

Title of Proposal	Improving dietary diversity in complementary feeding practices among infants and young children aged 6-23 months old living in urban slum areas of Bangladesh through modelling an integrated intervention approach including “Nutrition Voucher”, BABY-WASH and Behaviour Change Communication (BCC).
Region	ROSA
Country	BANGLADESH
Programme Area	1. Early Childhood Nutrition
Programme Theme	Improving children’s diet diversity to prevent stunting
Programme Action (-s)	Proof of concept
Funds (US\$)	Total amount requested: US\$ 500,000 (3 years: 2 years implementation)
Summary (300 words)	<p>Although the national stunting rate in Bangladesh has been declining, the pace of decline has slowed and hides inequities of age, gender, geography and income. Levels of stunting in urban areas are critically high, and it is twice as high in urban slum areas. The direct causes include poor feeding practices among infants and young children. Stunting levels are exacerbated by a high burden of infectious diseases due to poor hygiene and sanitation practices. In addition, access to available and affordable food choices is limited for urban slum dwellers. Furthermore, many children in Bangladesh also lack early responsive stimulation in child caring practices.</p> <p>This project will seek to establish proof of concept for an effective intervention model that combine three approaches to tackle the specific constraints to complementary feeding among infants and young vulnerable children aged 6-23 months in urban slum areas, namely use of “Nutrition Vouchers”, ‘BABY-WASH’ and Behaviour Change Communication (BCC) which will be a cross cutting intervention. This integrated intervention modelling approach is expected to result in improving young children diet diversity along with maintaining essential hygiene and responsive feeding practices leading to prevention of stunting among those vulnerable children.</p> <p>The Nutrition Voucher approach will be used to address financial constraints faced by poor households in accessing nutritious and healthy complementary foods as well as to shift the wrong food choices. Baby-WASH is an emerging concept that links water, sanitation & hygiene behaviours with complementary feeding practices. While the SHINE study results showed limited impact on stunting reduction, the BABY WASH practices will directly support food safety in complementary feeding practices. Through the targeted ‘Voucher’ approach, improved access/affordability of diversified nutritious complementary food combined with dietary diversity and responsive feeding counselling/early stimulation are likely to reduce stunting via improved complementary feeding behaviours. Evidence from testing this model approach will be used for influencing City Corporation policy and financial allocation decisions, nutrition multi-sectoral programme designing or scale-up planning in urban areas in Bangladesh.</p>

<p>Justification (300 words)</p>	<p>Multiple surveys conducted in Urban areas, shows that, prevalence of child stunting is critically high (40-44 percent) in urban slum areas and significantly higher than rural and urban non-slums (BDHS 2014, BUSS 2013, CWS 2016). Infant and Young Child Feeding (IYCF) practices in urban Bangladesh are very poor, with children receiving poor quality foods with a too low feeding frequency to meet their nutrient requirements. A quarter to one third (28-38 percent) of children in urban areas and only 9 percent of the poorest children in urban slums receive a minimum acceptable diet (MAD) during the period of 6 to 23 months when rapid growth occurs. So, inadequate diet not meeting minimum dietary diversity and essential nutrients can quickly lead to malnutrition among these children. Further, secondary data analysis (Nutrition in the Cities, WFP, 2017) revealed that, children in urban Bangladesh have high prevalence of concurrent forms of malnutrition; of the children who are stunted at any given time in urban Bangladesh, nearly three out of four of them (73 percent) have at least one micronutrient deficiency. Using prevalence of micronutrient deficiencies as a proxy measure for dietary quality, it is evident that, children in urban Bangladesh specially those living in slum areas, consume diets low in essential macro and micronutrients. In addition to the consumption of lower quality diets as measured by poor micronutrient consumption and higher prevalence of micronutrient deficiencies, majority of the children who live in urban slum areas found to experience household food insecurity (65 percent) with nearly 1 in 3 classified as severely food insecure with hunger. These raise cause of concern for diet of children living in urban slum areas. Unlike rural Bangladesh, where there is