



# Multi-sector programmes at the sub-national level:

Implementation of the  
National Plan of Action for Nutrition 2  
– A case study in Sunamgunj and  
Rangpur, Bangladesh





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## Acronyms

<b>ANC</b>	Antenatal care
<b>BBS</b>	Bangladesh Bureau of Statistics
<b>BCC</b>	Behaviour change communication
<b>BNNC</b>	Bangladesh National Nutrition Council
<b>CAB</b>	Consumers Association Bangladesh
<b>CHCP</b>	Community Health Care Provider
<b>CHW</b>	Community health worker
<b>CIG</b>	Common interest group
<b>CS</b>	Civil surgeon
<b>CSG</b>	Community support group
<b>CSO</b>	Civil society organisation
<b>DC</b>	Deputy Commissioner (Head of administration in the district)
<b>DDFP</b>	Deputy Director, Family Planning
<b>DG</b>	Director General
<b>DHS</b>	Demographic Health Survey
<b>DLSO</b>	District Livestock Support Officer
<b>DNC</b>	District Nutrition Coordinator
<b>DNO</b>	District Nutrition Officer
<b>DNSO</b>	District Nutrition Support Officer
<b>DRR</b>	Disaster risk reduction
<b>ECD</b>	Early childhood development
<b>FAO</b>	Food & Agriculture Organisation
<b>FPMU</b>	Food Policy Monitoring Unit
<b>FSNIS</b>	Food Security & Nutrition Information System
<b>FSNSP</b>	Food Security & Nutrition Surveillance Project
<b>HMIS</b>	Health Management Information System
<b>ICCO</b>	International Organisation for Development Cooperation, Netherlands
<b>IPHN</b>	Institute of Public Health Nutrition
<b>MEAL</b>	Monitoring, evaluation and learning
<b>MoA</b>	Ministry of Agriculture
<b>MoE</b>	Ministry of Education
<b>MoF</b>	Ministry of Finance
<b>MoH&amp;FW</b>	Ministry of Health & Family Welfare
<b>Mol</b>	Ministry of Industries
<b>MoWCA</b>	Ministry of Women & Children's Affairs
<b>MSP</b>	Multi-sector programmes/programming
<b>MUCH</b>	Meeting the Undernutrition Challenge
<b>NATP</b>	National Agricultural Technology Programme
<b>NGO</b>	Non-governmental organisation
<b>NIPN</b>	National Information & Planning for Nutrition
<b>NPAN</b>	National Plan of Action for Nutrition
<b>RKMS</b>	Regional Knowledge Management Specialist
<b>SAAO</b>	Sub-assistant Agriculture Officer
<b>SUN</b>	Scaling Up Nutrition
<b>SUN CSA</b>	SUN Civil Society Alliance
<b>SUN FP</b>	SUN Focal Point
<b>TAN</b>	Technical Assistance for Nutrition
<b>UHFPO</b>	Union Health & Family Planning Officer
<b>UNCC</b>	Upazila Nutrition Coordination Committee
<b>UNO</b>	Upazila Nirbahi Officer (sub-district administrative head)
<b>UNOPS</b>	United Nations Office for Project Services



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# Executive summary

This case study is one of a series ENN has been undertaking since 2017 to understand the experiences of countries in rolling out multi-sector programmes (MSP) for nutrition with a focus on the sub-national level. Bangladesh is the second country in Asia to be studied (the first being Nepal) and is one of six studies so far conducted.

Rates of malnutrition in Bangladesh are among the highest in the world, with a stunting prevalence of 36%<sup>1</sup> and a wasting prevalence of 14%. 1.6% of children under five years old are overweight which is lower than one would expect in a healthy population. Bangladesh recorded a 51% to 43% decrease in stunting prevalence between 2004 and 2007 with the trend being maintained post-2007 also with an annual rate of reduction of 1% per year. As a member of the Scaling Up Nutrition (SUN) Movement, Bangladesh recently launched its National Plan of Action for Nutrition 2 (NPAN2) (2016-2025), which outlines the implementation framework for its 2015 National Nutrition Policy.

NPAN2, which is multi-sector in nature, involves 17 ministries<sup>2</sup> and is costed over 10 years at US\$1.6 billion. This ambitious plan, developed over nearly two years, involved a multitude of stakeholders, including line ministries, development partners, national and international non-governmental organisations (NGOs) and technical advisors from national research institutions. As part of the plan, the institutional architecture of the Ministry of Health & Family Welfare (MoHFW) was revamped and the dormant Bangladesh National Nutrition Council (BNNC) was also revamped, with the Prime Minister

as Chairperson, and given the enormous task of leading the roll-out of NPAN2.

NPAN2 aims to improve the nutritional status of mothers and children in the 1,000-days period, as well as that of adolescents, the elderly, disabled and pre-school and primary schoolchildren. To do this, the plan aims to scale up nutrition-specific and nutrition-sensitive interventions and improve the coverage of programmes to ensure that the most vulnerable are targeted. Nutrition-specific activities in the health sector will be complemented by activities from other sectors such as agriculture, fisheries and livestock, education and social protection. NPAN2 emphasises the importance of social behaviour change communication, which includes messages from all nutrition-sensitive sectors.

Between February and March 2019 ENN's Asia Regional Knowledge Management Specialist (RKMS) visited Bangladesh to understand the planned roll-out of NPAN2, particularly at the sub-national level. The visit was planned with the full knowledge that sub-national level roll-out was in very preliminary stages, so the focus was on capturing the readiness of the enabling environment for programme roll-

<sup>1</sup> National Institute of Population Research and Training (NIPORT) and ICF International, 2016. Bangladesh Demographic and Health Survey 2014: Policy Briefs. Dhaka, Bangladesh and Rockville, Maryland, USA: NIPORT and ICF International.

<sup>2</sup> Ministry of Health and Family Welfare, Ministry of Agriculture, Ministry of Food, Ministry of Fisheries and Livestock, Ministry of Women and Children's Affairs, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Primary and Mass Education, Ministry of Social Welfare, Ministry of Disaster Management & Relief, Ministry of Education, Ministry of Environment and Forest, Ministry of Finance, Ministry of Industries, Ministry of Information, Ministry of Planning, Ministry of Commerce, Ministry of Religious Affairs.

out and on identifying the opportunities across sectors for intersector collaboration and programme convergence.

Two districts were selected; Sunamgunj in Sylhet division and Rangpur in Rangpur division, in the north-eastern and northern parts of Bangladesh respectively. Despite being in different parts of the country, the districts have near-identical levels of undernutrition, much higher than the country average. Nearly 50 people were interviewed in total. Interviews were held with at least one prominent person in the health, agriculture, livestock, fisheries, social affairs, child welfare and education sectors in the districts and sub-districts. Additionally, local government representatives and frontline workers were interviewed. At the national level, BNNC officials, representatives of ministries, key UN and development partners and NGOs were interviewed.

A number of important findings were identified through this case study. They include:

The political commitment and will to prioritise nutrition at the highest level of government seems to have been secured, but the wherewithal to translate this into action and ensure that NPAN2 is implemented as designed, down to the upazila level, still needs considerable follow-up and resources. The level of preparedness and awareness also varies from sector to sector, as evidenced by the fact that, as yet, there are no visible changes to programming on the ground. However, the sectoral focal points identified some pre NPAN2 activities in their sector as contributing to improving nutrition. Additionally, examples of intersector coordination and collaboration, which were shared by stakeholders, were found to be limited to information-sharing on an *ad hoc* basis and were not guided by planning processes. As yet, there is no evidence of joint targeting or convergence of multi-sector programmes at the community or household level to deliver a package of targeted approaches or activities targeted at improving nutrition. Furthermore, the overall impression from sector focal points is that nutrition is the responsibility of mainly the health sector. Other sectors are yet to formulate new activities to contribute to improving nutrition.

Structures like the district and upazila (sub-district) Nutrition Coordination Committee have been set up under the corresponding administrative authority, bringing together representatives from all sectors identified; however, the NPAN does not make provision for coordination structures

at local government level (the most local arm of administration), which has a clear understanding of the needs of the community. Having been elected by the local populace, it serves as an important entity to capacitate and support the roll-out of NPAN2. NGO-led programmes, working in tandem with the national government to roll out NPAN2 successfully, are focused at the union level to build the union parishad<sup>3</sup> governance mechanisms, which had not received the attention of the planners at the time of drafting NPAN2.

Critical stakeholders in Bangladesh are civil society organisations (CSOs), supported by international agencies and development partners. CSOs are recognised as catalysts and are critical to the success of programmes like NPAN2, and every sector actively engages with CSO partners. Programmes can be run in parallel with government structures, and the government freely seeks CSO assistance in coordination and roll-out of initiatives like NPAN2.

NPAN2 is widely viewed as both complex and time-intensive. There is unanimity across sectors that inadequate numbers of staff and lack of trained personnel constitute a major challenge and an issue which will need the attention of government to ensure NPAN's success.

The findings from this case study offer an understanding to planners at the national level on the status of preparedness and capacity on the ground to deliver the vision of NPAN2. As one of the first case studies examining NPAN2 implementation at the sub-national level, this study offers insights into how to ensure the success of sub-national, multi-sector programming in Bangladesh. It also offers the global actors' insights into the extent of preparedness that is necessary to roll out MSPs and the challenges that can be expected at the level of implementation.

<sup>3</sup> Union parishads or rural council are the smallest rural administrative and local government units in Bangladesh (see 'Administrative structure in Bangladesh', below).



