

Request for Application (RFA)

Country:	Bangladesh
Request for Application Number:	25-05-25
Title of RFA:	Sub-awardee for Transforming Lives Through Nutrition Project of Helen Keller International
Closing Date:	June 01, 2025
Closing Time:	11:59 pm Bangladesh Local Time

Applicants are encouraged to read this RFA in its entirety (including any and all attachments), paying specific attention to the instructions and requirements included herein. The issuance of this solicitation does not obligate Helen Keller International to issue an award or pay for costs incurred in preparing and submitting a proposal. All recipients of this RFA shall treat all information and details included herein as private and confidential.

I. OVERVIEW

Helen Keller International (Helen Keller Intl), an international non-governmental organization (headquartered in New York, NY, USA), with a country office in Bangladesh intends to enter into one or two subawards for the implementation of the project entitled, “Transforming Lives Through Nutrition (Transforming Lives)”. This is a Request for Application (RFA), and we welcome interested organizations to review the description of the work and criteria that follows and to submit an application by the closing time above.

Helen Keller Intl has been active in Bangladesh since 1978. The organization has supported the government's efforts to prevent blindness and conducted the first National Nutrition Blindness survey in the country. Over the years, Helen Keller Intl has provided technical assistance to government partners and many local NGOs in various regions of the country. This assistance has included building capacity in technical areas such as homestead food production, vitamin A supplementation, nutrition education, nutritional surveillance, and community-based rehabilitation of the blind and eye health. This capacity building process has also involved strengthening skills in monitoring and evaluation, financial management, behavior change communications, and community mobilization. Helen Keller Intl will shortly be awarded the Transforming Lives project to implement comprehensive nutrition-specific and nutrition-sensitive interventions in Bangladesh. The project aims to improve the nutritional outcomes of children under 5 years of age and pregnant and lactating women (PLWs).

Helen Keller Intl is seeking applications from qualified, eligible Bangladeshi organizations interested in providing the services described in this solicitation. Helen Keller Intl plans to award one or two subawards under this project. We estimate the activity costs will be between BDT 2.00-2.25 Crore over a 10-month period (with a possibility of extension of the partnership) for activities planned to be implemented in the sub-districts of Barishal Districts (Barishal Sadar and Babuganj).

II. PROJECTED OUTCOMES WISE INTERVENTIONS OF THE PROJECT

The project “Transforming Lives Through Nutrition” aims to enhance maternal and child health outcomes by increasing the coverage of both nutrition-specific and nutrition sensitive interventions during a child’s first 2000 days. The following are the project’s outcomes:

- Outcome 1: Increased coverage of antenatal/maternal supplementation interventions
- Outcome 2: Increased coverage of exclusive breastfeeding intervention (exclusive and continued)
- Outcome 3: Increased coverage of vitamin A supplementation and deworming
- Outcome 4: Increased coverage of nutritious diets for 2,000-day households
- Outcome 5: Increased coverage of effective treatment for acute malnutrition
- Outcome 6: Strengthened food and agriculture systems
- Outcome 7: Supply Chain and Small Market Enterprise
- Outcome 8: Strengthened enabling environment for water and sanitation hygiene.

A detailed results framework of the project is given in **Annex 1** for your reference.

The aim of this RFA is to provide support for the implementation of nutrition-specific and nutrition-sensitive interventions at the sub-district and community level, focusing only on **Outcome 2-6**. The proposed project is planned to be executed in sub-districts of Barishal Districts (Barishal Sadar and Babuganj). Applicants are encouraged to design effective technical approaches for the successful implementation of the interventions mentioned below, outlining a clear strategy for scaling up and sustainability for each outcome of the project.

Outcome 2: Increased coverage of exclusive breastfeeding intervention (exclusive and continued): The project will support functionalization of two existing breastfeeding (BF) corners at upazila health complexes through provision of essential resources such as breast pumps, handwashing stations, ergonomic chairs to support the best posture for breastfeeding, and Social and Behavior Change Communication (SBCC) materials. The project will organize 2 Sub-District level Consultation workshops to facilitate an enabling environment for exclusive breastfeeding. The project will train 50 community nutrition volunteers to support early initiation of breast feeding and correction of lactation practices at the community level. Community Nutrition Volunteers will also provide counseling to the lactating mothers on breastfeeding promotion and correct lactation practices to lactating mothers at the BF corner of Upazila Health Complex.

