

Bangladesh

Mid-Term Evaluation

**Thematic window: Children, Food security
& Nutrition**

**Programme Title: “Protecting and Promoting Food Security
and Nutrition for Families and Children in
Bangladesh”**

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Prologue

The current mid-term evaluation report is part of the efforts being implemented by the Millennium Development Goal Secretariat (MDG-F), as part of its monitoring and evaluation strategy, to promote learning and to improve the quality of the 128 joint programs in 8 development thematic windows according to the basic evaluation criteria inherent to evaluation; relevance, efficiency, effectiveness and sustainability.

The aforementioned mid-term evaluations have been carried out amidst the backdrop of an institutional context that is both rich and varied, and where several UN organizations, working hand in hand with governmental agencies and civil society, cooperate in an attempt to achieve priority development objectives at the local, regional, and national levels. Thus the mid-term evaluations have been conducted in line with the principles outlined in the Evaluation network of the Development Assistant Committee (DAC) - as well as those of the United Nations Evaluation Group (UNEG). In this respect, the evaluation process included a reference group comprising the main stakeholders involved in the joint programme, who were active participants in decisions making during all stages of the evaluation; design, implementation, dissemination and improvement phase.

The analysis contained in the mid-term evaluation focuses on the joint program at its mid-term point of implementation- approximately 18 months after it was launched. Bearing in mind the limited time period for implementation of the programs (3 years at most), the mid-term evaluations have been devised to serve as short-term evaluation exercises. This has limited the scope and depth of the evaluation in comparison to a more standard evaluation exercise that would take much longer time and resources to be conducted. Yet it is clearly focusing on the utility and use of the evaluation as a learning tool to improve the joint programs and widely disseminating lessons learnt.

This exercise is both a first opportunity to constitute an independent “snapshot” of progress made and the challenges posed by initiatives of this nature as regards the 3 objectives being pursued by the MDG-F; the change in living conditions for the various populations vis-à-vis the Millennium Development Goals, the improved quality in terms of assistance provided in line with the terms and conditions outlined by the Declaration of Paris as well as progress made regarding the reform of the United Nations system following the “Delivering as One” initiative.

As a direct result of such mid-term evaluation processes, plans aimed at improving each joint program have been drafted and as such, the recommendations contained in the report have now become specific initiatives, seeking to improve upon implementation of all joint programs evaluated, which are closely monitored by the MDG-F Secretariat.

Conscious of the individual and collective efforts deployed to successfully perform this mid-term evaluation, we would like to thank all partners involved and to dedicate this current document to all those who have contributed to the drafting of the same and who have helped it become a reality (members of the reference group, the teams comprising the governmental agencies, the joint program team, consultants, beneficiaries, local authorities, the team from the Secretariat as well as a wide range of institutions and individuals from the public and private sectors). Once again, our heartfelt thanks.

The analysis and recommendations of this evaluation report do not necessarily reflect the views of the MDG-F Secretariat.

Submitted to MDG:F Secretariat – New York

Independent mid-term evaluation of the Joint Programme

“Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh”

Managed by the Government of the People’s Republic of Bangladesh and
implemented by IPHN, NNP, MoHFW, NGOs, MoFDM, DAE/MoA in cooperation
and supported by UNICEF, FAO and WFP

Programme duration: 3 years (23rd March 2010 to 23rd March 2013)
Location: Bangladesh with specific activities in Barisal Division
Total budget: USD 8,000,000
Funded by: The Millennium Development Goals Achievement Fund, The
Government of Spain

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Acronyms

BCC	Behaviour Change Communication
CC	Community clinic
CFSN	Children, Food Security and Nutrition
CMAM	Community Management of Acute Malnutrition
CNS	Community Nutrition Supervisor
CNW	Community Nutrition Worker
DAE	Department of Agricultural Extension
DLS	Department of Livestock Services
DPE	Department of Primary Education
ERD	Economic Relations Division
ERG	Evaluation reference Group
FAO	Food and Agriculture Organization of the United Nations
FSN	Food Security and Nutrition
FWC	Family Welfare Centre
GoB	Government of Bangladesh
HEB	High energy biscuit
HFSNA	Household food security and nutrition assessment
HH	Household
IEC	Information, education and communication
IFA	Iron Folic Acid
IP	Implementing partner
IPHN	Institute of Public Health and Nutrition
IYCF	Infant and Young Child Feeding
JP	Joint Programme
M&E	Monitoring and evaluation
MAM	Moderate acute malnutrition
MDG	Millennium Development Goals
MDG:F	Millennium Development Goals Fund
MNPs	Micronutrients Powders
MoH	Ministry of Health
MoPME	Ministry of Primary and Mass Education
MTE	Mid-term evaluation
MUAC	Mid upper arm circumference
NGO	Non-Governmental Organisation
NNP	National Nutrition Programme
NNS	National Nutrition System
NSC	National Steering Committee
OTC	Outreach therapeutic centre
PLW	Pregnant lactating women
PMC	Programme Management Committee
RC	Resident Coordinator
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SMC	School management committee
TA	Technical assistance
ToR	Terms of Reference
ToT	Training of Trainer
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
WFP	World Food Programme
WSB	Wheat-soya blend

Executive summary

The MDG Achievement Fund (MDG:F) is an initiative funded by the Government of Spain in 2006 and implemented by UN agencies to support countries in their progress towards the Millennium Development Goals (MDGs) and other development goals by funding innovative programmes that have an impact on the population and potential for duplication. The Fund operates through UN teams in each country and uses a joint programme mode of intervention. The Fund has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

The ‘Children, food security and nutrition’ thematic window supports 24 joint programmes and specifically contributes to MDG 1 - eradicating extreme poverty and hunger and MDG 4 - reducing child mortality.

The Joint Programme “Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh” was signed by the representative of the Government of the People’s Republic of Bangladesh and UN representatives on the 1st February 2010 and officially commenced on the 23rd March 2010. The programme will end on the 30th June 2013 (subject to the approval of a no-cost extension).

The overall goal of the Joint Programme (JP) is to ‘contribute to the reduction of acute malnutrition and underweight prevalences among children 0-59 months and acute malnutrition in pregnant and lactating women and to reduce the proportion of the population that is food insecure (i.e. those with inadequate calorie and nutrient intakes).’ The JP has five planned outcomes:

- Outcome 1: Reduced prevalence of acute malnutrition and underweight in children 6-59 months and acute malnutrition in pregnant and lactating women;
- Outcome 2: Food security improved through agriculture, homestead food production and nutrition training;
- Outcome 3: Improved learning and nutrition awareness through school feeding and school gardening activities;
- Outcome 4: Prevention and control of iron deficiency anaemia in children aged 6-23 months;
- Outcome 5: Strengthened food security and nutrition information systems used for planning, monitoring and evaluations.

This mid-term evaluation (MTE) is managed by the MDG:F Secretariat and its goal is to generate knowledge, identify best practices and lessons learned and improve implementation of the programmes during the remaining period of implementation. The conclusions and recommendations generated by this evaluation are addressed to its main users: the Programme Management Committee (PMC) and the Secretariat of the Fund.

The findings presented in this report are based on a desk review of programme documents and on interviews with key informants and programme staff during a two-week mission to Bangladesh in March 2012. The findings were triangulated through the use of multiple sources of information as far as possible.

Main findings of the mid-term evaluation

Design, relevance and structure

The programme document contains a clear analysis of the situation at the time regarding child and maternal nutrition, household food security and the effects of macro-economic changes and natural disasters and the design of the main interventions is based on the (Government of

Bangladesh's (GoB's) National Nutrition Programme (NNP) which was internally coherent with the country's development framework. Some specific interventions that were not in accordance with government policy at the time of implementation were revised through the Programme Management Committee (PMC) at the inception stage.

The programme provides an integrated package of interventions. Entry points are households, schools and government health service providers. The delivery of most inputs to participants is specifically targeted to nutritionally vulnerable households with a clear process to identify who is entitled to them. The programme logic gives only limited consideration of capacity building of GoB institutions, to handing over of services that are developed and to replicability. The emphasis is strongly on delivering much needed services and to testing a model of intervention and learning lessons from it.

The results framework and M&E framework in the programme document has a number of significant weaknesses relating to the quality of indicators, the presentation of beneficiary targets and unrealistically high numbers of direct beneficiaries due to calculation errors. A revised framework now has very good indicators but is less clear in the presentation of beneficiary targets. Although it is reported that targets have been revised, this has not been reported on formally and some implementing staff do not appear to be clear on them.

Management and coordination

There was limited progress in implementing the JP for the first 9 months. A full time coordinator was appointed in January 2011. The financial situation of the JP at 31st December 2011, 21 months after the JP started (54% of time completed) was that 33% of the budget had been disbursed. The UN agencies have prepared a costed workplan for the period from 1st January 2012 until the end of the programme. They report that the revised numbers of beneficiaries were used in the budget and are confident that the planned MDG:F JP budget will be utilised in full. The MTE is cautious about endorsing this confidence that the substantially revised numbers of beneficiaries have been adequately taken into account and therefore that the proposed budget will be used in full. As a consequence some reservations are raised by the MTE on endorsing the release of the final tranche of funds in a single release corresponding to 58% of the total budget.

The National Steering Committee (NSC) and PMC have provided effective oversight for the JP. The PMC has been a useful forum to bring together the main government ministries that have a stake in the MDG:F and has provided an opportunity to share perspectives on nutrition which cuts across a number of ministries. This interaction was reinforced through a very effective multi-ministry field mission to the JP implementation area.

The three UN agencies are coordinated at the central level and at the divisional level by JP Coordinators. Implementation is managed separately by each agency, with a high degree of collaboration between UNICEF and WFP. Each agency has their own contract with the implementing partner (IP). FAO has IP staff dedicated to their work and requires separate reports relating to their objectives. There has been a high level of turnover of the focal points within each agency which has had some negative effects on links with key government partners and on the coordination and implementation of the JP.

A good quality baseline assessment has been prepared, providing a useful situation assessment and a basis for impact evaluation. Significant decisions are required relating to the timing of the endline/impact assessment survey and on the importance of the control areas, many of which are about to become implementation areas.

Detailed gender sensitive monitoring is carried out by the JP and is regularly reported. The Bi-annual Monitoring Reports mainly describe outputs and the financial reporting is not easy to comprehend. There are opportunities for more result-based reporting, especially as the programme matures.

Effectiveness

Outcome 1: Reduced prevalence of acute malnutrition and underweight in children 6-59 months and acute malnutrition in pregnant and lactating women.

The JP has supported the development and approval process for the National guidelines for Community Management of Acute Malnutrition (CMAM).

Training has been provided to MoH staff who provide referral support for acute malnutrition at all levels from the district downwards. Severe acute malnourished (SAM) corners have been developed in the hospitals at these levels and capacity to treat referred cases has significantly improved.

Full screening of the target population (children 6-59 months and PLWs) in the six unions started from August 2011 through 72 outreach centres. The quality of inputs and immediate results are very good. Acutely malnourished children are 'graduating' with no relapse cases identified to date and participants have a high level of knowledge of good nutrition and diet, and on IYCF practices. Monitoring of the coverage of SAM and MAM children show an overall reduction in prevalence, although with a small reversal during the October to December lean season.

The baseline survey identified that the method used in the community screening to identify acutely malnourished children, MUAC, identifies less than half the number identified by the more rigorous weight for height method. This has contributed to a further reduction in identified direct beneficiaries and also raises issues concerning acutely malnourished children within the programme area whose households are not receiving any direct services.

Revised beneficiary target numbers for this outcome have been prepared. The MTE considers that these may be unrealistically high based on achievements to date.

Implementation of CMAM is carried out almost completely by the staff of the implementing NGOs.

Outcome 2: Food security improved through agriculture, homestead food production and nutrition training.

The targeting for this intervention is linked directly with the screening for acute malnutrition. The numbers participating are therefore linked directly to the numbers who are identified for the services in outcome 1.

Training has been provided to DAE and DoLS staff who are the main implementers of this intervention. They are in close contact with the participating households.

Productive vegetable gardens have been established and the quality of these is generally high. There is a good level of knowledge on diet and nutrition and it appears as if that is being put into practice in terms of family food consumption. There is evidence that some replication of these gardens has been carried out by non-participants. Due to the seasonality of training a significant number of beneficiaries are waiting for this service. Awareness on nutrition has been given strong support through cooking demonstrations.

Outcome 3: Improved learning and nutrition awareness through school feeding and school gardening.

There is a consistent claim that the school feeding has a direct positive effect on both school enrolment and attendance. This was endorsed by the school visited although more generalised data on the effect of the school feeding in this programme was not available. The effectiveness of such school feeding programmes in Bangladesh has been well documented by WFP and there is no doubt of their efficacy.

School gardens have been established and are productive. Additional home gardens have been established, both within school premises and in homes by guardians of children who have observed them.

Outcome 4: Prevention and control of iron deficiency anaemia in children aged 6-23 months. This is blanket coverage for children within the target areas and appears to be proceeding satisfactorily.

Outcome 5: Strengthened food security and nutrition information systems for planning, monitoring and evaluations.

The programme has not been able to identify a real need and opportunity to intervene in this area and is about to carry out an inventory of already established child nutrition and food security programmes in Bangladesh. Opportunities exist for documenting the implementation model used in this JP, and to link this with information on costs and results and communicate this through presentations, seminars and field visits.

Sustainability

At the beneficiary level the programme strategy has aimed to address longer term food security as well as the more immediate acute malnutrition. There are good indications that this strategy is working and that the targeted households and to some degree the wider community will be able to maintain an improved nutritional status. There will also be an ongoing strong positive influence as a result of the knowledge and skills of the community members who have been employed and trained in order to implement CMAM in each union.

The intervention strategy is closely aligned with government policies and priorities. Subject to resource constraints, the GoB will continue to support these interventions through their service delivery systems.

The facility-based referral should continue although quality of services will be constrained if the current level of MoH under-staffing is continued.

The current implementation of CMAM is heavily resourced by the MDG:F and cannot be continued at the same intensity in a non-programme scenario. The programme can make some changes to implementation to increase the participation of MoH staff in delivering services and improve the possibility of sustained CMAM through the GoB NNS. The continuation of supplying supplementary foods for those who are acutely malnourished is unlikely due to political and cost constraints. The JP is seeking to address these reservations from the GoB.

School feeding is implemented by Department of Primary Education staff but the supply of high energy biscuits is dependent on a development partner.

Support for home gardens and IGA is primarily delivered through the DAE and DoLS. The productive assets (home gardens and livestock) developed are likely to be sustained.

Key recommendations for the programme

Chapter 5 of the report contains the full set of recommendations made by the MTE. Those that are most critical for the success of the JP are summarised here.

Recommendations for MDG:F Secretariat:

- A no-cost extension should be given until June 2013 in accordance with the PMC and NSC approvals;
- The third request for funds recently approved by the PMC and NSC should be released in two stages, with 60-70% immediately and the balance according to the usual 70% commitment rule (in effect a fourth fund release);

Recommendations for the PMC:

- Review the existing responsibilities (in job description) of MoH union-level staff to identify how their contribution to the MDG:F nutrition-related health education and CMAM could be increased and instruct them to take on these responsibilities in the MDG:F working area;
- Request MoH and DAE to fill all vacant posts in the MDG:F area;
- Advocate for the identification of a GoB institution that has coordinating responsibility for nutrition nationally;
- Advocate for relevant government programmes to be located in MDG:F locations in order to provide continuing assistance;
- The PMC should recommend to all its institutional members (GoB and UN) to nominate a single focal point person and maintain that focal point person for the life of the programme;

Recommendations for the UN agencies and government partners:

Recommendations on management issues:

- The MDG:F JP confirms and presents revised beneficiary target numbers to the next PMC and in the next bi-annual monitoring report;
- UN agencies should review staff commitments so that agency focal points for joint programmes do not change regularly;
- Make an assessment of the realistic planned expenditure on existing commitments and review how any surplus could be utilized within the MDG:F mandate;
- Identify why the numbers of SAM cases are so much lower than expected;

Recommendations on monitoring and reporting:

- Decide on a strategy for impact evaluation (endline survey) that takes into account seasonal fluctuations in nutritional status and the fact that 2 of the 3 'control' unions are coming under programme implementation soon;
- While keeping within the overall format provided by the MDG:F, the titles and headings of each form need to be reviewed to check if they clearly describe what is being presented. Targets as well as achievements should be clearly stated and greater emphasis need to be given to presenting results in addition to activities;
- Report on the outcome indicators regarding prevalence of acute malnutrition by MUAC and on attendance rates of children in school in the bi-annual monitoring report;

Recommendations on implementation:

- Research into SAM and MAM assessment methodologies and the implications for appropriate identification and treatment that are detailed in section 4.3.1;

- Review the CMAM intervention to simplify procedures;
- Based on the experience of implementing CMAM, identify and discuss with IPHN the critical nutrition input indicators that government health delivery facilities should be maintaining and reporting in their MIS. To include nutrition-related services that are already being carried out by government health staff;
- Track relapse cases closely to understand the level of sustainability of the intervention;

Recommendations on sustainability and phase out:

- The transfer of service provision to the appropriate GoB institution should be incorporated into the objectives and workplans of the IPs;
- Review the workload of the IP's staff in the existing 6 unions on CMAM and reduce numbers in preparation for withdrawal of MDG:F from CMAM;
- Develop an exit strategy in preparation for the closure of service delivery by the programme;
- Discuss a strategy with IPHN for the continuation of CMAM in the programme area to include:
 - What supplies the IPHN intends to provide under NNS activities;
 - What supplies, if any, the UN agencies can continue to provide;
 - What monitoring records etc should be transferred and to whom;

Recommendations on documentation and dissemination:

- The PMC and the MDG:F JP facilitate further joint field missions involving high level representation from GoB Ministries, UN agencies and NGOs. The focus can be on identifying lessons that can be utilised in ongoing and future GoB, UN and NGO interventions;
- Document the experience of implementing CMAM, the outcomes from it, the lessons learned, linking as far as possible inputs and effects, and disseminate this through a variety of media including seminars and field visits. The documentation should include information on the level of resource input for specific interventions being presented.

1 Background to the MDG:F and UN joint programme approach

Goal of the MDG:F

In December 2006, UNDP and the Government of Spain signed a major partnership agreement for the €28 million, with the aim of contributing to progress on the Millennium Development Goals (MDGs) and other development goals through the United Nations System. The MDG Achievement Fund (MDG:F) supports countries in their progress towards the Millennium Development Goals (MDGs) and other development goals by funding innovative programmes that have an impact on the population and potential for duplication. The Fund aims to accelerate progress towards attainment of the

MDGs in select countries by:

- Supporting policies and programmes that promise significant and measurable impact on select MDGs;
- Financing the testing and/or scaling-up of successful models;
- Catalysing innovations in development practice; and
- Adopting mechanisms that improve the quality of aid as foreseen in the Paris Declaration on Aid Effectiveness.

The Fund has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

The ‘Children, food security and nutrition’ thematic window

In addition to the original grant, in September 2008 the Government of Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. This thematic window has US\$134.5 million allocated to 24 joint programmes and this area of work represents almost 20% of the MDG:F’s work. The MDG goals specifically addressed by this window are:

- MDG 1 - eradicating extreme poverty and hunger,
- MDG 4 - reducing child mortality,

Interventions range from providing low cost nutritional packages that can save lives and promote healthy development to engaging with pregnant and lactating mothers ensuring they are healthy and aware of key nutrition issues. Advocacy for mainstreaming children’s right to food into national plans and policies is also a key element of the fight against under nutrition.

UN Joint programme approach

The MDG:F uses a joint programme mode of intervention operating through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies.

At the country level in 135 developing countries, the leadership of the UN’s support to the MDGs and national development strategies is the responsibility of the UN Resident Coordinator. UN Resident Coordinators provide the strategic direction and guide the operations of the individual UN Funds, Programmes and Agencies operating locally. As a group, these organizations make up the “UN Country Team”. UN Resident Coordinators also promote the normative agenda of non-resident agencies on the ground.