## Introduction and methods

ENN has been conducting a series of case studies on multi-sector programming (MSPs) across South Asia, East Africa and West Africa since 2017 as part of its work in support of the SUN Movement as a knowledge management (KM) provider under the DFID-funded Technical Assistance for Nutrition facility. Countries have been selected based on preassigned criteria, including national progress in reducing undernutrition, the presence of multi-sector structures and strategies at the national and sub-national level and evidence of large-scale, multi-sector nutrition programme implementation at sub-national level, as well as government interest in the KM process that ENN utilises.

Bangladesh has one of the highest burdens of undernutrition in the Asia region and recently launched a new National Plan of Action on Nutrition (NPAN2) to reduce malnutrition. Bangladesh was selected as a country case study for these reasons.

This case study summarises the interactions with a wide array of stakeholders at both national and sub-national levels. A total of 30 national-level stakeholders were interviewed in August 2018 and February 2019. Field visits were carried out between February and March 2019 in two districts, Sunamgunj and Rangpur. Interviews in the districts were held with 25 government and other stakeholders in Biswambarpur upazila in Sunamgunj and with 22 people in Kaunia upazila in Rangpur district.

The choice of districts was made in consultation with the Bangladesh National Nutrition Council (BNNC), which formally approved the visit by the ENN Asia Regional Knowledge Management Specialist (ARKMS). Sunamgunj district is in the Sylhet region, which has the highest child undernutrition rates in Bangladesh on all three anthropometric measures: stunting (51%); underweight (40%); and wasting (13%)<sup>4</sup>. It is also the district where an MSP was first piloted (by CARE Bangladesh), with good results, and was closely examined by Government of Bangladesh (GoB) authorities before the national roll-out of NPAN2. The second district, Rangpur, also supported by CARE Bangladesh, was selected as it is in a northern region with high undernutrition rates and has received long-standing and considerable attention from both development partners (DPs) and GoB in the form of poverty alleviation and food security

programmes. Rangpur is a border district that housed numerous refugee camps at the time of independence (1970s), which in turn brought many international aid agencies to work in the areas (many continue to do so).

ENN held multiple meetings with stakeholders in both districts, at the district level and in one sub-district each (upazila). Meetings were also held with representatives of local government at the union level, where possible, and with frontline health workers and community groups. A detailed list of persons met at each level is shown in Annex 5. The ARKMS was assisted by CARE Bangladesh teams as they have a strong connection and presence sub-nationally, as well as being able to support logistics.

## Background

With a population of nearly 168 million, Bangladesh is the most densely populated country in the world, with a history of frequent natural disasters such as cyclones and floods. However, it has shown remarkable improvement in human development and a significant reduction in poverty. Measured against the international extreme poverty line, poverty fell from 18.5% in 2010 to 13.8% in 2016 and the country is on track to reach the first sustainable development goal (SDG) of eradicating extreme poverty by 2030<sup>5</sup>. It was one of the first countries globally to achieve Millennium Development Goal 4 (MDG4) by reducing child mortality, in addition to nearly achieving goals on universal primary education.<sup>6</sup> The country aspires to become a middle-income country by 2021, as outlined in its Vision 2021. Reducing maternal and child malnutrition is critical to achieve this and fulfil the SDG commitments by 2030.

Despite reasonable and steady progress in the past three decades in tackling undernutrition, many nutritional challenges remain. Based on the Bangladesh Demographic Health Survey (BDHS) 2014,<sup>7</sup> an estimated 36% of children under the age

<sup>4</sup> National Institute of Population Research and Training (NIPORT) and ICF International, 2016. Bangladesh Demographic and Health Survey 2014: Policy Briefs. Dhaka, Bangladesh and Rockville, Maryland, USA: NIPORT and ICF International.

<sup>5</sup> [www.worldbank.org/en/news/feature/2017/10/24/bangladesh-continues-to-reduce-poverty-but-at-slower-pace](http://www.worldbank.org/en/news/feature/2017/10/24/bangladesh-continues-to-reduce-poverty-but-at-slower-pace), accessed 21 May 2019.

<sup>6</sup> Millennium Development Goals: End-period Stocktaking and Final Evaluation Report (2000-2015). General Economics Division (GED) Bangladesh Planning Commission Government of the People's Republic of Bangladesh, September 2016.

<sup>7</sup> National Institute of Population Research and Training (NIPORT) and ICF International, 2016. Bangladesh Demographic and Health Survey 2014: Policy Briefs. Dhaka, Bangladesh and Rockville, Maryland, USA: NIPORT and ICF International.

of five are stunted and 14% are either severely or moderately wasted. Approximately 40% of women of reproductive age are classified as anaemic<sup>8</sup>.

Bangladesh also has the dual problem of overweight and obesity, a challenge that is on the rise in both children and adults. Using the cut-off of BMI >23 which is the Asian cut off as defined by World Health Organisation (WHO), the increase has been sharp, with the proportion of overweight women increasing from 17% in 2004 to 39% in 2014. While the proportion of overweight children is estimated to be 1.4% nationally which is well within the limits in a well-nourished population, the need remains to take preventive action, given reports that an increasing proportion of school children are overweight, particularly in urban areas. Furthermore, undernutrition alone is estimated to cost Bangladesh more than one billion US dollars of revenue annually.<sup>9</sup>

The GoB has therefore recognised the importance of taking urgent action to improve the nutrition situation in the country. To tackle undernutrition equitably, it is clear that nutrition needs to be tackled using a multi-sector approach.

Early in the 1990s, work began on developing the first National Food and Nutrition Policy (NFNP). Published in 1997, this emphasised a co-ordinated effort between various sectors. The first National Plan of Action for Nutrition (NPAN) 1 was developed at the same time to implement this policy.

The National Nutrition Services was subsequently established within the MoHFW in 2011 as the primary national programme to mainstream nutrition, with the following objective:

*“To develop and strengthen coordination mechanisms with key relevant sectors (especially Ministry of Food and Disaster Management, Ministry of Agriculture, Ministry of Women and Children’s Affairs, Ministry of Information, Ministry of Education, Ministry of Livestock and Fisheries, Ministry of Local Government and Rural Development and Cooperative, etc.) to ensure a multi-sectoral response to malnutrition.”*

However, the MoHFW focused on health-related nutrition activities and no progress was made on working multi-sectorally.<sup>10</sup>

The Ministry of Food, through the Country Investment Plan 2016-20 (CIP) 2, also has a multi-sector coordination mechanism, the Food Policy

and Monitoring Unit (FPMU). Some analyses of nutrition policy-making in Bangladesh have pointed to a “competition for the nutrition space leading to duplication”. In this context, the country’s first National Nutrition Policy (NNP) was developed in 2015 and clearly articulated inter-sector coordination as a key objective, while emphasising nutrition-specific interventions and nutrition-sensitive approaches. This was coupled with the revitalisation of the hitherto-defunct Bangladesh National Nutrition Council (BNNC) in 2015 as the most powerful national coordinating body for nutrition, with an explicit mandate to “ensure the accountability of government agencies by evaluating their performance”.

Bangladesh is an early riser in the Scaling Up Nutrition (SUN) Movement, having joined in 2011 and establishing a SUN multi-stakeholder platform at national level in 2012. NPAN2 is being rolled out across the country in a renewed bid to address malnutrition through a combination of nutrition-sensitive and nutrition-specific interventions. While the roll-out of NPAN2 is still in preliminary stages, the multi-sector policy is listed as an important milestone in the country’s Joint Annual Assessment report to the SUN Movement Secretariat.

This report is organised into three sections. Section 1 outlines the development of the NPAN2, the first steps taken by GoB towards setting up systems for its implementation and towards sub-national roll-out. Section 2 presents the findings from the sub-national visits undertaken as part of this case study. Section 3 presents the lessons learnt and conclusions.

<sup>8</sup> [https://www.spring-nutrition.org/sites/default/files/publications/anemia-profiles/spring\\_nap\\_bangladesh.pdf](https://www.spring-nutrition.org/sites/default/files/publications/anemia-profiles/spring_nap_bangladesh.pdf)

<sup>9</sup> [http://scalingupnutrition.org/wp-content/uploads/2014/06/Common-Narrative\\_BANGLADESH.pdf](http://scalingupnutrition.org/wp-content/uploads/2014/06/Common-Narrative_BANGLADESH.pdf)

<sup>10</sup> Shahan, Asif Mohammad & Jahan, Ferdous. Opening the policy space: the dynamics of nutrition policy making in Bangladesh. Montpellier, France: Agropolis International, Global Support Facility for the National Information Platforms for Nutrition initiative. 2017.





# National Plans and Institutional Architecture

## National Plan of Action for Nutrition (NPAN1 and NPAN2)

The first NPAN was drafted in 1995 as a follow-up to Bangladesh being one of the signatories to the World Declaration on Nutrition in 1992. The Bangladesh National Nutrition Council (BNNC) coordinated all the activities and was supported by the Secretary of the MoHFW, who was appointed as the Focal Point for all post- International Conference on Nutrition (ICN) activities. In addition to the MoHFW, 12 ministries and two departments<sup>11</sup> were involved and the document outlined short and long-term strategies to be adopted through intersector coordination. The Plan mentions that the existing District Coordination Committees will supervise, monitor and coordinate activities; i.e. no separate committees for nutrition were envisaged.

The failure of NPAN1 to achieve its objectives has been analysed by many reviewers. Reasons cited by the reviews included insufficient importance given to bringing sectors together and a lack of policy coherence, with individual sectors developing their own policies. The policy declared nutrition a multi-sector issue, but this remained a political statement and malnutrition continued to be viewed simply as an issue of availability of food and accessibility to it.

NPAN2 (2016-2025) is not a specific programme but an operational plan that sets out how the objectives of the 2015 NNP will be achieved.

