

Development Initiative through Partnership

Evaluation of Governance and Linkage
(In context of NNP)

A Dissertation
By
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Abstract

In Development arena Public-Private partnership is a much-talked issue all over the world. Many countries have experience about this, i.e. Canadian Rural Partnership, Japan's new development for Trade, Microsoft and The U.S Government Agencies initiative to promote international development etc. Previously Development was solely the responsibility of the government. But time and need changed the scenario. Poverty stricken and disaster prone areas demand more initiative over and above government initiatives. That emerges the need for NGOs in development activities. For the betterment of the destitute and the helpless, the untended population of the society, the role of Non Governmental Organization or NGO is much acknowledged. It is proven that the active presences of NGOs are a boon for the overall and social development of Bangladesh and they have earned much credibility from international organizations/ donors. In Bangladesh GO-NGO partnership is being carried out in the field of Health, Education, Public- Health and Local Governments etc. There is probably no systematic study on the issue whether the partnership program is more effective in development initiative or not. Proper knowledge about the partnership process& issues can influence partnership planning and implementation and they can also be purposively used to counteract the adverse effects. The findings of the study may indicate the present status of the partnership program. Such study may also shed light in formulation and effective partnership/collaboration strategy, which can be used by the implementing agencies in future.

NNP is a comprehensive and multi sect oral nutrition intervention under HNPSF of Ministry of Health and Family Welfare. HNPSF is the single largest program in health sector and NNP is also the single largest community based program in nutrition all over the world. NNP involves twelve hundred core taka budgets (2004-2010). It's a government and non governmental partnership program. The main components of the program Area based community nutrition (ABCN) are implemented by selected partner NGOs. At present nine selected partner NGOs are implementing the ABCN activities of NNP in 105 upazilla under 34 Districts. Primary beneficiaries of the programs are children under two years of age, pregnant and lactating women and adolescent girls. The program is financed under a development credit agreement between the People's Republic of Bangladesh and the International Development Association (IDA). And The World Bank is representing the IDA. The program is facilitated and supervised by the program management unit (PMU) of NNP

and different local level committees represented by local government bodies, local community people and local level government officials.

This dissertation attempts to explore the impact and effectiveness of partnership program and try to evaluate the a) Capability of implementing Agency (NNP), b) Capability of NGOs to implement the program, c) Capability of local Government institutions to supervise and facilitate the program and d) Community involvement by NGO initiatives. This research is also an attempt to ascertain whether GO-NGO partnership/ collaboration in context of NNP have been able to prove its effectiveness for implementing the program. This research also aims to understand the factors that are responsible for the effectiveness of the program. In pursuance of these vast objectives, the research was constrained by time and scope, resulting in a research covering all categories beneficiaries and related parties.

It is evident from the study that the Effectiveness of the partnership program depends on the effectiveness/ capability of the government / Implementing Agency. NNP is a multi-sect oral approach and the intervention is also comprehensive. NNP is mostly responsible on behalf of the government of Bangladesh. It has to coordinate continuously with World Bank and Ministry of Health and Family Welfare for various matter of the program, but it has not such freedoms, as it is responsible for. The 80% of total project cost is for its ABCN components, which is implementing by the partners NGOs. The NGO's responsible for implementing a pre-set program. NNP itself and local level Management Committees are supposed to supervise and facilitate the program, from the study it is found that due to short contract period, delay in contact, delay in fund release, non availability of logistics in time hamper the program very much, the workers (CNP, CNO, FS, UM) lose enthusiasm, NNP lose moral strength, NGO waits in anxiety, but in spite of all these interim hazards NGO's get their dues in Toto, and the effective implementation of the program suffers a lot. The research within its limited scope identified the status of the partnership program and various factors responsible for the status and prepares some recommendation that may be adopted by the implementing agency in future for strengthening the program

TABLE OF CONTENTS

Acknowledgements

List of Acronyms and Abbreviations

1. Introduction

2. Literature Review.....

3. Study Design

4. Analysis of the Study and Findings.....

5. Major Findings.....

6. Conclusions and Recommendations

7. References

8. Annexure

ANNEXURE

- Annex1. Evaluation questioner/ Checklist and model question for FGD.
- Annex2. Survey Sample
- Annex3. NNP at a glance
- Annex4. Brief Profile of HEED Bangladesh
- Annex5 Brief Profile of SARD

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Md. Helal Uddin.

LIST OF ACRONYMS AND ABBREVIATIONS

ABCN	Area Based Community Nutrition
AG	Accountant General
BCC	Behavior Change Communications
BINP	Bangladesh Integrated Nutrition Project.
BRAC	Bangladesh Rural Advancement Committee
CAO	Chief Account's officer
CDF	Comprehensive Development Framework
CNC	Community Nutrition Center
CNCMC	Community Nutrition Management Committee
CNO	Community Nutrition Organizer
CNP	Community Nutrition Promoter
DC	Deputy Commissioner (of a District)
DCA	Development Credit Agreement
DNMC	District Nutrition Management Committee
ED	Executive Director
FS	Field Supervisor
HEED	Health Education and Economic Development
HIPC	Highly In-debated Poor Countries
HNPSP	Health Nutrition and Population Sector Program
IDA	International Development Association
IMF	International Monetary Fund
INFS	Institute of Nutrition and Food Science
MoH&FW	Ministry of Health and Family Welfare
MTR	Mid Term Review
NPMU	National Program Management UNIT
NNP	National Nutrition Program
OECD	Economic Cooperation and Development
OP	Operation Plan

PAD	Project Appraisal Documents
PIP	Program Implementation Plan.
PRSP	Poverty Reduction Strategy Paper
PFN	Poultry for Nutrition
SARD	Society for Action Research and Development
UHFPO	Upazila Health and Family Planning Officer
UM	Upazila Manager
UN	United Nations
UNDP	United Nations Development Programs
UNMC	Union Nutrition Management Committee
UNO	Upazila Nirbahi Officer
UNTC	Upazila Nutrition Technical Committee
UZNMC	Upazila Nutrition Management Committee
WGM	Women Group Members

Introduction

1.1. Background

In Development arena Public-Private partnership is a much-talked issue all over the world. Many countries have experience about this. i.e. Canadian Rural Partnership, Japan's new development for Trade, Microsoft and U.S Government Agencies initiative to promote international development etc. Previously Development was solely the responsibility of the government. But time and need changed the scenario. Poverty stricken and disaster prone areas demand more initiative over and above government initiatives. That emerges the need for NGOs in development activities. For the betterment of the destitute and the helpless, the untended population of the society, the role of Non Governmental Organization or NGO is much acknowledged. It was proven that the active presence of NGOs is a boon for the overall and social development of Bangladesh. The international Development Association/ Donor prefer NGO to implement development program. NGOs are also getting fund directly from the donors since long and there is always a question of proper utilization of fund on the other hand there is also a question of Governments capability to render the service to the door step of the people. GO-NGO partnership is an effort to bridge the gaps between two individual development initiatives into an integrated, coordinated and transparent way where accountability of both the parties could be ensured and people will be benefited more. The international community, the Development partners/ Donors and the Government realize that by this way prioritization of Development activities and policy integration could be achieve more realistic and convenient way. In Bangladesh Go –NGO partnership program is being going on in the field of Health, Education, Public health and local Government since 90's and partnership programs are expanding day by day.

NNP is a multi-sect oral comprehensive Nutrition intervention under HNPS of MoH&FW. HNPS is the single largest program/ project in the health sector in Bangladesh, and NNP is the single largest community based project/ program in Nutrition all over the world.. NNP involves twelve hundred core taka budgets (2004-2010) under HNPS. It's a government and non governmental partnership program since 1995 as BINP. This research is an attempt to find out the credibility of the partnership program between the Government of Bangladesh and the selected partner NGOs.

The research was conducted over 35 days in August and September 2007. First the key areas of research were determined, and then the case / area for research were selected. Detail study was conducted on NNP, two selected NGOs; HEED Bangladesh and SARD, two selected Upazila Muradnagar and Kuliarchar, three selected Unions from each upazila and 4 selected CNCs from each union.

1. 2 Rationale of the study :

It is the responsibility of any government to provide services to its people. The rights to food, education and health are important because they are complementary to the non-derogable right to life, which is the foundation of all rights.

According to the section 18(1), part-two of our constitution "The state shall regard the raising of the level of nutrition and the improvement public health as among its primary duties". To realize this, the government of Bangladesh is trying to improve the health and nutrition status of its citizens.

NNP under HNPSp is the first community based comprehensive nutrition intervention in Bangladesh. The program is financed under a development credit agreement between the People's Republic of Bangladesh and the International Development Association (IDA) and IDA is represented by World Bank. The Ministry of Health and Family Welfare, Program Management Unit of NNP, Management Committees of different levels, local Government bodies and local level government officials and different section of community people are involved with this program to facilitate and supervise the program.

The history of philanthropic activities is antiquated as the history of mankind from the day men started living together in society. Since then they have begun to help each other in the time of need.

In ancient time people used to live in small clans and whenever any one of them fell into trouble, the strong and sympathetic kinsmen would come out to help the poor and feeble. The substituted prevalent version of these separate and unorganized activities is today's NGOs. The chronic increase of population, evolution of new socio-economic as well as psychological problems, limitations of the state fund in social welfare etc made it almost impossible for any long term solution of all these problems by the government alone. Hence the emergence of NGOs was considered with much importance in this regard.

In the social development sector in Bangladesh GO -NGO collaboration/partnership is increasing day-by-day. The Public Health Engineering Department under the Ministry of Local Government, Rural Development and Co-operative; and the Primary and Mass Education Directorate under the Ministry of Primary and Mass Education are among other those are implementing partnership program.

The main components of the program (ABCN) are implemented by selected partner NGOs. At present nine selected partner NGOs are implementing the ABCN activities of NNP in 105

poverty stricken upazilla under 34 Districts. Primary beneficiaries of the program are children under two years of age, pregnant and lactating women and adolescent girls. There is 23246 CNCs which is run by local community women named CNPs /Pusti Apa and six members WGM are directly involved with CNC activity. Their immediate superior named CNO, are also a local community woman.

There is probably no systematic study on the issue whether the partnership program is effective or not or what sort of problem the program are facing and how this could be solved more efficiently. The findings of the study may indicate the present status of the partnership program. Such study may also put light in formulation of effective partnership/collaboration strategy, which can be used by the implementing agencies in future.

1.3 Research Objectives :

NNP, program has started its operation from 2004 and it was brought under HNPS from 1st September 2006; it is the continuation of BINP which had been started in 1995. From the beginning it is a Government and Non-Governmental partnership program, and it is also a donor funded program. There is probably no systematic study on the issue whether the partnership program is effective or not. There were some evaluation by different bodies i.e. B.B.S. World Bank about the impact of overall program but not specific on Go-NGO partnership. It is ardently important to take up some empirical studies to examine whether the partnership program is running on its desire track or not. It is also important to find out the reasons behind drawbacks (If there any). This research has the following objectives:

Evaluate the "Effectiveness of the partnership program" and sub Objectives :

- (I) evaluating the capability of Implementing Agency (NNP)
- (ii) Evaluating the capability of NGOs to implement the program.
- (iii) Evaluating the capability of Local Government Institutions to supervise the program.
- (vi) Community involvement with this program by NGO initiatives. .

Specific Research Question: "Is partnership more efficient and participatory than governments own intervention for development initiative?"

Literature Review

2.1 Development and Partnership :

In the immediate post war era, it was assumed that economic development was a historical process that takes place in almost all societies, characterized by economic growth, construction of infrastructure, expansion of industry, and increased production and construction of goods and services. Such was the assumption of the UN's 1951 study Measures for the Economic Development of Under-developed countries.² The influence of one of the authors of that study, W. Arthur Lewis, was considerable and his Theory of Economic Growth of 1955 marked several generations of economists and planners. Growth requires a capitalist/entrepreneurial class (industrial bourgeoisie) that should be favored by the economy. It was argued, in particular by W.W. Rostow, (Rostow, W. W., 22) that economies evolve from traditional society to a centralized national state to the take-off stages, where there is sufficient human and financial capital and technology for growth to become a normal condition, and then to maturity and finally high mass-consumption.

Over the half-century of development strategies since then, numerous approaches have challenged the assumption that development is a matter almost exclusively of economic growth and increase in gross national product. Out of the inadequacies and also as a result of critiques by scholars and practitioners and demonstrations by civil society, the main bilateral and multilateral players in economic development have shifted to more holistic, equity-and poverty based strategies that have a more natural fit with concepts of the right to development than did early growth-oriented strategies. Human capital formation and human resource development focused on human beings as means to increased income and wealth and as inputs to increasing production. The human welfare approach considered human beings as beneficiaries rather than participants in the development process. "The basic needs approach" called for the provision of the bundle of goods and services that deprived population group's need-food, shelter, clothing, health care and water.

By the end of the 1980s, the concept of 'sustainable development' had been launched by the Brandt land Commission,³ Which defined it as 'development that meets the needs of the present without compromising the ability of future generations to meet their own needs' and gave overriding priority to the essential needs of the world's poor, while acknowledging the limitations on the environment's ability to meet present and future needs. This approach has been endorsed by the entire UN system in the Rio and Johannesburg Earth Summits and has had programmatic impacts, especially in the World Bank and the Organization for Economic Cooperation and Development (OECD).

Drawing on the insights of Amartya Sen and the vision of Mahbubul Haq, UNDP launched the idea of 'human development', which embraces human needs and social goals beyond material well being, such as higher standards of education and health, wider opportunities for work and leisure, increased capabilities and choices for the individual. In the language derived from Mr.Sen, 'human development is about people, about expanding their choices to lead lives they value'. ⁴ (Sen,Amartya, 23, 25, 49, 52, 129, 265)

The Comprehensive Development Framework (CDF) was introduced by the World Bank in October 1998 and launched in January 1999. Its aim is 'achieving greater effectiveness in reducing poverty' by applying 'a holistic approach to development' and recognizing the 'interdependence of all elements of development- social, structural, human, governance, environmental. Macroeconomic and Financial' Related to the CDF are the Poverty Reduction Strategies of the World Bank and the IMF, which were launched in September 1999, according to which Highly Indebted Poor Countries (HIPC) must provide Poverty Reduction Strategy Papers (PRSPs) in order to access debt relief. According to the Bank, these strategies 'should be country-driven , be developed transparently with broad participation of elected institutions, stakeholders, including civil society, key development co-operation agencies and regional development banks, and have clear link with agreed international development goals imbedded in CDF.

Bangladesh in one of the poor country that are agreed to follow the above development frame work for achieving the target of MDG and to follow the PRS, Bangladesh has taken various development initiatives in different sectors.

In the health sector it has taken an integrated and comprehensive program named HNPSP under MoH&FW. NNP is one of its major components under a development credit Agreement signed on May 17, 2005 between the Government of the People's Republic of Bangladesh and the International Development Association. The project is being implemented according to the condition stated in DCA. The ABCN activities of NNP are being implemented by partner NGOs as selected through a formal defined procedure.

Non-Government Organization or NGOs have become an extensively discussed theme in the Third World Countries. Bangladesh in no exception The NGOs have appeared as the savior of countless number of people without food, cloth, education and basic health facilities.

Bangladesh is one of the top thirteen under privileged countries. with the record of being the most densely populated country on earth and feeble manpower competency. Bangladesh is facing massive challenge to meet up the demand of her ever increasing population. Although agriculture sector is the main source of income for the rural-agro based country, unfortunately this sector completely failed to rebate rewarding employment opportunity for the landless. Considering these overall situation the NGOs are working on poverty eradication by directly involving the poverty strident population. Their target groups are basically the poor and vulnerable over with hardly any possessions. Their main tasks are to organize these people, create awareness in them and make them development oriented. Those organizations are working based on the assessed need and demand of the grass root level farmers and women by involving the beneficiaries directly. They are working within the context of overall national planning for development.

Now NNP has nine partners NGO's to implement its ABCN activities in poverty stricken 105 rural Upazilla under 34 districts.

Development initiatives through Partnership are implementing all over the worlds; Canadian Rural Partnership, Japan's New Development for Trade, Microsoft and The U.S Government Agencies initiative to promote international Development are some of them. The World Summit on sustainable Development , or WSSD, in Johannesburg in the fall of 2002, built on the momentum and policy decisions from Monterrey; This came in the from of launching partnership initiatives, some 200 of which stemmed from the Summit. In doing this Summits participants recognized the need of all stakeholders to work together –governments, civil society and the Private Sector. They lunched five major partnership Initiatives in the areas of water, energy, education, health and hunger. They also lunched additional public-private initiatives related to forest, housing, ocean and geographic information, their focus was on achieving tangible results.

