



Review of social safety net programs and policies in Bangladesh with aim to enhance nutrition and gender sensitivity

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Bangladesh National Nutrition Council (BNNC)

Acronyms

BCC	Behaviour Change Communication
BCPS	Bihar Child Support Program
BDHS	Bangladesh Demographic and Health Survey
BNNC	Bangladesh National Nutrition Council
CBHC	Community Based Health Care
CBS	Child Benefit Scheme
CED	Chronic Energy Deficiency
CMC	Central Management Committee on Social Security
CSA	Civil Society Alliance
DAM	Department of Agricultural Marketing
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DNCC	District Multi-sectoral Nutrition Coordination Committee
EGPP	Employment Generation Program for Poor
ENRICH	Enhancing Resources and Increasing Capacities of the Poor Households Towards Elimination of their Poverty
ESD	Essential Service Delivery
FFP	Food Friendly Program
FYP	Five Years Plan
GAP	Global Action Plan on Wasting
GED	General Economic Division
GoB	Government of Bangladesh
HCR	Headcount Ratio
HPNSP	Health, Population and Nutrition Sector Program
ICDS	Integrated Child Development Services Scheme
ICVGD	Investment Component of Vulnerable Group Development
ISPP	Income Support Program for the Poorest
JSY	Janani Suraksha Yojana
KII	Key Informant Interviews
LBW	Low Birth Weight
MCRAH	Maternal, Child, Reproductive and Adolescent Health
MNCAH	Maternal, Neonatal, Child and Adolescent Health
MoA	Ministry of Agriculture
MoDMR	Ministry of Disaster Management and Relief
MoE	Ministry of Education
MoFood	Ministry of Food
MOHFW	Ministry of Health and Family Welfare
MoLGDR&C	Ministry of Local Government, Rural Development and Cooperatives
MoPME	Ministry of Primary and Mass Education
MoWCA	Ministry of Women and Children Affairs
NNP	National Nutrition Policy
NNS	National Nutrition Service
NPAN2	Second National Plan of Action for Nutrition (NPAN2)
NSSS	National Social Security Strategy
OMS	Open Market Sales
PKSF	Palli Karma Shahayak Foundation
PNPM	Program Nasional Pemberdayaan Masyarakat
PPEPP	Pathways to Prosperity for Extremely Poor People
PSNP	Productive Safety Net Program
RNI	Recommended Nutrient Intake
SBCC	Social and Behaviour Change Communications
SDF	Social Development Foundation

SDIP	Safe Delivery Incentive Programme
SSNP	Social Safety Net Programs
SSS	Social Security System
SUN	Scaling Up Nutrition
TAG	Thematic Advisory Group
TR	Test Relief
TWG	Technical Working Group
UCT	Unconditional Cash Transfer
UNCC	Upazila Multi-sectoral Nutrition Coordination Committees
UNO	Upazila Nirbahi Officer
VGD	Vulnerable Group Development
VGF	Vulnerable Group Feeding

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EXECUTIVE SUMMARY

Introduction

Bangladesh has realized major improvements in the Health, Nutrition and Population (HNP) sector, particularly in the areas of increased life expectancy, better maternal health, and reductions in under 5 and newborn child mortality. There has been remarkable progress in the arena of child nutrition, with reductions in the national rates of stunting, wasting and underweight, coupled with progress in reducing underweight among women of reproductive age. However, there are still miles to go to achieve the required nutrition impacts and goals. Moreover, the recent severely negative impacts of the COVID-19 pandemic on food security, income, employment and other relevant socio-economic factors may set back the results achieved in nutrition.

Social Safety Net Programs (SSNP) are the principle vehicles of the Government of Bangladesh (GoB) to support vulnerable population groups in the country. As per Finance Division information, there are around 120 SSNPs in the country, implemented by around 23 ministries and divisions, targeting an estimated 27.8 percent of the population. The country adopted the National Social Security Strategy (NSSS) in 2015 to reduce poverty and food insecurity among the vulnerable population. A Central Management Committee, led by the Cabinet Division, was formed to coordinate and monitoring the implementation of the NSSS. The Bangladesh National Nutrition Council (BNNC) is responsible for providing advisory and guidance support and assume coordination role in formulation and implementation of nutrition policies and activities, The BNNC coordinates multi-level and multi-sector stakeholders to ensure that nutrition is mainstreamed in their policies, as part of its mandate to operationalize the Second National Plan of Action for Nutrition (NPAN2).

The objectives of this Review were: to map existing SSNPs in Bangladesh under the purview of the NSSS in the context of national and international standards on nutrition-sensitive social protection, including issues of gender and equity; and to identify the extent to which nutrition-relevant goals, objectives, targets and actions are incorporated within key Safety Net programs. The Review concluded with recommended actions at the policy and program levels, for strengthening the nutrition sensitivity, gender awareness and impacts of SSNPs in Bangladesh. The need for such a Review has been a priority which was reaffirmed during recent collaborations of the Cabinet Division and BNNC, with these entities agreeing to jointly conduct the Review.

Methodology

A comprehensive methodology was used for this Review, including an extensive review of secondary literature, coupled with Key Informant Interviews (KII) with key personnel in different ministries, NGOs, academicians, technical experts and personnel involved in design and implementation of SSNPs. A Thematic Advisory Group (TAG) was formed under the chair of the Additional Secretary Cabinet Division and DG-BNNC as member-secretary to coordinate and provide guidance to the Technical Working Group (TWG). A set of criteria was developed, based on the Scaling Up Nutrition (SUN) guidelines for policy review. A shortlist of 28 SSNPs was derived, based on budgetary allocations, population coverage and views of TWG members on their potential for nutritional impacts. SSNPs primarily implemented by Government made up the majority of shortlisted programs, together with some lead primarily by Development Partners. The shortlisted SSNPs were reviewed using the agreed criteria.

Results of the Review of selected SSNPs primarily implemented by Government ministries/divisions

Key Aspects of the Selected SSNPs

Among the SSNPs primarily implemented by Government, programs are designed and implemented which target or focus on different age groups across the life-course. However, the Review found significant gaps in coordination between different ministries involved in implementing programs targeting different age groups. The majority of the programs reviewed were targeted mainly to extremely poor and economically-vulnerable population. Cash transfers are the main modality used to address vulnerability, with a limited number of programs addressing secondary causes of vulnerability (e.g. lack of education, skills, etc.).

Health-focused development programs mainly target entire populations rather than specific vulnerable groups. Only a few of the health-related programs were found to target nutritionally-vulnerable populations, despite that groups within economically better-off areas may also suffer nutrition challenges (e.g. children with severe acute malnutrition, pregnant women with anemia). Most of the SSNPs reviewed were focused in rural areas with only two of the 28 programs targeting urban areas, which now contain almost forty percent of the total population of the country.

While delivery mechanisms in the selected programs were highly varied, local administration and local government representatives were important in almost all. Five of the GoB programs were found to be cash-transfer programs, four were food transfer programs, two were employment generation programs, five were subsidy programs and the remaining had a mixture of delivery mechanisms. In cash-based SSNPs beneficiaries received cash through bank accounts. Government is now piloting mobile banking networks to increase accessibility among vulnerable populations. In other SSNPs, food transfers and subsidized sale of food commodities are implemented under the Ministry of Food and Ministry of Agriculture respectively. Ministry of Health and Family Welfare (MoHFW) is utilizing the field structure of Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) for delivery service and commodity. Very few programs contain or are associated with sensitization, awareness or Behavioral Change Communication interventions linked with cash transfers, food provision, or service delivery.

Resource Allocation in the Selected SSNPs

In 2020-2021 the total budget allocation for SSNPs was 96.57 Billion BDT, with a 13 percent increase in the budget allocation for 2021-2022. However, for the specific SSNP's selected for this review, there was estimated only a 6 percent increase in budget allocations in 2021-2022 compared to the previous year.

Gender Sensitivity in Government SSNPs

The review found that women are eligible as beneficiaries in all the selected SSNPs and are given priority in the majority. In fact, some of the GoB SSNPs exclusively target women as beneficiaries. The allowances in the selected SSNPs emphasize ensuring essential living standards for women from specific vulnerable groups, while the food distribution programs are contributing to the food security of poor and vulnerable women. Stipends and school feeding programs are having positive impacts on girls' education. However, in some cases, this review found that women are not fully benefitting due to the design of selected SSNPs not addressing some of the structural issues affecting gender equality, particularly, women's freedom of spending over the cash received. Without more specific interventions, it is difficult to ensure that the cash, food and materials distributed from the SSNPs are equitably controlled by women.

Nutrition Sensitivity of Selected SSNPs

Apart from the primarily health-related SSNPs, and one SSNP outside the health sector (the school feeding program), the Review found that the majority of the programs did not consider or incorporate the findings of nutrition situation analysis in their design. Twelve Government SSNPs clearly mentioned nutrition as the or a primary goal, including the four health-related SSNPs. However, only two of these were found to have incorporated explicit nutrition-related outcome-level indicators for monitoring. A majority of the food security and income generation programs are only related to nutrition indirectly.

Apart from the health-related SSNPs, the majority of the programs are not evaluated regularly. The respective ministries and departments do not publish annual or periodic performance reports of their SSNPs. The Review found significant gaps to exist in coordination or collaboration among different ministries in implementing different SSNPs with the same target groups, suggesting a 'silo' approach in most cases.

Results of the Review of SSNPs of the Development Partners

The majority of the selected SSNPs in this category are funded and lead by development partners, although some also receive funds from the Government. These SSNPs are funded by development partners including the EU, FCDO/UKAID, USAID and the World Bank and are implemented through national and international NGOs.

Key Aspects of the Selected SSNPs

The majority of these programs involve relatively comprehensive, multi-sectoral sets of interventions including allowances/transfers, and are targeted to specific, often multiple age groups. They adopt household rather than individual targeting. However, together with specific targeting, these SSNPs are limited in geographical coverage, as compared to most of the reviewed programs implemented by Government.

The SSNPs selected under this category also found to be addressing vulnerability, but in a more comprehensive manner compared to Government-led SSNPs, with a focus on the entire household rather than individuals. Another key difference of these SSNPs is the consideration of nutrition vulnerability in their design, particularly malnutrition among women of reproductive age, adolescents and children.

Resource allocation in Selected SSNPs of Development Partners

Resource allocations for development partner SSNPs were ascertained from the design phase for the entire life-span of the project. In the majority of cases, Government-led SSNPs are much larger in resource availability, with a majority of these being implemented throughout the country.

Gender Sensitivity of Selected SSNPs of Development Partners

Only one program in this category was found to be exclusively designed for women, with these SSNPs generally adopting a lifecycle approach with a focus on households rather than individuals. A clear priority was given to women and girls in three of the 6 programs. It is clear that development partner SSNPs have considered gender sensitivity in relatively systematic ways, and social norms and gender inequalities have been analyzed prior to the design of specific interventions. Almost all the SSNPs of development partners have aimed to address underlying causes of gender inequalities, for example through sensitization efforts among key stakeholders. In comparison to GoB SSNPs, gender issues have been well defined in development partners' programs and better addressed.

Nutrition Sensitivity in the SSNPs of Development Partners

All the selected SSNPs of development partners carefully considered nutrition issues while designing the respective programs. All the selected SSNPs in this category have explicit nutrition-related program objectives. Also, the selected SSNPs were found to have coordination and collaboration with a range of stakeholders from different entities at both the policy-related and implementation levels. However, this review has found a significant gap in inter-program coordination.

All the selected SSNPs in this group are regularly monitored and periodically evaluated. Each program has its own separate mechanisms for documentation and reporting. The regular project documents include progress evaluation of the project against sets of nutrition indicators at the outcome level.

Review of SSNPs and Policies in International Settings

This report also includes a documentation review and synopsis of SSNPs assessed to be relevant, which are implemented in other countries, including Myanmar, Nigeria, India, Ethiopia, Nepal, Togo and Indonesia. A synthesis of global experience of School Feeding Programme was also considered.

Conclusions from Lessons Learned

The lessons from the review of the selected SSNPs implemented in Bangladesh and those consulted from international settings are documented in the lessons learned section of the document. Conclusions arising from these are summarized as follows:

- i. The full range of dynamics in vulnerability needs to be considered when designing SSNPs, including specifically the nutrition-related vulnerabilities;
- ii. Targeting of women may not on its own be enough to ensure the required gender sensitivity in SSNPs, unless the underlying causes of vulnerability and inequalities faced by women are also addressed;
- iii. For enhanced effectiveness on nutrition goals, SSNPs should combine good quality Social Behavioral Change Communication (SBCC) in support of knowledge and empowerment among beneficiaries, together with cash, food and material allowances and transfers;
- iv. SBCC activities should cover all household members and caregivers, including men and boys, and other key decisions makers over the use of resources;
- v. Very limited linkage and coordination exist among government SSNPs in Bangladesh, leading to missed opportunities to obtain synergies - starting from design through implementation, monitoring and evaluation of the programs;
- vi. SSNPs led by both Government and development partners predominantly target rural people and areas, leaving the vast majority of urban population unsupported;
- vii. A food systems context can serve as a sustainable entry point for designing and planning social protection interventions;
- viii. Longer-term programs along the life-course of nutritionally-vulnerable beneficiaries, including investments such as “first thousand days” health-based packages, school and pre-school meals, and adolescent health and nutrition interventions, have potential to result in positive individual and intergenerational nutrition impacts;
- ix. A balanced combination of experimentation through pilot initiatives, which can be led by NGO’s and development partners, together with the scaling-up of national programs led by Government and informed by the knowledge generated from experimentation, provides a potentially sustainable and effective strategic approach to generating greater nutritional results from SSNPs.

Recommendations

The Review generated a number of recommendations, some of which would require higher level policy decisions, while others can be implemented at programmatic level:

Policy Recommendations

- i. Nutrition vulnerabilities of specific populations as well as geographical areas should be fully considered while designing eligibility criteria for the selection of beneficiaries;
- ii. Integration of programming, focusing on graduation from one program to another, can be considered along the lifecycle of the same cohort in case of public sector SSNPs;
- iii. Consideration should be given to the consolidation of multiple SSNPs into fewer programs with due attention to the comprehensiveness and scale of individual programs;
- iv. Vertical and horizontal expansion (rural and urban) of SSNPs should be considered, based on those with high potential and evidence for nutritional impacts, coupled with rationalization of resource allocations;
- v. Design and implement nutrition-dense food baskets with increased dietary diversity for distribution under the relevant SSNPs
- vi. Include nutrition indicators at output and outcome levels in the logical frameworks and results frameworks of all SSNPs, together with means of verification. This should be linked with rigorous and adequately-resourced monitoring systems to collect, analyze and disaggregate regular information against the set indicators. Decisions regarding resource allocation and redesigning of the programs should be associated with performance against these nutrition indicators.
- vii. Significant levels of coordination are required to ensure complementarity among the ministries and divisions implementing the various SSNPs, in terms of program design, continuity of safeguarding, transfer modality design, defining eligibility criteria, beneficiary selection, and implementation.
- viii. Social protection support to food-insecure households with adolescent girls is essential to mitigate nutrition and protection risks.
- ix. Advocacy to increase public funds for SSNPs with inter-generational impacts should continue and will require additional research and evidence on the food consumption and nutritional status of school-aged children and adolescents.
- x. Integrated urban SSNPs are required, particularly targeting people, including women, living in slums and poor settlements.
- xi. Agriculture which includes crops, horticulture, fisheries, livestock, and poultry needs to be made more resilient to shocks. Quick-response measures such as cash transfers, provision of agricultural inputs such as seeds and animal feed are needed, to address the damage and restore livelihoods after natural disasters; alternative income-generating activities must also be available for those whose livelihoods are destroyed.

Program Recommendations

- i. SSNPs implemented by the government should, as much as possible, incorporate a minimum package of nutrition activities (evidence-based and cost-effective). Ongoing learning from experiences of similar SSNPs implemented by development partners at home and abroad would be useful.
- ii. A thorough gender and nutrition situation analysis should be undertaken to identify nutritional vulnerabilities, needs, barriers and other social factors which will support the design of nutrition-sensitive and gender-aware SSNPs.
- iii. Accelerate the implementation of activities under each SSNP coupled with regular monitoring and periodic evaluation to ensure their relevance, timeliness, and effectiveness.

- iv. Harmonize age- and needs-specific nutrition messaging across all SSNPs. Focus should also be on enhancing institutional and human capacity of the implementing entities for imparting good-quality, relevant and participatory BCC activities using standard tools related to nutrition and gender.
- v. Ensure coordination and cross-sectoral linkages among existing SSNPs (e.g., among health and non-health SSNPs) and linkage with multisectoral platforms (e.g., BNNC) to allow for synchronization in implementation, avoiding duplication of efforts, ensuring complementarity along the lifecycle and improving access and benefits for the beneficiaries.
- vi. Carry out impact assessments of all relevant GoB SSNPs to review their effectiveness, challenges and lessons learned for future improvement of nutrition- and gender-sensitive social protection programming.
- vii. Introduce a system of beneficiary feedback, complaint and redressal mechanisms as a means to increase accountability and programme effectiveness with due consideration to children and gender issues.
- viii. Ensure a systematic process for learning from NGOs' involvement/complementary support in various stages of the SSNPs (e.g., designing, field testing, model development, technical support, and monitoring at field level, etc.) and foster this complementarity in future SSNPs' project design.
- ix. Establish an inter-operable nutrition information system related to SSNPs for policy decision and advocacy for resource mobilization.
- x. Consider collection of regular data and evidence of status of gender equality and women's empowerment to document progress and identify gaps and strategies for how best to address them.

Conclusion

To accelerate the pace of development and nutritional progress among all population groups, especially in the wake of the negative impacts of COVID-19 and other shocks, it is time to learn from the positive experiences of various SSNPs, and use their lessons to inform high-level policy as well as programme level decisions. This Review has limitations due to shortage of time and inclusion of a limited number of SSNPs from both GoB and development partners. However, a number of recommendations in both the policy and programmatic perspectives have been provided in this report for obtaining better and more effective results from SSNPs for nutritional and gender-equal outcomes.

1. INTRODUCTION

1.1.1 Nutrition Situation in Bangladesh

Bangladesh has made good progress in improving child and maternal nutrition status over time over the last 20 years. Bangladesh Demographic and Health Survey (BDHS) 2017-18 showed tremendous success with level of stunting among children under 5 declining from 51 percent in 2004 to 31 percent in 2017, underweight from 3 percent in 2004 to 22 percent in 2017, and after years of a critically high level of around 15 percent, prevalence of wasting came down to 8 percent (see Figure 1)¹. The prevalence of Low Birth Weight (LBW) reduced to 22.6 percent² in 2015 in comparison to 36 percent in 2003-04³.

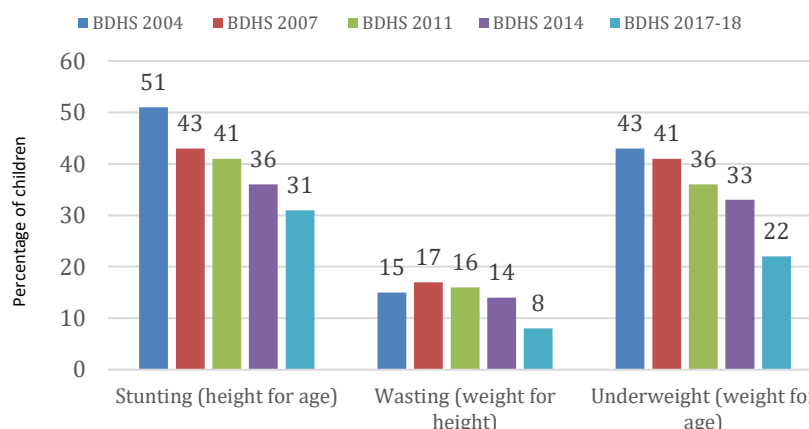


Figure 1: Nutrition Status of Children <5yrs in Bangladesh

As per BDHS 2014, 18.5 percent of the women of reproductive age are underweight with a body mass index (BMI) of <18.5 Kg/m², 20 percent are overweight and 4.75 percent are obese. Chronic Energy Deficiency (CED) i.e. Body Mass Index (BMI) less than 18.5 among mothers has decreased from 52 percent in 1996-97 to about 31 percent in 2019, as per a study of National Nutrition Services (NNS) and BRAC James P Grant School of Public Health⁴. While this CED rate indicates a substantial improvement over time, it is still an issue of public health concern.

Nutritional deficiencies during pregnancy are associated with increased risk of infant LBW and childhood stunting. Therefore, combating maternal nutritional deficiencies at conception and during pregnancy is high priority to achieve nutritional outcomes. Evidence suggests that maternal undernutrition, which is a key determinant of infant and young child under nutrition, remains intractable despite efforts to improve the nutritional status of pregnant women⁵. Anaemia during pregnancy is common in Bangladesh (41.8 percent according to BDHS, 2011), with serious consequences for both mother and newborn, including increased risk of infant low birth weight and preterm birth, as well as high risk of maternal and perinatal morbidity and mortality. Maternal undernutrition peaked at 38 percent among adolescent girls aged 15-19 years who had given birth in the past 3 years. Childbearing during adolescence (15-19 years) stood at 27.7 percent, as per BDHS 2017-18⁶. This contributes to poor maternal nutritional status and birth outcomes, including high levels of LBW infants. Both stunting and underweight remain quite high

¹ National Institute of Population Research and Training (NIPORT), and ICF. 2020. Bangladesh Demographic and Health Survey 2017-18. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.

² IPHN. 2015. National Low Birth Weight Survey, 2015. Institute of Public Health Nutrition, Dhaka, Bangladesh

³ Bangladesh Bureau of Statistics. National Low Birth Weight Survey of Bangladesh 2003-2004. Planning division, Ministry of Planning, Government of the People's Republic of Bangladesh; 2005.

⁴ State of Food Security and Nutrition in Bangladesh 2018-2019, BRAC James P Grant School of Public Health and National Nutrition Services (NNS), 2019, Dhaka, Bangladesh.

⁵ Ahmed, T., Mahfuz, M., Ireen, S., Ahmed, A. M., Rahman, S., Islam, M. M., Alam, N., Hossain, M. I., Rahman, S. M., Ali, M. M., Choudhury, F. P., & Cravioto, A. (2012). Nutrition of children and women in Bangladesh: trends and directions for the future. *Journal of health, population, and nutrition*, 30(1), 1-11. <https://doi.org/10.3329/jhpn.v30i1.11268>

⁶ National Institute of Population Research and Training (NIPORT), and ICF. 2020. Bangladesh Demographic and Health Survey 2017-18. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.

among adolescents girls at 29 percent and 56 percent respectively, while overweight, obesity and underweight prevalence is around 7 percent and 2 percent respectively⁷. Anaemia and micronutrient deficiencies are common in adolescents, notably vitamin A, zinc, iodine and calcium, since dietary intakes are far below requirements.

1.1.2 Economic Impact of COVID-19

Bangladesh has made impressive socio-economic progress over the past decades. However, the COVID-19 pandemic has caused widespread disruption, triggering uncertain socio-economic prospects for Bangladesh as well as most other global economies. The resultant impacts are being transmitted through two channels: (i) global recession affecting through trade, foreign direct investment, and remittance linkages; and (ii) a combination of weak demand and supply-side shocks within the domestic economy⁸. Bangladesh's overall exports during July 2019-May 2020 declined by 18 per cent to \$30.9 billion against \$37.7 billion exports during the same time in the previous year. Apparel exports, comprising more than 80 percent of total earnings, declined by 19 percent.

Prior to the COVID-19 crisis, Bangladesh had registered remarkable progress in reducing poverty. The headcount ratio (HCR), measured as the proportion of the population living below the poverty line income, declined to 20.5 percent in 2018-19 - a reduction of 36 percentage points from the early 1990s. Notwithstanding this progress, almost 34 million people remained poor and another 25 million were vulnerable (i.e. Not poor but at risk of falling into poverty in the face of unforeseen adverse shocks affecting their income-earning prospects and livelihood activities). That is, almost 60 million individuals or 42.9 per cent of the population were either poor or vulnerable immediately before the COVID-19 fallout.

