

## Terms of Reference (ToR) Suchana Annual Survey 2022

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### I. Introduction

‘Suchana – Ending the Cycle of Undernutrition in Bangladesh’ is a multi-sectoral nutrition programme which aims to achieve significant reduction in stunting (*additional 6% in 3 years period*) amongst children under two years of age in Sylhet and Moulvibazar districts under Sylhet division in Bangladesh. Suchana catalyses support across government and other stakeholders to replicate and scale-up Suchana model as a multi-sectoral nutrition programme in Bangladesh and beyond to prevent malnutrition. The Suchana programme adopts an integrated approach combining the nutrition specific and nutrition sensitive interventions to prevent chronic malnutrition within the critical 1,000 days from conception until a child reaches its **second birthday**. There are **five pillars** in the Suchana programme and **generation of evidence** (*through impact survey, annual surveys, and other assessments*) is one of the five pillars, which prioritize the quality, and timely generation of evidence showing Suchana performance is crucial and essential for planning and redesigning strategies and implementation modalities of Suchana.

The annual survey is one of the preferred methods, as per the Suchana Monitoring, Evaluation, Accountability, Learning (MEAL) framework to generate timely and reliable evidence relating health, nutrition, food security situation among the Suchana beneficiary households (BHHs). This evidence will assist the Suchana management to better address the malnutrition challenges with necessary adjustments throughout the programme planning and implementation. The subsequent sections of this **Terms of Reference (ToR)/ Concept Note** highlights different information pertaining the upcoming **fifth Suchana Annual Survey (2022)**, which will be supportive to develop, submit a proposal for the **fifth annual survey** in Suchana and to select a suitable research organization/survey firm for this important assignment.

### II. Suchana Brief

Brief description on the Suchana is attached as [Annex I](#).

### III. Objectives

The general objective of the **fifth annual survey (2022)** is to **present an overall annual health, nutritional and food security situation/performance among the Suchana Beneficiary Households (BHHs) who enrolled under different phases** (*e.g., phase 3 & 4 for upcoming survey*) in line with the selected indicators in the Suchana logical framework (*major indicators and related sub-indicators*) as well as other available national and international measurements (e.g., *BDHS, HIFAS, MICS, FSNSP, FANTA etc.*).

The survey will generate valuable evidence on the relevance, efficiency, and effectiveness of the programme in contributing to achieving sustainable nutrition impacts in communities where Suchana works.

Broad objectives of the annual survey are as follows –

- To identify how the nutrition sensitive and nutrition specific relevant interventions attribute to the changes (*outcomes*) in response to specific inputs/interventions as other external factors may have had a role.
- To provide necessary suggestions and recommendations based on the findings would be helpful for programme planning and related modifications in the Suchana strategies and field implementations for remaining period.
- To generate key lessons and identify promising practices for learning and adapting.

## IV. Location & Study Areas

Suchana programme has been structured into different phases and will gradually reach to a total of **235,500 poor and very poor BHHs** with a set of nutrition specific and nutrition sensitive interventions. The **fifth annual survey** will cover **70 unions** (under phase 3: 29 unions; phase 4: 41 unions) under 20 upazilla in Sylhet and Moulvibazar districts, which have been covering **99,482 BHHs** (36,845 BHHs under phase 3 cohort (2019); 62,637 BHHs under phase 4 (2020)). More details on BHHs described in the **fifth annual survey** design under the sampling section. The **fifth annual survey** will draw samples from **two** phases (phase 3: cohort 2019, phase 4: cohort 2020 separately). Suchana MEAL team will supply (after sharing the random selection of unions where the survey will be conducted by the selected firm/research organization) the list of BHHs by unions (by sub-groups e.g., women & child pairs of 0-5, 6-11, 12-23; adolescents and by cohorts of year 2019, 2020 separately which explained in detail under sampling section). This is worth to mention that Suchana activities under cohort 3 (i.e., phase 03) will be phased out by 31 December 2021. Therefore, remuneration and travel allowance for few guides/volunteers (12-15 Nos.) who previously worked in phase 03 communities under Suchana may be hired by the prospective research firm to facilitate identification of sampled BHHs and ease of data collection while preparing the budget.

## V. Annual Survey Design

### Design

The annual survey will be cross-sectional in design and draw sub-samples from the different types of beneficiaries targeted in the programme as explained below. It will present a yearly scenario among the Suchana BHHs relating **anthropometric measurements** (*child nutritional growth status*), health, nutrition and food security, livelihoods and homestead production and engagement with government departments at the local level. This survey will be complimented by qualitative data from KIIs/FGDs to understand the perception and knowledge of GoB actors on Suchana program and the key issues that is focuses on coordination, collaboration, and governance.

### Timeline

The **fifth annual survey** will present the scenario among the BHHs under the phase 3 (2019) and phase 4 (2020) implementation that have been implementing respectively from January 1, 2019 and January 1, 2020. Final report must be submitted by **April 10, 2022** by the selected survey firm/research organization. Data collection should be completed by **Feb 24, 2022** (in general, a team with 25 enumerators and 5 supervisors will take 17-18 days to complete the required samples). **The survey firm/research organization will maintain a data collection log and will share update everyday 9.00 pm** (e.g., total completed, status of BHH such as not available in home, age mismatch, wrong BHH, unavailability of BHHs in house etc.). **Real-time and geo-referenced supervision, monitoring, back-checks, and spot-checks are crucial for quality control of collected data during the time of data collection. Separate quality control plan showing 15% back-check<sup>1</sup> and 15% spot-check<sup>2</sup> by the supervisors is required, in addition to mandatory 100% post-check<sup>3</sup>. In case of observing significant error/deviation in responses during spot-check or back-check, enumerators need to repeat those surveys and may result immediate withdrawal of the enumerator from the field.** Data analysis, preliminary findings and sharing

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<sup>1</sup> Back-check includes on-spot verification of collected data (that are critical in nature) with the respondent after completion of the survey by the supervisor

<sup>2</sup> Spot-check includes on-spot observation of the enumerator, with particular focus on data collection and data entry process, including response/feedback from respondent by the supervisor

