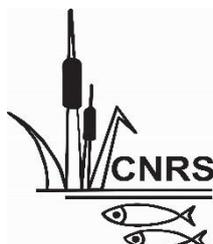


# Reducing Dietary Related Risks associated with Non-Communicable Diseases in Bangladesh (RDRNCD)

## RDRNCD Advocacy Strategy



**Submitted by:**

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## RDRNCD Advocacy Strategy

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# RDRNCD Advocacy Strategy

## 1. Executive Summary

This document tries to develop **policy engagement strategies only for prevention and control** of major non-communicable diseases and not address needs related to management and cure of diseases. **It focuses on major non-communicable disease conditions** such as diabetes, hypertension, chronic obstructive pulmonary disease (COPD), cardio vascular diseases, obesity linked through two risk factors; unhealthy diet (low in fruits and vegetables and more intake of processed food high in fat, sugar and salt)) and low levels of physical activity. The paper also **considers lack of food safety as a risk factor** as research findings suggest that food safety concerns also prevent consumers from purchasing vegetables (Bangladesh Agricultural Research Institute 2010). Therefore, the issues around strategic objectives in this document are developed in response to the above risk factors. Policy engagement strategies only for prevention and control of major non-communicable disease and not address needs related to management and cure of disease.

The paper engages in a **brief analysis of the policies related to NCD prevention** produced under the ministries of health, agriculture, food among others. Clearly, by policy it refers to strategic decisions, operational plans, and actions undertaken to achieve NCD related health care goals. On the basis of policy analysis the **paper targets mainly possible opportunities and spaces** where it can infiltrate to fulfill its objectives and make contributions to larger implementation of GoB policies. In addition, it also **identifies a few gaps that can be brought to the attention of the policy makers** for future improvements. Moreover, the strategy paper emphasizes that though the Ministry of Health and Family Welfare (MoHFW) is a key stakeholder, complete results will not be achieved **if multi-sectoral engagement is not ascertained** in controlling NCDs.

Finally, the strategy stresses on the **need for networking for advocacy and campaign development** on preventing sale of junk food to children and sharing its research knowledge on cross sectional NCD trend and case control studies among various strata of the population with a wider policy stakeholder group in order to enhance their ability to control the social and economic costs of NCDs.

## 2. Background

International Development Research Centre (IDRC), Canada is funding a three year research project called *Reducing Dietary Related Risks Associated with Non-Communicable Disease (RDRNCD)* in Bangladesh. The project is implemented by a reputed national organization called Centre for Natural Resource Studies (CNRS) in association with the University of Manitoba based in Canada, University of Dhaka and North South University in Bangladesh and Bangladesh Agricultural Research Institution (BARI). A well-known private TV channel (Chanel I) is the media partner of the project and will assist in creating mass awareness on the importance of vegetable intensive nutritious diet and lifestyle change in reducing the NCDs and improving dietary habits among the wider population.

The non-communicable diseases (NCD) and other chronic health conditions are now being recognized as a growing threat to population health in Bangladesh. Deaths caused by NCDs, primarily cardiovascular diseases, diabetes, chronic obstructive pulmonary diseases (COPD), obesity and cancer is increasing. According to World Health Organization published NCD Country Profile (2014), NCDs account for 59% of total deaths in Bangladesh (17% cardiovascular diseases, 11% chronic respiratory diseases, 10% cancers, 9% injuries, 3% diabetes

and 10% other NCDs).<sup>1</sup> A number of recent research links changes in dietary habits in the country as a major risk factor for the NCDs. Clearly, two recent changes in the food intake of the population are noticeable i) the share of processed food is already more than 70% among urban consumers while it is as high as 59% among rural consumers (Reardon et al. 2014); ii) the fast and junk food consumption rate is increasingly alarming. The risk factor survey for NCDs (MHFW, 2010) has identified “low vegetable and fruit intake” as one of the major risk factors for NCDs in Bangladesh. The government has given priority to prevention and control of NCDs in upcoming 4th sector program as proposed in 7th FYP and to meet the health related target of SDG goal 3 (Ensure healthy lives and promote well-being for all at all ages).

The IDRC funded project will operate in 16 Upazillas of 8 Districts (Khulna, Sathkhira, Moulvibazar, Sylhet, Sunamgonj, Sherpur, Jamalpur and Pabna). Particularly, it will carry out research on finding associations between dietary patterns and NCDs by age groups, sex, socioeconomic class, place of residence and ethnicity in urban, peri urban and rural settings. Simultaneously, it will promote safe vegetable production technologies among a select group of farmers with the technical support of BARI and following the Good Agricultural Practices Manual (Bangladesh GAP) of Bangladesh Agricultural Research Council using 14 varieties of 14 indigenous vegetable as models. Moreover, the project will engage in awareness interventions that will enhance consumer demand for nutritious diet which in effect will contribute to reduction of NCD risks among the population of Bangladesh. Finally, based on analyses of food, health, and agriculture related policies the project will engage in advocacy planning and undertake strategic actions to facilitate discussion and coordination between relevant government sectors on food systems change supporting healthy diets and lead to requisite policy amendments or drive towards implementation of key policy decisions.

