The big idea: To reduce stunting through the power of collective impact, by leveraging CARE’s experiences and learnings on multi-sectoral nutrition from the Nutrition at the Center project.

Why stunting? Globally, 165 million children are stunted. Stunting changes the trajectory of a child’s life through its damaging effects on cognitive and physiological development, as well as the cumulative effects of intergenerational poverty and poor maternal and child nutrition. To tackle this issue, the Government of Bangladesh, as part of its Second National Plan of Action for Nutrition, has set the ambitious goal of reducing stunting by 25% by 2025.

How will CARE respond? Individual nutrition interventions, no matter how effective, cannot address such a pervasive problem. We must address this issue at a massive scale by bringing stakeholders together to work toward one mandate: to reduce stunting and thus position the next generation for a healthy future.

BACKGROUND

Bangladesh continues to experience a high burden of undernutrition in children under five years. The Lancet’s 2013 series-2 on Maternal and Child Nutrition indicated that, if implemented together at large scale, the 10 proven nutrition-specific interventions could only reduce stunting by 20.3%. Thus, a significant and sustainable reduction in stunting requires a combination of nutrition-specific and nutrition-sensitive interventions to address the underlying determinants of undernutrition. Accordingly, strengthening multi-sectoral coordination to improve nutrition is one of the core objectives of the Government of Bangladesh.

Nutrition at the Center Project

The Nutrition at the Center (N@C) project aimed to integrate nutrition into the existing community health system and promote multi-sectoral coordination to improve nutrition. N@C worked in two sub-districts in Sunamganj, aiming to reduce anemia in women (age 15-49 years) and stunting and anemia in children (age 0-24 months). The project piloted sub-district Nutrition Coordination Committees (UNCC’s) to facilitate and evaluate the methods and processes of operationalizing multi-sectoral coordination from the sub-district to the village level. These platforms convened multiple stakeholders, government representatives from nutrition-specific and sensitive sectors, and local government officials to address the causes of child undernutrition.

N@C Outcomes

Preliminary results comparing baseline and endline data indicate some improvements in terms of maternal and child nutrition, IYCF practices, WASH, and women’s empowerment in the N@C intervention area.
Baseline and endline survey results of Nutrition at the center:

**Figure 1. Maternal Health and Nutrition**

<table>
<thead>
<tr>
<th>Maternal Health &amp; Nutrition</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received ANC during last pregnancy</td>
<td>37.9%</td>
<td>90.5%</td>
</tr>
<tr>
<td>4+ ANC visits</td>
<td>22.5%</td>
<td>61.4%</td>
</tr>
<tr>
<td>Intake of IFA during last pregnancy</td>
<td>25.1%</td>
<td>48.3%</td>
</tr>
<tr>
<td>Intake of IFA for 90+ days during last pregnancy</td>
<td>16.7%</td>
<td>61.4%</td>
</tr>
<tr>
<td>Received PNC during last pregnancy</td>
<td>14.7%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Minimum Dietary Diversity (5+ food groups)</td>
<td>23.6%</td>
<td>59.1%</td>
</tr>
</tbody>
</table>

**Figure 2. IYCF Practice**

<table>
<thead>
<tr>
<th>IYCF Practice</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely Initiation of Breast Feeding</td>
<td>74.8%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Exclusive Breast Feeding</td>
<td>48.7%</td>
<td>69.0%</td>
</tr>
<tr>
<td>Timely Complementary Feeding</td>
<td>82.1%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Introduction of Solid/Semi-solid or soft food</td>
<td>82.5%</td>
<td>89.3%</td>
</tr>
<tr>
<td>Minimum Dietary Diversity</td>
<td>32.6%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Minimum Acceptable Diet</td>
<td>28.4%</td>
<td>69.0%</td>
</tr>
</tbody>
</table>

**Figure 3. Water, Sanitation, and Hygiene**

<table>
<thead>
<tr>
<th>Water, Sanitation, &amp; Hygiene</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main source of drinking water: Tubewell/Deep Tubewell</td>
<td>74.6%</td>
<td>98.6%</td>
</tr>
<tr>
<td>Toilet type: Pit latrine with slab/water</td>
<td>42.0%</td>
<td>72.0%</td>
</tr>
<tr>
<td>Hand washing with soap after toilet use</td>
<td>56.1%</td>
<td>88.7%</td>
</tr>
<tr>
<td>Hand washing with soap before feeding the child</td>
<td>9.1%</td>
<td>33.8%</td>
</tr>
</tbody>
</table>

**Figure 4. Children’s Nutritional Status**

<table>
<thead>
<tr>
<th>Children’s Nutritional Status</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting (0-35 mos)</td>
<td>33.4%</td>
<td>47.2%</td>
</tr>
<tr>
<td>Underweight (0-35 mos)</td>
<td>21.1%</td>
<td>35.6%</td>
</tr>
<tr>
<td>Wasting (0-35 mos)</td>
<td>10.0%</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

TRANSFORMING NUTRITION AT THE CENTER INTO SELF SUSTAINING INITIATIVE

District and sub-district level Nutrition Coordination Committees were included in the GoB’s Second National Plan of Action for Nutrition NPAN2 (2016-2025), with plans to scale up these platforms across the country.

One key learning from N@C was that single interventions cannot address malnutrition alone. Malnutrition must be addressed at a massive scale by bringing stakeholders together to work toward a shared mandate: to reduce malnutrition within our lifetimes. Moving forward, CARE proposes to leverage N@C programming experiences and create and coordinate actors at the national, sub-national and lower levels to implement multi-sectoral nutrition platforms for collective impact.