<sup>3</sup> Post-check includes off-site review, correction and validation of collected data in consultation among the enumerators and supervisors

preliminary results (in line with Suchana key RFLI indicators will be supplied) will be done by **March 03, 2022**. Submit first draft report by **March 10, 2022** and second revised version by **March 22, 2022**. The survey firm/research organization will submit the revised final version by **April 10, 2022**. **The proposal of the firm/research organization should include a realistic action plan (covering trained field team) considering the above-mentioned dates.**

### Samples

**There will be different types of sub-samples in the fifth annual survey 2022 which will include both quantitative and qualitative data:**

- **Household level** (1,556 BHHs Appr.) survey (quantitative survey including 604 anthropometric measurements for 12-23-month mother-child pair). The Suchana baseline questionnaire will be customized (nutrition situation, consumption practices, etc.). The samples might fluctuate due to sampling approach (*take all/census approach will be adopted for few sub-groups*).
- **FGD** (12-15 FGDs) and **in-depth interview** (10 Nos. e.g., currently pregnant) with different groups for broader understanding and contextualization of findings on some related issues (*nutritional outcome, consumption pattern, empowerment issues, etc.*). Tentative number of upazilla for this will be seven (7). Details will be provided later.
- **Interview** (approximately 20 Nos. interviews from different GoB officials e.g., UNO, Union Parishad, DD Agriculture, UHFPO, officials from DLS, etc.) with GoB department officials (qualitative information). Tentative questions will be included however might need for adjustments by the team leader/principal investigator. Tentative number of upazilla for this will be **seven (7)**. Detail will be provided later.

**The household survey will be further sub-sampled as follows:**

- **Mother and child pairs:** Households with women (15-45 years) as Suchana beneficiary who have a child less than 2 years' children. This sample will be spread across three different age ranges/sub-groups of children: 0 to 5 months, 6 to 11 months, and 12 to 23 months of age.
- **Adolescent girls** as BHHs in Suchana BHHs (15-19 years)

### Sample Size

A multi-stage cluster approach will be used to minimize logistical requirements of the data collection and facilitate completion of data collection within the timeframe. The total sample size for the survey will be **1,556 households** (Approx.). **The anthropometric measurement will require for the sub-sample 12-23 months old mother and child pair (which include 604 BHHs).**

The prevalence of stunting (as per Suchana *fourth annual survey*, which was 42.4%) has been used as the main indicator to determine the sample size. The value for the other indicators used in the sub-sample calculations are taken from the last Suchana Annual Survey conducted last year and align with the project logical framework indicators. The sub-samples for the BHHs as women category (15-45 years old) with **a child under two** as well as the adolescent BHHs are listed below table:

## TOTAL REQUIRED SAMPLE FOR FOURTH SUCHANA ANNUAL SURVEY: 1,556

[Note: The preliminary calculations done using the formula:

$$n = \frac{z\alpha^2 \times p_1 \times q_1}{d_1^2} \times DE$$

where prevalence of stunting (42.4%: 12-23 months), MAD (29.3%: 6-11 months), EBF (90.0%: 0-5 months), Awareness on early marriage and early pregnancy among adolescents: 15-19 years 91.1% (by age group at the confidence level of 95%). The multi-stage sampling strategy is considered, the sample (adding the design effect = 1.5) breakdown will be as follows:

Sample Groups	Indicators Used	Statistics Used	Sample Estimated		
			Cohort 2019 (P3)	Cohort 2020 (P4)	Total*
0-5 months old child	Exclusive breast feeding (90.0%-AS: 2021)	Level of significance – 0.05	116	116	232
6-11 months old child	MAD (29.3% - AS: 2021)		260	260	520
12-23 months old child	Stunting (42.4% - AS 2021)	Precision – 0.07	302	302	604
Adolescents 15-19 years	Awareness level (91.1% - AS: 2021)	Z value – 1.96	100	100	200
Total			778	778	1,556**

\*Total samples adjusted with minimum required samples by inflating overall Appro. 6% (5-9% in different groups) to ensure the minimum sample requirement adequately.

\*\*Samples might fluctuate due to due to sampling approach (take all/census approach will be adopted for few sub-groups e.g., 0-5 months and 6-11 months).

### Selection stages are shown as follows:

Total 12 unions per phase (total 24 unions) will be randomly selected for sampling to minimize logistical requirements. Within each selected union BHH Suchana will generate lists for each sub-category and the target sample size per category randomly selected as outline in the below table (tentatively):

Respondent category	Per union sample size	Per village sample size	Sampling Approach	Guidelines: calculate weights
0-5	10 / (all as per list)	All BHH listed in sampled villages	Take all from the provided list (census)	Weight 1: adjust for probability of selection across each stage of sampling Weight 2: Adjust for oversampling of this group compared to population proportion of all children 0 to 23 months
6-11	22 / (all as per list)	All BHH listed in sampled villages	Take all from the provided list (census)	
12-23*	25	Four per village including one additional from one randomly selected village	SRS as per provided list	
Adolescent**	8	One per village including one additional from any two randomly selected villages	SRS as per provided list	
<b>Total ~ (Approx..65)</b>	<b>±65</b>			

\* Sample from villages need special cautious one additional from any random village

\*\* Sample from villages need special cautious one additional from any two random villages

List of unions by phases with size of BHHs are included as [Annex 6](#).

### Steps for Selection of Sample BHHs:

From the sampling frame (which will be shared by the MEAL team), six (6) villages will be randomly sampled. Therefore, a total of 144 villages (will might vary by sub-groups if any sub-group is not available in a specific sampled village) will be covered in the [fifth annual survey](#). For age group 0-5 and 6-11 all listed BHH will be interviewed and for 12-23 (mother-child pairs) and 15-19 adolescents systematic random sampling approach will be adopted as per provided list. **The process for drawing samples from villages described in the above table.**

### Major Indicators for Quantitative Survey

The annual survey will present a scenario among the Suchana BHHs and will cover some major logical framework indicators. The list of indicators (quantitative survey) is shown below table, not limited to, however will includes related sub-indicators. An outline of the major broad areas in quantitative survey are shown as [Annex 3](#):

IMPACT INDICATORS
Prevalence of <b>stunting</b> among the children under 2 years (12 to 23 months)