access to a wider variety of vegetables, fish and poultry, limited availability and affordability of healthy foods leads to poor dietary practices among poor urban slum dwellers. Food choices can be further poor due to lack of knowledge as well as more cheap but unhealthy foods are widely available and mass marketed in urban areas. Therefore, a ‘Voucher’ approach combining with BCC will be helpful to promote healthy essential food sources. Although multiple maternal health voucher scheme exists in Bangladesh either through mainstreamed health programme or social safety-net programme to help poor mothers in accessing maternal health care services, however these instruments have not fully factored nutrition outcomes for young children (access to and consumption of high quality diets) in their design. Nothing so far exist linked to improving Complementary Feeding practices specially in urban areas. Testing Nutrition Voucher approach seeks to influence policy, programme design and financial allocation decisions by City Corporations governing urban areas thus making social protection related interventions more nutrition sensitive and linked to nutrition outcomes for young children. The immediate and underlying causes of the higher rates of stunting in urban slums not only the poor feeding practices but also due to the fact that, these children suffer a high burden of infectious diseases due to poor hygiene and sanitation practices. Only 2 in 10 slum households have access to hygienic sanitation, whilst two-thirds do not have a specific place and water and soap for handwashing. ‘BABY-WASH’ combining with BCC intervention is essential in promoting critical hygiene practices to ensure the food safety in complementary feeding practices. Further, many Bangladeshi children also lack appropriate stimulation and responsive feeding which helps to improve uptake of feeding. Although diversified complementary food intake with minimum meal frequency is necessary for young children’s growth and development but this adequate food alone is not sufficient. Children benefit from responsive parenting and responsive feeding environment where their internal signals of hunger and satiety are recognized and met with prompt, emotionally supportive, contingent, and developmentally appropriate responses. Research shows that responsive feeding is</p>
--------------------------------------	--

	<p>associated with a lower risk of undernutrition and over nutrition, and lays the foundation for healthy eating behaviour in later life. Effective ‘Responsive Feeding’ (e.g. self-feeding and maternal verbal responsiveness) is important to stimulate growth and development among young children.</p> <p>The above model approach test results are also expected to demonstrate the leveraging effect of the integrated nutrition sensitive and specific interventions in influencing national policies and programmes. As for the voucher approach, while UNICEF will financially support, procurement will be done through City Corporation (Government). Based on the demonstrated approach and positive results in diversifying the complementary foods addressing the financial barriers and behavioural shifts in the food choices among the poor slum dwellers in Urban areas, policy and programmatic advocacy will be done to influence government social protection programme policies and design to consider nutrition/cash voucher approach for improving complementary feeding quality. This will help ensure longer term sustainability of the voucher transfers and sustained delivery of the integrated nutrition intervention to improve dietary diversity for young children.</p>
<p>Objectives (200 words)</p>	<p>The overall objective of this project will be to test an integrated intervention model that combines "Nutrition Vouchers", "BABY-WASH", and "Behaviour Change Communication (BCC)" as a cross cutting intervention towards improving dietary diversity in Complementary Feeding (CF) practices among the infant and young children living in urban slum areas in Bangladesh. If the concept proves right, the evidence will be used in influencing policy decisions and programme designing preferably at national scale leveraging multi-sectorial linkages.</p> <p>Specific objectives will be as follows:</p> <ul style="list-style-type: none"> ▪ To test the effectiveness of integrated intervention model approach in improving complementary feeding practices (including diversified food choices, food hygiene and responsive feeding) eliminating the financial and knowledge barriers through a targeted “Voucher” , BABY-WASH and BCC interventions. ▪ To generate knowledge including module/guideline, IEC Materials, tools etc. on integrated model for regional/global sharing and to inform future scale-up.
