

TERMS OF REFERENCE

REVIEW OF NUTRITION POLICY AND PROGRAMMES

NUTRITION INTERNATIONAL AND ENRICH

Nutrition International (NI), formerly the Micronutrient Initiative, is a Canadian-based international non-governmental organization dedicated to improving the health and nutrition of the world's most vulnerable; especially women and children. NI is part of a consortium of NGOs implementing the Enhancing Nutrition Services to Improve Maternal and Child Health (ENRICH) project. The ENRICH project is funded by Global Affairs Canada and World Vision Canada, targeting four countries in Africa (Kenya and Tanzania) and Asia (Bangladesh and Myanmar). The consortium is led by World Vision and also includes Harvest Plus, the University of Toronto, and Canadian Society for International Health.

The ENRICH project takes a comprehensive approach to improving the nutrition of pregnant women, infants and young children during the first 1000 days – from conception to 24 months of age. The project aims to i) improve delivery of essential health services, including basic nutrition and nutrition-sensitive services; ii) increase production, consumption and utilization of nutritious foods and micronutrient supplements; and iii) strengthen gender-responsive governance, policy and public engagement in maternal, newborn, and child health in Bangladesh, Myanmar, Kenya and Tanzania.

The project is expected to increase the access to basic nutrition and health services of a total of 2.09 million people – 800,000 women and 740,000 children. In Bangladesh, ENRICH is being implemented in Thakurgaon district and is expected to directly benefit 404,343 people, of which 58 percent are children under two years and pregnant and lactating women.

BACKGROUND AND RATIONALE FOR NUTRITION POLICY AND STRATEGY REVIEW WORK

Bangladesh has made significant improvements in decreasing mortality rates; maternal mortality rates decreased from 322 in 2001 to 196/ 100,000 live births in 2016¹, infant mortality rates fell from 87 to 38/1000 live births from 1993 to 2014² and child under 5 mortality rates dropped from 133 to 46/ 1000 live births from 1993 to 2014.² In spite of considerable progress in some health indicators, undernutrition continues to be a serious public-health problem in Bangladesh. According to the Bangladesh Demographic Health survey (BDHS) 2014, the prevalence of stunting, underweight and wasting among under 5 children are 36%, 33% and 14% respectively. Inappropriate infant and young child feeding (IYCF) practices remain a cause of concern. Only 57% of mothers initiate breastfeeding within the first hour of birth, 55% of mothers exclusively breastfeed their infant under 6 months, 63% of 6-23 months old children are fed the minimum recommended number of times and only 23% of mothers give age appropriate complementary food to their children of 6-23 months of age.²

Children under 5 years of age also suffer from high rates of micronutrient deficiencies, particularly vitamin A, iodine, iron and zinc. According to the National Micronutrient Survey (NMS) 2011-12,³ the prevalence of subclinical vitamin A deficiency and iron deficiency anaemia among preschool children (6-59 months) is 20.5% and 10.7% respectively. Maternal undernutrition is also a widely prevalent problem in Bangladesh. One in four women (15-49 years) are undernourished and 42% of all women age 15-49, who have ever been married, are anaemic.⁴

¹ Bangladesh Maternal Mortality and Health Care survey 2016. Preliminary Report.

² BDHS 2014

³ National Micronutrient Survey (NMS) 2011-12.

⁴ BDHS 2011

Access to adequate nutrition as a basic human right is enshrined in the Constitution of Government of the People's Republic of Bangladesh. Bangladesh National Nutrition Council (BNNC) was established in 1975, to lead a multi-sectoral approach, is responsible for overall policy guidance. Between 1976 and 1995, no initiatives were taken to strengthen BNNC. However, in 1996 the government took an initiative for extending the national nutrition programme. The National Food and Nutrition Policy and the first National Plan of Action for Nutrition (NPAN) were developed in 1997. The activities of BNNC became stagnant and the pace of implementation of the first National Plan of Action for Nutrition slowed down due to change of government in 2001. Nutritional status in Bangladesh has improved following development of the national Food and Nutrition Policy in 1997 but nutritional status of the population has not reached expected levels.⁵

The first large-scale government intervention in nutrition, Bangladesh Integrated Nutrition Programme (BINP), was implemented between May 1995 and December 2002. In 2004, a large scale National Nutrition Programme (NNP) targeting adolescent girls, women, and children where they provided comprehensive nutrition interventions, was administered by the Government and implemented by local NGOs. Although the programme was based on a robust design tailored to local needs, it covered only about 30% of the targeted population, and its efficacy has been questioned. Other problems related to this programme were provision of low-quality food supplements to children and women, sub-optimal accountability and weak monitoring and evaluation mechanisms. By considering all the issues, the Government, in 3rd Health, Population and Nutrition Sector Development Programme (HPNSDP, 2011-2016), closed the NNP and decided to mainstream the nutrition services into the health system. The Government of Bangladesh replaced the separately managed NNP with the National Nutrition Services (NNS) in an effort to mainstream nutrition as part of HPNSDP (2011-16).⁶ NNS Operational Plan (OP) 2011-16 focused mainstreaming of nutrition services (16 direct nutrition interventions) through Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) during the implementing period. But the progress of mainstreaming nutrition services was slow due to several substantial challenges to NNS.⁷