2.2 National Nutrition Program (NNP)

NNP formulation was based upon a mid term review (MTR) of BINP that was conducted by a World Bank Mission in March 1999 based on a 1998 impact survey by the Institute of Nutrition and Food Science (INFS). The MTR rated the performance of BINP as satisfactory. In particular, the BINP Community Nutrition interventions were considered as successful in mobilizing community efforts in the critical area growth monitoring and promotion of 0-23

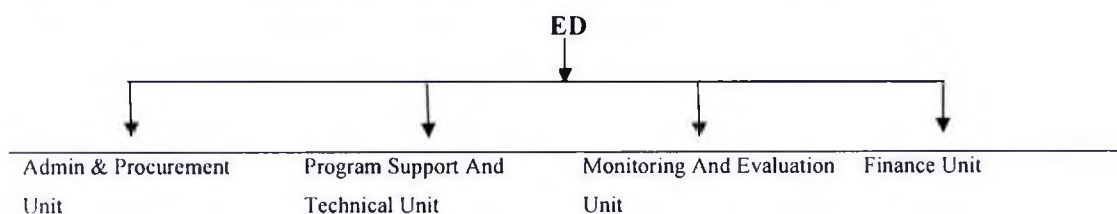
month old children and in improving breast-feeding practices, which was in turn, reflected in reduced prevalence of severe malnutrition among target age children. Based on this overall favorable interim assessment of the effectiveness of BINP, the government along with the support of development partners developed as its successor program the National Nutrition Program (NNP) was designed to cover almost one fourth of rural Bangladesh with community nutrition activities and their entire country with B.C.C and micronutrient activities

National Nutrition Program is the first comprehensive nutrition intervention in Bangladesh under HNPSF of MOH&FW. The program is funded under a Development Credit Agreement (DCA) (Health, Nutrition and Population Sector Program) between the Peoples Republic of Bangladesh and International Development Association (IDA) signed on May 17, 2005, In case of NNP; IDA is represented by The World Bank. NNP is run by National Program Management Unit (NPMU) of NNP. According to DCA NNP has to consult with the World Bank in most of the cases and it also provide suggestions to NNP as it felt needed. World Bank reviews the program by a joint review mission and gives its suggestions and findings in Aide-Memoir a consultative meeting with MoH&FW. The MOH&FW provide all kinds of co-operation required by NNP. There is a NNP Management Committee headed by Secretary MOH&FW. There is a focal point for NNP headed by Joint Secretary MOH&FW and he is also the head of some committees formed for program support, where representatives from donor agencies can participate.

NNPs Financial Management is guided by HNPSF Financial Management policy. Now payment is made after the clearance from CAO Office of MOH&FW and the program fund is treated as Government fund.

The program is run in accordance with revised operational plan approved by MOH&FW on 29.5.2006. The Program Management Unit is run by a Line Director/Executive Director who is also a joint secretary to the government reporting to MOH&FW. According to the operational plan and DCA NNP has to maintain formal communication with MOH&FW and World Bank.

Executive Director of the program runs NNP with the help of its four wings.



Coverage as of June 2007:

- District : 34
- Upazilla : 105
- Population : 28.8 million
- Households : 5.9 million
- CNC in operation : 23,246
- Under 2 children : 1.22 million
- Pregnant women : 0.32 million
- Lactating women : 0.23 million
- Adolescent girl : 1.52 million
- Newly wed women : 0.16 million

Study Design

3.1 Methodology and approach :

The Research was considered to determine the relevance, adequate, progress, effectiveness of the partnership program in context of NNP.

The findings will help NNP to determine the progress of partnership program, plan for the future and may also be helpful for other partnership program of the government of Bangladesh.

The methodology used included review of project documents (program Implementation plan of HNPSPP January 2004, DCA between People's Republic of Bangladesh and International Development Association May 17, 2005. Revised Operational Plan of NNP May 2006, Implementation Completion and Result Report (ICR) prepared by World Bank on March 15, 2007, Aid Memo ire of Joint Review Mission December 4 2005, Contract between NNP and NGO, report of IQUAG by BBS 2005. District and Upazila level orientation meeting report held on June 2007. Baseline survey of NNP, by ICDDR'B, IPHN and NIPORT 2004. Related national and international documents were also reviewed.

Methods for the research including, evaluation meeting with NNP & NGO, In-depth interviews and group discussions with NNP and NGO officials & staffs and with local governments elected representatives, beneficiaries, community people and feed back from the GO/NGOs working in the same area. In brief following are some of the main points of the research strategy.

1. First some indicators were selected to match with objectives
2. Program related national and international document were reviewed
3. Interview guide and focus group discussion guides were developed
4. During the data collection phase information from several sources were identified and cross referenced for validation purpose i.e. project documents, data from NNP monitoring report etc.
5. Group and individual discussion with pregnant and lactating mothers, mother of children below 2 years of age, adolescents, newly married couples, father-in-law, mother-in-law, parents of adolescents, and community nutrition management committee (CNMC) members including Community Nutrition Promoter (CNP), and

health and family planning worker (FWA/HA) provided qualitative data on the impact of the NNP work at individual and community levels.

6. Observation of CNCMC, UNMC, UNTC, UZNMC, DNMC meeting procedure and exchange information and ideas with committee members.
7. The Joint Secretary, Public Health & World Health, Ministry of Health & Family Welfare; The Deputy Secretary, Public Health & World Health Ministry of Health and Family Welfare; the Executive Director of NNP, the Executive Directors of partner NGOs SARD & HEED-Bangladesh and high officials of NNP and other partner NGOs were interviewed and face to face discussion on specific questions.
8. Main aspects addressed were, “weather the partnership is more participatory and efficient than governments own intervention in development initiatives?”

3.2 Research/ Survey Questionnaires

The method used for the data collection was to develop questioner/checklist and model question for focus group discussions that are being answered by NNP officials and staffs, NGO officials and staffs, Local level different committee members, Beneficiaries and community peoples. A total two questionnaires, one for NNP, one for NGO and separate set of model questions for every group of people were used for the research. The questionnaires and model question for FGD are given in annexure—1.

3.3 Research/Survey sample

Based on the theoretical framework study was carried out covering overall NNP, two selected NGO(HEED Bangladesh, SARD), two selected Upazilla (Moradnagar-comilla, Kuliarchar-Kishorgonj), three randomly selected Union from each upazilla(No-13 Moradnagar-proper, No-2 Aukubpur and No-22 Tnnki of Muradnagar upazilla and No-2 Ramdi, NO-5 sayshoti and No-11 Faridpur union of Kuliarchar upazilla), four randomly selected CNC from each union, covering all relevant parties were interviewed / discussed with. Annexure-2

Analysis of the study and findings

4.1 Evaluating the capability of implementing agency (NNP):

First the areas to be addressed were identified and on the basis of the some indicators were determined; these are:

Areas to be addressed

- Management
- Monitoring and Supervision
- Authority/ Responsibility and Freedoms
- Linkage
- Extensiveness of the program

Indicators:

- Management of NNP
- Monitoring System of NNP
- Authority/Responsibility and Freedoms of NNP to implement the program
- Contract with NGO to implement the program
- Accountability System of NNP
- Program Support Initiatives/ Linkage
- Attitudes
- Design and extensiveness of the program

On the basis these indicators; the findings are:

1. Management

1.1 Staffing pattern (Experienced and expert official and staff)

NNP- PMU is headed by an Executive Director (Joint Secretary). He is supported by four wing each of which is headed by a Director (Deputy Secretary). All of them are carrier bureaucrats. Under every wing there are 2/3 deputy /assistant director. Deputy/ assistant director are here from different cadre on deputation. Among them very few have specific knowledge/ expertise about nutrition and other specialized issues. The very vital post for NNP program which can be drawn from Market (The Implementation Specialist, The Program Advisor) lying vacant since long. The staffs here were recruited as project staff and they are getting consolidated pay.

1.2. Training and motivation for the officials and staffs

Discussion with staffs it is learned that, no staffs ever got any foreign/ local training. Their job depends on project duration and there is no increment for them. During discussion they expressed their deep frustration. In case of officials foreign training is the only incentive for them according to their view, but last year no foreign training could be arranged for the official. In case of field visit the officers get TA& DA as per entitlement of the position and this is paid after submitting bill, they do not get any advance. Normal TA&DA sometimes lesser than the actual cost. So officer don't want to visit field frequently rather they fell frustrated if they asked for very frequent visit.

1.3 Fund availability and timely release

Discussion with Director (Finance), Deputy Director (Finance), Assistant Director (finance) and other staffs of the finance wing, realized that fund release is the much talked issue for NNP. There is a few instance of timely release of fund to the NGOs during NNP contract period because always contract was made delayed. During HNPS from September, 1, 2006 fund is treated as Govt. fund and Government accounting system is fully applicable. So every bill to be cleared from CAO office, of the Health and Family Welfare Ministry. For first advance payment there is a provision for clearance from finance Ministry and every next payment should be made after audit for previous payment. The short period of contract and the mind set of CAO Office staff have made the payment delayed. The local level employee-the CNP, CNO Woman Group get their remunerations/ payment 3 to 6 months later from due date. This is a serious draw back of the program. When NNP could not provide fund to them their supervision automatically become weak and in-effective.

1.4 Availability of Logistics

Discussed with concern officials and examined the relevant document it was found that some very important items are not available in the field, weighing scale a very important thing for ABCN Activity could not be procured in time, because it has taken one and half year time by a Technical Committee to finalize the categories. In case of procurement prior review with World Bank is mandatory and procurement plan for every year should get clearance from World Bank. Due to Banks clearance and lack of expert officials and staffs, procurement could not be done in time according to the views of the NNP Officials. Non-availability of logistics hampers the program. Some important forum activity could not be

documented (Father- in- laws, Mother- in- laws, adolescents Boys/ Girls) for non-availability of these registers.

1.5. Timely inception of the Program

According to the document, program was not initially started in time and after that short contract was made and contract was signed in the middle or the later part of contract period. According to the views of the officials of NNP and the NGOs concern it was a serious drawback for smooth implementation of the program.

1.6. Contracts with Partner NGOs

According to the relevant document and views of the concern officer NNP-NGO contract is a lengthy process. It should need clearance from World Bank and approval from Ministry of Health and Family Welfare. NNP's first contract was made with partner NGOs in 2003 as consultant and the contract period was up to December 2004. It was extended up to August 2006 in different stages. NNP started its operation from 1st September 2006 but NGOs are not selected under HNPSP. for the sake of continuation on ABCN activity fresh contract was signed with nine remaining NGOs in march 2007 and it will be ended in December 2007. According to the views of the NNP and NGO officials delayed and short contract and also inflexibility of contract in relation with specific needs hampers the proper implementation of ABCN activity of NNP. Although about 80% of total project financing dedicated to the ABCN component, due to delay of contacts and delay of fund NGO's get the chance for reluctance in real implementation of the ABCN components.

1.7 Authority/ Responsibility and Freedoms

Discussion was made with the Joint Secretary, Public Health & World Health, who is also the focal point for NNP, MoH&FW, Deputy Secretary, Public Health & World Health and concerned officials of NNP and reviewing the relevant document it found that NNP decisions are mostly depend on World Bank and Ministry's clearance. NNP should have consultation with WB in accordance with DCA signed between WB and the Govt. of the People's Republic of Bangladesh and MoH&FW in accordance with delegation of financial authority to the ED of NNP. The processes some times make the decision making process lengthy. It

needs strong negotiating capacity with WB and harmonious coordination with MoH&FW which is seriously lack in NNP.

Due to some previous mistakes, the image of NNP is not good in MoH&FW. The authority of NNP felt shaky to take any decision by its own, authority always feels necessary to take Ministry's consent for any important issue. The concern officials and staffs of NNP and concern officials of MoH&FW lack clear idea about the matters of ministry – NNP consultation.

2. Monitoring and Supervision.

2.1. Discussion was made with concern officers of the M&E unit of NNP and collecting some relevant documents regarding Monitoring, it is found that the Monitoring tools are;

- i) Monthly Performance Review Report
- ii) Field Supervision Check List
- iii) NGO Performance Evaluation Check List
- iv) Field Supervision Report by NNP officials
- v) Performance Evaluation by the world Bank
- vi) Meeting Minutes
- vii) IQUAGS (Independent quality assurance group survey)

Process:

- i) Monthly NGO Monitoring Meeting
- ii) Monthly NNP-NGO Coordination Meeting
- iii) Local level Nutrition Management Committee Meeting
(DNMC,UZNMCM,UNMC,CNCCMC)
- iv) Field visit and report on the basis of findings by NNP officials.
- v) Yearly NGO performance report through NGO performance checklist.
- vi) Performance Report from world Bank
- vii) Report from IQUAGS.

The formal monitoring and supervision is going on through this process, but from the study it is found that there is no cross checking system for the data provided by the implementing NGO's through MPR and monthly monitoring report is prepared on basis of MPR and surprisingly these MPR is the basis of discussion in the NNP- NGO monitoring meeting.

According to my observation and according to the views of NNP and World Bank officials monitoring indicators used in the MPR should be specific and measurable. According to the views of the officials both NNP and NGOs the most effective supervision is the field visit by the NNP official but there are no incentives for the officials for field visit, they can only claim government approved T.A/D.A for traveling and these also need to be claimed after visit, so the officials don't feel interest in field visit. During my study it is also found that the capability of NNP regarding documentation/ record keeping is not up to the mark, in very few cases the report of the officials is brought into consideration.

There is report from Independent Quality Assurance Group (IQUAG) by BBS. Nutrition Surveillance by- Helen Keller International, Base line Impact evaluation by – ICDDR, B, IPHN and NIPORT, and mid- term evaluation, and implementation completion report by the World Bank. During the study it is found that the impact of monitoring over the program implementing by NGO's is not significant. Always the program was constrained by timely release of fund, short period of contract and timely availability of logistics, so the proper monitoring of the program had never been done since NNP comes into operation.

2.2. Local level supervision of the program:

The local level supervision mechanism is not clear to the relevant parties. The chairman of DNMC, The Deputy Commissioner of the district is not well conversant of the program. I had a talk with Deputy Commissioner, Comilla and was also present in the DNMC meeting at Comilla on 16th September, 2007. The Deputy Commissioner has said the NGOs are called on him only for meeting and they did not maintain liaison with him for program implementation. On that day the meeting has poor attendant. The three UZNMC Chairman (Upazilla Nirbahi officer of three program area) were absent in the meeting. Most of the District level officers were absent too. There was no set agenda for the meeting and there was no working paper for meeting too. Finally The Deputy Commissioner of Camilla has postponed the meeting and asked the member secretary to fix another date for the meeting. When I asked the member secretary of the committee (Senior Health Education Officer Comilla) about the meeting, surprisingly he commented that he has no clear idea about his responsibility for the meeting. I also talked with Civil Surgeon about the matter. He told that Senior Health Education officer did not consult with him about anything regarding DNMC meeting or NNP. The present others member of the committee told that an effective meeting was never held in Comilla. There is no provision for accountability. The DNMC chairman and member of the DNMC are not accountable to any authority on DNMC meeting.

NNP/MOH&FW did not issue any official instruction about the responsibility of the committees. NNP has sent a photocopy of committee's duty and responsibility to the DNMC chairman through NGO. It is not a strong instruction or guideline that would be followed by the DNMC chairperson or members.

The Deputy Commissioner Kishorgonj told me that the DNMC meeting was held along with other regular meeting and only few minutes' discussion were held. He is interested to visit the CNC activities but nobody asked him to do so. He also told that there is no formal accountability for the committee. They were never asked from any body for their performance. Discussion was made with UZMC members of Muradnagar and Kuliarchar Upazila about UZNMC meeting. They told that they did not get any formal instruction about UZNMC but they are present in the meeting regularly. The UZNMC are holding along with Upazila Development Coordination Committee Meeting and NNP issues are not discussed elaborately. They told that there is no accountability system for UZNMC and UZNMC members too. They are

not asked from their immediate superior authority for their presence or absence in the meeting.

Their district level officers seldom asked them about their presence in the UZNMC meeting and the NNP issue was not discussed in the district level meeting of the different department. This is merely a personal responsibility for the official to attend the meeting. There is no reporting system in UZNMC to DNMC.

The Chairman of UNMC has also told that they do not feel any accountability for their responsibility in the UZNMC; they only said that their program is going on. There is no reporting system to UNMC to UZNMC. UNMC resolution is just preserved by its member secretary CNO.

