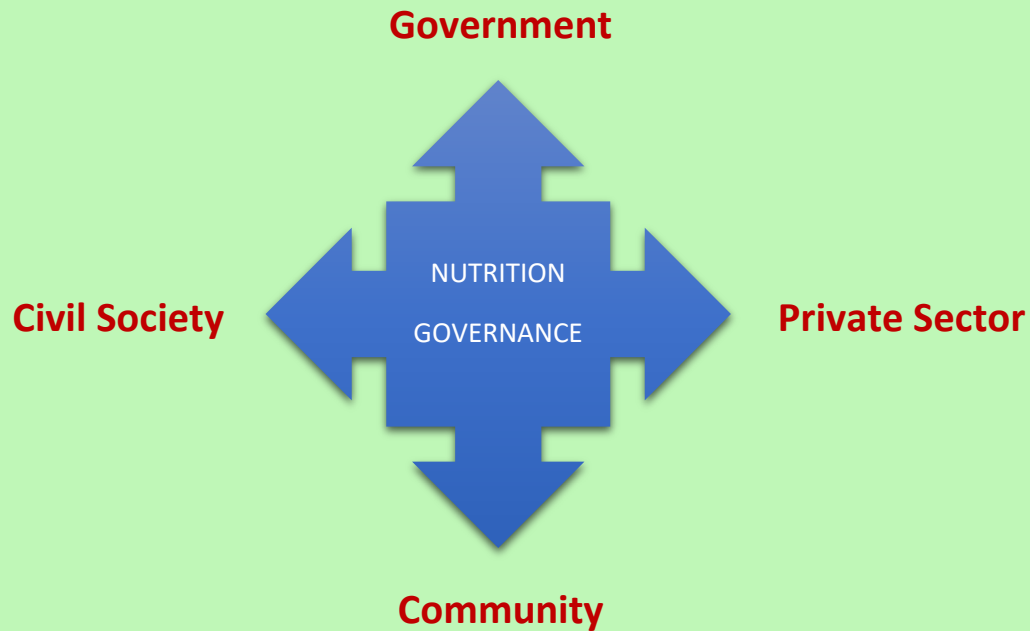


**REPORT ON
MID-TERM EVALUATION OF THE SUSTAINED
OPPORTUNITIES FOR NUTRITION GOVERNANCE
(MTE OF SONGO)**



Submitted To

Sustained Opportunities for Nutrition Governance (SONGO) Team
ICCO Cooperation
House # 16, Road # 30, Gulshan 1, Dhaka 1212

Submitted By

Fouzia Akter
Faisal M Ahamed
Md. Fazle Rabby
Laila Begum
Md. Nawal Sarwer



Human Development Research Centre

Road # 8, House #5, Mohammadia Housing Society, Mohammadpur, Dhaka -1207
Phone:(8802) 8116972,8157621, Fax: 880-2-8157620
E-mail: info@hdc-bd.com; Website: www.hdc-bd.com

Dhaka: September 2021

Contents

BOXES-DIAGRAMS-FIGURES-TABLES-MAPS	i
ABBREVIATION AND ACRONYM	iii
EXECUTIVE SUMMARY	vi
CHAPTER 01: INTRODUCTION	1
1.1 Context.....	1
1.2 Sustained Opportunities for Nutrition Governance (SONGO) Project.....	1
1.3 Purpose and Scope of the Evaluation	2
CHAPTER 02: METHODOLOGY	3
2.1 Evaluation Design.....	3
2.1.1 Evaluation Criteria for the Midterm Evaluation Survey.....	4
2.1.2 Change Assessment	4
2.1.3 Data Collection Methods	5
2.2 Quantitative Method	5
2.3 Qualitative Method.....	8
CHAPTER 03: DEMOGRAPHIC PROFILE	12
3.1. Household Profile.....	12
3.1.1 Household Characteristics	12
3.1.2 Age and Sex of Household Members.....	12
3.1.3 Marital Status.....	13
3.1.4 Literacy and Education.....	13
3.1.5 Occupation	14
3.1.6 Characteristics of Household Head.....	14
3.2. Economic Profile of Household.....	15
3.2.1. Housing ownership	15
3.2.2. Ownership of Household Asset.....	15
Chapter 04: LIVELIHOOD AND POVERTY	17
4.1 Livelihood: Diversification.....	17
4.2 Agriculture Practice: Innovation and Adaptation	18
4.3 Household Income	20
4.4 Household Expenditure	21
4.5 Social Safety Net Programmes (SSNPs).....	22
4.6 Household Poverty Status.....	23
4.7 COVID-19 Effect on Household	24
CHAPTER 05: STATE OF FOOD SECURITY AND DIETARY DIVERSITY	26