A National Technical Committee was created in January 2016 to guide the overall development of

NPAN2. This was sub-divided into four different sector committees: (1) Health, Urban Health and WASH, (2) Food, Agriculture, Fisheries and Livestock, (3) Women's Empowerment, Education Social Safety Net and Information (4) Institutionalisation of NPAN2: Finance, Planning, Budget. The committees have high-level representation from relevant government ministries, along with members drawn from the UN agencies, NGOs, donors and academia.

NPAN2 specifies priority action areas and major activities which fall under three broad themes:

1. Comprehensive and integrated social behaviour change communication agenda;
2. Research to generate evidence to inform policy and programming; and
3. Capacity-building, which targets all relevant sectors at different administrative levels.

A costing exercise estimated that US\$1.6 billion would be required to carry out the priority activities, institutional development and capacity-building, as well as monitoring and evaluation (M&E) over the NPAN2 10-year period. The M&E system aims to track progress made in the level of investments and to serve as the basis for monitoring progress of NPAN2 through annual reports submitted to the Prime Minister through the BNNC office. NPAN2 provides a breakdown of nutrition-specific and nutrition-sensitive allocations, with the highest allocation afforded to

<sup>11</sup> Ministries of Health & Family Welfare, Agriculture, Food, Fisheries & Livestock, Environment & Forest, Women & Children's Affairs, Social welfare, Disaster Management & Relief, Local Government, Rural Development & Cooperatives, Education, Information, Planning and Finance Departments of Primary & Mass Education Division and NGO Affairs Bureau.





Women's Empowerment, Education and Social Safety Net (US\$820,577,795); followed by Health and Urban Health (US\$675,721,493).

## BNNC

The Bangladesh National Nutrition Council (BNNC) was formed in 1975 but was defunct until revitalised in 2015. Commentators attributed its failure largely to it having “a mandate without authority”, meaning it lacked the power to coordinate and did not develop monitoring and implementation guidelines.<sup>12</sup> From inception in 1995 until 2011 it met just once. Its revitalisation in September 2015 establishes it as the highest-level coordinating mechanism for nutrition, chaired by the Prime Minister.

Under the BNNC is the Executive Committee, led by the Minister of Health & Family Welfare. The Executive Committee has top-level representatives from the 17 ministries identified in NPAN2. A standing Technical Committee, headed by the Joint Secretary of MoHFW with experts from various government agencies, academia and civil society, is responsible for technical oversight of policies and programmes related to nutrition. The BNNC is headed by a Director General (DG) with a team of nutrition professionals and managerial staff. Key responsibilities of the BNNC as defined in NPAN2 include providing technical policy advisory guidance to the Executive Committee, ensuring multi-sector coordination and monitoring and evaluation of NPAN2. It is recognised having the responsibility to promote an enabling environment for the implementation of NPAN2 and

facilitate mechanisms to ensure horizontal and vertical coordination between and within ministries at all levels.

The BNNC also receives support from development partners and international NGOs through the secondment of professionals who provide technical assistance (TA) on mutually agreed themes. (The TA component of the TAN project provided by Nutrition International on developing the M&E framework is one such example.) (Annex 4)

While strides have been made to revitalise the BNNC, national stakeholders have highlighted a number of remaining challenges:

- Development partners and international INGOs cite the BNNC's location in a particular ministry in this case the MoHFW as a problem, claiming it does not give the BNNC sufficient independence and convening power with the other ministries.
- A lack of clarity of roles between the SUN Focal Point (SUN FP) in the MoHFW and the DG in the BNNC came up in discussions with many stakeholders. With nutrition clearly understood as a multi-sector priority and with NPAN2 in place, the ideal would have been for the DG BNNC to take on the role of the SUN FP. Concern remains over overlapping roles and mandates: some stakeholders believe this creates a dichotomy whereby the DG BNNC is the in-country lead for multi-sector processes in nutrition, but the SUN Focal Point in the MoHFW is the representative and spokesperson for progress in nutrition in Bangladesh in major global forums.
- The BNNC has been in place for over 18 months but positions are yet to be filled and turnover is high. Recruiting appropriate personnel, which is led by the MoHFW, is proving challenging and this is increasing the dependence on existing staff. The TAN project has put in place short and long-term consultants (six months to one year) with specific assignments and this arrangement is expected to help speed up the work of the BNNC. However, stakeholders expressed the view that a reliance on consultants affects the sustainability of the structure. Through a project looking to improve nutrition governance, CARE Bangladesh, has deputed personnel to provide technical assistance to the BNNC with the set-up and monitoring of the District Nutrition Coordination Committees and their functioning.

<sup>12</sup> Shahan, Asif Mohammad & Jahan, Ferdous. Opening the policy space: the dynamics of nutrition policy making in Bangladesh. Montpellier, France: Agropolis International, Global Support Facility for the National Information Platforms for Nutrition initiative. 2017.

## Administrative structure in Bangladesh

Bangladesh is divided into eight administrative divisions, sub-divided into 64 districts. Under districts are ‘upazilas’ (sub-districts), which are in turn divided into unions in rural areas and wards in urban areas. The two study districts, Sunamgunj and Rangpur, are in Sylhet and Rangpur division respectively.

The district is the most important administrative unit and is run by a Deputy Commissioner (DC), who is a government official.

The upazila is made up of field-level functionaries of the various departments operating at the grass-roots level under guidance from the respective functional heads stationed in the districts as coordinated by the upazila Nirbahi Officer (UNO).

Below the upazila is the union parishad (UP) or union council, the smallest rural administrative and local government unit in Bangladesh. Representatives from the local government-elected body or the union parishad participate in governance processes at the level of the upazila. A union council consists of a chair and

12 members, including three positions exclusively reserved for women. Union parishads are formed under the Local Government (Union Parishads) Act 2009. Representatives of some departments, including Agriculture, Livestock, Health and Family Planning, are working at the union level under the direct control of the higher authorities of their respective department.

According to the UP Act 2009, there is a provision of 13 Standing Committees (SCs) in the UP As per the UP Act, each UP is supposed to form at least 13 standing committees (SCs) on issues such as education, health, family planning, social welfare and disaster management, and agriculture, fisheries and livestock. The committees, comprising elected representatives from the parishads, civil society members, socially respected individuals and women representatives of the locality, are entitled to assist the UP in ensuring better services and resolving problems.<sup>13</sup> The role of these committees is to support the parishad in ensuring transparency, accountability and people’s participation in planning and implementation for ensuring better governance and service.

## Coordination within NPAN2

### Coordination at the district level

District Nutrition Coordination Committees (DNCCs) have been under formation since mid-2018, with their composition and terms of reference (ToR) framed based on directives from the BNNC. The DNCCs are formed and a first meeting held in both case study districts at the time of the visit.

The DNCC is chaired by the District Administrator (DC) with the Civil Surgeon as the Member Secretary. Members of the DNCC are drawn from all major departments and are expected to meet every two months. The DNCC also includes nominated members of the press, teachers, two representatives of the SUN Civil Society Alliance (nominated by the Civil Surgeon) and a representative from a research organisation or an organisation specialising in nutrition. The elected chairman of the District Council is present as an Advisor.

### Coordination at the sub-district (upazila) level

NPAN2 mandates the formation of the upazila Nutrition Coordination Committee (UNCC) with a composition similar to the DNCC, with the upazila Nirbahi Officer (UNO) as chair and the upazila

Health and Family Planning Officer as Member Secretary. Along with the sector representatives, this committee has nominated members of the press and NGO representatives as members. All chairs of the union parishad (elected representatives) in the upazila are present as members and the upazila Council Chairman is the Advisor. In contrast to the DNCC, the Department of Secondary Education is not represented at this level, but this seems to be an administrative oversight that has been drawn to the BNNC’s attention and can be expected to be corrected. The ToR of the UNCC is identical to that of the DNCC. The Member Secretary, as a member of the DNCC, serves as the link between the two committees.

### Union-level coordination structure

In NPAN2 there are no multi-sector coordination mechanisms below the upazila level. The Union Development Coordination Committee is the one multi-sector forum where representatives from the various departments and elected representatives come together under the union chair. This forum is not mandated specifically to discuss nutrition issues as it covers all issues related to development in the union. All elected chairs of all the union parishads are members of the UNCC.

<sup>13</sup> <https://blogs.lse.ac.uk/southasia/2017/11/07/understanding-the-effectiveness-of-union-parishad-standing-committee-a-perspective-on-bangladesh/>





### Monitoring and Evaluation

A draft M&E framework has been developed with the support of the Nutrition International (NI) TAN team for NPAN2 and is under review. Through a participatory process, a set of 34 indicators across six thematic areas provide a mix of impact, outcome and output indicators.

One of the greatest challenges for an M&E system in a multi-sector programme is to bring information from all sectors together into a common platform, particularly where sector-specific monitoring systems are designed differently and used for different purposes. It is expected that, through the DNCC, quarterly information will be sent to the BNCC, which will then conduct an exhaustive analysis and generate an annual report. Mid and end-line evaluations are planned after five and 10 years respectively.

An effort has been made in time for the 2019 National Nutrition Week to develop nutrition profiles for all the districts in the country that are informed by data from nutrition-sensitive sectors, as well as nutrition-specific sector data. This is the first of such efforts, led by the Institute of Public Health Nutrition (IPHN) and supported by UNICEF.

## Nutrition activities within sectors

Nutrition-sensitive activities implemented by each sector are outlined in Annex 2. It should be noted that these are activities which were part of sectoral programmes even before NPAN2 was rolled out.

There was no mention by those interviewed of new activities being included in the recent months after NPAN2 was rolled out and committees formed. With the introduction of NPAN2 and the orientation of stakeholders to the multi-sector nature of nutrition stakeholders are now able to identify these activities as being 'nutrition-sensitive'.

