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Updating and Implementing Intersectoral Food and Nutrition Plans and Policies

*Report of an Intercountry Workshop
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1. INTRODUCTION AND RATIONALE

The International Conference on Nutrition (ICN), convened jointly by FAO and WHO in 1992, was the first global intergovernmental conference on nutrition and served as a motivating force for countries around the world to develop and implement food and nutrition policies and plans of action. The World Declaration and Plan of Action for Nutrition adopted by ICN provided a technical framework for the preparation of national plans of action through nine strategies which involve various sectors of government, international agencies, nongovernmental organizations (NGOs) and the private sector.

In 1996, the World Food Summit (WFS), held in Rome, reinforced the validity of the goals and strategies identified at ICN. It also provided an exceptional opportunity to reaffirm the commitment to achieving food and nutrition security for all, to build on the efforts already made in implementing the ICN World Declaration and Plan of Action for Nutrition and to invest resources effectively at national, regional and global levels to accelerate the translation of national nutrition plans into meaningful action and visible results.

Making commitments is one thing; however, experience of the countries shows that delivering them is more problematic. Recently, a number of events have fundamentally changed the policy context. These include, for example:

- recent food safety crises such as the bovine spongiform encephalitis (BSE) problem in the UK/Europe (1989-2001), the Asian flu episode with chickens in Hong Kong and China (1997-1998) and the pressure on the food supply system in the former Soviet Union (1990s);
- further globalization of food and trade, especially the formation of global governance bodies such as WTO, has important implications for national food policy;
- accelerating progress of science and technology, especially with the development of genetically modified foods and the entailing controversies about safety;

- the catastrophic HIV/AIDS epidemic whilst undermining household food security, also presents an opportunity for food and nutrition to play a more pro-active role in responding to the epidemic, and
- finally, the rise of obesity and other diet-related chronic diseases, such as heart disease, diabetes, some cancers, etc. pose major problems for individuals and health care systems. Failure to act on nutritional problems in the short term may have huge financial and social implications in the longer term.

All these emerging issues present significant challenges to policy-makers and programme managers, who will need the capacity to understand these issues, and analyse existing food and nutrition responses.

An important part of this response will be a strengthening of food and nutrition surveillance systems, and advocacy skills to promote the importance of intersectoral food and nutrition plans and policies and their implementation.

Furthermore, the underlying principles for effective food and nutrition plans and policies include that:

- they are “joined up”, including elements that meet the needs of good nutrition, food safety, sustainable access to food and healthy lifestyles;
- they address on the one hand ill-health associated with under-consumption, and on the other hand, ill-health associated with over- and unbalanced consumption, and
- they are intersectoral in thinking and inter-agency in delivery.

2. OBJECTIVES AND EXPECTED OUTCOME OF THE WORKSHOP

These were:

- to increase awareness about food and nutrition issues among government and other public authority officials;
- to understand, analyse and prepare for updating national food and nutrition policies, and

- to prepare them for effective implementation of national plans of action.

At the end of this workshop, participants were expected:

- to assess food and nutrition plans and policies
- to develop operational food and nutrition plans, and
- to promote implementation of food and nutrition programmes of action.

The List of Participants is at Annex 1 and the Programme at Annex 2.

3. PROCEEDINGS OF THE WORKSHOP

3.1 Inaugural Session

Dr B Sivakumar, Director, National Institute of Nutrition, Hyderabad, welcomed the participants and representatives from WHO and FAO. He said that the adoption of a National Nutrition Policy by the Government of India in 1993 was one of the significant achievements on the nutrition front in the country. Integration of nutritional concerns in various developmental policies was then recognized as an important tool in planning. The National Plan of Action on Nutrition (NPAN) was developed as a sequel to ICN, and a Food and Nutrition Council (FNC) was constituted in November 1997. Despite these developments, data on the prevalence of undernutrition on the one hand, and the growing incidence of noncommunicable diseases related to dietary excesses on the other, was startling.

Dr Rukhsana Haider, Adviser, Nutrition for Health and Development, WHO, read out the address of Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region. Dr Samlee highlighted that the World Declaration and Plan of Action for Nutrition, adopted by the International Conference on Nutrition (ICN) in 1992, had provided a technical framework for the preparation of national plans of action. These plans were to be based on nine strategies involving various sectors of government, international agencies, NGOs and the private sector. National intersectoral food and nutrition plans and policies were important and effective tools in ensuring national action for nutritional issues. While most of the countries represented

in the Workshop had developed national plans of action on nutrition, and some had national nutrition policies too, only a few countries had updated or revised them. It was expected that each country would identify the next steps and the specific activities and milestones for implementation. Both WHO and FAO would then follow up with each country on the progress made towards implementation of the identified action, and jointly review the progress after two years.

