

Joint UNICEF Bangladesh – Government of Bangladesh Nutrition Programme Mid- Term Evaluation 2017-2020

Final Report
Volume II
January 2020

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Authors

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On behalf of NRMCC

**Joint UNICEF Bangladesh – Government of Bangladesh Nutrition Programme Mid-Term Evaluation 2017-2020
Final Report**

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Dhaka, Bangladesh

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**Joint UNICEF Bangladesh – Government of Bangladesh Nutrition
Programme Mid-Term Evaluation 2017-2020**

| | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Title | Joint UNICEF Bangladesh – Government of Bangladesh Nutrition Programme Mid-Term Evaluation 2017-2020 |
| Geographic Region of the Programme | Nationwide |
| Timeline of the Evaluation | April 2019 – January 2020 |
| Date of the Report | January 2020 |
| Country | Bangladesh |
| Evaluators | Rahul Agrawal, Malay Das, Farzana Isshrat, Toufique Ahemd, Ankita Singh, Mrinalini Mazumdar |
| Name of the Organization Commissioning the Evaluation | UNICEF Bangladesh, Government of Bangladesh |

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ANNEXURE I: TERMS OF REFERENCE FOR THE EVALUATION

Annexure I: Terms of Reference for the Evaluation

UNICEF – BCO: TERMS OF REFERENCE (TOR)

Programme/Project/Assignment Title: Joint UNICEF-GoB Nutrition Programme Evaluation, 2017-2020

1. Background and rationale:

UNICEF's nutrition programme, as it stands in the 2017-2020 Country Programme, contributes to addressing the priorities in the 2nd National Plan of Action for Nutrition 2016-2025 and to tackling two headline results of the current Country Programme, namely "Reducing Childhood Stunting" and "Improving adolescent health and wellbeing". The core of the nutrition programme activities focus on developing strategies that address bottlenecks and determinants of under nutrition and accelerate the reduction in stunting. Nutrition interventions will follow the life-cycle approach, with a focus on the first 1,000 days of life — that is, from conception until the child reaches her/his second birthday— as well as on adolescents aged 10-19. School-age children aged 6-10 years will be an indirect target population for nutrition programming.

While planning for the 2017-2020 country programme cycle, the nutrition programme identified key challenges Bangladesh is facing. First, although the nutrition situation in Bangladesh had improved during the previous period and the country met the Millennium Development Goal target in reducing childhood stunting, the pace of the reduction has declined. In fact, recent (unpublished) data from the last BDHS shows that stunting levels continue to decrease, but an acceleration in the pace for this decrease has still not happened. Second, stunting and wasting levels were still perceived as high according to WHO thresholds, while underweight was considered very high. Third, evidence showed worrisome trends in exclusive breastfeeding, continued breastfeeding and early initiation of breastfeeding. Fourth, complimentary foods were not seen to be introduced in a timely fashion and poor of quality, and micronutrient deficiencies in children remained widespread. Fifth, despite slight improvements in women's nutritional status, stunting and thinness still represented a serious issue for both women and adolescent girls.

The nutrition programme strategy for 2017-2020 took into account that to accelerate improvements in under nutrition requires a greater focus on scaling up proven interventions through the health and nutrition sector; strengthening nutrition-sensitive efforts across the WASH, social protection, education and agriculture sectors; and strengthening systems through better data gathering, analysis and planning. It also will require a greater focus on adolescent nutrition, to take advantage of a second window of opportunity, ensuring that girls in particular are realizing their full growth potential, before they enter pregnancy. Finally, urban slums and disaster-prone areas also tend to be more food-insecure, and districts with a higher prevalence of stunting likewise will be targeted for support and engagement.

Moreover, keeping in mind the life cycle approach of the Country Programme, a series of cross-sectoral issues are also part of the Nutrition Programme's work. The Nutrition Programme will need to collaborate with other sectors, mainly health, WASH, C4D and gender, for developing and testing effective strategies and modelling intervention packages for scaling up in emerging areas. The Nutrition Programme will focus on strengthening implementation of direct nutrition interventions at scale through existing platforms such as antenatal and postnatal care, or community

nutrition programmes and facilities. The following thematic areas will be highlighted, targeting different groups in the life cycle:

- **Maternal nutrition and infant and young child feeding for children ages 0-23 months:**
- **Adolescent nutrition:**
- **Micronutrient supplementation and fortification**
 - For children aged 0-5 years
 - For pregnant and lactating women
 - For adolescents aged 10-19 years
 - For all populations
- **Management of severe acute malnutrition (SAM) for children aged 0-59 months, including community based management of acute malnutrition (CMAM)**
- **For preschool children aged 3-6 years, nutrition services in early childhood development (ECD) centres**
- **For school-aged children 6-10 years, nutrition curriculum strengthening at schools**

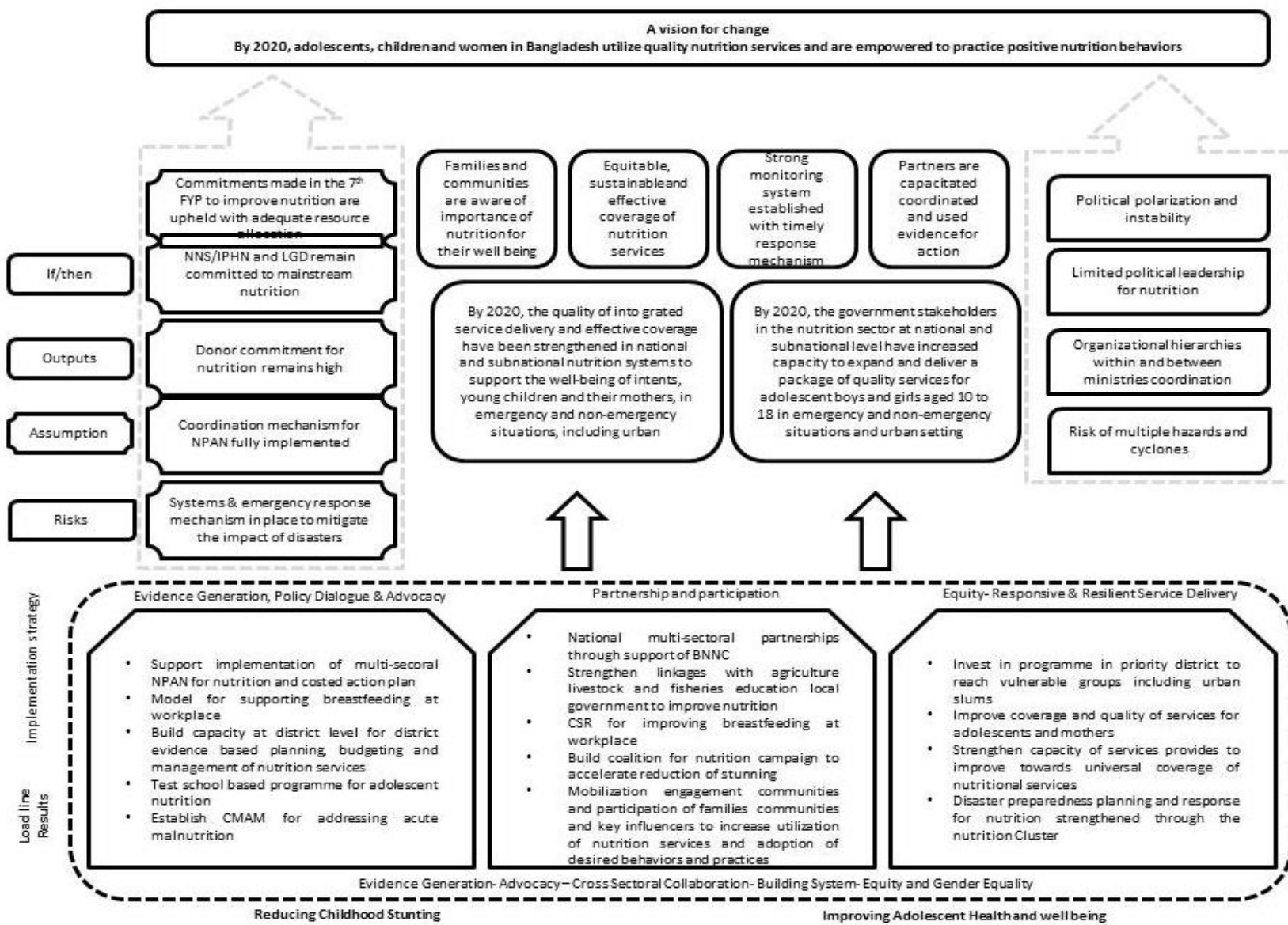
In terms of geographic coverage, the 2017-2020 Country Programme also has chosen 22 priority districts based on being low performers, having high rates of child marriage or being highly affected by climate change, as well as 2 tea gardens, 11 city corporations and 4 enclaves. It is within these priority areas that service delivery interventions are to be piloted and tested for further scale up. This geographical focus also allows programmes to be able to focus on the same areas, bringing a higher possibility of cross-sectoral collaboration. Interventions on nutrition systems and those that have already been scaled up interventions happen in the whole country and are not limited to the 22 priority districts.

Additionally, since August 25th 2017, Bangladesh has received over 722,0391 Rohingya refugees who require immediate, large-scale humanitarian services to address their basic needs. Many are calling this the fastest-growing humanitarian crisis globally. UNICEF has already declared it as Level 3 Humanitarian Emergency. UNICEF has a vital role to play through its leading role in the nutrition sector. A Rapid and Timely evaluation was carried out during the first semester of 2018, which covered the nutrition response in depth. Findings of the evaluation will be made available once it becomes public. This particular evaluation would thus not focus on the Rohingya response in detail.

The main implementing partners for nutrition are the Ministry of Health and Family Welfare and Ministry of Industries. Other key partners include the Ministry of Women and Children Affairs, Ministry of Agriculture, Ministry of Social Welfare, United Nations Agencies, other international development partners, and civil society organizations (CSOs).

The Nutrition Programme is currently undertaking a series of research, studies and evaluations of some of the individual interventions that it has underway. These documents will be shared once the consultancy starts. Thus, the focus of this consultancy is not an intervention based evaluation, but rather an evaluation of the whole programme including its logic, strategies and partnerships, placed in the middle of the Country Programme, where improvements can be made to better achieve the results that have been envisaged.

TOC



2. Purpose/Objective of the assignment:

The objective of this evaluation is to determine, as systematically and objectively as possible, the relevance, appropriateness and coherence of UNICEF Bangladesh Nutrition Programme; the effectiveness and (early) impact or impact potential of the programme in relation to its objectives; the efficiency with which its project outputs and activities are being delivered and their connectedness to those produced by other actors; as well as the programme's sustainability. Because the evaluation is taking place in the second half of the current country programme, the objective is to understand whether all of these aspects are on track and how they can be enhanced, as well as serve as a key document for planning and designing the focus of the nutrition programme in the next country programme. Also related to this point, where appropriate the evaluation will also be backward looking and take into account the activities and efforts that were performed during the 2012-2016 Country Programme and which may feed into the current state of things.

3. Scope

- a. Unit of analysis:** This evaluation seeks to assess the UNICEF BCO Nutrition programme as a whole against the evaluation criteria indicated section 2 of these TOR. Toward this end, the evaluation will examine each of the main projects and sub-projects subsumed under the programme (i.e., the policies, interventions, structures, capacity-building efforts, and so forth). However, rather than assessing each individual intervention in its own right, the evaluation will frame its findings in terms of the programme's overall success in achieving its overarching objectives, toward which multiple interventions might contribute. However, individual findings and recommendations will be geared toward specific interventions, as appropriate.

Moreover, the nutrition programme operates in both development and emergency contexts, including but not limited to the Rohingya emergency, given the high frequency of climate related emergencies. Regarding the Rohingya response, as mentioned, an evaluation has already been carried out with a focus on nutrition. However, the connectivity between the Rohingya response and the regular programme, the humanitarian-development linkages, the opportunity costs that might have been incurred by the regular programme to cover the emergency needs and whether fundraising for the emergency response led to strengthened capacities to the regular programming are areas to be explored when assessing the Nutrition programme as a whole.

- b. Temporal coverage.** This evaluation should focus on the current Country Programme (2017-2020). However, only two years have passed, which may have an effect of how advanced the interventions are and on the measurement and existence of results themselves. Though we should expect some short-term results to show up, in many cases results are expected to come later. Relevance, appropriateness and coherence aspects of the evaluation will most likely not be affected. However, effectiveness, impact and sustainability aspects will need to be looked at in terms of the potential for the programme to be effective, have impact and be sustainable, and of the capacity to measure these aspects at a later stage. Moreover, the evaluation will need to look into linkages between the 2012-2016 Country Programme and the current one, especially around how learnings

from the past cycle fed into the new one, how successful interventions and partnerships were maintained and how past actions may shape the results expected for the current cycle.

- c. Accountability, Attribution and Contribution:** The Evaluation will recognize that the nutrition programme is a joint programme with the Government of Bangladesh and that many other actors also play an important role in achieving results. To some extent it is more fitting to speak of UNICEF's contribution to the results as opposed to attribution of results achieved (or not achieved to UNICEF or any other partner single – handedly. At the same time, considering UNICEF's predominant role in some key areas, attribution might be ascertainable in some cases. The evaluation team shall only ascribe attribution to UNICEF where such claims are appreciate and evidence – driven.

- **Evaluation issues and questions**

The indicative evaluation questions presented below are formulated using the key evaluation criteria of relevance / appropriateness, effectiveness, efficiency, sustainability, coverage and scalability. Key cross-cutting issues include equity and gender equality as well as leadership, leveraging and partnership roles. It is expected that the evaluation questions will be further sharpened during the inception phase. Special consideration needs to be paid to gender aspects where applicable when answering the questions. Regional and geographical (urban/rural) should also be considered where applicable.

A. Relevance/Appropriateness

1. How closely aligned is the Nutrition Programme, its interventions and plans, with relevant planning and policy frameworks of the GoB (including the Nutrition Action Plan)?
2. How relevant and appropriate are the country programme strategies and interventions (including clarity of the theory of change (including its assumptions) /programme logic/indicators and their use; multi-sectoral focus, targeting less reached and disadvantaged children; addressing gender equality including intra-household dynamics, supporting enabling environment) to address stunting?
3. How closely linked are the specific interventions chosen with the full scope and scale of beneficiaries' needs in Bangladesh, both in an emergency and a development setting? How adequate and responsive are the strategies for addressing stunting in young children and adolescents in various specific contexts?
4. How well is the program preparing for changing needs as Bangladesh transits to a middle income country (MIC)?
5. How appropriate is UNICEF's current approach for nutrition systems building focusing on nutrition system strengthening in light of Bangladesh's context of lower middle income country? How appropriate is UNICEF's approach to following a path of evidence building for influencing policy towards supporting government scale up?
6. Where within the Nutrition Sector has the UNICEF Nutrition Program been established as a critical actor that must remain present? Where has UNICEF not achieved critical status and needs to either become better or to consider exiting in favour of a better equipped stakeholder?

7. Taking as a starting point the Bangladesh Situation Analysis, did UNICEF select priority program elements with due consideration for its comparative strengths, governmental expectations, and the capacities of other sector actors?

D. Effectiveness

Keeping in mind the temporal context of the programme, how efficient has the programme been up to date and, which changes need to happen to ensure that the programme will be effective in achieving the expected results by 2020 in terms of:

8. Development and implementation of nutrition and multisector policies, strategies and costed action plans?

9. Strengthening sector coordination and governance?

10. Creating an evidence base and building capacity at national and sub-national level for evidence and equity based planning and budgeting

11. Identifying successful interventions for scale up and scaling them up through government systems?

12. Strengthening management information systems?

13. Delivering quality nutrition services that are inclusive, equitable, sustainable, cost-effective, gender-responsive and climate-resilient?

14. Adopting a nutrition system strengthening approach for achieving effective coverage of nutrition services and an integrated service delivery?

15. Mobilizing and engaging families, communities, local government bodies and key influencers through C4D strategies to address socio-cultural barriers and bottlenecks, increase demand for utilization of nutrition services and promote practice of desired behaviors?

16. Supporting the Government to reach the global goals set by the World Health Assembly and SDG goals?

17. In addition, have unintended outcomes, positive as well as negative, resulted from the programme?

18. Is the country programme structure of a life cycle approach where different sections work jointly within? Outcomes (life phases) conducive to achieving the results of the nutrition programme and in particular, reducing stunting and improve adolescent health and wellbeing?

E. Impact

19. How successful has the programme been to date in *accelerating* reductions in stunting and in improving adolescent health and wellbeing? Are there signs of early/short term impacts? Have the impacts been distributed equally among different groups of society (girls and boys, different wealth quintiles, geographical areas, etc.)

20. To what extent are these (early) gains directly attributable to the programme's interventions?

F. Efficiency

21. How efficiently has UNICEF used the resources dedicated to the programme to deliver high-quality outputs in a timely fashion, and to achieve targeted objectives (i.e. is UNICEF expending the least amount of resources to achieve programme effects)?

22. How successfully has UNICEF coordinated with other key actors (e.g., implementation partners, MOHFW, Ministry of Industries, and other line ministries, other entities conducting complementary interventions) to ensure non-duplication of efforts, a clear delineation of roles and responsibilities within joint programme's, and the overall success of the programme's implementation?

23. How has the focus on 22 districts, tea gardens, city corporations and enclaves and their type (i.e. poor performing, child marriage, and climate change) affected efficiency in service delivery interventions?

G. Connectedness

24. How effectively has the Nutrition programme coordinated with other UNICEF sections (e.g. C4D, Health, WASH, SPEAR, CAP, Education) to ensure that further building blocks of child and women's nutrition that lie outside the scope of the present programme are in place?

25. What is the perception of partners (e.g. GoB, MOH&FW, Ministry of Industries, Local Government, City corporation, WFP, WB, ILO, FAO, BRAC, Save the Children, SKNF, emergencies NGOs) of the UNICEF nutrition program in terms of technical salience, comparative advantage, cooperativeness, and sectoral alignment with other stakeholders?

26. How successful has the programme been in setting up and strengthening key and innovative partnerships such as Better Work of ILO, and Government-NGO-private sector partnerships for promoting and delivering high quality and integrated nutrition services?