(% of stunted children (height for age z score <-2) less than two years in targeted households)
Prevalence of <b>wasting</b> among the children under 2 years (12 to 23 months)
(% of wasted children (weight for height z score <-2) less than two years in targeted households)
<b>OUTCOME INDICATORS</b>
Mean Household Dietary Diversity Score (HDDS)
% food insecure households according to Household Food Insecurity Access Scale (HFIAS)
% of women (15-49) consumed nutritious diet (will be measured by MDD-W)
% of BHHs generating profits or increased IGA asset value from Income Generating Activities
% of children 0-5 months old were exclusively breastfed in last 24 hours
% of children 6-23 months of age who had minimum acceptable diet (MAD)
% of women received at least 4 antenatal check-ups by a trained service provider during last pregnancy
% of mothers/caregivers having under 2 years children reported hand washing with soap at 3 critical times including after defecation
% of women having decision making power on all issues listed below: (a) Major household purchase (b) Food purchase (c) Food preparation (d) Own health care (e) Child health care (f) Visit family and relatives
<b>OUTPUT INDICATORS</b>
% of registered BHHs accessed quality inputs from public/private sectors
% of HHs accessing existing social protection schemes
% of mothers/caregivers who could mention at least three IYCF and two MCHN practices (total five)
% of husbands who could mention at least three IYCF and two MCHN practices (total five)
% of mothers/parents are aware of legal marriage age and consequences of child marriage and/or early pregnancy among adolescent girls
% of children 6-59 months received Vitamin A supplementation during the last six months
<b>Additional indicators/information</b>
% of beneficiary Households (BHH) trained on income generating activities
% of HHs adopting climate resilient livelihood options
% of HHs are members of savings groups introduced by Suchana (e.g., VSLA)
% of BHHs received training on improved production technology
% of BHH with home gardens
% of husbands of BHH participated in husband coaching session organized by Suchana
% of adolescents received training on life skills plus few questions on adolescent etc.
Exposure to/participation in Suchana nutrition interventions
Access of key essential nutrition specific GoB/other NGO services
% of BHHs adopting hygiene practices and related IYCF practices (handwashing, tippy tap presence, observation in household, etc.)
% adopting production using Suchana inputs/assets
Some production and consumption related questions from Suchana Semi-Annual survey

### Major Indicators/Issues for Qualitative Survey (GoB Level Interview)

To understand how the project is engaging with local systems and service providers - where this is working well and where this can be improved as well as to understand the extent to which local GoB officials and others are improving their ways of work to provide high quality nutrition specific and sensitive service to poor families, qualitative methods will be used.

The interview with GoB officials will provide information on involvement with the Suchana, knowledge, motivation, of GoB officials in Suchana, nutritional knowledge and role conducted by respective GoB officials during different Suchana events (e.g., participation as resource person in training, field visit with the Suchana team members, etc.). More indicators that are specific will be jointly developed at the time of developing qualitative tools with selected research firms, based on reference in [Annex 5](#). The questions will be customized from official's department to department (UHFPO, officials from DAE, DOF, DLS, UNO, upazilla chairperson, CS, DD, etc. however, the theme will be the above points. **MoUs will be considered in customizing the questions for different departments.**



## Research Instruments

For the quantitative survey at the household level, specific questions from the Suchana baseline survey questionnaire developed and used during baseline will be adapted. **Questionnaire has been drafted and will be finalized in consultation with the selected organization.** The major areas which will be covered in the quantitative survey shown in [Annex 3](#). **The equipment used in the survey for the anthropometric measurement must be compatible with the equipment used in the baseline survey (details shown in [Annex 2](#)).** High precision weighing machine with Mother+Child function to weigh toddlers and suitable for tropical regions is required. Infantometer with tray-shaped lying surface for measuring lengths of babies and toddlers with millimetre precision is also essential for the assignment.

The qualitative data from households will focus on a detailed understanding of nutritional practices, empowerment issues and intra-household decision making and dietary consumption of women and adolescent. The interview with GoB officials will cover governance and participation issues in Suchana. A tentative outline of checklist questions is shown in [Annex 5](#).

## Analysis & Report

A standard report will be submitted showing related indicators by components following the chronological orders as appeared in the questionnaire. The report will be supported with illustrations, tables, graphics, and pictures as necessary to present overall findings of the report. The report will include comparative scenario with previous rounds. The analysis also covers findings by phase, by BHHs types, by districts. Internationally accepted indicator measurements and Suchana defined (e.g., as mentioned in the RFLI) will be followed for analysis.

## Assigning Weights

Assigning weights for every sampled BHHs (e.g.,  $\pm 1,556$  BHHs) as per the probability of selection will be calculated and applied before weighted analysis. The research firm will prepare a separate excel sheet to calculate the weights for each unit (based on their probability of selection at multiple levels (e.g., (i) sampled unions out of all unions in respective phase, (ii) sample villages out of all villages in respective unions, (iii) sampled BHH of each sub-group out of the total BHH in respective sample frame of respective village). And the ratio of the sub-group in the sample vs in the underlying population. These calculations will be reviewed and agreed by SC technical advisor prior to application to the data and un/weighted analysis will be included as an annex in the final report.

## VI. Tasks for the Survey Firm/Research Organization

The survey firm/research organization will be selected through bidding/interview process undertaken by Save the Children International Procurement Department. The proposal should include the total of team/team members will be deployed which includes team leader, supervisors, statisticians/analysts, and enumerators. Details about deploying the staff into various survey sites, each comprising number of persons should be mentioned in the proposal.

