



January 2022

Baseline Inception Report

Bangladesh

Consolidated report of the country baseline study, Theory of Change validation and results framework by Right2Grow partners.

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Preface

We proudly present this baseline inception report for Bangladesh which we conducted for the Power of Voices Strategic Partnership Right2Grow. The five-year Right2Grow programme strengthens Civil Society Organisations (CSOs) to amplify the voices of communities to improve access to WASH and nutrition services in Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan and Uganda, so that every child can reach its full potential.

“By strengthening civil society, we believe that local communities can get to zero under- nutrition and zero people without access to basic WASH.”

We would like to thank all international and national partners for their contributions to this report. It has been a challenging process in times of the global COVID-19 pandemic to coordinate the research and to collect, organise and analyse the data and jointly reflect on the results. This process was largely driven and owned by the country consortium, with support from a team of experts from our global partners. Importantly, the selection, hiring and general coordination of the external consultant was done nationally to ensure local ownership.

Reading guide

The baseline inception report of Right2Grow Bangladesh consists of the following sections:

1. Baseline study report

This is the baseline study conducted by an external national consultant who also is the author of this report. It analyses the data collected in Bangladesh on a selection of the basket indicators as provided by the Ministry of Foreign Affairs (SCS-indicators), complemented with several other indicators formulated by the Right2Grow consortium. It also includes the country specific political and economic context information. Although the external consultant is the author of the report, the data collection for the baseline also involved Right2Grow partners, in some cases supported by local enumerators. The qualitative description of the baseline values in Chapter 9 and the Policy analysis is different from the preliminary baseline study report

2. Capacity & learning assessment report

This assessment at country level was conducted by the Right2Grow global mutual capacity development & linking and learning teams. The report is the foundation for validation and prioritization dialogues with partners about their agendas for capacity strengthening, including technical skills and organizational development, and linking and learning in 2022 and beyond. These dialogues provide the capacity milestones for monitoring and evaluation at midterm and the end of the programme (SCS-indicator 5).

3. Theory of Change validation document

This is an assessment of the original country level Theory of Change in which the country consortium validated the different outcomes and pathways that are presented to lead to the envisioned impact of Right2Grow.

4. Results framework

This is the overview of the indicators of Right2Grow with the baseline values, and preliminary targets for the SCS-indicators. The establishment of baseline values and targets in this framework is based on the baseline study report combined with the results of validation and planning activities jointly conducted by all consortium partners. Please note that this framework only includes the basket indicators from the Ministry of Foreign Affairs (SCS indicators), while a more elaborated country level framework with intermediate results and outputs has been developed for internal monitoring & evaluation purposes.

Validation of targets

It is important to note that the targets set in the results framework are preliminary. Although these targets are much clearer and more concrete than those of the first proposal, there is still need for further validation. First, there may be changes proposed by other stakeholders like CBOs and local government actors. Although the process of baseline reflection and target setting has been very inclusive – with all the international and national consortium partners – we could not engage all the external stakeholders yet. Second, in the first months of 2022 Right2Grow will consult the Dutch Embassy in country about the baseline results and targets. Although the overall TOC is in line with their – last - multi-annual strategic plan, realignment may be needed, and the embassy’s input to the targets will be valuable. Overall buy-in of all stakeholders will be essential because future decisions on certain aspects of activity planning and consequently budget allocations will be based on these targets among other things. Changes in targets, if any, shall be shared with the Ministry for approval, with the submissions of the 2021 annual report by May 1st 2022.

About Right2Grow

In Bangladesh the Right2Grow consortium consists of the following partners:

- Max Foundation (lead partner)
- Horizontal Learning Platform (HLP)
- CEGAA
- Action Against Hunger
- Save the Children
- World Vision
- The Hunger Project

More information:

- About Right2Grow in Bangladesh: www.right2grow.org/en/where-we-work/bangladesh/
- Country contact: Iqbal Azad – Bangladesh consortium coordinator (iqbal@maxfoundation.org)
- Our global website: www.right2grow.org
- Global contact: Jouwert van Geene – global partnership facilitator (jouwert@right2grow.org)

Strengthening local voices

Right2Grow believes that sustainable progress can only be achieved by working with local communities, especially women and other marginalised groups. Therefore, we invest in communities, community-based organisations, and civil society organisations to collect their own data and stories on nutrition and WASH. We help them hold their nearest relevant government officials to account for what is needed, planned, and (often not) delivered. We help build those stories into strong evidence to convince national and international leaders and officials to make better choices.

Visit www.right2grow.org for partner stories

Strengthening partnerships

Right2Grow strengthens partnerships between local communities and their governments to make a joint analysis of what is needed. They can then support local solutions for better nutrition and WASH. Additionally, Right2Grow links civil society organisations, the private sector, and all levels of government to bridge the gaps between them. Building on meaningful community involvement and ownership, we can scale up these solutions with an integrated and multisectoral approach.

Visit www.right2grow.org for news and publications



BASELINE SURVEY RIGHT2GROW PROJECT





We are delighted expressing our appreciation to the entire Consortium of the Right2Grow project, the local representatives of the consortium members in the study area for their widespread cooperation in all respects; without their unprejudiced support, this study wouldn't be possible by establishing communication with different types of stakeholders.

We are expressing our gratitude to the team members of this project for their valuable time and guidance in every aspect of the study.

Finally, we should thank all the people/participants that were shared their views, valuable opinions and suggestions effortlessly for promoting an effectual outcome of the study. At last, but not the least, we express our good wishes for every possible success of the Right2Grow project and hoping it will contribute more and more on country's progress in all respect.



This report has been prepared by New Vision Solutions Limited with all reasonable skill, care, and diligence, considering the manpower and resources devoted to it by agreement with the client. Information reported herein is based on the interpretation of data collected, which has been accepted in good faith as being accurate and valid. No warranties or guarantees are expressed or should be inferred by any third parties. NVSL disclaims any responsibility to the Client and others in respect of any matters outside the agreed scope of the work.

This report is a property of the implementing consortium of Right2Grow Project and we accept no responsibility of whatsoever nature to third parties to whom this report, or any part thereof, is made known. Any such party relies on the report at their own risk.



Right2Grow is both a strategic and opportune project, with a worldwide five-year procedure that incorporates the ways to deal with support, to learning, to shared limit advancement and to versatile administration. The implementing consortium will team up intimately with the Dutch Ministry of Foreign Affairs in the Netherlands and in the program nations towards joint goals and supportable effect. R2G will line up with global entertainers and rouse them to participate. Along with the networks we work with, their associations, private area, and government, accomplices, we realize how to will zero under-nutrition and to zero individuals without admittance to essential WASH administrations. To have such effect, the consortium will focus on four goals:

- ◆ Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners
- ◆ Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition
- ◆ National government and decentralized entities adopt and mainstream an integrated, multisectoral approach to undernutrition in policies, action plans and budget allocations
- ◆ Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.

The main objective of the baseline study of Right2Grow is to conduct a landscape analysis to provide a reference for all qualitative and quantitative indicators, which will allow the

consortium to sharpen its programmatic choices for maximum impact.

For facilitating the generation of an impactful and rationale report, a blend of secondary and primary study approach was adopted. For secondary review, numbers of available online resources and some documents provided by the consortium were studied and summarized.

For primary study, the simultaneous qualitative and quantitative survey was done. 800 households from Patuakhali Sadar, Galachipa upazila of Patuakhali district, Dumuria, Taltoli and Debhata of Khulna, Barguna and Satkhira respectively were covered. The respondents were distributed focusing to the target communities of the Right2Grow project, i.e.,

- i. Pregnant Women,
- ii. Lactating women
- iii. Mother/Primary caregiver of U5 children
- iv. Adolescent.

The survey was done in 20 unions of 5 upazilas in 4 districts. In the survey area pregnant women, lactating mothers, mother/caregiver to CU5, adolescents and general HH were surveyed about their nutrition and WASH rights. It's interpretable that majority, 43.38% of the respondents were from Dumuria, Khulna. 18.38% were from Taltali, 7.35% from Galachipa, and 5.15% were from Debhata. 9.93% respondents were pregnant women, 16.18% were lactating mother, 16.54% were mother/caregiver to CU5, 18.5% adolescent and the remaining were general HH. Most of the respondents surveyed in the study were from ultra-poor community. The second most of the respondents were poor and only 0.74% respondents were from Lower income community. The guideline of the World Bank was used for identifying poor and ultra-poor households. A person who spends less than \$1.9 per day for his livelihood



is considered as the ultra-poor according to the World Bank while the person whose expenditure for the same purpose is not over \$3.2 per day is considered as poor in the same guideline. In the baseline study 70.1% respondents were ultra-poor, 29.17% were poor. Irrespective to the study area, maximum of the respondents had a study level ranging from class 6 to 10 and the second most respondents had education level below class 5. Maximum of the respondents were found living self-owned kacha houses. Majority of the respondents had income level ranging from BDT15000 to 20000 while most of the respondents had expenditure below BDT15000.

It was observed that majority of the respondents get their water from public deep tube wells and the second major portion of the respondents, the 17.16% of them have own deep tube well at their premises. A very negligible portion of respondents had piped water connection at their HH and protected well in their dwelling. 99.75% of the respondents had usable toilet of their own at their household. Only 2(n) respondents in Debhata didn't have a toilet at their premises. It was also observed that most of the respondents (79%) have single pit latrine and 12% has septic tank toilet.

Regarding the nutrition rights, 94.73% of the respondents were aware of their nutrition related rights. 62.99% responses were about the rights to safe food. Though roughly the views came about nutrition right were about balanced diet (74.64%), nutrition related consultation (66.88%), related services (50.58%) but the view about food security and rights to alleviate from malnutrition were less. It was also found that most of the respondents get to know about their nutrition related rights form the NGOs and receive the service form the same. The maximum received service about nutrition was the timely consultation about nutrition.

Maximum of the respondents is acknowledged about their right of WASH. 2.7% and 2.4% of the respondents in Taltali and Debhata were not aware of their WASH rights where remarkably 6.2% in Patuakhali Sadar Upazila weren't aware of their WASH rights. Maximum of the responses about WASH services were about supply of safe potable water, the second most described item was timely pit, septic and water tank cleaning services. A good number of respondents also expressed their concern about improved sewerage and sanitation service along with proper cleaning of public areas like streets, footpaths, parks etc. Like the nutrition related services, NGOs are the torch bearer in this service as well. It was observed that maximum of the respondents receives their WASH services from NGOs and gets the information from the same as well.

Regardless of the study area, it was found that the maximum of the respondents' face challenges in having their WASH and nutrition related services as the availability of the desired service is inadequate, communication channel with the service providers is not smooth and the cost for the service is very high. For easing down the issues, maximum of the respondents didn't take any specific measures, while a few were found informing the local leaders.

For qualitative approach, focus group discussions, key informant interviews and in-depth interviews were conducted in the study area. The qualitative data helped the consultant to validate the information learned from the quantitative study.

A total of 5 FGDs were conducted with women in 5 intervention Upazilas- Patuakhali Sadar and Galachipa Upazila of Patuakhali District, Taltali Upazila of Barguna District, Dumuria Upazila of Khulna District and Debhata Upazila of Satkhira District.

It was found that most of the participants know that they have some rights to nutrition and WASH but they



have a very little knowledge about their rights to nutrition and water, sanitation and hygiene (WASH). By nutrition rights they understand only having safe and good foods. Many of the participants said that good food at affordable price is their right. And by WASH rights, they understand access to drinking water and sanitary latrine. Few of them said that getting hygiene kits such as sanitary napkin for adolescent girls and women are their WASH rights too. Very few of them mentioned clean environment as their rights to hygiene.

It was learned that there are many donor organizations such as WHO, USAID, UKAID, UNICEF, FCDO (formerly known as DFID), Global Canada, DANIDA, JICA, Netherlands Government, Swiss Government etc. who are working in Bangladesh. UN organizations like UNICEF, FAO etc. do not go for funding directly. They work with funds from other donors.

They have good coordination both in international and national level with Government and NGOs. There are more than 20 (twenty) platforms such as SUN (Scaling Up Nutrition) for coordination among donors. There are some problems with coordination among the implementing agencies/NGOs. They have some duplication tendency in project conceptualization. It was informed that if any agency got some fund from a donor with a concept, some other agencies manage funds from other donors with the same concept. It results to a severe coordination gap.

Most of their concentration are in health and nutrition, WASH, education, women and child development, youth development, disaster risk resilience etc. Recently funding in education sectors has been reduced and more concentrations are given in health, nutrition and WASH sectors. Dutch embassy does maximum funding for Water Management related projects. Besides they have

schemes for Food Security, Gender, Private Sector Development etc.

All the projects are conceptualized with special focus on gender inclusiveness as it is one of the funding criteria of most of the donors.

Public opinion is one of the most vital issues when conceptualizing any project. Before launching a project, besides the available secondary data, primary level data are collected from community by conducting court-yard meeting, discussion sessions, survey etc. to know the real picture of the area on that particular intervention. For a large-scale funding, feasibility studies are required. Based on the findings, the project indicators are set. In most cases, representatives from community are being involved in project planning and implementation.

According to the local government representatives and upazila level govt. offices, the budget allocation for nutrition and WASH is very low and inadequate. Budgets are provided based on the range of work required and examining the cash memo, vouchers etc. Most of the budgets are spent in awareness raising. After covid situation, few budgets have been allocated for WASH services.

Community level health service centers are not well equipped and face scarcity of required medicines. Coordination among community clinic and NGOs should be stronger to make the people aware of their nutrition needs.

All the participants stated that advocacy for budget is required to make the authority understand the real scenario of the community. NGO and district nutrition committee should play a strong role here.

Based on the findings from the qualitative and quantitative research, the consultant has recommended the following for betterment of the project approach of Right2Grow which would ultimately help the consortium to make significant contribution in developing the WASH and nutrition rights of the end beneficiaries:



- The politicians including the Members of the Parliament should be aware about the importance of nutrition and play an important role in allocating budget and formulating legislations.
- Advocacy meetings/ trainings/ dialogue/ workshops and consultative meetings among concerned bodies are required to set the goal for awareness raising on nutrition and WASH.
- People are needed to be aware about which of the services are their right and how those should be acquired.
- Existing awareness building programs including courtyard meetings by several NGOs and CBOs need to be scaled up to a massive extent. New tools like street shows, mimes, dramas etc. are required to be implemented for reaching to the rural people in fastest time.
- Individual one stop center for WASH and nutrition services may be introduced for providing all these services. There should be a service level agreement for the service provider and the people should be encouraged to raise their voice in order to having timely delivery of the services. The service providers should be trained so that they can provide quality service.
- Community people should be encouraged to turn into entrepreneurs to for providing WASH and nutrition related services. R2G can provide micro credits and tools to the communities in this aspect.
- The local CBO/CSO are working in a scattered way in the study area but aligning them can extract a better output of their works. A common platform may be introduced to bring them along. Even the

Righ2Grow program can also act as the platform.

- A union level committee including representatives from R2G program, UP, CSO/CBO and Govt. official may be formed which will monitor the WASH and nutrition aspects in its territory following a routine. Their task will combine monitoring the progress of the issues and also the solutions of the problem arise.



Acronyms

R2G	<i>Right2Grow</i>
WASH	<i>Water, Sanitation and Hygiene</i>
THP	<i>The Hunger Project</i>
WVI	<i>World Vision International</i>
SCI	<i>Save The Children International</i>
ACF	<i>Action Against Hunger</i>
CU5	<i>Children Under Five</i>
FGD	<i>Focus Group Discussions</i>
KII	<i>Key Informant Interview</i>
IDI	<i>In-Depth Interview</i>
HH	<i>Household</i>
CBO	<i>Community Based Organization</i>
CSO	<i>Civil Society Organization</i>
PNGO	<i>Partner NGO</i>
CC	<i>Community Clinic</i>
UP	<i>Union Parishad</i>
UHFWC	<i>Union Health and Family Welfare Centre</i>
UHFPO	<i>Upazila Health and Family Planning Officer</i>



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1 INTRODUCTION

1.1 PROJECT BACKGROUND

Great Strides have been observed over the last decades in case of reducing all sorts of undernourishment in children under five years (CU5). Nonetheless, about 200 million CU5 have stunting (low height/age), wasting (low weight/height), or both, and more than 340 million have vitamin and mineral deficiencies, while the Covid19, the global pandemic has endangered a huge number of CU5 with further risks of malnutrition. Though the Sustainable Development Goals of the United Nations resolute to ensure zero hunger by 2030 and ensure proper nutrition for the global people including CU5.

Right2Grow has dissected the main drivers of our powerlessness to get these numbers to nothing. We see a world brimming with extraordinary aims, mastery and riches, yet which doesn't satisfy its guarantees. Simultaneously, we additionally see tough women, men and kids in influenced networks prepared to voice their needs, and prepared to contribute their own piece of the arrangement. Right2Grow will overcome any barrier between these influential women, men and kids - and the frequently weak pioneers, specialists and technocrats.

Right2Grow is both strategic and opportune organization, with a worldwide five-year procedure that incorporates our ways to deal with support, to learning, to shared limit advancement and to versatile administration. We will team up intimately with the Dutch Ministry of Foreign Affairs in the Netherlands and in the program nations towards joint goals and supportable effect. R2G will line up with global entertainers and rouse them to participate. Along with the networks we work with, their associations, private area, and government, accomplices, we realize how to will zero under-nutrition and to zero individuals without admittance to essential WASH administrations. To have such effect, the consortium will focus on four goals:

- ◆ Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners
- ◆ Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition
- ◆ National government and decentralized entities adopt and mainstream an integrated, multisectoral approach to undernutrition in policies, action plans and budget allocations
- ◆ Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.

1.2 OBJECTIVE OF THE ASSIGNMENT

The main objective of the baseline is to conduct a landscape analysis to provide a reference for all qualitative and quantitative indicators, which will allow the consortium to sharpen its programmatic choices for maximum impact.

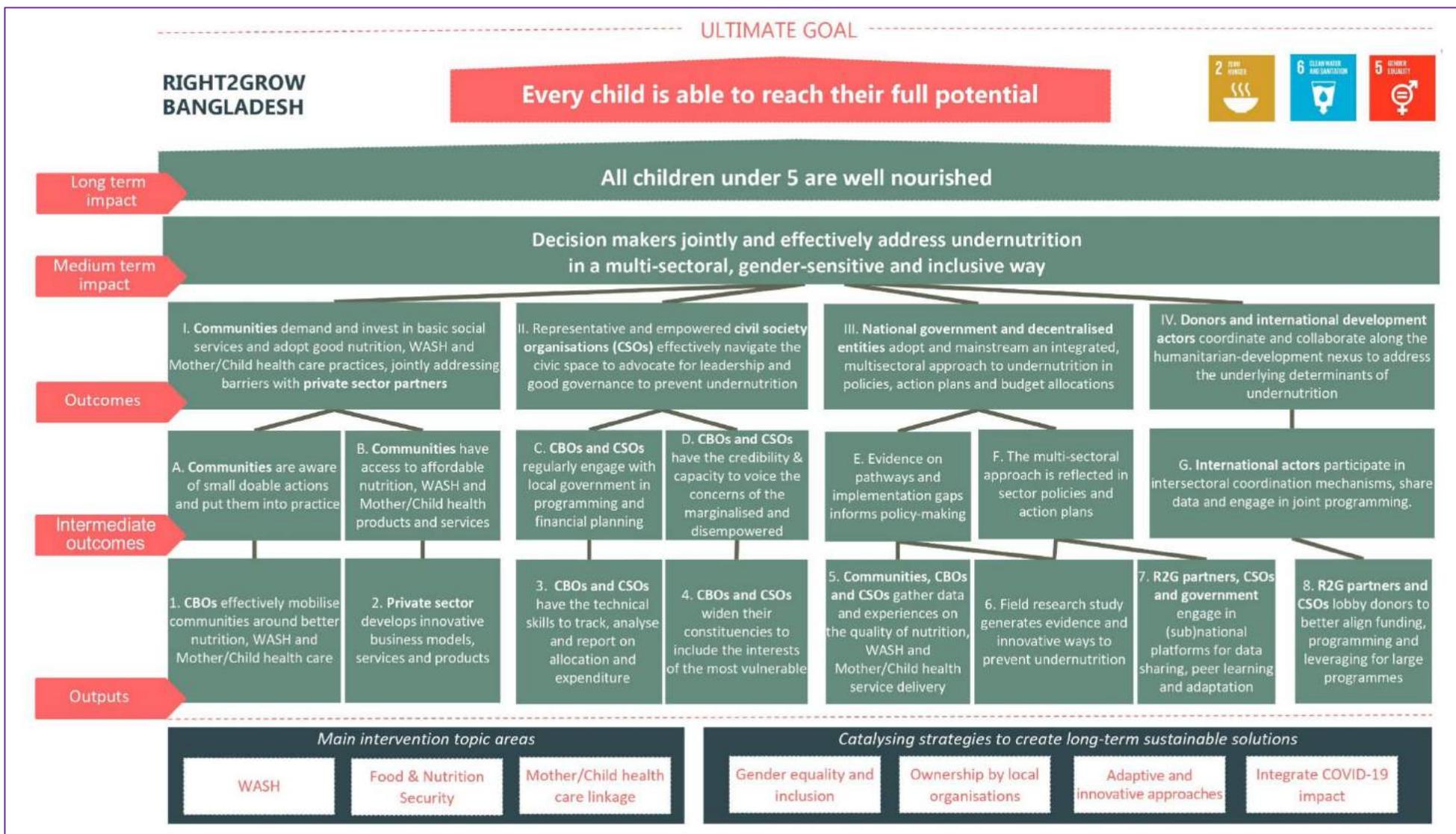


Figure 1-1:R2G Project Goal

2 LITERATURE REVIEW

As per FAO's "The State of Food Security and Nutrition in the World 2021", Worldwide, in 2020, 149.2 million (22.0 percent) of children under the age of 5 suffered from stunting (SDG index 2.1.1). The prevalence of stunting decreased from 33.1% in 2000 to 26.2% in 2012 and further to 22.0% in 2020. By 2020, nearly three-quarters of the world's dysgenetic children lived in two regions, Central and South Asia (37 percent) and sub-Saharan Africa (37 percent).

By 2020, 45.4 million children under the age of 5 (6.7%) were wasted. Almost a quarter lived in sub-Saharan Africa and more than half lived in South Asia. South Asia is the subregion with the highest prevalence of waste, exceeding 14 percent. In 2015, the birth weight was 1 in 7 worldwide, or 20.5 million (14.6%) infants. Low birth weight infants are at increased risk of dying in the first 28 days after birth. Survivors are more likely to suffer from stunting and lower IQ, and are at increased risk of chronic adult disease such as overweight, obesity, and diabetes.

Optimal breastfeeding practices, including exclusive breastfeeding for the first 6 months of life, are essential for promoting the survival and health of the child and the development of the brain and movement. In 2019, 44% of babies under 6 months of age worldwide were completely breastfed. In 2012 it was 37%. Anemia in women of childbearing age has been newly designated as the SDG Index (SDG Index 2.2.3). Almost one-third (29.9%) of women of childbearing age worldwide will continue to be affected by anemia in 2019 and have not progressed since 2012. There are significant regional differences, with prevalence in Africa almost three times higher than in North America and Europe.

Countries around the world face many challenges in helping health, nutrition, education and social protection systems maintain basic nutritional services while responding to the COVID19 pandemic. In August 2020, 90% of countries (122 of 135) reported changes in the coverage of major nutritional services, based on a survey of children's conditions during a pandemic. The countries reported a decrease of more than 50% in at least one. Nutritional intervention.

Since the last 20 years, Bangladesh has achieved significant progress in improving child and maternal nutrition. From 2004 to 2007, improvement in child nutrition was consistent and, on the rise, with stunting rates falling by 8% from 51 percent in 2004 to 43 percent (Bangladesh Health and Demographic Survey 2007 (BDHS)). However, according to the survey results from 2007 to 2011 (BDHS 2007 and 2011) revealed that there are no notable improvements for these markers, such as stunting decreased by only 2% from 43 percent in 2007 to 41 percent in 2011 (BDHS, 2011), whereas underweight, declined from 43 percent in 2004 to 41 percent in 2007 to 36 percent in 2011.

However, BDHS 2017-18 showed tremendous success with level of stunting among children under 5 declining from 43 percent in 2007 to 31 percent in 2017, underweight declining from 41 percent in 2007 to 22 percent in 2017, and after years of a critically high level of around 15 percent, prevalence of wasting came down to 8 percent in 2017 (BDHS, 2017, 18). Whereas 18.6 percent of Bangladeshi women of reproductive age are underweight, with a BMI of 18.5 kg/m², 23.8 percent are overweight or obese, with a BMI of more than 25 kg/m². The prevalence of chronic energy deficiency (CED) among women with a BMI less than 18.5 has reduced from 52 percent in 1996-97 to around 30 percent in 2007. While this CED rate of 30% for moms represents a significant reduction over time, it remains a public health concern. Nutritional deficits during pregnancy, in particular, are linked to an increased risk of

Baseline study report of the Right2Grow Program

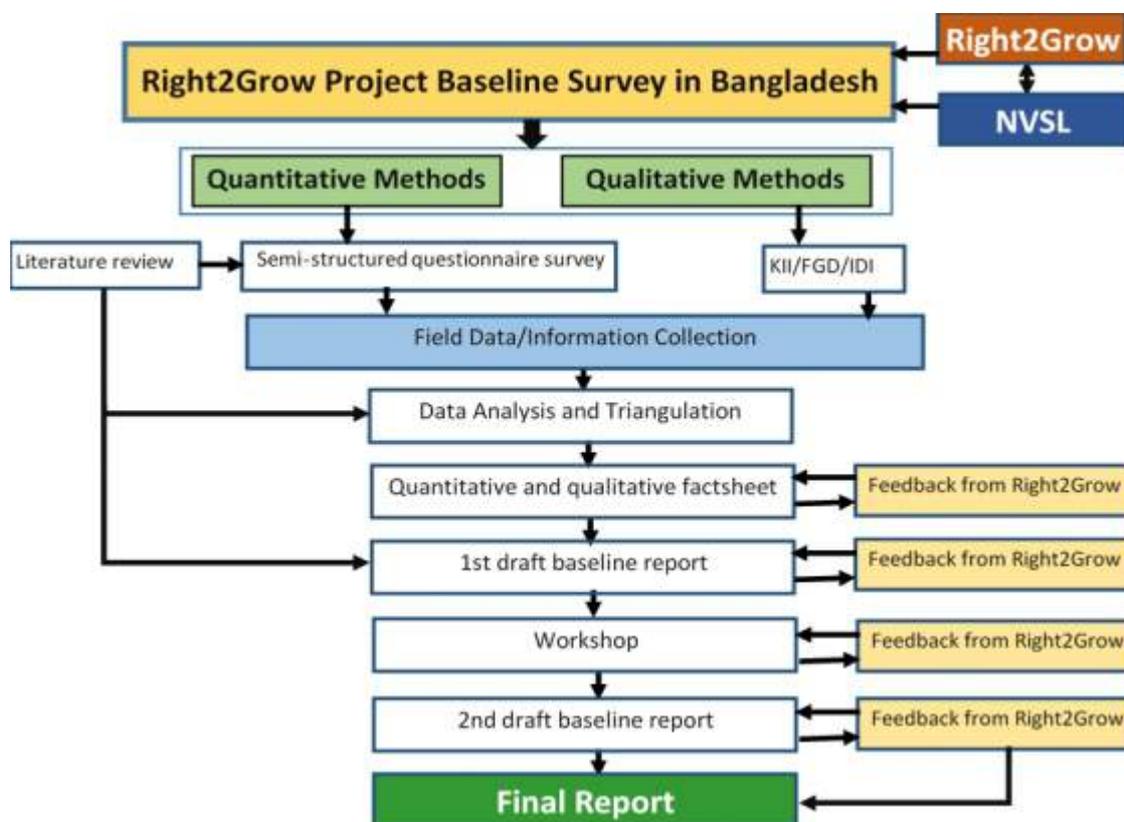
newborn Low Birth Weight (LBW) and childhood stunting. As a result, treating maternal nutritional deficits during conception and pregnancy is a top focus for achieving nutritional outcomes. "Maternal undernutrition, a fundamental driver of newborn and early child undernutrition, persists unabated despite attempts to enhance pregnant women's nutritional status," according to the evidence.

Maternal anaemia is widespread during pregnancy in Bangladesh, with major repercussions for both mother and baby, including an increased risk of infant low birth weight and preterm birth, as well as a high risk of maternal and perinatal morbidity and death. Maternal undernutrition reached a high of 38% among women aged 15 to 19 who had given birth during the previous three years. Stunting is still prevalent among teenagers (27%) although overweight and thinness are prevalent at roughly 7% and 12%, respectively (GAIN, 2018). Anaemia and micronutrient deficiencies, particularly vitamin A, zinc, and iodine, are widespread in teenagers, and other deficiencies, such as calcium, are also possible, because food intakes are significantly below needs. As a result, while the low-birth-weight rate has decreased from 36% in 2003-2004 to 23% in 2016, it remains high.

Programme and interventions in various sectors are increasingly aimed at improving nutrition. As a result, a growing number of professionals from diverse backgrounds are planning, implementing and evaluating interventions that include a nutrition component. Implementing efforts to improve nutrition and measuring their impact requires suitable indicators and tools. Indicators of nutritional status are the most common indicators for assessing the impact of interventions with a nutrition focus. Formulating and designing targeted programme and interventions, however, require more than just measuring nutritional status; they require a thorough understanding of what people actually eat and what personal factors underlie people's dietary habits (Nutrition Health and Demographic Survey of Bangladesh-2011-Institute of Nutrition and Food Science, University of Dhaka).

In an ideal enabling environment, resources for nutrition interventions (e.g., funds, staff, and equipment) are available to build demand and enable target beneficiaries to access the interventions. However, as the bottleneck study revealed, there are bottlenecks and restrictions impeding the availability, demand, and access to nutrition treatments. The actions would address the obstacles related with supply, demand, and accessibility, as well as enhance nutrition intervention provision and usage. These will be the consequence of either the policy briefs' produced awareness and sensitization for medium to long term suggested actions or the acceptance of the community-based model developed from the short to medium term activities. This suggests that the strategy's outcomes would be higher provision and better usage of dietary treatments. Overall, the strategy's impact would be enhanced coverage of dietary treatments as a result of increased availability, higher usage, and a supportive enabling environment.

3.1 APPROACH



3.2 SAMPLE SIZE

3.2.1 Quantitative Survey

Sample size was determined in multiple stages. At first the population of the study area were stratified into three major strata based on economic characteristics -Lower Income Community, Poor and Ultra-poor (disadvantage group). These three strata were classified into several groups such as

- i. Pregnant Women,
- ii. Lactating women
- iii. Mother/Primary caregiver of U5 children
- iv. Adolescent.

Simple random sampling method will be applied to find out the sample size in each of these two strata based on the

given population applying the formula: $n_0 = \frac{z^2 pq}{e^2}$

Where,

z = z-score i.e., 1.96 (for 95% confidence level),

p = Standard Deviation i.e., 0.5

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$q = 1-p$,

$e =$ Margin of error (percentage in decimal form) i.e., 0.05 (for 5% error)

$$\text{So, } n_0 = \frac{(1.96)^2 + 0.5(1-0.5)}{(0.05)^2} = \frac{3.8416 + 0.25}{0.0025} = \frac{0.9604}{0.0025} = 384.16 \approx 385$$

Though at the inception the consultant targeted to survey 385 poor and 385 ultra-poor respondents but during the in-country field work the expected number of respondents weren't available, thus 238 poor, 572 ultra-poor and 6 lower income people, 816 in total were surveyed.

3.2.2 Sample Distribution

Table 3-1: Respondent Distribution

District	Upazila	Union	Number of HH	District-wise HH	Total HH
Patuakhali	Sadar	Auliapur	33	210	816
		Kalikapur	36		
		Badarpur	33		
		Morichbunia	38		
		Madarbunia	33		
		Laukathi	37		
Galachipa	Amkhola	60	60		
Khulna	Dumuria	Sobhana	50	354	
		Sahos	54		
		Atlia	49		
		Khoronia	53		
		Gutudia	49		
		Dumuria	49		
		Magurghona	50		
Barguna	Taltoli	Nishanbaria	48	150	
		Pocha koralia	51		
		Borobari	51		
Satkhira	Debhata	Debhata	12	42	
		Parulia	13		
		Sokhipur	17		

50% of the Unions were covered and the sample size was distributed among the selected unions. Within respondents, there are four type of target groups: 1) Pregnant Women, 2) Lactating mother 3) Mother/Primary caregiver of U5 children and 4) Adolescent. Sample were inflated to ensure minimum 10% of each target group in each stratum.

3.2.3 Qualitative Survey

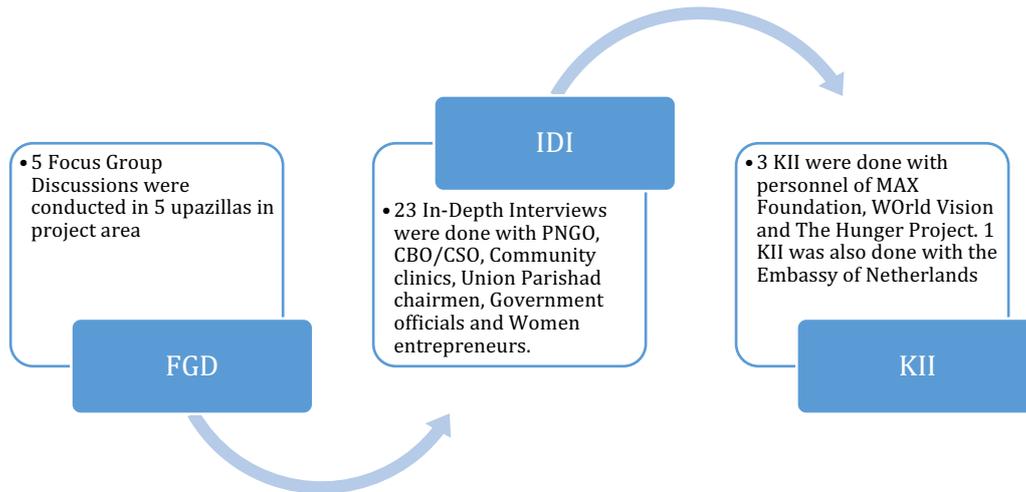


Figure 3-1: Qualitative Survey Approach

3.2.4 Data Collection

Based on the sample size distribution, the field survey/data collection activities were carried out from 18th October 2021 to 29th October 2019 by study teams consisting of 5 Supervisors and 10 Field Investigators.

At first a semi-structured questionnaire was prepared by the consultant and submitted to the client. Upon multiple feedbacks and vetting from the client, the questionnaire was finalized. Then the questionnaire was translated into Bangla and that version was uploaded to the digital data collection tool KoBo which was used for data collection. The digital data collection was conducted in the process shown in

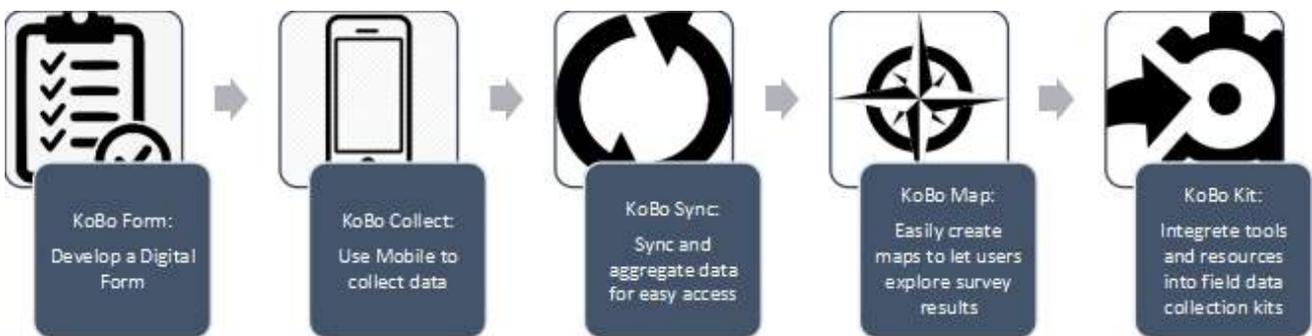


Figure 3-2: Quantitative Study Approach

Figure 3-2 Prior to mobilizing the field team, they were trained in their task through a two days' training session. During the training session, a pilot testing was also done among the surveyors. The team leader himself trained the team and ensured the familiarization of the team with the questionnaire. Throughout the data collection period, two members of the study team stayed in the field and monitored the data collection for avoiding any sorts of forgery and manipulation in the data.

3.2.5 Selection of Respondents

First the team contacted the local healthcare centers such as Upazila Health Complex, Community Clinic, EPI Center etc. for having an idea of locating the different type of respondents. Then the team went to the households randomly and did the HH survey.

4 CURRENT POLICIES, PLANS, STRATEGIES AND PROGRAMS TO IMPROVE NUTRITION AND WASH IN BANGLADESH

4.1 NUTRITION

Bangladesh has made significant improvement in recent years in terms of standard nutritional indicators. The government has a variety of policies that have direct and indirect effects on human nutrition, which supplied the drive for good transformation.

The right to food is recognized as one of the fundamental principles of the state policy as enshrined in the Constitution of Bangladesh. The issues are mentioned in the following articles:

Article	Description
15(a)	Recognizes the fundamental responsibility of the state to ensure the provisioning of the basic necessities of life including food for its citizen.
16	Recognized that rural transformation has to be brought through the agricultural revolution
18	Positions that 'the State shall promote the level of nutrition and public health as its primary duties'
31 and 32	Enshrine the 'right to life' and personal liberty as a fundamental right.

Nutrition related policies, programs in Bangladesh: Since independence Bangladesh adopted policies, plans, programs to improve the food security and nutrition of its population is summarized below:

List of the reviewed policy documents	Published Year	Coordinating Ministries
The Constitution of the People's Republic of Bangladesh	1972	the Ministry of Law and Parliamentary Affairs
Policies (4 documents)	National Food and Nutrition Security Policy (NFNSP)	2021 Ministry of Food and Disaster Management, Bangladesh
	National Nutrition Policy	2015 Ministry of Health and Family Welfare, Bangladesh
	National Food Policy	2006 Ministry of Food and Disaster Management, Bangladesh
	National Health Policy	2011 The Ministry of Health and Family Welfare, Bangladesh
Legislation	The Breastmilk Substitutes Act	2013 The Ministry of Health and Family Welfare
Plans Plans/ Strategies (4 documents)	The 7th Five-Year Plan (2015-16 to 2019-20)	2015 The Ministry of planning, Bangladesh
	The Second National Plan of Action for Nutrition (NPAN2)	2017 The Ministry of Health and Family Welfare, Bangladesh

	BANGLADESH Country Investment Plan (CIP 2)	2016	Food Policy and Monitoring Unit, Government of the People’s Republic of Bangladesh
	Operational plans for life style & health education and promotion (L&HEP) and Information Education and Communication (IEC) under HPNSDP and 4th Sector Plan.	2011, 2016	The Ministry of Health and Family Welfare
Guidelines (1 document)	Dietary Guidelines for Bangladesh 2013	2013	Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM)
Advocacy strategy	Comprehensive Social and Behavior Change Communication Strategy	2016	The Ministry of Health and Family Welfare

Human nutrition is dependent on food consumption, as well as its quantity, content, and diversity, as well as its quality. Environmental factors and illnesses are also significant. At least four primary elements underpin food quantity, diversity, and quality. The dominant policy prescription and practice over the last few decades has been to cultivate as much food as possible to achieve food and nutrition security. The buzzword was food availability. However, as Sen¹ argues, hunger and subsequent undernutrition might exist even when food production shows no deficiency in aggregate due to inadequate "entitlement."