27. How well is the Bangladesh Country Office Nutrition Programme supported by and effectively draws from UNICEF HQ Nutrition teams and staff? Are the benefits of being in a multi-tiered organization being maximized?

H. Sustainability

28. How successful has the programme been in equipping the government and strengthening government systems to scale-up and sustain the successfully proven interventions once UNICEF support comes to an end?

All of these questions are subject to further specification by the project team once the evaluation has commence

4. Indicative assignment dates: (tentative) January 7-june 7th, 2019

5. Duty station: Home institution with field visits to Dhaka and the field. **Minimum of two weeks need to be spent in Bangladesh (Dhaka + field) by at least the team leader and at least one of them needs to be during the inception phase of the project.**

6. Methodology

An initial identification of groups and individuals among which the evaluation should collect data from has been done, though can be changed in the inception phase according to the evaluation team findings. Organised broadly by group, these include: DNSOs, community health workers, health service providers in different level clinics (doctors, nurses, midwives) and administrators, including both those participating in key interventions and those not participating, wherever possible; MOH&FW, Ministry of Industries, and other relevant ministerial officials, including those working with UNICEF at an overarching policy level as well as those working with UNICEF at an operational level (including those benefiting from programme interventions); end beneficiaries, i.e., pregnant and lactating mothers, mothers and fathers of children, adolescents; Mother Support Group; UNICEF Country Office (Dhaka and field offices), Regional Office, and Headquarters staff; UNICEF's implementation partners; external experts; and international and local non-governmental and civil society organisations.

As noted in the above paragraph, UNICEF acknowledges that the present evaluation will take a predominantly upstream focus, in keeping with some interventions' current stage of implementation as well as the limitations of time and resources, which will not necessarily permit a direct assessment of concrete gains at the level of end beneficiaries. However, outcomes among key upstream beneficiaries (e.g., health service providers, DNSOs, administrators, and so on) will be measured. That said, in keeping with the desire to focus on results achieved and in process of being achieved, wherever possible the evaluation will seek to obtain beneficiary-level outcome data through secondary analysis — for example, through the dashboards and nutrition and health information systems that have been set up by the government (DHIS2). These data, along with further quantitative data generated through formal desk reviews, direct observations, and select surveys, will serve to triangulate perceptual data gleaned through other modalities (e.g., interviews and focus groups) and strengthen the evaluation's focus on results.

The evaluation should thus employ the following combination of qualitative and quantitative data collection methods:

Formal Desk Review

7. Systematic desk review of key documents (e.g., programme documents, training curricula, presentations, instructional manuals, intervention log frames, project proposals, MIS, and so on)

8. Examples of secondary information that can be reviewed at this stage and used are the micronutrients surveys, health facility assessments, MICS, ECBSS, BDHS and independent evaluations on the District Nutrition Officers (DNSO) and the CBT approach, among others

Secondary Analysis of Existing Data

9. Analysis of input, output and outcome data collected by UNICEF and others (both among programme beneficiaries and non-beneficiaries, where possible) to ascertain the effects of key interventions. One example is the Real Time Monitoring data collected by UNICEF on service provision with information on Maternal Nutrition, IYCF, and vitamin A supplementation among others.
10. Use of real time MIS data to ascertain the progress on Nutrition services;
11. Use of secondary data from UNICEF's own assessment like baseline and end line evaluation of different projects (to be provided to the selected agency)
12. Data and information from programme annual and biannual review with partners and annual coverage survey;
13. Information and data from Country Programme Annual Report (COAR), RAM etc.
14. Where data is available, cost-effectiveness analysis of select interventions, in order to assess the units of programme outcomes yielded for each unit of input within a given intervention

Primary Data Collection — Interviews or Focus Groups

15. Interviews and/or focus groups with key stakeholder groups, in order to gauge perceptions related to the questions outlined in Section 4 above in an open-ended manner
16. Interviews or FGDs with end beneficiaries

Primary Data Collection — Surveys

17. (Self-administered) surveys of nutrition service providers and administrators as well as GoB officials
18. Currently, some of the programme's interventions are being evaluated using quasi-experimental methods and baselines and endlines are being collected and set up. Also, BDHS 2018 has been recently finished with updated stunting figures (at the division level), and the Effective Coverage of Social Services data and dashboard collected by BBS with support of UNICEF, which also contains key information on maternal diet, IYCF, breastfeeding and other nutrition practices and services. Lastly, MICS will be collected in 2019 with final outcome level indicators. Thus, we do not expect this evaluation to collect data at the impact level (stunting). However, primary data collection from beneficiaries in terms of perception of UNICEF's work and understanding of quality of services being received could be collected to complement the secondary information available. Particular focus on understanding whether we are on track with the theory of change will be important at the output and outcome levels.

Primary Data Collection — Direct Observation

19. Ad hoc observations of programming staff undertaking interventions with beneficiaries, wherever possible

20. Demonstrations of key work tools developed (e.g., HMIS with focus on DHIS2, Mukto dashboard) Direct observation of services provided in the field : For example, breastfeeding support and counselling at health facility and community, DNSOs and CBT in DLI districts, NIS in operation, SKNF adolescent program, Bangladesh National Nutrition Council (BNNC) support, WASH and nutrition support (baby WASH), among others.

The proposal needs to include a sampling strategy that allows reaching a proper saturation point, geographical and group variation for the qualitative work. Quantitative surveys will also need to meet minimum criteria to allow for proper inference and minimize bias. The former also applies for the selection of the sites where direct observation will take place

Although we also recognize the difficulty in fully estimating attribution to the results obtained from the UNICEF Nutrition programme, it would be helpful to collect data from both districts where UNICEF Nutrition programme intervenes and districts where interventions do not take place. Though we realize that a full impact evaluation design is not possible, a general insight into the situation in non-UNICEF areas versus UNICEF areas will be useful for those areas of the programme that focus on service delivery and quality strengthening of health facilities around nutrition services.

Sampling needs to ensure that different types of respondents as outlined in Figure 2 are included. Respondents should represent geographical variation. End beneficiaries should also represent the different age groups and characteristics that are the focus of the programme (e.g. pregnant and lactating mothers, caretakers, adolescents, children with disabilities, etc.).

Figure 2 summarizes the intended strategy for employing these various data collection methods, delineated by the stakeholder groups identified above. This is a first suggestion. If the evaluation team wants to propose different options, they are free to do so in the proposal.

Data analysis will involve triangulating findings from the document review, focus group discussions, survey, direct observation and key informant interviews. The evaluation team will include in the proposal an evaluation matrix to demonstrate the most appropriate and feasible data collection method for each of the evaluation questions.

UNICEF will prepare a package of documents to be shared with the winning evaluation team. However, the proposal can also include a list of documents and information that the team deems important and necessary in order to answer the questions in the best possible way. We will prepare as many of these documents prior to the commencement of the evaluation.

Figure 2. Proposed stakeholders and data collection methods

| Stakeholder | Analysis of existing data | Formal desk review | Survey | Interviews and Direct | |
|-------------------------------------------------------|---------------------------|--------------------|--------|-----------------------|-------------|
| | | | | FGD | Observation |
| Frontline service providers, DNSOs and administrators | X | X | X | X | X |

| | | | | | |
|---------------------------------------------------------------------|---|---|---|---|---|
| MOH&FW, Ministry of Industries and other relevant GoB officials | X | X | X | X | |
| Relevant UNICEF staff (field office, Dhaka, ROSA, HQ) | | X | | X | |
| End beneficiaries | | | X | X | X |
| Health community groups/committees, women support groups | | | | X | X |
| Implementation partners | X | X | | X | X |
| External experts | | | | X | |
| International and local NGOs and civil society organizations (CSOs) | | | | X | |

21. Evaluation norms and standards

The evaluation will abide by the following norms and standards:

- United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the UN System, 2005 (updated 2016)
- Ethical Guidelines for UN Evaluations will guide the overall process
- The evaluation should incorporate the human rights-based and gender perspective and be based on Results Based Management principles and logical framework analysis

These guidance documents will be part of the contract of the evaluator/team.

The final report is expected to meet the UNICEF-adapted UNEG Evaluation reports standards as well as benchmarks used in UNICEF's Global Evaluation Reports Oversight System (GEROS).

A Reference Group comprised of key stakeholders from the government and other partners will be set up from the onset of the evaluation. The Reference Group will be consulted on each key milestone of the evaluation and will give feedback on the TORs and deliverables of the evaluation. Evaluation results will also be presented and validated by the Reference Group. The evaluation manager will have the accountability of accepting each deliverable.

7. Duration, Timeline and deliverables

5 months

| | Deliverable | Items Covered/ Included | Time Frame | Payment Schedule |
|----|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|
| 1. | Inception report and presentation | <ul style="list-style-type: none"> - Inception report including sampling design, data collection tools, data analysis and triangulation methodology, timeline, interview schedule, evaluation questions and tools consistency matrix, etc. - Secondary data review should have happened during this stage - Presentation of the inception report to UNICEF for approval of report | 5 Months | 20% |
| 2. | Field work report and presentation | <ul style="list-style-type: none"> - Conduct data collection mission (interviews, surveys, FGDs, observation) - Presentation of aide memoire on key findings and highlights from field work | 2 Months | 30% |
| 3. | Draft final report and presentation | <ul style="list-style-type: none"> - Data analysis and triangulation Responding evaluation questions in report, ensuring DAC-OECD evaluation criteria - Drafting conclusions and recommendations tied with findings - Power point presentation with main contents of the report for initial feedback | 1.5 Months | 30% |
| 4. | Final report | <ul style="list-style-type: none"> - Incorporation of feedback into final report - Final report | 0.5 Months | 20% |

8. Payment Schedule:

First payment: 20% upon approval of the inception report and work plan

Second payment: 30% upon approval of fieldwork report and delivery of presentation
 Third Payment: 30 % upon approval of draft final report and

delivery of presentation Final payment: 20% upon approval of final report and delivery of final presentation

9. Qualifications or specialized knowledge/experience required for the assignment:

Institutional Consultancy:

Given the complexity of the assignment, it is anticipated that this evaluation is conducted by a reputable agency with experience in conducting similar evaluations on nutrition programmes or similar for organisations operating in the international development sector. The evaluation team should comprise a maximum of 5 team members, including at least the following: Lead Evaluator (international consultant), one subject matter expert (international or national consultant) and one National Consultant. Given the country context, it is important that the evaluation team be gender-balanced (also in leadership roles) and that at least one of the team members has expertise on gender.

The **Lead Evaluator** will play a lead role during all phases of the evaluation and coordinate/supervise the work of the rest of the team. She/he will ensure the quality of the evaluation process, outputs, methodology and timely delivery of all products. The team leader will lead the inception phase including the conceptualization and design of the evaluation, guide the data collection phase, lead the analysis of key findings, lead the drafting of the final report and lead the validation process with stakeholders.

The key qualifications of the **Lead Evaluator** include:

- At least ten years of professional experience in evaluations with strong evidence of understanding global standards, theories, models and methods related to evaluation;
- Proven experience in designing, leading and conducting evaluations of similar scope in the context of developing programming, which involve critical analysis of organizational strategies and strategic positioning;
- Relevant working experience preferably in leading nutrition-related evaluations, not only on specific interventions but also on nutrition systems.;
- Strong experience in the design, management and implementation of development programmes and knowledge of programming principles: Human Rights Based Approach (HRBA), Gender Equality, Capacity Development and Results Based Management (RBM).
- Very strong quantitative and qualitative data collection and analysis skills;
- Knowledge of the UNICEF/UN programming;
- Excellent written and oral communication skills in English.

The proposed Lead Evaluator of the bidding agencies should submit the report of the two most recent evaluations for which s/he served as a team leader.

The **Subject Matter Expert** will provide technical expertise on nutrition services and systems in the various stages of the evaluation. She/he will ensure that evaluation design, methods and

tools are adapted to the nutrition system in Bangladesh; contribute to data collection as needed and ensure that the final evaluation report, including recommendations, accurately reflects the local governance context in Bangladesh.

The key qualifications of the **Subject Matter Expert** include:

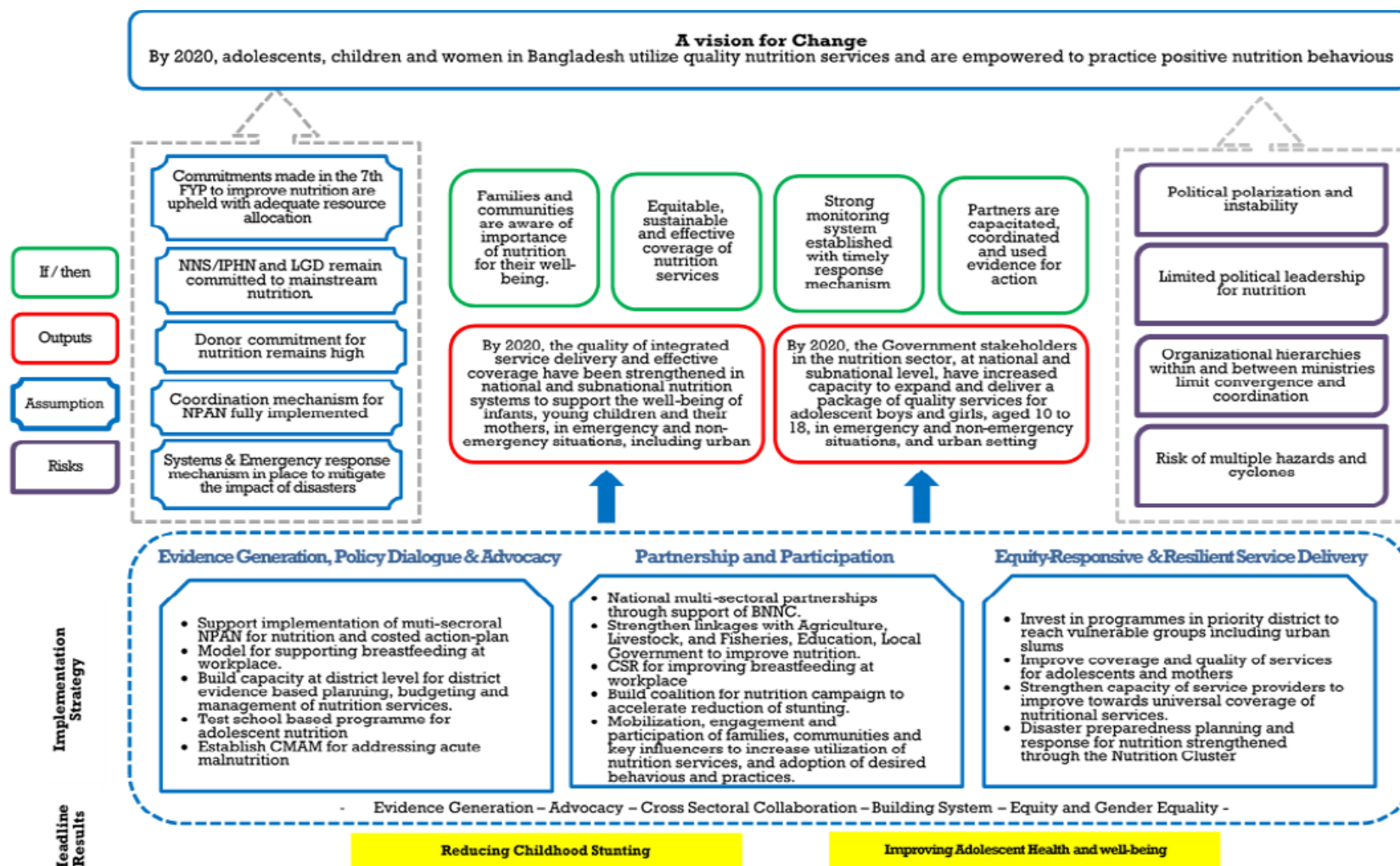
- At least 7 years' experience in conducting research on nutrition issues in the context of developing countries;
- Excellent understanding of nutrition issues in South Asia as well as in-depth knowledge of nutrition systems in Bangladesh;
- Good knowledge of nutrition sector programmes;
- Relevant working experience in Bangladesh and preferably experience in nutrition systems and the nutrition sector of the country;
- Very strong quantitative and qualitative data collection and analysis skills;
- Knowledge of the UNICEF/UN programming;
- Excellent written and oral communication skills in English

The **National Consultant** will contribute to designing the evaluation, will provide inputs to the inception report and will be responsible for the collection of relevant data in the field. This consultant will work closely with the Team Leader and contribute substantively to the work of the team leader, providing advice regarding the context of Bangladesh. He/she will, under the overall supervision of the Team Leader, contribute to the preparation of the final report as necessary.

The key qualifications of the **National Consultant** include:

- At least five years' experience in conducting research and analysis on issues relating to nutrition (focusing on stunting and adolescent health and wellbeing in Bangladesh);
- Proven understanding of evaluation principles, methods, norms and standards — especially those of the United Nations Evaluation Group;
- Prior experience in evaluation and in supporting the conduct of evaluations;
- Ability to communicate with counterparts and stakeholders in Bangla;
- Proven ability to deliver high-quality written work in the English language and to engage effectively with stakeholders at all levels;
- Excellent written and oral communication skills in English and Bangla.