Dr Biplab K Nandi, Senior Food and Nutrition Officer, FAO Regional Office for Asia and the Pacific, mentioned the important contribution made in translating the ICN goals into action in their respective countries. In the early phase of the new millennium, food and agriculture linked development strategies remained the key to poverty reduction and nutrition improvement of rural-based economies in the developing world. Nutrition was an important indicator of poverty, and food and nutrition interventions remained at the interface between agriculture and health. Nutritional improvement of the population could be achieved through strengthened cooperation and collaboration with partner agencies such as WHO. He reiterated that FAO would be pleased to share its comparative advantage with WHO and the national governments in achieving the goal of reducing the number of undernourished population to half by the year 2015.

Dr Chizuru Nishida, Scientist from WHO headquarters, presented a historical perspective of the national plan of action, its role and potential.

3.2 Technical Sessions

Session 1: Introduction

The session began with an introduction of participants and facilitators. The concept of 'food supply chain' was explained to the participants, and they were asked to consider where their role within that chain might be.

Food news and making connections

Within groups, participants then discussed recent media headlines (national and regional) to understand the role of media and some of the current food and nutrition related issues that may have a bearing on plans, policies and

their implementation. Examples were: banning the sale of tobacco in Bhutan; extending maternity leave for women employees to facilitate breast-feeding in Sri Lanka, and setting up of food security cell in India.

Identifying on-going trends in food and nutrition and society

The groups tried to track the most obvious changes that took place in the last 2-3 decades marking their positive and negative effects on the overall food and nutrition scenario.

Key points of discussion

Positive changes: Increase in the variety of foods, better health care options, increased awareness of food safety and food labelling.

Negative changes: Decrease in millet consumption, increased sedentary lifestyles, lack of physical activity and rise in the prevalence of obesity.

Key issues to promote good community nutrition and health included:

- *Tackling marketing problems and reach of tobacco and foods that do not have any nutritive value.*
- *Censoring advertisement of commercial foods.*
- *Increasing facilities to encourage physical activity*

Session 2: Four pillars for good health and nutrition

In this session, the participants, in groups, were asked to define four terms viz., Nutrition, Food Safety, Sustainable Access to Food and Healthy Lifestyles and what they understood by these. The facilitator then shared the standard definitions with them to ensure that everyone was clear about them.

One topic each was assigned to two groups, and participants asked to debate for and against them. The participants were made to understand interconnections between various forces and processes in food production, delivery and consumption.

Session 3: Food and nutrition plans and policies

This session covered various activities and presentations at the end of which the participants were expected to be able to describe what food and nutrition policies are; summarize, analyse and outline policy commitments, and understand what food and nutrition plans and policies ideally address.

What is food and nutrition policy?

At first, the participants were divided into five informal groups and asked to identify the general format of a nutrition policy, its contents and who should be involved in policy-making. The groups were also asked to define terms like policy, plan and programme.

Key points of discussion

The facilitators felt that none of the groups had pointed out the need to revise and review policies and plans, but indicated that the programmes need to be reviewed. "Policy" is a rolling document to be reviewed constantly, and should have an in-built mechanism for monitoring in view of new and the emerging challenges.

In general, all the groups agreed that "policy" is a written statement of the government or an organization, defining challenges, determining objectives, identifying partners, implementing action, and monitoring, whereas, a "plan" is a set of activities proposed to achieve the objectives laid out in the policy. A "plan of action" however deals with a time-frame, especially in cases where immediate action has to be taken (tsunami relief measures in various South-East Asian countries were cited). "Programme" is the implementation mechanism, also with a time-frame.

Understanding the comments of ICN 1992

Dr Rukhsana Haider gave a brief overview of ICN and international commitments citing the background, the resolutions that were adopted, the nine strategies for preparation of national plans of action and the Millennium Development Goals (MDGs).

Dr Nandi provided FAO's perspective of ICN commitments. He dwelt on FAO's mandate and nutritional well-being through food-based approach, the 1996 World Food Summit, and the 2002 Millennium Summit and pointed out that FAO considered achieving the first millennium development goal of 'eradicating extreme poverty and hunger' by improving agricultural production as its important goal. He pointed out that the prevalence of under-nutrition according to FAO's recent report was about 803 million globally, of which South-East Asia alone had 301 million undernourished people. Most countries in Asia claimed that they were food-secure but this pertained only to cereals; they were not really food secure as far as diverse foods were concerned. This was why FAO was promoting diversification of food. He concluded by stating that no nutritional policy intervention could be successful without adequate production, availability, accessibility and use of diverse foods.

In a group activity that followed these sessions, the participants were asked how each of the nine components of ICN addressed the four pillars of food and nutrition plans and policies viz., nutrition, food safety, sustainable food supply and healthy lifestyles. They agreed that all the nine components of ICN had in general addressed the four pillars, but there was ample room for improvement.

