from prevention to treatment of malnutrition.
2. Integrate and strengthen maternal and child nutrition activities in USAID-supported health programs
3. Strengthen the capacity of key Government of Bangladesh (GOB) institutions in nutrition

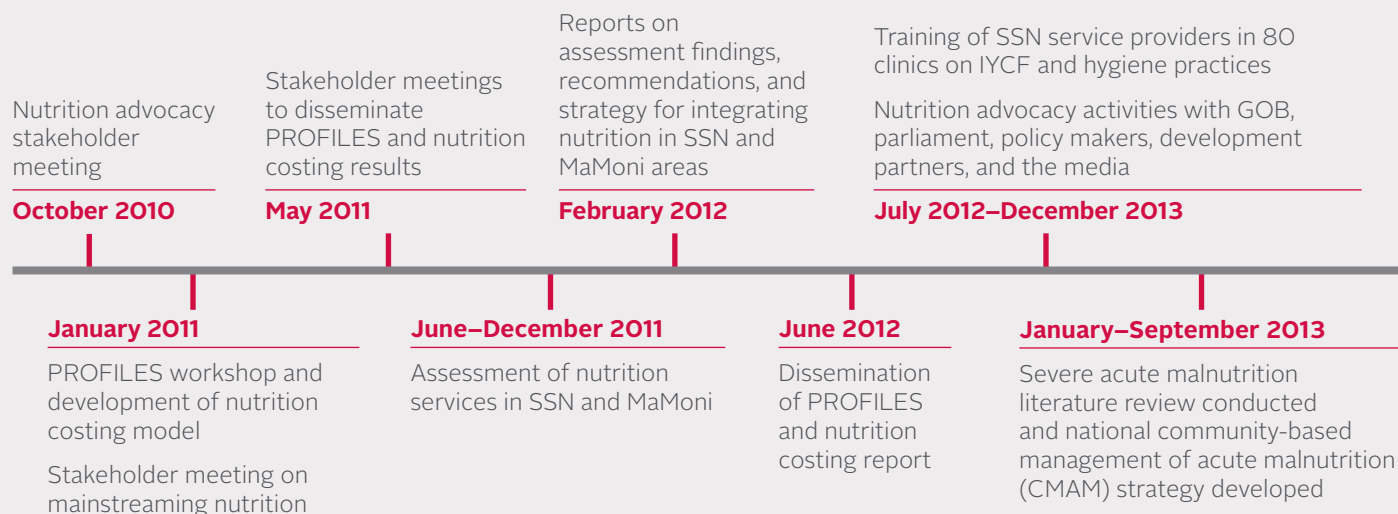
This report provides a summary of the project's achievements in Bangladesh over the past 4 years, lessons learned, and recommendations for future programming.

Advocating for Nutrition at the National Level

A fundamental constraint to strengthening nutrition service delivery in Bangladesh was the lack of commitment to, visibility of, and coordination in nutrition. FANTA addressed this constraint by undertaking national-level advocacy using PROFILES, an evidence-based tool for nutrition advocacy that estimates the benefits of improved nutrition on health and development outcomes. In addition, we developed a model to estimate the costs of comprehensive national maternal and child nutrition services. Using PROFILES and nutrition costing estimates, we worked with a team of technical experts to develop a nutrition advocacy plan and nutrition advocacy materials targeted to key stakeholders in Bangladesh. In June 2012, we held an event to present the PROFILES and costing results, followed by a series of meetings and workshops with parliamentarians, politicians, policy makers, civil society organizations (CSOs), development partners, and the media to convey the significance of the impact of nutrition on health, education, and development and the need for increased resources for and multisectoral coordination in nutrition.

Nearly 7 million Bangladeshi children under 5 years of age suffer from malnutrition; 41% are stunted, 36% are underweight, and 16% are wasted (2011 Demographic and Health Survey).

Timeline of FANTA Activities in Bangladesh



Integrating Maternal and Child Nutrition into USAID-Funded Health Programs

Although USAID has had expansive health and family planning programs in Bangladesh, until 2010, few of the programs had a nutrition component. We conducted two assessments with USAID implementing partners, one with the Smiling Sun Network (SSN) and another with the MaMoni Project, to determine the extent to which nutrition services were provided. The assessments revealed that there was significant room to improve the integration of nutrition into both programs. We began training SSN staff in 80 of its 327 clinics in infant and young child feeding (IYCF) and hygiene practices, using the GOB-approved IYCF curriculum. By April 2014, 2,908 SSN service providers had been trained. A clinic readiness assessment completed in July 2013 indicated that trained SSN staff in a subsample of clinics continued to provide IYCF services well after they had been trained.