As food supply from domestic production became generally enough to fulfill domestic demand, questions of exchange entitlement or access (through income and work) became increasingly critical. It has also been critical to determine if humans are able to physically use the food they ingest and derive nourishment from it. Food quality, diversity, and nutritional content became as essential as having enough food to consume. Food availability, access to food, and utilization are therefore three major factors underlying the immediate causes (as previously stated) connected to human nutrition.

Policies addressing all 4 elements comprehensively

- National Food Policy 2006
- National Women Development Policy-2011
- Nutrition Policy-2015 and NPAN-2
- National Strategy for Adolescent Health-2016
- National Food and Nutrition Security Policy-2019 (draft)

Based on the evaluation of the policies based on the four criteria listed above, just a handful appear to address all of them (see Box below). Most other policies (13 out of 22) have addressed availability and access, but one notable gap has typically been the lack of focus to women's autonomy and nutrition. In some extreme circumstances (National

¹ Sen, Amartya K. (1976), Famines as failures of exchange entitlements, *Economic and Political Weekly* Vol XI, Nos 31–33, pp. 1273–1280. Also Sen, A. (1981), *Poverty and Famines: An Essay on Entitlement and Deprivation* (Oxford, Clarendon Press).

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Livestock Policy, for example), no mention of the importance of livestock in nutrition or gender concerns has been made.

Numerous ministries must be involved in the execution of several policies (such as the National Food Policy 2006). The same is true for the National Nutrition Policy and its associated NPAN-2. This necessitates a focus on governance and coordination difficulties. Only the NPAN-2 and the National Food and Nutrition Security Policy 2019 (draft) appear to have addressed these challenges.

Policies of a certain ministry should, unsurprisingly, come from its duties as outlined in the Government's Allocation of Business. It has been discovered that several ministries have broad responsibilities that are reflected in one or more aspects of nutrition regulations, such as the 2013 legislation governing breast milk substitutes, which is managed by the Ministry of Health and Family Welfare. Several decades of analogous regulatory regimes preceded this statute. Consider that one of the Ministry of Industries' duties is "Production, production, and distribution of processed food." While production should undoubtedly be its mandate, the rest is a problem of access that is not really its responsibility. In a few circumstances, it is clear that there is a need for stronger synergy between mandates and policies.

The fact that policies, programs, and plans developed and implemented by various ministries can have a direct or indirect impact on the nutritional status of the population demonstrates nutrition's multi-sectoral nature. It becomes even clearer when we consider the GoB's two most recent actions: the development of the National Nutrition Policy in 2015 and the reactivation of the Bangladesh National Nutrition Council.

The following issues are highlighted in the new National Nutrition Policy (NNP):

- ✚ The NNP will help people improve their quality of life by improving their overall nutritional status. While focusing on children and women in particular, it identifies some specific key objectives, such as improving the nutritional status of the population in general and children, adolescent girls, pregnant and lactating women in particular; increasing dietary diversity; scaling up nutrition-specific and nutrition-sensitive activities; and strengthening the multi-sectoral approach and coordination among relevant stakeholders.
- ✚ The NNP has also outlined the strategies that will be used to achieve each of the aforementioned objectives. To improve the nutritional status of the population, it aims to achieve:
 - food security for all citizens by ensuring access, availability, and utilization of nutritious food;
 - optimal nutrition throughout the lifecycle; and
 - coverage of vulnerable groups such as the extreme poor, disaster-affected populations, and people suffering from chronic diseases.
- ✚ To achieve dietary diversity, the NNP will work to enhance the supply of a variety of foods at the household level, as well as to provide information to both rural and urban populations on the importance of consuming a variety of foods and food combinations.
- ✚ The scaling-up strategy for nutrition-specific interventions has two components: efforts will be made to promote and ensure adequate intake of nutrient-rich foods, as well as treatment for moderate and acute malnutrition at health facilities and in the community. Simultaneously, the NNP will encourage behavior change through counseling, information, and education. The NNP, on the other hand, recognizes that the success of nutrition-sensitive interventions is dependent on the capacity of the workforce responsible for

implementing these interventions. As a result, the NNP focuses on assessing, building, and developing the capacity of personnel working in health facilities and in communities.

- ✚ The NNP emphasizes the role of the MoHFW in strengthening the multi-sectoral approach and its coordination, indicating that the ministry will work together and in partnership with other government ministries, NGOs, and the private sector by instituting Public Private Partnerships and encouraging evidence-based policy research. The NNP also mentions the establishment of a national nutrition coordination body in the Prime Minister's Office.

When we consider the provisions of the NNP, we can reach the following conclusions: The NNP has attempted to address some of the key shortcomings of the previous policy framework. It has abandoned the principle of contracting out in favor of focusing on strengthening the public sector's capacity so that, under the leadership of the MoHFW, the public sector can be responsible for implementation.

From a design standpoint, the NNP is an improvement over the previous policy document, the National Food and Nutrition Policy of 1997, which was dubbed "outdated" because it failed to reflect shifts in the food and nutrition situation as well as changes in the government's organizational arrangements. In contrast, the 2015 NNP captures current concerns, such as the slow and unsatisfactory pace of reducing childhood undernutrition, poor adherence to recommended infant and young child feeding practices, issues related to the fact that one-fourth of adolescent girls are malnourished, which may pass stunting from generation to generation, micronutrient deficiencies, and so on. Furthermore, the NNP describes the challenges associated with a 40% increase in the prevalence of overweight and a 50% increase in the prevalence of obesity between 2007 and 2011, attempting to predict future challenges.

The Government of Bangladesh has long recognized the complexity associated with improving the nutritional status of its citizens and has identified nutritional development as a multi-sectoral problem that requires a multi-sectoral approach, but the NNP has this implicit political attitude. Bringing awareness to the area of government decision-making processes and outlining the need for a multi-sectoral approach, as well as proposing the development of mechanisms to coordinate the activities of various ministries.

The involvement of diverse organizations in the public, private and non-profit sectors make coordination an important issue. This is the only area where GoB has been less successful at NNP so far, so the government has expressed its commitment to strengthen coordination between various authorities.

In September 2015, the Bangladesh Government revived the Bangladesh National Nutrition Council. The 37-member council is chaired by the Prime Minister and vice-chaired by Minister MoHFW. The role of committee member secretary is performed by the MoHFW secretary. The role of BNNC is as follows:

- Provides a general direction for food and nutrition policy in countries.
- Provide ministries, ministries, and directors with general guidance on their role in implementing dietary improvement interventions.
- Coordinating the activities of ministries aimed at improving the general nutritional status of national citizens.
- Monitor and assess the performance of various government agencies.

In other words, at the policy level, the BNNC will be the most powerful national coordinating body on nutrition, and it will also hold government agencies accountable by assessing their performance. The BNNC must hold at least one meeting every six months.

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In 2021, the Ministry of Food launched a 10-year plan to achieve the goals of the National Food and Nutrition Security Policy (NFNSP). The Ministry of Food's Food Planning Oversight Department works with the Food and Agriculture Organization of the United Nations (FAO) to develop policies.

The published official action plan provides a schedule of results to be achieved by 2030. This policy aims to ensure that Bangladesh achieves its food and nutrition security-related goals for the Sustainable Development Goals (SDGs) and adheres to national and international commitments. It is the country's first ever integrated food and nutrition policy.

Possible Follow-up Actions

few follow-up actions are recommended based on the above analysis. These are as follows:

- ✓ All nutrition-related policies must be reviewed in accordance with the NNP and the Second NPAN.
- ✓ Policies must be combined with an emphasis on nutrition, and all of this must be evaluated together and cross-referenced for a truly holistic approach.
- ✓ Policies must be reviewed on a regular basis in light of improvements in nutrition research as well as field-based experience with what has worked and what has not in putting these policies into reality. This will demand appropriate and accessible proof documentation.
- ✓ For correct synergy and alignment between formal mandates and policies, both may need to be evaluated together and, if required, redrafted so that institutional and human capacity may be established appropriately and actions can be taken while reducing duplications in actions and interventions.

4.2 WASH

A good number of policies and rules on WASH are available in Bangladesh.

Water Rules 2018-

- Provision for the management of water scarce areas
- Water pollution and water quality issues addressed

National Strategy for Water Supply and Sanitation 2014-

- Nine strategies specifically for WASH interventions
- Climate change issues addressed
- Detailed timeframe specifying relevant actors for strategy implementation

Water Act 2013-

- Priority order for water use in water stressed areas – higher priority to drinking water and domestic use
- Commitment about ensuring water quality is not clearly mentioned

National Hygiene Promotion Strategy 2012-

- Developed after addressing gaps in policy discourse to include hygiene sector and relevant strategies
- Timeframe with priority areas including personal and menstrual hygiene as well as environmental hygiene

National Strategy for WS: HtR Areas 2011-

- Area-specific water and sanitation strategies for hard-to-reach areas and people
- Climate change impacts are addressed
- Absence of hygiene sector and specific timeframe for strategy implementation

Pro-poor Strategy for WSS (Revised 2020) -

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- Hardcore poor identification at union, pourashava and city corporation level to provide subsidized WatSan services
- Climate change issues addressed in the revised version

Sector Development Plan 2005 (Revised 2011) -

- Hygiene gap, health and environmental, climate change and disaster challenges addressed • Addressed the need for disaster-resilient water and sanitation installations.

Some gaps in national level policies and its governance processes were found during the policy review.

Bangladesh Climate Change Strategy and Action Plan (BCCSAP) 2009

T1P7, BCCSAP's focused WASH initiative, advocates for increased WASH spending. The Bangladesh Climate Change Trust Fund (BCCTF) was also established to solely implement the BCCSAP.

However, as of now, the BCCTF has not received a single proposal connected to WASH, despite the fact that several of the projects touch it indirectly.

The action plan's timeline is divided into three stages: short, medium, and long term. Because it was established in accordance with Millennium Development Goal (MDG) aims, it must be revised to include Sustainable Development Goal (SDG) targets, particularly SDG 6, as well as water and sanitation goals.

T1P7 of BCCSAP addresses climate-vulnerable areas, which are primarily drought-prone and saline-affected areas. T1P7, BCCSAP's focused WASH initiative, advocates for increased WASH spending. The Bangladesh Climate Change Trust Fund (BCCTF) was also established to solely implement the BCCSAP.

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The majority of WatSan (water and sanitation) committees at the union level are no longer in operation. They were most active throughout the MDG time; after that, their functionality gradually declined. During the SDG time, they were not revitalised. The disaster management committees at the union and ward levels are inactive. In addition, the union parishads lack the capacity to integrate the work of the standing committees and offer a comprehensive result.

WASH was mentioned in the policy as one of the sectors affected by climate change, and a specific WASH program was included. However, it did not take into account vulnerable locations related to the WASH sector.

Inadequate knowledge of the notion of intersectionality and how climate change affects different populations in different ways.

Bangladesh National Conservation Strategy on Water Resources:

Despite a broad and precise outline, the Bangladesh National Conservation Strategy on Water Resources has gaps in distinguishing between climate change and disaster. Disaster-response plans and activities for water supply and sanitation are a type of response system that is scarcely long-term viable.

Inadequate understanding and capacity to distinguish between climate change-induced disasters and other types of disasters.

Climate Change and Gender Action Plan (CCGAP):

The approach recognizes the difficulties women experience when collecting water during and after natural catastrophes. Sanitation facilities, on the other hand, are typically damaged in disasters, causing great obstacles for women because shared facilities are generally not gender sensitive. There is room in the plan for sanitation and hygiene concerns.

Water Act 2013:

The 2013 Water Act failed to demonstrate a strong government commitment to ensuring water quality. Water pollution is mentioned in a section of the Environmental Protection Act of 1995, but no further explanation is provided. There is a need for modifications to address the Act's flaws.

National Water Management Plan (NWMP)

NWMP specified water supply and sanitation services that are both inexpensive and fiscally viable. However, there is no mention of environmentally sustainable/climate-resilient services in the narrative. The plan takes into account demographic developments and economic situations, but it does not place enough emphasis on climate change and its effects on WASH.

It took 14 years to transform the National Water Policy (1999) into the Water Act (2013), and the Water Rules were written four years later in 2018 to apply the Water Act.

The National Policy for Safe Drinking Water and Sanitation 1998 was the first policy to mention sanitation. Since then, no revisions have occurred until 2018, when civil society organisations pressed the MoLGRD&C to revise the document to reflect the SDGs. This has not yet been published.

There is still a gap in acquiring and implementing context-specific adaptation technology when it comes to managing water and protecting sanitary infrastructure during climate change-induced shocks and pressures. One major cause for this is a lack of expertise at the sectoral level in distinguishing between climate change consequences and environmental/social implications.

One of the most significant issues in water governance has been recognized as an inter-ministerial coordination gap. The Water Rules 2018 outline various rules and provisions on water resource management, as well as the obligations of relevant authorities. WARPO, in collaboration with DPHE, LGED, and BWDB, is in charge of executing the Water Rules. However, insufficient communication and collaboration among the agencies has been discovered.

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To execute the policy, integrated water resource management (IWRM) committees have been constituted at both the upazila and union levels, led by the DPHE, LGED, and BWDB at the union, upazila, and district levels, respectively. However, agency cooperation and contact with local communities remain problematic.

National Hygiene Promotion Strategy 2012:

The National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh 2012 is the sole legal document on hygiene. As of now, there is no roadmap or action plan in place to be implemented at the local level, nor are there any concerns for the long-term effects of climate change.

Hygiene is the most neglected of the three components of WASH, and responsibility for it is divided among several ministries, including the MoHFW, MoE, and MoLGRD&C. Despite the fact that a policy-support branch of local government organised working groups to update the national hygiene strategy in accordance with the SDGs, this has been put on hold because of the Covid-19 pandemic.

Water Rules 2018:

Despite being a relatively new regulation, the Water Rules 2018 fail to adequately address climate change-related concerns, such as adaptation and mitigation, in the rules for water shortage and water resource management. The text focuses primarily on provisions for water scarcity caused by man-made crises, such as excessive water extraction or water contamination. Long-term water scarcity issues caused by climate change, as well as water logging issues, could be explored and addressed.

Water infrastructure operation and management is a critical barrier in guaranteeing long-term access to WASH services. 'In Bangladesh, there are around 2,000 tube well mechanics, with four tube well mechanics in each upazila. However, we don't know who these mechanics are. People's out-of-pocket expenses rise as a result of having to fix their tube well on their own.' - Interview with stakeholders.

Sector Development Plan:

One essential component in the Sector Development Plan is ensuring WASH sustainability. When developing plans, it does not take into account climate change. There is a focus on disaster-resilient WASH infrastructure in the environment, climate change, and disaster action points.

When catastrophes strike, the majority of WASH-related activities in Bangladesh are performed on an ad hoc basis. Planning for long-term climate change has been lacking. When it comes to the long-term viability of infrastructure, community ownership is crucial. However, in Bangladesh, most communities are unaware of the functions and responsibilities of various government institutions. There is room to raise public knowledge about WASH rights.

4.3 THE LOCAL GOVERNMENT (UNION PARISHAD) ACT 2009

Bangladesh Constitution (Articles 9, 11, 59, and 60) made provisions for establishing local government as an inseparable organ of administering state affairs to safeguard democratic values and to secure economic and social justice including access to WASH and Nutrition facility for all of its people. The Union Parishads are struggling in

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delivering expected public services to the common people at the grass root level mostly due to lack of appropriate administrative and financial authority as well as institutional capability. In the reviewing process we also reviewed the Union Parishad Act 2009 to find out relevant policies/items for ensuring sufficient and appropriate WASH and Nutrition facility for the community and we found that the act is completely aligned to fulfill community demands regarding WASH and Nutrition in theory but not implemented effectively in practice.

From the implementation point of view for UP act 2009, major findings are given below:

Ward meeting in open space: As per the act, ward meetings should be held in open space and the UP chairman should ensure the ward meeting and ward members should preside over the meeting. In practice, it is rarely found. Even we have found that the community do not know about the ward level meeting and its operation process.

Open budget: Local Government (Union Parishad) act, 2009 has a provision for an open budget. That means the budget should be presented in the presence of local people. It is observed that remarkable numbers of union parishad are not practicing it properly.

Lack of guideline: Though the UP act is a well-documented policy, we have not found any easily understandable guideline for implementing sector wise development initiatives, especially nutrition, WASH, health sector, etc. by local government representative.

Access to information: Local Government (Union Parishad) act, 2009 ensures that any citizen has the right to get information through a formal procedure. The UP secretary is obliged to provide information in due time and he/she will have to pay a fine if she/he doesn't provide information or provides wrong information. The community awareness on this issue is inadequate.

5 DEMOGRAPHIC INFORMATION

5.1 RESPONDENT DISTRIBUTION

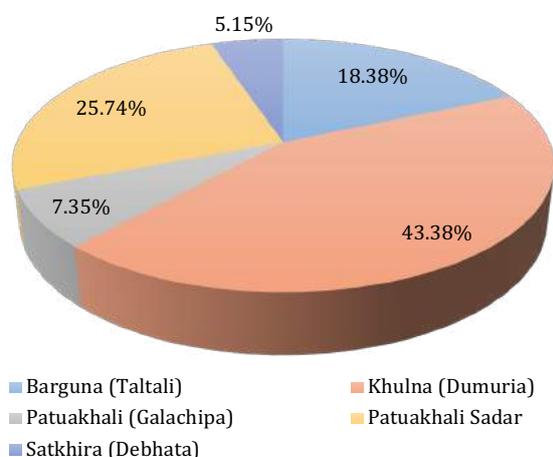


Figure 5-1: Overall Area-Wise Respondent Distribution

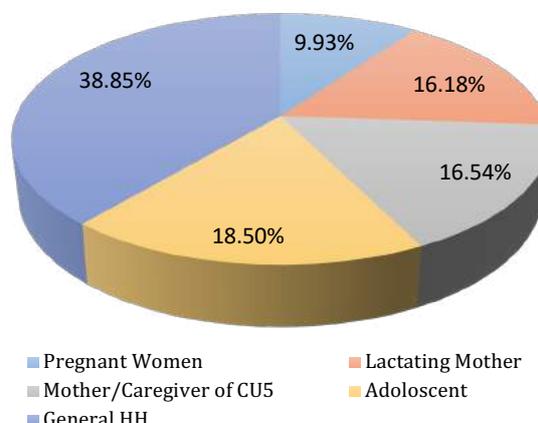


Figure 5-2: Overall Category-Wise Respondent Distribution

As described in the methodology, the respondents were selected in a statistical manner. The above figures represent the area and category-wise respondents' distribution. The survey was done in 20 unions of 5 upazilas in 4 districts. In the survey area pregnant women, lactating mothers, mother/caregiver to CU5, adolescents and general HH were surveyed about their nutrition and WASH rights. It's interpretable that majority, 43.38% of the respondents were from Dumuria, Khulna. 18.38% were from Taltali, 7.35% from Galachipa, and 5.15% were from Debhata. 9.93% respondents were pregnant women, 16.18% were lactating mother, 16.54% were mother/caregiver to CU5, 18.5% adolescent and the remaining were general HH.

5.2 AREA-WISE ECONOMIC STATUS OF THE RESPONDENTS

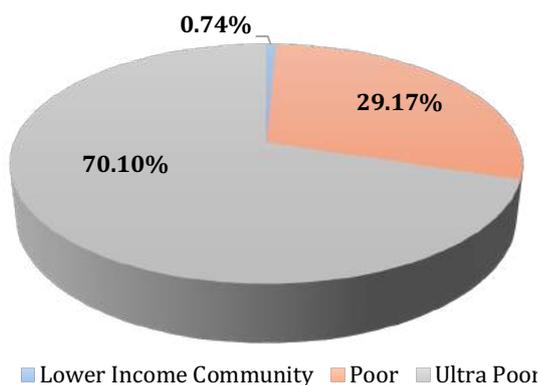


Figure 5-3: Economic Status of the Respondents

Table 5-1: Area-Wise Economic Status of Respondents

		Lower Income Community (%)	Poor (%)	Ultra-Poor (%)
Barguna	Taltali	0.67	21.33	78.00
	Khulna	Dumuria	0.28	29.66
Patuakhali	Galachipa	0.00	38.33	61.67
	Sadar	1.43	29.05	69.52
Satkhira	Debhata	2.38	40.48	57.14

Figure 5-3 represents that most of the respondents surveyed in the study were from ultra-poor community. The second most of the respondents were poor and only 0.74% respondents were from Lower income community. The guideline of the World Bank was used for identifying poor and ultra-poor households. A person who spends less than \$1.9 per day for his livelihood is considered as the ultra-poor according to the World Bank while the person

whose expenditure for the same purpose is not over \$3.2 per day is considered as poor in the same guideline. In the baseline study 70.1% respondents were ultra-poor, 29.17% were poor.

5.3 CATEGORY-WISE ECONOMIC STATUS OF THE RESPONDENTS

Figure 5-4 represents that 9.4% of the ultra-poor community were pregnant women, 16.1% of them were mother/caregiver to CU5, 17.8% were lactating mother and 18.9% were adolescent. The remainders were general household. Focusing to the poor respondents' cluster the respective percentage of the pregnant, mother/caregiver to

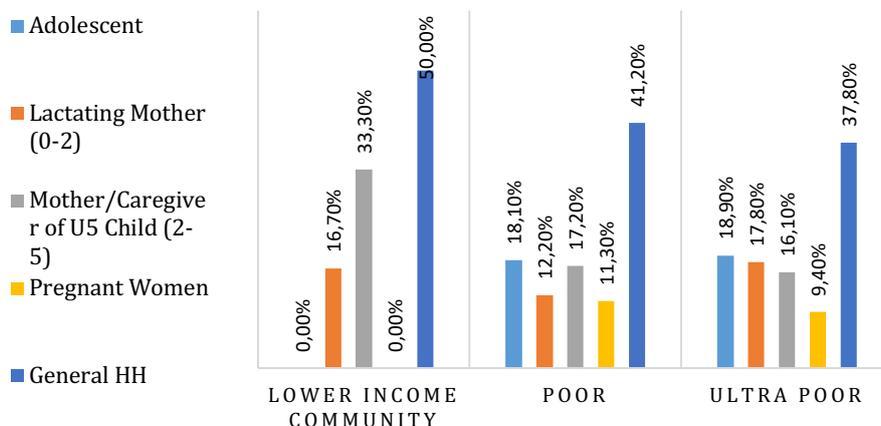


Figure 5-4: Category-wise Economic Status of the respondents

CU5, lactating women, adolescent and general HH were 11.3%, 17.2%, 12.2%, 18.1% and 41.2%. No respondent from lower income community were neither pregnant nor adolescent. One third of them were mother/caregiver to CU5, 16.7 % were lactating mother and rests were general HH.

5.4 EDUCATION LEVEL OF THE RESPONDENTS

Education is the main catalyst that enables an individual to be aware of his rights of nutrition, WASH or any others. Keeping that in mind, the education level of the respondents has been analyzed with great concern in the study. Figure 5-5 represents area-wise education level of the respondents.

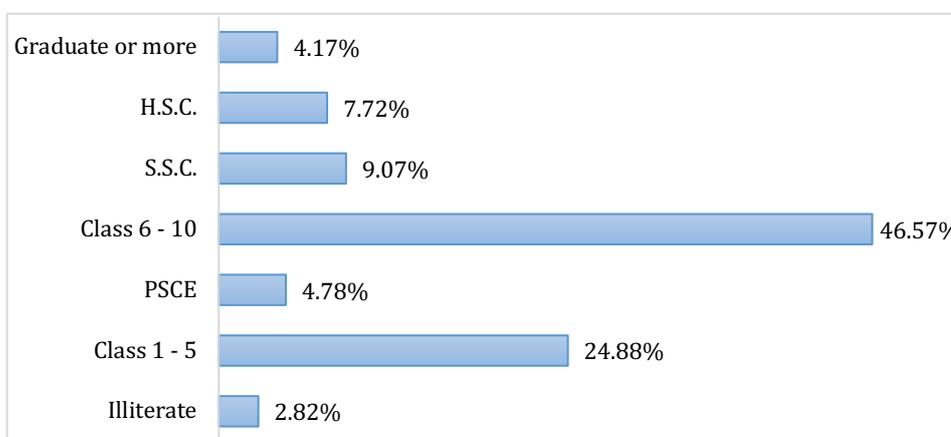


Figure 5-5: Educational Level of the Respondents

It's easily visible from the chart that, irrespective to the location, majority of the respondents had education level between class six to class ten. In Debhata the second maximum respondents didn't complete their primary education when the number of respondents hadn't completed primary education 4.17% of the respondents had completed graduation or more. 2.82% were illiterate.

5.5 HOUSING STATUS OF THE RESPONDENTS

The housing status of the households were also investigated in the study where both the ownership type of the house and the structure of the house were considered. The ownership of the household was segregated into three categories:

Own house: Those who has a house built on his own land and he don't need to pay any rent for that. Maximum of the respondents in Khulna had their own house, 97.18% respondents had their own house.

Rented house: Those who lives in a house built on others land and they have to pay a monthly rent to the house owner. 1.84% respondents were staying in this type of house

Temporary housing: Those who have neither own land/house nor a rented one. They live on a temporary house built on any others land or govt. land and aren't able to pay any rent for that. A very negligible portion of respondents belonged to this category of housing. Only 0.98% lived in a temporary house.

The structure of the houses was categorized into three sections:

Kacha: Houses built with local items like straw, bamboo, wood and other things were considered as Kacha. As most of the respondents of the study were ultra-poor, so it was expected that majority of them would be resident of kacha houses and the data also exhibits the same. 77.57% respondents were living a Kacha house.

Semi-Pucca: The houses made with bricks but don't having any concrete roof rather shed with tins were considered as semi-pucca houses. 20.47% respondents had a semi-pucca house for living.

Pucca: A structured house built with brick wall and a concrete roof were considered as pucca house. A very negligible number of respondents from the study area had a pucca house for living.

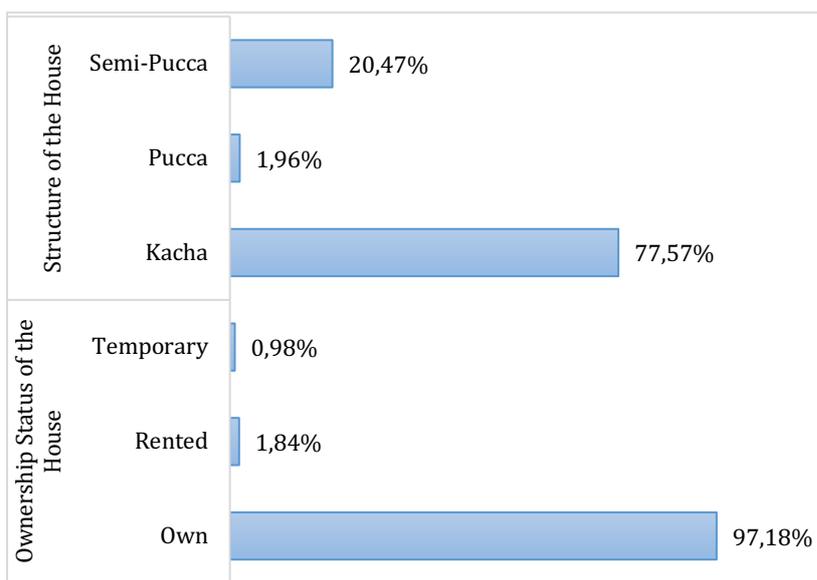


Figure 5-6: Housing Status of the Respondents

5.6 NUMBER OF MEMBERS AND EARNING MEMBERS IN RESPONDENTS' FAMILY

The number of family members were also interviewed in the study Figure 5-7 represents district and upazila-wise family size of the respondents. Also, it represents the number of earning members of the respondents' family.

It's also observable that majority of the families had member between 3-6. 36.64% respondents had a family of 3-4 members and similar percentage of respondents had 5-6 members. 7.72% of the respondents had family members over 6 pax.

Majority of the families, 79.29% had only one earning member in their family while 0.49% had 5-6 earning members in family.

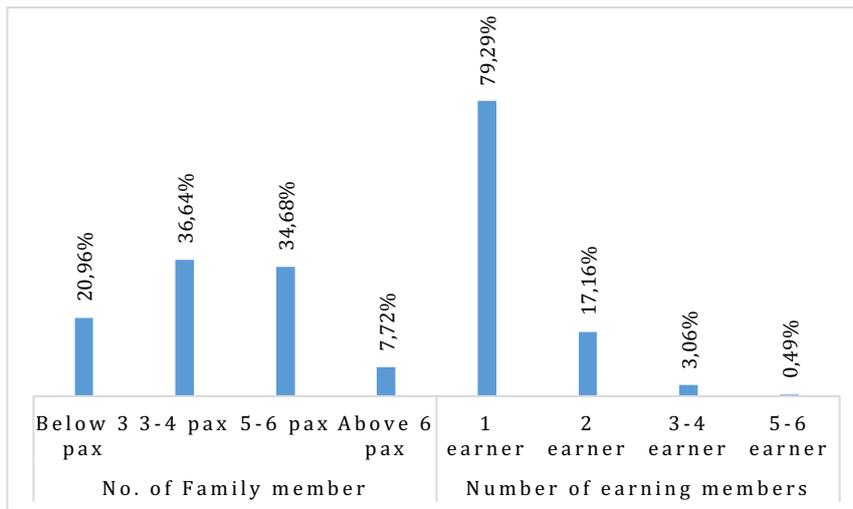


Figure 5-7: Members and Earning Members in Respondents' Family

5.7 INCOME VS EXPENDITURE OF THE RESPONDENTS' FAMILY

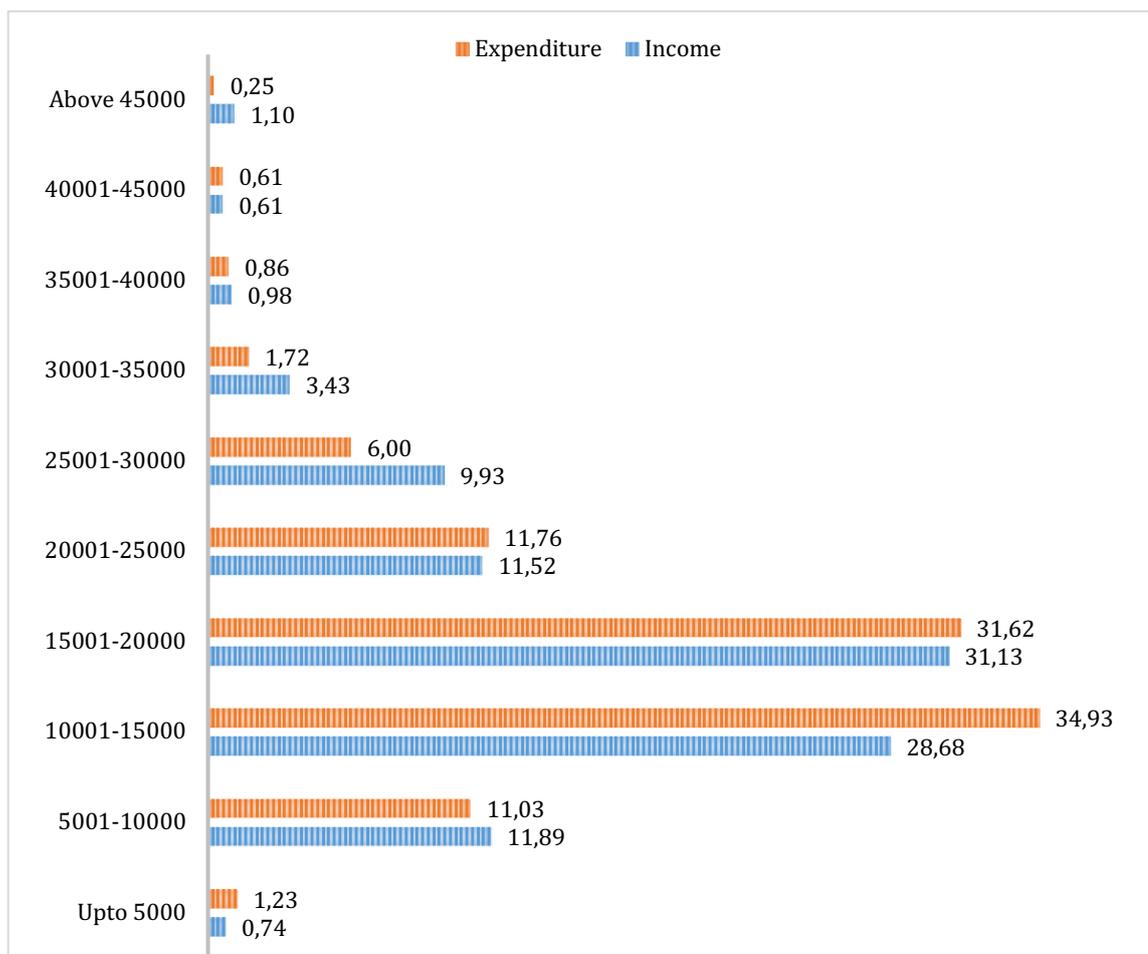


Figure 5-8: Income vs Expenditure of the Respondents

Figure 5-8 represents the income vs expenditure of the respondents' family. It is visible from the chart that irrespective of the area, maximum of the families had income and expenditure ranging from BDT10001 to 15000. Also, minimum of the respondents had income and expenditure level below BDT5000. Though 1.1% of the respondents had income over BDT45000, only 0.25% had expenditure in the same band.

Though apparently, a mismatch between income and expenditure might be seen, the reason behind the over expenditure that income is that majority of the respondents in the survey area were ultra-poor, who has to struggle for earning their livelihood. That's why they have to take loans and micro-credits from NGOs, EMIs of which are to be paid each month. That's why they encounter extra expense every month.

5.8 WATER SUPPLY SCENARIO

In focus to having the overall scenario of WASH status of the respondents, they were asked about the source of water they are using. It was observed that majority of the respondents get their water from public deep tube wells and the second major portion of the respondents, the 17.16% of them have own deep tube well at their premises. A very negligible portion of respondents had piped water connection at their HH and protected well in their dwelling.

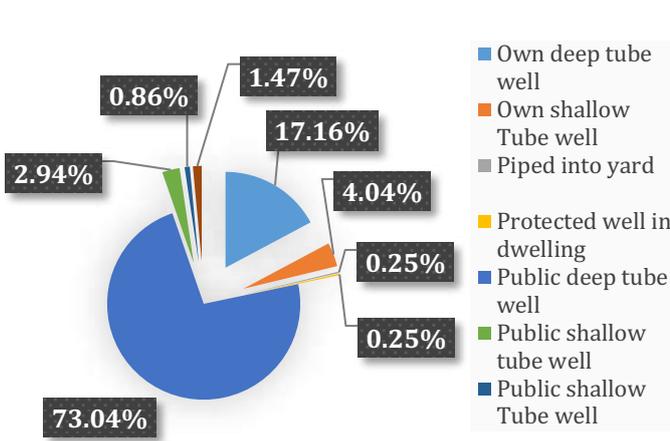


Figure 5-10: Water Source of the Respondents

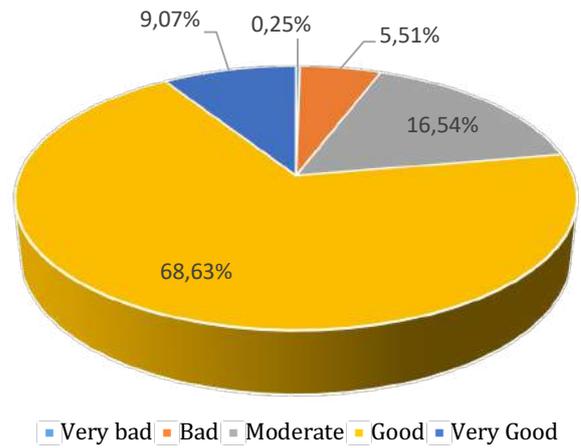


Figure 5-10: Extent of Satisfaction with Water

Then the respondents were further asked about the quality of the water they're enjoying. 68.63 of the respondents were happy with the quality of water while 0.06% were not pleased at all with the quality of water.

5.9 TOILET USING STATUS OF HH

The respondents were also asked about the status of toilet facilities at their household and it was learned that 99.75% of the respondents had usable toilet of their own at their household. Only 2(n) respondents in Debhata didn't have a toilet at their premises. Then they were asked about the type of toilet they're using and it was found that majority of the respondents (79%) have single pit latrine and 12% has septic tank toilet.

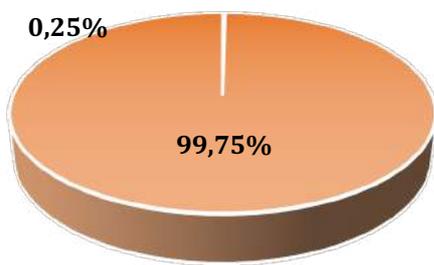


Figure 5-121: % of People Having Toilet

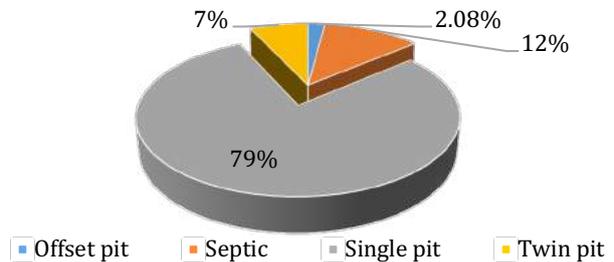


Figure 5-12: Category-wise toilet

5.10 HAND WASHING STATUS

Amid the global pandemic Covid19, washing hand is the major tool to prevent the spread. It is very important for the healthy lifestyle of human. In the HH survey, the handwashing practice of the respondents was also observed. It is visible from Figure 5-13 that majority of the responses (98.16%)

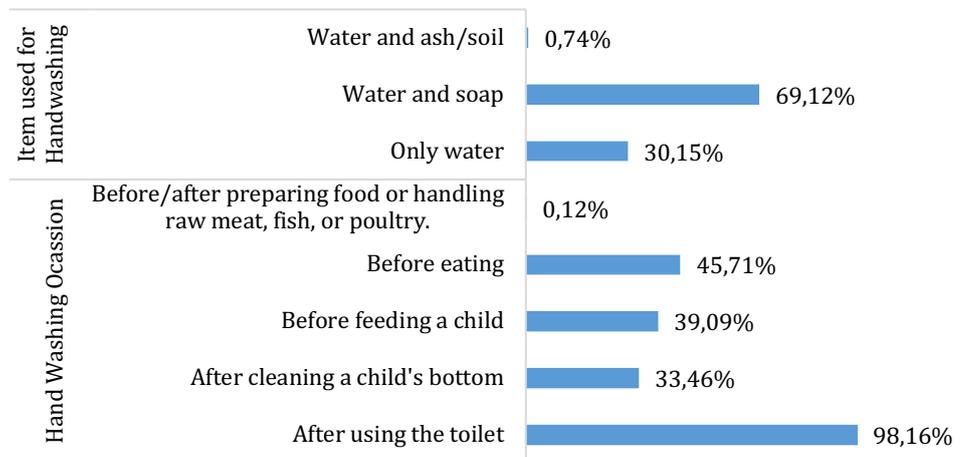


Figure 5-13: Hand Washing Status

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were about washing hand after using the toilet and the second major response, 45.71% were of before eating. Only one(n) respondent confirmed that he washes his hand before making foods.

It's also observable that majority of the respondents, 69.12% use water and soap for washing their hand while 30.15% use only water. 0.74% of the respondents use ash/soil with water for the purpose.

6 FINDINGS FROM THE GENERAL QUERIES

6.1 SKIPPING OR REDUCTION IN MEAL

In focus of the nutrition aspects of the respondents, they were asked if they have reduced or skipped any of their meals in last one week or if they had to reduce their portion of food to feed the children. Though the study was done among the poor and ultra-poor community, it was observed that regardless the region, maximum of the respondents' family didn't have to skip any of their meal, neither reduced the portion of their meal. Only 2.33% of the respondents had to skip their meal in last 7 days while 16.79% reduced the portion in meal. 18.5% adults were bound to reduce their meal to feed the children of the family.