Bangladesh has national as well as international commitments to improved nutrition like Scaling up Nutrition (SUN) initiative, Sustainable Development Goals (SDGs), Second International Conference on Nutrition (ICN2), and World Health Assembly (WHA) Targets. To fulfil these commitments, the Government of Bangladesh (GoB) formulated National Nutrition Policy (NNP) in 2015. The NNP provides the necessary direction to implement and strengthen strategies and actions to improve the nutritional status of the population. The objectives of NNP are 1. Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers; 2. Ensure availability of adequate, diversified and quality safe food and promote healthy feeding practices; 3. Strengthen nutrition-specific, or direct nutrition, interventions; 4. Strengthen nutrition-sensitive, or indirect nutrition, interventions; and 5. Strengthen multi-sectoral programs and increase coordination among sectors to ensure improved nutrition. To continue and accelerate past progress in nutrition, the NNP has especially been designed to strategically address the multiple causality of malnutrition through specific and sensitive nutrition actions.

Despite the impressive progress with under-nutrition and attainment of the MDG goals for under-nourishment and underweight children ahead of schedule for Bangladesh, the NNP notes that improvements in the nutritional status of the population have not continued at the same rate nor reached expected levels. Second National Plan of Action for Nutrition (NPAN2) is formulated to address this as well as to enable the GoB to deliver on its global commitments like SDGs, SUN movement, ICN2 and WHA among others. Aligning with the objectives of the NNP and expressing the country's continued commitment to combat malnutrition in all its forms, NPAN2 2016 - 2025 has been formulated with identified priority strategic actions. The NPAN2 is in continuation of the nutrition actions planned under NPAN1 of 1997 and has recently been approved by the

⁵ Second National Plan of Action for Nutrition (NPAN2), 2016-2025. Government of the People's Republic of Bangladesh. Ministry of Health and Family Welfare August 2017.

⁶ Ahmed T, Mahfuz M, Ireen S, Ahmed AM, Rahman S, Islam MM, Alam N, Hossain MI, Rahman SM, Ali MM, Choudhury FP, Cravioto A. Nutrition of children and women in Bangladesh: trends and directions for the future. J Health Popul Nutr. 2012 Mar; 30(1):1-11.

⁷ Bangladesh national nutrition services. Assessment of implementation status.

Honourable Prime Minister. NPAN2 seeks to operationalize the sub-strategies of the NNP by specifying prioritized key action areas and major activities that fall into different thematic areas under the major classification of nutrition specific and nutrition sensitive actions. Other cross cutting areas which are identified in all strategies as important were consolidated. To ensure a multi-sectoral, multi-level and multi-stakeholder approach, the NPAN2 engaged over 17 ministries, and numerous stakeholders and partners, both domestic, regional and global, in the implementation of its activities at upazila, district, and national levels.⁵

Major programmatic challenges and poor inter-sectoral and inter-agency co-ordination to support the implementation of nutrition interventions are resulting in inadequate and inequitable nutrition services at different levels, especially in hard to reach and urban slum areas. To address the nutrition service delivery challenges, the new NNS OP under the fourth Health, Population and Nutrition Sector Program (HPNSP) will focus more on system strengthening, quality service delivery for nutrition and multi-sectoral coordination to ensure universal and equitable coverage of both specific and sensitive nutrition interventions. All the activities under the OP have planned with consideration of the National Nutrition Policy 2015, NPAN2, National Strategy on prevention and control of Micronutrient deficiencies, Bangladesh (2015-2024), Seventh Five Year Plan, Vision 2021, SDG targets and other relevant programs and strategies.⁸

It has been revealed from the above discussion that various policies and strategies are already in place to implement both the nutrition specific and sensitive interventions at different levels and that the current political government is also committed to invest in nutrition. Both nutrition specific and sensitive interventions are being implemented at district and sub-district levels but still children under 5 years continue to experience a high burden of stunting, wasting and underweight resulting from sub-optimal breastfeeding, low rates of dietary diversity and poor hygiene, and high rates of anaemia among pregnant women and women of reproductive age. National Nutrition Policy also noted that improvements in the nutritional status of the population have not reached expected levels. There is a gap that exists between what is written in policy and strategy documents and district level implementation of nutrition interventions for improving the nutritional status of population. So it is necessary to identify those gaps which will provide direction in closing those gaps. NI through the ENRICH project will review the nutrition policies and strategy frameworks to identify the gaps in implementation at district level and develop an advocacy plan, which will support the government programme to achieve targets of NNS OP and NPAN2.