1. employ the service of data collectors with sound knowledge and adequate experience (at least 3 years in relevant large-scale surveys and 5 years overall data collection) in the methods of data collection (nutrition, food security related and in Sylhet and Moulvibazar regions, local dialect).
2. utilize writers with strong English writing skills who can produce a report that effectively communicates to both project staff and other national and international stakeholders. It is expected that the survey firm will work closely with Suchana consortium MEAL colleagues, central MEAL team of SCiBD, MEAL group and other technical staff of Suchana on overall management of the assignment.
3. **produce the Bengali and English version for certain documents (e.g., research instruments, guidelines, training curriculum, checklists, supervision plan, field data collection issues, etc.). The English version only for the final report, inception report, presentations, findings brief/summary findings will be fine.**

4. in additions, separate team should be deployed simultaneously to collect qualitative data/conduct interview with GoB officials, to undertake the focus group discussion (FGDs), where require. Both quantitative and qualitative data collection will be run simultaneously. A separate team will be responsible for collecting anthropometric data. **However, survey organization can plan and suggest other combinations or whichever best suit to meet deadline mentioned in the ToR.**

Overall, the assignment will be coordinated and supervised by the Suchana MEAL Director/CoP with support from SC central PDQ members and the field implementation, management, coordination process will be assisted by the Deputy Director (MEAL) and other Suchana MEAL team members as assigned during data collection period (Sr Manager MEAL, APCs and MEKMOs of IPs) in collaboration with the relevant officials of Suchana consortium partners.

**The survey firm will be responsible for the following:**

- Share survey design including process, methods, and all tools (e.g., questionnaires/ checklists) with Suchana, collect feedback and finalize the survey design.
- Develop/finalize required data collection tools (both for quantitative and qualitative).
- **Field test and validate data collection tools in Suchana areas, standardization test for anthropometric data collection**
  - Develop and update application/database for the survey using suitable platform (modern ICT technologies using mobile/tab based like ODK or pen and paper)
  - Maintain data (which might include converting hard raw data files into soft copy) for sampling and survey purposes.
- **Develop plans for data collection, supervision, and quality control mechanism. quality control plan should include 15% back-check including re-interview and 100% spot-check is required. Relevant findings/statistics should be presented showing the interview/re-interview results and related improvement plan**
  - Ensure engagement/recruitment of skilled and experienced personnel for data collection, supervision, database management, data analysis and report preparation.
  - Provide training to the concerned staffs/enumerators before starting of survey each time and ensure their clear understanding on the particularities of the assignment.
- The staff of the survey firm will provide training for enumerators where Suchana MEAL team and implementing partners will provide basic introduction. **The training will include group work, role plays, discussions and various interactive processes will be used during the training to ensure that learning had taken place.**

The training will cover the following:

- Objectives and purpose of the annual survey.
- Survey design and methodology.
- Sampling procedure.
- Understanding and meaning of each question, asking, and recording of responses accurately and update the training manual accordingly.
- Household selection, data collection procedures, accurate completion of questionnaires and FGD questionnaires/interview checklists.
- **Anthropometric measurements using standardized procedures. Standardization test for the measurements need to be conducted as part of enumerator training.**
  - Development of a calendar of events and age calculation chart; and
  - Pre-testing of the questionnaires and the data collection procedure need to be undertaken before the actual survey followed by the review of the questionnaires based on the feedback from pre-testing.

- **Prepare complete training package for the training of enumerators and should be approved by Suchana before the training**
  - Conduct quantitative sample survey using structured/semi-structured questionnaire(s).
  - Conduct qualitative surveys (interview with GoB officials) using checklists/guidelines
  - Collect additional qualitative data on specific qualitative indicators using suitable sampling method, if in-depth data collection is required,
  - Ensure collection of high-quality accurate data with high level of reliability and validity.
  - Analyse quantitative data using appropriate software, i.e., SPSS/Stata/etc., and qualitative data with suitable software (ATLAS.ti/NVivo if necessary).
  - Maintain close communications with MEAL Director/CoP (in Suchana), and MEAL working group in Suchana on survey related issues; and other personnel as set later by the CoP/TL for conducting the assignment (DPD in Sylhet, Deputy Director/Sr Manager of MEAL/Research in Sylhet, assigned IP or TP persons, etc.)
  - Provide update on a regular basis so that deliverables ensured by the deadline or related planning done to meet the deadline.
  - Attend management and technical meeting as per requirement for a successful completion of the assignment.

## VII. Evaluation Criteria & Selection Process

The technical aspects of the proposal carry approximately 60% and the financial aspects carry approximately 40% of the evaluation marking. The research proposal will be evaluated as highlighted below:

Main Area/Sub-Areas	Score
<b>Technical part – 40% (passing score of 60% or 24)</b>	
<b>Capability of the consulting firm</b> Management, technical and financial capacity, experience of conducting nutrition, food security related large-scale research. Track record of previously completed assignments with others (e.g., Save the Children, CARE, Oxfam, UN system organizations, other INGOs, etc.)	5
<b>Appropriateness of the study design and elaboration for choosing the specified study design</b> Explanation of overall methodology, work management, timeliness, field plan, data collection, standardization of measurement tools, addressing qualitative, quantitative aspects of the survey	15
<b>Required expertise (skills) and experience of the personnel of consulting firm to conduct the study</b> Experience of analysing anthropometric data, large scale nutrition and food security research, Background, qualification, experience of team leader, Testimonials will be considered while evaluating the firm. etc.	5
<b>Roles and responsibilities assigned in undertaking and managing the study</b> Team composition, other members, analysis team, expertise (skills) and experience of the personnel, field plan, work distribution, etc.	5
<b>Sampling strategy, data collection methods (including the data collection tools), and data quality assurance plan</b> Sample size, sampling design, distribution, quality control, supervision, quality assurance, overall outline of report, statistical tests, approach to present implications, comparison with previous survey results, inferential statistics models on variable etc.	10
<b>Sustainability Criteria – 10%</b>	
<b>Sustainability Criteria</b> Use of local resources, use of tools, technologies safeguarding environment, approaches promote go-green concept, etc.	10



Main Area/Sub-Areas	Score
<b>Oral part – 10%</b>	
<b>Oral presentation (only technically qualified firm/agency)</b> Present the overall study approach, sampling, field planning and related aspects by the proposed team leader, and responding to technical queries from the Presentation Board Members	10
<b>Financial part – 40%</b>	
<b>Financial proposal</b>	40
<b>Total</b>	<b>100</b>

[NB: A minimum passing score of 60% or 24 will be required from technical part]

**A minimum of 60% (24 out of 40) score in the technical part is required to be eligible for oral presentation. Only eligible firms will be invited for oral presentation. Final selection will be based on evaluation of technical, oral, sustainability criteria and financial parts. Once recommendation is made, firm may need to negotiate/revise budget as per suggestion of committee.**

The procurement will be done following SC policies e.g., formation of independent committee, evaluation, scoring based on merits etc. Selected survey firm might be requested to submit updated proposal (related revisions/adjustments) where necessary. On the basis of the updated proposal final negotiation will be done. Once the agreement reached, the contract will be signed between Save the Children International and the survey organization /research firm.