In this backdrop, the COVID-19 induced pandemic situation and the subsequent mitigation measures involving economic shutdown caused significant income and job losses. A UNDP study identified unemployment increasing from 5.5 percent to 14.4 percent among the studied population, with 54.9 percent of the household reporting at least one of the household members temporarily or permanently losing job or closed business activities⁹. The study also identified 69.3 percent of the surveyed household living in rented houses unable to pay house rent timely during COVID19 lockdown situation. Average income of the household decreased around 40.1 percent¹⁰. Hamadani et al. (2020) with a pre and post study design has disentangled the precise effect of the COVID-19 related “stay-at-home” advice on household food insecurity and earnings of the families in a rural setting of Bangladesh. The authors estimated that the median monthly income of the same families dropped from US\$212 (before COVID-19) to \$59 during lockdown ($p < 0.0001$)¹¹. Before COVID-19, moderate and severe form of household food insecurity, which was 5.6 percent and 2.7 percent respectively, rose to 36.5 percent and 15.3 percent respectively during the lockdown¹².

To reduce negative impact on livelihood, GoB launched several mitigation measures, including, cash and food distribution through local administration, Open Market Sales (OMS) of food at a subsidized price, and increase number of beneficiaries of current Social Safety Net Programs (SSNP) with additional cash support to cater to an additional five million people. To combat the economic shutdown, several stimulus

⁷ State of Food Security and Nutrition in Bangladesh 2018-2019, BRAC James P Grant School of Public Health and National Nutrition Services (NNS), 2019, Dhaka, Bangladesh.

⁸ Razzaque, A. 2020. Rethinking Social Protection Responses to the Covid-19 Crisis: Issues and Policy Priorities for Bangladesh. Background paper for Eighth Five Year Plan of Planning Commission, Bangladesh

⁹ HDRC. 2020. Socio-Economic Assessment of COVID-19 under National Urban Poverty Reduction Programme. Study Conducted by Human Development Research Centre for UNDP. October, 2020. Dhaka, Bangladesh

¹⁰ ibid

¹¹ Hamadani J.D., Hasan M.I., Baldi A.J., Hossain S.J., Shiraji S., Bhiyan M.S.A. et al. Immediate impact of stay-at-home orders to control COVID-19 transmission on socioeconomic conditions, food insecurity, mental health, and intimate partner violence in Bangladeshi women and their families: an interrupted time series. The Lancet Global Health, Vol 8, Issue 11, E1380-E1389, November 01, 2020; DOI: [https://doi.org/10.1016/S2214-109X\(20\)30366-1](https://doi.org/10.1016/S2214-109X(20)30366-1)

¹² ibid

packages have been introduced. A number of advisories have been issued to ensure continuity of existing provisions of health and nutrition services and education for children.

1.1.3 Impact of COVID 19 on Nutrition in Bangladesh

The imposition of the first “lockdown” in March 2020 resulted in significant impasse in people’s movement and economic activities, and restricted the supply chain of necessary consumables. This led to price hike of essential food items, as indicated in price reports of Department of Agricultural Marketing (DAM), shown in table 1. A further nationwide lockdown ensued in April, 2021 in the wake of the second surge of the pandemic brought with it prospects of further spiraling of goods price.

Table 1: Escalating food prices (January 2020-April 2021)

Foods	Change (%) in April 2020 compared to January 2020	Change (%) in April 2021 compared to April 2020	Change (%) in May 2021 compared to April 2020
Rice Aman (fine)	12.24	12.73	12.73
Rice Aman (coarse)	41.38	9.76	7.32
Rice Boro (coarse)	33.33	12.5	7.5
Pulse (khesari)	-22.03	47.83	47.83
Edible oil (soybean)	4.5	26.80	27.84
Broiler chicken	46.15	-8.77	-13.45

Source: Analysis of different commodity price as reported by DAM in January, 2020, April, 2020, April, 2021 and May, 2021.

A rapid assessment of FAO indicated that around 36.4 percent of youth and adolescents experienced moderate or severe food insecurity during the lockdown period, which is higher than the pre-COVID national average of 31.5 percent¹³. Severely food-insecure populations reported going without eating for an entire day, exhaustion of food reserves, or both. The findings of Needs Assessment Working Group, Bangladesh, April 2020 have highlighted that lockdown restrictions are already impacting on food security and nutrition, with prices of essential items showing an increase. About 70 percent respondents indicated they could not provide a varied/diversified diet to children between 6 and 23 months¹⁴. There has been a substantial drop in per capita food expenditure, which was about one in three among urban slum poor (32 percent), and about one in four among rural poor (24 percent). Around 23 percent household from urban slums and 15 households from rural areas have reduced their food consumption during the lockdown period¹⁵. Turning back the country economy to normal from now within a short period of time might not be easy and the impact on nutrition outcomes is most likely to continue for longer period. It is highly likely that nutrition situation may slide back as a result of increased food insecurity and reduced access to essential nutrition services, as predicted in a recent policy brief¹⁶.

¹³ FAO. 2020. Second rapid assessment of food and nutrition security in the context of COVID-19 in Bangladesh: May - July 2020. Dhaka. <https://doi.org/10.4060/cb1018en>

¹⁴ COVID-19: Bangladesh, Multi-Sectoral Anticipatory Impact and Needs Analysis, HCTT, 2020

¹⁵ BNNC. 2020. Determining the impact of COVID-19 on nutrition: Projection of the possible malnutrition burden in post COVID-19 period in Bangladesh. Bangladesh National Nutrition Council. May, 2020. Dhaka, Bangladesh

¹⁶ BNNC, Combating Malnutrition in Bangladesh in the Context of the COVID-19 Pandemic, 2020

1.1.4 National Social Security Strategy (NSSF), 2015 and SSNPs in Bangladesh

There are about 120 SSNPs in Bangladesh in 2021-22, being implemented by 23 ministries/divisions (Finance Division, Budget Document, 2021-22). GoB has allocated around 1,076.04 Billion BDT in 2021-22, which is around 12.58 percent increase from the allocation in 2020-21, and roughly 3.11 percent of the country's GDP and 17.83 percent of the national budget of 2021-22 financial year (Finance Division, Budget Document, 2021-22). The 2016 HIES data shows that 27.8 percent of the households have received benefits from SSNP during the last 12 months.

Bangladesh adopted a National Social Security Strategy (NSSF) in 2015. The NSSF builds on the past rich experience of Bangladesh and seeks to streamline and strengthen the existing safety net programs with a view to achieving better results from money spent. It also broadens the scope of Social Security from the narrow safety net concept to include employment policies and social insurance to address the emerging needs of a middle income Bangladesh. By broadening the scope and coverage and by improving program design the NSSF is expected to help lower income inequality and contribute to higher growth by strengthening human development. A Gender Policy for the NSSF was also approved in 2018. While the NSSF reflects the realities of Bangladesh, to the extent relevant, it also draws on good practices from international experience.

Overarching objective of SSNPs is to reduce poverty and food insecurity among the vulnerable population in Bangladesh. In addition, one of the major objectives of the NSSF is also to encourage the existing social protection programs, which usually allow protection against food price volatility and to balanced consumption when households face hardship and shocks. This is done by either food transfers or food purchase at subsidized prices on the one hand and by cash transfers that improve poor households' access to food on the other hand. It is well known that cash transfers increase income in beneficiary households, which, in turn, allows households to purchase more and better food items and increases food security and diet quality of all family members. The Child Benefit Schemes (CBS) program under NSSF has been viewed as a path breaking initiative since it has the advantage of installing nutrition-sensitivity required for the development of the children in Bangladesh. Programs under NSSF that include micronutrient supplements directly improve the micronutrient status and overall nutritional status of children. Improved child diets are further reinforced by the additional household income resulted from the social protection schemes of NSSF. Programs to enroll school-age children in school have long-term, intergenerational effects on nutrition through the well-documented pathway that links female education and positive child nutrition and health outcomes. In the current social protection portfolio, programs like National Nutrition Services and Support to Health and Nutrition to urban Bangladeshis are playing critical role in ensuring nutritional status of the citizens. It has adopted the lifecycle risk approach, which addresses the different risks at different stages of the lifecycle, for instance, mother, children, adolescents and elderly population. Overall, the NSSF (2015) is quite a nutrition-friendly strategy for the socio-economic context of Bangladesh.

The objectives of NSSF have been adopted in the 8th Five Year Plan (FYP) as strategies for Social Security System (SSS). As indicated in the Plan, GoB's long term vision in social security is to "Build an inclusive SSS for all deserving Bangladeshis that effectively tackle and prevent poverty and inequality and contributes to broader human development, employment and economic growth". Reforming SSS by ensuring more efficient and effective use of resources, strengthened delivery systems and progress towards a more inclusive form of Social Security that effectively tackles lifecycle risks, prioritizing the poorest and most vulnerable members of society have been stated as objectives in the context of SSS. The 8th FYP, has defined the basic objective for the next five years as, seeking to eliminate as much as possible the incidence of hard-core/extreme poverty.

1.1.5 Cabinet Division and its overall role in SSNPs in Bangladesh

The Cabinet Division is the central institution in the GOB, responsible for governance and policy guidance to the other Ministries/Divisions, and reporting directly to the Prime Minister. In addition, the Cabinet

Division monitors the implementation of the policies adopted by different Ministries/Divisions according to the guidelines. As per the NSSS, the Cabinet Division is the approving authority of Social Security Policy and reforms related with Social Security. With technical support from the General Economic Division (GED), the Cabinet Division is responsible for the development of the comprehensive Action/Implementation Plan of NSSS based on the plans submitted by the individual and lead ministries.

The NSSS has placed the responsibility of coordinating and monitoring its implementation on the Cabinet Division through the Central Management Committee on Social Security (CMC), headed by the Cabinet Secretary. The CMC provides backstopping technical, financial, administrative and logistic support to the line Ministries and Divisions. The Social Protection section of the Cabinet Division provides all sorts of administrative and secretarial services to the CMC. The CMC also coordinates the implementation of Social Security reforms, ensuring inter-ministerial coordination, crisis mitigation and reviewing performance of the social security programs implemented by different ministries.

1.1.6 Bangladesh National Nutrition Council (BNNC) and its role in Nutrition

Bangladesh National Nutrition Council (BNNC) is an apex body for Nutrition activities throughout the country and across ministries. One of its major responsibilities for BNNC is policy guidance and evidence uptake in policy making. To operationalize the strategies of National Nutrition Policy (NNP) 2015, the Second National Plan of Action for Nutrition (NPAN2) (2016-2025) was developed. The NPAN2 represents the collective aspirations and commitment of the government through its various ministries and organizations, development partners and the people of Bangladesh, to further reduce malnutrition in the country. One of the six thematic areas of NPAN2 is the social protection. NPAN2 includes 22 ministries that have nutrition-related priorities (NPAN2 Document, 2017). All 22 ministries have their own policies with nutrition as a cross cutting agenda. BNNC is responsible for coordination among these multi-level and multi-sector stakeholders and for ensuring that nutrition is adequately mainstreamed in their policies and action plans.

Given that NSSS also aims to improve food security and nutritional well-being and reduce poverty through strengthening inter-ministerial coordination, fostering stronger collaboration between the Cabinet Division and BNNC would certainly benefit both these agencies to achieve the intended objectives as envisaged under NSSS and NPAN2. The Cabinet Division and the BNNC through meetings on 23 June, 2020 and 18 February, 2021, have identified related activities and agreed on the collaboration modalities between both the agencies. Joint activities include to conduct a review of SSNPs in purview of NSSS, NPAN2 and national/international standards to find out how nutrition issues are being addressed inclusive of gender and equity, and the areas of improvement, and make recommendations based on the review.

1.1.7 Nutrition Governance in Bangladesh

Access to adequate nutrition as a basic human right is enshrined in the Constitution of Government of the People's Republic of Bangladesh. GoB is committed to invest in nutrition, and has been developing various policies and policy instruments integrating food security and nutrition. The National Nutrition Policy (NNP) endorsed in October 2015 provides the necessary direction to implement and strengthen strategies and actions to improve the nutritional status of the population. Aligning with the objectives of the NNP and expressing the country's continued commitment to combat malnutrition in all its forms, NPAN2 2016-2025 has been formulated with identified priority strategic actions. The NPAN2 is in continuation of the nutrition actions planned under NPAN1 of 1997 and has been approved by the Hon'ble Prime Minister. The multi-stakeholder platform, with representation from government departments, UN agencies, donor network, Scaling Up Nutrition (SUN) Civil Society Alliance (CSA) group and business community, SUN Academia and Research Network (SARN), has steered the development of the NPAN2.

The NNP 2015 and NPAN2 also emphasize the need for strengthening of multi-sectoral, multi-level collaboration and coordination under revitalized BNNC chaired by Hon'ble Prime Minister, which is responsible for nutrition governance, policy coordination and leadership. Currently, with endorsement

of the NNP 2015 and the high priority accorded to the BNNC, there has been rigorous efforts by the GoB for revitalization and restructuring of the BNNC, which has been reformed with Hon'ble Minister of the Ministry of Health and Family Welfare (MOHFW) as the vice-chair and 35 other members from all relevant ministries. Also, the GoB established five core nutrition platforms under the BNNC, namely nutrition-specific, nutrition-sensitive, monitoring, evaluation and research (M&E), advocacy and communication, and capacity building, to strengthen the agency to steer and guide nutrition decisions and actions in the country. These platforms needed to be operationalized.

The successful implementation of NPAN2 necessitates an enabling environment with strengthened multi-sectoral coordination at national and sub-national levels for nutrition planning, delivery and tracking. With BNNC steering the national level coordination, efforts are ongoing to strengthen the sub-national level coordination through establishment of District Multi-sectoral Nutrition Coordination Committees (DNCCs) in 64 districts and Upazila Multi-sectoral Nutrition Coordination Committees (UNCCs) in 495 sub-districts/upazilas.

1.2 Rationale for the Review

According to Global Nutrition Report, 2016, direct undernutrition interventions, even when scaled up to 90 percent coverage rate, have been estimated to address only 20 percent of the stunting burden and 60 percent of severe wasting. Tackling the underlying drivers of nutrition, is key to addressing the other 80 percent. The Benefit-Cost Ratio of Social safety Net (SSN) Expansion has been estimated to be about 1:28, meaning one dollar spent on these programs can result in benefit worth of 28 dollars. Social Protection Program combining with behaviour change communication (BCC) can reduce stunting by almost 7.3 percentage points¹⁷. The Public Expenditure Review on Nutrition (2019) identified that 98 percent of public expenditure on nutrition is spent on nutrition sensitive interventions. Moreover, four ministries (i.e. ministries of food, health and family welfare, mass and primary education, children and women affairs) account for 80 percent of nutrition expenditure in the country¹⁸. Therefore, efficient public resource utilization for nutrition requires the incorporation of appropriate nutrition issues into the relevant policies and programs of these ministries.

Social Protection Programs offer multiple ways for integrating nutrition considerations. Since women who play a central role in child nutrition, are often deprived of economic opportunities/sources of income because of the domestic and reproductive duties traditionally assigned to them, social protection programs are particularly vital in filling that gaps in services and resources. Prioritization of targeting for nutritionally vulnerable groups should be an important mechanism to deliver the social protection program's potential nutrition impact. Alongside transfers, a simultaneous BCC campaign can significantly improve child nutritional status and anthropometric outcomes. Adding BCC to transfers (cash and kind) leads to an increase in both "diet quantity" and "quality" in terms of household caloric intake, increased consumption of diverse food groups by children, resulting in a significant reduction in child stunting at 7.3 percentage points¹⁹. If this is implemented at scale throughout the country by taking all different geographical, economic, social and other local contexts into consideration, it is likely to positively impact in reduction of stunting.

¹⁷ Ahmed, Akhter; Hoddinott, John F.; and Roy, Shalini. 2019. Food transfers, cash transfers, behaviour change communication and child nutrition: Evidence from Bangladesh. IFPRI Discussion Paper 1868. Washington, DC: International Food Policy Research Institute (IFPRI)

¹⁸ Bangladesh Public Expenditure Review on Nutrition. 2019. Finance Division, Government of Bangladesh and UNICEF

¹⁹ Ahmed, Akhter; Hoddinott, John F.; and Roy, Shalini. 2019. Food transfers, cash transfers, behaviour change communication and child nutrition: Evidence from Bangladesh. IFPRI Discussion Paper 1868. Washington, DC: International Food Policy Research Institute (IFPRI)

As per a recent bottleneck analysis of nutrition sensitive interventions by BNNC, nutrition indicators are negatively affected by affordability of food, household income, price of food and other economic factors, with population within the higher wealth quintiles have better nutrition attainments and vice versa. Hence, to ensure equity and appropriate access to nutrition interventions, those in the lower wealth quintiles are required to be brought under social safety net programs inclusive of nutrition and gender sensitive interventions.

As mentioned before, social safety net programs offer multiple ways for integrating nutrition considerations through addressing various underlying causes for undernutrition. However, it is important that the programs adequately integrate nutrition considerations into their objectives, targets, actions, and monitoring mechanism as envisaged under NSSS, 2015. In doing so, getting a thorough understanding of the social safety net programs in terms of objectives, is necessary. At the same time, the development strategies of development partners, UN agencies and leading international NGOs for Bangladesh also have to be reviewed for nutrition sensitivity, since the support to GoB from these organizations in poverty reduction and social safety net are governed by these strategies and policies.

1.3 Objectives of the Review

1.3.1 Broad Objective

To map the existing SSNPs in Bangladesh under the purview of NSSS, 2015 and national & international standards of sensitive nutrition issues inclusive of gender and equity, to identify the extent to which nutrition relevant goals, objectives, targets and actions are incorporated.

1.3.2 Specific Objectives

- i. Develop an exhaustive list of the SSNP of Government, which have the potential impact on nutrition outcomes ensuring gender sensitivity under different ministries and departments.
- ii. Categorize the SSNPs based on their relationship with and the extent of nutrition sensitivity inclusive of gender and equity.
- iii. Review selected SSNPs under the purview of NSSS, NPAN2 and national and international standards to find out how nutrition issues are being addressed inclusive of gender and equity and the area of improvement.
- iv. Make recommendations on further incorporation or improvement of nutrition sensitive issues inclusive of gender and equity in the selected SSNPs if needed.
- v. Identify and review relevant policies and strategies of development partners, UN agencies and national & international agencies that have role in implementation of SSNPs and make recommendations for further linkages with GoB counterparts.

1.4 Methodology

The review was a joint endeavor of Cabinet Division, BNNC, relevant line ministries, development partners and other stakeholders. The review predominantly utilized secondary information from a thorough literature review, for which, documents on national and international SSNPs were collected and reviewed. The documents included the project/program documents, annual reports, monitoring documents, program evaluation documents, research papers based on program experience, and other relevant documents.

A similar exercise was carried out to take stock of relevant social safety net policies and strategies of development partners, UN agencies, and national and international NGOs working in gender sensitive and nutrition sensitive SSNPs in Bangladesh. Findings from secondary sources which were later validated and complemented with primary information from key respondents using Key Informant Interviews (KII). Key personnel in different ministries, departments, non-government organizations, academicians, technical experts and researchers involved in design and implementation of SSNPs were interviewed for their opinion, suggestions and recommendations. Once the desk review and KIIs have been completed, the findings were consolidated and analyzed using content analysis method. In some cases, key respondents included field level implementation personnel of different government line departments and non-government organizations. A KII checklist was developed and KIIs have been done following this checklist. The processes involved are shown in figure 2.

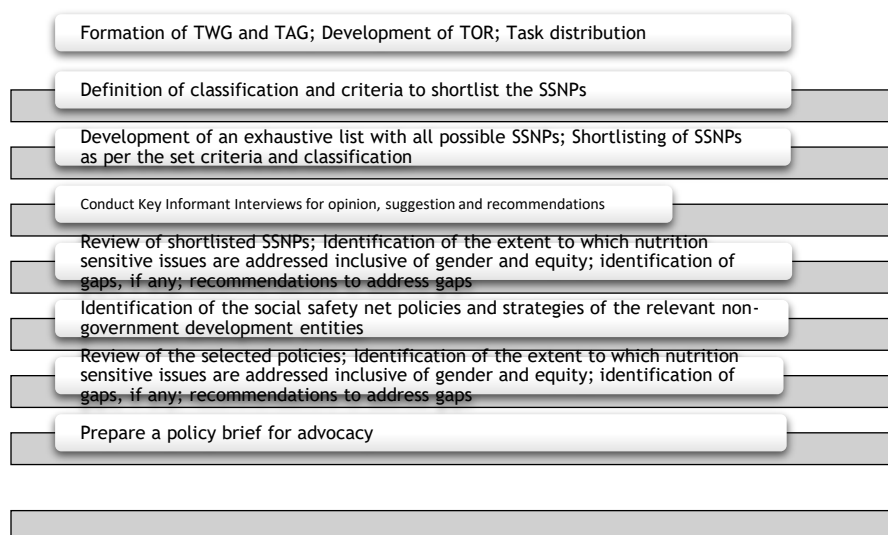


Figure 2: Methodology adopted for the review

1.4.1 Planning and Coordination of the Review

To coordinate among relevant stakeholders, supervise the review process and provide guidance to the Technical Working Group (TWG) involved with the review, a Thematic Advisory Group (TAG) was formed under the chair and secretary of the Additional Secretary Cabinet Division and DG BNNC respectively, taking participation from representatives of the Cabinet Division, BNNC, relevant line ministries, relevant development partners, UN agencies, national and international NGOs, academicians and researchers (See TOR and the list of Members in Annex-XXX).

1.4.2 Definition of classification and criteria for shortlisting of SSNPs

TWG, under the guidance of TAG, set particular definitions for classification of the SSNPs. A set of criteria was developed, which served as the basis to shortlist the SSNPs from the available list. The criteria were in line with the SUN guidelines for document review, as well as the processes followed in similar reviews in other countries by various UN agencies. The list included the following criteria:

- i. Population Coverage of the SSNP (in terms of Person-Months)
- ii. Budget of the SSNP in BDT.
- iii. Targets of the SSNP (women, children, adolescents, adults, Persons with Disability, etc.)
- iv. Geographical Coverage.

- v. Whether nutritionally vulnerable group e.g., women and girls were included as beneficiaries.
- vi. Whether nutrition related situation analysis was done.
- vii. Does the program have nutrition in objectives in Design?
- viii. Any nutrition related actions in the SSNP?
- ix. Presence of nutrition-related budget line.
- x. Does the SSNP have operational linkages and/or partnership mechanism with any other on-going nutrition programs or platforms?
- xi. Does the SSNP include any capacity building on nutrition?
- xii. Does the SSNP include any nutrition education/SBCC/messaging?
- xiii. Does the SSNP has nutrition indicator/data for monitoring?
- xiv. Does the nutrition data is gender/ethnicity/geographic segregated?
- xv. Are nutrition outputs/outcomes evaluated in the SSNP and documented (e.g. in the periodic reports)?
- xvi. What is the service delivery mechanism?
- xvii. Program duration

For simplicity of review, these criteria were later merged into several thematic areas, including resource allocation, lifecycle approach, targeting, gender sensitivity, and nutrition sensitivity in program design, implementation, and monitoring and evaluation. Section two and section three illustrate the review results in these thematic areas.

1.4.3 Shortlisting of SSNPs

The Finance division has a list of SSNPs in Bangladesh. This list is updated every year, and in general, it contains a number of SSNPs in the range of 120 to 140 (the number gets modified every year after budget). This is quite a significantly large number to review in a short time period. In addition, there are discrete SSNPs of the twenty three line ministries/divisions involved in implementing the NPAN2. Overall, there are quite a large number of social safety net programs in Bangladesh. TWG, under the supervision of TAG, prepared an exhaustive list of SSNPs from all these sources. The top fifteen SSNPs based on population coverage and same number of SSNPs based on budget were then determined from available information. Programs both in these lists were shortlisted for review. At the same time, TWG, through a series of internal workshops and discussions with relevant experts, identified a few other SSNPs from the exhaustive list and added them to the shortlist. Eventually, a total of 28 projects were included in the shortlist for review. The list was verified and finalized by the TAG for review.