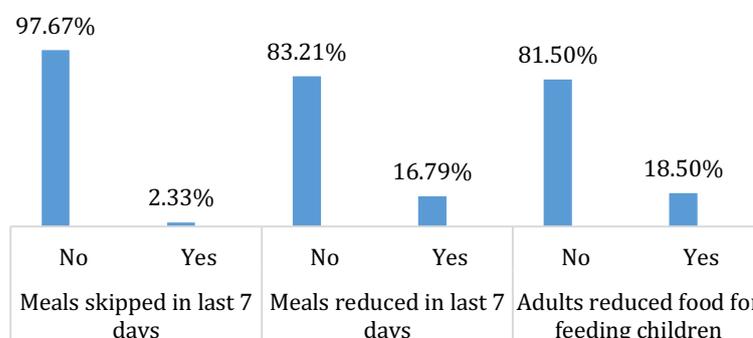


Figure 6-1: Skipping or Reduction in meals

6.2 FINANCIAL ISSUES IN MANAGING FOOD

Financial capabilities of the family head influence the supply of proper food and nutrition to the family members. Keeping this in mind, the respondents were also surveyed about the financial aspects of them in arranging food. The query was done with three questions: If they had to send their children to relatives for food in last 7 days and if they had to borrow money or sell any of their assets for managing the money for food. Irrespective to the survey areas majority of the answer of the queries were negative representing that majority of the respondents didn't send their children to relatives for food. Neither they borrowed money nor sold any assets for buying foods.

35.17% respondents affirmed that they had to borrow money for managing food for their family, 0.98% had to send their children to a relative or neighbor for food and 8.58% sold their assets for buying food.

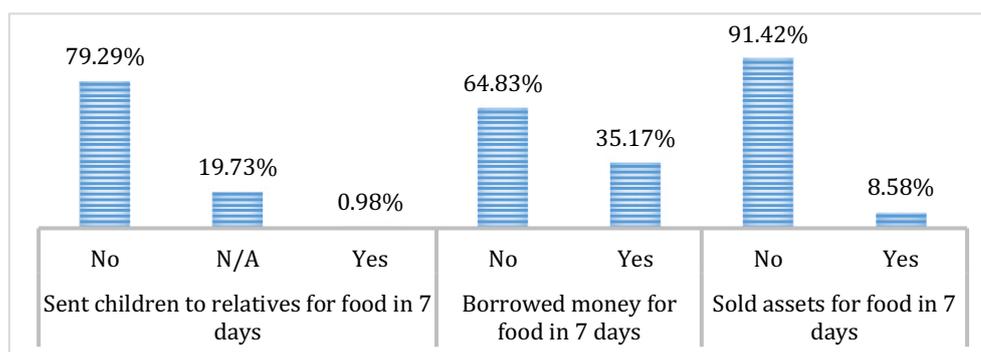


Figure 6-2: Financial Issues in Managing Food

6.3 KNOWLEDGE ABOUT NUTRITION RIGHTS

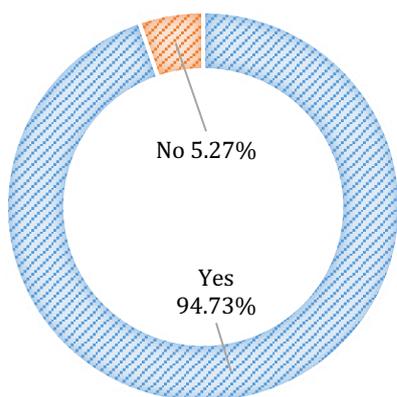


Figure 6-3: Acknowledgement About Nutrition Rights

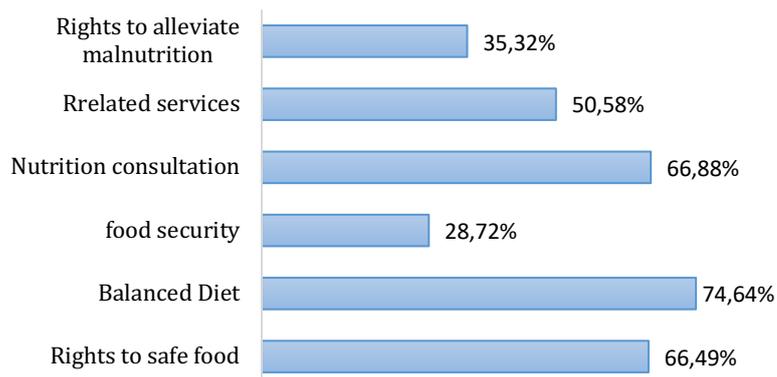


Figure 6-3: Knowledge about Nutrition

The respondents were asked if they're informed about their right of nutrition. Majority of the respondents affirmed about that. 94.73% of the respondents were aware of their nutrition related rights.

The acknowledged respondents were further asked about their knowledge about what they know about their rights. 62.99% responses were about the rights to safe food. Though roughly the views came about nutrition right were about balanced diet (74.64%), nutrition related consultation (66.88%), related services (50.58%) but the view about food security and rights to alleviate from malnutrition were less. So, there's a scope of building awareness about these.

6.4 SOURCE OF NUTRITION RELATED INFORMATION

During the in-country field work, the respondents were found aware of their rights to get information were again asked about the source from where they come to know about the information. Diversified sources were found in the section. As expected, it was found that the NGOs have been playing the most crucial role in awareness building regardless the

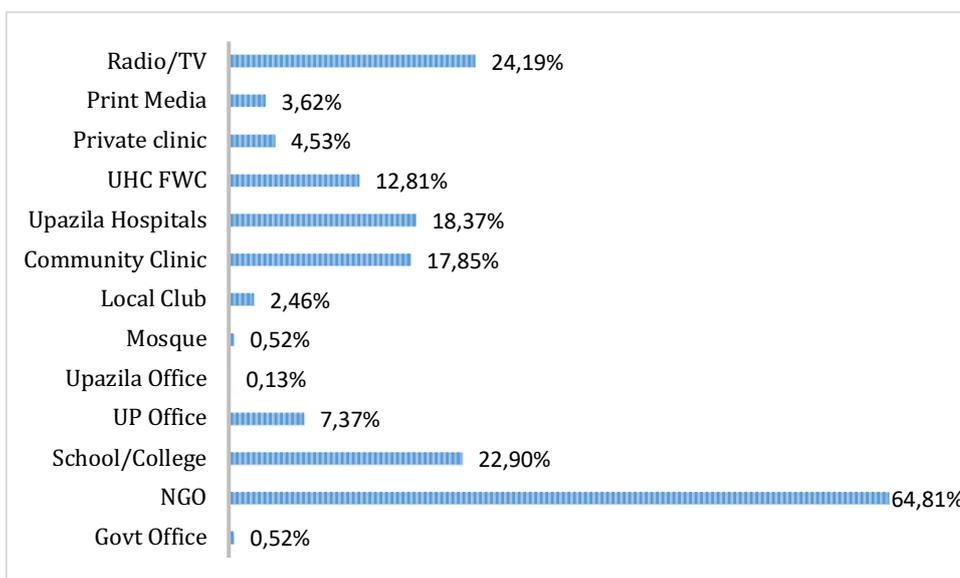


Figure 6-4: Source of Nutrition Information

location and unfortunately it was learned that govt. offices lack far behind in awareness building. Only a respondent in Patuakhali Sadar informed that he gets his nutrition related information from govt offices, none of the remaining respondents affirmed about that. Irrespective to the locations the schools and colleges were found offering good service in awareness building propagating nutrition related information. However, Figure 6-4 portrays a clear scenario of the source of information about nutrition which was extracted from field.

6.5 NUTRITION SERVICE PROVIDERS

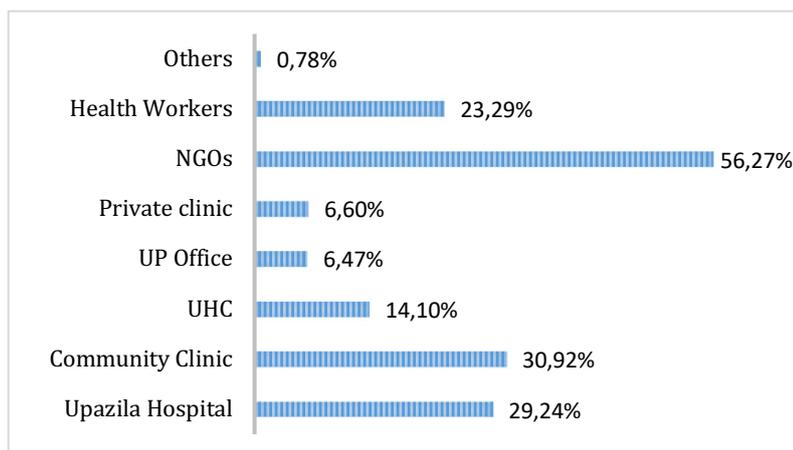


Figure 6-5: Nutrition Service Provider

The service providers play a crucial role in ensuring nutrition related rights of the people in a community. So, the respondents were asked about the service providers in their community. A good amount of information was gathered in these aspects which are portrayed in Figure 6-5. As presumed, it was found that the NGOs are still game changers in this category by providing diversified services. 56.27% of the responses were about the NGOs

providing nutrition related services. 18.44% were about community clinic, 29.24% were about upazilla hospital

6.6 SERVICE RECEIVED FOR NUTRITION

The respondents were again asked about the type of nutrition related service they're receiving and the information gathered are portrayed in figure 6-6. Majority of the service, the respondent receive is consultation about the nutrition and their right. A good number of feedbacks was regarding getting supply of nutritious food and safe food.

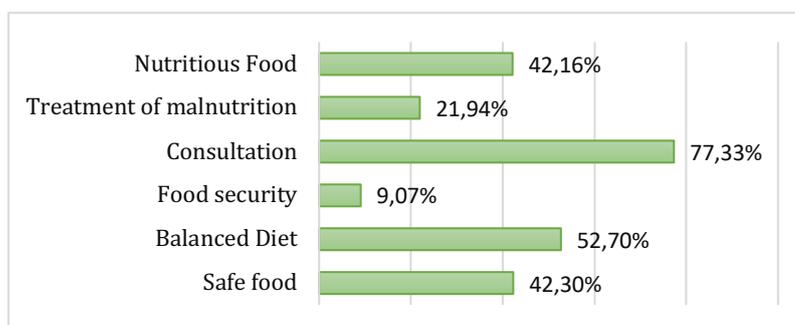


Figure 6-6: Service received

6.7 EXTENT OF SATISFACTION

The respondents were again asked about their extent of satisfaction about the service they're receiving. It was observed that 80.2% of the overall respondents were satisfied with what they're getting. 1.3% of the respondents were highly satisfied while only one respondent was highly dissatisfied with the service he's getting.

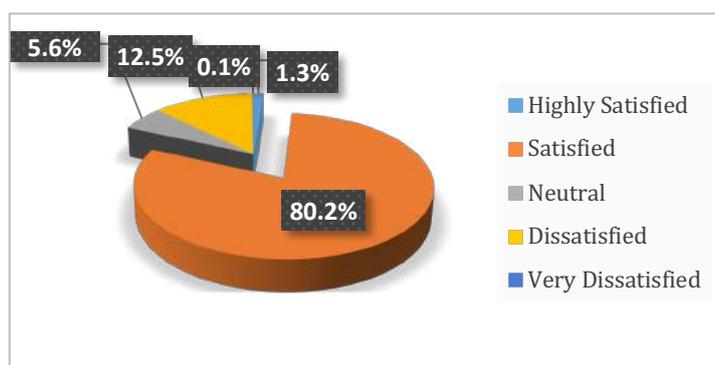


Figure 6-7: Extent of Satisfaction with Nutrition Service

6.8 KNOWLEDGE ABOUT WASH RIGHTS

Ensuring WASH rights one of the major influencers to grow for a community. So, the communities were also asked if they're aware of their right of WASH. It was found from the in-country field work that maximum of the respondents is acknowledged about their right of WASH. 2.7% and 2.4% of the respondents in Taltali and Debhata

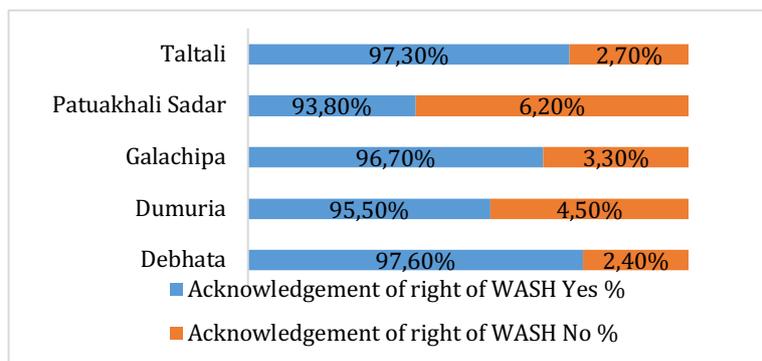


Figure 6-8: Acknowledgement about WASH Rights

were not aware of their WASH rights where remarkably 6.2% in Patuakhali Sadar Upazila weren't aware of their WASH rights. So, this could a major point to focus in R2G program.

6.9 KNOWLEDGE ABOUT WASH RIGHTS

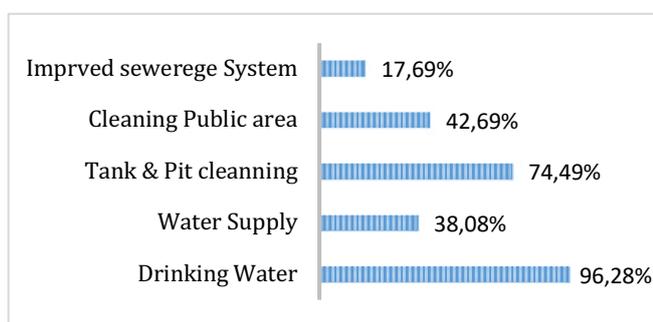


Figure 6-9: Knowledge about WASH Rights

Those of the respondents who were acknowledged about their WASH rights were further asked about what they understand about their WASH right. Maximum of the responses were about supply of safe potable water, the second most described item was timely pit, septic and water tank cleaning services. A good number of respondents also expressed their concern about improved sewerage and sanitation service along with

proper cleaning of public areas like streets, footpaths, parks etc.

6.10 SOURCE OF WASH RELATED INFORMATION

Table 6-1: Source of WASH Related Information

Source of Knowledge	Numbers of Responses	% Of Response
Govt Office	4	0.51%
NGO	531	68.08%
School/College	156	20.00%
UP Office	114	14.62%
Upazila Office	2	0.26%
Mosque	1	0.13%
Local Club	36	4.62%
Community Clinic	109	13.97%
Upazila Hospitals	93	11.92%
UHC FWC	88	11.28%
Private clinic	33	4.23%
Newspaper	25	3.21%
Radio/TV	182	23.33%
Others	5	0.64%

Referring to Table 6-1 it's understandable that like the source of nutrition related information, NGOs are playing a pretty good role in propagating WASH related information among the communities. Upazila hospitals and electronic medias are also doing great in preaching information about WASH rights. The above table represents a comprehensive scenario of the source of information about WASH among the communities in study area.

6.11 SOURCE OF WASH RELATED SERVICES

The respondents who were aware about their WASH related rights were again asked about the source from where they get the service. Irrespective to the area, it was learned that NGOs are playing as torch bearer in this aspect as well. It is visible from Figure 6-10 that 62.6% of the responses affirmed of getting WASH services from different NGO personnel and projects while 16.58% were about getting from individual services providers. 17.64% responses also exhibits that the UP offices are also trying to provide a good extent of WASH related services.

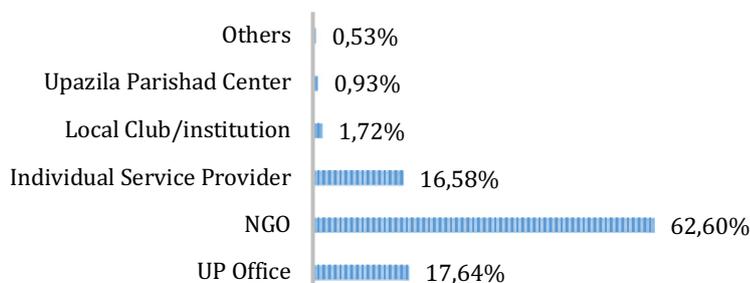


Figure 6-10:WASH Related Service Provider

they get the service. Irrespective to the area, it was learned that NGOs are playing as torch bearer in this aspect as well. It is visible from Figure 6-10 that 62.6% of the responses affirmed of getting WASH services from different NGO personnel and projects while 16.58% were about getting from individual services providers. 17.64% responses also

exhibits that the UP offices are also trying to provide a good extent of WASH related services.

6.12 SERVICE RECEIVED FOR WASH

Figure 6-11 represents that 83.21% of the responses were about receiving safe potable water, 63.08% about timely pit emptying services, 19.74% about streets, footpath or other common space cleaning services. A negligible portion of the respondents receive proper sewerage service and piped water supply.

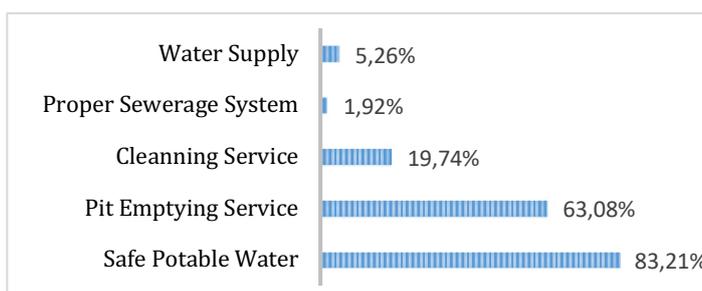


Figure 6-11:Services Received for WASH

6.13 EXTENT OF SATISFACTION WITH WASH SERVICES

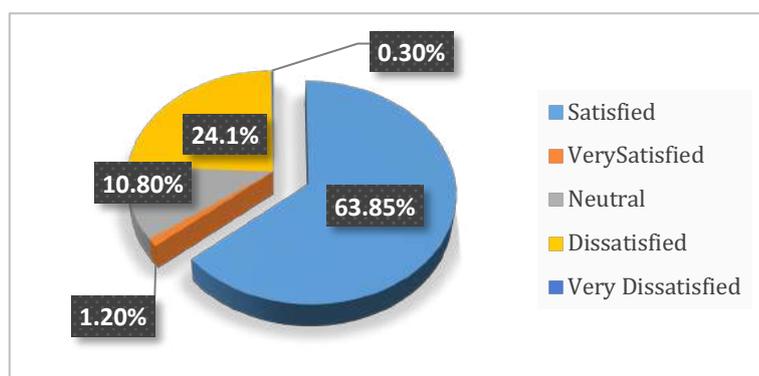


Figure 6-12:Extent of Satisfaction with WASH Service

Figure 6-12 represents the level of satisfaction of the respondents about the with the WASH services they're receiving. 1.2% of the respondents were highly satisfied with the services while 0.3% were very dissatisfied as they don't receive the service timely with proper quality. Among the respondents 24.1% were dissatisfied and 10.8% didn't expressed any feedback about the services.

6.14 PROBLEMS FACED IN ACCESSING TO SERVICES

It was found in the field that around 54% of the respondents in the survey area faces problems in accessing to the WASH & nutrition related services while 46% don't face any issues regarding that.

The respondents were further asked about the issues they're facing in accessing to the services. The Table 6-2 represents the overview which was extracted from the study area. It's observable from the chart that several problems in accessing to the services persist in the study area.

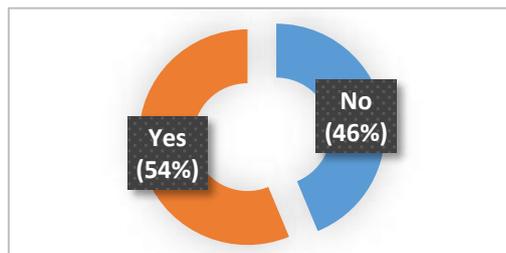


Figure 6-13: Problems in Accessing Services

Table 6-2: Issues Encountered in Having Services

Issues	Number of responses	% Of responses
Service Unknown	11	1.35%
Service providers' information not enough	19	2.33%
Problems in Physical Communication	203	24.88%
No Mobile Communication	38	4.66%
High Cost of Service	208	25.49%
Unavailability of desired service	148	18.14%
Non-cooperation from service providers	89	10.91%
Long Waiting Time	193	23.65%

Like the other services, the non-cooperative attitude from the service providers, unavailability of the desired service and high cost of service are the major hindrances faced by the respondents in case of having their WASH and nutrition related services.

6.15 STEPS TAKEN BY THE RESPONDENTS FOR EASING PROBLEMS IN HAVING SERVICE

Raising voice having rights of self is the only key to survive in a lowly facilitated area. The R2G program also targets to create awareness among the beneficiaries to make them demand of their rights. For that purpose, it's essential to what do the respondents do when they fail to get their required service on time. Considering the aspect, the pre-structured questionnaire of the study incorporated a query, "What have you done to have your services on time?"

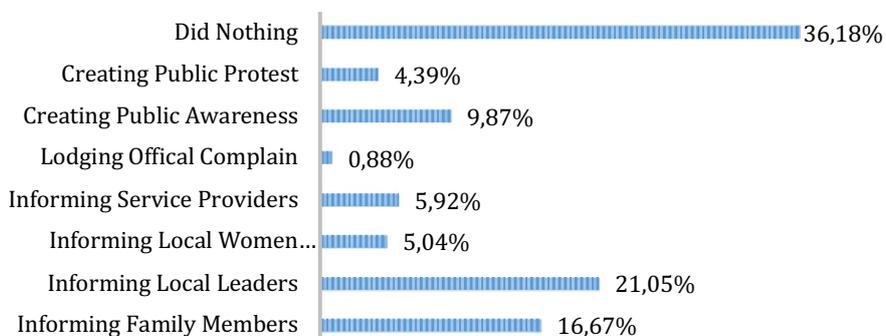


Figure 6-14: Steps Taken by the respondents for Having Their Service Rights

Figure 6-14 represents the answers which were found to the question. It's clear from the figure that 36.18% of the respondents did actually nothing to ensure their right while a good number of respondents have informed the local leaders for having their service.

On the contrary, some of the respondents also informed their family members and neighbors for creating public awareness. A small number of responses were about creating public protest as well. 0.88% also confirmed that they've lodged official complain to the agencies for ensuring the timely service as well.

6.16 MEASURES RECOMMENDED BY THE RESPONDENTS FOR EASING PROBLEMS IN HAVING SERVICE

The respondents who have been facing issues in having their WASH and nutrition related service were asked about their recommendation for easing down the process of having the services. It is observed that majority of the responses, 67.7% were about fastening the response, means immediate action taking by the service provider upon request for a service.

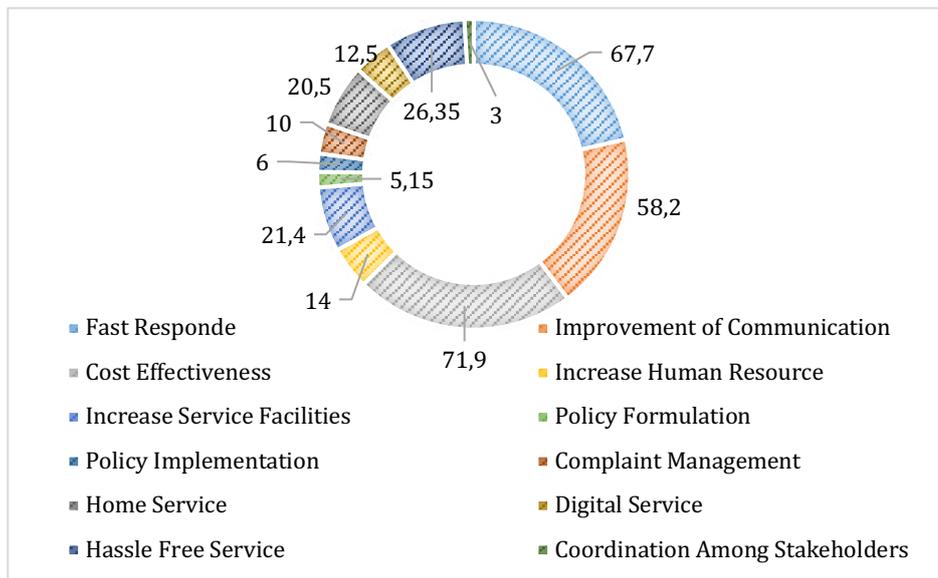


Figure 6-15: Recommended Measures for Easing Service Reception

58.2% of the responses were for improving communication system among the stakeholders and 3%, the minimum responses recommended enhancing coordination among the stakeholders. The other responses were for increasing service facilities, policy formulation, implementation, increasing human resource, promoting digital tools in booking service, easing hassle etc.

7 FINDINGS FROM THE MODULE BASED QUESTIONS

As referred in the methodology section, the study was done focusing two precise categories of respondents, i.e., Pregnant women, Lactating mothers, Mother/Caregiver to CU5 and Adolescents. This section of the report represents the findings from the module-based questions.

7.1 MODULE OF PREGNANT WOMEN

7.1.1 Attending Courtyard Meeting During Pregnancy

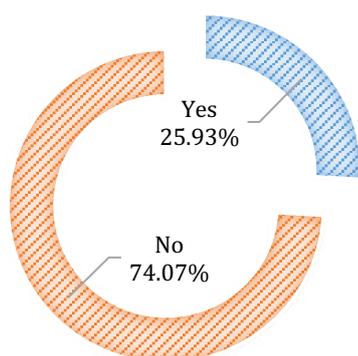


Figure 7-1: Attendance in Courtyard Meetings

Table 7-1: Host of the Courtyard Meetings

Community Club	4.76%
Community Leaders	4.76%
NGO Personnel	76.19%
Community Clinic	4.76%
UHC	9.52%

The pregnant women were asked if they have attended any courtyard meetings or awareness raising seminars during their pregnancy about nutrition and it was observed that majority of the women didn't get a chance to attend such sort of meetings. Of 81 pregnant respondents, 25.93% have affirmed about attending a courtyard meeting who were again asked about the host of the meeting it was learned that 76.19% of the courtyard meetings were arranged by the NGO and 9.52% were by the Upazila health Complexes. Rest of the seminars were arranged by Community Club, Community Leaders and Community Clinic equally.

7.1.2 Demand about Nutrition and WASH Rights

The pregnant women were asked if they have ever raised their voice for having their nutrition and WASH rights ensured and was learnt that only three of them have done that.

Table 7-2: Demand About WASH and Nutrition Rights

Demand About Nutrition Rights (n)		Demand About WASH Right (n)		
Community Club	Service Provider	School	Awareness Building Seminar	Service Provider
2	1	1	1	1

Table 7-2 represents that two of the respondents have raised their demand about their nutrition right in the community club and one has demanded to the service provider while about the WASH rights, the demand was made to the service provider and in courtyard meetings.

7.1.3 Recommendation for Enhancing WASH & Nutrition Services of the Pregnant

It's necessary to know the harmony of a community prior to starting working for them. So, in order to start working with nutrition and WASH rights of community, it's required to know about the recommendation of the community for enhancement of the services for them. Focusing on that the consultant have asked for open ended recommendation of the pregnant respondents to improve WASH and nutrition services.

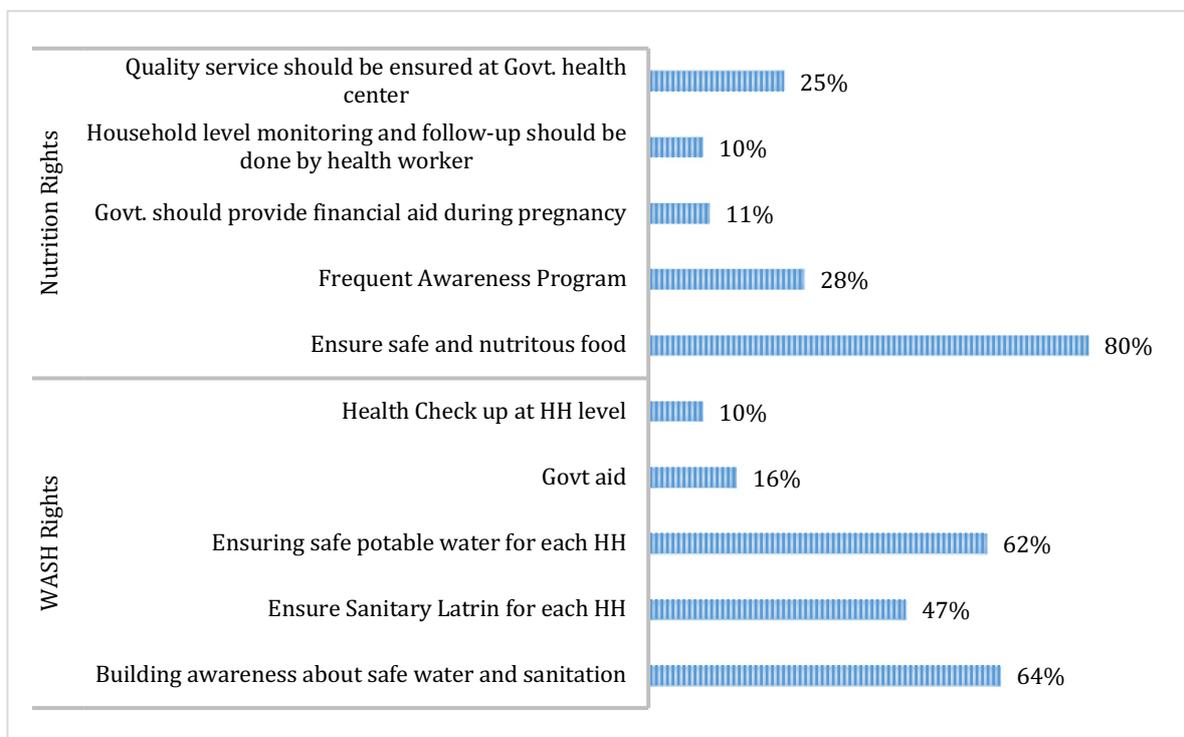


Figure 7-2: Recommendation about WASH and Nutrition Rights by the Pregnant Respondents

Figure 7-2 represents the recommendation of the pregnant community about the WASH and nutrition services. The majority of the responses 80% were for safe and nutritious food and 62% were about safe potable water. 11% of the responses were seeking financial aid for nutritious food during pregnancy and 16% were for the same for managing safe potable water. In both cases, regular health check-up at HH and quality service was recommended.

7.2 MODULE OF LACTATING MOTHERS

7.2.1 Attending Courtyard Meetings

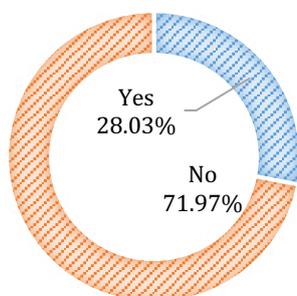


Figure 7-3: Attendance in Courtyard Meetings

Table 7-3: Host of the Courtyard Meeting

Who arranged the awareness session for Pregnant	%
Upazilla Health Complex	2%
Community Clinic	10%
NGO personnel	44%
Community Leaders	20%
Community Club	18%
Union Health and Family welfare Centre	6%

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The respondents from the lactating mothers’ module were also asked if they have attended any courtyard meeting or any awareness raising seminars. It was observed that 28.03% of the 132 lactating mothers got the chance to attend a courtyard meeting and the rests didn’t get any.

While the respondents were asked about the host of the courtyard meetings it was learned that majority. 44% of the meeting were arranged by the NGO personnel, 20% were by the community leaders, 18% by the community club and 10% were by the community clinics.

7.2.2 Demand about Nutrition and WASH Rights

Table 7-4:Voice Raising About Rights

	Demand Raised About Nutrition Rights		Demand Raised About WASH Rights	
	Numbers	%	Numbers	%
No	125	94.7	126	95.45
Yes	7	5.3	6	4.55

The respondents were also asked if they’re raised their voice for having their rights of nutrition and WASH facilities. It was observed that unfortunately maximum of the respondents didn’t make any demand of their rights. Only 5.3% respondents raised their voice for the nutrition rights and 4.55% did the same for WASH rights.

7.2.3 Recommendation for Enhancing WASH & Nutrition Services of the Lactating Women

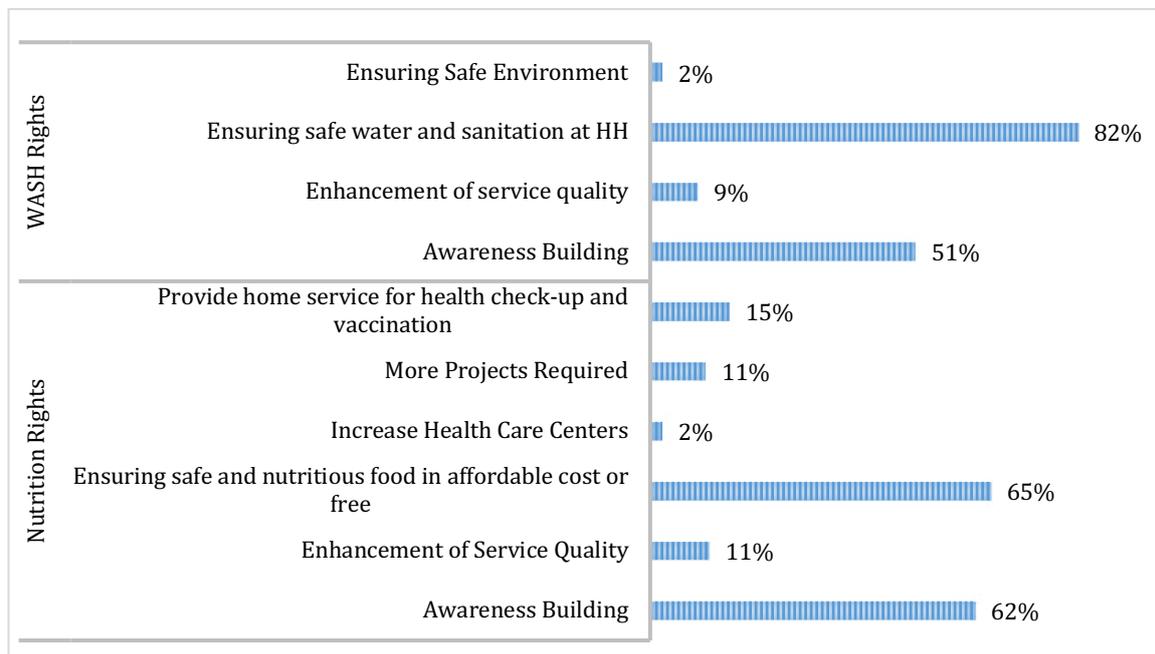


Figure 7-4:Recommendation about WASH and Nutrition Right by the Lactating Respondents

The respondents were then asked to provide their suggestion to ensure their right of WASH and nutrition. Figure 7-4 represents that 82% responses were about ensuring safe water and sanitation at HH and 65% responses were about ensuring nutritious food at affordable cost, 51% recommendation for WASH rights and 62% responses about nutrition rights were about awareness building of rights.

7.3 MODULE OF MOTHER/CAREGIVER TO CU5

7.3.1 Attending Courtyard Meetings

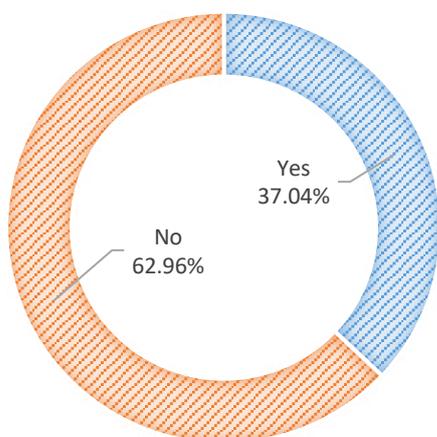


Figure 7-5: Attendance in Courtyard Meetings

Table 7-5: Host of Courtyard Meetings

Union Health Complex	11.86%
Community Clinic	8.47%
Private Clinic	1.69%
NGO Personnel	57.63%
Community Leader	6.78%
School	1.69%
Community Club	6.78%
Union Health and Family Welfare Centre	5.08%

Like the other modules, 135 respondents of the mother/caregiver to CU5 were also asked about their attendance in any courtyard meetings or awareness building seminars and it was observed that 37.04% of them attended in such meetings and the rests didn't.

They were further asked about the hosts of the courtyard meetings and it was learned that over half of the meetings were arranged by the NGO personnel. 11.86% of the meetings were arranged by the UHC.

7.3.2 Demand about Nutrition and WASH Rights

Table 7-6 represents that 90.37% mother/caregiver to CU5 haven't raised their voice for having nutrition rights and 92.59% of the respondents didn't demand of their WASH rights ever. 9.63% and 7.41% respondents respectively have complained/demanded for having the services timely.

Table 7-6: Demand About WASH and Nutrition Rights

	Demand of nutrition rights		Demand of wash rights	
	Numbers	%	Numbers	%
Yes	13	9.63	10	7.41
No	122	90.37	125	92.59

7.3.3 Recommendation for Enhancing WASH & Nutrition Services of the Mother/Caregiver to CU5

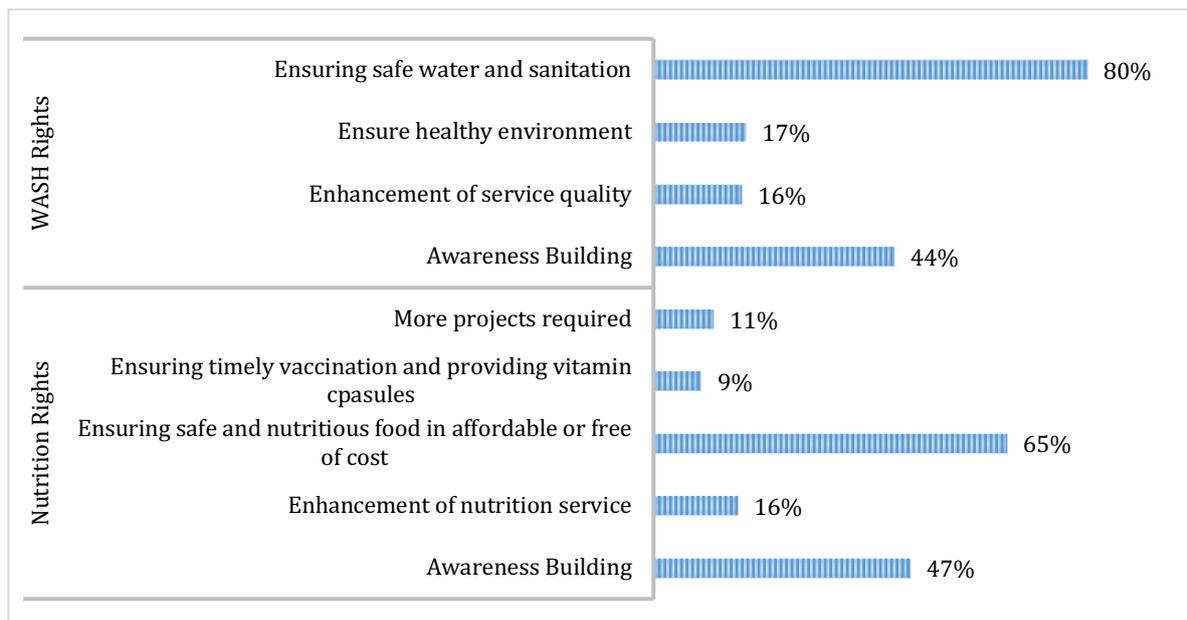


Figure 7-6: Recommendation about WASH and Nutrition Rights by the Mother/Caregiver to CU5 Respondents

Like the other modules it was observed in case of the mother/caregiver to CU5, recommended mostly for ensuring safe water and sanitation. 80% of the responses were about that while 65% of the recommendations were about ensuring safe and nutritious food at affordable rate. 44% recommendation about WASH rights and 47% recommendation about Nutrition rights were about awareness building of the rights.