<p>Activities (500 words)</p>	<p>The following key activities will be carried out under each of the three intervention components and knowledge generation areas:</p> <p>1. NUTRITION VOUCHER + BABY-WASH + BCC</p> <p>1.1 Procure and distribute "Nutrition Voucher" Card each with an exchange value of one "egg" and a "portion" of vitamin A-rich fresh vegetables (e.g. pumpkin or carrot or red spinach etc.) per child per day through weekly BCC group sessions. This provision will be made available every alternate day through contracted vendors so as to promote at least one affordable animal protein and vitamin A rich vegetable on their own on the other days to diversify complementary feeding for the children 6-23 months old.</p> <p>1.2 Distribution and demonstration of in-kind BABY-WASH kits including equipment/hygiene aid such as feeding bowl & cover, soap, handwashing and household waste storing devices.</p>

	<p>1.3 Conduct intensive BCC sessions (group/Inter Personal Counselling (IPC), Interactive Popular Theatre (IPT) shows etc.) on weekly and monthly basis to encourage mothers to shift their choices on right/diversified food even when they are purchasing on their own and educating on recommended feeding guideline, essential hygiene practices and responsive feeding for better uptake and utilization of diversified complementary feeding.</p> <p>1.4 Engaging dedicated community Mobilizers/Volunteers and frontline health service providers in existing public and private sector programmes through an existing partnership with the respective City Corporations and the Urban Primary Health Care service delivery programme (UPHCSDP) implemented through Ministry of Local Government Division (LGD). They will be made accountable for coordination and performance tracking.</p> <p>1.5 Training to the frontline health and nutrition service providers and additionally recruited community mobilizers/volunteers on ‘Nutrition Voucher’, BABY-WASH and ‘Behaviour Change Communication (BCC)’ implementation approaches.</p> <p>1.6 On the job coaching and supportive supervision so as ensure appropriate delivery of Voucher and BABY-WASH services and strengthen the BCC and practical demonstration capacity</p> <p>1.7 Follow-up/home visits by frontline and supervisory level staff to monitor on the recommended practices, encouraging in positive behaviour and providing necessary guidance/demonstration to mothers on the recommend practices.</p> <p>1.8 Development/adoption of appropriate BCC module including hygiene and responsive feeding guideline.</p> <p>1.9 Coordination among the key stakeholders and Technical oversight</p> <p>2. KNOWLEDGE GENERATION</p> <p>2.1 Establish performance tracking indicators for the integrated BABY-WASH, Nutrition Voucher and BCC interventions, for the scale-up of the programme monitoring system. This will be through the existing urban system (at the City Corporation) but synchronizing with the nutrition information management system under the National Nutrition Services (NNS).</p> <p>2.2 Conduct baseline and end-line evaluations and complete outcome report to generate evidence on programme effectiveness</p> <p>2.3 Document on the lessons learning/best practices, challenges etc.</p>
Expected Results (200 words)	<p>In urban areas, traditional platforms through the public sector to reach young mothers and children does not exist. In addition, due to restricted access because of limited food choices, household food insecurity, very poor environmental conditions as well as changing family patterns where child care is often managed by neighbour/young sibling, or a paid child care provider in their workplace, young children in urban slums face increased risk of poor growth. The cumulative effects of these conditions are reflected in the poor rates of minimum acceptable diets (MAD) and as a consequence, increased prevalence of stunting. By combining three approaches of integrated critical interventions, a model will be tested with the aim to achieve following results:</p> <ul style="list-style-type: none"> ▪ Targeted “Voucher” along with “BCC” shifted/improved food choices among urban poor mothers/caregivers and enabled them (financially and mind-setting) in accessing

	<p>diversified foods including animal protein and micronutrient sources for complementary feeding practices.</p> <ul style="list-style-type: none"> ▪ BABY-WASH along with BCC improved food hygiene/safety and responsive feeding in complementary feeding practices leading to better utilization and uptake of diversified diet. ▪ Generated knowledge base/evidence on the proved model concept resulting the above outcomes, facilitate policy decisions, programme designing at scale and multi-sectoral in nature, funding allocations and contribution to wider regional/global learning. ▪ Standard Operating procedure (SOP), module/guideline, IEC tools on BABY-WASH, BCC, Voucher and responsive feeding those will be used not only in scale-up planning but also can be integrated in other on-going programmes. 												