OBJECTIVE OF THE CONSULTANCY

To support advocacy efforts to implement the nutrition-specific and nutrition-sensitive programming in Thakurgaon district under the guidance of national nutrition policy of Bangladesh.

Specific Objectives:

1. To identify and gain a better understanding of the existing national policies and programmes focused on addressing maternal, infant and young child nutrition – more specifically interventions targeting the first 1000 days of life – and their interpretation and implementation in the ENRICH targeted Thakurgaon district to be used to support advocacy efforts.
2. To identify and gain a better understanding of the reasons for success and gaps in the implementation of the existing national nutrition policies and programmes at the district level to be used to support advocacy efforts.

⁸ Operational Plan for National Nutrition Services (NNS). Government of the People's Republic of Bangladesh. Ministry of Health and Family Welfare August 2017. Implementation Period: January 2017 – June 2022.

3. To identify opportunities to integrate the most impactful ENRICH supported interventions into existing district programmes and to use these identified opportunities to advocate for a sustainable strategy that will increase commitments to nutrition programming in Thakurgaon district.

SCOPE OF WORK

1. Workplan:

- Develop detailed workplan that clearly outlines key steps and timelines for completion of deliverables as outlined in the Terms of Reference and engagement with relevant stakeholders in the process.

2. Analysis of Policy Environment, Governance, Interpretation and Implementation

- Desk review of existing national nutrition policies, programme frameworks and strategies/action plans relevant to nutrition in Bangladesh to understand 1) planning and budgeting process for nutrition 2) implementation coverage and gender-sensitivity of nutrition programming 3) human resource capacity building in nutrition 4) partnership and coordination 5) advocacy and communication 6) integration of the programmes 7) investment/financing and 8) monitoring, evaluation and research. These should include, but are not limited to: National Strategy on prevention and control of Micronutrient deficiencies, Bangladesh 2015-24, National Nutrition Policy 2015, Second National Plan of Action of Nutrition 2016-25 and Operational Plan for NNS 2017-22, existing district nutrition or development action plans including trends in budget allocation for nutrition, and the ENRICH implementation plan.
- Conduct interviews with key informants at national and district level from department of health and relevant ministries as well as partners to understand the planning and budgeting process for nutrition; human resource capacity for nutrition; implementation coverage and gender-sensitivity of nutrition programming; existing coordination mechanisms for the implementation of nutrition-specific and nutrition-sensitive interventions; integration of the programme; investment and financing; and monitoring and evaluation of nutrition indicators at district level.
- Develop a draft report with findings from the review of existing national policies, programme frameworks, strategies/guidelines and action plans and key informant interviews (KII) including recommendations for improved interpretation, implementation and scale up of impactful ENRICH project interventions.

3. Dissemination and Validation of Findings

- The consultant will facilitate a dissemination and validation workshop at national level with key government stakeholders and nutrition partners to present findings of the nutrition policy and programme review and KII, with recommendations for scale-up and addressing gaps in the implementation of nutrition programmes in a workshop.
- Update the Nutrition Policy and Programmes Review report incorporating feedback or recommendations from the dissemination and validation workshop.

4. Development of an Advocacy Plan

- Conduct two consultations with ENRICH project stakeholders, one at national and another one with district Ministry of Health and Family Welfare and consortium partners, on priority areas for developing nutrition advocacy plan.
- Develop a draft advocacy plan informed by the findings of Nutrition Policy and Programmes Review report and feedback received by the key stakeholders from the consultation meetings.
- Conduct two workshops with ENRICH project stakeholders (national and district level) to share the draft the advocacy plan to finalize for implementing up to March 2020.
- Finalize the advocacy plan incorporating feedback from the validation workshops.

5. Final Report

- Submit Final Nutrition Policy and Programmes Review Report.
- Submit Final Advocacy Plan.

DELIVERABLES

1. Inception report.

The consultants will develop an inception report that accounts for the considerations outlined in the ToR as well as include the methodology. The inception report will also provide a detailed workplan for the work, desk review template, list of stakeholders to be interviewed and the KII questionnaire.

2. Draft Nutrition policy and Programme review report.

The report should clearly outline the focus and scope of the review and include the methodology (desk review, KII); key findings of the policy environment and governance and policy interpretation and implementation from the KII and other components under the sub-headings 1) planning and budgeting process for nutrition 2) implementation coverage and gender-sensitivity of nutrition programming 3) human resource capacity building in nutrition 4) partnership and coordination 5) advocacy and communication 6) integration of the programmes 7) investment/financing and 8) monitoring, evaluation and research; conclusions, and; recommendations.