### Agriculture

Agriculture officials assert that self-sufficiency in rice production in Bangladesh is preventing recurrence of famine. This is claimed partly to justify the focus of this sector on improving sustainable intensification of rice production, situation-oriented crop diversification and attaining self-sufficiency in food grain production, along with increased production of other nutritional crops.

Specific activities identified by officials at multiple levels as contributing to improved nutrition include:

Homestead garden promotion and training, with women prioritised for this activity. Alongside this, vermicompost production is also being introduced, with women particularly interested in this activity. It is claimed that this has, at least marginally, contributed to increase household income. The frontline workers in the agriculture sector – sub-assistant agriculture officers – provide daily contact with communities and support men and women farmers in homesteads and on small farms.

Some of the activities mentioned by agriculture officials as linked to nutrition were:

- Fruit tree saplings have been provided in Sunamgunj to encourage consumption of fruits by the local population (this activity has also been taken up on special days, such as tree-planting days with children in schools).
- Crop diversification progress has been slow. Rice remains the main staple and only rice and wheat are recognised as cereal crops. Maize cultivation is increasing in some areas in Rangpur but like in the rest of the country this is mainly for poultry feed rather than human consumption. New varieties of crops, such as groundnuts, have been introduced in riverine (char) lands in Rangpur.

In addition to the above activities carried out by the Agricultural Extension Directorate (Bangladesh Institute of Research & Training on Applied Nutrition (BIRTAN), the body responsible for training), a five-day course on food-based nutrition is currently being delivered to all levels of officials in the Department of Agriculture.



## Livestock

The main focus of this sector is to improve human nutrition through increased production of milk, eggs and meat. Officials from the sector claim that Bangladesh is self-sufficient in all three products; however large imports of milk powder continue. There has been a recent focus on improving the quality of livestock products (i.e. ensuring product safety), in addition to increasing production. Farmers are given messages on the importance of nutrition and health in training sessions on improving farming methods. It is mandated that at least 30% of trainees should be women but, because women are most often responsible for livestock (sheep, goats & poultry) and homestead farms, this target is easily reached.

This sector works closely with the agriculture sector. Large-scale programmes like the National Agricultural Technology Programme 2<sup>14</sup> (NATP2) link the two sectors and offer opportunities for joint programming. This project which will run till 2021, with the main objective to increase agricultural productivity of smallholder farms and improve smallholder farmers' access to markets. The initiative is being implemented in three upazilas in Sunamgunj and five in Rangpur.

## Health

In recent years the separate directorates of Health Services and Family Planning were merged into a single ministry (MoHFW) with two divisions; Health Services and Family Planning. All nutrition-specific activities are implemented through the Health Services division, with some activities related to maternal nutrition implemented by the Family Planning division.

Large-scale initiatives such as the UNICEF-supported Mainstreaming Nutrition in Health Systems project have focused on improving the delivery of services at the upazila Health and Family Planning complexes, the Community Clinics and the Family Welfare Centres. The Mainstreaming Nutrition in Health Systems project, implemented in 39 districts and city corporations, ended in early 2018. In this project, work was limited to the district level, in close coordination with the Civil Surgeon's Office, where the District Nutrition Support Officer (DNSO) was stationed. As part of the district planning and coordination process, district nutrition coordination meetings were held every quarter; this was one

<sup>14</sup> [www.natp2dae.gov.bd/](http://www.natp2dae.gov.bd/)



of the first efforts towards establishing a multi-sector platform led by the DNSO. However, the project did not extend its support to the upazila level. At this level nutrition was only discussed in meetings when an NGO working on nutrition was present. Following the end of the UNICEF project, the GoB created the post of District Nutrition Officers (DNO), whose main responsibility will be to coordinate the training initiatives on nutrition being rolled out by IPHN. At the time of the visit, recruitment of the DNOs was underway.

### **Women & Children's Affairs & Social Welfare**

The Social Welfare department implements 17 separate schemes, including pension schemes for widows, elderly and the disabled, but none were identified by officials as contributing to improving nutrition outcomes in the population. Officials were aware, however, that their department featured in NPAN2.

The NPAN2 document mentions that, based on the recommendations of the National Social Security Strategy (2015), revising the targeting criteria of social protection programmes to include pregnant and lactating women (PLW) and households with children under two years old, as well as adolescents, would be considered.

Community meetings are organised to provide information on entitlements; occasionally health information is also shared in these meetings. There is a fund at the disposal of the Social Service Department, at both the district and the upazila level, mobilised through donations from the wealthy in the community. This is mainly used to help indigent families meet the cost of medicines during surgical interventions or to support children suffering from severe respiratory infections.

The Department of Women and Children's Affairs under the Ministry of Women and Child Affairs (MoWCA) implements the maternity benefit scheme in which a monthly allowance of 500 BDT/month<sup>15</sup> (6USD) is given in two tranches a year for three years to cover pregnancy and children up to two years old. Beneficiaries receive training on gender issues and some health messages are also incorporated through collaboration with the Health Department and NGOs. This department also implements the Vulnerable Group Development project, through which rice at 10BDT/kg (0.12USD/kg) per family is provided, in addition to income-generation and entrepreneurship training to women.

### **Education**

Activities in this sector linked to nutrition are limited to biannual information sessions with parents. A major concern mentioned by education officials and school teachers in both locations visited was the high prevalence of child marriage. Child marriage which is followed by early pregnancy has deleterious effects on the nutrition of both the young mother and the child. Both physiological and social factors are at play: pregnancy complications are high, and the young bride has little autonomy in the marital home. This was noted by school officials in both districts. Awareness is lacking on nutrition and health overall: girls are still married off early, despite actions initiated by school teachers to stop such events. A GoB scheme provides 30% of the school-going girls in the country with a monthly stipend in the hope of improving school retention.

One approach launched by the Education department was the Little Doctor initiative, which began in 2014 and aimed at training "little doctors" to provide information to their peers about personal hygiene, healthy lifestyle, disease prevention and health promotion. Trained to collect information, measure weight and height and test visual acuity using a simple eye chart, the little doctors also participated in the biannual deworming drives. In both study districts, however, there was no follow-up and no equipment was provided to schools following initial training.

In Biswambarpur in Sunamgunj District iron supplementation twice a week for three months is provided in coordination with the Health Department. This was not available in Kaunia.

### **Service delivery at the village and household level**

During the case study visits, no examples were found of activities being implemented jointly by two or more sectors at the household level and there were no examples of common targeting mechanism between sectors.

Of all the initiatives mentioned, only one example was found of sector initiatives converging at the household level. This was CARE Bangladesh's HOMEGROWN component (N@C:H) of the Nutrition at the Centre (N@C) project. As part of this project, 3000 poor and ultra-poor families, including those

<sup>15</sup> At the time of the visit there was an announcement that this allowance would soon be increased to 800 USD/month (10USD)

with pregnant and lactating women in seven unions of Derai and Biswambarpur in Sunamgunj district, were identified and each of these households was given a handwashing station and saplings of orange flesh sweet potato (OFSP) and was assisted in cultivation, and a duck hatchery was set up. An end-line evaluation<sup>16</sup> showed that, along with positive changes in maternal and child nutrition-related indicators in N@C:H and N@C intervention areas, behavioural changes in relation to hygiene practices and empowerment also occurred. Changes were more pronounced in N@C:H areas; perhaps because of extra inputs in that project, coupled with intensive behaviour change communication and household-level follow-up. However, as is elaborated below, this did not translate into impacts on nutritional status of children.

The proportion of women accessing antenatal care services and reporting consumption of iron and folic acids (IFA) intake saw steep increases from the baseline in both areas. The proportion of women receiving postnatal services also saw a sharp rise in both areas. Exclusive breastfeeding rates also saw significant increases (48.7% to 69%) from the baseline.

Women consuming a minimally diverse diet increased by 12% points from the baseline as against a 59.5% rise in the N@C:H group. A similar trend was seen when minimum dietary diversity was examined in children in the 6-23 months age group. From a baseline of 32.6% of children consuming foods from a minimum of four groups, proportions rose to 53.3% in the N@C group and 89.1% in the N@C:H group.

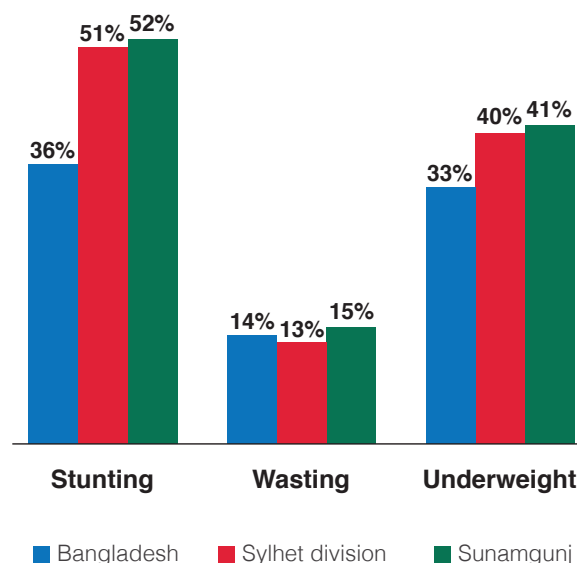
These improvements were not synchronous with improvements in child nutritional status in the two areas. Stunting and underweight prevalence dropped in both areas, with a greater increase recorded in the N@C areas. There was no impact on wasting in either area from the baseline.

## Focus districts

### Sunamgunj

Sunamgunj is a district in the Sylhet division in the northeast of Bangladesh with a population of approximately 2.9 million, according to the 2011 census. An estimated 16.2% of the population live below the poverty line, which is well below the national average of 24.3%.<sup>17</sup> This is partly related to economic migration of families, with those left behind

Fig. 1: Nutritional Status of Children Under 5 – Sunamgunj – BDHS 2014



receiving considerable remittances. However, this does not translate into good nutritional outcomes for the population.