### **3. Strategy development process**

The strategy is developed through a series of idea sharing discussions with the project team in Dhaka and Moulvibazar along with a half day workshop with the project team of Advisors. The consultant reviewed a number of literature including the project proposal and NCD related various government policies. Primarily, it formulates its analysis from literature review of strategies and analysis found through google search. However, the Operational Plan of the Non-Communicable Disease Control (2017-2022) was sourced directly from the NCDC Unit and the way forward for future collaboration was also suggested by the Line Director, NCDC. A series of consultations were also carried out through one on one discussions with current and retired officials from DGHS, NCDC unit staff, field staff from DGHS, DAE, Family Welfare and other local service providing agencies, project partners such as representatives from BARI and Dhaka University helped clarify understanding. Further, interviewing of staff from related projects working on issues of nutrition and tobacco campaign helped develop ideas around partnerships and advocacy actions. Above all, the field visit to Moulvibazar helped gain a firsthand experience of how far NCD is incorporated in local service providing agencies especially primary health.

### **4. Principles of the strategy**

**Structured approach to advocacy:** Advocacy must be seen as a discipline, an integral part of the project and not an add-on or ad hoc service.

**Partnership with Government agencies:** this strategy discourages working in isolation and promotes partnerships with various government agencies in health, food and agriculture sectors to carry out NCD related work. The partnerships should be formalized through signing of Memorandum of Understandings (MoU) with government agencies outlining the clear terms and details of the understanding to ensure that it is a win-win for both the partners. Also establish co-ownership of the partners.

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<sup>1</sup> Operation Plan, Non-communicable Disease Control, DGHS, 2017-2022.

**Network with likeminded NGOs and develop a campaign for impact:** The strategy guides towards networking and lists out names of a few organizations and initiatives working with similar objectives. It stresses on developing a larger campaign for advocacy on critical issues by partnering with other actors in the same industry for continuity and greater traction or impact. It encourages working together with Suchana or other donor funded similar initiatives managed by CNRS in order to save time in field implementation and avoid duplication.

**Issue based approach:** It tries to sustain focus of the broad advocacy objective by breaking down specific objectives into concrete key issues.

**Use of Bangla:** The strategy will encourage copious use of Bangla aside from English in the production of advocacy materials for stakeholders at all levels.

**Highlight NCD also as a women and children's health issue:** Give importance to the health issues of women and children when negotiating with various sectors of the Government on NCDs.

## 5. Policy Analysis on NCD

- This strategy identifies strategies produced under the Ministries of health, food and agriculture that are relevant for NCD prevention and control and further, engages in a brief analysis of these policies. The purpose is to identify possible policy gaps or opportunities where the strategy can intercept for formulation of the RDRNCD project advocacy strategy and action plan. It is important to note that by policy this document refers to strategic decisions, operational plans, and actions undertaken to achieve NCD related health care goals. However, this is not the systematic policy review which the project is required to do.
- The most significant policies related to NCDs are produced under the Ministry of Health and Family Welfare (MoHFW). The NCDs are increasingly becoming a public health priority in Bangladesh especially with its inclusion in the Health, Population and Nutrition Sector Programme (HPNSP, MOHFW 2009). Subsequently, The World Health Organization's (WHO) Action Plan for the Global Strategy for the Prevention and Control of NCDs (2013- 2020) increased awareness of many national governments and worked as a guideline for documentation of policies on NCDs. The Bangladesh Government reports to WHO and accordingly took some important policy decisions and actions to combat NCDs in the country. Major among such decisions were signing the Framework Convention on Tobacco Control in 2004, a recommendation to increase tobacco tax by the National Board of Revenue and amendment of the Tobacco Control Law; developing the first Strategic Plan of Surveillance and Prevention of Non-Communicable Diseases, 2007-10, undertaking the national risk factor survey in 2010, piloting NCD corners in three Upazila Health Complexes which is increasingly being scaled up in other UHCs. In the 3rd Sector Program (HPNSDP 2011-2016) the NCDs were given high priority but with limited resource allocation. However, it established a separate operational plan (2011-2016) for Non-Communicable Disease Control (NCDC) under one line director in the Directorate General of Health Services within the Ministry of Health and Family Welfare. The Operational Plan has been updated (2017-2022) under the 4th HPNSP with more resource allocation and recognizes Cardiovascular Diseases, Diabetes, COPD, Cancer as Major NCDs under component A and identifies unhealthy diets, lack of exercise, smoking and alcohol intake and obesity, high blood pressure as significant risk factors. The plan includes actions around prevention and control against each of the disease and their risk factors along with plans regarding improving hospital management and treatment of NCDs. In 2016 the Essential Health Service Packages prepared by the MoHFW also included screening facilities for NCDs in the service range of all the facilities starting from the Community Clinic to District Hospitals. The Upazila Health Complex and the District hospitals also include NCD management.