5.1	Food Security	26
5.2	Dietary Diversity of Women and Children	29
5.3	Exclusive Breastfeeding	32
CHAPTER 06: STATE OF COMMUNITY HEALTH.....		35
6.1	State of Diarrhoea (Children under-5)	35
6.2	Stunting among Children-Under-5.....	36
6.3	Community Satisfaction with Health Services	37
CHAPTER 07: STATE OF WASH KNOWLEDGE AND PRACTICE		40
7.1	Access to Safe Drinking Water	40
7.2	Access to Safe Sanitation	42
7.3	WASH Knowledge and Behaviour	43
7.4	Handwashing Practice.....	44
CHAPTER 08: WOMEN PARTICIPATION IN FOOD JUSTICE		46
8.1	Women Empowerment.....	46
8.2	Adolescent Health and Nutrition	49
Chapter 09: STATE OF LOCAL NUTRITION GOVERNANCE		50
9.1	Nutrition-related Service	50
9.2	Local Government Institutions in Nutrition Governance.....	51
9.3	Union Parishad Access to Nutrition Data/Information	57
Chapter 10: INTERIM IMPACT OF SONGO		58
10.1	Relevance	58
10.2	Effectiveness	58
10.3	Efficiency	59
10.4	Sustainability.....	60
Chapter 11: CONCLUSION AND RECOMMENDATION		62

BOXES-DIAGRAMS-FIGURES-TABLES-MAPS

Boxes

Box 10.1. SONGO Efficiency	60
----------------------------------	----

Diagrams

Diagram 2.1. Overall research approach and methodology of the survey	3
Diagram 2.2. MTE comparison with baseline	4
Diagram 2.3. Three-stage cluster sampling design	6

Figures

Figure 3.1. Marital status of above 18 household members (in %).....	13
Figure 3.2. Housing ownership status by district (in %).....	15
Figure 4.1. Status of the household practice of vegetable and fruit cultivation in the courtyard (in %)	18
Figure 4.2. Status of households familiarity with climate-resilient crop/vegetable production (in %) 18	
Figure 4.3. Status of households according to own produced vegetables and fruits consumption (in %) %)	19
Figure 4.4. The annual average income of households (in BDT)	21
Figure 4.5. The annual average expenditure of households (in BDT).....	22
Figure 4.6. Household having a member received SSNP (in %).....	22
Figure 4. 7. Household expenditure for nutrition, health, SRH and hygiene-related products (in %) .24	
Figure 5.1. Status of the household food security as per the HFIAS score (in % MTE).....	26
Figure 5.2. The effect of COVID-19 pandemic on food consumption of the household (in % MTE)	27
Figure 5.3. Status of households according to the months of adequate household food provisioning (MAHFP) score (in %)	28
Figure 5.4. Household’s food deficiency by months (in %).....	29
Figure 5.5. Figure 5.5: Women’s consumption of at least five food groups (in %).....	30
Figure 5.6: Status of children aged 6-23 months according to complementary feeding (MDD-C4) (in %)	31
Figure 5.7. Equitable distribution of food at household (in %).....	31
Figure 6.1. Diarrhoea prevalence among CU5 (in %)	35
Figure 6.2. Status of households using ORS and ZINC to treat diarrhoea in Children-Under-5.....	36
Figure 6.3. Stunting prevalence among 0-59 months children (in %).....	37
Figure 6.4. Status of awareness and availability of ANC and PNC services (in %)	39
Figure 7.1. Status of ownership of primary sources of drinking water (in %)	42
Figure 8.1. Status of household women participation in income-generating activities (in %).....	46
Figure 8. 2. Status of household women partake in income-generating-activities related decision making (in %).....	47
Figure 8.3. Status of household women’s knowledge about adolescent health issues (in %)	49