Outcome 3: Increased coverage of vitamin A and deworming interventions: To support the government in increasing the coverage of Vitamin A and Deworming interventions, the project will organize orientation for 100 government listed volunteers for Vit A campaign. The project will also support government campaigns by deploying community nutrition volunteers.

Outcome 4: Increased coverage of nutritious diets for 2,000-day households: The project aims to develop the capacity of 218 government frontline health workers (community health care providers, health assistants, family welfare assistants) and their first line supervisors on appropriate infant and young child feeding (IYCF)

practices. The project will also support functionalization of upazila and district nutrition coordination committees. The project will also train and equip 50 community nutrition volunteers on basic nutrition including appropriate complementary feeding. The project aims to reach 28,800 mothers and caregivers with courtyard session and 9,216 mothers and caregivers with cooking demonstration session at the community level to improve complementary feeding practices.

Outcome 5: Increased coverage of effective treatment for acute malnutrition:

The project aims to support functionalization of 2 SAM units in Upazila Health Complexes and organize training for service providers of SAM units in Upazila health Complexes on facility management of acute malnutrition. The project will also organize training for 218 government frontline health workers (community health care providers, health assistants and family welfare assistants) on identification and management of acute malnutrition. The project intends to conduct a mass MUAC screening among 29,585 children 6-59 months of age for identifying SAM and MAM cases. The project will refer the identified SAM and MAM cases to government health facilities for management and will also follow up at the household level. The project will support 55 families with SAM children with conditional cash transfers for completing hospital-based treatment. The project will organize joint supervision visits with sub-national level government officials.

Outcome 6: Strengthened food and agriculture systems: The project will identify and train 120 lead farmers on nutrition-sensitive and climate smart agriculture, integrated with ENA and EHA. The project will provide input support to establish demonstration farm on nutrition sensitive and climate smart agriculture to the lead farmers and conduct farmer gathering (field day) for result dissemination on nutrition sensitive and climate smart agriculture at community level. The project will also provide agricultural input support to 2,404 families having acute malnourished children.

A set of indicators are proposed under the project, which are listed in Annexure 2. Please follow the performance indicators for better designing of the technical approaches and achieving the targets of the mentioned outcomes.

III. ELIGIBILITY CRITERIA

This RFA is open to national non-profit non-governmental entities that are deemed capable of implementing the activities, with a solid record of integrity and business ethics, and that meet the eligibility requirements stated in this Section. Applicants must be willing to comply with relevant rules and regulations of the donor, as well as Helen Keller Intl requirements.

Applicants must meet the following requirements in order for Helen Keller Intl to review their proposal:

1. **Legally Registered:** The applicant should be a legally registered entity in Bangladesh. If required by local law, the applicant must also be legally authorized to work in the specific district mentioned above. **Applicants must attach a copy of their valid registration documentation.**

2. **Technical Capacity:** The applicant organization should have a **minimum of 5 years of experience** working with nutrition-related projects. possess the required experience to successfully implement the subaward activity, verified through past performance and reference checks. Examples of such requirements include years of operation, size of annual operating budget, experience working within the relevant sector, financial audit track record, etc.
3. **Audit report:** The applicant should submit their **last financial audit report** along with the application.
4. **Prohibition against Fee:** Applicants must **not include a fee-for-profit** in their proposal.
5. **Conflict of Interest:** The subrecipient's other relationships, associations, activities, and interests should not create a conflict of interest that could prevent full impartiality in implementation of the subaward activities. Applicants must **complete the attached Helen Keller Intl's Conflict of Interest Certification** (Attachment A), declaring that no known conflicts exist.
6. **Prohibition against transactions with Ineligible or Excluded Individuals and Organizations:** In accordance with Helen Keller International and donor policies, Helen Keller International prohibits transactions with ineligible or excluded individuals and organizations. Applicants will be **subject to screenings against international debarment and suspension lists**, to ensure they are not associated with terrorism, fraud, or other types of criminal activity. Applicants will also be asked to certify that it has not and will not promote or engage in violence or terrorism.