The UNMC meeting minutes are not sent to the UZNMC. Some UP chairman have firmly admitted that sometimes they signed the resolution of the meeting though meeting was not held for the sake CNOs welfare as she is their own community women.

The chairperson of CNCMCs told that they try to hold the meeting by their own effort but there is no accountability system for holding of meeting. They never asked by UNMC to hold regular meeting in the CNCMC. They also frankly admitted that CNPs are their own community people and sometimes they signed the resolution though meeting was not held for the sake of CNPs well-being as she is their own community women.

3. Design and Extensiveness of the program

According to the views of NNP officials, NGO officials, local level government officials, local elected representatives (UP chairman, Members) the beneficiaries, the community people and the Nutrition workers, and according to PAD and OP the program is good. Go-NGO partnership is also a new dimension of development there are specific problem in case of logistics and fund, there is also some definite problem in local level supervision.

4. Accountability

4.1 Regular Evaluation by Ministry of Health and Family Welfare

Discussion was made with Joint Secretary, Public Health and World Health, who is also the focal point for NNP. He categorically said that his wing has to deal with many other departments and in the present structure exclusive monitoring is not possible but he said that they are concerned with NNP very closely. On the other hand the NNP officials said that the Ministry's effort regarding NNP is very poor. According to their views there is no evidence that Ministry closely work with NNP for its better function or strengthening it.

4.2 Accountability for NNP officials within NNP

According to the views of ED, NNP and other officials of NNP the internal accountability system is as like other Government office and this is satisfactory. The TOR of NNP officials is yet to be finalized and there are some problems in allocation of responsibilities to the officials.

5. Program Support Initiative

5.1 Special Measure from MoH&FW

According to the views of NNP officials there is no special effort from MoH&FW for strengthening of NNP. (Provision for skill Development of NNP Officials)

There is provision for Foreign and Local training, but no local training yet been arranged for NNP officials, some officers have got foreign training, but last year foreign training could not be arranged due to unavoidable circumstances? At present most of the officials are rendering their services without any training/even any kind of orientation.

5.2 Scope for continuing duty by skilled officials

According to the records NNP has the experiences of frequent changes of leadership. Two Executive Director were changed within six months. Continuity of activities and ideas is essential to build upon previous initiatives and work according to an agreed-upon strategy. New officers take time to familiarize themselves with their staffs and project activities. According to the World Banks ICR Reports, March 5, 2007, this can be minimized by a strong technical cadre within a PMU that can advice the PD/ED and keep the project on track. Having carrier bureaucrats occupying technical positions not only denies the projects technical expertise, but also leads to a lack of continuity since bureaucrats are subjects to transfer. But the NNP official didn't fully agree with it, they viewed that most of the posts are non technical and related to implementation and those who have field level working experience certainly done well in case of implementation, and they also said government may take measure to utilize the expertise.

6. Attitudes

6.1 Ownership of the Program by PMU Official

Discussion was made with NNP official in this regard; they said that belongingness creates ownership. According to their view this is a service oriented program and they are proud of being a member of NNP family.

7. Views towards collaboration with NGOs

7.1 NNP-NGO Collaboration

The respondents have said that collaboration is good for a time bound program. Govt. would not bear the burden of huge work force. Due to NGO management they do not make any direct claim to the Govt, and Govt. doesn't feel any responsibility to the employee. The NGOs have the capacity and experience to work with grassroots people and they can mobilize the community people to any development program. But the effectiveness of the collaboration program depends upon the availability of logistics and fund in due time and also the capability of implementing Agency/ Government.

According to their views, within NNP they are facing both the problem. The main tools of ABCN are weighing scale but more than 50% of weighing scale is out of order now. Timely release of fund is also a major problem. They had pointed out that within the collaboration frame-work, NNP is responsible for almost all things, It needs to negotiate with WB and Ministry and needs to procure all logistics, on the other hand implementing NGOs are not that much responsible, they have got itemized cost for each and every item and they have scope to shift the responsibility for non availability of logistics and funds.

7.2 Views towards program success/ benefit from the program

When discussion was made about this, the officials express their mixed reaction, some said that it will have long term impact and at least we could employ about 24000 thousand women with this program. And some says the project impact is not measurable and the beneficiaries also get service from Health & Family Planning Department. After the end of the program people may not be in line with changed behavior.

Along with individual and focus group discussion a pre set Questioner/Checklist were supplied to the officials that discussed with and it was filled by them accordingly. 15 officials of NNP had filled the questioner/checklist. According to the filled check lists the indicator wise aggregate average result is:-

SL. No.	Indicator	Total Points	Score
1	Management	25	11.26
2	Contract with partner NGOs	25	14.32
3	Authority/ Responsibility and Freedom	15	7.80
4	Monitoring and Supervision	20	12.86
5	Design and Expensiveness of the program	15	10.99
6	Accountability	15	7.33
7	Program Support initiative	20	8.72
8	Attitude	15	10.72
Total		150	84
		Fair	= 56%

According to the score, the capability of the Implementing Agency/ NNP is satisfactory.

4.2. Evaluation of the capability of implementing NGOs.

For this research purpose Sample were selected mentioned below:

Upazila	District	Division	Name of NGO
Muradnagar	Comilla	Chittagong	HEED, Bangladesh
Kuliarchar	Kishorgonj	Dhaka	SARD

3 unions from each upazilla and 4 CNC from each union were selected by using Random Sampling Method

For getting clear idea the evaluation of the capability of the NGO was done separately:

4.3 HEED Bangladesh

For evaluation the capability of NGO we determined some areas to be addressed and on the basis of these we also determined some indicators. These are:

Areas to be addressed

- 1 Management
- 2 Expertise and experience of related field
- 3 Logistics
- 4 NGO's own M&E

The indicators are:

1. Management
2. Logistics
3. Linkage
4. Monitoring & Supervision
5. Knowledge of field level staff about the program
6. State/condition of service providing centers at local level
7. Capacity of holding different level meetings by field level staff
8. Accountability of the implementing staff

For collecting data, focus group discussion, physical observation 12 CNCs in 3 unions of Muradnagar Upazila on 16th and 17th September, 2007 were visited and. 12 focus group discussions in twelve CNCs with pregnant women and lactating mothers, mothers of children below 2 years of age, adolescents, newly married couples and mother-in-laws of newly wed women, WGM, other community people and community nutrition management committee members including Community Nutrition Promoter (CNP) and health and Family Planning workers at ward level were also made. Individual and focus group discussion with 3 union's parishad Chairman and UNMC members were taken part. Individual and focus group discussion with UNO and UZNMC members I have taken part in i D.C and DNMC member, CNO, CNP, FS and UM were taken part. Some registers and some records in the CNCs and in the Upazila Nutrition Office were verified on the basis of discussion. The head office of HEED Bangladesh at Mirpur, Dhaka were visited on 23rd September and individual and focus group discussion with ED, Director(Nutrition) and other officials have taken part and also collected some relevant documents from there.

Heed- Bangladesh is a medium size National level NGO. It has been running its operation since 1980. It has much other business besides NNP program. For nutrition they have a separate unit headed by a Director and he is mainly authorized by the organization to look after the overall NNP program. On the basis of our discussion, observation and examining of related document with our pre-determined indicator the findings/outcomes are:

1. Management

1.1 Staffing pattern

The NGO has a separate unit regarding NNP activities. They are implementing NNP program in ten Upazilla. They have one Director, one Central Coordinator, one Administrative Officer, one Accounts Officer and 5/6 supportive staff for NNP program.

1.2. Nutrition Expert

They have no nutrition expert. It was also not a mandatory provision for NNP Program as per contract.

1.3. Training and motivation

They have no separate training program for NNP activity. Training was provided by NNP to NGO officials and staffs.

The employees working in the field level get consolidated pay. There is no provision for increment. Payment could not be made in regular basis because of delay of contract and delay of fund release. The field level officials and staffs do not have any visible incentive. As I have discussed with CNP, CNO, and FS and UM it is clear to me that there is a frustration among them for not getting their pay/ remuneration in time.

1.4. Authority/Responsibility and Freedom:

As per contract they have the authority and freedom to implement the program.

But when discussed with Executive Director Mr. Algin Shaha, he categorically pointed out that if he is asked for one problem with NNP he must say availability of fund in due time is the main hindrance of program implementation. According to his view how you expect better service without paying their remuneration in time. Mr. Rejaul Karim Mollah, Director, HEED Bangladesh pointed out that ABCN activities hamper seriously because of non availability of weighing scale in more than 50% centers and it is not their fault. They also pointed out that they have to maintain liaison with NNP, local level Govt. official and UP Chairman and

sometimes they need some adjustments. This is not harmful but they have to make extra effort.

1.4. HEED Bangladesh Maintain separate accounting for NNP program. I have verified some register and found up to date.

2. Logistics:

2.1. For implementing NNP program, NNP provide all kinds of logistics to the NGOs but not in time. Weighing scale one of the most important tool for ABCN activities which is not available in the CNCs now. More than 50% of those are out of order. Some necessary forums activities can not be registered properly for non-availability of register i.e. Father-in-laws, Mother-in-laws, and Adolescent Boys.

2.2. Mobilization at the centre

According to the views of the NGO officials, if they get logistic/any material from NNP, they can make it available to the CNC within two or three days.

3. Linkage

3.1. DNMC, UZNC, UNTC, UNMC, CNCMCs are held duly with full participation

Individual and focus group discussion was made with DNMC chairperson and members, UZNMC chairperson and members UNTC chairperson and members, UNMC chairperson and members, CNCMC chairpersons and members, CNCMC chairpersons and members were made, and examined the resolutions of these committees. Individual and focus group discussion with CNP, CNO, F.S, and UM were also made. Deputy Commissioner Comilla, Mr. Monzurur Rahman and told that he was only asked for holding DNMC meeting when called on him.. Attending a pre scheduled DNMC meeting, the meeting was found poorly attended. None of three UZNMC chairman i.e. UNO of three upzilas was present. The Deputy Commissioner asked the member secretary (Senior Health Education Officer) to present relevant working paper and agenda of the DNMC meeting. He presented half page minutes of last meeting and could not produce working paper/agenda. The D.C became annoyed and postponed the meeting and asked the member secretary to fix another day and to come with full preparation in the meeting. After leaving D.C from meeting room, the member secretary admitted that he has no clear idea about holding of the meeting. Dr. Abdul Matin, Civil Surgeon of Comilla, who was present in the meeting, told that Senior Health Education

Officer did not communicate with him on this regard and previously every meeting was held like this and the outcome of meeting is insignificant. It is found that there is a clear gap between Civil Surgeon and Senior Health Education Officer. The responsible NGO VARD was not found very keen to hold a fruitful meeting.

The UNO, Muragnagar and UZNMC members told that meeting was held regularly alongwith Upazila Coordination meeting, but discussions were made very briefly.

They said that they had never asked by their senior district level officers about NNP meeting and there is no provision for sending report to their senior/superior auyhority.

Though meeting is held along with the date of Upazila Coordination Meeting, so maximum members are present in the meeting. The participants of the discussion had admitted that UZNMC is playing some sort of accountability for the NGO.

The Union Parishad Chairman and members of UNMC told that meeting was held more or less regularly. Some discussion about nutrition also held. The secretary of Union Parished is not the member of the UNMC. The member of UNMC is not aware of UNMC minutes. The minutes are confined in a book which is kept in the possession of CNO.The Union Parished member was present in the meeting but other members of the committee were seldom present. The CNCMC chairman/member of the parished told that they were never asked for about CNCMC performance in the UNMC meeting.

Discussion was made with all 12 Chairpersons of CNCMC; they said that meeting was held more or less regularly. Sometimes they only put their signature in the resolution book as CNPs are their own community women. Holding of meeting is the responsibility of CNP. So they sign the resolution but situation is now improving. Now members of the committee get notice before the meeting and they try to attend the meeting. I examined the resolution and list of the members of the committee. The constituent of committees fulfilling the representative from all categories is not clearly stated.

3.2. Involvement of the community people with this program.

The beneficiaries of this program are mainly women and children. There are various forums adolescents, father-in-laws, mother-in-laws, husband of the newly married women under a CNC. Six women member of the same community are engaged with a CNC as WGM. There

is a CNCMC in every CNC where UP member preferably women member are the Chairperson of the committee. Committee members consist of different section of people from the community.

When visited to the CNCs and talked with CNPs and others they told that on an average 4/5 person come to the CNC per day. When there was supplementary feeding then enrollment was more.

3.3. Effort by NGO to communicate with Govt. Official and Local Govt. bodies for successful implementation of the program

When visited to the UZNMC member, UNMC member and talked with them the told those NGO workers communicated with them frequently.

3.4. Feedback system among NGO and related organization

Sharing of views ideas and experience with Health and Family Planning Department is not sufficient now. According to their view, if NNP, Health and Family Planning worker coordinate among themselves in the implementation level then program will be highly benefited.

3.5. Advocacy Meeting (B.C.C)

Discussion was made with FS and UM in this regard, they told that the different forum meeting is held regularly, some times they arrange consultative meeting with adolescents in different school by the help of school teachers, besides, no formal advocacy meeting is arranged by the NGO in Upazilla / union level.

3.6. Refresher Training (CNP, CNO, WGM)

According to my observation and discussion with CNP & CNO, FS and UM and verifications of schedules, Attendance, vouchers it is evident that monthly refresher's training was held regularly with some limitations. According to the views of the CNP, CNO and FS refreshers training is a tool for motivation of the workers.

4. Monitoring and supervision of NGO

Visiting 12 CNCs, Upazilla Nutrition Office Muradnagar and NGO Head Office and examining reports and documents regarding this found that they have a systematic reporting system from CNC to NGO head office. In Upazila Office there is a work plan and according

to this there is also a movement registers for F.S and UM. Upazila Manager monitors the schedule. While visiting 12 CNCs and gone through the inspection register and note down the visit of 2007, according to the records CNO and FS visited the CNCs more frequently, two CNCs were visited by UM in 2007. No CNCs were visited by NGO high officials above UM up to September 16, 2007.

5. Knowledge of field level staff about the program (CNP, CNO, F.S, UM)

Visiting CNC, Upazila Office, and discussed with them individually and in groups, it was found that CNPs and CNOs have clear knowledge about the services provided from CNC. They understand Growth Monitoring and can efficiently measure BMI. 95% of them got basic training and continuously getting monthly refreshers training. 10 FS out of 16 and UM also got basic training and by learning and doing process they have acquired necessary knowledge for CNC service. In this regard I have seen education and training make clear difference those have not get basic training and their education level is below SSC. The basic training holder along with SSC/ above SSC is very clear about their job and responsibility.

6. State/condition of service providing center at local level.

6.1 Upazila Nutrition Offices

Upazila Nutrition Office of Muradnagar found well decorated and in good condition but it is isolated from other Upazila level Govt offices. The office management and record keeping is also found satisfactory.

6.2 CNC

As per program design CNCs are situated in a community donated house/room. There is no provision for rent. Visiting 12 CNCs, it was found every CNC except one is also used for family purpose and most of the cases CNCs are situated in CNP's own house. So it does not create separate image as an office/ service center. The beneficiaries that, talked with and the CNP, CNO CNCMC chairpersons have pointed out that a separate office will be helpful for providing better service.

7. Capability of holding different level meeting by field staff

Gone through the minutes of every CNCMC, UNMC and UZNM, DNMC and talked with CNP, CNO, FS, UM and also with the chairpersons of the CNCMC, UNMC, UZNM, DNMC about meeting procedure, meeting records and capacity of staffs to holding of meeting and writing of minutes. According to the observation and the views of the chairpersons of the committees, the performance of the UZNM is satisfactory but in case of CNCMC, UNMC and DNMC there are some problem.

At CNC level the CNP (Member Secretary) and the UP Member (Chairperson) of CNCMC are lacking required knowledge for holding of an effective meeting. The minutes of the meeting written in a book and it is kept in CNP's possession. Members of the committee are not aware of the decision taken in the meeting. Examined the minutes, the agenda and minutes for every month is more or less same and it can not play any effective role for the accountability of the program.

At UNMC minutes is kept by CNO. No copy of resolution/ minutes is preserved in the Union Parishad and members of the committee do not know the decisions as they told in time of discussion. Meeting is held along with Union Parishad's monthly meeting. Members of the committee other than Union Parishad member are seldom present in the meeting. Some

Chairman said that sometimes they put signature in the minutes without holding of formal meeting for the sake of CNOs welfare as they are their own community women.

Talked with the Deputy Commissioner of Comilla and with some members of DNMC, it is only a mere formality to hold DNMC as it is doing now.