<p>Knowledge (300 words)</p>	<p>Result Matrix</p> <table border="1" data-bbox="396 632 1442 1682"> <tr> <td colspan="2" data-bbox="396 632 1442 835"> <p>Outcome: Improved Minimum Acceptable Diet (MAD) including Dietary Diversity (DD) in Complementary Feeding Practices among vulnerable Infant & Young Children through an integrated Model of critical intervention components including "Nutrition Voucher", "BABY-WASH" and "Behaviour Change Communication (BCC)"</p> </td> </tr> <tr> <th data-bbox="396 835 906 877">Outputs</th> <th data-bbox="906 835 1442 877">Indicators</th> </tr> <tr> <td data-bbox="396 877 906 1066"> <p>Output 1: <i>Reduced financial barriers in improving Dietary Diversity (DD) in complementary feeding (CF) of children 6-23 months of age through "Nutrition Voucher" and BCC</i></p> </td> <td data-bbox="906 877 1442 1066"> <p>% Of Mother/Caregivers of 6-23 months old children who receive "Nutrition Voucher" along with BCC, use recommended minimum food groups in making Complementary Foods everyday (every alternative day in exchange of voucher and remaining days on their own)</p> </td> </tr> <tr> <td data-bbox="396 1066 906 1346"> <p>Output 2: <i>Reduced information, knowledge and skill barriers in practicing improved Dietary Diversity (DD) and Responsive Feeding and essential Hygiene behaviours in Complementary Feeding (CF) through Capacity Building of Service providers/Community Support Groups followed by an intensive Behaviour Change Communication (BCC) approach</i></p> </td> <td data-bbox="906 1066 1442 1346"> <p>% of Mothers/Caregivers of 6-23 months old children have knowledge and motivation on right food choices in diversifying the complementary feeding</p> <p>% of Mothers/Caregivers of 6-23 months old children have knowledge on responsive feeding along with diversified and hygienic complementary diet.</p> </td> </tr> <tr> <td data-bbox="396 1346 906 1493"> <p>Output 3: <i>Improved food hygiene/safety in diversified Complementary Feeding practices through "BABY-WASH" and BCC intervention</i></p> </td> <td data-bbox="906 1346 1442 1493"> <p>% of Mothers/Caregivers of 6-23 months old children wash hand at critical times (after using latrine, after cleaning child/faces, before preparing food and feeding child diversified diet.</p> </td> </tr> <tr> <td data-bbox="396 1493 906 1682"> <p>Output 4: <i>Generated evidence through Knowledge Management (KM) from the proof of concept on the model of integrated critical components in improving dietary diversity (DD) among vulnerable Infant & Young Children living in Urban Slums</i></p> </td> <td data-bbox="906 1493 1442 1682"> <p>Implementation Guideline, IEC/BCC Tools, Outcome Assessment Report followed by Policy Brief /Advocacy if the concept implementation turns into expected results</p> </td> </tr> </table> <p>List of proposed documentation and KM from the initiative:</p> <ul style="list-style-type: none"> ▪ Quarterly Monitoring database/report 	<p>Outcome: Improved Minimum Acceptable Diet (MAD) including Dietary Diversity (DD) in Complementary Feeding Practices among vulnerable Infant & Young Children through an integrated Model of critical intervention components including "Nutrition Voucher", "BABY-WASH" and "Behaviour Change Communication (BCC)"</p>		Outputs	Indicators	<p>Output 1: <i>Reduced financial barriers in improving Dietary Diversity (DD) in complementary feeding (CF) of children 6-23 months of age through "Nutrition Voucher" and BCC</i></p>	<p>% Of Mother/Caregivers of 6-23 months old children who receive "Nutrition Voucher" along with BCC, use recommended minimum food groups in making Complementary Foods everyday (every alternative day in exchange of voucher and remaining days on their own)</p>	<p>Output 2: <i>Reduced information, knowledge and skill barriers in practicing improved Dietary Diversity (DD) and Responsive Feeding and essential Hygiene behaviours in Complementary Feeding (CF) through Capacity Building of Service providers/Community Support Groups followed by an intensive Behaviour Change Communication (BCC) approach</i></p>	<p>% of Mothers/Caregivers of 6-23 months old children have knowledge and motivation on right food choices in diversifying the complementary feeding</p> <p>% of Mothers/Caregivers of 6-23 months old children have knowledge on responsive feeding along with diversified and hygienic complementary diet.</p>	<p>Output 3: <i>Improved food hygiene/safety in diversified Complementary Feeding practices through "BABY-WASH" and BCC intervention</i></p>	<p>% of Mothers/Caregivers of 6-23 months old children wash hand at critical times (after using latrine, after cleaning child/faces, before preparing food and feeding child diversified diet.</p>	<p>Output 4: <i>Generated evidence through Knowledge Management (KM) from the proof of concept on the model of integrated critical components in improving dietary diversity (DD) among vulnerable Infant & Young Children living in Urban Slums</i></p>	<p>Implementation Guideline, IEC/BCC Tools, Outcome Assessment Report followed by Policy Brief /Advocacy if the concept implementation turns into expected results</p>
