

# Government Relations Associate Program 2018-19

Case study: Evaluation of the policy and advocacy component of the Bangladesh Maternal, Infant and Young Child Nutrition (MIYCN) project



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## **A. Context**

### ***Over 2 million children in Bangladesh are anemic, stunting their development***

1 out of every 2<sup>1</sup> children between 6-59 months of age is anemic in Bangladesh, leading to serious consequences on their growth and development. A large philanthropic foundation interested in nutrition was immersed in conversations, attempting to reduce this by at least 10%.

### ***Home fortification with micronutrient powders as a means to fill nutritional gap***

Global Alliance for Improved Nutrition (GAIN)<sup>2</sup>, an influential global organization working in the nutrition sector, was running the Bangladesh Maternal, Infant and Young Child Nutrition (MIYCN) project along with the Government of Bangladesh (GoB). Started in 2013, the programme was intended to run for five years, focused on 170 sub-districts (33% coverage) with an aim to promote healthy practices for Infant and Young Child Feeding (IYCF). One of the ways this could be achieved was through appropriate and effective use of Home Fortification (HF)<sup>3</sup> with Micronutrient Powders (MNPs)<sup>4</sup> to help fill the nutritional gap. Having seen successful outcomes of HF with MNPs in other parts of the world, a philanthropic foundation decided to fund GAIN and help introduce the solution in Bangladesh. GAIN's other partners for the programme were Government of Bangladesh (Ministry of Health) and BRAC<sup>5</sup> for funding support, International Centre for Diarrhoeal Disease and Research (Bangladesh) and Cambridge Economic Policy Associates (CEPA) for research, and a leading pharmaceutical company, Renata, for manufacturing MNPs. This programme included the following components: policy and advocacy (P&A); setting up a supply chain and distribution channels; developing capacity of government workers for distributing the product and building awareness in the community on correct and effective use of MNP sachets.

### ***Strong need for policy & advocacy to get buy-in and support for home fortification***

The P&A component was essential to bring all the key stakeholders and influencers on the same page before and during the introduction of HF with MNPs, and ease out critical decision-making processes. The key objectives of this P&A component were:

1. To build government leadership and buy-in for HF as part of optimum IYCF
2. To generate enabling policy guidelines and political support for HF
3. To align and ensure that key stakeholders and civil society support and demand HF as part of optimum IYCF at the national level as well as district and below levels

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<sup>1</sup> Jahidur Rahman Khan, "Determinants of anaemia among 6–59 months aged children in Bangladesh: evidence from nationally representative data", 2016

<sup>2</sup> GAIN is an international organization that was launched at the UN in 2002 to tackle the human suffering caused by malnutrition; they are increasingly focusing on Bangladesh given the country's poor standards of nutrition in India

<sup>3</sup> Food fortification or enrichment is the process of adding micronutrients (essential trace elements and vitamins) to food. Here, fortification is undertaken by adding MNP sachet during preparation of food at home, thus it is called home fortification

<sup>4</sup> Micronutrient powder includes vitamins and essential trace elements such as iron to combat anaemia

<sup>5</sup> Building Resources Across Communities (BRAC), an international development organisation based in Bangladesh, is the largest NGO (in terms of employee strength) in the world

### ***Dalberg engaged to evaluate the policy and advocacy component of the program***

While GAIN was gaining traction on the P&A component by liaising with key stakeholders to make the ecosystem conducive for HF with MNPs, the foundation realised the importance of evaluating the outcomes of these activities to understand if the efforts were being made in the right direction or not, and what can be improved. Thus, the foundation commissioned a leading consulting firm in the sector, Dalberg Global Development Advisors (hereafter, “Dalberg”), in mid-2016 to conduct a strategic mid-line and end-line evaluation of the P&A component. The main evaluation question was: **“To what extent has the programme’s P&A component established HF with MNPs as a low risk, high priority intervention within a package of optimum IYCF practices in Bangladesh to enable its use at scale?”**. This learning could inform recommendations on future design and implementation of the programme, as well as on creating an enabling environment for HF.