8. Accountability of implementing staff.

On the basis of observation and examination of related papers it was found that the recruiting system of NGO is hire and fire basis, work is being done according to pre set work plan, so it is easy to monitor the activity of staffs/ officials by the authority and there is a strong system of reward and punishment. They pointed out that an employee has been promoted to UM from a support staff gradually. There are so many instances that FS have got promotion as UM.

A pre-set checklist/ questioner were provided to the officials when discussion was made with them. Some 10 officials and staffs including its Executive Director filled up the check list and the aggregate average result according to the checklist filled by them is:

Indicators	Points	Score
Management	25	12.6
Logistics	10	5.6
Linkage	30	17
Supervision and monitoring	15	9
Knowledge of field level staff (CNP, CNO, FS UM)	20	12.5
State condition of service providing centre	10	6.3
Capacity of holding different level meeting by field staff	15	7.4
Accountability of the implementing staff	15	8.8
Total	140	79.2 = 56.57%

According to the Check List/Questioner the capability of the NGO "HEED Bangladesh" is rating satisfactory.

4.4 Evaluating the capability of NGO, SARD

SARD is a national level small NGO. It was established in 1986. Micro Credit, Education, Nutrition and Water& Sanitation are its main area of work. SARD is implementing NNP's ABCN activity in 12 Upazilas. Some areas to be addressed were determined earlier and on the basis of that some indicators was also determined. Kuliarchar Upazila of Kishorgonj District was visited on 25th and 26th September, 2007 for this research purpose.

For collecting data both qualitative and quantitative, 12 focus group discussion in twelve CNCs with pregnant women and lactating mother. Mothers of children below 2 years of age, adolescents, newly married couple. Mother-in-laws of newly wed women, WGM, other community people and community nutrition management committee members including Community Nutrition Promoter (CNP) and Health and Family Planning workers at ward level were made, and also have taken part in individual and focus group discussion with 3 Unions Parishad Chairman and UNMC members, UNO and UZNMC members, D.C Kishorgonj.and with CNO, CNP, FS and UM. On the basis of discussion some documents and registers were verified in the CNCs and in the Upazila Nutrition Office.

The Head Office of SARD at Eskaton, Dhaka were visited On 29th September, 2007 and taken part individual and focus group discussion with Executive Director, Director and other Officials and also collected some relevant documents from there.

On the basis of discussion, observation, and examination of relevant document with pre-determined indicator the findings/outcomes are;

1. Management

1.1 Staffing pattern

The organization have not any separate staffing arrangement exclusively for NNP program, but NNP program is the larger among their on going activities and they are giving more emphasis on Nutrition.

1.2 Nutrition Expert

They have no nutrition expert. It was also not a mandatory provision for NNP Program as per contract.

1.3 Training and motivation :

They have no separate training arrangement for NNP activity. Training is provided by NNP to NGO official and staff. The employees working in the field level get consolidated pay/remunerations. There is no provision for increment. Payment could not be made in regular basis because of delay of contact /delay of fund release. The field level official and staff do not have any visible incentive. Senior and juniors are getting the same payment. In consultation with field level staff it is very much clear that they are frustrated with their present position. The field supervisor pointed out that for proper supervision of 30/40 CNCs they need a motor cycle.

1.4. Authority/Responsibility and freedom:

As per contract they have the authority and freedom to implement the program. But they pointed out that their authority and freedom depends on logistics getting from NNP. They also pointed out that from the very beginning of the program they are facing fund problem, fund was never available in time. They told in reality they have to maintain liaison with NNP, local level govt. official and UP chairman and some times they make some adjustments, this is not harmful but they have to make some extra effort for this.

1.5 SARD Maintain separate accounts for NNP program and financial management system of SARD is found good.

2. Logistics:

2.1. For implementing NNP program, NNP provide all kinds of logistics to the NGOs. They are not getting all the necessary logistics in time. Weighing scale a most important tools for ABCN activity, from physical inspection it was found that at present more than 50% of them are out of order. Some necessary forums activity can not be documented properly for non-availability of register i.e. Father-in-law, Mother-in-law forum and adolescents (boys) forum etc.

2.2. Mobilization at the centre

In the time of discussion they said that after getting logistic/any material from NNP, they can make it available to the CNC within two or three days.

3. Linkage

3.1. DNMC, UZNC, UNTC, UNMC, CNCMCS are held duly with full participation

Conducted individual and focus group discussion with DNMC chairman and members, UZNC chairpersons and members UNTC chairpersons and members, UNMC chairpersons and members, CNCMC chairpersons and members, Examine the minutes of these committees and also conducted individual and focus group discussion with CNP, CNO, F.S, and UM it was found that officially meeting was held more or less regularly but question of affectivity was remain.

When called on the Deputy Commissioner Kishorgonj Mr. Sultan Ahmed and talked about NNP and DNMC, he told that he was only asked for holding DNMC meeting. Meeting was held regularly but discussion is very limited 10/15 minutes only. He also pointed out that he is interested to visit CNC and talk with beneficiaries.

Discussion was made with UNO and UZNC members of Kuliarchar upazila and attended the scheduled UZNC on 26th September. They told that meeting was held regularly along with Upazilla Coordination Meeting, but discussions are very brief.

They said that they never asked from their senior district level officer about NNP meeting and there is no provision for sending report/ accountability to their senior. As the meeting is held along with the upazilla coordination meeting so presence is satisfactory and participants admit that UZNC is a media of communication between the members of the committee and the NGO.

The Union Parishad chairman and members of UNMC told that meeting was held more or less regularly. Some discussion about nutrition also held. The secretary of Union parishad is not the member of the UNMC. The members of UNMC are not aware of UNMC minutes. The minutes are confined in a book which is kept in the possession of CNO.

The union parished member was present in the meeting but other members of the committee were seldom present. The CNCMC chairpersons/member of the parished told that they never asked for CNCMC performance in the UNMC meeting.

Discussion was also made with all 12 Chairpersons of 12 CNCMC; they said that meeting was held more or less regularly. Sometimes they only put signature in the resolution though CNP's are their own community women. Holding of meeting is the responsibility of CNP. So they sign the resolution but situation is now improving. Now member's of the committee gets notice before the meeting and they try to attend the meeting. I examined the resolution and list of the member of the committee. The formation of committees fulfilling the representative from all categories is not clearly stated.

3.2. Involvement of the community people with this program.

A CNC is for 1200people/250 house hold in a certain community. The beneficiaries of this program are mainly women and children; there are various forum adolescents, father in laws, mother in laws, husbands of the newly married women under a CNC. Six women member of the same community are engaged with a CNC as WGM. There is a CNCMC in every CNC where UP members preferably women members are the Chairman of the committee. Committee members consist of different section of people from the community.

While visiting the 12 CNCs in Kishorgonj upazila found present some category beneficiary in the CNC and checked the register in front of them and alsofound that beneficiaries are register correctly. Corresponding to the household survey and register about 90% of adolescent girls are registered. Other beneficiaries also registered correctly. According to observation and records and according to the CNP and WGM comment on an average 5 to 7 beneficiaries come to a CNC for service per day and when there was provisions for more supplementary feeding than average enrollment was more. The CNP and CNOs should be the same community women as per program design and at present 23246 CNPs 2383 CNOs are involved with the NNP program Community people are also involved with this program under the umbrella of UNMC and UZNMC.

3.3. Effort by NGO to communicate with govt. official and local govt. bodies for successful implementation of the program.

While visiting the Kuliarchar Upazila and discussed with UNO Kuliarchar, Mr. Nurul Alam and other members of UZNMCM they said that the Upazila Manager always maintain liaison with them, three UNMC chairpersons and 12 CNCMC Chairpersons, the UNMC chairpersons admitted that CNO, FS regularly maintain liaison with them for convening of UNMC meeting. The CNCMC chairpersons have also admitted that the CNPs always maintain liaison with them regarding CNCMC meeting.

3.4. Feedback system among NGO and related organization

Sharing of views/ ideas and experience with Health and Family Planning Department is not sufficient now. According to their view, if NNP and Health and Family Planning worker coordinate and maintain liaison with each other in the implementation level than program will be highly benefited.

3.5. Advocacy Meeting (B.C.C)

Discussion was made with FS and UM, they told that they try to remain present in the different forum meeting and sometimes they arrange discussion meeting in different schools by the help of school authority. Besides this, no separate advocacy meeting arranged by the NGO at the Upazilla and the Union level.

3.6. Refresher Training (CNP, CNO, WGM)

According to the observation and discussion with CNP, CNO, FS, UM and the accountant and by verifying relevant documents i.e.-schedule, attendance, vouchers it is evident that refreshers training were held regularly. There was some problem regarding venue, resource person and training allowance, but now it resolved after getting clear instruction from NNP. From the observation and from the opinion of CNPs and CNOs, it is clear that monthly refreshers training is a tool for motivation to them. According to their view the outcome of this training is helpful for them and also the program

4. Monitoring and Supervision of NGOs

Visiting 12 CNCs from three unions of Kuliarchar Upazilla, Upazila Nutrition Office and NGO Head Office and examining various reports and documents regarding this it is found that they have a systematic reporting system from CNC to NGO head office. In the upazilla

office there is a work plan for FS/UM and accordingly a movement registers for F.S and UM. Upazila Manager has monitored the schedule. There is a good liaison system between NGO head office to Upazilla office. The inspection registers of 12 CNC and Upazilla office were verified and found that CNO and FS visited the center almost regularly, UM paid short visit at 5 CNCs out of 12 and program coordinator visited 3 CNC and any one of these CNCs were visited by Director / executive Director in the year 2007.

5. Knowledge of field level staff about the program (CNP, CNO, F.S,)

While visiting the CNCs, Upazilla office, and discussed with them individually and in groups, it was found that, CNPs and CNOs have clear idea about the services provided from CNC. They understand Growth Monitoring and can efficiently measure BMI. 90% of them got basic training and continuously getting monthly refreshers training. 3 FS out of 5 got basic training and by learning and doing process they have acquired required knowledge for CNC service. It was seen that, education and training make clear difference those who have not got basic training and whose education level is below SSC, they are weaker than those are SSC / above SSC and have got basic training.

6. State/condition of service providing center at local level.

6.1 Upazilla Nutrition office

Upazilla nutrition office of Kuliarchar was found nicely decorated and good in condition but it is isolated form other upazilla level Govt offices. The office Management and recordkeeping is also found satisfactory.

6.2 CNC

As per program design CNCs are located in a community denoted house/room. There is no provision for rent. Visiting 12 CNC, it was found every CNC is also used for family purpose and most of the cases CNC is situated in CNPs own house. So it does not create separate image as an office/ service center. The beneficiaries that discussed with, and the CNPs, CNOs CNCMC chairpersons has pointed out that a separate office with good location will be helpful for providing better service.

7. Capability of holding different level meeting by field staff

Have gone through the minutes of every CNCMC, UNMC and UZNM, DNMC and discussed with CNP, CNO, FS, UM and also with the chairpersons of CNCMC, UNMC, UZNM, DNMC about meeting procedure, meeting records and capacity of staffs to holding of meeting and writing of minutes. According to observation and the views of the chairpersons of the committees; at the upazilla level it is satisfactory but in case of CNCMC, UNMC and DNMC there are many lapse and gaps still now.

At CNC level the CNP (Member Secretary) and the Member (chairpersons) of CNCMC are lacking required knowledge for holding an effective meeting. The minutes of the meeting are written in a book and are kept in CNP'S possession. Members of the committee are not aware of the decision taken in the meeting. Examined the minutes, the agenda it was found that minutes for every month is more or less same and it can not play any effective role for the program.

At UNMC minutes is kept by CNO. No copy of resolution/ minutes is preserved in the Union Parishad and members of the committee do not know the decisions, it was told by them in the time of discussion. Meeting is held along with union parishads monthly meeting, members of the committee other than union parishad member seldom presents in the meeting. Some Chairman's said that sometimes they put signature in the minutes without holding of formal meeting for the sake of CNOs welfare as they are their own community women.

While talked with the deputy commissioner Kishorgonj, he said that meeting is held in a very brief manner, 10/15 minutes discussion was held only. According to his view it is only a mere formality to holding DNMC as it doing now.

8. Accountability of implementation staff

According to the observation and examination of related papers it was found that the recruiting system of NGO is on hire and fire basis, Except Executive Director everybody is always a bit fear of their job. Work is being done according to pre set work plan and work almost similar and well known to everybody, so it is easy to monitor the activity of staffs/ officials by the authority and there is a strong system of reward and punishment, for any major wrong the worker has to pay more, there is also the chance of getting lift on the basis of quality and efficiency. ED of SARD categorically said that there is no mercy for any wrong doing relating to women and money.

A pre set check list / questioner were provided to them during the time of discussion, some nine officials and staffs including its executive director filled the checklist, on the basis of that the aggregate average performance is:

Indicators	Points	Score
Management	25	13.6
Logistics	10	5.5
Linkage	30	16.55
Supervision and monitoring	15	9.66
Knowledge of field level staff (CNP, CNO, FS UM)	20	12
State condition of service providing centre	10	6.5
Capacity of holding different level meeting by field staff	15	7.11
Accountability of the implementing staff	15	9.66
Total	140	80.64
		57.6%

According to the check list/Questioner the capability of the NGO "SARD" is rating satisfactory.

4.5 Evaluating the capability of local government institutions to supervise the program

For evaluating the capability of local government institutions, some areas to be addressed was determined and on the basis of that some indicators was also selected, these are:

Areas to be addressed –

1. Authority and Responsibility provided to them
2. Orientation and Training of respective bodies/person about the program.

Indicators –

- i) Knowledge about the program.
- ii) Ability to arrange and preside over the meeting.
- iii) Attitudes and interest about the program.
- iv) Sensitivity about the implementation Of the program

For collecting data and for individual and group discussion, 3 union and 12 CNCs of Muradnagar Upazila on 16 and 17th September 2007, and 3 union and 12 CNCs of Kuliarchar Upazila were visited on 16 & 17th September and 25 & 26th September 2007 respectively, and conducted individual and focus group discussion with all 24 CNCMC Chairpersons, 6 Union Parishad Chairman, CNCMC members, UNMC members, Member Secretaries of these committees, CNP and CNOs, their supervising authority (FS and UM.). Upazila Nirbahi Officer of Muradnagar and Kuliarchar Upazila and officials of two implementing NGO on 23th and 29th September 2007 respectively, examined relevant documents (Notice, minutes etc.). Opinion and feedback from them and in accordance with physical visit and observations; the findings are:

1. Authority and Responsibility

Most of the CNCMC and UNMC Chairman told that they have listened about the program verbally. They don't got clear written instruction about their authority and responsibility form any competent authority, the NGO worker communicate with them for holding meeting only. Most of the CNCMC Chairperson and UNMC Chairperson are not aware of their authority and responsibility to implement the NNP's ABCN program. UP Chairman's told that they have attended in Upazila Nutrition Management Committee Meeting and they are holding Union Nutrition Committee meeting as they are holding other meetings too. The UNO of Kuliarchar Mr. Nurul Alam has said that Local Government Ministry may give some written instruction about their authority and responsibility for holding of CNCMC and UNMC as Chairpersons and then they may feel some obligation to discharge their duties properly.

2. Orientation and training for the respective bodies/persons.

NNP had arranged a one day orientation program for the UP Chairman's. When talked with them, the CNCMC and UNMC Chairman categorically said that they need clear instructions about what is to be done by them and how they can do it.

Indicators –

i) Knowledge about the program

During the time of discussion with UP members also the chairperson of CNCMC and UP Chairman also the Chairperson of UNMC, they all agreed that they have knowledge about the program, they also said that CNP and CNO are well known to them, because they are their own community women. They said, they also have some knowledge about the services provided from CNC.

ii) Ability to arrange and preside over the meeting

Discussion was made with the CNCMC Chairpersons, UNMC Chairpersons, CNP, CNO, FS and UM and examined the formation of committee, Meeting notice, Minutes and record keeping system. The Member Secretary of the CNCMC is concern CNP and Member Secretary of UNMC is concern CNO. In CNCMC Member Secretary and Chairperson of the committee are not well educated. 50% of CNPs are under S.S.C level and same as the case of UP Members too. In UNMC the Chairman of the Union Parishad is likely to be very busy with extra official issue. He always could not manage time to perform his normal routine work. He has to attend Upazila offices or busy with his personal business / political issues or shalish. So it is very difficult for a CNO to get time/ fix meeting date from the Chairman. In practice FS coordinates the matter with the Chairman. The major drawback in the UNMC is that the Secretary of the Union Parishad is not the member of the UNMC, If he is a member of the UNMC than he may feel some obligations to make the meeting fruitful.