7.4 MODULE OF ADOLESCENTS

7.4.1 Attending Courtyard Meetings

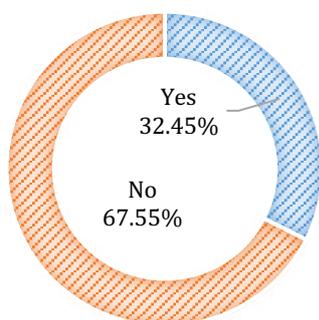


Figure 7-7: Attendance in Courtyard Meetings

Table 7-7: Host of the Courtyard Meeting

Upazila health complex	4.84%
Community clinic	3.23%
Private clinic	1.61%
NGO	54.84%
Women leaders	1.61%
Community leaders	8.06%
Schools	17.74%
Community club	8.06%

32.45% of the 151 respondents in study area got the chance to attend courtyard meetings and 67.55% didn't. Over 50% of the courtyard meetings were arranged by the NGOs. Some meetings were arranged by the community clubs and leaders.

7.4.2 Demand about Nutrition and WASH Rights

According to Table 7-8, 91.4% adolescents haven't raised their voice for having nutrition rights and 95.36% of the respondents didn't demand of their WASH rights ever. 8.6% and 4.64% respondents respectively have complained/demanded for having the services timely.

Table 7-8: Voice Raising About Nutrition and WASH Rights

	Demand About Nutrition Rights		Demand About WASH Rights	
	Number	%	Number	%
No	138	91.4%	144	95.36%
Yes	13	8.6%	7	4.64%

7.4.3 Recommendation for Enhancing WASH & Nutrition Services of the Adolescents

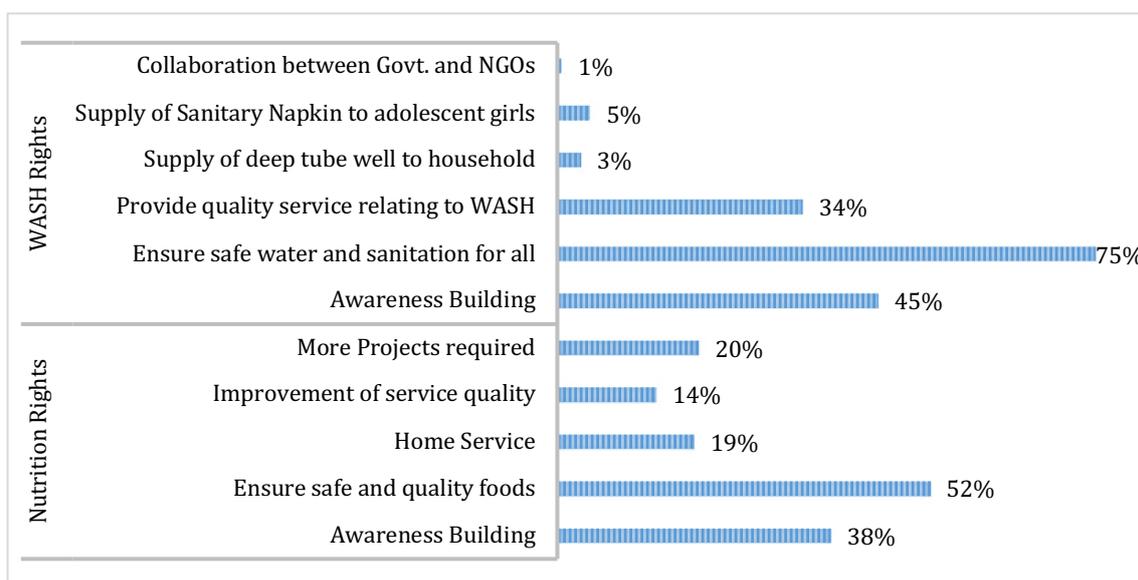


Figure 7-8: Recommendation about WASH and Nutrition Rights by the Adolescents

Majority of the responses from the adolescent module were for ensuring safe water and sanitation for all while 34% responses were about providing quality service relating to WASH. 52% responses were also about ensuring safe and quality foods while 38% recommendation were about awareness building about nutrition rights.

8 FINDINGS FROM QUALITATIVE SURVEY

A total of 5 FGDs were conducted with women in 5 intervention Upazilas- Patuakhali Sadar and Galachipa Upazila of Patuakhali District, Taltali Upazila of Barguna District, Dumuria Upazila of Khulna District and Debhata Upazila of Satkhira District.

It was found that most of the participants know that they have some rights to nutrition and WASH but they have a very little knowledge about their rights to nutrition and water, sanitation and hygiene (WASH). By nutrition rights they understand only having safe and good foods. Many of the participants said that good food at affordable price is their right. And by WASH rights, they understand access to drinking water and sanitary latrine. Few of them said that getting hygiene kits such as sanitary napkin for adolescent girls and women are their WASH rights too. Very few of them mentioned clean environment as their rights to hygiene.

It was found that NGOs and INGOs are working at household level to create awareness about nutrition and water sanitation. Though the awareness level was not found satisfactory, whatever the people know about rights to nutrition, water and sanitation, most of them were the results of NGO and INGO interventions.

In few study areas it was found that a club type concept has been introduced who are directly connected with Union Parishad officials and local NGOs and they have some interventions related to nutrition and water-sanitation advocacy in that particular area. Few of the participants mentioned that they got information of rights to nutrition, water and sanitation from healthcare service providers, Community clinic, Union Parishad office and Upazila Health Complex.



Figure 8-1: Focus Group Discussion

Those who said that they received some services, they got the nutrition services mostly from NGOs and community clinic and water sanitation services mostly from NGOs and Union Parishad Office. The consultants asked them about the details of services they received. It was informed that they received vaccination of children, vitamin, zinc and iron tablets for pregnant women and lactating mothers. They got these services free of cost. Most of the participants attended some awareness raising sessions like courtyard meetings arranged by NGOs and some briefing sessions at community clinic and union healthcare centers.

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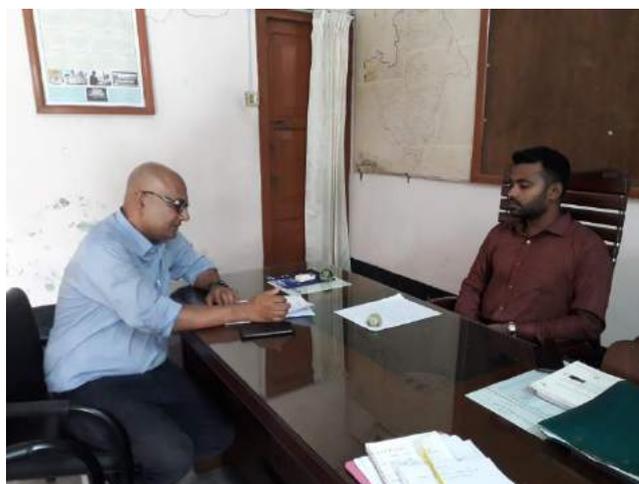
They face few problems in getting the services. They mentioned that lack of information and communication, lack of required services at household level, lack of quality services provided by the healthcare service providers are the main problems. The majority of the participants were found unaware about services they should get and services they are not getting.

The consultant found that most of the participants never raised any issues in any forum regarding their nutrition and WASH rights.

The participants were found very satisfied with the services provided by the NGOs. More activities related to awareness raising on nutrition and WASH from NGOs were demanded to make the people well-aware of the issues. They also stated that Government and NGO and private sectors should work with coordination and make the nutrition and WASH related services available to them.

The consultants conducted around 30 KIIs and IDIs with different stakeholders such as:

- Embassy of Netherlands
- Consortium partners
- Partner NGOs
- Local NGOs/CSOs/CBOs
- Local Women Entrepreneurs
- Local Govt. (UP Chairman/Member)
- Govt. Officials such as Institute of Public Health and Nutrition (IPHN), Office of the Civil Surgeon, Upazila Health and Family Planning Officer, Upazila DPHE Office
- Community Clinic etc.



It was learned that there are many donor organizations such as WHO, USAID, UKAID, UNICEF, FCDO (formerly known as DFID), Global Canada, DANIDA, JICA, Netherlands Government, Swiss Government etc. who are working in Bangladesh. UN organizations like UNICEF, FAO etc. do not go for funding directly. They work with funds from other donors.

They have good coordination both in international and national level with Government and NGOs. There are more than 20 (twenty) platforms such as SUN (Scaling Up Nutrition) for coordination among donors. There are some problems with coordination among the implementing agencies/NGOs. They have some duplication tendency in

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project conceptualization. It was informed that if any agency got some fund from a donor with a concept, some other agencies manage funds from other donors with the same concept. It results to a severe coordination gap.

Most of their concentration are in health and nutrition, WASH, education, women and child development, youth development, disaster risk resilience etc. Recently funding in education sectors has been reduced and more concentrations are given in health, nutrition and WASH sectors. Dutch embassy does maximum funding for Water Management related projects. Besides they have schemes for Food Security, Gender, Private Sector Development etc.

All the projects are conceptualized with special focus on gender inclusiveness as it is one of the funding criteria of most of the donors.

Public opinion is one of the most vital issues when conceptualizing any project. Before launching a project, besides the available secondary data, primary level data are collected from community by conducting court-yard meeting, discussion sessions, survey etc. to know the real picture of the area on that particular intervention. For a large-scale funding, feasibility studies are required. Based on the findings, the project indicators are set. In most cases, representatives from community are being involved in project planning and implementation.



For identifying the current problems of nutrition and WASH there are many frameworks such as National Nutrition Plan and Framework, Bangladesh Delta Plan, Seventh Five Year Plan, reports of completed projects etc.

Consortium partners are working to develop village level committee to monitor the project intervention. They are also developing networks among community, govt. agencies and NGOs in intervention area. A social map is being developed to provide the nutrition and WASH related services aligned with SDG 2 and 6.

It was said that reactivation of District Nutrition Committee is must to make the funding process smooth. Specific sectors of funding should be developed and all the stakeholders should be aware of the requirements. The sectors should be developed in priority basis and community leaders should be well aware of the places where to knock.

As mentioned by the respondents, besides the awareness activities, there should be some intervention related to hardware support. Some people are required immediate intervention where a lengthy process will not work properly. R2G program may have the option to take immediate action there.

It was mentioned by the respondents that community participation and entrepreneurship activities should be enhanced in union level. Participation of youth and marginal community such as indigenous, outcast, transgender, rootless is a must to achieve the goals.

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Local NGOs/CSOs/CBOs can play a vital role to reach the community people. Few CBOs and CSOs are currently working in nutrition and WASH sectors but they are scattered and no such cases were reported on agenda setting, influencing the debate and/or creating space to engage national level etc. Interviewed CSOs were found not involved in any advocacy initiative formally. They should be brought under a common platform so that a coordinated move can be done.

According to the local government representatives and upazila level govt. offices, the budget allocation for nutrition and WASH is very low and inadequate. Budgets are provided based on the range of work required and examining the cash memo, vouchers etc. Most of the budgets are spent in awareness raising. After covid situation, few budgets have been allocated for WASH services.

Community level health service centers are not well equipped and face scarcity of required medicines. Coordination among community clinic and NGOs should be stronger to make the people aware of their nutrition needs.

All the participants stated that advocacy for budget is required to make the authority understand the real scenario of the community. NGO and district nutrition committee should play a strong role here.

9 COMPREHENSIVE SCENARIO OF THE OUTCOME INDICATORS

Outcome	Indicators	BL value	Indicator definition	Qualitative findings
Outcome 1: Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners	% of households practiced improved WASH and able to consume Nutritional facility.	47.4%	<ul style="list-style-type: none"> Households practiced improved water Households practiced improved sanitation Households practiced improved hygiene Able to consume nutritional facility (here considered consumes three meals in a day) 	Most of the HHs have improved water facility either from personal or from public tube wells. Almost all the HHs has improved latrine. Very few of the respondents know and practice the 5 critical times of hand washing. Most of the respondents who practice handwashing use soap/ liquid hand wash for washing their hands.
	# of actions in which communities formulate demands for improved (WASH and nutrition) services	0	Actions in which communities formulate demands for improved (WASH and nutrition) services improved Water <ul style="list-style-type: none"> improved sanitation improved hygiene improved nutrition This indicator will measure the number of barriers to good nutrition and WASH services has been successfully addressed by joint community and private sector initiatives.	The consultant found that the participants never raised any issues in any forum regarding their nutrition and WASH rights. They face few problems in getting the services. They mentioned that lack of information and communication, lack of required services at household level, lack of quality services provided by the healthcare service providers are the main problems. The majority of the participants were found unaware about services they should get and services they are not getting. In the sample, none was found with previous record of actions and thus the quantitative findings are zero.
	# of barriers to good nutrition and WASH services successfully addressed by joint community, government and/or private sector initiatives.	0	Quantitative and qualitative indicator. <ul style="list-style-type: none"> Indicators requires number and type of barriers. Barriers are clarified through a situational analysis including vulnerability and gender analysis. Barriers are likely to differ from community to community, district to district, and gender perspectives, as well as per country. Hence there is no standard definition at global level as it requires contextualisation. Success does require a joint initiative by the community and 	No case addressed by the joint community was reported during the survey and thus the quantitative findings are zero. However, there were few cases that were addressed by individual initiative. NGOs were found most active in this case. Most of the cases addressed were regarding WASH initiatives such as supply of tube wells and sanitary toilets. Regarding nutrition, most of the initiatives were for awareness building.

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Outcome	Indicators	BL value	Indicator definition	Qualitative findings
			<p>the private sector. Case studies can be used to demonstrate success.</p> <ul style="list-style-type: none"> Barriers can be economic, social, political, environmental, institutional, etc. These can be made more specific through the situational analysis and grouped according to main categories, to be defined by each country team. Private sector can be companies, banks/financial institutions, businesses, ... 	
<p>Outcome 2: Representative and empowered civil society organisations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition</p>	<p># of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage national level (Donor indicator)</p>	<p>0</p>	<p>Times that CSOs succeed in creating space for CSO demands and positions through</p> <ul style="list-style-type: none"> agenda setting, influencing the debate and/or creating space to engage national level <ul style="list-style-type: none"> Quantitative and qualitative indicator Advocacy activities of CSOs start having effect in the sense that their demands are being heard and that they are involved in decision making processes of targeted actors. For this, we count: the number of times the government, private sector, or other CSOs (if L&A targets) at the global, regional, national level and/or subnational level include: <ul style="list-style-type: none"> CSOs in the decision-making process related to our advocacy issue, Policy procedures and decision-making processes become inclusive to (the concerns, rights and ambitions of) specific societal groups represented by CSOs React upon the positions of the CSOs by adopting their argumentation and terminology Targeted actors adopt CSO terminology, rhetoric and framing 	<p>CSOs and CBOs working with nutrition and WASH initiatives were found scattered and no such cases were reported on agenda setting, influencing the debate and/or creating space to engage national level etc. Thus the quantitative value is zero.</p>

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Outcome	Indicators	BL value	Indicator definition	Qualitative findings
	<p># of advocacy initiatives carried out by CSOs, for, by or with their membership/constituency</p> <p>(Donor indicator)</p>	0	<ul style="list-style-type: none"> ○ React upon the positions of CSOs by putting our advocacy issues on the agenda ○ Targeted actors place CSO issues on the agenda <ul style="list-style-type: none"> • Quantitative indicator • CSOs: the contracted CSO partners at country level, and the R2G organizations at country level (incl. Netherlands) and global level • Advocacy initiatives: activities whereby R2G advocacy goals are pursued, for ex. through meetings with decision makers, events, or the sharing of knowledge products. • The indicator excludes activities in support to better NGO legislation, policies, by-laws or codes of conduct that improve civil society space. So, if an initiative is targeting civil space as a whole for ex. By lobbying for adjustments to laws on freedom of speech, or NGO registration, this is not counted under this indicator. Initiatives related to our themes (nutrition/WASH) are by definition included. <p>The indicator concerns the number of meetings by R2G partners and/or CSOs with stakeholders, events, and the number of disseminated knowledge products. An initiative should be a distinct set of actions. In detail, this is a combination of output level results:</p> <ul style="list-style-type: none"> • number of unique knowledge products and evidence-based statements disseminated among stakeholders (including online and face to face). For example: joint CSO statements, policy briefs, blogs, press releases, research papers, press statements etc. used for external purposes, writing a policy brief and submitting it to the concerned authority, commissioning research to generate the evidence base. 	<p>Interviewed CSOs were found not involved in advocacy initiative formally. Thus, the quantitative number is zero.</p>

Outcome	Indicators	BL value	Indicator definition	Qualitative findings
			<ul style="list-style-type: none"> number of formal and informal meetings with policy/decision makers, whether initiated by R2G or on invitation. These are for ex. multi-stakeholder meetings with the aim of influencing decision-making processes, TWGs, bilateral, platform, network meetings etc. A simple meeting cannot be considered an initiative unless the meeting concerns a rare meeting with a top-level decision-maker that you get to speak to as an objective in itself and for which a number of actions are required to make it happen. number of events on nutrition and/or WASH organized by R2G for external audience. Events are for ex. Seminars, workshops, trainings conferences, field visits for MPs, organizing a public campaign etc. 	
	Established of a common CSO platform regarding WASH and nutrition	0	Established of a common CSO platform regarding WASH and nutrition	Local NGOs/ CSOs/ CBOs can play a vital role to reach the community people. Few CBOs and CSOs are currently working in nutrition and WASH sectors but they are scattered. No common platform for CSO was found regarding WASH and Nutrition.
Outcome 3: National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to under-nutrition in policies, action plans and budget allocations	Improved degree of social accountability	NA	<ul style="list-style-type: none"> Qualitative indicator. Social accountability here refers to the mechanisms that citizens can use to hold the state to account for their actions. It aims at improving service delivery through participatory processes to identify nutrition/WASH service gaps while taking into account gender-specific needs and needs of marginalized groups, and to demand that the nutrition-WASH system addresses these needs. Specifically, it refers to transparency of decision making, the obligation of the government (at local, regional, national, global level) to justify its decisions and actions, the expression of voice of CSOs, and the responsiveness of the government to citizens' demands. The accountability 	Citizens were found not well-informed about their rights and there was no case of social accountability reported during the survey. Since it is a qualitative indicator, so the quantitative value is not applicable.

Outcome	Indicators	BL value	Indicator definition	Qualitative findings
			<p>mechanisms are related to the advocacy issues of R2G.</p> <ul style="list-style-type: none"> Government can be at different levels: local, national or international/regional (for institutions, like the European Union or African Union). 	
	<p># of laws, policies and norms/ attitudes, blocked, adopted, improved for sustainable and inclusive development (Donor indicator)</p>	0	<p>The total nr of:</p> <ul style="list-style-type: none"> Number of policies improved, adopted, or maintained (in case of cancelling a policy by government) related to nutrition and WASH Number of detrimental policies related to nutrition and WASH which are prevented or blocked from adoption or development Number of policies implemented related to nutrition and WASH. <p>Definitions of policy stages:</p> <ul style="list-style-type: none"> Improving a policy: successful passing of a proposal for an improvement – a concrete change– in an existing policy (for ex. Of the content) Blocking a policy: successful opposition to a policy; preventing cuts or other negative changes to a policy Adoption of a policy: successful passing of a new policy, often by voting in parliament or by a local government body Implementing a policy: implementation of policies with regulatory measures, courses of action, funding, quality assurance, and evaluation 	<p>Since the independence of Bangladesh in 1971, Government of Bangladesh prepared and implemented a significant number of policies to improve WASH and nutritional status of its people, and later on based on necessity, country context and national strategy, lot of changes or revision have been made on those policies. At this stage it is almost impossible to define the value of those changes in both quantitatively and qualitatively. Also, Right to Grow started its operation in 2021 and the programme does not have any influence on those policies yet. Based on this baseline value is treated as zero.</p> <p>During baseline we have reviewed 26 policies, legislations, acts, rules, strategies and plans (Refer to chapter-4) related to WASH and Nutrition. We have found the existence of strong national policy framework in both sectors but weakness in effective implementation. In some cases, clear and easily understandable supporting guidelines/ handbooks are absent, such as for local government (Union Parishad) Act 2009 execution.</p>
	<p>% of public budgets allocated and implemented for nutrition and WASH services (increased funding).</p>	1.45%	<ul style="list-style-type: none"> The indicator is both quantitative and qualitative. Quantitative: look at the aggregate level of government spending on general health, nutrition and WASH (that is, how much was spent). Qualitative: describe the engagement of CSOs, CBOs and communities in budget processes. 	<p>We have considered only to review the Union Parishad budget during our baseline study conduction. After analyzing surveyed 20 unions average budget per union were BDT18,374,845 in FY20-21 where BDT 400,000 allocated for WASH and nutrition services and in FY 21-22, BDT 19292227 where BDT 700000 allocated for WASH and nutrition services. The increasing trend of</p>

Outcome	Indicators	BL value	Indicator definition	Qualitative findings
			<p>The development of financial indicators mainly depends on the budget processes that are followed in each country, which may differ from country to country. It is therefore imperative to understand the government budget processes of each country before defining the financial indicators. While budget processes may differ between countries, there are however several key processes required for effective allocation and use of resources that could be grouped into four (4) main budget steps which are: 1) Budget formulation, 2) Budget enactment, 3) Budget execution, and 4) Budget oversight and assessment.</p> <p>Therefore, it is important to understand these stages, processes, and the budget decision makers throughout the budget cycle in order to monitor the level of CSO and community participation in each of the budget stages and their influence. Also, understanding and monitoring these budget stages and processes unfolding is critical to determine the level of government transparency and accountability throughout the budget cycle.</p>	<p>WASH and nutrition allocation in annual union parishad budget was 1.45%.</p>
	<p>A five-year integrated plan, budget and monitoring framework is being developed and implemented by public-private service providers both at national, sub-national and local level</p>	<p>0</p>	<p>A five-year integrated plan, budget and monitoring framework is being developed and implemented by public-private service providers both at national, sub-national and local level</p>	<p>No five-year integrated plan, budget and monitoring framework was found during baseline study conduction.</p>
<p>Outcome 4: Donors and international development actors coordinate and</p>	<p>Degree to which donors along the humanitarian-development nexus are addressing the underlying determinants of undernutrition through</p>	<p>NA</p>	<ul style="list-style-type: none"> • This indicator is qualitative. • The degree concerns the effort of donors and international actors towards integration of the wash-nutrition nexus to address the underlying determinants of undernutrition. 	<p>During baseline we have found that almost 20 platforms with donors and international actors are working in Bangladesh. But Most of their concentration are in health or nutrition or WASH or education or women or child etc. Only few platforms work with muti-focused areas. As Right to Grow is not yet collaborated and coordinated</p>

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Outcome	Indicators	BL value	Indicator definition	Qualitative findings
collaborate along the humanitarian-development nexus to address the underlying determinants of under-nutrition	commitments and scaling up of initiatives that have proven successful		<ul style="list-style-type: none"> Donors are in general national donors or international donors with a national presence (e.g. EU delegation Bangladesh, embassy). The global and Dutch Lobby & Advocacy experts will report on donors in the Netherlands and those which are not active in our programme countries. Donors exclude national governments. International actors can be defined as the headquarters of institutions such as the EU/WB/IMF/UN. In addition, it includes multilateral institutions. 	with those platforms to build a development nexus to address the underlying determinants of under-nutrition. Since it is a qualitative indicator, so the quantitative value is not applicable.
Intermediate Outcome 1: Communities are aware of small doable actions and put them into practice	% of households who practice small doable actions consistently and correctly	5.3%	HH practices small doable actions i.e., hygiene, sanitation, safe drinking water, nutrition and healthcare consistently and correctly.	Very few of the respondents know and practice the 5 crucial times of hand washing. Most of the respondents use soap/liquid hand wash for washing their hands.
	% of community that report positive WASH and nutrition practices changed	0	Community that reports positive changed on <ul style="list-style-type: none"> WASH and Nutrition practices 	As this one is the baseline report, the change in WASH and nutrition practice was not measured. However, the quantitative data represents the current WASH and nutrition practice in the study area. The current scenario is as follows: <ul style="list-style-type: none"> 90% of the respondents have access to improved water from deep tubewell either owned by the respondents or a public one. 77.% of the respondents were satisfied with the quality of water which they are consuming 69.15% of the respondents wash their hand with soap and water. 52.7% responses were about having access to balance diet that covers required portion of carbohydrates, protein and fats. From field observation and stakeholders' consultation it was found that some awareness session conducted by the NGOs has positive impacts in nutrition and WASH practices.
Intermediate Outcome 2: Communities	% of community people received WASH and nutrition services from the	12.25%	<ul style="list-style-type: none"> Community people received WASH services from the government service provider agencies 	NGOs/CBOs/Private service providers have been playing the most crucial role in awareness building, and providing nutrition and WASH related services.

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Outcome	Indicators	BL value	Indicator definition	Qualitative findings
have access to affordable nutrition and WASH products and services	government and private service provider agencies	(Govt. 4.16 & Private 8.09%)	<ul style="list-style-type: none"> Community people received nutrition services from the government service provider agencies Community people received WASH services from the private service provider agencies Community people received nutrition services from the private service provider agencies 	
	% of total cost of services and products borne by communities and out-of-pocket payments	64.3%	Total cost of services and products borne by communities and out-of-pocket payments	From field observation it was found that most of the costs except some vaccines and basic nutritional products for pregnant mother and under 5 children are borne by the communities.
Intermediate Outcome 3: CBOs and CSOs regularly engage with local government in programming and financial planning	# of CBOs and CSOs which are consulted during (multi) annual programming and budgeting exercises	0	CBOs and CSOs which are consulted during (multi) annual programming and budgeting exercises	Interviewed CSOs and CBOs were not found engaging in annual programming and budgeting exercises.
	Degree to which CSOs champion a learning-focused approach that incentivizes governments to exchange challenges and successes	NA	Degree to which CSOs champion a learning-focused approach that incentivizes governments to exchange challenges and successes	Since it is a qualitative indicator, so the quantitative value is not applicable.
	# of CSOs which have developed and rolled out integrated nutrition and WASH advocacy strategies	0	CSOs which have developed and rolled out integrated nutrition and WASH advocacy strategies	During baseline there was no CSO found which have developed and rolled out integrated nutrition and WASH advocacy strategies.
	# of Union Parishad practiced participatory planning and budgeting as per government circular	20	Union Parishad practiced participatory planning and budgeting as per government circular	
Intermediate Outcome 4: CBOs and CSOs have the credibility & capacity to voice the concerns	% Marginalized and disempowered people access to services increased	0	Marginalized and disempowered people on access to services increased	R2G programme started implementation from 2021 to ensure access to services for the marginalized and disempowered people through lobbying and advocacy by capacitated CSOs. Moreover, during the baseline survey conduction, interviewed marginalized respondents stated that they are also facing challenges in access to the services.

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Outcome	Indicators	BL value	Indicator definition	Qualitative findings
of the marginalized and disempowered	# of CSOs with increased lobbying and advocacy capacities (Donor indicators)	0	<ul style="list-style-type: none"> Quantitative indicator, complemented by qualitative data. Number of CSOs with increased lobby, advocacy, thematic skills capacities The indicator refers to the capacity, intended as skills and knowledge, of those CSO partners that R2G organizations work with in their country. CSOs are: partners in-country and strategic partnership members (1st tier), and implementing partners or contracted CSOs per country (2nd tier). It could be extended to other CSOs who have participated in capacity strengthening activities (3rd tier) but this is not a requirement for M&E/donor. 	During baseline no CSO found which has sufficient capacity to conduct lobbying and advocacy initiative following a systematic approach.
Intermediate Outcome 5: Evidence on pathways and implementation gaps informs policymaking	# of evidence-based research documents have been communicated to policy makers	0	Evidence-based research documents have been communicated to policy makers	Since no evidence-based research documents have been communicated with policy makers by R2G consortium, so the baseline value is treated as zero.
	An open data platform has been established and policy makers used that information to make decisions	0	An open data platform has been established and policy makers used that information to make decisions	No such platform was found that is used by the policy makers to make decisions.
	# Local (Union parishad) and national level monitoring cell established to increase accountability and evidence-based decision making	0	Local (Union parishad) and national level monitoring cell established to increase accountability and evidence-based decision making	No such monitoring cells were found during baseline.
Intermediate Outcome 6: The multi- sectoral approach is reflected in	# of Union Parishad and sub-districts have multi-sectoral joint action plan to address child nutrition	0	Union Parishad and sub-districts have multi-sectoral joint action plan to address child nutrition	Union Parishad and sub-districts have multi-sectoral joint action plan to address child nutrition. It was found during the survey that most of them are limited to meetings and seminars without any visual impact to the society.

Baseline study report of the Right2Grow Program

Outcome	Indicators	BL value	Indicator definition	Qualitative findings
sector policies and action plans	Multi-sectoral approach reflected in Bangladesh National Plan of Action for Nutrition (NPAN)	NA	Multi-sectoral approach reflected in Bangladesh National Plan of Action for Nutrition (NPAN)	Multi-sectoral approach reflected in Bangladesh National Plan of Action for Nutrition (NPAN). Since it is a qualitative indicator, so the quantitative value is not applicable.
Intermediate Outcome 7: International actors participate in intersectoral coordination mechanisms, share data and engage in joint programming	# of meetings involving multi-sectoral coordination between humanitarian and development actors and donors on WASH & nutrition to share experiences and strengthen the evidence base	0	Meetings held involving multi-sectoral coordination between humanitarian and development actors and donors on WASH & nutrition to share experiences and strengthen the evidence base	R2G has not yet organized any meeting involving multi-sectoral coordination between humanitarian and development actors and donors on WASH & nutrition.

10 CONCLUSION & RECOMMENDATION

The baseline study for the Right2Grow project was undertaken in 5 Upazilas of 4 districts in the southern belt of Bangladesh. The consultant panel has done extensive desk research and conducted 816 HH surveys, 3 KII, 23 IDI and 5 FGDs for having a clear visualization of the status of the community rights on nutrition and WASH and the involvement of other stakeholders to improve the status. The consultant recommends the following actions for incorporating in the Right2Grow project:

- i. During this study, it was found that community WASH status had been improved a lot and the community are well aware of their right to WASH but limited awareness about the nature, extent and significance of the malnutrition problem still exists in the community. Systematic awareness programmes through courtyard sessions should be conducted in the project area so that community can identify their demand and act accordingly to overcome the barriers to ensure their right. Additionally, R2G project should influence the local Government entities (Union Parishad, Upazila Parishad, Community Clinic etc.) to conduct awareness programmes as well.
- ii. The practice level of the community is much lower than the extent of access to WASH and nutrition services. Behavioural change should be considered a priority element during awareness building for sustainable improvement on WASH and Nutritional status.
- iii. Though local entrepreneurs are not part of our study, during the discussion with the community, we have found that local entrepreneurs can play a strong positive role to improve their WASH and Nutritional status. R2G should emphasize the involvement of local entrepreneurs in its interventions where required.
- iv. A large portion of the community stays in poor and ultra-poor levels in R2G project area. Special initiatives from project can be design and implement to address these groups including marginalized and disempowered people.
- v. During baseline, we found that adolescent groups are not well aware of their rights to accessing WASH and nutrition services whereas they can act as a pressure group to achieve the R2G project goal. Hence this group should be involved effectively. School-level campaigns and purposive courtyard sessions can be done to ensure their active participation to improve the WASH and Nutrition status of the community.
- vi. None of the CSOs we found as skilled enough to carry out advocacy initiatives to improve the community WASH and Nutrition status through gap analysis or influencing the duty bearers. It is recommended to assess the CSOs need and develop their capacity accordingly.
- vii. R2G project should take necessary initiatives to involve local government bodies in all the possible ways to improve WASH and the nutrition status of the community. In addition, newly elected bodies of Union Parishads are on board most recent, so proper steps should be taken by the R2G country consortium team to make all the UP committees' active which are related to WASH and Nutrition and make them aware to move based on government rules and regulations including Local Government (Union Parishad) Act -2009.
- viii. Further research needs to be conducted to identify the knowledge gaps at the community level, and based on the evidence, national-level advocacy should be done to influence the policymakers.
- ix. During policy review, we have found strong policies are in place regarding WASH and Nutrition but weaknesses in the implementation process at the field level. Hence, we are recommending focusing on relevant policy implementation to get optimum impact on WASH and Nutrition.
- x. Right to Information is the main key for solving service-related issues. Individual one-stop center at the union level for WASH and nutrition services may be introduced for providing all these services.
- xi. The local CBO/CSO is working in a scattered way in the study area but aligning them can extract a better output of their works. A common platform may be introduced to bring them along. Even the Right2Grow

Baseline study report of the Right2Grow Program

program can also act as the platform. Local-level CSOs can work together with issue-based networking agencies at different levels.

- xii. R2G can facilitate the local level CSOs to ensure their presence in different local/sub-national/national level committees for raising the community demand so that these will be included in the respective development plan.
- xiii. Based on overall observation during baseline study conduction that local cultural norms and awareness on health risk issues related to WASH & Nutrition influences regarding household level decision - making process, so it would be good to addressing those issues, while imparting nutrition education and awareness to improve mother and child health care issues for community.

Annexure

Tools used for the study

Sl.	Question	Answer	Instruction
Demographic Questions			
1	Name		(Text)
2	Sex	2.1 Female 2.2 Male 2.3 Others	
3	Marital Status	3.1 Unmarried 3.2 Married 3.3 Widow 3.4 Left/Separated 3.5 Divorced	
4	Respondents Type	4.1 Pregnant Women 4.2 Lactating Mother (0-2) 4.3 Mother/caregiver of U5 Child (2-5) 4.4 Adolescent (Age 10-19)	
5	Age		(Number)
6	Is the respondent disable?	1. Yes 0. No	Go to Q7
7	Type of Disability	7.1 Autism 7.2 Physical 7.3 Psychosocial 7.4 Visual Impaired 7.5 Speech Disability 7.6 Intellectual Disability 7.7 Hearing Disability 7.8 Hearing-Visual Disability 7.9 Cerebral Palsy 7.10 Down Syndrome 7.11 Multiple Disabilities	
8	District	8.1 Patuakhali 8.2 Barguna 8.3 Khulna 8.4 Satkhira	(Select one)

9	Upazila	9.1 Patuakhali Sadar (Patuakhali) 9.2 Galachipa (Patuakhali) 9.3 Taltali (Barguna) 9.4 Dumuria (Khulna) 9.5 Debhata (Satkhira)	(Select one)
10	Union	10.1 Madarbunia (Patuakhali Sadar) 10.2 Kalikapur (Patuakhali Sadar) 10.3 Badarpur (Patuakhali Sadar) 10.4 Morichbunia (Patuakhali Sadar) 10.5 Aoliapur (Patuakhali Sadar) 10.6 Laokathi (Patuakhali Sadar) 10.7 Amkhola (Galachipa) 10.8 Barobogi (Taltali) 10.9 Nishanbaria (Taltali) 10.10 Pachakoralia (Taltali) 10.11 Dumuria (Dumuria) 10.12 Gutudia (Dumuria) 10.13 Sobhana (Dumuria) 10.14 Sahas (Dumuria) 10.15 Kharnia (Dumuria) 10.16 Atlia (Dumuria) 10.17 Maguraguna (Dumuria) 10.18 Debhata (Debhata) 10.19 Shakhiur (Debhata) 10.20 Parulia (Debhata)	(Select one)
11	Area Type	11.1 Urban 11.2 Peri-urban	(Select one)
12	Mobile Number		(Numeric)
13	Educational Qualification	13.1 Illiterate 13.2 Class 1 - 5 13.3 PSCE 13.4 Class 6 - 10 13.5 SSC 13.6 HSC 13.7 Graduate or more	(Select one)

14	Profession	14.1 Govt. Service 14.2 Private Service 14.3 NGO Service 14.4 Agro (crop/fisheries/cattle) 14.5 Small Business 14.6 Day labourer 14.7 House wife 14.8 Student 14.9 Unemployment 99. Others (Specify)	Select all applicable
Economic Status			
15	Assets	15.1 Own house 15.2 Own Land 15.3 Own Car 15.4 Own Auto/Van/Rickshaw 15.5 Own Shop 15.6 Own Trawler/Boat 15.7 Own Farm 99. Others (Specify)	Select all applicable
16	Type of house	16.1 Own 16.2 Rental 16.3 Temporary	(Select one)
17	Condition of House	17.1 Pucca 17.2 Semi-Pucca 17.3 Kacha	
18	Total members in household including respondent		(Numeric)
19	Total earning members in household		(Numeric)
20	Relation with earning member	20.1 Self 20.2 Husband 20.3 Wife 20.4 Father 20.5 Father-in-law 20.6 Mother 20.7 Mother-in-law 20.8 Brother 20.9 Sister 20.10 Son	Select all applicable

		20.11 Daughter 99. Others (Specify)	
21	Total monthly income of the household		(Numeric)
22	Total monthly expenditure of the household		(Numeric)
23	Estimated sector wise expenditure in the last month	Food: Clothing: Rent/Bill: Medical: Education: Entertainment: Others:	Estimated
Nutrition and Food Security Status			
24	How many times did you take full meal in yesterday?	24.1 One 24.2 Two 24.3 Three	
25	Could you please tell me how many days in the last 7 days your household member (s) have eaten the following foods? If different members ate a different number of days, then consider the highest number of days.	25.1 Starchy foods (Rice, wheat, muri, potatoes, sweet potatoes, maize, khichuri): 25.2 Vegetables: 25.3 Meat (Beef, Goat and Chicken), Eggs and Fish: 25.4 Fruits: 25.5 Pulses (any type of dal) : 25.6 Milk, yogurt and other dairy: 25.7 Sugar, honey: 25.8 Condiments/other (Tea, Coffee, etc. :	
26	In the past 7 days, have any members of this household skip meals	1. Yes 0. No	

27	In the past 7 days, did you reduce the size of meals	1. Yes 0. No	
28	In the past 7 days, did you eat less preferred foods (e.g. wild foods etc.)	1. Yes 0. No	
29	In the past 7 days, did you borrow (food/money to purchase food) from relatives	1. Yes 0. No	
30	In the past 7 days, did you reduce adult food intake to allow children to eat	1. Yes 0. No	
31	In the past 7 days, did you send children to eat with relatives	1. Yes 0. No	
32	In the past 7 days, did you sell productive assets for buying foods?	1. Yes 0. No	
33	Do you face any food crisis in the period of last year?	1. Yes 0. No	
WASH Status			
34	What is the household's main source of drinking water?	34.1 Own shallow Tube well 34.2 Own deep Tube well 34.3 Public shallow Tube well 34.4 Public deep tube well 34.5 Piped into yard 34.6 Public tap 34.7 Protected well in dwelling 34.8 Protected public well 34.9 Tube well/borehole 34.10 Protected spring 34.11 Rainwater harvesting 34.12 Open well in dwelling 34.13 Open public well 34.14 River/stream/Pond/ lake 34.15 Dam Reserved Pond water 34.16 Pond sand filter 99. Others (Specify)	
35	How far is the source of water from your home?	35.1 Less than 150 m 35.2 150m - 200 m 35.3 200m - 500m 35.4 500 m - 1 km 35.5 More than 1 km	

36	How about the quality of the water?	36.1 Very good 36.2 Good 36.3 Moderate 36.4 Bad 36.5 Very Bad	
37	When do you usually wash your hands during the day	37.1 After using the toilet (for urination, defecation, menstrual hygiene) 37.2 After cleaning a child's bottom (changing nappies) 37.3 Before feeding a child 37.4 Before eating 37.5 Before/after preparing food or handling raw meat, fish, or poultry. 37.6 Never	
38	What do you use to wash hands?	38.1 Only water 38.2 Water and soap 38.3 Water and ash/soil 99. Others (Specify)	
39	Do you have toilet in your house?	1. Yes 0. No	
40	If no please mention place	40.1 Public Toilet 40.2 Neighbor's Toilet 40.3 Open Spaces 99. Others (Specify)	
41	What type of toilet facility do you use?	41.1 Flush 41.2 Septic 41.3 Offset pit 41.4 Single pit 41.5 Twin pit 99. Others (Specify)	
Knowledge Status			
42	Do you know that getting nutrition services is your right?	1. Yes 0. No	