Key points of discussion

While critically evaluating how the four pillars addressed ICN 1992, the participants unanimously agreed upon changing "sustainable food supply" to "sustainable access to food". The facilitators felt that this change should be incorporated in the workshop activity manual for the Region.

Food and nutrition plans and policies

Following presentations by Dr Rukhsana Haider on the Global Strategy on Infant and Young Child Feeding, and Dr Jerzy Leowski on Global Strategy on Diet, Physical activity and Health, the groups were asked to analyse various policy documents. The groups were given one policy each to analyse, summarize and examine to what extent they addressed the four pillars. The policies that were analysed included:

- Government of India policies on
 - (1) iron deficiency anaemia,
 - (2) iodine deficiency disorders, and
 - (3) vitamin A deficiency
- Global Strategy on Infant and Young Child Feeding
- Global strategy on Diet, Physical Activity and Health

Key points of discussion

Groups in general felt that the policies/strategies were comprehensive and addressed all the four pillars. It was felt, however, that dietary guidelines and promotion of healthy lifestyles needed to be included in their respective country policies on nutrition.

Each country made presentation of its country nutrition policies/national plans of action, highlighting the:

- status of the plan (adopted/not adopted, revised/not revised);
- whether there is any specific time-frame;
- coordination between various sectors (as an advantage as well as a barrier) and how it is envisaged in the plan or policy;
- linking goals, commitments, strategies and policies.

Country presentations

Bangladesh. An overview of the National Plan of Action (NPAN) was approved in 1997. Though NPAN laid out a broad strategy for implementation encompassing various sectors, there were certain hindrances, including the lack of political commitment and resources.

Bhutan. presented its Nutrition Programme which is under the Non-communicable Disease Division of the Department of Public Health, set up in 1985. Nutrition was accorded importance in Bhutan's primary health care. Ineffective legislation, lack of a multi-disciplinary approach, weak IEC

strategies and inadequate monitoring, evaluation and research mechanisms were stated to be some of the lacunae in implementation of the policy.

India. An overview of the National Nutrition Policy and NPAN was provided highlighting the improvement in the nutritional status of the various vulnerable groups in the country, while pointing out that about 14 departments were integrated in accordance with the National Plan of Action on Nutrition. Specific reference was made to nutrition Goals in the 10th (current) Five-year Plan. However, there were constraints in implementation of the policy such as lack of awareness at all levels, poor intersectoral involvement, poor coordination and low priority for nutrition in various sectors.

Indonesia. While highlighting the key elements of the policy, additional elements that could be integrated in the future were mentioned. These ranged from preparedness for disasters, promotion of nutrition education, promotion of social safety to prevalence of obesity.

Myanmar. The highlights of the implementation of the National Plan of Action on Food and Nutrition (NPAFN) 1995 were introduced. NPAFN was reviewed in March 2005, following which a new framework was set for implementation beyond 2005. The framework puts forth a plan for collaboration with various ministries for ensuring effective implementation beyond 2005. However, it was pointed out that there was difficulty in collaboration at higher levels and that the mid-level cannot ensure collaboration without the former.

Nepal. provided a brief overview of the nutrition situational analysis. This was followed by discussion on the National Plan of Action on Nutrition, developed in 1998, by the National Nutrition Coordination Committee of the National Planning Commission. It was pointed out that the components of monitoring and evaluation were very weak.

Sri Lanka highlighted the current nutritional status. A taskforce had been appointed in 1999 and that the country had recently adopted a food and nutrition policy which set specific goals to be achieved by 2008.

Key points of discussion

While critically examining the integration of activities of various sectors for effective implementation of existing plans and policies, the countries in general, identified the following lacunae:

- *Difficulty in collaboration at higher levels*
- *Inadequate preparedness to meet food and nutrition insecurity situation during disasters*
- *Weak components of monitoring and evaluation*
- *Lack of political commitment and resources*
- *Lack of awareness at all levels*
- *Low priority for nutrition in various sectors*
- *Weak IEC strategies*
- *Inadequate monitoring, evaluation and research mechanisms*

Summing up the country presentations, the facilitator identified lack of inter-sectoral coordination as the common hurdle in implementing national nutrition policies in the participating countries. Definitions of plan, policy and programmes were reviewed and the need to explore opportunities for advocating for the cause of nutrition was reiterated. During the discussion, it was observed that the country presentations in general had overlooked monitoring and evaluation which is a key component for implementation of any plan.

Session 4: Updating intersectoral and integrated national food and nutrition plans and policies

Dr Chizuru Nishida made a brief presentation on “five key elements for development of nutrition plan of action”, where she highlighted (1) political support and commitment (2) intersectoral coordinating mechanism (3) prioritizing activities and designating responsible sectors and ministries (4) ability to translate plans into actions, and (5) incorporation of a monitoring and evaluation mechanism.