1.4.4 Validation

As mentioned, the review was primarily based on secondary literature, associated with the selected projects, further verified and complemented by primary information collected from key respondents using the KII method. The review findings have been consolidated and refined through a series of TWG meetings. A validation workshop is planned to validate the review findings. After validation, the findings will be presented to the TAG for finalization.

2. RESULTS OF THE REVIEW

2.1 Overview of the selected SSNPs primarily implemented by the government ministries/divisions.

The source document, as mentioned before, for selection of the SSNPs, was the list of SSNPs of 2020-21 and 2021-22 financial years, prepared by the Finance Division, Ministry of Finance. The document listed 120 programs as SSNP, from which, 21 programs were shortlisted and selected for review, following the methodology shown in the previous section. Among the 21 selected SSNPs, the highest number of programs are being implemented by MOHFW and Ministry of Women and Children Affairs (MoWCA), with each implementing four SSNPs, followed by the Ministry of Disaster Management and Relief (MoDMR) and Ministry of Food (MoFood) with 3 programs each and Ministry of Agriculture (MoA) and Ministry of Social Welfare (MoSW) with two programs each. The Ministry of Local Government, Rural Development and Cooperatives (MoLGDR&C), Ministry of Education (MoE), and Ministry of Primary and Mass Education (MoPME) are implementing one program each from the shortlisted SSNPs. For ease of comparison, the review categorized the shortlisted SSNPs under different subgroups, definitions for which were taken from the list of Finance Division. These categories and the programs under these are illustrated below:

- i. ***Allowance Programs:*** These are cash transfer programs specific to demographic groups having unique characteristics (e.g. working women, old age allowance, etc.). These demographic groups, however, are not necessarily from poor or vulnerable communities (e.g. retired government employees, freedom fighters, etc.). This subcategory of SSNP has nine programs, as per the list provided by Finance Division, out of which, four programs have been selected in this review.
- ii. ***Food Security and Employment Generation Programs:*** These programs focus on catering to the needs of economically insolvent and vulnerable population during lean period or during food shortage situation, by providing food or food subsidy or by providing short-term employment opportunities. Some of the oldest SSNPs including vulnerable group development (VGD) and Test Relief (TR) are included under this category. Finance Division has listed eleven programs under this category from which seven have been included in the SSNPs shortlisted for this review.
- iii. ***Stipend Programs:*** These SSNPs were introduced mainly to encourage students from poor, disadvantaged and vulnerable families continue their education and improve the overall education status. These are conditional cash transfer programs under which fixed sums of money are provided to beneficiaries having specific criteria. Four programs have been listed by Finance Division in the list of SSNPs for 2019-20 and 2020-21 out of which one has been shortlisted in this review.
- iv. ***Cash/Materials Transfer Programs:*** These special programs address economic, as well as social, legal and other type of vulnerability of the target beneficiaries. The transfer modality are mixed depending on the nature of the vulnerability, ranging from cash transfer, food distribution, distribution of relief materials to legal assistance and housing supports. Since this category includes special programs targeting specific group of beneficiaries on particular occasion such as disaster and for specific period, the number of SSNPs under this category varies significantly in different years. There are 17 SSNPs under this category as listed by Finance Division for financial year 2020-21, from which, two have been shortlisted in this review.
- v. ***Development Programs (Health and Non-health):*** These are also special programs in which no specific distribution is made directly to the beneficiaries. Rather, these programs focus on infrastructure, service or system development so that the benefits can be received by a larger number of beneficiaries. This means that the programs under this category have universal coverage target, or at least, a larger coverage than SSNPs from other categories. While Finance Division considered development programs from multiple ministries under this category, those from MOHFW have been particularly denoted under a special subcategory of Development

Programs - Health. A total of 47 SSNPs are under this category, including seven from MOHFW. This review considered three non-health and four health sector development programs for further analysis.

Enhancing Resources and Increasing Capacities of the Poor Households Towards Elimination of their Poverty (ENRICH), is a special program of Ministry of Finance, which is implemented by Palli Karma Shahayak Foundation (PKSF), a specialized organization under Financial Institute Division of Ministry of Finance. This was shortlisted by TWG for the review. Although this program is funded by government, the SSNP list of Finance Division does not include it as a specific program; rather, it is embedded into the overall contribution of government to PKSF activities as a whole. Considering this program, the number of shortlisted GoB implemented SSNPs stand at 22.

2.2 Resource Allocations in the Selected SSNPs

Overall budget allocation for SSNPs was 95.57 Billion BDT in 2020-21 (equivalent to 1.12 Billion USD), which was increased to 107.61 Billion BDT in 2021-22 (equivalent to 1.27 Billion USD), indicating a 13 percent increase in budget allocation. However, the increase in the shortlisted SSNPs was relatively less, only 6 percent in 2021-22 in comparison to the previous year. Among the shortlisted SSNPs, Agricultural Subsidy experienced a massive increase, in 2021-22, equivalent to almost 76 percent. Vulnerable Group Feeding (VGF) also experienced around 35 percent increase in resource allocation in 2021-22. However, resource allocation was decreased in seven SSNPs and one was closed down in 2021-22. “Agricultural Rehabilitation” under MoA experienced the highest budget cut of 525 percent in 2021-22, most probably due to the massive increase in budget in the other shortlisted SSNP of the same ministry (Agricultural Subsidy). “Secondary and Higher Secondary Stipend Programme” experienced around 115 percent decrease, after it was shifted from MoE to the Prime Minister’s Education Support Trust. Food Friendly Program (FFP) also experienced around 31 percent decrease in allocation in 2021-22. A comparison of allocation in different type of shortlisted SSNPs is shown in figure4 below.

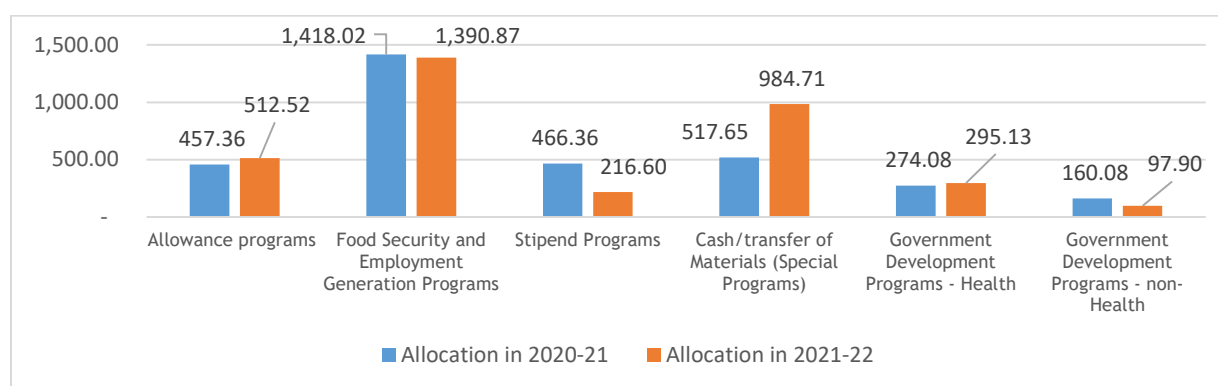


Figure 3: Comparison of Resource Allocation in Selected SSNPs: 2020-21 and 2021-22 (in Equivalent Million USD)

In case of ENRICH, as mentioned before, the annual allocation is not indicated separately. Hence, the specific resource allocations for 2020-21 and 2021-22 financial years are not known.

Table 2: Resource Allocation in 2020-21 and 2021-22 Financial Years for the Shortlisted SSNPs

Programme	Budget (2020-21) (Crore BDT)	Equivalent Million USD	Proportion of Total SSNP Budget of 2020-21	Budget (2021-22) (Crore BDT)	Equivalent Million USD	Proportion of Total SSNP Budget of 2021-22
Allowance programs						
Allowance of Widow, Deserted, and Destitute Women	1,230.00	144.71	1.29%	1495.4	175.93	1.56%
Allowances for Financially Insolvent Disabled	1,620.00	190.59	1.70%	1820	214.12	1.90%
Maternity Allowance for the poor pregnant and lactating mother ²⁰	763.27	89.80	0.80%	764.39	89.93	0.80%
Assistance for Working Lactating Mothers	274.28	32.27	0.29%	276.65	32.55	0.29%
Food Security and Employment Generation Programs						
Vulnerable Group Development Programme (VGD)	1,756.93	206.70	1.84%	1840.05	216.48	1.93%
Vulnerable Group Feeding	940.10	110.60	0.98%	1455.54	171.24	1.52%
Food Friendly Program (FFP)	3,844.26	452.27	4.02%	2945.73	346.56	3.08%
Employment Generation Programme for the Ultra Poor	1,650.00	194.12	1.73%	1650	194.12	1.73%
Test Relief (Cash)	1,530.00	180.00	1.60%	1450	170.59	1.52%
Open Market Sales (OMS)	972.90	114.46	1.02%	1019.86	119.98	1.07%
Food Subsidy	1,358.96	159.88	1.42%	1461.18	171.90	1.53%
Stipend Programs						
Secondary and Higher Secondary Stipend Programme***	3,964.08	466.36	4.15%	1841.14	216.60	1.93%
Cash/transfer of Materials (Special Programs)						
Agricultural Subsidy	1,900.00	223.53	1.99%	7,970	-	0.00%
Agricultural Rehabilitation	2,500.00	294.12	2.62%	400	-	0.00%
Government Development Programs – Health						
National Nutrition Services Operational Plan (NNS-OP)	142.50	16.76	0.15%	1457.16	171.43	1.52%

²⁰ This program has been merged with Assistance for Working Lactating Mothers and the combined one has been named “Mother and Child Benefit Program”. However, since Finance Division continues to define it as separate programs, these are shown differently in this review.

Programme	Budget (2020-21) (Crore BDT)	Equivalent Million USD	Proportion of Total SSNP Budget of 2020-21	Budget (2021-22) (Crore BDT)	Equivalent Million USD	Proportion of Total SSNP Budget of 2021-22
Essential Service Delivery (ESD) and Community-Based Health Care Operational Plan (CBHC OP)	1,236.38	145.46	1.29%	786.62	92.54	0.82%
Maternal Neonatal Child & Adolescent Health Operational Plan (MNCAH OP)*	715.77	84.21	0.75%		-	0.00%
Maternal, Child, Reproductive, and Adolescent Health Operational Plan (MCRAH OP)	235.00	27.65	0.25%	264.8	31.15	0.28%
Government Development Programs - Non-Health						
Investment Component for Vulnerable Group Development (ICVGD)	52.67	6.20	0.06%	159.19	18.73	0.17%
School Feeding Programmes in Poverty Stricken Areas	282.50	33.24	0.30%	673	79.18	0.70%
My Home My Farm**	1,025.50	120.65	1.07%		-	0.00%
Total	27,995.10	3,293.54	29.29%	29730.71	3,497.73	31.11%

* Budget allocation in 2021-22 for this program was shown in a cumulative form with that of NNS

** Budget allocation of 2021-22 did not include this program. The program was extended till 2020. So, presumably, this program is closed now and hence not shown in 2021-22 SSNP list of Finance Division.

*** This program got shifted from MoE to Prime Minister's Education Support Trust, a possible reason for the reduction of budget allocation in 2021-22

2.3 Key Aspects of the Selected SSNPs

Lifecycle Approach

SSNPs predominantly follow a lifecycle approach, covering all stages of life. The NSSS, 2015 itself is a strategy based on lifecycle approach. However, the approach adopted by government and development partners in addressing the lifecycle issues is different. The government SSNPs, in line with the NSSS, 2015, address all stages of life through design and implementation of different projects targeting different age groups. For example, there are programs to cover pre-conception and early childhood development (e.g. Maternity Allowance for the poor pregnant and lactating mother), development of school aged (e.g. School feeding programs, secondary and higher secondary stipend programs), adolescent support programs (e.g. MNCAH, MCRAH), working age support programs (e.g. EGPP, FFP, TR, etc.) and old-age support programs. The addressing, however, is done from different programs targeting different age group under separate ministries, without significant coordination. Hence, the same cohort of population benefitting from different SSNPs along the lifecycle cannot be ensured.

Addressing Vulnerability

All the SSNPs selected address economic, social, health or other type of vulnerability of the target populations. Majority of the selected SSNPs were found to be designed to address economic vulnerability of the target beneficiaries. As a result, these programs explicitly targeted extreme poor and economically vulnerable population with criteria of, for example, landlessness or a particular quantity of land or assets and particular income level. The mechanisms to address the vulnerability are predominantly transfer of cash (e.g. allowance programs), materials/food (e.g. VGD, VGF) or creation of income through short term employment (e.g. EGPP, TR, etc.). Programs like education stipend, agricultural subsidy, agricultural rehabilitation, school feeding program, however, do not explicitly address economic vulnerability; rather, targets secondary causes of vulnerability, including education and food production. The development programs, particularly those under health, are more of blanket programs, targeting almost entirety of the population rather than specific vulnerable groups. Point to be noted that, apart from a few targeted interventions under the health-related development programs, none of the selected SSNPs address nutrition vulnerable populations (e.g. families with severe or moderate acute malnourished children, pregnant mothers with anemia or similar micronutrient deficiencies). At the same time, while designing programs, most of the SSNPs target or prioritize geographic areas having economic vulnerability rather than nutritional vulnerability. While it is a common phenomenon that geographic areas having economic vulnerability also have nutrition vulnerability, however, the recent nutrition mapping done in Bangladesh for the preparation of the Global Action Plan (GAP) for wasting identified that the relationship is not exhaustive, and there are specific locations in the country having significant nutritional vulnerability but were not generally considered as economically vulnerable.

Geographical Targeting of SSNPs

One similarity observed in all the SSNPs reviewed in this document, regardless of government and development partner funded programs, is the predominant targeting of rural areas for program implementation. Apart from OMS and assistance for working lactating mothers, all other programs are being implemented targeting rural population. While this was logical for some of the older SSNPs as rural population constituted more than 80 percent of the total population of the country till 90s, however, there has been a continuous increase in urban population from the beginning of 21st century, resulting urban population reaching around 38 percent in the country²¹. It is believed that the rapid urbanization has positively contributed to the country's rapidly growing economy, but the process has been messy and has been taking a heavy toll on the livability of its cities for the population because of already stressed and poorly developed, unprepared and inadequate existing basic services (e.g., housing, health services, transport, water supply, and sanitation)²². Only 17.84 percent of the poor people living in towns and cities receive support from social safety schemes²³.

In general, the nutrition outcomes in Bangladesh are generally better for urban population than those living in rural areas, considering lower prevalence of stunting, wasting and underweight among under 5 children and better dietary diversity²⁴. This can be attributed to better service utilization by the urban dwellers, as indicated in the Utilization of Essential Service Delivery Survey of 2016, that included urban service delivery as well. However, there is a significant disparity among different wealth groups within the urban population, as shown above, with nutrition indicators predominantly being worse among the urban slum population in comparison to the non-slum population, and even in some cases in comparison

²¹ <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=BD>

²² Country Partnership Framework, World Bank, 2016-2020

²³ http://socialprotection.gov.bd/wp-content/uploads/2019/10/Social-Safety-Nets_-Not-many-urban-poor-getting-help_-The-Daily-Star.pdf

²⁴ Bangladesh Demographic and Health Survey, 2017-18, National Institute of Population Research and Training, Ministry of Health and Family Welfare, Mitra and Associates, The DHS Program ICF, Rockville, Maryland, U.S.A., October 2018

to the rural people²⁵. Considerable difference also lies within the service utilization of essential health and nutrition services among urban population, with non-slum dwellers having better access and utilization of services than the slum-dwellers²⁶. Unique characteristics of slum settlements, including high population densities, inferior public water and sanitation services, and poor-quality housing can also be attributed in this regard. Moreover, a significant knowledge gap persists regarding delivery, utilization and status of nutrition services in urban areas, as regular national health and nutrition services often do not distinguish among different wealth groups and slum-vs-non-slum population. The COVID-19 pandemic crisis has also flagged the issue of rural-urban migrants and the need for focused targeting of the urban poor. Without more urban-focused nutrition sensitive SSNPs, the disparities will continue.

Delivery Mechanisms

Delivery mechanisms in the selected programs were found to be varying, depending on the nature of the programs. However, involvement of local administration (e.g. Upazila Nirbahi Officer or UNO), upazila level government offices of the respective departments of the implementing departments and local government representatives were found to be common in almost all the programs, with the later being involved with the selection of the beneficiaries. In case of cash transfer, most of the programs use transfer to the bank accounts of the respective beneficiaries. However, government is now thinking of using mobile banking service providers for the distribution. Already there have been a piloting conducted, and based on the results, government has started disbursement in around twenty-four districts. In case of food transfer, the food, most of the times rice, is allocated from Ministry of Food, and distributed through the local administration or the local government representatives. Private sector dealers are involved in subsidy programs, e.g. OMS, in which the food or subsidized commodities are distributed from Ministry of Food or Ministry of Agriculture to them for sell in open market on the set subsidized prices. Health related development programs utilize the field structure of Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) for delivery of services and commodities.

Very few programs are associated with sensitization, awareness or behavioural change communications interventions linked with cash, food, materials or service delivery. VGD, ICVGD, School Feeding, maternal allowance and allowance for working lactating mothers are some of the few programs that include Social and Behavioural Change Communication (SBCC) messages. Health-related development programs are different in this aspect, since these programs have comprehensive components on SBCC interventions and counseling on specific issues of maternal, child and adolescent nutrition.

2.4 Gender Sensitivity in the Selected SSNPs

There is a growing consensus on the issue that the social protection systems adopting life cycle approach and providing supports during vulnerability and crisis play a vital role in protecting women from insecurity, enhancing their risks and shocks coping mechanisms and eventually contribute in transforming women's outcomes²⁷. To contribute to gender equality, social protection systems should address life cycle risks, increase access to services and sustainable infrastructure and promote, among others, women's and girls' economic empowerment. Based on these considerations, the review made an attempt to assess the gender sensitivity of the selected SSNPs.

²⁵Govindaraj, Ramesh, Dhushyanth Raju, Federica Secci, Sadia Chowdhury, and Jean-Jacques Frere. 2018. Health and Nutrition in Urban Bangladesh: Social Determinants and Health Sector Governance. Directions in Development. Washington, DC: World Bank. doi:10.1596/978-1-4648-1199-9. License: Creative Commons Attribution CC BY 3.0 IGO

²⁶ Adams, Alayne M., Rubana Islam and Tanvir Ahmed. 2015. "Who serves the urban poor? A geospatial and descriptive analysis of health services in slum settlements in Dhaka, Bangladesh." Health Policy and Planning 30: i32-i45.

²⁷ Joint Statement by the Social Protection Inter-Agency Cooperation Board (SPIAC-B) to the 63rd session of the Commission on the Status of Women, 2019

There are some specific issues in which women in Bangladesh are particularly vulnerable in comparison to men, and hence, SSNPs, to ensure gender sensitivity, need to address these issues. For example, Bangladesh, along with other countries in South Asia, is the only region that presents statistically significant disparities in poverty rates between males and females (14.7 percent and 15.9 percent, respectively)²⁸. Women also have limited access to productive assets, income, and decision-making power to utilize assets, resulting to higher poverty than men. This vulnerability is further escalated by the social status of women, with widowed, deserted and destitute women being more economically vulnerable. Gender disparities in education remain another prevalent issue that is inherently linked to pervasive socio-cultural gender biases in the country. Though there has been increase in recent times, women participation in labor force is still significantly low (36.3 percent) than their male counterparts (80.3 percent)²⁹. The review focused on the approaches adopted in the selected SSNPs to address these vulnerability issues, to define the inclusiveness of the programs.

Three aspects were considered while assessing gender sensitivity in targeting of the selected SSNPs - eligibility (i.e. whether women are eligible to be included in the selected SSNPs), priority (i.e. whether women are given special emphasis in beneficiary selection) and exclusivity (i.e. whether only women are selected as beneficiaries). As shown in table 2, it was found that all the selected SSNPs had eligibility to include women. On the other extreme, six out of the 21 government SSNPs had the exclusivity, i.e. only women can be selected as beneficiaries in these programs. Within the government SSNPs, the allowance programs seemed to have more exclusivity than the other subcategories. Eight out of the 21 government SSNPs were found to put special emphasis on inclusion of women as beneficiaries (i.e. priority), which was seen in three out of the six development partner programs. The scenario shown in table 3 indicates that there have been significant efforts to include women as beneficiaries in SSNPs to the extent that there are special programs designed exclusively for them.

Table 3: Assessment of Gender Sensitivity in the Targeting of the SSNPs

Program	Eligibility	Priority	Exclusivity
Allowance programs			
Allowance of Widow, Deserted, and Destitute Women			
Allowances for Financially Insolvent Disabled			
Maternity Allowance for the poor pregnant and lactating mother			
Assistance for Working Lactating Mothers			
Food Security and Employment Generation Programs			
Vulnerable Group Development Programme (VGD)			
Vulnerable Group Feeding			
Food Friendly Program (FFP)			
Employment Generation Programme for the Ultra Poor*			
Test Relief (Cash)*			
Open Market Sales (OMS)**			
Food Subsidy			
Stipend Programs			
Secondary and Higher Secondary Stipend Programme			
Cash/transfer of Materials (Special Programs)			
Agricultural Subsidy			
Agricultural Rehabilitation			
Government Development Programs - Health			
NNS			
ESD and CBHC			
MNCAH			
MCRAH			

²⁸ Boudet, Ana Maria Munoz, Paola Buitrago, Benedicte Leroy de la Briere, David Newhouse, Eliana Rubiano Matulevich, Kinnon Scott, and Pablo Suarez-Becerra. 2018. "Gender Differences in Poverty and Household Composition through the Life-Cycle: A Global Perspective." Policy Research Working Paper. Washington, DC: World Bank.

²⁹ BBS. 2018. Labour Force Survey Bangladesh 2016-17. Bangladesh Bureau of Statistics. Agargaon, Dhaka, Bangladesh

Program	Eligibility	Priority	Exclusivity
Government Development Programs - Non-Health			
ICVGD			
School Feeding Programmes in Poverty Stricken Areas			
My Home My Farm			
Enhancing Resources and Increasing Capacities of the Poor Households Towards Elimination of their Poverty (ENRICH)***			

**Special quota of 33 percent is reserved for women*

***Destitute women were supposed to get priority, however, no such allocation is maintained in reality*

****SSNP list of Finance Division did not include this program under this subcategory, rather the entire investment with PKSF have been included under development program category. This review included ENRICH part of PKSF activity here in this subcategory*

The allowance programs in the selected SSNPs of GoB have specific emphasis on ensuring minimum living standards for women from specific vulnerable groups, including poor pregnant and lactating mothers, particularly working mothers, widow, deserted and destitute women, and women with disabilities. Food distributed from the VGD and ICVGD programs and the subsidy on food prices provided from VGF and FFP contribute to the food security of poor and vulnerable women. Special quota in EGPP and TR contributes towards the increased labor force participation of women. In addition, the stipend programs and school feeding programs have impact on education of girl students.

While the SSNPs ensured participation of women in the program as beneficiaries, however, the review is not certain whether they actually get the full benefits intended. For example, the allowance meant to purchase nutritious food for pregnant and lactating mothers are transferred after a few months, in bulk, which the beneficiaries view as a windfall gain rather than a regular cash flow³⁰. A review identified that most of the women beneficiaries use the money for household activities rather than buying nutritious food³¹. Moreover, the amount of benefits transferred, particularly from the allowance and stipend programs, may not be adequate to address specific vulnerabilities faced by women³². Despite notable improvement, women's economic choices and control remain limited in Bangladesh³³, and hence, without any specific interventions, it is difficult to ensure that the cash and materials distributed from the SSNPs are self-controlled and being utilized by the women beneficiaries for reasons of their own choice. It seems that, by targeting women as beneficiaries, the selected GoB SSNPs expected positive gender outcomes as “by products” of the programs rather than “Results Expected from Targeted Interventions”.