Strengthening the Capacity of Government Institutions in Nutrition

FANTA provided technical assistance to the GOB to strengthen its capacity to integrate nutrition into its health programs. This included improving the distribution of iron/folic acid (IFA) tablets to postpartum mothers, improving the GOB's ability to manage acute malnutrition, developing a basic nutrition training curriculum, and mapping nutrition interventions and projects in Bangladesh.

Prior to 2010, many nutrition interventions were implemented by the National Nutrition Program, which was managed as an independent entity outside the purview of MOHFW. However, in 2010, the GOB decided to incorporate nutrition into its existing health service delivery program through the Health, Population, and Nutrition Sector Development Program, whose key objectives included, for the first time, development of a separate operational plan for nutrition. In addition, the government created a National Nutrition Services (NNS) program, housed in the MOHFW's Institute for Public Health Nutrition. These national-level changes gave nutrition more prominence in the country.

Similarly, USAID/Bangladesh had, until 2010, focused predominantly on health and population, with less emphasis on strengthening nutrition. Recognizing the scale of the nutrition problem and that there had been little improvement over time, USAID/Bangladesh acknowledged the need to further expand efforts to strengthen, broaden, and deepen its portfolio in nutrition.

Pilot project on iron/folic acid distribution to postpartum mothers

SSN clinic readiness assessment

June–December 2013

National curriculum review completed

March 2014

January 2014

3-day basic nutrition training curriculum developed jointly with the NNS

Dissemination of national mapping of nutrition interventions and projects

By April 2014

- **18** media fellows mentored in investigative reporting on nutrition
- **49** master trainers trained to deliver IYCF and hygiene practices training
- **100** media staff trained on reporting on nutrition
- **2,908** SSN service providers trained in IYCF and hygiene practices; clinic readiness assessment completed
- **380,520** IYCF job aids distributed among 1,046 clinics of 58 *upazilas* (subdistricts)
- **Completion** of media monitoring analysis and PROFILES advocacy briefs disseminated
- **GOB issues revision** of iron/folic acid dosage and target groups
- **National nutrition mapping** to offer insights into opportunities for scaling up or providing complementary nutrition activities

Advocating for Nutrition at the National Level

Chronic and acute malnutrition remain widespread problems in Bangladesh, and estimates suggest that the rate of reduction in the prevalence of malnutrition has been slowing over the past few years.

Nutrition plays a crucial role in the health, education, and economic productivity of a country's people, but, in Bangladesh, there is little understanding of the effects of malnutrition on society and no real pressure from the public to hold the government accountable for ensuring that malnutrition receives proper attention. We used a systematic advocacy process to promote investment in and commitment to nutrition, which included:

- Making nutrition a high-priority commitment at all levels of government in Bangladesh
- Increasing the financial and human resource allocations to nutrition to ensure improved and expanded delivery of nutrition services
- Developing a national policy framework on nutrition and strengthening coordination within the GOB for scaled up nutrition services
- Strengthening media capabilities in reporting on nutrition to make the government more accountable for reducing malnutrition in Bangladesh
- Creating a wide social movement to rally support for nutrition services and to advocate for renewed interest in nutrition as a public issue

Major Accomplishments in Nutrition Advocacy

- **Worked with multisectoral stakeholders** to develop PROFILES results and national cost estimates for nutrition programming that guided the GOB in developing the budget for the 5-year Health, Population, and Nutrition Sector Development Program.
- **Developed materials and conducted advocacy efforts** with 20 members of parliament, including the chief whip; 20 high-level GOB policy makers; 30 CSOs; 15 development partners; and several representatives of political parties.
- **Created training modules, fact sheets, and a handbook for the media** to strengthen their understanding of nutrition issues and investigative reporting skills.
- **Built the capacity of more than 100 journalists and media gatekeepers** to report on nutrition issues, and involved 18 journalists in a media fellowship program, leading to a dramatic increase in the amount and quality of nutrition coverage in the media.

Supporting National Nutrition Advocacy Using PROFILES and Costing

Using the PROFILES tool, FANTA worked with MOHFW and RTM International to develop estimates for Bangladesh of both the benefits of improved nutrition and the consequences of not addressing malnutrition on health and development outcomes. In addition, we began developing a model to estimate the costs of providing nutrition services throughout the country. The combination of PROFILES and the costing model provided a better understanding of the gains that could be achieved by reducing and preventing malnutrition and how much it would cost to provide the needed nutrition services to reduce the prevalence of malnutrition.