Tables

Table 2.1. Midterm evaluation criteria of the project	4
Table 2.3. The sample size for different target groups for the HH survey	5
Table 2.4. Summary of samples	11
Table 3.1. Demographic indicators for surveyed households of MTE	12
Table 3. 2. Status of CU5, adolescents and women at reproductive age in the household (in %)	13
Table 3.3. Educational status among the household members(≥ 7) (in %)	13
Table 3.4. Occupation of the household members by district (>14 years) (in %).....	14
Table 3.5. Ownership of different household assets by district (in %)	15
Table 4.1. Status of household according to income source (in %)	17
Table 4.2. Status of household members involvement in income-earning.....	20
Table 4.4. Status of household income by source (in %)	21
Table 4.6. Household poverty status as per the Lower/Upper HIES	23
Table 4.7. Household average yearly expenditure (in BDT) by district and poverty status	23
Table 5.1. Status of household according to Food Consumption Index (in %)	30
Table 5.2. Status of Exclusive Breastfeeding, Colostrum Feeding and Complementary Feeding of household children (in %)	32
Table 5.3. Status of Exclusive Breastfeeding, Colostrum Feeding and Complementary Feeding of household children by Upazila (in %).....	33
Table 5. 4. Status of children aged 0-5 months according to exclusive breastfeeding (in %)	33
Table 6.1. Nutritional status of household children aged 0-59 months (in%).....	37
Table 6.2. Status of received and satisfaction with health and nutrition-related services from CC/other govt. agency (in %)	38
Table 6.3. Status of satisfaction with community clinic services (in %).....	38
Table 7.1. Status of primary sources of water based on the purposes of water uses (in %).....	40
Table 7.2. Status of access to water sources based on the definition of SDG (in %).....	41
Table 7.3. Water Source distance and time required to collect water(% of HH)	41
Table 7.4. Distribution of household with sanitation facility by access to service level	42
Table 7. 5. Status of defecation types of under-5 children of the household (in %)	43
Table 7. 6. Status of household knowledge on handwashing at the proper time (in %).....	43
Table 7.7. Availability of Handwashing agents at handwashing places (in %).....	44
Table 7.8. The trend of proper handwashing practices with soap and water at the appropriate time after different occasions (in %).....	44
Table 7. 9. Status of overall knowledge by the consequence of unhygienic sanitation practice (in %)44	44
Table 8.1. Household men willing to spend on nutrition/health/SRH/hygiene products for women (in %)	48
Table 9.1. Status of the household received nutrition services provided by the government-run institutions (in %)	50
Maps	
Map 2.1. SONGO Midline Assessment Area	7

ABBREVIATION AND ACRONYM

ACI	Advanced Chemical Industries
AHI	Assistant Health Inspector
ANC	Antenatal Care
BCC	Behaviour Change Communication
BDT	Bangladesh Taka
BINP	Bangladesh Integrated Nutrition Plan
BIRTAN	Bangladesh Institute of Research and Training on Applied Nutrition
BNNC	Bangladesh National Nutrition Council (BNNC)
CBO	Community Based Organization
CSO	Community Support Group
CC	Community Clinic
CF	Community Facilitator
CG	Community Group
CHCP	Community Health Care Provider
CS	Civil Surgeon
CSG	Community Support Groups
CSO	Civil Society Organization
CU2	Children Under Two Years of Age
CU5	Children Under Five Years of Age
DAE	Department of Agriculture Extension
DRR	Disaster Risk Reduction
DG	Director-General
DC	Deputy Commissioner
DNCC	District Nutrition Coordinating Committee
DoF	Department of Fisheries
DoLS	Department of Livestock Services
DP	Development Partners
DPHE	Department of Public Health and Engineering
EC	Executive Committee

EPI	Expanded Program for Immunisation
EU	European Union
FAO	Food and Agricultural Organization
FBA	Farm Business Advisor
FGD	Focus Group Discussion
FPI	Family Planning Inspector
FWA	Family Welfare Advisor
FWV	Family Welfare Visitor
GAP	Good Agricultural Practices
HA	Health Assistant
HDDS	Household Dietary Diversity Score
HDRC	Human Development Research Centre
HPG	Homestead Producer Group
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
IEC	Information, Education, Communication
INGO	International Non-Government Organization
IPM	Integrated Pest Management
IYCF	Infant and Young Child Feeding
KII	Key Informant Interviews
LNGO	Local Non-Government Organization
MDD-W	Women's Dietary Diversity
MND	Multi-sectoral Nutrition Dashboard
MoHFW	Ministry of Health and Family Welfare
MTE	Mid-Term Evaluation
NGO	Non-Government Organization
NNGO	National Non-Government Organization
NNP	National Nutrition Policy
NNS	National Nutrition Services
NPAN	National Plan of Action for Nutrition
NSA	Nutrition Sales Agent
ORS	Oral Rehydration Saline