2 Introduction to the programme to be evaluated

Title, timeframe and budget

The Joint Programme “Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh” was approved in August 2009, signed by the representative of the Government of the People’s Republic of Bangladesh and UN representatives on the 1st February 2010 and officially commenced on the 23rd March 2010. The duration is 3 years and the programme will end on the 23rd March 2013 (a request for a no-cost extension until 30th June 2013 has been submitted and is awaiting approval).

The total budget is USD 8,000,000 all funded by the MDG:F. The budget of each of the participating UN organisations is:

Participating UN Organization	Budget
UNICEF	\$2,154,575
FAO	\$2,289,498
WFP	\$3,540,800
Unallocated	\$ 15,127
TOTAL	\$8,000,000

Goal and contribution to MDGs

The overall goal of the Joint Programme (JP) is to ‘contribute to the reduction of acute malnutrition and underweight prevalences among children 0-59 months and acute malnutrition in pregnant and lactating women and to reduce the proportion of the population that is food insecure (i.e. those with inadequate calorie and nutrient intakes).’

The JP will contribute directly to the achievement of the following MDGs in Bangladesh:

- MDG 1 - eradicating extreme poverty and hunger,
- MDG 4 - reducing child mortality,

And will also contribute to some degree to:

- MDG 2 – universal primary education
- MDG 5 – improving maternal health

In addition the JP outcomes are expected to significantly contribute to the following United Nations Development Assistance Framework (UNDAF) priorities:

- Improving health and nutrition for a sustainable population
 - Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework
- Social protection and disaster risk reduction

Theory of change

The share of household income spent on food increased significantly from 2006 to 2008 due to increasing world prices, increasing cost of transportation and reduced national and regional food production due to weather disasters. The most common household coping strategies to this situation is to reduce the food quality and/or quantity. The problem analysis identifies this as the main cause of the continuing or even deteriorating

inadequate nutritional status of poor households in Bangladesh.

This JP aims to halt and recover the deteriorating nutritional status amongst the most vulnerable households within certain parts of Barisal Division, the division with the highest poverty and malnutrition rates. It aims to do this through a multi-strategy approach with most implementation at or below the divisional level. The programme is implemented in 9 unions in Barisal division.

Outcomes 1 and 4 seek to directly treat children and women who are suffering from acute malnutrition and from anaemia with a range of interventions including community and facility-based specialised feeding, distribution of micro-nutrient supplementation and some food distribution. The promotion of exclusive breastfeeding and complementary feeding practices is also covered by outcome 1. Outcome 2 seeks to address long-term food security through increasing homestead farming productivity and profitability. There is a common theme of nutrition training in most of the outcomes, particularly outcome 3 which focuses on schools, raising awareness on nutrition issues and the ability to prepare nutrition-rich meals with locally available ingredients. Outcome 5 provides capacity building in order to strengthen food security and nutrition information systems so that food security and nutrition information is more available and accessible.

The JP aims to be a model for future interventions in similar areas, by forming and demonstrating an effective and coherent partnership among the local government institutions, government programmes, NGO partners and other parallel civil society organizations.

Intended outcomes and outputs

The programme document reviews the technical situation regarding food production and accessibility, child nutrition, breastfeeding, complementary feeding, maternal nutrition and food security in Bangladesh. The JP has five planned outcomes and seventeen outputs. The outcomes are presented in the table below together with the UN and partner organisations responsible for each one. Four of the seventeen outputs (1.1, 1.2, 2.1 and 3.1) account for 77% of the total budget.

The information presented in the table below is based on the originally approved JP results framework. This framework was revised following the discussions on the framework by the Dhaka inception workshop held on March 28th 2011 and reporting on the revised framework took effect from July 2011. The revised framework has five planned outcomes, two of which are revised slightly, and 15 outputs. The changes from the framework that was submitted in the original proposal is reviewed by the evaluation.

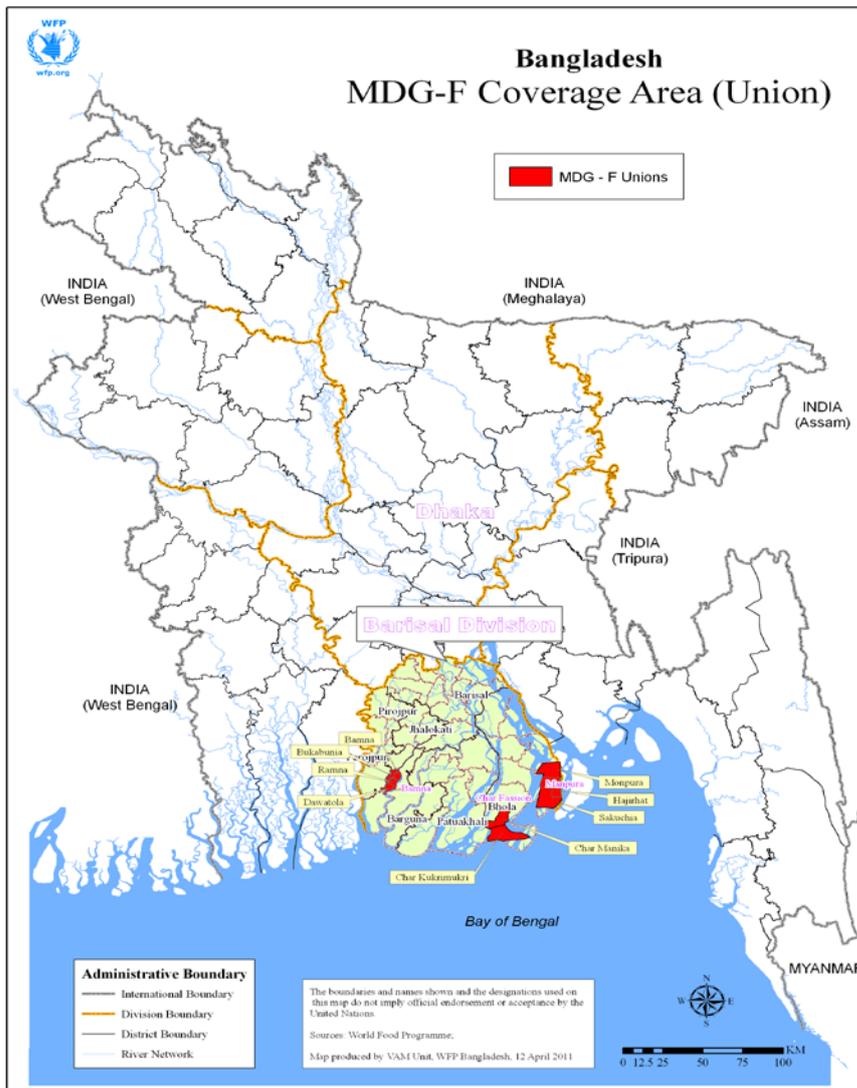
Outcomes	Budget	Implementing agencies and partners
1. Reduced prevalence of acute malnutrition and underweight in children 0-59 months and acute malnutrition in pregnant and lactating women.	\$3,112,899	UNICEF, IPHN, NNP, MoH, NGOs, WFP, MoWCA, DWA
2. Food security improved through agriculture, homestead food production and nutrition training.	\$2,220,025	FAO, WFP, MoA, DAE, MoFDM, NGOs, NNP, IPHN

3. Improved learning and nutrition awareness through school feeding and school gardening activities.	\$1,070,408	WFP, DoPE, MoH, FAO, MoA, DAE, NGOs
4. Reduced rates of anaemia in children under-five years of age and pregnant and lactating women through multiple micronutrient supplementation.	\$585,040	UNICEF, WFP, IPHN, NNP, MoH, NGOs
5. Strengthened food security and nutrition information systems used for planning, monitoring and evaluations.	\$454,126	UNICEF, WFP, IPHN, NNP, MoH, NGOs

Geographic location

The JP is being implemented in six unions in Monpura, Bamna and Charfasson Upazilas of Barisal Division. Field implementation will commence in a further three unions within the same upazilas in April 2012.

The location of the project area is shown on the map below. Some of the field areas are located on isolated *chars* (islands formed in the river delta) where access is difficult and generally the provision of government services is very limited.



3 Objectives, process and methodology of the evaluation

3.1 Objectives of the evaluation

This evaluation is based on the generic terms of reference (ToRs) developed by the MDG:F for the mid-term evaluation of children, food security and nutrition joint programmes which has been developed accordance with the M&E strategy designed for the MDG:F. This has been revised by the Evaluation Reference Group (ERG) in Bangladesh and is attached in annex 1.

Goal

The goal of evaluation is to generate knowledge, identifying best practices and lessons learned and improve implementation of the programmes during their remaining period of implementation. The conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee (PMC), the National Steering Committee (NSC) and the Secretariat of the Fund.

Scope and specific objectives

The mid-term evaluation is part of the body of knowledge constituted by the M&E function of the MDG:F at the joint programme level. This level is the first level of information of the MDG:F information structure that comprises four levels: (a) joint programme level, (b) partner country level, (c) thematic window level and finally (d) overall MDG:F level.

The mid-term evaluation uses an expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the joint programme. This enables conclusions and recommendations for the joint programme to be formed within a period of approximately four months.

The unit of analysis is the joint programme, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following specific objectives:

1. To discover the programme's design quality and internal coherence (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the Millennium Development Goals, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
2. To understand how the joint programme operates and assess the efficiency of its management model in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the One UN framework.
3. To identify the programme's degree of effectiveness among its participants, its contribution to the objectives of the Children Food Security and Nutrition thematic window, and the Millennium Development Goals at the local and/or country level.

Evaluation levels and questions

The evaluation assess five levels of the programme. For each level a number of

evaluation questions are proposed by the evaluation ToRs.

Design level

The evaluation will review the relevance of the programme design. The extent to which the objectives of the joint programme are consistent with needs and interest of the participants, the needs of the country, the MDGs and the policies of partners and donors. The evaluation will look at the ownership of the programme design by considering the national social actors' effective exercise of leadership in the development interventions.

Process level

The efficiency of the overall joint programme's management; the extent to which resources/inputs have been turned into results. The ownership of the process, including to what extent the national social actors have effectively exercised leadership in the development interventions.

Results level

The effectiveness of the programme in meeting its expected outcomes and objectives and also in contributing to the achievement of the MDGs at the local and national levels.

Sustainability

The sustainability of programme achievements; the likelihood that the benefits of the intervention will continue in the long-term.

Country level

The identification of lessons learned and best practices that can be transferred to other programmes or countries and the contributions of the JP to the United Nations reform (one UN) and assess how principles of aid effectiveness were integrated into the programme.

3.2 Overall process and timeline of the evaluation

The MDG:F Secretariat managed the evaluation. The ERG composed of the Programme Management Office, the PMC, and the UN Resident Coordinator (RC) facilitated the evaluation in-country.

The evaluation was conducted in accordance with the following proposed outline process:

1. Review of programme documents and reports, written outputs and other documentation by the consultants
2. Submission of inception report to the MDG:F Secretariat and the ERG (23rd February 2012)
3. Consultations, interviews and field visits with the programme and key stakeholders in Bangladesh (4-15 March). See annex 2 for details of stakeholders consulted
4. Presentation, discussion and debriefing PMC and JP Coordination Team (15th March)
5. Preparation of draft report and submission to MDG:F Secretariat for sharing with the ERG (30th March)
6. Feedback from ERG to the evaluation consultant (19th April)
7. Finalise evaluation report considering the comments from the ERG (30th April 2012)

3.3 Methodology

The evaluation was led by an independent evaluation consultant, appointed by the MDG:F, and a locally hired consultant who supported the Evaluator by providing information about local context such as institutions, protocol, traditions, etc. and assist with translation of key meetings/ interviews during the mission as needed.

Desk review

Before the evaluation field visit, the consultants carried out a desk review of appropriate material, including the programme documents, progress reports, evaluation reports, minutes of management and advisory committees, as well as relevant materials from secondary sources. Annex 4 lists the documents reviewed throughout the evaluation.

In-country visit

The overall structure for the country mission will be:

- Meetings with UN RC, JP implementation staff and managing committees
- Meetings with participating UN organisations (as a group or individually)
- Meetings with implementation partners at the national level
- Visits to Barisal Division and interactions with implementing staff, local government officials, partner organisations, community leaders and members
- Verbal presentation of preliminary evaluation findings to implementation stakeholders for verification and expansion

People consulted during the course of the evaluation are listed in annex 2 and the schedule of meetings is in annex 3.

Information collection methods

A variety of methods were used depending on the situation and the opportunities. As far as possible these methods were participatory, allowing stakeholders to express their experiences and suggestions in an open way. These included:

- Document review (as already noted)
- Briefing/presentations from implementing agencies
- Semi-structured interviews with key informants
- Group discussions with programme participants and community members
- Time line analysis
- Other participatory tools to identify interventions, changes and challenges

Participation of JP staff

JP staff introduced the evaluation team to respondents and then took an observation role during the discussion. Clarification of issues were made subsequent to the interview/meeting. The JP staff accompanied the evaluation team on the visits to the unions and were present in most of the meetings. This protocol was chosen in order to maximise the learning by the team responsible for the JP.

Presentation of draft findings

At the end of the country visit de-briefing meetings were held with the Spanish representative, the PMC, the MDG:F Coordination Team and the Country Heads of the three UN Agencies in order to present, verify and discuss preliminary findings, conclusions and recommendations.

Evaluation report

A draft final report on the evaluation was prepared and then this final version was

prepared following comments from the ERG and the MDG:F Secretariat.

Constraints and limitations

The accuracy of the evaluation findings was determined by the quality of information provided from the sources. It was not possible to collect representative quantitative information within the timeframe of the evaluation. Quantitative information on programme outputs is based on programme reports and whenever possible this was verified during the meetings with stakeholders. All the information gathered by the evaluation team was verified through triangulation as far as possible.

Information collected during the field visits may not be representative of the programme as a whole. Meetings were scheduled in advance, and it was necessary for the JP to develop this programme prior to the commencement of the field visits. The evaluators reviewed the programme and requested some changes.

4 Evaluation findings

4.1 Programme design, relevance and ownership

4.1.1 The process of programme design

The JP proposal was prepared in response to the request for proposals from the MDG:F for the Children, Food Security and Nutrition Window and the design process was led by the World Food Programme (WFP). The intervention strategy proposed was based on the National Nutrition Programme (NNP) that was in place at the time of the design. More detailed involvement in the programme by the government only begun to be developed at the time of signing.

The MDG:F Secretariat provided some feedback on the proposal at the time of approval.

4.1.2 Needs' assessment and relevance

The programme document contains a clear analysis of the situation at the time regarding child and maternal nutrition, household food security and the effects of macro-economic changes and natural disasters. There is also clear justification, based on data available at the time, for the selection of the identified programme area. The need for empowerment of women through increased access to information and resources is recognised. This analysis has not been questioned by any of the stakeholders consulted by the mid-term evaluation (MTE).

The programme is based on Bangladesh's NNP which was internally coherent with the country's development framework including the national Poverty Reduction Strategy, the National Food Policy Plan of Action and the Country Investment Plan for Agriculture, Food Security and Nutrition.

In terms of achieving the MDGs, the 2009 assessment of Bangladesh's progress towards these goals identified the following challenges under MDG 1:

- In view of recent progress made in reducing underweight prevalence rates for children under five years of age, it seems unlikely that Bangladesh will reach the MDG target of 33% underweight prevalence rate by 2015,

- Bangladesh, in all likelihood, will not meet its targets for halving the proportion of the population below the minimum level of dietary energy consumption by 2015.

This programme clearly supports the Government of Bangladesh (GoB) in seeking to address these challenges to the achievement of the MDGs.

There was one strategies in the proposal that were not in line with government practice at the time; the provision of micronutrient powder (MNP) to pregnant and lactating women (PLWs). It was agreed during the inception period to remove the MNP for PLWs from the programme.

The JP contributes directly to the UNDAF 2006-2010. Food security and nutrition has become a more recognised priority in the current UNDAF (2012-2016) with pillar 4 specifically on food security and nutrition needs.

4.1.3 Programme formulation and logical structure

Overall objective and strategy

The programme provides a package of interventions that covers; immediate nutrition support, focussed knowledge development on health and nutrition issues, and medium-term self-sufficiency for households alongside capacity development of government service providers. Entry points are households, schools and government health service providers. The delivery of most inputs to participants is specifically targeted to nutritionally vulnerable households with a clear process to identify who is entitled to them. Overall the progression from activities to outputs to outcomes and to the overall objective is clear and logical.

Another aspect of the integrated nature of the design is how community management of SAM is linked with capacity building of the facilities that are needed to handle SAM cases with complications. A number of other similar programmes are unable to include SAM as there are no adequate facilities for their referral.

The programme logic gives only limited consideration of capacity building of GoB institutions, to handing over of services that are developed and to replicability. The emphasis is strongly on delivering much needed services and to testing a model of intervention and learning lessons from it.

The intervention contains limited actions aimed at influencing policy. This appears to be appropriate, as apart from resource constraints, there do not appear to be significant policy bottlenecks.

A number of ‘objectives’ of the JP were presented to the MTE by different stakeholders and it is apparent that there are a number of expectations concerning it. The main expectations expressed, all of which are partially compatible but not completely are:

1. Delivery of services to reduce levels of acute malnutrition while building up some degree of capacity;
2. Implementing the community management of acute malnutrition (CMAM) model of service delivery and capturing and sharing models/best practices with national institutions and partners. The sustainability of the specific delivery mechanisms established by the programme not being a high priority;
3. Modelling an integrated nutrition intervention that could be replicated by GoB and;

4. Modelling joint UN and how they can leverage inter-sectoral coordination among ministries.

A review of the objectives stated in the programme proposal puts the emphasis on the first two in the list above. While lessons can be learned concerning the latter two, the success of the JP should not be based on their level of achievement.

Results framework

The results framework and M&E framework in the programme document has a number of significant weaknesses:

- The framework has limited appropriate indicators to measure progress, particularly at the output level, and there is some confusion between activities and indicators.
- Targets, in terms of numbers of direct beneficiaries receiving services from the JP (including some services provided through GoB staff), are not clearly stated (they are mainly embedded in activity statements). (There are qualitative targets in terms of uptake and recovery rates in percentage terms,)
- The target numbers are based on calculations using data on the proportion of acutely malnourished children and PLWs from recent surveys. However when these were recalculated in 2010 it was realised that errors were made in the original calculations resulting in unrealistically high target numbers. Another factor that has resulted in the programme not reaching the expected number is technical and is discussed as part of the assessment of outcome 1; Based on revised calculations and on the experience of the JP to date, the following revised targets have been established:

Intervention	Target in programme document	Current programme expectation for total achievement
Acutely malnourished children screened and referred for management	18,500 (of which: 15,000 SAM 3,500 MAM)	8,000 (of which about: 1,000 SAM 7,000 MAM)
Pregnant and Lactating Women with under nutrition	10,000	3,200
Households to participate in home gardening and IGA activities	15,000	8,000

These weaknesses have been addressed to some degree through a revision to the framework which now has very good indicators at all levels of the intervention and a clearer separation of activities and indicators. However:

- Targets, either original or revised, in terms of numbers of direct beneficiaries receiving services from the JP, no longer appear to be stated for outcomes 1, 2 and 4;

- The programme has a table of revised target numbers for internal use but this is not easy to interpret and a number of members of the UN implementing staff are not clear on current target numbers. A new table was prepared by the programme and based on that, a summary of achievements to date, expectations for the rest of the project and the overall targets is attached in annex 5;
- A clear presentation on the changes in target numbers has not been made to the PMC, nor presented in the biannual monitoring reports;
- The MTE was not satisfied that the consequences of these changes in beneficiary numbers have been adequately taken into consideration in the latest workplan and budget.