2.5 Nutrition Sensitivity of the Selected SSNPs

Nutrition Sensitivity in Program Design

Two aspects were considered in defining nutrition sensitivity of the design of the SSNPs - inclusion of nutrition in situation analysis during project design, and incorporation of nutrition in project objectives directly or indirectly. Review of the government SSNPs indicated that majority of the programs, apart from health-related development programs, did not consider a nutrition situation analysis during project design. In fact, only one government SSNP outside health, the school feeding program, conducted nutrition-focused situation assessment, and that too due to the involvement of WFP. The situation analysis of the Program Implementation Plan (PIP) of 4th Health, Population and Nutrition Sector Program

³⁰ BNNC. 2021. Bottleneck Analysis for the Coverage of Nutrition-Sensitive Interventions in Bangladesh. Bangladesh National Nutrition Council, Dhaka, Bangladesh.

³¹ Maxwell Stamp Plc. 2017. Diagnostic Study of Maternity Allowance (MA) and Lactating Mother Allowance (LMA) Programmes of Bangladesh: Implications for Value-for-Money in Social Protection Interventions. Strengthening Public Financial Management for Social Protection (SPFMSP) Project Finance Division, Ministry of Finance. Dhaka, Bangladesh.

³² Abdul, Mohammad & Pradhan, Hannan & Afrin, Sabiha. (2015). A Review of Social Safety Nets Programs for Women in Bangladesh: Issue and Challenges. Advances in Economics and Business. 3. 149-156. 10.13189/aeb.2015.030405.

³³ Solotaroff, Jennifer L.; Kotikula, Aphichoke; Lonnberg, Tara; Ali, Snigdha; Pande, Rohini P.; Jahan, Ferdous. 2019. Voices to Choices : Bangladesh's Journey in Women's Economic Empowerment. International Development in Focus;. Washington, DC: World Bank. © World Bank. <https://openknowledge.worldbank.org/handle/10986/30881> License: CC BY 3.0 IGO

(4th HPNSP) had nutrition as one of the three priority sectors of MOHFW, hence, ensured inclusion of nutrition situation analysis into all the relevant OPs, including the four selected as SSNP in this review. The selected development partners' SSNPs, on the other hand, had specific nutrition situation analysis conducted, indicating nutrition emphasis in program design.

Twelve out of the 21 government SSNPs had explicit mention of nutrition in aim, objective or goal level statement of the project design (see table 4). Among these, four are health related government SSNPs. As mentioned earlier, nutrition being a priority area of MOHFW, the relevant OPs of 4th HPNSP include nutrition as an objective or goal level issue. The allowance programs, apart from the allowance of financially insolvent disabled, had direct relation of the respective program objectives with ensuring nutrition of the target beneficiaries, predominantly from the assumption that the cash transferred would be utilized by the beneficiaries in purchasing nutritious food. Majority of the food security and employment generation programs had indirect relation with nutrition, from the context of food availability or income generation contributing towards food availability. Five programs had no objectives having direct or indirect relations to nutrition.

Table 4: Nutrition Sensitivity in Design of SSNPs

Programme	Design Include Nutrition Situation Analysis	Program Objectives Directly or Indirectly Related to Nutrition
Allowance programs		
Allowance of Widow, Deserted, and Destitute Women	No	Direct
Allowances for Financially Insolvent Disabled	No	No Nutrition Objectives
Maternity Allowance for the poor pregnant and lactating mother	No	Direct
Assistance for Working Lactating Mothers	No	Direct
Food Security and Employment Generation Programs		
Vulnerable Group Development Programme (VGD)	No	Direct
Vulnerable Group Feeding	No	Indirect (Food Security)
Food Friendly Program (FFP)	No	Direct
Employment Generation Programme for the Ultra Poor	No	Indirect (Income from Employment)
Test Relief (Cash)	No	Indirect (Food Security)
Open Market Sales (OMS)	No	Indirect (Food Availability)
Food Subsidy	No	Indirect (Food Availability)
Stipend Programs		
Secondary and Higher Secondary Stipend Programme	No	No Nutrition Objectives
Cash/transfer of Materials (Special Programs)		
Agricultural Subsidy	No	No Nutrition Objectives
Agricultural Rehabilitation	No	No Nutrition Objectives
Government Development Programs - Health		
National Nutrition Services Operational Plan (NNS-OP)	Yes	Direct
ESD and CBHC	Yes	Direct
MNCAH	Yes	Direct
MCRAH	Yes	Direct
Government Development Programs - Non-Health		
Investment Component for Vulnerable Group Development (ICVGD)	No	Direct
School Feeding Programmes in Poverty Stricken Areas	Yes	Direct
My House My Farm	No	No Nutrition Objectives
ENRICH	No	Direct

Nutrition related Action in SSNPs

In line with the program design discussed above, government SSNPs were not planned to incorporate nutrition issues comprehensively similar to those of development partners. As discussed in previous sections, majority of the government SSNPs were designed as special purpose program and not necessarily having relation with nutrition. As a result, quite a number of these programs have very few or no nutrition related actions. Major nutrition activities in government SSNPs are described below:

- **Allowance Programs:** Among the allowance programs, the allowance for lactating and working lactating mothers have IYCF activities, nutrition counseling for mother, adolescent and children, along with cash transfer to purchase nutritious food and life skill training on health, nutrition and income generating activities. The remaining two allowance programs do not have any nutrition promoting activities. Cash distributed in these two programs are unconditional grants. However, program evaluation indicated that beneficiaries use the grant to purchase food, and from that aspect, this activity has been included for the allowance for widow and allowance for disabled.
- **Food Security and Employment Generation Programs:** Apart from FFP and VGD, remaining programs under this category have very few nutrition activities, and are mostly in terms of food distribution/transfer, subsidizing food cost or generating income so that households can purchase food, but not all three. FFP is a food subsidy program under which rice is sold at a subsidized rate; however, the rice sold is fortified, bringing in the nutrition component. VGD is different to other programs of this category from the nutrition perspective, as, along with food distribution of rice in general but fortified rice in 180 upazilas, the program has training components on income generating activities and nutrition SBCC on mother and child nutrition.
- **Stipend Program:** The sole program under this category has a conditional cash grant component, which is to purchase educational items, not food or nutrition items.
- **Cash/Materials Transfer Special Programs:** Both these programs are focused on improving agricultural production. Agricultural subsidy puts emphasis on subsidizing agricultural inputs so that cost of production, particularly of food commodities is lower. Agricultural rehabilitation includes cash transfer to rehabilitate small and marginal farmers and provide them agricultural inputs such as seeds, fertilizers and farm machineries etc. for fruits and vegetable-nutrition garden.
- **Government Development Programs - Health:** These are the only SSNPs in government programs that have nutrition-specific as well as nutrition-sensitive activities. As mentioned before, being health sector programs, nutrition is embedded along with health and family planning service delivery in these programs. Among the nutrition specific activities, these four programs have management of malnutrition, IYCF counseling, counseling on maternal and adolescent nutrition, micronutrient supplementation, nutrition SBCC, etc. However, these programs do not have cash or food distribution or skills development activities to increase income.
- **Government Development Programs - Non-Health:** ICVGD program under this category has the fortified rice distribution component, along with cash grant for micro enterprise development to enable pregnant and lactating mothers and their household members ensure food availability. In addition, there are nutrition-focused SBCC activities to improve knowledge and awareness regarding nutritious food, dietary diversity, and other aspects of maternal and child nutrition. School feeding program includes distribution of 75 gram pack of fortified biscuits, each pack containing 338 kilocalories and about 67% of the daily 'Recommended Nutrient Intake (RNI) for a primary school child. The program also has a hot cooked meals subcomponent, however, that part is currently not under operation due to closure of schools in COVID period. My home My Farm

promoted organic techniques and modern technologies in agriculture and promoted household level food production.

A snapshot of the nutrition activities in different SSNPs is given in table 5.

Table 5: Nutrition Related Activities in Different SSNPs

Programme	Management of Malnutrition	Growth Monitoring	IYCF Counseling	Micronutrient Supplementation	Food Distribution	Subsidy to Control Food Price	Distribution of Fortified Food	Cash/grant for Food	Income for Food Security	Food Production/Availability	Nutrition Counseling	Nutrition Focused SBCC
Allowance programs												
Allowance of Widow, Deserted, and Destitute Women*												
Allowances for Financially Insolvent Disabled*												
Maternity Allowance for Poor Lactating Mothers												
Assistance for Working Lactating Mothers												
Food Security and Employment Generation Programs												
VGD												
VGF												
FFP												
EGPP												
Test Relief (Cash)												
OMS												
Food Subsidy												
Stipend Programs												
Secondary and Higher Secondary Stipend Programme												
Cash/transfer of Materials (Special Programs)												
Agricultural Subsidy												
Agricultural Rehabilitation												
Government Development Programs - Health												
NNS												
ESD and CBHC												
MNCAH												
MCRAH												
Government Development Programs - Non-Health												
ICVGD												
School Feeding Program												
My Home e My Farm												
ENRICH												

* Unconditional cash grant; beneficiaries do not have to purchase food; however, evaluation indicated beneficiaries utilizing grant to purchase food

2.6. Cross-sectoral Linkage and Coordination

Majority of the programs reviewed are being implemented in a “silo” approach, without significant coordination or collaboration with related SSNPs of other ministries, even sometimes within the specific ministry, as mentioned by the key respondents during KIIs. In some cases, coordination was not seen, particularly at the implementation level, whereas there are obvious opportunities to do so. For example, there are specific scopes of functional coordination between Department of Women Affairs of MoWCA

and DGHS/DGFP of MOHFW for selection of pregnant and lactating mother beneficiaries, community sensitization, awareness building on nutrition and nutrition counseling. However, no evidence was found in this regard, with both the ministries doing similar activities separately for their respective programs. School feeding program, NNS and ENRICH can be termed as different in these regard, as there are some form of multisectoral collaboration within these programs with relevant ministries and departments.

In spite of having nutrition explicitly mentioned at objectives, goal or aims, majority of the shortlisted programs had coordination or linkages with nutrition-related multi-stakeholder platforms, e.g. those under BNNC. As a result, quite a number of program personnel did not have idea regarding nutrition-sensitivity of their respective programs, as noticed during the sensitization sessions arranged by BNNC for development of annual nutrition work plans of the respective ministries in 2019-20 and 2020-21. There were very limited efforts from the ministries to link specific SSNPs with annual nutrition work plans to ensure support and collaboration from multi-stakeholders platforms for nutrition³⁴. This is an evidence that there continues to be limited sensitization and awareness on nutrition sensitivity of SSNPs within the respective program personnel.

2.7. Nutrition Monitoring, Evaluation and Reporting

Although twelve programs had explicit mention of nutrition at objective, aim or purpose level, surprisingly, only two programs were found to have explicit nutrition-related outcome level indicators. As a result, the nutrition outcomes of these programs are not evaluated. Point to be noted that apart from a very few program (e.g. School feeding, ICVGD, and health related programs) majority of the SSNPs are not regularly evaluated or reviewed for the performance. As a result, the pertaining issues, particularly regarding nutrition sensitivity are not surfaced and addressed. The annual resource allocations and reallocations do not seem to have any relationship with the performance of the programs.

As mentioned before, the health-related SSNPs are different, in this regard. The four programs of this nature selected are OPs under 4th HPNSP, hence, are subjected to annual program review (APR), Midterm review (MTR) and end of program review. Moreover, the evaluation results are linked to resource allocations of the OPs. Particularly, the Disbursement Linked Indicators (DLI) of these OPs are directly linked to the Result Based Finance (RBF) modality of development partners, in which, the resource allocations are directly linked to achievements of preset targets. However, remaining SSNPs are standalone programs of the respective ministries, and were not found to have explicitly linked to any such monitoring framework.

Similar to monitoring and evaluation, documentation of the performance of the SSNPs are irregular in case of majority of the programs. The respective ministries, other than MOHFW, do not publish annual or regular performance reports of the SSNPs. The programs having some involvement with development partners have periodic reports of those programs. For example, WFP conducts periodic evaluations of the school feeding program, reports of which are being published. World Bank conducted periodic evaluations for some of the programs in which it had involvement. However, the respective ministries and departments, other than MOHFW, do not publish annual or periodic performance reports of their SSNPs. However, as part of the progress in Annual Performance Agreement (APA), respective ministries, divisions and departments publish results of some of the SSNPs against the activity level indicators (e.g. number of beneficiaries reached, amount of money distributed, etc.), however, these reports do not include the outcome and impact level performances of the programs.

³⁴ Review of the relevant annual nutrition work plans of the respective ministries and divisions submitted to BNNC dashboard http://103.247.238.56/workplan/reports/work_plan_list

3. RESULTS OF THE REVIEW OF SSNPS OF THE DEVELOPMENT PARTNERS

3.1 Overview of the Programs

The SSNPs selected in this category are predominantly funded by development partners and international agencies. Although there are fundings from the government in some of these programs as well, however, the extent is not as high as those mentioned in the previous chapter. Moreover, the donors, along with their implementing partners (i.e. national and international NGOs in most of the times) are in the lead role for implementation of these programs rather than government departments. Again, it is not that the government departments are not involved, however, the extent of involvement may not be as explicit or extensive as the SSNPs indicated as “GoB SSNPs”. The major reasons for a separate categorization of these programs are for the fact that these SSNPs are not included in the list of the Finance Division from which the other programs were selected. The programs selected under this category are:

- i. Pathways to Prosperity for Extremely Poor People (PPEPP), which is funded by EU and FCDO and managed by PKSF.
- ii. SUCHANA, funded by European Union and UKAID; Implemented by Save the Children, in partnership with World Fish Centre, Helen Keller International, International Development Enterprises, FIVDB, RDRS and CNRS.
- iii. SHOUHARDO III, Development Food Security Activity (DFSA) funded by the United States Government through the United States Agency for International Development/ Office of Food for Peace (USAID/FFP), with complementary funding from the Government of Bangladesh (GoB), implemented by CARE Bangladesh, with support from a group of national NGOs.
- iv. Income Support Program for the Poorest (ISPP)/JAWTNA, co-funded by World Bank and implemented by Local Government Division of MoLGDR&C.
- v. Nobo Jatra, funded by USAID and implemented by WVB, Winrock and WFP.
- vi. Nuton Jibon Livelihood improvement Programme (SIPP -III), implemented by Social Development Foundation (SDF), with funding mainly from World Bank, and small financial contribution from GoB.

Another aspect from which these programs are different from the “GoB SSNPs” is that, these are not specific cash transfer or short-term employment generation programs. Rather, these are umbrella/comprehensive projects with multiple components, including livelihood, health, nutrition, employment, skills development, etc. The development approach is also different, since these SSNPs target the entire household rather than specific individuals. This is further discussed in the subsequent sections.

3.2 Resource Allocations

Selected SSNPs of development partners, unlike GoB SSNPs, do not receive specific annual budget allocations. Rather, the resource allocations are decided during the project design for the entire project lifecycle. The allocations for different projects in million USD?? are shown in the figure 4 below.

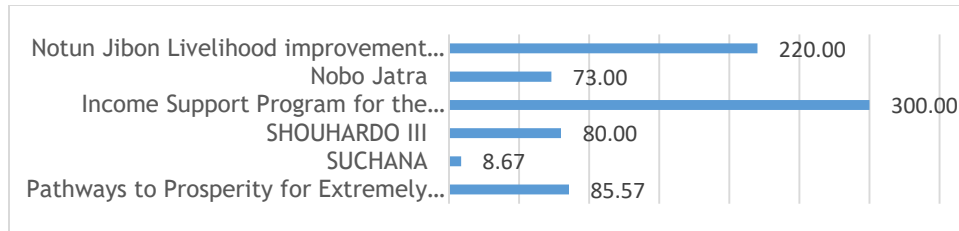


Figure 4: Resource allocations in the SSNPs of development partners

Comparing resource allocations, it is quite clear that the government SSNPs, in majority of the cases, are significantly larger than that in development partners' SSNPs. This is mainly because of the higher coverage of the government SSNPs in comparison to those of development partners. Majority of the government SSNPs are implemented at scale throughout the whole country. Even the only three shortlisted government SSNPs that are not being implemented throughout the country have higher geographical coverage than most of the development partners' programs. For example - the ICVGD program, the smallest of the selected government SSNPs, is being implemented in 64 Upazilas, one from each of the 64 districts, in comparison to the coverage of 23 Upazilas by SHOUHARDO III, 4 Upazilas by Nobo Jatra. While the development partners' SSNPs consider headcount for beneficiary coverage, government SSNPs use person-months. Hence, the demographic coverage of these programs are not comparable. However, the qualitative discussions with key respondents and the geographical coverage scenario indicate a larger demographic coverage of government SSNPs in comparison to those of the development partners.

3.3 Key Aspects of the Selected SSNPs

Lifecycle Approach

Similar to GoB SSNPs, the selected development partners' SSNPs also adopted lifecycle approach with the respective project design and implementation mechanisms. The approach for development partners was found to be different from the aspect of comprehensiveness of each program along the lifecycle of target population. Rather than simultaneous implementation of separate programs targeting population from different age groups (i.e. that being done in GoB SSNPs), these programs are designed to include beneficiaries from different age groups into same program. For example, SUCHANA targets children under two years, adolescent girls (10-15 years) and women of reproductive age (15-49 years), whereas PPEPP and SHOUHARDO III target the entire household of the beneficiaries. This is another reason for which these programs adopted household targeting rather than individual targeting to ensure such inclusion of population from multiple age groups. However, such multiple demographic targeting, coupled with limited resource allocations, indicate a limited outreach or coverage of these SSNPs in comparison to the GoB ones. This can be reflected in the geographical coverage of all the programs taken in this review in which, majority of the GoB SSNPs are implemented throughout the country in all districts, whereas, the development partners' SSNPs are implemented in selected districts and subdistricts. Since the demographic coverages are measured using different units (with GoB measuring in "person-months" whereas development partners measuring in "number of households" or "number of people"), direct comparison in population coverage could not be done in this review.

Similar to GoB SSNPs, these programs also do not cater the exact same cohort of population along their lifecycle. One possible reason can be the inclusion of "graduation" philosophy in these programs that relates the advancement out of poverty or vulnerability with the program performance to allow inclusion of other vulnerable population into the subsequent phases³⁵ of the program. Another possible reason can

³⁵ SHOUHARDO III, ISPP, Nobo Jatra and Notun Jibon - all four of these programs had previous phases of implementation, however, in different geographical locations, and often under funding from different donors

be the scale up of the programs into new geographic areas, while scaling down from the existing project areas in the subsequent phases of the programs.

Addressing Vulnerability

Similar to GoB, the SSNPs selected under this category also found to be addressing vulnerability. However, unlike GoB SSNPs, vulnerability seemed to be viewed as a multidimensional factor involving social, economic, health, nutrition, education and other issues, which is reflected on the program interventions, which are more interconnected within the development partners' SSNPs, making these more "comprehensive" to address the overall vulnerability of the household rather than a specific aspect. For example, Nuton Jibon adopted livelihood development, community institute development, business development and institutional strengthening as interventions to address vulnerability of its beneficiaries. SUCHANA introduced a comprehensive package of nutrition services to address the vulnerability of its beneficiaries, which included nutrition-specific and nutrition-sensitive services, coupled with SBCC and promotion of agricultural/food production, skills training and asset transfer to ensure income generation. PPEP adopted poverty eradication through value chain development, increasing capacity of the beneficiaries to get sustainable access into the market system, community mobilization and policy advocacy. Both Nobo Jatra and SHOUHARDO adopted the gender equitable food security, nutrition and resilience for vulnerable populations. These approaches are significantly different than the cash transfer, food distribution, subsidy and employment generation approaches of GoB SSNPs.

Another key difference of these SSNPs with those of GoB SSNPs is the consideration of nutrition vulnerability in the program design, particularly malnutrition of women of reproductive age, adolescents and children. Ensuring accessibility, affordability and utilization of nutritious food was found to be common approach in all the programs, though the specific programs used individual interventions.

Geographical Targeting

As indicated before, SSNPs of the development partners, due to resource constraints, were found to have limited geographical coverage in comparison to the GoB SSNPs. However, the targeting was found to be focused on poverty and nutrition vulnerability of the population. For example, the north-eastern part of Bangladesh, island chars, haor areas and coastal regions are poverty-prone areas, and also have higher numbers of stunted, wasted and underweight children. These areas were found to be targeted by the development partners in the selected SSNPs. However, similar to GoB SSNPs, majority of the development partners' programs did not consider urban areas as target areas, and were found to be predominantly focused in rural areas.

3.4 Gender Sensitivity of Selected SSNPs of Development Partners

Using the same framework for access to programs by the women, it can be seen that similar to government SSNPs, the selected development partners' SSNPs have eligibility for women to be included in all the programs. Only one program was found to be exclusive only for women (i.e. the ISPP/JAWTNO project targeting pregnant and lactating mothers) and priority given to women in three programs (table 6).

Table 6: State of Access to Programs by Women in SSNPs of Different Development Partners

Program	Eligibility	Priority	Exclusivity
Shouhardo III			
NJLIP			
ISPP/JAWTNA			
Nobo Jatra			
SUCHANA			
PPEPP			

Specific programs adopted the gender-issues in different way into its program interventions. SHOUHARDO III adopted “Women’s Empowerment and Gender Equality” as one of the core program purposes through creation of a supportive environment for women’s empowerment and strengthened agency of women to take action within a stronger enabling environment. Reduction of social and economic inequalities for women and gender-based Violence (GBV) was found to be the approach in achieving the purpose level targets. Gender vulnerabilities was looked from economic point of view in the Nuton Jibon project, and it focused on promotion of women entrepreneurship for women economic empowerment, particularly among young women. In Nobo Jatra, gender is an overarching theme and the focus was found to be on ensuring women’s equitable participation, improved access to and control over resources and increase decision-making power. Similar approach was also seen in PPEP in which gender inequality was seen being targeted through improving economic status of women by increasing their choice and control over resources. SUCHANA considered gender sensitivity as a mean to improve nutrition service quality and hence focused on training relevant health officials on delivering improved gender-sensitive nutrition services.

The key summary of the above discussion is that gender sensitivity was considered from a holistic point of view by the development partners’ SSNPs and the constraints of women’s accessibility, affordability and utilization of key services were analyzed before designing specific interventions. As a result, these programs have key interventions to resolve underlying causes for gender inequality rather than direct transfer of assets. Moreover, important stakeholders of the households, including men, elderly women, and those from the community, including the religious leaders and local elites were seen included as target audience for sensitization and awareness building in almost all of the shortlisted SSNPs of the development partners. In comparison to GoB SSNPs, gender issues have been well defined in development partners’ programs and better addressed. From these considerations, these SSNPs of development partners are more gender sensitive than the GoB programs discussed in the previous chapter.

3.5 Nutrition Sensitivity in the SSNPs of Development Partners

Nutrition Sensitivity in Program Design

Similar to the gender issues, all the selected SSNPs of development partners carefully considered the nutrition issues while designing the respective programs. There were situation assessments conducted in the design focusing on the nutrition situation in the country in general and that of the particular geographical area in specific. As per the outcomes of the nutrition situation assessment, nutrition-focused objectives were specified. Hence, all the selected SSNPs of development partners have explicit nutrition-related program objectives.

