Baseline Study of Sustained Opportunities for Nutrition Governance (SONGO) Project

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Submitted to

SONGO Project Team
ICCO Cooperation, Bangladesh

Dhaka: 21 March 2019

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Abbreviations

ANC	Antenatal Care
BDT	Bangladesh Taka
BINP	Bangladesh Integrated Nutrition Plan
BNNC	Bangladesh National Nutrition Council (BNNC)
CBO	Community Based Organization
CSO	Community Support Group
CC	Community Clinic
CG	Community Group
CHCP	Community Health Care Provider
CSG	Community Support Groups
CU5	Children Under Five years of age
DAE	Agriculture Extension
DNCC	District Nutrition Coordinating Committee
DP	Development Partners
DPHE	Department of Public Health and Engineering
EC	Executive Committee
EU	European Union
FAO	Food and Agricultural Organization
FGD	Focus Group Discussion
FWA	Family Welfare Advisor
GAP	Good Agricultural Practices
HA	Health Assistant
HDDS	Household Dietary Diversity Score
HDRC	Human Development Research Centre
IPM	Integrated Pest Management
IYCF	Infant and Young Child Feeding
KII	Key Informant Interviews
MDD-W	Women's Dietary Diversity
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Government Organization
NNP	National Nutrition Policy
NPAN	National Plan of Action for Nutrition
ORS	Oral Rehydration Saline
PNC	Postnatal Care
PPS	Probability Proportional to Size
RDRS	Rangpur Dinajpur Rural Services
SBC	Social and Behavior Change
SBCC	Social Behavior Change Communication

SDG	Sustainable Development Goal
SONGO	Sustained Opportunities for Nutrition Governance
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRS	Simple Random Sampling
SSN	Social Safety Net
SSNP	Social Safety Net Programs
STC	Standing Technical Committee
UDCC	Union Development Coordination Committee
UH&FWC	Union Health and Family Welfare Centers
UHC	Upazila Health Complex
UNCC	Upazila Nutrition Coordinating Committee
UNO	Upazila Nirbahi Officer
UP	Union Parishad
VGD	Vulnerable Group Development
VGF	Vulnerable Group Feeding
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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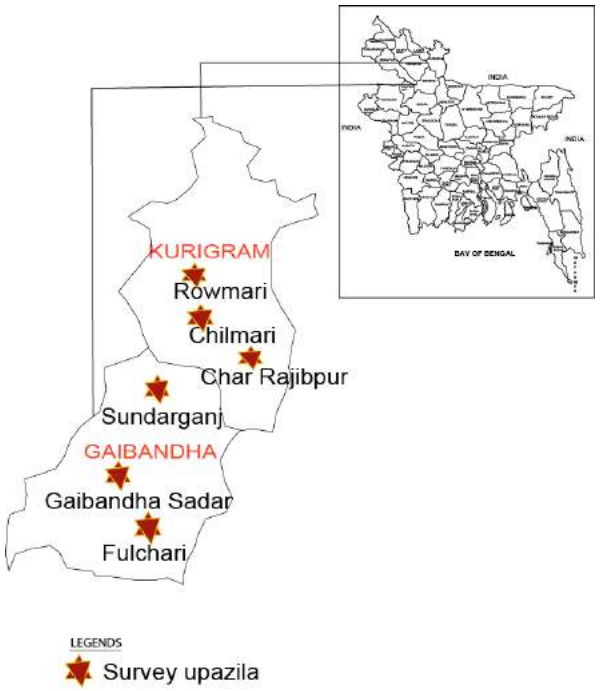
Executive Summary

The European Union (EU) funded project titled Sustained Opportunities for Nutrition Governance (SONGO), being implemented by ICCO Corporation led consortium (ICCO Corporation and RDRS Bangladesh), is a five-year project which aims to address maternal and child malnutrition by adopting nutrition-specific and nutrition-sensitive interventions through a lifecycle approach. The main objective of the baseline study is to prepare baseline information as per indicators of project goal, outcomes.