During 2010–2011, we held a series of meetings to obtain stakeholder input on the number of years (i.e., the time period) for which to develop estimates, to agree on targets for reductions in the prevalence of malnutrition by the end of that time period, and to decide on the data sources to use to calculate estimates. In 2011, we presented the PROFILES and national cost estimates for nutrition programming to the GOB. The results were well timed; the GOB used them to help with decisions about resource allocation.

Media Advocacy at the National and District Levels

One of the objectives of FANTA's work was to conduct media advocacy to counterbalance advocacy efforts with GOB's executive and legislative branches. Engaging with the media on nutrition advocacy activities was important because of the powerful role media played in holding the government accountable for commitments to its constituents, such as the commitment to eliminate malnutrition. The media was also responsible for raising awareness among the public of both the range of nutrition problems that affect Bangladesh's

Summary of PROFILES and Nutrition Costing Estimates

By investing in proven, effective nutrition interventions implemented at scale over the next 10 years, hundreds of thousands of lives would be saved and improved by reducing malnutrition in Bangladesh. Estimates projected that:

230,000 infants could be saved by reducing low birth weight

160,000 lives could be saved by preventing stunting

150,000 lives could be saved by preventing and treating wasting

50,000+ children could be saved by decreasing vitamin A deficiency

150,000+ children and **6,000+** mothers could be saved by decreasing maternal anemia

\$10 billion in economic gains could be made through increased productivity by 2021

mothers and children and of the prevalence of the problem. In this context, strengthening the capacity of the media to report accurately on nutrition could contribute, over the long term, to promoting good governance for nutrition in Bangladesh.

With in-country partner Management and Resources Development Initiative (MRDI), we analyzed how nutrition and health issues specific to maternal, child, and adolescent health and nutrition were reported in the media. This analysis revealed that there was much work that could be done to improve reporters' skills in investigative reporting, that there was a need for increased awareness of important nutrition-related issues in the media, and that journalists needed training in reporting skills.

In partnership with MRDI, we held meetings with media gatekeepers (e.g., chief editors and newsroom leaders) to increase their understanding of nutrition issues in Bangladesh and to discuss the role that the media can play in advocating for quality nutrition services to be provided nationally. Several issues arose during these meetings, including the need for training at media houses to increase knowledge

on nutrition issues and to strengthen investigative journalism skills; mentorship opportunities for journalists; and nutrition-related materials that the media can reference for their reporting.

To strengthen the media's voice in reporting on nutrition issues, we conducted consensus-building workshops, media training, media outreach, journalist fellowships, and efforts to monitor the change in the amount and quality of nutrition coverage in the media. We worked with MRDI to develop training modules for media gatekeepers and journalists. A 3-day training was conducted to ensure that key staff in media houses understood the nutrition situation in Bangladesh, the role that the media can play in promoting favorable change, the need to report on these issues accurately and frequently, and how they can advance their skills in investigative journalism on nutrition. A total of 100 members of the media were trained from July to September 2013.

Subsequently, 18 journalists were selected from the 100 trainees to participate in a 4-month fellowship program to deepen their skills in investigative reporting on nutrition. These journalists produced 42 newspaper articles on nutrition and 9 reports or programs that were aired on community radio stations.

The training appeared to have an effect (see box on impact). Follow-on media monitoring and analysis revealed an increase in print coverage, and the increase in coverage was most pronounced among the newspapers that received training from FANTA and MRDI.

We worked with another partner in Bangladesh, RTM International, to organize two TV talk shows, one on the national state-owned channel, which has a wide reach, especially to rural audiences, and another on a private satellite channel. The talk show panels focused on nutrition issues that candidates in the upcoming elections should be concerned with, including how high rates of malnutrition in Bangladesh adversely affect health, education, the economy, and human development in the country. Panelists highlighted PROFILES results and the benefits for the nation if the government invested in nutrition now to provide adequate nutrition services throughout the country.

Impact of Media Training

Media that were trained by FANTA and MRDI had increased coverage and clarity of news stories related to health and nutrition.