Note that the MTE is not suggesting that the change in numbers has been hidden in any way. The 2011 1st bi-annual monitoring report states ‘There is a wide variation in the statistics available for the programme areas. This has resulted in huge shortfall in the expected numbers of beneficiaries’. The 2011 2nd bi-annual monitoring report similarly states that ‘Based upon the figures on malnutrition obtained through the screening exercises, the actual figure was far lower than the target figures. This required reviewing the targets for all the outcomes.’ It is also recorded in the minutes of the PMC on the 21st August 2011 that ‘the numbers of severely malnourished children and PLW were programmed to be unrealistic in the proposal’.

Some other revisions have been made to the results framework. These relate to implementation strategies and are reviewed in section 4.2.3.

Assumptions on external factors

The assumptions identified in the programme document have remained valid with the possible exception to the statement ‘Sufficient number of partners in the field’. If this refers to sufficient GoB staff for the delivery of services at the union level and for referral, then this assumption has not been valid and this remains a constraint on implementation and sustainability. However this situation was well known at the time of programme preparation and is the main reason why the delivery of some of the interventions is channelled through NGO implementing partners.

No other critical assumptions were identified by the MTE.

4.2 Implementation of the programme (efficiency and ownership)

4.2.1 Progress of implementation

Time line of key events

The timing of the key events in the overall management of the MDG:F JP are as follows:

24 August 2009	Approval of Bangladesh CFSN JP by MDG:F Secretariat
1 February 2010	GoB and UN sign JP document
23 March 2010	Official start of the JP
March to December 2010	JP coordinated part-time by WFP Head of Programmes
June to August 2010	Review of programme design
October 2010	M&E Officer appointed
November 2010	Selection of implementation area

December 2011	1st PMC meeting
January 2011	Full time (3 days/week) JP Coordinator appointed 1st NSC meeting
February 2011	Agreement made with implementing partners
March 2011	Identification of beneficiaries
28 March 2011	Dhaka inception workshop
April 2011	Phase 1 implementation begins
4 May 2011	Barisal inception workshop
July 2011	Baseline Survey
August 2011	CMAM Interventions start Review of Actual vs. Target numbers Decision to expand to 3 additional unions
November 2011	End of year Review Workshop
March 2012	Mid-term evaluation
31 March 2013	End of JP (original)
30 June 2013	End of no cost extension period

Preparatory outputs

There was a considerable time taken between the approval of the JP by the MDG:F Secretariat in August 2009 and the signing of the JP document in February 2010. In the approval letter from the MDG:F Secretariat there was a request to make some minor revisions to the document. Other reasons for the delay are not known.

For the first nine months the responsibility for coordination was held as an additional responsibility by a WFP staff who was already fully employed. Preparatory work was carried out during this period, but real momentum was only achieved after the appointment of a dedicated coordinator in January 2011. An M&E Officer was appointed in October 2010 although the position is currently vacant and recruitment is in progress. There is also an Assistant Programme Coordinator.

MDG:F JP progress in financial terms

The financial situation of the JP at 31.12.2011, 21 months after the JP started (54% of time completed) was that 42% of the budget had been committed and 33% disbursed. The level of budget commitment and disbursement for each of the UN agencies was as follows:

Participating UN Organization	Budget	Amount transferred	Percentage transferred	Committed	Disbursed	Percentage of budget disbursed
UNICEF	\$2,154,575	\$582,355	27.0%	\$536,151	\$519,801	24.13%
FAO	\$2,289,498	\$1,142,760	49.9%	\$811,679	\$818,679	35.76%
WFP	\$3,540,800	\$1,588,702	44.9%	\$1,404,814	\$1,280,880	36.17%
Unallocated	\$15,127	\$0	0.0%	\$0	\$0	0.00%
TOTAL	\$8,000,000	\$3,313,817	41.4%	\$2,752,644	\$2,619,360	32.74%

The UN agencies have prepared a costed workplan for the period from 1st January 2012 until the end of the programme. They report that the revised numbers of beneficiaries were used in the budget and are confident that the planned total MDG:F JP budget will be utilised in full.

The MTE is cautious about endorsing this confidence that the substantially revised numbers of beneficiaries have been adequately taken into account in the costed workplan for the remaining period of the programme and therefore that the proposed budget will be used in full for the following reasons:

- The lack of any clear statement of the changes in target numbers and analysis on the effect of this on programming and expenditure;
- There is an apparent lack of clarity among some UN implementing staff on what the revised target numbers are and the presentations to the MTE were not clear on these numbers – including some presentations where the original target for some interventions was also presented as the revised target;
- The budget for activity 3 under output 1.1 for the remaining 18 month period is quite substantial at \$280,000 (original budget for year 3 was \$201,748). It is understood that the main constituent of this activity is the provision of therapeutic foods to SAM children (with a revised target of about 1,000 for the whole programme period instead of 15,000).
- The budget for procurement of rice for households undertaking training on home gardens is \$336,541 (original budget for the whole JP was \$281,907). The revised target number of households is 8,000 from the original target of 15,000.

It is important that it is verified that these budgets for supplies for RUTF and rice have been adequately revised in accordance with the revised estimates of numbers of beneficiaries.

A proposal for the third and final budget release has been approved by the NSC and submitted to the MDG:F Secretariat. However the MTE expressed some reservations concerning the release of the full remaining fund without a further appraisal and submission of costed workplans after 6 to 9 months. This will allow a better analysis of rates of expenditure under ‘full implementation’ conditions. The reasons for these reservations are:

- The size of the transfer at this stage in relation to the overall budget of the JP. The fund transfer represents 58% of the JP total budget;
- The size of the transfer in relation to the stage of the JP in the overall time frame. 66% of the overall budget will need to be spent in the final 46% of the programme period;
- Due to the lack of a clear presentation and apparent understanding on the revised target beneficiary numbers, and on the basis of a review of the final costed workplan, the MTE is not confident that the changes in beneficiary numbers have been adequately taken into consideration;
- Utilising the full allocation is likely to vary between agencies. Disbursement patterns to date show this. An analysis in 6-9 months will enable transfers between agencies to be made in the final allocation.

4.2.2 Institutional and management framework

The MDG:F JP management arrangement was developed in accordance with the MDG:F Operational Guidelines with two committees: A National Steering Committee and a Programme Management Committee. The membership and responsibilities of these two committees are clearly stated in the JP document. The same NSC also has oversight of the other MDG:F JP in Bangladesh, the JP to Address Violence Against Women.

The National Steering Committee (NSC)

The NSC has met on three occasions to review documentation provided to it by the PMC and give approval as necessary. The NSC is chaired by the Secretary, Economic Relations Division (ERD) and has representatives from all the government ministries involved. It has provided the necessary oversight for the programme. Two issues that were raised that may limit the performance of this committee are:

- The representative of the Government of Spain does not have a representative on the PMC. He therefore does not have the opportunity for a briefing on the issues to be discussed (unless provided by the JP staff as is practiced). A representative has recently been invited as an observer to the PMC;
- The high level nature of the members of the NSC creates difficulties in scheduling meetings which can lead to delays in getting necessary authorisation.

The Programme Management Committee (PMC)

The PMC has met on eight occasions with the first on 15th December 2010. It has been a useful forum to bring together the main government ministries that have a stake in the MDG:F and has provided an opportunity to share perspectives on nutrition which cuts across a number of ministries. Facilitating this interaction on nutrition issues between ministries is in itself a useful output. The PMC is chaired by the Joint Secretary, ERD. The ERD and the PMC have provided good support to the programme.

The PMC has provided appropriate leadership and decision making on issues such as area selection and revising the programme plan in line with government policies.

The PMC was able to facilitate a very useful multi-ministry field mission to the JP area in December 2011, giving the ministry representatives a clear idea of the field reality and an opportunity to discuss pertinent issues with colleagues from other ministries. The mission report gave useful recommendations, especially relating to the need for greater government participation. The resulting awareness of the programme at the ministry level is unusually high. Their awareness of nutrition being a multi-sector issue has also increased.

The effectiveness of the PMC has been constrained by the lack of a representative attending from the MoH until the most recent meeting in January 2012 and by the change in representatives from ministries and from UN agencies.

UN Coordination of the JP

A Programme Coordinator, Assistant Coordinator and an M&E Officer (currently vacant) work with the focal points identified in each of the three UN agencies. The Programme Coordinator also acts as the focal point in WFP and the coordination unit is located in the WFP office. The focal points in each agency relate to the relevant GoB counterparts and manage their agencies implementation. At the divisional level this pattern is repeated, with a Field Coordinator (WFP) who relates with the heads of FAO and UNICEF in the field office.

The heads of each agency's field office manage their areas of implementation. Each agency has their own contract with the IP resulting in the IP having separate UN supervisors for each part of the work. The IP's field staff consist of those resourced by FAO for FAO activities and the rest who are equally resourced by WFP and UNICEF. Reporting is carried out in the same way with the IP submitting one report for UNICEF and WFP and a separate one for FAO. This arrangement means that the programme is not

integrated fully at the level of the beneficiaries and field implementation which is likely to result in a lack of coherence and real integration in delivery of services to beneficiaries.

From the time of signing the agreement (March 2010) until January 2011 the responsibility for overall coordination responsibility was given to a WFP official who already had a full workload. This undoubtedly contribute to the time taken to get the MDG:F active.

The focal points within each of the UN agencies have had a high turnover (UNICEF 3 people, FAO 3, WFP 2) in the first 24 months of implementation. Heads of UN agencies felt that this was unavoidable given the context that they work in. There are two significant consequences to this:

- Relationships with key government partner institutions are difficult to maintain (they also have a high turnover of key positions due to political and other reasons);
- Coordination/management of the JP modality is made considerably more difficult when the coordinator (who has no authority) is faced with another new focal point in one of the UN agencies. The JP Coordinator does not have an authority relationship with programme staff of the other agency and has to ‘manage’ the JP through coordination with these focal points in the UN agencies.

It may be necessary given the nature of communication (across agencies) and authority (within agencies only) in a JP to give greater attention to consistency of staffing of the focal points than is normally required in a single agency context.

Coordination between the agencies is reportedly good, but the lack of agreement on revised beneficiary target numbers in presentations made to the MTE, and ongoing discussion on these despite their finalisation some months ago, suggests that communication and reaching consensus do pose significant challenges.

4.2.3 Revisions to strategies and results framework

A number of revisions were made to the strategy and results framework in order to bring them in line with GoB policies. The following changes were discussed and approved by the PMC in December 2010:

- Outcome 1 which used to target children aged 0-59 months was changed to 6-59 months. The reason is because supplementary foods are not provided to children less than 6 months. There is a concern that this could reduce the emphasis on infant feeding practices, but infant and young child feeding (IYCF) practices are still an important activity of the programme. Some specific outcome indicators focus on this age group;
- Outcome 4 was revised to target only children 6-23 months old (instead of 6-59 months) and not for PLWs. It was decided to remove the MNP provision for PLWs due to lack of evidence on its effect.
- De-worming was removed from the programme activities as it is carried out by the government
- Changes were made in the geographical focus to avoid areas with other programmes already running
- Inclusion of a baseline and endline surveys for impact assessment purposes

Another important revision was made in August 2011 by the PMC. The implementation area was increased from 6 unions to 9 unions in order to attempt to address the shortfall in direct beneficiaries. This shortfall had been realised through the initial screening for acute malnutrition. Field activities in these three additional activities are expected to commence in April or May 2012.

The use of a technical assistance (TA) partner

Due to the technical knowledge and skills required by the implementing NGOs and the existing level amongst potential partners, the JP quickly realised the need to appoint an additional partner organisation that could provide this assistance. The PMC approved changes in budgets in order to meet this need.

This need was addressed through a partnership with Save the Children who have played a very effective role. They have carried out a capacity assessment of relevant government institutions, provided training on CMAM and related topics to the staff of the Ministry of Health (MoH) and of the NGO IPs, developed behaviour change communication (BCC) materials, supported the development of the CMAM guidelines and provided supportive supervision to the implementing partners.

It is important that the role and added value of the TA partner is documented and disseminated alongside other areas of JP documentation.

4.2.4 Programme monitoring and reporting

Baseline studies

The original programme document did not include a baseline or endline survey and this was added through a decision by the PMC. A thorough baseline study has been carried out in July 2011 and the final report will be available soon. The existing drafts provide useful information in terms of a situation assessment and provides a good basis for rigorous impact assessment. All of the relevant impact and outcome indicators are covered by the study and the analysis is clear. The study covered three of the six intervention unions and three control unions.

An unexpected finding from the baseline survey was that the proportion of food insecure households based on food consumption score in the implementation area (13.5%) was considerably lower (i.e. better) than the Barisal divisional-level data (26%) from the 2009 HFSNA survey. This may be partially explained by the different seasons of the surveys (HFSNA in November – January and the programme baseline in July). The implications, of a significantly lower level of food insecurity than expected, on programme interventions to improve food security have not been considered by the JP.

Acute malnutrition has a seasonal pattern in Bangladesh dependent on the availability, diversity and cost of food. In order to obtain a valid assessment of the impact of the JP, the endline survey should be carried out in July – either in 2012 when there will have been at most 1 year's intervention or in 2013 in which case the MDG:F budget will no longer be available. If a different time of year is used then greater emphasis should be put on stunting (height for age) as an indicator of malnutrition as it is less effected than wasting (weight for height) by seasonal changes. However the indicators identified to measure the impact of the programme are those that look more at acute malnutrition, wasting and underweight (weight for age).

The baseline methodology was designed with three control unions and three intervention unions. This enables the impact of the programme to be assessed even if the follow up survey is carried out at a different time of year, since the impact is the difference between the control area and the intervention area, rather than the difference between before and after of the intervention area. However, of the three new unions that the programme is going to start working in April 2012, two of them are ‘control’ unions. Unless the endline survey is carried out prior to any effect within those unions, they will no longer have a use as ‘controls’. The baseline-endline comparison will still show change over the programme period, but it will no longer be possible to control for external influences such as changes in commodity prices or national level BCC campaigns or for changes due to seasonality.

The JP needs to review the situation and develop a clear strategy for its impact assessment based on how important it is to have rigorous quantified data on the impact of the model versus operational and budget priorities.

There is limited awareness of the findings of the situational analysis in the baseline study among UN agency IP staff. Although the report is still draft, very useful information has been available from at least the 3rd draft on 5th February.

A baseline assessment of the capacity of government health facilities at the three upazila health complexes and at the six unions was carried out in March 2011. A follow up survey will soon be carried out. This will give a very useful assessment of the change in the capacity of these facilities to provide an identified list of services.

Bi-annual monitoring report

The JP submits a bi-annual monitoring report and to date four of these have been prepared and submitted on time. All information on participants in the JP; staff training and direct beneficiaries is monitored by gender. Reporting on achievements are mainly activity focussed with little information to date on the effect or results from them. There are two outcome indicators that the JP is collecting data on a regular basis but have not been reported on to date. These are:

- the ‘Prevalence of acute malnutrition as measured by mid upper arm circumference (MUAC)’,
- and the ‘Number of school days in which girls and boys attend class, as a % of total school days’.

These indicators should be presented in future monitoring reports. The MTE considers that it should be possible to report on the both of these indicators on an ongoing basis. However the programme states that it is not possible to depict changes in prevalence of malnutrition on a month to month basis from the data available and that this will only be possible after July 2012, a year from the implementation of the intervention.. The reason for this perspective by the programme is not clear to the MTE. It is appreciated that there are significant seasonal factors that effect malnutrition, but this could be included in any discussion on the results.

Interpretation of the biannual monitoring reports is not easy for someone outside of the programme management, in part due to the framework that is given by the MDG:F to enable easy compilation and comparison across a large number of programmes and partly due to the descriptions of documents and headings. For example from the report for ‘Semester: 2-11’:

- The number of direct beneficiaries reached is given but with no mention of the target number
- This report does not appear to contain a financial report. The attached ‘Joint Programme Results Framework with Financial Information’ is in fact the workplan for the remaining period of the programme. The JP say that only one document can be uploaded in this location and they chose the financial plan rather than the report.

The following issues were found on the financial information report obtained separately from the JP (‘Joint Programme Results Framework with Financial Information’):

- There is no explanation on the period covered by the report;
- This reports on expenditure against the amount transferred from the trust fund to date, not against the planned budget for the reporting period. Delivery rates of 90% are presented which do not relate to delivery against the planned programme expenditure – only against the amount transferred to date. It is difficult to see what the true delivery rate is as the funding for the first year extended to 21 months for FAO and UNICEF;
- The column headed ‘*Estimated* total amount committed (2010-2011)’ refers to the amount *actually* transferred from the trust fund since March 2010 until 31.12.2011;
- The column headed ‘*Estimated* total amount disbursed (2010-2011)’ refers to the *actual* amount disbursed since March 2010 until 31.12.2011.

The format, including the headings is said to come from the MDG:F Secretariat and the JP do not believe they have the freedom to make the headings more descriptive of the contents. Without someone to interpret the headings, these reports are very difficult to understand. The Programme needs to clarify the level of freedom they have to adjust these headings with the Secretariat.

Another document, the ‘colour-coded annual workplan’ is in reality a report on the expenditure of funds that have been transferred to the JP for use over a specific timeframe. The two columns of figures relate to the amount transferred for each activity and the amount left unspent at the end of the reporting period.

Monitoring results

Since the JP carries out a monthly full screening of all potential direct beneficiaries (children 6-59 months and PLWs) in the target area, the MTE believes it should be possible to have good information on the prevalence rates, and changes to these rates, of acute malnutrition based on MUAC. On the request of the MTE the JP collated this monthly data from August 2011 to February 2012 for MAM and SAM children and for PLWs with malnutrition. For these groups of beneficiaries they are able to provide data on the number of newly identified cases each month and the number of cases receiving treatment from the programme each month. Since treatment continues beyond recovery from acute malnutrition the treatment coverage figures cannot be interpreted as prevalence. As mentioned earlier, the MTE believed that prevalence rates should be obtainable from the monitoring data.

From April FAO will start a process for outcome monitoring using indicators that have been developed for this. For example, they will be monitoring a dietary score that looks at the utilisation of food. Information from this system should be presented in the bi-annual monitoring report.

A system to grade the quality of certain outputs, such as the quality of the OTCs, the school feeding and the home gardens has been developed by the IPs with guidance from the programme. This information should be included in the monitoring report in order to qualify the numeric outputs.

4.2.5 Collaboration and coordination (networking and linkage)

Coordination among JP partner agencies at the national level

The main tool for this is the PMC which has met eight times and has been discussed in section 4.2.2. Although these meetings are brief, they do provide a much needed forum for interaction between the national level partners.

A GoB joint field monitoring mission, involving representatives from seven ministries, visited the JP area in December 2011. This provided an extended period of interaction focussing on addressing nutrition issues. The result of this mission can be immediately observed when meeting ministry representatives in Dhaka, in their level of knowledge of the JP and of the role that other ministries have in addressing malnutrition. It is strongly recommended that the JP and its PMC facilitate further joint field missions and encourage participation from the partner ministries at the highest level possible. NGOs can also be included in such visits.

Coordination among JP partner agencies at the district, upazila and union level

JP specific coordination meetings have been established in each district, upazila and union that the programme is active in. They appear to provide the necessary coordination needed to support implementation through discussion on resources received and needed although there is a certain degree of political correctness (*'All vacant posts will be filled next year'*) in what they say about the resources available from the government to support the programmes objectives.

These meetings are held monthly at the union level and less frequently at the higher levels. They are not a permanent committee and when the DDGG JP has finished these issues will need to be taken up by the regular government meetings.

