



 Austrian  
Development  
Cooperation



**Final Report**

**Mid-Term Evaluation  
of the  
Joint Action for Nutrition Outcome (JANO) Project  
Funded by the European Union with co-funding from  
the Austrian Development Cooperation**

***Submitted to:***

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Through this study, we hope that the JANO project will strengthen its contribution to developing and improving maternal and child nutrition in Bangladesh's Nilphamari and Rangpur districts.

## Acronyms/Abbreviations

ADC	Austrian Development Cooperation
ANC	Antenatal Care
BARI	Bangladesh Agricultural Research Institution
BIeNGS	Bangladesh Initiative to Enhance Nutrition Security and Governance
BINA	Bangladesh Institute of Nuclear Agriculture
BL	Baseline
BNNC	Bangladesh National Nutrition Council
BRRI	Bangladesh Rice Research Institute
CAPI	Computer-Assisted Personal Interviews
CARE	Cooperative for Assistance and Relief Everywhere
CC	Community Clinic
CG	Community Group
CSA	Climate-smart Agriculture
CSC	Community Score Card
CSG	Community Support Group
DAC	Development Assistance Committee
DAE	Department of Agricultural Extension
DLS	Department of Livestock Services
DNCC	District Nutrition Coordination Committee
DSHE	Directorate of Secondary and Higher Education
EOP	End of Project
ER	Expected Result
ESDO	Eco-Social Development Organization
EU	European Union
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FW	Family Welfare
FWA	Family Welfare Assistants
GEMS	Gender Equity Movement in School
GoB	Government of Bangladesh
GoB	Government of Bangladesh
HA	Health Assistants
HH	Households
ICT	Information and Communication Technology
IDI	In-depth Interviews
IRB	Institutional Review Board
JANO	Joint Action for Nutrition Outcome
KII	Key Informants Interview
LGSP	Local Governance Support Project
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Surveys

MMNP	Multi-sectoral Minimum Nutrition Package
MOE	Ministry of Education
MOHA	Ministry of Home Affairs
MTE	Midterm Evaluation
NC	Nutrition Committee
NGO	Non-Government Organization
NPAN	National Plan of Action for Nutrition
NPAN	National Information Platforms for Nutrition
OECD	The Organisation for Economic Co-operation and Development
PEARL	Program Evidence, Advocacy, Research &
PEP	Poor and Extremely Poor
PLW	Pregnant and Lactating Women
PNC	Postnatal Care
PSC	Project Steering Committee
PSMT	Project Senior Management Team
SA	Social Audit
SBCC	Social and Behavior Change Communication
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
SMC	School Management Committee
SRHR	Sexual and Reproductive Health and Rights
TFD	Theater for Development
ToT	The Training of Trainers
UDCC	Union Development Coordination Committee
UH&FWC	Union Health & Family Welfare Centre
UNCC	Upazilla Nutrition Coordination Committee
UNICEF	The United Nations Children's Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WCA	Women and Children Affairs
WE	Women Empowerment
WHO	World Health Organization
WRA	Women of Reproductive Age

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## Executive Summary

The Joint Action for Nutrition Outcome (JANO) is funded by the European Union (EU), with co-funding from the Austrian Development Cooperation (ADC), and implemented by CARE as a consortium lead in partnership with Plan International UK and the Eco-Social Development Organization (ESDO). The project was granted €11,627,608 for a 60-month term beginning on September 1, 2018. The JANO project aims to reduce malnutrition, including anemia, among women of reproductive age (WRA) and children under five. The project interventions and strategies are aligned with the National Plan of Action for Nutrition (NPAN)-2 of the Government of Bangladesh (GoB). The implementation of the project on the ground is done by a local NGO, the Eco-Social Development Organization (ESDO). Plan leads school-based interventions, health and hygiene approach targeting adolescent girls, WASH and SBCC activities, and CARE Bangladesh is the Prime.

**Project Reach:** The project reaches 275,415 pregnant and breastfeeding mothers, married adolescent girls between the ages of 15 and 49, 190,322 children under the age of five, and 421,425 unmarried adolescent girls and boys between the ages of 10 and 19. One thousand three hundred twenty teachers, 50 Master Trainers, and SMC members received training from 330 primary and secondary schools and SMCs.

**Project goal and outcomes:** With the goal to reduce malnutrition and anemia among women of reproductive age and children under five years of age, the project has articulated the following expected results:

Expected Result-1: Women and adolescent girls in the selected communities are empowered to demand and utilize both the nutrition-sensitive and nutrition-specific services available.

Expected Result-2: Coordinated and resourced sub-national and local government structures recognize and respond to and are accountable to the demands of the poor and marginalized communities.

Expected Result-3: Production of high-value nutritious commodities and access to them and the needed services are increased.

Expected Result-4: An Information and Communication Technology (ICT) platform has been established at a local level to connect to relevant government departments and increase community awareness on nutritional interventions.

**Objectives of the midterm evaluation of the project:** In June/July 2021, the project conducted a mid-term evaluation (MTE). This report delineates the findings of the MTE. The objectives of the MTE were to assess the intended and unintended mid-term outcomes and impacts of the project. The MTE will make precise data-driven suggestions based on the results on what needs to be changed for the remainder of the project to meet the objectives. The MTE's specific objectives are to determine midline values of key impact, outcome, and contextual indicators disaggregated by sex, age, and gendered household type as appropriate in implementation areas; investigate the reasons for over and underachieving; collect demographic and household composition data from the sampled population in addition to midline values; and assess and document the project's mid-term achievements and results.

**Methodology of the MTE:** The MTE employed five evaluation criteria recommended by the Organisation for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) as the framework for the MTE design and reporting.

The MTE employed quantitative and qualitative techniques and gathered anthropometric and haemoglobin data as well to assess the progress against planned activities and the achievement of outputs and outcomes. The MTE sampled 430 pregnant and lactating women, 528 children, and 330 adolescent boys and girls to collect quantitative data. Anthropometric data were collected for 445 women and 528 children under the age of five. The MTE included the measurement of CARE2030 global indicators (Annex 2). To comprehend the context of the quantitative data, qualitative

approaches such as focus group discussions, in-depth interviews, key informant interviews, and case study documentation were used. 19 FGDs were conducted with school management committees, community groups, community support groups, unmarried adolescent boys and girls, and heads of the sampled households. Similarly, 42 key informant interviews were conducted with influential community members and local government officials. The study team also interviewed a total of eight Plan, ESDO, and CARE staff.

**Ethical and COVID considerations:** Study participants gave their informed consent. The project had applied to the Institutional Review Board (IRB) to seek approval to collect blood samples to measure haemoglobin levels. The district Civil Surgeon permitted the collection of blood samples. The study followed the COVID protocols designed and circulated by the Ministry of Home Affairs (MOHA) Bangladesh. The research team followed protocols such as masking, social distance, and hand cleanliness throughout the survey. The government promulgated lockdowns were observed. All key informant interviews were done remotely. During follow-up, none of the personnel or participants reported contracting COVID 19.

### **MTE Findings – Relevance of the project:**

- The project design and strategies are well aligned with national priorities, are responsive to community needs, and address the existing barriers to achieving improved nutritional outcomes.
- The intervention logic and the theory of change are in agreement. The project interventions employ proven multi-sectoral models to strengthen nutrition governance while generating demand and building community capacities, representation, and agency of women, girls, and poor and extremely poor (PEP) households.
- The Community Score Card (CSC) and Social Audits (SA) have been developed for service providers' accountability.
- The M&E framework is adequate and consists of data for decision-making and feedback loops at all levels. However, some indicator changes are required owing to Covid-related programming changes.
- Although alternative approaches were taken to address the pandemic, it did slow down project implementation, reflected best in low budget burn rates.

### **Recommendations for improving the relevance of the project:**

- Capacities to be built of institutions to roll out web-based M&E systems nationally/at the project level.
- Although interventions pertaining to financial inclusion were a part of the project strategy, they were deferred based on the recommendations of the value chain study. In light of the pandemic, this activity could be reinstated, and the indicator/s identified, especially for food insecurity.
- Establish model community clinics (CC) as demonstration sites of excellence for other communities to follow as suggested by the community in FGDs. Consider scaling it up if proven successful.
- Identify the reasons for the non-utilization of complaint boxes: If illiteracy is the reason, develop mechanisms to capture written feedback from the service recipients.
- Revise achievable targets or implementation duration and consider adding new indicators. If the pandemic and its restrictions continue for another year, it may impact project success and timelines. The donor may consider revision of results or a no-cost extension and/or a mix of both. The addition of activities entails the inclusion of new indicators. Volunteers, for example, will promote a software program produced by JANO to group members.

## **MTE Findings – Effectiveness of the project:**

The effectiveness of the project has been assessed in the project's ability to meet its objectives and ER.

**Expected Result-1:** In communities, women and adolescent girls are empowered to demand and utilize both nutrition-sensitive and nutrition-specific services.

- This ER responds to indicators 8, 9 (entirely for girls), and 10 in the log frame, on women's/girls' participation, in the formal and informal sectors, in decision making, claiming nutrition-specific and sensitive services. Participation of women in decision-making spaces in social and group activities, as indicated by the MTE, has also increased (from 4.6% to 41.4%).
- Indicator 9 has made limited progress, possibly because schools are closed owing to the pandemic. This indicator is complex, including several interventions such as WASH, home gardening, and dietary diversity.
- Indicator 10 (proportion of women and adolescents accessing and receiving nutrition-specific and sensitive services from relevant service providers) is a compound indicator consisting of two sub-indicators (i) access to health and (ii) agriculture services. While reported access to health services has made progress (35.5% in baseline and 40.1% in MTE), access to agriculture extension services has also increased (3.98% in baseline to 7.2% in MTE).
- Nearly three-fourths of the CSG groups are active. All 330 targeted schools have active school management committees and are using active social media to counter school closure.

**Expected Result-2:** Coordinated and resourced sub-national and local government structures recognize, respond, and are accountable to the demands of the poor and marginalized communities. The project has excelled in all the indicators related to governance for nutrition. There are 80 multi-sectoral plans with allocated budgets (64 union level, 14 Upazilla level, and two district-level plans), including seven non-project areas. Coordinated and resourced sub-national and local government structures recognize, respond to, and are accountable to the demands of the poor and marginalized communities. The project has excelled in all the indicators related to governance for nutrition. There are 80 multi-sectoral plans with allocated budgets (64 union level, 14 Upazilla level, and two district-level plans), including seven non-project areas. The project is on track to achieve increased meaningful participation of women and adolescents in government forums. From a mere 0.2% at baseline, the proportion participating has grown to an astounding 41.4% at midterm evaluation. Accountability mechanisms have been fostered through community score cards, social audits, and feedback from the communities are now incorporated into the union, sub-district, and district-level nutrition plans and budgetary allocations. The CSG members use the platform of Ward Shobha (pre-budget consultation meeting conducted by members of the respective UP to advocate for allocations to allocate primary health care and nutrition-specific budgets for the PLWs, children under 5, and adolescents, indicating the fostering of service-seeking behaviour by the project.

**Expected Result-3:** Production and access to high-value, nutritious commodities and services are increased. The proportion of households involved in the production of higher-value nutrition products has shown a slight increase (36.7% to 42.33%). However, 13.9% of households are employing three or more climate-sensible techniques of farming. The tripartite agreement has resulted in two joint initiatives, meeting the final target.

**Expected Result-4:** An information and communication technology (ICT) platform (web-based platform) is established at the national and sub-national local level to connect relevant government departments for informed decision making and increase community awareness on nutrition interventions. The project has facilitated the establishment of a web-based information platform and provided training on ICT to 273 government officials (243 males and 30 females) by the end of June 2021. Frontline workers, volunteers, and project participants will be able to use the ICT-based e-learning platform (web-based platform) hopefully by the end of 2021.

In conclusion, the project has done exceedingly well in forming, influencing, and energizing governance structures, which, if leveraged, will be transformative for women's empowerment. School and agricultural interventions have not performed equally well, although the pandemic has not impacted agricultural activities. Virtual learning platforms, introducing classes and sessions in schools, and the use of Facebook pages to prevent learning loss have been introduced in schools.

### **Recommendations for improving the effectiveness of the project:**

- Revise the target for indicator eight upwards (participation in formal and informal sectors) and focus on the quality of the participation.
- To increase the proportion of women and adolescents accessing nutrition-specific and sensitive services from service providers (Indicator 10), focus attention on the agriculture and livestock department services. Undertake a root cause analysis of barriers to service uptake and provision and develop strategies to address them. The target for this indicator is low and may be revised.
- Promote participation of the CSGs in pre-budget allocation meetings (Ward Shobha) to promote increased investments in required services.
- Similarly, leverage the strengthened nutrition multi-sectoral committees at the Upazilla level to improve poor households' and women's access to social safety schemes through CSGs.
- The project can double its focus on establishing a web-based monitoring system and its utilization, as remote interventions can be rapidly scaled up during the pandemic.

**MTE Findings – Efficiency of the project:** The efficiency of the project was assessed against cost, speed, and quality with which inputs/means are converted to activities and the quality of the results.

- The project's cumulative physical progress (progress against planned activities) is about 47% at midterm, and the financial burn rate is at 38%. While the physical progress was on track in the first year of implementation, the pandemic has evidently impeded activities.
- The project mobilised 267 women volunteers to promote nutrition and women's leadership.
- More than half of the leadership positions in CSG are held by women.
- In all, 624 CSG have developed annual nutrition plans with the union-level development committees. This has led to improved identification and targeting of PEP HH under social safety net schemes.
- The union, sub-district, and district-level multi-sectoral plans for nutrition incorporate community-level feedback, making them responsive to the community needs.
- The project has built the capacity of the stakeholders at these levels to carry out evidence-based planning, allocation, and implementation of nutrition interventions.

While the project strategies and interventions have created additional resources, like CSGs, farmer groups linked to agriculture and livestock departments, HH gardens, and school-based nutrition programming, the pandemic has impacted project timelines and budget burn rates.

### **Recommendations for improving the efficiency of the project:**

- Joint advocacy initiative (with other EC-funded Nutrition governance project implementing partners/INGOs) to scale up digitization of the web-based M & E system with NPAN-2.
- Continue e-learning, posting lessons to the Facebook page, and introducing classes/sessions of schools through virtual learning platforms, best suited to each school and area.
- Scaling up/ Roll out online M&E system by the BNNC: BNNC and JANO to use the success as an accelerator for a rapid scale-up.

### **MTE Findings – Impact of the project:**

- The overall proportion of children under five years of age suffering from stunting (Baseline: 34.8% and MTE: 31.5%) or wasting (Baseline: 9.2% and MTE: 8.1%) has decreased a little in comparison to the baseline.
- There has been a substantial increase in the proportion of households growing produce employing climate-smart technologies – from 5% at baseline to 13.9% at midterm.
- There has been an increase in women accessing antenatal and postnatal care compared to the baseline, as reported by the PLW.
- There is an increase (baseline: 41.4% and MTE: 48.4%) in potable water use. Handwashing practices have improved exponentially, from nearly one-third to nearly universal now.
- There has been a 61% increase in households who seek nutrition information online.

In conclusion, while behaviours, social agency, access to information and services have increased, this has translated into a modest improvement in outcome and impact level indicators.

### **Recommendations for improving the impact of the project:**

- Well planned and executed efforts to link women from poor households to social safety net mechanisms are to be accelerated. PEP HH is to be identified and targeted for food security.
- Identify why half of the project population does not have access or is not consuming potable water. Then design strategies through the multi-sectoral planning process.

**MTE Findings – Sustainability of the project:** The MTE team assessed the project's sustainability by employing a system-based approach.

**Technical sustainability** has been promoted by building the capacity of community structures to demand and advocate for nutrition and health services. Furthermore, community structures have been effectively linked with the public and private sectors to ensure access to technical expertise beyond the project period. The project has supported introducing and strengthening nutrition curricula at schools and developed a cadre of master trainers to ensure internal capacity for continued actions. The schools and their management committees have been linked to the education department.

- The project has partnered with the regional office of Bangladesh Agricultural Research Institution (BARI) and the Bangladesh Rice Research Institution (BRRI) government extension departments (DAE and DLS at union and sub-district level) to identify climate-smart techniques, nutrient-rich crops suitable for the local climate and best practices. These research institutes have been supporting the interventions with demonstrations and training at the field level.
- The community-based monitoring score cards and social audits are generating awareness to facilitate responsive planning from duty bearers and service providers. Thus, capacities are created to identify gaps in the availability and quality of services and address them through community plans.
- The capacities built at the district, sub-district, and union levels to develop multi-sectoral nutrition plans have generated ownership among the multi-sectoral nutrition committees at all levels.

Thus, the project, through its interventions, has strengthened community and government systems to identify, plan, and implement nutrition interventions in the target communities.

**Economic and financial sustainability** has been promoted through household gardens and climate-resistant crop production. The capacities for farming and income-generation built by the project create opportunities for entrepreneurship with farmers linking their produce with the local and regional markets.

- Increased capacities of 9,000 farmers to grow climate-resistant, organic, and nutrient-rich crops.
- Strengthened linkages with agricultural and livestock extension services, with a view to these as a potential source of income, especially amongst the most vulnerable.
- The tripartite agreement between the project, public and private sector, will ensure supply chain and marketing avenues for the population. All of these are good indicators of financial sustainability.

**Social sustainability** is being promoted by the implementation of community score cards, and social audit interventions which promote accountability and entitlements in the community and service providers.

- The MTE observed that the members of the CSG hold community-level meetings, develop action plans, disseminate health-related information, and facilitate the utilisation of nutrition services.
- The project has contributed to institutional sustainability by supporting the development of national nutrition guidelines, improvements to the national nutrition information system, and participation of 22 ministries in the development of the multi-sectoral plans. The project contributes to environmental sustainability by promoting environmentally friendly organic farming techniques and encouraging the use of natural fertilizers, insecticides, and seeds.

#### **Recommendations for improving the sustainability of the project:**

- Develop an intervention/community group-specific exit strategy focusing on developing multiple and appropriate leadership models. All nutrition coordination committees are to develop exit plans.
- Develop a strategy to sensitize transferred and new government staff on nutrition imperatives and planning processes at the national to local level for a smooth program transfer.
- Focus on increasing the proportion of the poorest households and beneficiaries linked to and accessing the existing social safety net benefits.
- Covid alternate plans to be generated at schools, CC, all group, and or coordination meetings. Identify and develop tools/mechanisms for remote work and meetings, and what activities might need to be slowed down and which might continue uninterrupted.

#### **MTE Findings – Coordination of the project**

- At the policy level, the project has been working under the overall guidance of the Bangladesh National Nutrition Council, coordinating with 22 ministries, including eight prioritized ministries of health and FW, agriculture, livestock, and fisheries, local government and rural development cooperatives, education, WCA, Ministry of Education, and Disaster Management and Relief and Social Welfare.
- The project has synergies with the national level civil society forum Scaling up Nutrition (SUN) at the national level, and UN Clusters such as UN Nutrition Cluster, Food Security Cluster, WASH Cluster, Health Cluster. Similarly, the project coordinates with EU-funded projects - Meeting the Undernutrition Challenge (MUCH) project, SUCHANA project, Bangladesh Initiative to Enhance Nutrition Security and Governance (BleNGS), and Leadership to Ensure Adequate Nutrition (LEAN) along with the nutrition projects of UNICEF and USAID.
- At the regional level, it coordinates with the regional offices of the Bangladesh Agricultural Research Institute, Bangladesh Rice Research Institute, and the Barind Multi-purpose Development Authority (BMDA). The project works with the district, Upazilla level nutrition committees, and the union development committees. It coordinates its activities with the extension service providers and SMC.

- The project management system of JANO is fairly decentralized with the major responsibilities of the Senior Team Leader, four thematic experts, and Project Manager at the regional level; implementing project staff at the sub-district level; and volunteers at the community level. The national-level project steering committee for JANO, the National Advisory Council, is one of the primary platforms where JANO has been sharing lessons learned and best practices.
- A tripartite agreement with the private sector, the government, and the project are in progress to link the farmer groups to the market.

**Recommendations for strengthening coordination of the project:**

- The JANO project's lessons learned and good practices need to be shared externally with the project stakeholders.
- The project is encouraged to become a part of the national level Advisory Committee established under the ministry of food. This committee is represented by the FAO and the EU.

# Chapter I: Introduction and Background of The Project

## I.1. Description of The Action and Its Effectiveness

The Joint Action for Nutrition Outcome (JANO) is funded by the European Union (EU), with co-funding from the Austrian Development Cooperation (ADC), and implemented by CARE as consortium lead, Plan International, and Eco-Social Development Organization (ESDO). The JANO project is working at the national, regional, and local levels of the Government of Bangladesh (GoB) to support the effective implementation of the National Plan of Action on Nutrition (NPAN)-2 and the sub-national nutrition action plans. The objective of the effort is to improve the nutritional status of Pregnant and Lactating Women (PLW), children under five years of age, and adolescent girls and boys through a multi-sectoral approach. Activities are being implemented over a five-year period (2018-2023) in the districts of Rangpur and Nilphamari, covering 64 unions in seven Upazilas (sub-district administrative units). JANO is working at multiple levels of the government, including the Nutrition Committees at the district, upazila, and union levels – building their capacity to develop responsive nutritional plans and effectively implement and budget the plans. JANO provides oversight for the implementation. The selection of Rangpur and Nilphamari (under the Rangpur division) as its implementation districts is influenced by the fact that both have been identified as the two most vulnerable districts in the division. The level of stunting among children under 5 stands at 29.0% in Nilphamari and 15.9% in Rangpur, according to the Multiple Indicator Cluster Survey (MICS) 2019<sup>1</sup>, although there has been a substantial decline since 2013 when its proportion was 42.0%<sup>2</sup>.

JANO has partnered with both the public and the private systems to achieve its objective. The project works with the government's Nutrition Coordination Committees (NCCs) at local and regional levels to strengthen the implementation of inclusive and accountable nutritional programs. Partnerships with the local private players are focused on motivating and encouraging businesses to invest in local markets. JANO's activities are central to its activities and, using the gender-transformational approach, focus on developing women and girls to be informed decision-makers, better producers, and income generators.

**Objective and expected results of the project:** The overall objective of JANO is to "contribute to ending malnutrition of children under five years of age, together with addressing the nutritional needs of Pregnant and Lactating Women and adolescent girls." The strategic objective is to "Improve maternal and child nutrition in Nilphamari and Rangpur districts of Northwest Bangladesh."

### There are four Expected Results of JANO:

- Expected Result-1: Women and adolescent girls in communities are empowered to demand and utilize both nutrition-sensitive and nutrition-specific services
- Expected Result-2: Coordinated and resourced sub-national and local government structures recognize, respond, and are accountable to the demands of poor and marginalized communities
- Expected Result-3: Production and access to high-value, nutritious commodities and services are increased
- Expected Result-4: An information and communication technology (ICT) platform is established at the local level to connect relevant government departments and increase awareness of communities on nutrition interventions.

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<sup>1</sup>[http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4\\_956b\\_45ca\\_872f\\_4cf9b2f1a6e0/2021-06-10-05-18-1c869095210b20349ea13ec47cc1fbaf.pdf](http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/2021-06-10-05-18-1c869095210b20349ea13ec47cc1fbaf.pdf)

<sup>2</sup> <https://www.unicef.org/bangladesh/media/1021/file/Mics2013.pdf>



## **I.2. Objective of The Mid-Term Evaluation**

**The purpose of the MTE was three-fold:**

- Assess the mid-term outcomes of the project (intended and unintended).
- Inform the project log frame targeting and, where possible, project design for the remaining period of the project.
- Based on the findings, provide specific data-driven recommendations on the course correction required to achieve the objectives.

### **Specific Objectives of the MTE**

- Determine midline values of key impact, outcome, and contextual indicators and disaggregate them by sex, age, and gendered household type as appropriate in the implementation areas. Investigate the reasons for over and underachieving. In addition to the midline values, collect demographic information and household composition data from the sampled population.
- Assess the mid-term achievements and results of the project and document evidence. Provide recommendations on the course correction required to reach the objectives.
- Analyze and compare midline values with baseline values and recommend targeted and strategic guidance for the project to achieve its goals and objectives.
- Review the log frame and set targets and related strategies for the remaining period of the project.

## Chapter 2: Methodology

The Mid Term Evaluation (MTE) of the JANO Project was conducted at the end of the third year of implementation. A mixed methodology including quantitative and qualitative analysis was employed to understand the progress compared to the baseline.

**2.1. Study Area and Population:** The study was conducted among the seven most vulnerable *upazilas* of Rangpur and Nilphamari districts: Gangachara, Kaunia, Taraganj, Domar, Jaldhaka, Kishorgonj, and Nilphamari Sadar. *The list of sampled areas and their populations is attached in annex-I.*

**2.2. Overall Study Design/Approaches:** The quantitative survey was done among the PLW, children under five years of age, and adolescent boys and girls at targeted schools. The qualitative tools used included document review, Focus Group Discussions (FGD), Key Informant Interviews (KII), In-depth Interviews (IDI), and Case Studies. The list and number of respondents are provided in Annex I. The qualitative tools used included document review, Focus Group Discussions (FGD), Key Informant Interviews (KII), In-depth Interviews (IDI), and Case Studies. *The list and number of respondents are provided in Annex I. II.* Key informants' interviews were conducted through online and over phone techniques based on the availability and preferences of the stakeholders. The FGD, IDI, and Case Studies were conducted face-to-face while maintaining the safety and hygiene required in the pandemic scenario. While conducting midterm evaluation, OECD/DAC criteria were applied by five criteria: relevance, effectiveness, efficiency, impact, and sustainability. To extend the comprehensiveness of the MTE, coverage, coherence, and coordination parameters were assessed as well.

**2.3. Quantitative Sample Size and Approach:** The survey selected a statistically representative sample to receive midterm results of indicators across all unions. The quantitative sample size for the study was calculated using the following formula:

**Lactating and Pregnant women and Children Under Five years old:** The FANTA Sampling Guideline was used to calculate sample size and the formula is as follows:  $n = D [(Z_{\alpha} + Z_{\beta})^2 * (P_1 (1 - P_1) + P_2 (1 - P_2)) / (P_2 - P_1)^2]$

**Adolescent Girls & Boys at School:** There are 330 schools in the sampled geography. 10% of these were sampled, and ten adolescent girls and boys were selected randomly from each school for the interviews.

**Anthropometric Measurement and Collection of Blood Samples:** Anthropometric measurement tools were also used to assess stunting, wasting, and weight for age among children under five years of age. A blood sample was taken from pregnant and lactating mothers to evaluate their physical status and anemia.

The number of respondents thus sampled by category for the quantitative survey is:

**Table I: Sample Size for the Quantitative Survey**

Sl. No.	Target Respondents	Total Sample Distribution
1	PLW interviewed	430
2	Anthropometric measurements for children under 5 years of age done	528
3	Anemia tested for women (Pregnant 100 and Lactating 345)	445
4	Adolescent school girls and boys interviewed	330

*Detailed sampling methods, household & school selection procedures, and steps of anthropometric and haemoglobin measurement are added in the Annex-I section.*

**2.4. Qualitative Sample Size and Approach:** The survey team conducted interviews with target household (HH) members, community people, and other stakeholders. Qualitative information

was collected through secondary document review, FGD, IDIs, KIIs, and documenting Case Studies. In total, 19 FGDs were conducted with SMC, CG, CSG, unmarried adolescent boys and girls, and heads of the sampled households. Key Informant Interviews (n=42) were conducted with influential community members, local government officials, and CARE project staff. Furthermore, 10 IDIs were held with pregnant women, lactating women, and married adolescent girls, and four (4) new case studies of project beneficiaries (livestock and agricultural farmers) were documented. *Qualitative sample size and detailed approaches are added in the Annex -I section. Please also see Annex-I for the analytical framework of the mid-term evaluation.*

**2.5. Work Plan:** The study tools were designed to address the objectives of the evaluation and the indicators of the baseline. The tools were designed in English and translated to Bengali. The tools were field-tested and finalized in consultation with CARE. The CAPI script for the questionnaire was developed, and the survey was conducted in Tab-based CAPI using the survey CTO Platform.

**2.6. Duration of the Study:** The quantitative fieldwork was initiated in the fourth week of June 2021 (June 26 to June 30, 2021, at Rangpur and July 16 to July 20, 2021) and ended by mid-July due to lockdown and restrictions. FGDs, IDIs, and case studies were conducted from July 16 to July 20, 2021. Key informant interviews were done between July 25 and 15 August 2021. Data entry, analysis, and report writing were completed in August. *The safety protocol for data collection is provided in Annex -I.*

**2.7. Ethical Assurance:** The MTE adhered to all applicable Field Guide Standards and the Ministry of Health Covid-19 protocols. Confidentiality and anonymity of the data were ensured. Besides, IRC took all Covid-19 recommended precautions during anthropometric measurement (height and weight) and haemoglobin testing. The cultural, social, and gender norms of the areas/communities visited and the respondents/participants were identified before starting the fieldwork, and activities were conducted in a respectful manner. Basic principles of ethics were observed while working with children and adolescents. BMRC approval was taken following the complete application package.

**2.8. Training of the Study Team and Data Collection:** The field enumerators (n=28) and survey supervisors (n=6, two male and four female) were trained over a five-day period that included field-based data collection practice. The main objectives of the training were to familiarise enumerators with the quantitative tools, equip them with skills for effective data collection, ensure quality, consistency, and accuracy in data collection, and appropriately manage field data. Discussions, practical demonstrations, question and answer sessions, and mock tests were followed in the training session so that the enumerators could understand and conceptualize the use of survey tools, interview techniques, field management, and quality assurance techniques. Experienced qualitative moderators (n=5 with five note-takers) recruited by the MTE team were engaged. Two days of orientation through an online zoom platform. Female interviewers were employed for interviewing the pregnant and lactating mothers. Two quality controllers were appointed to ensure the implementation of data collection and the quality of the collected data. Two technicians were trained as the interviewers in anthropometric measurements and blood sample collection.

**2.9. Quality Control and Data Management:** The quality control measures taken at various stages of projects are detailed below:

- **Recruitment of Interviewers:** Interviewers with experience and with past experience with IRC were recruited for the study.
- **Survey control:** Different levels of the supervisory cadre (Managers, Quality Controllers, and Team Leaders) are graduates and have relevant experience of more than ten years.
- **Support with Interviews:** The Field Supervisors (FS) and the Field Controller (FC) supported more than 30% of the interviews, ensuring the quality of data collection.
- **Quality control and back-checking:** All completed questionnaires were scrutinized, following which 40% of all completed interviews were randomly back-checked for respondent

and response validity by team leaders, quality controllers, field managers, research coordinators, and senior researchers. Each higher-level authority checked the work of all those at lower levels.