Table 7: Nutrition Sensitivity in Design of SSNPs

Programme	Design Nutrition Situation Analysis	Include Program Objectives Directly or Indirectly Related to Nutrition
Shouhardo III	Yes	Direct
NJLIP	Yes	Direct
ISPP	Yes	Direct
Nobo Jatra	Yes	Direct
SUCHANA	Yes	Direct
PPEPP	Yes	Direct

Nutrition in Action

The SSNPs of development partners, instead of sporadic activities, included nutrition activities in a more of comprehensive manner. The program interventions focused more on nutrition-sensitive interventions, however, some of the nutrition-specific interventions (e.g. growth monitoring, IYCF counseling) are common to all of the programs. PPEPP, as a matter of fact, is implementing the essential service package approved for the NNS OP. These nutrition interventions were found linked logically with other relevant health, income generation, skills improvement and general development activities, making the entire program design comprehensive. Specific nutrition components of these programs are narrated below:

- **Pathways to Prosperity for Extremely Poor People (PPEPP):** The livelihoods component of the project contains grants and soft loans to support sustained income and consumption gains, and to reduce vulnerability to shocks. The project also contains a specific nutrition component which focuses on three areas: 1) the delivery of a package of essential services either by supporting better delivery of the NNS or through direct delivery where there are significant gaps in NNS capacity, 2) community-level work to address some of the social practices that prevent good nutrition outcomes, and 3) promoting income generating activities that support nutrition outcomes where possible.
- **SUCHANA:** The project includes a package of services, namely 1) nutrition specific services provided through the Government's health care system, 2) SBCC to promote exclusive breastfeeding and complementary feeding, 3) nutrition-sensitive agricultural extension services and promoting homestead gardening, 4) support to develop income generating activities, which includes skills training and transfer of productive assets to households.
- **SHOUHARDO III:** The nutrition component of SHOUHARDO III (Purpose 2) aims to have sustained changes in the community towards adopting positive Health, Hygiene and Nutrition (HHN) behaviour, including increased utilization of nutritious food for PLW, C<5, and adolescent girls, improved access to health and nutrition services and reduced prevalence of water-borne diseases. All of the other program result areas such as women empowerment and transformation of gender traditional role, production and income through capacity building and input support, pro-poor financial solution, adolescent development etc. will also contribute to improved nutritional wellbeing of the population covered under the project.
- **NJLIP:** Nutrition Awareness and Support Services (NASS) of NJLIP intends to raise awareness, improve attitudes and practices that can eventually enhance nutritional outcomes for targeted beneficiaries. The important activities of the NASS-NJLIP include nutrition BCC sessions for adolescent girls, pregnant and lactating women and mothers-in-law, distribution of vegetable seeds among pregnant and lactating women for homestead gardening, distributions of tippy Taps (Handwashing station) in the village level households, household visit for counselling and follow-up, and building linkage with government health, family planning and livelihood department.
- **ISPP/JAWTNA:** The program has cash transfer component to pregnant women for ANC and for GMP of children, counseling sessions on child nutrition, capacity development of community clinics for nutrition awareness, capacity development of union parishad for safety net development
- **Nobo Jatra:** Conditional cash transfer for pregnant and lactating women to purchase nutritious food; SBCC messages using mobile phone and audio bangles; GMP for children under 2 and MNP distribution for 6-23 months children are among the major nutrition activities in this program

Table 8 below summarizes nutrition related actions in the selected SSNPs of the development partners.

Table 8: Nutrition related actions in different SSNPs of Development Partners

Programme	Management of Malnutrition	Growth Monitoring	IYCF Counseling	Micronutrient Supplementation	Food Distribution	Subsidy to Food	Distribution of Fortified Food	Cash or grant for Food	Income for Food Security	Food Production or Availability	Nutrition Counseling	Nutrition Focused SBCC
SHOUHARDO III												
NJLIP												
ISSP/JAWTNA												
Nobo Jatra												
SUCHANA												
PPEPP												

Cross-Sectoral Linkage

Due to the multiplicity of the activities, all the selected SSNPs were found to have coordination and collaboration with multiple stakeholders from different ministries, divisions and departments from both policy and implementation level. Some of these programs also have specific linkages with cross-sectoral entities and platforms, including BNNC. However, inter-program coordination within the selected SSNPs were not visible.

Nutrition Monitoring, Evaluation and Reporting

All the programs selected under this category have specific nutrition related indicators at output and outcome level, along with gender-specific indicators. The monitoring data are both gender segregated and geographical segregated, and regular collection of nutrition information was found to be common. There are periodic evaluations conducted, both internally and externally, and nutrition related outcomes are included in these periodic evaluations. Both the periodic evaluation reports and regular project documents (e.g. annual reports, quarterly reports, etc.) include progress of the project against the set nutrition indicators.

4. RESULTS OF THE REVIEW OF SSNPS AND POLICIES IN INTERNATIONAL SETTINGS

“Cash Plus” Projects in Myanmar and Nigeria

Save the Children implemented a number of first 1,000 day maternal and child grant pilots that are combined with nutrition specific interventions in Myanmar³⁶ and Nigeria³⁷. Termed as “Cash Plus” pilots, target pregnant women in both country-programmes received monthly cash grants till 2 years of their children. The cash grants were distributed on monthly basis to purchase nutritious food for themselves and their children. Both programmes also had complementary activities to improve knowledge and change key behaviours on nutrition and hygiene, through regular Social and Behaviour Change Communication (SBCC) sessions with pregnant women, their families, and influential stakeholders. Both pilots employed a cluster randomised controlled trial to measure the causal impact of the approaches on the health/ nutrition outcomes of recipients.

Evaluation of both pilots found that pairing SBCC interventions with cash transfers can be an effective approach for preventing the development of chronic malnutrition (stunting). In Myanmar, after 2 years of programme delivery, there was a 4 percentage point reduction (a 13 percent reduction, $p < 0.10$) in the proportion of stunted children (6-29 months old) covered by the Cash + SBCC intervention, compared to the control group. This result was primarily driven by a 4.4 percentage point reduction (an 18 percent reduction, $p < 0.05$) in the proportion of moderately stunted children among the Cash + SBCC intervention group. For children in the Cash-only intervention group, no significant effects were observed in stunting compared to the control group. The reduction in the proportion of stunted children was more pronounced for children who received maximum exposure (aged 24-29 months) in the Cash + SBCC intervention group. In Nigeria, after just 2 years, the incidence of stunting among children who had benefitted from the programme (aged 0-27 months) was reduced by 5.8 percentage points (an 8 percent reduction, $p < 0.01$). This preventive effect was maintained after children left the programme, with a 5.4 percentage point reduction by end line among children who were by then aged 21-49 months (also an 8 percent reduction, $p < 0.05$). Reductions in stunting were only observed among children who were directly exposed to both cash and SBCC.

Results from the randomised control trial for both the country “Cash Plus” pilot programmes suggest that cash grants coupled with SBCC activities is an effective strategy for reduction of stunting among children. However, experts³⁸ suggested some crucial aspects while designing and implementing similar Cash Plus social safety net programmes targeting first 1,000 days of life to further reduce the incidence of stunting:

- i. Ensuring the cash transfer value is based on a contextually grounded assessment of the cost of a minimum nutritious diet, e.g. Cost of the Diet analysis.
- ii. Ensuring that pregnant women receive support from early in their pregnancy, to maximise coverage throughout the First 1,000 Day window of opportunity.
- iii. The provision of quality SBCC is crucial for achieving impact. Both pilots struggled to fully address issues around the quality of SBCC delivered, which could have led to even greater behavioural changes, and therefore growth outcomes.

Bihar Child Support Programme (BCSP) - India

The Bihar Child Support Programme (BCSP) was a conditional cash transfer pilot undertaken by the Government of Bihar with support from UKAid, under the Integrated Child Development Service (ICDS)

³⁶ MCCT: Maternal and Child Cash Transfer Programme

³⁷ CDGP: Child Development Grant Programme

³⁸ Tasker, M. and Harman, L. 2020. *Investing in early years: The importance of protecting children through comprehensive social protection during the critical first 1,000 days of life*. Global Social Policy. 2020. Vol. 20(1) 21-25

Scheme. It targeted pregnant women and mothers of young children, with the aim of reducing maternal and child undernutrition. Under the scheme, women enrolled upon completion of the first trimester of pregnancy and received 250 rupees (Rs) per month directly into their bank account upon meeting certain conditions. The beneficiary was eligible for the cash transfer for a period of 30 months (i.e. until the child was two years of age). The programme also designed a bonus of Rs 2,000. In one of the implementation blocks, this would be received if the child was not underweight, and in the other, women were eligible if they had not become pregnant again at the end of two years after birth.

The BCSP designed a complex and high-tech delivery model, which could be delivered through government systems with light-touch monitoring from an implementation support team. The Anganwadi Worker (AWW), a government village nutrition worker, was provided with a mobile phone, with a BCSP application pre-loaded. She was responsible for registering beneficiaries, and recording their adherence to conditions, using this application. This made it easier for the AWW to fulfil her responsibilities. Automated payment lists were generated through the management information system (MIS) and verified by government officials, ensuring minimal leakage.

A prospectively designed, mixed methods impact evaluation was undertaken to analyse the effects of BCSP³⁹. One of the primary aims of the BCSP was to improve the nutritional status of beneficiary children and mothers. Difference-in-difference estimates indicate that the programme led to a 7.7 percentage points decline in the proportion of underweight children. This translates into a 27percent decline from the baseline value. BCSP also led to a 7.7 percentage points decline in wasting amongst children in the treatment block. This can be interpreted as a 14 percent decline relative to the baseline level. No significant impact was detected on stunting. The BCSP led to a 9.4 percentage points decline in underweight mothers. This translates to a 19 percent decline in the proportion of underweight mothers. This impact was found to be largest for the most vulnerable communities, with the largest differences being noticed amongst poorer, less educated women (and children) from scheduled caste households. Because of the BCSP, an additional 14 percentage points of women were no longer anaemic at endline, when compared to baseline. This translates into a 19 percent decline in the proportion of anaemic women. This decline was largely concentrated in the group of women who were moderately anaemic.

Based on the experience of BCSP, the evaluation furnished with a design checklist for successful conditional cash transfer, which included with the following:

- Simple, comprehensible conditions that are easy to monitor and enforce.
- Robust - and poverty-sensitive - awareness-generation activities.
- Incentive system that supports various stakeholders within the programme, focused on enrolment, and allows for a grievance redressal mechanism.
- Dedicated implementation team which conducts light-touch monitoring and handles back-end technology.
- Complementary counselling services to promote behaviour change.
- Clear communication across all levels of programme, with a detailed exit plan.

Productive Safety Net Program (PSNP) in Ethiopia

Objective of PSNP was to increase access to safety net and disaster risk-management systems, complementary livelihood services and nutrition support for food-insecure HHs in rural Ethiopia. Phase 4 of the programme continued from 2015 to 2020 and had around 8 million beneficiaries. PSNP provided beneficiaries with an integrated service delivery platform including livelihood interventions, key health and nutrition services, community assets and support to graduation. The design of PSNP was coordinated with the National Nutrition Program, capitalizing on opportunities within existing programs to improve nutritional outcomes rather than creating new programs. Nutrition was integrated into all components

³⁹ Oxford Policy Management. 2017. Bihar Child Support Programme: Impact Evaluation Endline Report. New Delhi. India

of PSNP. PSNP aimed to improve caring and health-seeking behaviour through participation of male and female PW beneficiaries in monthly community nutrition BCC, early transition of pregnant and lactating women (PLW) to Direct Support based on the referral of a health-service provider, and introduction of co-responsibilities and soft conditions for PLW and caretakers of malnourished children. PSNP4 included a set of nutrition-sensitive interventions that address some of the causes of malnutrition, including promotion of maternal health, child health, vaccinations, mother, infant and young child feeding (MIYCF) practices, dietary diversity, women's empowerment, and water, sanitation, and hygiene (WASH). Transfers in PSNP were disbursed either in the form of a mixed food basket, its cash equivalent, or vouchers. The transfer value was equivalent to 15 kg of cereals and 4 kg of pulses per person per month. PWP beneficiaries received transfers for six months each year, while Permanent Direct Support beneficiaries received transfers for 12 months each year.

IFPRI conducted an evaluation⁴⁰ of the 4th phase of PSNP, which assessed the impact of PSNP Phase 4 on mothers' diet, anthropometry, workload and time use for their own activities and childcare; maternal IYCF knowledge, attitudes, and practices; and child anthropometry. However, none of the impact estimates reported were found to be statistically different from zero, indicating that PSNP did not lead to improvements in nutrition outcomes. An earlier evaluation of the same programme, done by The International Initiative for Impact Evaluation (3ie)⁴¹ found no evidence that the PSNP reduces chronic or acute under nutrition for children. Although the 3ie evaluation did not specifically identified the reasons for the programme not achieving its intended goals in reduction of under nutrition the IFPRI evaluation shed some lights into it. As per the IFPRI evaluation, although there was a BCC component attached to the transfer component of PSNP, however, there were significant room for improvement in design and implementation of that BCC component. The intensity and frequency of the BCC activities under the PSNP was found to be inadequate to achieve the intended results. Information provided also were not complementary and structured, indicating the design of the BCC activities not properly done. Capacity of the health workers was also an issue for effective BCC activities implementation in PSNP, in addition to the short number of health workers and their heavy workload.

Janani Suraksha Yojana (JSY) - India

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM). It is being implemented with the objective of reducing maternal and infant mortality by promoting institutional delivery among pregnant women. The scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS). The scheme focuses on poor pregnant woman with a special dispensation for states that have low institutional delivery rates, namely, the states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu and Kashmir. The scheme also provides performance- based incentives to women health volunteers known as ASHA (Accredited Social Health Activist) for promoting institutional delivery among pregnant women. Under this initiative, eligible pregnant women are entitled to get JSY benefit directly into their bank accounts.

⁴⁰ Berhane, Guush; Golan, Jenna; Hirvonen, Kalle; Hoddinott, John F.; Kim, Sunny S.; Taffesse, Alemayehu Seyoum; Abay, Kibrewossen; Assefa, Thomas Woldu; Habte, Yetmwork; Abay, Mehari Hiluf; Koru, Bethlehem; Tadesse, Fanaye; Tesfaye, Halleluya; Wolle, Abdulazize; and Yimer, Feiruz. 2020. Evaluation of the nutrition-sensitive features of the fourth phase of Ethiopia's Productive Safety Net Programme. ESSP Working Paper 140. Washington, DC: International Food Policy Research Institute (IFPRI).

⁴¹ Berhane, G, Hoddinott, Kumar, N and Margolies, A, 2017. The Productive Safety Net Programme in Ethiopia: impacts on children's schooling, labour and nutritional status, 3ie Impact Evaluation Report 55. New Delhi: International Initiative for Impact Evaluation (3ie)

JSY has had a significant effect on increasing antenatal care and in-facility births. In the matching analysis⁴², JSY payment was associated with a reduction of 3.7 (95% CI 2.2-5.2) perinatal deaths per 1000 pregnancies and 2.3 (0.9-3.7) neonatal deaths per 1000 livebirths. In the with-versus-without comparison, the reductions were 4.1 (2.5-5.7) perinatal deaths per 1000 pregnancies and 2.4 (0.7-4.1) neonatal deaths per 1000 livebirths. As per another analysis⁴³, the scheme appeared to increase institutional delivery by at-risk mothers, including those among rural, illiterate and primary-literate persons of lower socioeconomic strata, and has the potential to reduce maternal morbidity and mortality, improve child survival, and ensure equity in maternal healthcare in India. Another evaluation⁴⁴ identified the use of contraception, early initiation of breastfeeding and post-natal check up being consistently higher among JSY beneficiaries compared to non-JSY beneficiaries.

The Ministry of Health and Family Welfare India developed certain maternal and child health strengthening initiatives prior to the establishment of the NRHM. One of these initiatives was the National Maternity Benefit Scheme (NMBS) (2001- 05) for nutritional support for pregnant women. It gave a one-time cash payment per pregnancy of Rs. 500 to below-poverty line (BPL) pregnant women, 19 years of age or older, for up to two pregnancies that resulted in live births. When designing the National Rural Health Mission (NRHM) in 2005, the Government of India (GOI) and stakeholders took the opportunity to look at the existing efforts to improve health and explore how those programs could be strengthened. Based on stakeholder feedback, the GOI felt that nutrition-oriented NMBS was not addressing safe motherhood comprehensively. To broaden service delivery and utilization, it proposed the JSY program. Counseling on nutrition and micronutrient supplementation was included in the design of JSY and it was found that almost all the beneficiaries received such counseling. However, no specific instructions or counseling was provided to beneficiaries on the use of the cash assistance received for nutrition, e.g. purchase of nutritious food.

Safe Delivery Incentive Programme (SDIP) - Nepal

Nepal's Safe Delivery Incentives Programme (SDIP) (formerly known as the Maternity Incentives Scheme) was launched in 2005, with the aim of raising the coverage of skilled birth attendance. The establishment of the SDIP was a response to mounting evidence of the high cost faced by households trying to access care at childbirth and the low coverage of skilled birth attendance. The SDIP sought to change the behaviour of both families and health workers through a package of financial incentives that included: i) a conditional cash transfer to women; ii) an incentive to the health provider for each delivery attended; and iii) free health care, in addition to the conditional cash transfer, for those women from the 25 least developed districts. The SDIP offered cash to women giving birth in a public health facility. Money was to be paid by the health provider or accountant on discharge and the amount was set to reflect differences in accessibility to health facilities across the three main geographical regions of Nepal. In contrast to many performance-based payment schemes, the government chose to provide a universal conditional cash transfer rather than one targeted towards the poorest. The SDIP intended to alleviate some of the transport costs of accessing care. The conditional cash transfer represented 30-50 percent of the mean transport cost incurred by a family seeking delivery care at a health facility. Two groups of women were eligible to receive the money: i) women with up to two living children; and ii) women with any number of specified obstetric complications, irrespective of parity. The SDIP also provided 300 NRS

⁴² Lim SS, Dandona L, Hoisington JA, James SL, Hogan MC, Gakidou E. India's Janani Suraksha Yojana, a conditional cash transfer programme to increase births in health facilities: an impact evaluation. *Lancet*. 2010 Jun 5;375(9730):2009-23. doi: 10.1016/S0140-6736(10)60744-1. PMID: 20569841.

⁴³ Gupta SK, Pal DK, Tiwari R, et al. Impact of Janani Suraksha Yojana on institutional delivery rate and maternal morbidity and mortality: an observational study in India. *J Health Popul Nutr*. 2012;30(4):464-471. doi:10.3329/jhpn.v30i4.13416

⁴⁴ Sen S, Chatterjee S, Khan PK, Mohanty SK. Unintended effects of Janani Suraksha Yojana on maternal care in India. *SSM Popul Health*. 2020;11:100619 <https://doi.org/10.1016/j.ssmph.2020.100619>.

(\$4.7) to health workers for each delivery attended. The provider incentive was given for deliveries attended both at the health facility and at home.

Beneficiaries of SDIP perceive this program as beneficial but not adequate to address the economic burden of childbirth to poor families and to those who are living in the distant health facilities⁴⁵. They find difficulty in availing the scheme in terms of delay in getting money and lack of proper information about the program. SDIP was associated with an increase in service delivery in hill and tarai areas⁴⁶. A positive effect in mountain areas was detectable as a result of the supply side payments made to facilities for delivery. Although use among the non-poor increased across the country, a positive effect on the poorest population was only present in mountain areas. The beneficial impact of SDIP in Nepal was skewed towards areas and households that are geographically more accessible and wealthy.

Unconditional Cash Transfer (UCT) Programme -Togo

In 2014, at the scale of 5 districts, the government of Togo implemented a “cash plus” programme combining unconditional Cash Transfer (UCT) (approximately US\$8.40 /month) with community activities (sensitization meetings and home visits directed at child health, nutrition, and protection, as well as integrated community case management of childhood illnesses and acute malnutrition [ICCM-Nut]) targeted at mother-child pairs during the “first 1,000 days.” The aim of the programme was to improve children’s nutrition, health, and protection.

A parallel-cluster-randomized controlled trial was conducted for impact evaluation of the programme⁴⁷. Despite substantial implementation issues, researchers found a protective effect of UCTs combined with ICCM-Nut and BCC on children’s linear growth which significantly deteriorated in the control arm, whereas it remained stable in the intervention arm. They also found positive impacts on various intermediary outcomes along the program impact pathways, including household food insecurity, consumption of animal source food, delivery in a health facility, low birth weight, intimate partner violence, and women’s hygiene and knowledge.

Results of the impact evaluation, as per the researcher, had the following interpretation:

- UCTs targeting the “first 1,000 days”, combined with BCC and ICCM-Nut, have the potential to improve children’s growth in at-risk populations of Togo. Their positive impacts on various program impact pathways also confirmed that in order to be efficient in the fight against stunting, interventions should address several determinants at a time.
- The positive impacts observed on pregnancy and birth-related outcomes reassert the importance of conception and preconception periods for children’s growth and call for further attention to that period in designing future nutrition-sensitive programs.

Program Nasional Pemberdayaan Masyarakat (PNPM) Generasi Program - Indonesia

PNPM Generasi was an incentivized community block grant program that built on the architecture of the Government of Indonesia’s (GOI) community driven development program, the National Community Empowerment Program in Rural Areas (PNPM-Rural). Objectives of this programme was to empower local communities in poor, rural subdistricts in the project provinces to increase use of health and education services. The program used a facilitated community decision-making process to allocate block grant funds to target 12 health and education indicators. Key nutrition indicators among these 12 included - Taking

⁴⁵ Bhattarai A, Dharel D, Kumar N. The Safe Delivery Incentive Program in Nepal: towards women’s empowerment. *Int J Med Sci Public Health* 2016;5:2108-2113

⁴⁶ Ensor T, Bhatt H, Tiwari S. Incentivizing universal safe delivery in Nepal: 10 years of experience. *Health Policy Plan.* 2017 Oct 1;32(8):1185-1192. doi: 10.1093/heapol/czx070. PMID: 28591799.

⁴⁷ Briaux J, Martin-Prevel Y, Carles S, et al. Evaluation of an unconditional cash transfer program targeting children's first-1,000-days linear growth in rural Togo: A cluster-randomized controlled trial. *PLoS Med.* 2020;17(11):e1003388.

iron tablets during pregnancy; Ensuring monthly weight increases for infants; Monthly weighing for children under 3 and biannually for children under 5; Vitamin A twice a year for children under 5; Participation of pregnant women and male partner in nutrition counseling offered; and Participation of parents (and/or caregivers) in nutrition counseling offered. Communities worked with facilitators and health and education service providers to improve access to and use of health and education services. To give communities incentives to focus on the most effective polities to target program indicators, the GOI determined the size of the village's PNPM Generasi block grant for the subsequent year partly on the village's performance on each of the 12 targeted health and education indicators. Implemented during 2007 to 2017, the programme targeted poor, rural subdistricts in selected provinces. In particular, target beneficiaries are pregnant women and those who have recently given birth, children under 5, and primary school-age children.

A series of evaluations were conducted between 2007 and 2010. As per the final evaluation document⁴⁸, Generasi had a statistically significant positive impact on average across the 12 indicators it was designed to address. The strongest improvements among the health indicators were in the frequency of weight checks for young children. The programme also increased the number of iron sachets pregnant mothers received through antenatal care visits. Child malnutrition (measured in terms of weight-for-age for under three children) was reduced by 2.2 percentage points, about a 10 percent reduction from the control level. Another important finding was that making grants conditional upon performance improves program effectiveness in health indicators, to which, the nutrition indicators were embedded. On average, the incentivized group outperformed the non-incentivized group in improving health indicators, particularly in increasing antenatal care services and improving coverage of childhood immunization. On net, between 50-75% of the total impact of the block grant program on health indicators was attributed to the performance incentives by the evaluation. One of the limitations of the programme was identified regarding the BCC activities. Till 2010, BCC activities were limited only to mothers. At the community and HH levels, other actors, such as husbands, grandmothers, and religious leaders, play an important role in influencing mothers' decisions regarding prenatal and childcare. One of the main challenges of behaviour change is to get husbands and fathers to support and encourage breastfeeding. If mothers work outside the home, grandmothers and other caregivers play a key role in childcare and feeding practices. The BCC activities did not explicitly reached out to these caregivers.