IV. REQUIRED APPLICATION FORMAT AND CONTENT

All application submissions must comply the following format requirements:

- English language only
- Font size 12 (Arial)
- Line spaced 1.0
- Include applicant organization name, RFA number, and page number as a footer throughout the document.

The complete application shall consist of the items listed and detailed below. All sections must be completed.

1. Cover Letter/Page (1 page)
2. Acronyms/Abbreviations (No page limit)
3. Table of Contents (No page limit)
4. PART A: Technical approach (5 pages)
5. PART B: Detailed Work Plan (2 pages)
6. PART C: Budget and budget narrative (as per provided templates)
7. PART D: Organization's strength (2 pages) and Past Performance References (No page limit)
8. PART E: Appendices (No page limit)

Detail for the application components are as follows:

1) COVER PAGE

Include the following information on the cover page:

- Name of the organization
- Name of project
- Date of submission
- Contact person name, title, contact information
- Budget amount requested
- RFA number

2) ACRONYMS/ABBREVIATIONS

Provide a list of all acronyms and abbreviations used in the proposal.

3) TABLE OF CONTENTS

Provide a table of contents including all major headings used in the proposal with corresponding page numbers.

4) PART A: Technical approach (5 pages)

Project Overview: Provide a snapshot of the overall proposal by briefly summarizing the project and its significance, goal and objectives, strategies, expected outputs and how they will be achieved. Be specific and concise. Do not go into detail on aspects that are further described in other parts of the proposal.

Problem Statement and Justification: Include a clear problem statement with data on the prevalence of malnutrition in the target areas. Show why your proposed project is needed. Describe the nature, magnitude and causes of the problems your program will address, as well as their significance. Identify the gaps you intend to fill. Is there a special reason why your organization is uniquely suited to conduct the project

activities (e.g., geographical location, prior experience in this area, cultural issues, etc.)? Demonstrate that you are aware of relevant socio-economic, political, cultural and/or gender considerations.

Project Area Description: Describe the geographic areas where the proposed project will be implemented, including the district and specific communities. Explain why this geographic area has been selected for the proposed interventions. Describe the socio-economic situation of the selected communities, livelihood systems, and other factors that contribute to the problem the proposed project will address. Describe the groups most affected by the problem and the extent to which they are affected.

Project Beneficiaries: Describe who will directly benefit from your project, and who will indirectly benefit. Include the total number of direct and indirect beneficiaries, if possible. Describe how beneficiaries will be identified and selected. Indicate how the beneficiaries' feedback on the project implementation will be collected and utilized during the project life.

Activities by outputs and outcomes: Explain the specific methodology for the implementation of the interventions proposed under outcomes 2-6 (Annex 1) and how you will achieve the performance indicators stating in Annex 2 for those outcomes. Show how your activities will build upon what communities are already doing to respond to the problems and will utilize community resources to address the problems. Show how your work will further strengthen collaboration among relevant government and civil society entities and initiatives already active in your project areas. Clearly link your activities to the appropriate outputs outlined above. Please follow performance indicator for outcomes 2-6 (Annex 2) to design your interventions, approach and working modalities

Monitoring and Reporting: Describe the activities and tools you will use to monitor project implementation. Describe how you will use monitoring information to improve project activities. Describe the process you will use to prepare regular reports. Describe approaches you will use to use project data to improve quality.

Project Management and Structure: Identify principal staff members who will be involved in ensuring program success and accountability. Provide CVs of at least two key personnel that will provide technical and managerial oversight. Describe their responsibilities and qualifications. Describe your supervisory systems with special attention to how you will ensure quality of project activities. Discuss your strategies for managing and motivating volunteers.