- **At Data Entry/Analysis Level:** All of the punched data was re-checked and analyzed. The outputs were checked by senior Electronic Data Processing (EDP) personnel and researchers.

**2.10. Data analysis, Report preparation, and dissemination:** The collected data were processed by IRC's in-house EDP wing, which ensured the strictest possible data checks and confidentiality. The company's senior programmers and researchers supervised data-checking, coding, punching, and editing. After all the data was entered, it was cross-checked thoroughly with the corresponding questionnaires. Analysis was enabled by IRC's programmers and researchers who jointly developed output formats, wrote necessary programs, and used advanced software. A team of experts thoroughly checked all outputs (tables, charts, and maps) before reporting. An SPSS database was used to analyze and present the information. The anthropometric measurements were analyzed using the WHO-Anthro software.

### **2.11. Study Limitations and Challenges**

- Several rounds of lockdown and movement restrictions were the key barriers to this evaluation exercise. It hampered the start of the process (including fieldwork) and delayed the timely accomplishment of the process.
- It wasn't easy to peel the community away from their work and engage them in the evaluation process. Some government stakeholders, who were key informants, were working from home, which meant appointments became a challenge.
- The project area covers many dimensions of development activities and thus needs qualitative information on diverse indicators. The paucity of time deterred this exploration. Project stakeholders in the field identified and flagged many other sectoral indicators. However, these were beyond the scope of this study.
- The shutdown of major business operations did not only delay the undertaking of the evaluation but also slowed down the data-collection process.
- As the schools were closed during the survey, the enumerator had to visit the household several times to conduct interviews with adolescent school girls and boys.

## Chapter 3: Relevance of The Project Design and Appropriateness of The Action

CARE Austria, as a lead applicant, has designed the JANO project together with its co-applicants CARE International in Bangladesh, Plan International UK, and Eco-Social Development Organization to support the effective implementation of the National Plan of Action on Nutrition (NPAN)-2 and subnational nutrition action plans, with the objective of improving the nutritional status of Pregnant and Lactating Women (PLW), children under five years of age, and adolescent girls and boys through a multi-sectoral approach. JANO has purposefully selected Rangpur and Nilphamari as its implementation districts. Both districts fall under the Rangpur division, which has been identified as one of the two most vulnerable divisions in Bangladesh with a stunting rate of 29.0% in Nilphamari and 15.9% in Rangpur, according to the Multiple Indicator Cluster Survey of Bangladesh, 2019. Moreover, both districts have been identified as the most vulnerable districts. Apart from the high stunting rate, the number of underweight children is also very high in the project Upazilla (Gangachara-over 36%). In terms of poverty headcount ratio, the project upazilla has been ranked as the poorest (about 58% of the population is poor in Gangachara Upazilla).

The project design included strengthening nutrition governance at the district, sub-district, and union level in line with the NPAN-2. The JANO project has targeted the Nutrition Coordination Committees at the district and subdistrict level and the Union Development Coordination Committees for nutrition-sensitive and nutrition-specific multi-sectoral planning and budgeting under the leadership of the BNNC.

The JANO project has also targeted PLW, adolescent girls, and children under five years of age as its impact level project participants who will be supported by the community clinic, extension service providers at the union, sub-district, and district levels. The private sector has also been targeted as a major systemic partner besides the government sector. The JANO project has included specific interventions at the community level as well as the systemic level to achieve the following four results of the action:

1. Women and adolescent girls in these communities are empowered to demand. An information and communication technology (ICT) platform has been established at the local level to connect relevant government departments and increase awareness of communities about nutrition interventions. Utilize both nutrition-sensitive and nutrition-specific services.
2. Coordinated and resourced sub-national and local government structures recognize, respond, and are accountable to demands of poor and marginalized communities
3. Production and access to high-value, nutritious commodities and services are increased
4. An information and communication technology (ICT) platform is established at the local level to connect relevant government departments and increase awareness of communities about nutrition interventions.

The major interventions included community-based and school-based interventions under Result-1 of the action.

The intervention strategies included raising awareness and increasing knowledge of infant and young children's and PLW's feeding practices, WASH-related hygienic behavior, and adoption of nutrition-sensitive, climate-smart agriculture techniques for school gardening and homestead gardening using the appropriate variety and seasonality. The intervention strategy also included coordination with the Upazilla and District level education offices and the Directorate of Secondary and Higher Education (DSHE) under the Ministry of Education (MOE).

Result -2 of the actions include capacity building of the nutrition coordination committees at subdistrict and district level as well as the development of a multisectoral nutrition-sensitive plan. The strategy is

mainly to coordinate with the DNCC and UNCC to ensure multisectoral planning.

The major interventions under result-3 include engagement of the private sector and tripartite partnership among the government departments (DAE, Livestock) and the JANO project. The intervention strategies included here promote the public-private partnership to facilitate the National Nutrition Information System's use with the government.

Result-4 of the action includes the establishment of an ICT platform and introducing web-based monitoring and evaluation.

Throughout JANO's activities implementation, women and girls have been in central focus. All activities have followed a gender-transformational approach to develop the capacity of women and girls to be informed decision-makers, better producers, and income earners. The JANO project design, as such, and its intervention logic is relevant for achieving the project's goal. This chapter presents the relevance of the JANO project design and the appropriateness of the action in achieving the project's results and outcome.

### **3.1. Relevancy of design and approach**

The JANO project has been designed to ensure harmonization with national and international policies, including NPAN-2. To achieve the overall objective and specific objective of the project, four domains of changes have been included in the project design to shift to a systemic approach rather than input delivery:

- Communities, particularly adolescents and women, are informed, engaged, and empowered to improve their nutritional status
- Committed, capacitated, and invested in local government structures and systems
- Responsive, engaged private sector and civil societies in co-creating innovative and affordable solutions for improved nutrition
- Well-coordinated multi-sectoral efforts to transform the nutrition governance process

The intervention logic of the JANO project is comprehensive and participatory, above and beyond the fact that the implementing partners it includes are government, service providers, and service receivers at the community level. During the design stage, the intervention logic has been developed involving the implementing partners as well as the target beneficiary groups (PLWs, children under five years of age, adolescents). The target groups are SMCs, CGs, CSGs, Farmer Groups, nutrition coordination committees (DNCCs and UNCCs), government functionaries (frontline service providers), and private sector companies. The relevance of project design and approach is found appropriate in terms of project design and implementation methods/approach. The relevance of project design and approach is reflected below:

**3.1.1 Project interventions are in coherence with the government's vision:** The JANO project design has taken into consideration the government's strategic vision to achieve nutrition security and assist the district and subdistrict level government service providers through the implementation of NPAN 2. The selected target districts are part of the Rangpur division, which has a stunting rate of 42.1% and an underweight rate of 36%, the highest such rate in the country. The project has included the provision of multi-sectoral nutrition-sensitive planning and budgeting by the UDCCs, UNCCs, and DNCCs to address the NPAN-2 vision and document of the government. The project has added the UDCC planning process and plans in addition to UNCC and DNCC plans.

**3.1.2 Uniformity between intervention logic and theory of change:** The intervention logic and theory of change are based on advocacy at the district and sub-district levels. The mobilization and capacity building of the community-level groups like CGs, CSGs, SMCs, Farmer Groups, etc.,

through awareness-raising and establishment of linkage of the community groups with the community clinic and front-line service providers, contributed to achieving the objectives of the project.

**3.1.3 System-based approach:** The operational modalities of the JANO project are system-based rather than the delivery of material support to beneficiaries. The project focused more on institutions at union, subdistrict, and district levels. The project's approach is to work through the existing government system for public service delivery and public institutions. The project linked the beneficiaries with government institutions to demand required services. Such stakeholders are the schools and School Management Committees (SMC), Community Support Groups (CSG) of Community Clinics, Community Health Care Providers (CHCP), Family Welfare Assistants (FWA), Health Assistants (HA), Education Officers, Agriculture Extension Officers, and Livestock Officers, regional offices of Bangladesh Agricultural Research Institute Council and Bangladesh Rice Research Institute, ICT service providers (mPower) and private sectors. Finally, the Nutrition Coordination Committees were supported to address nutrition governance and develop a nutrition-sensitive multi-sectoral plan.

**3.1.4: Collaboration with diverse platforms:** The project design included diverse platforms beyond the government institutions like the civil society Forum at Upazilla level, Right to Food Bangladesh, and the district Right to Food platform at the district level, considering the accountability and transparency of the project. Moreover, the CSC and SA were also included in the project, considering the accountability of the nutrition-sensitive service delivery. The objectives of the JANO project are to ensure the involvement of civil society leaders, especially women, in decision-making, to engage people in social accountability mechanisms to ensure an inclusive democratic process, to deliver quality services accountably, and to ensure access to information at all levels of local government.

The UPs are given various sectors like transportation, water supply, health, education, sanitation, and waste management, agriculture and markets, natural resource management, human resource management, etc. These sectors have projects available for funding from different donors.

The JANO project has enabled the communities to run social audits on their own, so they can now evaluate the quality of the projects implemented by the UPs. Social Audits ensure effective allocation of budgets, efficiency, and transparency and enable the broader community to reap the full benefit of the projects. Since Social Audits focus on the financial aspect of the projects and the impact at the community level, it is a better parameter than financial audits to measure the quality of implementation of a project.

**3.1.5: Tripartite Partnership:** The project has initiated a process of tripartite partnership among the government (DAE and DLS), the private sector, and JANO. The private sector companies were targeted to ensure nutrition-sensitive and nutrition-specific service delivery and also to provide technical support to the community level farmers to adopt climate-smart agricultural practices and develop entrepreneurship of the targeted farmers' group, linking beneficiaries' products with the marketing channel to maximize the profit of the targeted farmers, and create a scope of financial inclusion.

**3.1.6: Consortium management:** The JANO project design clearly describes the nature of project management and coordination mechanisms at different levels. CARE Austria is the lead applicant for the project. CARE International in Bangladesh, Plan International UK (as a technical partner), and ESDO are the co-applicants/implementing partners of the activities. ESDO has been the implementing partner of both CARE International and Plan International in the past in Bangladesh. CARE Austria communicates with the donor.

The Project Steering Committee (PSC) consists of the senior management staff of the partners like country directors, executive directors, and team leaders. The PSC is responsible for progress

monitoring, mitigating challenges, overall oversight, and partnership monitoring. The Project Senior Management Team (PSMT) consists of senior team members of the project, chaired by the Senior Team Leader of the project. The PSMT is responsible for developing the action plan, identifying and mitigating opportunities and challenges in implementation, and overall overseeing the project. The organogram of the project is also well defined, and the roles and responsibilities of the project staff are also briefed very clearly.

### 3.1.7 Changes in the design of the project:

- 1) The project revised the training to 6 key member participants per CSG instead of all CSG members. The trained members have disseminated the message among other CSG members and in the community.
- 2) The number of target Unions changed from 65 to 64 because 2 Unions were converted to Puroshava to a non-target sub-district by the government during the implementation of the project. Due to an increase in the population in the 64 target unions, the total number of beneficiaries remains the same in all 64 unions as proposed in the proposal.
- 3) The project has included an additional seven sub-districts for scaling up UNCCS and UDCCs considering the request of the Deputy Commissioner of Rangpur and Nilphamari district.
- 4) The National Information Platforms for Nutrition (NIPN), a global EU-sponsored program, is developing a national nutrition information portal, which is also the project's aim. The project will concentrate on creating district-level platforms and their integration with the national platform to prevent duplication.

### 3.2. Relevancy and appropriateness of log-frame and project actions

The overall objective of the JANO project is to contribute to ending malnutrition of children under five years of age, together with addressing the nutritional needs of Pregnant and Lactating Women (PLW) and adolescent girls. The project log frame has included **three** indicators to measure the achievement against the targeted results. All three indicators and definitions of indicators are clearly described to measure the impact level changes of the aforesaid three target groups. The targeted project interventions set against four results are consistent with reaching the impact level target against indicators. However, considering the present trend of the global pandemic, food and nutrition security has been decreasing nationally in Bangladesh (BIDS, 2020). Therefore, the target of the impact level indicators needs to be reviewed further.

The specific objective/outcome of the JANO project has improved maternal and child nutrition in Nilphamari and Rangpur districts. The log-frame has set **five** corresponding indicators to achieve the results chain with a clear definition of indicators. In terms of the definition of indicators and milestones, all indicators measure the status of achieving immediate impact or outcome of the project. The project design has set four corresponding results to achieve the specific objective and contribute to achieving the target of impact level indicators of the action. There are four expected results from the project:

**3.2.1 Expected Result-1:** *Women and adolescent girls in these communities are empowered to demand and utilize both nutrition-sensitive and nutrition-specific services.* The log-frame has included **four** SMART indicators with the appropriate definition of these indicators aligned with the project interventions like school and community-based interventions with CG, CSG, FG, Community Clinic, and front-line service providers of the government and the private sector. The targets of all four indicators are relevant and appropriate in achieving the target. Table 2 reflects the achievement against the log-frame target under result 1 of the action. 73% of the CSGs are functional against the target of 63% by the end of the project. The reasons for over-achievement are that i) CARE developed and tested and fine-tuned this model over the years and for multiple projects in multiple settings. ii) The project has provided training for the CSGs and facilitated the development of the action plans for all CSGs. The functioning of the CSGs is assessed by the MTE against 11 set criteria and described at 3.4.



**Table 2: Achievement against Result-1**

Indicators	Baseline	MTE	Targets Y5 (2023) (As per JANO Logframe_Updated_V2)
% of students disaggregated by sex who apply key learning points regarding nutrition, health, and hygiene at home	0.15%	Overall: 7.7%	20.15% (2023)
% of women and adolescents have claimed nutrition-specific and sensitive services from relevant service providers	CC: 35.5% Extension services: 3.98%	CC: 40.1% Extension services: 7.2%	CC=53.5% Extension services=23.9% (2023)
% of CSGs in targeted communities are functional	0%	73%	60% (2023)
# of School Management Committees set agenda for nutrition-specific and sensitive services for adolescents in the SMC meeting	7 SMCs	330 SMCs (Source KII with SMCs)	330 SMCs (2023)

Source: MTE 2021 and Base Line 2019

**3.2.2 Expected Result-2:** *Coordinated and resourced sub-national and local government structures recognize, respond, and are accountable for the demands of poor and marginalized communities.* The log-frame has included four SMART indicators with the appropriate definition of indicators and target/milestone. All indicators are aligned with the project intervention to measure the achievement. The project interventions include the UDCC, UNCC, and DNCC-led multisectoral nutrition-sensitive bottom-up planning and budgeting. Table 3 reflects the achievement against log-frame indicators under result-2.

**Table 3: Achievement against indicators under Result-2**

Indicators	Baseline	MTE	Targets Y5 (2023) (As per JANO Logframe_Updated_V2)
# of multi-sectoral plans at district, Upazilla, and union levels have allocated budget to support nutrition interventions in the two target districts	0	80 plan	74 plan with allocated budget (65 unions, 7 upazilas, 2 districts in each years)
% of increase of PLW people from the target population received nutrition specific safety net support	8.40%	12.40%	18.4%
% of women and adolescent girls of target population in government forums (UDCC, CG, CSG) meaningfully participated in the nutrition action plan development and implementation process	0.20%	41.40%	60% (2023)
# of platforms in the target districts which allow effective feedback mechanisms for service receivers	0	80 (unions 64, Upazilla 14, and District 2), and 208 CCs	73 (unions 64, Upazilla 7 and District 2), and 208 CCs

Source: MTE, 2021 and Base Line 2019

**3.2.3 Expected Result-3:** *Production and access to high-value nutritious commodities and services are increased.* There are **three SMART** indicators with clear definitions in the logical framework. All the indicators are aligned with the project intervention to achieve the results chain. The target interventions are nutrition-sensitive vegetable organic farming, and climate-smart farming techniques adopted for dairy production, and tripartite partnerships among the government, private sector, and JANO and financial inclusion. Table 4 reflects the achievement against log-frame indicators under result 3 of the action. The JANO project has taken the initiative for a tripartite agreement among the government, the JANO project, and two selected private sectors. The approval of the government is under processing now.

**Table 4: Achievement against indicators under result 3**

Indicators	Baseline	MTE	Targets Y5 (2023) (As per JANO Logframe_Updated_V2)
% of households involved in the production of higher-value nutrition products	36.70%	42.30%	56.7%
% of households practicing climate smart agricultural techniques	5%	13.90%	25%
# of initiative jointly taken as a result of tripartite agreement.	0	2 initiatives taken	At least 2 initiatives will be taken on each of the following thematic areas: agriculture, livestock, WASH, micronutrient supplementation, and financial inclusion as an outcome of tripartite MoU signing.  Reference year: 2023

Source: MTE,2021 and Base Line 2019

**3.2.4 Expected Result-4:** *Information and communication technology (ICT) platform is established at the local level to connect relevant govt. departments and increase awareness of community people on nutrition interventions.* There are **three** indicators with clear definitions of indicators. All indicators are aligned with the targeted project interventions. The project has supported BNNC and DNCCs, and UNCCs for developing the NNI portal. This portal is yet to be inaugurated due to COVID 19 disruptions. The Deputy Director of BNNC said that the government would launch it by the end of 2021. Table 5 reflects the MTE achievement against three indicators under result-4 of the action.

**Table 5: Achievement against indicators under result 4**

Indicators	Baseline	MTE	Targets Y5 (2023) (As per JANO Logframe_Updated_V2)
# of government forums (UNCC, DNCC) utilizing Nutrition Information Portal for planning and decision making at district and Upazilla level	There is no Nutrition Information Portal for planning and decision making at the district and Upazilla level	One web-based platform developed	9 govt. forums (2 DNCC, 7 UNCC) (2023)

Indicators	Baseline	MTE	Targets Y5 (2023) (As per JANO Logframe_Updated_V 2
% of frontline workers using the ICT based e-learning platform to support the community based on needs	0% Frontline workers	preparatory work completed	50% relevant govt. front line workers (2023)
% of community members who have accessed or received ICT based nutritional information	4.2%	14.0%	60% of community members (2023)

Source: MTE 2021 and Base Line 2019

### 3.2.5 Overall Assumptions for Log-frame target:

Almost all indicators of the log frame are well specified and measurable. However, there will be a major challenge to achieving the target, particularly for the impact and outcome level indicators, if the global COVID-19 pandemic continues until next year or until the end of the project. Considering the present situation, the target of the logical framework at impact and outcome level needs to be reviewed further and revised accordingly. Moreover, the project is likely to set a revised target against the result, considering the present unpredictable situation.

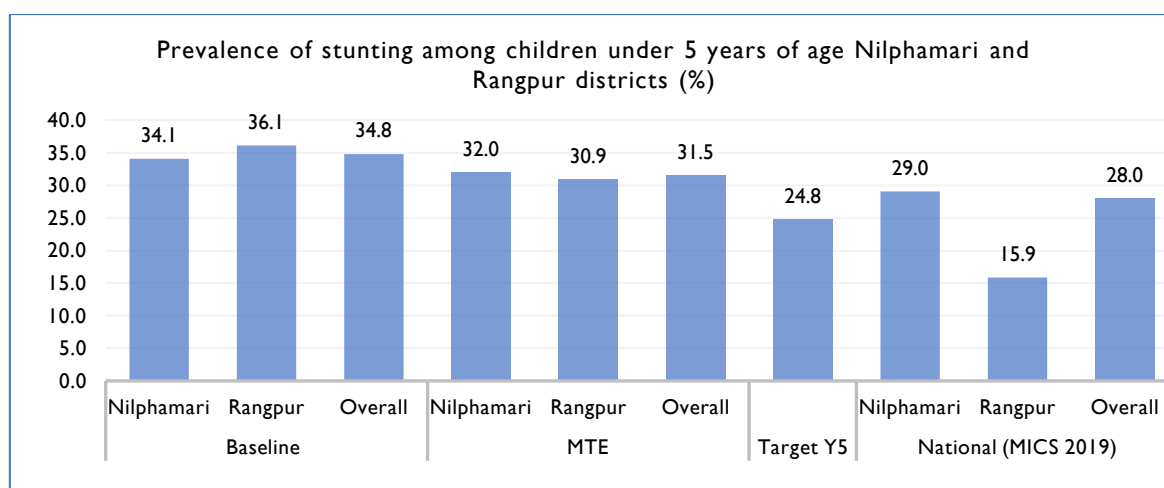
### 3.3. Observation on project log-frame version 2

According to the MTE observation, most of the indicators are well designed, but some of them need to be reviewed in terms of performance trends. For example, the progress of impact and outcome level indicators has been slow (Target vs. achievement). The scope of accelerating progress in the remaining project period may not be possible considering the COVID-19 situation. Many of the research findings also reveal that malnutrition is increasing due to the COVID-19 situation. The MTE team has reviewed the log-frame version-2, considering the time frame target and achievement against all (22) indicators. Most of the indicators are well designed, measurable, and appropriate, considering the theory of change of the JANO project. The project has targeted 275,415 PLWs, and married adolescent girls, 190,322 under five years of children, 421,425 unmarried adolescent girls and boys aged 10 to 19 years. The log frame does not consider the number of the aforesaid impact populations. Moreover, some indicators need to be reviewed.

#### Impact level Indicators:

**Prevalence of stunting among children under 5 years of age in Nilphamari and Rangpur districts** (definition of the indicator: height for age < -2 SD of the WHO Child Growth Standards median, WHO guideline). Figure 1 indicates that the JANO project has reduced stunting to 31.5% against the target of 24.8% by 2023, an improvement of 3.3% from the BL. The progress against this indicator compared to the baseline is slower but achievable. The JANO project has set an ambitious target even compared to the national target (28%).

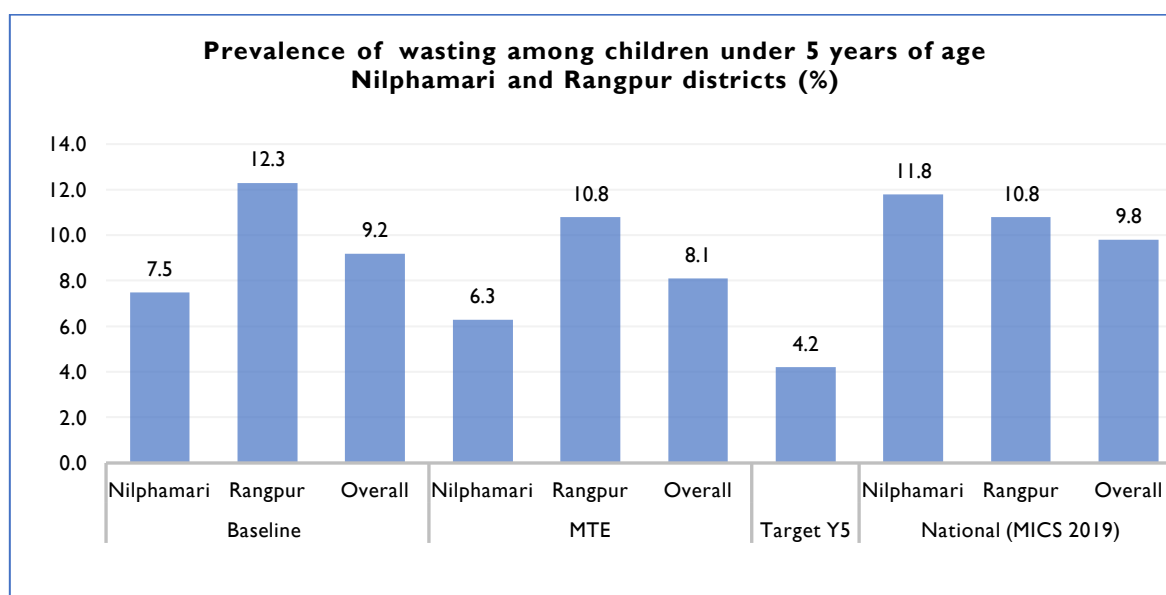
Figure 1: Prevalence of stunting among children under five years of age



Source: MTE 2021, Baseline 2019, and MICS 2019

**Prevalence of wasting among children under 5 years of age in Nilphamari and Rangpur districts** (definition of the indicator: weight for height < -2 SD of the WHO Child Growth Standards median, WHO guideline). Figure -2 indicates the progress of the said indicator during MTE 8.1% against the target of 4.2% (2023). The achievement against the target till year three is lagging. Moreover, the progress is not achievable against the target of 4.2% for the year 2023. The total target of 4.2% is also highly ambitious.

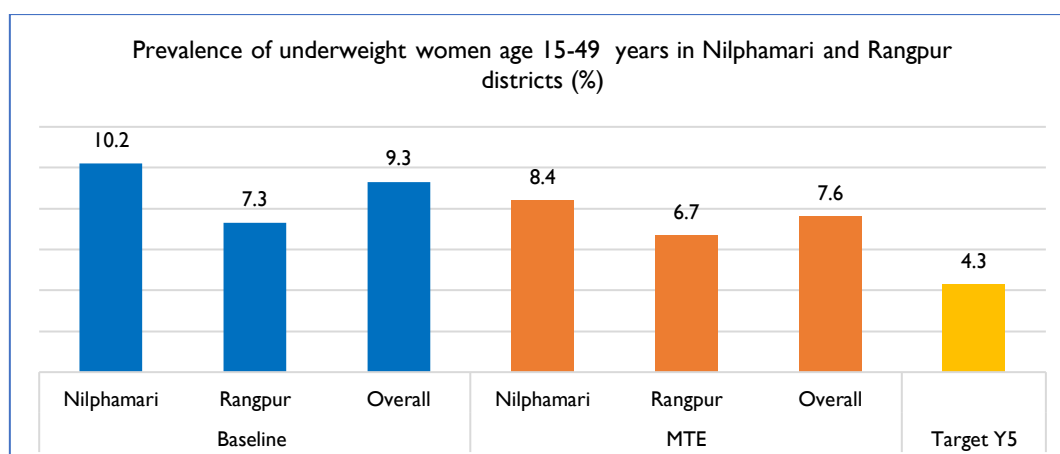
Figure 2: Prevalence of wasting among children under 5 years of age Nilphamari and Rangpur districts (%)



Source: MTE, 2021, Baseline 2019 and MICS 2019

**Prevalence of underweight women aged 15-49 years in Nilphamari and Rangpur districts** (definition of the indicator: BMI is a simple index of weight-to-height, WHO guideline). Figure 3 reflects the achievement of this indicator, which is 7.6 against the target of 4.3 for the year 2023. The progress is lagging at this stage. However, the overall project target is 4.3 percent, which is a lofty goal to meet by the project's end.

Figure 3: Prevalence of underweight women age 15-49 years in Nilphamari and Rangpur districts (%)



Source: MTE, 2021 and Baseline, 2019

The progress in the three above-mentioned impact level indicators has been slow (Target vs achievement of log frame indicators is attached). If the current global pandemic situation continues till the end of the project, the scope of accelerating progress in the remaining project period may not be possible. On the other hand, the targets are also ambitious. Therefore, the JANO project may review and reconsider the set targets.

#### Outcome level Indicators:

The performance of the following three outcome level indicators is good and has met/ nearly met the target. Table-6 reflects the achievement against the target of outcome level indicators of the project.

**Table 6 Achievement of three selected outcome level indicators against target**

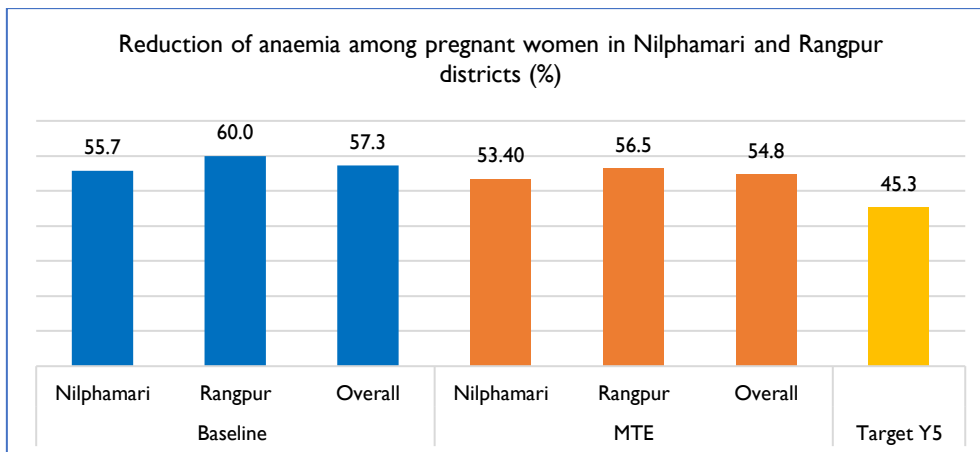
Indicators	Baseline	MTE	Targets Y5 (2023) (As per JANO Logframe_Updated_V 2)
% of women of reproductive age in the targeted districts who are consuming a minimum dietary diversity (MDD)	34.9%	Overall 40.2%	46.9%
# of DNCC, UNCC and UDCC spent budget effectively on nutrition-specific or nutrition-sensitive actions	0	2 DNCC 14 UNCC 64 UDCC 80 plans	2 DNCC 7 UNCC 65 UDCC
% of increased participation of community people, particularly women, in formal (government-led) and/ or informal (civil society-led, private sector-led) decision-making spaces	Formal: 1.79% Informal: 1.79%	Formal: Overall, 10.3% Informal: Overall 9.7%	Formal 11.79% Informal 11.79%

Source: MTE 2021 and Baseline 2019

The following two outcome level indicators are also progressing slowly:

**Indicator: % reduction in anemia among pregnant women in the districts of Nilphamari and Rangpur.** Figure -4 reflects the achievement (54.8%) of this indicator against the target of 45.3%. The JANO project has set ambitious targets which may not be achievable by the end of the project.

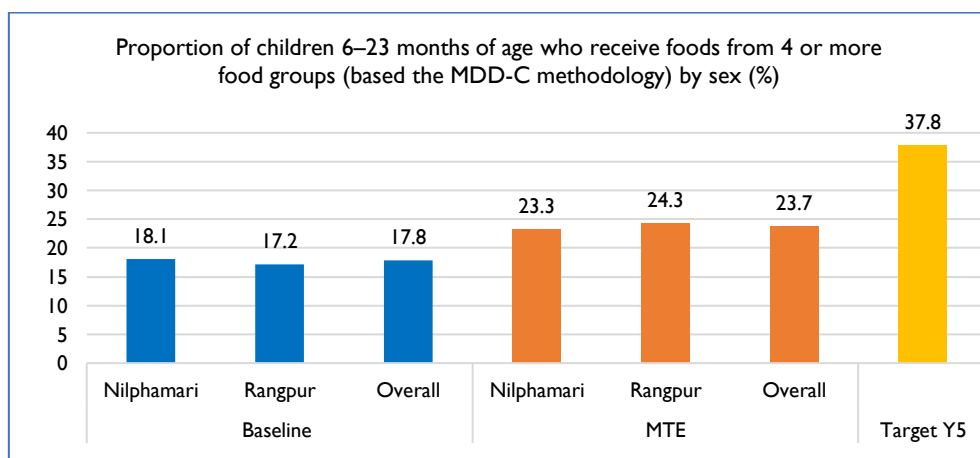
Figure 4: Reduction of anemia among pregnant women



Source: MTE,2021 and Baseline,2019

**Indicator: The proportion of children aged 6–23 months who receive food from four or more food groups (according to the MDD-C methodology) based on sex (in percentage).** Figure 5 reflects the achievement of this indicator (23.7%), which is a gain of 5.9% percentage points from the BL. The total target by the year 2023 is 37.8%. This may not be attainable by the end of the project.