Other national policies that have a bearing on food and nutrition

Groups were assigned the task of identifying and assessing respective national policies and plans (other than the ones on nutrition), whether formal or informal, which have a direct/indirect bearing on food and nutrition and requested to analyse how they addressed the four pillars. Participants listed different policies, legislation, fiscal measures and monitoring mechanisms of their respective countries. These included the ones on agriculture, health and transportation to legislation such as ban on tobacco, and food labelling. They also mentioned that fiscal measures such as duties on export of food, subsidies on cooking gas and food allowances have a direct/indirect bearing on at least one of the four pillars.

Elements and barriers for success

These were identified as: lack of education on food and nutrition in communities; inadequate budgetary provisions for nutrition plans and policies, and absence of strict time-frames for implementation, monitoring and evaluation.

Key points of discussion

- *There should be a definite road map on the roles of different departments for achieving effective intersectoral coordination.*
- *An inbuilt mechanism for monitoring, evaluation and review should be included in plans/policies.*
- *There should also be an in-built mechanism relating to accountability.*

Relating emerging and re-emerging issues with food and nutrition plans and policies

The country groups were assigned at least one emerging or re-emerging issue each from a set of ten examples and were asked to identify the action to deal with it, link such an action to the four pillars and outline how food and nutrition plans could be promoted through this issue in future. The topics for discussion ranged from acute shortages due to disasters and natural calamities

to compliance with WTO standards, health of newborn infants, school lunch programmes, HIV/AIDS and SARS.

Key points of discussion

- While complying with WTO norms, it was necessary for countries to ensure that food is available to all within the country at an affordable price, before considering options for exporting.
- School lunch programmes should be complemented with sustained and continuous education on nutrition (e.g. integration of feeding minds, fighting hunger programme in the curriculum), hygiene and sanitation.
- In regard to disaster and calamity-prone areas, early warning systems should be developed so that adequate care can be taken for storage/shifting of food stocks to handle food insecurity during calamities or disasters.
- At the time of free distribution of food, adequate care should be taken to ensure coverage of vulnerable groups such as the elderly, pregnant and lactating women, and infants and children.
- As regards emerging problems like HIV-AIDS, and SARS, specific food-based guidelines should be developed and appropriate substitutes for breast milk suggested when indicated.
- Countries in general should tackle the problem of overweight before it turns into risk of obesity and assumes epidemic proportions, keeping in view that BMI > 23 increases risk factors for NCDs in the context of Asian countries. Creating awareness and regular risk factor surveillance would be important measures to tackle this problem.
- As regards food insecurity among infants and young children, promotion of exclusive breastfeeding, appropriate complementary feeding and diversification of foods, clubbed with timely education and creating awareness were crucial.
- The Sri Lankan policy of granting maternity leave for one year (with paid leave for 84 days, half-pay leave for 84 days, and the rest without pay) was appreciated. The participants felt that it was one of the important steps towards promoting appropriate breastfeeding practices.

Session 5: Forging partnerships

Food Insecurity and Vulnerability Information and Mapping Systems:

Dr Nandi made a brief presentation on Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS), which is a network of systems that assembles, manages analyses and disseminates information about people who are food insecure and/or malnourished, or are at risk of becoming food insecure and malnourished. FIVIMS reiterated that no nutrition plan or policy would be successful without adequate inputs from the agricultural sector. He also pointed out that as usually misunderstood, poverty alleviation may not necessarily lead to decrease in undernutrition. Since nutritional status is affected by a number of factors and socioeconomic milieu of the country, a multisectoral approach is very important.

Discovering possible partners

As part of this task, country groups were asked to identify various players (NGOs, private sector, civil society) with specific reference to their national food supply chains, and to put them in appropriate place in relation to the food chain.

Session- 6: Putting plans to practice

As part of this session, a presentation was made by the external facilitator (Dr Mickey Chopra) to familiarize the participants with the concept of advocacy and key steps in designing advocacy programmes in order to give them comprehensive understanding of the concept. The presentation covered the definition of 'advocacy', setting aims for advocacy, identifying target audience, conceiving strategies and campaigns and developing messages of advocacy. During the discussion that followed, it was unanimously agreed that even advocacy could be effective only if it is followed up.

PROFILES

The participants were introduced to the concept of PROFILES by Dr Deepika Chaudhary. PROFILES is a computer software that converts data on malnutrition into functional consequences and thereby indicates its effect on

the productivity of the country in quantifiable economic terms. During the discussion, most participants agreed that nutrition was an important tool in national development and felt that this kind of software needs to be made public in all the countries of the Region so that it can be used to advocate the importance of nutrition to decision- and policy-making authorities.