Additional contributions to the JPs goals and impacts

In addition to the MDG:F funds, the following grants have been provided which contribute directly to the effective implementation of the JP and its goals:

- \$ 245,849 from WFP Country Programme for school feeding in schools in Bamna within the target area (this is a continuation of an earlier WFP activity);
- \$ 54,198 from UNICEF for equipping and upgrading medical facilities to make them more suitable for SAM referral cases;
- \$ 10,000 from UN Women for a study to document best practices on the effect of the programme on women's empowerment.

4.2.6 Other management issues

Fund release mechanism

Two tranches of the programme fund have been released to date,

- \$ 2,979,817 on 23 March 2010 representing 37% of the total budget
- \$314,000 on 21 October 2011 for WFP only, representing 4% of the budget

A request has been submitted and approved by the PMC and NSC for the remaining 58% of the funds in a third and final release.

The MDG:F suggests that the normal process is for all of the funds to be released in three tranches, roughly equating to the three years of implementation. Due to different phasing of activities only WFP requested a second fund release and this was kept small so that the 70% overall threshold could be achieved in time for a request covering all the agencies. The consequence of this is that a proportionally large request has been submitted for the third and final tranche.

The following constraints were identified regarding the fund release mechanism:

- It is unrealistic to expect all the agencies to spend at the same speed since interventions are necessarily phased at different times. This can inhibit the ability of the overall programme to achieve the 70% threshold required for a further fund release at a time when other agencies are in urgent need of funds;
- The tranche release system limits the ability of agencies to make contracts with IPs over an extended period of time. Contracts can only be made for the period that the released funds are expected to cover – or the remaining period if a contract is required between releases. Otherwise the agency's liabilities will be greater than the funds immediately available.
- There is a considerable time lapse between achieving the overall 70% threshold and receiving the next tranche. The PMC is required to approve the workplans and budgets and this then needs the approval of the NSC. Scheduling these meeting to coincide with fund releases can be difficult, especially for the NSC with its high level of representation. The timeline of the process for the next release was:
 - 16 January 2012 PMC approved the workplan and budget;
 - 26 February NSC endorsed the approval;
 - 15 March NSC minutes obtained and documents submitted to MDG:F.

MDG:F visibility

Visibility guidelines have been developed for the JP. For all printed material, GoB and MDG:F logos should be on the front, and if required separate agency logos can also be included, but if so should include all three agencies even if the material is produced by a single agency. This has been adhered to for the majority of publications.

Staff turnover in IPs

There has been a high level of turnover among the management staff of the NGO IPs. The main reason for this is due to the remote working condition. One IP has had 3 M&E Officers, 2 Programme Coordinators and 2 Union Supervisors to date. It is difficult to know how to address this as social factors relating to family and schooling are probably more important than financial ones. Field staff are recruited locally so the problem does not occur with them.

National Advocacy Action Plan

An advocacy plan has been prepared by the JP with the following objectives:

- Ensure that relevant stakeholders in Bangladesh including donor are aware of the contribution which the MDG:F joint UN joint programme is bringing to protect and promote food security and nutrition for families and children in Barisal division;

- Identify and address key issues for advocacy at different levels of the programme, especially for policy makers.

Some communication activities that contribute to this plan have already been implemented in 2011. Further detailed planning is required to implement the elements of the plan.

4.3 Effectiveness (results and potential impact)

4.3.1 Outcome 1: Reduced prevalence of acute malnutrition

Reduced prevalence of acute malnutrition and underweight in children 6-59 months and acute malnutrition in pregnant and lactating women

This outcome has the largest resource allocation, accounting for 39% of the total JP budget.

Policy

The JP has supported the development and approval process for the National guidelines for Community Management of Acute Malnutrition (CMAM). The English version was approved by MoH in September 2011 and the process is ongoing for the Bangla version. The JP uses an unofficial Bangla version for implementation. This is the most significant policy contribution that the JP has made and this provides a good basis for the field implementation under this output.

Training and capacity development

Training curricula and materials have been developed for SAM treatment and for CMAM. A complete listing of all training provided through the JP and the participants is in annex 6. Thirty four (19 male, 15 female) government medical staff have been trained in treatment of SAM cases including those with complications. Although staff numbers are limited due to vacant posts, the referral centres do all now have a number of trained staff at each one.

With additional financial assistance from UNICEF the physical infrastructure and equipment in the divisional, district and upazila hospitals has been developed through 'SAM corners' in each facility. Capacity to treat referred cases has significantly improved with the ability to treat malnutrition rather than the just treating the resulting complications. Currently these SAM corners are under-utilised as referrals are only coming from a limited number of unions where the field staff have also received some training. The referral linkages with non-JP unions need to be developed.

For the community management of acute malnutrition (CMAM), 21 MoH staff and 71 local women (employed as Community Nutrition workers (CNWs) and Community Nutrition Supervisors (CNSs) by the implementing NGOs) have been trained at the union level. Considerable capacity has been developed in each union, although it is only the NGO staff who are regularly applying their learning. MoH staff provide initial referral services for associated health issues.

In addition, ToT on CMAM has been given to 8 MoH and 9 NGO staff.

CMAM field implementation

Full screening of the target population (children 6-59 months and PLWs) in the six unions started from August 2011 through 72 outreach centres. The 72 outreach centres include 4 family welfare Centres (FWCs), 12 Community Clinics (CCs,) and 56 EPI centres. Screening has been repeated on a monthly cycle. Children and PLWs identified with acute malnutrition are, as a household, enrolled in the package of interventions including supplementary feeding, courtyard sessions for knowledge and awareness, home gardens and IGA activities. This whole process appears to be running very efficiently with the following observable results:

- 100% enrolment of identified cases
- 55% recovery rate of SAM cases (this is 55% of enrolment to date which is ongoing. If calculated on a cohort basis the rate would be considerably higher)
- 47% recovery rate of MAM children
- 9% graduation rate of PLWs (this figure is low as they only ‘graduate’ when their child is 6 months old, not when their nutrition status improves)
- MoH staff at FWCs and CCs are able to provide basic referral services such as the provision of drugs in cases where other symptoms emerge
- Drop out rates are 15% for SAM, 6% for MAM and 9% for PLWs
- No relapse cases have been identified to date. This suggests that the integrated nature of the package of interventions is effective so children are not dropping back into acute malnutrition. The next 12 months will test this hypothesis;
- Participants have a high level of knowledge of good nutrition and diet, IYCF practices and on the use of WSB. There is considerable evidence from them that their diets have diversified and include more vegetables than before;
- It is reported that some BCC sessions are carried out with groups of men although the majority are with women.

A number of participants have dropped out of the health education/BCC courtyard sessions and further attention is required to motivate them and include them in new groups that are starting.

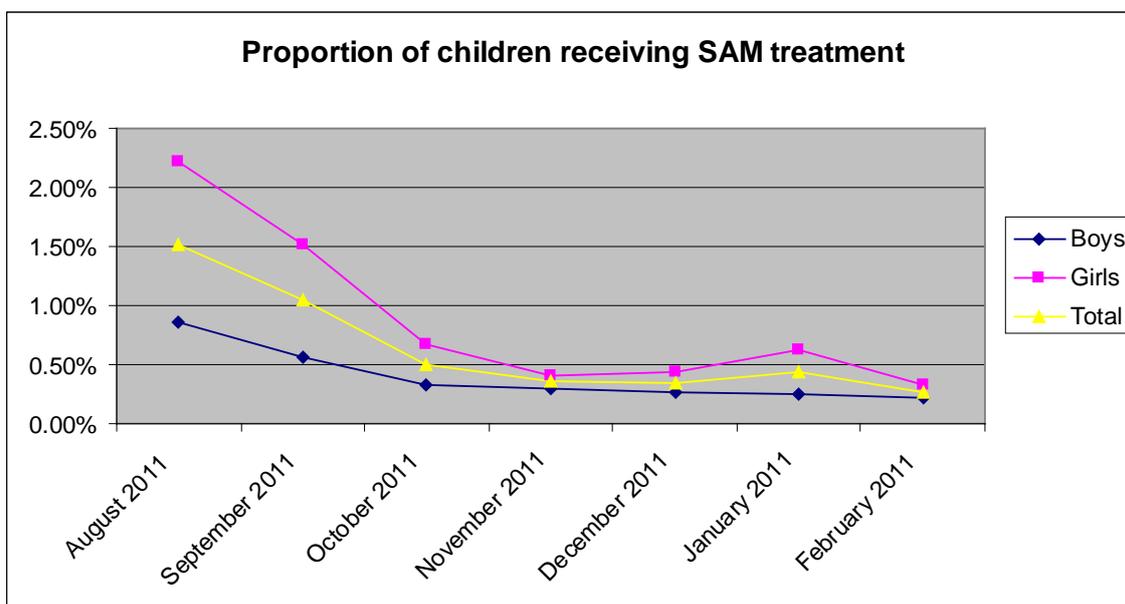
Outcome monitoring

As reported in section 4.2.4 on monitoring of results, the programme is currently not able to provide monthly prevalence rates of malnutrition from the monthly MUAC screening of 100% of the target population. The programme did provide the MTE data on monthly coverage of beneficiaries as a proportion of the total population of potential beneficiaries. Monthly coverage means the number of children or PLWs receiving nutritional support. The data has been collected from three unions commencing August 2011 and from all six unions from September 2011 and is disaggregated by gender where appropriate.

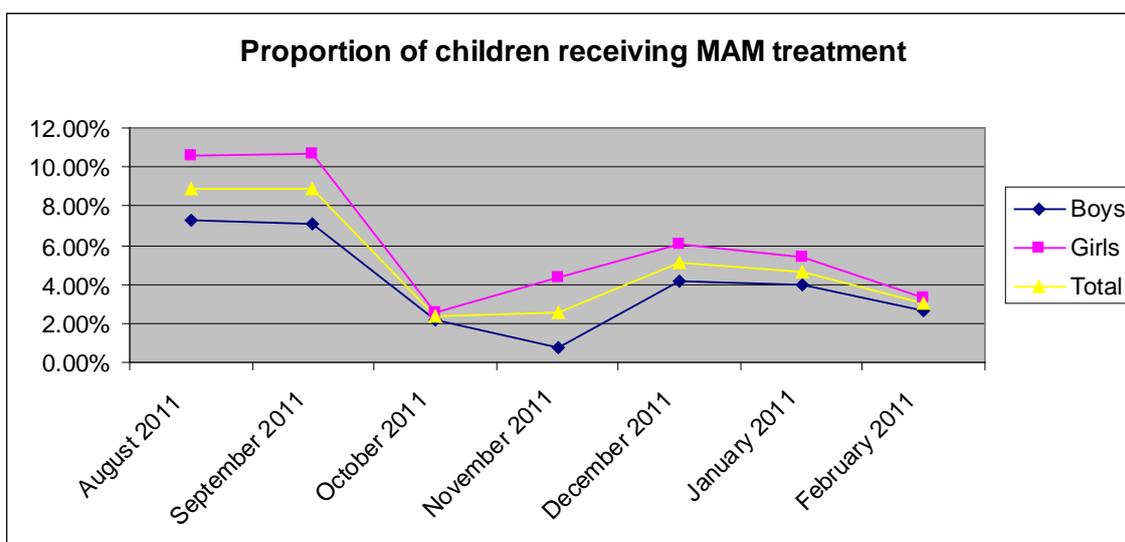
Nutrition support for children is continued until they have had two consecutive ‘clear’ measurements using MUAC. They attend the clinic bi-weekly so they will be released from the ‘coverage’ group within 4 weeks of their nutrition status changing from SAM to MAM or from MAM to normal. The figure for the coverage for SAM and MAM children as a percentage of the total population is therefore a close approximation to the prevalence rate. It will be slightly raised due to children who are still being covered but have in reality already improved sufficiently.

Nutrition support for PLWs is continued for potentially 12 months; from their 3rd month of pregnancy until their child is 6 months old. The coverage figure for PLWs cannot be used as an indicator of prevalence of malnutrition.

The coverage data from the programme is presented in the form of trend graphs for each of the main groups of beneficiaries. The source data for these graphs is in annex 8.

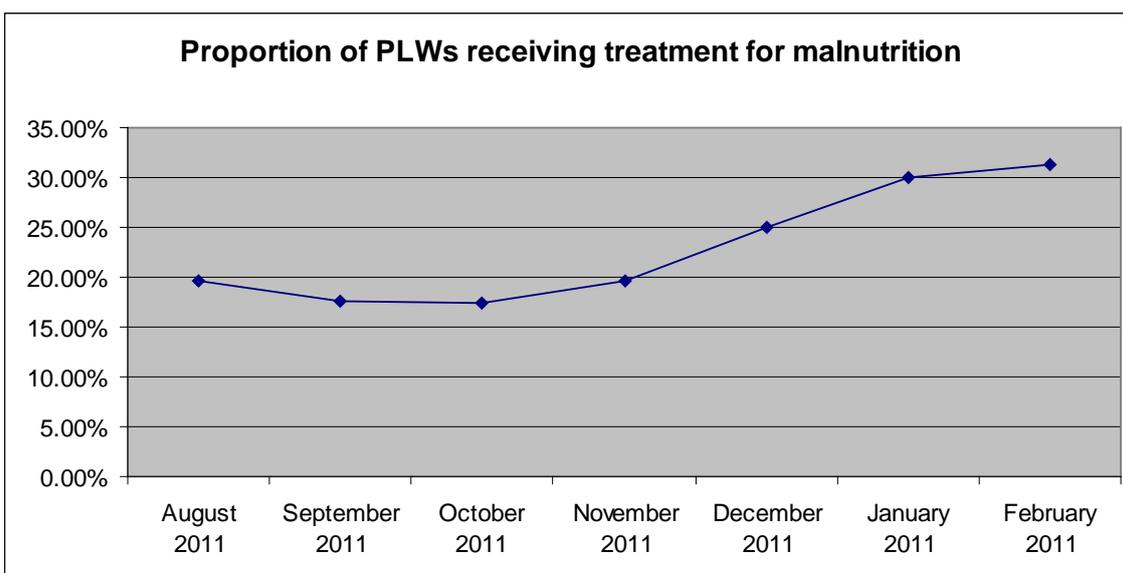


The figure for SAM from the baseline survey in July 2011 is 1.1%.



The figure for MAM from the baseline survey in July 2011 is 5.8%.

Both SAM and MAM show a similar trend with an initial drop in the percentage number of cases, followed by a rise over the December - January lean period, and beginning to drop again in February. Girls consistently have a higher proportion of cases. The impact of the JP will most easily be seen when 12 months data is available and a comparison can be made at the same time each year.



The prevalence rate identified in the baseline survey in July 2011 is 5.5% for pregnant women and 4.9% for lactating women.

The trend with the PLWs shows a continuous rise and this is due to the extended period of treatment and this does not reflect prevalence. The intake from the initial screening in August 2011 in 3 unions would be expected to represent the approximate prevalence rate of malnutrition. It is therefore surprising that it is so much higher than the prevalence rate identified in the baseline survey (5.3% compared with about 20%).

Numbers of targeted beneficiaries

The issue of unrealistic target numbers in the programme document was discussed to some degree in section 4.1.3 on the JP results framework in the programme document. For the specific activities under this outcome the target numbers and achievement to 31.12.2011 are as follows:

Intervention	Target in programme document	Achieved to 31.12.2011	Current programme expectation for total achievement
Acutely malnourished children screened and referred for management	18,500 (of which: 15,000 SAM 3,500 MAM)	2,998 (of which: 331 SAM 2,667 MAM)	8,000 (of which about: 1,000 SAM 7,000 MAM)
Pregnant and Lactating Women with under nutrition	10,000	1,135	3,200

Reasons for underachievement

One reason for the underachievement that has already been noted is some calculation errors during programme formulation. Another reason that has been recognised more recently is to do with the methodology used for screening.

Internationally, health surveys usually use weight for height as the indicator of acute malnutrition and community level intervention programmes use MUAC. MUAC is much easier to use in a community setting and gives immediate feedback to the participants. It

is understood that these two methods generally identify the same children. However in Bangladesh it has recently become apparent that these two methods are not compatible, with MUAC identifying a significantly smaller number of acutely malnourished children. Other projects on child nutrition in Bangladesh are recognising this and are starting to consider the implications for interventions on malnutrition. The JP baseline survey used both methodologies allowing a comparison from within the same population. The results are shown in the table below:

Comparison of proportions selected as SAM and MAM by MUAC and by weight for height identified by the JP baseline survey

	Percentage of population using MUAC criteria	Percentage of population using weight for height criteria
Prevalence of severe malnutrition (MUAC <115mm)/ Prevalence of severe acute malnutrition(<-3 z score) (SAM)	1.1%	4.6%
Prevalence of moderate malnutrition (MUAC 115-<125mm)/ Prevalence of moderate acute malnutrition(<-2 z and >=-3 z score) (MAM)	5.8%	13.8%
Prevalence of malnutrition (MUAC <125mm)/ Prevalence of global acute malnutrition(<-2 z score) (Total)	6.9%	18.4%

Source: ICDDR, 2012: draft (4) Report of Baseline survey on “Protecting and Promoting Food Security and Nutrition for families and children in Bangladesh”; International Centre for Diarrhoeal Disease Research, Bangladesh.

Based on this comparison, about one quarter of SAM cases and half MAM cases will be identified by MUAC.

It is said that the programme design was based on data from the Bangladesh Household Food Security & Nutrition Assessment Report, 2009, conducted by WFP & UNICEF (data from Barisal Division). This study used weight for height according to this the equivalent rates of acute malnutrition were: SAM 5.3%, MAM 10.8% and total 16.1%; figures that are similar to the results from the baseline study using weight for height.

It is not possible to determine how much of the ‘underachievement’ against targets is due to errors in programme formulation and how much due to the method of measurement, but there are some implications from the reduced identification of acutely malnourished children through MUAC that the JP needs to consider seriously. These are;

1. Significant number of SAM cases are being given MAM treatment – there could possibly be medical/nutritional issues related to this although nutritionists consulted did not think so;
2. A significant number of MAM cases, and possibly some SAM cases, are living in the JP target area and are not being identified and are not participating in any of the direct services of the CMAM (many of them will be participating in the school feeding activity);
3. A more in-depth analysis of the data from the JP baseline survey reveals that it is children in the 24-59 month age range that are most significantly under-identified by MUAC;

4. Although JP monitoring will hopefully show a significant drop in the proportion of SAM and MAM based on MUAC screening, the end of programme survey using weight for height may show a different level of impact.

Although there is some awareness of this issue, it has not yet been discussed in the PMC, and the implications as identified above have not yet been thought through.

Revised number of target beneficiaries

The table at the top of this section on numbers of target beneficiaries presents the project's revised targets for the treatment of malnutrition in children and PLW. The achievement to date is based on implementation in 6 unions, and the project will be active in 9 unions (3 new ones) for the remainder of the implementation period. Based on the level of achievement to date, the MTE considers that the new targets are unrealistically high. Due to a misunderstanding during the MTE, the MTE team understood that the revised targets for the project were 4,500 SAM/MAM children and 2,135 PLWs (the project has since explained that those numbers were for the 2012 and 2013 implementation period only, not including the numbers already achieved in 2011). The MTE agreed that those targets were realistic. It is recommended that as part of the process of reviewing and presenting target numbers to the PMC and in the biannual monitoring report, that the targets are reviewed taking into consideration the level of achievement to date.

Contribution of MoH staff

Referral services at all levels are provided by MoH staff and they should be able to continue this level of service beyond the JP period.

The FWCs and CCs in the programme area are a long way from being able to deliver CMAM without the support of the JP. CMAM is delivered almost completely by the implementing NGO staff. A register of MAM and SAM cases and who has been discharged is kept in each CC and FWC but beyond that there is little ownership of CMAM by MoH staff. One reason for that is the limited number of sanctioned posts, 5-7 in each union with responsibility to cover all health issues, with 2 or 3 of these likely to be vacant; so their manpower is constrained. Alongside that, the implementing NGO has 21 staff in each union. It is not surprising that they are expected to do the CMAM work. This level of staffing is in accordance with the CMAM guidelines and is based on the GoBs NNP. The NNP's successor, the NNS is recommending a lower number of field staff.