- National policies in sectors other than health such as agriculture, food production, transport, sports, education, taxation and trade also have a bearing on preventing premature mortality from NCDs. The national agricultural policy 2013 clearly emphasizes the need to diversify the agriculture sector and produce agricultural products with higher quality of nutrition to satisfy the nutritional needs of the general population. However, there are no clear directions in ensuring the availability of fresh vegetables and fruits for the city dwellers. The National agricultural Extension Policy 2012 encourages measures to promote safe production of produce by discouraging indiscriminate use of chemicals and pesticides and promoting wide spread application of Integrated Pest Management (IPM) practices. Emphasis is also given on the establishment of improved homestead gardens that grow vegetables and are productive throughout the year. However, the strategy encourages private sector engagement in production and sale of quality seeds but access to quality vegetable and fruit seeds especially for city growers is not clearly laid out. It is important to note that these policies reflect food safety needs and no clear reference is made to NCD risk factors.
- The National Safe Food Act of 2013 produced under the Ministry of Food (MoF) aims at ensuring food safety. The Act empowered regulatory bodies in conducting research on food, standardizing the quality of food, and controlling the production, import and sale of food products. The body formed in 2015 is called the Bangladesh Food Safety Authority. At the same time, with assistance from the European Union, the Ministry of Food in partnership with FAO-MUCH (Meeting Undernutrition Challenge) is also updating the National Food and Nutrition Security Policy (FNSP) and the Country Investment Plan (CIP) that aim at creating inter sector linkages and bringing about multi sectoral participation. It is not clear how much the policy drafting team is linking NCD concerns with nutrition.
- The National Consumer Rights Protection Council has been established under the Consumers' Rights Protection Act of 2009 as a result of long term advocacy by Consumers Association of Bangladesh (CAB). The ACT gives protection to consumer rights if it is violated in anyway by sale of counterfeit products, adulterated goods, products of low quality, providing misinformation, or selling anything to a consumer that might endanger the consumer's health or life. There is no clear mention of sale of junk food as harmful to health. However, the Government has imposed a 10% supplementary duty at the local supply stage on junk food considering its health risk in addition to applicable 15 per cent VAT during its budget for 2017-2018 fiscal year. The response was prompted by a demand from a local MP, Nurjahan Begum at a parliamentary session in January 2017 to impose a 14.5% duty on junk food.
- Moreover, several policies have been developed that address the need for physical activity and active recreation. The National Sports Policy 2013 and The Education Policy 2010 recognize the importance of establishing and maintaining open space or fields in all educational institutions. The National Integrated Multimodal Transport Policy 2013 under the Ministry of Road Transport and Bridges (MoRTB) emphasize on walking and cycling as mode of primary commute. In 2016 it started observing 22nd September as the World Car Free Day. In 2017 the Minister announced that Manik Mia Avenue is going to be Car Free on first Friday of every month.
- In summary, a number of policy documents on NCDs have been produced by various ministries, primarily, by the MoHFW. However, a number of policy research<sup>2</sup> study suggest that in spite of government's commitment operationalizing various policies and directives and finding a coherence among several policies remain a major challenge. A lot of interesting ideas are put forward but the details of how the ideas will translate into action is not so clear. The NCDC OP recognizes the importance of coordination and partnership as the solutions for NCDs go beyond the health sector. However, the plans for partnership

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<sup>2</sup> Health system preparedness for responding to the growing burden of non-communicable disease – A case study of Bangladesh. A Working Paper Series, 25. The University of Melbourne, 2013.

or co-working with the Non-state actors are not clearly set out in any of the public strategies.

Table 1 Policy opportunities and gaps

NO	Policy/Strategy/Acts	Opportunities	Gaps
1.	operational plan (2017-2022) for Non-Communicable Disease Control	Comprehensive. Covers most of prevention and control issues. Has a special unit on NCD under DGHS. Includes junk food and food safety concerns. Increased budget allocation. Invites partnerships with NGOs. Talks about coordination	The how factor of implementation plan is vague, especially capacity development of frontline healthcare staff. No concrete plan for community screening or awareness raising. No coordination body is formed as yet.
2.	Essential Service Package 2016	Included NCD screening facilities in essential services, particularly primary health.	Capacity development and monitoring plan is not clear.
3.	Agriculture Policy 2013	Talks about crop diversification. Links agriculture to nutrition.	No clear reference is made to NCD. No plan on making fresh vegetables and fruits available to consumers, esp. city dwellers.
4.	National agricultural Extension Policy 2012	Focuses on safe production of crops. Encourages homestead gardening. Promotes Private sector engagement in seed production and sale.	No clear reference is made to NCD. Plans for access to quality seeds is not clearly laid out.
5.	Safe Food ACT-2013	Bangladesh Safe Food Authority is formed	Coordination with other agencies is still to be established. No clear reference is made to NCD.
6.	Consumers' Rights Protection Act of 2009	The National Consumer Rights Protection Council has been established. Expresses concern over consumer health caused by adulterated/unsafe food.	Junk food is not recognized as a threat.
7.	Budget 2017-2018.	Imposed tax and vat on sale of fast food.	
8.	The National Sports Policy 2013	Promotes physical exercise and mentions establishing open	Not made mandatory. Monitoring is not strong. Linkages to NCD is not made.