In case of CNCMC records are kept by CNP. She wrote the resolution and invite the meeting is consultation with UP Members. The UP members frankly said that formal meeting is not held in every month. Some case they put their signature in the resolution. The quality of resolution is not up to the mark. The member of the committee categorically is not defined properly. The reality is that the CNCMC meeting is playing a mere formality. It could not play positive impact over the program. But it can play a very important role for community involvement and social mobilization of the program.

In case of UNMC records of meeting is kept by CNO. When inquired about the resolution of UNMC in the UP office the Chairpersons and members of the UNMC told that they don't get any minutes, even no copy of UNMC resolution is kept in the UP office. UP Secretary is almost ignorant about this, because he is not involved with UNMC. The Chairman of UP and UNMC Chairperson told that meeting was not held regularly in every month. CNOs are their own community women, and for the sake of their welfare, sometimes they put their signature in the minutes. But for proper coordination of the program the UNMC can play a very important role.

iii) Attitudes and interest about the program.

The Chairman and members of the Union Parishad like the program. They said that nutrition workers always available at their center or at the locality. According to their view the program is a unique program for the women and children. They raise their voices for regular payment of CNO, CNPs remuneration, increase of their remuneration and payment the dues of WGM.

iv) Sensitivity of the program

The Union Parishad Chairman and Member like the program because the nutrition worker tries to maintain close contract with them. The program has not any hidden agenda. So they like it very much. As Member and Chairman of the locality he/she chair the committees. So nobody try to make any trouble to the program. CNP and CNOs are the means of social bondage for them and they have somehow relation with the Member and Chairman. So they are in favor of the program.

4.6. Community Involvement by NGO initiatives

For evaluating the capability of community involvement with this program some areas to be addressed was determined and on the basis of that some indicators was also selected, these are:

Areas to be addressed

1. Authority and Responsibility
2. Scope of Participation
3. Ownership of the program
4. Orientation about the program

Indicators:

- i) Knowledge of beneficiaries about the program.
- ii) Scope of participation for the community people.
- iii) Involvement procedure
- iv) Benefit getting from the program
- v) Scope of contribution
- vi) Capability for ensuring accountability / voices.

For collecting data and for individual and group discussion, 24 CNCs and 6 Unions of two selected Upazila were visited and conducted group and individual discussions with pregnant and lactating mothers, mother's of children below two years of age adolescents, newly married couples, father-in-laws and mother-in-laws of newly married couples. Parents of adolescents boys/girls and Community Nutrition Center Management Committee (CNCMC) Member's, including Community Nutrition Promoter (CNP) and Health and Family Planning Worker provided qualitative data on the impact of the NNP's ABCN activity at the individual and community levels, conducted individual and group discussion with UNMC Chairpersons and Members of the committee, School Teacher, Religious Leaders, Women Group Members, examined various forms and register's maintained for different classes of beneficiaries. Examined the proceeding of the meetings and sharing with their experience about the program and also observed their feelings about the program by asking pre determined selected question; findings in relation with indicators are:

i) Knowledge of beneficiaries about the program.

While discussing with the beneficiaries about CNC activities/Services provided from the CNC, the adolescent girls, pregnant women, lactating mothers, mothers of children under two years of age, all of them are found conversant about the program. The CNCMC Chairperesons, Member of the CNCMC, UNMC Chairpersons and Member of UNMC have

knowledge about pushti (Nutrition); Pushti Apa (CNP) is well known to the community. But pushti program could not earn the popularity in the community due to lack of adequate and proper publicity.

ii) Scope of participation for the community people.

The beneficiaries come to the center for getting service. CNP goes to the Community in the banner of home visit for collecting information and providing advice to the client. Through CNCMC and UNMC, Peoples from different walks of life, have got the opportunity to participate in nutrition activity.

iii) Involvement procedure

Beneficiaries are registered by Home visit. Almost all beneficiaries under a CNC are registered. After registration specific service are provided to the targeted beneficiaries. CNCMC is a support group in the community - for the CNP as well as for the activities conducted by them. For each center at least ten members committee (male and female) was working. Members are responsible for 20-25 households ensuring that beneficiaries of the target group come to the CNC regularly, that women go for ANC, seek timely health care and that children are immunized etc. A 6 member's women group is also working under a CNC. They are preparing supplementary food for the malnourished children and women; they exchange information from CNC to beneficiary and beneficiary to CNC.

The UNMC also provide an umbrella support to the CNC. Officially it has the responsibility to coordinate the CNC level activities. UNMC consisting representatives of NGO workers, Social workers, local elites, union level govt. officials, CNCMC Chairpersons. The committee meeting was held every month to share progress and solve problem. But in reality the committees are not that much effective.

iv) Benefits from the program

Most of beneficiaries are women and children. In a conservative and traditional society NNP (and the BINP before it) was able to bring about observable social change, superstition against weighing and measuring children have been over come, and women are coming forward to have their children's weight monitoring regularly. The same is true of pregnant woman and awareness of the nutritional needs of pregnant and lactating women has also increased. The adolescent girls forum have provided avenue for young girls, who are traditionally confined to home after school hour's to develop a supportive social environment

in which to discuss their social and health problem. Overall the program has provided avenues for women to interact and learn about their nutritional and health needs.

v) Scope of contribution

CNCCMC and UNMC are the support group in the community for CNP and CNO as well as activities conducted by them. WGM is also supporting the CNC activities. Other Community members, i.e. School Teachers, Religious Leaders/Imams, village leaders, Social and Cultural organizations can help the CNC activities.

vi) Capability of ensuring accountability / voices:

The beneficiaries know about the service and materials provided from CNC. They know the CNP as Pushti -Apa. There is a good relation among the beneficiaries and Nutrition workers. But average turnover of the beneficiaries to the CNC is very poor. Nutrition worker CNP and WGM of the most of the 24 CNC has told that on an average 4/5 persons come to a CNC for service. Though it's a unique program for the community but it could not earn its popularity yet, the CNCCMC Chairperson has good link with CNO. Most of the cases they advocate in favor of the enhancement of CNP, CNOs remunerations, but not the increase / ensuring the quality of service. According to the observation, voices of the community for ensuring better service / accountability are poor. The community people could not understand yet that getting service from the government is their right; they rather felt that NGOs are kind enough to provide service for them

Major Findings

5.1 a) In Case of Implementing Agency (NNP)

i) Management and motivations:

PMU personal setup is not in accordance with the need of the program, the post of implementation specialist and program advisor lying vacant since 2004. There is no compulsion for Executive Director and other Director to be a nutrition expert or program expert. The people working here to the above posts are of carrier bureaucrats and none of them have program related expertise. They and their subordinates officers comes here on deputation from different Ministry/ Department and go back to their parents department very frequently, so there is a little scope for utilization of expertise. Motivation / incentive for the officials and staffs are very poor. The staffs are recruited here on monthly fixed salary basis and there is no scope for yearly increment/ no motivational program for them, and they have also in the risk of losing job after completion of the project. The officer working here draws their own pay and there is no extra allowance for them. And there is no extra incentive for field visit too, they have to claim Normal (Government approved official rate) as traveling allowance and claim could be made after expenditure. There are also no special initiatives from the Ministry of Health and Family Welfare to build up an efficient and need based management set up for NNP. Efficient and need based management is urgently needed for the program.

ii) Dependency:

The PMU of NNP is very much dependent on the World Bank and the Ministry of health and family welfare. According to the DCA, for any important issue PMU first refer it to the World Bank for clearance and after getting clearance from World Bank they sent it to the Ministry of health and family welfare for approval. It is one of the important causes for delayed in decision making by NNP. For continued communication with World Bank there arise some sort of problem regarding negotiation and continuous communication with MoHFW also arise some coordination gap. Over dependency to the WB and MoH&FW of NNP is liable for delaying in decision making. The authority of NNP felt shaky to take any decision by its own rather feels necessary to take Ministry's clearance for any major/ important issue.

iii) Fund release:

There is no instance of timely release of fund to the NGOs during NNP contract period because always contract was made delayed. During HNPS from September 1, 2006 fund is treated as Govt. fund and Government accounting system is fully applicable. So every bill should be cleared from CAO office of Health and Family Welfare Ministry. For first advance payment, there is a provision for clearance from the Ministry of Finance and every next payment should be made after audited the previous payment. The short period of contract and the mind set of CAO Office staff have made the payment delayed. The local level employee the CNP, CNO Woman Group get their remunerations/ payment 3 to 6 months later from due date. This is a serious draw back of the program. When NNP could not provide fund to NGO's their supervision automatically become weak and in-effective.

v) Monitoring and Supervision:

The present monitoring and supervision system of NNP is not very much effective for the smooth implementation of the ABCN activity of NNP. The present monitoring is also not simple and more focused on improving the quality of service provided & measurable program results. The quality of monitoring data is also in question. NNP collect information from NGO's through MPR and compiles it centrally and project the progress/ performance of the program. There is no system of verification of data provided by implementing NGO's. The performance of the NGO's/ programs are discussed in the monthly NNP-NGO coordination meeting and Monitoring meeting with NGO's and these are also based on report sent by the NGO's. The officials of NNP visits in the field to oversee the field level activity of NGO's, some times they found some irregularities and report accordingly, but the documentation/ record keeping system is very poor in NNP So it don't come to the notice of the authority properly and timely, for this reason it could not bring any significant impact to the proper implementation of the program/ accuracy in the supervision and monitoring system.

vi) NGO Selection:

The NGO selection for the program was not properly done during the program period. 10 NGOs were selected in 2003 as consultancy service provider. The contract was ended in December, 2004, after that extension was made up to June, 2006 in different terms and the terms and condition of the contract was not appropriate for smooth implementation of the program. From 1st September 2006 NNP start its operation under HNPS, NGOs were not

been selected in preview of HNPSP because MSA was not appointed by MOH&FW. The larger performing NGO BRAC withdrew its operation from 53 upazila from June 30, 2006. The BRAC withdrawn upazilas were re-distributed to 7 best performing existing NGOs. These selection were made irregularly and violating the philosophy of NNP's ABCN activity. NGO owning head office in Taknaf Cox's Bazer got the work in the northern district Lalmonirhat where they had no previous working experience. NGO working in Kishorganj district has got the work in the southern district Khulna and the package was also bundled very much irregularly. A NGO who got the work in Lalmonirhat and Bagerhat had no office and working experience in that districts previously which made serious problem in proper implementation of the program, on the other hand NGOs are working with NNP longtime by extension did not face any completion in the absence of fresh competition. They become typed according to the views of the respondents. During the several extension periods the contracts were in very short period which made frustrated all the parties about the program. No systematic and smooth work could be done because of uncertainty.

vi) Linkage with the local Authorities:

The ABCN activities of NNP are supervised by different committees i.e. DNMC headed by D.C, UZNMC headed by UNO, UNMC headed by UP Chairman, and CNCMC headed by UP Members. There is a linkage gap between NNP and the committees. The head of the committees especially the DC, UP Chairman and UP Members does not know the program clearly and they are not properly and there is also a serious lack from NNP to utilize them properly for smooth implementation of the program.

vii) Availability of Logistics:

Procurement and timely supply of necessary materials to the field is a problem for NNP. For procurement, NNP is dependent upon the World Bank and the Ministry of Health and Family Welfare. There is also a lack of expertise in the procurement section of NNP. At present a very vital tools for ABCN activity (weighing scale) could not be procured since 2006. A committee of Health and Family Welfare Ministry took one and half year to finalize the sample of the weighing scale, about 50% of weighing scale is out of order now. Some important registers and medicines could not be supplied in the field due to procurement problem.

5.1 b) In case of NGO

i) Management and Motivations:

They are implementing NNP activities along with their other activities and some cases same officials at central level do the dual business, In the time of NGO selection NGO's are selected as consultant and there was no condition for nutrition expert, so there are no nutritionist in the NGO's for providing nutrition service .The generalist gathered experience and implementing the program. There are no initiatives from the NGO side to train their staff in the field of nutrition/ program implementation.

Motivation/ Incentives for their field level staffs are very poor and no scope for flexibility in payment of honorarium to the field level staff (CNP, CNO, FS, UM) by them, every staff are getting fixed amount determined by NNP which is stated in the contract. There are no provisions for increment and bonus/ incentives. A staff joining 3/4 years ago gets same as fresh recruits. And the honorarium of main service provider CNP is insignificants (Tk-900) per month only. The supervising staff especially who has to supervise on an average 40 CNC has no vehicle.

ii) Contract period and Fund:

Availability of fund in time is always a problem for the NGOs and also for the program, The NGO's never get the fund in time. During my study surprisingly it is found that NGO's are getting fund three or four months later from the due date and they made the payments to the staff's honorarium accordingly, which is a big problem for the program. Findings and records shows that short period of contract and delayed signing of contract and delayed release of fund hampered the implementation of the program.

iii) Responsibility:

The responsibilities of the NGOs to implement the program is not clearly defined, according to the contract they are giving itemized cost to implement the item in the ABCN level but their activities depends upon the availability of necessary logistics which they are not responsible for, because NNP is responsible for provide all sorts of logistics to the NGOS. So, there is a scope for the NGO's to shift the responsibilities to the NNP for not getting any kind of logistics at the time of need. They are also happy for being the partner of the Government because they can enjoy all facilities of the government i.e. they can get

cooperation from D.C, UNO, UP Chairman as and when required and according to the program design success/ failure also shared by government.

vii) Monitoring and supervision:

During the study it was found that; internal monitoring and supervision of them is good, they have a close linkage with their staff. Central and field level assigned officials performed their duties properly. Up- ward and down-ward reporting system of them is being done in timely manner. Their monitoring system can ensure accountability within the organization. It is also found that they are serious about report writing.

vii) Linkage with local authorities:

Linkage with local level committees (CNCMC, UNMC, NTC, UZNMC, and DNMC) is satisfactory. When discussion was made with the chairpersons of the DNMC, UZNMC, UNTC, UNMC, CNCMC; i.e. D.C, UNO, UHFPO, UP Chairman and UP members, all of them admitted that the representatives of the NGOs communicate with them for holdings of meetings and program related issues but according to their view for the betterment/ transparency of the program communication by NGO's need to be improved.

ix) NGO's Own Initiatives:

It is found from the study that, Frequent and regular local level meetings with stakeholders (GO,NGO, academics and clinicians) for advocacy, information sharing , sorting problems, strengthening collaboration, for planning new, and above all, for sustaining current nutrition interventions is not satisfactory. They are simply go with the set/ designed program.

5.1 c) In case of the local government institutions

i) Authority and Responsibility:

During the study it was found that; they have not got any formal written instruction from the Government/NNP about their duties and responsibilities, they heard it from NGO's/ UZNM meeting. They said that they are helping/ supporting the program, because it is a good program for women and children, but their authority and responsibility is not well known to them. They also pointed out that they are not asked for any kind of accountability by any authority and they don't send report to any authority about this program, because they also not asked for this. It is also found that there is no memorandum of understanding between ministry of health and family and ministry of local government for utilization of local government institutions in this purpose.

ii) Knowledge about the program:

The UP Chairman and member are the Chairpersons of UNMC and CNCMC respectively and they are supposed to know the program very well, but study found that the implementing NGO's were not very eager to make them well acquainted with this program, so the ABCN activity and the program is not clear to them till now. Lack of knowledge about role of CNC's, ABCN activity and the composition of UNMC/ CNCMC, the committees could not function according to the need of the program.

iii) Attitude about the program:

During study they admitted that the program is very good for the women and children. The beneficiaries of the program are their community people and they have the responsibility to look after their welfare, with this program they have got the chances to show their effort, on the other hand the service providers CNP& CNO's are also their own community people and they are also getting direct benefit from the program and during visiting the program area they raise their voices for enhancement the remuneration of CNP and CNO's.

iv) Attitude about the NGOs activity:

They categorically said that the NGO worker (CNP, CNO, FS) are always available in the program area and they also said that the government worker are not found more frequently.. They said that they can utilize the NGO workers for their Parishads activities i.e. birth registration/ arranging rallies etc. They also pointed out that Pusti program gave people new vision about pregnant women and children which in turn reduced the mother and child mortality.