ANNEXURE II: THEORY OF CHANGE FOR THE JOINT UNICEF-GOB NUTRITION PROGRAMME



Source: UNICEF Bangladesh, Nutrition Strategy Note 2017-202

ANNEXURE III: EVALUATION MATRIX

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| CRITERIA 1: RELEVANCE | | |
| EQ 1: Taking as a starting point the Bangladesh Situation Analysis, did UNICEF select priority program elements with due consideration for its comparative strengths, governmental expectations, and the capacities of other sector actors | <p>Factors shaping the choice of priority program elements</p> <ol style="list-style-type: none"> Evolving country context- social, economic, regional, humanitarian and nutritional Inequality in reach, access and utilisation of nutrition services Government priorities, needs and required support Comparative strength of UNICEF vis-à-vis other development partners Capacities of other sector actors Inclusion of learnings from landscape analysis, and past programme experience and evidence | <p>Document Review: UNICEF, GoB strategies and policy documents; Landscape assessment reports</p> <p>Key Informant Interviews: UNICEF, GoB counterparts, other development partners, NGO partners</p> |
| EQ 2: How closely aligned is the Nutrition Programme, its interventions and plans, with relevant planning and policy frameworks of the GoB (including the Nutrition Action Plan)? | <ol style="list-style-type: none"> Consideration of the UNICEF nutrition programme priorities (headline result 1 and 2) within GoB's policy and planning frameworks such as, Vision 2021, 7th five year plan of GoB, NNP 2015, NPAN-2, National Urban Health Policy and National Strategy for Adolescent Health Adequacy and quality of interventions and activities that fulfil the institutional, capacity building, evidence generation(studies, monitoring visits etc.), and multi-sectoral coordination needs and priorities of the GoB at national and sub-national levels Alignment with the UNDAF 2017-2022 priorities, UNICEF Strategic Plan 2018-2021 | <p>Document Review: GoB policy and planning documents; UNICEF programme documents (including CP 2012-2016, 2017-2020, annual reports)</p> <p>Key Informant Interviews: UNICEF and GoB counterparts</p> |
| EQ 3: How relevant and appropriate are the country programme strategies and interventions (including clarity of the theory of change (including its assumptions) /programme logic/indicators and their use; multi-sectoral focus, targeting less reached and disadvantaged children; | <ol style="list-style-type: none"> Alignment of programme strategies and interventions with priorities of women (especially PLW), children, adolescent girls, population in urban areas, hard to reach areas and areas affected by natural disaster or human conflicts Degree to which equity issues are included in nutrition specific and nutrition sensitive programming and reporting Number of interventions with a multi-sectoral focus and their appropriateness and adequacy in addressing stunting and other forms of malnutrition | <p>Document Review: Landscape assessment reports including published quantitative data by demographic groups and regions; gender based studies focussing on intra household dynamics, UNICEF programme documents including ToC, nutrition strategy note and rolling work plans, previous programme evaluation reports</p> |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| addressing gender equality including intra-household dynamics, supporting enabling environment) to address stunting and other forms of malnutrition? | d. Learning from past programme experience and evidence in informing current CP strategies | <p>Key Informant Interviews: UNICEF (including UNICEF sections other than nutrition), GoB counterparts, DNSOs and FLWs</p> <p>Focus Group Discussions with community groups</p> |
| <p>EQ 4: How closely linked are the specific interventions chosen with the full scope and scale of beneficiaries' needs in Bangladesh, both in an emergency and a development setting? How adequate and responsive are the strategies for addressing stunting and other forms of malnutrition in young children and adolescents in various specific contexts?</p> | <p>a. Alignment of strategies and interventions with needs of different beneficiaries across regions</p> <p>b. Extent to which the planned interventions (Theory of Change, and its risks and assumptions) include provisions to address the bottlenecks/shortfalls in accelerating improvements in nutrition in different contexts</p> <p>c. Measures taken to ensure risk-informed programming to build preparedness and response to climate related emergencies and human conflict scenarios (Rohingya)</p> | <p>Document Review: Landscape assessment reports including published quantitative data by demographic groups and regions; UNICEF programme documents, annual reports, evaluations, and management responses</p> <p>KII: UNICEF (including UNICEF sections other than nutrition), GoB counterparts</p> <p>FGD with community groups</p> |
| <p>EQ 5: How well is the program preparing for changing needs as Bangladesh transits to a middle income country (MIC)?</p> | <p>a. Inclusion of changing needs of urban areas, working mothers, and adolescents (due to rapid urbanisation, growth of manufacturing sector (e.g.: Ready-made garment sector) in GoB planning, policies and strategies for nutrition</p> | <p>Document Review: UNICEF programme documents; GoB policies including National Urban Health Policy and National Strategy for Adolescent Health 2017-2030</p> <p>KII: UNICEF, GoB counterparts</p> |
| <p>EQ 6: How appropriate is UNICEF's current approach for nutrition systems building focusing on nutrition system strengthening in light of Bangladesh's context of lower middle income</p> | <p>a. Extent to which the programme addresses the lack of skills and capacity at all levels including that of the frontline workers for last mile nutrition delivery</p> <p>b. Degree to which the design includes focus on scaling up interventions through nutrition sensitive sectors such as WASH, education, etc. in</p> | <p>Document Review: UNICEF programme documents, annual reports, evaluations, and management responses; GoB plans and programmes</p> |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| country? How appropriate is UNICEF's approach to following a path of evidence building for influencing policy towards supporting government scale up? | <p>context of accelerating improvement to reach the nutrition targets of 2025</p> <p>c. Extent to which the planned interventions (Theory of Change, and its risks and assumptions) include provisions to address the bottlenecks/shortfalls in accelerating improvements in nutrition in different contexts</p> | <p>KII: UNICEF (including UNICEF sections other than nutrition), GoB counterparts, other sector actors</p> |
| <p>EQ 7: Where within the Nutrition Sector has the UNICEF Nutrition Program been established as a critical actor that must remain present? Where has UNICEF not achieved critical status and needs to either become better or to consider exiting in favour of a better equipped stakeholder?</p> | <p>a. Stakeholder perception of UNICEF as a key player to programme on nutrition compared to others in Bangladesh (GoB, UN, NGOs)</p> <p>b. Comparative strength of UNICEF vis-à-vis other development partners</p> | <p>Document Review: UNICEF programme documents, annual reports, evaluations, and management responses</p> <p>KII: UNICEF (including UNICEF sections other than nutrition), GoB counterparts, other development partners and NGOs</p> |
| CRITERIA 2: EFFECTIVENESS | | |
| <p>EQ 8: Development and implementation of nutrition and multisector policies, strategies and costed action plans?</p> | <p>a. Number of nutrition specific and nutrition sensitive policies, strategies and action plans developed and operationalized by GoB</p> <p>b. Effect of the implementation of the policies and strategies on different sector actors, vertical and horizontal coordination, improving targeting, resource allocation and service delivery</p> | <p>Document Review: GoB plans, policies and strategy documents; UNICEF plans, reports, including assessments/ evaluations and management responses</p> |
| <p>EQ 9: Strengthening sector coordination and governance</p> | <p>a. Number and nature of partnerships formed with different sector actors</p> <p>b. Role in establishment, functioning and strengthening of multi-sectoral platforms (e.g.: BNNC)</p> <p>c. Number of inter-sectoral coordination meetings/ collaborations within Government ministries and departments associated with UNICEF programme interventions</p> <ul style="list-style-type: none"> • Preparation and Operationalization of joint action plans • Frequency of meetings, joint evaluations <p>d. Stakeholders perception of UNICEF's role towards supporting sectoral ministries in developing integrated costed action plans and adequate resource allocation for implementation</p> | <p>Document Review: UNICEF plans, programme documents, annual reports, evaluations, and management responses; GoB strategy documents and plans; reports and assessments of nutrition networks (such as SUN); assessment data for service delivery indicators, minutes of inter sectoral coordination meeting, joint action</p> |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| | | <p>plans, minutes of joint evaluation meetings</p> <p>KII: GoB counterparts, UNICEF (including UNICEF sections other than nutrition), other sector partners</p> |
| <p>EQ 10: Creating an evidence base and building capacity at national and sub-national level for evidence and equity based planning and budgeting</p> | <ul style="list-style-type: none"> a. Measures taken to build capacity at national and sub-national levels for evidence based planning and budgeting; Measures taken by UNICEF to build the evidence base to inform policies and/or programme action b. Degree to which equity issues are addressed in planning and budgeting c. Use of MIS by GoB to track progress and inform nutrition policy and programmes d. Role of evidence based planning in improving service utilization, and improved targeting of GoB programmes | <p>Document Review: UNICEF plans, programme documents, annual reports, evaluations, and management responses; GoB strategy documents and plans; assessment data for service delivery indicators, annual action plans(for evidence on revision of annual targets based on MIS)</p> <p>KII: GoB counterparts, UNICEF (including UNICEF sections other than nutrition), other sector partners</p> |
| <p>EQ 11: Strengthening management information systems</p> | <ul style="list-style-type: none"> a. UNICEF's role in supporting establishment, institutionalisation and utilisation of real-time monitoring delivery (and the quality of delivery) of nutrition services b. No. of trainings held to build the capacity of DNSOs and FLWs on improved monitoring, supportive supervision and decentralised decision making/ Quality of the trainings as perceived by the stakeholders; utilisation and benefits of the training; existing gaps in trainings c. No. of districts preparing and implementing district level annual health plans using MIS; issues identified; benefits accrued d. No. of districts reporting updates of MIS data on real time basis e. Extent of utilisation of improved data monitoring system by sector actors to respond to needs of target groups in a coordinated manner | <p>Document Review: UNICEF plans, programme documents, annual reports, evaluations, and management responses; GoB strategy documents and plans; assessment data for service delivery indicators , MIS report on frequency of data updates</p> <p>KII: GoB counterparts (including DNSOs and FLWs), UNICEF (including UNICEF sections other than nutrition), other sector partners</p> |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| <p>EQ 12: Identifying successful interventions for scale up and scaling them up through government systems</p> | <ol style="list-style-type: none"> a. Number and nature (design, adequacy and quality) of successful interventions identified and supported for scale up b. Extent to which the interventions fulfilled the requisite needs of the target population (development and humanitarian context) c. Rolling out of successful interventions through UNICEF's support (number of locations- planned vs achieved) d. Extent of engagement with GoB and other sector actors in scaling up model interventions <ul style="list-style-type: none"> • Process undertaken by UNICEF to ensure institutionalization of successful interventions for scale up through government systems | <p>Document Review: UNICEF plans, programme documents, annual reports, rolling work plans; GoB strategy documents and plans; assessment data for service delivery indicators;</p> <p>KII: GoB counterparts, UNICEF (including UNICEF sections other than nutrition), other sector partners</p> |
| <p>EQ 13: Delivering quality nutrition services that are inclusive, equitable, sustainable, cost-effective, gender-responsive and climate-resilient?</p> | <ol style="list-style-type: none"> a. Reach of the programme components to poor and vulnerable groups (in hard to reach areas, urban and disaster-prone areas) b. Contribution of programme activities in reducing information barriers for target groups, addressing access and inclusion issues and supporting health and nutrition infrastructure c. Inclusion of nutrition support interventions as part of the disaster preparedness plan(at district level) and preparedness towards exposure to risk of food security and undernutrition due to climate related effects | <p>Document Review: UNICEF plans, programme documents, annual reports, evaluations; GoB strategy documents and plans; assessment data for service delivery indicators; Disaster preparedness and action plan, disaster incident reports/situation reports(sitreps)</p> <p>KII: GoB counterparts, UNICEF (including UNICEF sections other than nutrition), other sector partners</p> <p>FGD with community groups</p> |
| <p>EQ 14: Adopting a nutrition system strengthening approach for achieving effective coverage of nutrition services and an integrated service delivery</p> | <ol style="list-style-type: none"> a. UNICEF's role in establishment, institutionalisation and utilisation of real-time monitoring delivery (and the quality of delivery) of nutrition services b. No. of districts using RTM/HMIS/established monitoring systems for decentralised decision making and improved nutrition governance; issues identified; benefits accrued c. Number of districts utilizing web-based DHIS 2 for planning and implementation (e.g. reporting of vaccine management, EmNOC, IMCI, nutritional and new-born registration); issues identified; benefits accrued | <p>Document Review: UNICEF programme documents, annual reports, evaluation, and management responses; GoB strategy documents and annual reports</p> <p>KII: GoB counterparts, UNICEF, other UNICEF sections, other sector partners, DNSOs, FLWs</p> |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| | <p>d. No. of trainings held to build the capacity of DNSOs and FLWs on improved monitoring, supportive supervision and decentralised decision making/ Quality of the trainings as perceived by the stakeholders; utilisation and benefits of the training; existing gaps in trainings</p> <p>e. No. of districts preparing and implementing district level annual health plans; issues identified; benefits accrued</p> <p>f. Number of interventions adopted by multi-sectoral platforms/coalitions towards strengthening nutrition service delivery</p> <p>g. Reach of the programme components to poor and vulnerable groups (in hard to reach areas, urban and disaster-prone areas)</p> <p>h. Contribution of UNICEF in ensuring linkages of the nutrition programme with nutrition sensitive services in sectors such as Health, WASH, Education, Labour</p> <p>i. Change in uptake of nutrition support and nutrition sensitive services</p> | <p>FGD with community groups</p> |
| <p>EQ 15: Mobilizing and engaging families, communities, local government bodies and key influencers through C4D strategies to address socio-cultural barriers and bottlenecks, increase demand for utilization of nutrition services and promote practice of desired behaviours?</p> | <p>a. Extent to which C4D initiatives have contributed to reduction of information barriers for target groups, addressed access and inclusion issues and supported health and nutrition infrastructure</p> <ul style="list-style-type: none"> • Number and nature (design, adequacy and quality) of C4D initiatives undertaken to increase demand/delivery/utilization of services • Awareness and behaviour of community members towards desired nutrition practices; utilisation of available nutrition services • Change in socio-cultural barriers over the last five years | <p>Document Review: UNICEF plans, programme documents, annual reports, evaluations; GoB strategy documents and plans; assessment data for service delivery and utilisation indicators;</p> <p>KII: GoB counterparts, UNICEF (including UNICEF sections other than nutrition), other sector partners</p> <p>FGD with community groups</p> |
| <p>EQ 16: Supporting the Government to reach the global goals set by the World Health Assembly and SDG goals?</p> | <p>a. Programme interventions that will contribute to the Government efforts in achieving the SDG goals.</p> | <p>Document review: UNICEF plans, programme documents, annual reports, evaluations; Secondary data on changes in undernutrition; assessment data for service delivery and utilisation indicators</p> |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| <p>EQ 17: Have unintended outcomes, positive as well as negative, resulted from the programme?</p> | <p>a. Spill-over effects of nutrition programme</p> | <p>Document review: UNICEF programme documents, annual reports, evaluations</p> <p>KII: UNICEF (including UNICEF sections other than nutrition)</p> |
| <p>EQ 18: Is the country programme structure of a life cycle approach where different sections work jointly within? Outcomes (life phases) conducive to achieving the results of the nutrition programme and in particular, reducing undernutrition and improve adolescent health and wellbeing?</p> | <p>a. Degree to which various sections within UNICEF have aligned their priorities to the life cycle approach and contributed to reducing stunting and wasting and improve health and wellbeing of adolescents</p> <p>b.</p> | <p>Document Review: UNICEF plans, programme documents, annual reports, evaluations; GoB strategy documents and plans; assessment data for service delivery and utilisation indicators;</p> <p>KII: GoB counterparts, UNICEF (including UNICEF sections other than nutrition), other sector partners</p> |
| <p>CRITERIA 3: IMPACT</p> | | |
| <p>EQ 19: How successful has the programme been to date in accelerating reductions in undernutrition and in improving adolescent health and wellbeing? Are there signs of early/short term impacts? Have the impacts been distributed equally among different groups of society (girls and boys, different wealth quintiles, geographical areas, etc.)?</p> | <ul style="list-style-type: none"> • Change in the nutrition related indicators as per the nutrition strategy note including process and outcome indicators disaggregated by demographic and social groups, and regions: • Percentage of children 0-5 months old who are exclusively breastfed • Percentage of children aged 6 -23 months provided with minimum acceptable diet • Percentage of children aged 0-59 months who are suffering from stunting and wasting • Percentage of households consuming adequately iodised salt • Percentage of adolescent girls (15-19 years) with low BMI (<18.5 kg/m²) • Proportion of pregnant women attending Anti-Natal Care (ANC) who receive nutrition counselling in UNICEF supported district | <p>Document Review: Secondary data on changes in undernutrition, assessment data for service delivery and utilisation indicators; UNICEF annual reports, evaluations;</p> <p>KII with facility level service providers (DNSOs and FLWs)</p> <p>FGD with community groups</p> |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| | <ul style="list-style-type: none"> • Proportion of caregivers or mothers of children who received nutrition counselling in UNICEF supported districts • Proportion of children 6 - 59 months receiving Vitamin A • Proportion of targeted health facilities that provide treatment for children with severe acute malnutrition (SAM) in UNICEF supported areas • Proportion of health workers trained to provide infant and young child feeding counselling services in UNICEF supported districts • Proportion of health facilities reporting monthly on all standard nutrition indicators in UNICEF supported districts • Proportion of adolescent girls in UNICEF supported districts receiving minimum defined package of nutrition interventions • No. of IMCI counselling sessions by divisions • No. of beneficiaries registered in receiving services at IMCI corners in a facility • No. of SAM cases reported by facility | |
| <p>EQ 20: To what extent are these (early) gains directly attributable to the programme's interventions?</p> | <p>a. Analysis of programme inputs and its contribution towards achieving outputs</p> | <p>Document Review: UNICEF plans, programme documents, annual reports, evaluations;</p> <p>KII: UNICEF (including UNICEF sections other than nutrition); GoB counterparts</p> |
| <p>CRITERIA 4: EFFICIENCY</p> | | |
| <p>EQ 21: How efficiently has UNICEF used the resources dedicated to the programme to deliver high-quality outputs in a timely fashion, and to achieve targeted objectives (i.e. is UNICEF expending the least amount</p> | <p>a. Timely and complete disbursement of funds (year wise) as per the programme implementation plan (including non-planned disbursement for humanitarian assistance)</p> <p>b. Timely and complete achievement of the nutritional outputs (year wise) envisaged under the programme</p> | <p>Document Review: UNICEF financial reports, programme documents related to deployment of human and financial resources, monitoring reports and rolling work plans;</p> |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| of resources to achieve programme effects)? | <ul style="list-style-type: none"> c. Allocation and Utilization of financial and human resources by the intervention areas (geographic and thematic/programmatic) d. Use of technological innovations for timeliness of reporting e. Timely realignment of responsibilities and financial resources depending on new requirements/ underfunding by donors f. Proportion of utilization of non-discretionary funds towards meeting the programmatic needs | KII: UNICEF (including UNICEF sections other than nutrition); other sector partners |
| EQ 22: How successfully has UNICEF coordinated with other key actors (e.g., implementation partners, MoH&FW, Ministry of Industries, and other line ministries, other entities conducting complementary interventions) to ensure non-duplication of efforts, a clear delineation of roles and responsibilities within joint programmes, and the overall success of the programme's implementation? | <ul style="list-style-type: none"> a. common activities being undertaken by different partners that has been aligned for reducing duplication of efforts b. Quantum of funds leveraged from GoB and other partners c. Clarity amongst partners on their roles and responsibilities and allocation of resources towards convergent planning and action) d. Level of decentralised coordination(vertical and horizontal) and delivery structures (GoB and UNICEF) and its contribution, if any, to optimal resource utilization, decision-making and delivery | <p>Document Review: UNICEF financial reports, programme documents related to deployment of human and financial resources, monitoring reports and rolling work plans;</p> <p>KII: UNICEF (including UNICEF sections other than nutrition); other sector partners</p> |
| EQ 23: How has the focus on 22 districts, tea gardens, city corporations and enclaves and their type (i.e. poor performing, child marriage, and climate change) affected efficiency in service delivery interventions? | <ul style="list-style-type: none"> a. Timely allocation and utilization of resources by the service delivery network within the intervention areas (geographic and thematic) b. Number of innovations/customisation of process (technical and financial) undertaken to adapt to the varying needs of the geographies c. Perception of community regarding timely availability of services | <p>Document Review: UNICEF financial reports, programme documents related to deployment of human and financial resources, monitoring reports and rolling work plans;</p> <p>KII: UNICEF (including UNICEF sections other than nutrition); other sector partners</p> |
| CRITERIA 6: CONNECTEDNESS | | |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| <p>EQ 24: How effectively has the Nutrition programme coordinated with other UNICEF sections (e.g. C4D, Health, WASH, SPEAR, CAP, Education) to ensure that further building blocks of child and women's nutrition that lie outside the scope of the present programme are in place?</p> | <p>a. Degree of convergence with key sector actors for different interventions/life-cycle stage/issues and collaboration with relevant UNICEF sections and development partners</p> <ul style="list-style-type: none"> • Adequacy, quality and effect of interventions and programmes that have coordination with other UNICEF sections and other development partners • Existence of coordination mechanisms and platforms for nutrition sensitive interventions • Measures taken to ensure joint future planning with other actors; role of UNICEF in multi-sectoral platforms to support such planning | <p>Document Review: UNICEF plans, programme documents, strategy note, annual reports and evaluations; programme reports and annual reports of other development partners</p> <p>KII: UNICEF (including UNICEF sections other than nutrition); other sector partners</p> |
| <p>EQ 25: What is the perception of partners (e.g. GoB, MOH&FW, Ministry of Industries, Local Government, City corporation, WFP, WB, ILO, FAO, BRAC, Save the Children, SKNF, emergencies NGOs) of the UNICEF nutrition program in terms of technical salience, comparative advantage, cooperativeness, and sectoral alignment with other stakeholders?</p> | <p>a. Stakeholder perception of the UNICEF nutrition programme in Bangladesh (GoB, UN, NGOs)</p> <p>b. Feedback from partners on complementarity and efficiencies created through sectoral alignment</p> | <p>KII: Other sector partners; UNICEF (including UNICEF sections other than nutrition);</p> |
| <p>EQ 26: How successful has the programme been in setting up and strengthening key and innovative partnerships such as Better Work of ILO, and Government-NGO-private sector partnerships for promoting and delivering high quality and integrated nutrition services?</p> | <p>a. Number and nature of key innovative partnerships formed</p> <p>b. Number of MoUs signed with GoB and other partners; likely effect of the MoUs</p> <p>c. Leverage of comparative advantage of other partners to promote nutrition and scale up nutrition</p> <p>d. Engagement of Corporates for improving breastfeeding at the workplace</p> | <p>Document Review: UNICEF plans, programme documents, strategy note, annual reports and evaluations; Letters/ documents indicating partnerships; programme reports and annual reports of other development partners</p> <p>KIIs: Other development partners; GoB; UNICEF</p> |