PSA	Private Sector Actor
PNC	Postnatal Care
PPS	Probability Proportional to Size
PWD	Person with Disability
RDRS	Rangpur Dinajpur Rural Services
SBC	Social and Behavior Change
SBCC	Social Behavior Change Communication
SDG	Sustainable Development Goal
SMC	Social Marketing Company
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
UF	Union Facilitator
UH&FWC	Union Health and Family Welfare Centers
UH&FWO	Upazila Health & Family Welfare Officer
UHC	Upazila Health Complex
UNCC	Upazila Nutrition Coordinating Committee
UNO	Upazila Nirbahi Officer
UNSC	Union Standing Committee
UPSC	Union Parishad Standing Committee
UP	Union Parishad
UPZ	Upazila
VGD	Vulnerable Group Development
VGf	Vulnerable Group Feeding
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

Article 18 (1) of the Constitution of Bangladesh guarantees that the state will perform all necessary duties to raise nutrition and improve public health. Even after all the efforts made by the government of Bangladesh since 1972, Bangladesh is one of the top-ranked countries where half of the population suffer from malnutrition (FAO, n.d.; icddr,b, n.d.)¹². Gaibandha and Kurigram, two northern districts of Bangladesh, are chronically food insecure and heavily affected by malnutrition, supported by the Bangladesh National Nutrition Council profile of these two districts. In this context, ICCO Cooperation and RDRS Bangladesh formed a consortium with financial support from the European Union to launch a five-year project titled "Sustained Opportunities for Nutrition Governance (SONGO)" to improve maternal and child nutrition in the Kurigram and Gaibandha districts. SONGO interventions followed four inter-linked outcomes (OCs): (1) Local nutrition governance and decision-making mechanisms are strengthened; (2) Maternal and child health nutrition practices are improved; (3) Household WASH practices improved; (4) Household access to nutritious food is improved. Human Development Research Centre (HDRC) has come up with this Mid-term Evaluation (MTE) Report of SONGO. This MTE has assessed the programmes' design, scope, implementation status, and capacity to achieve the expected outcomes through documentation of lessons learned, challenges faced, and best practices obtained. It also assessed the SONGO implementation strategy's effectiveness, including coordination, consortium arrangement, institutional strengthening, beneficiary participation, replication, and sustainability. The MTE espoused a mixed-method approach incorporating quantitative and qualitative methods to collect and analyse data from primary and secondary sources according to set objectives and targeted indicators. To collect social, health, and nutritional data, quantitative methods such as a structured questionnaire and score-card techniques were used; anthropometric data were collected using a length/height board and weighing scale. Besides, the qualitative method comprising techniques of Group Discussions (GDs), Key Informant Interviews (KIIs) and Assessment Tools (ATs) used to collect qualitative information as per the mid-term indicators. The MTE reviewed the beneficiary group's mid-term status comparing to the baseline and calculate changes.

Prevalence of Stunting among Children-Under-5 (Baseline: 41% and Target 38%): The MTE survey reported 28.1 per cent of the prevalence of stunting in children aged between 0-59 months means reduced by 13.8 per cent compared to baseline.

Incidence of low birth weight among newborns (Baseline: 19.5% and Target: 18%): The incidence of low birth weight among newborns is 17.7 per cent, about 2 per cent less than baseline. Reportedly, the prevalence of wasting among children aged between 0 to 59 months is 6.7 per cent higher than the baseline (11.8%).

Community satisfaction with health services available and delivery (Baseline: 0 and Target: Community of Six Upazila): On average, 82.4 per cent of the households received at least one service from government-operated health facilities, including community clinics. Among those recipients of services, the satisfaction level is 7.7 on a scale of 10. Government-operated health facilities, including community clinics, need to incorporate the community's needs essentially and improve their services and behaviours with community service seekers.

¹ FAO (n.d.). Nutrition Country Profiles: Bangladesh. Retrived from http://www.fao.org/ag/agn/nutrition/bgd_en.stm [accessed on 22 August 2021]

² icddrb (n.d.). Malnutrition. Retrived from <https://www.icddrb.org/news-and-events/press-corner/media-resources/malnutrition> [accessed on 22 August 2021]

Proportion (%) of UPs that have access to and use up to date available nutrition data (Baseline: N/A; Target: Access for 100% of Unions (18) to relevant nutrition data, 80% of Unions (13) actively use available nutrition data for planning purposes): Nationally or regionally, no nutrition database exists; none the less, it is in the process of being developed by the Bangladesh National Nutrition Council (BNCC). SONGO created a nutrition database based on community surveys from ward to union levels, the only source for Union Parishads to develop a Nutrition Action Plan (NAP) of 18 Gaibandha and Kurigram districts unions. All the targeted committees of Union Parishads (UPs) produced Nutrition Action Plan from ward to union level following bottom-up approach prescribed from SONGO.