<p>Outcome: Improved Minimum Acceptable Diet (MAD) including Dietary Diversity (DD) in Complementary Feeding Practices among vulnerable Infant & Young Children through an integrated Model of critical intervention components including "Nutrition Voucher", "BABY-WASH" and "Behaviour Change Communication (BCC)"</p>													
Outputs	Indicators												
<p>Output 1: <i>Reduced financial barriers in improving Dietary Diversity (DD) in complementary feeding (CF) of children 6-23 months of age through "Nutrition Voucher" and BCC</i></p>	<p>% Of Mother/Caregivers of 6-23 months old children who receive "Nutrition Voucher" along with BCC, use recommended minimum food groups in making Complementary Foods everyday (every alternative day in exchange of voucher and remaining days on their own)</p>												
<p>Output 2: <i>Reduced information, knowledge and skill barriers in practicing improved Dietary Diversity (DD) and Responsive Feeding and essential Hygiene behaviours in Complementary Feeding (CF) through Capacity Building of Service providers/Community Support Groups followed by an intensive Behaviour Change Communication (BCC) approach</i></p>	<p>% of Mothers/Caregivers of 6-23 months old children have knowledge and motivation on right food choices in diversifying the complementary feeding</p> <p>% of Mothers/Caregivers of 6-23 months old children have knowledge on responsive feeding along with diversified and hygienic complementary diet.</p>												
<p>Output 3: <i>Improved food hygiene/safety in diversified Complementary Feeding practices through "BABY-WASH" and BCC intervention</i></p>	<p>% of Mothers/Caregivers of 6-23 months old children wash hand at critical times (after using latrine, after cleaning child/faces, before preparing food and feeding child diversified diet.</p>												
<p>Output 4: <i>Generated evidence through Knowledge Management (KM) from the proof of concept on the model of integrated critical components in improving dietary diversity (DD) among vulnerable Infant & Young Children living in Urban Slums</i></p>	<p>Implementation Guideline, IEC/BCC Tools, Outcome Assessment Report followed by Policy Brief /Advocacy if the concept implementation turns into expected results</p>												

	<ul style="list-style-type: none"> ▪ Baseline and end-line evaluation reports ▪ Overall lessons learned documentation including implementation modality, best practices, challenges, Unit cost etc. to guide future scale-up planning
Strategic partners involved in execution (200 words)	<p>Strategic partners will include, Institute of Public Health & Nutrition (IPHN)/MoHFW, Local Government Division (LGD), LGED/MoLGRD&C, Urban Primary Health Care Service Delivery Programme (UPHCSDP), and Alive & Thrive Programme and other stakeholders implementing nutrition specific and sensitive interventions in Urban areas.</p> <p>Although targeted voucher schemes typically implemented through social safety-net programmes under MOWCA or MoHFW. However, in this project LGD and City Corporation led large scale urban programmes platforms will be used to deliver the Voucher and BCC services through engaging private vendors and dedicated community volunteers and support groups from the community. Department of Public health & Engineering (DPHE)/LGD will be linked with the BABY-WASH interventions.</p> <p>Activities planned under this proposal will be implemented under the broader UNICEF Nutrition work-plan signed with IPHN. IPHN will be brought in for their technical oversight on the implementation. Under the new NNS operational plan, there is a stronger emphasis to address urban nutrition challenges and find new modalities of implementation and find solutions to challenges that are unique to urban areas. City Corporations will be accountable to implement the programme under the partnership signed with UNICEF. UPHCSDP predominantly deliver the health services. Frontline and supervisory staff of this programme will be trained on this programme activities and will be integrated with their health service delivery. LGD, which is the host of UPHCSDP will be mobilised to facilitate coordination among all stakeholders. UNICEF has a country level MoU with Alive & Thrive which includes collaboration on Urban Nutrition interventions with specific focus on complementing with their community based interventions (e.g BCC activities) targeting improved child feeding practices.</p>