This study is a cross-sectional survey and was conducted in 6 targeted upazilas under Gaibandha and Kurigram districts. To address the objectives of the assignment as set out, a mixed method approach was adopted where structured questionnaire survey served the purpose of quantitative method and qualitative method included focus group discussion, group discussion and key informant interview. The household survey included households with children aged less than 5 years (U5 children). The survey covered 1,028 U5 children from 30 villages. The study also covered 16 FGDs, 22 GDs and 34 KIIs.

The poverty among targeted household based on Cost of Basic Needs method is high. 54% household are below the lower poverty line while 69.7% are below the upper poverty line[1]. The PPI index (US$ 3.10 PPP) suggests poverty likelihood for 93.3% households. In preceding year, 44% households across the surveyed area took credit/loan mostly from Microfinance institutions or non-government organizations. 29.2% HH receive benefit from safety net programmes but the coverage comes down to 14.2% excluding school stipend.

Overall, 72.7% household were found food secure during January 2019. However, the estimate has large positive bias considering the seasonality for food security as 59.8% household reported food deficiency within the year preceding survey. It is reported that households are food secure for 9.2 months in a year. The other food consumption scores are way behind desirable level (HDDS: 6.1, MDD-W: 3.5, and MDD-C: 3.5) and need much improvement. The food consumption pattern of households suggests possible necessity of knowledge improvement on nutrition among target households and obvious need of behavior change.

Exclusive breastfeeding is high among 0-5 month children but complementary feeding practice is not followed for 6-23 month children. The prevalence of diarrhea within last 2 weeks is

[1] Poverty line is created combining food poverty line (expenditure of a bundle of food items necessary to fulfill minimum 2,122 kcal per person per day) and non-food poverty lines (expenditure of other necessary commodities of basic needs). There are two non-food poverty lines: upper non-food poverty line and lower non-food poverty line. Adding expenditure of food poverty line with expenditure of upper non-food poverty line yields upper poverty line. While adding expenditure of food poverty line with expenditure of lower non-food poverty line yields lower poverty line. Bangladesh Bureau of Statistics updates the poverty lines to assess poverty status at national level during Household Income and Expenditure Surveys.

14.6% but there is lack of awareness (69.4%) on necessity and use of Zinc in diarrhea treatment. The prevalence of stunting among U5 children is 41.3% which is higher compared to divisional estimate.

Health services from government health facilities were availed by 85.5% households (89.5% living below upper poverty line[2] and 76.5% living above upper poverty line). However, the average satisfaction level with the service is down to 3.37 on a scale of 1 to 10; suggesting lack of service readiness and good quality service. Satisfaction with services from community clinic is only 3.65 suggesting similar situation.

Overall 11.6% households have safely managed and 88.4% have basic water services but the water points have lack of appropriate maintenance. Among the surveyed households 9.6% have basic and limited sanitation services and 15.3% household have basic hand washing services. Combining the two, only 5.1% households in the survey area satisfy SDG indicator 6.2.1. The latrines are not well maintained and there is existence of open defecation. Practice of hand washing practice in critical times is very low. Also only 2.6% HH adopt effective options for waste management. In addition, feaces of U5 children is not disposed safely posing threat of health hazards.

Group discussion with fathers and mother/caregivers reveal that they are not aware of the term 'proper parenting practice' which is not a surprise. The parenting they practice for children is what they learned from their in-laws, relatives, and community people. Although there is higher (compared to national estimates) practice of exclusive breastfeeding and colostrum feeding among mothers/caregivers, there is evidence that lactating mothers do not take additional food adequately. Availing adequate ANC and PNC services is an uncommon practice contributing to lack of knowledge about feeding practice. As poverty is high in the area, parents need to capacitalise on homestead food production (i.e., vegetable/homestead gardening, rearing poultry) to fulfill nutrition requirements.