The unique geography of Sunamgunj makes it prone to regular flash floods, leaving behind vast wetland areas (haors). Fishing and agriculture are the main occupations, with the main crop cultivated.

The district fares poorly against the national average in all three measures of child undernutrition (see Figure 1), as well as having high rates of early marriage. An estimated 41% of women aged 20-49 were married before the age of 18 years.<sup>18</sup> With flooding, damage to homesteads and existing sanitation infrastructure are frequent occurrences, resulting in contamination of water sources and epidemics of water-borne illnesses. The district has been the site of many NGO interventions and has received regular humanitarian assistance following adverse climatic events.

INGOs and local NGOs have been implementing multi-sector nutrition projects in Biswambarpur upazila for several years, pre-dating NPAN2. Most projects are limited to a district or to two upazilas in a district and not all sectors included in NPAN2 are involved. Two examples are the EU and DfID-funded

<sup>16</sup> EVALUATION OF NUTRITION AT THE CENTER HOMEGROWN (N@C:H) PROJECT BANGLADESH, 2018 Associates for Community and Population Research (ACPR) [www.careevaluations.org/evaluation/nutrition-at-the-center-homegrown](http://www.careevaluations.org/evaluation/nutrition-at-the-center-homegrown), accessed 31 May 2019.

<sup>17</sup> Preliminary Report on Household Income and Expenditure Survey 2016. Bangladesh Bureau of Statistics.

<sup>18</sup> Bangladesh Multiple Indicator Cluster Survey 2012-13 "Progothir Pathay" May 2014.



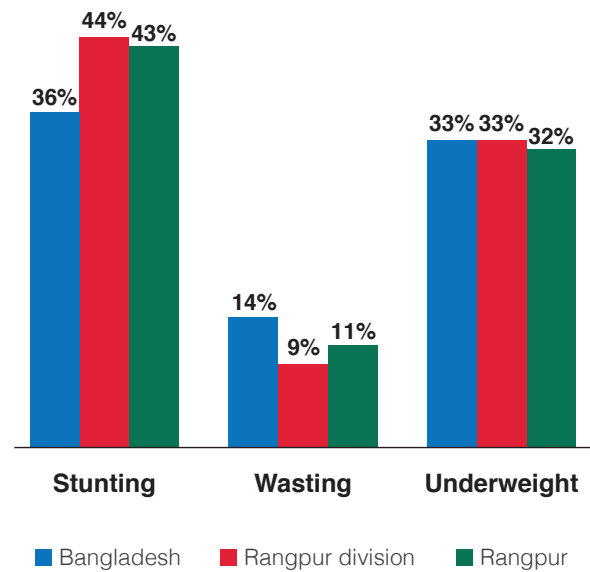
project SUCHANA being implemented in 2 other districts in Sylhet division, which includes eight<sup>19</sup> sectors, and the CARE N@C project, which involves predominantly three<sup>20</sup> sectors. The majority of NGO-led multi-sector initiatives pre-dated NPAN2. It can be summarised that there is as yet no evidence of NPAN2 per se having influenced existing programmes to adapt.

### Rangpur

Rangpur district is in the Rangpur division in the northern part of Bangladesh and is divided into eight upazilas, which in turn are divided into 83 unions and three municipalities. An estimated 43.8% of the division's population live below the poverty line. In terms of child nutrition status, the district is very similar to Sunamgunj, despite higher levels of poverty. Child marriage is also a greater problem in this district, with an estimated 75% of women aged 20-49 years old having been married before the age of 18<sup>21</sup>.

Agriculture is the main source of income, with the main crops being tobacco, rice, mustard and potato. The district, which faced regular flooding a few years ago, also faces regular cycles of food insecurity. Recent years have seen considerable improvement in crop production, with crop losses due to floods being minimised.

Fig. 2: Nutritional Status of Children Under 5 – Rangpur – BDHS 2014



<sup>19</sup> Ministry of Health and Family Welfare, Ministry of Agriculture, Ministry of Food, Ministry of Fisheries and Livestock, Ministry of Local Government, Rural Development & Cooperatives, Ministry of Women and Children's Affairs, Ministry of Social Welfare, Ministry of Disaster Management and Relief.

<sup>20</sup> Ministry of H&FW, Ministry of Women & Children's Affairs, Ministry of Local Government.

<sup>21</sup> Bangladesh Multiple Indicator Cluster Survey 2012-13 "Progothir Pathay", May 2014.







# 2 Findings

## What is working well?

### Awareness of NPAN2

Despite the fact that this case study was conducted in the very early stages of NPAN2 implementation and within months of the inaugural meetings in the districts, clear progress has been made, particularly in relation to awareness of the plan. All sectors are aware of the renewed focus on nutrition outcomes by the national government, although the level of awareness differs from governance level and across sectors. It was notable that the health, education and agriculture sectors were particularly well-informed and understood the importance of nutrition. This may be because they had prior intersector coordination experience.

### Growing momentum for nutrition in country

In the past two years there has been a more sustained focus on nutrition in Bangladesh across government, civil society and the donor community. Having made significant improvements in relation to under-five mortality, there is renewed confidence that, with more concerted efforts, undernutrition can be prevented. Events like the visit of the SUN Global Coordinator to Bangladesh and the coming together of a wide range of actors to develop NPAN2 has helped to build and sustain the momentum. An important initiative from the GoB has been the reintroduction of a National Nutrition Week in 2018' with the theme 'If you think about food, think about nutrition' This was positively received and replicated again in April 2019, when it was celebrated across the country. The event, which was planned with inputs from a broad range of key stakeholders including the UN, development partners, INGOs and NGOs, covered all districts in the country.

A detailed schedule of activities was sent to all district heads and an allocation of 100,000 BDT (1,200 USD) was given to each district by the BNNC to implement the initiative.

### Sector involvement and intersector collaboration

In both locations visited for this case study, conversations with officials from the various sectors revealed that their understanding of nutrition issues is varied and informed by newspaper articles and television shows on child health. Many people spoke from personal insights into what they believed were 'bad' food habits, particularly in relation to the rising rates of diabetes, hypertension and obesity in the country. Contamination of food and use of harmful chemicals is also a major concern. Significantly, only those in the health and education sectors spoke about undernutrition and anaemia in children and mothers. Some officials seemed more aware of undernutrition than others; this was mostly due to their interaction with and exposure to NGO-run initiatives or their collaboration with other sectors.

At this early stage of NPAN2 implementation, one common activity referenced by all sectors is information dissemination through meetings with women, parents in schools, adolescent girls in skill trainings, and farmers' groups. Information-sharing on nutrition across the various platforms is currently happening, albeit in an ad-hoc manner. The intention to organise and collaborate is evident, but there are many practical difficulties which prevent this from happening. Examples of barriers most commonly cited are lack of time to take on new activities and modes of working, as most departments are short-



staffed and overworked. Many sector officials also mention that there are insufficient allocations for travel to the field. Some Community Health Care Providers (CHCP), education officers and the UNO in Biswambarpur mentioned the inclusion of messages related to nutrition in their formal speeches.

No sector at the district or upazila level has taken any specific steps nor received any specific instructions regarding NPAN2 roll-out. Sector officials highlighted their hope that there will be extra personnel for the roll-out as all sectors in both districts are short-staffed. All sector staff expressed their willingness to collaborate with other sectors and mentioned a few activities which were conducted together, although

**“We are willing to coordinate and conduct the UNCC meeting once in two months. We would like to know, however, what the purpose of this coordination is. Coordinate to do what? We do not know yet.”**

**UNO, Kaunia upazila, Rangpur district**

these were based mostly on personal relationships and *ad hoc* opportunities. There was no evidence of joint planning and action. There was also no mention of training on nutrition or inclusion of nutrition-related topics in any sector training. The five-day, food-based nutrition training conducted for the agriculture sector was the only training identified that explicitly included nutrition issues.

A number of sector officials expressed doubts about the health sector being the lead for NPAN2. These officials pointed to the poor standard of curative care in the country, with hospitals being short-staffed and a lack of appropriate clinical infrastructure and paramedical personnel. Those interviewed suggested that the agriculture sector may be a better-placed sector to lead multi-sector nutrition initiatives. The reasons for this included:

- The fact that the agriculture sector is relatively well-funded and is also reasonably well staffed;
- The scope of its work is broad (it naturally coordinates with the fisheries and livestock sectors);
- The sector has a frontline presence in the form of agricultural extension workers, who have contacts with almost every family as most rural families cultivate land. (Agricultural extension workers

also have strong links with women through home garden activities.)

Respondents recognised that this is a relatively radical suggestion that will require a seismic shift in thinking at the national level. It remains to be seen if this can be tested out at the upazila level of governance, even as a pilot initiative.

### **The role of NGOs and civil society**

There are NGO-run nutrition projects in every district in the country, either supported by government initiatives or running in parallel. Recent initiatives have had a focus on supporting and strengthening government systems; for example, including elements of system strengthening. These experiences have provided stakeholders with confidence to take coordination forward, albeit with continued support from NGOs. This was evident in the case of Sunamgunj. The European Commission has launched a large-scale, five-year project in two districts (Rangpur and Nilphamari), which is expected to be scaled up across more districts through implementation consortia, with the sole aim of improving nutrition governance at the district level. Additionally, the SUCHANA project aims to work

### **Joint Action for Nutrition Outcomes (JANO) (2018-2023)**

This project is funded by the European Union and is being implemented by CARE Bangladesh in partnership with Plan International and Eco Social Development Organization in Nilphamari and Rangpur districts.