| Evaluation Question (EQ) | Measure or Indicators | Data collection sources and tools |
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| <p>EQ 27: How well is the Bangladesh Country Office Nutrition Programme supported by and effectively draws from UNICEF HQ Nutrition teams and staff? Are the benefits of being in a multi-tiered organization being maximized?</p> | <p>a. Extent to which the programme has leveraged upon the technical and managerial support from UNICEF HQ for design, planning and implementation, monitoring and learning of the Nutrition Programme</p> | <p>Document Review: UNICEF plans, programme documents, strategy note, annual reports</p> <p>Kills: UNICEF</p> |
| CRITERIA 7: SUSTAINABILITY | | |
| <p>EQ 28: How successful has the programme been in equipping the government and strengthening government systems to scale-up and sustain the successfully proven interventions once UNICEF support comes to an end?</p> | <p>a. Number of nutrition policies and strategies developed and operationalised</p> <p>b. Commitment of funding and human resources towards nutrition (specific and sensitive) interventions by GoB</p> <ul style="list-style-type: none"> • Budget allocation and expenditure for nutrition (operationalisation of NPAN-2) • Extent of GoB's reliance (currently and going-forward) on external funding and procurement <p>c. adequacy of capacities at the national and sub-national levels to continue implementing the programme</p> <ul style="list-style-type: none"> • Integration of best practices and innovations within national systems • Continued update and use of DHIS2 data for planning and rollout of plans <p>d. Availability of post project hand-over and sustainability plan</p> | <p>Document Review: UNICEF plans, programme documents, strategy note, annual reports and evaluations; GoB strategies and policy documents;</p> <p>Key Informant Interviews: UNICEF, GoB counterparts, other development partners, NGO partners</p> |

ANNEXURE IV: DETAILS OF OPERATIONALISATION OF THE EVALUATION

In-depth desk review: A systematic review of the available literature and secondary data sources was undertaken to further build the context of the programme for the evaluation. The secondary data and reports were used to analyse and present the output and outcome related performance indicators. The annual reports helped in building the narrative around the evaluation questions. Review of the Bangladesh-UNICEF Country Programme 2017-2020 and other strategic documents allowed the evaluation to identify linkages and alignment of the programme components with UNICEF's mandate, GoB's priorities and needs and concerns of all target groups.

Data collection team: The evaluation team comprised of a team leader, a monitoring and evaluation specialist, a gender specialist, a research manager, a national consultant who is also the country specialist, and a nutrition specialist based in Bangladesh. The team consisted of three men (team leader, monitoring and evaluation specialist, and national consultant) and four women (nutrition specialist, gender expert, research manager and in-house researchers) indicating a strong gender balance. The monitoring and evaluation specialist, the nutrition specialist, the national consultant and the research manager speak Bengali. The translation of the community-based tools was undertaken by the national partner (DMA) based in Bangladesh with oversight from the core evaluation team. This team was assisted by field-level data collectors.

Training of field data collectors: The core team was assisted by a local team of moderators (all of whom were Bengali speaking) for qualitative data collection that is, KIIs with the frontline workers at the community health and nutrition corners, and FGDs with the community. A researcher from the core evaluation team always accompanied the moderators for the FGDs. The moderators recruited for these discussions were from Bangladesh who were aware of the local norms and culture, and had experience of interacting with pregnant and lactating women, and adolescent boys and girls in Bangladesh.

The field team was briefed on the overall data collection approach and methods, the thematic areas of data collection, and ethical considerations during data collection by the core team members. There were *specific sessions on ethical issues faced during data collection, data integrity and interacting with pregnant women and adolescents*. They were also provided with a detailed explanation of the tools including a 2 day field training to understand the tools better.

Data collection and monitoring: Data collection was carried out in two simultaneous parts:

Part 1 (KII team): The national consultant (country specialist), along with the team leader and the nutrition expert conducted the KIIs with relevant stakeholders in Dhaka and selected areas (districts and upazilas).

Part 2 (FGD team): The qualitative field team along with the gender expert, the research manager and the in-house researcher conducted the IDIs with FLWs, and FGDs with women and adolescents in the selected upazilas. All discussions with women and adolescent girls were conducted by teams consisting of only women, to ensure that the respondents felt comfortable talking about issues such as breastfeeding.

- a. At the outset, the pilot field work was conducted in Gazipur (close to Dhaka) which allowed all the team members to observe some of the FGDs and KIIs and understand the nature of data being obtained, identify and address issues in the data collection process, and brief the FGD team on their progress before they moved to other locations.
- b. The FGD team then moved to other districts and upazilas.

- c. One FGD team conducted at least three FGDs per day. One day of travel was added to account for their inter-and-intra-district travel.
- d. The KII team scheduled its interviews in a manner that they were able to observe few FGDs in the selected provinces. At least one member of the core evaluation team was present in the field during the entire period of data collection to guide and monitor the qualitative interviews. Constant communication among the members of the core team on a daily basis helped inform the FGD team of any key issues or questions to be administered during the FGDs, and vice-versa. A debriefing session at the end of the field day was held between the KII and the FGD teams to ensure the flow of information between the two sets of discussions. This process also helped the triangulation of data from KIIs and FGDs at the field level.

Quality assurance during data collection: A detailed field movement plan was developed in advance of the survey and was shared with UNICEF providing enough time for UNICEF staff to be present for the sessions. This helped detail out the daily team movement plan including outlining the interviews to be conducted. It also included the plan for the core team reflecting their division of time on monitoring of field data in the initial phase of the data collection and discussion with secondary stakeholders of the programme.

The field plan for the data collection team was only crystallised after understanding the field realities based on two to three days of data collection and observation of time taken for travel, interviews accounting for unexpected delays such as the closure of offices.

UNICEF-BCO was given regular updates of the field progress from the evaluation team. After the completion of fieldwork, a debriefing session was undertaken by the evaluation team with the UNICEF-BCO to present the preliminary field findings.

Qualitative data was audio-recorded after taking consent from the stakeholders. This allowed the teams to transcribe the entire discussion, avoiding any issues of data being lost in translation.

Data analysis and report writing phase: As stated earlier, constant debriefing sessions were held between the KII and the FGD team during the data collection phase, allowing the evaluation team to triangulate the field findings from the KII at the national and sub-national levels, and the FGDs at the community level. Once the data collection was complete in one division, the core team undertook an internal workshop to discuss the emerging findings of the field guided by the themes outlined in the conceptual framework. The discussion helped understand the adequacy and sufficiency of the evidence to answer the evaluation questions identifying any existing data gaps. This allowed the team to visit the critical actors in the division for any additional data, if needed. It also informed the team of any important data points to be collected for the next division. Once the data collection was complete, the entire team undertook the same internal workshop before the debriefing session with UNICEF. The debriefing session with UNICEF helped in contextualising the data further.

Post the data collection, the evaluation team started analysing the data by categorising the findings under the thematic areas and the functional areas (input/process/output/outcomes) described under the logic model. These were then mapped against the evaluation questions which helped identify the strength of the evidence to answer each question. Based on the emerging findings, the evaluation matrix was populated stating the assumptions, indicative evidence and lessons learned to answer each question. This not only helped triangulate the data from KIIs and FGDs but also from the secondary sources.

For the qualitative data, translated field notes along with the transcripts were attached to add information to the analysis. The draft report was prepared in accordance with the analysis and considering the feedback of the UNICEF-BCO on the preliminary findings of the field work.

ANNEXURE V: LIST OF UPAZILAS, DISTRICTS AND DIVISIONS

Table 1: Sampling distribution by administrative boundaries

| Division | District | Upazila |
|---------------------|-----------------------|------------|
| Khulna | Khulna | Batiaghata |
| | | Paikgacha |
| | Jashore | Sharsha |
| | | Abhoynagar |
| | Satkhira (Non-UNICEF) | Kolaroa |
| | Sylhet | Sunamganj |
| Bishwambharpur | | |
| Moulvibazar | | Juri |
| | | Rajnagar |
| Sylhet (Non-UNICEF) | | Bianibazar |

ANNEXURE VI: EVALUATION TOOLS

Key Informant Interview (KII): UNICEF

| | | |
|--------------|--|--------------|
| Date of KII: | | |
| Name : | | Designation: |

1. Which studies have contributed in shaping the design of the nutrition programme strategy?
2. How was the prioritization of interventions and locations within the nutrition programme done? **(Probe: urbanization, transition to middle income country, equity and inclusion)**
3. What was the process of engagement with the government for preparation of NPAN 2 and identification of areas for UNICEF support in its implementation? **(Probe: themes e.g. IYCF, adolescent/maternal nutrition etc. and technical assistance e.g. capacity building, MIS, SBCC, drafting policy, costed action plan)**
4. What was the process adopted towards aligning UNICEF's nutrition programme with that of the country's nutritional priorities?
5. Why do you think that the programme is equity responsive and has been able to reach the unreached for service provisioning? What kind of policies, strategies and guidelines have been formulated under the programme that has contributed in improving the services to the non-served or poorly served? How has the programme contributed towards generating demand for quality services from vulnerable families?
6. How did the programme ensure inter-and-intra sector coordination towards provisioning of nutrition specific and nutrition sensitive services for young girls, women, those living with disabilities and population residing in hard-to-reach areas and urban slums? Did the UNICEF programme receive any feedback on realigning the programme to make it more inclusive?
7. How did the programme ensure that girls, women, slum dwellers and people residing in hard-to-reach areas had access to nutrition-specific and sensitive related information? What innovative approaches were adopted to overcome the prevailing constraints?
8. How did the programme address the prevailing disparities around breastfeeding and timely introduction of complementary feeding across regions and wealth quintiles? How has it contributed in increasing the opportunities for working mothers in breastfeeding at workplaces?
9. How did the nutrition programme address the existing disparity of undernutrition prevalent between urban non-poor and urban poor (slum dwellers)?
10. How did the programme generate awareness on the importance of safe drinking water and improved sanitation in improving nutrition status among under-5 children especially among urban slum dwellers, girls, women and communities residing in difficult terrain? How did the programme contribute towards ensuring the availability of safe drinking water and improved sanitation services in urban slums and hard-to-reach areas?
11. How did the programme contribute towards improving the awareness about birth registrations among women, young adolescent mothers, living with disabilities and those residing in the hard-to-reach areas? Did the programme coordinate with government system in improving the birth registrations especially for children born in economically weaker families and residing in difficult geographical terrain?

12. Did the programme contribute towards birth registration of children born to refugees? How?
13. What kind of policies and guidelines have been developed under the programme to address intrinsic gender differentials that may contribute to adverse social norms and practices in later years (e.g., gender stereotyping)? How did the communication strategy ensure the sensitisation of male members on aspects related to equitable access of nutrition support services for mother and girl child? What kind of monitoring mechanisms have been established under the programme to ensure adoption of gender sensitive approaches in delivery of nutrition support and sensitive services?
14. What do you think is the unique contribution of UNICEF to the nutrition programme that makes it a critical actor? How does it complement with activities being done by other actors? Had UNICEF not implemented the current programme, do you think other actors would have made similar interventions? If yes, why? If no, why?
15. How has UNICEF contributed towards strengthening service delivery (in both humanitarian as well as development contexts) in achieving outcomes related to prevention of stunting and other forms of child, adolescent and maternal malnutrition? (**Probe: improved service delivery and utilisation, improved targeting of beneficiaries, health camps**) Do you think that there are gaps that still remains to be addressed? How can these gaps be addressed?
16. How did the programme envisage to provide uninterrupted nutritional services during crisis and disaster? What kind of preparatory activities have been positioned to ensure that the service delivery is not constrained due to disasters? Have the roles and responsibilities been divided among the service delivery providers and have they been made aware about the same?
17. How has the programme worked towards building disaster-resilient service delivery designs in partnership with the government, other donors and the NGOs? How much investment has the programme been able to accumulate from other donors towards providing climate-smart, low-cost, resilient WASH infrastructure?
18. Has there been instances wherein the planned activity or a strategic intervention could not be implemented due to lack of resources (financial, human) or any other reason? Do you feel you have adequate structure to mobilise resources for undertaking planned activities?
19. Has there been instances of lack of adequate resources to undertake planned activities (human and financial resources)? If yes, how have you mobilised resources?
20. What proportion of the funds are used for non-planned activities?
21. How much has the Government of Bangladesh and UNICEF contributed towards the nutrition programme? How much have the other donors/ partners' contributed towards the nutrition programme?
22. Are there any instances of delay in implementation of planned activities? If yes, why?
23. Are there instances of delay in disbursement of funds for planned activities?
24. How has the existence of a decentralised coordination and delivery structures contributed (or not) to optimal resource utilization, decision-making and delivery?
25. To what extent has the planned outcome and output-level results been achieved and what are the major factors influencing the achievement or non-achievement of the results?
26. How has UNICEF contributed towards strengthening capacities of authorities at district, upazila and community levels for decentralised planning, implementation? (**Probe: resource utilization, use of information systems, preparation and operationalization of action plan, community mobilization**)

- What are the processes to ensure that equity based planning, budgeting and implementation takes place? (**Probe: specific capacity building inputs , e.g. usage of disaggregated data**)
27. What support has been provided by UNICEF to establish and institutionalize real-time monitoring of quality of delivery of nutrition services? What were the key bottlenecks and challenges? How were these addressed?
- (Probe: designing and operationalizing information systems; training frontline workers, DNSOs and other personnel on the use of MIS)**
28. To what extent are relevant people are using the system? If yes, who and for what? In no, why are they not using the MIS? Are there any variations from the planned use of the system (**Probe: data entry, analysis and reporting**). Are you aware of any challenges faced by the MIS users? Elaborate on the challenges and the solution provided?
29. Do you think that the MIS users appreciates the system to the extent that they will ensure regular feeding of data and usage of the information for reporting and planning purposes? Do you foresee situations wherein the system may stop working and or becomes redundant?
30. How have UNICEF's C4D approaches been used to increase demand/delivery/utilization of nutrition services? (**Probe: Awareness, reducing information barriers, behaviour change, reducing socio-cultural barriers**) (ask nutrition and C4D section)
31. What have been the key learnings from such approaches? (**Probe: enablers, barriers; what has worked, what has not worked and why**) How and what evidence has been generated for the learnings?
32. Out of the 17 ministries mentioned as part of the NPAN2, which ministries is UNICEF engaging with to contribute to the nutrition program? (**Probe: substantial engagement with ministries & mapping of sections with ministries on engagement**)
33. What are the processes of mainstreaming different components of the nutrition programme within the interventions of different ministries to deliver nutrition sensitive services? (**Probe: health, WASH, education, labour, disaster preparedness and response**). Ask every section so we can cover the ministries.
34. How has your section contributed to the nutrition programme? (**Probe: ask individual sections - WASH, education, C4D, PMR and SPEAR**)
35. How have other sections contributed to the nutrition programme? (**nutrition sensitive interventions**)- This question is only meant to be asked to the nutrition section
36. What are the different multi sectoral platforms that UNICEF is a part of? How are the roles and responsibilities decided for UNICEF and the other partners for a multi sectoral engagement?
37. Please elaborate on such platforms for engagement.
- Who are the various stakeholders? (Map with the platforms)
 - What is the role played by UNICEF in each of these platforms? How is it different (unique) from others?
 - How does the platform facilitate coordination amongst the stakeholder?
 - What have been the measures taken by UNICEF to strengthen the coordination between multiple partners?
 - Framing and operationalization of joint action plan; delineation of roles and responsibilities, complementarity of resources
 - Frequency of meetings
 - Monitoring and reporting framework; Joint evaluations undertaken;