The lack of involvement in agricultural practice also contributes to under nutrition. Very few households are involved in horticultural crop production (14.1%) and even fewer are involved with fish cultivation (5.8%). However, 71% households own livestock or poultry, while on aggregate, only 7% household know about Good Agricultural Practice[3].

Attitude of males was positive towards expenditure for most of the nutrition, health, SRH, and hygiene products for females as well as children. However, poverty hinders their willingness to some of the expenses. The key concern is lack of supportiveness towards spending for sanitary napkin for females. Also lack in availing ORS and Zinc (67.1%) is a concern. Improving these will require awareness building among men.

Nutrition Governance

The Union Development Coordination Committee (UDCC) is supposed to function as a platform to coordinate all the development activities at union level. According to the findings of FGD conducted with UDCC members, though, the UDDC is supposed to coordinate, supervise and converse about the activities of all development functionaries working at union level and forward recommendation for approval to any program to the UNO office including

[2] Upper poverty line for rural area of Rajshahi division based on preliminary report of household income expenditure survey 2016.
[3] Not using chemical pesticide, appropriately preparing fodder for livestock and poultry, and appropriate fish cultivation

monitoring of the progress of the implementing activities but no activities have been undertaken until now. In essence according to the respondents the UDCC committee exists only formally, but after its formation, no meeting has been held yet.

Though primarily, Upazila Nutrition Coordinating Committee (UNCC) was established to serve as a forum for multi-sectoral collaboration, but up till now it is neither active nor performing its duties and implementing its activities at their respective areas.

Currently, according to our KII findings there exists a District Nutrition Coordinating Committee (DNCC)which occasionally arranges a meeting but it is largely unaware of NPAN2 and hence not know how they will coordinate not only among others but also other government departments. Further, it is not clear how they will maintain linkage with Upazila and union level.

The Union Parishad is comprised of 13 standing committees[4] on different issues like education, health, family planning, social welfare and disaster management, and agriculture, fisheries and livestock. All the committees formed constitute elected representatives from the Parishads, civil society members, socially respected persons and women representatives of that locality, are meant to assist the UP for ensuring better services and resolving different problems and issues. These committees have been formed several months ago but they are not in functioning right now as meetings are rarely held. A combination of, lack of motivation of UP members, absence of political pressure from the members of the respective community; inadequate skills, capacity, and knowledge about role and responsibilities, plus no coordination and monitoring mechanism in place have resulted in these committees to be in mere existence on paper only. It has been observed that some meetings have been held at the time of formation of the committees within our surveyed areas but is important to note that according to the FGDs, at the first time of committee formation resolutions were adopted and documented but not consistently followed throughout due to lack of awareness.

Most of the community people are not very satisfied with the primary care service of Community Clinics. One of the common grievances is that he CCs are not opened timely and remain closed for more than two or three days in a week. Sometimes, if it remains opened, healthcare providers are not available at that time. Therefore most of the community people including adolescents have shared the fact that they do not receive proper health care services in this regard at the requested time and essential medicines are not available at CCs in most of times.

Formation of the Community Group (CG) and Community support groups (CSG) is moving forward very slowly and in a number of cases all of its members are not available in the committee. Occasional CG meetings are held to supervise the activities of CC by Community Support Group (CSG) but in general it is most reluctant about performing its role. It has been noted that most of the CSG members have forgotten about their membership of CGS and hence their duties and responsibilities. Involvement of Local Government Institution is minimal and non-committal. Meetings used to be held irregularly and documentation of the meetings was not properly done.

[4] Finance and establishment; education and mass education; health, family planning and epidemic control; audit and accounts; agriculture and other development works; social welfare and community centers; cottage industries and co-operatives; law and order; women and children welfare, culture and sports; fisheries and livestock; conservation of environment and tree plantation; union public works; and rural water supply and sanitation.