19 percentage point increase, on average, in coverage of news articles

32 in-depth print stories ran after training, compared to 10 before training

565 articles considered very clear, compared to only one before training

Developing an Advocacy Strategy and Disseminating Nutrition Advocacy Materials

FANTA developed a nutrition advocacy strategy targeting parliamentarians, policy makers, CSOs, and development partners, including a series of nutrition advocacy policy briefs, fact sheets, an op-ed for use in newspapers, and a media handbook to enhance the media's reporting on nutrition. As part of this strategy, we held meetings with stakeholders to convey both the impact of nutrition on health, education, and development and the need for increased resources for nutrition and multisectoral coordination. This work included:

- Conducting two roundtables with 20 members of parliament. During the first roundtable, FANTA, RTM International, and Dhaka University shared the PROFILES and costing estimates and discussed the role parliament plays in championing nutrition in Bangladesh. The second roundtable focused on new data on nutrition in Bangladesh to garner additional commitment and action from parliamentarians to ensure quality nutrition services are brought to scale. Both roundtables were organized and attended by the Chief Whip of the Parliament.
- Holding more than 20 meetings with senior-level GOB policy makers representing 11 ministries to share PROFILES and costing results to convince them about the need for a national nutrition plan of action, increased resources for nutrition, and mainstreaming of nutrition services.
- Holding 15 meetings with politicians of the ruling Awami League, the main opposition Bangladesh Nationalist Party, and other well-known political parties to create an understanding among politicians about the nutrition situation in Bangladesh and to provide an overview of their role in championing the cause of nutrition in Bangladesh, emphasizing the need to include nutrition in their party manifestos.
- Meeting with nearly 30 CSOs working in family planning, agriculture, and education to create a common advocacy platform for nutrition and to promote greater coordination in working with the Institute of Public Health Nutrition and to ensure that all partners working on nutrition issues are speaking with one coordinated voice.
- Working with USAID to host a meeting with representatives of development partners in Bangladesh. The purpose of the meeting was to discuss PROFILES and nutrition costing results and how to better coordinate efforts to improve nutrition in Bangladesh. These discussions resulted in creation of a nutrition fact sheet, a common set of talking points so that all partners working on nutrition issues could speak in one coordinated voice, and an op-ed for daily newspapers in Bangladesh.

Integrating Maternal and Child Nutrition into USAID-Funded Health Programs

Strengthening Nutrition Service Delivery

To complement efforts by the GOB to provide nutrition services across the country, FANTA collaborated with the SSN and MaMoni to help them integrate maternal and child nutrition into their health service delivery. We began with an assessment of their health service delivery activities to determine the extent to which nutrition services were being provided. Not surprisingly, the assessment found that nutrition services and activities were largely absent. To address this gap, we provided both projects with recommendations on how to integrate nutrition services. We also trained project staff on how to integrate nutrition services into their routine health services and then conducted a second assessment to see if those new skills were helping.

FANTA supported the SSN by training 49 master trainers on IYCF and hygiene practices using the GOB-approved IYCF training curriculum. We also trained 2,908 SSN service providers in IYCF and hygiene practices in 80 of the 327 SSN clinics across the country (50 of the clinics were in Feed the Future areas).

Major Accomplishments in Integrating Maternal and Child Nutrition into USAID-Funded Health Programs

- **Completed assessments** of the SSN and MaMoni projects to determine the extent to which nutrition services were integrated.
- **Completed training** of 2,908 SSN staff in 80 clinics in IYCF and hygiene practices.
- **Completed a clinic readiness assessment** to determine the extent to which the IYCF training that was provided was integrated into service delivery and to identify next steps, challenges, and gaps.
- **Provided a review of existing quality improvement indicators** for both the SSN and MaMoni projects and provided recommendations for nutrition quality improvement indicators for both projects to consider.

Strengthening the Capacity of Government Institutions in Nutrition

Providing Technical Assistance to the National Nutrition Services

Each community clinic (CC) in Bangladesh reaches 10,000 people and serves as a one-stop shop for health services at the community level. As such, the CCs are a central location where families can receive health services. FANTA assisted CCs to pilot the use of an IYCF job aid as a counseling aid and as takeaway material for all pregnant and lactating women with children under 2 in 1,046 CCs where basic training of providers in IYCF had been completed by MOHFW's Revitalization of Community Health Clinic Initiative of Bangladesh (RCHCIB). In total, 380,520 IYCF job aids were distributed at the CCs in 58 *upazilas*. However, nutrition services have yet to be fully integrated. The integration of IYCF and the provision of related materials was a first step in the process of more broadly providing services in nutrition.