43	What do you understand about nutrition rights?	43.1 Rights to Safe food 43.2 Rights to Balanced Diet 43.3 Rights to Food security 43.4 Rights to get information about nutrition 43.5 Rights to nutrition related services 43.6 Rights to treatment of malnutrition 99. Others (Specify)	Select all applicable
44	From where did you get info about nutrition rights?	44.1 Govt. Office 44.2 NGO 44.3 School/College 44.4 Union Parishad Office 44.5 Upazila Parishad Office 44.6 Mosque 44.7 Local Club 44.8 Community Clinic 44.9 Upazila Hospitals 44.10 UHC/FWC 44.11 Private clinic 44.12 Print Media (Newspaper) 44.13 Electronic media (Radio/TV) 99. Others (Specify)	
45	From whom did you get info about nutrition rights?	53.1 Govt. official 53.2 NGO Officials 53.3 Local Leaders 53.4 Local Women Leaders 53.5 Health Workers 53.6 Family members 53.7 Neighbors 99. Others (Specify)	
46	Where do you get nutrition related services?	46.1 Upazila Hospital 46.2 Community Clinic 46.3 UHC/FWC 46.4 Union Parishad Office 46.5 Private clinic 46.6 NGOs 46.7 At home from health Workers 99. Others (Specify)	

47	What are the nutrition services do you get?	47.1 Safe food 47.2 Balanced Diet 47.3 Food security 47.4 Information about nutrition 47.5 Treatment of malnutrition 99. Others (Specify)	
48	What are the nutrition services you do not get?	48.1 Safe food 48.2 Balanced Diet 48.3 Food security 48.4 Information about nutrition 48.5 Treatment of malnutrition 99. Others (Specify)	
49	How much are you satisfied with the nutrition services you get?	49.1 Highly satisfied 49.2 Satisfied 49.3 Neutral 49.4 Dissatisfied 49.5 Very Dissatisfied	
50	Do you know that getting water, sanitation and hygiene services is your right?	1. Yes 0. No	
51	What do you understand about rights to water, sanitation and hygiene?	51.1 Rights to get safe drinking water 51.2 Rights to get supply water for household 51.3 Rights to get toilet pit/septic tank emptying service 51.4 Rights to get cleaning services for public area 51.5 Rights to get proper sewerage system 99. Others (Specify)	

52	From where did you get info about rights to water, sanitation and hygiene?	52.1 Govt. Office 52.2 NGO 52.3 School/College 52.4 Union Parishad Office 52.5 Upazila Parishad Office 52.6 Mosque 52.7 Local Club 52.8 Community Clinic 52.9 Upazila Hospitals 52.10 UHC/FWC 52.11 Private clinic 52.12 Print Media (Newspaper) 52.13 Electronic media (Radio/TV) 99. Others (Specify)	
53	From whom did you get info about rights to water, sanitation and hygiene?	53.1 Govt. official 53.2 NGO Officials 53.3 Local Leaders 53.4 Local Women Leaders 53.5 Health Workers 53.6 Family members 53.7 Neighbors 99. Others (Specify)	
54	Where do you get WASH related services?	54.1 Municipality 54.2 Upazila Parishad Office 54.3 DPHE 54.4 Union Parishad Office 54.5 NGOs 54.6 Private Individual 54.7 CBOs 99. Others (Specify)	
55	What are the WASH services do you get?	55.1 Safe drinking water 55.2 Supply water for household 55.3 Toilet pit/septic tank emptying service 55.4 Cleaning services for public area 55.5 Proper sewerage system 99. Others (Specify)	

56	What are the WASH services you do not get?	<p>56.1 Safe drinking water</p> <p>56.2 Supply water for household</p> <p>56.3 Toilet pit/septic tank emptying service</p> <p>56.4 Cleaning services for public area</p> <p>56.5 Proper sewerage system</p> <p>99. Others (Specify)</p>	
57	How much are you satisfied with the nutrition services you get?	<p>57.1 Highly satisfied</p> <p>57.2 Satisfied</p> <p>57.3 Neutral</p> <p>57.4 Dissatisfied</p> <p>57.5 Very Dissatisfied</p>	
58	Do you face any problem getting the services?	1. Yes	Go to Q59
		0. No	Go to Q61
59	What problems do you face?	<p>59.1 Services not known</p> <p>59.2 Service provider's information not known</p> <p>59.3 Physical Communication</p> <p>59.4 Mobile Communication</p> <p>59.5 High cost of service</p> <p>59.6 Unavailability of desired service</p> <p>59.7 Non-cooperation from service providers</p> <p>59.8 Waiting long time</p> <p>99. Others (Specify)</p>	
60	How do you deal with the problems?	<p>60.1 Inform family members</p> <p>60.2 Inform local leaders</p> <p>60.3 Inform local women leaders</p> <p>60.4 Inform the service provider</p> <p>60.5 Lodge official complain</p> <p>60.6 Create public awareness</p> <p>60.7 Create public protest</p> <p>60.8 Do nothing</p> <p>99. Others (Specify)</p>	

61	What measures, do you think, are required to improve the nutrition and WASH services?	61.1 Fast response time 61.2 Improvement of communication 61.3 Cost effectiveness 61.4 Increase human resources 61.5 Increase service facilities 61.6 Increase service facilities 61.7 Policy formulation 61.8 Implementation of policy 61.9 Complaint management 61.10 Home service 61.11 Digital service 61.12 Stop unnecessary harassment 61.13 Coordination between departments 99. Others (Specify)	
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MODULES

Module for Pregnant Women

Sl.	Question	Answer	Instruction
62	Did you attend any court-yard meeting/awareness session regarding nutrition during pregnancy?	1. Yes 0. No	Go to Q63 Go to Q64
63	Who arranged the court-yard meeting/awareness session?	63.1 Upazila Health Complex 63.2 Community Clinic 63.3 Private Clinic 63.4 NGO representatives 63.5 Women Leaders 63.6 Community Leaders 63.7 School 63.8 Community Club 99. Others (Specify)	
64	Did you ever raise any issue anywhere regarding your nutrition rights?	1. Yes 0. No	Go to Q65 Go to Q67
65	Where did you raise issues about your nutrition rights?	65.1 Family 65.2 Neighbors 65.3 School 65.4 Community Club	

		65.5 Service Providers 65.6 Awareness session/court-yard meeting 99. Others (Specify)	
66	How did you raise issues about your nutrition rights?	66.1 Inform family members 66.2 Inform local leaders 66.3 Inform local women leaders 66.4 Inform the service provider 66.5 Lodge official complain 66.6 Create public awareness 66.7 Create public protest 99. Others (Specify)	
67	Did you ever raise any issue anywhere regarding your WASH rights?	1. Yes 0. No	Go to Q68 Go to Q70
68	Where did you raise issues about your WASH rights?	68.1 Family 68.2 Neighbors 68.3 School 68.4 Community Club 68.5 Service Providers 68.6 Awareness session/court-yard meeting 99. Others (Specify)	
69	How did you raise issues about your WASH rights?	66.1 Inform family members 66.2 Inform local leaders 66.3 Inform local women leaders 66.4 Inform the service provider 66.5 Lodge official complain 66.6 Create public awareness 66.7 Create public protest 99. Others (Specify)	
70	What measures, do you think, are required to protect the rights to nutrition during pregnancy?		Open
71	What measures, do you think, are required to protect the rights to WASH during pregnancy?		Open

Module for Lactating Mother

Sl.	Question	Answer	Instruction
62	Did you attend any court-yard meeting/ awareness session regarding nutrition during pregnancy?	1. Yes	Go to Q63
		0. No	Go to Q64
63	Who arranged the court-yard meeting/ awareness session?	63.1 Upazila Health Complex 63.2 Community Clinic 63.3 Private Clinic 63.4 NGO representatives 63.5 Women Leaders 63.6 Community Leaders 63.7 School 63.8 Community Club 99. Others (Specify)	
64	Did you ever raise any issue anywhere regarding your nutrition and health rights?	1. Yes	Go to Q65
		0. No	Go to Q67
65	Where did you raise issues about your nutrition rights?	65.1 Family 65.2 Neighbors 65.3 School 65.4 Community Club 65.5 Service Providers 65.6 Awareness session/court-yard meeting 99. Others (Specify)	
66	How did you raise issues about your nutrition rights?	66.1 Inform family members 66.2 Inform local leaders 66.3 Inform local women leaders 66.4 Inform the service provider 66.5 Lodge official complain 66.6 Create public awareness 66.7 Create public protest 99. Others (Specify)	
67	Did you ever raise any issue anywhere regarding your WASH rights?	1. Yes	Go to Q68
		0. No	Go to Q70

68	Where did you raise issues about your WASH rights?	68.7 Family 68.8 Neighbours 68.9 School 68.10 Community Club 68.11 Service Providers 68.12 Awareness session/court-yard meeting 99. Others (Specify)	
69	How did you raise issues about your WASH rights?	69.1 Inform family members 69.2 Inform local leaders 69.3 Inform local women leaders 69.4 Inform the service provider 69.5 Lodge official complain 69.6 Create public awareness 69.7 Create public protest 99. Others (Specify)	
70	What measures, do you think, are required to protect the rights to nutrition and health during pregnancy?		Open
71	What measures, do you think, are required to protect the rights to WASH during pregnancy?		Open

Module for Mother/Primary Caregiver of U5 Child

Sl.	Question	Answer	Instruction
62	Did you attend any court-yard meeting/ awareness session regarding nutrition and healthcare of child?	1. Yes	Go to Q63
		0. No	Go to Q64
63	Who arranged the court-yard meeting/ awareness session?	63.1 Upazila Health Complex 63.2 Community Clinic 63.3 Private Clinic 63.4 NGO representatives 63.5 Women Leaders 63.6 Community Leaders 63.7 School 63.8 Community Club 99. Others (Specify)	
64	Did you ever raise any issue anywhere regarding your child's nutrition rights?	1. Yes	Go to Q65
		0. No	Go to Q67
65	Where did you raise issues about your nutrition rights?	65.1 Family 65.2 Neighbours 65.3 School 65.4 Community Club 65.5 Service Providers 65.6 Awareness session/court-yard meeting 99. Others (Specify)	
66	How did you raise issues about your nutrition rights?	66.1 Inform family members 66.2 Inform local leaders 66.3 Inform local women leaders 66.4 Inform the service provider 66.5 Lodge official complain 66.6 Create public awareness 66.7 Create public protest 99. Others (Specify)	

67	Did you ever raise any issue anywhere regarding your child's WASH rights?	1. Yes 0. No	Go to Q68 Go to Q70
68	Where did you raise issues about your child's WASH rights?	68.13 Family 68.14 Neighbors 68.15 School 68.16 Community Club 68.17 Service Providers 68.18 Awareness session/court-yard meeting 99. Others (Specify)	
69	How did you raise issues about your child's WASH rights?	69.1 Inform family members 69.2 Inform local leaders 69.3 Inform local women leaders 69.4 Inform the service provider 69.5 Lodge official complain 69.6 Create public awareness 69.7 Create public protest 99. Others (Specify)	
70	What measures, do you think, are required to protect the rights to nutrition and health of your child?		Open
71	What measures, do you think, are required to protect the rights to WASH of your child?		Open

Module for Adolescent (Age 10-19)

Sl.	Question	Answer	Instruction
62	Did you attend any court-yard meeting/ awareness session regarding nutrition and healthcare of adolescent?	1. Yes	Go to Q63
		0. No	Go to Q64

63	Who arranged the court-yard meeting/awareness session?	63.1 Upazila Health Complex 63.2 Community Clinic 63.3 Private Clinic 63.4 NGO representatives 63.5 Women Leaders 63.6 Community Leaders 63.7 School 63.8 Community Club 99. Others (Specify)	
64	Did you ever raise any issue anywhere regarding your nutrition rights?	1. Yes 0. No	Go to Q65 Go to Q67
65	Where did you raise issues about your nutrition rights?	65.1 Family 65.2 Neighbors 65.3 School 65.4 Community Club 65.5 Service Providers 65.6 Awareness session/court-yard meeting 99. Others (Specify)	
66	How did you raise issues about your nutrition rights?	66.1 Inform family members 66.2 Inform local leaders 66.3 Inform local women leaders 66.4 Inform the service provider 66.5 Lodge official complain 66.6 Create public awareness 66.7 Create public protest 99. Others (Specify)	
67	Did you ever raise any issue anywhere regarding your child's WASH rights?	1. Yes 0. No	Go to Q68 Go to Q70

68	Where did you raise issues about your child's WASH rights?	68.1 Family 68.2 Neighbors 68.3 School 68.4 Community Club 68.5 Service Providers 68.6 Awareness session/court-yard meeting 99. Others (Specify)	
69	How did you raise issues about your child's WASH rights?	69.1 Inform family members 69.2 Inform local leaders 69.3 Inform local women leaders 69.4 Inform the service provider 69.5 Lodge official complain 69.6 Create public awareness 69.7 Create public protest 99. Others (Specify)	
70	What measures, do you think, are required to protect the rights to nutrition and health of adolescent?		Open
71	What measures, do you think, are required to protect the rights to WASH of adolescent?		Open

Right2Grow Baseline Survey

IDI for PNGO (5)/CSO-CBO (5)/Entrepreneur (5)

1.	Name	
2.	Designation	
3.	Organization Name	
4.	Respondents Type	<ul style="list-style-type: none"> • PNGO • CSO • CBO • Entrepreneur
5.	Phone No.	
6.	District	<ul style="list-style-type: none"> • Patuakhali • Barguna • Khulna • Satkhira
7.	Upazila	<ul style="list-style-type: none"> • Patuakhali Sadar (Patuakhali) • Galachipa (Patuakhali) • Taltali (Barguna) • Dumuria (Khulna) • Debhata (Satkhira)
8.	Union	

1. What is the community perception of nutrition rights?
2. Is there any problem in getting nutrition and WASH related services? What is your suggestion to improve the services?
3. What are the main male and female issues in nutrition? How can we target these?
4. As per your observation, what is the role of women, marginalized and disadvantage people plays for claiming rights and access to services of WASH, nutrition, and primary health care access?
5. Is there any involvement of local entrepreneurs in providing WASH and nutrition services at the local level? What kind of involvement is there? What products do they provide?
6. Do your organization work for communities' nutrition and wash rights? What are the activities?
7. Where are you working? From when are you working?
8. Do local CSOs / CBOs have representation in various local government development committees and local social power structures? If so, what kind of role are they playing here?
9. What is your organization's role in improving the condition of WASH and nutrition?
10. What kind of problems are you dealing with? What kind of cooperation do you need in this case?
11. What are the existing advocacy agendas of your organization? How do you set and prioritize advocacy agendas?

12. What are the existing platforms and ongoing advocacy campaigns? Who should be involved in the community?
13. Which advocacy you want to conduct/support in future? Which government entities should be targeted?
14. As per your opinion, what are the most appropriate communication channels reaching the communities and bringing their voices?

Right2Grow Baseline Survey

Questionnaire for Govt. Official

1.	Name	
2.	Designation	
3.	Organization Name	
4.	Organization Type	<ul style="list-style-type: none"> • National Nutrition Services (NNS)-1 • Bangladesh National Nutrition Council (BNNC)-1 • Directorate General of Family Planning-1 • Upazila Health & family Planning Office-3 • DPHE-1 • Union Parishad-3
5.	Phone No.	
6.	District	<ul style="list-style-type: none"> • Patuakhali • Barguna • Khulna • Satkhira
7.	Upazila	<ul style="list-style-type: none"> • Patuakhali Sadar (Patuakhali) • Galachipa (Patuakhali) • Taltali (Barguna) • Dumuria (Khulna) • Debhata (Satkhira)
8.	Union	

1. What is the budget allocation for the development of WASH and nutrition at the Union/Upazila/District/National level?
2. How is the budget allocated? What kind of data-evidence do they use for budget allocation?
3. Is the budget allocated at the Union/Upazila/District/National level enough to improve the WASH and nutrition there? Do we want to increase the budget?
4. What kind of advocacy program is needed to increase the budget? Is there any participation of CSOs/CBOs in advocacy of budget allocation?
5. Are there any networks or platforms of CSOs/CBOs at the Union/Upazila/District/National level? If so, what kind of advocacy role are they playing in the development of WASH and nutrition conditions?
6. What are the strengths, weaknesses, opportunities and threats of advocacy platforms for CSOs/CBOs?

7. What policies/laws are there that affect U5 nutrition or WASH and nutrition services? Are these contributing positively or negatively to U5 nutrition? How can we contribute to improving them?
8. Is the available WASH and nutrition services transparent? What is the current level of transparency? Can we improve?

Right2Grow Baseline Survey

Questionnaire for Donor/Consortium

1.	Name	
2.	Designation	
3.	Organization Name	<ul style="list-style-type: none"> • Embassy of Nether Lands • Max Foundation • Action Against Hunger (ACF) • CEGAA • The Hunger Project (THP) • Save the Children International (SCI) • World Vision International (WVI)
4.	Phone No.	
5.	E-mail	

6. Who are the key donors for nutrition and WASH and what is the level of coordination between them?
7. Are donors' strategies and funding schemes multi- sectoral, inclusive and gender sensitive? Please explain.
8. Do you consider local evidence/ local voices? Explain.
9. Who is the current set-up to address the underlying determinants of undernutrition?
10. What are the current financial commitments towards achieving WASH and Nutrition related SDGs (SDG 2 and SDG 6)? Is there a room for scale- up?
11. What can be improved in the funding process?

**Right2Grow Baseline Survey
Focus Group Discussion**

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Address</u>	<u>Mobile No.</u>

1. What do you understand by nutrition rights?
2. What do you understand by Water, Sanitation and Hygiene rights?
3. Have you heard about nutrition and WASH rights?
4. From where/whom did you hear about nutrition and WASH rights?
5. Where do you get nutrition and WASH related services?
6. What are the nutrition services do you get?
7. What are the WASH services do you get?
8. What are the services you do not get?
9. Do you face any problem getting the services? Explain.
10. How do you deal with the problems?
11. Are you satisfied with the services you get?

What measures, do you think, are required to improve the nutrition and WASH services?



Capacity & learning assessments Report

<< BANGLADESH >>
October, 2021.



Acknowledgements

Global Mutual Capacity Development and Linking & Learning team would like to express their gratitude and thank all of you who supported and participated in capacity & learning data collection process in your country and globally. Your time and efforts in disseminating the questionnaires, following up with your country partners and colleagues, and providing your input are very much appreciated.

Thanks to all of you, we successfully completed capacity & learning assessments and collected:

- 180 responses on technical knowledge and learning questionnaire
- 82 responses on organizational development questionnaire

All this data will help us better understand the capacity & learning gaps and needs in the program countries as well as what are the expertise that we, as Right2Grow Consortium, can provide. Based on this data, we will jointly develop country-specific mutual capacity development and learning strategies so we can achieve Right2Grow program objectives.

Special thanks go to Remco Geervliet from Max Foundation for his support in setting up a dashboard for data analysis. We wouldn't make it without you!

Thank you all!

Jovana, Jan, Anat & Stephanie

How to read the results?

In this report we present the results of the analysis we conducted. The objectives of data analysis were the following:



- To understand what capacity & learning gaps and needs are at a) county level b) Global Consortium level
- To identify potential expertise providers who can address capacity needs within the Right2Grow Consortium
- To inform country prioritization workshops and support development of country specific Mutual Capacity Development & Learning strategies
- To provide a point of reference (baseline) for tracking progress in capacity strengthening and learning over time.

The report is based on the four key areas we collected data on, namely:

- A. Technical knowledge and skills in relation to four Right2Grow program outcomes
- B. Monitoring and Evaluation (M&E) knowledge and skills
- C. Linking & Learning
- D. Organizational development

For each of these areas, we present the overview of the responses received at the country level, including all country Consortium partners who participated. To help you make sense of the results, the report provides highlights of what has been identified as:

- Low and high training/ capacity development needs in your country
- Expertize that the country Consortium partners can provide
- Most emerging capacity strengths and training needs related to M&E
- Overview with five most emerging agreements and disagreements of the learning survey
- Common needs in organizational development that could be address by Right2Grow program

Data analysis

All the collected data was cleaned to ensure coherence of organization names (e.g. World Vision, WV, World Vision- Ethiopia, W. Vision = World Vision). After that an analysis dashboard was designed to filter and review the results. The global MCD team used this dashboard and the qualitative answers provided to present to analyze the results and present them in this report. For the first part of the assessment, questionnaire on technical knowledge and skills, the team made the following additional calculations to present highlights of the results:

1. **Lowest capacity strengthening need:** This includes the sum of the survey responses, marked green in the graphs presented. These indicate low need for training/ capacity strengthening or the fact that the partners have rich expertise on a given topic.
2. **Highest capacity strengthening need:** This includes the sum of all survey responses, marked red in the graphs presented. These indicate moderate and high training/ capacity strengthening needs on a given topic.

3. **Average capacity strengthening need per knowledge area:** This is calculated as the sum of all moderate and high training need answers marked red in a graph for a given knowledge area (e.g. The basics of WASH and Nutrition), and then divided by the total number of answer options per knowledge area.
4. **Average capacity strengthening need per TOC Outcome:** This is calculated as the sum of all averages by knowledge areas under an Outcome, and then divided by the total number of knowledge areas for that Outcome.

Using these results

These results should be looked at as a starting point in development of country-specific capacity development and learning strategies. They should further guide discussions during the prioritization workshops (part of the 2022 detailed planning process) on identifying key priorities for capacity development and learning that need to be addressed in order to achieve Right2Grow program objectives and ensure sustainability beyond Right2Grow

Executive summary

A. Summary of capacity & learning assessment results

On the following pages you will find a detailed assessment report. Table below presents highlights of the lowest and highest technical knowledge and skills capacity development needs. The needs are grouped according to the four Outcomes of Right2Grow programme.

Right2Grow programme outcomes	Knowledge area of highest capacity development need	Knowledge area of lowest capacity development need
Outcome 1 Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners.	Qualitative methodologies and participatory data collection (58%)	Working with marginalized groups, women and women's groups, youth (41%)
Outcome 2: Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition.	Budget monitoring and expenditure tracking (68%)	Identifying and including the interests of the most vulnerable (women and marginalized groups) in communication and advocacy (43%)
Outcome 3: National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to undernutrition in policies, action plans and budget allocations.	Identifying policy implementation gaps and providing evidence-based recommendations (68%)	Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition (58%)
Outcome 4: Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.	Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming (57%)	Bringing local knowledge and experiences to the international arena (43%)

Looking at the average needs expressed per outcome, the results suggest that the highest capacity development efforts should be invested in Outcome 3 (63%), followed by Outcome 2 (56%), and finally Outcomes 1 (50%) and Outcome 4 (50%). These results should be discussed and validated during the prioritization workshop, to be organized as a part of the strategic reflection and detailed planning processes.

B. Most emerging capacity strengths and training needs related to M&E

M&E capacity development priorities for 2022:

1. Understanding the data collection method for each main indicator
2. Understanding the different level of indicators, activities, outputs and outcome
3. Accountability towards the community (& data validation)

M&E capacity development priorities for 2023:

1. M&E Tools for CSO lobby and Advocacy capacity (incl. women and youth)
2. Cleaning and analyzing qualitative data
3. Quality control and reviewing reports for accuracy, coherence and completeness

C. Common needs in organizational development that could be address by Right2Grow program

Results show that the three emerging organizational development priorities for Right2Grow Bangladesh include:

1. Producing credible evidence, working with research institutions and evaluating research of others (29%)
2. Developing effective communication and advocacy strategies to accelerate progress towards achieving organizations' objectives (12%)
3. Resource mobilization and financial sustainability (12%).

D. Linking & Learnign survey results at glance

The Linking & Learning section of the questionnaire identified **attitudes towards Linking & Learning at the individual level** among Right2Grow staff, **existing Linking & Learning spaces/platforms/practices** across the partners of the Consortium and **expectations of Linking & Learning in Right2Grow**. 28 out of the 30 respondents are part of of an international organisation meaning that these results should be reviewed with more feedbacks from local partners.

At the individual level:

100% of respondents value the importance of learning to improve their daily work and 100% of respondents refer to past lessons learnt and feel that they have the necessary tools and skills to capture and share learning (96%). These individual attitudes towards learning form a very positive foundation for deepening a learning and sharing culture.

At the partnering organisations level:

Once again 100% of the respondents consider they have existing formalized processes to capture learning, time dedicated for learning in their team and that they have platforms for sharing learnings as well. Processes and systems for knowledge management seem well structured, the wayt the learning culture of each organisation fits well with the one of other partners needs to be explored It would be worth exploring as well what these processes and learning sessions entail, to agree on common ways of working, processes and tools and share them widely with colleagues from local organisations as well as from other R2G countries.

At Right 2 Grow level:

As for the two other levels, scores are consistently very high (no results below 96%). There is an overwhelming desire to create a strong community of learners and a culture of sharing. Strengthening the visibility of knowledge from communities and setting up a culture of adaptive management in Right2Grow are part of the respondents' key expectations. These are extremely positive results that need to be reassessed or confirmed by all country partners. Based on their expertise and solid experience in learning processes, Bangladesh could potentially play an active role in the exchanges between countries and the roll out of the linking strategy at global level.

A. Results of technical knowledge and skills assessment

In this questionnaire, we collected information about technical knowledge and skills needed to achieve four Right2Grow program outcomes. Here are the results.

1. Overview of the responses received per country Consortium partner:

Organization	count
ACF / AAH	1
HLPF	1
JAGO NARI	1
Max Foundation	8
Save the Children	1
The Hunger Project	6
World Vision	4

2. Overview of the responses per position

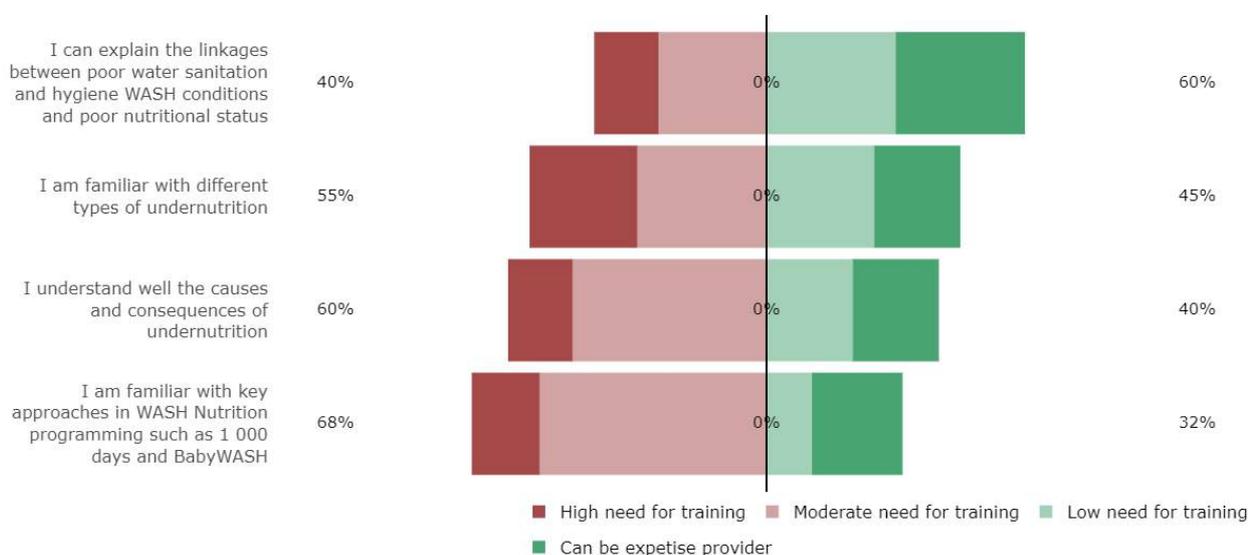
	count
Activity facilitation / Community mobilization and coordination	6
Capacity strengthening and/or learning	2
Communication and/or Advocacy	3
Finance & administration	3
Human Resource	1
Program management	3
Senior management	3
Technical expert in nutrition/ health/ water, sanitation and hygiene (WASH)/ food security or similar	1

Reflection: As it could be seen from the tables above, all Consortium partners from Bangladesh participated in the assessment, with majority of the responses coming from the country lead - Max Foundation, followed by The Hunger Project. There is a good balance between different type of positions that took part in this assessment, which allowed capturing different perspectives, experiences and expertise.

3. Here is the overview of the results related to six knowledge areas under Outcome 1: "Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners".

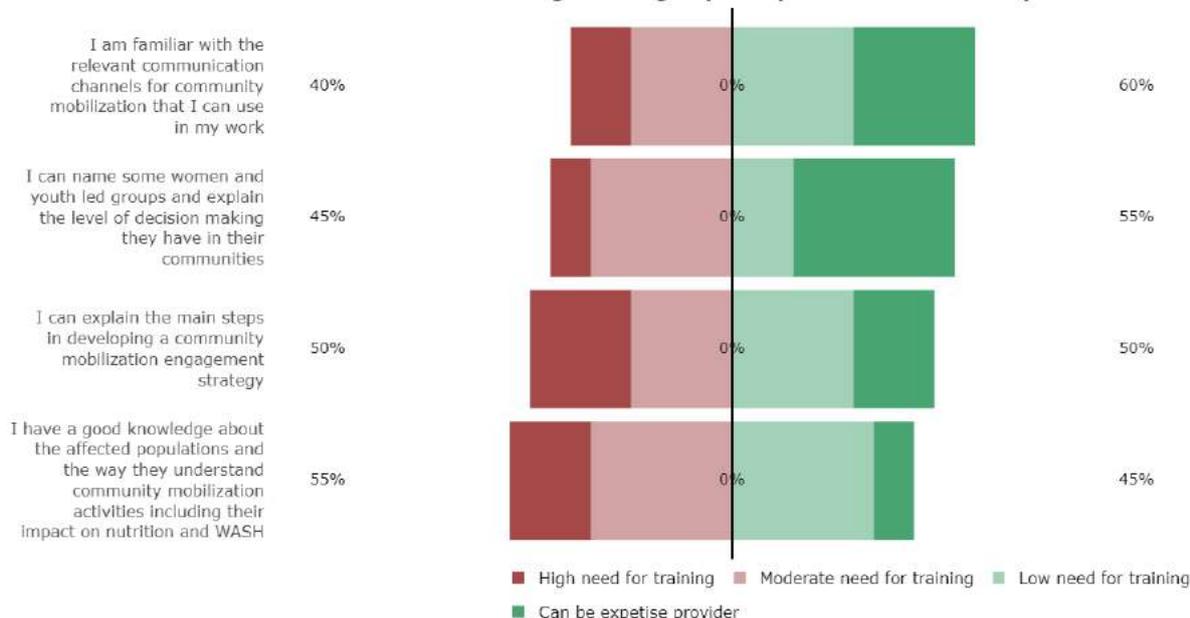
3.1

Knowledge area 1: The basics of WASH and Nutrition



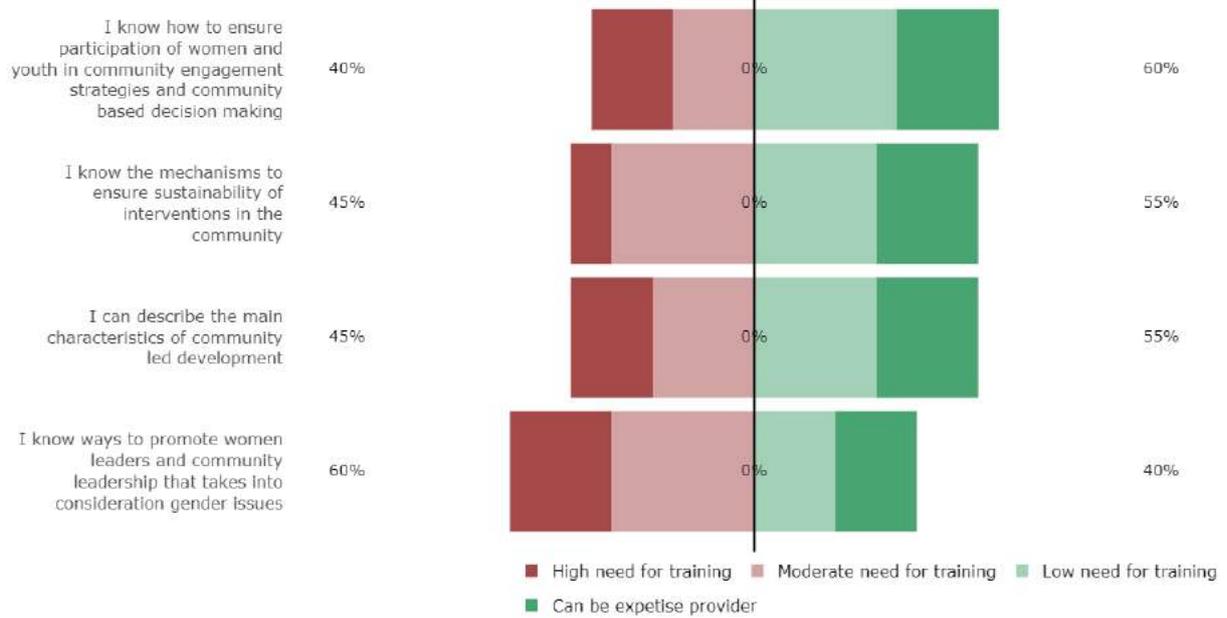
3.2

Knowledge area 2: Community mobilization and engagement, while ensuring meaningful participation of women and youth



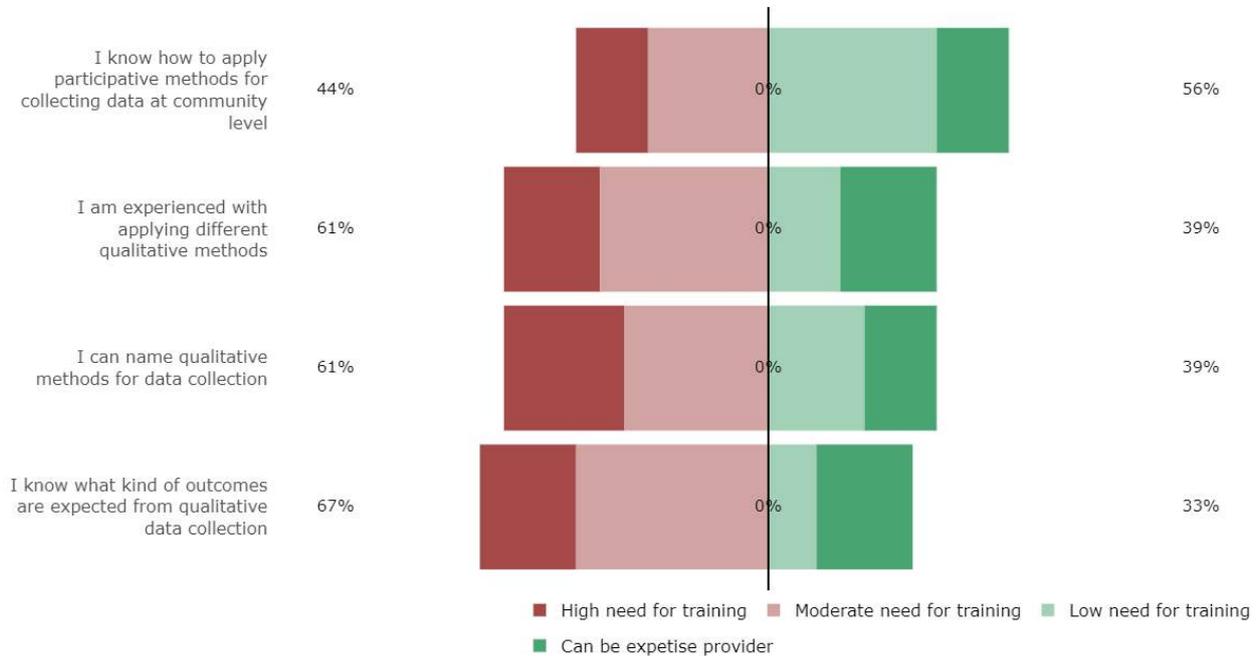
3.3

Knowledge area 3: Community-led development, that is inclusive and gender-sensitive



3.4

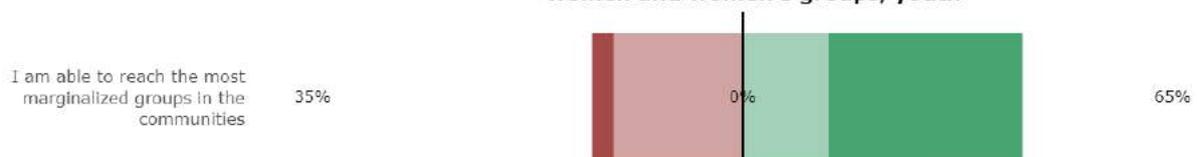
Knowledge area 4: Qualitative and participatory data collection



3.5

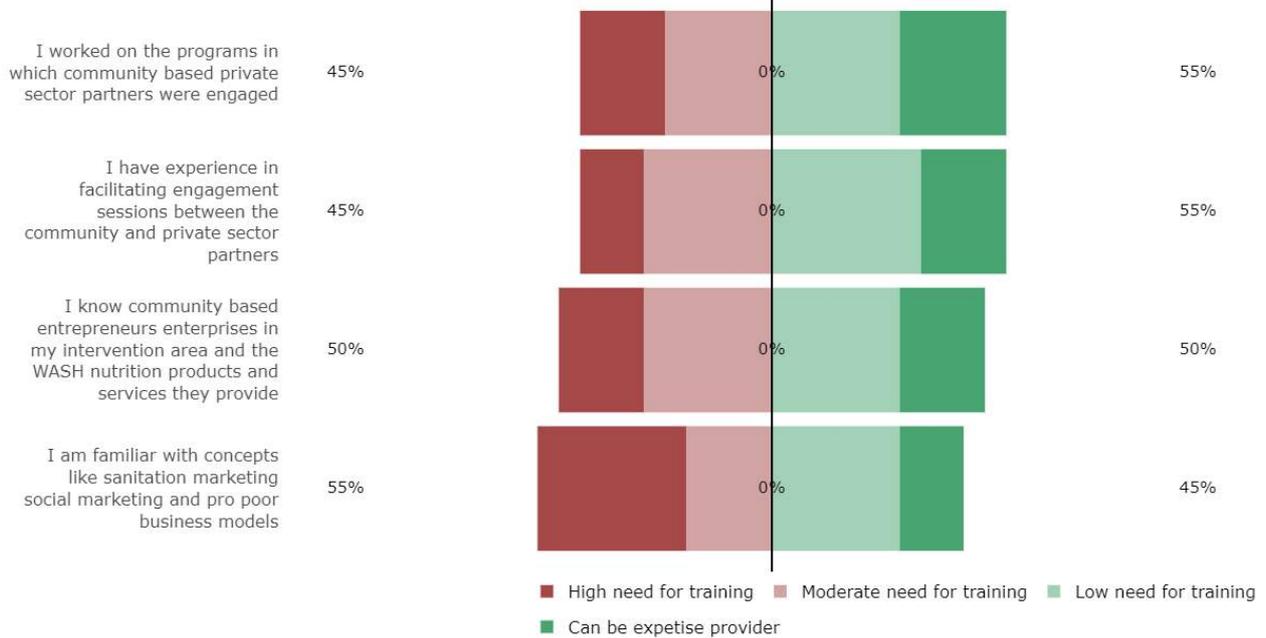
Knowledge area 5: Working with marginalized groups, women and women's groups, youth

10



3.6

Knowledge area 6: Working with community based private sector partners



Reflection:

Looking at the six graphs presented above, it seems that there is a solid knowledge about the basics of WASH and Nutrition within country Consortium. Around the half of the respondents feel confident to work on the community engagement, while ensuring meaningful participation of women and youth. Majority of the respondents feel they have a solid knowledge and experience in reaching the most marginalized groups in the communities, and are familiar with some of the best practices in working with marginalized groups, including how to engage them in community based decision-making.