Figure 5: Proportion of children from 6–23 months of age



Source: MTE,2021 and Baseline,2019

The abovementioned three impact level indicators and two outcome level indicators need to be moderated as the targets against these indicators are ambitious. Achievement against the target is lagging at the time of MTE as well. Several outcome level indicators targets are not measurable due to a lack of multisectoral planning and budgeting tracking sheets. For example, the number of DNCC, UNCC, and UDCC budgets spent effectively on nutrition-specific or nutrition-sensitive actions is not measurable. The indicator's target is to spend 50% of the fiscal year budget. The JANO project needs to review the above-mentioned targets as well.

Besides, the MTE team also found that some of the currently implemented activities are generating good results which are not in place in the existing logical framework. But it could be an indicator for measuring the project's achievement. For example, the project is intensively working on system strengthening through capacity building and ICT application. Therefore, there should be an indicator related to capacity building of the targeted institutions for rolling out the web-based M & E system at

Upazilla, district, and nationally. The following indicators may be added, considering the recommendation of MTE:

- Set an indicator for capacity building of the targeted institutions for rolling out a web-based M & E system in Upazilla, district, and nationally;
- Providing logistic support to institutions like the Civil Surgeon's office for rolling out a web-based monitoring system as suggested by the BNNC;
- Ensure financial inclusion for providing climate-smart agricultural inputs to marginalized farmers, including PLWs. The provision for financial inclusion is included in the JANO project. Meanwhile, this activity was postponed, as the value chain study did not recommend this approach suitable for JANO's case. Considering the current global pandemic situation and the food insecurity of the poorest people, financial inclusion needs to be considered for the farmers' groups and PLWs.

To achieve the overall objective and impact level log frame target of the project, the JANO project needs to be revisited for the remaining period. If the COVID 19 situation continues till the end of year-4 or the end of the project, the impact and specific objective level may not be achievable as per the log-frame target.

### **3.4. Relevancy and appropriateness of the beneficiary selection**

The relevance of the JANO project was assessed against the appropriateness of beneficiary targeting and selection of beneficiaries for achieving the program objectives. The JANO project focuses on pregnant and lactating women, adolescent girls, and children below five years old. Related interventions have been undertaken following a gender-transformative approach to develop the capacity of women to produce nutrition-sensitive and nutrition-specific agricultural products and generate income to meet the nutritional demand of the targeted project participants. The JANO Project targeted a total of 4.7 million people, including the following target groups:

- 275,415 pregnant and lactating women and married adolescent girls aged 15 to 49 years
- 190,322 under five-years-old children
- 421,425 unmarried adolescent girls and boys aged 10 to 19 years, including 125,752 adolescents (56% girls) reached through school interventions
- 10761 members of community support group (CSG)

**To reach these populations, the project targeted systemic structures and targeted the following groups:**

- 330 Primary and secondary school and SMC
- 633 Community Support Groups
- 74 Government Nutrition Coordination Committees at district, Upazilla, and union parishad levels
- 211 Community Health Care Providers
- 242 Family Welfare Assistants
- 190 Health Assistants
- 92 Government proposed multi-purpose health volunteers
- 11 Agriculture Extension Officers
- 10 Livestock Officers
- 7 Public Health and Engineering Officers
- 10 multi-national, national and local private sector companies

The JANO project has targeted the suitable groups to achieve the outcome and impact of the project. The FGD information reveals that the CSGs have understood their roles and responsibilities and are functional. The CSGs worked in coordination with the CGs, by checking the availability and quality of

the following programs: family planning, vaccines, ANC, INC, and PNC, linking through a listing of pregnant and lactating women and old age allowances. Moreover, these groups also arranged courtyard meetings on health, nutrition, and hygiene issues where the PLWs and adolescent girls were encouraged to go to CCs to avail treatment, regular check-ups during pregnancy, and reproductive health issues. The PLWs and adolescents are now going to CCs to receive primary health care services.

The FGD (with the CGs and CSGs) data reveals that the CSGs are linked to the CGs. The JANO project has provided training to the CSG members and contributed to making CSGs functional. Therefore, the CSG members are aware of their roles and responsibilities and are motivated by PLWs and adolescent girls to receive health services. The MTE conducted a self-assessment of the CSG members using 11 indicators, with the definition of these indicators presented below (Table-7).

**Table 7: Indicators and sub-indicators for CSG's functioning:**

SL	Criteria to measure CSG Functioning	Indicators	Target description/Sub-indicators	Summary of achievement out of 6 CSGs
1	Group understands their vision and purpose	Understanding on CSG group objectives	Group has well understood the purpose of the group's existence and the objectives that are to be achieved. All members could clearly explain their CSG objectives.	Excellent = 3, Good = 2, Average = 1 and Poor = 0
2	Group created nutrition and gender plans	Group operational nutrition and gender sensitive Plan exists	There is a clear group plan (annual action plan) regarding nutrition and gender-sensitive activities with clear roles and responsibilities for the group leaders and other members.	Excellent = 3, Good = 2, Average = 1 and Poor = 0
3	Group developed second-line leaders and maintained cohesion.	Group Cohesion & Leadership	Group has a participatory leader selection or election process, and a second-line leadership development plan is in place and in practice.	Excellent = 3, Good = 2, Average = 1 and Poor = 0
4	Group created a learning sharing space	Learning Sharing Space	Regular meetings and learning-sharing environments at the group level.	Excellent = 3, Good = 2, Average = 1 and Poor = 0
5	Group kept records of the necessary documents like plans, meeting minutes, etc.	Record Keeping	Groups have maintained excellent records on all activities such as well-documented nutrition and gender-sensitive plan, meeting decisions, service provider lists, PLW lists, adolescent lists, and other practices in detail so that every member can explain it.	Excellent = 3, Good = 2, Average = 1 and Poor = 0
6	Group has access and linkage with the extension services providers	Access to and use of services/ External Relationship	Group has established an excellent access/link/relationship with other groups, community clinics, local government, extension services, and other external organizations for	Excellent = 3, Good = 2, Average = 1 and Poor = 0



SL	Criteria to measure CSG Functioning	Indicators	Target description/Sub-indicators	Summary of achievement out of 6 CSGs
			rereferral, information, or other services.	
7	Group has regular interaction with the community	Regular interaction with community	CSG regularly interacts with the community to motivate them to receive and be aware of different services, especially PLW and adolescent girls for nutrition services (breast feeding, child feeding, do's and don'ts of PLW, the benefit of home gardening, eligibility for the SafetyNet program, etc.)	Excellent = 3, Good = 2, Average = 1 and Poor = 0
8	Group has taken the initiative to stop harmful phenomena like early marriage, open defecation, etc.	Stopping harmful social phenomena/ Encourage nutrition sensitive initiatives	CSG takes initiatives to stop harmful social phenomena (stop child marriage, open defecation, child immunization, promotion of climate-smart technologies, dowry, etc.).	Excellent = 3, Good = 2, Average = 1 and Poor = 0
9	Group has motivated community people to provide feedback to the service providers to improve the quality of services.	CSG encourage community to provide suggestions for better service delivery/modification of CC and UP services	The community is well aware of the suggestions and feedback process of CC and UP services. They are contributing to the modification of services. On the other hand, CSG is working as a pressure group to modify the services as per community demand	Excellent = 3, Good = 2, Average = 1 and Poor = 0
10	Group has maintained gender equity.	Gender equity	Gender equity has been properly ensured in every activity at the group level in terms of leadership, decision-making, communication, and support with members, other groups, service providers, and other external organizations.	Excellent = 3, Good = 2, Average = 1 and Poor = 0
11	Group assisted CGs with resource mobilization	Assist to CG for resource mobilization	The CSG regularly assists CG in fund collection, resource mobilization, and taking care of the community clinic.	Excellent = 3, Good = 2, Average = 1 and Poor = 0

Source: FGD, JANO MTE, 2021

Respondents clustered the responses into four categories (Excellent=3, Good=2, Average=1, and Poor=0) according to response against the functionality of CSGs in terms of understanding of CSG group objectives (indicator-1). The data in figure-6 revealed that JANO provided training to the CSG members. Therefore, they are now aware of the purpose of the group and the roles and responsibilities of the group members. Thus, the aim of JANO to activate

the CSGs to some extent is achieved. Out of 6 CSG groups, four are excellent. Most of the group members can explain their group purpose. The remaining two are good. All members of these two groups are aware of the group's purpose, and about 50% of group members can explain the CSG objectives.

Figure 6: Functionality of Indicator 1: Understanding on CSG group objectives

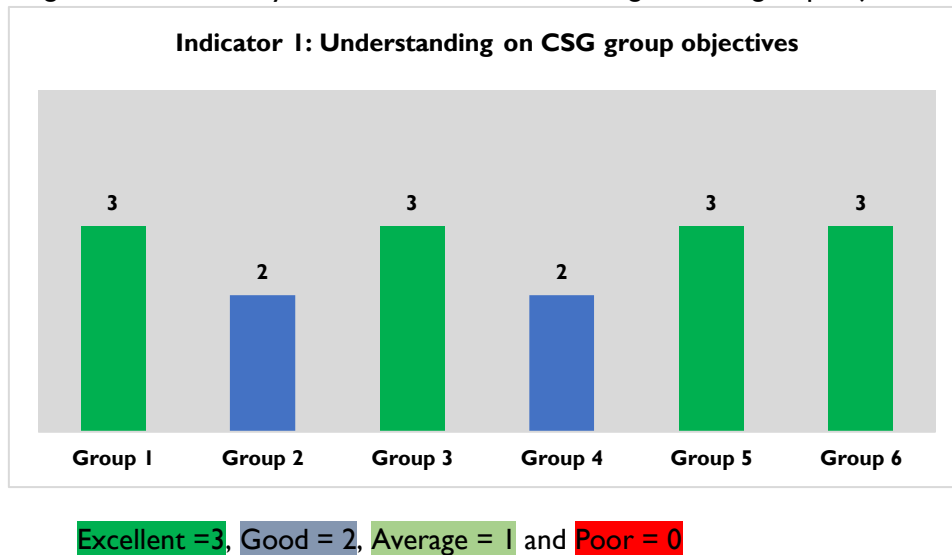


Figure 7 shows that out of six CSGs, two CGS are excellent, following the parameter that most of the members (more than 75%) are aware of their plans and coordinated to implement those plans. The group has the capability to develop and update its plans without external support. The group does the exercise on nutrition-sensitive activity analysis and gender analysis before developing the annual plan without external support. The remaining four CGSs are good. About 50%-75% of members of these groups have some understanding of their group activity, planning, and their role. The group does the exercise on nutrition-sensitive activity analysis and gender analysis before the development of an annual plan with external support.

Figure-7: Functionality of CSGs in terms of nutrition and gender-sensitive plan

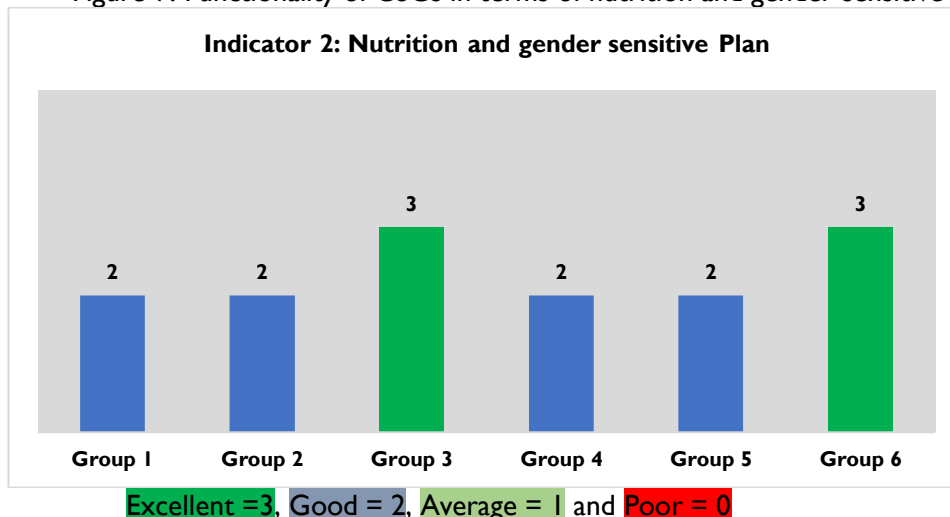
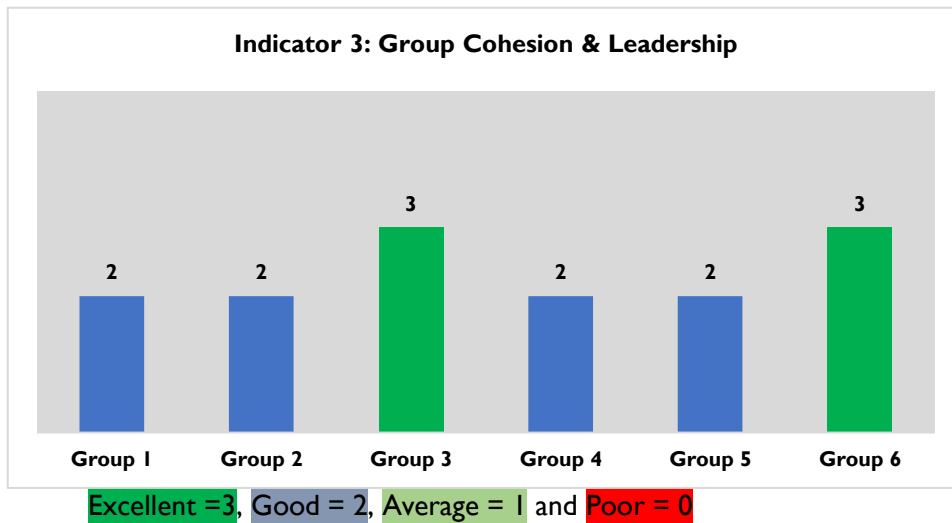


Figure 8 reflects the functionality of CSGs in terms of group cohesion and leadership. The figure shows that out of six CSGs, two are excellent at following the parameters of electing group leaders regularly; past leaders step down regularly upon completing their term; the group has a second-line capacity development process. At least 2/3 of the group leaders are women. The remaining four CGSs are good at adhering to the group's parameters, electing their leaders regularly; past leaders step down

regularly after completing their term; the group is made up of members from all geographic locations. At least one group leader is a woman.

Figure 8: Functionality of CSGs in terms of group cohesion and leadership



Source: MTE, FGD data

Figure 9 reflects the functionality of CSGs in terms of learning sharing. Figure-9 shows that out of six CSGs, four CGS are excellent at following the parameters of most of the members (more than 75%) participating in their regular meetings and discussing their progress, practices, and learning in a dignified way. The remaining two groups are good. About 50%-75% of members participate in their regular meetings and contribute to the decision-making process.

Figure 9: Functionality of CSGs in terms of learning sharing space

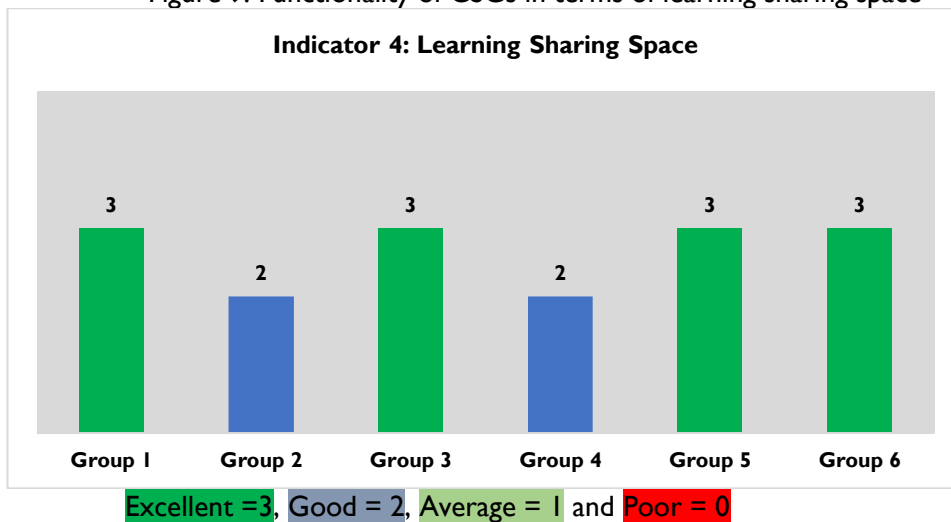
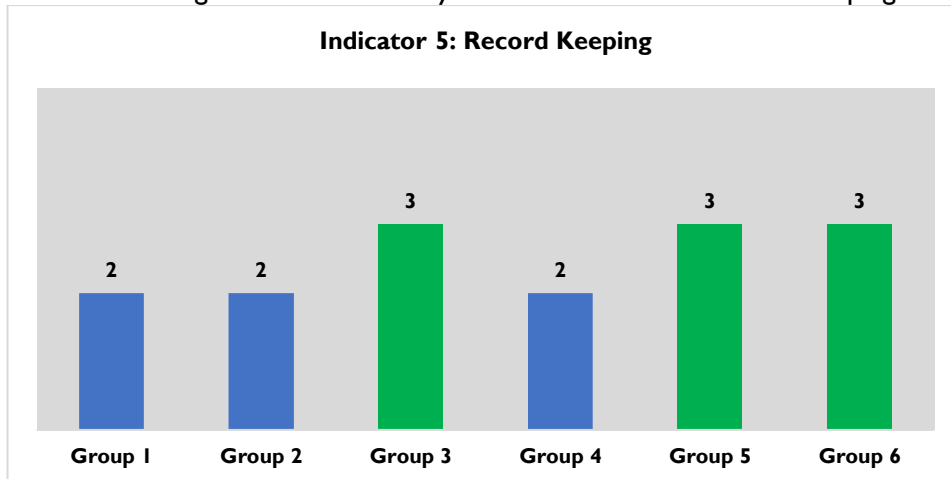


Figure 10 reflects the functionality of CSGs in terms of record keeping. It shows that out of six CSGs, three CSGs are excellent at considering the parameters that group maintains excellent records on all activities with very high accuracy and consistency of records. Records are available to all members. The remaining three groups are good in terms of maintaining records of all activities. Records are generally accurate and available to members.

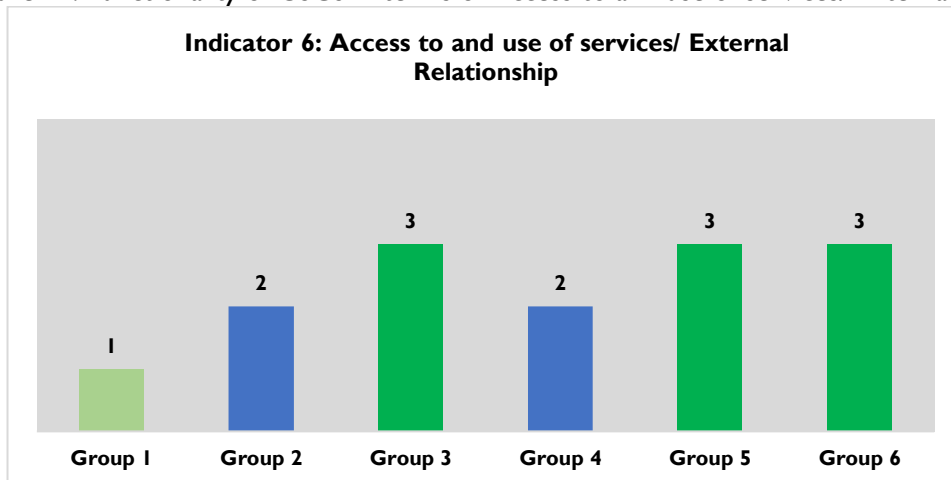
Figure 10: Functionality of CSGs in terms of Record Keeping



Excellent = 3, Good = 2, Average = 1 and Poor = 0

Figure 11 reflects the functionality of CSGs in terms of access to and use of services/external relationships. Out of six CSGs, three are excellent. Figure 11: Functionality of CSGs in terms of access to and use of services/external relationships, given that the group has links with many other groups and organizations and has a solid and positive relationship with them for accessing services. The CSGs have a list of services provided with names and contact numbers. The remaining two groups are good in terms of having links with many other groups, service providers, and organizations, and the use of the services is satisfactory. And one CGS is average considering that the group has very few links with other groups, NGOs, and extension services, and members provide infrequent referrals to the community.

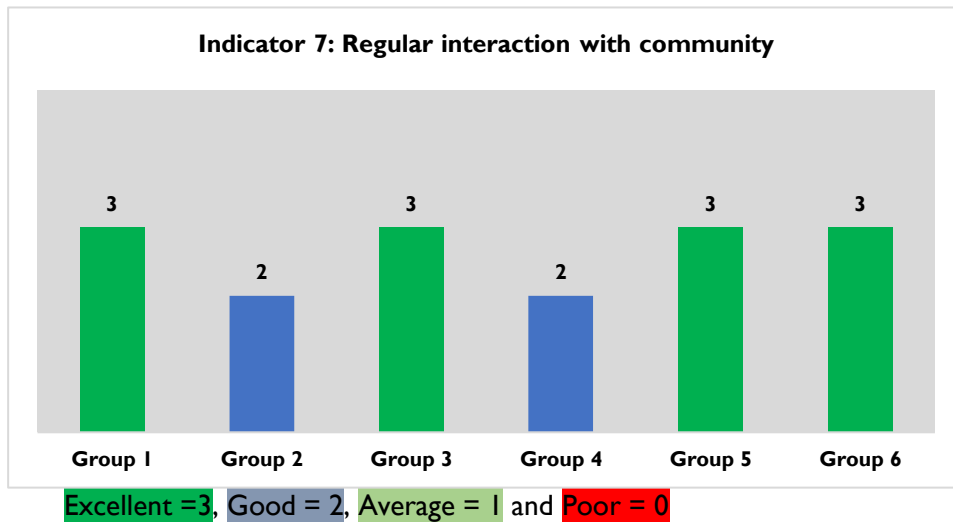
Figure 11: Functionality of CSGs in terms of Access to and use of services/ External Relationship



Excellent = 3, Good = 2, Average = 1 and Poor = 0

Figure 12 reflects the functionality of CSGs in terms of regular interaction with the community. The figure shows that out of six CSGs, four groups are excellent in terms of most of the group members discussing the issues formally in a planned way by organizing and/or participating

Figure 12: Functionality of CSGs in terms of regular interaction with the community



in court yard sessions, tea stall discussions, one-to-one communication, and making examples of their planned interaction. The remaining two groups are good considering that about half of the group members discussed the issues informally through one-to-one communication when people sought support from them.

Figure 13 reflects the functionality of CSGs in terms of stopping harmful social phenomena and encouraging nutrition-related activities. The figure indicates that out of six CSGs, four CSGs are excellent in their group's regularly discussing the issues at scheduled meetings with the community and UP. The issues are clearly documented in their resolution book. They stand against harmful social phenomena once the situation is visible in their community. Other groups refer to them as examples. The remaining two CSGs are good, considering that most group members are aware of the issues and discuss them within the group. But very few of the group members interact with the community.

Figure 13: Functionality of CSGs in terms of stopping harmful social phenomenon/encouraging nutrition-sensitive initiatives

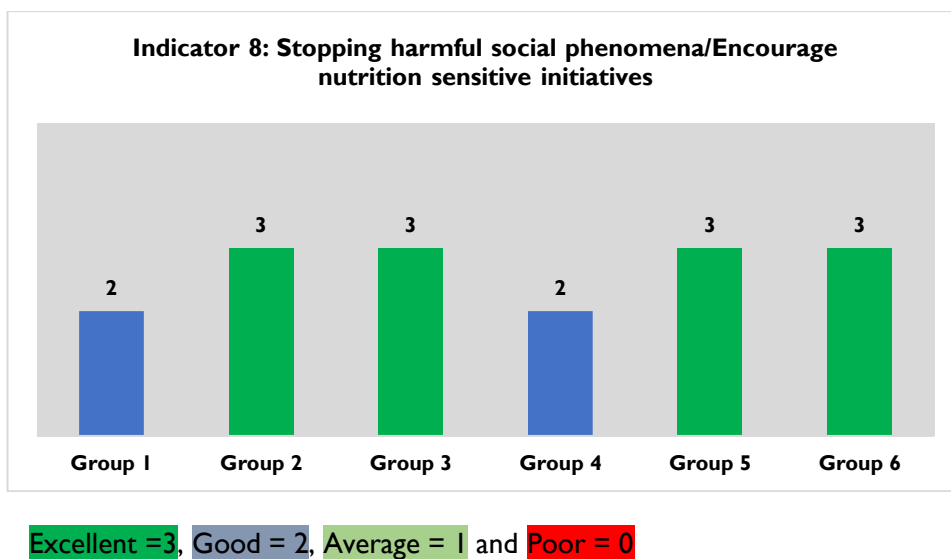


Figure 14 reflects the functionality of CSGs in encouraging the community to provide suggestions to CC and UP for better service delivery. Out of six CSGs, two are excellent, considering that the CSG works as a pressure group to modify the services per community demand. The CSG leaders/members provide regular follow-ups to UP and CC representatives to analyze the community voice and/or

discuss the issues at scheduled meetings at CC and UP. The remaining two CSGs are good considering that most of the group members are aware of the issues and regularly discuss them within the group and the community through formal and informal discussions. And one CSG is average, considering that a few members know about the process but did not discuss it at the group meeting.

Figure 14: Functionality of CSGs in terms of encouraging the community to provide suggestions to CC and UP for better service delivery

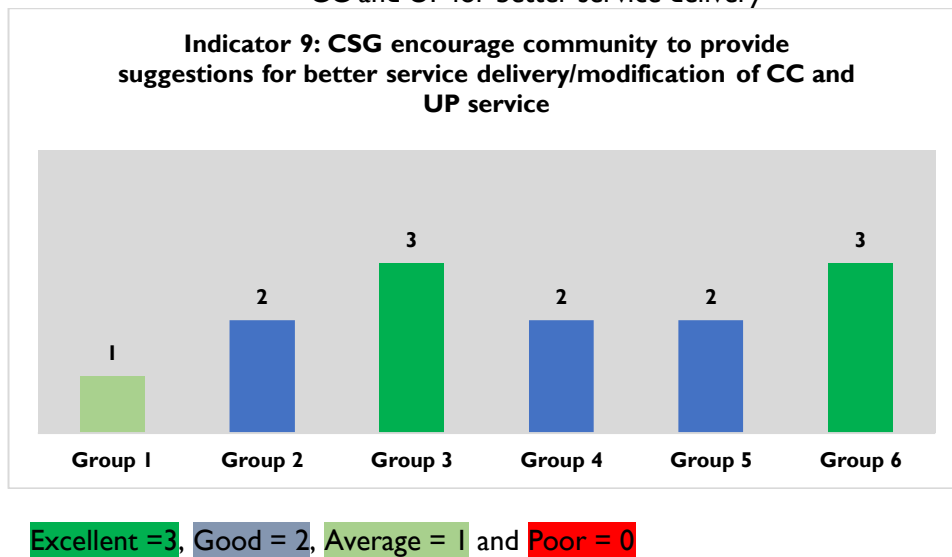


Figure 15 reflects the functionality of CSGs in terms of gender equity. The figure indicates that out of six CSGs, one is excellent, considering that equity is properly maintained by law at the group level. Participation and practice adaption is excellent as well (75% and above). Women and men have equal influence in decision making, within the group and in the community. The five CSGs are good considering that the group members discuss and practice gender equity, and participation and adaption of practices are satisfied. Women and men have equal influence in decision making, within the group and in the community (50%-75%).

Figure 15: Functionality of Indicator 10: Gender equity

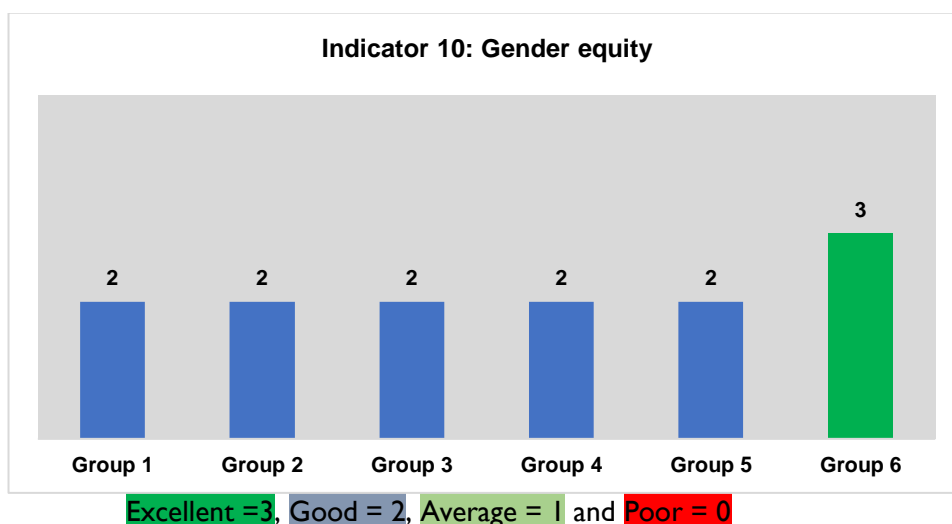
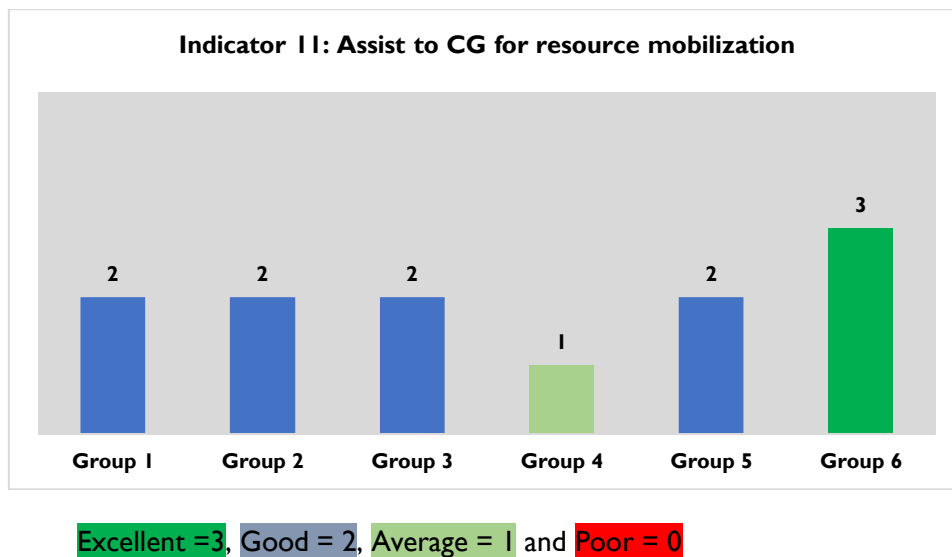


Figure 16 reflects the functionality of CSGs in terms of access to CG for resource mobilization. The figure indicates that out of six CSGs, one group is excellent considering that the CSG regularly assists CG in creating CC maintenance and emergency resources for better management of the community clinic. The remaining four groups are good considering that most CSG members know and infrequently

support the CG to raise CC and other resources funds. And one CSG is Average, considering that a few of the CSG members know about fund collection issues but have limited scope of assistance.