Reach of Infant and Young Child Feeding Materials

380,520 IYCF job aids

1,046 community clinics

58 *upazilas*

Major Accomplishments in Strengthening the Capacity of Government Institutions in Nutrition

- Completed **national mapping** of nutrition interventions and projects in Bangladesh.
- Participated in development of **national CMAM guidelines**.
- Supported development of a **harmonized CMAM training manual** in Bangla.
- Led development of a proposed **national CMAM strategy** jointly with stakeholders in Bangladesh.
- Completed **review of 15 existing nutrition training curricula**, and identified gaps and needs to strengthen health service provider capacity in nutrition.
- Developed a **basic nutrition training curriculum** to train GOB service providers in nutrition.
- Completed a **pilot project on the distribution of IFA to postpartum mothers** in partnership with MaMoni and the GOB.
- Provided substantive input into the **national nutrition policy** under development by the GOB.

Our technical assistance to the NNS also included supporting its efforts in leading the Scaling Up Nutrition (SUN) movement in Bangladesh; revising the MOHFW health service provider job descriptions to include nutrition service delivery as a core responsibility and competency for government health providers; and supporting and participating in World Breastfeeding Week events in partnership with the NNS and other stakeholders.

Supporting Distribution of IFA Tablets

IFA supplementation during the postpartum period is necessary to reduce anemia prevalence, particularly to restore a mother's iron stores after pregnancy. FANTA, in collaboration with the NNS and the MaMoni project, planned and executed a pilot project to determine the extent to which IFA tablets were being distributed to postpartum mothers in the selected pilot site.

In addition, for the past 4 years, we provided continuous technical assistance to the NNS by strengthening the system for IFA distribution to antenatal and postpartum mothers and adolescent girls to ensure that pregnant and lactating women receive an adequate and uninterrupted supply of IFA. We worked with the Micronutrient Initiative in Bangladesh to assist the NNS with its request to the GOB to supply reformulated and repackaged IFA tablets. This was necessary because the IFA tablets that were distributed through the prior GOB system had very high levels of iron that could have caused toxicity in pregnant women. The repackaging provided women with IFA tablets that contained the correct dose of iron-folate (based on World Health Organization standards) in strips or blister-packs to prevent oxidation and to promote compliance with the IFA supplementation protocol.

Providing Technical Assistance on the Management of Malnutrition

Bangladesh has one of the highest rates of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) in the world. Nearly 2.2 million children under 5 years of age are acutely malnourished, of which 1.6 million have MAM and 600,000 have SAM and are on the brink of death. Yet no services exist to prevent and treat acute malnutrition. Services are needed not only to treat cases of SAM, but also to prevent and reduce MAM.

Given this context, FANTA provided technical assistance to the GOB and collaborated with national stakeholders to complete the development of the *National Community-Based Management of Acute Malnutrition (CMAM) Guidelines* and assisted in the development of an updated harmonized training package for CMAM in Bangla using the World Health Organization/FANTA CMAM training manual. In addition, we conducted two stakeholder meetings with government and nongovernmental implementing partners to discuss data gaps and needs to guide the development of a national CMAM strategy. We also collaborated with the MOHFW to strengthen the capacity of health providers at *upazila* health centers to treat complicated SAM cases and provided technical assistance in training *upazila* health center staff.

Developing a Basic Nutrition Training Curriculum to Strengthen Capacity in Nutrition

To support the incorporation of nutrition into GOB health services, FANTA, in partnership with Helen Keller International (HKI), held a stakeholder meeting to encourage dialogue on key nutrition priorities that needed to be addressed in the government's operational plan for nutrition. One gap that became evident through this process was the lack of capacity in nutrition, in terms of both a specific cadre of health service providers focused on delivering nutrition services and a lack of training and basic skills in nutrition for existing health service providers. To address this significant gap, we built on the training curriculum that HKI had previously developed to strengthen health service providers' capabilities.

A first step in this process was to review existing nutrition curricula in the country to determine if providers were adequately trained in nutrition. The review included eight GOB curricula and seven NGO curricula. Overall, the review revealed many gaps in the length of training and in content, and demonstrated that the amount, quality, and consistency of information on nutrition varied across training materials. The majority of the nutrition trainings were short, making it unlikely that they could significantly strengthen the capacity of health providers in the area of nutrition or that they could create a strong cadre of nutrition providers in the country. Given the magnitude of the malnutrition

problem in Bangladesh, we recommended that a similar review of the nutrition curricula at universities that train not only nutritionists but also doctors, nurses, and frontline workers, be undertaken as a next step to identify ways to strengthen the knowledge, skills, and capabilities of nutritionists, nurses, and medical and para-medical staff.