- Dissemination of monitoring results, learnings and best practices within the multi-sectoral platform
38. Please comment on the effectiveness of such platforms.
- Have these partnerships contributed to the achievement of desired outcomes? If yes, how? (**Probe: strengthening the service delivery**)
 - Enabling factors and challenges; how are these challenges addressed?
39. What do you think is required to strengthen and sustain these partnerships?
40. According to you, what are the merits of such partnerships? What are the probable areas that may require such partnerships in the future?
41. What are some of the best practices/ innovations/ interventions that have emerged from the programme? Are there instances of the government institutionalising such practices/ innovations/ interventions for scale up? What has been UNICEF's role in institutionalization?
42. Is there a plan for post-project sustainability? What mechanisms have been put in the plan to ensure sustainability of the results post UNICEF exit? Does the plan envisage continuation of partnerships and the process for sustaining them? What roles have been envisaged for current partners? Has the GoB made aware about the sustainability plan and how comfortable are they with the plan? Is there any demand for specific activities/ interventions to be included prior to complete handover of the nutrition programme? (**Probe: handover plan, processes for adoption of the programme, adequacy of capacities at the national and sub-national levels, use of DHIS 2 data**)

Key Informant Interview (KII): Government of Bangladesh

| | | |
|------------------------------------------------------------------------------|--|---------------------|
| Date of KII: | | |
| Name of the central /Division/ District/ Upazila: | | |
| Department/ Ministry: | | |
| Name: | | Designation: |
| Year since he/she has been in the designated position and brief role: | | |

1. How has UNICEF contributed to the development of the nutrition related policies and plans with the GoB?
 - a. What have been the different types of support to develop and operationalise the NPAN-2 and other operational plans? (*Technical support in evidence based design and planning, costed action plans, support in identifying the capacity needs, resource allocation, multi-sectoral coordination plans, SBCC, and plans of scaling up nutrition interventions?*)
2. Are you aware of UNICEF's contribution to NPAN2? Do you perceive that these interventions have helped in achieving the NPAN2 targets? If yes, how? If no, why?
3. How has UNICEF supported sectoral ministries in developing integrated costed action plans?
4. How have these interventions strengthened the delivery of nutrition services at the various levels? (national and subnational)
 - Are district plans being prepared?
 - Have the interventions helped in expanding the reach of the program?
5. What kind of evidence is required prior to the consideration of scaling of pilots/ model interventions/ best practices (UNICEF's) by the government? What are the processes involved in adoption? (**Probe: technical and financial**)
6. What are the mechanisms for receiving inputs as a result of multi-sectoral engagements, platforms and interventions? Are there any challenges? If yes, please elucidate. (**Probe: BNNC**)
7. What are the advantages and disadvantages of having these multi-sectoral engagements/platforms?
8. **Capacity Building:** What are the measures taken to build capacity at different administrative levels?
 - a. What are the different partnerships through which GoB (MoHFW/BNNC) builds staff capacities to deliver on interventions?
 - b. What are the current and foreseen challenges in capacity to deliver the planned interventions at different levels of the administration?
 - c. What steps have been taken to address these capacity gaps? What role has UNICEF played in addressing these capacity gaps (technical support, resources, others)? What roles have other development partnerships played in addressing these gaps?

9. **Monitoring and use of evidence:** What are the different measures taken to improve monitoring of delivery of services and quality of the same?
- Do you think the data generated from the MIS provides required information to make decisions with regard to nutrition programmes? How is this data being used? (**Probe: *planning, budgeting and implementation***)
 - What are the platforms that are utilised for disseminating evidence, lessons and good practices/ approaches for wider circulation to promote informed action on nutrition programmes?
 - How have multi-stakeholder collaborations helped in such efforts?
 - What are the current and foreseen challenges in monitoring and evaluation/information dissemination to inform policy and decision making and improve the targeting and delivery of the planned interventions?
 - What steps have been taken to address these gaps? What role has UNICEF played in addressing these gaps (technical support, resources, others)? What roles have other development partnerships played in addressing these gaps?
10. Are the financial and human resources adequate for achieving targeted objectives?
- Do you think that the resource allocation is well targeted to address regional and demographic inequalities? What are the challenges?
 - What is the support received from UNICEF and other development partners in resource utilisation and different levels of service delivery?
11. With the rapid urbanisation in the country, do you think that the current service delivery infrastructure will be able to meet the nutritional needs of the community? Do you anticipate challenges in the near future where the service delivery system may fall short on providing the services? Is the country preparing towards avoiding such a scenario?
12. As Bangladesh is progressing towards becoming a MIC, do you foresee any challenges in continuing the nutrition programme? Do you think that Donors may divert a part of their development funds to other under-developed countries?
13. Post 2021, when Bangladesh achieves the MIC status, do you see the role for external donors in the nutritional sector? In what areas will GoB require support of donors to achieve the nutritional outcomes? (**Probe: *strengthen capacity, information systems, generating evidence***)

Key Informant Interview (KII): Donors (World Bank, UN Agencies)

| | | |
|---------------------------------------------------------------|--|---------------------|
| Date of KII: | | |
| Name of Organization: | | |
| Name of Individual: | | Designation: |
| Year since he/she has been in the designated position: | | |

1. What are the areas of engagement and platforms for engagement with UNICEF for nutrition specific and nutrition sensitive interventions? What was the need for such an engagement?
2. Please elaborate on such platforms for engagement.
 - Who are the various stakeholders?
 - How does the platform facilitate coordination amongst the stakeholder?
 - Is there a shared vision and strategy?
 - Framing and operationalization of joint action plan; delineation of roles and responsibilities, complementarity of resources
 - Frequency of meetings
 - Monitoring and reporting framework; Joint evaluations undertaken;
 - Dissemination of monitoring results, learnings and best practices within the multi-sectoral platform
3. Please comment on the effectiveness of such platforms.
 - Have these partnerships contributed to the achievement of desired outcomes? If yes, how? (**Probe: strengthening the service delivery**)
 - Enabling factors and challenges; how are these challenges addressed?
4. What do you think is required to strengthen and sustain these partnerships? What areas could UNICEF improve to bring even more value for money?
5. According to you, what are the merits of such partnerships? What are the probable areas that may require such partnerships in the future?

Key Informant Interview (KII): Nutrition-related Development Partners (GAIN, NI)

| | | |
|---------------------------------------------------------------|--|---------------------|
| Date of KII: | | |
| Name of Organization: | | |
| Name of Individual: | | Designation: |
| Year since he/she has been in the designated position: | | |

1. What are the various interventions that the organization is currently undertaking in the nutrition landscape? **(Probe: rationale, locations, nutrition areas and sub-themes, resources)**
2. What are the areas of engagement and platforms for engagement with UNICEF for nutrition specific and nutrition sensitive interventions? What was the need for such an engagement?
3. Was there ever a need to re-align the organization's nutritional priorities as a result of this engagement? **(Probe: geographic and thematic areas, target groups, mechanisms)**
4. Please elaborate on such platforms for engagement.
 - Who are the various stakeholders?
 - How does the platform facilitate coordination amongst the stakeholder?
 - Is there a shared vision and strategy?
 - Framing and operationalization of joint action plan; delineation of roles and responsibilities, complementarity of resources
 - Frequency of meetings
 - Monitoring and reporting framework; Joint evaluations undertaken;
 - Dissemination of monitoring results, learnings and best practices within the multi-sectoral platform
5. Please share instances of cooperation and collaboration of such platforms. What have been the enabling factors and constraints; how were these constraints addressed?
6. What do you think is required to strengthen and sustain these partnerships?
7. According to you, what are the merits of such partnerships? What are the probable areas that may require such partnerships in the future?

Key Informant Interview (KII): Implementing partners (Save the Children)

| | | |
|---------------------------------------------------------------|--|---------------------|
| Date of KII: | | |
| Name of Organization: | | |
| Name of Individual: | | Designation: |
| Year since he/she has been in the designated position: | | |

1. Save the Children, Bangladesh (STCB) has been working in the health and nutrition landscape for a long time. Please share with us your observations on the evolution of the nutrition sector in the country.
2. The provinces in Bangladesh have varied geography from hill tracts to seas. How has STCB ensured that all its interventions in the nutrition sector are inclusive and equal and does not get differentiated on the basis of geographical remoteness, rural-urban divide, ethnicity, and/or wealth etc.?
3. STCB has supported nutrition programmes like Management of Acute Malnutrition in Infants (MAMI), Health Systems Strengthening (MaMoni), Expansion of Maternal Newborn Health-Family Planning Services in Rural Bangladesh (MAMOTA), (Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING). How is the UNICEF programme different or similar from the above programmes in terms of design, implementation, partnerships monitoring and results?
4. Have you or your team members received training under the UNICEF nutrition programme? If yes, when was the training provided? Did you find the training relevant and useful and how different was it from other training programmes that you may have earlier attended?
5. What are the different kind of challenges your team faces during implementation of nutrition programmes (Probe: societal norms, gender based uptake of services, resource (human, financial) constraints, non-customisation of programmes to geography based requirements etc.)
6. As implementing partners, how do you ensure that the community collectively discusses and takes action on existing nutritional barriers? Do you also engage with men on discussing the existing nutritional barriers and what role they can play in overcoming those?
7. Do you think that the UNICEF programme recognises the household gender power relations and ensures both partners and all family members are informed and involved, in decision-making for improved nutrition (such as supporting optimal breastfeeding practices or taking daily or weekly iron-folic acid supplements for anaemia prevention)?
8. Do you think that the UNICEF programme focusses on women and children with disabilities? If yes, how? If no, has STCB worked on nutrition issues with women and children with disabilities? If yes, have you provided any suggestion to UNICEF on addressing such issues?
9. How do you measure the progress of implementation and the results for UNICEF programme? Is there any technology based system that provides real time or near real time information on the status of nutrition? If yes, who maintains the system and who all have access to the system?

Key Informant Interview (KII): District Nutrition Support Officer

| | |
|--------------------------------------------------------|--|
| Date of KII: | |
| Name of the District | |
| Name : | |
| Year since he/she has been in the designated position: | |

1. What is your role and what are the activities you are responsible for? What role do you play in the budgeting for activities at the district level?
2. On what aspects have you received training from UNICEF? (**Probe: real-time monitoring, gender sensitization, SBCC, maternal, infant and adolescent nutrition, observation of nutrition services at health facilities etc.**) Was the training useful? (**Probe: orientation on functions and themes, use of training towards improving efficiency of work**)
3. Did you receive training on preparedness and mitigation with regard to provision of nutrition based services during emergencies/conflicts? Have you received training on adopting mitigating measures to negate the long term impacts of climate change on agriculture? Please share any such measures that you may have adopted.
4. Do you provide training to anyone? If yes, who? What is the kind of support you receive in imparting training? (**Probe: competency based training**)
5. What are the various coordination mechanisms adopted at district level (inter-departmental, development partners) for strengthening delivery of nutrition services? (**Probe: mapping partners with their responsibilities**). Please elaborate.
 - Framing and operationalization of district action plan; delineation of roles and responsibilities, complementarity of resources
 - Coordination meetings (**Probe for: frequency, participation of departments, participation of development partners, recording of minutes, action taken**)
 - Monitoring and reporting mechanism; use of MIS data; joint visits
 - Dissemination of monitoring results at district and sub district level
 - What is the role played by UNICEF? How is it different (unique) from others?
6. How have these mechanisms strengthened delivery of nutrition services? Were there any challenges faced in coordination? How were they addressed?
7. Do you feel that the UNICEF programme is inclusive in nature and the programme by design takes into account the nutritional needs of women, people with disabilities and marginalised groups into account?
8. Do you use the new MIS system? Do you find the system useful? How? How is the data entered in the MIS? Apart from you, who are the other users of this system? How do you use this data for planning, budgeting and implementation?
9. How do you ensure that the CHW's regularly use RTM platforms to monitor nutrition based indicators at the health facilities?
10. What kind of monitoring activities do you undertake? Who are these reported to? How often? Do you provide feedback to CHWs? How often? What are the challenges faced in monitoring and reporting?
11. Have you ever reported any issues with the system? Were these addressed to your satisfaction? Are there any issues that you feel needs to be addressed in the system?

12. Do you face any challenges with regard to funding? If yes, what are these? (***Probe: timely availability of funds, adequacy of funds, underspending***)

Key Informant Interview (KII): Community Health Workers (CHW)

| | |
|------------------------------------------------------|--|
| Name of CHW | |
| Name of Upazila | |
| Union Council/ Municipality/ City Corporation | |
| Date of KII | |
| Years Working as a CHW | |

1. What are the prevalent health and nutrition challenges in the community for:
 - a) Pregnant & Lactating Mothers
 - b) Infants
 - c) Adolescents
2. What all activities do you undertake in the community? (**Probe: counselling, training to pregnant and lactating mothers, adolescents, delivery of health & nutrition services, hygiene, dietary diversity**)
3. Have you received any training to undertake these activities? What is the source for these trainings?
4. How have these trainings helped improve the delivery of your services?
5. Did you receive training on preparedness and mitigation with regard to provision of nutrition based services during emergencies/conflicts?
6. Do you undertake any kind of monitoring
 - If yes, is this monitoring paper based or on a mobile based application?
 - What the various indicators that are monitored? (**Probe: reproductive, maternal, new born and child nutrition, observation on quality of nutrition services at health facilities etc.**) How often? Please explain the process involved.
 - What are the challenges faced in monitoring?
 - How often do you report these? (**probe: mid and year end**) To whom?
 - Do you receive feedback on your reports? If yes, by whom and when? What do you do with the feedbacks provided?

Focus Group Discussion (FGD): Pregnant and Lactating Women

| | |
|---------------------------------------|--|
| Name of Division | |
| Name of District | |
| Name of Upazila | |
| Municipality/ City Corporation | |
| Village/ Ward | |
| Date of FGD | |
| No. of Respondents | |

1. What is your perception about the healthcare infrastructure and services in your area? Are you satisfied with the number and quality of healthcare professional available in your area? Do you find the health services adequate enough to meet your needs? If no, how do you think the health services can be strengthened to meet the your and the community needs?
2. How is the overall health status of new-borns, infants and young children in your area? Are there any issues related to underweight, stunting and wasting among children in your area?
3. When you want health check-up for your new-born, infant, and young children, which is the first centre that you go to? Why do you choose this centre? Are you satisfied with the support of the health worker at that centre? What are the challenges that you face in accessing the centre or its services?

A. Maternal Health & Nutrition

4. Most women would benefit from two types of supplements, or tablets, during pregnancy. Which are they? **(Probe: Iron supplements, Folic acid supplements)**. Did you all consume these tablets as prescribed? What are the health benefits for taking folic acid supplements/tablets? **(Probe: for normal development or to prevent defects/abnormalities of the nervous system of the unborn baby)**
5. What are the signs of undernutrition? **(Probe: weakness-becomes ill easily or becomes seriously ill, loss of weight/thinness, children do not grow as they should)**. What should be done to prevent undernutrition? **(Probe: for infants (0–6 months)- breastfeed exclusively/ give only breastmilk, visit health centre and check that the child is growing; for young children (6–23 months)- give more food, feed frequently, give attention during meals, visit the health centre and check that the child is growing)**
6. Are you aware how many times a community health worker is supposed to visit you *during* pregnancy? If yes, how many times? How many times have you been visited? What kind of services or counselling do they provide you with? **(Probe: counselling on birth preparedness, information on available services, vaccinations, nutritional and dietary intake, counselling on family planning, counselling on breast feeding practices, counselling on detecting pneumonia, diarrhoea amongst new-borns, MUAC etc.)**
 - Did you find the counselling helpful? If no, why? Are you able to utilize this information? If not, why? Have they counselled your family members?
7. Did you go to any facility for health check-up during your pregnancy? Was there any camp held in your area for health check-up of pregnant and lactating women? Where did you deliver your last child? (in case of first pregnancy then where do they plan to deliver)? (Health institution or home). If mentioned, home- probe for reasons.
8. **[For pregnant woman]** Was the birth of your last child registered? Did you face any challenges in getting the birth registered? If yes, what are these? **(Probe: fees, lack of knowledge regarding process, registration done in far/hard to reach areas)**

9. In case of a natural disaster (such as cyclones), how are these services availed amongst the pregnant/lactating women of your community? Are there any provisions made in such circumstances? By whom? Are these services adequate? If no, what is lacking? (Narrate a past incident where such a situation was faced and any steps taken.)

B. Infant Health & Nutrition

10. Generally in your community what is the first thing fed to the child when he/she is born? What is generally fed to the child until 6 months of age?
11. At what age is an infant supposed to start consuming other foods? At what age did you start giving your child other foods? (***In case of discrepancy between the two answers, ask why this age***) What kind of food is given to the infant usually? How many times a day?
12. Have you ever received counselling on issues related to new-born and young children? If yes, when and by whom? What topics were covered? Did you find the information adequate and useful? What areas do you think you need more information on?
13. Are you aware of any cash based incentive for getting your infant treated in hospitals for malnutrition? Did your infant require this treatment? If yes, did you avail it? If no, why?
14. Do you know about any health centres near your village/town with facilities to treat children who are underweight or have low height for age? Have anyone of you visited these centres? If yes, how was the treatment at these health centres? Did the health workers pay attention to the child and advice treatment? Were any records maintained for the treatment?