Conditional Cash Transfers on Health and Education in Indonesia

Government of Indonesia introduced Program Keluarga Harapan (PKH), the conditional cash transfer program in 2007 to address a number of health and education challenges. Very low-income households with children or pregnant and/or lactating mothers were eligible to participate in the program. Households in the program group received quarterly cash transfers totaling between IDR 600,000 to IDR 2,200,000 (US\$60 to US\$220) per year depending on the age of the children—equivalent to roughly 15 to 20 percent of the household's annual income. Women received the transfers, which were conditional on completing a range of health and education requirements (e.g., pre- and post-natal care, deliveries with trained birth attendants, regular growth monitoring, immunizations, and enrollment of children in primary and junior secondary school).

The evaluation⁴⁹ of the PKH program identified considerable increase in institutional delivery and delivery assisted by trained professionals. However, the frequency of pre- and post-natal visits did not show further improvements. There was no effect after two or six years on women receiving a full set of iron pills during pregnancy. Children aged 0 to 60 months from families who received the PKH cash transfers

⁴⁸ Olken, BA. Onishi, J. Wong, S. 2012. *Indonesia's PNPM Generasi Program: Final Impact Evaluation Report*. World Bank Jakarta Office.

⁴⁹ Cahyadi, Nur, Rema Hanna, Benjamin A. Olken, Rizal Adi Prima, Elan Satriawan, and Ekki Syamsulhakim. 2020. "Cumulative Impacts of Conditional Cash Transfer Programs: Experimental Evidence from Indonesia." *American Economic Journal: Economic Policy*, 12 (4): 88-110

experienced large reductions in stunting. Households who received cash transfers showed no increase in land or livestock ownership. The lack of impact on households' consumption, employment, and assets suggested that the additional help the PKH program provided did not directly reduce poverty for the beneficiaries, supposedly because the families invested the cash in their children's health and education.

Integrated Child Development Services Scheme (ICDS) in India⁵⁰

The ICDS scheme is one of the largest social protection measures globally, launched by the Government of India in 1975. Targeted at women and children, it aims to provide an integrated package of essential services to improve the health and nutrition status of children 0-6 years of age, adolescent girls, pregnant women, and lactating mothers⁵¹. The services provided cover supplementary nutrition, nutrition and health education, immunization, health check-up, referral services, and pre-school non-formal education for children 3-6 years. The programme operates through centres at the village level in rural areas and municipality level in urban areas, with prescribed norms of population per centre. As of March 2020, there were 1.38 million centres in the country, reaching out to a total of 8.55 million - children (6 months to 6 years) and pregnant women and lactating mothers - under the Supplementary Nutrition Program (SNP)⁵².

Available literature on ICDS points to significant returns on investment for economic growth in the long term. The SNP under ICDS focuses on improving food and nutrient intake by providing both 'spot feeding' at the ICDS centres through hot cooked meals and Take-Home Ration (THR) in the form of fortified premix to provide supplementary nutrition to the targeted households. In addition, nutrition education is imparted to the pregnant women and lactating mothers. Lacunae in delivery notwithstanding, studies show less prevalence of undernutrition in children in areas with significant coverage of ICDS centres and among children registered with the centres versus others⁵³. An analysis by Panda et al. (2017) showed that total nutrition budget of the country excluding food subsidy is less than 1 per cent of its GDP⁵⁴. There continue to be repeated calls to increase this as well as improve delivery, in order to make greater impact.

The allocation from central governments for the scheme is fixed and some states make additional allocation from their own budgets to provide extra nutrition. An analysis as to whether the additional amount spent has any association with the prevalence of undernutrition in children, using state-level data for nutrition outcome indicators showed a significant negative association of per capita expenditure on the SNP with prevalence of undernutrition, i.e., higher state spending on the SNP is associated with a lesser proportion of child undernutrition. Telangana and Tamil Nadu states which make extra allocation, were for instance, found to have better child mortality and nutrition rates compared to the national average⁵⁵.

⁵⁰ <https://icds-wcd.nic.in/icds.aspx>

⁵¹ Gol (2011) Evaluation Study on Integrated Child Development Schemes (ICDS) Volume I, PEO Report 218, New Delhi: Programme Evaluation Organisation, Planning Commission, Government of India

⁵² Gol (2011) Evaluation Study on Integrated Child Development Schemes (ICDS) Volume I, PEO Report 218, New Delhi: Programme Evaluation Organisation, Planning Commission, Government of India

⁵³ Dixit P, Gupta A, Dwivedi L K and Coomar D (2018) Impact Evaluation of Integrated Child Development Services in Rural India: Propensity Score Matching Analysis *SAGE Open* April-June: 1-7

⁵⁴ Panda B, Halim A, Gupta M, Dixit S and Kumar S (2017) Nutrition Financing in India: Some Reflections *Indian Journal of Sustainable Development* 3(2): 46-54

⁵⁵ Parasar R and Bhavani R V (2018) Supplementary Nutrition Programme under ICDS: Case Study of Telangana and Tamil Nadu *LANSA Working Paper Series* Vol 2018 No.30 July
https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/13874/LANSA_Working_paper_30_ICDS_Parasar_Bhavani_f inal.pdf?sequence=1&isAllowed=y (accessed 10 August 2021)

Midday Meal Scheme in India⁵⁶

The Mid-Day Meal Scheme (MDMS) for school children is a national programme under the Ministry of Education. Starting with coverage of only children at the primary school level from classes I to V, it was expanded in 2007 to children in classes VI to VIII. The objectives are to address hunger and lack of education by - i) Improving the nutritional status of children studying in classes I - VIII in government and government-aided schools, Special Training Centers (STCs) and supported Madrasas & Maktabas; ii) Encouraging poor children belonging to disadvantaged sections to attend school more regularly and help them concentrate on classroom activities; and iii) Providing nutritional support to children of elementary stage in drought-affected areas during summer vacations.

Under the programme, primary and upper primary children are fed with a hot cooked meal (steamed rice/wheat chapati, lentil and local vegetables with a little oil, spices, salt) at school. The meals are expected to provide one third and half of the daily normative energy and protein requirements respectively for children in the two groups. Cost allocations are fixed and menus are decided at the state level taking into account cultural preferences. Some states also make additional allocation from their own budgets to provide extra nutrition. As per information on the government of India website, 11.59 crore children are enrolled under the scheme. Evaluations of the MDMS has shown a positive association of the school meal with school attendance, learning achievement, hunger and protein-energy malnutrition among children^{57 58 59}. A recent study that examined the intergenerational benefits of the MDM examining longitudinal data, has further shown association of MDM with a third of height for age z-score (HAZ) improvement between 2006-2016⁶⁰, pointing to the long-term benefits of the initiative.

A recent ongoing initiative is to promote nutrition gardens of fruits and vegetables in schools⁶¹. The produce from the garden is used in the midday meal preparation. In addition, it is also a means for nutrition education and increasing nutrition awareness among children.

School Feeding Programme: Global Experience

School feeding is the largest and most widespread social safety net in the world, benefitting 388 million children globally. Data from 163 countries show that 99 percent of these countries deliver school feeding programmes⁶². Globally, one in every two schoolchildren, or 388 million children, now receives a school meal, although there are wide disparities between countries. The expansion and institutionalization of these programmes was greatest in low-income countries, improving the sustainability of efforts. WFP has been working with governments and NGOs on school feeding programmes for more than six decades. WFP's ultimate goal is to encourage and facilitate national government ownership of these programmes - a transition that has already happened in 44 countries.

Low-income countries have considerably strengthened their financial and policy efforts in relation to school feeding, leading to increased coverage. Between 2013 and 2020, low-income countries made great

⁵⁶ http://mdm.nic.in/mdm_website/

⁵⁷ Afridi, F. (2010) Child welfare programs and child nutrition: evidence from a mandated school meal program in India *J. Dev. Econ* 92: 152-165

⁵⁸ Singh, A., Park, A. & Dercon, S. (2014) School Meals as a Safety Net: An evaluation of the Midday Meal Scheme in India *Econ. Dev. Cult. Change* 62: 275-306

⁵⁹ Chakraborty, T. & Jayaraman, R. (2016) School feeding and learning achievement: evidence from India's Midday Meal Program *IZA Discussion Paper* 10086.

⁶⁰ Singh, A., Park, A. & Dercon, S. (2014) School Meals as a Safety Net: An evaluation of the Midday Meal Scheme in India *Econ. Dev. Cult. Change* 62: 275-306

⁶¹ http://mdm.nic.in/mdm_website/Files/Guidelines/2019/SNG_Guidelines_with_JS_DO_Letter.pdf

⁶² State of School Feeding Worldwide 2020. World Food Programme. Rome, Italy

strides in policy and funding for school feeding. The proportion of countries that have a school feeding policy increased from 20 percent to 75 percent. Over the same period, low-income country governments have also increased their budgets: the share of domestic funding in overall spending for school feeding increased from 17 percent to 28 percent, reducing reliance on international donors. Consequently, the number of children receiving school meals increased by 36 percent in low-income countries, compared to a 9 percent increase globally. Despite huge population growth, the proportion of schoolchildren receiving meals in low income countries increased from 13 percent to 20 percent over the same period. In middle and high-income countries, school feeding programmes are almost universally supported through domestic funds, with overall domestic investment exceeding 95 percent of total costs.

There has been a paradigm shift towards investing in children throughout the first 8,000 days of life (roughly until age 21). School health and nutrition programmes provide important means for governments to intervene cost-effectively in the next 7,000-day period. School feeding during middle childhood and adolescence contributes to human capital, i.e. the sum of a population's health, skills, knowledge and experience. A well-nourished, healthy and educated population is the foundation for growth and economic development: in high-income countries some 70 percent of national wealth is due to the output of their population, but in many low-income countries this proportion is less than 40 percent. This inequity has lifelong consequences for society and the individual: poor societies develop and perform well below their capacity, and individuals fail to achieve their potential in life. Programmes that invest in the learner are key to creating human capital.

Globally, more than 90 percent of support to national school feeding programmes comes from domestic funds. As previously highlighted, in low-income countries, the proportion of domestic support has risen from 17 percent to 28 percent between 2013 and 2020, even as coverage has increased from 13 percent to 20 percent over the same period. Low income countries with the least fiscal space and the greatest need for school feeding depend disproportionately on donor funding. Nevertheless, several low-income countries have transitioned to majority domestic funding. Understanding where external support is crucial and where transition is possible, will be central to future growth in sustainable school feeding.

5. LESSONS LEARNED FROM THE REVIEW OF NATIONAL AND INTERNATIONAL SSNPS

Multiplicity of Vulnerability

SSNPs, regardless of their funding source, target demography or geography, are designed to address vulnerabilities. However, from the review of national and international programs, it is quite clear that vulnerability typically is an outcome of a combination of structural, social, economical, environmental and political factors. Moreover, these issues are often interconnected, even overlapping. As a result, considering one or few dimensions of vulnerability may result in narrow sightedness and siloed program approach for addressing vulnerability, which may not result in the intended outcomes, particularly the nutrition outcomes. Within such multiplicity, nutrition vulnerability warrants particular emphasis due to its independence from conventional vulnerabilities, say, economic. Individuals from well-off families can also be malnourished and require similar, or even, more intense nutrition interventions similar to other vulnerable population. Hence, it is very important to take these considerations of vulnerability during program design.

Inadequacy of Women-targeting in ensuring Gender Sensitivity of SSNPs

The approach of GoB in addressing gender inequality through targeting women in SSNPs as program beneficiaries alone seem to be inadequate to address the inequalities and vulnerabilities women face in the country. It is important to analyze the gender norms, roles and inequalities in the particular of the age group, geographic location, economy and particular socio-cultural context while designing the programs. And at the same time, involvement of other household members, including men and elderly women, and community thought leaders are important to identify and address vulnerability of women. As seen in the development partners' SSNPs, gender needs be an integral part of the program. At the same time, it was seen that the root causes for inequalities (e.g. GBV, decision making capacity, entrepreneurship skills) were identified in these programs and addressed through comprehensive programming, rather than mere transfer of money or assets.

Combination of SBCC Activities with Transfers

The experience of GoB SSNPs like ICVGD, and international programs like cash plus programs in Myanmar and Nigeria, BCSP in India and UCT in Togo indicate that bundling transfer of cash or food with SBCC activities, particularly on maternal, child and adolescent nutrition, IYCF information and WASH, improves the nutrition outcomes of the programs. However, quality of SBCC activities is equally important in this regard. As seen from the PSNP program in Ethiopia, if the intensity and frequency of SBCC activities are not adequate, information provided are not structured and complementary, and capacity of the frontline workers associated with the implementation of SBCC activities are not improved, the transfer and SBCC may not result in the intended nutrition outcomes.

Expanding Target of SBCC Activities

Conventional approaches for nutrition SBCC activities dictate targeting pregnant women, lactating mothers and caregivers for children. However, it is a widely known fact that there are individual roles of household members in influencing food and nutrition decisions at household levels. This is particularly important in Bangladesh in which the male household members are more involved with purchase of food, while elderly women members (e.g. mother-in-law) exert the decision in food preparation. Experiences from programs like ICVGD, Nuton Jibon, SHOUHARDO and SUCHANA indicate the involvement of other family members and community people in SBCC interventions increase the effectiveness of SBCC activities in increasing knowledge and awareness regarding maternal and child nutrition at household level.

Fragmentation in GoB SSNPs

As seen from the GoB SSNPs, there are very limited coordination within the SSNPs across different ministries, and sometimes even among programs within the same ministry, resulting in duplication of efforts and complexity in implementation for the local implementers, e.g. the upazila administration. Moreover, the linkages of the program outcomes are not appropriately made with overarching objectives like nutrition and are not mentioned explicitly in the program operational documents, which is one reason for the siloed implementation at upazila level by different departments. Limited documentation and dissemination of GoB SSNPs, particularly at upazila and district level also result in lack of awareness among the implementing government departments. Linkages with appropriate cross-sectoral platforms, e.g. UNCC and DNCC, formed by BNCC could have been a solution, however, the review identified no direct linkages of the SSNPs of respective ministries with such platforms, or with other similar platform at any level. At the same time, since the GoB SSNP approach is to view vulnerabilities as isolated/independent issues, separate programs are designed and implemented simultaneously without having any coordination among them. The holistic overview of the vulnerability could have resolved this problem, as similar to development partners, by designing comprehensive and multi-component SSNPs targeting households or communities rather than individuals.

Unattended Urban Population

The present review identified a clear rural-urban disparity in terms of access to social protection programs in which there are very limited SSNPs targeting urban population. As it has been seen that the urbanization in Bangladesh progressed without shared economic growth risks creating a class of people living in poverty in slums at the urban areas, who are deprived of necessary services and in significant vulnerability. Such context of vulnerability is not yet been operationalized into design of SSNP programs. OMS is one of the very few SSNPs designed for urban population, however, the delivery mechanism does not always ensure the access of urban vulnerable population into the program activities. Multifaceted, and sometimes overlapping involvement of quite a number of public entities, and to some extent complex and inexplicit lines of authority result in implementation of SSNPs very difficult, unlike the rural areas where the line of command at upazila and district administration is very clear. Sectoral involvement in SSNPs is also quite difficult to ensure in urban areas, as, quite a number of urban poor are engaged in informal sector for their livelihood. The combination made the urban population, to some extent, unattended from social protection schemes.

Social Protection from a Food System Perspective

Social protection has received considerable attention in ongoing discussions as part of the UN Food Systems Summit process on pathways to transform food systems that will culminate with the Main Summit in September. A food systems context can serve as a sustainable entry point for designing and planning social protection interventions. With appropriate targeting and prioritization, it can enable implementing various programming options to leverage the food system to produce and demand safe and diversified diets. Three pathways are cited for leveraging social protection to improve nutrition outcomes: (1) agricultural pathway to intensify production, value addition and market linkages (2) diversification pathway, to generate income from agriculture, natural resource management and related non-agricultural activities; and (3) non-agriculture pathway to promote non-farm activities to generate income and enhance livelihoods⁶³. Vulnerable groups, poor and small holders in our country are most

⁶³United Nations Food Systems Summit Action Track 4: Advancing Equitable Livelihoods Potential Game Changing & Systemic Solutions for the UN Food Systems Summit. Wave Two. Submitted to the UN Food Systems Summit Secretariat. Available at https://www.un.org/sites/un2.un.org/files/fss_action_track_4_-_wave_2_ideas_paper_final.pdf

affected by the disruption of food systems during natural and manmade disasters, notably flood, cyclone and droughts, displacement of populations, and health emergencies such as the COVID-19 pandemic.

Longer Term Programs along Lifecycle have Intergenerational Nutrition Impacts

While the first thousand days is the most important window of opportunity available to address malnutrition through SSNPs, review of the national and international SSNPs indicated that activities and benefits of SSNPs should be comprehensive to cater to the needs over the lifecycle of the target beneficiaries. Among the programs reviewed, the longest possible programs along the lifecycle of the beneficiaries are the school feeding programs, that are being implemented in almost 163 countries under different forms and names (e.g. School Feeding Program in Poverty Stricken Areas in Bangladesh, MDM in India, etc.). Review of these programs indicated intergenerational impacts of nutrition on the society, particularly on the height of the offspring of the beneficiaries of these programs. School feeding programmes can address many fundamental drivers of undernutrition in a large segment of the population during pre-adolescence and adolescence, which are periods of high nutritional needs.

Involvement of NGOs in SSNPs

Regardless of the government and development partners' SSNPs, there is a significant involvement of NGOs in almost all the selected SSNPs considered in this review, although the involvement area differs in these two broad categories of programs. In the development partners' SSNPs, NGOs play a more active implementation role, covering a wide range of activities, from group formation, capacity development, distribution of assets (if included in program design), technology transfer and monitoring. On the other hand, implementation in government SSNPs is mainly done through the local administration (i.e. district and upazila administration) in association with local government representatives, with NGOs assuming more of a supportive role. Involvement of NGOs in government SSNPs include selection of beneficiaries, capacity development and monitoring. No significant variation could be observed in this supporting role in implementation across the different subcategories of government SSNPs. Role of NGOs in Social and Behavioural Change Communications (SBCC) interventions of all type of SSNPs is almost the same in both types of SSNPs, with NGOs supporting the design and development of SBCC interventions and actively implementing the SBCC interventions for knowledge dissemination, awareness raising and sensitizing the community people/beneficiaries.

Use of Experimental/Innovative vis-à-vis conventional approaches for SSNPs

SNPs implemented by the development partners are more focused on using experimental, innovative and technology-focused interventions than those of government. Knowledge development, technology transfer and innovation were found to be a salient approach in all the six development partners SSNPs reviewed. On the other hand, majority of the government SSNPs, regardless of the subcategories, are almost entirely dependent on conventional "time-tested" approaches for implementation. Both of these approaches are, however, required for long term sustainability of benefits of the SSNPs. The experimentation and innovation in development partners' programs, increase the cost and limits the coverage of the program, but , are necessary to introduce better methods, technology and knowledge to capacitate the beneficiaries in coping with vulnerability and shock absorption. On the other hand, government SSNPs focus on scale and increasing coverage, and hence adopt the technology and methods that have already been tested in the field. Hence, a clear transitional relationship is visible between government and development partners' SSNPs in which government gradually adopts the program design and modalities that were previously piloted and implemented by development partners. For example, the School Feeding Program was initially designed and funded by WFP, in which, NGOs were involved in program distribution. GoB gradually took over the program and increased scale, and the role of NGOs were scaled down to monitoring and evaluation. Among the six development partners' SSNPs reviewed, the World Bank funded ISPP/JAWTNO project seems to be in this transition phase at this moment, with

the MoLGDR&C gradually taking over the responsibilities of program implementing in the current phase, using the knowledge and experience gathered from the previous phases.

6. RECOMMENDATIONS

Below recommendations have been derived from the findings above. Some of the recommendations need to be resolved with high-level policy decisions, while others can be resolved at the programmatic and operational level.

Policy Recommendations

- i. Eligibility criteria for the selection process of SSNP should be design/redesign focusing nutrition vulnerable population (e.g. children with malnutrition, pregnant and lactating mothers, etc.), as well as the geographical locations. For area selection of nutrition vulnerability, nutrition indicators, and approach, as like the recent nutrition vulnerability area selection exercise undertaken in connection with the Global Action Plan on Wasting (GAP) for Bangladesh, can be used.
- ii. Integration of programming focusing on graduation from one program to the other can be considered along the lifecycle of the same cohort in case of public sector SSNPs.
- iii. Consider consolidation of multiple SSNPs into fewer programs with due emphasis to the comprehensiveness and scale of individual programs, i.e., scale down in number to scale up the program coverage for increased access and equity. This can be done through a careful design of cost-effectiveness and identification for potential areas of convergence and consolidation. In case of programs across separate ministries, the analysis should look for opportunities for harmonization across interventions implementation at local level.
- iv. Vertical and horizontal expansion (rural and urban) of SSNPs having higher potentiality based on rigorous evidence for nutrition dividend/outcome (e.g., programs focused on women in reproductive age, children and adolescent), coupled with rationalization of resource allocation can be considered.
- v. Design and implement nutrition-dense food basket with increased dietary diversity for distribution and under SSNPs, particularly for disaster-affected population, blanket food distribution during emergency situation, or even for sale to vulnerable population at a subsidized price. Inclusion of fortified foods (fortified rice, oil, salt etc.) in relevant food transfer SSNPs can be considered in this regard.
- vi. Inclusion of nutrition indicators in both outcome and objective level and in their logical framework/results framework, along with means of verification. This should be linked with rigorous monitoring system to collect regular information against the set indicators. Decisions regarding resource allocation and design/redesigning of the programs should be associated with the program performance along these nutrition indicators.
- vii. Significant level of coordination is required to ensure such complementarity among the ministries and divisions implementing the SSNPs, in terms of program design, continuity of safeguarding, transfer modality design, defining eligibility criteria, beneficiary selection, and implementation. Increased involvement is required from the Cabinet division, to ensure

complementarity among the ministries and divisions implementing the SSNPs, in terms of linkages, referral of various nutrition services, monitoring and documentation.

- viii. Social protection support to food insecure households with adolescent girls is essential to mitigate nutrition and protection risks.
- ix. Advocacy to increase public funds for SSNPs with intergenerational impacts should continue and will require additional research and evidence on the food consumption and nutritional status of school-aged children and adolescents.
- x. Integrated urban SSNPs are required, particularly targeting people living in slums and poor settlements. Collaboration of government, non-government and private sector should be ensured for effectiveness of such urban-focused integrated SSNPs. Special emphasis should be given to cover both the school-going and out of school children and adolescents from poor families in urban areas.
- xi. Agriculture which includes crops, horticulture, fisheries, livestock, and poultry needs to be made more resilient. Quick-response measures such as cash transfers, provision of agricultural inputs such as seeds and animal feed are needed, to address the damage and restore livelihoods after natural disasters; alternative income generating activities must also be available for those whose livelihoods are destroyed. To mitigate the inadequate access to safe and diversified food by disaster affected populations, a widened nutritious food basket which has been developed by MODRM and MO needs to be made available through the Public Food Distribution System (PFDS).

Program Recommendations

- i. Majority of the government implemented SSNPs are designed as special purpose programs and do not necessarily have explicit linkages with nutrition, though these programs have high potential to be nutrition and gender sensitive. Therefore, it is recommended that the SSNPs implemented by the government should, as much as possible, incorporate a minimum package of nutrition activities (evidence based, cost-effective). Learning from experiences of similar SSNPs implemented by development partners at home and abroad would be useful.
- ii. A thorough Gender and nutrition situation analysis should be undertaken to find out nutritional vulnerability, needs, barriers, social factors which will support to the design of nutrition sensitive SSNPs. Involvement of established multisectoral platforms (e.g. nutrition-sensitive platform), multistakeholder entities (e.g. BNNC), respective development agencies and nutrition experts should be beneficial in this regard.
- iii. Accelerate the implementation of activities under each SSNP coupled with regular monitoring and period evaluation to ensure their relevance, timeliness, and effectiveness.
- iv. Harmonize age and needs-specific nutrition messaging across all social protection programmes. Focus should also be on enhancing institutional and human capacity of the implementing entities for imparting quality BCC activities using standard tools related to nutrition and gender issues.
- v. Ensure coordination and cross-sectoral linkages among existing SSNPs (e.g., among health and non-health SSNPs) and linkage with multisectoral platforms (e.g., BNNC) to allow for synchronization in implementation, avoiding duplication of efforts, ensuring complementarity along the lifecycle and improving access and benefits for the beneficiaries.