Planning for advocacy for national food and nutrition plans and policies

The facilitator assigned the group task of presenting a case to their respective governments for support to update nutrition policies/programmes. Prof. A. Saibaba, Indian Institute of Health and Family Welfare, Hyderabad, spoke on issue framing in advocacy. A summary of the cases presented by the country groups is given below:

Bangladesh

- Malnutrition, the major problem in the country, should be accorded utmost priority in order to reduce the incidence by half by 2015.
- Lack of breastfeeding and sound nutritional practices and diarrhoea are major causative factors for a majority of children dying every year.
- There is a lack of co-ordination; hence efforts are required to strengthen targeted programmes for implementation.

Bhutan

- Child population comprises 43% of the country's total population; and more than half the children and 40% of women suffer from anaemia and its dangerous consequences.
- A large segment of the population suffers from lifestyle-related problems leading to increased incidence of noncommunicable diseases.
- A sizable proportion of the country's health budget needs to be allocated for combating NCDs.

India

- Malnutrition affects productivity as it reduces GDP by 3-9%.
- There are several benefits of improved nutrition on economic growth as it impacts on overall productivity, efficacy and equity.

Indonesia

- Nutrition determines quality of human resources. Malnutrition leads to increased mortality and morbidity, low productivity, economic loss and social and political instability.
- Low birth weight and under-5 undernutrition are rampant.

Myanmar

- Undernutrition, iron deficiency anaemia (51% in adults and 20% in adolescents) are major problems.
- Lifestyle changes are leading to problems relating to overnutrition.
- A high-level meeting was held in March 2005, involving ministry-level decision-makers and NGOs. Departments were asked to collect relevant data pertaining to the past ten years.
- Mid-level officials would be involved to review policies programmes.

Nepal

- Low birth weight babies, micronutrient deficiency in children (VAD, IDA, and IDD) are widely prevalent leading to increased incidence of infant mortality, maternal mortality and child mortality.
- Government is committed to honour MDGs and hence nutritional programmes need to become a priority for all departments and ministries.
- The National Coordination Committee on Nutrition has to be strengthened and private sector and NGOs need to be involved in the committee.
- Targets should be set for all ministries and NGOs.

Sri Lanka

- Consumption of fast food among children is a major cause for concern and problems of children living away from homes have to be addressed.
- Nutrition awareness programmes, seminars/symposia, demonstrations should be organized to sensitize top ranking policy-makers.

Priorities for updating national food and nutrition policies

In the following session, each country group was assigned the task of identifying up to three key areas for updating the plans and policies. The areas identified by the groups were:

- | | |
|-------------------|---|
| Bangladesh | <ul style="list-style-type: none">➤ Crop diversification➤ Cooperation between governmental and nongovernmental agencies➤ Advocacy measures to promote nutrition |
| Bhutan | <ul style="list-style-type: none">➤ Food safety➤ Food diversification➤ Promotion of healthy lifestyle |
| India | <ul style="list-style-type: none">➤ Establishment of nutrition mapping and surveillance system➤ Infant and young child feeding➤ Advocacy measures to promote nutritional well-being |
| Indonesia | <ul style="list-style-type: none">➤ Food diversification➤ School feeding programmes➤ Foods and nutrition surveillance system |
| Myanmar | <ul style="list-style-type: none">➤ Food safety➤ Prevention and control of obesity and NCDs➤ Food diversification |

- Sri Lanka**
- Integration of nutritional interventions in poverty alleviation programme
 - Obesity-related problems
 - Establishment of nutrition surveillance system

Next Steps

The country groups individually formulated operational plans to focus on key areas identified with definite time-frames towards updating food and nutrition plans and policies. These plans, along with the time-frame to achieve them are at Annex 3.

4. RECOMMENDATIONS

The following are the recommendations:

- (1) Action plans developed by the participating countries should be shared with their respective WHO country offices, for follow-up at national level.
- (2) WHO should provide additional technical assistance to Member States for revising their national food and nutrition policies and plans of action (incorporating the elements discussed in the workshop. WHO and FAO should work closely to facilitate such a revision.
- (3) The capacity of National Institutes of Nutrition should be increased to enable them to host review workshops.
- (4) Participation of the concerned ministry and department staff in regional and national workshops, and continuity of their attendance in subsequent regional/inter-country workshops is essential. An effective mechanism needs to be identified so that they can contribute efficiently as resource persons to the process.

Annex 1

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Annex 2

PROGRAMME

Monday, 4 April 2005

		Facilitator/presenter
8:30am	Registration	
9:00am	Opening Ceremony	
	Welcome	Dr B.Sivakumar Director, NIN
	Address by the Regional Director	Read out by Dr Rukhsana Haider
	Statement by representative of FAO	Dr Biplab K. Nandi
9:30am	Opening presentation – NPANs, a history, their role and their potentiall	Dr Chizuru Nishida
10:30am	Review of course content, aims and objectives and workshop materials.	
11:00am	Session 1: Introductions (Activity 1.1)	
11:30pm	Food news (Activity 1.2)	
1: 00pm	Making connections (Activity 1.3)	
2:00pm	Identify the ongoing trends in food/nutrition and society (Activity 1.4)	Dr Mickey Chopra
3:00pm	Session 2: Importance of food and nutrition for health and development (Activity 2.1)	
4:00pm	Defining the four pillars (Activity 2.2)	
5:00pm	Closing, and wrap-up of the day	