The MTE has a number of recommendations aimed at correcting this staff imbalance – both towards MoH to fill vacant posts and for the JP to reduce field staff as soon as the initial bulk of new services have been delivered.

Locally sourced supplementary foods

One of the concerns that IPHN have about many nutrition programmes is their reliance on imported supplementary foods. There are strong political concerns about this in addition to cost implications. The JP is supporting the identification and clinical testing of a RUTF for SAM cases that is made in Bangladesh although the results will not be available until after the JP is complete. Similarly, WFP (independently from the JP) is supporting the trialling of a locally made alternative to the WSB for MAM cases.

4.3.2 Outcome 2: Improved food security

Food security improved through agriculture, homestead food production and nutrition training

This outcome is supported by 28% of the JP budget and has the main interventions to achieve medium to long-term sustained improvements in nutrition and food security for those individuals and households identified as suffering from acute malnutrition.

The targeting for this intervention is linked directly with the screening for acute malnutrition. The advantage of this process is that there is no blanket coverage or self-selection for those who are interested. The participants in this intervention have been specifically selected based on the poor nutrition status of some members of their household.

The numbers participating are therefore linked directly to the numbers who are identified for the services in outcome 1. The significant reduction in those targets has an immediate effect on the targets for this intervention. It is now expected that 8,000 households will participate rather than the planned 15,000 (5,000 per year for 3 years).

Training and capacity development

Training has been provided to 136 GoB staff, in particular from the DAE and school teachers on home/school vegetable gardening. ToT has also been provided on food based education to 19 Sub-Assistant Agricultural Officers. Details are shown in the table below:

Category of Training	IP staff	GoB staff	Total
ToT on school gardening	9	136	145
ToT on food-based nutrition education for DAE, school and NGO staff	9	19	28
TOTAL	18	155	173

BCC materials have also been developed to support the training and education work.

Field implementation

The main activities have been the establishment of 3,356 home gardens and the supply of goats (2 per household) or ducks (20 per household) to 1,850 families. It is planned to provide each targeted household the home garden and one of the livestock interventions. Training to equip the participants has been provided as follows:

Category of Training	HHs Beneficiaries
* Home Gardening	3321
* Goat & Duck rearing	952
* IGA training – Nursery & Commercial vegetable garden	187

* Basic nutrition awareness session with cooking demonstration training	938
TOTAL	5,398

The above training has been provided by the field staff of the DAE and DoLS. The following results can be observed:

- DAE extension staff are very active in the training and support of home gardens. Some of them appear to have a good understanding of nutrition and food consumption, rather than solely focussing on crop production;
- Productive vegetable gardens have been established and the quality of these is generally high;
- Participants are primarily consuming the produce with some being sold;
- Participants know the Agricultural Officers well and contact them if they face difficulties (they have names and contact numbers);
- Some commercial vegetable production has been successful and significant produce sold;
- Some replication of these gardens has been carried out by non-participants;
- Cooking demonstrations give practical demonstrations and are being provided by male Agricultural Officers – providing a positive role model for nutritious cooking;
- There is a good level of knowledge on diet and nutrition and it appears as if that is being put into practice in terms of family food consumption. They claim that if they have no vegetables of their own they now go out and purchase them;
- Although the MTE was unable to visit areas where ducks had been distributed, the project reported that in Monpura beneficiaries have already benefitted from the duck distribution through earning money by selling eggs and ducklings, and through increased consumption of eggs in their daily diet.

Some challenges that were identified are:

- Due to the seasonality of training a significant number of beneficiaries are waiting for this service. These beneficiaries were not aware of why they had not received the service or when it was scheduled for;
- Despite having seen the productivity of the gardens with the use of fertiliser provided, participants were uncertain if they would invest in fertiliser for their next crop. Some training (and implementation observed) of composting has been provided and greater attention should be given to this;
- There are 2 to 3 posts for agricultural extension staff per union (with about one quarter unfilled) and their responsibilities are broad.

4.3.3 Outcome 3: Improved learning and nutrition awareness

Improved learning and nutrition awareness through school feeding and school gardening

This intervention, supported by 13% of the budget, is a blanket intervention covering all of the government primary schools in the targeted area.

The target number of beneficiaries for the high energy biscuits (HEBs) was 14,000 children per year. Following the selection of the specific target area, the target of 68 primary schools was identified. With the expansion of the JP into 3 new unions, the

number of schools to be reached is expected to be 110. In 2011 13,697 children received HEBs for 6 months (in addition WFP supported 11,014 children from their country programme). It is expected that the target numbers will be achieved.

Training and capacity development

The following training has been provided to support this intervention:

Category of Training	IP staff	School teachers and SMC members	Total
School feeding orientation (GoB teachers & SMC members)	5	64	69
ToT on food-based nutrition education for school children	9	68	77

Field implementation

The target number of beneficiaries for the high energy biscuits (HEBs) was 14,000 children per year. Until the end of December 2011, 13,697 children had participated in the school feeding programme for a period of 6 months. In addition the WFP country programme provided school feeding to 11,014 children in Bamna union within the JP target area for the whole year. It is expected that the target numbers will be achieved. School gardens have been established in each of the 68 schools.

The results observed from this are:

- There is a consistent claim that the school feeding has a direct positive effect on both school enrolment and attendance. The records of the school visited support this claim although it should be noted that there are many different strategies that are trying to address out of school children and poor attendance. Information provided by the Head Master and School Management Committee (SMC) of Char Aicha Government Primary School, Charfusson, is as follows:

		Boys	Girls	Total
Enrolment numbers	January 2011 (pre-school feeding)	278	301	579
	January 2012	367	352	719
Out of school children	January 2011 (pre-school feeding)	?	?	163
	January 2012	?	?	42
Attendance rate	January 2011 (pre-school feeding)	?	?	58%
	January 2012	?	?	92%

- A very significant change has been observed at this school. The increase in the numbers of boys attending is considerably greater than girls. Attempts to get this information from a larger number of schools from the JP IPs were unsuccessful. Figures obtained from the Charfusson Union Education Office claimed that enrolment rate had increased from 99.49% in 2011 to 99.67% in 2012. These are contradictory to the data received from the Head Master and must be based on a

different analysis. The MTE requested similar data to the above data from Char Aicha School from the programme and from the IPs but it was not received. It is not possible to generalise the overall impact from the information from the one school.

- Teachers and SMC members have a good level of knowledge on nutrition
- The knowledge exhibited by the children in the school visited was moderate
- Cooking demonstrations are taking place in schools
- Some students claim that their knowledge and interest has had a spill over effect in their families;
- School gardens have been established and are productive;
- Additional home gardens have been established, both within school premises and in homes by guardians of children who have observed them;
- Monitoring of outcome/impact is carried out by schools through their existing recording systems.

One negative aspect is that education resources, particularly the number of teachers and the size of the facility, have not changed despite the larger number of students attending more regularly. Teacher to student ratio has deteriorated. UNICEF is involved in discussions on how they can contribute to improved facilities through their other programmes which are running in some of the same areas.

The effectiveness of such school feeding programmes in Bangladesh has been well documented by WFP and there is no doubt of their efficacy.

The school feeding programme in Bamna has been financed by WFP Country Programme since this arrangement was there before the start of the JP. If it appears that the MDG:F JP will have surplus funds then they could be used to cover the expense of the school feeding in Bamna in the remaining period of the JP.

An issue that was raised from more than one source is that a certain amount of migration occurs from one school to another as a consequence of the school feeding facility. NGO schools and Madrassas do not participate due to government policy to only include those schools using the standard government curriculum.

4.3.4 Outcome 4: Prevention and control of iron deficiency anaemia

Prevention and control of iron deficiency anaemia in children aged 6-23 months

This is blanket coverage for children within the target areas. Distribution is carried out through the NGO CNWs. The MTE obtained little information on this activity. It was verified that, in accordance with protocols, children receiving supplementary foods (RUTF and WSB) were not also receiving MNPs.

The programme document had conflicting figures for the target for this activity (100,000 in one place and 8,000 in another). A new target has been set of 10,000 children.

4.3.5 Outcome 5: Strengthened FSN information systems

Strengthened food security and nutrition information systems for planning, monitoring and evaluations

The programme document identified expected outputs under this outcome of supporting GoB in improving the quality and accessibility of databases on food security and

nutrition (FSN) and to develop a common knowledge base on best practices of FSN programmes. The JP has not been able to identify a real need and opportunity to intervene in these areas due to two main reasons:

1. There is no government institution charged with taking the lead responsibility on nutrition issues. Without this first being agreed, there is a danger that any database or mapping output developed by the JP will be shelved as it will not be located in an institution that has responsibility for keeping it up to date.
2. There are many information systems already established (the programme document lists a number in its analysis) and there are no obvious gap in the information needs.

With the exception of carrying out the baseline survey of the JP area no real progress has been made on this outcome to date. The JP is about to carry out an inventory of already established child nutrition and food security programmes in Bangladesh. From this a database of ongoing programmes will be created, capturing details of programme objectives, implementation plans and status, programme activities, geographic areas of coverage, targeting criteria, indicators, caseloads, and assistance packages.

Given the stage of the JP, and the time left to identify and develop a new initiative in this area, it is recommended that, with the exception of the activity described above, that the search for a gap in FSN information systems is stopped.

It is recognised that the JP is a model (in terms of a learning trial, not necessarily to be followed in its entirety) for an integrated intervention on CMAM. It is proposed that greater attention is given to documenting this model, or specific aspects of it, identifying what makes it effective/ineffective, what makes it sustainable/unsustainable etc, and with an analysis of the monitoring data and baseline/endline surveys identify the results, linking as far as possible inputs and effects. This will be an ongoing process of documentation and analysis. Just as important as the analysis is the dissemination of the experiences and lessons. This should be started while the field implementation is still running (i.e. before documentation is finalised) and a wide range of stakeholders (GoB ministries, development partners, NGOs) can be exposed to the programme reality in the field. The model used for the earlier GoB joint ministry field visit can be used.

4.3.6 Achievement of the development objective (Goal)

The overall goal of the Joint Programme (JP) is to ‘contribute to the reduction of acute malnutrition and underweight prevalences among children 0-59 months and acute malnutrition in pregnant and lactating women and to reduce the proportion of the population that is food insecure (i.e. those with inadequate calorie and nutrient intakes).’

Based on the monthly coverage data for the treatment of acute malnutrition in children and PLWs the following initial observations can be made:

- An overall reduction in proportion of SAM and MAM cases since the intervention started in August 2011;
- No conclusions can be drawn on the effect on PLWs since this is coverage data and the participants continue to receive support until their child is 6 months old, whatever their nutrition status.

Seasonal influences are probably having a strong effect on the trends observed and it will be possible to make more reliable comparisons when data from the same month can be compared across years.

School attendance rates, an outcome indicator for outcome 3, should be available on a periodic basis but has not been reported on by the JP yet.

The other indicators to assess the level of achievement of outcomes (apart from outcome 5) will only be collected at the time of the endline survey. It is not possible to draw any other substantive conclusions on the achievement of the development objective at this stage.

Attention to nutrition and the CMAM approach is increasing in Bangladesh and the MDG:F JP has almost certainly contributed to this. The recently developed Health and Population Sector Programme has identified 9% of its budget specifically to nutrition. Implementation of this will be through the National Nutrition System (NNS) which uses a modified CMAM approach.

4.4 Sustainability of programme impacts

The JP has developed a ‘Sustainability strategy’ identifying inputs required to improve sustainability at beneficiary, facility and programme levels. There is some complementarity between that strategy and the analysis and recommendations in the MTE.

Beneficiary and community level

At the beneficiary level the programme strategy has aimed to address longer term food security as well as the more immediate acute malnutrition. Households are selected based on the identification of one family members suffering from malnutrition, and then that household is provided with the complete package of integrated interventions. There are good indications that this strategy is working and that the targeted households and to some degree the wider community will be able to maintain an improved nutritional status. These households will continue to be vulnerable to specific problems (i.e. a family member falling seriously sick) or community-wide issues such as changes in prices of basic foods or natural disasters.

The IPs have employed approximately 21 women from each union as CNWs and CNSs. When their employment is over most of them are likely to continue living within the same communities. There will be an ongoing strong positive influence as a result of the knowledge and skills that they have developed along with their standing within the community.

Facility and programme level

The intervention strategy is closely aligned with government policies and priorities. Subject to resource constraints, the GoB will continue to support these interventions through their service delivery systems.

It is important to differentiate between the different interventions as the sustainability issues for each of them is quite different. The table in annex 7 identifies the source of the most significant human resource and material inputs for each of the interventions. The

key questions on sustainability relate to those resources that the MDG:F are currently supplying – whether the government or other development partners are willing or able to take them up and whether the desired effect can be obtained with a reduced level of inputs.

Facility-based referral

Referral is currently provided by staff and facilities under the control and support of MoH. Referral occurs in the FWCs and CC at the union level and in the SAM corners in district, upazila and union hospitals. Quality of services will be constrained if the current level of under-staffing is continued.

CMAM

The current implementation of CMAM is heavily resourced by the MDG:F and this is justified on the basis that the JP is both delivering critical services that would not otherwise be there and is also implementing a model from which lessons can be learnt. It needs to be recognised that the objective was not to hand over a working system to the MoH.

The programme is heavily staffed with 21 field staff per union in comparison to the 5 to 7 staff positions per union the FWCs and CCs. This staff number is based on the recommendations of the NNP. The job descriptions of some of the MoH staff include outreach responsibilities although in practice they only provide referral services from the centres. It is important that, prior to the end of the JP, the protocols for CMAM as currently practiced are scaled back to a reduced workload, the number of JP staff are reduced and the MoH staff are more effectively engaged in participating in all aspects of CMAM. Training should be provided to MoH staff on CMAM who have not yet received it – many have already been trained but have not been practising.

56 of the current 72 outreach centres have no government staff or building. Access to services will be transferred to the CCs and FWCs (3 centres per union rather than 9)

The intervention to address acute malnutrition is dependent on supplementary feeding; the RUTF for SAM and WSB for MAM. The GoB has reservations on their use due to being purchased from abroad and the cost of them. The use of supplementary food is more likely to be sustained if local produced substitutes are available. RUTF alternatives are being trialled under this JP and WSB alternatives are being trialled by WFP in a separate initiative.

IPHN say that by 2013 the JP area will be covered by the NNS which will increase the human resources and possibly material resources available for CMAM.

Many elements of CMAM as currently practiced by the JP will not be continued at the end of the programme period. Given the ongoing nutritional needs in the programme area, especially in the 3 new unions where CMAM is about to start, a compromise needs to be reached between delivering services and transferring selected responsibilities to MoH staff. It is important that a number of changes and initiatives are quickly put in place in order to make the transfer from the JP model to the NNS as smooth as possible. It is likely that different strategies will need to be followed in the original 6 unions and the 3 new ones.

School feeding

The human resources for distribution and monitoring of the school feeding programme are primarily provided by the school. The main JP input, and a very significant one, is the provision of the HEBs. The DoPME are keen to continue this programme in areas identified with priority needs. They have access to the EU School Feeding Assistance Programme with coverage of 12 districts and 84 upazilas and the DoPME aim to use this in locations where development partners phase out.

Food security, income generation and nutrition awareness

The delivery of this programme has been through the DAE and DoLS and their field staff are in contact with the beneficiaries. There should be few difficulties in maintaining the productive assets (home gardens and livestock) that the beneficiaries have. Limited additional resources are required to extend the home garden programme to further participants and this is already happening automatically. It is unlikely that the IGA activities would expand without additional outside investment from a development partner. The promotion of nutrition awareness is unlikely to be continued but the level of awareness achieved already is likely to be retained.

There are also opportunities for support through the DAE. The new Agricultural Extension Policy supports group approaches and services and facilities can be more easily provided to beneficiaries if they form a group.

Coordination on nutrition issues

The inter-ministerial PMC, and the coordination committees in each district, upazila and union that the programme is active in, are all project dependent and will not continue beyond the life of the programme. At the local level the issues will need to be taken up by the regular government meetings.

Potential for replication

As mentioned earlier, CMAM is gaining recognition as a necessary and effective intervention. The UN agencies are currently in discussion on two potential replication programmes. One is USAID funded; using a similar joint programme approach and the other is under the UNDAF umbrella. A proposal is being prepared which is likely to include Bhola district, one of the MDG:F implementation areas.

Summary

The most significant constraints or issues that limit the government's ability to carry out this kind of CMAM programme, even with financial support from donors, is:

1. Their willingness/ability to purchase and distribute the food supplements with proven efficacy that are currently available. Through ongoing research on locally (in Bangladesh) produced alternatives both the political concerns and the costs will be addressed to a certain degree;
2. The number of posts authorised and filled for front line health delivery personnel. There is marginal positive change in this area.

While those issues remain unresolved, service delivery programmes are required to:

1. Address the existing high levels of malnutrition in the short and medium term, providing evidence-based nutrition interventions that are not included in the government programmes, including the distribution of food supplements
2. Develop the capacity of the government as much as possible within the constraints identified above. For example by improving the delivery rate of

existing government interventions (i.e. iron folic acid supplementation for pregnant women), training those front line staff that are there and developing the capacity of referral centres – the MDG:F has been working on the last two areas.

4.5 Contribution to other development objectives

MDGs and UNDAF

The JP was designed to contribute directly to MDGs 1, 4 and to contribute to 2 and 5 and as reviewed in section 4.1.2 the design was relevant for this purpose. The JP also contributes significantly to goal 3. During the MTE the 2011 analysis of Bangladesh’s progress towards the MDG goals was published reinforcing the conclusions of the 2009 report that was used during the design of the JP.

It is not possible to identify what contribution has been made towards these objectives at this stage. The endline survey will give the best measure of impact. Based on the theory of change, it is expected that some progress should have been made.

A new UNDAF (2012 – 2016) was prepared during the JP period and increased recognition has been given to nutrition with UNDAF pillar 4 focussing on food security and nutrition. In addition the UNDAF proposes to use either joint programmes or joint programming as an implementation modality. The experiences of the two MDG:F joint programmes have contributed to developing these forms of programming for UN interventions where there is a clear benefit of the UN agencies working together.

MDG-F thematic window goals (Children, Food Security and Nutrition)

The ToRs for the MDG:F on Children, Food Security and Nutrition presents it goals under three outcome areas as follows:

1. Promotion of integrated approaches for alleviating child hunger and under nutrition;
2. Advocacy and mainstreaming of access to food and nutrition of children into relevant policies;
3. Assessment, monitoring and evaluation.

The design of this JP has followed these three outcomes giving greatest attention to area 1. The contribution that this JP has to the goals of this thematic window will parallel the success of the JP in achieving its five outcomes.

Paris Declaration and Accra Agenda for Action

Based on the detailed description of the design and implementation of the JP already provided in this report, the following broad assessment is given for each of the Paris Declaration Principles (out of low, medium and high):

The Principles	Level of achievement
1. Ownership: <i>Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.</i>	Medium
2. Alignment: <i>Donor countries align behind these objectives and use local systems.</i>	Low
3. Harmonisation: <i>Donor countries coordinate, simplify procedures and share information to avoid duplication.</i>	Low
4. Results: <i>Developing countries and donors shift focus to</i>	Medium

<i>development results and results get measured.</i>	
5. Mutual accountability: <i>Donors and partners are accountable for development results.</i>	Medium

The MDG:F JP uses a separate system of funding and fund management to the government process. This gives much greater control over resources to the UN agencies but does mean that the resources will not be measured through the government system and will not be included in their reporting mechanisms.

There are minimal shared monitoring systems between the JP and the GoB with the exception of the monitoring of the school feeding programme and its impacts which is managed by the DoPME.