5) PART B: DETAILED WORK PLAN

Provide a more detailed breakdown of activities for outcome 2-6 (as stated in the result framework in Annex 1) with timelines to achieve the performance indicators listed in Annex 2. Include a Gantt chart or table to visually represent the work plan. Please ensure 9 months of implementation in your detailed workplan.

6) PART C: BUDGET AND BUDGET NARRATIVE

Please provide a detailed budget breakdown by activity and category (e.g., personnel, travel, supplies) in excel and budget narrative as per templates provided with this RFA.

Note: All costs should be presented in Bangladesh Taka.

7) PART D: ORGANIZATION'S STRENGTH AND PAST PERFORMANCE REFERENCES

Why do you believe your organization should be selected to receive a subaward under this program? What are some of your organization's key strengths that can be built upon for future growth and achievement? What are some of the capacities your organization needs to strengthen further in order to succeed in its mission and sustain itself?

Please provide evidence of implementing similar type of projects in past 5 years

REFERENCE ONE	
Project Name:	
Project location:	
Project Description:	
Name of the Donor:	
Program Period of Performance:	
Award Amount (in US Dollars):	
Type of Award (Cost Reimbursement or Fixed Price; Grant/ Cooperative Agreement/ Contract; etc.)	
Was your entity the prime recipient?	Choose One: Yes/No
Client Reference (Name, Title, Email, Phone):	
Results/ Key Accomplishments:	

REFERENCE TWO	
Project Name:	
Project location:	
Project Description:	
Name of the Donor:	
Program Period of Performance:	
Award Amount (in US Dollars):	
Type of Award (Cost Reimbursement or Fixed Price; Grant/ Cooperative Agreement/ Contract; etc.)	
Was your entity the prime recipient?	Choose One: Yes/No
Client Reference (Name, Title, Email, Phone):	
Results/ Key Accomplishments:	

REFERENCE THREE	
Project Name:	
Project location:	
Project Description:	
Name of the Donor:	
Program Period of Performance:	
Award Amount (in US Dollars):	
Type of Award (Cost Reimbursement or Fixed Price; Grant/ Cooperative Agreement/ Contract; etc.)	
Was your entity the prime recipient?	Choose One: Yes/No
Client Reference (Name, Title, Email, Phone):	
Results/ Key Accomplishments:	

8) PART E: APPENDICES:

The following attachments are required with the applicant's proposal:

APPENDIX 1: Signed Helen Keller Intl's Conflict of Interest Certification

APPENDIX 2: Evidence of local registration status

APPENDIX 3: Last financial audit report

V. TIMELINES AND POINTS OF CONTACT

Applications must be received no later than **June 01, 2025, 11:59pm** Bangladesh Local Time. This deadline will be strictly enforced.

Please send applications via email to: mhasan@hki.org with a copy to MMorshed@hki.org. An e-mail will be sent to you when the application is received. Please do not e-mail an application more than once unless you receive an email response that asks you to re-send it. If you are sending multiple files, please attach them to one e-mail.

If you have questions about any part of this Request for Application (RFA), please send an e-mail to the email addresses mentioned above on or before May 25, 2025 (12:00pm). A pre-application meeting will be held on May 26, 2025, at 11:00am with following [link](#):

<https://hki-org.zoom.us/j/82157558498?pwd=PJHqDnMMca7Tdb9mDONzmYdANk8xbl.1>

Meeting ID: 821 5755 8498, Passcode: 921635 to response the queries. Interested applicants are encouraged to attend following the link above.

Applicant organizations will be notified whether they've been selected to be a sub-awardee no later than July 15, 2025.

VI. EVALUATION CRITERIA

Applications will be evaluated by Helen Keller Intl, based on the evaluation criteria below:

Evaluation Criteria	Total Points/ Percentage of Score
Technical Approach	50 points (50%)
Detailed Workplan	10 points (10%)
Detailed budget and budget narrative	15 points (15%)
Organization's strength and Past Performance References	25 points (25%)
Total	100 points

VII. QUESTIONS, CLARIFICATIONS AND CHANGES

Offerors may submit questions and requests for clarifications regarding this RFA in writing (email correspondence accepted) no later than May 25, 2025 (12:00pm).