C. Dietary Diversity

15. [***For pregnant woman***] How should a pregnant woman eat in comparison with a non-pregnant woman to provide good nutrition to her baby and help him grow? [***For a lactating woman***] How should a lactating woman eat in comparison with a non-lactating woman to be healthy and produce more breastmilk? (***Probe: eat more at each meal, eat more frequently, Eat more protein-rich foods, eat more iron-rich foods, use iodized salt when preparing meals etc.***)
16. Is your diet different from what it used to be before pregnancy? If yes, how is it different? What are the reasons for this change?
17. **Quality of diet** (Last 24 hours)
- a. Did you eat whole grain carbohydrate foods (brown rice or other)? Yes / No
 - b. Did you eat more than 2 – 3 portions of vegetables? Yes / No
 - c. Did you eat at least 1 portion of fruit? Yes / No
 - d. Did you eat fish at least 1-2 times per week? Yes / No (***Last week***)
 - e. Do you eat meat or chicken 2-3 times per week? Yes / No (***Last week***)
 - f. Did you consume dairy products (such as milk, cheese, yogurt)? Yes / No
18. How many meals have you had in the last 24 hours- 1 meal/ 2 meal/ 3 meal?
19. In your individual families, how do you decide what food has to be purchased for daily consumption? Who all participates in this decision making process? Does your family follow any system to decide on the daily food items to be purchased?

20. Have you ever received counselling on adequate nutrition and healthy eating? If yes, when and by whom? What topics were covered? Did you find the information adequate and useful? What areas do you think you need more information on?

D. Drinking Water

21. Do you have a piped water system for drinking water? If no, what is the source of water? Who is responsible for getting the water? Is the water treated before drinking? How?

22. In case of natural calamities such as cyclones, floods etc., how do you access clean drinking water? Are there any provisions made in such circumstances? By whom? Are these services adequate? If no, what is lacking?

E. Sanitation

23. What kind of toilet do you have at home? Does any member practice open defecation in your family? If yes, why? How do you dispose your child's waste?

24. In case of natural calamities such as cyclones, floods etc., how do you access toilets? Are there any provisions made in such circumstances, particularly for women and girls? By whom? Are these services adequate? If no, what is lacking?

25. Have you ever received counselling on safe sanitation practices? If yes, when and by whom? What topics were covered? (**Probe: latrine construction, safe water handling, open defecation, seasonal diseases, hand washing before and after critical times etc.**)

F. Hygiene

26. ? What are the critical times to wash hands?

- After using the washroom
- After changing menstrual absorbent
- After changing baby's diapers (only for mothers with infants)
- Before preparing food
- Before eating or feeding the child
- After handling raw food, especially meat
- After cleaning garbage

27. In case of natural calamities such as cyclones, floods etc., how do you ensure personal hygiene? Are there any provisions made in such circumstances? By whom? Are these services adequate? If no, what is lacking?

28. Have you ever received counselling on issues around personal hygiene? If yes, when and by whom? What topics were covered? (**Probe: correct handwashing practices, moments to wash hands**)

Focus Group Discussion (FGD): Working Women (Pregnant, Lactating Women and Mothers)

| | |
|------------------------------------------------------|--|
| Name of Division | |
| Name of District | |
| Name of Upazila | |
| Union Council/ Municipality/ City Corporation | |
| Villages/Ward | |
| Date of FGD | |
| No. of Respondents | |

1. Since when have you all been working in this organisation? What kind of work do you all do? Is your work desk-based or involves moving inside the organisation? Does anyone of you need to go outside the organisation for work-related activities?
2. Are you aware of any organisation policies that promotes gender equality in your workspace? If yes, since when has this policy institutionalised? What all does the policy entail? If no, have you heard about policies promoting gender equality in other organisations? Do you all think such policies should be implemented in your organisation? If yes, how?
3. Generally, is there any difference in wages/ salary, work hours, time etc. between men and women workers?
4. [**For lactating mothers**] Did you take paid maternity leave (16 weeks as per law) during pregnancy or did you voluntarily took unpaid leave? Did you face any challenge to fulfil your work commitments during your pregnancy?
5. What kind of support systems (services/facilities/privileges) are available for pregnant women and working mothers in your organisation? (**Probe: day care facilities, breastfeeding corner, paid maternity leave, crèche corner, safe working environment**)
 - Since when have these services been available?
 - Do you utilize these services? If no, why not?
6. Do you bring your children to your workplace? If yes, how are the food requirements of your children met during your working hours? If no, who takes care of the child at home? How do you ensure that the nutritional requirements of the child are met? [**In case of <6month child**] What kind of food is the baby fed (**breastmilk by spoon or bottle, infant formula by spoon or bottle etc.**)?
7. Do you have access to toilets at your workplace? Are these facilities adequate? If no, why? (**Probe: non-functional toilets (broken/ closed), not clean, not enough toilets, unavailability of water**)
8. [**If child accompanies the mother at workplace**] How do you dispose your child's waste at your workplace? Are these facilities adequate? If no, why?
9. In case of a natural disaster (such as cyclones), are you and other pregnant/lactating women able to access nutritional and healthcare services? Are there any provisions made available/ facilitated by the employer in such circumstances? Are these services adequate? If no, what is lacking? (Narrate a past incident where such a situation was faced and any steps taken.)
10. In your individual families, how do you decide what food has to be purchased for daily consumption? Who all participates in this decision making process? Does your family follow any system to decide on the daily food items to be purchased?

11. Have you heard of a Mothers Mentee support group? What are these? What do they do? Are they helpful? Why/why not?
12. Other than the services mentioned, are there any other services you expect as a working mother?

Focus Group Discussion (FGD): Adolescent Girls

| | |
|---------------------------------------------|--|
| Name of Division | |
| Name of District | |
| Name of Upazila | |
| Union Council/Municipality/City Corporation | |
| Villages/Wards | |
| Date of FGD | |
| No. of Respondents | |

1. What are the some of the issues related to adolescent health and nutrition that are prevalent in your community? (**Probe: issues such as early pregnancy and childbirth, malnutrition, anaemia, HIV/ AIDS/ other diseases, menstrual health etc.**)
2. Can you tell us about the different facilities that you access for various health care needs by prioritizing the choices listed below? **Give reasons for prioritizing/ not prioritizing.**
 - Public facility
 - Private facility
 - Mobile clinics
 - Adolescent friendly health corners (AFHCs)
3. Do CHWs engage with you on issues related to health and nutrition?
 - Do they conduct home visits? If yes, what is the frequency?
 - What is the nature of information provided by the community health workers? (**Probe: early marriage and early childbearing, food and nutrition, sanitation and hygiene**)
 - Is the information provided by them helpful? Why/ why not?
 - Have you been able to utilize this information? Give instances. If not, why?
 - Have they counselled/ interacted with family members with regard to adolescent health and nutrition?
4. Are there any community based adolescent groups in the community? Does the group discuss issues related to nutrition? How do such discussions benefit you?

Please rate the following:

| Type of facility | Location- distance from place of residence (State reasons for high/ low rating) | | | Quality of services (State reasons for high/ low rating) | | |
|------------------------------------|---------------------------------------------------------------------------------|---------|------------------|----------------------------------------------------------|---------|------------------|
| | Highly dissatisfied | Neutral | Highly Satisfied | Highly dissatisfied | Neutral | Highly Satisfied |
| Public facility | 1 | 2 | 3 | 1 | 2 | 3 |
| Private facility | 1 | 2 | 3 | 1 | 2 | 3 |
| Adolescent friendly health clinics | 1 | 2 | 3 | 1 | 2 | 3 |
| Mobile clinics | 1 | 2 | 3 | 1 | 2 | 3 |

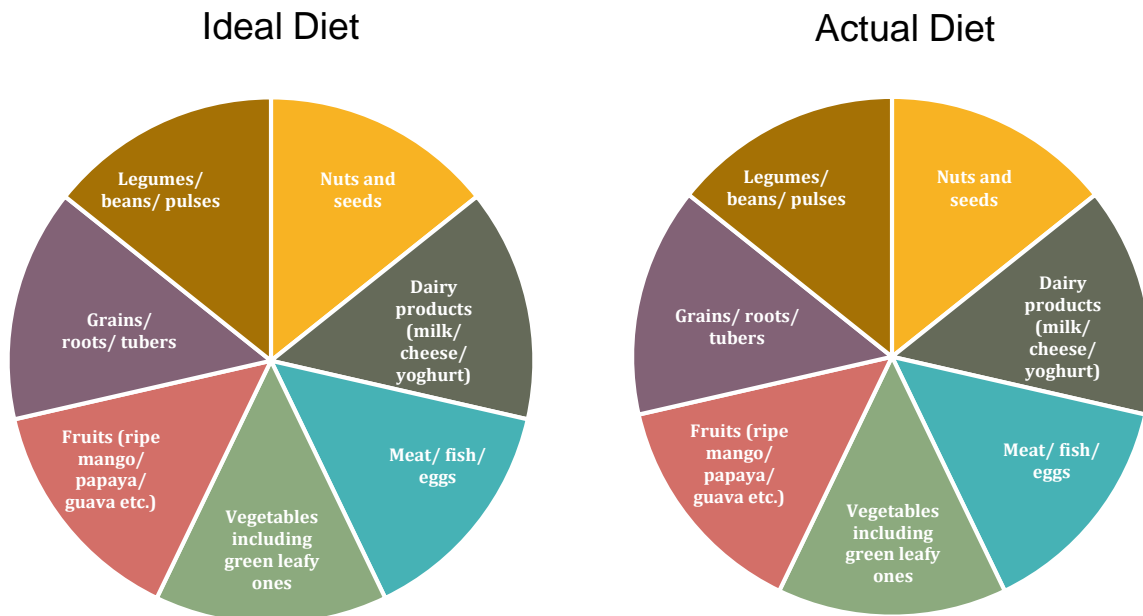
5. In the past year or two, have you seen any changes with regards to availability and accessibility of health and nutrition services for adolescents? If yes, what are these changes? (**Probe: more services available, ease of access, increase in affordability, more information regarding these etc.**)

A. Dietary Diversity and Knowledge and Awareness with regard to Wholesome Diet
Activity I: Ideal diet vs. Actual diet

There will be two pie charts presented to the participants with different categories of food items required to meet the nutritional requirements of adolescents. From the first pie chart, the participants will choose food items which they perceive to be a part of an ideal on a daily basis. However, from the second pie chart the participants will choose food items that they consumed in the last 24 hours (representative of what they consume of a daily basis).

Ask the following questions as part of the activity:

6. How many meals have you had in the last 24 hours- 1 meal/ 2 meals/ 3 meals? **(Check for each respondent)**
7. What according to you should constitute an ideal consumption basket? **(To be marked in the pie chart)**
8. What comprises your actual diet (based on consumption in the last 24 hours)? **(To be marked in the pie chart)**



Continue to probe through the following questions

9. What are the reasons because of which you are unable to consume an ideal diet?
 Probe:
 - Cannot afford
 - Limited availability of food items
 - Market is far
 - Unaware of the nutritional benefits and hence not consuming regularly
 - Do not like the taste of the food items
 - Any other reasons

10. Where do you get information regarding adequate nutrition and healthy eating?
(Probe: family, teachers, peers, television, internet, IEC material, youth centres, Meena game, E-health, DNSOs, community level campaigns, community health workers, community based groups including adolescent groups)
- What is the nature of information provided? How many times have you been given this information in the last one year?
 - Is the information received helpful? Why/ Why not?
 - Are adolescents in the community able to utilize this information? If not, why?
 - What areas do you think you need more information on?
11. How would you like this information to be conveyed to you?
(Probe: Info sheets, internet, Meena game, school education programmes, through teachers, through family, peers, community health workers etc.)

B. WASH Facilities (Home/ School)

DRINKING WATER

12. Is water availability for drinking purpose an issue in the village? Discuss.
13. What are some of the issues related to quality of drinking water? **(Note to the moderator: to be asked separately for home and school)**
(Probe: availability of clean water, metal poisoning- iron, arsenic, fluoride)
14. Where do you get your drinking water from? Which source(s) is most common in the community? Are these sources available throughout the year? If no, how do you meet your drinking water needs? **(Note to the moderator: to be asked separately for home and school)**
(Probe: sources of drinking water such as groundwater, surface water sources such as rivers, streams, piped water etc.)
15. Is the water treated in any manner before drinking? What do you usually do to the water to make it safer to drink? **(Note to the moderator: to be asked separately for home and school)**
16. In case of natural calamities such as cyclones, floods etc., how do you access clean drinking water? Are there any provisions made in such circumstances? By whom? Are these services adequate? If no, what is lacking?

SANITATION

17. Do you have access to toilets at home? What kind of toilet facilities do members of your household usually use **(individual/ shared/ community toilets)**? Are these facilities adequate? If no, why?
(Probe: non-functional toilets (broken/ closed), not clean, not enough toilets, unavailability of water)
18. Do you have access to toilets at school? Do you have separate toilets for boys and girls at school? Are the facilities adequate? If no, why?
(Probe: non-functional toilets (broken/ closed), not clean, not enough toilets, unavailability of water, unavailability of soap)
19. Does anyone go out and defecate in the open in your village? Are of aware of the health risks associated with open defecation? What are these?
20. Are there incidents in the last one month when you did not go to school due to illness? What type of illness? How many times in the last 1 year do you recall that you did not go to school due to illness?

21. Who/what is your source of information with regard to good sanitation practices? (**Probe: teachers, family, friends, school education programmes, community health workers, internet, community adolescent groups etc.**)
- What are the topics covered? (**Probe: latrine construction, safe water handling, open defecation, seasonal diseases etc.**)
 - Do you find this information useful? Why/ why not?
22. In case of natural calamities such as cyclones, floods etc., how do you access toilets? Are there any provisions made in such circumstances, particularly for women and girls? By whom? Are these services adequate? If no, what is lacking?

HYGIENE

23. Do you wash your hands with soap? If no, how do you wash your hands? What are the critical times to wash hands with soap? (**Note to the moderator: handwashing practices to be asked separately for home and school. Out of the options listed, ask the participants to list down the key moments to wash hands:**)
- After using the washroom
 - After changing menstrual absorbent (**For adolescent girls**)
 - Before preparing food
 - Before eating
 - After handling raw food, especially meat
 - After cleaning garbage
24. Who/what is your source of information with regard to maintaining personal hygiene? (**Probe: teachers, family, friends, school education programmes, internet, Meena game, community health workers, internet, community adolescent groups etc.**)
- What are the topics covered? (**Probe: correct handwashing practices, moments to wash hands**)
 - Do you find this information useful? Why/ why not?
25. In case of natural calamities such as cyclones, floods etc., how do you ensure personal hygiene? Are there any provisions made in such circumstances? By whom? Are these services adequate? If no, what is lacking?

MENSTRUAL HYGIENE MANAGEMENT (FOR ADOLESCENT GIRLS ONLY)

26. What are the different menstrual absorbents that you use? (Cloth/ sanitary napkin)? How frequently do you change your menstrual absorbent (once/ 2-3 times/ 3-4 times)? (**For cloth users: check if they wash the same with soap and water and dry it out in sunlight before usage**)
27. Where do you generally store menstrual absorbents at home? How do you dispose of the used menstrual absorbent at home (**Probe: burning/ burying/ wrapping it in newspaper or plastic bags and throwing it in the dustbin**)?
28. Do you miss school during menstruation? If yes, why? (**Probe: discomfort, non-availability of sanitary napkins, no separate toilets for girls, not enough toilets, lack of clean toilets- non-availability of soap and water, lack of safe disposal mechanisms for menstrual absorbents**)
29. **For those who attend school:** Are you provided with sanitary napkins in your schools? How frequently do you change your menstrual absorbent (once/ 2-3 times/ 3-4 times) while in school? Where do you change your absorbent? How do you dispose of your menstrual absorbent at school (**Probe: incinerators/ burying the absorbent/ wrapping it in newspaper or plastic bags and throwing it in the dustbin**)
30. Who/ what is your source of information with regard to menstrual hygiene?

(Probe: teachers, family, friends, school education programmes, internet, Meena game, community health workers, internet, community adolescent groups etc.)

- What are the topics covered? ***(Probe: use of menstrual absorbents, storage of absorbents, washing menstrual cloth with soap and water, safe disposal practices etc.)***
- Do you find this information useful? Why/ why not?

In case of natural calamities such as cyclones, floods etc., how do you maintain menstrual hygiene? Are there any provisions made in such circumstances? By whom? Are these services adequate? If no, what is lacking?

Focus Group Discussion (FGD): Adolescent Boys

| | |
|---------------------------------------------|--|
| Name of Division | |
| Name of District | |
| Name of Upazila | |
| Union Council/Municipality/City Corporation | |
| Villages/Wards | |
| Date of FGD | |
| No. of Respondents | |

1. What are the some of the issues related to adolescent health and nutrition that are prevalent in your community? (**Probe: issues such as early pregnancy and childbirth, malnutrition, anaemia, HIV/ AIDS/ other diseases, etc.**)
2. Can you tell us about the different facilities that you access for various health care needs by prioritizing the choices listed below? **Give reasons for prioritizing/ not prioritizing.**
 - Public facility
 - Private facility
 - Mobile clinics
 - Adolescent friendly health corners (AFHCs)
3. Do CHWs engage with you on issues related to health and nutrition?
 - Do they conduct home visits? If yes, what is the frequency?
 - What is the nature of information provided by the community health workers? (**Probe: early marriage and early childbearing, food and nutrition, sanitation and hygiene**)
 - Is the information provided by them helpful? Why/ why not?
 - Have you been able to utilize this information? Give instances. If not, why?
 - Have they counselled/ interacted with family members with regard to adolescent health and nutrition?
4. Are there any community based adolescent groups in the community? Does the group discuss issues related to nutrition? How do such discussions benefit you?