As such, CARE Bangladesh has recently launched the Collective Impact for Nutrition (CI4N) initiative, a three-years project that will run from June 2018 to December 2020.
Collective Impact for Nutrition (CI4N) will facilitate functionalizing the District Nutrition Coordination Committee (DNCC) and Upazila Nutrition Coordination Committee (UNCC) and promote the model of Multi-sectoral approach to improve nutrition. The project will facilitate the capacity building of stakeholders on operationalize multi-sectoral approach from district level to below as well as advocacy for collective efforts for nutrition.

**COLLECTIVE IMPACT FOR NUTRITION: KEY NUMBERS**

**Program Name:** Collective Impact for Nutrition (CI4N)  
**Country:** Bangladesh  
**Duration:** June 2018 – December 2020  
**Donor:** Sall Family Foundation  

**Target beneficiaries**  
~ 74,941 pregnant women  
~ 148,498 lactating women  
~ 148,498 children under two  

**Coverage:**  
CI4N will directly cover the 11 sub-districts of the Sunamganj district. Indirectly, this initiative will cover the entire country through national advocacy.

**GOAL**
Reduce malnutrition (stunting) among children <2 years by addressing the nutritional needs of pregnant and lactating women, adolescent girls, and children under 2 years of age.

**CI4N STRATEGIC OBJECTIVES AND ACTION**

<table>
<thead>
<tr>
<th>Strategic objectives</th>
<th>Outcome</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work at the national level to operationalize multi-sectoral nutrition platforms (DNCC &amp; UNCC).</td>
<td>Increased coordination and strengthened multi-sectoral nutrition platforms at the sub-national level.</td>
<td>CI4N initiatives will establish partnerships and MoU with BNNC, and IPHN. The project aims to support BNNC for effective implementation of multi-sectoral nutrition platforms at district and sub-district levels throughout the country with the overall technical guidance of Ministry of Health and Family Welfare. The CSA for SUN is also considered a key CI4N partner. CI4N will link local NGOs as General Committee (GC) members of SUN and build their capacity to strengthen the multi-sectoral approach to improve nutrition.</td>
</tr>
<tr>
<td>Adopt and ensure quality implementation of DNCC &amp; UNCC through collaboration with CARE FNS projects.</td>
<td>Established a Learning Practice Alliance (LPA) and Multi-sectoral Nutrition Working Group within CARE.</td>
<td>This will include developing a single platform to be used by multiple CARE Bangladesh internal FNS projects—leading to better coordination for sharing and planning, and more effective monitoring and follow up. This platform will provide continuous support in the operationalizing of Nutrition Coordination Committees at sub-national levels, by engaging the UDCCs, UP SCs, SNCs, Community Groups and Community Support Groups.</td>
</tr>
<tr>
<td>Generate evidence and facilitate knowledge sharing by establishing district model of CI4N.</td>
<td>Established a district model of collective impact for nutrition.</td>
<td>CI4N will facilitate and operationalize the multi-sectoral nutrition plan in Sunamganj. The initiative will also engage with NGOs, CORE Group, P-CSBA and private sector to establish a Collective Impact Group, building upon these groups’ work to further the collective approach to stunting reduction. The CI group will work together under a common agreed ToR. They will work together to establish strong coordination, share learnings, and support capacity building around implementing nutrition-specific and -sensitive programs in Sunamganj.</td>
</tr>
</tbody>
</table>
Reduced stunting among children <2 years

**CONCEPTUAL FRAMEWORK: CI4N**

**STRATEGIC PARTNERS OF CI4N**

**Collective Impact for Nutrition**

**Increased Advocacy at National level**

**Joint action by MSNP and CI group at sub-national level**

**Increased Community Engagement**

**EXPECTED OUTCOME**

**Favorable Policy, Adequate Resource Mobilization, Est. Nutrition Governance**

**Annual Nutrition Plan Proper Use of Resources and Enhanced Coordination**

**Ensure Engagement of Every Actor, Establish Bridge Between the Parties**

**Address Community Demand and Contribute to Mitigating Demand**

**Bridging Community with UP**

**Effective Mapping, Quality Service Delivery and Access to Nutrition Services**

**Multi-Sectoral Nutrition Approach**

**Platforms**

- National (Ministries, Civil Society)
- District Nutrition Coordination Committee (DNCC)
- Upazila Nutrition Coordination Committee (UNCC)
- Union Development Coordination Committee (UDCC)

**Stakeholders**

- BNNC, JPNN, UN, CSA for SUN, CBHE, BNNC Education, WA etc. + CARE FNS Projects
- District Admin, GOB Depts, NGOs, Private Sector, Media, UNCC Representatives
- Government Departments, NGO & Media Local Government, CSG Members
- UP Standing Committee, SAAP, HIFP Staffs, NGO’s & CSG Members
- UP Members, Representative from PEP and Women, CSG/CSG Members, Health & Agriculture Workers
- Key Community Gate Keepers: Natural Leaders Representation from all Social Actors.

**Functions**

- Policy Influence, Development of Monitoring & Supervision Tools, Coordination & Advocacy
- District Level Planning, Coordination, Monitoring & Supportive Supervision
- Planning, Budgeting Implementation, Monitoring & Accountability
- Health, Agriculture, Education, Wash, Disaster and Women’s Participation
- Subset of the Above and Resource Mobilization
- Demand Creation, Refer, Mobilization, PEP & Resource Mapping for Nutrition

**Multi-Sectoral Platform National Level**

**Multi-Sectoral Platform @District Level**

**Multi-Sectoral Platform @Upazila Level**

**Multi-Sectoral Platform @Union Level**

**Multi-Sectoral Platform @Community Level**

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