In partnership with HKI and in collaboration with the GOB and nongovernmental organization (NGO) stakeholders, we then developed a basic modular nutrition training curriculum, aligned with the training needs of the NNS, that provides an overview on nutrition problems for health providers. The aim of this effort was to create a common platform and standard of care for GOB nutrition service delivery, and to be used more broadly by the SSN, MaMoni, and similar health service delivery projects. Going forward, additional in-depth modules need to be developed.

Mapping Nutrition Interventions and Projects

In partnership with HKI, we completed a national mapping of nutrition interventions and projects in Bangladesh. The purpose of the mapping was to provide a comprehensive overview of nutrition activities in Bangladesh across several nutrition-related sectors. The mapping exercise highlighted both geographic and intervention gaps and offered insight into opportunities for scaling up or providing complementary nutrition activities. It also provided

a look at the types of projects funded or facilitated by the different nutrition stakeholders active in the country. The mapping exercise identified:

- Who was working on nutrition in the country
- What nutrition interventions were being implemented by stakeholders
- Where nutrition interventions were being provided by stakeholders
- How long nutrition interventions were being provided by stakeholders

Results of the mapping showed that many maternal and child nutrition interventions emphasize maternal nutrition and IYCF practices. However, other key activities that are also important to reduce undernutrition, such as a focus on adolescent nutrition, growth monitoring and promotion, and the management of acute malnutrition, remain important gaps in terms of nutrition service delivery. Similarly, among micronutrient and food fortification interventions, the focus is on the prevention and control of anemia and vitamin A deficiency, and these activities are largely implemented as complementary to MOHFW efforts to make nutrition supplements available. But there are far fewer projects that implement supplementation with zinc for diarrhea or that promote the consumption of iodized salt. The indirect, nutrition-sensitive interventions focused on water, sanitation, and hygiene; food security and livelihoods; and institutional strengthening.

Collaboration

FANTA's achievements in Bangladesh could not have been accomplished without the input, insight, and support of many nutrition stakeholders, including the GOB, USAID implementing partners, and international organizations working in Bangladesh.

Government of Bangladesh

To facilitate collaboration and day-to-day technical assistance, our technical staff worked closely with the NNS, the Directorate General of Health Services, the Directorate General of Family Planning, and RCHCIB. We also worked with ministries in other sectors, including the Ministry of Local Government and Rural Development, the Ministry of Agriculture, the Ministry of Food and Disaster, and with honorable members of Bangladesh's parliament.

USAID/Bangladesh Implementing Partners

We actively collaborated with other USAID/Bangladesh implementing partners to complement our efforts, including the NGO Health Service Delivery Project, which manages the SSN, and the MaMoni project, which is managed by Save the Children.

Other Partnerships

We implemented many of our activities in Bangladesh through international and local partners, including HKI, MRDI, RTM International, the Mohammadpur Fertility Services and Training Centers, and the Bangladesh Breastfeeding Foundation. We coordinated our technical assistance activities with Alive and Thrive; United Nations organizations working in nutrition in Bangladesh, including UNICEF and the World Food Programme; and other international organizations, such as Action contre la Faim, Concern Worldwide, and Save the Children International. We also worked in close collaboration with national government partners in the Nutrition working group, the SAM working group, the CMAM working group, the Behavior Change Communication working group, and the IYCF working group, and partners involved in the SUN Movement.

Lessons Learned and Recommendations

Advocating for Nutrition at the National Level

Lesson Learned: Challenges to providing nutrition services on a national scale in Bangladesh have included a lack of stewardship, integration, and coordination on the part of the government. The last update to the National Nutrition Policy was conducted in 1997. Since that time, the nutrition situation in Bangladesh has evolved, as has the field of nutrition itself, and the government has not kept up with this evolution.

Recommendation: The national plan of action (or policy) for Bangladesh that is currently under development is needed to guide both the GOB and its key partners, including international and local NGOs, to address the problem of malnutrition. Such a plan is essential to guide and build synergy between policy makers, program managers, and implementing partners in their efforts to improve the nutrition situation of Bangladesh. It would also strengthen the GOB's position by laying out its vision for how the country is going to eradicate malnutrition, and it would identify a roadmap of how the GOB and its partners can better coordinate and leverage each other's resources to achieve this central goal. Without such a plan of action, current efforts to tackle malnutrition can be easily lost.

Lesson Learned: Effectively implementing a comprehensive nutrition program will involve several sectors, particularly health and family welfare, education, information, and food and agriculture. Bangladesh's national steering committees need to be strengthened to promote high-level collaboration and dialogue across sectors, which will further cultivate shared responsibility for nutrition in Bangladesh.