### **B. Dalberg approach and questions for discussion**

#### ***Dalberg mapped main issues/ indicators corresponding to the objectives of P&A component***

<b>Key evaluation questions</b>	<b>Main issues/ indicators</b>
1) To what extent is there Government of Bangladesh (GoB) leadership, buy-in and support for HF with MNPs?	<ul style="list-style-type: none"> <li>• Political will and awareness of GoB on HF with MNPs, including support and capacity at local levels</li> <li>• Increase in budgetary support of HF with MNPs by GoB and other partners</li> </ul>
2) To what extent have relevant national nutrition legislation, policies, strategies and guidelines been enabling towards increased adoption and use of HF with MNPs?	<ul style="list-style-type: none"> <li>• Incorporation of HF with MNPs in existing and new legislations, policies, strategies and guidelines of the GoB and other partners</li> <li>• Harmonized messaging and focus on HF with MNPs in policies/ strategies across GoB departments and partners</li> <li>• Relevance, effectiveness, and sustainability of new/ revised policies related to HF with MNPs in the prevention and treatment of anaemia</li> </ul>
3) To what extent is there Civil Service Organizations (CSO) <sup>6</sup> / other stakeholder support/ demand for HF with MNPs at national/ local levels?	<ul style="list-style-type: none"> <li>• Advocacy for consensus building and demand creation amongst CSOs and other stakeholders for HF with MNPs</li> <li>• Strategic alliance and coalitions to advocate for HF with MNPs as a part of optimum IYCF at the global, national and sub-district levels</li> </ul>

#### ***Dalberg then delved into each of these sub-components through desk review, field visits and interviews, and relevant case studies, and key findings emerged***

##### **I. To what extent is there Government of Bangladesh (GoB) leadership, buy-in and support for HF with MNPs?**

While awareness and support among national level GoB stakeholders is on the rise, certain issues persist:

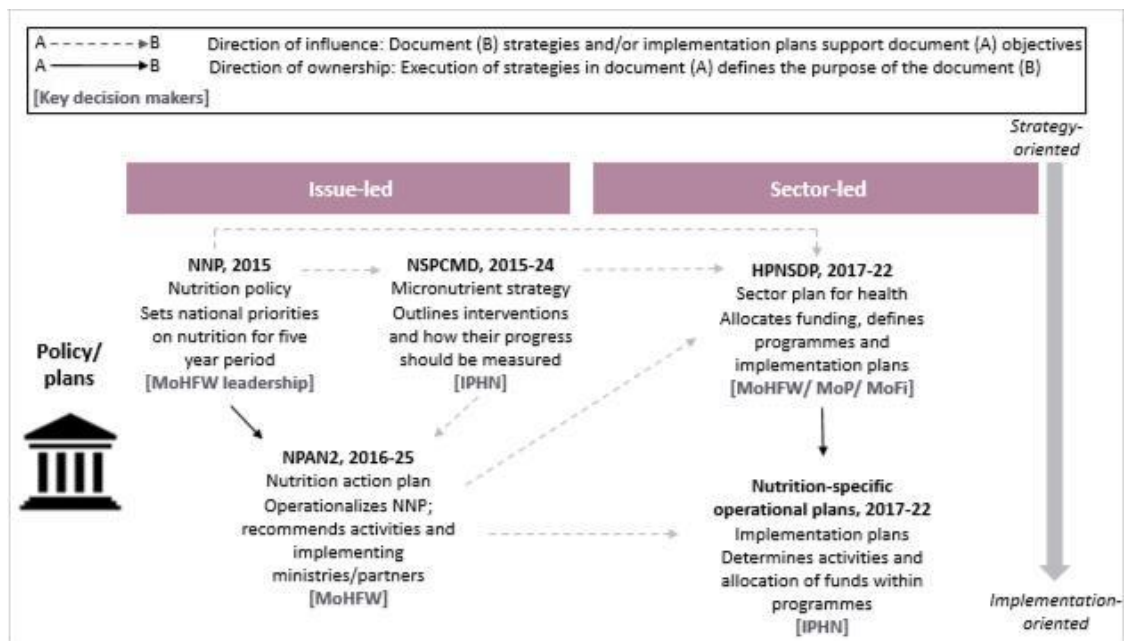
<sup>6</sup>The term CSO refers primarily to non-market, non-state organizations outside of the family in which people organize themselves to pursue shared interests in the public domain. Here, the term is used to describe these groups but also UN agencies, international NGOs and academic organizations.

- Specific support for MNPs from twelve nutrition-sensitive ministries remains limited. For example, while the Ministry of Planning was aware of HF with MNPs, Ministry of Industry and Ministry of Food had limited knowledge
- Several GoB stakeholders remain concerned about the idea that MNPs are being promoted as a standalone solution to child malnutrition, and that the evidence of MNP effectiveness on the long-term side-effects of usage has not been provided

**Question 1: What would you recommend the foundation and GAIN should do to secure complete buy-in and support from the government?**

**II. To what extent have relevant national nutrition legislation, policies, strategies and guidelines been enabling towards increased adoption and use of HF with MNPs?**

GAIN has effectively identified, understood and plugged into the various policy processes pertaining to nutrition in Bangladesh, and has been successful in infusing and elevating HF with MNPs within that broader context (see snapshot below, policy change value chain provided in exhibit A, and description of key policies under additional readings).