Tuesday, 5 April 2005

9:00am	Session 3: What is food and nutrition policy (Activity 3.1)	Dr GNV Brahmam
9:30am	Understanding the 1992 ICN commitment (Activity 3.2, part 1)	Dr Rukhsana Haider Dr Biplab Nandi
11:00am	Activity 3.2, part 2 – Linking global strategies – Infant and young child feeding – Diet, physical activity and health Group work	Dr Rukhsana Haider Dr Jerzy Leowski
1:30pm	Assessing existing food and nutrition plans and policies (Activity 3.3) Country presentation and discussion	Dr GNV.Brahmam
3:00pm	Session 6: PROFILES	Dr Mickey Chopra Dr Deepika Chaudhary
5:30pm	Closing, and wrap-up of the day	

Wednesday, 6 April 2005

9:00am	Session 4: Other national policies that have a bearing on food and nutrition (Activity 4.1)	
10:00am	Elements and barriers for success (Activity 4.2)	Mr. Anil K Dube
11:30am	Relating emerging and re-emerging issues with food and nutrition plans and policies (Activity 4.3)	

2:00pm	Session 5: FIVIMS (Activity 5.1)	Dr Biplab K Nandi
3:00pm	Discovering possible partners (Activity 5.2)	Dr K V Rameshwar Sarma
4:00pm	Review past experiences of partnership (Activity 5.3)	
5:00pm	Closing, and wrap-up of the day.	

Thursday, 7 April 2005

9:00am	Session 6: Planning for advocacy for national food and nutrition plans and policies (Activity 6.1)	
11:00am	Activity 6.1 continued Presentation of plan	
12:00pm	Priorities for updating national food and nutrition plans (Activity 6.2)	Mr. G M Subba Rao
2:00pm	Activity 6.2 (continued) Brief feedback on priorities	
2:30pm	Next steps (Activity 6.3)	
5:00pm	Closing, and wrap-up of the day.	

Friday, 8 April 2005

9:00am	Activity 6.3 (continued)	Mr. G M Subba Rao
11:00am	Draft summary report	
11:30am	Session 7: Evaluation (Activity 7.1)	Dr Chizuru Nishida Dr Rukhsana Haider
12:00pm	Closing remarks and thanks	

Annex 3
COUNTRY ACTION PLANS FOR UPDATING/IMPLEMENTATION OF
FOOD AND NUTRITION PLANS AND POLICIES
BANGLADESH

S. No	Key activities	Target	Time-frame	Performance indicator	Monitor	Accountability	Audit	Review
1.	Crop diversification	From current 20% to 30%	1. 3 months – Planning, meeting and programme development 2. 6 th month onwards execution	Declaring rice area by 10% and increase of pulses area by 3%, oil seed 2%, vegetable – 5%	a. From implementation report (monthly) b. By field visit through random checking c. Joint visit from the national level in each crop season (at the beginning, middle and after harvest)	1. Min. of Agri 2. DAE	Performance audit will be done at random in different crop seasons based on previous records (bench mark) and target by 3-4 member independent team comprising members from Agri., MOF, BBS, MOP	UZ level dist Level nat. level after every crop season
2.	Strengthening of intersectoral coordination	1. Meeting every 3 months 2. Minutes written 3. Decision taken are monitored	a. 3 mths – 1 st meeting b. 6 mths – 2 nd meeting c. 9 mths – 3 rd meeting d. 12 mths – 4 th meeting	Minutes circulated Decisions Implemented	1. Monitoring every four months 2. Monitoring of no. of decisions implemented by joint team	1. MOHFW with members from Agri., Planning and NGO	Through performance audit- whether the decision taken are executed at the field level every month by team from Min. of HFW, Agri. and Planning	1. By MOHFW and MOP every 6 months
3.	Advocacy for incorporating nutrition in planning process a. Observance of nutrition week to raise awareness to other related activities	To incorporate nutritional programme at least in one of nationwide programme of the MOHFW, Agri., MOWCA	0-3 months planning meeting 6 th month – budgetary allocation 6-12 – execution	Programme project identifier and incorporation done	After every 3 months by the respective ministry	BNNC to lead along with IPHN, NNP, INFS Min. of Agri., Min of MOWC	Joint audit after 6 th month – by MOHFW, MOP, MOF	Review after 6 months by Min. of Planning in assoc. with NGO