Recommendation: A high-level committee, headed by the prime minister or finance minister, is needed to oversee implementation of national nutrition services. This committee would establish the overarching agenda and guidelines for each sector to integrate nutrition, allocate the required resources, and monitor performance at regular intervals. It would also enable representatives from each of the sectors to resolve any issues that may arise in the course of implementation.

Lesson Learned: Unprecedented work with parliamentarians and CSOs working in the nutrition-sensitive areas of family planning, agriculture, and education resulted in high interest in and commitment to nutrition issues. Each recognized its role to champion nutrition in Bangladesh and how the work they are already doing can improve nutrition, including promoting early childhood education, delaying early marriage and first birth, and promoting accessibility and availability of nutritious food sources.

Recommendation: Additional work with parliamentarians and CSOs working in family planning, agriculture, and education should be done to continue to foster their role as champions in nutrition. Parliamentarians particularly can ensure adoption of a national nutrition policy and allocation of adequate financial resources to nutrition. They can also provide oversight to ensure that the funds allocated to nutrition are spent appropriately, and they can track the implementation of the NNS and quality nutrition service delivery at the community level. Finally, as part of their responsibilities to their constituents, they can ensure that the people they represent receive the nutrition services for which funds are allocated.

Lesson Learned: Development partners working with the GOB share a common goal of improving the nutrition situation in Bangladesh. However, the lack of a coordinated platform to leverage resources and speak in “one voice” about nutrition issues has weakened the effective use of the resources they have allocated to nutrition.

Recommendation: More work is needed with development partners in Bangladesh to maintain a coordinated platform on nutrition to both leverage and maximize investments in nutrition and harmonize messages so that they are working toward common goals.

Lesson Learned: A rising trend in the amount of nutrition coverage in and the clarity and readability of print media indicates that some media houses and journalists in Bangladesh have increased their reporting on nutrition and health and have begun to strengthen reporting skills on nutrition. However, in general, much of the reporting is still based on covering events and, while the number

of investigative reports that tell a robust story on nutrition is slowly increasing, those skills need to continue to be fostered.

Recommendation: Strengthening skills in investigative reporting and reporting on nutrition with accuracy in a manner that is compelling is a long-term process that will require sustained effort in terms of training and skill building. More work with media houses needs to be done to improve the media's understanding of nutrition issues to tell a complete and compelling story on nutrition in Bangladesh and to improve the quality of nutrition coverage. Additional work with media houses to build capacity in investigative journalism skills and to provide mentorship opportunities for journalists is necessary, especially for local newspapers and local correspondents of national newspapers. At the same time, continued engagement with chief editors and chiefs of media houses is essential as they are the decision makers who determine what will be published or reported on.

Lesson Learned: Broadcast coverage on health and nutrition issues is lagging far behind print media coverage. This is due in part to the fact that there was no training held with television media during this period, nor did the fellowship program involve television reporters.

Recommendation: Training and mentorship opportunities with broadcast media, including television and radio, is necessary to improve reporting on nutrition and health-related issues through these media, which potentially reach wider and younger audiences.

Integrating Maternal and Child Nutrition into USAID-Funded Health Programs

Lesson Learned: USAID-funded health programs have previously placed little emphasis on providing nutrition services through their health service delivery platforms. However, training SSN staff in IYCF with minimal oversight from their NGO headquarters suggests that there is significant interest in providing services in IYCF.

Recommendation: While training in IYCF has begun, it needs to be scaled up across the remaining SSN clinics. In addition, efforts are needed to train providers in maternal nutrition, adolescent nutrition, prevention of chronic malnutrition, growth monitoring

and promotion, behavior change communication and counseling in nutrition, the management of acute malnutrition, and micronutrient deficiencies. Ideally, SSN clinics would be able to provide comprehensive nutrition services to the communities that they serve.

Strengthening the Capacity of Government Institutions in Nutrition

Lesson Learned: While the MOHFW intends to mainstream nutrition, there are still many challenges to overcome. Lack of decision-making authority, coordination, and turnover of staff made it difficult for the NNS to accomplish expected tasks.

Recommendation: The NNS needs sustained technical assistance to complete the development of the national nutrition policy, action plan, and comprehensive training curricula in nutrition; to revise the standards of care in nutrition; to obtain endorsement of revised job descriptions for frontline workers that include responsibilities and competencies in nutrition; and to fulfill commitments under the SUN movement.

Lesson Learned: Distributing IFA to postpartum mothers is feasible, but challenges for scale-up include establishing an effective distribution system and preventing IFA stock-outs, expanding knowledge and awareness of postpartum IFA, and ensuring effective distribution through various types of health centers.