One UN

Some sections of this MTE report have already directly addressed issues that relate to the goal of the UN delivering as one at the country level. In particular section 4.2.2 on the UN coordination system for the JP.

Some implementation difficulties related to the UN agencies working together that have been identified are:

- Although coordination is reported as good by the UN agencies, the lack of clarity in presentations and discussions on the current targets for beneficiaries suggests that there are significant challenges in communication. This is almost certainly exacerbated by the high turnover in focal points in the UN agencies;
- The high level of turnover of UN focal points has probably had a more significant effect on this programme as a joint programme than it would do in a single agency programme;
- Implementation is managed through three parallel lines. Implementation partners are required to respond to three separate ‘managers’. The implementing partner is required to submit two separate reports, one to UNICEF/WFP and one to FAO. Integration of service delivery has been achieved between UNICEF and WFP, but not with FAO.

The JP has certainly had a positive role in promoting the UN agencies to work together in the following ways:

- It is a partnership and they are required to make it work;
- It has facilitated regular dialogue, much of it informal, among UN agencies;
- Increased realisation of the added value of each agency and its mandate;
- Actions were interdependent i.e. identification of beneficiaries for the FAO intervention is dependent on the implementation of CMAM;
- The working relationship between UNICEF and WFP on CMAM has been very close and has apparently worked well in headquarters and in the field;

In terms of wider effects, beyond the immediate implementation of the JP the following were noted:

- The draft UNDAF (2012-2016) Action Plan specifically identifies joint programming modalities as one of the possible implementation strategies: “For each UNDAF output linked to the achievement of a higher outcome, stand-alone programmes, joint programming or joint programmes may be used to guide effective implementation and achievement of results. These will be tightly

coordinated, and modalities will be selected based on the strategic nature of the intervention.”

- FAO recognises that the MDG:F JP is a food-based programme and they are trying to mainstream this food-based emphasis in other FAO programmes where UNICEF and WFP are not partners. Promoting diversification not just from the aspect of production, but also consumption.

5 Conclusions, recommendations and lessons learnt

5.1 Summary of key contributions and significant constraints

The main assessment mechanism for measuring the results and impact of the MDG:F JP on Children, Food Security and Nutrition is the baseline/endline surveys. There is limited information available on the outcomes of many of the interventions to date. Identifiable results can be seen in the following areas:

- National guidelines for Community Management of Acute Malnutrition (CMAM) approved by MoH
- Supported integration of CMAM approach in the Health and Population Sector Programme
- Increased communication and understanding on nutrition issues between GoB Ministries
- GoB capacity developed for SAM referral services within MDG:F upazilas, districts and division
- Good levels of knowledge on nutrition, diet, IYCF among mothers in households identified with acute malnutrition needs
- Children are ‘graduating’ from SAM and MAM ;
- Data from monthly screening for acute malnutrition show an overall reduction in proportion of SAM and MAM cases since August 2011;
- No SAM or MAM relapse cases have been reported to date – suggesting that there has been sustainable improvement due to integrated approach;
- School feeding is contributing to increased enrolment and attendance;
- Productive home gardens are in use and are probably sustainable;
- High level of participation of DoE, DAE and DoLS staff in providing services

Some issues that are limiting the potential effectiveness of the MDG:F JP achieving its expected impact are:

- Programme design made significant errors in calculating expected beneficiary numbers and it is taking time to identify and address the implications of this;
- Outcomes in terms of services delivered will be significantly reduced from those presented in the programme document although this should not effect the achievement of the goal: reduced prevalence of acute malnutrition within the programme area;
- SAM and MAM are being under identified using MUAC – acutely malnourished children from within the target area are not receiving assistance, and this may seriously affect the achievement of the goal as assessed by weight for height;
- MoH staff are only involved in providing referral services to SAM/MAM cases;
- GoB capacity development for CMAM is limited to knowledge, not delivery of services;
- GoB has significant human resource limitations for the delivery of CMAM services;

- No significant progress yet on output 5;
- Transfer of the service provision of CMAM to GoB is not integrated into the programme design;
- Implementation in the 3 new unions has a limited time frame;
- The delivery of services from the 3 UN agencies is not fully integrated at the implementation level.

5.2 Recommendations for MDG:F Secretariat:

1. A no-cost extension should be given until June 2013 in accordance with the PMC and NSC approvals;
2. The third request for funds recently approved by the PMC and NSC should be released in two stages, with 60-70% immediately and the balance according to the usual 70% commitment rule (in effect a fourth fund release);

5.3 Recommendations for the PMC:

1. Review the existing responsibilities (in job description) of MoH union-level staff to identify how their contribution to the MDG:F nutrition-related health education and CMAM could be increased and instruct them to take on these responsibilities in the MDG:F working area
2. Request MoH and DAE to fill all vacant posts in the MDG:F area
3. Advocate for the identification of a GoB institution that has coordinating responsibility for nutrition nationally
4. Advocate for relevant government programmes to be located in MDG:F locations in order to provide continuing assistance
 - a. NNS for continuation of CMAM
 - b. EC School Feeding Assistance Programme for the continuation of distribution of HEBs
5. The PMC should recommend to all its institutional members (GoB and UN) to nominate a single focal point person and maintain that focal point person for the life of the programme;

5.4 Recommendations for the UN agencies and government partners:

Recommendations on management issues:

1. The MDG:F JP confirms and presents revised beneficiary target numbers to the next PMC and in the next bi-annual monitoring report
2. UN agencies should review staff commitments so that agency focal points for joint programmes do not change regularly
3. Make an assessment of the realistic planned expenditure on existing commitments and review how any surplus could be utilized within the MDG:F mandate. For example a request could be made for school feeding in Bamna district to be supported by MDG:F funds rather than WFP Country Programme;
4. Identify why the numbers of SAM cases are so much lower than expected (the baseline found similar proportions of SAM to previous studies that were used to develop the programme document);
5. The UN agencies should explore management and administrative procedures that would allow the IPs to function as an integrated implementation agency, delivering integrated services, plans and reports.
6. Responsible technical staff of the UN agencies and IPs should review the situation analysis in the baseline study
7. IPs should provide the full range of services in any one geographical area

Recommendations on monitoring and reporting:

8. Decide on a strategy for impact evaluation (endline survey) that takes into account seasonal fluctuations in nutritional status and the fact that 2 of the 3 'control' unions are coming under programme implementation soon;
9. While keeping within the overall format provided by the MDG:F, the titles and headings of each form need to be reviewed to check if they clearly describe what is being presented. Targets as well as achievements should be clearly stated and greater emphasis need to be given to presenting results in addition to activities;
10. Report on the outcome indicators regarding prevalence of acute malnutrition by MUAC and on attendance rates of children in school in the bi-annual monitoring report;

Recommendations on implementation:

11. Research into SAM and MAM assessment methodologies and the implications for appropriate identification and treatment that are detailed in section 4.3.1;
12. Review the CMAM intervention to take into account:
 - The contribution that union level MoH should/could make to CMAM;
 - The strategies proposed in the NNS for CMAM;
 - Revised procedures that may provide 90% of the results at 60% of the costs (numbers of staff, numbers of service centres, regularity of screening, number of indicators collected and monitored,);
 - And possibly implement this less resource intensive strategy in the 3 new unions;
13. Based on the experience of implementing CMAM, identify and discuss with IPHN the critical nutrition input indicators that government health delivery facilities should be maintaining and reporting in their MIS. To include nutrition-related services that are already being carried out by government health staff;
14. Track relapse cases closely to understand the level of sustainability of the intervention;
15. The MDG:F should promote and support the translation of important documents into Bangla:
 - c. Finalising the formal version of CMAM Guidelines;
 - d. 'Training modules on management of children with SAM in Bangladesh (April 2011) by Institute of Public Health/UNICEF;

Recommendations on sustainability and phase out:

16. The transfer of service provision to the appropriate GoB institution should be incorporated into the objectives and workplans of the IPs;
17. Review the workload of the IP's staff in the existing 6 unions on CMAM and reduce numbers in preparation for withdrawal of MDG:F from CMAM;
18. Develop an exit strategy which should include:
 - Identifying a cut off date for new beneficiaries to the JP to ensure that they receive adequate services under MDG:F;
 - A planned reduction of services by MDG:F staff to allow GoB staff to take responsibility;
 - A clear plan for acutely malnourished children and PLW who are still receiving treatment;
 - A plan for the continuation of services from EPI centres (or for transfer of services to CC/FWA);
 - Transferring coordination from MDG:F committees to the existing government committees at different level;

- Provision of training on CMAM for MoH staff in the unions who have not yet received training. This training should be conducted by those who received ToT on CMAM in order to further develop capacity;
19. Review in greater detail the opportunities available from the DAE to communities organised in groups, and provide this information to the communities in the programme area;
 20. Discuss a strategy with IPHN for the continuation of CMAM in the programme area to include:
 - What supplies the IPHN intends to provide under NNS activities;
 - What supplies, if any, the UN agencies can continue to provide;
 - What monitoring records etc should be transferred and to whom;

Recommendations on documentation and dissemination:

21. The PMC and the MDG:F JP facilitate further joint field missions involving high level representation from GoB Ministries, UN agencies and NGOs. The focus can be on identifying lessons that can be utilised in ongoing and future GoB, UN and NGO interventions;
22. Document the experience of implementing CMAM, the outcomes from it, the lessons learned, linking as far as possible inputs and effects, and disseminate this through a variety of media including seminars and field visits. The documentation should include information on the level of resource input for specific interventions being presented.

5.5 Lessons learnt/good practices

- If adequate staff resources are not provided at the start up phase of a programme it is likely to result in delays with negative consequences on the implementation and sustainability of the programme;
- Members of the NSC should have a position for a representative on the PMC so that they can be adequately briefed on the decisions being passed to the NSC;
- When a significant change is made in numbers of target beneficiaries this need to be clearly communicated to the PMC and in the bi-annual monitoring report together with a clear statement of revised numbers, the reasons for the change and the consequences on programming and on the budget;
- Multi-disciplinary field missions to the implementation area is effective for increasing cross sectoral dialogue and understanding in addition to developing awareness of the field situation and developing recommendations;
- The management and coordination method that brings different ministries and UN agencies together under ERD (as a neutral ministry) as in the PMC could be a useful model for other interventions that are seeking to address cross-sectoral issues;
- A TA partner can play an important capacity building role, up-scaling technical knowledge and skills of service providers (both government and NGO) without becoming directly involved in the provision of services to direct beneficiaries.

6 Annexes

Annex 1: Evaluation ToRs

GENERIC TERMS OF REFERENCE FOR THE MID-TERM EVALUATION OF CHILDREN FOOD SECURITY AND NUTRITION JOINT PROGRAMMES **General Context: The MDGF and the Children Food Security and Nutrition**

In December 2006, the UNDP and the Government of Spain signed a major partnership agreement for the amount of €528 million, with the aim of contributing to progress on the MDGs and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The MDG Achievement Fund (MDGF) supports countries in their progress towards the Millennium Development Goals and other development goals by funding innovative programmes that have an impact on the population and potential for duplication.

The MDGF operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

With US\$134.5 million allocated to 24 joint programmes, this area of work represents almost 20% of the MDG-F's work. Our efforts contribute to achieving the MDG goals of reducing child mortality and eradicating extreme poverty and hunger.

Interventions range from providing low cost nutritional packages that can save lives and promote healthy development to engaging with pregnant and lactating mothers ensuring they are healthy and aware of key nutrition issues. Advocacy for mainstreaming children's right to food into national plans and policies is also a key element of the fight against under nutrition.

The 24 joint programmes encompass a wide range of subjects and results. Nevertheless, certain similar underlying characteristics can be identified across most of these joint programmes. The majority of the programmes in the window seek to contribute to (1) directly improving the nutrition and food security of the population, particularly children and pregnant women, and (2) strengthening the government's capacity to know about and plan for food security and nutrition problems. Most of the other outcomes fit in these two themes, broadly defined. For example, improving food security and increasing the supply of nutritious foods with agricultural interventions is directly related to the first outcome, reducing food insecurity and malnutrition. Similarly, many Joint Programs propose improving policies on foods security, either through mainstreaming into general policies or through the revision of current policies on food security.

The beneficiaries of the Joint Programs are of three main types. Virtually all joint programs involve supporting the government, at the national and/or local levels. Many programs also directly target children and/or pregnant women, who are the most vulnerable to malnutrition and food insecurity. Finally, many programs also benefit the health sector, which is at the forefront of the fight against, and treatment of, malnutrition.

The Joint programme in Bangladesh is a combined effort of WFP, UNICEF and FAO to enhance food security and nutrition among families and children in Bangladesh. The programme, designed in response to the spiralling food price, aims to protect against the

reversal/erosion of the achievements of MDG-1 and MDG-4 goals, by addressing under-nutrition and food insecurity amongst children and women.

The overall objectives of the programme are:

- To contribute towards the reduction of acute malnutrition and underweight prevalence amongst children 0-59 months, and acute malnutrition in pregnant and lactating women.
- To reduce the proportion of the population that is food insecure (i.e., those with inadequate caloric and nutrient intake).

The programme was approved for funding in March 2010. The first year of the programme focused upon strategic and programmatic reviews to align the programme with government policies and with the ground realities. Co-ordination mechanisms with the Government and within the UN agencies were also established in the first year. Implementation began in April 2011 and all field level activities began in August 2011. Currently, the programme is working in six unions and preparing for expansion into the additional unions. Implementation in the new unions will begin in December 2011.

2. OVERALL GOAL OF THE EVALUATION

One of the roles of the Secretariat is to monitor and evaluate the MDGF. This role is fulfilled in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation.

Mid-term evaluations are formative in nature and seek to **generate knowledge, identifying best practices and lessons learned and improve implementation of the programmes during their remaining period of implementation**. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee, the National Steering Committee and the Secretariat of the Fund.

3. SCOPE OF THE EVALUATION AND SPECIFIC GOALS

The mid-term evaluation will use an expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the **joint programme**, based on the scope and criteria included in these terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period of approximately four months.

The unit of analysis or object of study for this mid-term evaluation is the joint programme, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following **specific objectives**:

1. To discover the programme's **design quality and internal coherence** (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the **Millennium Development Goals**, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.

2. To understand how the joint programme **operates** and assess the **efficiency of its management model** in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the **One UN** framework.
3. To identify the programme's **degree of effectiveness** among its participants, its contribution to the objectives of the Children Food Security and Nutrition **thematic window**, and the Millennium Development Goals at the local and/or country level.

4. EVALUATION QUESTIONS, LEVELS AND CRITERIA

The evaluation questions define the information that must be generated as a result of the evaluation process. The questions are grouped according to the criteria to be used in assessing and answering them. These criteria are, in turn, grouped according to the three levels of the programme.

Design level

- **Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country, the Millennium Development Goals and the policies of associates and donors.**
 - a) To what extent the identification of the problems, inequalities and gaps, with their respective causes, clear in the joint programme?
 - b) To what extent the Joint Programme take into account the particularities and specific interests of women, minorities and ethnic groups in the areas of intervention?
 - c) To what extent has the intervention strategy been adapted to the areas of intervention in which it is being implemented? What actions does the programme envisage, to respond to obstacles that may arise from the political and socio-cultural context?
 - d) To what extent were the monitoring indicators relevant and do they meet the quality needed to measure the outputs and outcomes of the joint programme?
 - e) To what extent has the MDG-F Secretariat contributed to raising the quality of the design of the joint programmes?
- **Ownership in the design: national social actors' effective exercise of leadership in the development interventions**
 - a) To what extent do the intervention objectives and strategies of the Joint Programme respond to national and regional plans?
 - b) To what extent have the country's national and local authorities and social stakeholders been taken into consideration, participated, or have become involved, at the design stage of the development intervention?

Process level

- **Efficiency: The extent to which the resources/inputs (funds, time etc.) have been turned into results**
 - a) How well does the joint programme's management model – that is, its tools, financial resources, human resources, technical resources, organizational

structure, information flows and management decision-making – contribute to generating the expected outputs and outcomes?

- b) To what extent are the participating agencies coordinating with each other and with the government and civil society? Is there a methodology underpinning the work and internal communications that contributes to the joint implementation?
- c) To what extent are there efficient mechanisms for coordination that prevent counterparts and beneficiaries from becoming overloaded?
- d) To what extent does the pace of implementing programme outputs ensure the completeness of the joint programme's results? How do the different components of the joint programme interrelate?
- e) To what extent work methodologies, financial tools etc. shared among agencies and among joint programmes are being used?
- f) To what extent more efficient (sensitive) and appropriate measures been adopted to respond to the political and socio-cultural context identified?
- g) How conducive are current UN agency procedures to joint programming? How can existing bottlenecks be overcome and procedures further harmonized?

– **Ownership in the process: National social actors' effective exercise of leadership in the development interventions**

- a) To what extent have the target population and the participants taken ownership of the programme, assuming an active role in it?
- b) To what extent have national public/private resources and/or counterparts been mobilized to contribute to the programme's goals and impacts?

Results level

– **Efficacy: Extent to which the objectives of the development intervention have been met or are expected to be met, taking into account their relative importance.**

- a) To what extent is the joint programme contributing to the attainment of the development outputs and outcomes initially expected /stipulated in the programme document?
 - 1. To what extent and in what ways is the joint programme contributing to the Millennium Development Goals at the local and national levels?
 - 2. To what extent and in what ways is the joint programme contributing to the goals set in the thematic window?
 - 3. To what extent (policy, budgets, design, and implementation) and in what ways is the joint programme contributing to improve the implementation of the principles of the Paris Declaration and Accra Agenda for Action?
 - 4. To what extent and in what ways is the joint programme contributing to the goals of delivering as one at country level?
- b) To what extent are joint programme's outputs and outcomes synergistic and coherent to produce development results?
- c) To what extent is the joint programme having an impact on the targeted citizens?
- d) Are any good practices, success stories, lessons learned or transferable examples been identified? Please, describe and document them
- e) What types of differentiated effects are resulting from the joint programme in accordance with the sex, race, ethnic group, rural or urban setting of the beneficiary population, and to what extent?

- f) To what extent is the joint programme contributing to the advance and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc)
- g) To what extent is the joint programme helping to increase stakeholder/citizen dialogue and or engagement on development issues and policies?
- h) To what extent is the joint programme having an impact on national ownership and coordination among government entities?

Sustainability: The probability that the benefits of the intervention will continue in the long term.

- a) Are the necessary premises occurring to ensure the sustainability of the impacts of the joint programme?
At local and national level:
 - i. Is the programme supported by national and/or local institutions?
 - ii. Are these institutions showing technical capacity and leadership commitment to keep working with the programme and to repeat it?
 - iii. Have operating capacities been created and/or reinforced in national and local partners?
 - iv. Do the partners have sufficient financial capacity to keep up the benefits produced by the programme?
 - v. Is the duration of the programme sufficient to ensure a cycle that will ensure the sustainability of the interventions?
 - vi. have networks or network institutions been created or strengthened to carry out the roles that the joint programme is performing?
- b) To what extent are the visions and actions of partners consistent with or different from those of the joint programme?
- c) In what ways can governance of the joint programme be improved so as to increase the chances of achieving sustainability in the future?

Country level

- d) During the analysis of the evaluation, what lessons have been learned, and what best practices can be transferred to other programmes or countries?
- e) To what extent and in what way is the joint programme contributing to progress towards the Millennium Development Goals in the country?
- f) To what extent and in which ways are the joint programmes helping make progress towards United Nations reform? One UN
- g) How have the principles for aid effectiveness (ownership, alignment, managing for development results and mutual accountability) been developed in the joint programmes?
- h) To what extent is the joint programme helping to influence the country's public policy framework?