		space or fields in all educational institutions.	
	The Education Policy 2010	Promotes physical exercise and mentions establishing open space or fields in all educational institutions.	Not made mandatory. Monitoring is not strong. Linkages to NCD is not made.
	National Integrated Multimodal Transport Policy 2013	Emphasizes on walking and cycling as mode of primary commute.  Announced Manik Mia Avenue will be car free on first Friday of every month.  Talks about dedicating lanes for cycling.	Implementation is slow and inadequate.  NCD linkages are not made.
	Children's Policy 2011	Stresses on physical and mental development of children	
	National Food and Nutrition Security Policy (FNSP) and the Country Investment Plan (CIP)	Creating inter sector linkages and bringing about multi sectoral participation	NCD concerns are not central.
	National Plan of Action for Nutrition	Forging inter sectoral partnership and coordination.	NCD concerns are not central.

## 6. Stakeholders for advocacy

The project will engage with a broad base of stakeholders from health, agriculture, food, sports, education among others for advocacy at both national and subnational levels.

The national level consists of GoB Ministries and Department officials who have a direct role in influencing, planning, decision making and implementation of NCD policies. GoB policy research organisations and MIS units are included as they have important roles in giving NCD work visibility and recognition within the GoB arena. Other groups include donors, other projects, civil society alliances and media who form the wider network or the environment within which policy decisions take place. At the subnational level the project will **engage with officials in health, family planning and agricultural facilities and local elected bodies** especially in Moulvibazar to facilitate delivery of communication and capacity development activities.

<b>Table 2: Government Stakeholders and Local Elected Bodies</b>			<b>Donors &amp; International Agencies</b>	<b>Civil Society Alliance/NGO/Media/Private sector</b>
<b>Health Sector</b>		<b>Agri/Food/others</b>		
National	MoHFW, DGHS, DGFP, NCDC, IPHN-NNS, BNNC	MoA/DAE, MoFood/FPMU, Directorate of Food, BSFA, MoRTB, DTCA, MoY&S, MoWCA/DWCA, MoLGRD&C, MoMPE, MoF, NBR,	WHO, FAO EU, JAICA, DFID, The World Bank, Save the Children (SUCHANA)	WBB, Access to Food, Eminence, CSA-SUN, Print media journalists, Electronic media, Diabetic Somity (BADAS), Heart Foundation
			Other projects of HKI, World Fish, UNICEF, FAO-MUCH, WFP, World Vision, WHO, IFPRI	
	Parliamentary Standing Committees,			
Technical Support Organizations	IPHN, IPH, IEDCR, icddr, NIPORT, NIPSOM, NICVD, BADAS BSMMU	BARI, BIRTAN, NARS, BARC, BAU,		
Monitoring & Info systems, Knowledge Networks	NIS, NIPU, MIS-DGHS, MIS-DGFP, DGHIS2 2, E-MIS, NNS Newsletter, BBS-NIPN,	FSNIS of FPMU, Food Security Nutritional Surveillance Program, BDHS, A2i, AIS, NIPN-BBS	Lancet, LANSA, CGIAR	
<b>Subnational</b>	Divisional Directors, District Civil Surgeons Office, UH&FP offices, Municipality and City Corporation Health Dept. Community Clinics, Union Health Centre, Mther and Child, Medical College, 250 bed Hospitals, Diabetic Centre, Heart Foundation,	District agriculture offices, frontline staff, Upz Agri Coordination Council, NGO coordination Com, Thana Education Office	Marie stopes, Save the Children, Smiling Sun, Marie Stopes, UNICEF, BRAC	Local journalist's forum, local business initiatives, Medical Association, Diabetic Association.
		Local MPs, UNO, Upz Chairman and members/female members, UP chairman and Members/female, BUP, standing committee members, UDCCM, Community Groups, Community Support Groups, Ward Councillors, Female Councillors, School Management Com.		

## 7. Objectives of the Strategy:

The objectives of this advocacy strategy is developed in line with the requirement of the objective four (see box) of the project proposal. However, the modifications are made based on analysis of mostly opportunities and a few gaps identified in public policies that are relevant to the implementation and adoption of a balanced diet, enhance vegetable consumption and physical activity. The strategy guides towards partnership building with government agencies for turning the identified policy planning into actions as implementation of policies prove to be more difficult than their formulation.

**Objective 4:** Facilitate discussion and coordination between relevant government sectors on food systems change that supports healthy diets.

### **Broad Objective:**

Ensuring that NCD prevention and control, particularly related to dietary and lifestyle change is adequately reflected and recognized in relevant government policy documents and action plans alongside other public health concepts and engage in discussion with requisite sectors to address the policy gaps and accelerate enforcement of planned actions important for prevention of NCDs.

### **Specific Objectives**

- 1) Support the relevant government sectors in translating policy decisions aiming to promote healthy diet and lifestyle choices among different population groups as a prevention measure for NCDs.