Recommendation: Scale up the distribution of IFA to postpartum mothers, train service providers in distributing postpartum IFA, strengthen supply chain logistics to prevent stock-outs, and strengthen frontline health provider knowledge and counseling skills on postpartum IFA.

Lesson Learned: The NNS has taken steps to develop national CMAM guidelines, prepared a harmonized CMAM training manual in Bangla, and begun strengthening facility-based treatment of complicated SAM cases. However, a comprehensive national CMAM strategy is needed to guide the management of acute malnutrition more holistically.

Recommendation: Endorse the national CMAM strategy developed jointly by the GOB and implementing partners to initiate and scale up services to manage acute malnutrition, with a focus on using a CMAM approach to screen children

regularly, treat moderate acute malnutrition with locally available fortified foods or ready-to-use supplementary foods, and treat uncomplicated SAM cases with ready-to-use therapeutic food.

Lesson Learned: The review of nutrition training and reference materials revealed many gaps in both training length and content, and demonstrated that the amount, quality, and consistency of information on nutrition varies across training materials. Given that the majority of nutrition trainings are short, they are not likely to significantly strengthen the capacity of health providers in the area of nutrition or to create a strong cadre of nutrition providers in the country. While a basic nutrition training curriculum has been developed, it provides only an overview of key nutrition issues and concepts of relevance to the Bangladesh context.

Recommendation: Comprehensive modular trainings are needed, with each module covering a specific nutrition issue or set of skills, in particular, nutrition assessment, social and behavior change communication in nutrition, nutrition counseling, adolescent nutrition, and maternal nutrition. The modules would supplement the current basic training curriculum, the CMAM training manual, and the IYCF curriculum that are currently in use by both the government and implementing partners.

Lesson Learned: The national mapping of nutrition interventions and projects in Bangladesh showed that there were many activities under way in nutrition that complement activities that are currently being implemented by the MOHFW to mainstream nutrition. Nevertheless, there were few examples of a comprehensive package of key nutrition-specific interventions being implemented consistently across parts of the country. Importantly, many of the projects planned or currently implemented will conclude by 2016; this is an opportunity for the GOB not only to expand planned nutrition service delivery through the government health system to be made available across the country, but also to engage with stakeholders to effectively plan future investments in nutrition service delivery that are in line with the NNS Operational Plan.

Recommendation: Use the results of the national mapping exercise to guide development of a joint action plan to increase nutrition service coverage in Bangladesh in collaboration with all stakeholders. The NNS Steering Committee can begin to discuss the findings and deliberate on the best approach and next steps for moving forward. Many of the interventions can be brought to scale by using CCs and satellite clinics, as well as community-level health workers. More of these interventions need to be offered as a comprehensive package of nutrition services.

Nutrition Materials for Bangladesh Developed by FANTA

Nutrition Advocacy

- *Investing in Nutrition Now: A Smart Start for Our Children, Our Future. Estimates of Benefits and Costs of a Comprehensive Program for Nutrition in Bangladesh, 2011–2021.* PROFILES and Nutrition Costing Reports and Presentations
- Advocacy briefs, policy briefs, and fact sheets on nutrition and agriculture, education, and health
- Report on media advocacy activities in Bangladesh from January 2012–March 2014
- Media handbook for reporting on nutrition, media analysis report, and op-ed

Integrating Maternal and Child Nutrition

- *Integrating Nutrition into the Smiling Sun Franchise Program: Assessment and Strategy*
- *Integrating Nutrition Services into the MaMoni Project in Habiganj, Bangladesh: Assessment and Strategy*
- *Integrating Infant and Young Child Feeding Services into the Smiling Sun Network: Results of a Clinic Readiness Assessment in Bangladesh*
- Report on IYCF trainings conducted by FANTA in Bangladesh

Strengthening Capacity

- *Distribution of Iron/Folic Acid (IFA) to Postpartum Mothers by Government Service Providers in Bangladesh: Process Documentation of a Pilot Project*
- *Managing Acute Malnutrition: A Review of the Evidence and Country Experiences in South Asia and a Recommended Approach for Bangladesh*
- *Proposed Strategy and Approach for Managing Acute Malnutrition in Bangladesh*
- *Review of Nutrition-Related Curricula for Health Service Providers in Bangladesh*
- *Basic Nutrition Training Curriculum Guide for Frontline Health Workers*
- *National Mapping of Nutrition Interventions and Projects in Bangladesh*

Visit www.fantaproject.org/countries/bangladesh to access many of these materials.

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