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BUILDING STRONG FOUNDATIONS

Good Local Governance Models for Nutrition in Bangladesh

OVERVIEW

Malnutrition remains a persistent challenge in Bangladesh, particularly among women and children. 28% of children under five are stunted¹ and 37% of women of reproductive age are anaemic.² Institutional challenges have impeded the effective implementation of nutrition programs, such as a lack of staff, inadequate budgets, and limited coordination and collaborative planning for nutrition programs across sectors. To improve nutrition status, CARE and consortium members Plan International UK and the Eco-Social Development Organisation (ESDO) are implementing the Joint Action for Nutrition Outcome (JANO) project, which is funded by the European Union with co-funding from the Austrian Development Cooperation.

APPROACH

JANO aims to reduce malnutrition, including anemia, among women of reproductive age and children under five in seven sub-districts of Rangpur and Nilphamari districts, Bangladesh. JANO closely works with the government to support the quality and effective implementation of the Government of Bangladesh's second National Plan of Action for Nutrition (NPAN-2). JANO strengthens the coordination and cooperation among service providers, other power holders, and communities at district and sub-district levels. Numerous actors are involved in these efforts, including Community Clinics, Community Groups, Community Support Groups, Union Development Coordination Committees, and Nutrition Coordination Committees, all of which are government mandated platforms. Community Clinics are community-based primary healthcare units established for every 6,000 people. Community Groups manage the day-to-day functioning of the clinics, and Community Support Groups serve as the link between the community and clinic. The Union Development Coordination Committee is a coordinating body to follow up on all activities within a respective Union, while Nutrition Coordination Committees are cross-sectoral platforms at the Upazila and District levels that focus on improving the nutritional status of mothers and children in their areas.

By reinforcing links between service providers and communities, JANO aims to benefit the most vulnerable households and focuses on empowering women and adolescent girls. JANO seeks to

- Increase demand for nutrition services by empowering poor and marginalized groups, particularly women and girls, with awareness of their rights;
- Strengthen Community Groups and Community Support Groups at the local level to amplify the voices of marginalized groups;
- Improve 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
- Expand and strengthen existing spaces of dialogue between communities and powerholders that enable public authorities to build consensus and legitimacy.

JANO PROJECT REACH TARGETS

- **275,415** pregnant & lactating women & married adolescent girls
- **190,322** children under 5 years
- **421,425** unmarried adolescent girls & boys, ages 10 to 19

¹ Bangladesh Bureau of Statistics (BBS) and UNICEF Bangladesh. 2019. Progotir Pathey, Bangladesh Multiple Indicator Cluster Survey 2019, Survey Findings Report. Dhaka, Bangladesh: Bangladesh Bureau of Statistics (BBS).

² Global Health Observatory Data Repository, WHO, 2019

SUPPORTING MULTI-SECTORAL COORDINATION

Reinforcing linkages between Community Support Groups, Community Groups and Community Clinics to improve high quality delivery of health services

JANO helped organise 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 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. 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.

In partnership with civil society and private sector stakeholders, JANO has been supporting the Government of Bangladesh to operationalize the multi-sectoral Nutrition Coordination Committees at the district and Upazila levels. JANO, as an external facilitator, supports 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. Importantly, JANO also supports 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.

Strengthening local level nutrition governance mechanisms

Increasing cooperation between government departments through Information Technology tools

JANO facilitated the development of a **web-based nutrition information platform** to connect relevant government departments across sectors at the national and sub-national level. The platform aims to improve evidence-based decision-making by health managers, and will soon be accompanied by a user-friendly mobile application. JANO also leverages mobile and e-learning applications, and an audio device called the Talking Book, to provide content with key government-approved messages to increase community awareness on nutrition interventions. To date, JANO has reached 146,073 people with nutrition focused messages through these ICT efforts.

GOOD 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 is promoting 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.

1. PARTICIPATORY

The project helped ensure the enrollment and active participation of people from marginalised 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. This includes government forums such as Upazila Nutrition Coordination Committees, Union 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 have been set by the government and followed for meaningful representation and participation in these groups.

2. TRANSPARENT

Annual nutrition plans are developed and executed collaboratively with involvement from the community, civil society, private sector actors, and government representatives. Progress and results are shared every two months with Community Groups, Community Support Groups, Community Clinics, civil society groups as well as government representatives from the union, Upazila, and district levels.

3. EQUITABLE

Poor and extremely poor households, and adolescent girls and boys, are targeted to improve access to social safety net schemes, and with targets to increase access to nutrition-specific safety net support.

4. ACCOUNTABLE

Union Development Coordination Committees and Nutrition Coordination Councils at the Union and District levels review progress towards nutrition goals every two months, quarterly, and annually. Each year's subsequent nutrition plan takes into account lessons learned from the previous year. Community Score Card³—a social accountability tool for the assessment, planning, monitoring, and evaluation of service delivery—is employed to bring community members, service providers, and government officials together to identify and co-develop solutions to overcome service coverage, quality, and equity obstacles.

³ CARE International UK, 2011

IMPACTS AND OUTCOMES



RECOMMENDATIONS

- Union Development Coordination Committees should be considered part of NPAN-2. They may be used as a nutrition platform and bridging link between Community Support Groups and Upazila Nutrition Coordination Committees.
- More engagement from the central-level ministry and departments is needed for effective district nutrition planning and implementation.
- Separate budgets for nutrition are needed from relevant ministries and departments to achieve the NPAN-2 indicators.
- Additional monitoring by the Bangladesh National Nutrition Council of the District Nutrition Coordination Committee on the implementation of NPAN-2 may promote further accountability and a strong reporting system.

For further queries or technical assistance:

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