JANO will replicate proven best practices and take innovative local governance models for better nutrition to scale. Government structures at the local and regional levels will be key partners and JANO will work with the Nutrition Coordination Committees so that they implement effective nutrition programmes in their regions that are inclusive of all citizens and accountable to them. The private sector is also seen as a major systemic partner and JANO will motivate and encourage businesses to invest in local markets, where they consider local populations as a part of their “core” business.

The JANO project will also provide secure access to information and strengthened services, including making model gardens and engaging students in 330 selected primary and secondary schools.

The beneficiaries include 250,000 PLW and married adolescent girls and 215,000 children under five years of age.

closely with government systems and improve multi-sector coordination. Most of these projects will run for five years with the aim of setting up sustainable mechanisms which can continue after project completion.

Key informants from NGOs in both upazilas highlighted that coverage of NGOs is patchy across the unions. Additionally, there is little intersector coordination, and any coordination between sectors is almost always led by NGOs. Sector officials and the district administration at all levels are welcoming of NGO interventions; there is no resistance to interventions running parallel to government efforts. Interactions with the district and upazila officials occur on a daily basis, but no formal platform is established where NGOs can come together to meet the district or upazila officials. Interaction therefore tends to occur before special events, such as national days and National Nutrition week, when the administration is dependent on resources from NGOs to enable the events.

It was also apparent that the formation of the DNCC and UNCC was helped in both districts by the Collective Impact for Nutrition (C4N) in Sunamgunj and the Joint Action for Nutrition Outcomes (JANO) projects, both being implemented by CARE Bangladesh. These two projects, which both have the objective of improving nutrition governance through collaboration with the administration, have helped drive the NPAN2 inaugural meetings at both district and upazila levels. This is evident from the way the meeting agendas have been organised, although some stakeholders in both districts were unable to recall the exact purpose of the meeting (believing instead it to be a meeting organised by CARE Bangladesh). The initiative and the lead role of the NGO in organising and circulating the minutes afterwards (even if it was officially from the office of the Civil Surgeon) led to confusion among stakeholders in relation to ownership.

Press representation in both the DNCC and the UNCC is a positive development. Both districts have an average of 15 Bengali daily newspapers, which are a much-valued source of information for people, including the youth. Journalists were able to recall attending the meetings and also carried brief reports of the meeting in their papers. However, journalists spoken to were of the opinion that, for increased reporting on nutrition, a commitment from editors/publishers to publish nutrition news from the field at regular intervals was needed.

## Nutrition at the Centre (N@C)

The N@C project, which was started in 2013, was used by national-level planners to inform the development and roll-out of NPAN2. This CARE Bangladesh intervention in Sunamgunj is now recognised nationally and in the district as a forerunner that demonstrated effective multi-sector action. Stunting prevalence decreased by 14.2% in three years; infant and young child feeding, and handwashing practices improved considerably. This project, which was visited by BNNC and MoHFW officials, drew special attention as it was able to demonstrate improved nutritional practices at various levels.

The project worked closely with the upazila administration, local government and the Department of Health & Family Welfare and was given office space in the upazila health complex. This close coordination was mentioned favourably by all sectors in the upazila, particularly the Health and Family Planning departments.

**“The CARE project was focused on nutrition – it was their one-point agenda – they were able to convince and take us along with them. To successfully take the nutrition agenda forward, we must have an NGO acting like the coordinator – reminding us, bringing sectors together. This is vital.”**

**UNO Biswambarpur Upazilla Sunamgunj District**

## Persisting challenges

### National level buy-in for NPAN2

Intersector coordination for NPAN2 is in the very early stages. Two focal points from each sector for NPAN2 from the 17 ministries have been identified and three meetings have been held so far. Interest from the 17 ministries is not uniform, with some sectors (given their previous experience with intersector engagement) being more comfortable with coordination than other sectors for whom it is a new way of working.

The 17 ministries brought together under NPAN2 each have their own sector programmes and priorities, which are separate from NPAN2. NPAN2 lists activities against strategic objectives and identifies ministries responsible for achieving its strategy.





However, separate sector plans which detail how each sector will roll out the activities identified are not yet available.

The national Focal Points spoken to during this work are all aware of the emphasis being placed on nutrition and have attended a couple of meetings called by the BNNC. Most sectors, however, remain unclear as to how the collaboration with other sectors will unfold under NPAN2 as clear guidance for this has not yet been developed (for example, on aspects such as joint monitoring plans and district-level sector coordination and collaboration). No sector official in the districts mentioned receiving any directives from their respective line ministries with regard to NPAN2.

### **Low level of preparedness**

The case study assessed preparedness of sectors and governance structures based on the following criteria:

- a. Knowledge of NPAN2;
- b. Actions contributing to nutrition outcomes being taken proactively; and

- c. Steps being taken on implementing NPAN2 from the national level.

As mentioned above, district and sub-district committees had recently been formed in both study districts and the upazilas at the time of field visits. Most present in the meeting recalled attending and the focus placed on nutrition. Levels of awareness across sectors was not markedly different, but there was considerable difference between districts. Awareness of the importance of nutrition was higher in Sunamgunj district (particularly in Biswambarpur upazila) compared to Rangpur. This can undoubtedly be attributed to the presence of the CARE project.

In both locations, UNOs who chair the UNCC were most aware of both NPAN2 and the importance of nutrition and had specific questions on next steps to take the work forward. Across sectors it can be said that the health sector is more prepared than other sectors, but its focus rightly remains on nutrition-specific activities. Some other sector officials said

that focus beyond the curative aspect is minimal. Many sector officials did not know if they were the Focal Point for NPAN2 in the district or were not aware of their role in implementation; rather, they reported attendance to comply with instructions received. However, they were able to elaborate on actions taken in their sector that contribute to nutrition. Besides the notification to form the DNCC and the UNCC and the brief ToR of the committees, there was no further communication from the national level in relation to implementation and operational guidance. None of the sectors had received any instructions from their Ministries on specific actions related to NPAN2. The Department of Secondary Education was missed out in the list of members of the upazila-level committee and in Kaunia upazila and there was a request to include this important sector in the committee.

There was an opportunity during the field visit to meet the union parishad chair of one union in Rangpur, along with members of the Union Development Coordination Committee. At this level, there appears to be limited understanding of nutrition among the elected members and none had heard of NPAN2. Here, nutrition is equated with health services: members identify setting up ambulance services, building boundary walls for community clinics and providing accommodation for skilled birth attendants as all contributing to nutrition, but also mentioned the need for midday school meals.

Uniformly across sectors, officials in both Biswambarpur and Kaunia upazilas were more engaged and informed about activities of NGOs in their areas and of specific activities contributing to nutrition. They were generally welcoming of initiatives, even if they involved minimum collaboration with government systems.

### Targeting

NPAN2 does not outline a joint targeting mechanism, although targeting interventions to economically disadvantaged groups are mentioned in relation to prioritising PLW and adolescent girls “where appropriate” for social protection programmes. There is mention of formation of an inter-ministerial assessment committee to revise targeting criteria of programmes, as outlined in the National Social Security Strategy, but work on this has not yet started.

### More guidance on NPAN2

There is an expectation that the BNNC will take the lead and show sectors how to link into NPAN2, which

is challenging in view of the fact that the plan does not detail processes for how ministries can or should be involved. Many stakeholders were critical of the dissemination meetings in districts and felt that these were more of a ‘tick-box’ exercise, with little discussion and opportunities to engage between the sectors. NGOs have clearly led the formation of the DNCCs and UNCCs; these structures were formed earliest where NGOs working in nutrition were present.

### Ministry of Health as the lead sector

Most sectors, including the health sector itself, are of the opinion that nutrition is the responsibility of the health sector primarily, with the focus on curative components rather on prevention.

With the current architecture, even with the BNNC being recognised as the main coordinating body for nutrition, the MoHFW is viewed as the lead sector to deliver nutrition. This needs to be addressed proactively by the BNNC to bring all sectors to a place of joint ownership of NPAN2. Since the revitalisation of the BNNC, it has been given the mandate and authority to lead nutrition interventions in the country. Discussions with stakeholders across the board emphasised that what is now needed is for the BNNC to take up this role fully and be the lead authority in the country in relation to nutrition.

### Monitoring and Evaluation

Establishing an M&E framework and collating data from all ministries and from all districts is also a formidable task confronting the BNNC. At the time of writing, it remains to be seen who will lead the M&E data collection from individual sectors and collate data to send to the BNNC every quarter. It is expected that this responsibility will, by default, fall on the Health Department, reinforcing the lead role of this sector. Both government and non-government stakeholders point out that currently there are no resources and no specific person has been assigned to do this task at the district level. The District Administrator’s office is too busy and short-staffed to take on additional tasks. In this context, it remains to be seen if this task will eventually become that of the NGO most involved in nutrition in the district to carry out at the behest of the government authorities.

### Financing

NPAN2 is a fully costed plan but is not fully financed. There were suggestions from stakeholders at the national level that the plan was “under-costed” to keep it attractive to donors and external development partners.





Meetings with donors and development partners have been held at which the BNNC has been requested to present detailed, costed activity plans for the short, medium and long-term, which will allow the donors and development partners to plan their contributions.

Based on information obtained from sub-national-level stakeholders, the roll-out of NPAN2 has not yet been accompanied by any additional financial allocations to districts, except for *ad hoc* allocations for events like National Nutrition week. Sub-national-level stakeholders, both in administration and in individual sectors, had not as yet received information on financing arrangements for implementation of NPAN2.