Figure 16: Functionality of Indicator 11: Assist to CG for resource mobilization



The JANO project has been successful in revitalizing CSGs. The Community Clinic provides health services for PLWs, adolescent girls, and poor and marginalized people. As CSGs **have successfully encouraged communities to receive services from the CCs**, the interests of these target populations in receiving services from the CCs have been increasing. Moreover, the CSG members have been providing voluntary support in organizing courtyard meetings and discussing the importance of health check-ups during pregnancy, the availability of health services at the community level, nutrition, the importance of breastfeeding, and other gender-related issues.

The CSGs have been supporting CGs for resource mobilization for the CCs. According to the members of the CGs, they are facing some challenges in mobilizing resources for the CCs. Basically, all CCs are operational with the support of the UP and resources mobilized by the support of CG and CSG members from the rich people of the community. According to the members of the CGs, the CCs have some medicine for different types of illnesses like fever, cough, headaches, itching, and diarrhea, and vaccines for distribution among the PLWs and adolescents. The source of income of CCs is minimal. They receive a maximum of BDT 5 from each patient as a donation. The CCs have insufficient waiting space for patients, unhygienic conditions in the toilet and surroundings, inadequate medicine, and a minimal scope of diagnosis. Therefore, the CSG and CGs may consider and set up a model community clinic for scaling up with the support of the JANO project. The SCGs and CGs are trying to mobilize local resources in consultation with the UP and UDCCs to improve the environment of the CCs. The KII and FGD data reveal that the SCG members have taken the initiative to arrange sanitary latrines, waiting space for patients, and provide breastfeeding space with a screen.

The FGD (with CSGs) and KII (UDCCs) data reveal that through courtyard meetings, the pregnant women and the adolescent girls have learned a lot about their maternal health care, ANC, PNC. They also know where they can get health services. Pregnant and lactating mothers learn the value of prenatal health screenings, the importance of eating nutritious foods, and the value of home vegetable gardening. Pregnant and lactating mothers have learned a lot about their health through the Jano Project, which they were unaware of previously. The perception of the mother-in-laws' of pregnant women regarding the importance of health check-ups has been changed due to the consultation of the Health Workers and CSG members. Now they allow expectant mothers to visit CCs during pregnancy.

Every CC has some limited common drugs like folic acid, iron tablets, calcium tablets, but these are not sufficient to meet the demand of the patients. Some respondents reported that they were provided with drugs but not in the full course due to lack of stock. The FGD data reveals that PLWs usually go to CCs for routine check-ups. Some PLWs go to the Family Planning and Welfare Centre, Upazilla Health Complex, and private doctors to receive better services. Some respondents opined that the CCs should have some equipment for primary diagnosis with the facilities of normal delivery considering the area's remoteness.

The JANO project has introduced a Complaint Response Mechanism (CRM) to ensure accountability and transparency by setting up a **complaint box/suggestion box** in each CC and Union Parishad level. It was not planned from the beginning of the project. Now the project is trying to establish a CRM. The project has just started facilitating the CHCP and CG members and UP to establish CRM and motivate them to use the suggestion/complaint box for sharing their feedback, suggestions, and complaints. Therefore, the suggestion/complaint boxes are available at CCs. The MTE observed that only verbal complaints are made by the primary health care service receiver (PLW) as the initiative is at the primary level. The purpose of the complaint/suggestion box is not clear among the service recipients and service providers. However, to achieve the purpose of CRM, the project has to sensitize both the service receivers and service providers regarding the importance of CRM. The JANO project may take the initiative to activate CRM by making the purpose of CRM clear among the PLWs, IDIs, adolescents, CSGs, CGs, community people, and service providers like CCs.

**Social Safety-net:** The marginal and ultra-poor, particularly PLWs, are unaware of their rights and how to access existing social safety nets such as maternity allowance, 1000 day allowance, supplementary feeding, Maternal Health Voucher, Area-based Community Nutrition Scheme, VGD and VGF, and so on. About 24.77% of the targeted population received the above-mentioned social safety net support, higher than in year one (10.20%) and year two (10.64%). On the other hand, the JANO project may take additional special initiatives to ensure that marginalized people, including PLWs, are aware of the social safety net and other safety nets available to them like LGSP properly.

The JANO project has targeted the appropriate sector divisions at district and sub-district levels for strengthening nutrition governance and increasing responsiveness among the front-line public service providers. On the other hand, the UDCCs, UNCCs, and DNCCs are also functional. As a result, a multi-sectoral plan has been developed in the last two years, following a bottom-up approach. The MTE team has conducted FGD with the relevant community groups and KII, consultation meeting with the important project stakeholders. The FGD and KII findings also reveal that the target groups have developed their plans following a participatory method. The capacity-building initiative of the community-level groups has been successful to some extent. The adolescent girls and PLWs receive services from the community clinic and UHFWC/Upazilla Health complex at the subdistrict level. There are some examples of receiving services from the extension service providers like Education, DPHE, DWA, DAE and Livestock.

The UDCC member, Mr. Rafiqul Islam, (Chairman of Union Parishad), said the MTE during KII:

*“They involve every member of the committee while making their action plans, and they take into consideration the suggestions of the committee members. They have taken the initiative to set up waiting rooms in the community clinics, arrange safe water supply, and make separate arrangements for lactating mothers to feed their infants. They do not have any separate budget allocated for these initiatives.”*

The MTE found that the CCs have contributed to providing nutrition-specific and related health services to the targeted PLWs, adolescents, and children under five years of age. They were motivated through courtyard meetings conducted by CSGs. The CSGs and CGs support the CCs to be functional for the targeted population.



The Secretary of DNCC, Dr. Hironbo Kumar Roy, Civil Surgeon, says:

The KII with the staff of the JANO project reveals that during the current global pandemic COVID 19 situation, the CG, CSG, and CCs were functional, but the frequency of face-to-face meetings was reduced, and court yard meetings were organized with the small groups following the COVID 19 protocol.

The meetings of the CSG, CG, and SMCs were also reduced in number, and activities with the UNCC, DNCC and government stakeholders had to be dropped and replanned for the next period. Consequently, the progress of impact and outcome level indicators has been slow (Target vs. achievement), as mentioned in 3.3 earlier.

“The JANO Project is a really good initiative. The government is trying to ensure nutrition, and other sectors like agriculture and fisheries are also helping the government with it. We are witnessing many changes in the community. The frequency of the DNCC meetings has decreased during the Covid-19 situation. Although follow-up sessions are now being held via zoom or other online platform sessions, they are not as frequent as the pre-covid-19 situation.”

### **SMCs:**

The JANO project has targeted 330 Primary and secondary school and SMCs and provided training to the 1320 teachers, 50 Master Trainers, and SMC members and supported rolling out 26 Gender Equity Movement in School (GEMS) sessions at the school level. The Project has ensured coordination with the Upazilla and District level Education officials Directorate of Secondary and Higher Education (DSHE) under the Ministry of Education to introduce GMES sessions at 330 Schools and provide training to the Master Trainers. Moreover, the JANO project has supported the creation of a school-based vegetable garden. The purpose of the school-based vegetable garden is to disseminate nutrition-sensitive and climate-smart vegetable farming technology to the household and the community level. Unfortunately, all educational institutions, including the targeted schools, have remained closed for the last 18 months due to the global pandemic situation of COVID 19. It has been increasing the uncertainty of remaining schools' open due to the uncertainty of the upcoming 3rd wave of COVID in Bangladesh. Considering the present situation, the purpose of a school-based vegetable garden may not be achievable. Therefore, the JANO project may rethink alternative strategies for achieving the purpose of the interventions. The JANO project could give more attention to household level/community level nutrition-sensitive high-value crop production to meet the household level demand. The JANO project has contributed to establishing a linkage between school gardens and SMCs with the Sub Assistant Agriculture Officers. The SMCs have incorporated climate-smart school gardening into their annual plan and have adopted organic farming technologies in the vegetable garden on the school premises. Moreover, the JANO project has supported the SMCs in developing an adolescent corner in all targeted schools.

The Education Officer (one of the UNCC members), Anjum Ara Begum, says

*“We have Adolescent Girls’ Club in our locality under the supervision of JANO, but the club is not in operation currently due to covid. They influence the making of vegetable gardens in the high schools for the nutrition of children and pregnant and lactating mothers.”*

The JANO project has contributed to establishing adolescent corners in 330 schools, which has helped to increase awareness among adolescent girls about reproductive health and gender. It has also helped create a learning environment for adolescent girls and boys and disseminate messages to their friends, relatives, and neighbors at the community level. However, due to the COVID 19 global pandemic and the school's closure for 18 months, the students rarely had the opportunity to visit the Adolescent

Corner. The MTE conducted 7 FGDs with the SMCs. The FGD data reveals that: all SMCs have prepared action plans in collaboration with the teachers and student representatives.

**Table 8: Represents the annual plan for 2021 for seven schools selected randomly to conduct FGD.:**

Activities included	SMC1	SMC2	SMC3	SMC4	SMC5	SMC6	SMC7
Continue online class	√	√	√	√	√	√	√
Arrange classes in suitable places at the respective Mohalla/para following the COVID 19 protocol properly	√	√	√	√	√	√	√
Climate-smart nutrition garden	√	√	√	√	√	√	√
Adolescent corner for boys and girls	√	√	√	√	√	√	√
Establishment of school boundary wall	√	×	×	√	√	×	×
Satata Store	×	√	×	×	×	×	×
WASH /Cleanliness, Personal health, and hygiene	√	√	√	√	√	√	√
Preparedness for Post COVID situation	√	√	√	√	√	√	√
Observation of the attendance of students and teachers	√	×	√	√	√	√	√
Day observation (World Women's Day, World Health Day, Global Handwashing Day, World Children's Day)	√	√	√	√	√	√	√
Organize a school campaign (handwriting competition, cooking demonstration, nutrition discussion)	√	×	×	×	×	×	×
Gender equality in school-related sessions	√	×	√	√	√	√	√
Discussion on Day Meal in the School	√	√	√	√	√	√	√
Discussion of Hand Washing	√	×	√	√	√	√	√
Adolescent reproductive health discussion (Iron tablet, Folic tablet, and sanitary napkin for adolescent girls)	√	×	√	√	√	√	√
Deworming tablets for the students, twice a year	√	√	×	×	×	×	×
Monitoring payment of Stipend	×	√	×	×	×	×	×
Resource/fund mobilization	×	×	√	×	×	×	×
School dress distribution	×	×	×	√	×	×	×

The table mentioned above indicates that the SMCs have included the school-based activities of the JANO project in their annual action plan. For example, they included a nutrition garden, an adolescent corner, health and nutrition, and gender equity in their annual action plan. The FGD (with the SMCs) data shows that the SMCs arranged combined classes for male and female students not to have any problems regarding gender equality. Both adolescent boys and girls are counseled about their personal hygiene. There are common room facilities for girls with attached toilets which are kept clean at all times. Both adolescent boys and girls are also counseled on nutrition and proper diet. To ensure the students' proper nutrition, the school authority had also planned to provide them *khichuri* for lunch. But due to the pandemic, their plan could not be implemented.

The FGD data reveals that the school garden will help to demonstrate how to do farming following a climate-smart organic farming method without using toxic chemical-containing fertilizer. It will help the students cultivate vegetables and fruits in their homesteads.

## COVID 19 pandemic and distance learning

The FGD with the SMCs reveals that:

- (i) During the pandemic, the school authorities arranged classes on online platforms (Facebook classes) and handed out assignments from time to time. Some of the benefits of online classes are that students can continue learning even during a pandemic from the comfort of their homes; they can also benefit from online classes from other institutions apart from their schools. One of the challenges of online classes is that students sometimes get distracted by other things on the internet. If their parents monitor their internet usage, it can be prevented. They believe that the existing technological infrastructure is sufficient for distance learning.
- (ii) If the countrywide lockdown persists, online classes will have to be carried on. So, awareness among students and their parents is necessary so that they can benefit from online classes. Apart from online classes and assignments, school authorities are also arranging weekly classes in smaller sizes.
- (iii) Some of the students do not have the required devices for participating in online classes. And even if they had the needed devices, there was still the issue of having an uninterrupted internet connection.
- (iv) The madrasas do not have the necessary technological infrastructures to arrange online classes. And their internet connection is also not good enough to hold online classes.

### Steps taken by the school management

- Arrange classes through gathering students from house to house in a suitable location nearby the school;
- Arrange JANO Facebook classes in light of COVID 19 to provide students with alternative access during school closures;
- Maintain strict adherence to guidelines for proper hygiene and COvid-19 precautions.
- Basins have been installed for students and teachers on the balconies of the school campus to wash their hands;
- Schools are being cleaned after the announcement of the reopening by the government;
- Students are instructed to wear masks, sanitize their hands, and take other precautions against corona infection.

### Climate-smart Agriculture:

The JANO project has introduced climate-smart agriculture to farmers' groups, PLWs, and school students. The JANO project has introduced organic farming, motivating farmers to use natural fertilizers instead of fertilizers containing harmful chemicals. The Project has conducted a Value Chain Analysis to identify suitable, nutrition-specific, nutrition-sensitive, and comparatively high-value crops for the PLWs and farmer groups using a minimum of 3 climate-smart techniques out of 23 criteria. These criteria are listed below:

1. Use of submergence-resistant varieties (BRRI 51, BRRI 52)
2. Use of drought-resistant varieties
3. Use of short duration varieties (BINA 7, BRRI 33, 43)
4. Zinc Enriched variety of rice (BRRI Dhan 62, 72)
5. Ribbon retting method
6. High Yielding Variety (HYV)
7. Floating beds cultivation on water bodies
8. Growing creeping vegetables on nets over ponds
9. Growing creeping vegetables on nets over ponds
10. Conservation agriculture (Zero/ Minimum tillage)

11. Use of solar-powered irrigation
12. Proper use of fertilizers (right-timing, amount)
13. Intercropping
14. Year-round aquaculture
15. Alternative Wetting and drying (AWD) methods
16. Use of Biofuel/ Bio Gas
17. High-efficiency fertilizer Application
18. Crop diversification
19. Index-based crop insurances
20. Fodder production
21. Vegetable Cultivation on raised bed
22. Organic Farming
23. Mulching

The agricultural intervention has contributed to meeting the nutritional demand of the targeted population of the JANO project, mainly the PLWs, adolescents, and children under five years of age. The JANO project has ensured receiving service from the extension service providers like Sub Assistant Agricultural Officer (SAAO). As a result, the SAAO has supported the provision of technical know-how for the school garden, homestead vegetable garden, and the crop field of the Farmers Group. The agricultural intervention has contributed to meeting the nutritional demand of the targeted population of the JANO project, mainly the PLWs, adolescents, and children under five years of age. The JANO project has ensured receiving service from the extension service providers like Sub Assistant Agricultural Officer (SAAO). As a result, the SAAO has supported the provision of technical know-how for the school garden, homestead vegetable garden, and the crop field of the Farmers Group. The high value of nutrition crop producers has been increasing due to the contribution of the JANO project, comparing the baseline status (36.7%) with that of 42.3% at the time of MTE (see details in Chapter-5).

The production of high-value nutrition crops by the PLWs contributed to meeting the demand for nutrition on the one hand. On the other hand, it helped to increase income through selling and saving money from the budget for vegetable purchases from the local market. Moreover, it helped the PLWs to increase their level of confidence.

Nurun Nahar Parul says

*“I do not use any fertilizers as my soil is fertile. I only use organic fertilizers. As a result, I as well as other people are getting nutritious fruits and vegetables. I am trying to stay healthy and keep other people healthy as well. I got into a lot of problems with the installation money during the pandemic situation. My husband did not have any job. On the other hand, I also could not sell my vegetables as nobody had any money due to the Covid-19 situation. I even had to sell vegetables worth 50-60 tk. for only 15-20 tk. In future, I want to have a dairy firm. I also wish to become Chairman of this union. I want to work for the women. I want women to receive training so that they can be self-sufficient. During this pandemic situation, violence against women has increased dramatically. Early marriage rate has risen. Parents are marrying their daughters off who are only class 9/10 students. The men in the families have become jobless and it is causing distress to the families. If women were employed in these families, they would have been able to help their families in these hopeless times.”*

The KII (with the service providers) reveals that the JANO project interventions related to agriculture and livelihood are relevant to achieving the project's outcome. The SAAO of the Taraganj sub-district under Rangpur Upazilla said that the JANO project is 100% relevant to meeting the nutritional demand of the targeted population. However, farmers do not want to accept the organic farming technique. The vegetable garden of the JANO project is visible as all gardens are in front of the houses. The production of high-value nutrition crops by the PLWs contributed to meeting the demand for nutrition on the one hand.

On the other hand, it helped to increase income through selling and saving money from the budget for vegetable purchases from the local market. The KII (with the service providers) reveals that the JANO project interventions related to agriculture and livelihood are relevant to achieving the project's outcome. The SAO of the Taraganj sub-district under Rangpur Upazilla said that the JANO project is 100% relevant to meeting the nutritional demand of the targeted population. However, farmers do not want to accept the organic farming technique. The vegetable garden of the JANO project is visible as all gardens are in front of the houses. Many farmers are benefiting from organic farming for sustainable and climate-smart agriculture. Farmers are now more aware of not using any chemical fertilizer or harmful pesticides. Most of the farmers are now benefiting from farming by using appropriate adaptive techniques like vegetable cultivation on raised-bed cultivation of the following varieties: Paddy (Zink Rice BARI 72, 84, 88), Sweet Potato (BARI 8 & 12), Vegetables (Pumpkin, Okra, Red Amaranth, Spinach, Yard Long Bean, Tomato, Papaya, Banana, Indian Spinach, Maringa, etc.)

Other study findings also show that due to COVID 19, child marriage, violence against women, and unemployment have increased in Bangladesh. According to the International Labour Organization (ILO) assessment, Bangladesh's unemployment rate increased by 1.1 percent to 5.3 percent in 2020, mainly due to the Covid-19 pandemic that created a labor market crisis globally. This study also shows that the world unemployment rate reached 6.5 percent last year, up from 5.4 percent in the pre-pandemic year of 2019. The unemployment and under employment status of Bangladesh in 2020 as per ILO data is presented in table-9 below:

**Table 9: Unemployment and underemployment in Bangladesh during 2020 due to COVID 19**

Gender	Unemployment (%)	Youth unemployment (15-24) %	Labour underutilization, %
Total	4.3	12	7.1
Men	3.3	10	4.8
Women	6.4	15	11

Source: ILO Key Indicators of the Labour Market (KILM)<sup>3</sup>

The Deputy Commissioner of Nilphamari district also mentioned that child marriage increased during the COVID 19 situation. He also said:

Bangladesh has made notable progress in curbing child marriage. Studies show that the proportion of girls who married before age 16 declined from 46 percent to 32 percent between 2007-2017. The percentage of those who married before age 18 (the legal age of marriage) fell from 66 to 59. However, Bangladesh is witnessing a sharp rise in child marriages during the COVID-19 pandemic, driven by multiple factors, including reduced income, especially in lower-income families, and schools closures<sup>4</sup>.

The Manusher Jonno Foundation and BRAC James P Grant School of Public Health conducted the study "Life in the Time of Coronavirus: A Gendered Perspective" from July 15, 2020, to December 15, 2020. In the research, 65,000 women and children in 53 districts of Bangladesh were investigated. Of the 38,485 women who admitted to facing some sort of domestic violence since Covid-19-hit Bangladesh, 11,529 (30%) women said they had never met any domestic violence before the pandemic. Altogether, 46% said they faced mental torture, 20% said they faced physical violence, 31% said they dealt with economic torture, and 3% admitted facing sexual abuse<sup>5</sup>.

Considering the above-mentioned scenario, the JANO Project would include some initiatives to address the unemployment situation, early marriage, and violence against women to achieve the project's outcome.

<sup>3</sup> <https://journals.sagepub.com/doi/pdf/10.1177/0971523121995072>

<sup>4</sup> <https://bd.usembassy.gov/usa-id-launches-actions-to-prevent-child-marriage-in-bangladesh-campaign/>

<sup>5</sup> <https://www.dhakatribune.com/bangladesh/2021/03/31/30-of-domestic-violence-survivors-faced-violence-for-the-first-time-during-pandemic>

### 3.5. Appropriateness of initial and alternative project strategies

The MTE team observed that the project's strategies were overall effective and on track. No particular shift in these strategies has been observed. However, the approaches of activation/revitalization of different local level institutions like community groups, community support groups, SMCs, union, sub-district, and district-level nutrition coordination committees, and bottom-up nutrition-sensitive and nutrition-specific planning and budgeting in line with the NPAN-2 have been providing the proper indication of reaching the project objectives so far. The MTE team observed that the project's strategies were overall effective and on track. No particular shift in these strategies has been observed. However, the approaches of activation/revitalization of different local level institutions like community groups, community support groups, SMCs, union, sub-district, and district-level nutrition coordination committees, and bottom-up nutrition-sensitive and nutrition-specific planning and budgeting in line with the NPAN-2 have been providing the right indication of reaching the project objectives so far. BMCC initiated the digitization of monitoring and evaluation of UNCC and DNCC through a web-based online portal, which is a remarkable initiative. It will contribute to strengthening nutrition governance at the local as well as national level.

Moreover, the citizen-led monitoring tools like the community score card and social audit also contribute to reaching the project objectives. However, due to the COVID 19 pandemic, the implementation of some interventions (like training, school sessions, theatre, courtyard meetings, etc.) of the JANO project has been delayed. The JANO project had to revise the implementation plan incorporating the remaining tasks.

The project has tried to accommodate these interventions with the following year's plan. But due to the uncertainty of the current global pandemic, the project is lagging in implementing a few interventions. The Project has taken an alternative approach of conducting virtual meetings, workshops, remote management, introducing ICT for some school-based interventions, e-learning, and Facebook pages. These alternative approaches were successful to some extent. But Android mobile is not equally accessible to all students, and the cost of mobile data is also not affordable equally for all, particularly for marginalized people.

The JANO project adapted the following alternative approaches during COVID 19 to continue the planned activities:

- The JANO Project has a Facebook page<sup>6</sup>. Due to the global pandemic, the JANO project uploaded 82 online lessons for school-going children on a small scale during the school closure. Should the COVID-19 infection rate exacerbate, there is a possibility of closure of the educational institutions for extended periods. So, launching virtual learning platforms (Facebook page, YouTube channel) and uploading regular lessons for the students would be continued. Through these online lessons, students who have access to the internet and mobile devices will be able to access these lessons. For the poor and marginalized people, organizing courtyard meetings and maintaining the COVID-19 protocol can also be a good initiative to continue lessons for the school students as well as disseminate the lessons from the school garden at the community level.
- Strengthening remote management, virtual meetings, workshops, and training; various activities were carried out during the lockdown to engage the students and teachers effectively. For instance, the arrangement of FaceBook live classes, various online campaigns for students and teachers, and the continuation of GEMS sessions through courtyard meetings. The use of JANO Facebook live classes, GEMS training, and Pico projectors proved to be really valuable in engaging the students and teachers during the lockdown period. This online approach's success in reaching the students and teachers might induce its continuation even

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<sup>6</sup> <https://www.facebook.com/JANO-%E0%A6%9C%E0%A6%BE%E0%A6%A8%E0%A7%8B-105734714548847/>

after the COVID-19 situation subsides. Thus, the provision of need-based support to the SMCs in school reopening will be possible.

### **3.6. Monitoring and Results Measurement System**

The current M & E framework and Monitoring and Learning Plan of the JANO project are adequate for measuring results and are of good quality. The JANO M & E plan included process/activity monitoring, output monitoring, and quality monitoring. The M & E team developed an appropriate toll/template/tracking sheet for data collection. It provided orientation to the staff on how to use the template (data collection format) properly. The MIS officer usually collects data monthly using a specific template and compiles it quarterly. The M & E Coordinator prepares a quarterly monitoring report. The monitoring report findings are shared with the JANO project management and PSMT and SPC as well. As a result, the project management has been able to consider the M&E findings during the preparation of the project implementation plan. The MIS data flow diagram has clearly described the responsibility of the M & E dedicated people and project implementation staff and the process of data flow and feedback flow.

The MTE observed that one M & E Coordinator is responsible for overall monitoring and evaluation of the project and guides the M & E team with the support of CARE Bangladesh's M & E department. One MIS officer for CARE Bangladesh is responsible for supporting the data management system, and two M & E officers at the partner (ESDO) level are responsible for process and result monitoring in two districts. A total of four full-time M & E people are on board to measure results and produce monitoring and progress reports quarterly and annually. A specialist M & E person trained in web-based monitoring is needed to expedite data computing and generate real-time information. Creating a new M & E position will thus help the project support JANO, MoH, and GoB in nutrition and scale up the web-based M & E portal. The JANO project has adopted a comprehensive monitoring, evaluation, and learning system, capitalizing on the experience of CARE from similar projects and existing CARE M & E systems. The data-driven M&E system is in place, which helps the project management take appropriate and informed decisions to maintain quality of implementation and generate evidence of impact and progress. The M&E system includes the quarterly progress monitoring by the JANO project under the leadership of the M&E Coordinator of the project. The baseline, annual review, midterm, and final evaluation by external parties are also included in the M & E system of the project. The M&E system includes a collaborative learning process to ensure ongoing project implementation and improvements for the project's successful achievement of targets. The use of ICT to promote real-time data-based decision-making and to ensure accountability of multi-stakeholders is in place.

As a result of JANO project facilitation, the DNCCs and UNCCs have involved representatives of all concerned ministries. Both the committees are now functional to support and deliver nutrition-sensitive and nutrition-specific planning and provide services to communities. The Upazilla and district-level multi-sectoral nutrition action plans are in place. The JANO project has supported the development of a web-based nutrition information platform to monitor the progress of multisectoral planning and spend budget against the plan. The purpose of this platform is to enable a unified, systematic, and centralized information flow on nutrition between all relevant ministries and nutrition committees under the BNNC to implement, monitor, and review the progress of their annual nutrition plan. The BNNC has introduced this web-based monitoring system on a pilot basis. They are looking forward to rolling it out by the end of 2021. This system will particularly help eight prioritized ministries (Health and Family Welfare, Agriculture, Livestock and Fisheries, Local Government and Rural Development Cooperatives, Education, Women and Children's Affairs, Disaster Management and Relief, and Social Welfare), which are related to the Multi-sectoral Minimum Nutrition Package (MMNP). This web-based information dissemination system will enable citizens to see local-level nutrition planning, actions, and stakeholders' commitments, including budget allocation and expenditures. At the same time, the system creates an accountability framework for the multi-sectoral stakeholders, and government officials will become more responsive. It will open

up a web-based interconnected space and a new dimension towards a common understanding of the government's nutrition initiatives and respective rights and responsibilities to translate the nutrition plans into action.

The MTE observed that feedback and complaint mechanisms are in place. The MEL team has developed a template for collecting information concerning welcoming feedback and complaints. Accordingly, JANO has provided a complaint/suggestion box at community clinics and Union Parishad offices. Only verbal complaints are made by the primary health care service receiver (PLW). The purpose of setting up a complaint/suggestion box is not clear among the service recipients and service providers. To change stakeholders' perceptions of feedback and complaint mechanisms, the JANO project must take the initiative to describe the purpose of the suggestion box/complaint box.

The MTE has observed that the JANO project has targeted an impact level of 275,415 pregnant and lactating women and married adolescent girls aged 15 to 49 years old, 190,322 under five-year-old children, and 421,425 unmarried adolescent girls and boys aged 10 to 19 years. The target vs. achievement of impact level beneficiaries is reflected in table 10 below:

**Table 10: % of impact level beneficiary coverage against the target of JANO project till June 2021**

Impact Group	Target	Progress till June 2021	% of progress during MTE
Pregnant and lactating women and married adolescent girls aged 15 to 49 years old	275415	126072	45.78
Under-five years old children	190322	186597	98.04
Unmarried adolescent girls and boys aged 10 to 19 years	421425	128287	30.44

Source: JANO MIS

The impact level beneficiary coverage is missing in the annual report and interim report. However, the project staff mentioned that the JANO project has been maintaining a tracking sheet. It would be better to maintain a category-wise tracking sheet and reflect during the interim report or annual report coverage of impact level beneficiaries and achievement against the target. For example, separate tracking for the adolescents to record all kinds of micro-level reach from community-level interventions with adolescents (10-19 boys and girls) would help track progress.

### 3.7. Timeframe of the project:

The duration of the JANO project is 60 months. Considering the nature of the project for strengthening nutrition governance at the subdistrict and district level, 60 months is reasonable. So, the duration of the project is sufficient to implement the JANO project. The MTE team observed that the present global pandemic situation has severely impacted the project in achieving the outcome. The project had made physical progress (progress against the year's target) of 90% (65% financial progress) against its first-year target. The project had to shift the remaining 10% with the annual plan for the second year of the action. The project's physical progress during the second year had fallen to 82%, with the financial progress of 65%. Again, the project had to merge the remaining activities with the third year's plan. The physical progress of the third year had also declined to 53% of the target for the reporting year. The cumulative financial progress is about 38% by June 2021. The project has adopted an alternative implementation strategy for some interventions. But due to the ongoing school closures and restrictions on movement due to the country-wide lockdown, the implementation of some of the school-level and community-level activities has been hampered. Therefore, the targeted revised implementation plan for the 3rd year also remains about 53%. The JANO project management must reconsider and revise its fourth-year plan in light of the alternative options presented in a risk



management table. To achieve the project's overall objective and impact level log frame target, the JANO project needs to be revised for the remaining period. If the COVID 19 situation continues till the end of year-4 or the end of the project, the impact and specific objective level may not be achievable as per the log-frame target. Considering the above-mentioned situation, additional time and/or alternatives may be needed to achieve the target at an outcome and/or impact level.