5.1 d) In case of community involvement

i) Participations:

Beneficiaries (Adolescent girls/ boys, newly wed women, Husband of Newly wed women, pregnant women, lactating women and children under two years of age) are registered properly with the program properly within the CNC area and a CNC has six women group member, the CNP & CNO are also the same community women. In the banner of CNCMC and UNMC and category people of community can participate with ABCN activity of NNP, but during my study it was found that community participation with this program is not satisfactory. It is known to general people as pusti feeding program. The CNCMC and UNMC were not held with full participation rather it is observing mere formality. The publicity about the program in national and local level is very poor. So local people could not realize about the benefit of the program, so real participation is obviously poor.

ii) Attraction of beneficiaries:

CNCs could not attract the beneficiaries and the average enrollment of the beneficiaries to the CNCs is not satisfactory. During the study it was found that average enrollment of the beneficiaries to a CNCs is 4/5 person per day covering 250 households or 1200 people.. CNCs are establish in a community donated house and the study also found that more than 50% of CNCs are established in CNPs own residence and it is also used for their family purpose after CNC time, so most of the cases the centers could not create extra images to the community.

iii) Ensuring Accountability:

Most of the beneficiaries and community people know that NGO's are providing service to them and that is their kindness. During the study it was found that the beneficiaries, the community people even the chairpersons of the CNCMC and UNMC don't know that the government of Bangladesh providing service for them and getting proper service is their right. It was also found that it was the responsibility of the implementing NGO's to clear it to the community people, but it is completely ignored by them. So the program was not accountable to the community people/ community people could not ensure the accountability of the program

iv) Benefit from the program:

In the program area the targeted beneficiaries are more or less getting benefit from the program. It is evident from the study that it is a unique program for the adolescent girls, pregnant & lactating women and children. In the program area awareness were build up among the community people for taking care of pregnant women and their superstition goes up from their mind, the mother in laws become shimpethised to their daughter in laws. Under age marriage reduced significantly in the program area.

v) Advocacy/ Publicity:

Advocacy/ Publicity about the program are very poor to aware/provide message/ information to the community people. It is evident from the study that the publicity is very important for ensuring accountability to the implementing agency, but the program is lacking minimum national and local level publicity.

Conclusion and Recommendations

6.1 Conclusions & Recommendations:

In Development arena Public-Private partnership is a much-talked issue all over the world. Many countries have experience about this. Previously Development was solely the responsibility of the government. But time and need changed the scenario. Poverty stricken and disaster prone areas demand more initiative than that of government initiatives. That emerges the need for NGOs in development activities. For the betterment of the destitute and the helpless, the untended population of the society, the role of Non Governmental Organization or NGO is much acknowledged. It was proven that the active presences of NGOs are a boon for the overall and social development of Bangladesh. The NGOs started in a war stricken Bangladesh with relief and rehabilitation program. Right now they are omnipresent in Bangladesh's socio-economic, cultural, geographic, family planning, education, health's etc. The NGO's have proven themselves as the true associates/ partner of the government in poverty eradication and socio-cultural development. In many cases (i.e. micro-credit) NGOs are more successful in some aspects of development where the government is playing a secondary role. But this also not true for all NGOs of Bangladesh, some exception is also there.

During study it is evident that partnership is needed both for GO and NGO for effective implementation of grassroots level development program. NGOs can bridge the gap where government cannot reach; on the other hand government can help NGOs by its machineries and logistics.

From the government side for a time bound development program collaboration is helpful, project staffs not become burden for government, and they can't claim/bargain frequently for their rights and privileges. The NGOs has network up to grassroots level and they have experience work with community people. Their monitoring and supervision is strong and they can mobilize logistics at the time of need.

From the NGO side, they can utilize government machinery/logistics/influence/legal support and local government to implement the program. Check and balance/ transparency are possible. Where government does not have the opportunity to show their pro-people attitude, there they can easily do it in collaboration with NGOs. People's participation is more for their strong linkage with grassroots community people.

From local government and community people, The NGO peoples are always available to them/ they are easy accessible. They don't found government employees at the time of their needs. They always consult/ communicate with them.

It is also evident that effectiveness of the partnership program depends on the effectiveness/ capability of the government / Implementing Agency. In this program NNP is mostly responsible on behalf of the government of Bangladesh. It has to coordinate continuously with World Bank and MoH&FW for various matter of the program, but it has not such freedoms, as it is responsible for.

The 80% of total project cost is for its ABCN components, which is implementing by the partners NGOs and they are only responsible for implementing a pre-set program. NNP itself and local level Management Committees are supposed to supervise and facilitate the program, due to short contract period, delay in contact, delay in fund release hamper the program very much, the worker loses motivation, NNP loses moral, NGO waits in anxious, but after all they get their dues in Toto, but real implementation suffers/fall in question.

Learning from the experience gathered while conducting the research , it is felt that to make the partnership program more effective and participatory the following points should be taken into consideration by the implementing agency (NNP).

- i) For smooth and efficient implementation of the program a need based / an expert and efficient Management- Setup with adequate scope for motivation is necessary.
- ii) Co-ordination between Ministry of Health and Family Welfare and NNP should be strengthened and an exclusive focal point for NNP should be set-up in the Ministry of Health and Family Welfare.
- iii) Dependency of Program Management to the WB and MoHFW should be minimizing and must be reduced by chalking out a detail work plan for a certain period and also build up a well known accountability system for implementing Agency.
- iv) Fund & Logistics must be provided to the implementing NGOs before schedule. A joint monitoring cell (WB, MoH&FW, NNP, and NGO- Representatives) should be established for continuous look- after about the matter.
- v) Monitoring and supervision system of NNP should be made realistic and practical according to the need for the program. Monitoring/ supervision for the ABCN components needs to be simplified and more focused on improving the quality of services provided & measurable program results. A system to check and ensure the quality of the monitoring data needs to be developed and implemented.
- vi) NGO/ partner selection procedure should be transparent and quality NGO selection should also be ensured.
- vii) Terms and reference of partnership agreement should be clearly stated and it should be well circulated to the all parties concern with NNP

- viii) Provision for consultation with partner NGOs in the implementation stage of ABCN activity should be ensured.
- ix) Contract should be flexible and there should be scope for partner NGOs to make some adjustments for the interest of the program.
- x) Improve and strengthen the training of community based nutrition workers (CNP) with sufficient education (at least SSC) and provide adequate remunerations so that they feel interest to remain with the program, and ensure that these workers receive supportive mentoring by adequately trained supervisors.
- xi) Service providing centers (CNCs) should be made more attractive to the beneficiaries and also to the community peoples.
- xii) Community participation should be encouraged and ensured and it should make major components for NGO performance.
- xiii) Authority and responsibility should be decentralized up-to local level (Upazilla level) and local level supervision should be strengthened and make them real functional by providing all kinds of legal & logistical support, and there accountability should also be ensured.
- xiv) Local Government Institutions (Union Parishads) should be empowered through their line Ministry, so that they feel obligation to perform their assigned duties and they also become accountable to their controlling authority.
- xv) BCC activities/ awareness program/ publicity should be adequate/ realistic to popularize the program to the community people and all concern authority.

This research is an attempt to ascertain whether GO-NGO partnership/ collaboration in context of NNP have been able to prove its effectiveness for implementing the program. This research also aims to understand the factors that are responsible for the effectiveness of the program. In pursuance of these vast objectives the research constrained by time and scope, conducted a small survey covering the all categories beneficiaries and related parties. The research within its limited scope identified the status of the partnership program and various factors responsible for the status. It is felt that no comprehensive study has-been done since the inception of the program. The findings of the research warrant further structured and more refined research works about the effectiveness of private-public/ GO-NGO partnership program in Bangladesh.

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www.google.com

Annex-1

For Academic Purpose

Evaluating the capability of NGO to implement the program

Questioner/Checklist 5 Excellent 4 very good 3 good 2 fair 1 poor

Indicators:

1. Management

(a) Staff Pattern (Adequate experienced and experts staff in related field as per condition set by NNP during NGO selection)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(b) Training and motivation (Necessary Training and incentive for the officials and staff)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Authority/responsibility and Freedom	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(d) Financial Management	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

2. Logistics:

(a) Adequate arrangement of vehicle and other supportive materials (Medicine, register, weighing scale)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(b) Mobilization at the center (Availability at the time of need)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

3. Linkage:

(a) DNMC, UZNM, UNMC, CNCMCs are held duly with full participation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(b) Evolvement of the community people with the program by NGO	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(c) Effort by NGO to communicate with govt. officials and local govt. bodies for successful implementation of the program	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(d) Feedback system among NGO and related organization					
(e) Participations					

4. Supervision and monitoring by NGO (Their own supervising controlling and monitoring system)

(a) Monitoring and supervision system of the NGO for NNP activities	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
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(b) Supervision by NGO central official to the field level staff and activities	5	4	3	2	1
(c) Supervision by upazila level NGO official to the field level staff and activities	5	4	3	2	1
5. Knowledge of field level staff about the program					
(a) Upazilla Manager and Fields supervisor	5	4	3	2	1
(b) CNO's	5	4	3	2	1
(c) CNP's	5	4	3	2	1
6. State/condition of service providing center at local level					
(a) Upzilla Nutrition office	5	4	3	2	1
(b) CNC	5	4	3	2	1
7. Capacity of holdings different level meeting by field staff.					
(a) Initiative to hold of meeting in regular basis	5	4	3	2	1
(b) Knowledge of writing minutes by relevant staff	5	4	3	2	1
(c) Notice, minutes etc served to the relevant persons properly.	5	4	3	2	1
8. Accountability of the implementing staff					
(a) How much accountability they have maintain within the organization	3	4	3	3	1
(b) Inspection and supervision by central officials	5	4	3	2	1
(c) Punishment/rewards of the basis of performance	5	4	3	2	1

Name of the Respondent:

Designation:

Name of the organization:

Date:

Evaluating the Capability of Implementing Agency

Questioner/Checklist 5 Excellent 4 very good 3 good 2 fair 1 poor

Indicators:

1. Management:

(a) Staffing pattern (Experienced and expert official & staff)	5	4	3	2	1
(b) Training and motivation for the official and staff	5	4	3	2	1
(c) Fund availability and timely release	5	4	3	2	1
(d) Availability of logistics (Vehicle and timely procurement)	5	4	3	2	1
(e) Timely inception of the program	5	4	3	2	1

2. Contracts with partner NGO's:

(a) Contract is a tool of control	5	4	3	2	1
(b) Provision for revise or change	5	4	3	2	1
(c) Is it standard or soft to NGO's	5	4	3	2	3
(d) Terms and conditions of contract is well known to everybody	5	4	3	2	1
(e) Period of Contract is favourable to implement the program	5	4	3	2	1

3. Authority/responsibility and Freedom:

(a) Obligation to the Ministry (decision are delayed due to clearance)	5	4	3	2	1
(b) Obligation to the World Bank/Donor (Decision delayed due to clearance)	5	4	3	2	1
(c) Decision making capacity and scope	5	4	3	2	1

4. Monitoring and Supervision:

(a) Monitoring system of NNP	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(b) Inspection by NNP official	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(c) Accountability of NGOs to NNP (is there any system)	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(d) Authority of the District and Upazila level official to supervise the program (Is there any or they Know it)	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>

5. Design and extensiveness of the program:

(a) Program design is good/scope for revise	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(b) Extensiveness of the program	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(c) Benefits of the program	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>

6. Participation:

(a) Scope of participation in the decision making process by NNP official	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(b) Their opinion valued duly	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>

7. Accountability:

(a) Regular evaluation by MoH&FW	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(b) Are there any separate monitoring unit for this program in the MoH&FW	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(c) Accountability system for NNP officials.	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>

8. Program Support:

(a) Special measure from MoH&FW	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(b) Provision for skill development to the officials	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(c) Scope for continuing duty by skilled officials	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>
(d) Orientation about program for the officials at their initial joining time.	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>

9. Attitudes:

(a) Ownership of the program by NPMU official	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(b) Views towards collaboration	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(c) Views towards program achievement to the nation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

10. Operation plan

(a) Operation plan is adequate to run NNP activities smoothly	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(b) Is revise necessary for smooth running of the program.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Name of the Respondent :

Designation :

Name of the organization :

Date :

Focus Group Discussion

Community Involvement

Community:

(1) Beneficiaries under a CNC

Adolescent girls

- Newly wed couple
- Pregnant women
- Lactating mother
- Adolescent boys
- Father-in-law forum
- Mother-in-law forum
- Parents of Adolescent girl/boys

2. CNCMC Members

3. UNMC Members

4. Village leaders

5. School Teachers

6. Women leaders

Religious Leaders

Discussion Points

➤ Knowledge about the program? কর্মসূচি সম্পর্কে তারা কি জানে?	
➤ Information about CNC? সামাজিক পুষ্টি কেন্দ্র সম্পর্কে কি জানে?	
➤ Knowledge about the services provided by CNC? সামাজিক পুষ্টি কেন্দ্রের সেবা সম্পর্কে কি জানে?	
➤ Do they know the CNP/Pusti Apa? তারা কি পুষ্টি আপাকে চিনে?	
➤ Is service provided by CNC good for them? সামাজিক পুষ্টি কেন্দ্রে কি তাদের জন্য ভাল কিছু করতে পারছে?	
➤ Willingness of establishing CNC at their houses without rent? ➤ বিনা ভাড়া সামাজিক পুষ্টি কেন্দ্র স্থাপনে তাদের ইচ্ছা?	
➤ Is CNC capable of providing required service?	

সামাজিক পুষ্টি কেন্দ্র কি প্রয়োজনীয় সেবা প্রদানে সক্ষম?	
➤ Can CNP provide required service? সি.এন.পি তাদের প্রয়োজনীয় সেবা প্রদান করতে সক্ষম কিনা?	
➤ Is there any scope for them to participate in CNC affairs? CNC কার্যক্রমের বিষয়ে তাদের অংশগ্রহণের সুযোগ আছে কিনা?	
➤ Are their opinion evaluated properly? তাদের মতামত কি যথাযথভাবে মূল্যায়িত হয়?	
➤ Are there any difference between the service provided by CNP and health and family planning worker? সিএনপি'র কাজ কি স্বাস্থ্যকর্মী ও পরিবারপরিকল্পনা কর্মীর কাজের চেয়ে ভাল এবং তাদের প্রয়োজন সময় পাওয়ায় যায় কিনা?	
➤ How many people are actually going to CNC for service on an average per day? প্রকৃত পক্ষে কত সংখ্যক লোক গড়ে প্রতিদিন সিএনসি তে সেবার জন্য যায়?	
➤ Who provides service to the CNC? কার পক্ষ হতে সিএনসি তে সেবা প্রদান করা হয়?	
➤ Does NGO provide better service than govt.? NGO কি সরকারের চেয়ে ভাল সেবা দিচ্ছে?	
➤ If CNC does not continue its service will there be any effect in the society? বর্তমানে সিএনসি হতে যে ধরণের সেবা প্রদান করা হয় তা না করলে সমাজে কি কোন প্রভাব পড়বে?	

CNCCMC

UP Members

1. Have they got any formal written authority to preside over the CNCCMC. সিএনসিএমসি সভা পরিচালনার জন্য তারা লিখিত কোন নির্দেশনা পেয়েছে কিনা?	
2. Have they seen the list the committee member or they know all committee members তারা কি কখনো সিএনসিএমসি কমিটির পূর্ণাঙ্গ তালিকা দেখেছে বা সকল সদস্য/সদস্যকে চিনেন?	
3. Have the members got any formal letter from NNP/NGO regarding their chairmanship?	

সিএনসিএমসি এর সভাপতি হিসাবে তাদের মনোনয়ন সংক্রান্ত বিষয়ে তারা কোন চিঠি পেয়েছেন কিনা এনএনপি বা এনজিও এর পক্ষ হতে?	
4. Have they got Training /Orientations about the CNCMC/the program from NNP/NGO? CNCMC বা কর্মসূচি সম্পর্কে তা এনএনপি বা এনজিও এর পক্ষ হতে কোন ট্রেনিং/ওরিয়েন্টেশন পেয়েছেন কিনা?	
5. Has Union Parishad provided any guideline to them about CNCMC? CNCMC সম্পর্কে ইউনিয়ন পরিষদ তাদের কোন নির্দেশনা দিয়েছে কিনা?	
6. Are the NGO worker/CNPs communicate with them duly to hold the monthly CNCMC meeting or other issues about the program.? NGO কর্মী/সিএনপি মাসিক সিএনসিএমসি সভা অনুষ্ঠান বা কর্মসূচির অন্যান্য বিষয় সম্পর্কে তাদের সাথে যোগাযোগ করে কিনা?	
7. How many formal meeting with the presence of maximum member she/he presided over? অধিকাংশ সদস্যদের উপস্থিতিতে তিনি কতটি সভা পরিচালনা করেছেন?	
8. Do you know about the expenditure to conduct a meeting? সভা পরিচালনার খরচ সম্পর্কে কিছু জানেন কিনা?	
9. Do they have clear idea about the program/service provided by CNC? সিএনসিতে প্রদত্ত সেবা/কর্মসূচি সম্পর্কে তাদের স্পষ্ট ধারণা আছে কিনা?	
10. Do they have any accountability for their job to any authority? তাদের দায়িত্বের জন্য তাদের কারো নিকট কোন জবাব দিহিতা করতে হয় কিনা?	