- vi. Carry out impact assessments of all relevant GoB SSNPs to review their effectiveness, challenges and lessons learnt for future improvement of nutrition and gender sensitive social protection programming.
- vii. Introduce a system of beneficiary feedback, complaint and redressal mechanisms as a means to increase accountability and programme effectiveness with due consideration to children and gender issues.
- viii. Ensure a systematic process for learning from NGOs' involvement/complementary support in various stages of the SSNPs (e.g., designing, field testing, model development, technical support, and monitoring at field level, etc.) and foster this complementarity in future SSNPs' project design.
- ix. Establish an interoperable nutrition information system related to SSNPs for policy decision and advocacy for resource mobilization. This system can be housed at a multisectoral coordinating body for nutrition in the country, e.g. BNNC.
- x. Consider collection of regular data and evidence of status of gender equality and women's empowerment to document progress and identify gaps and strategies for how best to address them.

7. CONCLUSION

[TBD]

ANNEX ONE: SUMMARY OF THE REVIEWED NATIONAL SSNPS

Allowance for Widow, Deserted and Destitute Women, Ministry of Social Welfare (MoSW)

This is a safety net program under MoSW. In 2020-21, the coverage of this program was 2.05 Million person-months and the budgetary allocation was 1,230 crore BDT (equivalent to 144.71 Million USD). As the name suggest, the program only targets widow, deserted and destitute women, giving priorities to senior citizens, wealth less, homeless and landless women. The program does not have any specific geographical target, rather is being implemented throughout the country. The program aims to work on the following aspects for widows and deserted women - Socioeconomic development and social protection; improved status in the family and society; enhanced morale; and improved nutrition and health care.

Although no indicators are set to monitor nutrition of target group, yet improved nutrition and health care of widow, divorcee and deserted women is one of the aims of the program as outlined in the program proposal. Money received for the welfare of the target group is mostly spent for purchasing of food item/s and evaluation of the program suggest the same money is used for medical expenses and quite often money is also used as a buffer money to receive loan from the borrower. This is a cash transfer program under which the money is directly sent to respective beneficiaries' bank account. Department of Social Service (DSS) is under MOSW responsible for implementation.

Program evaluations suggest, this program absorbs important societal economic shocks of widowed, deserted and destitute women at the lowest economic strata of the society, which constitutes around one tenth population of ever married women in the country. Although selection processes of targets of this program are done in steps like receiving of applications, initial listing of applicants, approval from Union (rural) and Municipal (urban) committees and finally approval from Upazilla (rural) and City Corporation Committees (urban) the beneficiary selection process has scope to be more objective and pro-poor. There is also significant scope for wider availability of information to further improve the application and selection processes.

Allowances for Financially Insolvent Disabled, under MoSW

This is also a program under MoSW, targeting poor and vulnerable Persons with disability (PwD), with priority given to women, children, old aged people, landless and those living in extreme poverty stricken or remote areas. In 2020-21, the coverage of this program was 1.8 Million person-months, and budget was 1,620 crore BDT (equivalent to 190 Million USD). The program does not have any specific geographical target, rather is being implemented throughout the country. DSS under MOSW implements this program. The objective of the program is to provide basic income support to PWDs living in poverty. Since the beginning of the program in 2006, the number of beneficiaries has multiplied almost eight times and the amount of benefit per beneficiary has increased almost four times. This is a cash transfer program under which the money is directly sent to respective beneficiaries' bank account.

The awareness campaigns done under this program are very limited, predominantly due to limited budget, and also due to limited human resources of DSS at upazila level and below. In reality, communities gather information on the needs of safety nets from informal channels, including Ward Members (who are locally elected representatives) and villagers acquainted with Government officials. Though it is encouraging to note that there are initiatives to identify PwDs, it should be noted that the number of registered PWDs represents a very small proportion of the estimated number of PwDs in the country. Therefore, there is a risk of huge exclusion errors where those who are significantly disabled, poorest with limited accessibility, and unable to report themselves, may remain unregistered. The conditions for replacement of beneficiaries, except death, are in most cases very difficult to verify unless self-reported or confirmed by local leaders. These are also often subjective and can be misused as

influential people wrongly report change in circumstances of existing beneficiaries to make space for new entrants they want to favor. The identification of PwDs depends on self-reporting by PwDs which may eliminate many due to poor access of the most vulnerable ones, including women and the severely disabled and old, to the Social Services Offices. At the same time, children with disabilities aged under six years fail to benefit from the program.

Secondary and Higher Secondary Stipend Program, under Ministry of Education (MoE)

Secondary and Higher Secondary Stipend Program is five years program from June 2018 to June 2023 with MoE with a budget of 8,744.82 crore BDT (equivalent to 1.03 Billion USD). This is a stipend program for the girls from grades 6 to 12 for nationwide rollout. The program intends to cover 30 percent of all primary enrolled girls' student. The program is based on poverty-targeting selection (combination of means testing and school- and Madrasah-based screening) and to the extent possible, using the available poverty ID database in the country. This is a conditional cash transfer program in which the money is sent via mobile banking system directly to the beneficiaries.

The program is aimed to achieve SDG 4.1, 4.4 and 4.5 targets to achieve free, equitable and quality education to attain technical and vocational skills for employment, decent jobs and entrepreneurship which ultimately will eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including' persons with disabilities, indigenous peoples and children in vulnerable communities.

There is no explicit mention of any nutrition outputs, data, indicators, or objectives, nor did the program had any evaluation on any nutrition outcome which could be linked to WASH or dietary diversity with this project. However, different studies have found positive nutritional outcomes including higher height with women with higher education, less LBW babies born with mother with higher height than babies who are born to mother with lower height.

Vulnerable Group Development (VGD), under Ministry of Women and Children Affairs(MoWCA)

This social safety program has been implementing by Department of Women Affairs, MoWCA in country wide. Primary beneficiary of this program is Extreme Poor and destitute vulnerable women (aged 20-50 years) in the rural areas. These women are belong to a household with no regular source of income and priority has given to families that meet Proxy Mean Test (PMT) indicators for verifying poverty (i.e. land ownership, condition of house, electricity access, disability in family, source of income etc.). This is a food assistance program where vulnerable women (10.4 lac currently) get monthly fortified rice (30.3 Kg) and Income generating training so that they can continue to increase their income even after graduation of the program.

The main objective of the program is to improve food security considering poverty indicators. But there is two specific objective related to nutrition. Other than distributing micronutrient dense fortified rice, Capacity building training for beneficiaries to increase knowledge on better life skills including mother and child nutrition, health & hygiene etc. through NGO partners are some nutrition specific activities are part of this program. This ongoing programme is under government's revenue budget of 1840.05 core BDT (equivalent to 216.47 Million USD) (2020-2021 Budget) from where fortified rice and training cost is specifically related to nutrition budget.

In spite of having specific objectives data related to nutrition is not available except some indirect data of income increase and life skill improvement. Since the program focus on vulnerable women of reproductive age who are crucial to improve their own nutritional status and their children as well as, so this program is very much potential to increase its nutrition focus by including specific objectives, monitoring indicators and specific activities like social and behaviour change communication on nutrition.

Investment Component for Vulnerable Group Development (ICVGD) Project 2nd Phase, MoWCA

Improved version of VGD program is being piloting in 64 districts (1 upazila/district) in current fiscal year (2020-2021) following earlier success on experimenting in 8 upazilas. Therefore the beneficiary are selected from VGD programs with criteria of extreme Poor and destitute vulnerable women (aged 20-50 years). The program targets 0.1 Million women as beneficiaries, with budgetary allocation of 52.67 Crore BDT (equivalent to 6.19 Million USD) in 2020-21.

Some reformation has been made in this trial project where the major change is to make it more nutrition sensitive including specific (To improve nutrition practices by poor VGD women and their families) indicators and activities. SBCC approach has been applied for capacity development of the beneficiary for better life skills including nutrition behaviour i.e. mother and child nutrition, health & hygiene etc. But still proper monitoring/ data collection system should be in place to measure the outcome. Along with that further scale up the programme covering all VGD beneficiary with a vision to shifting towards government one unique program called Vulnerable Women Benefit (VWB) by 2023 including increase of nutrition sensitivity.

Maternity Allowance Programme for the Poor pregnant and Lactating Mother' and 'Assistance for Working Lactating Mothers', MoWCA

'Maternity Allowance Programme for the Poor pregnant and lactating mother' and 'Assistance for Working Lactating Mothers' are two safety net programs of MoWCA following similar objectives set of criteria for selecting beneficiary. Only difference is first one covers only pregnant women in rural area and second one is for working women in selected city corporation, Garments Factories, and Municipalities. Programs transfer cash to the vulnerable pregnant and lactating women with aim to improve both their and their children's nutritional status. Thus nutrition related awareness training for the beneficiary organize by NGO partners. Total budget of 1,037.55 core BDT (equivalent to 122.06 Million USD) for 1.04 Million beneficiaries are covered under these two programs.

Though both of these programs are focus to improve nutrition but systematic inclusion of nutrition objective, indicators and monitoring are missing to assess its contribution towards national nutrition goal in the country. To overcome these challenges mentioned above, a reformed version of these two programs had been now implementing called Mother and child benefit program in 66 Upazilas, 41 Municipalities, 6 Garments factories and 1 city corporation following NSSS.

School Feeding Programmes in Poverty Stricken Areas under Ministry of Primary and Mass Education (MoPME)

MoPME implement school feeding program in 14,440 GoB primary schools in 104 upazilla. Around 3 million primary school children get fortified biscuit and hot meal in school to fulfil their nutrition requirement. 75 gram pack of fortified biscuits containing 338 kilocalories fulfil 67 percent of the daily 'Recommended Nutrient Intake (RNI) of a student. Currently hot meal is serving in 17 upazila with more diversified diet to fulfil wide range of nutrient requirement of a student (50 percent of vitamin and minerals). Total 33.95 Crore BDT (equivalent to almost 4 Million USD) has been allocated mainly on fortified biscuit and hot meal in 2020-21 budget. Moreover a nutrition awareness activities for students and their parents is also implanting in some schools.

This is one of the good example of nutrition sensitive/ focused safety net program. But still increase of budget allocation to ensure animal protein, introduce diversified menu is required to meet the nutritional need of primary school children. Additionally, Institutional engagement among relevant ministry e.g. Ministry of Fisheries and Livestock, Ministry of Agriculture for supply of nutrition commodity to the school locally would make this program more sustainable.

Food Friendly Programme (FFP), Ministry of Food

In 2016, the GoB launched the Food-Friendly Programme for the Ultra-Poor (FFP) implemented by Ministry of Food. The budget for this programme is BDT 3,844.26 crore (equivalent to 452.27 Million USD) for the year 2020-21. The program aims to provide nutritional support to poor rural households during pre-harvest seasons by offering rice at a highly subsidized price. It is a targeted program where the selection of the beneficiaries takes place through local governments and community consultations. The programme targeted to cover some five million extreme poor and vulnerable people, especially women, widows, elderly women, women-headed families with disabilities, across the country. A study IFPRI⁶⁴ showed that 97 percent of beneficiaries were being women with these criteria. This is a nutrition sensitive scheme aims to provide nutrition support with distribution of food grain at subsidize rate to the poor families, selected through the local public representatives, the opportunity to buy up to 30 kg of rice per month for the five lean season months of a year at the rate of take 10 per kg, which is less than one fourth of the market price and also lower price than Open Market Sales (OMS) which is sold in major metropolitan areas. Currently, 169 upazilas (150 under GoB and 19 with WFP support) are distributing 30.3 kg fortified rice at the same subsidized rate with aim to cover all areas by 2025. Awareness raising on the benefits of fortified rice and cooking process have been providing for rice dealers and beneficiaries. A specific nutrition related budget is for purchasing fortified rice kernel, blending and distribution services. Ministry of Food with support of the local government division distributed the rice to the beneficiaries.

The IFPRI study found both inclusion and exclusion error in beneficiary selection, being 15 percent and 22 percent respectively. It also identified that the while the allocation of beneficiaries in the FFP in different regions is responsive to the regional variation in poverty rate, it fell well short of achieving a regional equity in redistribution. Districts that have a low incidence of poverty gets almost the right number of beneficiaries allocated to them, however, though districts that have a higher incidence of poverty receive a higher number of beneficiaries, the number remains much lower than the allocation required to cover all the poor households. Listed beneficiaries received the full transfer of rice in only about 86 percent of cases, with the transferred rice is being lost between TCFs and dealers, and between dealers and beneficiaries. Two factors that turn out to be significant in most cases were remoteness of beneficiaries and poverty rate - both of them were found to be highly correlated with worse outcome in all aspects.

Employment Generation Program for the Ultra Poor (EGPP), under Ministry of Disaster Management and Relief

EGPP is one of the Food Security and Employment Generation Programs under Social Safety Net Programs in Bangladesh. The program has been implemented by the MoDMR since 2008. The investment is BDT 1650 Crore (equivalent to 194.11 Million USD) for 2020-21 and it covers 26.5 lac people across the country. This is a cash-based workfare program targeted to the rural extreme poor (landless or ownership of less than 0.5 acre of land). The program ensures an employment guarantee during the lean season over two cycles for 80 days. The first cycle starts from October to December and 2nd cycle starts from March to April. It requires participants to do physical work for the rural community and local government bodies. Targeting objectives in EGPP are three-fold: First, a greater proportion of funds are channeled to the poorest Upazilas, especially along the coastal regions. Second, only households with less than half an acre of land & where the household head is a manual laborer are eligible. Third, wages are set below market wage level to attract only those who need the money the most.

⁶⁴ Chowdhury, S. Hoque, MM. Rashid, S. and Khaled, MNB. 2020. Targeting Errors and Leakage in a Large-Scale In-Kind Transfer Program The Food Friendly Program in Bangladesh as an Example. IFPRI Discussion Paper 01935. Development Strategy and Governance Division, South Asia Regional Office, The International Food Policy Research Institute (IFPRI)

This is a gender-sensitive program in which one-third of the beneficiaries are women. The female-headed households who are particularly vulnerable are getting priority and benefited from this programme. Moreover, both the male and female receive the same wages. The beneficiaries get the opportunity to work for 7 hours a day and received wages in cash. They are also bound to save a certain amount in their respective account.

One of the objectives of the program is to impact the target beneficiaries in terms of reduction of disaster and gender vulnerability and increased resilience. However, there were no nutrition related objectives in this program. The program had positive impacts on women's empowerment and enhance their decision-making power in the family and the social status. However, there was limited information on whether it impacts improving food and nutrition security.

Test Relief (TR), under MoDMR

TR is a public work program and one of the oldest social safety net programs of Bangladesh. It began primarily as relief programs in 1975 as a response to the famine of 1974 with the immediate objective of providing food to the severely food insecure poor. TR projects are mainly focused on maintaining and developing local educational and religious institutions, including schools, madrasas, orphanages, mosques, temples, among others. TR projects were administered by the WFP, and as of 1995, implemented by the Water Development Board, the Ministry of Relief and Rehabilitation (currently the Ministry of Disaster Management and Relief, MoDMR) and the Local Government and Engineering Department. Major donors included Australia, Canada, the European Union, and the United Kingdom.

TR use geographical targeting in the sense that the budget allocation depends on the size of population and area, as well as the poverty rate of each Upazila. In addition, the program use self-targeting given the physically demanding nature of the work; better off households are discouraged while only the poorest households participate. Since the guideline of TR does not layout specific beneficiary selection criteria and emphasize the community benefit and quality of the resulting infrastructure, recent surveys revealed that significant proportions of projects under this program are implemented by contractors. Moreover, many are solar panel installation projects which do not employ safety net beneficiaries. The guidelines do not specify enrolment requirements. As a result, the documentation requirements for beneficiary enrolment, apart from a muster roll at the Union Parishad, are not clear. TR have been criticized for leakages and inefficiency, due to project selection by local elites and influential people, not based on the objective needs; Over reporting of work done; Practice of leaving the earth uncompact, which makes it difficult to ascertain the actual volume of earthwork completed; and Underpayment to workers.

Recognizing the vulnerability to leakages and the high management costs of food transfers, the Government introduced the WFM, a cash-based program through a policy decision in 2014. Since 2016, cash allocations to TR were also introduced. This decision was also based on the premise that cash would ensure better availability of workers and help build rural infrastructure. However, these newly introduced cash transfers under WFM and TR-cash reach beneficiaries through very rudimentary, hand to-hand channels through the Union Parishad, leaving a broad scope for leakage and issues of transparency and efficiency.

Open Market Sales under Ministry of Food

Open Market Sales is a programme of Ministry of Food under the public food distribution system (PFDS). The budget is 972.9 crore BDT for the year 2020-21, which is equivalent to 114.35 Million USD. It covered 867 Million urban poor with limited income in city corporations and metropolitans. However, beneficiaries are not screened when they come to dealers' shop to purchase rice/wheat/flour at subsidized rate. Dealers are instructed to sell commodities at locations with highly population density and poverty-prone areas. In this programme, destitute women are supposed to get more priority. No

specific gender segregated targeting are maintained in reality. The programme is nutrition-sensitive through its objectives is to stabilize food price and ensure availability of food within the purchase range of the low income people, especially during disaster or the situation of price hike. There is a plan to introduce fortified rice in the OMS programme. OMS was suspended in 2020 during COVID-19 pandemic because of operational difficulties due to mass demand and the need for social distancing. The government switched to subsidized rice sales based on ration cards, increasing the number of cards from 5 to 10 million.

Agricultural Subsidy under Ministry of Agriculture

Agricultural subsidy programme of the Ministry of Agriculture targets the small and marginal farmers across the country. The budget for this programme is 1,900 crore BDT for the year 2020-21, which is equivalent to 223.53 Million USD. The programme provided subsidies for fertilizer, diesel, electricity, sugarcane machinery etc. with given the highest priority for agricultural production that would support to reduce production cost of food. The GoB has decided to mobilize BDT 30 billion to subsidize farmers in the purchase of machinery and has formed a committee to provide recommendations in order to speed up mechanization. It will provide 70 percent subsidies in haor and coastal areas and 50 percent in other areas for purchasing agricultural machinery (CIP2 MR2020). It is important to promote mechanization and innovation after COVID-19 through subsidies, sub-contracting agreements, and low-interest loans, which will be particularly important to revive agriculture. The programme is nutrition-sensitive that supports enhancing the production of foods. However, the programme does not support capacity strengthening on nutrition or nutrition BCC or disseminate nutrition messages to create awareness. The programme is delivered through Department of Agricultural Extension (DAE) under Ministry of Agriculture (MOA). At the district level, Deputy Commissioner (DC) is the chairman and Deputy Director (DD) of DAE is the member secretary and at Upazila level, Upazila Nirbahi Officer (UNO) is chairman and Agriculture Officer is member secretary of the committees who implement the programme at the field level.

Agricultural Rehabilitation under Ministry of Agriculture

Agriculture Rehabilitation Program (ARP) is one of the SSNPs that directly linked with agriculture. This program covers 0.87 Million small and marginal cardholding farmers who are affected by flash floods or natural calamities. Women farmers are also covered by this programme. The budget for this programme is 2,500 crore for the year 2020-21 which is equivalent to 294.12 Million USD. This programme is designed to provide agricultural inputs free of cost to support the disaster-affected farmers to produce more grains and crops that would help them to reduce their sufferings during any natural disaster. Under this programme, the farmers are receiving cash transferred for agricultural inputs such as seeds, fertilizers and farm machineries etc. for fruits and vegetable-nutrition gardens. Besides, training is organized that disseminates relevant nutrition messages to the farmers. The services are delivered through the DAE, under MoA, after natural disaster.

My House My Farm under Ministry of Local Government, Rural Development and Cooperatives (MoLGDR&C)

Amar Bari Amar Khamar i.e. My House My Farm is a special social safety net programme under the MoLGRD&C. This is a poverty alleviating project through family farming livelihood and income generation of the underprivileged and smallholders across the country. The investment is BDT 1025.5 crore (equivalent to 120.65 Million USD) covering 0.80 Million people from poor women-headed households, households having only homestead, landless people who own 0.50 acres of land including homestead and earn their living through manual labor, small and marginal farmers having 2.5 acres of land including homestead and beneficiaries on chars and backward areas. The project provides support for food production, food security and food safety of small households and families. To this end, the best option for the households is to optimum use of arable land via indigenous methods by smallholder farm families.

Hence, the project promotes to use of organic techniques and modern technologies in agriculture to build the farm in every house to ensure maximum food production and keeping potential resources for future use. The project is gender-sensitive that supports the women of the farmers' families and organizes activities that enhance nutrition knowledge and awareness of the beneficiaries through nutrition training and BCC. The project is implemented and the services are delivered through the Rural Development and Co-operatives Division of MoLGRD&C.

Pathways to Prosperity for Extremely Poor People (PPEPP), by PKSf, under Financial Institutes Division, Ministry of Finance

PPEPP is a program which is managed by Palli Karma Shahayak Foundation (PKSF), an apex Government development agency, and funded by European Union and the United Kingdom's Department for International Development (DfID, now FCDO). It targets 250,000 extremely poor households, primarily targeting women, in selected districts and upazillas in the North-West region, the South-West coastal belt, the haor area, and severe poverty pockets. The focus of the PPEPP project shifts away from traditional graduation to pathways out of poverty by applying more tailored support package including grants and soft loans with a longer intervention timeframe. It includes better integration of nutrition interventions to lay the foundation for productive work.

The livelihoods component of the project contains grants and soft loans to support sustained income and consumption gains, and to reduce vulnerability to shocks. The project also contains a specific nutrition component which focuses on three areas: 1) the delivery of a package of essential services either by supporting better delivery of the National Nutrition Services (NNS) or through direct delivery where there are significant gaps in NNS capacity, 2) community-level work to address some of the social practices that prevent good nutrition outcomes, and 3) promoting income generating activities that support nutrition outcomes where possible. The project has a life-cycle grant pilot for a long-term solution for extremely poor labor restricted households. This will pilot a time-bound top-up of one or more GoB social security grants in selected areas to accelerate and catalyze implementation of the national social security reform process, in order to increase protection for the most vulnerable.

The project thus includes significant investment in both nutrition and social safety nets, and also displays strong linkages with Government programs hosted through multiple sectors. No reviews of the project are available as yet, as the project is still too young. Furthermore, FCDO budget cuts are likely to impact this project.

Food Subsidy in Social Safety Net Programs

Under the Public Food Distribution System (PFDS), the government distributes food grains to vulnerable and low-income groups through subsidised distribution program such as Open Market Sale (OMS), Food Friendly Programme, Essential Priority (EP), and Others Priority (OP). Other non-monetised channels of food safety nets are Food for Work (FFW), Test Relief (TR), Vulnerable Group Feeding (VGF), Vulnerable Group Development (VGD), Gratuitous Relief (GR).

Domestic rice procurement is the instrument used to build rice stocks for the PFDS and OMS is a mechanism for both price stabilization purposes at consumer level and maintain a floor price to support farmers. Deciding when, how much and for which price to procure foodgrain from farmers such that the market remains competitive and the price is profitable for farmers while fulfilling PFDS requirements even in unpredictable times of disasters and emergencies, is a challenge the government faces on a seasonal basis. The role of the PFDS is to provide relief during emergency periods of natural disasters and targeted food distributions to alleviate chronic food insecurity. The Government has calculated the need for 1.05 million metric tons public foodgrain stock to be made available at the beginning of each financial year in order to be able to handle PFDS activities. This amounts to the equivalent of three

months' distribution requirement of (0.6 million metric tons) in addition to an emergency reserve of 0.45 million metric tons.

