

## JANO'S NUTRITION GOVERNANCE APPROACH

Multi-sectoral, Multi-level and Multi-stakeholder

All over the globe, malnutrition remains one of the most difficult development roadblocks to address

Globally in 2022, 149 million children under 5 were estimated to be stunted (too short for age), 45 million were estimated to be wasted (too thin for height), and 37 million were overweight or living with obesity. Malnutrition remains a persistent challenge in Bangladesh, particularly among women and children, 28% of children under five are stunted and 37% of women of reproductive age are anemic. CARE Bangladesh's long-standing work in multi-sectoral programming and nutrition governance brought to light the need to continue to delve into the institutional challenges that had impeded the effective implementation of nutrition programs. CARE and consortium members Plan International UK and the Eco-Social Development Organization (ESDO) implemented the successful Joint Action for Nutrition Outcomes (JANO) project, funded by the European Union with co-funding from the Austrian Development Cooperation, to address these factors and improve malnutrition in Bangladesh.

Joint Action for Nutrition Outcomes (JANO) replicated and expanded on proven best practices from its previous sister projects and took to scale innovative governance models for improved nutrition.

JANO's overall objective was to **contribute to ending malnutrition of children under five years of age**, together with **improving nutrition in pregnant & lactating women and adolescent girls**. The project aimed to enhance maternal and child nutrition through implementation of strengthened **nutritional governance and multi-sectoral approaches with community engagement** in Nilphamari and Rangpur districts of Northwest Bangladesh.

### GOVERNANCE

CARE defines good governance as the participatory, transparent, equitable, accountable, and effective management of public affairs guided by agreed procedures and principles, to achieve the goals of sustainable poverty reduction and social justice.

JANO promoted good governance principles such as **inclusion and participation, transparency in government service provision, and accountability to collectively develop annual nutrition plans and budgets** with government-mandated platforms in Bangladesh.

JANO CONVENED

### MULTIPLE SECTORS

JANO used both external and project-engendered evidence-based multi-sectoral approaches, including and working with multiple government departments and private sector entities to improve nutrition. **The project brought the sectors together to coordinate their services to reach the community members who need them, and especially those in most need.**

JANO BROKE SILOS

### COMMUNITIES

JANO also worked with the people in the community to raise awareness about the importance of good nutrition and healthy diets as well as goods and services available to them within their communities. The project helped ensure the **enrollment and active participation of people from marginalized groups, especially women, girls and poor and extremely poor households, in key decision-making spaces** for the development and implementation of nutrition action plans followed by government rules.

JANO CREATED DEMAND

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." In addition, the strategic objective is to "improve maternal and child nutrition through implementation of multi-sectoral approaches and strengthened nutritional governance in Nilphamari and Rangpur districts of Northwest Bangladesh."

JANO's **Expected Result 2** is the focus of this brief: Coordinated and resourced sub-national and local government structures recognize, respond and are accountable to the demands of poor and marginalized communities.

JANO closely worked with the Government of Bangladesh to support the quality and effective implementation of the second **National Plan of Action for Nutrition (NPAN-II)**. JANO strengthened coordination and cooperation among service providers, stakeholders, and communities at district and sub-district levels. Numerous actors were involved in these efforts, including Community Clinics, Community Groups, Community Support Groups, Local (Union) Development Coordination Committees, and District Nutrition Coordination Committees, all of which are government mandated platforms.

JANO's work built local government's capacity for better nutrition planning, budgeting and implementation to the communities who needed them. From these efforts, the multi-sectoral multi-stakeholder platforms at the local, sub-district, and district level, are now functional and able to implement these plans in line with NPAN-II.

Annual nutrition plans were developed and executed collaboratively with involvement from the community, civil society, private sector actors, and government representatives, and collaborators included representatives of multiple 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). All of the committees are now functional and sustainable to support and deliver nutrition-sensitive and nutrition-specific planning and provide services to communities.

This includes government fora such as District Nutrition Coordination Committees, Local Development Coordination Committees, Community Groups, and Community Support Groups. Quotas of at least 10% for poor and extremely poor households and at least 30% for women and girls were set by the government and followed for meaningful representation and participation in these groups. Progress and results

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... the project played a motivating role, encouraging departments to formulate both plans and allocate budgets. The Deputy Director of Department of Agriculture Extension stated, ***"JANO project is playing a pivotal role in maintaining the active status of district-level nutrition committees and disseminating nutrition knowledge among project beneficiaries."***

were shared every two months with Community Groups, Community Support Groups, Community Clinics, civil society groups as well as government representatives from the Local, Sub-district and District levels. The JANO project supported community groups to claim services from the extension departments. As a result, Pregnant and Lactating women and their

children, as well as farmers received extension services from the extension service providers.