Minimum Dietary Diversity Attainment of Mothers and Children of 6-23 months (Baseline: 21.9% of CU5 Mothers attaining MDDW-5 and 24.7% of Children Attaining MDDC-4; Target: 35% of CU5 Mothers Attaining MDDW-5 and 40% of Children Attaining MDDC-4): Overall women consumption of at least five out of ten defined food groups (MDD-W5) 11.1 per cent in the surveyed areas; declined about 11 per cent compared to the baseline. Half the children of 6-23 months consumed at least four (4) out of eight (8) defined food groups (MDD-C4). The shortfall of MDD-W5 or WRAs food consumption from at least five food groups is the COVID-19 pandemic induced livelihood and food crisis.

Proportion (%) of infants aged 0-6 months fed exclusively with breast milk (Baseline: 71.8% Exclusive Breastfeeding but UPZ Levels comprising of target unions only ranged from 48.4%-91.4%; Target: 72% Exclusive Breastfeeding Average, with a minimum of 70% Average Attained in all UPZ containing targeted Upazilas only): Surprisingly, the MTE found an increase in colostrum feeding (breastfeeding within 1 hour of birth) but decline in the exclusive breastfeeding. The MTE data suggested that exclusive breastfeeding dropped nearly 4 per cent (Baseline: 71.8%; MTE: 68.1%). As understand from discussions with lactating mothers of the SONGO area, they assume complementary feeding contribute more nutrition than breastfeeding after six months reason behind the drop of exclusive breastfeeding. Colostrum feeding increased 7.2 per cent, and complementary feeding of 6 to 59 months old children increased 0.5 per cent.

Proportion (%) of households practising equitable food distribution among all members, as per 3 primary food groupings (Baseline: 4.9% of Households Practicing Equitable Food Distribution; Target: 20% of Households Practicing Equitable Food Distribution): Equitable food distribution available in all surveyed households. Equitable Distribution of Food (EDF) increased 4.7 per cent than baseline. Equitable Food Distribution (EFD) is broadly available in most surveyed households of the Gaibandha and Kurigram districts. According to the MTE household survey, almost every member (adolescent to adult) of all surveyed households consumed food from 3 primary groups.

Proportion (%) of households using ORT and ZINC to treat diarrhoea in CU5 (Baseline: 26.5% of CU5 diarrhoea cases treated with ORT and Zinc; Target: 35% of CU5 diarrhoea cases treated with ORT and Zinc): The use of ORS and ZINC to treat diarrhoea in CU5 have been increased in the mid-term than baseline. Around 44 per cent of the households of CU5 used ORS and ZINC to treat diarrhoea which was 26.5 per cent during the baseline.

Incidence of CU5 suffering from diarrhoea (Baseline: 14.6% CU5 suffering from diarrhoea; Target: 6% CU5 suffering from diarrhoea): The MTE survey found the diarrhoea prevalence among the CU5 reduced 6.2 per cent in the MTE period than the baseline (Baseline: 14.6%; MTE: 8.4%). A noticeable fact is that the diarrhoea prevalence is higher among the CU5 who take complementary feeding with breastfeeding.

Proportion of households (%) performing safe handwashing practices with soap (Baseline: 4.2% after defecation, 29.5% before feeding child and 56.9% before cooking; Target: 55% after defecation, 25% before feeding child and 25.55%, before cooking): At MTE, 81.3 per cent of the respondents washed their hands after defecation, followed by before feeding a child (57.6%), and before cooking (32.4%). Handwashing knowledge before cooking increased almost 28 per cent compared to baseline. Moreover, hand wash before feeding the child increased by 25.0 per cent. In the MTE, households perform safe handwashing practices with soap increased after defecation (77.1%), after managing a child's excreta (70.8%), and before feeding a child (28.1%).

Proportion (%) of households that are food secure (Baseline: 72.7% of households food secure; Target: 80% of households food secure): MTE investigation suggested that the percentage of food secure households declined compared to the baseline. The possible reason 72.7 per cent of the food secure households dropped into 60 per cent during MTE is the effect of the COVID-19 pandemic.