### 3.8. Recommendation:

**Revision of Logical framework:** The impact level indicators (three) and two outcome level indicators (mentioned earlier) need to be moderated as the targets against these indicators are ambitious. Few of the outcome level indicators targets are not measurable due to a lack of multisectoral planning and budgeting tracking sheets. For example, the number of DNCC, UNCC, and UDCC budgets spent effectively on nutrition-specific or nutrition-sensitive actions is not measurable. The indicator's target is to spend 50% of the fiscal year budget. The JANO project needs to review the targets mentioned above as well. Besides, the MTE team also found that some of the currently implemented activities generate good results that are not in place in the existing logical framework. But it could be an indicator for measuring the project's achievement. For example, the project is intensively working on system strengthening through capacity building and ICT application. Therefore, there should be an indicator related to capacity building of the targeted institutions for rolling out web-based M & E systems nationally. The following indicators may be added, considering the recommendation of MTE:

- Set an indicator for capacity building of the targeted institutions for rolling out web-based M&E system nationally;
- Providing logistic support to the institutions like Civil Surgeon's office for rolling out web-based monitoring system as suggested by the BNNC;
- Financial inclusion for providing climate-smart agricultural inputs to marginalized farmers, including PLWs: The provision for financial inclusion is included in the JANO project. Meanwhile, this activity was postponed, as the value chain study did not recommend this approach suitable for JANO's case. The quantitative study findings reveal that the daily income of 73.4% of respondents out of 327 respondents stopped, and the businesses of 20.2% of respondents remained closed. The monthly salary of 6.4% of respondents remained unpaid. 64% of the respondents took loans to meet their family expenses, and about 5% of the respondents had to sell land, fixed assets, and gold to meet their family expenses. The MTE has observed that the price of agricultural products has also been reduced abruptly (Ref. Chapter 5, table No:43 ). The PLWs, the poor, and marginalized people need a start-up capital to restart their income generation activities. Therefore, considering the current global pandemic situation and the food insecurity of the poorest people, financial inclusion (making provision of start-up capital for the poorest people through linking with financial institutions) needs to be considered for the farmer groups and PLWs.
- Due to the negative impact of COVID 19, unemployment, violence against women, and early marriage have increased. The JANO project may consider this issue and set a target during the revision of the log frame with some interventions to increase awareness and alternative income generation opportunities for marginal and poor farmers, including the PLWs.
- Launching virtual learning platforms (Facebook page, YouTube channel) and uploading regular lessons for the students there can be a good measure. Through these online lessons, students who have access to the internet and mobile devices will be able to access these lessons. For the poor and marginalized people, organizing courtyard meetings and maintaining the COVID-19 protocol can also be a good initiative to continue lessons for the school students and disseminate the lessons from the school garden at the community level.

To achieve the project's overall objective and impact level log frame target, the JANO project may consider revisiting program timelines, budgets, and interventions because of the current covid situation.

## Chapter 4: Efficiency of the Action

The efficiency of the project was assessed against the cost, speed, and quality with which inputs/means have been converted into activities and the quality of the results achieved. A total of 102 staff are in place under the JANO project. The project also mobilized 267 female volunteers from the community. These volunteers contributed to bringing women into leadership positions in CSG and CSO. As a result, the participation of women in the community level groups increased from 35% to 44% compared to the baseline status. Moreover, 53% (1007) of the women in leadership positions in the CSGs are connected with the Union Parishad, and Water and Sanitation Committees in the target communities. The women leaders participated in developing a nutrition-sensitive plan for the CSGs. 624 CSGs developed their Annual Nutrition Action Plan. With the support of the JANO project, the CSGs mobilized community people, including PLWs. The CSGs supported the volunteers in conducting courtyard meetings and dissemination of messages regarding the rights and entitlements of the people, receiving services from the community clinic, the health and family welfare department, Union Parishad (UP), and frontline government officials. The CSGs linked with UDCCs reflected a gender-sensitive approach as well as cost-effectiveness. The representative of the CSGs participated in the meeting of UDCCs and pointed out the needs for health, sanitation, and nutrition of the community people. They also negotiated with the UP to include the poorest PLWs in the government's existing social safety net program. This reflects management efficiency in social security net programs. The front-line public-sector extension service providers provided technical support for climate-smart agriculture. They adopted organic farming in school-level vegetable gardens and homestead vegetable gardens free of cost. The PLWs, children, and adolescents are provided with treatment and some medicine like iron and folic acid tablets free of charge. As a result of JANO project interventions, adolescent girls have increased awareness regarding primary health, hygiene, reproductive health care, and the importance of visiting a community clinic/health center. They (the adolescent girls) regularly visit the CCs and UH & FWC and are provided with tetanus injections and iron and folic acid tablets intermittently as per MoH/GoB protocols. The AG also avails of primary health care services. Increased awareness of pregnant and lactating mothers regarding health care, the importance of antenatal and postnatal services, and the importance of visiting the community clinics for routine check-ups during and immediately after pregnancy and regularly assessing the nutrition status of their children (2 years). During the COVID19 situation, the CSGs, with the support of JANO's volunteers, has become an important player for raising awareness of community people and advocating for ensuring the continuity of regular services of the Community Clinics.

The above-mentioned scenario indicated the efficiency and cost-effectiveness of the project. During the pre-COVID 19 situations, the students disseminated nutrition-sensitive information among adolescents and the community at no cost to the project. The formation of a drama group to raise awareness, the establishment of a nutrition corner, and the nutrition club in 330 schools were effective and cost-efficient methods to reach many people in a short time (Source KII and FGD). However, due to the global pandemic, country-wide lock-down, and school closures, the students could hardly continue disseminating the message. The project had to replan most of the activities. Some interventions at the community level are ongoing, but the project has to revise its strategy for reaching out to community members following the COVID 19 protocol. The courtyard meeting attendance percentage has declined by about 50% compared to the previous situation. For example, 9513 people (male 5249 and female 4264) attended the 624 Action Plan Development Meeting held during FY2019-2020. On the other hand, 4563 people (male 2341 and female 2222) attended the 624 Action Plan Development Meeting held in FY 2020-2021. (Source: 2nd-year annual report of the JANO Project).

### 4.1. Effectiveness of consortium/partnership

CARE Austria, as a lead applicant, has designed the JANO project with its co-applicant CARE International in Bangladesh, Plan International UK, and Eco Social Development Organization to support the effective implementation of the National Plan of Action on Nutrition (NPAN)-2 and subnational nutrition action plans, with the objective of improving the nutritional status of pregnant

and lactating women (PLW), children under five years of age, and adolescent girls and boys through a multi-sectoral approach. The roles of the consortium partners are clearly defined in the JANO project proposal. CARE is responsible for expected results 1-4 apart from the school component. Plan took the lead on school-based interventions, health and hygiene approach targeting adolescent girls, and WASH and SBCC activities. Plan Bangladesh provided technical support to ESDO. The local partner ESDO is responsible for the implementation of all field activities. The CARE and Plan provide the necessary technical support to ESDO for smooth implementation of the JANO project. The consortium partnership has added value in the implementation of the JANO project by using the previous skills and expertise of all three organizations. CARE Austria has ensured timely disbursement of funds to the PLAN UK and CARE International in Bangladesh, and CARE Bangladesh has disbursed funds in a timely manner.

#### **4.2. Support and services from donors and lead**

The JANO project is financed by the European Union and co-financed by Austrian Development Cooperation. CARE Austria was awarded a grant contract of €9,883,466 from the European Union to implement the JANO project. This consortium project is led by Care International in Bangladesh and consists of the implementing partner ECO Social Development Organisation (ESDO) and technical partner Plan International UK. Care Austria received funding from the EU and transferred directly to Plan International UK and Care International Bangladesh. CARE Bangladesh transferred funds to ESDO to implement the JANO project directly at the field level. ESDO has been an implementing partner for five years. Plan Bangladesh transferred funds to ESDO following an annual contract with ESDO for the school component. CARE International Bangladesh has component-wise thematic experts who provide technical support to the ESDP and Plan Bangladesh. The PSC and SPMT guide the JANO project team. The M & E Coordinator and MIS Officer of the JANO project based at CARE Bangladesh provided technical support to the M & E Officers and Project Managers for process and activity monitoring. The JANO project prepares quarterly and annual reports jointly with all partners. Plan International UK and CARE International Bangladesh Senior Management also review the reports and usually provide feedback. Finally, CARE Bangladesh submits the report to CARE Austria for finalization and submission to the donor. CARE Austria is the grant recipient and contract point for the donors. The Senior Team Leader and Director of CARE are also coordinating regularly with the EU in Dhaka, Bangladesh, in the coordination meetings.

#### **4.3. Performance of different platform**

The MTE team observed that the multi-sectoral platforms like DNCC, UNCC, UDCC, at the union, sub-district, and district level, are now functional and able to prepare nutrition-sensitive plans in line with NPAN 2. The Nutrition Plan for 2019-2020 and 2020-2021 are compiled at the district level with the active involvement of the aforesaid nutrition coordination committees. The JANO project has facilitated a process through enhancing the capacity of government stakeholders at different levels. The government officials appreciated that the ICT training was very useful for them, and they will be able to capitalize on the benefits of the web-based monitoring system. During KII, Abdul Mona, one of the UDCC member secretaries, mentioned these.

The JANO project has supported BNNC in developing an M & E portal to monitor and track multi-sectoral plans across the country. The ownership of BNNC was a prerequisite for the successful design and implementation of the monitoring platform for the national and sub-national levels. Accordingly, the BNNC has developed a web-based M & E system that is in the pilot phase now. The representative of BNNC informed the MTE that the web-based M & E system would be in place and functional by the end of 2021, and the Honourable Prime Minister would be inaugurating it. The SMCs of 330 targeted schools/madrassa are also functional. The SMCs meet regularly and support the teachers in establishing an adolescent corner and a vegetable garden in all schools.

The MTE team observed that in the case of the replacement of government officials at subdistrict and district levels due to transfer, the new officers were not aware of the roles and responsibilities of

DNCC and UNCC. Therefore, the frequent transfer of government functionaries is one of the barriers to the JANO project. The MTE found that two respondents of KII are not so much aware of the JANO project and the role of the DNCCs and UNCCs.

The EU MTE report also indicates that "several implementation strategies had a positive effect on efficiency, but the governments' policy of replacing government officials frequently and sometimes after a short time has caused the project to need to repeat introductions and foster renewed relationships."

The MTE team observed that the systemic changes are visible among the government functionaries at the district, upazilla, and union levels. The examples of systemic change behavior are:

- i) Government officials, including the Deputy Director of BNCC, Deputy Commissioner, and multisectoral stakeholders, have owned the JANO project initiatives for strengthening nutrition governance.
- ii) The service providers, including the front-line extension service providers, believe that the JANO has played the role of co-facilitator/facilitator. The members of the UNCC, UDCC, and DNCCs also owned their respective departmental plans. The Chairman of the local government institutions also mentioned that it is the responsibility of the DAE to support farmers at the community level to promote environmentally friendly farming technologies.

The JANO project has supported community groups to claim services from the extension departments. As a result, the PLWs and farmers received extension services from the extension service providers.

The JANO project has supported community groups to claim services from the extension departments and mobilize resources. As a result, the PLWs and farmers received extension services from the extension service providers. The SCG and CG have developed their own plan in participation with all members prioritizing their needs and priorities focusing nutritional demands. They know where the resources and services are available locally. They frequently receive primary health care services from the CCs and negotiate with the local Union Parishad for allocating fund for the CCs. Moreover, The CSG members attended the meeting of Ward Shoba (pre-budget consultation meeting) and raised their voice to allocate primary health care and nutrition specific budget for the PLWs, children under 5 and adolescents. It indicates that the service seeking behaviour has already increased among the CSG members. The JANO project may focus on it in the remaining period to ensure participation of CSG members to the Ward Shobha.

#### **4.4. Performance of component-wise major interventions/activity**

The project's cumulative physical progress (progress against planned activities) in terms of targeted activities is about 47% (financial progress 38%) during the MTE. The physical progress against the target during the first year of the action was on track with 90% (by August 2019) of the physical progress against the target for the year. After COVID 19, the physical progress against the target for the second year declined to 82% (by 31st August 2020). Cumulative progress is lagging compared to the first and second years of the action plans. The JANO staff and government officials reported that due to the current global pandemic and country-wide lockdown, the JANO project had to follow the COVID protocol, and the project was not able to implement activities related to government institutions. However, the JANO project continued some activities at the community level till the time of MTE.

The following interventions of the JANO project are going well:

- Revitalization/activation of Community Clinics, CSGs, CGs,
- The SMCs (330) are functional,
- ToT for 50 Master Trainers and second level training to 1320 School teachers to cover 26 sessions on gender, health, and hygiene;

- Established 330 Vegetable Garden and supported SMC to maintain the school garden.
- Rollout the Gender Equity Movement in School (GEMS) sessions (26) at the school level.
- The JANO Facebook classes are designed in light of COVID-19 and have uploaded 82 lessons;
- Established an adolescent corner at all targeted schools with some materials on nutrition and reproductive health-related messages;
- Coordination with the subdistrict and district level service providers like health, education, agriculture, livestock and fisheries;
- The UNCCs, UDCCs, and DNCCs are operational, and the members of these respective groups are aware of their roles and responsibilities. As a result, the DNCC has compiled a nutrition-sensitive and nutrition-specific multisectoral plan for 2019 and 2020, following a bottom-up approach.

Community Score Card and Social Audit tools are operational at 624 CSG level: The JANO project has supported the organization of 47 meetings of the CSC. Four hundred thirty-six males and 397 females participated in the meeting. The Project also supported the organization of 79 meetings of SA. 1659 males and 1022 females participated in the meeting. The JANO project has used community score cards to measure the level of satisfaction of citizens with the UDCC nutrition action plan and the service of different departments in a participatory process for local development using a social accountability tool, community score card (CSC), that suits the measurement of satisfaction of the community. As defined, the CSC is a tool that brings together community members, service providers, and local government to identify service utilization and provision challenges, mutually generate solutions, and work in partnership to implement and track the effectiveness of those solutions in an ongoing process of improvement.

The project endeavours to ensure the active participation of civil society leaders, especially women, in key decision-making spaces. JANO strives to encourage the wider community to play an active role in social accountability mechanisms named Community Score Card and Social Audit to ensure inclusive democratic processes, quality-accountable services, and access to accurate information at all levels of the Union Parishad. The UPs are given indicative sectors within which projects are eligible for funding from different grants, including transportation, water supply, health, education, sanitation and waste management, agriculture and markets, natural resource management, and human resource management, and many more. To ensure that UPs are accountable for the quality of projects they implement with their grants, JANO supported communities to run Social Audits. The purpose of the Social Audit was to ensure comprehensive sectoral budget allocation and improve the implementation of schemes so that the process becomes more effective, efficient, and transparent and that the full benefits of the projects reach the larger community. A Social Audit is more comprehensive than a traditional financial audit, where a Social Audit focuses on the community impact and usage of the project as well as the way the budget was used.

- Household-level vegetable gardening using appropriate climate-smart farming technologies and introducing 10 high-value nutrition-specific varieties with the support of the front-line extension service providers (Agricultural extension department) and private sectors. In all unions, 910 farmers' groups having 2,728 males and 6,367 females have demonstrated. Variety-wise distribution of demonstration paddy is: (Zink Rice BARI 72, 84, 88), Sweet Potato (BARI 8 & 12), Vegetables (Pumpkin, Okra, Red Amaranth, Spinach, Yard Long Bean, Tomato, Papaya, Banana, Indian Spinach, Maringa, and other vegetables).
- Capacity development of dairy rearing households on dairy management practices and demonstration of 35 fodder cultivation practices through the Upazilla level livestock department.
- Cooking demonstrations on diversified dietary approaches at the community level for mass awareness of the nutritional value of different food items. The JANO project has facilitated the organization of 64 cooking demonstrations at the community level. A total of 775 males and 1452 females participated in the demonstration. The following recipes for vegetables were demonstrated: pumpkin, Okra, Red Amaranth, Spinach, Yard Long Bean, Tomato, Papaya, and Indian Spinach. A total of 31 cooking demonstrations were held at the school level. Three thousand

five hundred thirty-three boys and 6,017 girls participated in the demonstration. The cooking recipe includes preparing mixed food using Pumpkin, Okra, Red Amaranth, Spinach, Yard Long Bean.

- The tripartite partnership of government, private sector, and JANO project is progressing at the directorate level (Department Agricultural Extension and Department of Livestock Services)
- The Web-based M & E portal/system initiated a digitization process in M & E, which is currently under trial at the BNNC level.
- The JANO project has contributed to the revitalization and activation of community clinics, CSGs, and CGs. The CSGs and CGs are now functional and support CCs to provide PLWs and adolescents health services. Both the groups have their own action plan. The SCG members motivate the PLWs and adolescent girls to visit CCs to receive health services.
- The CSGs and CGs are coordinating with the UP Chairman and members and sharing their plans. The UP allocates resources to the CCs to make them functional. The project has provided training to the SCG and CG members. The CSG members work voluntarily to organize courtyard meetings to increase awareness of regular health check-ups during pregnancy, reproductive health, and child care among PLWs and adolescent girls and married adolescents.

The FGD and KII data reveal that the project has contributed to increasing awareness of the said target population about receiving health care services and the production of nutrition-specific high-value vegetables to meet their nutritional demand. PLWs and adolescents are now visiting CCs for primary health care services.

The Deputy Commissioner of Nilphamari said:

***“The CCs are mainly run by the contributions of the honorable Prime Minister and the government. The CCs provide services to people regularly. There is no alternative to CSC to ensure health services in rural society. ”***

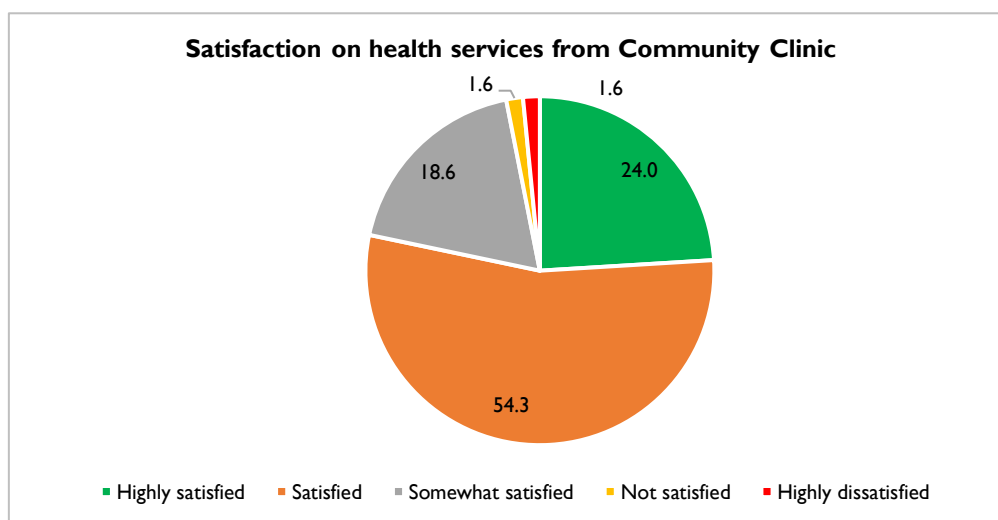
Beauty Rani Roy, one of the NGO representatives from Ranachandi, Kishorgonj, Nilohamari said:

***“Previously, the mothers-in-law prevented the women from coming to the CCs for check-ups during pregnancy. They used to feed their newborn babies cow milk. Now they are aware, and they breastfeed their newly born babies. There were no vegetable gardens in the area before. After the project’s implementation, almost all the households have vegetable gardens”.***

The MTE 2021 survey data (Figure-17) also reveals that 24% of the respondents are highly satisfied, 54.30% of the respondents are satisfied, and 16.5% are somehow satisfied with the quality of services received from the CCs. Only 1.6% of the respondents are not satisfied, and 1.6% are highly dissatisfied. The survey data also indicates that (figure-18) 20.3% of the respondents are highly satisfied, 57% of the respondents are satisfied, and 16.5% are somehow satisfied with the quality of services received from the UH & FWC. 1.6% of the respondents are not satisfied, and 1.6% of the respondents are highly dissatisfied. The FGD with the CSGs, CGs, and IDI with PLWs data reveals that some of the respondents are not satisfied with the environments of the CCs.

The findings of the IDIs and FGDs are:

Figure 17: “JANO project beneficiaries, WRA satisfaction ratings of the community clinic for its Service in their area of JANO in June 2021



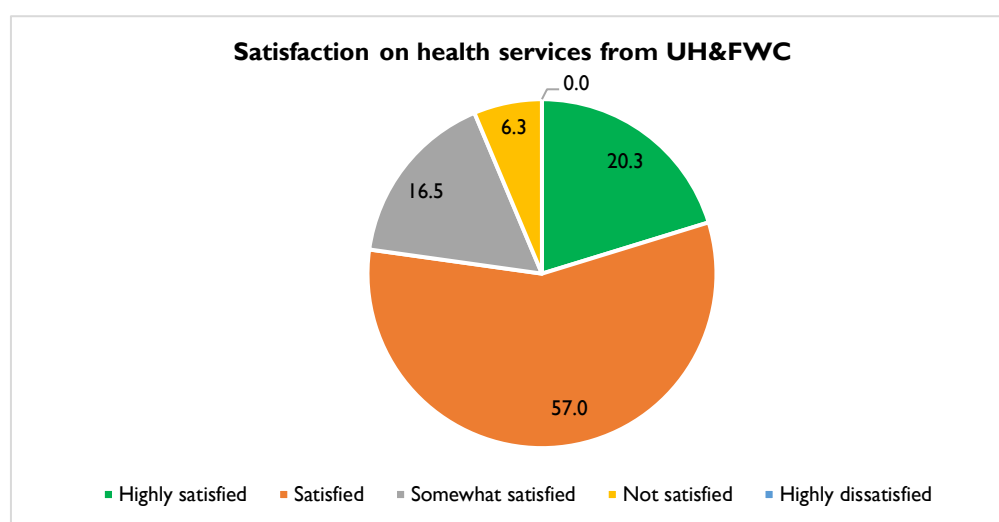
Source: MTE HH Survey 2021

- Do not have enough waiting rooms for patients
- There are not enough fans or air conditioning systems
- There are no boundary walls in the clinic
- The road in front of the clinic is not paved
- The clinics are really small and not adequate to meet all patients' demands
- The clinics are not open 24/7
- There are no breastfeeding corners in the clinics
- The clinics are in serious need of repair
- There is not adequate seating arrangement for the waiting patients in the CCs
- Some of the tube wells of the clinics have been stolen

The JANO project has installed complaint/suggestion boxes on 208 CCs. The FGD with CSGs, CGs, and KII with the health service providers' data showed that out of 7 CSGs, three reported having received no complaints despite the complaint boxes being present in the CCs. The other 4 CSGs reported receiving the following complaints:

- There is not enough medicine available in the CCs to meet the patients' demands. And sometimes patients have to return without receiving any treatment due to an inadequate supply of medicine
- The clinics do not offer all the necessary treatments. For example, the CCs do not deliver babies.
- The clinics are really small and do not have adequate waiting rooms
- If the pregnant women face any complications, they are sent to the Upazilla Shadar Hospital since the CCs are not equipped enough to deal with these kinds of complications
- There are not enough doctors
- There is a scarcity of ambulances
- There is not enough machinery and equipment to do the necessary tests and diagnose diseases

Figure 18: Satisfaction on Health Services from UH&FWC



Source: MTE HH Survey 2021

### Jano School programming using GEMS approach

The JANO project has provided ToT for 50 Master Trainers and second-level training to 1,320 school teachers to cover 26 sessions on gender, health, and hygiene, and the rollout of the Gender Equity Movement in School (GEMS) sessions at the school level. The GEMS session includes the following topics:

1. Concept of Gender equality & Equity
  2. Nutrition
  3. Food ingredients, food preparation, and food serving
  4. Health sciences and healthcare
  5. Hygiene
  6. Puberty and reproductive health
  7. Food & food nutrition management
  8. Child Development, Family Relations and personal safety
  9. Adolescent Health & Hygiene
  10. Hand wash
  11. Use of sanitary latrines
  12. Child Marriage
- The JANO project has contributed to establishing an adolescent corner at 330 targeted schools with some materials on nutrition and reproductive health-related messages. The project has contributed to establishing 330 vegetable gardens and supporting SMCs in maintaining school gardens. The project also provided training to 2,780 selected SMC members (2346 male and 434 female). The SMCs have developed their own plan (as mentioned earlier in chapter-3). The SMCs have incorporated vegetable gardens, adolescent corners, etc., into their own annual action plans.
  - The UNCCs, UDCCs, and DNCCs are operational, and the members of these respective groups are aware of their roles and responsibilities. All these committees do meet regularly.

As a result, the DNCC has been able to compile a nutrition-sensitive and nutrition-specific multisectoral plan for 2019 and 2020, following a bottom-up approach.



Mr. Hafizur Rahman Chowdhury, the Deputy Commissioner, Nilphamari said:

*“We mostly work according to our plan. This plan is target-oriented. The Civil Surgeon, Mr. Dr. Md. Zahangir Kabir (Member Secretary of DNCC) is responsible for coordination. Besides, we incorporate other departments like Agriculture, Livestock and Fisheries, Women's Affairs, Social Welfare, Education, Public Health and Engineering, Health and Family Planning, etc., in this regard. We also involve local government representatives, NGOs, and the media. Media people usually visit all villages. We are getting a great response. Then these plans were finalized after consultation with all members of the DNCC and the Consultant of the BNNC. JANO has facilitated the development of a multisectoral nutrition plan. The Community Score Card and Social Audit tools are operational to ensure accountability of the UDCCs and UNCCs.”*

- The JANO project has contributed to starting household-level vegetable gardening for the PLWs and crop farming for the farmer groups using appropriate climate-smart farming technologies. The project has introduced ten high-value nutrition-specific varieties with the support of the front-line extension service providers (Agricultural extension department) and private sectors. Capacity development of dairy rearing households on dairy management practices and demonstration on fodder cultivation practices through Upazilla level livestock. This intervention helped the PLWs and Adolescents to improve nutrition intake from vegetables.

One of the DNCC members (DD Women's Affairs Officer), Ms. Kawser Parvin, said:

*“I believe that the initiatives taken by the JANO project are developing the condition of the locality. The locals now know more about nutrition, and they are practicing their knowledge in real life as well.”*

The tripartite partnership between the government, the private sector, and the JANO project is progressing at the directorate level (Department of Agricultural Extension and Department of Livestock Services). The involvement of the private sector will help farmers receive more services along with the front-line public-sector extension service providers. The KII data reveals that during the COVID 19 situation, the farmers could not sell their cow milk. Even their neighbors were not interested in consuming milk free of cost. Considering this situation, the involvement of the private sector in freezing milk products and promoting entrepreneurship for dairy and milk products may help the farmers. The private sector may provide support to the farmers to promote small-scale income-generating activities, which may add value to the income of the COVID-19 impacted people in the JANO area. The inclusion of financial institutions will also help the PLWs to start income-generating activities, overcome the unemployment situation, and meet the nutritional demands of the PLWs.

The Web-based M & E portal/system initiated a digitization process in M & E, which is currently under trial at the BNNC level. The BNNC will pilot it in six districts and roll it out to all districts, as reported by the Deputy Director of BNNC. He said:

*“We have nutrition coordination committees, UNCC, and DNCC. Their job is to formulate nutrition plans at the district level. In doing so, the JANO project has given us enough access and support, especially in Rangpur and Nilphamari, and they have created a full-fledged two-project action plan. In addition, we have received all kinds of logistical and technical support from them. Moreover, we get technical support from them to track their activities, monitor progress, and implement it at the substation level to launch a web-based system. Unfortunately, we have not been able to launch it yet. But we have made some progress but lagged due to the Covid-19 pandemic.”*

#### **4.5. Accuracy of budget for Action Implementation**

The cumulative expenses till June 2021 are 38%, with the program cost of 34%. The expenses under six major heads are in line with the revised budget. There is no variance reported against any of the heads. The cumulative burn rate of 38% to achieve cumulative 47% progress on the project at the time

of MTE seems to indicate that the project is lagging in terms of progress (both program and financial progress). The reasons for the lower burn rate (underspent) are the impact of COVID 19 on the project implementation, postponing some activities related to mass gatherings, and activities with the government during the country-wide lockdown. Otherwise, the revised budget is sufficient to implement the project's remaining activities if the COVID-19 situation does not continue till the end of the project. The cost-effectiveness of the project has been estimated from the information on the budget and expenditure status. The JANO project reveals that about 38% of the budgeted amount has been utilized by the end of July 2021. Table II depicts the year-wise burn rate of the project:

**Table II: Year wise burn rate of the JANO Project**

Financial year	Burn rate (%)
2018-2019	45.81%
2019-2020	65.24%
2020-2021	52.60%
Cumulative in three years (2018-2020)	38.00%

Source: KII with the Finance Manager, JANO project

During the last three years, the burn rate was 45.81% in FY 2018-2019, 65.24% in FY 2019-2020, and 52.60% in FY 2020-2021. However, the cumulative burn rate (38%) is not in line with the project's time frame. To make it a successful project, all activities set have to be completed on time. However, the project has supported the development of an Annual Nutrition Action Plan Development. As a result, DNCCS developed the Multisectoral nutrition-sensitive plan.

#### 4.6. Human Resource Development and its methodology

CARE and two consortium partners recruited 102 project staff. A kick-off workshop was held for all staff, followed by finance and compliance training. The JANO project organized a cross-visit for the project staff to other project areas of CARE in Faridpur and Sunamganj to acquaint the key staff with DNCC, UNCC, UDCC, and financial inclusion. The key staff of the project is dedicated to achieving the target of the project. They are familiar with the theory of change, logical framework, project interventions, and implementation strategies of the project. The project staff has a cordial relationship with all the other stakeholders and the civil society forum and extension service providers in the public and private sectors. The key staff also comprehends the implementation modalities, strategies, M & E plan, tools, and techniques. The field staff and volunteers are self-motivated and dedicated. The MTE team observed that the front-line staff, community-level field facilitators, and volunteers continued courtyard meetings and planning meetings at the community level during the global pandemic following the COVID 19 protocol. The CARE Bangladesh governance team, health team, private sector engagement team, women's empowerment team, and M & E team also supported the project. Similarly, the core team of Plan Bangladesh and ESDO supported the project in the respective thematic areas.