3. Dissemination and validation workshop report.

The report should capture discussion of issues raised in the workshop by stakeholders and their recommendations as well as follow-up actions to finalize the Nutrition Policy and Programme Review Report as well as inclusions in the advocacy plan. A list of participants with designation and contact information (phone number and email) and workshop agenda should be attached as annexes. The draft report and presentations should be submitted to NI for review prior to the workshop.

4. Second draft nutrition policy and programmes review report.

The report should incorporate the feedback and recommendations from dissemination and validation workshop.

5. Consultation meeting minutes.

Two meeting minutes (national and district level) on priority areas for nutrition advocacy need to be submitted to NI. Participants presented in the meetings, key discussion point and recommendations or action points will be included in the meeting minutes. A list of participants with designation and contact information (phone number and email) and workshop agenda should be attached as annexes.

6. Draft Advocacy Plan.

The plan should identify key influencers and target audiences (decision makers) for nutrition messaging based on the nutrition policy review and programmes report. It should contain objectives that are specific, measurable, achievable, relevant, and time-bound; and budget, indicating the resources necessary for the realization of the actions outlined in the plan.

7. Advocacy Plan Workshop Reports and Presentations.

These reports should capture discussion of issues raised in the workshop by stakeholders and their recommendations to finalize the advocacy plan. A list of participants with designation and contact information (phone number and email) and workshop agenda should be attached as annexes to the

workshop report. The second draft nutrition policy and programmes review report and first draft advocacy plan and powerpoint presentations should be submitted to NI for review prior to the workshops.

8. Final Nutrition Policy and Programmes Review Report.

9. Final Advocacy Plan.

*All technical documents are subject to approval by the NI technical team before moving on to the next activity/deliverable.

TIMEFRAME

This work is expected to be conducted between March 2019 and July 2019 for a maximum of 60 working days.

Activity	Deliverable	Timeline
Inception meeting	Inception meeting report, Detailed workplan and tools for KII	5 day (within one week of signing contract)
Desk Review and Stakeholder interviews	First draft nutrition policy and programmes review report and PowerPoint presentation	25 days
Dissemination and validation workshop	<ul style="list-style-type: none"> Dissemination and validation workshop report Second draft nutrition policy and programmes review report incorporating feedback from key government stakeholders 	10 days
Consultation meetings at national and district level	<ul style="list-style-type: none"> Consultation meetings minutes Draft Advocacy Plan 	12 Days
Advocacy plan finalization workshops	<ul style="list-style-type: none"> Workshop report Final nutrition policy and programmes review report Final Advocacy Plan 	8 days

CONSULTANT QUALIFICATIONS

For this assignment, NI require a consultant with expertise as follows:

- Master's Degree in Nutrition Science, Public Policy or in a related discipline, At least a post-graduate degree in Nutrition, Food science, or Public Health.

- Minimum of 7 years of relevant experience at the national or international level in policy dialogue, formation and advocacy;
- Extensive experience in research, policy analysis and advocacy.
- Must be result-oriented, a team player, exhibiting high levels of enthusiasm, tact, diplomacy and integrity;
- Demonstrate excellent interpersonal and professional skills in interacting with government and development partners;
- Skills in facilitation of stakeholder engagements/workshops;
- Evidence of having undertaken similar assignments;
- Proven experience in writing public policy papers.
- Agency/Consultant should have excellent reporting and writing skills.

Guidelines for Submission

Interested consultants should submit the following:

1. Proposal, outlining methodology, summary workplan and budget for the assignment, no more than 5-10 pages.
2. Curriculum Vitae and qualifications of consultancy team members- no more than 5 pages. (Consultant should add 3-5 sentences or bullet points highlighting relevant qualifications and summarizing previous relevant experiences).

Proposals should be submitted via email to: proposalsbangladesh@nutritionintl.org

Deadline for submission of proposal is Saturday February 16, 2019

Question regarding this Call for Proposal may be sent via email to the following email address: proposalsbangladesh@nutritionintl.org

ANNEX A. BUDGET TEMPLATE

Budget: Review of Nutrition Policy and Programmes for NI's ENRICH Programme in Bangladesh							
Sl. No.	Approved Budget Items	UNIT Description	UNIT	UNIT COST (BDT)	QUANTITY	TOTAL (BDT)	REMARK
A	PERSONNEL FEES						
1.	Name and designation	day					
2.	Name and designation						
	Sub Total of A						
B	EXPENSES						
1	Activity 1 (description)						
a	X						
b	X						
c	X						
2	Activity 2 (description)						
a	X						
b	X						
c	X						
3	Activity 3 (description)						
a	X						
b	X						
c	X						
4	Activity 4 (description)						
a	X						
b	X						
c	X						
	Sub Total of B						
C.	TOTAL COSTS						
1	Total direct costs (A + B)						
2	Indirect Cost Recovery (no more than 10%)						
	Total						

**Please provide detailed breakdown of budget for each of the activity