Average # months of adequate household food provisioning (Baseline: 9.2 months of adequate household food provisioning; Target: 10.2 months of adequate household food provisioning): The MTE reported that surveyed households have adequate food access up to 10.3 months in the project areas, which is 1.1 per cent higher than the baseline. The MTE household survey also suggests that nearly 40 per cent of households have food access across the year (12 months).

Average Poverty Status of households (%) (Baseline: Below upper poverty line 69.7%; Target: Below upper poverty line 60%): As per the MTE survey findings, 65.2 per cent of the households are below the poverty line, which is 4.5 per cent less than the baseline. SONGO interventions vis-à-vis improving the livelihood of the targeted communities started to bring some positive changes in income generation through enrollment into income-generating activities (IGAs).

of Nutrition Action Plans including budgets and active monitoring mechanisms in place (Baseline: N/A; Target: 18 unions of 6 Upazilas): The MTE revealed that Nutrition Action Plan (NAP) developed by all the targeted committees from union to Upazila levels. However, there is no budget allocation against the NAP for implementation.

of Unions with locally relevant Nutritional Information made available for informed decision making (Baseline: N/A; Target: 18): SONGO espoused lobbying with elected officials of Local Government at union level succeeded to conduct need assessment from ward to union level by themselves. The community need assessment conducted through ward and union level mapping by targeted committees of Union Parishads of 18 unions developed the database of nutrition status of those unions for decision making.

of Unions with Households eligible for social safety nets are identified and shared with relevant authorities products (Baseline: N/A; Target: 18): About 45 per cent of the households in Gaibandha reported that at least a household member receives Social Safety Net Programme (SSNP) benefits. Almost 52.8 per cent of the households have at least a member who received SSNP benefits Kurigram. Much evidence could not gather during MTE regarding unions with Households eligible for social safety nets are identified and shared with relevant authorities products. However, representatives from LGIs during key informant interviews invited SONGO to play an upfront role to help them to identify potential and eligible beneficiaries for the SSNPs.

of NSAs with increasing annual sales volumes of nutritional and hygienic products (Baseline: N/A; Target: 162): Nutrition Sales Agents annual sales volumes of nutritional and hygienic products is promising but did not progress as much speculated due to the COVID-19 pandemic.

of wards drinking water sources with water risk status identified (Baseline: N/A; Target: 162): The MTE survey found that around 51 per cent of the households have access to the source of safely managed drinking water which is 39.3 per cent higher than baseline.

of WATSAN Committees (re)formed and capacitated (Baseline: N/A; Target: 180 out of which 18 at union and 162 at ward levels): The MTE survey confirmed that SONGO succeeded to reform and reactivate a targeted number of ward and union levels water and sanitation (WATSAN) committees.

of youths/ women/ persons with disabilities trained to improve their skills for better employment (Baseline: N/A; Target: 1800): SONGO initiated livelihood training for youth, women and persons with disabilities, but that initiative faced a setback due to sudden rise of the pandemic.

of Farm Business Advisors (FBA) capacitated to build agri-input/ output market linkages for local producers (baseline: N/A; Target: 20): SONGO succeeded to provide capacity development training to FBA and linking them with private-public actors. However, FBAs could still progress much to build agri-input/ output market linkages for local producers due to the COVID-19 pandemic induced barriers.

Progression of SONGO is on track in terms of completion of designed output activities and log-frame indicators specific target achievements from baseline to mid-term. SONGO somewhat continues some of its Upazila and District levels activities capitalising Government offered scope of collaboration between government agencies, non-government organisations, private sector actors and civil society organisations to prevent the COVID-19 pandemic.