#### Recommendation:

- (i) **Financial inclusion considering the COVID situation:** The JANO project may provide support for marginal farmers and the poorest PLWs in creating start-up capital through the establishment of linkages with financial institutions, as mentioned in chapter 3.
- (ii) **Scaling up/Rolling out online M&E system by the BNNC:** Capacity building of the BNNC to roll out the Web-based M & E System in the remaining districts and provide logistic support in consultation with the BNNC in the 4th and 5th years of the project.
- (iii) **Joint advocacy initiative** (with other EC-funded Nutrition governance project implementing partners/INGOs) to scale up digitization of a web-based M & E system in line with NPAN-2.
- (iv) Continue e-learning, posting lessons to the Facebook page, and introducing classes and sessions of schools through virtual learning platforms.

- (v) **Community Clinic:** It was observed that the clinics had insufficient waiting areas for patients, unhygienic conditions of the toilet and surroundings of the community clinics, inadequate medicine, and a minimal scope of diagnosis in most of the community clinics. Therefore, the CSG and CGs may consider and set up a model community clinic for scaling up with the support of the JANO project.
- (vi) **Activation of Complaint/Suggestion Response Mechanism:** The JANO project has a complaint box/suggestion box in each CC and Union Parishad level. Only verbal complaints are made by the primary health care service receiver (PLW). The purpose of the complaint/suggestion box is not clear to the service recipient and the service providers.
- (vii) **Ward Shobha:** The CSG members attended the meeting of Ward Shoba (pre-budget consultation meeting) and raised their voice to allocate primary health care and nutrition specific budget for the PLWs, children under 5 and adolescents. It indicates that the service seeking behaviour has already increased among the CSG members. The JANO project may focus on it in the remaining period to ensure participation of CSG members to the Ward Shobha.

## Chapter 5: Effectiveness of the Action

This chapter presents quantitative findings and discussion of the JANO Mid-Term Evaluation on maternal and adolescent child health and nutrition; food security and livelihoods; women's and adolescent girls' empowerment; and multisectoral platform for strengthening nutrition governance.

### 5.1. Maternal, Adolescent Child Health, and Nutrition

#### 5.1.1 Nutritional status in Children U5 years of Age

In children under five years of age (N=504), the mean HAZ was -1.43 (SD 1.11), and the mean WHZ was 0.06 (SD 1.54). Children aged under two years (N=278) mean HAZ and WHZ of -1.39 (1.31) and -0.09 (1.68), respectively (Table 12). Stunting is at 31.5% in children under five years of age, which was 34.8% at baseline, a decrease of about 3%. Stunting under two years of age is 35.6%, which was 27.4% at baseline. It seems to have increased by about 8%. The prevalence of wasting for children under five years of age is 8.1% and 9.4% in children under two years (at baseline, it was 7.3% for children under 2 and 9.2% for children under 5). Although it shows a minimal increase, the change is not meaningful.

**Table 12: Stunting and wasting in children under 5 years and 2 years of ages by sex**

	Under 5 yrs		Under 2 yrs		Girls		Boys	
	Mean (SD) or %		Mean (SD) or %		Mean (SD) or %		Mean (SD) or %	
	Baseline (N=448)	MTE (N=504)	Baseline (N=179)	MTE (N=278)	Baseline (N=231)	MTE (N=233)	Baseline (N=217)	MTE (N=271)
<b>HAZ</b>	-1.53 (1.30)	-1.43 (1.11)	-1.30 (1.30)	-1.39 (1.31)	-1.50 (1.33)	-1.68 (1.13)	-1.56 (1.28)	-1.22 (1.04)
<b>% stunting</b>	34.8%	31.5%	27.4%	35.6%	33.3%	41.6%	36.4%	22.9%
<b>% severe stunting</b>	10.9%	6.3%	8.9%	10.1%	- *	9.9%	Not calculated	3.3%
<b>WHZ</b>	-0.66 (1.10)	0.06 (1.54)	-0.45 (1.22)	-0.09 (1.68)	-0.68 (1.10)	0.34 (1.68)	-0.63 (1.11)	-0.17 (1.37)
<b>% wasting</b>	9.2%	8.1%	7.3%	9.4%	8.2%	7.7%	10.1%	8.5%
<b>% severe wasting</b>	1.3%	1.6%	1.1%	2.9%	- *	0.9%	Not calculated	2.2%

\*Baseline n not available

Source: JANO MTE, 2021

The mean HAZ in the children under five years of age in Nilphamari was -1.48 (SD 1.07), and the mean WHZ was -0.79 (SD 0.78). In Rangpur, the mean HAZ in children under five was -1.36 (SD 1.16), and the mean WHZ was -0.80 (SD 0.85). Stunting under five years of age in Nilphamari was 32.0% which was 34.1% at baseline, and it was 30.9% in Rangpur, which was 36.1% at baseline. The prevalence of wasting for children under five years of age was 6.3% in Nilphamari and 10.8% in Rangpur (at baseline, it was 7.5% in Nilphamari and 12.3% in Rangpur). (Table 13).

**Table 13: Mean HAZ and WHZ and prevalence of stunting and wasting in children under 5 years by districts**

	Nilphamari			Rangpur		
	Mean (SD) or %		P	Mean (SD) or %		P
	Baseline (N=304)	MTE (N=300)		Baseline (N=164)	MTE (N=204)	
<b>Height-for-Age (HAZ)</b>	-1.47 (1.29)	-1.48 (1.07)	NS	-1.63 (1.32)	-1.36 (1.16)	0.040
<b>Weight-for-Age (WHZ)</b>	-0.55 (1.12)	-0.79 (0.78)	0.002	-0.86 (1.03)	-0.80 (0.85)	NS

	Nilphamari			Rangpur		
	Mean (SD) or %		P	Mean (SD) or %		P
	Baseline (N=304)	MTE (N=300)		Baseline (N=164)	MTE (N=204)	
% stunting	34.1%	32.0%	NS	36.1%	30.9%	NS
% wasting	7.5%	6.3%	NS	12.3%	10.8%	NS

### 5.1.2. Nutritional status of women of reproductive age

The average BMI for the 433 women of reproductive age (15-49 years old) whose anthropometric data were collected during the JANO project Mid-Term Evaluation was 22.47 (SD 3.46), compared to 22.43 (SD 3.38) at baseline, with 7.6% of women classified as undernourished (i.e., with a BMI less than 18.5), compared to 9.3% at baseline. In Nilphamari district, the average BMI for women of reproductive age was 21.89 (SD 3.28) with 8.4% of undernourished women, and in Rangpur district, the average BMI was 23.18 (3.56) with 6.7% of undernourished women (Table 14).

**Table 14: BMI and underweights of women of reproductive age by District**

	Nilphamari		Rangpur		All		P
	Mean (SD) or %		Mean (SD) or %		Mean (SD) or %		
	Baseline (N=392)	MTE (N=239)	Baseline (N=191)	MTE (N=194)	Baseline (N=583)	MTE (N=433)	
<b>BMI</b>	22.54 (3.43)	21.89 (3.28)	22.20 (3.28)	23.18 (3.56)	22.43 (3.38)	22.47 (3.46)	NS
% Underweight	10.2%	8.4%	7.3%	6.7%	9.3%	7.6%	NS

As described earlier, 7.6% of overall women (N 433) of reproductive age (15-49 years of age group) were found undernourished (i.e., with BMI below 18.5), which was 10.1% among the adolescent girls (15-19 years of age group) and 7.1% among the adult women (19-49 years of age group) (Table 15).

**Table 15: Nutritional status of women of reproductive age by Age**

	15-19 years	19-49 years	All		P
	Mean (SD) or %	Mean (SD) or %	Mean (SD) or %		
	MTE	MTE	Baseline (N=583)	MTE (N=433)	
<b>BMI</b>	21.56 (3.33)	22.64 (3.47)	22.43 (3.38)	22.47 (3.46)	NS
% Underweight	10.1%	7.1%	9.3%	7.6%	NS

### 5.1.3 Prevalence of anemia among pregnant women

One hundred four pregnant women had their haemoglobin concentration measured. The sample size was chosen based on the availability of pregnant women. The mean haemoglobin concentration recorded for that sample of pregnant women was 10.91 (SD 0.83), which was 10.53 g/dl (SD 1.38) at baseline, and it was a significant difference (P 0.014). More than half of women were categorized as suffering from anemia, 54.8%, which was 57.3% at baseline. There was no significant difference by district in mean haemoglobin concentration and prevalence of anemia for pregnant women (Table 16).

**Table 16: Haemoglobin concentration and prevalence of anemia in pregnant women by districts N stated is always helpful**

	Nilphamari		Rangpur		All		p
	Mean (SD) or %		Mean (SD) or %		Mean (SD) or %		
	Baseline (N=70)	MTE (N=58)	Baseline (N=40)	MTE (N=46)	Baseline (N=110)	MTE (N=104)	
<b>Haemoglobin (g/dl)</b>	10.52 (1.30)	11.05 (0.84)	10.56 (3.28)	10.74 (0.78)	10.53 (1.38)	10.91 (0.83)	0.014
<b>% Anemia</b>	55.7%	53.4%	60.0%	56.5%	57.3%	54.8%	NS

#### 5.1.4. Minimum Dietary Diversity (MDD) For U2 Children<sup>7</sup>

The mothers of 253 children (140 boys and 113 girls) aged 6-23 months answered the JANO project mid-term review question relating to the minimum dietary diversity of their children. Based on these review data, it was found that the mean number of times food was consumed over the last 24 hours by children in the reference age group was 3.00 (SD 1.45). The majority of children (96.7%) in better MDD groups and 89.6% in no MDD group consumed grains, roots, and tubers (Table 06). Other food items that children consume are dairy products (milk, yogurt, cheese) in the better MDD group (70.0%) and in the no MDD group (31.6%), meat and fish in the better MDD group (61.7%), whereas children consume meat and fish in the no MDD group (31.1%). Eggs were consumed by 55.0% of children in the better MDD group and 43.0% in the no MDD group. Legumes and nuts were consumed by 55.0% of children in the better MDD group, but only 23.3% of children in the no MDD group had consumed these items. Vitamin A-rich vegetables and fruits were consumed by 68.3% of the children in the better MDD group and 36.8% of the children in the no MDD group. Respective baseline data is also shown in the below table (table 17).

**Table 17: MDD of children aged 6-23 months**

MDD Status	Grains, roots and tubers (bread, rice, noodles, porridge, white potatoes)		Legumes and nuts (lentils, peas, nuts)		Dairy products (milk, yoghurt, cheese)		Meat and fish (including dry fish) Eggs		Eggs		Other vitamin A rich fruits and vegetables		Other fruits and vegetables (Including green mango, green papaya and vegetables)	
	Baseline	MTE	Baseline	MTE	Baseline	MTE	Baseline	MTE	Baseline	MTE	Baseline	MTE	Baseline	MTE
<b>Better MDD</b>	82.8 %	96.7 %	18.9%	55.0 %	26.1%	70.0 %	32.8%	61.7%	28.3%	55.0 %	11.6%	68.3 %	10.9 %	50.0 %
<b>/lower /No MDD</b>	79.7 %	89.6 %	8.1%	23.3 %	16.9%	31.6 %	24.3%	31.1%	23.6%	43.0 %	2.1%	36.8 %	19.5 %	17.6 %

<sup>7</sup> Minimum dietary diversity for children 6-23 months old was assessed using WHO guideline for assessing infant and young child feeding (IYCF) practices among children 6-23 months old (WHO, 2010). The eight IYCF food indicators used a dichotomous indicator (yes or no) of whether or not the child was consumed at least four out of seven defined food groups the previous 24 hours. The seven food items were included; 1) grains, roots and tubers (bread, rice, noodles, porridge, white potatoes), 2) legumes and nuts (lentils, peas, nuts), 3) dairy products (milk, yoghurt, cheese), 4) meat and fish (including dry fish), 5) eggs, 6) other vitamin A rich fruits and vegetables (including ripen mango, ripen papaya, carrot, pumpkin, sweet potatoes) and 7) other fruits and vegetables (including green mango, green papaya and vegetables).

### 5.1.5 Children's Dietary Diversity in Relation to Nutritional Status

HAZ and WHZ did not show significant relationships with the number of food items and the MDD groups. (Table 18)

**Table 18: The relationships between z-scores and MDD groups**

		Beta or estimated mean difference	95%CI	p
<b>HAZ</b>	Number of food items	Beta 0.06	-0.08, 0.22	NS
	MDD groups	Poor MDD 0.23 Better MDD (0)	-0.13, 0.59	NS
<b>WHZ</b>	Number of food items	Beta -0.14	-0.39, -0.02	NS
	MDD groups	Poor MDD -0.39 Better MDD (0)	-0.84, 0.05	NS

NB: Better MDD group was the reference group

A regression model was used to examine which food items were associated with children's z-scores. There was no significant association of HAZ and WHZ with consumed food items. (Table 19)

**Table 19: The associations between z-scores and types of food item**

	HAZ			WHZ		
	Beta	SE	p	Beta	SE	p
<b>Grains</b>	0.01	0.27	NS	-0.11	0.39	NS
<b>Legumes</b>	-0.02	0.17	NS	0.01	0.34	NS
<b>Dairy</b>	0.13	0.16	NS	-0.15	0.21	NS
<b>Meat and fish</b>	0.14	0.16	NS	-0.12	0.20	NS
<b>Eggs</b>	-0.00	0.16	NS	-0.03	0.20	NS
<b>Vitamin A rich vegetables and fruits</b>	-0.03	0.16	NS	-0.06	0.20	NS
<b>Other vegetables and fruits</b>	-0.03	0.18	NS	0.02	0.20	NS

### 5.1.6 MDD for Adolescent

Three hundred thirty adolescents in schools responded to the question on minimum dietary diversity and asked about the types of foods they ate yesterday during the day and at night, including all the food eaten both at their home and away from home. 81.4% (baseline was 62.7%) in Nilphamari, 74.2% (baseline was 77.2%) in Rangpur, and overall, 78.8% (baseline was 67.6%) of adolescent girls and boys consume five or more food groups, meaning they maintain MDD. In terms of sex disaggregation, the data shows that 76.8% (baseline 67.4%) of girls and 81.8% (baseline 68%) of boys maintain MDD. The MDD differs between districts, as well as between girls and boys. The MDD for combined boys and girls decreased from baseline in Rangpur.

The highest consumptions group is any bread, rice, pasta, injera, biscuits, or other foods made from barley, millet, sorghum, maize, rice, wheat (100%, which was 89% in the baseline). Second, highest is any foods made with potatoes, yams, sweet potatoes, cassava (89.7%, which was 87% in the baseline), and then third is any food made with vegetables such as onions, cabbage, green leafy vegetables, gathered wild green leaves, tomato, cucumber, pumpkin, mushroom, kale, leak, green pepper, beet root, garlic, or carrots(80.6%) and the fourth is any food or fruit or juices made from fruits such as mango, banana, oranges, pineapple, papaya, guava, avocado, wild fruit, or apple (73%).

### 5.1.7 MDD8 for Women of Reproductive Age

Four hundred thirty women of reproductive age responded to the question on minimum dietary diversity, asking if any food items (categorized into ten items) they had in the last 24 hours (day and night). 40.2% of women of reproductive age consumed five or more food groups during the previous 24 hours, meaning they maintained MDD, whereas 59.8% of women of reproductive age consumed four or fewer food groups during the previous 24 hours, meaning they did not maintain MDD. (Table 20)

**Table 20: The percentages of women who consumed the number of food items in the previous 24 hours. Kindly spread the age group to 4-5 groups**

Age Group	Number of Food Items									
	1	2	3	4	5	6	7	8	9	10
<b>15-19 (N 65)</b>	0.0%	0.0%	4.6%	53.8%	10.8%	9.2%	6.2%	10.8%	4.6%	0.0%
<b>19-49 (N365)</b>	0.0%	0.5%	5.8%	53.7%	18.6%	8.2%	7.1%	5.8%	0.3%	0.0%
<b>All (N430)</b>	0.0%	0.5%	5.6%	53.7%	17.4%	8.4%	7.0%	6.5%	0.9%	0.0%

Four hundred thirty women of reproductive age answered the JANO project mid-term evaluation question relating to the minimum dietary diversity of themselves. Based on these study data, it was found that all women had consumed grains, roots, and tubers (100%) in better MDD and 98.1% in no MDD groups (Table 21). Women consume other food items are Pulses (beans, peas, lentils) in the better MDD group, 82.1%. In no MDD group 47.9%, dairy products (milk, yogurt, cheese) were consumed by 70.5% of women in the better MDD group and in no MDD group 33.9%, meat, and fish in the better MDD group 79.2%, whereas women were consumed meat and fish in the no MDD 51.4.1%. Eggs were consumed by 68.8% of women in the better MDD group and 37.4% in the no MDD group. Dark green leafy vegetables were consumed by 56.1% of women in the better MDD group, but only 45.9% of women in the no MDD group had consumed these items. Vitamin A-rich vegetables and fruits were consumed by 53.2% of women in the better MDD group and 33.1% in the no MDD group. Nuts and seeds were consumed by 20.8% of women in the better MDD group 3.9% in the no MDD group.

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<sup>8</sup>Minimum dietary diversity for women of reproductive age was measured following the FANTA guidance for (FAO and FHI 360, 2016) using a dichotomous indicator (yes or no) to assess whether or not the woman had consumed at Minimum dietary diversity for women of reproductive age was measured following the FANTA guidance for (FAO and FHI 360, 2016) using a dichotomous indicator (yes or no) to assess whether or not the woman had consumed at least five out of ten defined food groups during the previous 24 hours. The ten foods items are included; 1) grains, white roots, tubers, plantains (such as rice, potatoes), 2) pulses (such as beans, peas, lentils), 3) nuts and seeds, 4) dairy (yogurt, cheese, milk etc.), 5) meat, poultry, fish (including dry fish), 6) eggs, 7) dark green leafy vegetables (such as spinach, green chili, okra, pumpkin leaf, sweet potato leaves), 8) other vitamin A rich fruits and vegetables (including ripen mango, ripen papaya, carrot, pumpkin, sweet potato), 9) other vegetables and 10) other fruits (including green mango, green papaya).



**Table 21. MDD food items consumed in the last 24 in women of reproductive age**

MDD Status	Grains, white roots, tubers, plantains (rice, potatoes)	Pulses (beans, peas, lentils)	Nuts and seeds	Dairy (yogurt, cheese, milk etc.)	Meat, poultry, fish (including dry fish)	Eggs	Dark green leafy vegetables (like spinach, green chili, okra, pumpkin leaf, sweet potato leaf's)	Other vitamin A rich fruits and vegetables (including ripen mango, ripen papaya, carrot, pumpkin, sweet potato)	Other vegetables	Other fruits (including green mango, green papaya)
<b>Better MDD</b>	100%	82.1%	20.8%	70.5%	79.2%	68.8%	56.1%	53.2%	48.0%	13.3%
<b>No MDD</b>	98.1%	47.9%	3.9%	33.9%	51.4%	37.4%	45.9%	33.1%	20.2%	3.5%

Underweight women consumed, on average, 0.96 items less than women who were not underweight (mean 3.93 and 4.88 items, respectively,  $p=0.003$ , Table 22). The data showed a positive relationship between women’s BMI and the number of food items consumed in the previous 24 hours in MDD. At baseline, the mean of underweight women consumed was 3.34 (SD1.40), and the mean of normal women consumed was 4.88 (1.40), and the change was significantly positive. ( $P = 0.029$  vs.  $0.00001$ , respectively.)

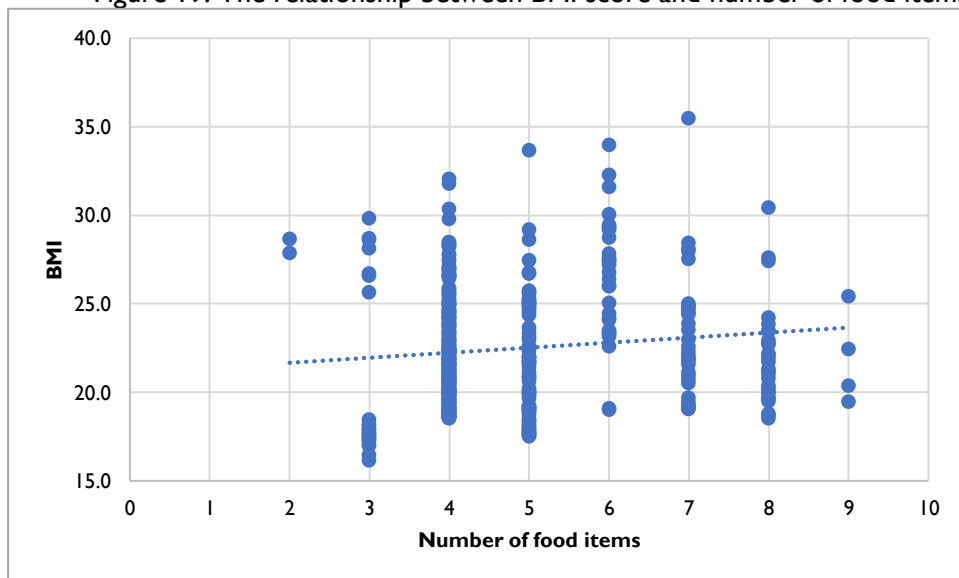
**Table 22. The mean food items consumed by underweight and normal women**

	Number of food items		p
	Mean (SD) [N]		
	Baseline (N=583)	MTE (N=413)	
<b>Underweight</b>	3.34 (1.40) [50]	3.93 (1.01) [30]	0.029
<b>Normal</b>	4.10 (1.89) [397]	4.88 (1.40) [294]	0.00001

### 5.1.8 How Dietary Diversity Relates to Women’s Nutritional Status

The JANO mid-term evolution data showed no significant positive relationship between women’s BMI and the number of food items consumed in the previous 24 hours in MDD questions (Table 12).

**Figure 19. The relationship between BMI score and number of food items**



After analysing the MTE data, it shows that there were no significant associations between BMI and the types of food items (Table 23).

**Table 23: The associations between BMI and the types of food items. Kindly send the hypothesis and the statistical software output on this chart please**

BMI			
	Beta	SE	p
Grains	0.00	3.62	NS
Pulses	0.03	0.63	NS
Nuts and seeds	0.00	0.79	NS
Dairy	0.01	0.64	NS
Meat and fish	0.06	0.63	NS
Eggs	0.01	0.61	NS
Dark green leafy vegetables	0.01	0.64	NS
Vitamin A rich vegetables and fruits	0.03	0.62	NS
Other vegetables	0.10	0.66	NS
Other fruits	0.04	1.11	NS

## 5.2. Food security and Livelihoods

### 5.2.1 Value chain commodities

The survey data shows that among the respondents, 33% cultivate vegetables in their homestead area. Among them, 63.5% cultivate vegetables in their homestead area following the pit/hip method, 48.6% the plane method, and 38.7% the bed method. There are 67% who do not cultivate vegetables on their homestead land.

The most common vegetables cultivated were bottle gourd, cucumber, pumpkin, and chili in both the winter and summer seasons. Other major vegetables grown during the winter season include mustard, potatoes, beans, and napa. Okra, bitter gourd, eggplant, Ridge gourd, Snake gourd, Amaranth, Wax gourd, Indian Spinach, Kangkong, and Papaya were cultivated during the summer seasons in the last 12 months. A total of 40,386 kg of the nutrient-rich home garden crop (HG) was harvested and produced. The harvested nutrient HG crop has a mean value of 244.76 (kg), a standard deviation of 772.63, a sold amount of 129.97 kg, and a consumed amount of 30.40 kg. (Table 24)

**Table 24: Proportion of cultivated Home Garden crops harvested and consumed in HH last year**

	Nilphamari	Rangpur	All
	Mean (SD) [kg]	Mean (SD) [kg]	Mean (SD) [kg]
Quantity harvest from homestead crop	224.72 (406.10) [18652]	265.05 (1020.23) [21734]	244.76 (772.63) [40386]
Amount sold (kg)	111.98 (231.08) [9294]	148.18 (798.22) [12151]	129.97 (584.57) [21445]
Amount consumed (kg)	112.75 (267.87) [9358]	116.87 (561.81) [9583]	114.79 (437.92) [18941]
Sold Value (BDT) (85 BDT = 1 USD)	2763.45 (5776.19) [229366]	2678.29 (8347.02) [219620]	2721.13 (7148.12) [448986]
<b>N</b>	83	82	165

## 5.2.2 Practice of climate-smart agricultural (CSA)<sup>9</sup> techniques

55.2% in Nilphamari, 58.0% in Rangpur, and overall, 56.5% out of 430 sampled respondent households did not apply any climate-smart technologies (Table-25). It means 43.5% of HH used at least one technology, which was 25.9% at baseline. There was 12.69% HH in Nilphamari, 15.5% in Rangpur, and overall, 13.9% of households applied three or more techniques. At baseline, overall, only 5% of households applied 3 or more techniques. It means that 8.9% HH has increased in applying CSA technologies so far. This indicates the project has more opportunities to work in this area to contribute to increasing the impact of the target population.

**Table 25: Number of climate-smart agriculture technologies used (% HH)**

Technologies Used	Nilphamari*	Rangpur*	Overall		
	MTE (N=230)	MTE (N=200)	Baseline (N=502)	MTE (430)	P
Used No Tech	55.2% (127)	58.0% (116)	74.1% (372)	56.5% (243)	0.00001
Used 1 Tech	24.3% (25)	27.4% (23)	12.9% (65)	25.7% (48)	NS
Used 2 Tech	63.1% (65)	57.1% (48)	8.0% (40)	60.4% (113)	0.00001
Used 3 Tech	3.9% (4)	9.5% (8)	2.4% (12)	6.4% (12)	NS
Used 4 Tech	6.8% (7)	2.4% (2)	1.4% (7)	4.8% (9)	NS
Used 5 Tech	0.0% (0)	2.4% (2)	1.0% (5)	1.1% (2)	NS
Used 6 Tech	1.9% (2)	1.2% (1)	0.0% (0)	1.6% (3)	Not calculated

\*District wise baseline data was not available

The mid-term evaluation captured sampled data on households' usage patterns pertaining to different types of climate-smart agriculture (CSA) technologies they use (Table 26). Among these various techniques, a high percentage of households (22.6%) practiced proper use of fertilizers, second (18.6%) was intercropping, third (17.9%) was High Yielding Variety (HYV), and fourth (15.8%) was high-efficiency fertilizer application. The other CSA techniques practiced respectively were submergence-resistant varieties (15.1%), organic farming (15.1%), short-duration varieties (12.6%), and vegetable cultivation on raised beds (10.7%).

**Table 26: Practice of CSA Technologies\***

CSA Technologies Used	Nilphamari	Rangpur	Overall
	MTE (N=230)	MTE (N=200)	MTE (N=430)
Proper use of fertilizers	21.3% (49)	24.0% (48)	22.6% (97)
Intercropping	15.7% (36)	22.0% (44)	18.6% (80)

<sup>9</sup> Climate-smart Agriculture (CSA) is considered as "agriculture that sustainably increases productivity, enhances resilience (adaptation), reduces/removes GHGs (mitigation) where possible, and enhances achievement of national food security and development goals". The principal goal of CSA is identified as food security and development; while productivity, adaptation, and mitigation are identified as the three interlinked pillars necessary for achieving this goal. and, if an individual practiced minimum 3 techniques h/she should be counted for this indicator. The respondents were asked what are the techniques they practiced out of below mentioned 23 techniques. 1. Use of submergence-resistant varieties (BRRI 51, BRRI 52), 2. Use of drought-resistant varieties, 3. Use of short duration varieties (BINA 7, BRRI 33, 43), 4. Zinc Enriched variety of rice (BRRI Dhan 62, 72), 5. Ribbon retting method, 6. High Yielding Variety (HYV), 7. Floating beds cultivation on water bodies, 8. Growing creeping vegetables on nets over ponds, 9. Use of disease-resistant varieties (blast), 10. Conservation agriculture (Zero/ Minimum tillage), 11. Use of solar-powered irrigation, 12. Proper use of fertilizers (right-timing, amount), 13. Intercropping, 14. Year-round aquaculture, 15. Alternative Wetting and drying (AWD) methods, 16. Use of Biofuel/ Bio Gas, 17. High efficiency fertilizer Application, 18. Crop diversification, 19. Index-based crop insurances, 20. Fodder production, 21. Vegetable Cultivation on raised bed, 22. Organic Farming, 23. Mulching

CSA Technologies Used	Nilphamari MTE (N=230)	Rangpur MTE (N=200)	Overall MTE (N=430)
<b>High Yielding Variety (HYV)</b>	17.0% (39)	19.0% (38)	17.9% (77)
High efficiency fertilizer Application	15.7% (36)	16.0% (32)	15.8% (68)
Submergence-resistant varieties	17.4% (40)	12.5% (25)	15.1% (65)
<b>Organic Farming</b>	11.7% (27)	19.0% (38)	15.1% (65)
<b>short duration varieties</b>	15.7% (36)	9.0% (58)	12.6% (54)
<b>Vegetable cultivation on raised bed</b>	9.1% (21)	12.5% (25)	10.7% (46)

\*Baseline data not available

### 5.2.3 Nutrition-sensitive and higher-value crops, consumptions

When asked whether the household produced and consumed 33 variations of food products from their homestead lands, 44.2% of women's households responded that they produced and consumed grains on their land, and about all women (98.9%) had grains in the previous 24 hours. 21.6% of women's households produced meat and fish, and 66.7% had the items in the previous 24 hours. 17.9% of women's households produced eggs, and 49.4% had the items in the previous 24 hours. 29.3% of women's households produced other vegetables, and 28.6% had the items in the previous 24 hours. (Table 27)

**Table 27: Women produced and consumed the food items from their homestead land.**

Types of foods	A. Number of women who lived in the households produced and consumed the food items from their land (%)			B. Number of women who had the food items lived in the households A (%)		
	Baseline	MTE	P	Baseline	MTE	P
<b>Grains</b>	299 (44.8)	190 (44.2)	NS	298 (99.7)	188 (98.9)	NS
<b>Pulses</b>	96 (14.4)	53 (12.3)	NS	43 (44.8)	45 (84.9)	0.0001
<b>Nuts and seeds</b>	3 (0.4)	8 (1.9)	NS	0 (0)	1 (12.5)	NS
<b>Dairy</b>	76 (11.4)	48 (11.2)	NS	26 (34.2)	27 (56.3)	NS
<b>Meat and fish</b>	172 (25.8)	93 (21.6)	NS	110 (64.0)	62 (66.7)	NS
<b>Eggs</b>	88 (13.2)	77 (17.9)	NS	29 (33.0)	38 (49.4)	NS
<b>Dark green leafy vegetables</b>	40 (6.0)	56 (13)	NS	28 (70.0)	28 (50.0)	NS
<b>Vitamin A rich vegetables and fruits</b>	59 (8.8)	20 (4.7)	NS	13 (22.0)	11 (55.0)	NS
<b>Other vegetables</b>	149 (22.3)	126 (29.3)	NS	101 (67.8)	36 (28.6)	0.00004
<b>Other fruits</b>	NA	NA		-	-	

It was discovered that the production of VA-rich vegetables and fruits on homestead land was lower (2.6%) than consumption (54.5%). Other vegetables are also not produced and consumed enough. (Table 28)

**Table 28: Children consumed the food items from their homestead land.**

Producing and consuming the other vegetables in their land was significantly associated with the children consuming the items (p<0.001, Table 12). Children did not consume the daily produced in the homestead land, although the women showed a significant association of the consumption.	A. Number of children lived in the households where produced and consumed the food items from their land (%)			B. Number of children who had the food items lived in the households A (%) P		
	Baseline	MTE	P	Baseline	MTE	P
Types of foods						
<b>Grains</b>	71 (43.6)	108 (25.1)	0.0097	66 (93.0)	99 (91.7)	NS
<b>Legumes</b>	21 (12.9)	28 (6.5)	NS	5 (23.8)	10 (35.7)	NS
<b>Dairy</b>	17 (10.9)	31 (7.2)	NS	6 (35.3)	17 (54.8)	NS
<b>Meat and fish</b>	38 (23.3)	52 (12.1)	NS	17 (44.7)	28 (53.8)	NS
<b>Eggs</b>	24 (14.7)	39 (9.1)	NS	5 (20.8)	17 (43.6)	NS
<b>Vitamin A rich vegetables and fruits</b>	24 (14.7)	11 (2.6)	NS	2 (9.1)	6 (54.5)	NS
<b>Other vegetables and fruits</b>	39 (23.9)	88 (20.5)	NS	16 (1.0)	25 (28.4)	0.0250

It was found that (Table 29) 42.3% of the respondent's households (n=430) were involved in producing nutrition-sensitive and higher-value nutrition products. At baseline, it was 36.7%. This is 37.4% in Nilphamari (previously 34.5%) and 48.0% in Rangpur (previously 41.0%).