Please rate the following:

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| Public facility | 1 | 2 | 3 | 1 | 2 | 3 |
| Private facility | 1 | 2 | 3 | 1 | 2 | 3 |
| Adolescent friendly health clinics | 1 | 2 | 3 | 1 | 2 | 3 |
| Mobile clinics | 1 | 2 | 3 | 1 | 2 | 3 |

5. In the past year or two, have you seen any changes with regards to availability and accessibility of health and nutrition services for adolescents? If yes, what are these changes? (**Probe: more services available, ease of access, increase in affordability, more information regarding these etc.**)

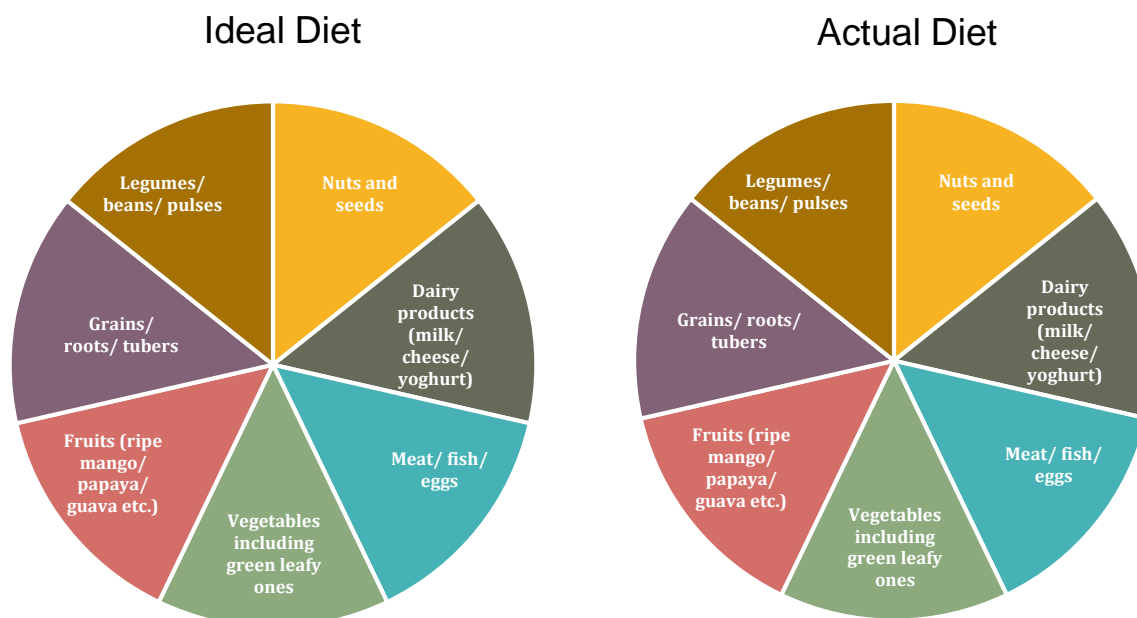
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Continue to probe through the following questions

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Probe:
 - Cannot afford
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 - Is the information received helpful? Why/ Why not?
 - Are adolescents in the community able to utilize this information? If not, why?
 - What areas do you think you need more information on?
11. How would you like this information to be conveyed to you?
(Probe: Info sheets, internet, school education programmes, through teachers, through family, peers, community health workers etc.)

D. WASH Facilities (Home/ School)

DRINKING WATER

12. Is water availability for drinking purpose an issue in the village? Discuss.
13. What are some of the issues related to quality of drinking water? **(Note to the moderator: to be asked separately for home and school)**
(Probe: availability of clean water, metal poisoning- iron, arsenic, fluoride)
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16. In case of natural calamities such as cyclones, floods etc., how do you access clean drinking water? Are there any provisions made in such circumstances? By whom? Are these services adequate? If no, what is lacking?

SANITATION

17. Do you have access to toilets at home? What kind of toilet facilities do members of your household usually use **(individual/ shared/ community toilets)**? Are these facilities adequate? If no, why?
(Probe: non-functional toilets (broken/ closed), not clean, not enough toilets, unavailability of water)
18. Do you have access to toilets at school? Do you have separate toilets for boys and girls at school? Are the facilities adequate? If no, why?
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HYGIENE

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- What are the topics covered? (**Probe: correct handwashing practices, moments to wash hands**)
 - Do you find this information useful? Why/ why not?

In case of natural calamities such as cyclones, floods etc., how do you ensure personal hygiene? Are there any provisions made in such circumstances? By whom? Are these services adequate? If no, what is lacking??

ANNEXURE VII: LIST OF PEOPLE MET

Table 2: List of people met

| Designation | Name |
|----------------------------------------------------|---------------------------------|
| National level GoB officials | |
| Line Director - NNS | Dr S M Mustafizur Rahman |
| Line-Director - HIS & E-Health | Dr Samir Kanti Sarker |
| Director - MCH Services, DGFP | Dr Mohammed Sharif |
| Program Manager - DGFP | Dr Jaynal Haque |
| Director General - BNNC | Dr Md Shah Nawaz |
| Assistant Director, BNNC | Dr. Nazmus Salehin |
| Deputy Secretary, Ministry of Industries | Mr. A F M Amir Hossain |
| Additional Deputy Director, DoAE, MoA | Mr. Md. Ahsanul Hoque Chowdhury |
| Assistant Health Officer, Zone-2, Dhaka North City | Dr Mahmuda Ali |
| Assistant Director (Training), DSHE, MoE | Dr Mazharul Haq Masud |
| Assistant Chief, MoLE | Mr. Mikhail Islam |
| Director, BIRTAN | Mr. Kazi Abul Kalam |
| Assistant Chief, MIS(DGHS) | Dr Md Mohiuddin Hasan Alif |
| Deputy Chief, MIS(DGHS) | Md.. Ashraful Islam Babul |
| Deputy Team Leader, (TAN BGD03) | Dr Delwar Hussain |
| Assistant Director, Training, DSHE | Md Mazharul Huq Masud |
| UNICEF | |
| Chief, Nutrition Section | Ms Piyali Mustaphi |
| Nutrition Specialist, UNICEF BCO | Mr. Pragya Mathema |
| Nutrition Specialist, UNICEF BCO | Mr Golam Mohiuddin Khan |
| Nutrition Specialist, UNICEF BCO | Ms Mayan Sari |
| Chief, Health Section, UNICEF BCO | Ms. Maya Vandenant |
| Chief, WASH Section, UNICEF BCO | Mr. Dara Johnston |
| SPEAR Section, UNICEF BCO | Mr. Deepak Kumar Dey |
| CAP Specialist, UNICEF BCO | Mr. Simon Pickup |
| Chief, PMR Section, UNICEF BCO | Mr. Maki Robinson |
| Education Specialist, UNICEF BCO | Ms. Mohammad Mohsin |

| Designation | Name |
|---------------------------------------------------------------------------|----------------------------|
| Child Protection Specialist, UNICEF BCO | Ms. Kristina Wesslund |
| Programme Associate, UNICEF BCO | Mr. Md. Saiful Islam |
| Innovation Specialist, UNICEF BCO | Ms. Miku Watanabe |
| Programme Officer – Gender, UNICEF BCO | Ms. Tahmina Huq |
| Communication for Development Specialist, UNICEF BCO | Mr. Sheikh Masudur Rahman |
| UNICEF staff, Divisional office in Khulna and Sylhet | |
| Other development partners | |
| Senior Health Specialist, World Bank | Dr Bushra Binte Alam |
| Country Director, GAIN | Dr Rudaba Khondker |
| Program Associate | Mr Atanu Chanda |
| Country Director, NI | Ms. Saiqa Siraj |
| Senior Sector Specialist, Health Nutrition and Population Programme, BRAC | Dr Mithun Gupta |
| Senior Research Associate, Liverpool School of Tropical Medicine | Mr. Terry Kana |
| ICDDR,B | Dr Tahmeed |
| RMG factory staff | |
| GM- Admin and Compliance, Vision Group | Major (Retd) Tarek Hasan |
| Senior Manager – Admin, HR and Compliance, Purbani Group | Mr. Md. Shoroware Hossain |
| Manager – Compliance, Purbani Group | Mr. Md. Golam Rabbani |
| Deputy Manager – Sustainability, DBL Group | Mr. Mohammad Rafiqul Alam |
| Assistant General Manager – Admin, DBL Group | Mr. Abu Zubayer M N Bashar |
| Chief Medical Officer, DBL Group | Dr. Md. Hasan Khalid |

| Division | District | Upazila | Designation | Name |
|-------------------------------------------------|----------|---------|--------------------------------------------|---------------------------|
| District and upazila level GoB officials | | | | |
| Khulna | Jashore | - | Civil Surgeon | Dr Dilip Kumar Ray |
| | | | DDFP | Dr Munshi Monowar Hossain |
| | | | Superintendent, District Hospital, Jashore | Dr Abul Kalam Azad |

| Division | District | Upazila | Designation | Name |
|----------|----------|------------|-------------------------------------------------------------------------------|-------------------------------|
| | | | DD LG | Mr. Md Noor E Alam |
| | | | Deputy Director, Dept. of Women & Child Affairs | Ms. Shakina Khatun |
| | | | DEO | Mr. SM Abdul Khalek |
| | | Sharsa | UH&FPO | Dr Ashok Kumar Shaha |
| | | | UEO (Primary) | Mr. S. K. Abdur Rab |
| | | | UEO (Secondary) | Mr. Chowdhury Hafizur Rahman |
| | | | LGED under LGRD&C | Mr. Shahabul Alam |
| | | | UWAO | Mr. Raj Kumar Pal |
| | | | CHCP (Porabari CC) | Ms. Sonia Parvin |
| | | | SACMO | Md. Moshir |
| | | | MO-MCHFP | Dr.Md.Abur Bakar Siddique |
| | | Abhoynagar | UH&FPO | Dr S M Mahamudur Rahman Rizvi |
| | | | UEO (Secondary) | Mr. Md. Shahidul Islam |
| | | | LGED under LGRD&C | Mr. Kamrul Islam |
| | | | UWAO | Ms. Rina Mojumdar |
| | | | CHCP (Kota CC) | Ms. Sabiha Khatun |
| | Khulna | - | Civil Surgeon | Dr Md. Rafiqul Islam |
| | | | Deputy Director, Family Planning | Mr. Abdul Alim |
| | | | Deputy Director, Primary Education | Ms. Meherunnesa |
| | | | Head Mistress of Khulna District School (in place of DD, Secondary Education) | Ms. Farhana Naz |
| | | | Deputy Director (DD)-Ministry of Women and Child Affairs | Ms. Nargis Fatema Zamin |
| | | | Additional Deputy Commissioner (General)(In place of DD-LGRD) | Mr. Ziaur Rahman |

| Division | District | Upazila | Designation | Name | | |
|--------------|--------------------------------------------|------------|-----------------------------------------|----------------------------|------------------------------------|------------------------|
| | | Batiaghata | Upazila Engineer, LGED under LGRD&C | Mr. Proshanjit Chakrabarty | | |
| | | | Primary Education Officer | Mr. Md. Habibur Rahman | | |
| | | | Secondary Education Officer | Mr Narayan Mondal | | |
| | | | Upazila Women and Child Affairs Officer | Ms. Hashi Rani Roy | | |
| | | | CHCP (Narayanpur CC) | Mr. Bonomali Kumar Pal | | |
| | | | FWA (Gangarampur UHFWC) | Ms. Promila Sardar | | |
| | | | UHFPO | Dr. Ram Chandra Saha | | |
| | | | Child Specialist , IMCI | DR. Evana Nasreen | | |
| | | | SACMO | Ms.Nusrat Jahan | | |
| | | | Doctor at ANC/PNC Corner | Dr. Samsad Sultana | | |
| | | Paikgacha | Secondary Education Officer | Mr. Md. Joynal Abedin | | |
| | | | Primary Education Officer | Mr. Gazi Saiful Islam | | |
| | | | Upazila Engineer, LGED under LGRD&C | Mr. Md. Abu Sayed | | |
| | | | Upazila Women and Child Affairs Officer | Mr. Nazmul Haque | | |
| | | | CHCP (Taltola CC) | Mr. Anupam Biswas | | |
| | | Sylhet | Sunamganj | - | Civil Surgeon | Dr Ashutosh Roy |
| | | | | | Deputy Director Family Planning | Mr. Md. Mozammel Haque |
| | | | | | District Primary Education Officer | Mr. Jillur Rahman |
| | | | | | District women affairs office | Mr. Md. Zakir |
| Jagannathpur | Upazila Health and Family Planning Officer | | | Dr Modhusudan Dhar | | |
| | UEO (Primary) | | | Mr. Mohammed Joinal Abdin | | |

| Division | District | Upazila | Designation | Name |
|----------|-------------|----------------|--------------------------------------------|------------------------------|
| | | | Upazila Women Affairs Officer | Ms. Nusrat Ferdoushi |
| | | | Upazila Nirbahi Officer | Mr. Mahfuzul Alam |
| | | | Medical Officer, IMCI corner | Dr Nazmus Satat |
| | | | Sub-Medical Officer, Female ward | Dr Sharminara |
| | | | Representative, Save The Children | Dr Tauhita Bulbul |
| | | | CHCP (Parargaon CC) | Mr. Momen |
| | | Bishwambharpur | Upazila health and family planning officer | Chowdhury Jalaluddin Morshed |
| | | | Upazila Women Affairs Officer | Mr. Zahangir |
| | | | Upazila Education Officer | Mr. Selim Khan |
| | | | Upazila Nirbahi Officer | Mr. Samir Biswas |
| | | | CHCP (Amrica Miyar Char CC) | Rafin Uzzam |
| | | | Family Planning Officer | Dr. Md. Abdul Rahman |
| | | | Upazila Nirbahi Officer | Samir Biswas |
| | | | Secondary Education Officer | Md. Salwar Alam |
| | Moulvibazar | - | Civil Surgeon | Dr Shahjahan Kabir Chowdhury |
| | | | Deputy Director Family Planning | Mr. Abdur Razzak |
| | | | DPEO and ADPEO | Mr. Maruf |
| | | | District women affairs officer | Ms. Shahada Akter |
| | | | RMO | Mr. Ahmed Zaman |
| | | Juri | Upazila health and family planning officer | Mr. Shomorjit Sinha |
| | | | CHCP (Buktera CC) | Ms. Jelly |
| | | Rajnagar | Upazila health and family planning officer | Ms. Barnali Das |
| | | | Upazila Women Affairs Officer | Ms. Hosne Ara |

| Division | District | Upazila | Designation | Name |
|----------|----------|---------|----------------------|-------------------------|
| | | | CHCP (Dashpara CC) | Mr. Swapan |
| | | | FIVDB representative | Mr. Satya Narayan Naidu |

ANNEXURE VIII: LIST OF DOCUMENTS FOR DESK REVIEW

Table 3: List of documents reviewed

| Quantitative data | |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Bangladesh Demographic Health Survey 2014 |
| 2 | MICS 2013, 2019 (if available) |
| 3 | An assessment of coverage of basic social services in Bangladesh 2017, 2018 |
| 4 | Landscape Analysis on Adolescents and Nutrition in Bangladesh 2017 |
| 5 | Project Report of Adolescent Health Facility Assessment in Selected Districts of Bangladesh, 2016 |
| 6 | Analysis of the Situation of Children and Women in Bangladesh 2015 |
| 7 | Baseline Assessment of Nutritional Status of and related key indicators among Women and Underthree Children, (ICDDR 2013) |
| 8 | Skills Based Assessment of Service Providers Trained on Nutrition Specific Competency Based Training (UNICEF 2017) |
| 9 | Study to Assess Anaemia and Iron Deficiency among Pregnant Women Living in Area of Low and High Iron in Ground Water Implications for IFA Supplementation Programme (2016) |
| 10 | Stunting Rates Over Time, UNICEF |
| 11 | Evaluation of UNICEF Strategic Positioning in Bangladesh (UNICEF 2016) |
| 12 | Intervention Research on breastfeeding friendly interventions in public health facilities and private workplaces in Bangladesh A mixed method |
| 13 | Baseline Survey on Situation of Children in Tea Gardens of Sylhet Division (BBS-UNICEF 2018) |
| 14 | Child Well-Being Survey in Urban Areas of Bangladesh (GoB-UNICEF 2016) |
| 15 | UNICEF CWS Division Report 2016 (BBS-UNICEF 2017) |
| 16 | Endline Assessment: Nutritional Status among Women and Children in MYCNSIA Areas in Bangladesh (GoB-UNICEF 2015) |
| 17 | Situation Analysis on Children with Disabilities in Bangladesh (UNICEF 2014) |
| 18 | National Micronutrient Survey 2011-2012 (GoB, 2014) |
| 19 | Adolescent Nutrition 2000-2017 DHS Data on Adolescents Age 15-19, USAID, 2018 |
| 20 | State of Food Security and Nutrition in Bangladesh, 2015 |
| 21 | 2018 Nutrition Country Profile Bangladesh, Global Nutrition Report |
| 22 | DHIS-2 |
| 23 | Bangladesh Urban Health Survey 2013 |
| Policy Documents - National | |
| 24 | Second National Plan of Action for Nutrition 2016-2025 NPAN-2 |
| 25 | National Nutrition Policy 2015 |
| 26 | Bangladesh Country Investment Plan (CIP) |
| 27 | Seventh Five Year Plan (2016-2020) |
| 28 | Vision 2021 |
| 29 | National Strategy for Adolescent Health 2017-2030 |
| 30 | National Strategy on Prevention and Control of Micronutrient Deficiencies, Bangladesh (2015-2024) |
| 31 | National Social Security Strategy 2015 |
| 32 | National Urban Nutrition Strategy Development- Essential Nutrition Intervention & Delivery Modality |

| | |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 33 | National Anaemia Consultation Report (GoB, 2017) |
| Programme Documents - UNICEF | |
| 34 | GoB and UNICEF Country Programme for 2017-2020 |
| 35 | UNICEF Sectoral Strategy Note |
| 36 | Bangladesh UNICEF Country Program Document 2012-2016 |
| 37 | Bangladesh UNDAF 2017-2020 |
| 38 | UNICEF Gender Action Plan 2014-2017 |
| 39 | UNICEF Urban Nutrition Strategy |
| 40 | Programme documents on Mothers@Work |
| 41 | BCO Programme Strategy Notes Annex 3-Monitoring Framework |
| 42 | Presentation on Geographical Targeting – Selection of Upazilas for next CP by FOs, UNICEF, 2016 |
| 42 | Rolling work plans |
| Annual report and evaluations | |
| 43 | Bangladesh Strategic Positioning Evaluation (UNICEF-BCO 2016) |
| 44 | Evaluation of Local Capacity Building and Community Empowerment Programme in Bangladesh Programme Design of New Local Governance Project 2012-16 |
| 45 | Bangladesh COAR, UNICEF 2017 |
| 46 | Learning from Nutrition Programme Evaluations- A Thematic Evaluation Synthesis Report, UNICEF, 2014 |
| 47 | Communication for Development-An Evaluation of UNICEF’s Capacity and Action, Bangladesh Country Case Study, 2016 |
| 48 | C4D_Programme_Evaluation_2012-2016_Bangladesh_UNICEF 2017 |
| 49 | Rohingya Response Evaluation VOLUME I (UNICEF 2018) |
| 50 | Rohingya Response Evaluation VOLUME II (UNICEF 2018) |
| Others | |
| 51 | School Nutrition Programme (WFP-BRAC 2018) |
| 52 | WHO Global Nutrition Policy Review 2016 |
| 53 | World Bank, Bangladesh National Nutrition Services: Assessment of implementation status 2015 |
| 54 | Bangladesh National Report- Global Study on Child Poverty and Disparities (UNICEF 2009) |
| 55 | Exploration of Eating Behaviours among Adolescent Girls from 2 Selected Districts of Bangladesh (BRAC-UNICEF 2017) |
| 56 | Investing in Adolescent Nutrition in Bangladesh - A Situation Analysis of trends, policies and ways forward: based on data from the food security and Nutrition Surveillance Project 2012 to 2014 (WB and UNICEF, 2018) |
| 57 | Country Nutrition Paper, ICN, Bangladesh 2014 |
| 58 | World Bank, Investigating Nutrition-sensitive WASH, Nurturing the ‘early years’ of life with water, sanitation, & hygiene: Evidence and Policy Levers for Bangladesh, 2019 |
| 59 | World Bank Group, Health and Nutrition in Urban Bangladesh: Social Determinants and Health Sector Governance |
| 60 | Undernutrition in Bangladesh: A Common Narrative |