Recommendations:

Implementation of SONGO

1. SONGO needs to review and revitalise the bottom-up approach in executing activities focusing on nutrition governance (mainly targeting Nutrition-related planning/ demand articulation from ward-level to district level).
2. SONGO needs to strengthen its interventions for Union Parishad Standing Committees (UPSCs), Union Development Coordination Committees (UDCCs), Upazila Nutrition Coordination Committees (UNCCs) and District Nutrition Coordination Committees (DNCCs) formalisation and capacitation, focusing on improving documentation capacity, timely and interactive meeting organisation, monitoring the plan/decision execution of the committee.
3. Inter-linking and collaboration among the UPSC, UDCC, UNCC and DNCC need to be institutionalised and strengthen.
4. SONGO need to lobbying and advocating with UNCC, DNCC and BNCC to develop and adopt a committee member responsibility checklist with the declaration of commitment to act from where take charge considering the reality of the change of government officials from their respective departments.
5. In all possible layers, private sector actors (PSAs) inclusion is required: from bottom to top, targeting all-inclusive nutrition governance in the targeted project areas and beyond through replication of best practices.
6. SONGO must advocate with UDCC, UNCC and DNCC to allocate a dedicated budget against the developed Nutrition Action Plan (NAP).
7. Support targeted UNCCs and DNCCs to develop integrated as well as need-based Nutrition Action Plans (NAPs) focusing on no community priority missing and no one left behind.
8. Reporting capacity and regularity of UNCC and DNCC need to be improved.

9. Facilitate participation of UNCC and DNCC in the e-governance focusing multi-sectoral nutrition agenda through helping these committees to practice regular upload/submit of reports, plans and other relevant documents using e-platform created and facilitated by BNCC.
10. Conceptualisation about community business model and entrepreneurship skills (particularly social marketing strategy) of the Nutrition Sales Agents (NSAs), Farm Business Advisors (FBAs) is required to be developed further.
11. SONGO could launch the innovation award for NSAs and FBAs to aspire and bring out the best from them.
12. Producers groups must bring under a collaborative platform at Upazila and District levels to create access for the homestead farmers and innovative farmers to backward and forward linkages markets at regional and national levels.
13. SONGO requires focusing on capacitating the NSAs, FBAs and WASH agents, contributing to the sustainability of project outcomes 2 and 3.
14. SONGO interventions targeting project outcomes 1, 2 and 3 ultimately will attribute to outcome 4. Strengthen and diversify FBAs role and expanded practices of advanced agriculture will also contribute to the sustainability of project outcome 4.
15. Another possible exit strategy is to convert the Pusti-Bari (nutrition home) as a one-stop hub at the community level for food and nutrition resources, including physical products (goods) and abstract products (knowledge and information), by involving NSA, FBAs, CSOs and PSAs as prime service providers.
16. SONGO needs to develop a sense of ownership among community people regarding disseminated assets and knowledge following its current implementation strategy.
17. SONGO requires revisiting planned WASH-related interventions before execution to ensure adaptation of functional innovation and acquire the best possible benefits for the targeted community, considering there were and are several strategies applied regarding WASH governance.
18. SONGO needs to utilise the scope of innovation at the planning and implementation phases from bottom to top to produce relevant, practical, efficient, impactful and sustainable multi-dynamic beneficial outputs.
19. SONGO could connect the climate-resilient production approach with WASH intervention by promoting the use of fertiliser produced from sludge treatment.
20. SONGO also needs to capitalise (which it started to do) the platforms of UNCC and DNCC to reach out to nutrition governance-related actors of non-project areas for sharing the replicable best practices of SONGO.
21. SONGO need to expedite its efforts to change the mindset and behaviours of UNCC and DNCC members, which ultimately will contribute to the sustainability of project outcome 1.
22. SONGO needs to lobby and advocate with UNCC, DNCC and BNCC for a multi-year Nutrition Action Plan (NAP) to provide a six-monthly progress assessment and needful adjustment.
23. SONGO needs to advocate through targeted UNCCs and DNCCs to adopt a bottom-up approach by changing the top-down approach BNCC is pursuing in developing and operationalising the nutrition action plan (NAP).
24. SONGO needs to develop nutrition governance champions from the targeted UNCCs and DNCCs to aspire committees of the project and non-project areas.
25. Training of Trainers (TOT) needs to be provided to targeted UNCC and DNCC members who will perform as institutional nutrition governance advocates.

26. Training of Trainers (TOT) needs to be provided to targeted Civil Society Organizations (CSOs) members who will perform as change agents to mobilise and empower community voices for nutrition governance (bottom-up approach) and bellwethers to make government actors accountable and performing duties related to nutrition governance affairs.
27. SONGO needs to go deep as much as possible to ensure no one in the community of the targeted areas is left behind, considering the importance of avoiding the creation of feelings or situations of marginalisation among the community people.
28. SONGO could consider organising learning visits and experience sharing meeting members from UDCCs, UNCCs and DNCCs in the remote Chars (river-islands) among the community instead of renting well-equipped training/meeting rooms at district town.
29. SONGO needs to make trained change agents from beneficiaries, NSAs, FBAs, CSOs, and the private sector replicate the project's best practices in the intervention and non-intervention areas.
30. SONGO needs to extrapolate the project benefits through sharing knowledge, and best practices attained from targeted project areas into the non-intervention areas capitalising on the participation of the non-intervention areas' actors (particularly LGI officials) in the UNCC (non-project unions) and DNCC (non-project Upazilas).
31. SONGO needs to work on its exit strategies and adopt tested approaches to phase out assistance provided to targeted beneficiaries and relevant stakeholders.