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# JANO Architecture

## Why JANO Worked

### National GoB and NPAN II

#### NATIONAL LEVEL

Bangladesh National Nutrition Council (BNNC) – oversight of NPAN II  
Policy Influence, monitoring & supervision tools development, coordination and advocacy

#### DISTRICT LEVEL

Nutrition Coordination Committees – Multi-sectoral Platforms  
Plan, coordinate, monitor NPAN II

#### SUB-DISTRICT LEVEL (UPAZILA)

Upazila Nutrition Coordination Committees – Multi-sectoral Platforms  
**New** multi-sectoral nutrition coordination platform to bridge Union to sub-district to the district.

#### LOCAL LEVEL (UNION)

Union Development Coordination Committee – Multi-sectoral Platforms  
**New** multi-sectoral platform added to plan, allocate budget, coordinate, monitor, hold to account, avoid duplication, link communities to services

#### COMMUNITY LEVEL



**Community Clinics & Community Support:** community-based primary healthcare units and functional support

**Community Support Groups:** link community members and clinics to ensure access

JANO supported the **Sub-District Level (Upazila) Nutrition Coordination Committee (UNCC)** multisectoral nutrition coordination platform to bridge the local (Union) to sub-district (Upazila) to the district platforms. Where all subdistrict-level government representatives, local government, and CSOs come together to develop an annual nutrition multisectoral plan under the leadership of the Upazila Nirbahi Officer and Upazila Health & Family Planning Officer.

**The Local Level (Union) Development Coordination Committee (UDCC)** is a government-mandated structure at the LOCAL level developed by the Bangladesh government where there was previously no specific platform for nutrition. The UDCC functions to micro plan by involving

JANO's predecessor program, Collective Impact for Nutrition (CI4N) piloted the Local Level UDCC as the platform that could break the silos and link the community to multisectoral service providers.

relevant actors; allocate budget to resources for multi-sectoral nutrition-sensitive activities; monitor progress and remove bottle necks; and to raise accountability by elevating the voices of poor and providing feedback on service quality.

In partnership with civil society and private sector stakeholders, JANO supported the Government

of Bangladesh to operationalize the multi-sectoral **Nutrition Coordination Committees** at the **District and Sub-District (Upazila)** levels. JANO, as an external facilitator, supported these committees to develop annual nutrition plans in collaboration with Community Groups, Community Support Groups and Union Development Coordination Committees. Effective annual planning by these committees is critical to ensure communities' nutritional needs and priorities can be addressed and necessary budget allocated toward nutrition interventions.

### **The Role of Community Clinics, Community Groups and Community Support Groups**

Community Support Groups conducted Social Mapping to identify, track and refer pregnant and lactating women, poor and extremely poor, malnourished children, household

sanitation status for nutrition specific (at community clinics) and sensitive services, provide awareness and educations on nutrition specific and sensitive messages, and share feedback to link up to UDCCs.

JANO helped organize and activate **Community Support Groups and Community Groups** as important platforms to support comprehensive and quality curative and preventive service provision. These groups provide day-to-day support and management of **Community Clinics**. They function to: curb absenteeism among health workers; inform community people in remote areas, or those who are not interested in visiting clinics, about the services they can receive in community clinics; direct pregnant and lactating women and poor and extremely poor to the clinic for ante-, intra- and post-natal care services; and direct children to the clinic for immunization and other key health and nutrition services.

Importantly, JANO also supported **Community Support Groups and Community Clinics** to form annual nutrition plans, which then inform the annual nutrition planning process of the Union Development Coordination Committee. JANO also **promoted the inclusion of women and girls, as well as poor and extremely poor households**, in the Community Support Groups and Community Groups to ensure their voice is heard in matters affecting their health and well-being.

By reinforcing links between service providers and communities, **JANO benefited the most vulnerable households and focused on empowering women and adolescent girls. JANO:**

- **Increased demand for nutrition services** by empowering poor and marginalized groups, particularly women and girls, with awareness of their rights;
- **Strengthened Community Groups and Community Support Groups** at the local level to amplify the voices of marginalized groups;
- **Improved the ability of service providers** and duty bearers across sectors to fulfill their obligations and be more responsive, transparent, and accountable to the communities they serve; and
- Expanded and strengthened existing **spaces of dialogue between communities and powerholders** that enable public authorities to build consensus and legitimacy.

**JANO's** great success in improving maternal and child nutrition could not have been done within a silo. The multi-sectoral and multi-stakeholder governance approach, along with strong District and Local level committees in close participation with the communities, were able to elevate the voices of community members and enhance their experience of NPAN II.

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