Population	2,000 urban Slum households with 6-12 months old children from the one City Corporations (Barishal) will be targeted to intervene for 18 months (until they reached to 23 months of age)
What indicators do you propose to report on progress annually?	<p>1: # of targeted Mothers received “Nutrition Voucher” along with age appropriate complementary feeding guideline and Cooking Demonstration on weekly basis to improve the quality of complementary feeding (CF) of their children 6-23 months of age</p> <p>2: # of targeted Mothers of 6-23 months old children received in-kind BABY-WASH kit along with guideline and demonstration on the use and motivation for practice.</p> <p>3: # of targeted Mothers of 6-23 months old children received intensive behaviour change communication (BCC) on BABY-WASH with particular focus on diversified diet, responsive feeding and hygiene practices at least twice a Month.</p>
Does the UNICEF CO/RO have relations with the local	Yes. UNICEF has established a strategic partnership with the Dutch Embassy in the ADOHEARTS programme to enhance adolescent health and rights through innovation and system strengthening. Key interventions under this initiative are testing feasibility and cost effectiveness of adolescent health services within the existing health system in Bangladesh;

Dutch embassy? Describe.	HSS and quality of adolescent friendly health services, implemented by the DG Family Planning with technical support from Health section of UNICEF and C4D.
Budget	Detailed yearly and component wise budget given below

BUDGET

Key Intervention Components /Activities	Y1 (\$)	Y2 (\$)	TOTAL (\$)
Component 1: "Nutrition Voucher" and BCC in reducing financial barriers (virtual & perception) and improving Dietary Diversity (DD) in complementary feeding (CF) of children 6-23 months of age	155,000	5,000	160,000
1.1 Distribution of "Nutrition Voucher" Card per child every alternative days (4 days a week) to each of the selected programme participants (Mothers of 6-23 months old children) through weekly BCC sessions.	145,000		
1.2 Follow-up home visits/monitoring on the use of promotional voucher exchanged foods for preparing complementary food for the 6-23 months old children (Community Volunteers incentives)	10,000	5,000	
1.3 Conducting weekly and monthly BCC/follow-up visits with the primary and secondary target groups on Dietary Diversity, Responsive feeding and BABY-WASH, * same activity budget included under component 3			
Component 2: Capacity Building of Service providers/Community Support Groups followed by an intensive Behaviour Change Communication (BCC) in reducing information, knowledge and skill barriers in practicing improved Dietary Diversity (DD) and Responsive Feeding and essential Hygiene behaviours in Complementary Feeding (CF)	35,000	5,000	40,000
2.1. Capacity building and engaging frontline health & nutrition Service Providers, Community Volunteers/Mobilizers and Community Support Groups on BCC for BABY-WASH in complementary feeding practices.	20,000	5,000	
2.2. Procuring Information, Education and Communication Materials/Tools	15,000		
2.3 Conducting weekly and monthly BCC/follow-up visits with the primary and secondary target groups on Dietary Diversity, Responsive feeding and BABY-WASH, * same activity budget included under component 3			
Component 3: "BABY-WASH" and BCC intervention for improving food safety in diversified Complementary Feeding practices	50,000	10,000	60,000
3.1 Distribution of kits on BABY-WASH practices with particular focus on complementary feeding and associated hygiene practices	10,800		
3.2 Conducting weekly and monthly BCC/follow-up visits with the primary and secondary target groups on Dietary Diversity, Responsive feeding and BABY-WASH (Community Volunteers Remunerations)	20,000	10,000	
Component 4: Knowledge Management (KM) from the proof of concept on the model of integrated critical components in improving dietary diversity (DD) among vulnerable Infant & Young Children living in Urban Slums	0	80,000	80,000

4.2. Programme Evaluation		70,000	
4.3. Documentation of the lessons learned and Advocacy Brief		10,000	
STAFF COST (NOB-1pax)	80,000	80,000	160,000
Subtotal	300,800	180,000	480,800
4% Ops Cost	12,032	7200	19,232
GRAND TOTAL	312,832	187,200	500,032