The selected survey firm will bear in mind that Suchana is a multi-party consortium project where a number of stakeholders are involved. A dynamic team with flexibility and ready accommodates different needs/advice of the concerned party should be accommodated in the course of the assignment (Annual Survey).

## VIII. Timeline & Deliverables

The timeframe is very crucial. **The survey firm/research organization needs to submit the final report (including intermediate review and adjustments of feedback meeting quality) to the Suchana, Save the Children by April 10, 2022 without fail.** The research firm needs to deliver, however not limited to, the below listed items within **set timeframe**:

- An **inception report** with updated full proposal and annual survey instruments (quantitative and qualitative for household, qualitative for GoB interview).
- Final version of the complete survey instruments/data collection tool with guidelines, explanation (both Bangla and English).
- **Brief initial write-up** showing list of sampled unions (24 Nos. 12 from each phase) and villages (144 nos.) detailing the process/software adopted (based on the excel file shared by Suchana MEAL).
- **Detail training plan** and comprehensive guideline for data collectors, detail-training curriculum (showing skills and related breakdown for proper understanding, anthropometric measurement, etc.).
- **Complete data collection plan** (day-wise, location, team movement, etc.)
- **Quality control plan - Detail quality control plan during field level data collection at least 15% re-interview/back-check by supervisors, 100% spot checks, mechanisms for monitoring, supervision, role of supervisors (5), documenting improvement plan for quality collection**
- **Share update** (each day by 9.00 pm) on survey status as per sample framework, data collection plan to analyse progress with MEAL Director/team

- **Pretesting and documents showing changes** in the pretesting, related adjustments in survey instruments and final questionnaires (Bangla & English).
- **Satisfactory Standardization test results for data collectors on anthropometric measurements** (note if standardization test is not satisfactory on first round consultants will be expected to retrain and retest all data collectors until quality is assured).
- **Supervision and data quality control plan** during data collection (quality checking, related steps back checks, spot checks, post check, etc. be used etc.).
- **Submit dataset of first five days (300-350 samples) and findings, frequency tables** for the client review in order to take necessary adjustment (if any) for the remaining sample. A preliminary analysis of the RFLI indicator will be required (March 3, 2022)
- **Analysis plan and outline of the report (dummy tables, statistical tests, assign weights, etc.) with sufficient segregation. Comparison with previous annual findings**
- Draft annual survey report with related annexes.
- Preliminary presentations (before the SSMT and MEAL team member).
- Final presentations.
- Soft and hard copy (where necessary), survey CTO, fully annotated database (raw data and clean data), and variable code manual. Also, submit SPSS data set and analysis syntax.
- Professionally written final report (proof checked) with annexes (*full package*).
- **A penalty will be introduced in case the agency fails to submit the report as per agreed upon timeline (by deducting 1% of the total contract amount for per day of delay). Failing to address feedback shared by Suchana consortium colleagues (national, and HQ based international staff and SCUK team) and meeting quality expectations may also trigger deducting a certain percentage (e.g., 15%).**

## IX. Budget

A summary and detailed budget needs to be submitted with a separate file (excel) showing necessary breakdowns and justifications to ensure the **value for money. Timely delivery is the topmost priority and need**; the firm must plan to ensure timely conduction of the assignment. **The deadline for final submission of report will be [April 10, 2022](#).** The report must undergo several rounds of review by relevant technical and program colleagues (*including the HQ-based staff of SCUK*).

## X. Management, Supervision, Key Contacts & Payments

The selected survey firm/research organization will complete the assignment under the leadership of the Suchana MEAL Director/CoP. The Deputy Director (MEAL) of Suchana, under the guidance of MEAL Director, will be responsible for necessary coordination and management of operational issues with active involvement of the Suchana MEAL group members, members from PDQ in Save the Children and members from SURE (*an advisory group in Suchana*). The Suchana MEAL Director will contact the PDQ (*or other departments as required*) and other concerned as and when required for related issues/support. The field level support will be coordinated by Sr MEAL Manager in Sylhet and during field work/data collection.

**In additions, Suchana is a multi-party consortium with high-level engagement of Head Quarters/Home Office-based technical staff for majority of the technical partners and expected to undergo several rounds of review process before finalizing any products (reports, instruments, presentations, etc.). This is essential to meet requirements (at points agreed) relating deliverables.**

The payment process will be done following Save the Children International policy and will be included in the contract. **Save the Children has the right to penalise proportion of the payment due**

**to failure of not meeting the timeline and/or the quality of the deliverables (addressing feedback during review process).**

The following practice will be followed for payment:

- **First instalment:** 40% after submission of the inception report, data collection tools (English and Bangla, field plan and supervision support plan for quality data collection or the data quality control plan meeting requirements (15% spot-checks and 15% back-checks, 100% post-check, field testing report, etc.), anthropometric standardization report.
- **Final instalment:** 60% after submission of the final report with all final annexes (*data file, syntax, final training package, etc.*)

Total list of logistics/equipment required in the assignment should be included in the proposal (data collection instruments, anthropometric measurement/infant-metre, etc.). The firm will arrange equipment for anthropometric measurement, management, and transport as well. **Equipment used in the baseline/End line and previous annual survey is attached in the [Annex 2](#).**

## Annex I: Brief on Suchana Project

### Suchana: Ending the Cycle of Undernutrition in Bangladesh

#### I. INTRODUCTION

SUCHANA: Ending the cycle of undernutrition in Bangladesh” is a multi-sectoral nutrition programme aims to achieve a significant reduction in stunting amongst children under two years of age in Bangladesh by catalysing support across government and other stakeholders. The programme adopts an integrated approach to nutrition specific and nutrition sensitive intervention to prevent chronic malnutrition within the critical 1,000 days from conception until a child reaches its second birthday.