All correspondence regarding this solicitation must reference the RFA number in the subject line.

No phone calls or in-person inquiries will be accepted. Any verbal information received from a Helen Keller Intl employee, or any other entity shall not constitute an official response to any questions regarding this RFA.

If Helen Keller Intl determines that changes to this RFA are required, such changes will be made via formal written addenda. Clarifications, interpretations, corrections, and changes to the RFA made in any other manner shall not be binding.

No offer, payment, consideration, or benefit of any kind shall be made, either directly or indirectly, by Applicants as an inducement or reward for the granting of a subaward. Any such practice constitutes an illegal or corrupt practice and will result in the cancellation of the procurement, elimination of an Applicant's participation in this and future request for applications and consideration for award, or termination of an awarded subaward. Such practices may also constitute grounds for additional civil and/or criminal actions, as may be applicable.

TERMS OF THE APPLICATION PROCESS:

1. Helen Keller Intl may contact Applicants to confirm contact person, address, and to confirm that the application was submitted for this RFA.
2. False Statements: Applicants must provide full, accurate and complete information as required by this solicitation and its attachments.
3. Helen Keller Intl reserves the right in its sole discretion to:
 - a. To disqualify any application based on Applicant's failure to follow solicitation instructions.
 - b. To waive any deviations by Applicants from the requirements of this RFA that in Helen Keller Intl's opinion are considered not to be material defects requiring rejection or disqualification.
 - c. Extend the time for submission of all RFA responses after notification to all potential Applicants.
 - d. Terminate or modify the RFA process at any time and re-issue the RFA to whomever Helen Keller Intl deems appropriate.
 - e. Award only part of the activities in the RFA or issue multiple subawards based on RFA activities.

Helen Keller Intl reserves the right to fund any or none of the applications submitted. Issuance of this RFA does not constitute an award commitment on the part of Helen Keller Intl. Final award of any resultant subaward cannot be made until funds have been fully appropriated, allocated, and committed by our donor. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. All proposal preparation and submission costs are at the Applicant's expense and will not be reimbursed.

VIII. DONOR REGULATIONS AND CERTIFICATIONS

Applicants must be willing to comply with relevant rules and regulations of the donor, including signing Attachment A Certifications, as well as Helen Keller Intl requirements. The final award is subjected to the donor approval.

IX. ATTACHMENTS

The list of attachments below are included as a part of Helen Keller Intl's Request for Application (RFA).

- a. ATTACHMENT A: Helen Keller Intl's Conflict of Interest Certification
- b. ATTACHMENT B: Budget template
- c. ATTACHMENT C: Budget narrative template

Annexure 1: Result Framework

Goal	To enhance maternal and child health outcomes by increasing the coverage of five lifesaving interventions and nutritious diets during 2000 days							
	↑	↑	↑	↑	↑	↑	↑	↑
Outcomes	Outcome 1: Increased coverage of antenatal/maternal supplementation interventions	Outcome 2: Increased coverage of exclusive breastfeeding intervention (exclusive and continued)	Outcome 3: Increased coverage of vitamin A supplementation and deworming	Outcome 4: Increased coverage of nutritious diets for 2,000-day households	Outcome 5: Increased coverage of effective treatment for acute malnutrition	Outcome 6: Strengthened food and agriculture systems	Outcome 7: Supply Chain and Small Market Enterprise	Outcome 8: Strengthened enabling environment for water and sanitation hygiene
	↑	↑	↑	↑	↑	↑		
Outputs	Output 1.1: Enhanced enabling environment for scale-up	Output 2.1: Enhance enabling environment for scale-up	Output 3.1: Enhance enabling environment for scale-up	Output 4.1: Enhance enabling environment for scale-up	Output 5.1: Enhance enabling environment for scale-up	Output 6.1: Enhance enabling environment for scale-up		
	Task 1.1.1: Conduct formative research on SBCC for MMS	Task 2.1.1: Sub-District level consultation workshop to facilitate enabling environment for exclusive breastfeeding	Task 3.1.1: Context-specific barrier analysis for VAS+D to support government initiatives	Task 4.1.1: Support National Nutrition Service for central workshop on inauguration of nutrition focal person at district level government initiative	Task 5.1.1: Capacity assessment of community clinics on identification and referral of acute malnourished under 5 children	Task 6.1.1: Selection of lead farmers jointly with Department of Agricultural Extension (DAE)		
	Task 1.1.2: National level roundtable	Output 2.2: Strengthened	Task 3.1.2: Conduct Supply	Task 4.1.2:	Task 5.1.2: Barrier analysis on	Task 6.1.2: Conduct training on		