#### **Key issues:**

- i) Assist Government's public awareness efforts on NCD risk factors related to unhealthy diet and lifestyle.
  - ii) Ensuring that NCD counselling and communication on prevention is included in Government's essential service package especially primary healthcare.
  - iii) Engage in partnership with the government for production of a standardized national dietary chart.
  - iv) Negotiate with the Government to control sale of junk food to children.
  - v) Facilitate discussion on coordination or policy coherence for NCD prevention and control.
- 2) Engage in discussion with the relevant authorities to address the policy gaps on access to safe food especially the availability of safe vegetables, fruits and quality seeds.

#### **Key Issues:**

- i) Increase availability of safe vegetables and fruits for city dwellers.
  - ii) Promote monitoring of safe vegetables and fruits.
  - iii) Push to create wider access to quality vegetable and fruit seeds.
- 3) Share knowledge on the rising trend of various NCDs among different population group and their risk factors to feed new policies on food, nutrition and diet, particularly in amending the existing national food and agriculture policies.

## 8) Plans for achieving the objectives

### 8.1 Plans against specific objective 1:

#### 8.1.1 Assist public awareness initiatives on NCD risk factors related to unhealthy diet and lifestyle.

As mentioned in section 5, the NCDC Operation Plan (2017-2022) is a very comprehensive plan which intends to promote a health literate society. It includes plans and budget allocation for prevention and control of major NCDs (also management and referral) under Component A and under the administrative authority of Deputy Program Manager (DPM) 1 led by a Line Director. The OP identifies tobacco use, unhealthy diet, and lack of physical activity and harmful use of alcohol as shared risk factors with communicable diseases. Moreover, it assigns overweight/obesity, high blood pressure, raised blood sugar and raised blood lipids as intermediate metabolic risk factors. The NCDC seeks technical support from non-state actors for implementation as their implementation of activities for NCD control under the last OP could not be achieved as per expectation. Following are a few strategies the project can adopt:

#### **Formalize partnership with GoB by signing an MOU with the Non-Communicable Disease Control (NCDC) unit under the DGHS**

The RDRNCD project Communication interventions will reach wider audience in a short time and gain credibility if legislative or policy support is provided. An important strategy would be to **sign a Memorandum of Understanding with NCD unit under the DGHS** and identify the areas for partnership on prevention and control of NCDs. This strategy suggests team working on producing communication products especially posters, leaflets, signboards at health centres. **A working group consisting of RDRNCD nutrition experts and representatives from NCDC can jointly formulate communication messages** for a wide range of communication stakeholders. The project should guide the message development process recognizing the risk factors associated with its large pool of target group such as women, children, adolescent, indigenous community residing in various settings like rural, peri-urban and urban/city locations sourced from the project NCD prevalence research findings (see Communications Strategy for issues for message development). Also, the team should consider that **mothers also suffer from hypertension and diabetes at their pre-natal and post-natal stage and children too are at the risks of obesity and COPD**. Women, children and poor are very vulnerable to NCDs.

The two partners can also **share responsibility for maximum number of dissemination** with RDRNCD project covering 8 implementation districts in 16 upazillas and the NCDC using its own distribution channel for its specific list.

#### 8.1.2 Ensuring that NCD counselling and communication on prevention is included in Government's essential service package especially primary healthcare.

#### **Create an example of partnership with government agencies for capacity development on NCD prevention communication and counselling**

- **Select Moulvibazar district of Sylhet division as a pilot area to test out ideas of joint collaboration and capacity building of primary healthcare staff** on NCD prevention and control. Lessons learnt from the joint intervention can be packaged at project end to share lessons on how to foster collaboration and to define the clear roles of the tiers from the community clinics to Upazila Health Complex on NCD prevention and control. Secondary care provider i.e. the district hospitals and the Tertiary care providers should be kept in the loop through distribution of communications products, participation in seminars and using their training resource pool. The Lead implementing agency, CNRS has a big nutrition project, called Suchana which is already operational in Moulvibazar. Therefore,

opportunities created by Suchana can also be utilized. For example, Suchana has capacity building plans on nutrition for primary healthcare staff and will organize trainings for front line health and family welfare extension staff and local government officials. Moreover, Suchana has Community Healthcare volunteers who can assist with periodic community screening and awareness raising of risk factors. Though the NCDC OP recognizes the importance of community based screening it is not yet introduced for NCD control. Drawing examples from Suchana **the project can also push for introducing community volunteers for health communication and screening of NCDs.**