##### *Suchana Context & Rationale*

Within Bangladesh, although the prevalence of stunting (shortness in stature compared to child’s age) has declined from 51% in 2004 to 36% of children under five in 2014<sup>1</sup>, levels of stunting remain well above WHO and government thresholds. Some six million children are estimated to be chronically malnourished, and uptake of key infant and young child feeding (IYCF) practices remains poor. Chronic malnutrition has long-lasting, irreversible effects on the child’s development, including mental development, health, school performance and later on, work productivity.

The human and economic cost of malnutrition is huge. Left unchecked, it can result in a 2-3% loss in national income due to its long-term impact on productivity; chronic malnutrition during childhood may lead to late enrolment in school, and the missed education means that such children may earn 20% less than children with complete education<sup>2</sup>. Malnutrition in Bangladesh is estimated to cost approximately US\$1 billion a year in lost economic productivity<sup>3</sup>.

Although we now know why we need to tackle undernutrition and when we need to intervene, strong evidence is still lacking on exactly what can be done to sustainably reduce undernutrition, particularly stunting, and how the necessary interventions can be delivered. A recent analysis indicated that nutrition specific interventions might prevent 15% of deaths and about 20% of the current burden of stunting and 60% of wasting (Bhutta et al. 2013). However, this leaves a substantial burden of deaths and chronic undernutrition that is not preventable by nutrition-specific interventions, highlighting the substantial role of other nutrition sensitive interventions.

#### II. SUCHANA PROGRAMME DESCRIPTION

With a purpose to accelerate a reduction in the incidence of stunting among children under two years of age in two districts of Sylhet division in Bangladesh, Save the Children International (SCiBD) has mobilized a catalytic coalition of 8 organizations to design and implement the unique and ambitious Suchana programme. The programme is trying to capitalize the expertise and experience of the coalition to catalyse efforts by government and other Bangladeshi stakeholders (such as the private sector, civil society, and diaspora) to identify and scale up sustainable, context specific programmes that can break the intergenerational cycle of malnutrition, by applying a life cycle approach that intensifies during the critical 1000 days from conception. Recognizing the nutritional needs of women even before pregnancy, and the connection between adolescents’ nutrition, early marriage, early pregnancy and child undernutrition, the programme gives specific emphasis to the empowerment of adolescents and young unmarried women.

Significant focus has also been given to improving nutrition governance that translates political commitments into practice. This is crucial for wide-scale impact and sustainability, as changes in increased access to and utilization of health and nutrition-related services, the economic empowerment of women and adolescent girls and improved knowledge, skills, and power to adopt appropriate nutrition behaviour and practices will only be temporary, unless supported by the

realization of a strong vision of improved nutrition governance at all levels and sectors. Similarly, the programme has a heavy focus on the generation of evidence to directly attribute the reduction in stunting to the programme. This will contribute to global debates on undernutrition and influence the design and implementation of policies and practices, lead to scale up, adaption and replication of the Suchana model by government and others. To maximise the impact of the gathered evidence, the coalition has developed a dynamic advocacy strategy. This draws upon the support of key national and international advocacy partners and mobilises the urban elite and growing middle class of Bangladesh, diaspora, and child advocacy groups to boost accountability which in turn will strengthen the provision of services, and their sustainability, at the community, district, and national levels.

**GOAL:**

Significant reduction in the incidence of stunting amongst children under two years of age in two districts of Sylhet. The coalition aims for at least 2 percentage point additional reduction per year (total 6 percentage points additional reduction in 3 years of interventions) against a current annual decline of 1.4percentage points /year in the rate of stunting among children under two.

**PURPOSE:**

Catalyse support across government and other stakeholders for a coordinated, multi-sectoral approach to undernutrition at the national level.

**OBJECTIVES:**

1. Improved nutrition governance at sub-national and national level demonstrated by enhanced coordination within and between ministries and sectors at national and local level, increased resource allocation to nutrition and effective implementation of nutrition related policies and programmes on the ground
2. Enhanced capacity of government frontline service providers to deliver nutrition related (both specific and sensitive) services in an effective and inclusive manner and increased uptake of services by nutritionally vulnerable groups (PLW, children under two years of age, adolescent girls, and newlywed couples from extreme poor and moderate poor households)
3. Extreme poor and moderate poor households with pregnant women, lactating mothers with children under 2 and adolescent girls are empowered to overcome economic barriers to nutrition and become more resilient to social, economic, and climatic shock
4. Increased knowledge, skills, and power of extreme poor and moderate poor households, particularly women and adolescent girls, to practice and support appropriate IYCF and MCHN behaviour and challenge harmful gender norms (early marriage, early pregnancy and GBV)
5. Deliver a solid and rigorous knowledge and evidence base to galvanize momentum for change to support scalable interventions that address chronic malnutrition throughout Bangladesh.

**DURATION:**

2015-2022

**PARTNERS:**

SCI, HKI, iDE, WorldFish, icddr,b, CNRS, RDRS, and FIVDB

**FUNDED BY:**

FCDO and EU

**Funds:**

GBP 48 Million

The impacts of this programme will be lasting changes from the household to national government level that challenge the drivers of chronic malnutrition that have passed down generations to perpetuate unacceptably high levels of stunting in Bangladesh. This will translate into improved development and economic outcomes for children and the country as a whole, as healthy well-nourished children become healthy and productive adults, who go on to raise healthy well-nourished children of their own.

### Target Area and Target Population

The programme is rolling out in Moulvibazar and Sylhet Districts of Sylhet Division. Out of a population of 9,910,219 in Sylhet Division, 20.7% live below the lower poverty line (HIES 2010). Sylhet division is characterised by deep-seated inequality with the highest regional Gini coefficient of 0.319 (IFPRI, 2013) while the Division as a whole performs poorly on key health and nutrition indicators. It displays the highest national rates of stunting at 49.6% (BDHS-2014), the highest U5 mortality at 83 per 1,000 (BMMS, 2010), the high fertility rate of 3.6 (BMMS, 2010) and the lowest rates of immunisation (DGHS, 2014). Recent figures from HKI Surveillance confirm high levels of food insecurity characterise Sylhet Division at 79% (HKI, 2011). Sylhet Division is also prone to severe flash flooding. The Suchana Programme targets households most vulnerable to malnutrition, namely those with adolescent girls, newly-weds, pregnant women, and lactating mothers with children under the age of two years from a mixture of rural extreme poor and moderate households, directly reaching approximately 250,000 households and 1.4 million people in different phases.