**Table 29: % HH involve in production of higher value nutrition crops**

Produced	Nos. / % of respondents involved in production of nutrition-sensitive and higher value nutrition crops												
	Nilphamari				Rangpur				Total				P
	Nos.		%		Nos.		%		Nos.		%		
	Base line	MTE	Base line	MTE	Base line	MTE	Baseline	MTE	Base line	MTE	Base line	MTE	
<b>Yes</b>	116	86	34.5%	37.4%	68	96	41.0%	48.0%	184	182	36.7%	42.3%	NS
<b>No</b>	220	144	65.8%	62.6%	98	104	59.0%	52.0%	318	248	63.3%	57.7%	NS
<b>Total</b>	336	230	100.0%	100.0%	166	200	100.0%	100.0%	502	430	100.0%	100.0%	

### 5.2.4 The associations between the production of food items and z-scores:

Children's HAZ and WHZ were tested to determine whether the z-scores were associated with producing seven food items on their land, either homestead or main land. After analysis, no significant associations were found between the production of food items and z-scores. (Table 30).

**Table 30: The associations between the production of food items and z-scores. Try maternal anemia with this one please. HAZ/WAZ may not have clear cut associations**

Productions of foods	HAZ			WHZ		
	Beta	SE	p	Beta	SE	p
Grains	-0.01	0.17	NS	-0.01	0.21	NS
Legumes	-0.03	0.25	NS	0.07	0.32	NS
Dairy	0.07	0.27	NS	0.00	0.34	NS
Meat and fish	-0.01	0.27	NS	-0.10	0.34	NS
Eggs	0.07	0.29	NS	-0.03	0.36	NS
Vitamin A rich vegetables and fruits	0.13	0.43	NS	-0.17	0.54	NS
Other vegetables and fruits	-0.10	0.18	NS	0.03	0.23	NS

HAZ: Height for Age Z-Score WHZ: Weight for Height Z-Score

### 5.2.5 Access to social safety-nets

The midline study findings show that an insignificant number of PLW from the sampled households (235 in Nilphamari and 193 in Rangpur out of overall 428 PLWs) received nutrition-specific safety net support through different social safety nets. Only 25.96% PLW in Nilphamari, 23.32% PLW in Rangpur, and overall, 24.77% PLW received some sort of nutrition-specific safety net support. (Table 31)

**Table 31: PLW received nutrition-specific safety net support**

Type of Assistance	Nilphamari	Rangpur	Overall
<b>1000 days</b>	2.1% (5)	2.1% (4)	2.1% (9)
<b>Maternity allowance</b>	6.0% (14)	7.3% (14)	6.5% (28)
<b>Supplementary feeding</b>	3.8% (9)	3.1% (6)	3.5% (15)
<b>Maternal Health Voucher</b>	5.1% (12)	4.1% (8)	4.7% (20)
<b>Area based Community Nutrition Scheme</b>	3.0% (7)	3.1% (6)	3.0% (13)
<b>VGD</b>	2.6% (6)	2.1% (4)	2.3% (10)
<b>VGF</b>	3.4% (8)	1.6% (3)	2.6% (11)
<b>Overall</b>	25.96% (61)	23.32% (45)	24.77% (106)

### 5.3. Women and Adolescent GIRLS Empowerment

#### 5.3.1 Antenatal care (ANC) and Postnatal care (PNC)

78.6% of pregnant women within the sample of 112 pregnant women had antenatal care during the pregnancy. 60.2% of pregnant women received care from a community clinic, while 13.6% received care from a family welfare center (FWC). UHC, Hospital Medical College, MCWC, and private clinics (21.6%, 13.6%, 9.1%, and 9.1%, respectively) were sources of care.

**Self-care:** During pregnancy: 53.6% of pregnant women answered that they took more food than usual, whereas 19.6% of pregnant women had less food than usual while pregnant. 75% of pregnant women had more rest than usual, while 18.8% took less rest than usual.

**Delivery:** 31% of women delivered their children at home, helped by skilled birth attendants (SBA) (23%) or relatives (4.5%), and 27.7% of them had support from the doctors.

**PNC-Services:** 55.7% of lactating women who received PNC services were among 325 mothers with 0–23-month-old children. PNC services were received by 78.5% within 42 days and by 13.3% after 42 days. PNC services were provided to 55.8% of people through community clinics, with the remainder coming primarily from UHC, government hospitals, private hospitals, NGO clinics, FWC, and MCWC.

**Breastfeeding:** 97.7% of mothers with children aged 0–23 months breastfed their newborn within one hour of birth, and 97.1% exclusively breastfed their children.

#### 5.3.2 Use of Safely Managed Drinking Water<sup>10</sup> Sanitation services<sup>11</sup>

Midline study data showed that 48.4% of all respondents reported using safe drinking water, which was 41.4% at baseline across the sample of the population surveyed. 44.3% of all households in

<sup>10</sup> JANO project MTE adopted the following definition of the use of safely-managed drinking water: water sources considered as being safely managed included tube-wells, dwellings with piped water, yard/ lot piped water, public taps, protected wells and pond sand filters. Tube-wells without platforms or that were arsenic-contaminated or that showed high coliform levels were not considered as safely managed.

<sup>11</sup> To measure the use of safely-managed sanitation services, the following types of sanitation arrangements were categorized as being safely-managed: Flush to septic tank, Flush to pit latrine, Flush to somewhere else, Flush but don't know where, ventilated improved pit latrine, Pit latrine with slab/ (water sealed intact). However, if there was no water facility near the latrines for hand-washing, or there was no soap/detergent near the water for washing hands, or there were fences visible on the floor, wall, or area immediately surrounding the facility the sanitation arrangements were not considered as being safely managed.

Nilphamari district and 45.3% of all households in Rangpur district reported using safely managed drinking water. (Table 33)

**Table 32: Safely managed drinking water %**

District	Yes			No		
	Baseline	MTE	P	Baseline	MTE	P
<b>Nilphamari</b>	39.4% (N=132)	44.3% (N=102)	NS	60.6% (N=204)	55.7% (N=128)	NS
<b>Rangpur</b>	45.3% (N=75)	53.0% (N=106)	NS	54.7% (N=91)	47.0% (N=94)	NS
<b>Total</b>	41.4% (N=207)	48.4% (N=208)	NS	58.6% (N=295)	51.6% (N=222)	NS

The Mid-Term Evaluation data showed that across the sample as a whole, 40% of households are using safely-managed sanitation services (37% of households in Nilphamari district and 43.5% in Rangpur district). The overall use of safely-managed sanitation services was 8.8% at baseline, which found a significant positive change in MTE (P=0.00001).

The MTE data reported the use of a range of different types of latrines as a whole: 19.3% of respondents reported use of a pit latrine with slab and water sealed intact, 4.7% reported use of a pit latrine without slab and open pit (water seal broken), 8.4% reported use of a flush to pit latrine, and 40.0% reported use of a flush to the septic tank. 1.6% of respondents reported open defecation, not having a toilet, or being in the bush and/or field. (Table 33)

70.5% reported that there was a water facility near the latrines for washing hands, 70.9% reported that there was soap/detergent near the water for washing hands, and 75.6% mentioned that there were no feces visible on the floor, wall, or area immediately surrounding the facility.

**Table 33: Type of latrines %**

Type of latrines	Nilphamari MTE	Rangpur MTE	Baseline	Over All MTE	P
1. Flush to piped sewer system	11.3% (26)	8.0% (16)	0.4% (2)	9.8% (42)	NS
2. Flush to septic tank	37.0% (85)	43.5% (87)	8.8% (44)	40.0% (172)	0.0001
3. Flush to pit latrine	7.0% (16)	10.0% (20)	16.5% (83)	8.4% (36)	NS
4. Flush to somewhere else	4.8% (11)	4.0% (8)	0.4% (2)	4.4% (19)	NS
5. Flush, don't know where	0.0% (0)	1.0% (2)	0.0% (0)	0.5% (2)	Not Calculated
6. Ventilated improved pit latrine	1.3% (3)	2.0% (4)	0.4% (2)	1.6% (7)	NS
7. Pit latrine with slab/ (water sealed intact)	18.7% (43)	20.0% (40)	32.7% (164)	19.3% (83)	0.0270
8. Pit latrine without slab/open pit (water sealed Broken)	4.8% (11)	4.5% (9)	26.7% (134)	4.7% (20)	0.0312
9. Bucket toilet	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	Not Calculated
10. Open defecation/ No toilet facility/bush/field	1.7% (4)	1.5% (3)	7.8% (39)	1.6% (7)	NS
11. Others (SPECIFY)	0.0% (0)	0.0% (0)	1.4% (7)	0.0% (0)	Not Calculated
12. Advanced offset pit closet	4.3% (10)	0.0% (0)	1.6% (8)	2.3% (10)	NS

Type of latrines	Nilphamari MTE	Rangpur MTE	Baseline	Over All MTE	P
13. Offset pit closet	9.1% (21)	5.5% (11)	3.4% (17)	7.4% (32)	NS
Total	230	200	502	430	

The Mid-Term Evaluation data showed that hand-washing practices with water and soap before eating varied across age groups. As a whole, 99.1% of adult men (20 years and above) wash their hands compared with 96.3% of adult females. On the other hand, only 21.4% of adolescent boys (10-19 years) wash their hands compared to 34.7% of adolescent girls (10-19 years). The practice of hand-washing among children below ten years of age was better than the adolescent groups. 50.9% of boys under ten years old and 45.6% of girls under ten years old washed their hands. The comparison by district shows that the incidence of hand-washing is almost similar across all age-sex categories in Nilphamari district compared with Rangpur. (Table 34)

**Table 34: Hand washing with water and soap before eating**

Respondents Type	Nilphamari		Rangpur		Overall	
	Baseline	MTE	Baseline	MTE	Baseline	MTE
Adult Male 20 years and above	26.5%	100.0%	36.7%	98.0%	29.9%	99.1%
Adult Female 20 years and above	32.7%	93.9%	39.8%	99.0%	35.1%	96.3%
Adolescent boys 10-19	5.1%	22.2%	10.8%	20.5%	7.0%	21.4%
Adolescent Girls 10-19	7.4%	39.1%	12.7%	29.5%	9.2%	34.7%
Boys Below 10 Years	4.8%	56.1%	7.2%	45.0%	5.6%	50.9%
Girls Below 10 Years	6.5%	42.6%	6.6%	49.0%	6.6%	45.6%

### 5.3.3 Access to a basic package of health services (HH)

The data shows that 74.9% of the households surveyed across both districts have access to a basic package of health services, and there was a marked difference by district, with 77.0% of households in Rangpur district responding positively to the question as compared with 73.0% of households in Nilphamari district. Overall, access to a basic package of health services was found to have a significant positive change in the Mid-Term Evaluation compared to the baseline (P=0.00004) and a significant positive change in both districts. (Table 35)

**Table 35: HHs with access to a basic package of health services**

District	Yes			No		
	Baseline	MTE	P	Baseline	MTE	P
Nilphamari	56.3% (189)	73.0% (168)	0.001	43.8% (147)	27.0% (62)	0.023
Rangpur	65.7% (109)	77.0% (154)	0.044	34.3% (57)	23.0% (46)	NS
Total	59.4% (298)	74.9% (322)	0.00004	40.6% (204)	25.1% (108)	0.006

In terms of the type of health services received, the Mid-Term Evaluation data showed (Table 36) that the most frequently reported response was the community clinic (40.1%), while it was 35.5% at baseline. It was followed by the UH & FWC (24.5%), MCWC (14.3%), Upazilla Health Complex (12.4%), Union Sub Centre (11.5%) and Govt. Satellite Clinic (10.2%).



**Table 36: Received service from different health service**

Type of Health Services	Nilphamari		Rangpur		Overall	
	Baseline	MTE	Baseline	MTE	Baseline	MTE
<b>UH&amp;FWC</b>	14.3%	25.6%	18.7%	23.4%	15.7%	24.5%
<b>Community Clinic</b>	37.8%	43.5%	30.7%	36.4%	35.5%	40.1%
<b>Union Sub Centre</b>	0.6%	13.1%	1.8%	9.7%	1.0%	11.5%
<b>Govt. Satellite Clinic</b>	8.3%	7.7%	5.4%	13.0%	7.4%	10.2%
<b>Mother and Child Welfare Centre</b>	0.3%	11.3%	0.6%	17.5%	0.4%	14.3%
<b>Upazilla Health Complex</b>	5.7%	15.5%	16.3%	9.1%	9.2%	12.4%
<b>NGO Health Service Centre</b>	3.0%	0.0%	3.6%	1.3%	3.2%	0.6%
<b>Zila Health Complex</b>	0.0%	3.0%	0.0%	3.9%	0.0%	3.4%

### 5.3.4 Participation in decision making

The data (Table 37) shows that 41.4% of all people surveyed (43.0% in Nilphamari and 39.5% in Rangpur District) of all genders have meaningfully participated (can give an opinion, can raise demand) in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces. Across the sample, 41.4% (total n = 430) of people of all genders reported meaningful participation in those spaces. It was 4.6% at baseline, and this positive change is very significant (P=0.00001).

The mid-term evaluation observed that JANO used government-led platforms/forums, such as CG, CSG, UP special committee, UP standing committee, and informal groups like VSLA, FFS, mothers' groups, youth groups, and women's support groups, to work with adolescent girls and women, especially for NPAN2 implementation and nutrition plan development.

**Table 37: Meaningful participation in decision-making (% of HH)**

District	Yes			No		
	Baseline	MTE	P	Baseline	MTE	P
<b>Nilphamari</b>	3.6% (12)	43.0% (99)	0.008	96.4% (324)	57.0% (131)	0.00001
<b>Rangpur</b>	6.6% (11)	39.5% (79)	0.033	93.4% (155)	60.5% (121)	0.00001
<b>Total</b>	4.6% (23)	41.4% (178)	0.001	95.4% (479)	58.6% (252)	0.00001

Table 38 shows that 41.4% of households represented in government forums (formal) and meaningfully participate in decision-making spaces<sup>12</sup> which were 0.2% at baseline, and the change is very significant in a positive way (P=0.00001)

The women groups informed that they participated in CG and CSG, the meeting where many other people also attended. In these meetings, they were given less priority since the number of participants was a bit large, and it was difficult for them to get the floor, or they could not raise their voice/issues for various reasons.

<sup>12</sup>The criteria are: if any women or adolescent girls' member has representation (obtain enrolment in the committee, physical presence in the meeting) and meaningfully participated (Raise issue in the forum, influence in decision making process, bargain and able to negotiate regarding their rights and entitlement).

**Table 38: Representation and participation in government forums**

Representation and participation in government forums and decision-making spaces (# and % of respondents)													
Represented/ Participated?	Nilphamari				Rangpur				Total				P
	No.		%		No.		%		No.		%		
	Base line	MTE	Base line	MTE	Base line	MTE	Base line	MTE	Base line	MTE	Base line	MTE	
<b>No</b>	336	131	100.0%	57.0%	165	121	99.4%	60.5%	501	252	99.8%	58.6%	0.00001
<b>Yes</b>	0	99	0.0%	43.0%	1	79	0.6%	39.5%	1	178	0.2%	41.4%	NS
<b>Total</b>	336	230	100.0%	100%	166	200	100.0%	100%	502	430	100.0%	100%	

#### 5.4. Multisectoral platform for strengthening Nutrition Governance

##### 5.4.1 Access to Nutrition knowledge and practices

Regarding web-based M & E-development, use and access to the NNIP portal, the high-level representative from BNNC informed us during KII that they have already developed an ICT portal under NPAN nutritional aspects and that it will go for piloting in 10 districts initially and then scale it up to all districts in Bangladesh.

However, it was shown in MTE that 82.1% of households in overall samples accessed or received nutritional information from different sources by using mainly mobile phones and also tabs/laptops/computers, which was 21.1% at baseline, and the change was very significant in a positive way (P=0.00001). This information access was 82.6% in Nilphamari and 81.5% in Rangpur during MTE. (Table 39)

**Table 39: Accessed or received nutritional information by using mobile phone/tab/laptop/computer**

Accessed or received nutritional information by using mobile phone/tab/laptop/computer	Nos and % of respondents by district												
	Nilphamari				Rangpur				Total				P
	Nos.		%		Nos.		%		Nos.		%		
	Base line	MTE	Base line	MTE	Base line	MTE	Base line	MTE	Base line	MTE	Base line	MTE	
<b>No</b>	267	40	79.5%	17.4%	129	37	77.7%	18.5%	396	77	78.9%	17.9%	0.00001
<b>Yes</b>	69	190	20.5%	82.6%	37	163	22.3%	81.5%	106	353	21.1%	82.1%	0.00001
<b>Total</b>	336	230	100.0%	100%	166	200	100.0%	100%	502	430	100.0%	100%	

It was revealed that 82.9% of male HH heads and 50.0% of female HH heads accessed or received nutritional information from different sources by mainly using their mobile phones and tabs/laptops/computers. (Table 40)

**Table 40: Cross Tab: Accessed or received nutritional information by sex**

HH who have accessed or received nutritional information	No	Sex of HH Head				Total		P
		Male		Female		Baseline	MTE	
		Baseline	MTE	Baseline	MTE			
Count		386	72	10	5	396	77	0.00001
% Within Sex of HH Head		78.8%	17.1%	83.3%	50.0%	78.9%	17.9%	

		Sex of HH Head				Total			P
		Male		Female		Baseline	MTE		
		Count	Baseline	MTE	Baseline	MTE	Baseline	MTE	
from mobile phone/tab/laptop/computer	Yes	Count	104	348	2	5	106	353	0.00001
		% Within Sex of HH Head	21.2%	82.9%	16.7%	50.0%	21.1%	82.1%	
Total		Count	490	420	12	10	502	430	
		% Within Sex of HH Head	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

### 5.5. Impact of Covid in Relation to Nutritional Status

This section discusses the impact of Covid-19 on nutritional status among pregnant and lactating women, as well as the effects of infection with the corona virus, changes in family daily eating habits during the Covid period, the impact on family income in lock-down situations, and receipt of food packages or cash support during the Covid period.

It was found that among the 430 PLW, 2.1% were infected with the corona virus in the last year. In Nilphamari, it was 1.7%, and in Rangpur, it was 2.5%. (Table 41)

**Table 41. Infected with the corona virus (in the last year)**

Infected with the corona virus (in the last year)			
Infected with the corona virus in the last one-year (Self or anyone)	Nilphamari	Rangpur	Overall
Yes	1.7%	2.5%	2.1%
No	98.3%	97.5%	97.9%
N	230	200	430
Where did get the service after being infected			
Community clinic (CC)	100.0%	20.0%	55.6%
Local Non Covid Hospital	0.0%	40.0%	22.2%
Covid Hospital	25.0%	40.0%	33.3%
N	4	5	9

It was found that 40.5% of families had to change their daily eating habits during the corona period. Among them, 42% managed to increase the amount of nutritious food to increase their immunity, while 41.4% had to decrease the amount of food. 26.4% could not manage to consume diversified food, and 18.4% had to eat less than three meals in a day. (Table 42)

**Table 42. Change in family's daily eating habits during the Covid period %**

Change in family's daily eating habits during the Covid period			
Change in family's daily eating habits during the Covid period	Nilphamari	Rangpur	Overall
Yes	33.0%	49.0%	40.5%
No	67.0%	51.0%	59.5%
N	230	200	430
Type of changes			

Change in family's daily eating habits during the Covid period			
Change in family's daily eating habits during the Covid period	Nilphamari	Rangpur	Overall
Increased the amount of nutritious food	38.2%	44.9%	42.0%
Decreased the amount of taking food	40.8%	41.8%	41.4%
Kept the food in store	11.8%	8.2%	9.8%
Unable to consume diversified food	36.8%	18.4%	26.4%
Food scarcity at local market	7.9%	5.1%	6.3%
Had to eat less than three meals in a day	17.1%	19.4%	18.4%
N	76	98	174

76% of respondents mentioned that their family income decreased in lockdown situations. Among them, 73.4% mentioned a decrease in their family income because they had stopped receiving their daily income. At the same time, 20.2% mentioned that the reason was the closure of their business organisation or shops.

64.0% of respondents revealed that they had to take out loans to deal with the situation of lockdowns. 20.7% stated they were taking a low amount of food or low quality of food, and 22.3% reported they had to take help for mental support. (Table 43)

**Table 43. Impact on the family income in the lock down situations during the Covid period %**

Impact on the family income in the lock down situations during the Covid period			
Decreased family income in the lock down situations	Nilphamari	Rangpur	Overall
Yes	72.6%	80.0%	76.0%
No	27.4%	20.0%	24.0%
N	230	200	430
Reasons for income decreased			
Daily income stopped	76.6%	70.0%	73.4%
Monthly salary unpaid	4.8%	8.1%	6.4%
Business organization/shops remain closed	18.6%	21.9%	20.2%
N	167	160	327
Actions taken to deal with the corona situation			
Taken loan	60.4%	68.0%	64.0%
Sold the land/gold/asset	2.2%	8.0%	4.9%
Taken help for mental support	23.5%	21.0%	22.3%
Taken low amount of food or the quality of food	20.9%	20.5%	20.7%
Nothing	20.9%	14.0%	17.7%
N	230	200	430

Very few (10.7%) respondents reported receiving either food packages or cash support, or both during the Covid period. (Table 44)

**Table 44. Received food package or cash support during the Covid period %**

Received food package or cash support during the Covid period			
Receive food package or cash support during the Covid period	Nilphamari	Rangpur	Overall
Got only food package	6.1%	7.0%	6.5%
Got only cash support	3.5%	3.5%	3.5%
Got both food and cash support	0.9%	0.5%	0.7%
Did not get anything	89.6%	89.0%	89.3%
N	230	200	430

### Coordination with policy and project

**Coordination at Policy level:** The JANO project has coordination with different sectors under 22 ministries, including eight prioritized ministries. The eight ministries are Health and Family Welfare, Agriculture, Livestock and Fisheries, Local Government and Rural Development Cooperatives, Education, Women and Children Affairs, Disaster Management and Relief, and Social Welfare. The project has to work under the guidance of the Bangladesh National Nutrition Council at the national level to digitize the M & E system for the Nutrition Action Plan. The project has coordination with the Department of Agricultural Extension and the Department of Livestock at the national level for a tripartite MoU with the government, private sector, and the JANO project. The project has synergies with the national level civil society forum Scaling up Nutrition at the national level, and UN Clusters like UN Nutrition Cluster, Food Security Cluster, WASH Cluster, Health Cluster. The JANO project collaborates closely with the Ministry of Primary and Mass Education and the Ministry of Education to select schools to raise awareness among students (10-19 years of age) on the importance of adopting gender-equitable, resilient health, hygiene, and nutrition practices. JANO also collaborates with the National Curriculum and Textbook Board in developing teaching aids and training manuals to support teachers in effectively teaching content on health, nutrition, and hygiene. In addition, the National Curriculum and Text Book Board developed the Gender Equity Movement in Schools (GEMS) manual to educate 10-to 19-year-old students on gender equality and has it implanted through teachers to address gender norms that affect nutritional practice among students.

This has been successfully implemented in numerous secondary schools across Bangladesh by the Directorate of Secondary and Higher Education in partnership with Plan International. Another collaboration is with the School Health Services, under the Directorate of Health Services, to provide deworming and Iron Folic Acid tablets and adolescent-friendly health services. The JANO project has synergies with other similar EU-funded projects in different parts of the country like the Meeting the Undernutrition Challenge (MUCH) project, SUCHANA project, Bangladesh Initiative to Enhance Nutrition Security and Governance (Being's), and Leadership to Ensure Adequate Nutrition (LEAN) along with the nutrition governance projects of other donors like UNICEF and USAID.

### Regional Level:

At the regional level, the JANO project has coordination with regional institutions like the regional office of the Bangladesh Agricultural Research Institute, the Bangladesh Rice Research Institute at the regional level, and the Barind Multi-purpose Authority. The project has coordination with all government departments in the Rangpur region, including Ranpur and Nilphamari districts.

### Local Level:

The JANO project has coordination with the DNCC, UNCC, and UDCC at district, sub-district, and union levels, including the local government institutions. Moreover, it has coordination with the

extension service providers, SMCs, CGS, CGs, CSC, and SA. Moreover, the project has coordination with the Civil Society Forum and Pushti Chal at the local level.

The JANO project has been working to link synergies with other similar projects, as mentioned above. There is scope for working together with the INGOs/NGOs implementing similar projects in different regions. The lessons learned from good practices may be shared externally with the project stakeholders and may be developed into a joint advocacy plan addressing local, regional, and national level stakeholders for risk-informed nutrition-sensitive planning and budgeting.

### **Project structure and management**

The JANO is a CARE-led consortium project funded by the EU and co-founded by Austrian Development Cooperation, with Plan International as a technical partner and ESDO as an implementing partner. The duration of the project is 60 months. The national-level project steering committee for JANO, the National Advisory Council, is one of the primary platforms where JANO has been sharing lessons learned and best practices. The project is being supported by a professional team of knowledge management experts from within the project itself and supported by the CARE Bangladesh Knowledge Management team to ensure high-quality documents and dissemination materials are regularly produced. At the district, Upazilla, and union levels, the JANO project has created a culture of sharing and learning. The project management system of the JANO project is fairly decentralized, with the major responsibility of the Senior Team Leader and four Thematic Experts and Project Managers at the regional level and other project staff at the subdistrict and community level. The Project has designated staff for each partner and monthly and quarterly coordination under the PSMT at mid-level and the Steering Committee at the senior level. Both the management committees consist of the representatives of the participating organizations.

Based on the findings as described in this chapter the appropriate recommendations were made in the respective chapters to overcome the deviations and improvement of actions accordingly with respect to reaching the targets as set in the indicators of expected results.

## Chapter 6: Sustainability of Action and Achievements

The JANO project assisted the GoB's NPAN to prepare inclusive and detailed nutrition-specific and sensitive plans. The project interventions were helpful in building the capacity of the government to implement these plans effectively and monitor them at the union, Upazilla, and district levels. The project has facilitated the government functionaries of different sectors at the district and sub-district levels. Consequently, the DNCC and UNCC became active, and the members of their institutions were able to adopt a multi-sectoral approach for preparing a district-level nutrition-sensitive multisectoral plan. The JANO mid-term review team assessed the sustainability aspects from the perspective of the system-based approach.

The JANO project has especially focused on strengthening local government institutions and the service departments of the government at the local level (Union to district level). The MTE team also looked into the possibility of the sustainability of program interventions and behavioral change on the demand side and supply side for nutrition governance beyond the project period.

### **Technical Sustainability:**

At a community level, JANO has contributed to building the capacity of community-level groups like Community Groups and Community Support Groups in the health system. Farmers Groups of the agriculture department, School Management Committees (SMCs) in the education sector and others effectively engage with systemic government structures at the union, sub-district, and district levels.

The citizen-led community-based monitoring team members were trained on the Community Score Card (CSC) for nutrition services to systematically gather community perceptions and interactions with service providers in a feedback loop on government services' quality, availability, and effectiveness. Similarly, Social Audit (SA) teams were developed to conduct Social Audits on the Nutrition Coordination Committees at the union, Upazilla, and district levels. The CSC and SA teams organized an interface meeting with the UP and government officials, including the members of DNCC, UNCC, and UDCC. These committees and government officials were made accountable to the CSC and SA.

The JANO project worked on the education system through strengthening school curriculums, teacher training aids, and material development. It has provided training to 50 Master Trainers (MTs), 31 male and 19 female, and then MTs have provided training to 1320 teachers. JANO developed teaching aids and a teacher training manual on nutrition, gender, health, and hygiene. The project has provided training to the 2,780 representatives (male 2,346, female 434) of the SMCs of 330 schools. As a result, the SMCs are now aware of their roles and responsibilities. SMCs are currently supported to adopt a school garden and keep the school campus environment friendly and gender-sensitive. The government functionaries, including the officials of BNNC, district and subdistrict officials who are included as members of DNCC and UNCC, opined (through KII and FGDs) that the JANO project has provided technical support to DNCCs, UNCCs, and UDCCs successfully in developing union and sub-district level nutrition-sensitive multisectoral annual plans. Based on these plans, the DNCC created its own Nutrition Action Plan for 2019 and 2020.

The ownership of BNNC was essential for the successful design and implementation of the monitoring platform for the national and sub-national levels to monitor multisectoral plans developed following a bottom-up approach in line with NPAN-2. Accordingly, a web-based M & E portal has already been developed by the BNNC with the technical support of the project and financial aid from the EU. It is to be launched by the honorable Prime Minister by the end of this year. BNNC's plan is to pilot it in 10 districts initially and then scale it up to all districts in Bangladesh in the near future.