- Arrange for training of Primary Healthcare staff** from Community Clinic, Union Health Facility, Upazilla Health Complex on screening especially for diabetes and hypertension and how to conduct counseling on prevention and control of preventable NCDs. The healthcare facilities should display NCD communication products on risk factors jointly produced by the project and NCDC unit. The DGHS already has a Healthy Lifestyle Module which can be modified. **The project can use the resource persons from the DGHS and the local Diabetic Association** who have already expressed interest during the field visit. The Upazila Health Complex organizes monthly meetings for CHCPs which can be used as an opportunity to deliver training. Moreover, due to absence of a Health Officer in Municipality and City Corporation also brief the vaccinators on risks for diabetes, hypertension and obesity especially among pregnant mothers and children as they come in close contact with women and children in urban areas.
- For better compliance from local administration RDRNCD will **obtain a circular from NCDC Line Director, DGHS** which will be communicated downwards at all the facilities and Upazila and Union Parishad offices. For greater traction the project staff will attend monthly **Health Coordination Meetings** held at the Civil surgeon's Office, **Upazila NGO Coordination Meeting** at the UNO's Office and **Upazilla Health Coordination Meeting** at the UH&FPO's office. **The project might have to secure letter from the Family Welfare Division** to provide orientation to Family Welfare extension officials in Moulvibazar and the **Mayor or the Sanitary Inspector** of the Moulvibazar municipality to work with vaccinators.
- Work with the Department of Agricultural Extension (DAE)** to **promote safe crop production and** orient them on linkages with vegetable and fruits with NCD.
- Integrate the school awareness program on NCD risks factors with Government's Little Doctor program** initiated by the Communicable Disease Unit under the DGHS. Seek assistance from the NCDC unit to leverage with the Communicable unit to add another sheet on NCD to the Little Doctor curriculum.

**Primary Healthcare Professionals to be trained**

1. Community Healthcare Provider,
2. Health Assistant
3. Health Inspector
4. Assistant Health Inspector,
5. Family Welfare Assistant,
6. Family Planning Inspectors,
7. Family Welfare Visitor,
8. Medical Assistant or SACMO

**Use the opportunity of day observances**

**Participate in Day Observances** to promote the importance of diet and physical exercise for NCD prevention. Participate in **Day observance on Nutrition** together with Save the Children's Suchana project, participate in World Health Day organized by the MoHFW. Assist Dhaka Transport Coordination Authority under the Ministry of Road Transport and Bridge to observe the **Transport Free Day** on 22 September.

**8.1.3 Engage in partnership with the government to produce a national dietary chart/calendar**

The project plans to produce a national dietary guideline or a balanced diet chart which will help prevent diabetes, hypertension, and heart disease and other NCD risks. It is important to note that the NCDC OP also has plans to develop a Bangladesh National Dietary Recommendation and disseminate through mass media. The project should try to attain uniformity and **influence NCDC to agree on a single dietary chart developed in a participatory manner** and with inputs from national nutrition experts. During field visit it has been suggested by an Upazila Health Complex physician in Srimongol to modify the diet chart produced by the Diabetic Association. The two partner Organizations of the project such as University of Manitoba and Food and Nutrition Institute of Dhaka University will assist in formulating this chart. The co-ownership of rights related to identity and branding issues should be clarified at the beginning of the process. The project can use its Health Sector champion to negotiate the process with the DGHS. The draft of the dietary guideline should be shared through a workshop with nutrition experts

#### 8.1.4 Negotiate with the Government to control sale of junk food to children

**Build an Alliance with one or multiple likeminded organizations** to develop a strong platform for campaign development against marketing of junk food and beverages to children. As the project has limited time it can consider either joining with an existing Alliance or partner with one or all of the following agencies to fast track actions and for continuity:

- Work for Better Bangladesh which had been successful in the tobacco control campaign. It is currently working on junk food and NCD Andalon and conducted research on Advertisement on Junk Food. Recently a staff from the agency submitted a complaint petition to the Safe Food Authority against a beverage company for not following rules.
- Eminence a non-government organization, initiated a forum in 2009 titled “Non Communicable Diseases Forum (NCD-F)” with the objective to create a platform for the professional bodies of Bangladesh who work for the prevention, control and management of NCDs.
- Access to Food is another agency working on right to food and manages many food related campaigns.
- The Consumers Association of Bangladesh (CAB) leads many campaigns on consumer’s rights. The project can negotiate with them to add Right to Safe Food or Saving Our Children from Junk to their list of campaigns.
- Bangladesh Union Parishad Forum and Upazila Parishad Forum in Moulvibazar can be associated with the campaign.

Following are a few issues that need to be considered to develop a campaign:

- **Put pressure on government (NBR, Ministry of Finance,) to impose higher tax** than 10% on junk food and beverage.
- **Engage in discussion with Codex committees** under BSTI to promote nutritional labeling according to international standards (trans fat, saturated fat, salt and sugar) for all pre-packaged food. Also enforce the companies to include a cautionary message e.g. **there is no alternative to fresh food** on packaging.
- **Encourage government especially the MoHFW to invest in counter advertisement** in media on value of nutritious diet for children. In India Amul invested in an advertisement on the benefits of drinking milk for children.
- **Identify champions among the parliamentarians to raise the issue in the parliament.** In January 2017 MP Nurjahan Begum first raised the demand to impose 14.5% tax on fast food to the Finance Minister. The project should identify champions from parliamentarians and also can work with relevant standing committee, especially on health, youth and sports, agriculture, children’s affairs, mass and primary education.