ANNEXURE IX: MAPPING OF OPERATIONAL PLAN FOR NATIONAL NUTRITION SERVICES AND ESSENTIAL HEALTH SERVICES PACKAGE SERVICES WITH THE UNICEF NUTRITION PROGRAMME ACTIVITIES

Table 4: Mapping of NNS-OP and EHSP

| Operational Plan for National Nutrition Services and Essential Health Services Package | UNICEF Nutrition Programme |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <p><i>General Objective:</i> To reduce the prevalence of malnutrition among the people of Bangladesh with special emphasis on the children, women, adolescents and underprivileged section of the society.</p> | <p>Similar target groups</p> |
| <p>Director of IPHN carries out responsibilities of the Line Director-NNS and liaisons with LDs of DGHS and DGFP</p> | <p>Partnerships with all three: IPHN, DGHS, DGFP</p> |
| <p>Specific Objective 1: To implement a mainstreamed, comprehensive package of nutrition services to reduce maternal and child malnutrition and ensure universal access.</p> | |
| <p>Nutrition Service Delivery:</p> <ul style="list-style-type: none"> a) Strengthen existent Child Nutrition Units (CNUs) and establish one unit in each health facility b) Treatment of complicated cases of Severe and Acute Malnutrition (SAM) c) At district hospital level, provide IYCF package, BCC services (nutrition education and counselling) for pregnant and lactating mothers as well as adolescents and SAM management. d) Screening for malnutrition (growth monitoring), nutrition advice for children under 5, categorization of referred children on level of malnutrition, treatment, follow up on referrals from the community, monitor and follow up visits to children under treatment. e) Provide advice and guidance to adolescent females, pregnant women, and mothers of under-5 children on iodine, iron, and vitamin A f) Follow-up and compliance of use of iron-folic acid by pregnant women g) Provision of zinc in addition to ORS during treatment of diarrhoea | <p>Aims to facilitate the design of a minimum package for nutrition</p> |
| <p>Growth Monitoring and Promotion (GMP) at facility and community level</p> | |

| Operational Plan for National Nutrition Services and Essential Health Services Package | UNICEF Nutrition Programme |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Maternal nutrition and IYCF Services: Protection, Promotion & Support of Breastfeeding/ Infant and Young Child Feeding (IYCF) {Through counselling to all women with children under 2 years}</p> <ul style="list-style-type: none"> - breastfeeding within an hour of birth - exclusive breastfeeding for 6 months - breastfeeding until 23 months of age - appropriate complementary feeding | <ul style="list-style-type: none"> • UNICEF has undertaken #UniteforNutrition campaign, which focuses on maternal/adolescent nutrition, strategies to reduce low birth weight, and strengthening of IYCF. • Mothers@Work programme to improve breastfeeding among working mothers and promote infant and young child feeding practices, especially early initiation and exclusive breastfeeding up to 6 months. |
| BCC | |
| Vitamin A supplementation of children 6-59 months | Nutrition Action Week |
| Iron-Folic Acid supplementation for pregnant and lactating women, and adolescent girls | |
| Prevention and control of anaemia in children under 5 and Promotion of use of Iodized salt | |
| Deworming of children (1-5 years) and adolescent girls | Nutrition Action Week |
| Other Micronutrients supplementation of public health importance (Vitamin D, Zn, Ca etc.) | |
| Management of severe and moderate acute malnutrition (through referral systems and CMAM) | |
| School Nutritional Education Program | UNICEF has been testing school- and community-based programmes for adolescent nutrition, with a focus on reaching them through schools and platforms beyond those in the health sector. |
| Nutrition during Emergencies | UNICEF has extended emergency nutrition support to the Rohingya crisis through efforts on strengthening cluster and sector coordination mechanisms, scale up of treatment of acute malnutrition, providing programmatic support for treating children with severe acute malnutrition (SAM) |
| <p>Community based nutrition services: Regular growth monitoring for children under 2 years of age; Nutrition education for mothers, adolescent girls, newlywed women; Individual counselling of parents for concerning child growth & development, child care, immunization etc.; Pregnant women counselling for self-care, well-being and healthy factors, food etc.; Improved supplementary food (Pushti Packet) for selective and targeted population groups; Micronutrient supplementation (Vitamin A, Iron Folate); Deworming for children and adolescent girl; Referral for SAM and other illness of children and pregnant women ANC, PNC.</p> | <p>The Nutrition Programme also aims to strengthen implementation of direct nutrition interventions at scale through existing platforms such as antenatal and postnatal care, or community nutrition programmes and facilities.</p> |
| Nutrition interventions in hard to reach areas, <i>chars</i> , hill-tracts | |

| Operational Plan for National Nutrition Services and Essential Health Services Package | UNICEF Nutrition Programme |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early Childhood Development (ECD) | NNS in close coordination with the ECD project of UNICEF under Ministry of Women and Children affair, will disseminate important messages related to ECD to the families and community, campaign for awareness, ensure ANC and nutrition for pregnant women. |
| Geriatric nutrition: Efforts will be undertaken to create a nutrient guideline to address the nutritional need of increasing elderly population | |
| Non-Communicable Disease (NCD): Dietary modification can play strong role in the prevention of NCDs and NNS will assist relevant line directorates in promoting healthy lifestyle as well as nutrition during the sector program. | |
| Procurement of equipment, micronutrients, and deworming tablets: NNS will be ensuring the supply of vitamin A supplements (for mothers and children), iron/folic acid supplements, calcium, deworming tablets, and measuring equipment to establish SAM/nutrition corners at the UHC level and GMP/nutrition education corner at the Community Clinics. NNS will also be procuring equipment and re-agents to functionalize the Food Safety Laboratory at IPHN. | |
| Specific Objective 2: To develop and strengthen coordination mechanisms with key relevant sectors (especially Ministry of Food and Disaster Management, Ministry of Agriculture, Ministry of Women and Children Affairs, Ministry of Information, Ministry of Education, Ministry of Livestock and Fisheries, Ministry of Local Government and Rural Development and Cooperative, etc.) to ensure a multi-sectoral response to malnutrition. | |
| Coordination of Nutrition Activities across Different Sectors: Health Assistants, Family Welfare Assistants and Community Health Providers will play a key role in promoting and ensuring convergence and coordination during the implementation of nutrition sensitive interventions by other sectors in the communities that they will be working in. Examples of nutrition sensitive activities include, food security projects (including nutrition gardens and livestock/fisheries projects), livelihoods projects, water, sanitation/hygiene activities, etc. | <ul style="list-style-type: none"> • Multi-sectoral engagement through established partnerships with multiple ministries (including all mentioned plus MoLE) for multi-sectoral efforts towards nutrition through nutrition sensitive interventions • Partnerships with the private sector too (including the RMG sector) to develop mutually beneficial, responsible business models. |
| Specific Objective 3: To strengthen the human resource capacity to manage, supervise and deliver nutrition services at the different levels of the health & family planning services. | |

| Operational Plan for National Nutrition Services and Essential Health Services Package | UNICEF Nutrition Programme |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Training and Capacity Building | <ul style="list-style-type: none"> • UNICEF introduced and supported the roll-out of competency-based training for FLWs. • Creation of DNSO position and support towards the NNS on capacity building with support of DNSOs. |
| <p>Specific Objective 4: To strengthen nutrition management information systems and operations research to ensure an evidence-based response and establish linkages to HIS.</p> | |
| M&E/Nutrition Surveillance | <ul style="list-style-type: none"> • UNICEF supported the DGHS on Health Management Information System (HMIS) linked with DHIS-2, introducing an open-source digital registry platform. The application enables health workers to effectively and efficiently keep records, send out automated reminders to beneficiaries, and track compliance to improve vaccination rates and coverage of antenatal care services. • Institutionalisation of a real-time monitoring platform for nutrition service delivery. |
| Mainstreaming Gender | |
| <ul style="list-style-type: none"> • Community-based nutrition interventions will involve all community and household members who are responsible for decision making and those who can influence maternal, infant and young child feeding practices as well as other nutrition behaviors. • Household food and nutrition security are considered as joint responsibilities for the nutritional well-being of all household members | <ul style="list-style-type: none"> • Strategies for mitigating gender differences in neonatal and child mortality by <i>provider training and better information for parents</i> for improved health care for female babies. • Incorporating parenting programmes into child care services to enhance child care quality by promoting the <i>sharing of child care responsibilities in the home</i> |

ANNEXURE X: SUMMARY OF DISCUSSIONS BY STAKEHOLDERS

The number of discussions by stakeholders is presented in table 4.

Table 5: List of interviews and discussions with stakeholders

| Group | Type of discussions | Location | Number of discussions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|-----------------------|
| Officials from Union Ministries contributing to nutritional agenda including: <ul style="list-style-type: none"> Ministry of Health & Family Welfare (HPNSDP, DGHS, DGFP and Quality Improvement) Ministry of Industries Ministry of Women and Child Affairs Ministry of Agriculture Ministry of Labour and Employment Ministry of Education Directorate of Secondary and Higher Education (DSHE) | KII | Dhaka | 9-10 |
| Institute of Public Health Nutrition | KII | Dhaka | 1 |
| District level officials from relevant line departments of the ministries (MoHFW, MoW&CA, Ministry of Agriculture, Ministry of Education, MoLGRD&C) | KII | Districts | 18 |
| Upazila level officials from relevant line departments of the ministries (MoHFW, MoW&CA, Ministry of Agriculture, Ministry of Education, MoLGRD&C) | KII | Upazila | 18 |
| DNSOs, CHWs, and staff at nutrition corners | KII | Upazila | 12 |
| Development partners contributing to nutritional agenda: <ul style="list-style-type: none"> World Bank WFP GAIN Nutrition International | KII | Dhaka | 7 |

| Group | Type of discussions | Location | Number of discussions |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------|-----------------------|
| <ul style="list-style-type: none"> • Save The Children • CARE • BRAC | | | |
| NGOs/ implementing partners | KII | Upazila | 4 |
| UNICEF nutrition section and other UNICEF sections - WASH, Health, Gender, and Education, C4D, Planning, monitoring and reporting, and SPEAR section at HQ, country, divisional and field level | KII | Dhaka & study locations | 10-12 |
| Pregnant women | FGD | Village/ slum level | 10 |
| Lactating mothers | FGD | Village/ slum level | 10 |
| Employed mothers | FGD | Urban | 4 |
| Adolescent girls group | FGD | Village/ slum level | 10 |
| Adolescent boys group | FGD | Village/ slum level | 10 |
| Health Camps | Observation | | 1 |
| Nutrition service centres | Observation | | 6 |
| Total FGDS | | | 54 |
| Total KIIs | | | 91 |
| Total observations | | | 10 |
| Total discussions | | | 155 |

While efforts were made to coordinate the movement of field teams in accordance with the holding of health camps for nutrition activities so that the team could observe the services being provided, change in the health camp dates resulted in observation of only one EPI site during data collection.

ANNEXURE XI: IRB CLEARANCE



27 August 2019

Mr. Rahul Agrawal
Director, NR Management Consultants India Pvt. Ltd. (NRMC),
55 Bhawani Kunj, Behind Sector D-2 Vasant Kunj,
New Delhi- 110070

RE: Expedited research ethics review findings for: *Evaluation of Joint UNICEF-Government of Bangladesh Nutrition Programme 2017-2020*

Dear Mr. Agrawal

Protocols for the protection of human subjects in the above study were assessed through an expedited research ethics review by HML Institutional Review Board on 26 – 27 August 2019.

This study's human subjects' protection protocols, as stated in the materials submitted, received research ethics review approval for one year in accordance with the requirements of the US Code of Federal Regulations for the Protection of Human Subjects (45 CFR 46 & [45 CFR 46.110](#)). To be in compliance with Federal Regulations, please notify this IRB of any changes in this study's design, risks, consent, or other human protection protocols.

HML IRB is authorized by the U.S. Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850), and has DHHS Federal-Wide Assurance approval (FWA #1102).

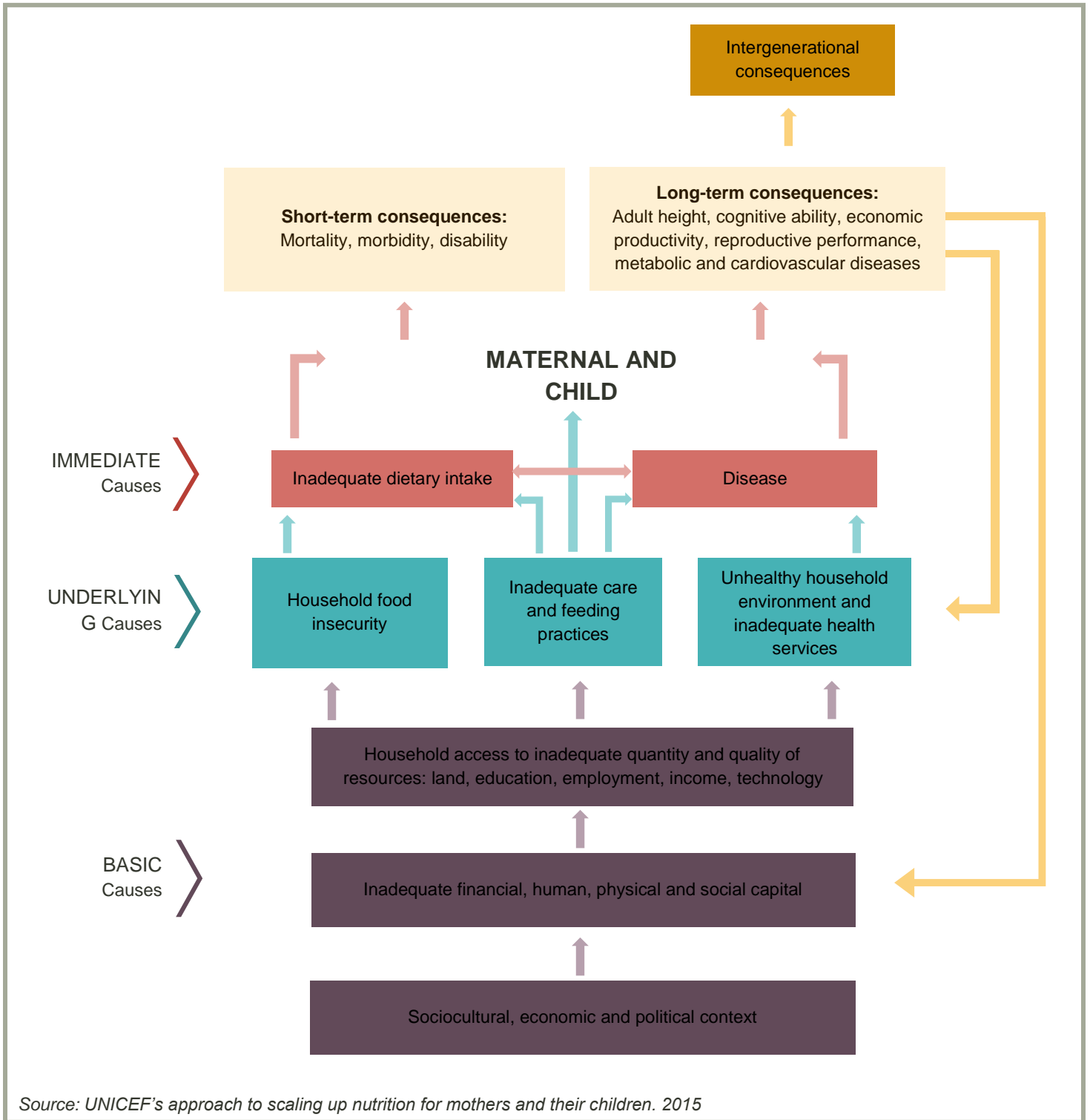
Sincerely,

A handwritten signature in black ink, appearing to read "D. Anderson", is positioned above the typed name and title.

D. Michael Anderson, Ph.D., MPH
HML IRB Chair & Human Subjects Protections Director
dma@hmlirb.com

ANNEXURE XII: UNICEF CONCEPTUAL FRAMEWORK

Figure 1: UNICEF: Conceptual framework of the determinants of child undernutrition



Source: UNICEF's approach to scaling up nutrition for mothers and their children. 2015

For further information, please contact:

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