Information	Suchana Overall Plan	Annual Survey 2022
Beneficiary Households (BHHs)	235,500	99,482 (P3, P4)
– Women (15-45 years)	188,400	77,337
– Adolescents (15-19 years)	47,100	22,145
Upazilla	20	20
Unions	157	70

### Phases in Suchana and Timeline

Suchana will reach out 235,500 poor households by phases following a stepped wedged intervention approach. The regular implementation has just begun in year-I and will gradually include different cohorts. Households enrolled under year-I cohort, and year-4 cohort will be treated as intervention and control arm respectively to evaluate the impact of the programme on stunting and household level nutrition and food security indicators. Suchana phases are listed below:

Inception Phase:	August, 2015 to April, 2016 (9 months)
Learning Phase:	March, 2016 to December, 2016 (2-month overlap)
Phase-1:	January, 2017 to December, 2019 (three years with cohort-1)
Phase-2:	January, 2018 to December, 2020 (three years with cohort-2)
Phase-3:	January, 2019 to December, 2021 (three years with cohort-3)
Phase-4:	January, 2020 to December, 2022 (three years with cohort-4)

The Suchana phases with target BHH and timeline are shown below graphically:

Suchana BHH Distribution							
Phases Unions	Learning Phase	Year 1 (2017)	Year 2 (2018)	Year 3 (2019)	Year 4 (2020)	Year 5 (2021)	Year 6 (2022)
LP-----→ (12 unions)	14,714	*	*				
Phase 1-----→ (40 unions)		63,145	*	*			
Phase 2-----→ (36 unions)			58,238	*	*		
Phase 3-----→ (29 unions)				36,845	*	*	
Phase 4-----→ (40 unions)					62,637	*	*
157 unions	14,714	77,859	136,097	158,228	157,141	98,903	62,637



### III. SUCHANA INTERVENTION DESCRIPTION

To achieve Suchana goal and objectives, Suchana interventions are organised under five significant pillars.

**Pillar one** addresses the governance of nutrition including promotion of nutrition governance at sub-national level through the capacity building of local government institutions to understand the causes and scale of undernutrition in their constituencies. It is also trying to develop accountability amongst service providers and local governance institutions through incorporate appropriate actions into their planning and budgeting to address those issues. This will be complemented by the generation of evidence at subnational level to promote governance at the national level through platforms linked to FAO-MUCH, CSA-SUN, REACH, National Nutrition Working Group. Children will be empowered to promote nutrition governance at national and local levels. The Coalition will work with adolescents (both boys and girls) and empower them to become advocates/champions for nutrition in their communities using various tools, and guidelines that have already been developed, tested, and used in various save the children projects nationally and internationally.

**Pillar two** is focused on strengthening the delivery of key nutrition interventions. These include catalysing both delivery and uptake of nutrition-promoting services from early pregnancy and even before conception to the child's second birthday, to ensure that women enter pregnancy in a state of optimum nutrition. In addition to capacity building of existing health and family welfare initiatives and implementers of nutrition-specific interventions, the program is keen to build the awareness of nutrition-sensitive initiatives amongst other line ministries including Ministry of Food, Ministry of Agriculture, Ministry of Fisheries and Livestock, Local Government Division under Ministry of LGRD, Ministry of Disaster Management & Relief, Ministry of Women and Child Affairs. Simultaneously, communities will be supported to access their existing facilities and identify gaps to community leaders and local government representatives and will, therefore, be closely aligned with accountability mechanisms.

**Pillar three** tackles the economic barriers that prevent the household from adopting optimal nutrition practices. This includes nutrition-sensitive interventions designed to improve household income and subsequent food and nutrition security, as well as contribute to the economic empowerment of women and adolescent girls and build household resilience to shocks and hazards. This is being implemented through three key strategies income generation and diversification of livelihood strategies linked to the market; promoting household and community production and consumption of nutritious food; and strengthening the nutrition impact of government social protection schemes.

**Pillar four** addresses the intergenerational cycle of malnutrition, by ensuring that women and adolescent girls, their household members and the entire community have adequate nutrition knowledge and power that are required to translate that knowledge into practice. A major focus is to ensure that women and adolescent girls are empowered enough both socially and economically so that they can translate their knowledge into practice, challenge unequal power relations, harmful social and cultural practices, and gender norms including GBV, early marriage and early pregnancy. To ensure that protecting children from undernutrition becomes a shared responsibility, all members of the community, especially husbands and mothers in law who are traditionally significant decision makers, are targeted with evidence-based Behaviour Change Communication (BCC) messages on nutrition, health and WASH embedded in empowerment framework. Specific emphasis is given to empowering adolescent girls through specific BCC on pre-pregnancy nutrition, adolescent health and to challenge harmful cultural practices that perpetuate malnutrition across generations will be delivered. Adolescent forums are being used for young girls and boys to discuss together where possible and separately where culturally appropriate, their aspirations and concerns and how to raise these collectively within communities.

Nutrition Specific Interventions	Nutrition Sensitive Interventions
<ul style="list-style-type: none"> <li>• Formulation and orientation for <i>Pusti dol</i> or Nutrition team at village level</li> <li>• Conduct courtyard sessions and Counselling at household level</li> <li>• Ensure Maternal, new-born and child health (MNCH) practices</li> <li>• Ensure Infant and Young Child Feeding (IYCF) practices</li> <li>• Organize cooking demonstration</li> <li>• Mobilize community for Growth Monitoring &amp; Promotion (GMP)</li> <li>• Ensure Growth Monitoring and Promotion (GMP) services at community clinic</li> <li>• Ensure support for children suffering from severe and acute malnutrition</li> <li>• Improve capacity for field staff of Ministry of Health</li> <li>• Campaign for Vitamin 'A' capsule</li> <li>• Observe and celebrate days/weeks/event related to nutrition</li> <li>• Raising awareness for communities and target groups</li> <li>• Educate adolescents about nutrition</li> <li>• Orient Union Parishad (Local government) and community leaders about nutrition</li> <li>• Orient religious leaders and community leaders and influential people about nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiary Households capacity</li> <li>• building on homestead food</li> <li>• production and livelihood</li> <li>• Vegetable production and consumption</li> <li>• Poultry and livestock rearing</li> <li>• On-farm and off-farm income generating activities</li> <li>• Rapid market assessment and linkage</li> <li>• Beneficiary households' engagement with social safety net program</li> <li>• Beneficiary households' engagement with Village Savings and Loan Group/Association (VSLA)</li> </ul>