### 8.1.5 Facilitate discussions on coordination between NCD related sectors and stress on policy coherence

All the significant policies in health and food sector recognize the necessity for coordination and policy coherence. The RDRNCD project can utilize its campaign forum to facilitate discussion with relevant authorities on bringing about more coordination among various ministries and directorates for activation of OP for NCD. The strategy gathered some information on what are some of the forums that already exist and singles out plans for coordination included in NCD related policy documents:

- The World health Organization initiated a forum called Bangladesh Network for Non-communicable Disease Surveillance and Prevention (BanNet) under the strategic Plan of Surveillance 2011-2015 for active collaboration of organizations conducting collection and dissemination of information on NCD surveillance. It planned to operate with active involvement of the NCDC unit of DGIS. However, the Operation Plan for 2017-2022 has no mention of BanNet.
- The NCDC Operation Plan includes a proposal for establishing Multisectoral NCD Coordination Committees (MNCC) at the national, divisional, district and upazilla Levels. The NCD Control Programme of the DGHS will be the Secretariat of the multi sectoral NCD Coordination Committee (MNCC).
- The Safe Food Act mentions that the chairman of the Safe Food Authority would head a 28-member Central Food Management Committee to be formed with high-ranking representatives from the ministries, departments, agencies, and organisations. The committee would coordinate all administrations and organisations directly or indirectly involved with safe food management.
- European Union funded FAO MUCH, embedded in FPMU, is mandated to create inter sector linkages and bringing about multi sectoral participation for enhancing integration between initiatives for nutrition specific and nutrition sensitive work.
- The National Plan of Action for Nutrition (NPAN) 2017 emphasizes revitalising Bangladesh National Nutrition Council (BNNC) with the Prime Minister as Chair and the mandate to coordinate nutrition activities across sectors. The Council has recently had a meeting. The
- At the local level, Suchana has formed two district level multi-sectoral advisory bodies at the two target districts called the Suchana Local Advisory Committee (SLAC) with high level representation from eight key ministries. There will also be representation from the civil society, Bangladesh Union Parishad Forum (BUPF) and the private sector to make it inclusive. The District Commissioner of Sylhet division will lead the two nutrition advisory committees in Sylhet and Moulvibazar.

## 8.2 Plans against specific objective 2:

### 8.2.1 Increase availability of safe vegetables and fruits for city dwellers (Dhaka)

A BARI (2010) study revealed that 30% of city consumers refrain from buying and consuming vegetables out of food safety and health concerns. Therefore, the project can influence the Supermarket chains such as Swapna, Agora to introduce a safe food corner stocked with safe and organic vegetables and fruits among other crops. This can be piloted in one of the outlets in Dhaka with help from the RDRNCD project where posters on standards for safe food production will be displayed. The vegetable crops can be sourced from the project farmers who have been supplied with quality indigenous seeds (14 varieties of 14 indigenous vegetable species) by BARI. The project should create linkages with the best performing farmers out of their 28000 farmers participating in the research.

Also **develop a calendar with nutritional information on 14 varieties of 14 indigenous vegetables** for display at the safe food corner.

### 8.2.2 Create access to quality seeds

#### Create Access to seeds for city growers:

The vegetable production input market is dominated by 100 private seed companies. **Leverage with a select group of private seed companies such as ACI and Lal Teer to hire a pool of good project farmers as their contract farmers** to produce quality and indigenous seeds. The private companies will monitor the production quality and supply quality seeds to supermarket chains and other private sale points like Siddique Bazar. ACI has its own supermarket chain called Swapno and the varieties of indigenous seeds can be put on sale at the Safe Food corners of super markets. This will provide sustainability to the RDRNCD project initiative.

The project should also **assist BARI and BADC in updating their list of seed sales outlets** for wider circulation by the project through the media and Safe Food corners. This will attract the consumers in urban areas for homestead or rooftop gardening.

#### Create access to seeds for project farmers:

In Moulvibazar the project can work in collaboration with Suchana to enable a better access of beneficiary farmers to seeds. As a part of their advocacy strategy Suchana is supposed to **develop central service points through creation of Village Model Farms steered by lead farmers in each union**. The Village Model Farm and lead farmers will become important advocacy agents in creating an intermediate access points and linkages of poor beneficiary households both with public extension workers and private value chain actors who hardly visit farmers in remote areas. The Village Model Farm will also **grow as an information centre** with display boards, leaflets, diet and seed calendars produced by RDRNCD, brochures collected from government departments and guiding users to access those services. Organize linkage events at VFM when the extension officers will also come on invitation and share information on available services. The project can also supply materials to the Union Information and Service Centres that were established to provide information and e-services. Also, work closely with and distribute information products to Farmer Information and Advisory Centers (FIAC) housed in each union parishad complex. FIACs are emerging as the local extension units providing integrated advisory services on crop, livestock and fisheries to all categories of farmers.