discussion on MMS: current scenario, opportunities and way forwards	systems for scale-up	Context Assessment	Support functionalization of Upazila Nutrition Coordination Committee (UNCC)	continuum of treatment of severe acute malnourished under 5 children	nutrition sensitive and climate smart agriculture to lead farmers integrated with ENA and EHA
Output 1.2. Strengthened systems for scale-up	Task 2.2.1. Training of government health service providers on early initiation of breast feeding, EBF, correct of lactation practices and BFHI guideline	Output 3.2: Strengthened systems for scale-up	Task 4.1.3. Support functionalization of District Nutrition Coordination Committee (DNCC)	Task 5.1.3. Advocacy meeting at national and sub national level to facilitate management of Acute malnutrition	Task 6.1.3. Provide input support to establish demonstration farm on nutrition sensitive and climate smart agriculture to lead farmers
Task 1.2.1. Development of communication materials on MMS jointly with Government	Task 2.2.2. Support functionalization of existing breastfeeding corners at upazila health complex through provision of essential resources such as breast pumps, handwashing stations,	Task 3.2.1. Conduct formative research on SBCC to support VAS+D uptake	Task 4.1.4. Support National Nutrition Service for printing and dissemination of national dietary guideline	Output 5.2: Strengthened systems for scale-up	Task 6.1.4. Provide hands on training to families having acute malnourished children:

	ergonomic chairs to support the best posture for breastfeeding, SBCC materials					
	Output 2.3: Increase in number of participants reached with services	Task 3.2.2. Conduct trainings for VAS-D campaign volunteers	Output 4.2: Strengthened systems for scale-up	Task 5.2.1. Training for the government frontline health workers (community health care providers, health assistants and family welfare assistants) on identification and management of acute malnutrition	Task 6.1.5. Provide input support to families having acute malnourished children	
	Task 2.3.1. Training for community nutrition volunteers (CNVs) on promotion of breast feeding and correction of lactation practice	Output 3.3: Increase in number of participants reached with services	Task 4.2.1. Capacity strengthening training for government frontline health workers (community health care providers, health assistants,	Task 5.2.2. On job technical support to government health service providers (CHCP, HA, FWA) for screening and referral of acute malnutrition	Task 6.1.6. Provide technical support to families having acute malnourished children by Field Facilitator	

			family welfare assistants) on appropriate complementary feeding	under 5 years children	and Community Nutrition Volunteer
Task 2.3.2. Observe national breastfeeding week with government at national and sub-national level	Task 3.3.1. Community engagement with local government representatives at union level for VAS program	Task 4.2.2. Train and equip community nutrition volunteers on basic nutrition including appropriate complementary feeding	Task 5.2.3. Organize training for service providers of SAM units in Upazila health Complexes on facility management of acute malnutrition	Task 6.1.7. Conduct farmer gathering (field day) for result dissemination on nutrition sensitive and climate smart agriculture at community level	
		Output 4.3: Increase in number of participants reached with services	Task 5.2.4. Support functionalization of SAM units of Upazila health Complex	Task 6.1.8. Establish business case vermicompost	
		Task 4.3.1. Conduct courtyard session by project nutrition volunteers with mother and	Task 5.2.5. Organize joint supervision visit with national level	Output 6.2: Strengthened systems for scale-up	

caregivers on Infant and Young Child Feeding (IYCF)	government and officials	
Task 4.3.2. Organize cooking demonstration session at the community level to promote complementary feeding	Task 5.2.6. Organize joint supervision visit with sub-national level government officials	Task 6.2.1. Coordination meeting with govt and private sector to share progress on climate-smart agriculture services:
Task 4.3.3. Distribute 250ml bowl and spoon to the families having 6-23 months children to promote appropriate complementary feeding	Output 5.3: Increase in number of participants reached with services	Task 6.2.2. Joint visit with govt. officials of both (DAE & DLS) departments
Task 4.3.4. Observe national nutrition week with government at national and sub-national level	Task 5.3.1. Mass MUAC screening	