Management of SONGO

1. Consortium guidelines/manual required for documented accountability and transparent distribution of work among the members: ICCO-Cooperation and RDRS as part of formalising their long professional partnership and strengthen their committed endeavours for SONGO.
2. The documentation mechanism of SONGO required some review and revision to make documentation orderly, practical and effectively useable.
3. Project staff required basic and advanced level training on lobby and advocacy focusing on governance.
4. SONGO could incorporate a process documentation partner to document the journey of SONGO till the end to understand the contribution of the project in nutrition governance and forecast the possible impact of the made project interventions.
5. SONGO needs to bring a learning partner on board from academia or the research field to document and assess lessons learned and knowledge articulated through the project.
6. SONGO needs to review the strategy regarding civic engagement related to nutrition governance, considering a pre-planned partnership with Civic Engagement Alliance (CEA) is impossible as CEA expired.
7. SONGO could accommodate policy advocates in management and/or make partnerships with any other civic affairs organisation to strengthen policy advocacy works in line with the aim and targeted four interlinked outcomes of the project both at the community and national level.
8. SONGO needs to consider reviewing few components of its financial management system like enlisted vendors for providing logistics, foods and venues where if possible, to include suppliers from the community to bring more beneficiaries under the umbrella of the project.
9. SONGO requires to ensure both partners are on board in terms of digital management of SONGO, keeping the PMEL team in a facilitatory role.

SONGO progress up to MTE as per indicators:

Indicators	Baseline	MTE
Prevalence of Stunting among Children-Under-5	41 %	28.1 %
Incidence of low birth weight among newborns	19.5 %	17.7 %
Community satisfaction with health services available and delivery	0	2.20 %
Proportion (%) of UPs that have access to and use up to date available nutrition data	N/A	80 %
Minimum Dietary Diversity Attainment of Mothers and Children of 6-23 months	21.9% of CU5 Mothers attaining MDDW-5 and 24.7% of Children Attaining MDDC-4	11.1 % of CU5 Mothers attaining MDDW-5 and 49.6 % of Children Attaining MDDC-4
Proportion (%) of infants aged 0-6 months fed exclusively with breast milk	71.8 %	68.1 %
Proportion (%) of households practising equitable food distribution among all members, as per 3 primary food groupings	4.9 %	9.6 %
Proportion (%) of households using ORT and ZINC to treat diarrhoea in CU5	26.5 %	43.8 %
Incidence of CU5 suffering from diarrhoea	14.6 %	8.4 %
Proportion of households (%) performing safe handwashing practices with soap	After Defecation: 4.2 % Before feeding child: 29.5 Before cooking: 56.9	After Defecation: 81.3 % Before feeding child: 56.7 Before cooking: 32.4
Proportion (%) of households that are food secure	72.7 %	60 %
Average # months of adequate household food provisioning	9.2	10.3
Average Poverty Status of households (%)	69.7 %	65.2 %
# of Nutrition Action Plans including budgets and active monitoring mechanisms in place	N/A	18
# of Unions with locally relevant Nutritional Information made available for informed decision making	N/A	18
# of Unions with Households eligible for social safety nets are identified and shared with relevant authorities products	N/A	Gaibandha: 45 % Kurigram: 52.8 %
# of NSAs with increasing annual sales volumes of nutritional and hygienic products	N/A	Promising but did not progress as much speculated due to the COVID-19 pandemic.
# of wards drinking water sources with water risk status identified	N/A	51 %
# of WATSAN Committees (re)formed and capacitated	N/A	180 out of which 18 at union and 162 at ward levels

Indicators	Baseline	MTE
# of youths/ women/ persons with disabilities trained to improve their skills for better employment	N/A	Initiated, but that initiative faced a setback due to sudden rise of the pandemic.
# of Farm Business Advisors (FBA) capacitated to build agri-input/ output market linkages for local producers	N/A	20