### 8.2.3 Facilitate discussion on strengthening monitoring of safe food production and supply

Work closely with Bangladesh Food Safety Authority established in 2015 under the Safe Food Act 2013 in initiating discussions on reinforcing monitoring of safe food production and supply. BFSA is a facilitating agency which renders support to organizations that are involved in updating and upgrading the food safety standards or guidelines. **It is observing National Safe Food Day for the first time in Bangladesh on 2<sup>nd</sup> February 2018. The project can sign another MoU with BFSA to observe a few beacon events** and use the opportunity to generate discussions on the following issues:

- Encourage BFSA to enforce food safety law more forcefully. Assist capacitate its mobile court on ascertaining food safety of vegetables and fruits during spot check. RDRNCD can assist in providing training with the help of BARI.
- Share the calendar of the 14 varieties of 14 indigenous vegetables and their production techniques with BFSA for posting on their website.
- Orient the various bazar committees and supermarkets on firming up their monitoring roles and encourage scientific sample testing of vegetables and fruits for determining

permissible limits for use of pesticides. Acknowledge Cantonment/Kafrul Bazar as a model bazar as it is formalin free and publicize their efforts in monitoring. Invite representatives from BARI and BSTI, BARC to showcase their modern laboratory facilities for testing safety standards.

- Encourage the city corporations and municipalities in controlling open or floating bazars and bring sale of vegetables within the purview of a controlled marketplace.
- Partner with the Consumer's Association of Bangladesh in raising awareness on safe food among consumers.

### **8.3 Plans against specific objective 3:**

#### **8.3.1 Share knowledge on the rising trend of various NCDs to feed new policies on food, nutrition and diet, particularly in amending the existing national food and agriculture policies.**

##### **Enhance knowledge on NCD prevalence and prevention solutions**

This strategy will try to pursue recognition of NCD risks as a cross departmental priority. Mostly, it is seen by government staff as the prerogative of the health sector. A primary aim of the strategy is to **encourage DAE, Directorate General of Food to acknowledge NCD related nutrition as a top priority in their departmental plans and help mainstream NCD dietary requirements** in agriculture and food along with health. Also, **share findings from RDRNCD research** with health and agriculture sector research institutions included in the stakeholder matrix as population level prevalence studies of major NCDs are inadequate especially that of the poor living in rural areas.

**Produce policy briefs and lesson documents** distilled from research findings. Disseminate widely among policy makers and government research institutes (included in stakeholder box 1). Following are two vital ongoing policy initiatives that might be useful to link with:

- Funded by the European Union FAO-MUCH in partnership with FPMU is working for consolidation of National Food and Nutrition Security Policy (NFNSP) framework and Country Investment Plan (2016-2020). To this end, it is mandated to engage in dialogue with key ministries about their sectoral contribution as well as the civil society and the private sector on food security and nutrition. RDRNCD should use this opportunity to feed in learnings about NCD risk factors and prevention approaches into the policy making process.
- EU is financing an initiative to strengthen the GoB information system for nutrition called the National Information Platform for Nutrition (NIPN) which is embedded in Bangladesh Bureau of Statistics (BBS) system and will aggregate and analyse existing data from surveys, programme monitoring and resource tracking in all sectors. HKI is leading the project with BIDS involved in data analysis. RDRNCD will **link in with NIPN** which is expected to start in December 2017 in order to feed its findings into the unified system.

##### **Train the media on NCD reporting**

The media is a further important stakeholder given its role in influencing the public consciousness and helping policy makers understand public demand. The strategy suggests periodically briefing a pool of print media reporters and TV journalists or feature producers on NCD risk factors and their dangers, requirement for banning junk food sale to children and critical issues that require policy attention. The project can also produce a FAQ guideline on NCDs or a good practice manual for media reporting on NCD (following the FHI360 handbook on nutrition reporting) to develop the consciousness of the broadcast and print community. The approach for media engagement should be through earned media and less of a paid media promotion.

## **9. Implementation and oversight of the strategy**

RDRNCD project Management Team Lead will be responsible for the overall delivery of the strategy, supported by the Communications and Advocacy Lead, Advisors, especially component leads, and assisted by senior Advisors or project Champions for special needs. In coordinating partnership with the NCDC team the project should form a core task team who can facilitate the process of partnership development and provide technical assistance in content development on NCD prevention, especially inputs from the Nutrition Advisor, Food and Nutrition Institute will be valuable. Specialist advisory support e.g. from the former DG, DGHS should be sought in negotiating critical issues with DGHS, DGFW or MoHFW. The project can seek active support from BARI to negotiate partnership with Bangladesh Food Safety Authority. The assistance of Policy Advisor, Dhaka University should be sought in leveraging issues with the parliamentarians, standing committee members or policy makers. The University of Manitoba will provide expert guidance and monitor advocacy actions periodically. The Field Project Officers will assist with distribution and capacity development efforts in fields especially in Moulvibazar.

Finally, the project should track progress of advocacy strategy through an end of project process evaluation. The evaluation study should cross check the improvements in knowledge of front line health and agricultural service providers and other national government officers on prevention and control services. The documentation of lessons learnt and process analysis of pilot experience in Moulvibazar should be shared widely with the government and other stakeholders.