Separate from the financing of NPAN2, the union parishad is mandated to spend 10% of its total budget on nutrition. This is interpreted varyingly by the elected members at this level, and can be interpreted to include activities like funding the improvement of community clinic infrastructure and provision of lunch boxes for school-going children to carry their lunch in.





# 3 Lessons learnt and Recommendations

**N**PAN2 is still in the very early stages of roll-out and as such, it is not yet at a stage to fully assess likely impact. However, there remain key lessons which could add to the growing repository of knowledge for countries in the early stages of implementing MSPs to reduce malnutrition as summarised below;

**Expanding ownership and capacity beyond the health sector:** Nutrition traditionally has been by default, the responsibility of the health system in many countries, including Bangladesh. However, with the advent of multisectoral responses to nutrition, it has become critical to expand this ownership with other sectors mainstreaming nutrition into their activities and becoming more ‘nutrition sensitive’. This requires identification of focal persons in each sector and the incorporation of sector plans which will inform the larger group of sectoral activities. This has been started in Bangladesh at the national level with focal points identified but the same needs to be done at the sub-national level. As outlined above, at the sub-national level, there is need for quick mobilisation of other sectors to expedite the work. The capacity of personnel in all sectors needs to be built to enable them to understand how their work can contribute to improving nutrition. This capacity development needs to be specifically planned for every sector. The role of the DNOs who will be appointed in all districts also needs to be clarified –despite the position being in the Health sector the role of coordination of sectors in the district can be a key responsibility.

**Developing operational guidance and tools:** The directives based on the NPAN2 ensured the DNCC and the UNCC were established and to support these committees, it was recognised that operational tools

were needed to enable them to go beyond holding meetings and workshops. The BNNC has set this task in motion with the support of CSOs and bringing all sectors and individuals together<sup>22</sup>. However, more guidance is needed on how to operationalise NPAN2, particularly at the sub national level. Such guidance is needed in relation to joint monitoring plans, district level sector coordination and collaboration.

**Mainstreaming nutrition in grassroots planning:** The NPAN2 coordination mechanisms do not extend below the upazila level. The UNCC includes chairs of all the union parishads in the upazila as members, who bring the needs of their unions to the attention of the planners at the district and upazila level. To be coupled with this is the strengthening of the UP and activating the standing committees that are part of the governance mechanism at this level. The UP is expected to spend 10% of its total budget on nutrition and it needs guidance on how to make effective use of this resource. Political will and leadership for nutrition at the top is strong; it now needs to be bolstered by support from the grassroots level of governance.

**Improving government and civil society coordination:** NGOs and DPs have a strong presence in Bangladesh, even if unevenly spread, particularly in relation to nutrition and health programmes. These programmes are designed to supplement government efforts and work alongside system-strengthening efforts. The missing link in this picture is the presence of a formal platform where NGOs and DPs can meet government authorities at regular intervals. The DNCC

<sup>22</sup> At the time of going to press an operational guidance document has been finalised and printed.



includes civil society members; however, there is a need for a forum where NGOs, united in purpose, can communicate with the district and upazila-level authorities. The efforts of CARE Bangladesh in Sunamgunj in setting up the Common Interest Group with the district-level NGOs working on nutrition and related issues is a first step towards organising civil society as a coherent group in order to enhance dialogue and collaboration with the government. The presence of such a group will also allow government to voice its concerns and demand that information collected in the form of surveys and studies be shared with them.

**Ensuring continuity and resources to support monitoring:** A major concern raised in both districts was the lack of staff capacity to operationalise NPAN2. Districts reported that less than half the number of posts sanctioned were filled in some places. In addition, technical capacity to mainstream nutrition needs to be enhanced in most sectors. Hierarchy in bureaucracy plays a big role and, to ensure smooth collaboration and coordination between sectors, it is best that Focal Points have the same seniority as each other. Additionally, every sector must ensure that there are sufficient resources for logistics to enable regular monitoring. This can be the first step towards joint monitoring exercises at regular intervals. Resources are also crucial for sectors to verify monitoring data received and compile it before sending it to the national level.

**Early set up of administrative/coordination platforms:** District and sub-district-level platforms were set up before there was clarity on their purpose. There is an argument for ensuring proper documentation and guidance on roles, responsibilities and modus operandi of these platforms before setting them up. Bangladesh seems to have favoured an approach that consists in demonstrating a beginning by setting up a committee at all levels. The creation of the committee creates a space for discussion and raises questions and interest in the subject, with ideas and clarifications coming from the numerous committees across the country setting the stage for the development of a guidance document.

## Conclusions

The case study highlights that, even with the amount of planning already underway in Bangladesh, considerable time and resources are needed for implementation of a Multisectoral Plan like the NPAN 2 to take effect at the sub-national level.

There is still a need to focus on securing consistent and top-level support to ensure that nutrition remains on top of the agenda; particularly in order to ensure that BNNC receives tangible and timely support to roll out the ambitious responsibility entrusted to it.

Creating awareness and expecting nutrition-sensitive sectors to expand their responsibilities clearly requires well thought-out guidance and considerable attention from national-level planners in both line ministries and coordinating bodies like the BNNC. Ending the natural tendency of sectors to work in silos is also a daunting task that demands authoritative directives and close and regular monitoring.

The case study also brings to the fore the role of CSOs in advancing nutrition goals in coordination with the government. Their presence is clearly visible at both national and sub-national levels.

Sub-national roll-out of MSPs have been studied in other countries by ENN and have been found to be in various stages of implementation. This study, done in the initial stages of roll-out in Bangladesh, draws attention to the particular challenges and priorities of district and sub-district-level actors and emphasises that elected local government is an important stakeholder in terms of connecting with the community in order to bring about lasting change in nutrition outcomes.

# Annex 1

## Sector wise ongoing activities related to Nutrition

Sector	Activity	Implementation	Implementation details
Ministry of Women & Children's Affairs	Nutrition information dissemination through Self Help Groups	Sectoral	Recent activity – needs to be structured
Ministry of Agriculture	Nutrition messages in farmers' trainings	Sectoral Directorate of Agriculture Extension	Recent activity – no structure
Ministry of Health & Family Welfare	Transport allowance for SAM child to reach the SAM corner	Intersectoral Department of Social Welfare + Health	<i>Ad hoc</i> and needs-based
	Household gardens promotion in mothers' meetings	Intersectoral – H&FW + Agriculture extension	Led by the CHCP
Ministry of Education	Messages on deworming and handwashing in schools	Sectoral – Education	Supported by external agencies
	Inclusion of nutrition in the syllabus	Education	
	Little Doctor programme – primary schools – deworming, annual anthropometry and visual acuity checks	Intersectoral – Education + H&FW	No follow-up beyond training carried out in 2014
	IFA + sanitary pad distribution in schools for adolescents	Intersectoral Health & Family Welfare + Education + Local Government	In select areas only
	Nutrition information – parent-teacher meetings 2-3 times/year	Sectoral	
Ministry of Youth Affairs	Training on vegetable cultivation + nutrition content to youth	Youth Affairs + Agriculture Extension	Restricted to women
Upazila Administration	Food inspection	Intersectoral – Sanitary Inspector, Union Health & Family Planning Officer (UHFPO) + UNO representative + Local Police	Sporadic and needs-based



## Annex 2

### Summary of cost of NPAN2

Program area	Sector	Level of Priority	Taka	US\$ (1\$ = 78 BDT)
Nutrition Specific	Health, Urban health	High	52,705,574,480	675,712,493
	SBCC and WASH	High	1,500,000,000	19,230,769
Nutrition Sensitive Ministry of Education	Food, Agriculture, Fisheries and Livestock	High	4,424,137,500	56,719,712
		Medium	805,589,950	10,328,076
	Women Empowerment, Education, Social Safety Net, and Information	High	64,005,068,039	820,577,795
		Medium	737,098,100	9,449,975
Institution and Capacity Building			392,900,000	5,037,179
Monitoring and Evaluation			63,684,500	816,468
Grand total for 10 years program period			124,634,052,569	1,597,872,467

Source: NPAN 2, Page 66, Table 4

## Annex 3

### Details of costed interventions

#### Nutrition Specific (High priorities)

Interventions	Taka
IFA supplementation in pregnancy	2,093,442,080
Breastfeeding promotion	6,125,581,680
Complementary feeding education	5,550,192,560
Vitamin a supplementation	2,341,541,120
Deworming	2,466,071,920
Zinc and ORS for the treatment of diarrhea	2,754,549,600
Management of severe acute malnutrition (as per National Guidelines)	2,086,165,840
Management of moderate acute malnutrition (as per National Guidelines)	2,059,932,400
Public provision of complementary foods	18,372,926,560
Rice fortification (public costs only)	5,953,216,000
Salt iodization (public costs only)	1,618,463,600
Calcium supplementation in pregnancy	1,283,491,120
	<b>Total BDT</b> 52,705,574,480
	<b>Total USD</b> 675,712,493

#### Food, Agriculture, Fisheries and Livestock (High priorities)

Description of Activities	Taka
Conduct ToT for relevant government staff	10,037,500
Conduct trainings that promote diversified homestead gardening (fruits and vegetables) fish ponds and backyard poultry supported by strong nutrition education production for diet diversity	2,318,250,000
Introduce recent area-based home gardening technologies (such as hydroponic, floating gardens)	68,750,000
Develop/Adopt/Disseminate nutrition sensitive training resource and information materials	383,350,000
Establish Storage and Marketing Facilities at local/national level	1,375,000,000
Undertake relevant research activities on bio-fortification (e.g. legumes, sweet orange potato)	50,000,000
Accelerate the release and adoption of Zn bio-fortified rice to target HHs for production and consumption	50,000,000
Undertake relevant research activities on climate smart technologies	50,000,000
Develop/Distribute nutrition sensitive information materials to translate research results into action	50,000,000
Provide regular agricultural extension support (vertical integration of research-extension-farm)	68,750,000
	<b>Total BDT</b> 4,424,137,500
	<b>Total USD</b> 56,719,712

NB: The relevant ministries will include the enlisted activities under the national plan of action for nutrition in their ADP and adjust/execute cost from own budget.