BHUTAN

S. No	Key activities	Target	Time-frame	Performance indicator	Monitor	Accountability	Audit	Review
1.	Improving food safety 1. Endorse Food Act. 2. Form national committee 3. Prepare strategy and guideline 4. Implementation	National Assembly National level National level National and district	6 months 9 months 12 months 12 months	Food Act endorsed Committee formed Minutes and reports of meeting Strategy and guidelines formed Monitoring reports	BAFRA BAFRA BAFRA BAFRA & DOH	BAFRA and Department of Public Health	Internal Programme audit	12 months
2.	Developing strategies to improve nutritional status of vulnerable groups and promote healthy diets and lifestyles 1. Formation of core working group 2. Enhance awareness on the benefits of dietary diversification and nutrition for addressing both under- and over-nutrition including diet-related chronic diseases, especially diabetes and CVD 3. Increase number of districts promoting CBNI 4. Develop food based dietary guidelines for target groups	National and District levels District level National level	3 months 12 months 12 months 9 months	1. Core group formed. Minutes and reports of meetings 2. No. of IEC material on nutrition and health 3. No. of districts promoting CBNI 4. Food-based dietary guideline developed	NCDD NCDD NCDD NCDD	Department of Health	Monthly and quarterly department and ministerial review of programmes	12 months

CBNI – Community Based Nutrition Initiative
DoH – Dept. of Health

NCDD – Non-Communicable Disease Division.
BAFRA – Bhutan Agriculture and Food Regulatory Authority

INDIA

S. No	Key activities	Target	Time-frame	Performance indicator	Monitor	Accountability	Audit	Review
1.	<ul style="list-style-type: none"> Nutrition Monitoring, mapping and surveillance system Revision of ICDS MPRs to include nutrition indicators Addressing chief Sec. to review malnutrition in monthly dev. reviews Advocacy to health to expand NNMB to other states Training and Capacity building of states by NIN 	WCD (ICDS) Health NIN, ICMR State Govts NIPCCD FNB	Nov 2005 Mar 2006	Brainstorming session held MPRs revised Chief Secretaries addressed Health/ICMR sensitised To Ts organised	WCD NIN ICMR	State Govts Health ICMR NIN	Review by WCD	1 year
2.	<ul style="list-style-type: none"> Achieving optimal IYCF practices Review and strengthen ICDS training curricula Skill dev. training for ICDS and health functionaries (3 states) IEC/Media campaign 	State govts Training Inst. NIPCCD, FNB NGO's ICDS RCH (ASHA and ANM workers)	Sep 2005 March 2006 March 2006	Trg. curricula revised Trg. organised Media Campaign	Otly. by WCD and Health	WCD Health NIPCCD BPNI	Review by WCD	1 year
3.	<ul style="list-style-type: none"> Nutrition advocacy, capacity building, awareness generation Advocacy/Sensitisation/ Consultation Meets Awareness Generation/Media campaign 	Policy-makers Prog. managers at all levels Panchayat members	Nov 2005 Mar 2006	Regional Meets Organised Media campaign	Otly review by WCD, FNB	FNB WCD NIN I & B		

WCD – Dept of Women and Child Development
 BPNI – Breast-feeding Promotion Network of India
 MPRs – Monthly progress reports
 NIN – National Institute of Nutrition
 NIPCCD – National Institute of Public Cooperation and Child Development
 FNB – Food and nutrition Board (under Dept of WCD)
 I & B – Ministry of Information and Broadcasting
 TOJs – Training of Trainers
 ICMR – Indian Council of Medical Research

INDONESIA

S. No	Key activities	Time-frame	Performance indicator	Monitor	Accountability	Audit	Review
1.	Prepare group report	2 nd week of April	Report workshop accepted by senior officer		Participant	Senior officer of MOH, MOA, BAPPENAS	3 rd week of April
2.	Prepare TOR for advocacy meeting	2 nd week of May	Terms of reference		Participant	Senior officer of MOH, MOA, BAPPENAS	4 th week of May
3.	Advocacy meeting for senior officer	1 st week of June	Half day meeting		Tech. team	BAPPENAS	2 nd week of June
4.	National workshop	1 st week of July	2 days meeting		Tech. team	BAPPENAS	3 rd week of July
5.	Formatting technical working group	3 rd week of July	Working group		Working group	Tech. team	4 th week of July
6.	Regular meeting of working group	July – Sept.	Draft of NPAFN		Working group	Tech. team	July – Sept.
7.	National workshop to finalise NPAFN	October (World Food Day)	Final NPAFN		MoF. Agri.	BAPPENAS	Oct.
8.	Final NPAFN	November (Health day)	Launching NPAFN		MoF. Health	BAPPENAS	Nov.
9.	Social, advocacy and capacity building to province and district level	2006	Series meeting		National Tech. team	BAPPENAS	2006