5. METHODOLOGICAL APPROACH

The mid-term evaluation will use an international consultant, appointed by MDG-F, as the Evaluator to conduct the evaluation and a locally hired consultant who will support the Evaluator by providing information about local context such as institutions, protocol, traditions, etc. and assist with translation of key meetings/ interviews during the mission

as needed. It is the sole responsibility of the Evaluator to deliver the inception, draft final and final reports.

The Evaluator will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR, the availability of resources and the priorities of stakeholders. In all cases, the Evaluator is expected to analyse all relevant information sources, such as annual reports, programme documents, internal review reports, programme files, strategic country development documents and any other documents that may provide evidence on which to form opinions. The Evaluator is also expected to use interviews as a means to collect relevant data for the evaluation.

The methodology and techniques to be used in the evaluation should be described in detail in the inception report and the final evaluation report, and should contain, at a minimum, information on the instruments used for data collection and analysis, whether these be documents, interviews, field visits, questionnaires or participatory techniques.

6. EVALUATION DELIVERABLES

The Evaluator is responsible for submitting the following deliverables to the Secretariat of the MDGF:

☞ **Inception Report** (to be submitted within seven days of the submission of all programme documentation to the Evaluator)

This report will be 5 to 10 pages in length and will propose the methods, sources and procedures to be used for data collection. It will also include a proposed timeline of activities and submission of deliverables. The inception report will propose an initial theory of change to the joint programme that will be used for comparative purposes during the evaluation and will serve as an initial point of agreement and understanding between the Evaluator and the evaluation managers. The Evaluator will also share the inception report with the evaluation reference group to seek their comments and suggestions.

☞ **Draft Final Report** (to be submitted within 10 days of completion of the field visit)

The draft final report will contain the same sections as the final report (described in the next paragraph) and will be 20 to 30 pages in length. This report will be shared among the evaluation reference group. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The MDGF Secretariat will share the draft final report with the evaluation reference group to seek their comments and suggestions.

☞ **Final Evaluation Report** (to be submitted within seven days of receipt of the draft final report with comments)

The final report will be 20 to 30 pages in length. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and recommendations. The MDGF Secretariat will send the

final report to the evaluation reference group. This report will contain the following sections at a minimum:

1. Cover Page
2. Introduction
 - Background, goal and methodological approach
 - Purpose of the evaluation
 - Methodology used in the evaluation
 - Constraints and limitations on the study conducted
3. Description of interventions carried out
 - - Initial concept
 - - Detailed description of its development: description of the hypothesis of change in the programme.
4. Levels of Analysis: Evaluation criteria and questions
5. Conclusions and lessons learned (prioritized, structured and clear)
6. Recommendations
7. Annexes

7. ETHICAL PRINCIPLES AND PREMISES OF THE EVALUATION

The mid-term evaluation of the joint programme is to be carried out according to ethical principles and standards established by the United Nations Evaluation Group (UNEG).

• **Anonymity and confidentiality.** The evaluation must respect the rights of individuals who provide information, ensuring their anonymity and confidentiality.

• **Responsibility.** The report must mention any dispute or difference of opinion that may have arisen among the consultants or between the Evaluator and the reference group of the Joint Programme in connection with the findings and/or recommendations. The Evaluator must corroborate all assertions, and note any disagreement with them.

• **Integrity.** The Evaluator will be responsible for highlighting issues not specifically mentioned in the TOR, if this is needed to obtain a more complete analysis of the intervention.

• **Independence.** The Evaluator should ensure his or her independence from the intervention under review, and he or she must not be associated with its management or any element thereof.

• **Incidents.** If problems arise during the fieldwork, or at any other stage of the evaluation, the Evaluator must report these immediately to the Secretariat of the MDGF. If this is not done, the existence of such problems may in no case be used by the Evaluator to justify the failure to obtain the results stipulated by the Secretariat of the MDGF in these terms of reference.

• **Validation of information.** The Evaluator will be responsible for ensuring the accuracy of the information collected while preparing the reports and will be ultimately responsible for the information presented in the evaluation report.

• **Intellectual property.** In handling information sources, the Evaluator shall respect the intellectual property rights of the institutions and communities that are under review.

• **Delivery of reports.** If delivery of the reports is delayed, or in the event that the quality of the reports delivered is clearly lower than what was agreed, the penalties stipulated in these terms of reference will be applicable.

8. ROLES OF ACTORS IN THE EVALUATION

The main actors in the mid-term evaluation are the Secretariat of the MDGF, the Programme Management and the Programme Management Committee. The Programme Management Office, PMC, and RC Office will serve as the evaluation reference group.

The role of the evaluation reference group will extend to all phases of the evaluation, including:

- Facilitating the participation of those involved in the evaluation design.
- Identifying information needs, defining objectives and delimiting the scope of the evaluation.
- Providing input on the evaluation planning documents (Work Plan and Communication, Dissemination and Improvement Plan).
- Providing input and participating in the drafting of the Terms of Reference.
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods.
- Monitoring the quality of the process and the documents and reports that are generated, so as to enrich these with their input and ensure that they address their interests and needs for information about the intervention.
- Disseminating the results of the evaluation, especially among the organizations and entities within their interest group.

The Secretariat of the MDGF shall manage the mid-term evaluation in its role as proponent of the evaluation, fulfilling the mandate to conduct and finance the mid-term evaluation. As manager of the mid-term evaluation, the Secretariat will be responsible for ensuring that the evaluation process is conducted as stipulated; promoting and leading the evaluation design; coordinating and monitoring progress and development in the evaluation study and the quality of the process. It shall also support the country in the main task of disseminating evaluation findings and recommendations.

9. TIMELINE FOR THE EVALUATION PROCESS

A. Design phase (15 days total)

1. The Secretariat shall send the generic TOR for mid-term evaluation of China's CCPF to the reference group. The reference group is then to adapt these to the concrete situation of the joint programme in China, using the lowest common denominator that is shared by all, for purposes of data aggregation and the provision of evidence for the rest of the MDGF levels of analysis (country, thematic window and MDGF).

This activity requires a dialogue between the Secretariat and the reference group of the evaluation. This dialogue should be aimed at rounding out and modifying some of the questions and dimensions of the study that the generic TOR do not cover, or which are inadequate or irrelevant to the joint programme.

2. The MDGF Secretariat will send the finalized, contextualized TOR to the Evaluator it has chosen.
3. From this point on, the Portfolio Manager is responsible for managing the execution of the evaluation, with three main functions: to facilitate the work of the Evaluator, to serve as interlocutor between the parties (Evaluator, reference group in the country, etc.), and to review the deliverables that are produced.

B. Execution phase of the evaluation study (55-58 days total)

Desk study (15 days total)

1. The Portfolio Manager will brief the Evaluator (**1 day**). He/she will hand over a checklist of activities and documents to review, and explain the evaluation process. Discussion will take place over what the evaluation should entail.
2. The Evaluator will review the documents according to the standard list (see TOR annexes; programme document, financial, monitoring reports etc.).
3. The Evaluator will submit the inception report to the MDGF Secretariat; the report will include the findings from the document review and will specify how the evaluation will be conducted. The Evaluator will share the inception report with the evaluation reference group for comments and suggestions (**within seven days of delivery of all programme documentation to the consultant**).
4. The focal points for the evaluation (PMC Co-Chairs) and the Evaluator will prepare an agenda to conduct the field visit of the evaluation. (Interview with programme participants, stakeholders, focus groups, etc) (**Within seven days of delivery of the desk study report**).

Field visit (9-12 days)

1. In-country, the Evaluator will observe and contrast the preliminary conclusions reached through the study of the document review. The planned agenda will be carried out. To accomplish this, the Secretariat's Portfolio Manager may need to facilitate the Evaluator's visit by means of phone calls and emails to the reference group.
2. The Evaluator will be responsible for conducting a debriefing with the key actors he or she has interacted with.

Final Report (31 days total)

1. The Evaluator will deliver a draft final report, which the Secretariat's Portfolio Manager shall be responsible for sharing with the evaluation reference group (**within 10 days of the completion of the field visit**).
2. The evaluation reference group may ask that data or facts that it believes are incorrect be changed, as long as it provides data or evidence that supports its request. The Evaluator will have the final say over whether to accept or reject such changes. For the sake of evaluation quality, the Secretariat's Portfolio Manager can and should intervene so that erroneous data, and opinions based on erroneous data or not based on evidence, are changed (**within 14 days of delivery of the draft final report**).

The evaluation reference group may also comment on the value judgements contained in the report, but these do not affect the Evaluator's freedom to express the conclusions and recommendations he or she deems appropriate, based on the evidence and criteria established.

3. The Secretariat's Portfolio Manager shall assess the quality of the final version of the evaluation report presented, using the criteria stipulated in the annex to this TOR (**within seven days of delivery of the draft final report**).
4. Upon receipt of input from the reference group, the Evaluator shall decide which input to incorporate and which to omit. The Secretariat's Portfolio Manager shall review the final copy of the report, and this phase will conclude with the delivery of this report by the MDGF Secretariat to the evaluation

reference group (**within seven days of delivery of the draft final report with comments**).

5. Phase of incorporating recommendations and improvement plan (within 21 days of delivery of the final report):

1. The Secretariat's Portfolio Manager, as representative of the Secretariat, shall engage in a dialogue with the reference group to establish an improvement plan that includes recommendations from the evaluation.
2. The Secretariat's Portfolio Manager will hold a dialogue with the reference group to develop a simple plan to disseminate and report the results to the various interested parties.

10. ANNEXES

a) Document Review

MDG-F Context

- MDGF Framework Document
- Summary of the M&E frameworks and common indicators
- YEM Thematic Window TORs
- General thematic indicators
- M&E strategy
- Communication and Advocacy Strategy
- MDG-F Joint Implementation Guidelines

Specific Documents for Joint Programme

- o Project Proposal
- o Inception reports held in Dhaka and Barisal
- o Revised Results Framework and M & E framework
- o Baseline Survey Report
- o ToR of the PMC and the Minutes of the PMCs
- o National Steering Committee Meeting Minutes
- o Quarterly reports from the partners
- o Proposals from the technical partner and Implementing partners
- o Review of the Monitoring data
- o UN Agencies Country Strategies and related documents
- o Country Investment Plan (2011)
- o Household Food and Nutrition Security Assessment (2009)
- o Health, Population, Nutrition Sector Development Plan 2011
- o National Nutrition Services Operational Plan
- o Joint Programme: Capacity Assessment of the Health Facilities
- o Save the Children's "Jibon O Jibika", End of Programme Evaluation (2009)

Other in-country documents or information

- Evaluations, assessments or internal reports conducted by the joint programme
- Relevant documents or reports on the Millennium Development Goals at the local and national levels
- Relevant documents or reports on the implementation of the Paris Declaration and the Accra Agenda for Action in the country
- Relevant documents or reports on One UN, Delivering as One

b) File for the Joint Programme Improvement Plan

After the interim evaluation is complete, the phase of incorporating its recommendations shall begin. This file is to be used as the basis for establishing an improvement plan for the joint programme, which will bring together all the recommendations, actions to be carried out by programme management.

Evaluation Recommendation No. 1				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
1.1			Comments	Status
1.2				
1.3				
Evaluation Recommendation No. 2				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
2.1			Comments	Status
2.2				
Evaluation Recommendation No. 3				
Response from the Joint Programme Management				
Key actions	Time frame	Person responsible	Follow-up	
3.1			Comments	Status
3.2				
3.3				

Annex 2: People and organisations consulted

Met in Dhaka City

Government of Spain

Luis Tejada, Ambassador of Spain in Bangladesh

Government representatives at the central level

Iqbal Mahmood, Secretary, Economic Relations Division, Ministry of Finance
Md. Saiful Haque Chowdhury, Senior Assistant Chief & Deputy Project Director, ERD
Nurjahan Begum, Joint Secretary, ERD
Shah Md. Aminul, Joint Secretary, ERD
Md. Faizul Kabir, Deputy Secretary, MoPME
Dr. Imtiaz Mahmud, Senior Assistant Chief, MoPME
Mostafa Faruq Al Banna, Additional Director, Food Planning & Monitoring Unit, MoFDM
Syed Amdadul Huq, Research Director, Food Planning & Monitoring Unit, MoFDM
Dr. Md. Ashraf Hossain Sarkar, Programme Manager, NNS, IPHN
Dr. Md. Asaduzzaman, Director General of Health Services (DGHS), IPHN
Dr. S. M. Mustafizur Rahman, NNS, IPHN
Mohammad Azharul Haque, Joint Secretary, Ministry of Agriculture
Dr. Sheikh Harunur Rashid Ahmed, Deputy Secretary, Ministry of Public Administration.

UN agencies at the central level

Jyoti Dhingra, Joint Programme Coordinator, WFP, Dhaka
Shamsun Naher, Assistant Programme Coordinator, WFP, Dhaka
Sharif Helal, Coordination Officer, UN RC's Office, Dhaka
Christa Rader, Representative & Country Director, WFP Bangladesh
Michael Dunford, Deputy Country Director, WFP Dhaka
Ms. Britta Schumacher, Head of Programmers, WFP Dhaka
Mr. Zahirul Islam, Programme Officer School Feeding, WFP Dhaka
Ms. Rachel Fuly, Head of Nutrition Programme, WFP Dhaka
Ms. Monira Parveen, Nutrition Programme Officer, WFP Dhaka
Dr. Mohsin Ali, Nutrition Specialist, UNICEF, Dhaka
Ms. Noreen, Chief of Nutrition Section, UNICEF, Dhaka
Pascal Villeneuve, Representative, UNICEF Dhaka
Dr. Indrani Chakma, Health Manager, UNICEF Dhaka
Burgeon, FAO Representative, Dhaka
Ciro Fiorillo, Chief Technical Adviser, FAO Dhaka
Rosanne Marchesich, Operation Coordinator, FAO Dhaka
Sheikh Ahaduzzaman, AFAOR, FAO
Ms. Lalita Bhattacharjee, Nutrition Specialist, FAO Dhaka
Ms. Begum Nurun Nahar, FAO, Dhaka
Massimo La Rosa, UN Reach, Country coordinator

Other organisations

Jahangir Hussain, Programme Manager, ELL, Save the children

Met in Barisal Division

UN agencies

Mr. Iqbal Hossain, In Charge of Barisal Office, WFP Barisal
Md. Ashikur Rahman, APO, WFP Barisal
Quazi Suman, APA, WFP Barisal
A.K. M. Lutful Kabir, National Agronomist, FAO, Barisal Office
Zahangir Alam, Horticulture Specialist, FAO, Barisal Office
Anjuman Tahmina Ferdous, Nutrition Specialist, FAO, Barisal Office
Hera Lal Nath, Women Income Generation Specialist, FAO, Barisal Office
Mr. Towfique Ahmed, Head, UNICEF Barisal Zone Office
Fayzun Nessa, Programme Officer, UNICEF, Barisal
Md. Nazrul Islam, Programme Officer, UNICEF Barisal

NGOs involved in MDG:F JP

Dr. Hasinul Islam, Project Manager (PM), Save the Children
Dr. Yasir Arafat, Deputy Project Manager (DPM), Save the Children

Met in Bhola District, Charfusson Upazilla

Government staff

Md. Noor-e- Alam, Upazilla Nirbahi Officer (UNO), Charfusson, Bhola
Abul Hashem MahaMahajon, Chairman, Kukri Mukri Union, Charfusson, Bhola
Md. Rezaul Karim Khondoker, Chairman, Char Manika Union
Kalam Patwoari, Chairman, Dhalchor, Charfusson, Bhola
Md. Kalam Hossain, UFPO, Charfusson, Bhola
Md. Alamgir, VFA, Charfusson, Bhola
Abdul Salam, VFA, Charfusson, Bhola
Md. Shafiul Alam, UOE, Charfusson, Bhola
Binoy Krishna Debnath, UAO, Charfusson, Bhola
Abdul Hai, Head Teacher, Char Aicha Gov. Primary School, Charfusson, Bhola
Md. Lokman, SAAO, Charfusson, Bhola
Dr. Md. Siddiqur Rahman, UHFPO, Upazilla Health Complex, Charfusson, Bhola
Dr. Md. Abdul Wadud, Consultant, Upazilla Health Complex, Charfusson, Bhola
Dr. Nityananda Chowdhury, MO, Upazilla Health Complex, Charfusson, Bhola
Md. Abul Hosen, Health Assistant, Char Manika Union, Charfusson, Bhola

NGO's Involved in MDG:F Programme in Charfusson, Bhola

Md. Abdur Rahim, District Coordinator, Muslim Aid-UK, Bhola
Tanvir Elahi, Programme Manager, Muslim Aid-UK, Bhola
Ummey Asma, Upazilla Coordination (Nutritionist), Muslim Aid-UK, Bhola
Md. Shahjahan Kabir,, Upazilla coordination (Nutritionist), Muslim Aid-UK,
Bhola
Rina Farazi, CNS, Muslim Aid-UK, Charfusson, Bhola
Minara, CNW, Muslim Aid- UK, Charfusson, Bhola
Wahiduzzaman, Union Supervisor, Shishilan, Charmanika Union, Charfusson,
Bhola
Mizanur Rahman, Charfusson Upazilla Coordinator, Shushilan
Md. Osman Gani Siddique, Senior Project Officer (SPO), Save the Children,
Charfusson

Beneficiaries

Group discussion with twelve mothers and two PLWs in the Char Manika Union FHC
Ten mothers, two PLWs have participating in the education session and one CNW
Fourteen mothers participated in the cooking demonstration and one male facilitator

Met in Barguna District, Bamna Upazilla

Government staff

Syed Manzurur Rab Murtaza Ahsan, Chairman, Bamna Upazilla Parishad.

Dr. Bala, Medical Officer, Upazilla Health Complex, Bamna

Santosh Ch. Mandal, Upazilla Agriculture Officer, DAE, Bamna

Sanjoy Kumar Howladar, Health Assistant, Choto Bhai Jora CC, Dowatala Union, Bamna

Luna, Health Assistant, Choto Bhai Jora Community Clinic, Dowatala Union, Bamna

Sabita Rani Sarker, CHCP, Choto Bhai Jora Community Clinic, Dowatala Union, Bamna

Arti Kona, FWA, Gudighata Clinic, Dowatala Union, Bamna

NGO's Involved in MDG:F Programme

SK Hasanuzzaman, Assistant Director, Shushilan, Barguna, Bamna

Sherin Akter, District Coordinator, Shushilan, Barguna

Md. Sadequl Islam, Upazilla Coordinator, Shushilan, Barguna, Bamna

Md. Amirul Islam, Advisor, Shushilan, Khulna

Most. Mukta Akter, CNW, Shushilan, Dowatala Union, Bamna

Most. Rozina Akter, CNS, Shushilan, Dowatala Union, Bamna

G M Nuruzzaman, Union Supervisor, Shushilan, Dowatala Union, Bamna

Monowara, CNW, Shushilan, Dowatala Union, Bamna

Khadiza, CNS, Shushilan, Dowatala Union, Bamna

Monin Jan, Field Facilitator (Agriculture) , Shushilan, Bamna

Md. Kamruzzaman, Senior Project Officer (SPO), Save the Children, Bamna

Beneficiaries

Ten mothers, two PLWs participated in the session and one CNW, One CNS and One FWA

Twenty five mothers participated in the nutrition education and cooking demonstration, one male facilitator from DAE and one female facilitator from Shushilan conducted the session.