## Annex 3 (continued)

### Details of costed interventions (continued)

Women Empowerment, Education, Social Safety Net and Information (High priorities)

Description of Activities	Taka
Incorporate linkages in the SSN strategy and operational program	382,800
Dissemination and orientation of strategy and operational guideline from national level to division, district, upazila to local level	640,000
IMPLEMENTATION: Staff time, administrative process, field operation (includes referral to SPP/SSN, service delivery, monitoring)	20,280,516
Scale up of existing Maternity Allowance project to 90% coverage (based on SSN programs budget)	63,397,525,388
Technical Assistance for revising existing SPPs and provide policy guidance	5,104,000
Reflected as “Design the SBCC component and harmonize with MoHFW/Nutrition SBCC” under Action area 3, should be supported/guided by BNNC. Capacity building for program implementation staff	4,158,000
Revisiting of existing Rapid Nutrition Assessment Guideline	660,000
Assessing emergency nutritional needs for vulnerable groups	2,000,000
Emergency Supplies	1,190,200
Cluster coordination/emergency nutrition	10,120,000
Orientation of the Members of the disaster management committees at different level	21,615,000
Emergency BCC for Nutrition	1,245,000
Monitoring and Evaluation	2,315,000
Conduct timely rapid nutrition assessments in crisis affected areas, integrated in broader emergency assessments as relevant	660,000
Guidelines, Nutrition education and BCC materials prepared and prepositioned	695,000
IMPLEMENTATION: Staff time, administrative process, field operation (includes referral to SPP/SSN, service delivery, monitoring)	391,201,885
Preparation of strategy, guidelines, and operational plan	2,200,000
Module printing and distribution to lowest government levels of different line agencies	5,074,250
Orientation/training to the stakeholders and service deliverers (school teacher, school management community etc.)	60,891,000
Conduct research studies	55,000,000
Disseminate Research Output	22,110,000
	<b>Total BDT</b>
	64,005,068,039
	<b>Total USD</b>
	820,577,795

NB: The relevant ministries will include the enlisted activities under the national plan of action for nutrition in their ADP and adjust/execute cost from own budget.

## Annex 4

### Technical Assistance delivered to BNNC by Nutrition International as part of TAN project

TA Title
Operationalization of National Plan of Action for Nutrition-2 (NPAN2)
Support strengthening of multi-sectoral nutrition monitoring, evaluation and reporting in Bangladesh
Formulation of Advocacy Plan for Nutrition aligned with Social and Behaviour Change Communication Strategy in Bangladesh (Successfully completed)
Assessment of human resource need for nutrition in different sectors to achieve the goal of NPAN2 in Bangladesh





## Annex 5

### Interviewees at the national level

Name	Designation
Dr Rudaba Khondker	Country Director, Bangladesh, GAIN
Piyali Mustaphi	Nutrition Chief, UNICEF
Pragya Mathema	Nutrition team, UNICEF
Dr Mohammed Sadi	Nutrition Specialist, UNICEF
Asfia Azim	SUN Civil Society Network, Concern Worldwide
Dr Shahnawaz	Director General, BNNC
Dr Samir Kanti Sarkar	Director, National Nutrition Services, BNNC
Assunta Testa, Programme Manager, Food & Nutrition Security	Programme Manager, Food & Nutrition Security, Delegation of the European Union to Bangladesh
Mr Md Ruhul Amin Talukder	Joint Secretary, MoH&FW
Dr Golam Mothabbir	Senior Advisor for Health and Nutrition Save the Children
Dr Jahangir Hossain	Programme Director Health, CARE Bangladesh
Monique Beun	Nutrition Specialist, World Food Programme
Cait Unites	Nutrition Advisor, USAID
Taskeen Chowdhury	Nutrition Specialist, USAID
Mr Mostafa Faruq Al Banna	Associate Research Director, Food Policy Monitoring Unit, Ministry of Food
Jillian Waid	Country Director, Helen Keller International
Dr Tasnima Mahajabeen	Senior Scientific Officer, BIRTAN
Mr Faisal Mehedi Hassan	Scientific Officer, Livestock Services
Dr Ayesha Siddiqua	Veterinary Surgeon, Livestock Services
Dr Iqbal Kabir	Consultant Technical Assistance to BNNC
Mr Nezamuddin Biswas	Consultant Technical Assistance to BNNC
Dr Mohsin Ali	Nutrition Expert

## Annex 5 (continued)

### Interviewees in Rangpur

Name	Designation
Md Golam Rabbani	CARE Bangladesh Manager, Multi-sector Governance
Mr Rezwanur Rahman	Assistant Programme Manager, ESDO
Mr Maruf	Programme Manager, ESDO
Atik, Razia Sultan, Rexona Khatun	Field Facilitators, ESDO JANO project
Mohammad Hossain Sarker	Union Parishad Chairman
Md Abdus Satter	Union Parishad Secretary
Sandha Rani Chokroborti	Tube well Technician UDCC member, Kursha Union Parishad, Kaunia
Korban Ali	Health Inspector UDCC member, Kursha Union Parishad, Kaunia
Dulal Chandra	Assistant Health Inspector UDCC member, Kursha Union Parishad, Kaunia
Md Enamul haque	Family Welfare Inspector UDCC member, Kursha Union Parishad, Kaunia
Abdul Haque	Member, School Managing Committee UDCC, member Union Kursha Kaunia, Upazila
Kamal Chandra Burman	CHCP
Md Nazrul Islam	CHCP Ramna Community Clinic
Dr Chandan Kumer Shaha	SACMO Kursha Union Parishad, Kaunia
Laila Begum	CSBA – Trained by LAMB
Arjina Begum	Community Health Worker – LAMB
Anwarul Kabir	NGO representative ASA
Anupoma Rani Roy	RDRS Representative
Zesmin Ara	BRAC – IHNP Programme Manager
Atikur Tahman	ESDO staff of JANO
Nazia Sultana	Upazila Nirbahi Officer, Kaunia Upazila
Md Sihabuddin	Upazila Family Planning Officer, Kaunia Upazila
Md Shamsurazzaman Azad	Upazila Youth Development Officer, Kaunia Upazila
Dr Abu. Md Zakirul Islam (Lenin)	Civil Surgeon, Kaunia Upazila
Md Akhteruzzaman	Deputy Director, Directorate of Secondary & Higher Education, Rangpur
Md Abdul Matin	Deputy Director, Social Services Ministry of Social Welfare, Rangpur
Md Abdul Kader	District Food Officer, Rangpur
Kausar Parveen	District Women & Children's Affairs Officer, Rangpur
Dr Md Asif Ferdous	UHFPO, Kaunia Upazila
Dr Md Tauhidul Islam	Consultant Surgery, Kaunia Upazila
Dr Khandaker Mominul Islam	Consultant Medicine, Kaunia Upazila
Dr Md Asikul Bari	Dental Surgeon, Kaunia Upazila
Md Shamiqul Alam	Upazila Social Services Officer, Kaunia Upazila
Md Zakir Hussain	Upazila Secondary and Higher Education Officer, Kaunia Upazila
Dr AFM Mahbubul Alam	Project Manager JANO project, Plan International Bangladesh
Harjina Jahura	Nutrition Specialist JANO project, Plan International Bangladesh
Dr Md Sarawar Hussain	Upazila Livestock Officer, Rangpur
Dr Hrishikesh Sarker	Acting Divisional Manager, Plan International Bangladesh

## Annex 5 (continued)

### Interviewees in Sumangunj

Name	Designation
Md Monuruzzaman	Sub-assistant Agriculture Officer, Badaghat Union
Ashiqur Rehman	Veterinary Surgeon, Biswambarpur
Abdur Rahman	Union Family Planning Officer, Biswambarpur
Deepak Kr Das	Upazila Agriculture Officer, Biswambarpur
Fazlul Haque	President Islamic Foundation, Biswambarpur
Saleh Ahmed	Journalist, Biswambarpur
Swapan Kumar Burman	Journalist, UNCC member, Press Club President, Biswambarpur
Samir Biswas	Upazila Nirbahi Officer, Biswambarpur
Md S Alam	Upazila Secondary Education Officer, Biswambarpur
Md Salim Khan	Upazila Primary Education Officer, Biswambarpur
Chaoudhrury Jalaluddin Morshed Rumi	Upazila Health Officer, Biswambarpur
Md Hassan Habib	CHCP Dhanpur Union, Katakhal Community Clinic
RukunUzZaman	CHCP, Miyerchar Community Clinic
Kalpana Das	Health Assistant, Miyerchar Community Clinic
Mashuda Khatoon	Private Community Skilled Birth Attendant Solokhabad Union, Biswambarpur
Community Support Group	Sonarpara Village Solokhabad Union, Biswambarpur
Krishibid Md Aminul Haque	District Fisheries Officer, Sumangunj
Dr Ashutosh Das	Civil Surgeon (just transferred), Sumangunj
Md Ibrahim Al Mamun	Deputy Director Social Affairs, Sumangunj
Md Habibur Rahman	District Livestock Officer, Sumangunj
Omar Farooque	Senior District Health Education Officer, Sumangunj
Md Abdul Aakul Haque	Deputy Commissioner, Sumangunj
Bashir Ahmed Sirkar	Deputy Director Agriculture, Sumangunj
Md Abdur Razzak	Senior Scientific Officer BIRTAN, Sumangunj