MYANMAR

S. No	Key activities	Target	Time-frame	Performance indicator	Monitor	Accountability	Audit	Review
1.	To establish core group to revise NPN	Central level	3 rd week of April	Whether proposal is submitted to Minister		DD (NNC)	DG (DOH)	4 th week of April
2.	Meeting of core group for assignment of duties who is going to do	Central level	1 st week of April	Meeting is taking place or not		Director (PH)	DG (DOH) DG (Agri)	1 st week of May
3.	Assignment of duties to the sub-group on 4 areas to develop specific POA	Central level	1 st week of April	Development specific plan of action on specific area		MOA FDA DOH	Dy. DG (DOH)	1 st week of June
4.	Review meeting of core group to review specific plan	Central level	3 rd week of April			Dy. DG (DOH)	DG Dy. Minister	
5.	Consolidated plan of action	Central level		Presented draft POA		DD (NNC) Director (PH)	Dy. DG (DOH)	1 st week of July
6.	Submit to Minister for approval	Minister level	2 nd week of July	Approved Plan of Action		DG (DOH)	Dy. Minister	
7.	Meeting of involved sectors and core group	Central and mid level	4 th week of July	Distribution of duties		Director (PH)	Dy. DG (PH & Disease control)	1 st week of August
8.	Implementation of Approved plan of action	Mid level and others areas	August	Implementation status of four key areas > Food security > Food safety > Communicating health care programmes > Nutrition program	MOA FDA YCDC MCDC, DC DOH NNC	Director (Planning) Director (FDA) Health " " D (PH) DD (NNC)		
9.	Evaluation		Yearly	Evaluation meeting	DD (NNC)	Director (PH)		

DD (NNC) – Deputy Director (National Nutrition Center)
 Director (PH) – Director (Public Health)
 MOA – Ministry of Agriculture
 Dy. Minister – Deputy Minister
 MoA – Ministry of Agriculture
 MCDC – Mandalay City Development Committee
 NNC – National Nutrition Centre

DG (DOH) – Director General (Dept. of Health)
 DG (Agri) – Director General (Agriculture)
 FDA – Food and Drug Administration Department (under Dept. of Health)
 Dy. DG – Deputy Director General (Public Health/ Disease Control)
 YCDC – Yangon City Development Committee
 CDC – City Development Committee

NEPAL

S. No	Key activities	Target	Time-frame	Performance indicator	Monitor	Accountability	Audit	Review
1.	Inclusion of two members in NNCC (private sector and NGO)	2 members	3 months	Members included	NNCC	NNCC	NPC	
2.	Advocacy post-workshop meeting (Regarding review and updating NPAN) a. Formation of core group under NPC comprising of experts on nutrition to monitor performance of nutrition programmes implemented by Line ministries b. Organize series of intra ministry advocacy meetings followed by workshops on review and updating of NPAN	Health Education Agriculture Local dev.	6 months	Group formed Meeting and workshop held	NNCC	Concerned ministries	NPC	
3.	Meetings followed by workshops on review and updating of NPAN							
4.	Review and update NPAN	1	18 months	Review report	NNCC	NNCC	NPC	

SRI LANKA

S. No	Key activities	Target	Time-frame	Performance indicator	Monitor	Accountability	Audit	Review
1.	Revision of existing food and nutrition policy	Review of summary of policy recommendations	July 2005	a. identify problems b. include new suggestions	Steering committee - Progress report to PM and WHO/FAO	DGHS/ members of steering committee	DGHS	3 months
2.	Update policy document	Finalize the document	Aug 2005	Hand over to ministerial coordination committee on food security (sec. To PM)	National steering committee	DGHS/ members of steering committee	Secretary health	1 month
3.	Final document to the parliament	Forward to parliament	Sep 2005	Approval by parliament	National steering committee	DGHS	Secretary to Prime Minister	1 month
4.	Revision of existing action plan	a. Dev. strategies b. key areas of action - various sectors c. achieve MDG/SDG	Nov 2005	a. appoint sectoral work com b. develop sectoral action plan	Sectoral working group	Substc.com National Ste.com hlth Inter ministerial committee	SH	2/12
5.	Sectoral plan of action for agriculture	To ensure national level food security	2005-10	Increase various food production to match nutritional requirements of the population by 2005 - horticulture, live stock and fisheries Establish nutritional cells in Agri. sector. Diversify crop pattern in agriculture to reflect nutritional needs	National level District level Divisional Grama Niledam level Farmer organisers level	Administration setup Provincial depts. National committee Food security committee Divisional sub committee	NSC SSC Inter ministerial Food steering committee	Once a month
6.	Sectoral plan of action for maternal and child health	Improve nutrition of mother and child thru prog. - H & N education - public health measures - eradication of IDD, IDA, VAD - Home gardening	2005-2010	Strengthening MCH infra structure Special focus on girl child Improve health life styles	National level District level Division level GM level Women organisation	Administration-on setup - Provincial depts. - National hlth com - MOH - Divisional sub-com	NSC SSC Inter ministerial food security	Once a month