On the other hand, looking at the capacity development needs that are expressed by Bangladesh Right2Grow team, there are several thematic areas worth exploring further. The team could benefit from an improved knowledge about different types of undernutrition, causes and consequences of poor nutritional status/ poor access to WASH that could serve for strengthening advocacy messages, as well as familiarizing themselves with some key approaches in WASH- Nutrition integrated programming such as BabyWASH and 1,000 days. Bangladesh team also expressed the need to strengthen their skills in promoting women leaders and community leadership that takes into account gender issues, qualitative and participatory data collection, including applying different qualitative methods for data collection and analysis, and using the outcomes of qualitative data. Identifying and working with community based private sector partners (e.g. those who provide WASH/ nutrition services and products), and knowledge about key concepts such as sanitation marketing and pro poor business models, should also be improved.

3.7 Here are the highlights of technical knowledge and skills assessment related to **Outcome 1**:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertize providers from your country and within the Consortium (Column 4).

Column 1 shows average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertize providers
Knowledge area 4: Qualitative and participatory data collection (58%)	Applying participative methods for collecting data at community level (56%)	Harvesting the outcomes of from qualitative data collection (67%) Understanding and applying different qualitative methods (61%)	ACF, HLPF, Max Foundation, The Hunger Project

Knowledge area 1: The basics of WASH and Nutrition (56%)	Linkages between poor WASH and poor nutritional status (60%)	Causes and consequences of poor WASH/ poor nutrition (60%) Key approaches for integrated programming such as BabyWASH and 1,000 days (68%)	ACF, Max Foundation, The Hunger Project
Knowledge area 6: Working with community based private sector partners (49%)	Facilitating engagement between communities and private sector partners (55%)	Concepts like sanitation marketing, social marketing, pro poor business models (55%)	ACF, HLPF, Jago Nari, Max Foundation, World Vision
Knowledge area 2: Community mobilization and engagement, while ensuring meaningful participation of women and youth (48%)	Communication channels for community mobilization (60%)	Knowledge of affected populations, the way they understand community mobilization activities, including their Impact on nutrition and WASH (55%)	ACF, HLPF, Jago Nari, Max Foundation, World Vision, The Hunger Project
Knowledge area 3: Community-led development, that is inclusive and gender-sensitive (48%)	Ensuring participation of women and youth in community engagement strategies and community based decision-making (60%)	Ways to promote women/ female leaders and community leadership that takes into account gender issues (60%)	ACF, HLPF, Max Foundation, World Vision, The Hunger Project, World Vision
Knowledge area 5: Working with marginalized groups, women and women's groups, youth (41%)	Identifying and reaching the most marginalized groups in communities (65%)	Gender sensitive programming and inclusion (45%)	ACF, HLPF, Jago Nari, Max Foundation, World Vision, The Hunger Project

BOX 1: This is what Bangladesh Right2Grow team has to say about the needs and expertise related to Outcome 1:

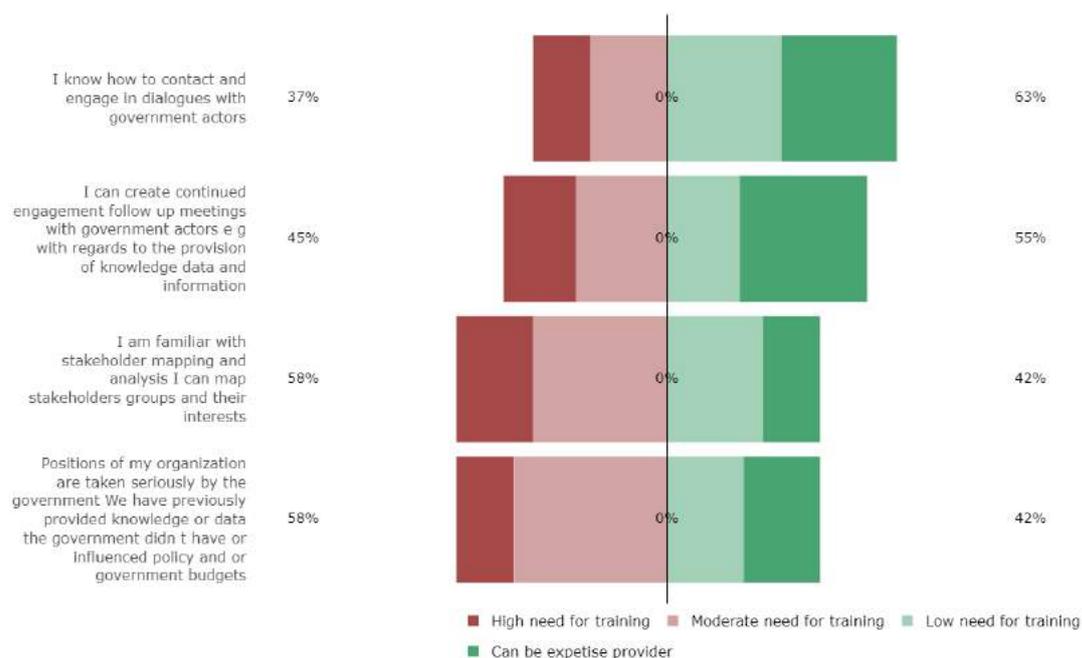
- "What is needed is more knowledge about Nutrition and WASH, cause and effects analysis, community mobilization, private sector & CSOs effective engagement, reporting and monitoring mechanism, gender sensitive programming."

- "Community Demand Analysis as a Rights Holder, engagement of non-state/private sector as a duty-bearer following the RAINBOW approach."

4. Here is the overview of the results related to five knowledge areas under **Outcome 2: "Representative and empowered civil society organisations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition"**

4.1

Knowledge area 1: Government engagement and lobbying

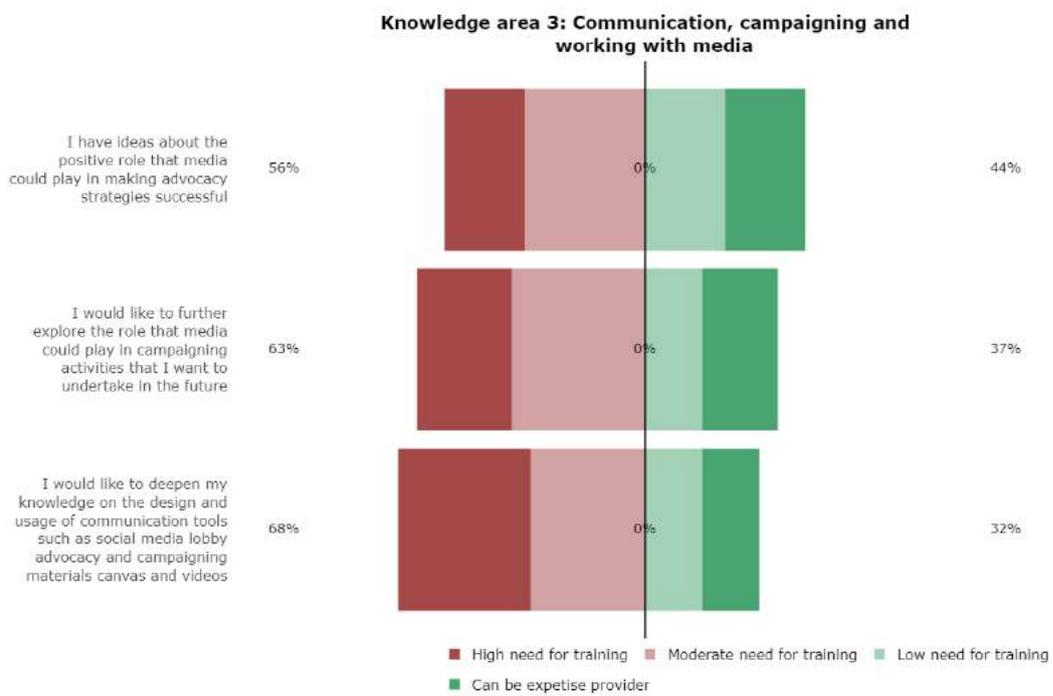


Knowledge area 2: Designing context-specific and evidence-based advocacy strategies



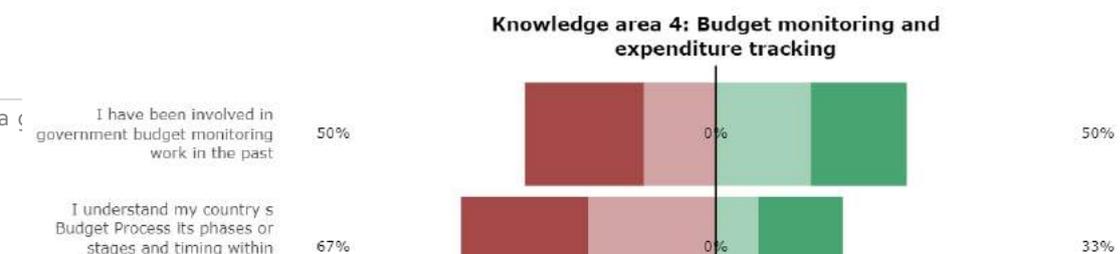
4.2

4.3



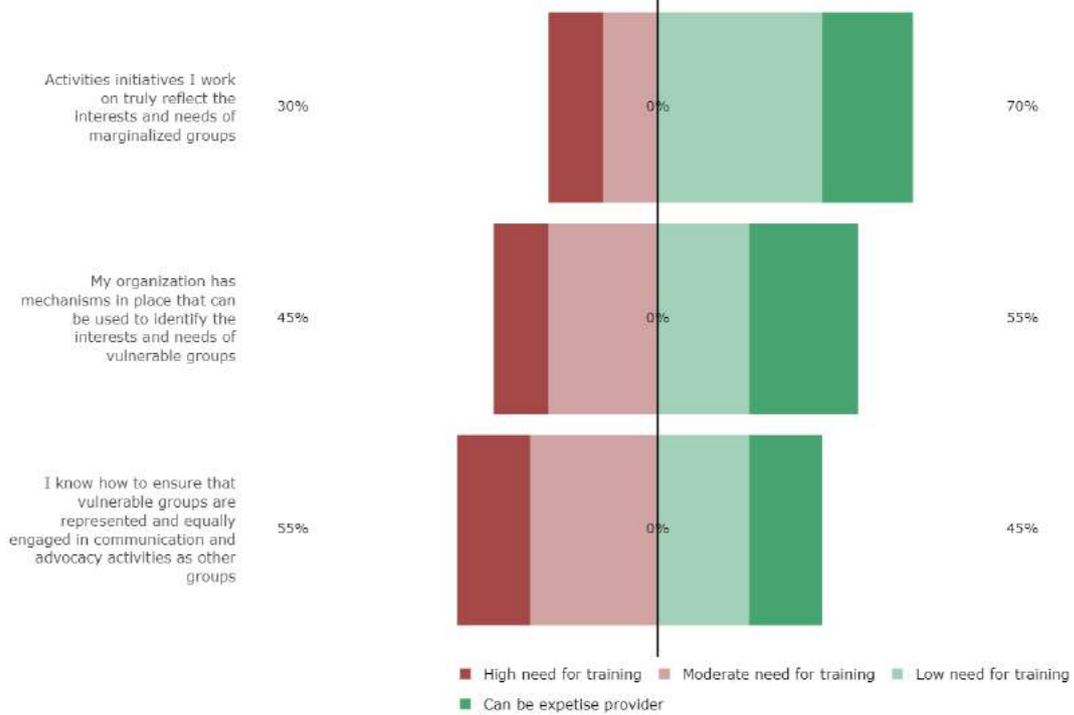
4.4

15 | Page



4.5

Knowledge area 5: Identifying and including the interests of the most vulnerable (women and marginalized groups) in communication and advocacy



Reflect

Looking at the graphs presented above, Bangladesh Right2Grow Consortium feels confident in engaging in dialogs with government actors. There is a low need for capacity strengthening in designing and

implementing lobby and advocacy strategies and plans. The team feels the activities they implement truly reflect the needs and interests of marginalized groups.

On the other hand, looking at the capacity strengthening needs expressed, it seems that translating the understanding of the context into effective advocacy strategy as well as using the available evidence for advocacy purposes is a challenge. Over 60% of the respondents expressed their need to strengthen knowledge and skills in communication, campaigning and working with media, including the role of media in campaigning activities, and design and usage of communication tools. Vast majority of the respondents, over 65%, see a high capacity development need in the area of budget monitoring and expenditure tracking, covering almost all aspects: understanding country's budget processes, budget analysis for evidence generation and advocacy, getting involved in country's budget processes.

4.6 Here are the highlights of technical knowledge and skills assessment related to Outcome 2:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertize providers from your country and within the Consortium (Column 4).

Column 1 shows average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertize providers
Knowledge area 4: Budget monitoring and expenditure tracking (68%)	Previous experience in government budget monitoring (50%)	Budget analysis, its terms, techniques and uses (76%) Know-how government budget is formulated, approved, implemented and audited (74%)	ACF, HLPF, Max Foundation, Save the Children, The Hunger Project, World Vision
Knowledge area 3: Communication, campaigning and working with media (62%)	Role of media in making advocacy successful (44%)	Role of media in campaigning activities (63%) Design and usage of communication tools (68%)	ACF, HLPF, Max Foundation, The Hunger Project, World Vision

Knowledge area 2: Designing context-specific and evidence-based advocacy strategies (57%)	Designing and Implementing advocacy plans and strategies (53%)	Translating the understanding of the context into advocacy (59%) Having a good overview of the available evidence and using it as a basis for advocacy strategies (67%)	ACF, HLPF, Max Foundation, The Hunger Project, World Vision
Knowledge area 1: Government engagement and lobbying (50%)	Making contacts and engaging in dialogs with government actors (63%)	Mapping stakeholders' groups and their interests (58%) Providing knowledge and data to influence policy and government budgets (58%)	ACF, Max Foundation, World Vision
Knowledge area 5: Identifying and including the interests of the most vulnerable (women and marginalized groups) in communication and advocacy (43%)	Reflecting the needs and interests of marginalized groups (70%)	Ensuring representation and equal engagement of vulnerable groups in communication and advocacy (55%)	ACF, Max Foundation, The Hunger Project, World Vision

BOX 2: This is what Bangladesh Right2Grow team has to say about the needs and expertise related to Outcome 2:

- "We have expertise in ensuring effective coordination between government and NGOs"
- "We need capacity strengthening of local CSOs, rights based approach, women empowerment."
- " I need to learn more about local CSOs, roles and responsibilities they have."
- " We need to strengthen formulation of advocacy issues from grassroots level and its channalisation towards national level."
- "Here are the needs related to Outcome 2: development of advocacy strategies, development of communication tools such as social media, campaigning materials, than government budget monitoring, budget analysis for evidence generation and advocacy."

to undernutrition in policies, action plans and budget allocations".

5.1

Knowledge area 1: Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition

I understand why undernutrition need to be addressed through a multi sectoral and inclusive approach

50%

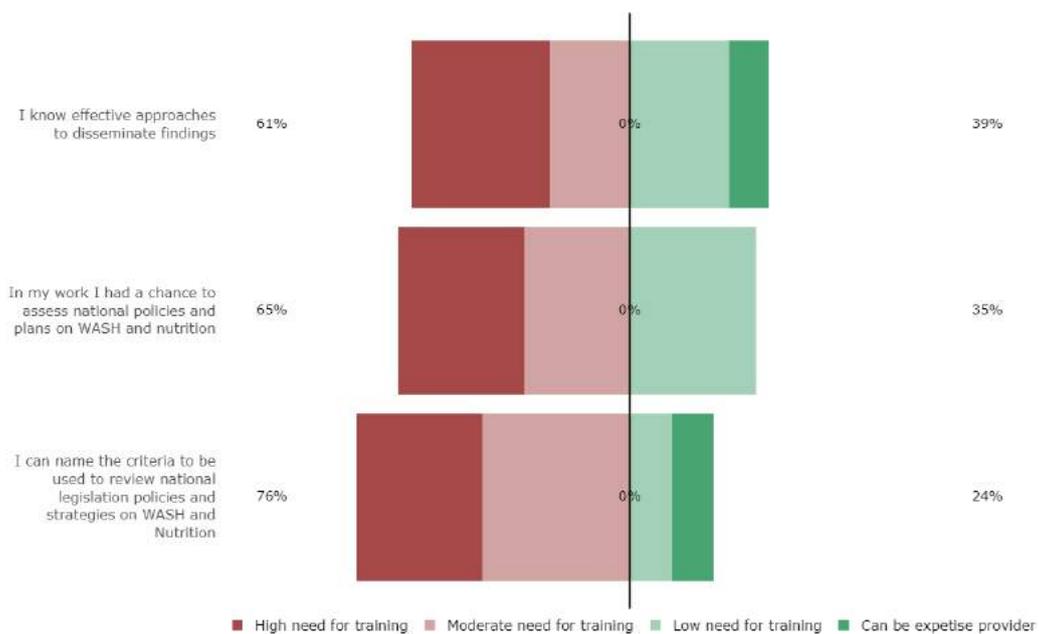
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50%



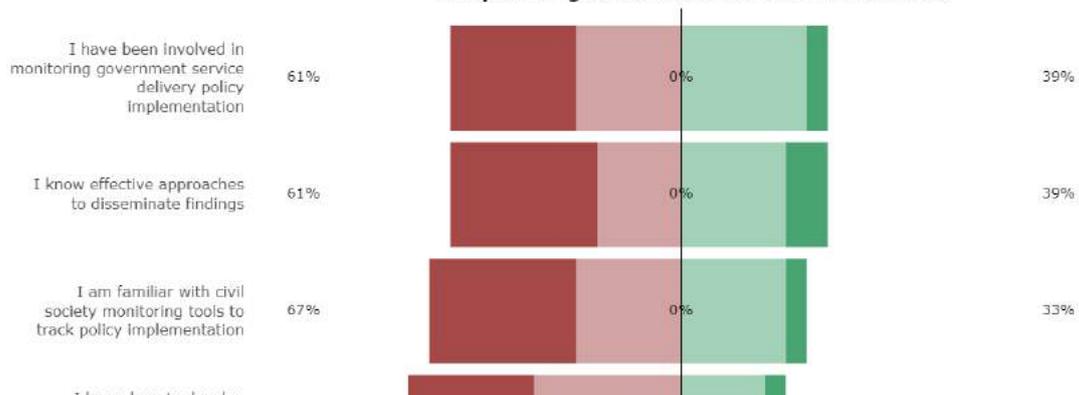
5.2

Knowledge area 2: Review of existing legislation



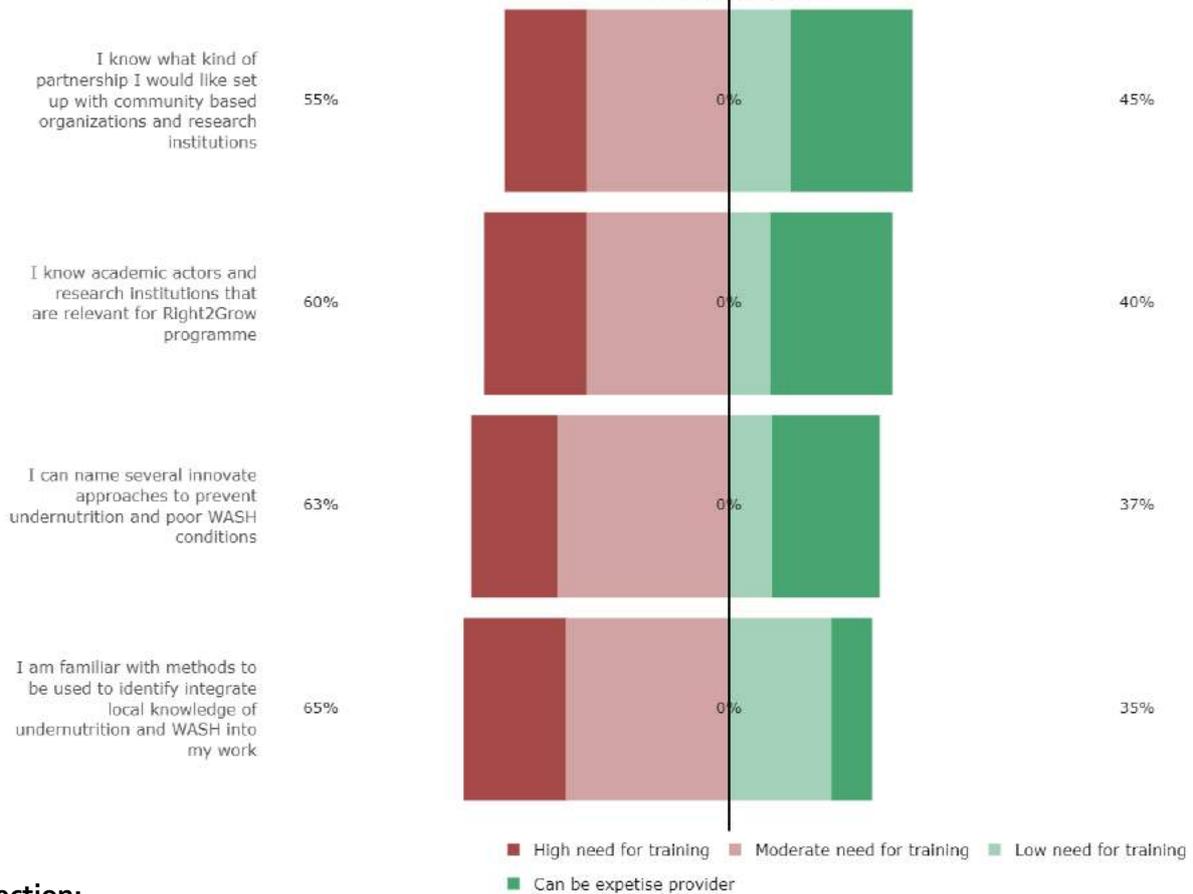
5.3

Knowledge area 3: Identifying policy implementation gaps and providing evidence-based recommendations



5.4

Knowledge area 4: Working with community-based organizations and research institutions to identify and promote innovative approaches to prevent undernutrition and poor WASH



Reflection:

As per results presented in the graphs above, it seems that the country Consortium has a good understanding of the need for multi -sectoral and inclusive approach in addressing undernutrition, and feels confident in monitoring government service delivery and policy implementation. The partners have a general idea what kind of partnership they would like to establish with community based organizations and research institutions.

Looking at the capacity strengthening needs, partners working in Bangladesh would benefit from training opportunities on reviewing existing legislation, including the criteria to be used for reviewing national policies and plans on WASH and Nutrition, how to develop policy recommendations based on the Identified policy gaps and running evidence based advocacy campaigns. The Consortium in particular needs capacity strengthening in working with research institutions, applying innovative methodologies and methods to identify and integrate local knowledge in advocacy work.

5.5 Here are the highlights of technical knowledge and skills assessment related to Outcome 3:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertize providers from your country and within the Consortium (Column 4).

Column 1 shows average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertize providers
Knowledge area 3: Identifying policy implementation gaps and providing evidence-based recommendations (68%)	Experience in monitoring government service delivery and policy implementation (39%)	Knowledge of and ways to replicate evidence based advocacy campaigns that showed an impact (78%) Developing policy recommendations based on the identified policy gaps (72%) Civil society monitoring tools to track policy implantation (67%)	ACF, The Hunger Project, World Vision
Knowledge area 2: Review of existing legislation (67%)	Effective approaches to disseminate finings (39%) Note: this has also be identified as a high need	Reviewing and assessing national policies, strategies and plans on WASH and Nutrition (76%)	ACF, HLPF, The Hunger Project

	for 61% of the respondents		
Knowledge area 4: Working with community-based organizations and research institutions to identify and promote innovative approaches to prevent undernutrition and poor WASH (60%)	Type of partnerships to be established with community based organizations and research institutions (45%)	Methods to identify and integrate local knowledge in advocacy work (65%) Innovative approaches and methods to prevent undernutrition and poor WASH (63%)	ACF, HLPF, Max Foundation, The Hunger Project, World Vision
Knowledge area 1: Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition (58%)	Understanding the need for inclusive and multi-sectoral approach in addressing undernutrition (50%)	Defining the added value of national policies, plans and budgets that cut across sectors (63%) Successful strategies to promote effective collaboration between different ministries (60%)	ACF, HLPF, Max Foundation, The Hunger Project, World Vision

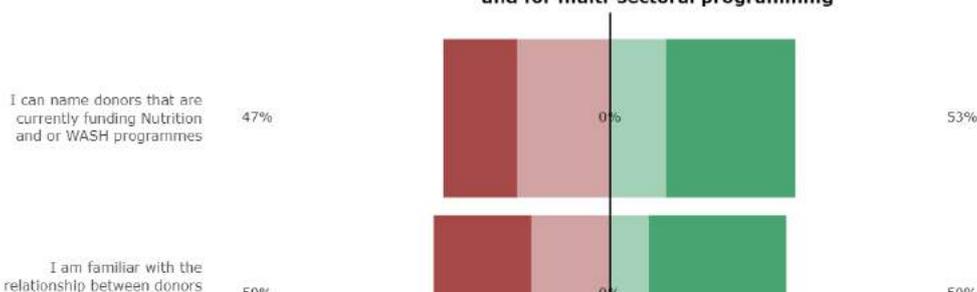
BOX 3: This is what Bangladesh Right2Grow team has to say about the needs and expertise related to Outcome 3:

- "We need to strengthen our research skills, research paper presentation and publishing."
- "It would be good to revisit multi-sectoral approaches to undernutrition in policies, action plans and budgets."
- "It would be good to develop context-specific budget monitoring and expenditure tracking tools and increase experience in implementing them."
- "It would be good to improve knowledge on how to effectively disseminate findings."

international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition".

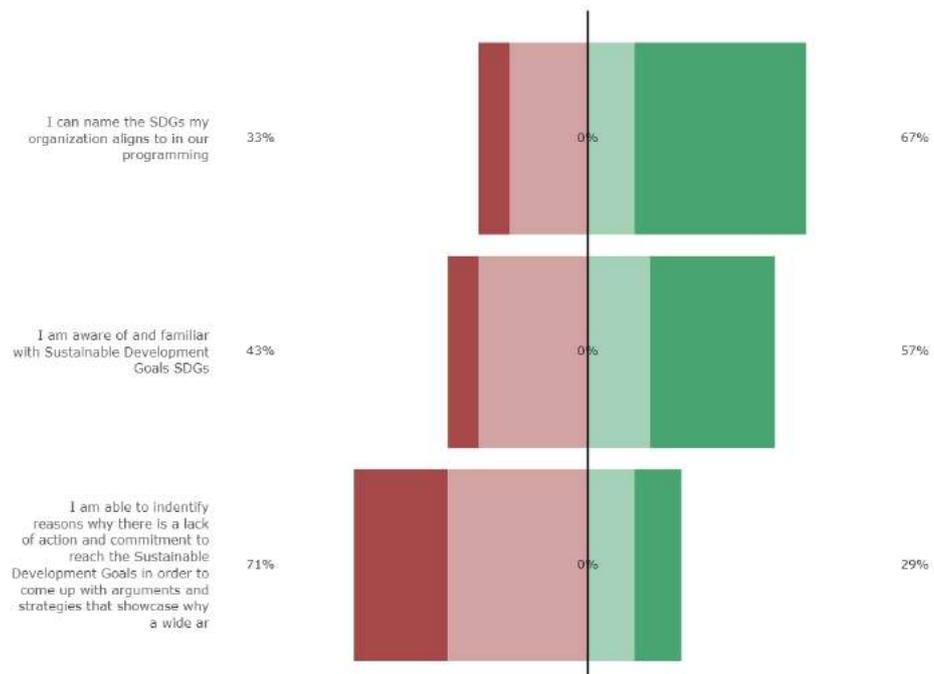
6.1

Knowledge area 1: Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming



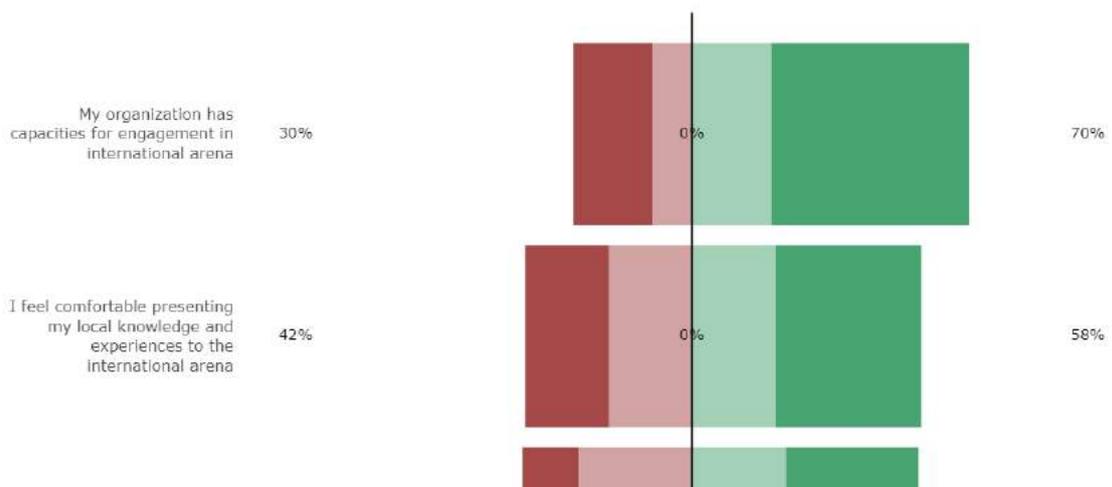
6.2

Knowledge area 2: Advocating for more action on the Sustainable Development Goal



6.3

Knowledge area 3: Bringing local knowledge and experiences to the international arena



Reflection:

Looking at the graphs presented above, it seems that the partners of Right2Grow Consortium in Bangladesh are familiar with the donors that are currently financing WASH and/or Nutrition programmes as well as with the relationship that donors usually have with civil society organizations. The country team seems to have a solid knowledge of 2030 Agenda for Sustainable Development and Sustainable Development Goals (SDGs), in particular the SDGs one's organization should align programming with. The partners perceive they have sufficient capacity to engage in international arena and feel comfortable presenting local knowledge and experiences in International forums.

When it comes to the needs, the results suggest that the Bangladesh Consortium could benefit from capacity strengthening in constructing evidence based arguments that show why donors should care and be committed to breaking the silo between WASH and Nutrition and taking up multi sectoral approaches as well as in better understanding the approaches to be used to advocate for adequate funding of WASH and/or Nutrition programmes. The team seems unable to identify reasons why there is a lack of action and commitment to achieve SDGs in order to formulate effective advocacy strategies. Finally, the team expressed the need to strengthen their networking skills so they can successfully participate in international arena.

6.4 Here are the highlights of technical knowledge and skills assessment related to Outcome 4:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertize providers from your country and within the Consortium (Column 4). Column 1 shows average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertize providers
Knowledge area 1: Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming (57%)	Knowledge and awareness of the donors who are currently funding WASH and/or Nutrition programming (53%)	Approached to be used to advocate for adequate funding of WASH/ Nutrition programmes and multi-sectoral programming (67%) Constructing evidence based arguments to show why donors should care, break the silo between Nutrition and WASH and go for a multi-sectoral approach (62%)	ACF, Max Foundation, The Hunger Project, World Vision
Knowledge area 2: Advocating for more action on the Sustainable Development Goals (49%)	Familiarity with SDG agenda and they one's organization aligns to it in their programming (67%)	Identifying reasons why there is a lack of action and commitment in order to come up with arguments and strategies that showcase why a wide array of actors should care more and be more committed to achieve them (71%)	ACF, HLPF, Max Foundation, The Hunger Project, World Vision
Knowledge area 3: Bringing local knowledge and experiences to the international arena (43%)	Perception of one's capacities to engage in international arena (70%)	Networking skills to successfully participate in the international arena (58%)	ACF, HLPF, Max Foundation, Save the Children, The Hunger Project, World Vision

Box 4 : This is what Bangladesh Right2Grow team has to say about the needs and expertize related to Outcome 4:

" Ensuring the nutrition and WASH facilities of marginalized people requires uninterrupted financial support from donor agencies for the activities of the government as well as non-governmental organizations."

"What is needed is long term and uninterrupted financial support from donor agencies."

" I need support to know the process of the Donors and international development actors' engagement and how to collaborate along the humanitarian-development nexus to address the underlying determinants of

B. Results of Monitoring & Evaluation (M&E) knowledge and skills assessment

This part of the questionnaire aimed to identify expertise and needs looking into the following areas relevant for MEAL work: Selection of the program target groups and stakeholders; Monitoring and Evaluation System and tools; Knowledge on qualitative methods for monitoring and evaluation; Data usage and management and Cross-Cutting Themes relevant to Monitoring and Evaluation (M&E).

It also presents the preliminary results of the prioritization exercise conducted during the Global M&E capacity prioritization workshop in October 2021. All results, together with priorities identified, should be

discussed and validated during 2022 strategic reflect and detailed planning process to take place by the end of the year.

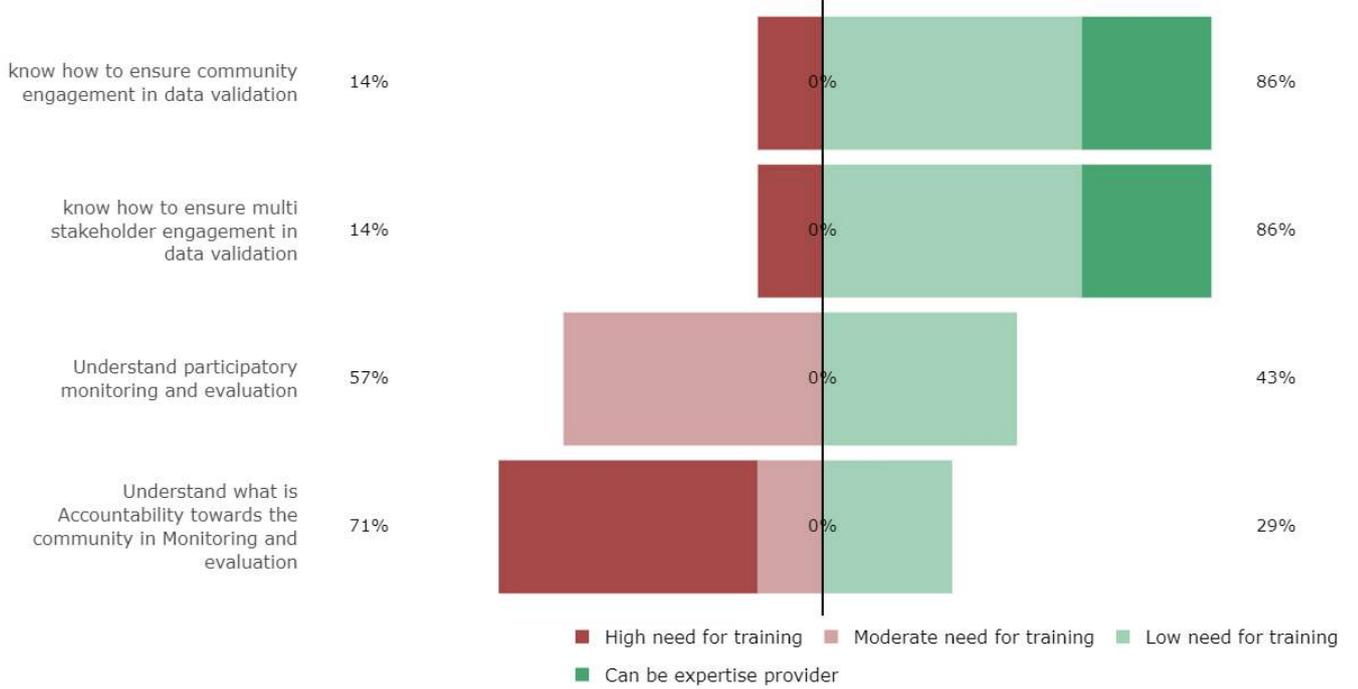
1. Overview of the responses received per country Consortium partner:

Organization	count
Max Foundation	6
The Hunger Project	1
TOTAL:	7

Monitoring and Evaluation (M&E) technical staff from only two Consortium partner organizations answered this questionnaire, hindering the representativeness of the results. Regardless of this limitation, the results provide a good starting point for understanding key needs and priorities in M&E capacity strengthening. It is recommended to discuss and validate (or not) these results and to jointly, together with all country partners, define M&E technical priorities for Bangladesh.

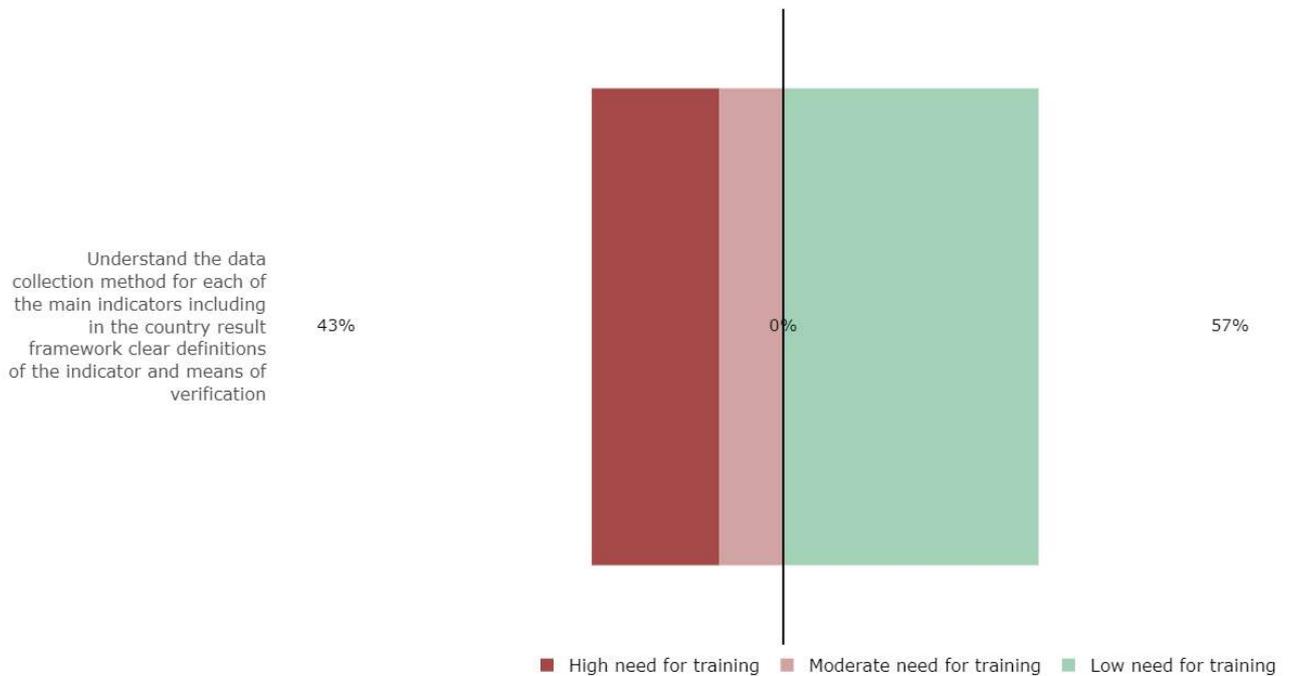
1.