The MTE conducted KIIs with the BNNC and the senior officials of the local administration like the DC, Civil Surgeon, and other members of the DMCCs, UNCCs, and UDCCs. The KII data reveals that the government officials own the JANO project, and the JANO project has contributed as

facilitators in the process of multisectoral planning following a bottom-up approach. The CSGs and CGs have their own nutrition plans for the community, and both these groups were able to link their own plan with the UDCCs.

330 SMCs are also functional, and all SMCs have their unique and individual nutrition and health plans responding to that particular school. The SMCs have taken responsibility to establish nutrition gardens and adolescent corners at the school level. So, the JANO project has been able to show a green light for bringing a systemic change at all target institutions like SMCs, UDCCs, UNCCs, and DNCCs.

Due to the JANO initiative, the front-line extension service providers like agriculture and livestock have supported the farmers' groups, PLWs, and SMCs farming vegetables, fruits, and crops following the selected 23 climate-adaptive criteria mentioned in chapter three earlier. CCs are also functional and provide health services to PLWs and adolescents. CSGs and CGs are motivating PLWs and adolescents to receive health services through organizing courtyard meetings. As a result, the PLWs and adolescents are now going to the CCs to receive health services. The UP is also allocating resources to the CCs as the CSGs and CGs play convincing roles in mobilizing resources from the UP and other rich community members. The main reasons for the sustainability of CSGs and CGs are that the JANO project has been able to activate both groups and did not provide any hardware support for the CSGs and CGs.

### **Economic and financial sustainability:**

The project worked with women of reproductive age (WRA), including pregnant and lactating women and adolescent girls, by building their capacities to effectively engage in economic activities like HH gardening, which involves adopting high-value nutritious foods and climate-smart vegetable gardening. The women were encouraged to do dairy and poultry rearing using best practices and appropriate technology with the technical support of the front-line extension service providers from the agriculture and animal husbandry sectors. The Project has supported women and farmer groups in identifying suitable varieties and farming techniques following the study of value chain analysis recommendations. The involvement of the women in income generation will create an opportunity for them to be successful entrepreneurs and link the beneficiaries' agricultural and livestock products with the local market as well as regional and national markets.

The JANO project has initiated a process of signing tripartite MoUs between the private sector, GOB, and JANO. The project has selected two private companies. The project awaits approval by the Department of Agricultural Extension and the Department of Livestock Services. JANO facilitated climate-smart technology training for 9,095 farmers in 910 farmer groups (female 6,367 and male 2,728) and supported the establishment of several demonstration plots for highly nutritious vegetables and rice. The JANO project engaged with research institutions like the regional office of Bangladesh Agricultural Research Institution (BARI), Bangladesh Rice Research Institution (BRR), and government extension departments (DAE and DLS at union and sub-district levels) to coordinate the best-in-class learning, demonstrations, and training for climate-smart agriculture and high nutritional value foods suitable to the local climates. Improved capabilities through this training will enable farmers, including women, to boost agriculture production, primarily for household consumption. And the surplus is being sold on the market. The survey data (chapter 5) shows that the PLWs and Farmers Group members have produced some common vegetables like bottle gourd, cucumber, pumpkin, and chili in both winter and summer seasons. Other major vegetables grown during the winter season include mustard, potatoes, beans, and napa. Okra, bitter gourd, eggplant, Ridge gourd, Snake gourd, Amaranth, Wax gourd, Indian Spinach, Kangkong, and Papaya were cultivated during the summer in the last 12 months. A total of 40,386 kg of the nutrient-rich home garden crop (HG) was harvested and produced. The mean value of the nutrient HG crop harvested is 244.76 (kg) and Std. The deviation is 772.63, the sold amount is 129.97 kg, and the consumed amount is 30.40 kg.



The JANO project has supported increasing responsiveness among the front-line service providers. As a result, the SAAO and Livestock Officers provided technical support to the PLWs, Farmer Groups, SMCs in introducing organic farming and continued production chain even during the COVID situation. The PLWs and members of the farmer groups adopted suitable criteria out of the 23 selected criteria for farming following adaptive technique. Moreover, the JANO project has taken the initiative to involve the private sector through a tripartite agreement with the private sector, the government, and the JANO. This initiative will help the targeted PLWs and farmers to continue farming and get a fair price by establishing linkages between the beneficiaries' products and the marketing channel. It will help the farmers receive suitable agricultural inputs and financial support as well. It will help to increase the income of the PLWs, marginal and poor farmers to increase their income and increase the resource base of their farm households.

### **Social sustainability:**

The JANO project has facilitated bringing together government functionaries, the private sector, and civil society members into the Civil Society Forum through introducing the CSC and SA activities. The project has provided training to the staff on CSC, and SA. 833 CSG members were trained (male 436 and female 397). SA training was provided to 285 CSG members (males 185, females 100). All members of the CSA and SA are from the CGs and CSGs. The community support groups have been found operational in terms of holding regular meetings, writing meeting minutes, preparing action plans for the respective groups, and disseminating messages to the community regarding primary health care, water and sanitation, reproductive health, and the importance of antenatal and postnatal services (source: KII and FGD). As a result, the SA and CSC team members were able to share findings on nutrition planning and the accessibility of the services for the PLWs, adolescents, and children. The score of the community on nutrition and health services was/is regularly shared at the interface meetings of the CSC and SA groups with the government service providers and UP representatives. Therefore, the DNCC, UNCC, and UDCC are now accountable to the CSC, SA, and Civil Society Forum. Right to Food Bangladesh-RtF BD emerged with more than 800 local, national, international NGOs & networks, civil society, and different social organizations centering the grand event 'South Asia Right to Food-SARF Conference 2015' hosted in Dhaka, Bangladesh. As a part of this, each district has a platform named the "district right to food platform" and engages them as a pressure group to implement the district's nutrition action plan.

### **Institutional Sustainability:**

The JANO project initiated the strengthening of the implementation of the NPAN by government functionaries at the local level. Separately, the project assisted in the development of the NPAN guidelines. The project worked with government structures at all levels—district, Upazilla, and unions—to develop the capacities of the DNCC, UNCC, and the UDCC to enable formulation of effective plans, responding to the needs of communities and monitoring progress. The JANO project also supported BNNC in transforming the government's National Nutrition Information System and developing common platforms that different ministries can use for coordinating and planning multi-sectoral support interventions.

As a result of JANO project facilitation, the DNCCs and UNCCs have involved representatives of 22 ministries, including eight prioritized ministries (Health and Family Welfare, Agriculture, Livestock and Fisheries, Local Government and Rural Development Cooperatives, Education, Women and Children's Affairs, Disaster Management and Relief, and Social Welfare). Both the committees are now functional to support and deliver nutrition-sensitive and nutrition-specific planning and provide services to communities. The Upazilla and district-level multi-sectoral nutrition action plans are in place. As a result of JANO project facilitation, the DNCCs and UNCCs have involved representatives of 22 ministries, including eight prioritized ministries (Health and Family Welfare, Agriculture, Livestock and Fisheries, Local Government and Rural Development Cooperatives, Education, Women and Children's Affairs, Disaster Management and Relief, and Social Welfare). Both the committees are now functional

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### **Environmental Sustainability**

The DAE and DLS, including the regional offices of BARI and BRRI, have proposed environmentally friendly organic farming techniques encouraging the use of natural fertilizer, use of fewer fertilizers, and pesticides. The Action Plan of the CSG and sub-district level and district level plans also consider the production of nutrition-sensitive fruits, vegetables, and cereals, considering climate-smart and high-value crop production. The DLS also encourages local varieties for livestock, as well as chicken and duck rearing. Moreover, the agricultural practices of the JANO project beneficiaries (home-based vegetable garden, school-based vegetable garden, high nutrition value, climate-smart agriculture, appropriate crop cultivation by the farmers' group) will sustainably increase productivity and resilience while reducing greenhouse gas emissions. The corresponding project interventions under results 1, 2, and 4 will not have any negative environmental effects. The JANO project has recommended 23 criteria for producing high-value nutrition crops, fruits, and vegetables. Climate-smart agriculture (CSA) has been considered an agricultural method that sustainably increases productivity, enhances resilience, and climate change adaptation and mitigation, which reduces or removes greenhouse gas emissions. It also contributes to enhancing the achievement of the national food security and development goals. Therefore, the JANO project interventions under result three will be sustainable environmentally.

### **Visibility**

The project has adopted standard communication and visibility guidelines in almost all aspects of communication, information dissemination, publicity, and promotional activities following the EU Visibility and Communication Guideline 2018. The project has followed the communication and visibility plan as per the EU guidelines in all aspects of project implementation, including documentation, communication, publications, publicity, promotional activities, and reporting. The budget for visibility is less than 1% of the total budget for the project. The visibility of the EU has been considered in all communication materials like published animation and video documentaries, publication of project briefs, and all reports, for example, baseline, annual review, study on the value chain, publication of newsletters, publication of stories on CARE and CAUT sites. The MTE team has observed that:

- (i) the project stakeholders are aware of the role of the JANO project consortium and the EU in this action;
- (ii) The JANO project has a communication and visibility plan;
- (iii) One staff member is dedicated to implementing the communication-related activities;
- (iv) The JANO project has used an appropriate logo of the EU in all communication materials;

The discussion mentioned above reveals that the UNCC, DNCC, and UDCC and the CSG, SA, and CSC will be functional beyond the JANO project under the guidance of the BNNC and will roll out a web-based monitoring system nationally. The service of the public and private sector service providers will also continue beyond the project if the community level CSGs, CGs, CSC, and SA are functional beyond the JANO project. However, the JANO project may take into consideration the following issues proactively for the sustainability of the project:

- Develop an intervention/community group-wise exit strategy, giving special focus on creating alternative leadership at the group level;
- Create a strategy to educate transferred and new staff on nutrition imperatives, as well as Bangladesh and local government nutrition planning, to ensure a smooth transition of the program;
- Activating Adolescent Clubs located at the union level;
- Linking PLWs with the Local Governance Support Project-3 (LGSP-3) and existing social safety nets;
- Forming partnerships with the Farmers Group and individual vegetable gardeners with the financial institutions, private sector input suppliers, and marketing actors;

## Chapter 7: Lessons Learned

The MTE has observed some good lessons of the JANO project during last two and half years of the action.

### **Development of Nutrition Plans:**

- The bottom-up planning process ensured the alignment of planning at all levels and less divergence of priorities from union to district level. So, to speak, the district plans are in consonance and all engaged players are on the same page for planning, interventions and priorities. The planning begins at the community engagement with the government level union administrative structure. This discussion of all relevant stakeholders leads to ownership of the Annual Nutrition Action Plan. The CSGs, and CGs have shared their plans in the UDCCs meetings, and UDCCs have incorporated these plans into the UDCCs action plans. The UDCCs are translated to the UNCCs, and the UNCCs to the DNCCs. The NPAN-2 is top down in nature. However, due to active participation of the district, sub-district and union level governance structure local level nutrition plan for last two year developed due to active participation of UDCCs, UNCCs and DNCCs.

### **Service Provider and Community Interactions because of social audit/CSC and male participation:**

- Through CSC and social audits, it was found that when the community is aware of the service requirement and provision, the service providers become accountable to provide improve services both in numbers and quality. Hence community awareness and participation is important in creating demand for high quality services and receiving it in a timely manner. Social audits/CSC process holds both the duty bearers and the community accountable/transparent to each other, with special emphasis on PEP, PLW and girls' needs.
- Service seeking behaviour has increased among the PLWs, adolescent where the engagement of Community Support Groups and Community Groups was found more active and vibrant, the CCs were also found more functional and responsive.
- Pregnant and Lactating Women access government provided health and nutrition services if their husbands are aware of gender norms.

### **Multi-party and multi-level complex interventions take time to mature:**

- The interventions under ER3 are mostly interlinked and dependent on the other stakeholders like private sectors, extension service providers alongside public sector engagement, which made some unexpected delays in rolling out the nutrition-sensitive value chain interventions on the ground.
- It takes more time to deal with the technical and advocacy-related issues at the national level Govt. departments and private sector. So, the lessons that JANO has learned it has taken longer to engage the market actors in the multi-sectoral platform for system-level changes.
- There are plenty of opportunities to work jointly with agriculture and livestock departments by aligning with their regular nutrition-sensitive activities. As these relationships and complex manoeuvring mature, some tripartite MOUs and integrated working can be showcased in year four and five.
- For the last three years, the project has been working for developing a comprehensive ICT-based solution in field of nutrition with the government at district and national level and the community. However, while working with the ICT-based interventions, the project experienced some unintended delay in the progress due to some technical, advocacy, and system chain-related delays. For instance, fixing a minor technical glitch takes a long time as the system flow is connected. Acquiring approval from the government is another time-consuming part of the ICT-based intervention as it takes time to get approval from a number of government departments to include

and deploy any public service announcement issues finally. Frequent transfers of posting of the national and regional government level officials also add up to this system-level delay. Hence this is a lesson learned for the project that ICT-related intervention takes longer to implement specifically if it is connected with the workflow of the government and/ or the general public announcements.

- The Master Trainers poll of 50 Trainers who received ToT successfully provided training to the school teachers and SMC members. As a result the SMC members supported establishing adolescent corner, vegetable gardens at 330 schools and the SMCs have incorporated school garden in their own plan.

### **Hands on Demonstration:**

- Field demonstrations are important learning events for the community. It is appreciated by the demonstrator, observer and the organizing partner. It is a quick way to transmit, information and skills in a short period of time. The demonstration by a member of the group/cohort breaks barriers in adoption, hence replication is simpler for the observer and faster for the project component. This is true for farmer groups or cooking demonstrations or school level demonstrations.
- Cooking demonstrations contributed significantly to increasing diversified use of vegetables among the community people using their cultivated vegetables from homestead garden.

### **Covid Response:**

As mandated department wise work plan were adapted for Covid. Covid-19 provided new opportunities to be creative to respond to problems of schooling, healthcare service access and delivery and in other sectors as well. Some of the adapted modalities which were successful are shared below:

- As government staff and project staff movement in the community were restricted due to Covid-19. Existing community based volunteers were trained in covid protocols and demonstrate by live demonstrations how to be prevent covid in the community. These volunteers also following covid protocols targeted PLW households. Their services included raising awareness in PLW HH for covid, Key ANC/PNC messaging, immunization for children, AIMYCN messaging and gender, and SRHR.
- School volunteers were also trained in Covid Protocols and are engaged successfully to continue GEMS sessions through courtyard sessions for school children.
- Virtual annual sports days and annual campaigns through online platforms proved to be a helpful modality during COVID19, with the engagement of large numbers of students and adolescents from the household level.
- The video recording of TfD shows, virtual GEMS training, use of JANO Facebook classes, and Pico projectors were effective ways to continue activities and reach students during COVID-19 and may consider continuing them in the same way after COVID-19, if appropriate.

It was possible to provide need-based support and fully engage the School Management Committee (SMC) on safe school re-opening, resulting in good planning, effective coordination, and teamwork. Mr. Shafiqul Islam – District Education Officer (DEO) Nilphamari District said, “JANO project has created evidence to timely engagement and support in the school re-opening process.”

### **School Covid-19 response:**

This year, the majority of activities under the school component were delivered as planned, with some done through alternative modalities due to restrictions brought about by COVID-19. Due to COVID-19, schools remained closed during the entire project year (they have subsequently re-opened from

September 2021), but tremendous efforts from the project team, together with government stakeholders, led to speedy re-planning and notable achievements.

The team reached 13,024 students through GEMS sessions at the community level through the alternative modality of smaller courtyard sessions, representing almost 25% of the targeted participants. The assessment of the effectiveness of the GEMS sessions showed that 35% of students had positively changed their attitudes and behaviors on gender and SRHR issues. 89 % of students were confident about their knowledge of changes adolescents face during puberty. Around 54% of students said they had overcome their previous misconceptions related to SRHR.

The annual campaigns were another success area. The JANO team initiated the annual virtual campaigns through an alternative modality via online platforms. The campaigns consisted of art competitions, good handwriting competitions, and quiz competitions. A total of 17,795 students (girls – 11,80) from all 330 schools under JANO areas participants. This was the evidence of a huge number of students' engagement with alternate modalities. Students reported that they enjoyed the events and teachers, parents, and government officials also appreciated this initiative.

Virtual annual sports days also had a new and innovative approach under COVID-19. A total of 10,141 students (girls 7,515) participated virtually. The events were designed with cooking competitions, 'dress as you like', and quiz competitions. These events were good initiatives to create a happy learning environment at the household level and improve psychological status during COVID 19 pandemic. The cooking competitions were very successful and contributed to enhancing the nutritious food preparation with available low-cost home ingredients and knowing the dishes' nutritional values.

The JANO Facebook classes, designed under COVID-19 to ensure students had alternative access to education while schools were closed, allowed them to continue learning about health, hygiene, and nutrition. A total of 79% of student participants who participated in the effectiveness survey afterward reported that they had visited the JANO Facebook page and viewed the content. Around 72% of respondents had watched JANO Facebook classes.

The project also worked extensively with government stakeholders to contribute to and inform the safe school re-opening process and procedures. It was an excellent example of how the project effectively engaged in advocacy on a strong focus on distributing hygiene and disinfectant materials to 330 schools. The government authorities from the division and District levels expressed their appreciation for the contribution. JANO's contribution was visible and meaningful during the reporting period.

## Chapter 8: Recommendations

Based on evaluation findings and discussions with the stakeholders at different levels, the evaluation team would like to recommend the following points for the next phase of the program according to the expected results of JANO project.

### **Expected Result-I:**

In communities, women and adolescent girls are empowered to demand and utilize both nutrition-sensitive and nutrition-specific services.

- Log frame indicator eight (participation of women in formal and informal sectors) has almost reached the end of project (EOP) targets. The project has done well and is likely to exceed this target. This has two implications: (i) The project may consider building further on this achievement, for example, adding adolescent girls' or boys' participation levels to be increased by say 10% more, and or (ii) envisioning how to improve the quality of this participation and developing indicators for the same, for example, (a) representation of PEP HH women's participation in these spaces. A possible suggested indicator is the proportion of PEP HH WRA who participated in informal and formal sector decision-making spaces. A natural precursor for this to happen is that adolescent girls and boys and PEP HH WRA should undergo rigorous training in leadership and negotiation skills.
- Log frame indicator 10 (regards increasing the proportion of women and adolescent girls accessing nutrition-specific and sensitive services from service providers) has two components (i) services from the community clinic (CC) and (ii) from the extension services. Services from the CC are moving in the right direction and have a modest gain of about 6%. It could reach its end of project (EOP) target. But the component of receiving services from the extension department (agriculture and/or livestock) has moved minimally and, at its current pace, may not be able to meet the EOP target. Target revisions downward are not suggested. The project needs to weigh in on two possibilities leading to two options: (i) Assuming the best-case scenario, if the EOP target for the extension department was met, how much did it help the project meet its goal? (ii) The project team needs to weigh in as to why extension department service delivery has not been up to the mark. Possibilities could include (a) the extension department is short-staffed, (b) it does not have resources and/or time. The two likely options that come from this line of inquiry are (a) we need to refocus efforts to improve this indicator's performance or accept that this indicator may not be met by EOP and also that it may not create the best impact even if the EOP target is met. In that scenario, the project may not devote too much time/effort and work more on the CC component.
- Log frame indicator 9 (proportion of students disaggregated by sex who apply key learning points regarding nutrition, health, and hygiene at home) has moved in the right direction. Interestingly, both for the boys and girls, the gains are similar. It was a low of around 0% at BL to around 7% at MTE. WASH and GEMS programming is likely to be more impactful for school-going adolescents unless a solid program for exposure and duration of contact with non-school-going adolescents is developed because adolescents are a captive audience in schools (community adolescent corners are not that relatively captive). GEMS programming is very well developed and structured. It is comprehensive, involving 26 sessions. The MTE evaluation rates GEMS roll out in school to be one of the successful interventions. The Social and Behaviour Change Communication Strategy is to be specifically designed for adolescents and will be substantively different for school and non-school-going adolescents. Available SBCC programming literature for adolescent nutrition recommends (a) a whole household approach; (b) a focus on identified priority behavior clusters. As the primary actors for adolescent girls and boys are their mothers and fathers and their friends and peers, the SBCC strategy is to be built around them. The supporting actors the project is already working with are teachers, HW, agriculture extension workers (the penetration has been poor). The other recommended supporting actors can be: (a) religious leaders/congregations; (b) women's and

children's affairs representatives; and (c) other adult power holders like those who participate in multi-sector platforms/events. A link to the fundamentals of the SBCC strategy is attached here.:

<https://gtrn-learning.nutrition.tufts.edu/sites/default/files/library/2019-02/GtN%20SBCC%20STRATEGY%20FINAL%20DRAFT%20%28TMG-%2015%20Aug%202018%29.pdf>

## **Expected Result-2:**

Coordinated and resourced sub-national and local government structures recognize, respond to, and are accountable for the demands of poor and marginalized communities.

- The marginal and ultra-poor, particularly the PLWs, are generally unaware of their rights and how to access existing social safety net benefits for themselves and their families. The JANO project may take special initiatives to make marginalized people, including PLWs, aware of social safety net support and Local Governance Support Project-3 (LGSP). The empowerment of PEP HH is best done by sensitizing the CSG (and or other active community groups) and union level development committees along with officers of the social welfare and related departments working together.
- Similarly, leverage the strengthened nutrition committees at upzaila and district levels to target and monitor PEP HH for the "best fit" of social welfare schemes backed by a new set of SMART indicators. The progress of the indicators is shared quarterly in meetings of the nutrition committees at all levels.
- Given that the project has made tremendous strides in strengthening the nutrition committees at all levels, the project may leverage this to promote women's participation within these decision-making spaces and thus contribute more at no cost to ERI, which is a priority of itself. These should be considered as quality improvement indicators. For example, a suggested indicator is (a) Women and girls leading sub-committees/sub-groups in the nutrition coordination committees (sub-committee like the inclusion of PEP HH for LGSP and social welfare programming); (b) As an output of meetings, women and girls write new policies and priorities, memos, or other relevant documents; (c) Women and girls present to the nutrition coordination committees both progress and setbacks in process and outcome indicators for nutrition.
- Ward Shobha: CSG/CG members who are trained in leadership skills are encouraged by JANO project staff to attend the meeting of Ward Shoba (a pre-budget consultation meeting conducted by the members of the Union Parishad) and actively share their concerns and views on budget allocation for primary health care and nutrition-specific budget for PLWs, children under 5, and adolescents. Participation in this government-mandated forum is a good opportunity to build strong, responsive, and accountable governance systems along with civil society. This is a big boost to sustainable nutrition governance. The JANO project may consider scaling up the participation and influence of CSG/CG and or other fora like farmer groups/CSC/VSLA/AGG in Ward Shobha platforms and documenting it in the best ways possible. This is a newer, easy, and effective intervention and holds promising policy implications, and should be targeted for replication at the national level. Women and girls should especially be encouraged and prepared to participate in Ward Shobha and thus, besides good governance, add to women's and girls' leadership at the community level and thus strengthen ERI too.
- Using CSC and SA mechanisms to improve service quality and delivery: Most of the CCs observed had insufficient waiting areas for patients, unhygienic conditions in the toilets and surroundings of the community clinics, inadequate medicine, and a minimal scope of diagnosis in most of the community clinics. Therefore, through CSC and SA mechanisms, the project may consider and take the initiative to set up a model community clinic and observe and study if it is feasible to bring it to scale.
- Activation of Complaint/Suggestion Response Mechanism: The JANO project has a complaint box/suggestion box at each CC and Union Parishad level. The purpose of the complaint/suggestion box is not clear to the service recipient and the service providers. Only



verbal complaints are made by the primary health care service receiver (PLW). A part of the problem could be the literacy levels of the healthcare receivers or other barriers. If the project considers this activity important, it may want to devise mechanisms to improve it. The alternative is to subsume this in CSC activity when CSC/other social auditing interventions are scaled up.

- Considering the COVID situation, the following safety net programs, among others, may be targeted: Block allocation for Disaster Management, Allowance for the Financially Insolvent Disabled, General Relief, Stipend for Disabled Students, Cash transfer programs such as housing assistance, agricultural rehabilitation, and so on, VGD/VGF, Employment Generation Program for the Poor, and so on.
- To reduce malnutrition, multi-sectoral programming is correct and welcome. At times, working with 18-22 line ministries maybe unwieldy and inefficient in time and action. In such circumstances, a project has two options. (i) form a "core multi-sectoral operational team" with a limited number of partners and line ministries (ii) and/or form sub-groups with all mandated/interested ministries which report to the "core group." Leadership and inclusion in the core group can be rotational (for flexibility), and current interest, participation, available resources, and dynamism need to be considered. Upazilla and district nutrition coordination committees and union development committees can brainstorm to identify the minimum number of core group participating ministries and partners. At a minimum (can be expanded), the core team may comprise representation from education, local government, social welfare, agriculture and life stock, public health engineering, health and family welfare, women and children, social welfare, other interested departments, local NGOs, CSOs, religious organizations, and interested private sector partners. This recommendation is to be taken with caution. The best selection of the core group members is made at the local level, as reflected by the nutrition plans and priorities that have been generated at different governance levels.

### **Expected Result-3:**

Production and access to high-value, nutritious commodities and services are increased.

- An MTE finding is that homestead gardening has not been much impacted by COVID19 so far. Therefore, the JANO project may, at this point, consider front-loading interventions related to vegetable gardening, fisheries; poultry raising; and organic farming through appropriate climate-smart technology knowledge transfer in close cooperation with public and private sectors.
- Log frame indicators 17 and 18 deal with HH involved in producing higher-value nutrition foods, and HH is practicing climate-smart agriculture practices. Both of the indicators are moving in the right direction and are likely to meet EOP targets. In line with these findings, we note that the indicators four and six in the log frame on maternal and child dietary diversity have also increased somewhat in tandem. How much improvement, if any, in outcome and impact indicators will be because indicators 17 and 18 are yet to be seen. However, from an environmental and climate change perspective, these indicators hold both merit and value on their own and can therefore be seen as valuable standalone achievements, which therefore can be scaled up and intensified across the project as it is likely to achieve the given target.
- The agriculture and livestock extension departments do not seem to network well with the community-based groups, especially women and girls. The percent increase in their outreach has increased by about 4%. The project needs to study why the outreach is so poor. A possibility could be gendered roles in conservative societies combined with a staff shortage and a resource crunch. Alternative mechanisms like working with agriculture and livestock "trained" women as intermediaries or volunteers between government programs and community-based groups. This volunteer-trained cadre can interact with women and girls' groups so that government services may become a viable option. Post MTE, this may be initially done as a pilot.

#### **Expected Result-4:**

An information and communication technology (ICT) platform has been established at the local level to connect relevant government departments and increase awareness of communities about nutrition interventions.

- The covid pandemic in Bangladesh is an opportunity to pilot test the project developed cloud-based monitoring system and its utilization. As most of the design and testing can be done online remotely, this is the right time to focus intensive attention on this project component. The project has done well in sharing the progress on the ICT platform both at the district and national levels. While designing the software, rapid implementation with a feedback loop, fine-tuning, and built-in flexibility is required. If national scale-up is the desired intention, then early and continuing involvement of stakeholders from the government, related UN agencies, and other INGOs at this point would be helpful. Scaling up/Rolling out of the Web-based M & E system by the BNNC: Capacity building of the BNNC to roll out the Web-based M & E System in the remaining districts and provide logistic support in consultation with the BNNC in the 4th and 5th years of the project. The project should aim at getting the first-mover advantage. This can be seen as a national-level advocacy low-hanging fruit win. The project is advised to make it an immediate priority and devote (if needed) human resources both in the advocacy arena nationally and in the technical areas of M&E and online expertise.
- Joint advocacy initiative: For strategic reasons, to gain more traction, the project may work with other EC-funded Nutrition governance project implementing partners/INGOs to push for scaling up digitization of the web-based M & E system in line with NPAN-2.
- Continue e-learning, posting lessons to the Facebook page, and introducing classes and sessions of schools through virtual learning platforms. Launching virtual learning platforms (Facebook page, YouTube channel) and uploading regular lessons for the students has been tested and works for most students except those who are digitally excluded. The schools are likely to re-open soon or are already reopening. There may be a temptation now to give up on these channels. This can be seen as an opportunity for the project to strengthen its digital learning portfolio, especially of the comprehensive, well-planned, and well-liked GEMS curriculum and related WE, nutrition, and health. These online lessons can be seen as a "supportive and hybrid" learning mechanism, which, if strengthened now, can be used in (i) subsequent waves of COVID and shut-downs (ii) during the monsoon cut-off period (iii) as a supplement to the homework/classwork resource bank (iv) as an independent resource for students and teachers to tap into as per their needs—for the poor and marginalized students, organizing courtyard school work and maintaining the COVID-19 protocols as indicated. The COVID pandemic in Bangladesh allows the project to brainstorm how best to reach the poor students who do not have internet, computer, or smartphone resources.

#### **General Recommendations for the JANO project:**

- Advisory Committee: The JANO Project Management and Coordination Diagram include a National Advisory Committee with the participation of donors, representatives of the government, private sector, CSOs, and Consortium members. A national-level Advisory Committee is already available under the ministry of food. This committee is represented by the FAO and the EU. JANO can become part of this committee unless there are reasons not to do so.
- JANO Budget: The cumulative financial burn rate is about 38% by June 2021 at MTE, clearly indicating that the project is behind its timeline, a part of which may be due to Covid. The project has adopted an alternative implementation strategy for some interventions due to Covid. But due to the school closures for more than one and a half years and restrictions on movement due to the country-wide lockdown, the implementation of some of the school level and community-level activities were hampered. Therefore, the targeted revised implementation plan for the 3rd year is also being implemented to some extent. The JANO

project management must reconsider and revise its fourth-year plan in light of the alternative options presented in a risk management table. To achieve the project's overall objective and impact level log frame target, the JANO project needs to be revised for the remaining period. Considering the situation mentioned above, the project management team may consider approaching the donor for a potential no-cost extension.

- Focus group discussions reveal a lack of delivery services closer to the communities. Facilitate discussions at the UNCC level to allocate funds for facilitating safe birth. Alternatively, facilitate community resources for funding transport of women to higher facilities where delivery services are available.
  - Develop intervention/community group-specific exit strategies, with a special emphasis on having enough leadership talent (created through leadership training focused on the exit strategy), and create multiple possibilities of alternative leadership at the community group level and at all levels of governance for multi-sectoral governance systems. Just like annual nutrition plans have been generated at sub-district and district levels, it is recommended that the project initiates thoughts/plans for an in-depth sustainability plan at community and sub-district governance beginning in the project's fourth year.
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