Task 5.3.2. Household visit to the families having SAM/MAM children by community nutrition volunteers

Task 5.3.3. Conditional cash transfer to the families having SAM children for continuing 14 days hospital- based treatment

Annexure 2: Performance Indicators				
Expected Results	Indicator/s	Indicator Type	Baseline	Target
Outcome 2: Increased coverage of exclusive breastfeeding intervention (exclusive and continued)	Number of lactating women who received the services of the breastfeeding corners at Upazila Health Complexes	Output	0	3500
	Number of community nutrition volunteer received training on promotion of breast feeding and correction of lactation practice	Output	0	50
	Number of sub-district level consultation workshop organized to facilitate enabling environment for exclusive breastfeeding	Output	0	2
Outcome 3: Increased coverage of vitamin A supplementation and deworming	Number of health workers/ volunteers received orientation on VASD guidelines	Output	0	100
	Number of community nutrition volunteers assist government for Vit A and Deworming campaigns	Output	0	100
Outcome 4: Increased coverage of nutritious diets for 2,000-day households	Number of health workers trained on IYCF practices	Output	0	218
	Number of community nutrition volunteers on basic nutrition including appropriate complementary feeding	Output	0	50
	Number of women (mothers and caregivers) reached through Courtyard session by community nutrition volunteers on health and nutrition issues (EBF, CF, Vit A, deworming, malnutrition, maternal nutrition)	Output	0	28,800
	Number of Upazila Nutrition Coordination Committee (UNCC) functionalized	Output	0	2
	Number of Upazila Nutrition Coordination Committee (UNCC) functionalized	Output	0	1
	Number of women (mothers and caregivers) who attended cooking demonstration session at the community level to promote complementary feeding	Output	0	9,200
	Number of women (mothers and caregivers) having 6-23 months children who received 250ml bowl and spoon to promote appropriate complementary feeding	Output	0	9,200
Outcome 5: Increased coverage of effective	Number of children under five screened for acute malnutrition	Output	0	29,585
	Number of health workers trained on identification and management of acute malnutrition	Output	0	218

treatment for acute malnutrition	Number of children who received the service of established SAM unit in upazila health complex	Output	0	55
	Number of government health service providers (CHCP, HA, FWA) received on job technical support for screening and referral of acute malnutrition under 5 years children	Output	0	218
	Number of health service providers of SAM units in Upazila Health Complexes trained on facility management of acute malnutrition	Output	0	12
	Number of sub-national level govt officials attended in the joint supervision visit	Output	0	12
	Number of SAM/MAM children followed up by community nutrition volunteers through household visit	Output	0	2,404
	Number of families with SAM children who completed 14 days hospital-based treatment received the conditional cash transfer	Output	0	55
Outcome 6: Strengthened food and agriculture systems	Number of lead farmers selected jointly with Department of Agricultural Extension (DAE) of Government	Output	0	120
	Number of Lead Farmers reached with nutrition sensitive and climate smart agriculture training integrated with ENA and EHA	Output	0	120
	Number of Lead farmers provided with input support to establish demonstration farm on nutrition sensitive and climate smart agriculture to lead farmers	Output	0	120
	Number of farmers (primarily women) trained on climate-smart, nutrition-sensitive agriculture practices	Output	0	2,404
	Number of farmers (primarily women) having benefited from agricultural inputs	Output	0	2,404
	Number of farmers (primarily women) Provide technical support to families having acute malnourished children by Field Facilitator	Output	0	2,404