FGD with Local Govt. bodies

Participants

1. UP Chairman
2. UP Member

Probable question

i. Are there any delegated authority to the union parishad to control and supervise the CNC activities? CNC তে সম্পাদিত কার্যাবলী তদারকি ও সহযোগিতা প্রদানের জন্য ইউনিয়ন পরিষদের নিকট সুনির্দিষ্ট লিখিত দায়িত্ব প্রদান করা হয়েছে কিনা?	
ii. Has there any formal letter been sent to them from NNP	

<p>describing their jobs and responsibilities?</p> <p>ইউনিয়নের পরিষদের করণীয় সুনির্দিষ্ট করে এনএনপি থেকে ইউনিয়ন পরিষদের নিকট কোন আনুষ্ঠানিক পত্র প্রদান করা হয়েছে কিনা?</p>	
<p>iii. Have they got Training/Orientation by NNP/NGO about the program?</p> <p>কর্মসূচি সম্পর্কে তারা কোন প্রশিক্ষণ/অরিয়েন্টেশন পেয়েছে কিনা?</p>	
<p>iv. Does the NGO duly communicate with them?</p> <p>NGO কি তাদের সাথে যথাযথ যোগাযোগ করে?</p>	
<p>v. Are they accountable to any authority for this program?</p> <p>এ কর্মসূচির জন্য তাদের কারো নিকট জবাবদিহি করতে হয় কিনা?</p>	
<p>vii. What are the major problems of the program in their view?</p> <p>তাদের দৃষ্টিতে এ কর্মসূচির সমস্যা/দুর্বল দিকসমূহ কি?</p>	

Discussion with UNO and UHFPO about the UZNMC and the Program

<p>1. Is there any formal written delegated authority to the UNO from NNP or MoHFW to conduct UZNMC meeting and other things about the program?</p> <p>UZNMC সভা পরিচালনা ও কর্মসূচির অন্যান্য বিষয় সম্পর্কে এনএনপি বা স্বাস্থ্য মন্ত্রণালয় হতে কোন নির্দেশনা তারা পেয়েছেন কিনা?</p>	
<p>2. Have they got any official TOR about UZNMC form NNP</p> <p>NNP হতে কোন লিখিত TOR তারা পেয়েছেন কিনা?</p>	
<p>3. Does the implementing NGO communicate properly with him about the program?</p> <p>বাস্তবায়নকারী এনজিও তাদের সাথে নিয়মিত যোগাযোগ রাখে কিনা?</p>	
<p>4. Does the implementing NGO accountable to UZNMC?</p> <p>দায়িত্বরত এনজিও সমূহের UZNMC এর প্রতি কোন দায়বদ্ধতা আছে কিনা?</p>	
<p>5. Are there any provision of accountability for them to any authority for their responsibility?</p> <p>তাদের দায়িত্বের জন্য কোন কর্তৃপক্ষের নিকট তাদের জবাব দিহিতা করতে হয় কিনা?</p>	

DNMC

Discussion with D.C & Civil Surgeon

Is there any written authority to the DNMC or Deputy Commissioner to conduct the DNMC Meeting and look after the program? জেলা পুষ্টি ব্যবস্থাপনা কমিটির সভা পরিচালনা ও কর্মসূচি দেখাশোনার জন্য জেলা প্রশাসকদের/জেলা পুষ্টি ব্যবস্থাপনা কমিটিকে কোন সুনির্দিষ্ট দায়িত্ব/ক্ষমতা দেয়া হয়েছে কিনা?	
Is there any provision to make NGO accountable to them? NGOসমূহকে তাদের নিকট accountable করার কোন ব্যবস্থা আছে কিনা?	
Are they accountable to any authority for their responsibility? তাদের দায়িত্ব পালন সংক্রান্ত বিষয়ে তারা কারো নিকট দায়বদ্ধ কিনা?	

Discussion with

CNO, CNP, FS, UM of NGO

1. What sort of service they are providing and who are their client? তারা কি ধরনের সেবা প্রদান করে থাকে এবং তারা কাদের সেবা প্রদান করে থাকে?	
2. Do they get proper training to run their job properly? তাদের দায়িত্ব সঠিকভাবে পালনের জন্য তারা যথাযথ প্রশিক্ষণ পেয়েছেন কিনা?	
3. Do they get all logistics in time? (Forms/register/weighing machine/medicine etc)	
4. Do their job/responsibility are well defined? তাদের দায়িত্ব ও কর্তব্য কি সুনির্দিষ্টভাবে বর্ণিত আছে।	
5. Whom they are accountable for? তারা কাদের নিকট কিভাবে কাজের জন্য জবাবদিহিতা করেন?	
6. Do NGO officials/UM frequent visit them? এনজিও কর্মকর্তা ইউএম কাদের কেন্দ্র নিয়মিত পরিদর্শন করে কিনা?	
7. Is there any scope to discuss about problem? তাদের সমস্যাসমূহ নিয়ে আলোচনার সুযোগ আছে কেমন?	
8. Do they face any problem from the community people/local govt. bodies? তারা কি সংশ্লিষ্ট স্থানীয় লোকজন বা ইউনয়ন পরিষদের পক্ষ হতে কোন সমস্যায় পড়েন।	
9. Do they get their remuneration regularly? তারা কি তাদের সম্মানী নিয়মিত পান?	
10. Are they satisfied with their present remuneration?	

তাদের বর্তমান সম্মানী নিয়ে তারা কি সন্তুষ্ট?	
11. What are the main problem of CNC ? CNC তে বিদ্যমান সমস্যাসমূহ কি?	
12. How many people visit CNC on an average? গড়ে প্রতিদিন লোক CNC তে আসেন?	

Discussion with NGO official

(ED, Director, program manager, p. c. etc.)

- Organization structure
- The programs they are implementing
- Their objectives/thinking about nutrition
- How do they feel about NNP for improvement of Nutrition
- Their ideas /feelings about Govt./NGO collaboration
- What are the positive side of these collaboration program - specific
- What are the negative side of these collaboration program -specific
- Can they provide their service more efficiently if resources provide to them without Govt. monitoring.
- What sort of problem the program now facing.
- How do they monitor/supervise the program
- Controlling/accountability system of the NGO.
- Training/motivational program for their staffs.
- How do they fall about the monitoring system/supervision method of the program by NNP
- Can audit make them accountable to their expenditure
- Can NNP competent enough to provide all kinds of logistics in time and make accountable to them run the program duly.
- Is there any local level monitoring/accountability of this program
- Is it possible by NNP to supervise different NGO programs in different Upazila's from Dhaka office
- What are their specific suggestions to improve the implementation at the program?

Discussion with NNP official
(ED, Director, Deputy Director/Assistant Director etc.)

1. How NNP is managed
2. How many NGOs are working with NNP?
3. The NGO selection process
4. Contract with NGO
5. Fund release to NGO
6. Audit
7. How do NNP monitor and supervise
8. Is there any local level monitoring and supervising mechanism for the program
9. If what is that if not
10. Could NNP efficiently supervise the all NGO activities in different upazilas from Dhaka.
11. What are their feelings or the reality of NGO implementing program.
12. Are the NGOs are more capable to provide services to the people then government.
13. Do they make NGO accountable for any kind of wrong doing
14. Is there any instance of corrective punitive measures
15. Can NGO mobilize all relevant parties with this program.
16. Do they have any feed back from the community about the program.
17. What is their opinion about the cost effectiveness of the program
18. What are there feeling about NGO capability.
19. NGO's are committed to provide the service for the welfare of the people or they are playing a managing role to satisfy all the parties and conducted eye wash implementation
20. Is it possible to provide the same service by Government relevant departments (i.e IPHN, Heath, Family Planning)
21. Can NNP make any significant improvement in the nutrition sector of the program area. Is there any specific study.

Discussion with MoH&FW officials

1. Status of NNP under HNPSP
2. Present NNP implementing procedure
3. Observations by MoH&FW
4. Co-ordination among the parties
 - Implementing Agency
 - Development Partners
 - Different Ministries
5. Monitoring system of the Ministry for smooth implementation of the project.
6. Limitations of MOH&FW

Annex 2.

Survey Sample

Implementing Agency (NNP) overall analysis

Selecting Implementing NGO two (HEED, Bangladesh, SARD) overall analysis

Survey area; One Upa zilla for each NGO, Muradnagar (HEED, Bangladesh) Kuliarchar (SARD)

Three Union from each Upazilla and 4CNC from each union

District	Upazilla	Union	CNC
Comilla	Muradnagar	1. No 13, Muradnagar proper	CNC No 293,285, 282, 296
		2. No 2, Aukubpur	CNC No 43, 72, 74, 54.
		3. No 22, Tonki	CNC No 539, 538,541,535.
Kishorgonj	Kuliarchar	1. No 2 Ramdi	CNC No 47,48,62,58.
		2. No 11 Faridpur	CNC No 144,146,141,146.
		3. No 5 Soyshoti	CNC No 28,16,25,18.

NNP at a glance, Annex 3.

Profile of NNP Upazilas where NGOs Implementing ABCN Activities of NNP

Sl. No.	Name of NGOs	Area Package	Name of District	Name of Upazilla	Population as per HH Survey 2004	No. of HH 2004	No. of CNP/CNC	Number of CNO	Number of Union	Number of FS
1	V O S D	3	Chandpur	1.1 Faridganj	414170	82877	370	37	16	10
2				1.2 Haimchar	126772	27790	122	12	6	3
3				1.3 Hajiganj	312853	59708	269	27	10	7
*4		15	Jhalkhathi & Barisal	2.1 Jhalkhathi Sadar	245920	49184	191	19	9	5
*5				2.2 Barisal Sadar	286927	54324	198	22	10	5
*6				2.3 Gouranadi	211191	42214	128	14	7	4
7				2.4 Kathalia	152870	30532	128	13	6	4
8				2.5 Nalchity	234544	47530	211	21	10	6
9				2.6 Razapur	176500	35750	150	15	6	4
*10		11	Chandpur & Laxmipur	3.1 Chandpur Sadar	371250	66040	312	31	14	8
*11				3.2 Matlab South	219347	39398	167	17	14	5
*12				3.3 Matlab North	313105	56457	243	24	8	6
*13				3.4 Laxmipur Sadar	592258	118106	630	63	18	16
14				3.5 Raipur	142946	52246	229	23	7	6
15				3.6 Ramgoti	462101	87937	359	36	12	9
*16		22	Chandpur, Munshingonj, Faridpur & Barguna	4.1 Kachua	335544	60866	338	34	12	9
*17				4.2 Tongibari	216013	39563	226	23	12	6
*18				4.3 Modhukhali	189973	40745	146	15	9	4
*19				4.4 Amtali	274539	61045	224	27	10	7
Sub-total VOSD				19	5278823	1052312	4641	473	196	124
*20	S H E D	13	Chittagong	5.1 Fatikchari	486710	87617	360	39	20	10
21				5.2 Bashkhali	439839	77094	350	35	15	9
22				5.3 Anowara	272430	50046	240	24	10	6
23				5.4 Hathazari	369981	64013	351	35	15	9
*24		14	Cox's Bazar	6.1 Chokoria	410327	69514	348	35	21	9
*25				6.2 Pekua	156035	27291	134	13	7	4
*26				6.3 Ramu	225102	37647	207	22	9	6
*27				6.4 Teknaf	221219	37126	169	22	6	6
28		6	Bagerhat	7.1 Mollar hat	123933	25370	123	12	7	3
29				7.2 Fakirhat	139513	29747	130	13	8	4
30		8	Lalmonirhat & Nilphamari	8.1 Hati Bandha	219735	50999	172	17	10	5
31	8.2 Kaligonj			235465	55456	189	19	8	5	

Sl. No.	Name of NGOs	Area Package	Name of District	Name of Upazilla	Population as per HH Survey 2004	No. of HH 2004	No. of CNP/ CNC	Number of CNO	Number of Union	Number of FS
32				8.3 Patgram	191440	41818	155	16	6	4
33				8.4 Aditmari	211178	49641	161	16	8	4
*34				8.5 Lalmonirhat Sadar	266937	58591	259	26	9	7
*35				8.6 Dimla	253600	52959	216	22	10	5
Sub-total SHED		16			4223444	814929	3564	366	169	96
*36	T M SS	20	Bogra, Natore & Sirajgonj & Sirajganj	9.1 Adamdighi	161133	36319	129	13	6	4
*37				9.2 Sherpur	282857	66101	212	21	9	6
*38				9.3 Sariakandi	229971	50272	203	20	13	5
*39				9.4 Nator Sadar	355770	85261	316	35	12	8
*40				9.5 Sirajgonj Sadar	399193	82255	417	42	10	11
*41		21	Rangpur, Kurigram & Panchagar Kurigram & Panchagar	10.1 Tetulia	111441	24469	74	8	7	2
*42				10.2 Boda	221778	48373	166	20	10	5
*43				10.3 Rowmari	190829	40378	144	14	5	4
*44				10.4 Mithapukur	520682	132058	480	48	17	8
*45		23	Faridpur, Moulavibazar, Magura, Barisal, Bogra & Chandpur	11.1 Faridpur Sadar	334149	64146	216	22	11	6
*46				11.2 Rajnagar	216933	35983	181	18	8	5
*47				11.3 Mohammadpur	198847	37930	160	16	8	4
*48				11.4 Banaripara	153684	31274	144	16	8	4
*49				11.5 Gabtoli	316680	75405	193	19	10	5
*50				11.6 Shahrasti	229030	39268	130	13	9	4
51		4	Bogra	12.1 Dhunat	289446	71842	263	26	10	7
52				12.2 Dubchachia	162927	42683	158	16	6	4
53				12.3 Shibganj	362905	93207	333	33	12	9
54				12.4 Sonatala	193775	43432	155	15	6	4
Sub-total TMSS		19			3223583	703545	4074	277	116	68
*55	VA RD	12	Comilla, Sunamganj & Moulavibazar	13.1 Chaddagram	408484	74034	385	39	14	10
*56				13.2 Sunamganj Sadar	347321	65458	316	32	14	8
*57				13.3 Kulaura	393249	69923	340	31	16	8
*58				13.4 Sreemangal	273589	51418	227	23	9	6
59				13.5 Chandina	303245	67648	282	28	12	7
*60		16	Perojpur & Khulna	14.1 Dacobe	165976	29616	151	18	10	5
*61				14.2 Batiaghata	146044	30522	113	13	7	4
62				14.3 Perojpur Sadar	169830	38483	233	23	10	6
63				14.4 Swarupkathi (Nasirabad)	207284	44960	206	21	10	6