As per the Bangladesh Economic Review Report (2020), in FY2018-19, the actual foodgrain distribution was 25.93 lakh MT (Monetised 13.87 lakh MT and non-Monetised lakh 12.06 MT). In 2019-20, in response to the COVID-19 pandemic, a total of 5 lakh metric tonnes of rice and 1 lakh metric tonnes of wheat was distributed free of cost as humanitarian aid for poor people rendered jobless. Rice is being sold among the low-income people at Tk. 10 per kg under OMS. The revised budget allocation under FFP, OMS and other food subsidy in 2020-21 at 5229.33 crore taka accounted for 35 percent of food security and employment generation programs; the allocation is slightly higher at 5426.77 crore taka in the budget for the current financial year accounting for 36 per cent of the allocation towards food security and employment generation programs. This is 6.7 per cent of the total social safety net allocation excluding pension to retired government officials, and 0.16 per cent of the GDP.

According to the macroeconomic policy of the government, food subsidy plays an important role to reach the poor with food assistance⁶⁵. However, food subsidy is not gender sensitive, which has no specific focus on targeting women and girls except the VGD programme. This is nutrition-sensitive, but nutrition is not directly considered in its objective, outcome, and indicators. This also has no nutrition related activities including nutrition education/SBCC /messaging and do not collect nutrition data to monitor or evaluate the nutrition outcome.

Essential Service Delivery and Community-based Healthcare, under MoHFW

Community Based Health Care (CBHC) is being implemented by Health Services Division (HSD) under MOHFW, as an Operational Plan (OP) under the 4th Health, Population and Nutrition Sector Program (4th HPNSP) with a five-year budget (2017-2022) of 115,486 Crore BDT (equivalent to 1.36 Billion USD) with its major functions of administration, finance, procurement and logistics, HRD and community mobilization and training. This is one of the largest SSNP in Bangladesh focusing on healthcare at upazila level and below. Essential Service Delivery (ESD), although was a separate OP in first three Sector Wide Approach Programs (SWAp) of MOHFW, however, was brought under CBHC in 4th HPNSP. Specific objectives of CBHC are many and are aimed to ensure all results necessary to provide and maintain primary health care for all population. Functions of the cumulative results included in the specific objectives aimed to achieve initialization, streamlining, strengthening of system, ensuring adequate staffing, conducting supervision, establishing referral and ensuring supplies.

CBHC is based on pillars of principles of universal coverage, equity in health, inter-sectoral collaboration and community participation and use of appropriate technology which go with the vision and plan of NPAN2. Additionally, its area of services on health education, nutrition, adequate and safe water and sanitation, maternal and child education, immunization, prevention and control of endemic diseases, treatment of common ailments and provision of essential drugs have much to support nutrition in direct and indirect ways. Moreover, with creation of 18,000 community clinic, CHBC has made service available and accessible to population which otherwise would not have been possible.

The main gaps of modality of this OP for nutrition is it's disperse focus on nutrition. Because this OP has much other to focus on, it has not been able to put laser focus to nutrition although components of health education, nutrition, adequate and safe water and sanitation, maternal and child education are there. Although, management of SAM and MAM is the responsibilities of community clinic, not much information relating to nutrition data and indicators are available to make evidence-based plan.

⁶⁵ Iqbal MA, Khan TI, Tahsina T. Macroeconomic Implications of Social Safety Nets in the Context of Bangladesh. Accessed on 8 August 2021. Available at <http://socialprotection.gov.bd/wp-content/uploads/2017/06/Macroeconomic-Implications-of-Social-Safety-Nets-in-Banglade.pdf>

Maternal Neonatal Child & Adolescent Health (MNCAH) Operational Plan (OP), under MoHFW

MNCAH is also an OP in 4th HPNSP under HSD, MOHFW. It has nationwide scales of functions with Union level health workers. This five-year OP (2017-2022) has budget of 115,486 Crore BDT (equivalent to 1.36 Billion USD) that works for maternal health, Expanded Program for Immunization (EPI), National Newborn Health Program (NNHP) & Integrated Management of Childhood Illness (IMCI), adolescent health and School health components.

Progress attained so far by this OP are in line with nutrition of the target beneficiaries. Maternal Mortality Rate (MMR) have been reduced and projected to 170/100,000 live births, coverage of facility delivery has rapidly increased from 12 percent (2004) to 37 percent (2014), 36 percent of mothers and children receiving check-ups from a medically trained provider within 42 days. Capacity and readiness of government district hospitals and mother child welfare centers have been strengthened, extension of basic emergency obstetric care in supported locations up to Upazila level, training and awareness raising programs provided to health workers on a comprehensive referral system for pregnant adolescents and women and newborns, training provided supply chain management to service providers, home-based counseling conducted with women and their families with the use of BCC and IEC materials, functional community groups were established, communications materials, including print, mass media, ICT and social media were used to reduce gender-based violence, and preventing early marriage and early pregnancy. And trainings were provided to address gender bias for early initiation of breastfeeding and exclusive breastfeeding practices. Supports are provided to improve neonatal, infant and child health program through known interventions of breastfeeding, C-IMCI, Immunization and Government/NGO /private sector partnership. Services are provided to prevent adolescent pregnancy and childbearing. This OP also has activities through Cross-Cutting issues including Poverty, Environment, Climate Change, Biodiversity, Women & Children, Gender and Person with disability.

Although this OP has the same targets, uses behaviour al communication messages and tools that a nutrition program ideally should have done; the intensity, monitoring and reporting are not as focused as should have been. The OP has too much to do that limits its focus on nutrition.

Maternal, Child, Reproductive and Adolescent Health (MCRAH), under MoHFW

This is an OP under the Medical Education and Family Welfare Division (ME&FWD) under MOHFW and being implemented by Directorate General of Family Planning (DGFP) in Bangladesh. This five-year OP (2017-2022) has budget of 115,486 Crore BDT (equivalent to 1.36 Billion USD) with general objective to deliver appropriate, effective and responsive quality maternal, newborn, child, adolescent and reproductive health services for improving overall health status with particular attention to marginalized and vulnerable groups.

It is through relentless activities through this OP, it has been possible to reduce population growth rate including increased life expectancy at birth, reduced under-five mortality rate (USMR) and maternal mortality ratio (MMR) which now stands at 176/100000 live births in 2015. This OP also has intervention in important segment of population that is adolescent, and it constitutes 12 percent of overall population of the country. It is in this adolescent population where child marriage and adolescent motherhood is very common in Bangladesh culminating into LBW cycle. Processes aiming to reduce neonatal death rates which were slow in last few decades are also given priorities through establishing Special Care Newborn Unit (SCANU); rolling out of Emergency Triage Assessment and Treatment (ETAT); sick newborn care and Helping Babies Breathe (HBB) initiative training; and equipping SBAs. This OP while working with the neonates and infants has preferences to work for Infant and Young Child Feeding (IYCF) promotion, an activity that needs to be focused with dietary diversity. Additionally, it also works on Cross Cutting Issues including poverty, environment, climate change, biodiversity, women & children, gender and person with disability/excluded group.

The lens through which the OP has seen nutrition in its extensive program is different from what would have been necessary to provide nutrition a crystal focus. Nutrition indicator on counselling sessions conducted on feeding practices on breastfeeding and IYCF are kept however, data are not that explicit and nutrition monitoring is not that exhaustive.

National Nutrition Services (NNS), under MoHFW

NNS is another OP under 4th HPNSP, under HSD of MOHFW and being implemented by Directorate General of Health Services (DGHS). This is the main implementation OP under 4th HPNSP for the provision of nutrition services, particularly for children with severely acute malnutrition (SAM) and moderately acute malnutrition (MAM) along with counselling, referral and nutrition messages including BCC. Its five years (2017 July to 2022 June) budget is 729 Crore BDT (equivalent to 85.76 Million USD). The activities under NNS are national activities that extends activities from policy level to grass root implementation at community clinics and even to Refugees population who came from Myanmar. General objective of the OP is to reduce malnutrition and improve nutritional status of the people of Bangladesh with special emphasis on the children, adolescents, pregnant lactating women, elderly, poor, vulnerable, and underserved population of both rural and urban area in line with National Nutrition Policy 2015.

The OP has wide range of focused nutrition specific activities. These include, promote, protect and support IYCF practices including Early Childhood Development (ECD), utilizing community-based approach through existing PHC platforms; promote maternal nutrition; promotion of adolescent nutrition; control of micronutrient deficiencies; management of moderate and severe acute malnutrition; strengthen nutrition services for elderly person, strengthen nutrition services in emergencies, growth monitoring and promotion (GMP); strengthen De-worming programme for children 24 to 59 months; prevention of overweight and obesity and SBCC. NNS OP is also mandated to work on Food Safety programme, Good Hygiene Practices (GHP) including WASH at all levels, Food Fortification and Nutrition Challenges due to climate changes which are nutrition sensitive activities.

The main gaps of this OP for nutrition is its ill-defined collaboration between other sectors which are providing extensive services and resources for nutrition. Additionally, it is also stuck with progress of few indicator including, breast feeding rate over time and managing SAM and MAM at community clinic to central level. Actions on important recommendations from evaluation of this OP also needs to be implemented.

Suchana

Suchana is a 6-year project with the goal of “ending the cycle of undernutrition” in Bangladesh. It is a GBP 42.8 million project, co-funded by the European Union and the United Kingdom’s Department for International Development (DfID, now FCDO). It targets to tackle both the immediate and underlying causes of chronic undernutrition in over 250,000 households in two districts of Sylhet Division whilst also building support and capacity in the national Government to implement multi-sectoral nutrition programmes across the country. Main objective of Suchana is quite nutrition-specific, particularly the objective 1 (i.e. significant reduction in stunting in children under two years of age). The other objectives of the program are nutrition-sensitive, and adopted to address undernutrition through multi-sectoral approach through coordination with government and other actors.

As part of the program, specific indicators were set to monitor nutrition outputs. The project holds a package of services, namely 1) nutrition specific services provided through the Government’s health care system, 2) social and behaviour change communication to promote exclusive breastfeeding and complementary feeding, 3) nutrition-sensitive agricultural extension services and promoting homestead gardening, 4) support to develop income generating activities, which includes skills training and transfer of a productive assets to households. The project targets 258,445 pregnant and lactating women and adolescent girls (aged 15-19) from extreme poor or moderate poor households. According to an MTR

published in May 2020, the project has significant positive impact on nutrition behaviours and service-seeking behaviours. The research which is part of the project will provide evidence and strategies for scale up.

SHOUHARDO III

Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) III is a Development Food Security Activity (DFSAs) funded by the United States Government through the United States Agency for International Development/ Office of Food for Peace (USAID/FFP), with complementary funding from the Government of Bangladesh (GoB). This project aims to achieve improved gender equitable food and nutrition security and resilience for Poor and Extreme Poor (PEP) households living in the eight districts, namely - Gaibandha, Kurigram, Jamalpur, Sirajgonj, Netrokona, Kishoreganj, Habiganj and Sunamganj (23 Upazila, 115 Unions, 947 villages) of Northern Char and Haor areas of Bangladesh. SHOUHARDO III is an integrated program in which multi-sectoral activities are implemented simultaneously to address food insecurity, maternal and child malnutrition, to empower women and youth, and to improve governance and disaster resilience, while contributing to the targeted households' overall livelihoods enhancement.

The nutrition component of SHOUHARDO III (Purpose 2) aims to have sustained changes in the community towards adopting positive Health, Hygiene and Nutrition (HHN) behaviour, including increased utilization of nutritious food for PLW, C<5, and adolescent girls, improved access to health and nutrition services and reduced prevalence of water-borne diseases. All of the other program result areas such as women empowerment and transformation of gender traditional role, production and income through capacity building and input support, pro-poor financial solution, adolescent development etc. will also attribute to improve nutritional wellbeing of the population in the project.

Although the project has multi-sectoral interventions to address nutrition and food security issues but has a very low the population and geographical coverage. Based on the BBS/WB/WFP Poverty Map 2010, it is estimated that the project has covered only 17 percent of total unions, 4 percent of total households and 12 percent of poor population of the selected eight districts. These estimates will presumably be lower if consider the latest data. In regard to Health, Hygiene and Nutrition component (purpose 2), the mid-term evaluation of this project recommended to have smaller group interactive courtyard sessions, to involve family members such as fathers/ husbands/grandfathers and grandmothers in household visits and relevant group sessions; give adolescent girls more information for improving their own nutrition and personal hygiene, including infant and young child feeding recommendations; advocate for more latrines in schools; maintenance of low cost latrines and tube-wells etc.

Nuton Jibon Livelihood Improvement Program (NJLIP)

In pursuit of achieving the targets of Millennium Development Goals (MDGs) in the areas of extreme poverty gender equality, education, and environmental sustainability, Social Development Foundation (SDF) started working as a salient partner of the GoB since 2001 through implementing Social Investment Program Project (SIPP I) and Empowerment and Livelihood Improvement 'Nuton Jibon' Project-SIPP II. Later on, SDF started implementing 'Nuton Jibon Livelihood Improvement Project (NJLIP)' which has been built on the experiences of implementation of both SIPP I and SIPP II and with strategic objectives to achieve some of the Sustainable Development Goals (SDGs). NJLIP extended its coverage by adding 6 new districts with SIPP-II areas bringing the total to 22 poorest districts. This is a 6 year duration program in which investment from World Bank is USD 200 Million, in addition to USD 20 million from GoB. The program targets the poor and extreme poor in the poverty prone upazilas (88) of these selected districts. The selection of upazilas is based on poverty ranking (based on Poverty Maps 2010). The Project Development Objective (PDO) of NJLIP is, 'to improve livelihoods of the poor and extreme poor in the project areas.

Nutrition Awareness and Support Services (NASS) of NJLIP intends to achieve the objectives to raise awareness, improve attitudes and practices that eventually enhance nutritional outcomes for targeted beneficiaries. The target group for the nutrition related activities comprise a sub-set of project beneficiaries that are among pregnant and lactating mothers, adolescent girls and young children aged under five year and their family members.

According to NJLIP, Audited Financial Statement, FY 2018-19, the expenditure on NASS is less than 1 percent of total expenditure of cumulative current period. The population and geographical coverage of the projects is quite low - covered only 26 percent of total unions, 4 percent of total households and 12 percent of poor population of the selected 22 districts (based on the BBS/WB/WFP Poverty Map 2010). The SDF project nutrition services delivery is NGO driven and implemented through Nutrition Support Committee (NSC) at community level. NSC is a kind of new community group/forum; it would be sustaining to use existing structure (e.g. Community Clinic based Community Group and Community Support Group) instead of creating always a new one.

Nobo Jatra

The Nobo Jatra Project (NJP) is a 5-year project funded by the United States Agency for International Development /Office for Food for Peace (USAID/FFP). The project is implemented by World Vision Bangladesh (WVB), Winrock International and the United Nation's World Food Program (WFP), in collaboration with the Government of Bangladesh (GoB) and three national partners. The goal of NJP is to improve gender equitable food security, nutrition and resilience for vulnerable populations in south west Bangladesh. To address the issues, interventions are organized around three important themes: (1) maternal and child health and nutrition, (2) agriculture and economic development and (3) resilience, as well as the cross-cutting purpose of governance and social accountability, with youth development and gender integrated throughout all activities.

NJP targets 42 unions in four upazilas of two districts (Shymnagar and Kaligonj Upzilas of Satkhira district; Dacope and Koyra of Khulna district) with an integrated and gender-sensitive package of interventions across the following program elements: maternal and child health, nutrition, water supply and sanitation, agriculture sector capacity, microenterprise productivity, civic participation and capacity building preparedness and planning. The project aims to reach to 856,116 direct participants and 1,243,116 indirect beneficiaries over five years in the program area. NJP delivers a comprehensive support package and consists of both nutrition-specific and nutrition sensitive activities. Although it is a comprehensive project in regards to addressing multiple causes of malnutrition, but only for a sub-set of households of four upazilas in two districts. Also linkages of this project especially vertical linkage with existing public institutions, are appeared to be weak which needs more attention for sustainability and successful phase-over of responsibilities.

Income Support Program for the Poorest (ISPP)/JAWTNA

This project is implementing by Local Government Division (LGD) under MoLGRD&C and co-funded by The World Bank. Total project cost is US\$ 303.37 million (cash transfers for beneficiary mothers cost \$203.45 million, enhancing local government capacity cost \$25.04 million, monitoring and evaluation cost \$2.67 million). Project period is 16-Apr-2015 to 15-Jun-2022 and the project is implementing in 43 Upazilas in Rangpur and Mymensingh Divisions. Beneficiaries of the project are 400,000 pregnant women and mothers of children below five years from poor households. This project is a cash benefit programme aimed for the poorest mothers and pregnant women in exchange for uptake of health and nutrition services e.g. antenatal care visits, child growth monitoring, counselling sessions on nutrition, hygiene issues etc. and early learning activities to improve children's nutrition and cognitive development. Initially the project was designed and started as a conditional cash transfer programme but due to COVID-19 pandemic, cash transfers have been made unconditional since March 2020. During the period of national lockdown, the

adaptive measures were taken to continue outreach to beneficiaries through mobile phone communication. Frontline staff were trained to deliver short messages to beneficiaries, focused on nutrition, hygiene etc. This project also aimed to enhance local level government capacity to deliver safety nets programmes. It helps improving the coordination among safety net programs at the local level by building common administrative and service delivery platforms in partnership with the DGHS, the Postal Directorate, and the Bangladesh Bureau of Statistics (BBS). The Project provides a platform to link households with other services and facilities, including water, sanitation and hygiene (WASH); pre-primary education etc.

It is not evident from the available project documents that whether participation of husband, mother-in-law etc. are ensured in the counselling sessions or whether gender/ethnicity/geographic disaggregated data and nutrition-related budget line items are available. Addressing these issues in the project design could improve the programme output. As it is a well-designed programme implementing through coordination of both nutrition sensitive and specific platforms to impact nutritional and cognitive outcome of the most vulnerable group, expansion of the project coverage in terms of areas, no. of beneficiaries, duration could be more beneficial and required considering the current adverse impact of COVID 19 on income and nutrition. More innovative approaches could be adopted to reach mothers at household/community level (e.g. household visits) to deliver services and monitor the outcome. Inclusion of malnourished pregnant women and children under 5 from poor quintile in the programme could also be beneficial.

Resources and Increasing Capacities of Poor Households towards Elimination of their Poverty (ENRICH)

‘Enhancing Resources and Increasing Capacities of Poor Households towards Elimination of their Poverty (ENRICH)’ is a human-centered total development approach. The overall vision that underpins ENRICH is to work with the poor, to create humanly dignified living standards and enjoy universal human rights. Adopting a lifecycle approach, ENRICH focuses on components such as education, healthcare, nutrition and employment generation, youth development, beggar rehabilitation, etc. The program is being implemented in 202 unions of 164 upazilas, predominantly targeting ultra-poor, PwDs, beggar, elderly people and women-headed households. Although initially only focused on health services, ENRICH now implements both nutrition specific (e.g. Nutrition education for pregnant women, lactating mothers and adolescent girls; conduct courtyard session on nutrition education; ANC and PNC services, GMP of <5 Children; Distribution of MNP, IFA, Calcium and Deworming tablet. SAM and MAM children identify and referral service) and nutrition sensitive (e.g. Homestead gardening, Develop Enriched home (Pustibari); Support for hygienic toilet at households and community level both; Support for drinking water at households and community level both; Promotion of hand washing practice at household level; Protect child marriage; youth development activities; Training on income generating and loan distribution which ensure food security of the families) services. One of the key aspects of ENRICH is the “tailor-made” solutions offered for individual beneficiaries, along with door-to-door services, which increases the effectiveness of the services delivered, however, increases the costs as well, which might have a detrimental impact on scaling up its coverage in future. While ENRICH has several possible sources of revenue -including its health programme - by far the major source is the lending programme. Since the ENRICH lending programme is supposed to be operated at a significantly higher scale compared to the standard models of microcredit, the revenue for the POs is also expected to be correspondingly higher. Over time, the enhanced revenue from lending is expected to be high enough to cover the cost of the rest of ENRICH, thereby making it possible to gradually do away with the subsidy from PKSf. The success of the lending programme is thus the key to the sustainability of ENRICH itself. Accordingly, the ensuing analysis of ENRICH’s sustainability focuses especially on the lending programme. A review conducted in 2015 concluded that the highly subsidized health and nutrition services (almost 59 percent of which is subsidized by PKSf) is not a long-term sustainable solution, since the cost recovery from these services are very negligible.

ANNEX TWO: FORMATION AND TERMS OF REFERENCE OF TAG AND TWG

(A). Thematic Advisory Group (TAG)

Chair: Additional Secretary, the Cabinet Division

Member Secretary: Director General, BNNC

Member:

1. Joint Secretary, The Cabinet Division
2. Representative/ Nutrition Focal or Alternative Focal person- MoWCA
3. Representative/ Nutrition Focal or Alternative Focal person- MoSW
4. Representative/ Nutrition Focal or Alternative Focal person- MoHFW (Public Health Wing)
5. Representative/ Nutrition Focal or Alternative Focal person- MoFood
6. Representative/ Nutrition Focal or Alternative Focal person- MoA
7. Representative/ Nutrition Focal or Alternative Focal person- MoDMR
8. Representative/ Nutrition Focal or Alternative Focal person- MoE
9. Representative/ Nutrition Focal or Alternative Focal person- MoPME
10. Representative/ Nutrition Focal or Alternative Focal person- LGD
11. Representative/ Nutrition Focal or Alternative Focal person- FID, MoFin
12. Member Secretary, TWG
13. Lead Consultant, BNNC
14. Representative, FCDO
15. Representative, UNDP
16. Representative, WFP
17. Representative, UNICEF (Social Safety Net & Policy Related)

**TAG can co-opt 1-3 members as deemed necessary

Terms of Reference for the Thematic Advisory Group (TAG)

1. Endorse the concept note, select Key Informants, and link the Technical Working Group for KII
2. Provide strategic direction to the TWG to ensure timely completion of the review work
3. Coordinate and facilitate with other departments and ministries to collect relevant SSN programme documents
4. Monitor the progress of the review; meeting between TWG and TAG can be arranged on monthly basis to update the progress of the review, discuss on challenges and mitigation measures
5. Provide feedback on the preliminary findings of the review and suggest on finalization
6. Advocacy with relevant ministries to incorporate the findings and make the SSN programmes nutrition sensitive inclusive of gender and equity

(B). Technical Working Group

Chair: Director, BNNC

Member Secretary: Deputy Director, BNNC

Member:

1. Representative, Cabinet Division
2. Assistant Director, BNNC
3. Dr. Delwar Hussain, Consultant, BNNC
4. Amita Dey, Gender Consultant, BNNC
5. Md. Foyzul Bari Himel, Consultant BNNC
6. Md. Habibur Rahaman, Program Officer, BNNC

7. Farhana Sharmin, National Consultant, WHO
8. Tonima Sharmin, Nutrition Program Officer, WFP
9. Representative, NIPN
10. Representative, FAO
11. Representative, UNICEF

** TWG can co-opt 1-3 members as deemed necessary

Terms of Reference for the Technical Working Group (TWG)

1. Develop a concept note, share with the TAG for necessary feedback and finalization
2. Develop/adapt a standard framework with a set of criteria to shortlist/select the SSNPs
3. Review the relevant programme documents of the SSNPs based on the standard framework
4. Develop a list for key respondents and tool for KIIs
5. Administer KIIs and collect primary information
6. Consolidate the findings from both document review and KIIs
7. Update TAG about the progress and discuss on relevant issues
8. Prepare the draft review report under the guidance of TAG
9. Share the draft report with TAG for necessary feedback and incorporate them
10. Present the findings in stakeholder workshop
11. Finalize the review report based on the feedback of the relevant stakeholders and TAG
12. TWG should meet at least once a week and if and when necessary to discuss on the progress and issues of the review.

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