Identification of who the program target groups and stakeholders are and who are not



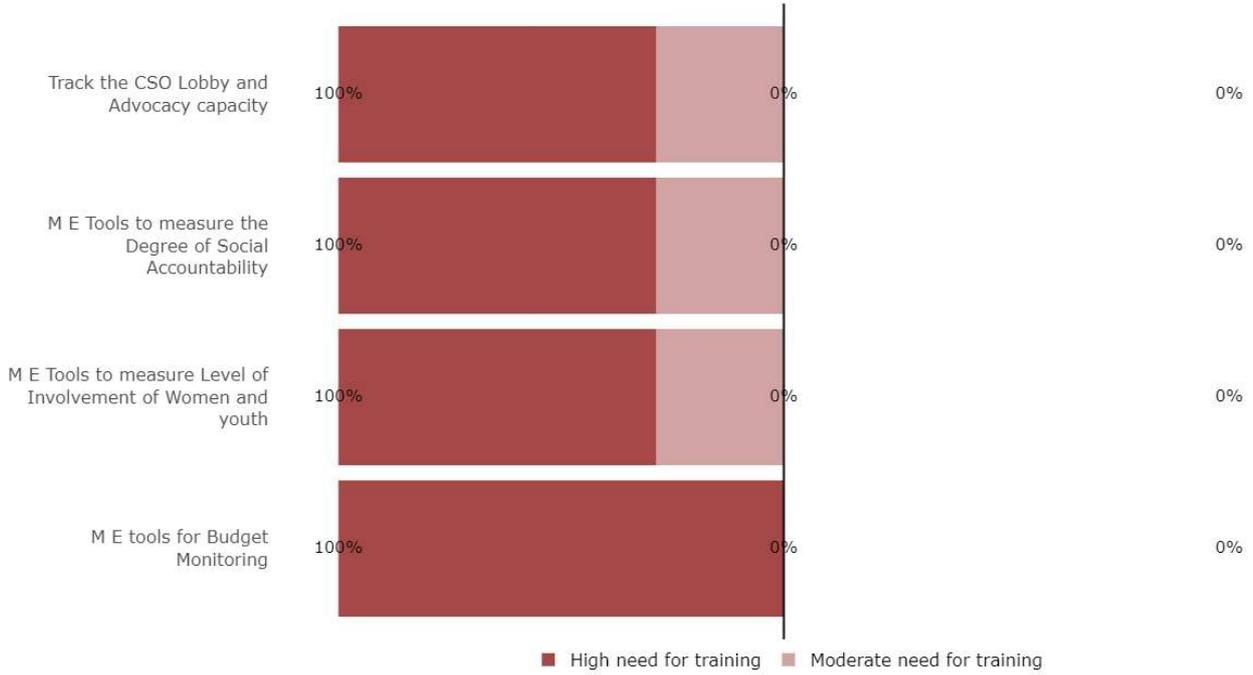
2.

Knowledge about the procedures and tools for routine monitoring



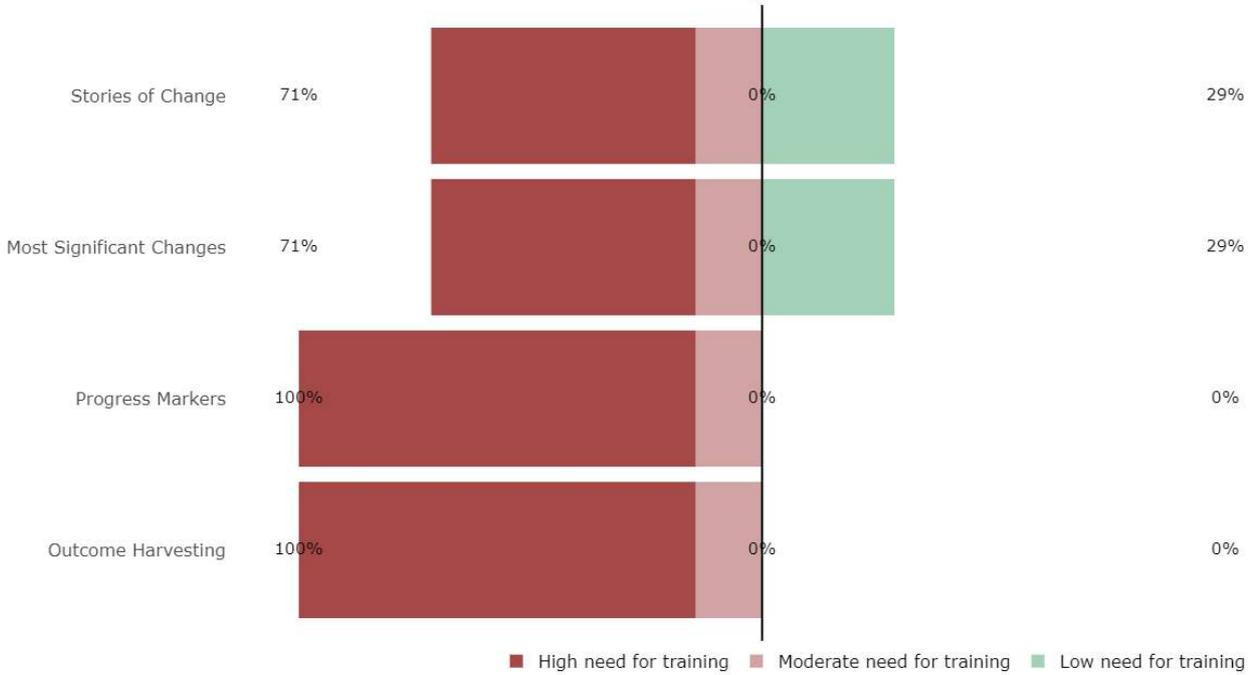
3.

Understanding the relevant tools for monitoring and evaluation in different thematic areas



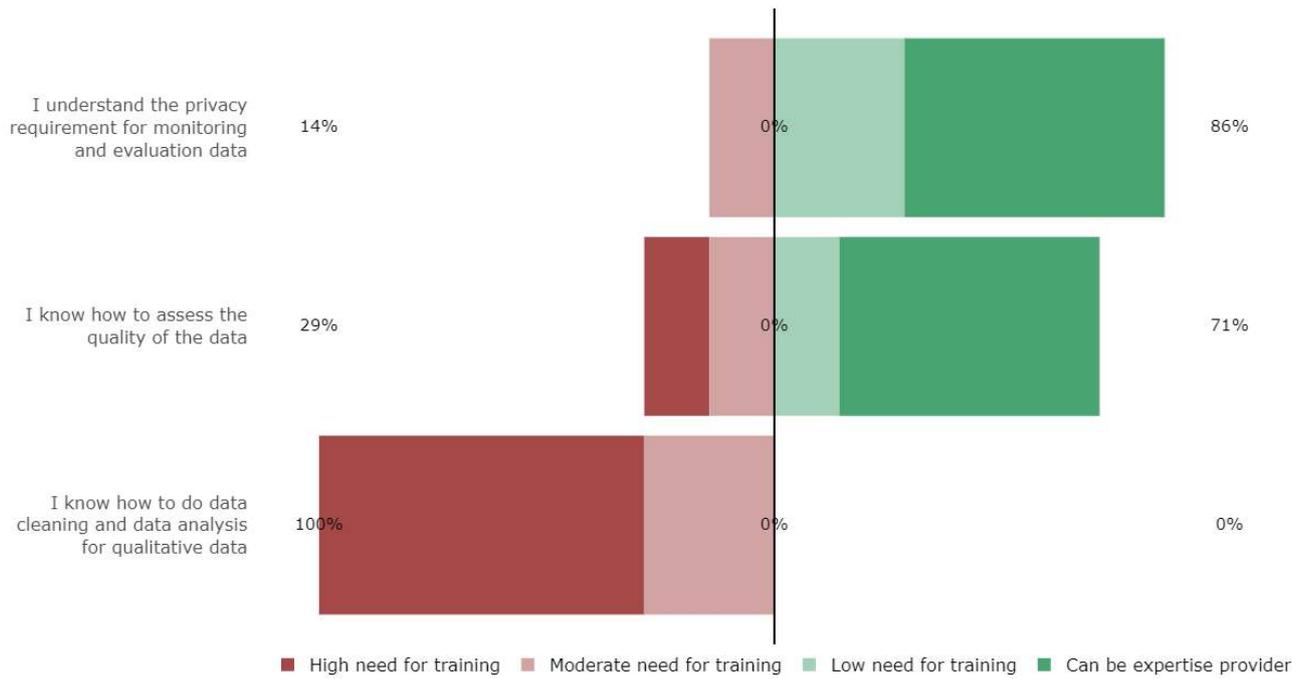
4.

Knowledge on how to use qualitative methods for monitoring and evaluation



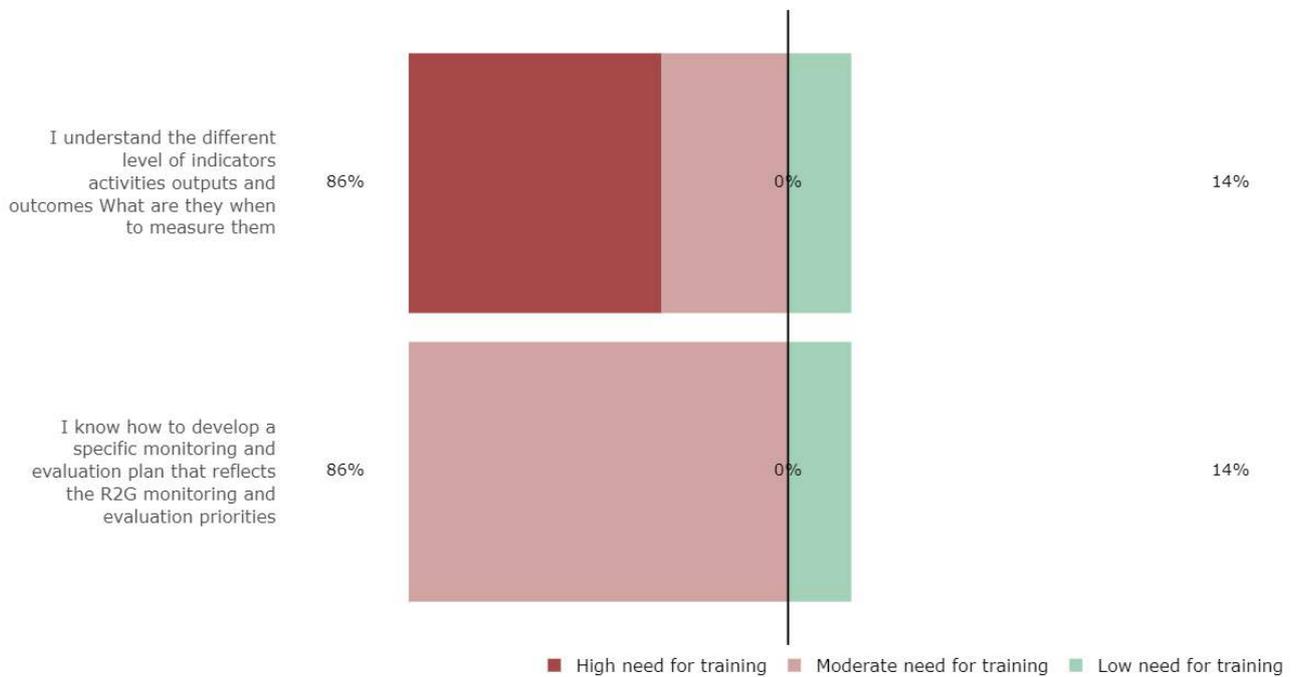
5.

Data usage and management



6.

Monitoring and evaluation System and tools

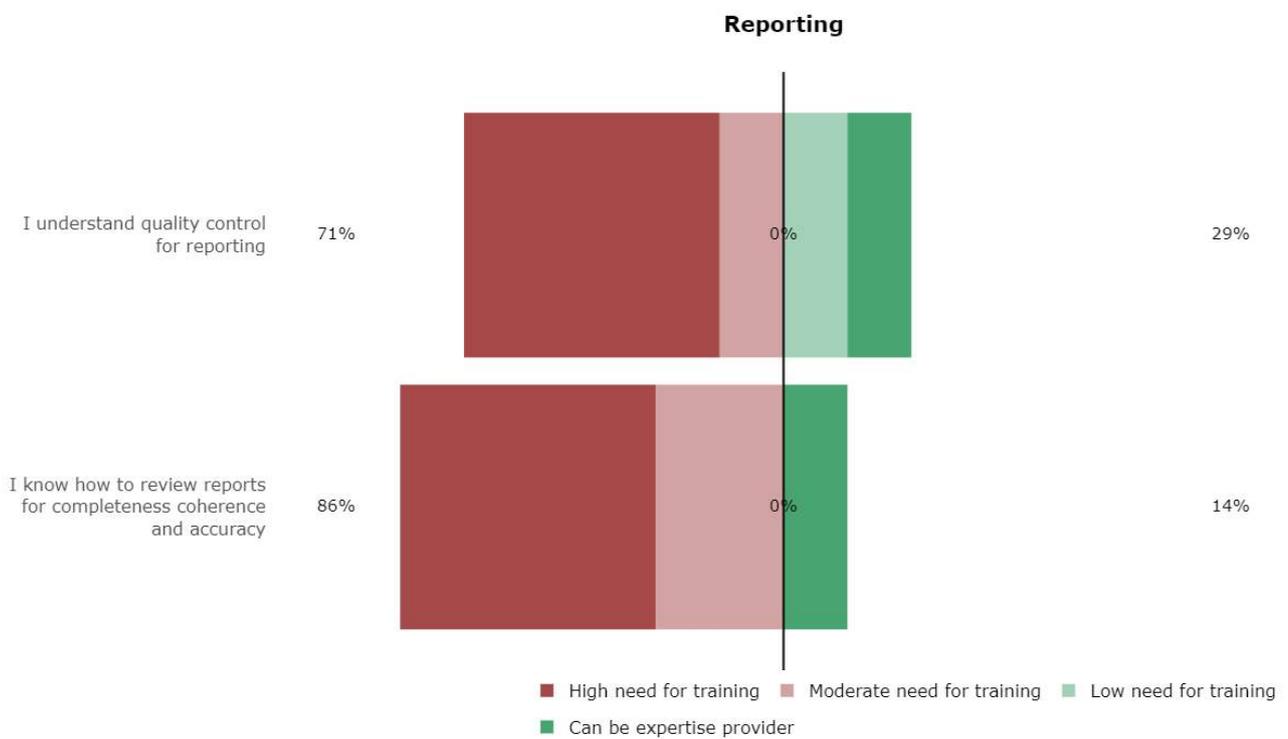


7.

Cross Cutting Themes



8.



Reflection:

The results presented here above underline several priorities for M&E capacity strengthening, starting from understanding the relevant tools for monitoring and evaluation in different thematic areas such as tools to track CSOs lobby and advocacy capacity and tools for measuring involvement of women and youth, where 100% of the respondents express high need for capacity strengthening, followed by the need to increase knowledge on how to use qualitative methods for monitoring and evaluation (e.g. Progress markers and Outcome Harvesting), to different cross-cutting themes such as adaptation of monitoring to COVID-19, capturing gender, youth and disability aspects, child protection etc. Other emerging priorities include understanding how to clear and analyze qualitative data, understanding different levels of indicators (activities, outputs, outcomes), disaggregation requirements to identify vulnerability, reviewing reports for accuracy, completeness and coherence.

The team from Bangladesh also expressed a low need for training in several thematic areas such as: ensuring multi-stakeholder engagement in data validation, understanding privacy requirement for monitoring and evaluation, and assessing quality of data.

Looking at the results coming out of the Global M&E Capacity building prioritization workshops held in September 2021, the following has been put forward by the M&E technical experts from Bangladesh participating in the workshop:

<p>Capacity building priorities for 2022:</p> <ol style="list-style-type: none">4. Understanding the data collection method for each main indicator5. Understanding the different level of indicators, activities, outputs and outcome6. Accountability towards the community (& data validation)
<p>Capacity building priorities for 2023:</p> <ol style="list-style-type: none">4. M&E Tools for CSO lobby and Advocacy capacity (incl. women and youth)5. Cleaning and analyzing qualitative data6. Quality control and reviewing reports for accuracy, coherence and completeness

These pre-identified thematic priorities should guide future M&E capacity strengthening activities in Bangladesh, regardless of their structure e.g. face-to-face in country/ regional trainings, Training of Trainers (ToT), remote trainings, hybrid – remote with an in-country face-to-face component. All options should take into account COVID -19 imposed restrictions, budget implications and quality of the training.

C. Results of linking & learning assessment

The Linking & Learning section of the questionnaire identifies **attitudes towards Linking & Learning at the individual level** among Right2Grow staff, **existing Linking & Learning spaces/platforms/practices** across the Consortium and **expectations of Linking & Learning in Right2Grow**. The rich results from these questions will nourish and complement the country learning agendas and the global Linking & Learning strategy to ensure they are anchored in existing practices and interests and to foster a fruitful **Linking & Learning culture** amongst all Right2Grow partners.

1. Who are the respondents?

Organization	Number of respondents
ACF / AAH	1
HLPF	1
Jago Nari	1
Max Foundation	15
Save the Children	1
The Hunger Project	7
World Vision	4
Total	30

The response rate for the Linking & Learning (L&L) questionnaire was good: 30 Right2Grow Bangladesh staff responded. International NGO partners are overrepresented: 93% of the respondents work for international NGOs. CEGAA did not respond to the questionnaire and Max Foundation staff represent half of respondents. When reading this report, it is very important to keep in mind that Max Foundation is overrepresented. In the future, it is important to ensure the right support is available for local partners to respond to questionnaire, so that everyone's insight is represented.

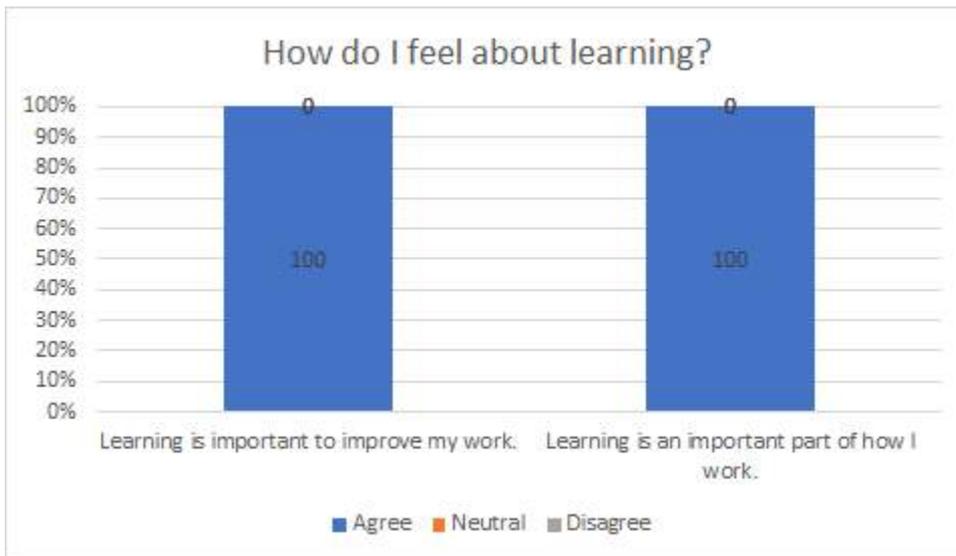
Nevertheless, this sample serves as a useful basis to assess the attitudes, practices and interests around Linking & Learning in Right2Grow Bangladesh. It's important to remember that each respondent answered the questionnaire on three levels, representing different interests and practices:

- The respondent's personal professional practices regarding learning: individual level
- The respondent's home organization's practices towards L&L: organizational level
- The respondent's personal expectations for L&L in Right2Grow: Right2Grow level

As a way of working, Linking & Learning encompasses all three levels: it seeks to create a learning culture across the Right2Grow consortium that engages not only partners but also every individual within each organization.

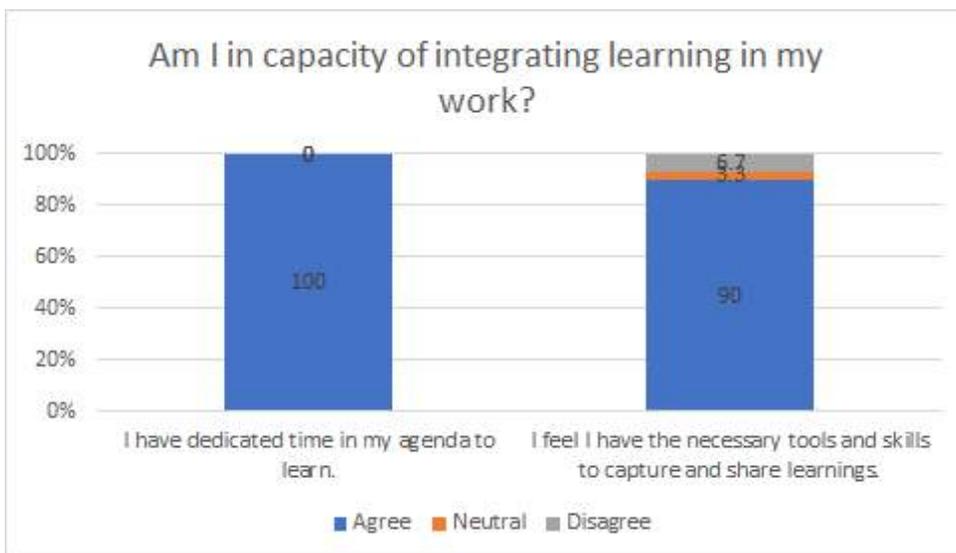
2. For me: What are the individuals' perceptions and practices towards learning?

- **How do I feel about learning?**



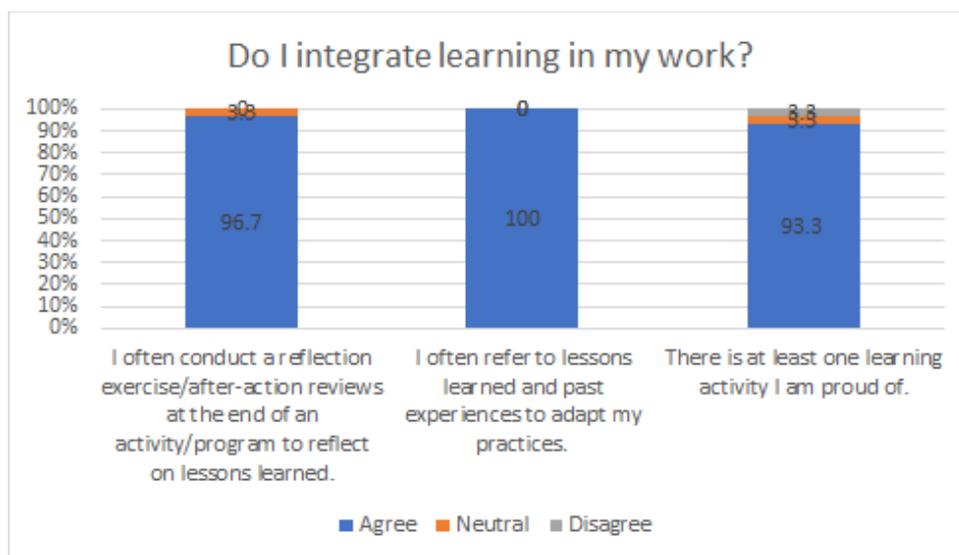
Respondents all answered that learning is important to them as professional individuals and that it is already part of how they work. These individual attitudes towards learning form a very positive foundation for deepening a learning and sharing culture. It is important to highlight and reference this shared vision.

- **Am I in capacity of integrating learning in my work?**



Beyond a positive attitude towards learning, individual professionals also require the ability (time resources, tools and skills) to integrate learning in their day-to-day work. All respondents have answered that they have dedicated time in their agenda to learn. While this is a very positive result, it is also important to consider the variety of time that respondents might have. It could be interesting to share examples of individual organisational scheduling of how people make time for learning and for which kind of learning. Regarding tools and skills to capture and share learnings, there is a very large majority of respondents with existing tools and skills to capture and share learnings. It is essential to make the most of this existing know-how. There is great potential to share tools and practices around learning activities across different roles and partners within the Bangladesh Right2Grow team.

- Do I integrate learning in my work?



Results on the practical integration of learning at individual professional's work is very positive. The majority of respondents have answered that reflection has a role and is integrated in their individual ways of working. This is a very good foundation to initiate joint reflection moments for adapting practices within Right2Grow Bangladesh. It will be important to take into consideration each partner's standard approach to reflection to ensure the methodology decided builds upon existing practices.

- [Let's hear from everyone!](#)

Below are every respondent's answers to the question: "What learning activity are you most proud of?". Have a look at the variety and common trends of individuals' approaches to integrate learning in their work! These answers will serve as a central basis to nourish the brainstorming process to develop the global linking strategy.

Course and online webinar
Training on CLTS
Learning by doing
Basic nutrition training conducted for front line health workers of GoB at my previous work place.
Participatory Graduation Monitoring System
Learnt how to develop software and android applications by self learning
Develop Financial Model for the PNGOs entitled "Max Payment by Result (MaxPbR)"
Establishing Nutrition Garden by the poor farmers.
Applying Healthy Village Approach in my program.
In the present context, I am proud of Max Foundation's first staff orientation on R2G programme where we got introduced to Rights based approach and Theory of Change.
Action reflection and action again !

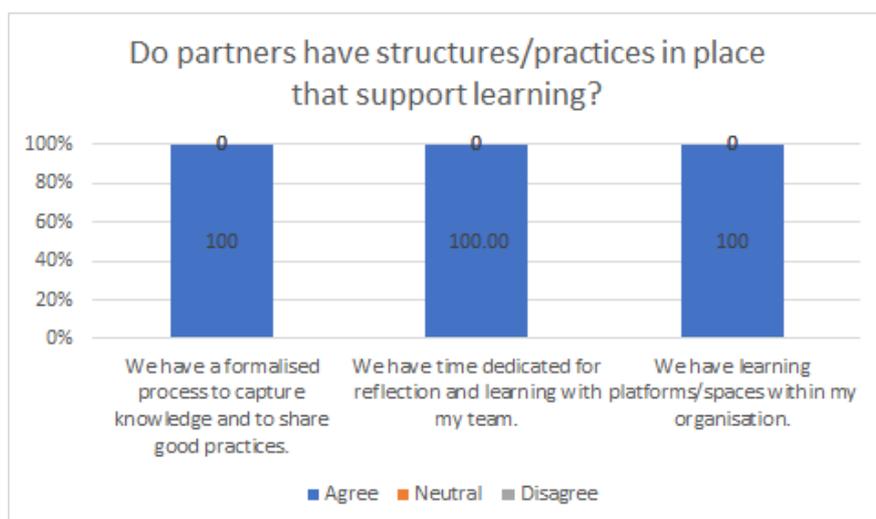
Authentic Data Verification
Citizen Voice Action
Reflection type
Ignited the community with child stunting data .
Working modality surrounding a particular deliverable should be continuously reviewed & changed/contextualized.
Lesson learn workshop with the partners in Her Choice project.
Horizontal Learning,
Women leadership to improve Nutrition status
Program Implementation Review and capitalization.

What do we do with all this? - Suggestions for action:

- Highlight and reference the positive results that illustrate a shared vision of a learning and sharing culture (perhaps during internal meetings/presentations for example, or via email to relevant staff).
- Share resources around individual and organization-level learning tools and resources within the Bangladesh Right2Grow team.
- Use the open responses to individual learning activities both to inspire the Bangladesh learning agenda (suggestions of types of activities) and the brainstorming with all focal points around the global linking strategy at a later point.

3. For my organization: What are our partners’ practices and integration of learning?

- **Do partners have structures/practices in place that support learning?**



All respondents answered that their organization had a formalized process to capture knowledge and share good practices, have dedicated time for learning and reflection at the team-level, and learning platforms/spaces. This is an incredible potential. It is very important to make sure that learning practices and

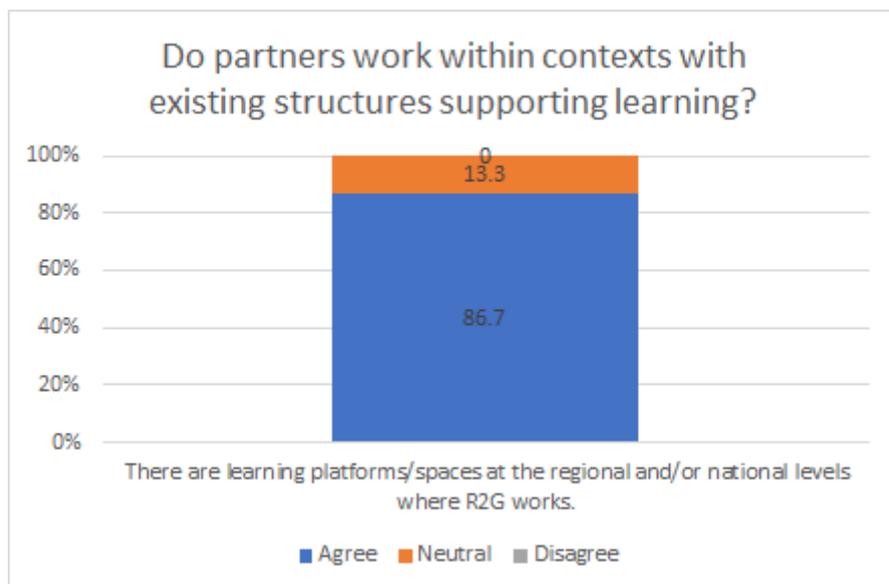
spaces within Right2Grow builds upon this expertise. It would be interesting to ask for further details on these processes to inspire and align Right2Grow learning processes.

- **Do partners integrate learning in their organizational processes?**



All respondents report that a learning and linking mindset shapes their organizations' work. This can serve as a very strong foundation to use existing practices within organizations when brainstorming the global linking strategy: what can we learn from existing practices to shape Right2Grow’s ways of working?

- **Do partners work within contexts with existing structures supporting learning?**



A large proportion of respondents indicated that their organizations already engaged with external learning platforms. Depending on the learning and linking priorities expressed by the Bangladesh team, it could be relevant to engage with those platforms to ensure the sustainability of linking and learning captured from Right2Grow beyond the duration of the project.

- [Let's get mapping!](#)

Below are the open responses asking for the names and themes of the learning spaces/platforms that partners use both internally and externally. The responses have been broadly classified into internal partner platforms/practices and external ones. The top part can be used to inform learning and sharing practices both in Bangladesh and at the global level. The bottom part can be used as a record for the L&L Bangladesh team to use as a reference when linking opportunities arise to engage with stakeholders beyond Right2Grow.

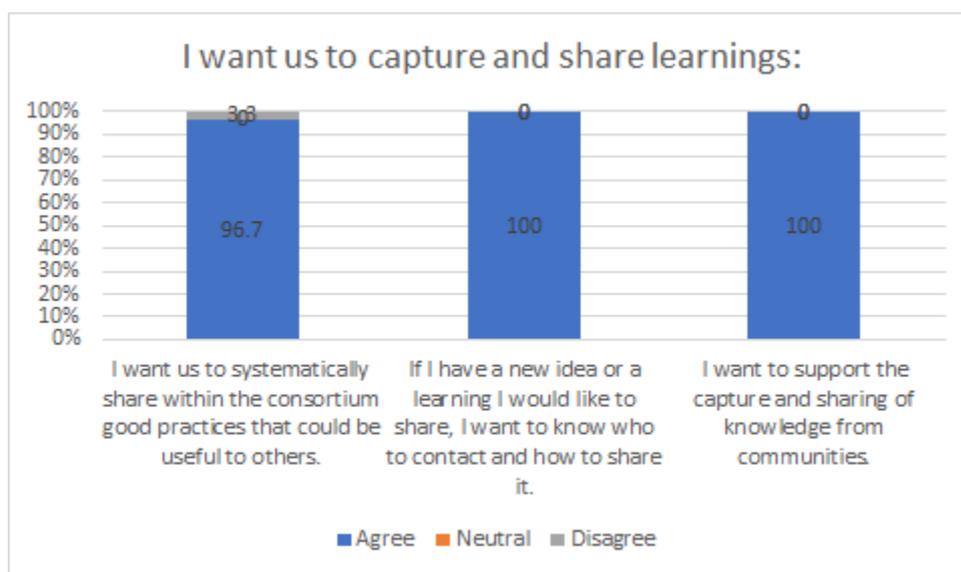
Learning spaces/platforms internal to partner organizations
Learning sharing forum/ meeting
Team meeting, consortium forum/PMU
Activities of dedicated volunteers. organized civil society, Our training and the initiative and knowledge of the people in the community
Sharing meeting
Project staffs meeting & chat, Zonal level meeting/orientation and National level meeting
There are project staffs group at local level & Project working groups at zonal level including national staffs.
Cross-sectional meetings, informal chats/event e.g. scrum meeting
Workshops and Training
Reading articles, attending online course/webinar/conference, Participate different HLP (Horizontal Learning Program)
Annual Retreat and Learning Workshop
SharePoint
MIS Team Meeting
Team meeting, Cross-sectoral meetings, informal chats and various workshop.
Working group type
Program Coordination Meetings. Knowledge Cafe, Best Practice discussion within the teams
Zoom, WhatsApp, Google Team, SKYPE,
Review Meetings with all stakeholders.
Virtual and face to face at field level and National coordination and review meetings as well as regular consortium meetings.
Learning spaces/platforms external to partner organizations
Working together with Horizontal Learning Program (HLP) supported by NILG & SDC.

What do we do with all this? - Suggestions for action:

- Share within the Bangladesh team details on organizations’ formalized process to capture knowledge and good practices looks like, how time is dedicated to learning and reflection among team and what examples of learning spaces/platforms exist within partner originations. This can also inform the design of the global approach. The Bangladesh L&L focal point can use these results to inform their input on this topic.
- Use existing organizational learning practices both to inform the Bangladesh learning agenda (types of learning activities for example) and the brainstorming of the global linking strategy.
- Keep a record of external learning platforms that partners know and work with for future years, so that L&L in Bangladesh can use it for linking opportunities that will arise.

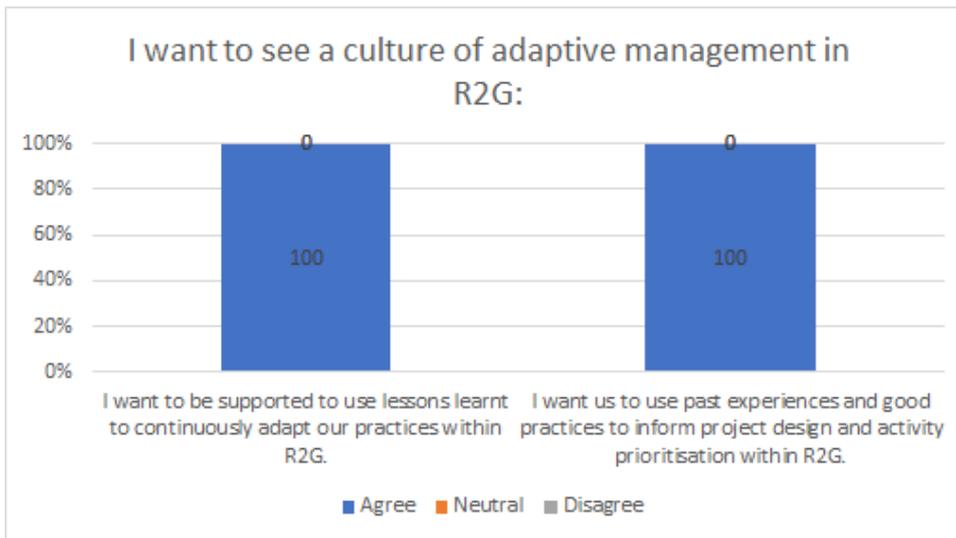
4. For Right2Grow: Where do we want to go, together, with L&L?

- **I want us to capture and share learnings.**



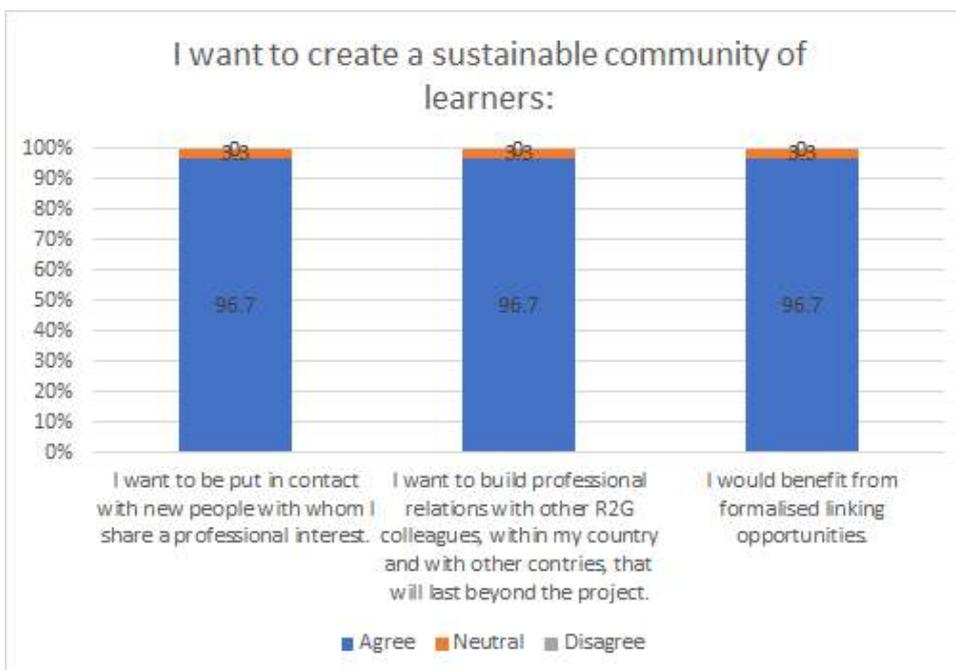
This is a very positive results: all respondents indicated being in favor of an approach which systemizes the documenting, sharing and use of lessons learned in project implementation. All responded that they would like to be engaged in a dynamic process to share their own learning within the consortium. It is important to have linking and learning processes in Bangladesh and at the global level that encourages anyone from engaging with L&L, that the process to engage is clear to all, and that different teams and roles are represented in L&L decision-making at all levels. Finally, there is a clear commitment from partners to engage with and raise the visibility of knowledge from communities.

- **I want to see a culture of adaptive management within Right2Grow.**



There is an overwhelming desire to see a culture of adaptive management in Right2Grow. It will be important to base this approach on existing practices in partner organization, and to adapt it to the partnership context of Bangladesh. There is also a potential for cross-country learning from experiences on adaptive management. The global L&L team is also planning on supporting countries from a technical side on implementing adaptive management approaches.

- **I want us to create a sustainable community of learners.**



There is also a clear shared vision by Right2Grow Bangladesh’s partners to create a culture of sharing within the consortium. This information will be useful when L&L focal points brainstorm a global linking strategy. A key aspect to consider will be how to identify topic areas in which staff members are interested in sharing and linking.

- **Let’s envision our future together!**

Below are the responses to the open question: Which kind of linking opportunities would you like to see formalized in Right2Grow? These responses should form the foundation of to the brainstorming of the global linking strategy, which will involve all L&L focal points.

Good practices and Learning sharing among the Consortium partners.
mini-Q&A
I want to see a strong strategic platform that acts at the national and international levels on this issue.
Quarterly reflection and learning meeting
Monthly reflection on a thematic.
Regular communication with the R2G global platform
Linking with other system development engineers or software developers
Need formal CSOs Network both national and international level.
Quarterly reflection on a thematic, virtual "coffee break" mini-Q&A.
Regular communication and sharing good practice/innovation with the colleagues in R2G Program.
I want continue connecting with the Right2Grow components
Regular communication with various learning platform as need.
Regular communication and meeting with R2G consortium partner of Bangladesh.
Monthly and weekly reflection
Regular reflection on a thematic, virtual "coffee break" mini-Q&A
Newsletters, Professional Networks

What do we do with all this? - Suggestions for action:

- Use the results from the first graph to 1) brainstorm how to engage and encourage Right2Grow staff outside of L&L to participate in linking & learning, and 2) reflect how to incorporate community knowledge in the Bangladesh learning agenda.
- Provide input and suggestions as the global L&L team works towards creating support to implement an adaptive management approach (ex: feedback on TORs for a workshop consultant etc.).
- Use results from the third graph to reflect on how to best identify topics/areas that Right2Grow staff would be interested in linking on in Bangladesh and at the global level.
- Use the open responses on desired linking spaces within Right2Grow to inform the brainstorming on the development of the global linking strategy.