However, some concerns remain:

- Inconsistent messaging on appropriate dosage/ regimen of MNPs across major policies in the country results in stakeholders having less reliance and clarity on the solution
- Exclusion of HF with MNPs from annual budget allocations poses a threat to effective implementation of the solution

*Question 2: What would you recommend the foundation and GAIN should do to overcome these challenges?*

III. To what extent is there CSO / other stakeholder support and demand for HF with MNPs at national and local levels?

Dalberg

***Question 3: If you were to map CSOs/ other non-government stakeholders, on which dimensions would you plot them to understand which ones GAIN should focus their efforts on to get buy-in or ally with?***

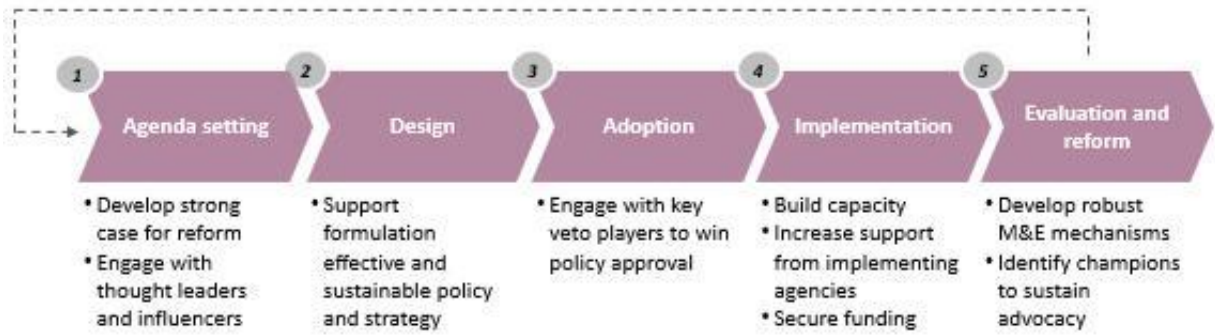
Although most CSOs and other non-GoB stakeholders now broadly agree that MNPs are effective, two large, influential organizations are still opposed to the idea of MNPs as they believe that food supplements are not a sustainable solution and may make people believe that providing nutritious/ organically grown food and breastfeeding are no longer as important.

***Question 4: What would you recommend the foundation and GAIN should do to obtain alignment of these opposing forces and generate demand for MNPs from key stakeholders?***

***Question 5: Are there any additional recommendations would you like to make to GAIN and the foundation around sustainability of their efforts?***

### C. Exhibits

Exhibit A: Policy change value chain



## D. Additional readings

- GAIN: Home Fortification in Bangladesh <http://www.gainhealth.org/knowledge-centre/project/bangladesh-miycn-home-fortification/>
- **Brief write-up on key nutrition policies**

The **National Nutrition Policy (NNP)** is a strategic document that outlines the country's broad objectives on nutrition. Those related to micronutrient deficiencies are elaborated in the **National Strategy for the Prevention and Control of Micronutrient Deficiencies (NSPCMD)**. This combines the strategic directives relevant to micronutrient deficiencies of several earlier GoB documents (e.g., National Strategy for Anaemia Prevention and Control in Bangladesh, 2007) into one comprehensive strategy. The NSPCMD includes micronutrient supplementation among the high-level strategies it recommends to combat micronutrient deficiencies over a ten-year period. It also describes some of the indicators that should be used to monitor national progress on reducing micronutrient deficiencies.

The NNP is operationalized in a multisector implementation plan, the **National Plan of Action for Nutrition (NPAN)**. The second edition of this, (NPAN2), is being finalized over the next two to three months and will run to 2024. This plan, which has been budgeted at USD 1.6 billion at a high level, outlines the sub-strategies and activities that should be used to achieve the NNP's objectives, along with the ministries and development partners responsible for each.

The national five-year plan and issue-led documents combine to guide the various medium-term sector plans released by ministries. The most relevant of these to HF with MNPs is the **Health Population Nutrition Sector Development Plan (HPNSDP)**, which is produced by the MoHFW every five years. This plan provides extensive detail on the sector's objectives and strategies, as well as the associated programmes to be implemented and the agencies responsible for them. Critically, the document is an indicator of how much funding the sector will receive from the Ministry of Planning and Ministry of Finance and sets target budgets for each programme within the plan. As such, it will be a clear marker of the extent to which the GoB prioritizes MNPs.

The execution of these programmes is currently organized into 32 **Operational Plans (OPs)**, each of which is led by a single implementing agency (e.g., IPHN). They provide a more detailed view of implementation plans for programme activities and the expenditure targets within them (including procurement plans). As discussed earlier, it is important to note that expenditure available for these OPs need to be negotiated into annual budgets and approved by senior GoB leaders including the Cabinet. This points to a need for continuous engagement and advocacy, to ensure HF with MNPs continue to remain squarely part of the GoB's plans and nutrition agenda.

- "Transform Nutrition Bangladesh Stakeholder Mapping Report" (2012)