Sl. No.	Name of NGOs	Area Package	Name of District	Name of Upazilla	Population as per HH Survey 2004	No. of HH 2004	No. of CNP/ CNC	Number of CNO	Number of Union	Number of FS
*64		19	Mymensingh, Gazipur & Narshindi	15.1 Bhaluka	316289	76648	323	33	11	9
*65				15.2 Kapasia	345778	72199	359	36	11	9
*66				15.3 Monohordi	408416	59223	205	22	11	6
*67				15.4 Shibpur	294609	56966	174	18	9	5
*68				15.5 Narshindi Sadar	425127	81763	326	34	14	9
Sub-total VARD		14			4205241	818861	3640	371	158	98
*69	SARD	18	Kishorganj, Jamalpur & Sherpur	16.1 Bhairab	170493	29907	165	19	6	4
*70				16.2 Nikli	125220	26691	111	11	6	3
*71				16.3 Kuliarchar	148468	29605	150	17	7	3
*72				16.4 Tarail	160604	30506	138	16	7	4
*73				16.5 Nakla	195940	46734	187	19	9	5
*74				16.6 Jamalpur Sadar	451336	105252	471	47	15	12
*75				17	Magura & Khulna	17.1 Sreepur	163335	32337	109	11
*76	17.2 Dumuria	135965	28776			189	19	14	5	
*77	17.3 Rupsha	185500	37708			133	15	5	4	
*78	17.4 Fultala	120111	25925			120	12	3	3	
79	17.5 Salikha	153942	33214			139	14	7	4	
80	17.6 Magura Sadar	303242	60541			301	30	13	8	
Sub-total SARD		12			2314156	487196	2213	230	100	58
81	SGS	2	Gopalganj	18.1 Kashiani	244266	50881	212	21	14	7
82				18.2 Kotalipara	268865	51125	213	21	12	7
83		1	Faridpur	19.1 Boalmari	242817	52421	200	20	11	5
84				19.2 Alfadanga	111411	21435	96	10	6	3
85				19.3 Char Bhadrason	66678	14382	73	7	4	2
86				19.4 Nagar Kanda	346360	74834	279	28	17	7
Sub-total SGS		6			1280397	265078	1073	107	64	31
87	UJMS	5	Pabna	20.1 Sathia	326229	72802	299	30	11	8
88				20.2 Afgharia	135440	31845	130	13	5	4
89				20.3 Iswardi	213477	49514	251	25	7	7
Sub-total UJMS		3			675146	154161	680	68	23	19
90	HEED	7	Moulavibazar & Comilla	21.1 Komalganj	227640	52823	203	20	9	5
91				21.2 Barolekha	302667	53995	211	21	12	6
92				21.3 Moulvibazar Sadar	331091	62599	252	25	12	7
93				21.4 Muradnagar	766352	141021	551	55	21	10
94		9	Sariatpur	22.1 Goshairhat	142217	28599	120	12	7	3
95				22.2 Naria	229439	48162	222	22	15	6
96				22.3 Sariatpur Sadar	162340	32407	169	17	10	5

Sl. No.	Name of NGOs	Area Package	Name of District	Name of Upazilla	Population as per HH Survey 2004	No. of HH 2004	No. of CNP/ CNC	Number of CNO	Number of Union	Number of FS
97				22.4 Zanjira	197571	38263	164	16	12	4
*98				22.5 Bhadergonj	260534	47437	177	21	10	6
*99				22.6 Damudia	105535	20594	85	10	7	3
Sub-total HEED			10		2725386	525900	2154	219	115	55
100	BEES	10	Faridpur Madaripur & Gopalgonj	23.1 Mukshedpur	312886	59146	281	28	17	7
*101				23.2 Gopalgonj Sadar	325166	61780	240	26	21	7
*102				23.3 Tungipara	90985	17195	123	14	5	4
*103				23.4 Sadarpur	190513	42972	152	15	9	4
*104				23.5 Bhanga	273017	52148	195	24	12	6
*105				23.6 Madaripur Sadar	322475	61595	216	25	18	7
Sub-total BEES				6		1515042	294836	1207	132	82
Grand Total			105		2544121	5116818	23246	2243	1023	584

According to a conceptual framework developed by UNICEF, the underlying causes of malnutrition in Bangladesh as elsewhere in the world can be categorized as follows:

- Household food in security resulting in inadequate dietary intake of energy potential , vitamin A, iodine, iron and other micronutrients.
- In appropriate household feeding eating personal hygiene, caring and health care seeking behavior, particularly for pregnant women, mothers and children; and
- An unhealthy physical environment and insufficient access to health care services exacerbated by lack of knowledge and awareness about a healthy way of life.

National Nutrition policies

Directly pertinent to Nutrition, there are currently two National Policy documents in Bangladesh. There are National Food and Nutrition policy (May 1997) and the National plan of Action of Nutrition (HPAN) September 1997) and both are inter sectoral in nature.

Purpose and objectives of NNP

The purpose of NNP is to achieve sustainable improvements in birth weights and in nutrition status of Vulnerable groups through adoption of new behaviors and appropriate use by individuals and households of nutrition services that are in everlastingly managed by local

communities. Nutrition's sub-sector objectives of be achieved through NNP were formulated as follows:

In Upazilas brought under area based community nutrition interventions:

- Severe protein-energy malnutrition (WAZ<3) in children under two reduced to 5%
- Moderate protein energy malnutrition (=3WAZ<-2) in children under two reduced to 30%
- Weight gain during pregnancy increased to > 9 kg in 50% of pregnant women.
- Incidence of low birth weight (<2500g) reduced to us then 30%
- prevalence of anemia among adolescent girls and pregnant women reduced by one third

At the national level

- Prevalence of night blindness among children age 1 to <5 years
- Prevalence of iodine deficiency redeemed to 50%,

NNP components

NNP has three components:

- Area based community nutrition interventions that will offer high impact nutrition services targeting children under the age of 2, adolescent girls and pregnant and lactating women and which are implemented through contracts with selected NGOs.
- Nation-level nutrition interventions; and
- Project support and institutional development

The NNP has multi-sect oral approach program, core program which is responsible for above stated components and there food security sub program.

(i) House hold food security through Nutrition gardening (HFSNG) under Ministry of Agriculture

(ii) Poultry for Nutrition (PFN) under Ministry of Fisheries and Live Stock.

(iii) VGD-NNP implementation collaboration program under Ministry Of Women And Children Affairs.

Annex-4

HEED Bangladesh National Nutrition Program (NNP) at a glance

Introduction

National nutrition program (NNP) has been implementing different programs related to health & Nutrition issues under Health, nutrition and Population Sector Program (HNPS) of the Ministry of Health and Family Welfare. The overall objective of NNP is to achieve a sustainable improvement in the birth weight and nutritional status of vulnerable groups (Women & Children) through adoption of behavioral change and proper utilization of health care system by individuals and households involving local community. The program focuses on Area based Community Nutrition (ABCN) interventions which are being implemented by HEED Bangladesh in 10 Upazilas of 3 Districts of 3 Division.

The services of the program are being provided from a Community Nutrition Centre (CNC) established to serve on an average of 26,06,802 population. About 2,154 Community Nutrition Promoter (CNP), 219 Community nutrition Organizer (CNO) and 59 field supervisors provide services at the field level under guidance of Upazila manager, HEED Bangladesh and NNP officials.

Location of the Program & Number of Staff

Name of District	Name of Upazila	No of Union	No of P.Sava	Total No of Staff & Volunteers							
				UM	AC	FS	SS	MLSS	CNO	CNP	WGM
Comilla	Muradnagar	22	00	01	01	14	01	01	55	551	3,306
Moulvibazar	Moulvibazar Sadar	12	01	01	01	07	01	01	25	252	1,512
	Kamalganj	9	01	01	01	05	01	01	20	203	1,218
	Baralekha	12	00	01	01	06	01	01	21	211	1,266
Sariotpur	Sariotpur Sadar	11	01	01	01	05	01	01	17	169	1,014
	Naria	15	01	01	01	06	01	01	22	222	1,332
	Zazira	12	01	01	01	04	01	01	16	164	984
	Gosaerhat	7	01	01	01	03	01	01	12	120	720
	Damuddia	7	01	01	01	03	01	01	10	85	510
	Bhedergonj	13	01	01	01	06	01	01	21	177	1,062
Total	10	120	08	10	10	59	10	10	219	2,154	12,924

Target Beneficiaries of the Program

During the year in our Upazila we have covered 26, 06,802 population, 3, 71,077 household, 4, 00,555 beneficiaries by 2,154 Community Nutrition Centre.

Name of Upazila	No of Population	No of Household	No of Beneficiaries					No of Total CNCs
			Under 2 Children	Adolescent	Newlywed Couple	Pregnant Women	Lactating Mother	
Muradnagar	6,73,775	1,28,678	29,348	47,536	5,307	8003	6274	551
Moulvibazar Sadar	3,05,378	44,963	13,240	21,312	2,576	3443	2931	252
Kamalganj	2,33,824	43,966	10,563	16,591	1506	2775	1763	203
Baralekha	3,06,899	54,118	13,614	23,760	2777	3654	3232	211
Sariotpur Sadar	1,99,358	38,671	8,791	15,234	1758	2344	2127	169
Naria	2,56,114	48,325	11,532	19,892	2345	3024	2709	222
Zazira	2,04,267	38,274	9,115	14,851	021	2426	2018	164
Gosaerhat	1,49,053	28,108	6,707	11,626	1445	1788	1639	120
Damuddia	1,04,001	21,590	4,672	8,076	931	1252	1036	85
Bhedergonj	2,78,134	53,062	12,510	21,689	2673	3338	2781	177

Total	26,06,802	3,71,077	1,20,092	2,00,567	21,339	32,047	26,510	2,154
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Program Achievement during Last year

Out of 1, 20,092 registered children below two years of age, 1,17,649 were weighted in June 2007 and overall Growth monitoring and Promotion (GMP) coverage was about 97.97%. 2,050 Live new born babies registered and birth weighted of 2,018 babies was measured, the coverage being 98.44%.

Total 1,99,192 adolescent girls of age 13-19 years were enlisted. Total 8,616 forum out of targeted 8,530 (4 in each CNC in a month) were held in which 99 % (1,75,493) adolescent girls participated and were counseled about basic nutritional facts, reproductive health, life skills, delayed marriage, anti-dowry motivation etc.

Total 21,339 newlywed couples were registered as of June 2007. Through 2,154 sessions held in ten Upazila 92.56% (19,752) of the newly wed women were counseled about contraception, delayed pregnancy, reproductive health etc. They were also provided with Iron-Folate supplementation at the dose of two tablets per week.

In June 2007 total 32,047 pregnant women were registered, Out of them, weights 31,716 were monitored, the coverage being 98.97%. About 98.53% (31,575) pregnant women received Antenatal Care from different sources including Govt., Non-Government, Private etc. in ten Upazilas in the same month.

In order to ensure community participation different Nutrition Management Committees have been formed at different levels, which sit to review and guide the program. In the month of June 2007, 100% Union Nutrition management Committee meetings were held. More over 100% CNC Management Committee Meetings were held against the target.

Beneficiaries	Particulars	Target	Achievement	% of Achievements
Under 2 Children	Under 2 Children Registered	1,20,092	1,20,092	100%
	Under 2 Children Weighted	1,20,092	1,17,649	97.97%
Adolescent girls	Adolescent girls registered	2,00,567	2,00,567	100%
	Adolescent girls received iron foliate tablet	2,00,567	1,99,192	99.31%
	Adolescent girls received dewarming tablet	2,00,567	1,97,082	98.26%
	Adolescent girls attended forum meeting	2,00,567	1,75,493	87.50%
Newlywed couple	Newlywed couple registered	21,339	21,339	100%
	Newlywed couple received iron foliate tablet	21,339	20,898	97.93%
	Newlywed couple attended forum meeting	21,339	19,752	92.56%
Pregnant women	Pregnant women registered	32,047	32,047	100%
	Pregnant women weighted	32,047	31,716	98.97%
	Pregnant women received iron foliate tablet	32,047	31,764	99.12%
	Pregnant women received ANC	32,047	31,575	98.53%
Lactating mother	Lactating mother Registered	26,510	26,510	100%
	Lactating mother received iron foliate tablet	26,510	26,313	99.26%
	Lactating mother received vitamin A	26,510	25,955	97.91%
New born Baby	Live new born babies registered	2,050	2,050	100%
	Birth weighted	2,050	2,018	98.44%

Save Drinking water	Save drinking water used	26,06,802	22,13,868	84.93%
Sanitary latrine	Sanitary latrine used	26,06,802	21,01,528	80.62%
Arsenic	No of tubewel	1,93,277	1,93,277	100%
	Tubewel with arsenic	1,93,277	67,896	35.13%
	Tubewel without arsenic	1,93,277	1,24,803	64.57%
Management Committee Meeting	DNMC	3	3	100%
	UzNMC	10	10	100%
	UTNMC	10	10	100%
	UNMC	120	120	100%
	CNMC	2,154	2,154	100%

Annex-5

SARD - Profile

Name of Organization: **Society for Action Research and Development (SARD)**

Date of formation: 6 June 1986

Head Office address: 48 New Eskaton (1st Flr.), Dhaka 1000

Major Regional/Area Office (if any) and location: **Annex - A**

Legal Status (Registration Date (s), Number (s) and Registration Authority): Certificate enclosed: **Annex - B**

<i>Registration Number</i>	<i>Date</i>	<i>Registration Authority</i>
S-1163 (1)/87	27 January 1987	Joint Stock Companies
Dha-02078	08 October 1987	Dept. of Social Welfare
459	10 April 1991	NGO Affairs Bureau

Description of Organization:

History: Society for Action Research and development (SARD) is a non-profit, non political and non Government organization. It was established in 1986 at the initiative of some professional qualified social scientists and grassroots development workers.

Legal bodies: Society for Action Research and development (SARD) has two decision-making bodies: General Body (GB) and Executive Committee (EC). The Executive Director (ED) is the Chief Executive. Present staff strength is 2885. The target group are directly in touch with the Project Manager and Upazila Manager of a Project, the latter is responsible to ED. ED is responsible to GB and EC.

Goal and Objectives: To Alleviate poverty among the rural poor through their direct participation in human resource development, health and nutrition and income generating activities. SARD target groups include the landless poor; man and women in particulars, disadvantaged children and youth.

Field of Operation: Health and Nutrition, Non-formal Education, Human and Skill Development Training, Income Generating Activities, Water and Sanitation and Rehabilitation activities.

Methods: Social mobilization, Group formation, awareness building, saving generation, cooperation with village-based self-help groups, coordination with relevant Gos and NGOs.

Geographical Locations: Currently, SARD operates in 26 Upazilas of eight district: Tarail, Karimganj, Bhairab, Kuliarchar, Nikli & Kishoreganj Sadar of Kishoreganj district; Purbadhala of Natrakona district; Nandail, Gouripur, Trishal, Bhaluka, Fulbaria & Fulpur of Mymensingh district; Jamalpur sadar, Islampur, Malandaha & Sharisabari of Jamalpur district; Nakla of Sherpur district; Durgapur & Puthia of Rajshahi district; Magura Sadar, Salikha, & Sreepur of Magura district; Rupsha, Fultala & Dumuria of Khulna district.

Source of Fund: (1) MISEREOR (Germany), (2) APHD (Hongkong), (3) HCI-Canada through SAP-Bangladesh (Dhaka), (4) PKSFBangladesh Government. Foundation, (5) Food Relief international (USA), (6) Development Aid and Charitas Fund (UK), (7) Ministry of Health and Family Welfare (8) Ministry of Agriculture (9) Ministry of Fisheries and Livestock (10) World Bank (11) UNICEF (12) Concern- Bangladesh (13) NGO Forum,

Dhaka (14) BASIC-Bank, Dhaka (15) BRAC- Dhaka (16) BRAC-BANK (17) Own source etc.

Kuliarchar at a glance

Sl	Indicators	Number	%
1	No. of Union	6	
2	Project Staff	8	
	Upazila Manager	1	
	Field Supervisor	4	
	Project Accountant	1	
	Support Staff	1	
	MLSS	1	
3	No. of CNC	150	
4	No. of CNO	17	
5	No. of CNP	150	
6	Community Nutrition Center Management Committee (CNCMC)	150	
	Union Nutrition Management Committee (UNMC)	6	
	Upazila Technical Committee	1	
	Upazila Nutrition Management Committee	1	
7	No. of Household	30561	
8	Population	160637	
	Male	81935	
	Female	78702	
9	Registered <2 years children	7236	
	Weighted	6954	96.1
	Severe	851	12.2
	Exclusive breast feed	335	49.9
	No. of New born baby (July-Sep)'07	616	
	Newborn baby weighted (July-Sep)'07	607	98.5
	Low birth weight (LBW), July-Sep'07	45	7.4
	New born baby imbibe colostrums	616	100
10	Registered Pregnant	1926	
	Weighted pregnant women	1835	95.3
	Pregnant women under BMI (<18.5)	405	22.1
	Pregnant women under supplementary feeding	2768	17.2
	ANC coverage	1445	75.0
	Pregnant women received iron tablet	1835	95.3
11	Registered Lactating	832	
12	Registered Newly wed couple	790	
	Newly wed couple received iron tablet	606	76.7

Sl	Indicators	Number	%
13	Registered Adolescent girl	4997	
	Adolescent girl received iron tablet	3393	68
14	Registered Adolescent boys	5633	
15	No. of postpartum mother (July-Sep'07)	613	
	Postpartum mother received iron tablet	613	100
	Postpartum mother received Vitamin 'A'	613	100
16	Total under 2 years children referred (July-Sep'07)	124	
	Necessary measures taken	124	100
17	Total women referred (July-Sep'07)	101	
	Necessary measures taken	101	100
18	Weight gain during pregnancy period	563	
	<5 kg	59	10.5
	5-6.9 kg	133	23.6
	7-8.9 kg	241	42.8
	9+ kg	130	23.1