D. Results of organizational development assessment

The objective of this questionnaire was to gain a better understanding of the institutional strengths and development needs of the country Consortium partners so that we can jointly build an organizational development strategy. Ultimately, we want Right2Grow civil society partners to be strong enough financially, technically, and internally to exist long after our partnership concludes. Here are the results.

1. Overview of the responses received per country Consortium partner:

Organization	count
JAGO NARI	1
Max Foundation	2
Save the Children	2
The Hunger Project	2
World Vision	1
TOTAL:	8

Five out of seven country Consortium partner organizations responded to this questionnaire, ensuring a good representativeness of the results. Two partner organizations, namely ACF and HLPF, did not participate, however, the results derived from this assessment may still be relevant for them.

2. Overview of the type of positions answering this questionnaire:

Position	count
Mid- manager e.g. Advocacy/ Nutrition/ WASH/ Community mobilization/ Communication program manager, adviser or similar	3
Senior manager e.g. Director, Deputy director, Head of department or similar	5

In total, 8 senior or mid managers responded to this questionnaire. All responses are considered valid.

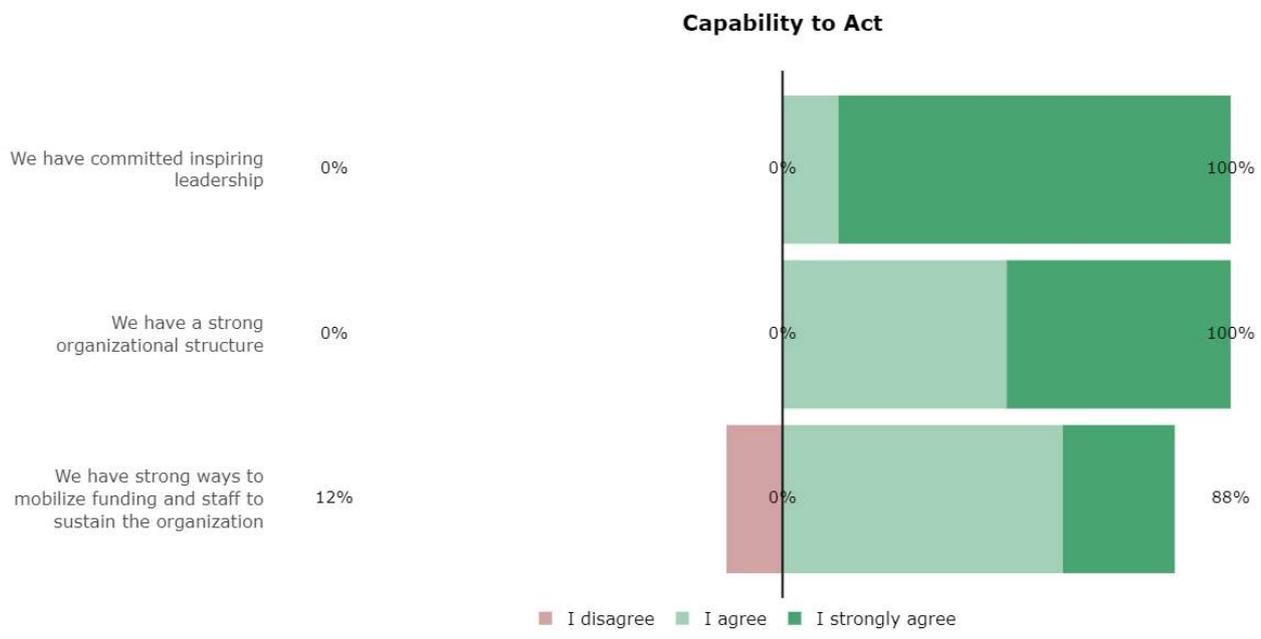
3. Overview of the governance structure of the organizations which answered the questionnaire, looking at the representation of men, women and youth at management positions/ members of the board.

organization	>50% men	>50% women	>50% youth
JAGO NARI	0	1	0
Max Foundation	2	0	0
Save the Children	1	1	0

organization	>50% men	>50% women	>50% youth
The Hunger Project	2	0	0
World Vision	1	0	0

Partner organizations from Right2Grow Bangladesh are mainly men-led. Only Jago Nari reported to have >50% of women at the management positions/ members of the board. There are no youth-led organizations. Also, the two responses from Save the Children are divergent.

4. Capability to act



All partner organizations feel confident about their capacities to act. Some of the partners highlighted that their organization has "strong management structure and program delivery mechanism. Matrix management structure and participatory decision making process is in place.", and "well-defined organogram and policies for the implementation of day-to-day management activities".

5. Capability to achieve coherence

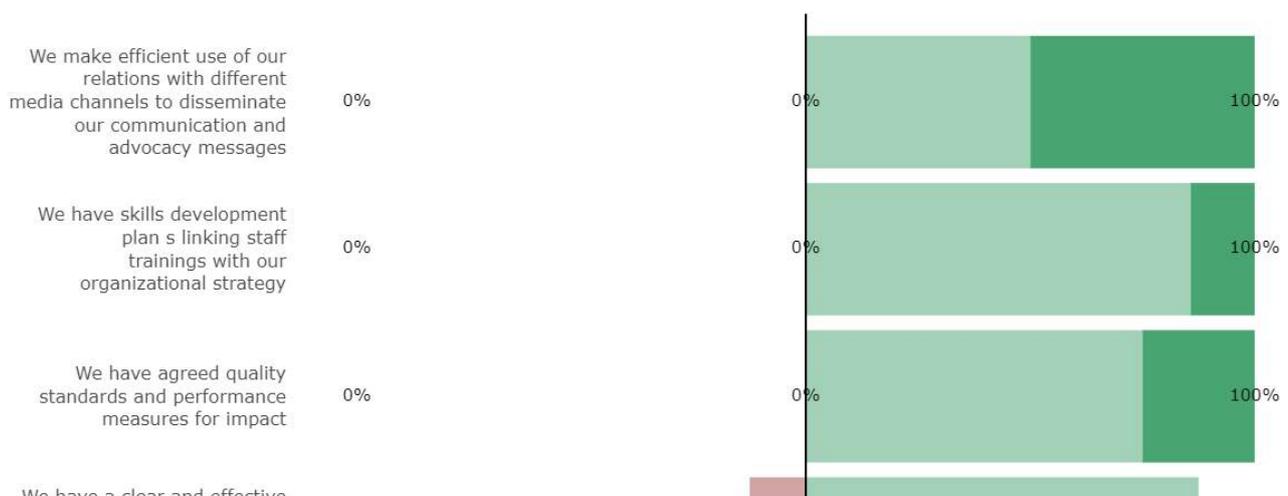
Capability to achieve coherence



All partner organizations tend to agree they are capable to achieve coherence, including standard human resources, financial, procurement, gender, child protection and safe guarding policies. Respondents highlighted that all staff are well known about organizational vision, mission, and strategies.

6. Capability to deliver development outcomes

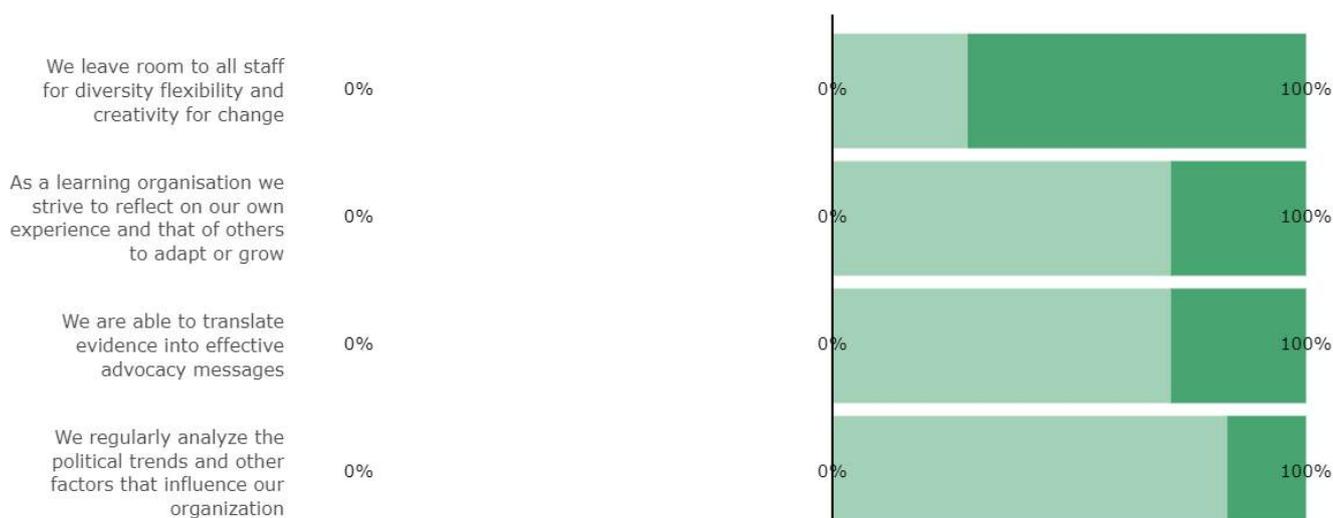
Capability to deliver development outcomes



All partner organizations feel confident about their capability to deliver development outcomes. Several partners pointed out that they have a nationwide strong volunteer network and skilled and committed staff. Some of the partners are present and participate in the most active advocacy platforms in Bangladesh and have working relationships with various media, local and district government that can help achieve development outcomes.

7. Capability to learn and self-renew

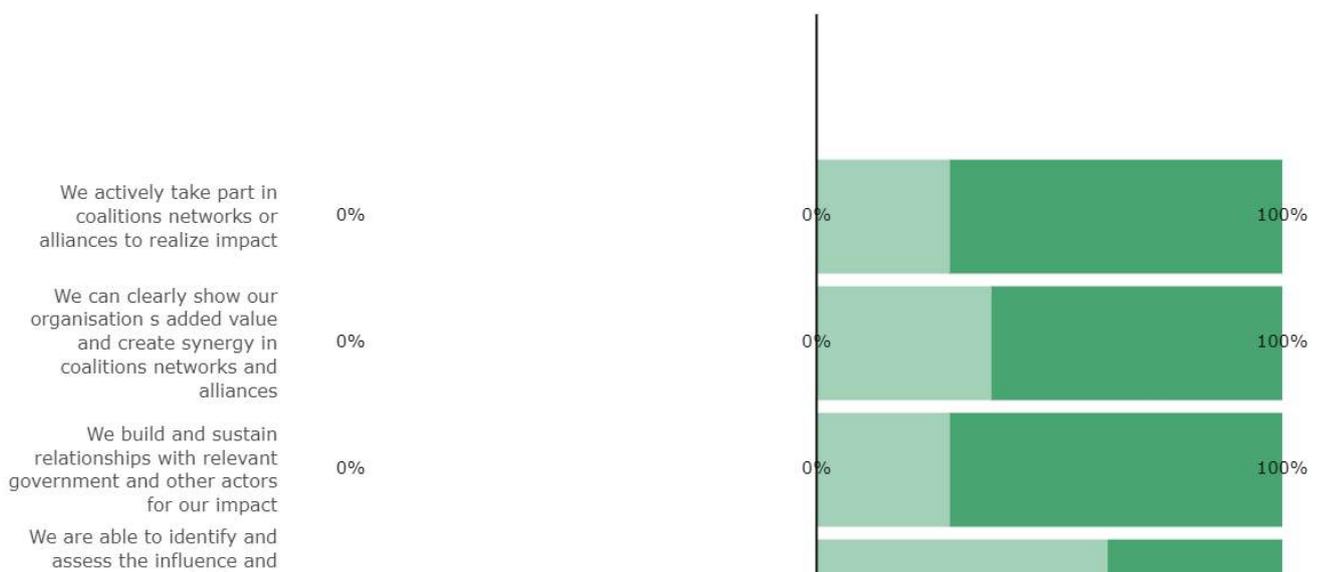
Capability to learn and self-renew



All partner organizations feel positive about their capability to act and self-renew. Some of the partners highlighted that they regularly organize a lesson learn workshop, produce learning documents, do quarterly political context analysis, and track closely their programmes to learn what works and ensure maximum impact. There might be a need to explore further how to strengthen organizational capacities in producing credible evidence, working with research institutions and evaluating research of others.

8. Capability to relate to external stakeholders

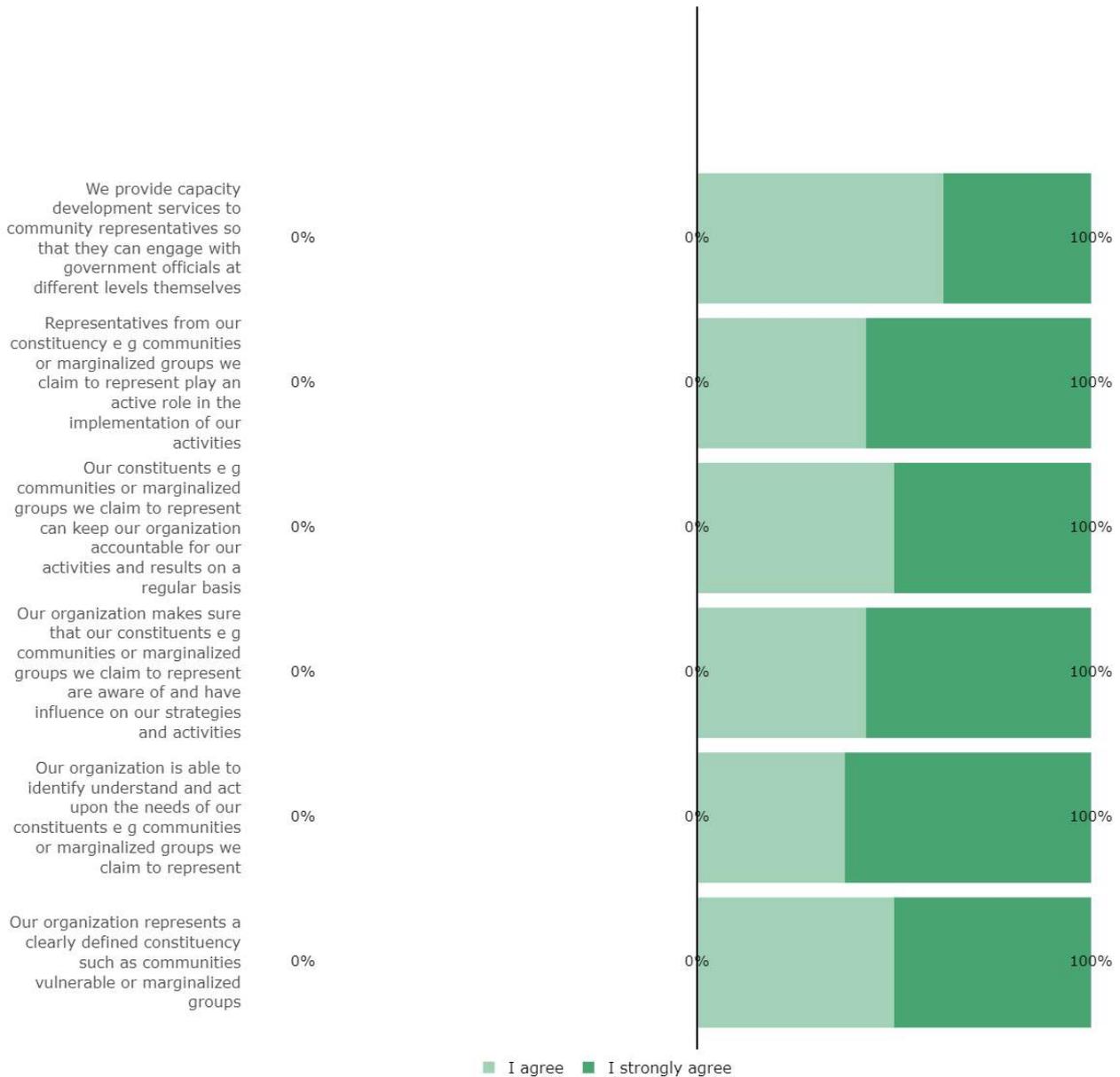
Capability to relate to external stakeholders



Right2Grow partner organizations in Bangladesh feel capable to relate with external stakeholders. Partners pointed out different approaches they used to bring together policymakers, researchers, public health leaders and other stakeholders across the country. Some of them see themselves as pioneers to create and work with well-known networks like SHUJAN, NGCAF, BNN etc, others report having strong relationships with local community-based organizations, entrepreneurs' associations, and private companies.

9. Grassroots embeddedness and legitimacy

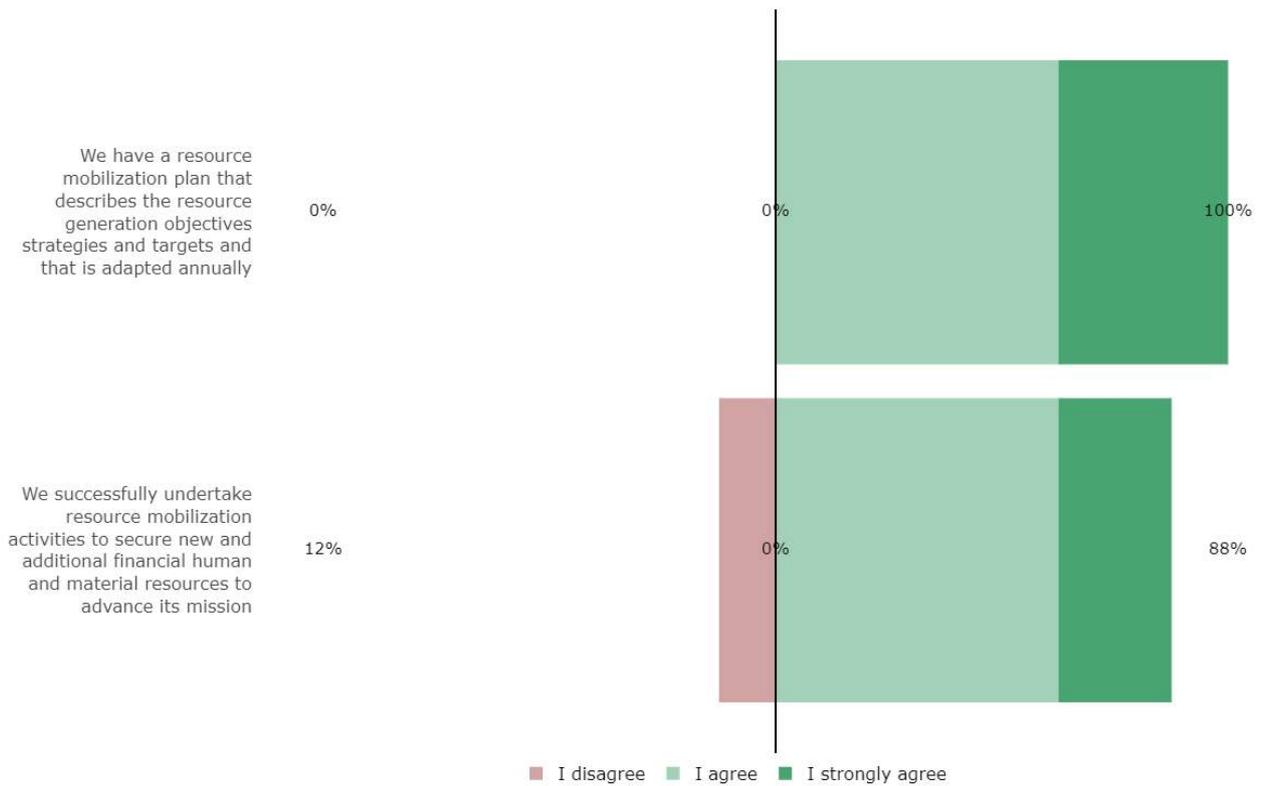
Grassroots embeddedness and legitimacy



All partner organizations feel their activities/ interventions are legitimate, with strong grassroots embeddedness. Partners share they have guidelines and tools for identifying, analyzing, planning, implementing and monitoring issues such as engaging communities in the development process, as well as training packages for ensuring active community participation, including influencing organizations' strategies and activities.

10. Resource mobilization and sustainability

Resource mobilization and financial sustainability



All partner organizations confirmed having resource mobilization plan that is updated regularly. However, there might be a need to further explore fundraising opportunities and strengthen organizations' capacities to undertake resource mobilization activities so they can advance their mission.

Looking at the results presented here below, it seems that the three emerging organizational development priorities for Right2Grow Bangladesh include:

4. Producing credible evidence, working with research institutions and evaluating research of others (29%)
5. Developing effective communication and advocacy strategies to accelerate progress towards achieving organizations' objectives (12%)
6. Resource mobilization and financial sustainability (12%).



Right2Grow Baseline Inception Report

Bangladesh Theory of Change validation

This validation is the outcome of a reflection on the Baseline Study Results and joint analysis by all country consortium partners on the original Theory of Change.

1. Overall validity

Validity

The baseline findings confirm that the TOC is relevant, and its pathways will remain the same with very few adaptation specifications at lower level, such as inclusion of the adolescents at intermediate outcome 1 and CSOs at output level to improve quality of Nutrition and WASH services.

Outcomes and intervention strategies 1 & 2 focus on rights-holders: individuals and groups in communities are entitled to individual (household) and collective child growth rights, including basic WASH, nutrition and primary health care services. Particular groups that are of attention are: children under 2 (U2) and under five (U5), mothers and caregivers, adolescents, people with disabilities; these groups have more vulnerability to climate changes and disasters. However, the programme broadly aims to reach everyone male and female in the communities, all children via schools, and local entrepreneurs.

Intervention strategies 3 & 4 focus on duty-bearers: These include national and subnational actors for example district and subdistrict (Upazila) level government, and regional committees and departments; and municipal and community level institutions including Union Parishads (similar to municipality) and community clinics; and national and international development actors and donors making high-level policy and financing decisions, and who also have a role to play in engaging the private sector. Right2Grow consortium partners and selected local NGOs (CSOs) play a facilitative role in building awareness, consensus, and encouraging evidence-based decision making. The changes to see in the end link to the 4 outcomes.

Cross-cutting approaches we will use: community-led, human rights-based, comprehensive and participatory change management via village-wide mobilization (the latter includes the Healthy/ SDG Village approaches), all emphasizing communication, which are described in more detail in the Theory of Change aimed at:

- Empowering community level rights-holders so that they can claim and exercise their rights
- Strengthening the capacity of duty-bearers who have the obligation to ensure the services and improvement of child and mother's access to WASH, nutrition and primary health care services.

Ultimate goal and impact

The ultimate goal of Right2Grow is that Every child is able to reach their full potential. The long-term impact (not measured by Right2Grow evaluation) is that All children under 5 are well nourished. The medium-term impact is that Decision makers jointly and effectively address undernutrition in a multi-sectoral, gender-sensitive and inclusive way.

The **key decision makers** identified for this impact are:

At **international** level, many donor organizations such as WHO, USAID, UKAID, UNICEF, FCDO (formerly known as DFID), Global Canada, DANIDA, JICA, Netherlands Government, Swiss Government etc. who are working in Bangladesh and UN organizations like UNICEF, FAO etc.

At **National level**, the Ministry of Health and Family Planning, Ministry of Agriculture, Ministry of Fisheries and Ministry of Water Resources, Ministry of Children and Women Affairs, Ministry of Local Government Rural Development and Cooperative, and different bureau and departments like DPHE, DPHE, NGOAB (NGO Affairs bureau) in cooperation with international and national donor agencies.

As noted in the baseline, local government entities, CSOs, and CBOs are other major decision makers at the regional and **local levels**.

Private sector involvement in delivering services and business opportunities in meeting the community needs would be explored further.

2. Pathway 1 – Community mobilisation

Validity

Outcome 1 is: communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners.

The baseline findings confirmed that the taken approach in the pathway 1 related to community mobilization is valid. Outcome and intervention strategy 1 focus on rights-holders: individuals and groups in communities entitled to individual (household) and collective child growth rights and therefore also to basic WASH, nutrition and primary health care services, and households. Particular groups that are of attention are: children under 2 (U2) and under five (U5), mothers and caregivers, people with disabilities, vulnerability to climate change and disasters. However, we broadly aim to reach everyone (male and female) in the communities, all children via schools, and local entrepreneurs.

We aim for facilitating / establishing the process of communities making decisions, raising their voices and demanding accessible, affordable and better services, and changing behaviour towards improved access to and use of WASH, nutrition and maternal and child health care.

Our strategy is to build demand by raising community awareness of the urgent issue of undernutrition, and what can be done to improve child growth, such as awareness on practices of appropriate nutrition actions at household level such as diet diversity, infant and young child feeding, sanitation and hygiene and health care. Focus will be on enhancing the availability, accessibility and affordability of nutrition, health and WASH products and services and thereby increase household investment in nutrition, WASH and health. Building coherence between child growth data and its underlying WASH, nutrition and health care, governance and environmental factors, it needs to enable the community and specially women to be put in the lead in decision making and access to services. By engaging the private sector and putting child

growth and mothers' health as top priority, the strategic goal is to increase care and household investment in nutrition, WASH and health.

Adaptation and specification

There is no adaptation required at the outcome level, except a little need for specification at lower level, e.g., inclusion of the adolescent at intermediate outcome and CSOs at output level to improve quality of Nutrition and WASH services.

3. Pathway 2 – Strengthening civil society organizations

Validity

Outcome 2: is Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition.

The baseline study and reflection has confirmed the validity of both outcome 2 and pathway 2. Interviewed CSOs were also found not involved in advocacy initiative formally. Consequently, they do not have enough skills and abilities to undertake structured and formal advocacy initiatives. A priority is to enhance skills and abilities, so that the CSOs will be able to assess the needs of the community and present those demands to the service providers, in addition the community will be mobilized to make service providers aware and act and move accordingly. Considering this, CSOs must be empowered to speak out for their communities' needs and concerns, negotiate their inclusion in government planning papers, and hold authorities accountable in their programming and budgetary planning.

We aim for local stakeholders including CSOs and enterprise associations to engage in advocacy actively (voice!) and support decisions in favour of effectively tackling undernutrition and that respond to real community needs. In line with this, we must strengthen CSOs and improve their cohesion and coordination by building their capacity for rights-based goal management, policy-influencing (lobby and advocacy) and budget tracking.

The strategy has three broad objectives, which are social accountability, empowering communities and ensuring good governance. The strategic actions are four-fold. Firstly, to revitalize and strengthen the capacity of CSOs, secondly to enable them to support the communities to access nutrition-specific and -sensitive services, rights and raising voices at local and national level; thirdly to enable them to do problem analysis, budget tracking and gap identification, building technical relation with duty bearers (local government and other agencies). In this way the CSOs are expected to be capable to utilize the nutrition and budgetary data to conduct policy dialogue, raising voice for nutrition rights at national level and transfer knowledge across state and non-state actors, the fourth one is to work as a monitor for transparency gaps, performance of nutrition budget governance and ability play active role in networks and government committees.

Adaptation and specification

No change or adaptation is needed for this pathway. The requirements are that developing skills and abilities for CSOs and CBOs in dealing with local governments, program design, budget planning, and demand for service accountability should be given special consideration.

4. Pathway 3 – Engaging public authorities

Validity

Outcome 3 is: National government and decentralised entities adopt and mainstream an integrated, multisectoral approach to undernutrition in policies, action plans and budget allocations

After analysing the baseline findings, it is found that pathway 3 and the Outcome 3 related to “Engaging public authorities” is valid. We aim for the government to implement integrated, multi-sectoral policies backed up by sufficient financing and improved governance. Use field evidence (data, community perspectives), from intervention strategy 1 in workshops, advocacy activities such as formal and informal dialogue together with CSOs and community stakeholders to sensitize duty-bearers (mainly local, sub-district and district, and national government, also others such as implementers of large-scale nutrition governance programmes, etc.).

Adaptation and specification

There are no changes or adaptation foreseen in this pathway during validation workshop based on the baseline findings. During policy review, we have found strong policies are in place regarding WASH and Nutrition but weaknesses in the implementation process at the field level. Hence, we are recommending focusing on relevant policy implementation to get optimum impact on WASH and Nutrition. It will take necessary initiatives to involve local government bodies in all the possible ways to improve WASH and the nutrition status of the community. To make sure proper steps should be taken by the R2G consortium country team to activate all Union Parishad level committees related to WASH and Nutrition.

5. Pathway 4 – Mobilizing international development actors

Validity

Outcome 4 is: Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.

Findings from baseline reflected that the outcome 4 and pathway 4 “Mobilizing international development actors” is valid. We aim for alignment among donors and international actors’ strategies, to better leverage resources to tackle undernutrition effectively from multiple sectors coordinating and working together. Implementation of this strategy entails: lobby for and advocate with ministries, international development actors and donors on prioritizing eradication of malnutrition by developing and/or mainstreaming and financing integrated WASH-nutrition policies and programmes, such as the Healthy Village and similar approaches. Evidence will be used to sensitize the state, non-state and business actors via workshops and other communication channels (media and journalists) etc. We will also encourage government and

donors to facilitate participation of the private sector in market-based solutions to providing WASH and nutrition products and services.

Adaptation and specification

The baseline assisted in identifying some current engagement channels as well as major donors. The alliance will expand on current structures/forums such as the CSA-SUN (Scaling Up Nutrition) network, as well as inform and involve donors such as the Dutch embassies, UN and the European Union.

6. Reflection

Priorities.

All the four pathways are equally important and are strongly interlinked: community mobilization is important for transferring knowledge and skills to the community for creating demand and awareness.

CBOs and CSOs are an integral component of the community, and they play a significant role in representing community issues to service providers and decision-makers such as local governments. They work with nutrition and WASH initiatives that were found scattered and with poor and limited skills in agenda setting, influencing the debate and/or creating space to engage at national level discussions etc. Interviewed CSOs were also found not involved in advocacy initiative formally. As a result, they do not have enough skills and abilities to take effective and structured advocacy initiatives. A priority is therefore, to enhance skills and abilities, consequently, CBOs and CSOs will be able to assess the needs of the community and raised those issues to the service providers, duty – bearers, in addition, the community will be mobilized to make them aware and act accordingly in line with raising their voices. At the same time, leadership skills of CBOs and CSOs will be developed which will motivate them more and even encourage them to change their constitution/charters to be more inclusive.

We have found the existence of a strong national policy framework in both sectors but weakness in effective implementation. In some cases, clear and easily understandable supporting guidelines/handbooks are absent, such as for local government (Union Parishad) Act 2009 execution.

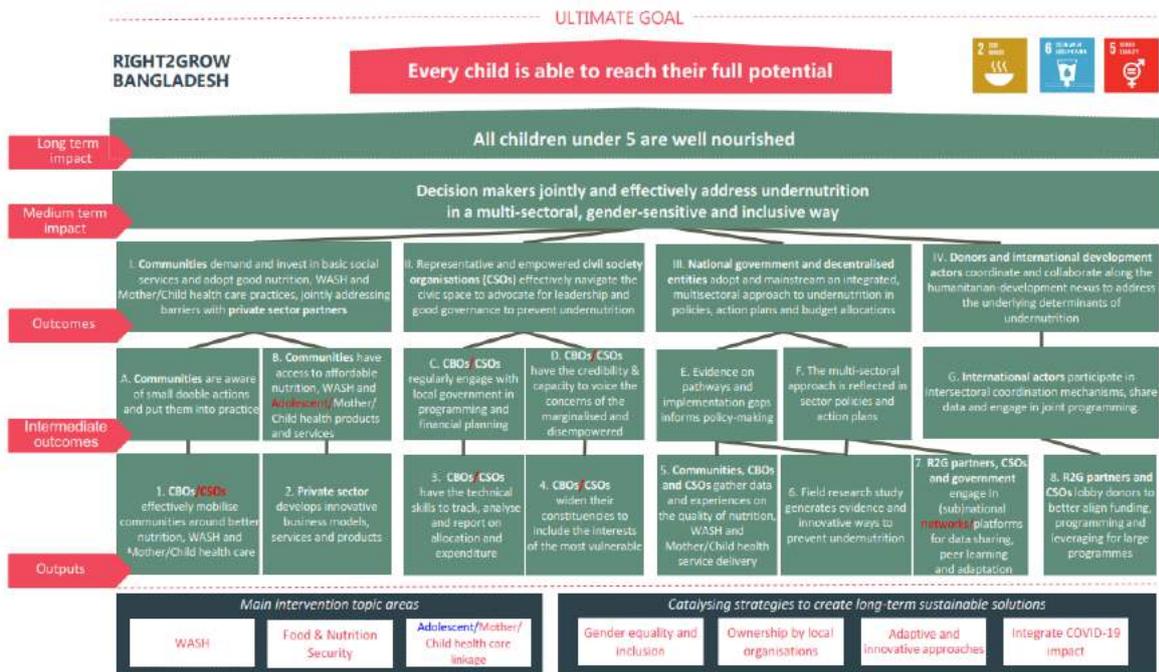
Stakeholder engagement

During discussion on TOC validation workshop based on baseline findings, we have a full list of stakeholders for R2G project consortium, Bangladesh. In addition to the list of key stakeholders, adolescent groups could be included. Further research into the role of the private sector and exploring the opportunity for business collaboration for availability of WASH-Nutrition services towards community is required.

Future adaptation

From the discussion on validation workshop based on baseline findings, there are no adaptations among the outcomes. There are a few adaptations in output level like including CSOs with CBOs and adolescents with mother/child. Most of the adaptation will occur at the activity level.

Revised TOC [Changed as mark red and blue (intervention topic)]



Annex 1 Theory of Change Visual

The TOC visual (Right2Grow lay out) can be found on the next page.



All children under 5 are well nourished

Decision makers jointly and effectively address undernutrition in a multi-sectoral, gender-sensitive and inclusive way

I. **Communities** demand and invest in basic social services and adopt good nutrition, WASH and Mother/Child health care practices, jointly addressing barriers with **private sector partners**

II. Representative and empowered **civil society organisations (CSOs)** effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition

III. National government and decentralised entities adopt and mainstream an integrated, multisectoral approach to undernutrition in policies, action plans and budget allocations

IV. **Donors and international development actors** coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition

A. **Communities** are aware of small doable actions and put them into practice

B. **Communities** have access to affordable nutrition WASH and Adolescent / Mother / Child health products and services

C. **CBOs / CSOs** regularly engage with local government in programming and financial planning

D. **CBOs / CSOs** have the credibility & capacity to voice the concerns of the marginalised and disempowered

E. Evidence on pathways and implementation gaps informs policy-making

F. The multi-sectoral approach is reflected in sector policies and action plans

G. **International actors** participate in intersectoral coordination mechanisms, share data and engage in joint programming.

1. **CBOs / CSOs** effectively mobilise communities around better nutrition, WASH and Mother/Child health care

2. **Private sector** develops innovative business models, services and products

3. **CBOs / CSOs** have the technical skills to track, analyse and report on allocation and expenditure related to food, nutrition and WASH.

4. **CBOs / CSOs** widen their constituencies to include the interests of the most vulnerable

5. **Communities, CBOs and CSOs** gather data and experiences on the quality of nutrition, WASH and Mother/Child health service delivery

6. Field research generates evidence and innovative ways to prevent undernutrition

7. **R2G partners, CSOs and government** engage in (sub)national networks / platforms for data sharing, peer learning and adaptation

8. **R2G partners and CSOs** lobby donors to better align funding, programming and leveraging for large programmes

Main intervention topic areas

WASH

Food & Nutrition Security

Adolescent/Mother/Child health care linkage

Catalysing strategies to create long-term sustainable solutions

Gender equality and inclusion

Ownership by local organisations

Adaptive and innovative approaches

Integrate COVID-19 impact

Results Framework: Bangladesh

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
<p># of policies implemented related to nutrition and WASH for sustainable and inclusive development. (SCS 1) & # of policies blocked, adopted, improved for sustainable and inclusive development (SCS 2)</p>	0	<p>Government of Bangladesh prepared and implemented a significant number of policies to improve WASH and nutritional status of people, and those docs also revised later on based on necessity, country context and national strategy. At this stage it is almost impossible to define the value of those changes in both quantitatively and qualitatively. Moreover, Right to Grow started its operation in 2021 and the programme does not have any influence on those policies yet. Based on this baseline value is treated as zero.</p> <p>During baseline conduction we have reviewed 26 policies, legislations, acts, rules, strategies and plans (Refer to chapter-4) related to WASH and Nutrition. We have found the existence of strong national policy framework in both sectors but weakness in effective implementation. In some cases, clear and easily understandable supporting guidelines/ handbooks are absent, such as for local government (Union Parishad) Act 2009 execution.</p>	1	3	<p>By 2025 Right2Grow</p> <ul style="list-style-type: none"> Inclusion of nutrition as sub-head under Health Sector budget template of Union Parishad (LGI). Creating budget provision for U5 children for protecting against malnutrition and infectious diseases. Developed two (02) policies / regulations / strategies adaptive user-friendly info book/guideline on nutrition & WASH sector related issues for respective stakeholders; <p>By 2022 Right2Grow</p> <ul style="list-style-type: none"> At least 75% of Union Parishad (30 nos.) will maintain open budget development process based on implementation of local govt (Union Parishad) act 2009, where CSOs will play active roles in support of their community needs related to WASH - Nutrition services. UDCC (Union Development Coordination Committee) and two Standing Committees (related to a. Sanitation, Water supply and Hygiene (WASH), and b. Education, Health & Family planning) are activated and maintained regular meetings. Moreover, Upazila and district Nutrition Committees also be activated.

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
<p># of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage. (SCS 3)</p>	0	<p>CSOs and CBOs working with nutrition and WASH initiatives were found scattered and no such cases were reported on agenda setting, influencing the debate and/or creating space to engage national level etc. Thus the quantitative value is zero.</p>	40	160	<p>2022: 40 times</p> <p>2025: Total 160 times by 2025 will be empowered and to be able to voice the needs and concerns of the communities, negotiate their inclusion into the local government planning documents (planning, open budgeting and agenda setting, representation of different committees, etc.) and hold respective authorities accountable in their programming and financial planning.</p>
<p># of advocacy initiatives carried out by CSOs, for, by or with their membership/constituency (SCS 4)</p>	0	<p>Interviewed CSOs were found not involved in advocacy initiative formally. Thus, the quantitative number is zero.</p>	<p>Total 10 actions (National level: 2 & Local: 8)</p>	<p>Total 50 actions (National: 10 Local: 40)</p>	<p>In 2022, national level 2 advocacy initiatives, e.g., having CSA-SUN network membership, consultation meeting, sharing of findings with stakeholders, etc., and at local level 8 initiatives will take place related to WASH and Nutrition, and align with selected advocacy issues, etc.</p> <p>By 2025, total 50 actions / initiatives will take place for both national and local level, where 10 initiatives including CSA-SUN network, public private partnership and provision for budget of U5 Children for protecting malnutrition and infectious diseases, etc. at national level, and 40 initiatives / actions at local level throughout the project period, etc. Partners are targeting to facilitate CSOs in conducting annual WASH & Nutrition integrated lobby and advocacy initiatives in each of the 40 unions where R2G partners have presence.</p> <p>Note: Depending on the 2022 achievements of the initiatives implemented, actions will be reviewed during midterm and actions for the subsequent years will be determined.</p>

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
# of CSOs with increased Lobby and Advocacy (L&A) capacities (SCS 5)	0	See capacity assessment report	7	7	R2G works with 6 international and 1 national partner and we aim to enhance their capacities continuously, although we will only count this once to avoid double counting.
# of CSOs involved in R2G (SCS 6)	0	Interviewed CSOs were found not involved in R2G program. So the quantitative number is zero.	774	774	As from 2022, the seven R2G partners will add many additional second tier CSOs during implementation: - 250 CSOs from The Hunger Project - 378 CSOs from Max Foundation - 70 CSOs from Action Against Hunger (ACF) - 76 CSOs from World Vision Bangladesh