Annex 3: Itinerary for MTE country visit

**JOINT PROGRAMME ON FOOD SECURITY AND NUTRITION
SCHEDULE OF IN COUNTRY ASSESSMENT
MARCH 3- MARCH 16TH, 2012**

DATE	TIME	PROGRAMME	LOCATION	RESPONSIBILITY
SATURDAY MARCH 3	ARRIVAL	ARRIVAL IN DHAKA- AIRPORT PICK UP		JP COORDINATION TEAM
SUNDAY MARCH 4 TH	MEETINGS WITH STAKEHOLDERS			
04.03.12	0930-1200	MEETING WITH THE COORDINATION TEAM	WFP MEETING ROOM 17TH FLOOR	JP TEAM
	1200-1230	MEETING-WFP DEPUTY COUNTRY DIRECTOR, MICHAEL DUNFORD	WFP COUNTRY OFFICE	JP COORDINATION TEAM
	1230-1330	MEETING -BRITTA SCHUMACHER	WFP Office 17th floor	JP COORDINATION TEAM
	1430-1500	UNICEF REPRESENTATIVE	UNICEF	UNICEF
	1500-1630	UNICEF COUNTRY TEAM	UNICEF	UNICEF
	1700-1800	COURTESY CALL Mr. IQBAL MAHMUD, SECRETARY ERD	WFP Office Meeting room 16th floor	JP COORDINATION TEAM
MONDAY 5.03.12	MEETINGS WITH STAKEHOLDERS			
	0900-1000	MEETING: SPANISH AMBASSADOR	SPANISH EMBASSY	JP COORDINATION TEAM
	1100 -1130	FAO COUNTRY REPRESENTATIVE	FAO	FAO
	1130-1300	MEETING FAO COUNTRY TEAM	FAO	FAO
	1300-1400	LUNCH	FAO	FAO
	1430-1530	MEETING ERD JOINT SECRETARY AND PMC CO-CHAIR	ERD	JP COORDINATION TEAM
	1600-1630	SECURITY BRIEFING	WFP	Murshid
	1800	TRAVEL TO BARISAL BY LAUNCH		WFP
TUESDAY 6.03.12	BARISAL	MEETINGS WITH THE UN, TA AND IP STAFF	BARISAL UN OFFICE	WFP
TUESDAY 6.03.12	PM	TRAVEL TO BHOLA		JP COORDINATION TEAM
WEDNESDAY 7 MARCH		BHOLA VISIT		JP COORDINATION TEAM
THURSDAY MARCH 8TH		BHOLA VISIT CONTD		JP COORDINATION TEAM
FRIDAY MARCH 9 TH	RETURN TO BARISAL	REVIEW AND REFLECTION		MTE TEAM
SATURDAY MARCH 10	BAMNA VISIT	DETAILED SCHEDULE IS AVAILABLE		JP COORDINATION TEAM
SUNDAY MARCH 11 TH	BAMNA VISIT	BAMNA VISIT		JP COORDINATION TEAM
SUNDAY MARCH 11		STAY AT BARISAL		WFP
MONDAY MARCH 12 TH	EVENING	RETURN TO DHAKA		WFP

TUESDAY MARCH 13 TH	MEETINGS WITH THE LINE MINISTRIES FOCAL POINTS			
	1000-1100	MEETING WITH IPHN	IPHN	UNICEF
	1200-1300	MEETING WITH MOPME	MINISTRY	WFP
	1400-1500	MEETING WITH THE MINISTRY OF AGRICULTURE	FAO	FAO
	1530-1600	MEETING WITH MOFDM	FAO	FAO
WEDNESDAY	DATA REVIEW AND ANALYSIS			MTE TEAM
	1200-1300	DEBRIEFING SPANISH AMBASSADOR	EMBASSY OF SPAIN	JP COORDINATION TEAM
THURSDAY	DEBRIEFINGS			JP COORDINATION TEAM
15.03.12	0900 -1100	PRESENTATION OF KEY FINDINGS TO THE CO-ORDINATION TEAM	WFP Meeting room 17TH FLOOR	WFP
	1130 -1300	DEBRIEFING WITH PMC	ERD	
	1300-1400	LUNCH		
	1530-1630	DEBRIEFING UN AGENCY REPRESENTATIVES and RCO	WFP 17TH FLOOR	WFP
FRIDAY MARCH 16TH	END OF IN COUNTRY ASSESSMENT			

Schedule for visit of Mr. Keith Jeddere-Fisher to the
Joint Programme –MDG F in Charfussion Upazila of Bhola district & Bamna Upazila of
Barguna district
6-11 March 2012

Date/Day	Time	Activities
Monday, 05 March 2012		
	19:00 hrs	Departure from Dhaka by Launch.
Tuesday, 6 March 2012		
	06:00 hrs	Arrival at Barisal
	06:30 hrs	Check in guest house
	08:00 hrs	Breakfast
	09:00 hrs	Meeting with the Sub Office Coordination team
	10:00 hrs	Meeting with the IPs
	12:00 hrs	Meeting with the TA partner
	1330 hrs	LUNCH
	1430 hrs	Depart for Bhola
	1630 hrs	Arrive in Bhola
Wednesday, 07 March 2012		
	07:30 hrs	Start for Charfassion upazila
	10:00 -12:00 hrs	Observe community nutrition activities to manage moderate and severe malnutrition (CMAM) -Discussion with Service providers -Discussion with the Beneficiaries
	12:30-13:30 hrs	Visit School Feeding, School Gardening corner -Discussion with the School Children -Discussion with the SMC (School Management Committee),
	13:30-14:15	Lunch
	14:30-15:45 hrs	Meet with UNO & Other stakeholders at Charfussion Upazila Parishad
	16:00 hrs	Leave Charfussion upazila for Bhola
	18:30 hrs	Arrival at Bhola and check in guesthouse.
	20:00 hrs	Dinner
Thursday 08 March 2012		
	07:00 hrs	Breakfast
	07:30 hrs	Start for Charfussion upazila of Bhola district
	10:00-11:00 hrs	Visit facility based management of acute malnutrition in Charfussion upazila health complex and discussion with GoB health officials
	11:15: 12:15	Visit nutrition education sessions, meet participants.
	12:30 -13:30	Lunch
	14:00 -15:00	Visit beneficiary households to observe home garden and cooking (on going only) demonstration under MDGF Programme Discussion with the beneficiaries Discussion with the service providers (IP)
	15:25-16:00hrs	Discussion with the IP and UN Coordination team
	16:00 hrs	Leave Charfussion upazila for Bhola.
	16:30 hrs	Arrival at Bhola & check in guest house.
	20:00 hrs	Dinner
Friday, 09 March 2012		

0800 hrs **Depart for Barisal**

DAY OFF

Saturday 10 March 2012

07:30	Leave for Bamna Upazila
10:00 -12:00 hrs	Observe community nutrition activities to manage moderate and severe malnutrition (CMAM) Discussion with Service providers Discussion with the Beneficiaries
12:15-13:15 hrs	Visit nutrition education sessions, meet participants.
13:15-14:00 hrs	Lunch
14:00-16:00 hrs	Visit beneficiary households to observe home garden and cooking (on going only)demonstration under MDGF Programme Discussion with the beneficiaries Discussion with the service providers (IP)
16:00 hrs	Leave for Barisal
18:30 hrs	Arrival at Barisal Bholia and check in guesthouse.
20:00 hrs	Dinner

Sunday 11 March 2012

7.00 hrs	Breakfast
07:30 hrs	Start for Bamna Upazila under Barguna district.
10:00-11:30 hrs	Visit School Feeding, School Gardening Discussion with the School Children Discussion with the SMC (School Management Committee),
11:45: 12:45	Visit facility based management of acute malnutrition in Charfusson upazila health complex and discussion with GoB health officials
13:00 -13:45	Lunch
13:45-15:00	Meet with UNO & Other stakeholders at Charfusson Upazila Parishad
15:00	Leave Bamna for Barisal
17:00 hrs	Arrival at Barisal Checkout guesthouse.
19:00-	Leave for Dhaka

Annex 4: Documents reviewed

Bangladesh National food policy 2006
Carolyn Benbow-Ross, 2009, Review and Analysis of Joint Programmes in Bangladesh
Colour-coded Annual Workplans
FWC facility assessment report
GoB, 2012, The Millennium Development Goals: Bangladesh Progress Report 2011
ICDDR, RUTF proposal (baseline survey)
ICDDR, 2012: draft (4) Report of Baseline survey on “Protecting and Promoting Food Security and Nutrition for families and children in Bangladesh”; International Centre for Diarrhoeal Disease Research, Bangladesh
Implementation guidelines for Shushilan
Institute of Public Health Nutrition (IPHN), September 2011, draft National Guidelines for Community Based Management of Acute Malnutrition in Bangladesh, draft,
Joint Programme for “Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh”. 1st, 2nd 3rd and 4th semester monitoring reports
Joint Programme for “Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh”. Advocacy and Communication Strategy
Joint Programme for Children, Food Security and Nutrition in Bangladesh. Report on baseline study (draft)
Joint Programme for Children, Food Security and Nutrition in Bangladesh. NSC minutes
Joint Programme for Children, Food Security and Nutrition in Bangladesh. PMC meeting minutes
MDG-F Project document for “Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh” including the results framework, the monitoring framework and the workplan
MDG-F. 2007. UNDP/Spain MDG Achievement Fund; Framework document
MDG-F. 2009. Advocacy and Partnership: Guidance note for elaborating advocacy action plans
MDG-F. 2009. MDG-F Advocacy and Communication Strategy
MDG-F. Generic terms of reference for the mid-term evaluation of children food security and nutrition JPs
MDG-F. Joint implementation guidelines
MDG-F. Monitoring and evaluation strategy
MDG-F. Specific terms of reference for the mid-term evaluation of “Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh” JP
MDG-F. Summary for M&E frameworks and common indicators
MDG-F. Thematic indicators for the Children, Food Security and Nutrition window
MDGs for Bangladesh and most recent status report
Mission report from the MDG:F Secretariat
Mission reports to the programme:
Muslim Aid UK (MAUK) operational plan
Plan of Action for Bangladesh National Food Policy 2006
Project supported manuals and guidelines
Quarterly reports from MAUK, Shushilan and SC
Report on inception workshop at Barisal
Report on national inception workshop at Dhaka
Save the Children inception report proposal
Scaling up Nutrition: A framework for action
UHC facility assessment report
UNDP, 2009: Millennium Development Goals: Needs assessment and costing 2009-2015, Bangladesh
UNDP, 2012, United Nations Development Assistance Framework (UNDAF), 2012-2016, Bangladesh
UNDP, November 2011, draft UNDAF 2012-2016 Action plan Bangladesh
WFP, 2011, Summary evaluation report of the impact evaluation of school feeding in Bangladesh
Wood, B; Betts, J; Etta, F; Gayfer, J; Kabell, D; Ngwira, N; Sagasti, F; Samaranayake, M. The Evaluation of the Paris Declaration, Final Report, Copenhagen, May 2011

Annex 5: Table of revised beneficiary target numbers

Table of programme targets for beneficiary services

Intervention	Target in project document	Achieved to 31.12.2011	Targeted for remainder of programme	Current project expectation for total achievement
Children to be reached through BCC activities on improved feeding practices and IYCF for prevention of malnutrition	Not mentioned	14,569	26,000	26,000
15,000 acutely malnourished children screened and referred for management	18,500 (of which: 15,000 SAM 3,500 MAM)	2,998 (of which: 331 SAM 2,667 MAM)	5,000 (of which about: 600 SAM 6,400 MAM)	8,000 (of which about: 1,000 SAM 7,000 MAM)
Pregnant and Lactating Women with under nutrition	10,000	1,135	2,135	3,200
Home Stead gardens established, women involved in IGA	15,000 (5,000/yr for 3 years)	3,356 gardens 1,850 IGA	5,000	8,000
School Gardens Established	68 Target established after implementation area selection	68	110	110
School children receiving HEB	42,000 (14,000/yr for 3 years)	13,697 (for 6 months)	42,000	42,000
Children 6-23 months receiving MNP	100,000 or 8,000	5,026	10,000	10,000

Annex 6: Summary of training provided (as at January 2012)

Upazila	Type of Training	Category of Participants			Type of Training	Category of Participants			Type of Training	Category of Participants		
		Total Upazila Health Officials (UHFPO;MO)	Total Upazila Health Officials (Nurse, Medical Assistant, Health Assistant, SACMO ,others)	NGO Staff		Total Upazila Health Officials (UHFPO;MO)	Total Upazila Health Officials (Health Assistant, SACMO, FWV, others)	NGO Staff		Total Upazila Health Officials (UHFPO;MO)	Total Upazila Health Officials (Health Assistant, SACMO, FWV, others)	NGO Staff
Charfusson	SAM	3	6	2	CMAM	1	7	21	CMAM ToT	0	1	4
Monpura	SAM	2	4	0	CMAM	0	8	29	CMAM ToT	0	3	4
Bamna	SAM	1	7	2	CMAM	1	6	21	CMAM ToT	0	5	0
Barisal Medical Col and Sadar Hospital	SAM	5	6	2	CMAM	0	0	0	CMAM ToT	0	0	0
Total		11	23	6		2	21	71		0	9	8

Upazila	Type of Training	Category of Participants			Type of Training	Category of Participants			Type of Training	Category of Participants		
		Total Upazila Health Officials (UHFPO;MO)	Total Upazila Health Officials (Health Assistant, SACMO, others)	NGO Staff		Total Upazila Health Officials (UHFPO;MO)	Total Upazila Health Officials (Health Assistant, SACMO, others)	NGO Staff		Total Upazila Health Officials (UHFPO;MO)	Total Upazila Health Officials (Health Assistant, SACMO, FWV, others)	NGO Staff
Charfusson	BCC	0	0	47	Anaemia Prevention & Control	0	0	47	M&E Database Orientation	0	0	8
Monpura	BCC	0	0	42	Anaemia Prevention & Control	0	0	42	M&E Database Orientation	0	0	8
Bamna	BCC	0	0	53	Anaemia Prevention & Control	0	0	53	M&E Database Orientation	0	0	10
Barisal Medical Col and Sadar Hospital	BCC	0	0	0	Anaemia Prevention & Control	0	0	0	M&E Database Orientation	0	0	0
Total		0	0	142		0	0	142		0	0	26

Source: MDGF JP records

Note: **GoB field staff are already trained on "BCC & Anaemia Prevention" from GoB
 **Sufficient IEC materials have also provided to GoB concerned officials and centre

Category of Training			Total
	IP staff	GOB & School teachers	
School feeding orientation (GoB teachers & SMC members)	5	64	69
TOT on home gardening	9	136	145
TOT on Food-based Nutrition Education for school children	9	68	77
TOT on Food-based Nutrition Education for pregnant and lactating mother	9	19	28
TOTAL	27	223	250
Category of Training	HHs Beneficiaries		Total
* Home Gardening	3321		3321
* Goat & Duck rearing	952		952
* IGA training – Nursery & Commercial vegetable garden	187		187
* Basic Nutrition awareness session with cooking demonstration training	938		938
TOTAL			5398

Source: MDGF JP records

Annex 7: Summary of GoB and MDGF contributions to different interventions

Existing Service Provision	Technical assistance/Human resource contribution		Other inputs	
	GoB	MDGF	GoB	MDGF
CMAM	<ul style="list-style-type: none"> 4/5 Health & Family planning staff at union Medical management part of CMAM Advise/Prescription in line with CMAM protocol for participants 	<ul style="list-style-type: none"> 21 Nutrition worker from NGO Nutrition management part of CMAM 	<ul style="list-style-type: none"> Required medicine for project participants Space allocations for management of CMAM at CCs & FWCs 	<ul style="list-style-type: none"> Training manual Documentations with data base WSB+, RUTF Establishment of SAM corner at upazila health complex Establishment of SAM corner at district/division
BCC education session	<ul style="list-style-type: none"> Participation of family planning staff at the session for disseminate the family planning issue at the session 	<ul style="list-style-type: none"> NGO nutrition staff provides Nutrition education during the session on four key subjects 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Training manual Flip chart Banner Festoon Flyer; etc
School Garden	<ul style="list-style-type: none"> On demand DAE Staff for technical assistance to school. Training Conducted by DAE staff 3-4 DAE staff are involved in each union 	<ul style="list-style-type: none"> 1 staff/ union and upazila coordinator for NGO Facilitate the training, input distribution School visit for providing support Nutrition education awareness for students 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Different types of seeds Silo, Watercan, spade etc. Saplings IEC materials
School Feeding	<ul style="list-style-type: none"> Distribution of HEB at school by teachers. GoB monitoring support 3-4 School teachers & 3-4 SMC members at each school level 	<ul style="list-style-type: none"> Logistic and technical support to school for record keeping & logistic of storage of HEB Essential Learning package for schools (planned for this year) 	<ul style="list-style-type: none"> Storage facilities at School 	<ul style="list-style-type: none"> HEB distribution
Nutrition Training at School	<ul style="list-style-type: none"> Training conducted by trained school teachers. 	<ul style="list-style-type: none"> Support the Nutrition training for students of school 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Nutrition education sessions through food card game IEC materials-Food card, festoon

Existing Service Provision	Technical assistance/Human resource contribution		Other inputs	
	GoB	MDGF	GoB	MDGF
Home Garden	<ul style="list-style-type: none"> On demand DAE Staff for technical assistance to project participants. Training Conducted by DAE staff 	<ul style="list-style-type: none"> 1 staff/ union and upazila coordinator for NGO Facilitate the training, input & rice distribution HH visit for providing assistance to participants 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Different types of seeds Silo, Watercan, spade etc. Transport/food allowance for participants for attending training for the day Food assistance through rice distribution 5 different Fruit saplings for each family Transport support (Motor Cycle for GoB staff)
Livestock	<ul style="list-style-type: none"> On demand Livestock staff for technical assistance to project participants. Training Conducted by Livestock staff 	<ul style="list-style-type: none"> 1 staff/ union and upazila coordinator for NGO Facilitate the training, input distribution HH visit for providing assistance to participants 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Duck ,Goat Transport support (Motor Cycle for GoB staff)
Cooking demonstration	<ul style="list-style-type: none"> Demonstration conducted by DAE staff 	<ul style="list-style-type: none"> Facilitate the process 1 staff/union and upazila coordinator for NGO 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Demonstration of cooking for project participants and male member of the hhs IEC materials-Festoon

Annex 8: Monthly coverage data of MAM and SAM children and PLWs

Children 6 -59 months

For the monthly screening in:

Total number of children 6-59 months

Number receiving treatment for SAM

Number receiving treatment for MAM

Proportion receiving treatment for SAM in the population

Proportion receiving treatment for MAM in the population

August 2011v (Data for three unions)			September 2011 (Data for all unions)			October 2011 (Data for all unions)		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
3736	3518	7254	5795	5728	11523	5714	5473	11187
33	77	110	56	128	184	53	104	157
272	369	641	551	804	1355	508	710	1218
0.88%	2.19%	1.52%	0.97%	2.23%	1.60%	0.93%	1.90%	1.40%
7.28%	10.49%	8.84%	9.51%	14.04%	11.76%	8.89%	12.97%	10.89%

November 2011 (Data for all unions)			December 2011 (Data for all unions)			January 2011 (Data for all unions)			February 2011 (Data for all unions)		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
5940	5668	11608	6174	5919	12093	6362	6097	12459	6473	6091	12564
38	72	110	42	48	90	44	61	105	41	49	90
522	669	1191	538	711	1249	576	765	1341	590	682	1272
0.64%	1.27%	0.95%	0.68%	0.81%	0.74%	0.69%	1.00%	0.84%	0.63%	0.80%	0.72%
8.79%	11.80%	10.26%	8.71%	12.01%	10.33%	9.05%	12.55%	10.76%	9.11%	11.20%	10.12%

Pregnant lactating women

For the monthly screening in:

Total number of PLW

Number receiving treatment for acute malnourishment

Proportion of PLW receiving treatment for malnourishment in the population

Data for three unions	Sep 2011 -Feb 2012 (data for all unions)					
Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12
1511	3070	3176	3256	3428	3413	3462
296	538	554	639	854	1021	1081
19.59%	17.52%	17.44%	19.63%	24.91%	29.92%	31.22%

Note: 1) In August 2011, Programme started in 3 unions , so the data represents three union. From Sep-Oct 2011, all unions have been covered