**Pillar five** provides the necessary evidence base to influence the programme as it develops and will provide critical input into shaping national food security and nutrition policy and international dialogue, the provision of evidence on how to deliver at scale in Sylhet and beyond. Evidence alone is not sufficient to push the nutrition agenda forward; how this evidence is used and disseminated is equally essential to leverage long-lasting change. Building on the combined strength of the coalition members, Suchana engages and mobilises a wide range of stakeholders to change nutrition practice and policy. It is being done so through three fundamental approaches: stepped-wedge evaluation, complimentary mixed methods approach, and dissemination of evidence and Advocacy.

**Suchana cross cutting all five pillars is a focus on building resilience. Suchana takes an integrated life-cycle approach, which incorporates nutrition specific and nutrition sensitive interventions that build households resilience to an array of health, economic, social and climate/disaster related shocks and hazards. Resilience is being achieved by increasing the households' access and utilization of strengthened health and nutrition related services, providing a range of climate-resilient livelihood options to increase income and improve skills to grow nutrition foods.**

The Stepped Wedge Evaluation will be used to estimate the attributable impact and is a cornerstone of the programme delivery and evaluation. To assess the attributable benefit of any intervention on nutritional status, it is necessary to know what would have happened without the intervention. Therefore, a control group will be included in programme activities through a phased approach as the last phase. The baseline survey is being carried out in the first and last phase of unions. The programme is then delivered in each successive phase, and the final survey is carried out just before the programme is delivered in the final phase of unions where the last phase counts as the control group. The effect

of the programme can be estimated by subtracting the change in outcome variables in the first phase of unions from the change in the last phase. This phased implementation allows the effect of the programme to be estimated above and beyond what would have happened in reality. It also avoids ethical issues that result from excluding subjects from a beneficial programme, as all participants in the evaluation will be included in the programme at some point. This approach also allows scale-up to take place as funding and capacity increase.

**Monitoring, Learning, Evaluation and Accountability (MEAL):** MEAL is a central component of the whole Suchana design, with one pillar (pillar 5) dedicated to generating and sharing evidence; promoting learning and accountability. The Suchana MEAL system is designed to go beyond measuring targets and milestones to generating robust evidence, knowledge, and learning. The MEAL system is designed around 5 core functions: Ensure regular monitoring and evaluation and performance tracking as well timely feedback to inform management decisions using a range of quantitative and qualitative tools; Generating robust evidence using a rigorous randomized controlled trial to demonstrate attributable impact of the complete package of interventions; Conducting a series of thematic studies to produce evidence on the effectiveness of individual components and create a body of knowledge particularly in the area of nutrition sensitive interventions which can be used to advocate for replication and scale up by government; Ensuring programme quality as per SCI programme quality framework; Promoting learning and strengthening accountability mechanisms by empowering community members, particularly children, to hold government (and indeed the Suchana programme) accountable to provide adequate and quality services to promote nutrition.

## IV. MAJOR WORKS AND RELATED ACHIEVEMENTS WITH GOB

From the very beginning, Suchana has been working with GoB departments at the national, sub-national and local level to implement Suchana activities. Some of the activities are listed below –

### *Suchana Randomization Workshop to Select Unions by Phases*

Suchana program has been structured by phases (e.g., inception phase, learning phase, and regular phases) where all the 157 unions are selected randomly. The Divisional Commissioner of Sylhet Division headed the randomisation process where district commissioners and other GoB officials from districts of Sylhet and Moulvibazar attended the session. The event took place at the Rose View hotel, Sylhet.

### *Suchana Launching Ceremony*

The Suchana program was launched officially by the State Minister of Finance and Planning in a Launching Ceremony at the Rose View Hotel in Sylhet in April 2017. GoB officials from Sylhet and Moulvibazar graced the occasion and provided valuable remarks to start the work of Suchana to prevent the malnutrition among the children in Sylhet and Moulvibazar. All the country directors and executive directors of the Suchana coalition also attended the Suchana launching ceremony and explained their role as technical, implementing and research partners in the Suchana programme.

### *Sensitization Workshop on Nutrition with UNOs and UP Chairmen*

Suchana is working closely with sub-national and local level GoB departments as well as the elected members of the upazilla and unions on a regular basis. Proper sensitisation on nutrition and Suchana programme activities is critical to the kind of systemic change pursued by the programme. In this respect, a daylong workshop in Sylhet on September 19, 2017, was conducted to shift perceptions, develop capacities, and gather more knowledge on Suchana. The Divisional Commissioner of Sylhet division chaired the session and provided remarkable guidance to progress Suchana through a collaborative process with GoB and other stakeholders.

### **Dissemination of Social Protection Study Findings with GoB and Other Stakeholders**

Suchana at a national dissemination workshop held in Dhaka in August 2017 presented findings of the Social Protection Access Study conducted by Suchana. The theme of the workshop was “Inclusive Social Protection for the Poor”. This was a high-level workshop with the participation of the Suchana funding agencies, UN Agencies, consortium partners, academics and Suchana stakeholders. The State Minister of Ministry of Women and Children Affairs (MoWCA) was the chief guest.

### **Suchana Lesson Learned Workshop**

Suchana has conducted the lesson learned workshop during March 22-23, 2017, at the Rose View Hotel, Sylhet. The purpose of the workshop was to share the lessons achieved from the implementation of the learning phase in Suchana and discussion how these learnings will be incorporated into the regular implementation. The Divisional Commissioner of Sylhet division attended the workshop as the chief guest. Some GoB officials from Sylhet and Moulvibazar districts participated in the learning workshop and provided valuable reflection and learning in the course of Suchana learning phase implementation.

### **Planning Workshop with DoF**

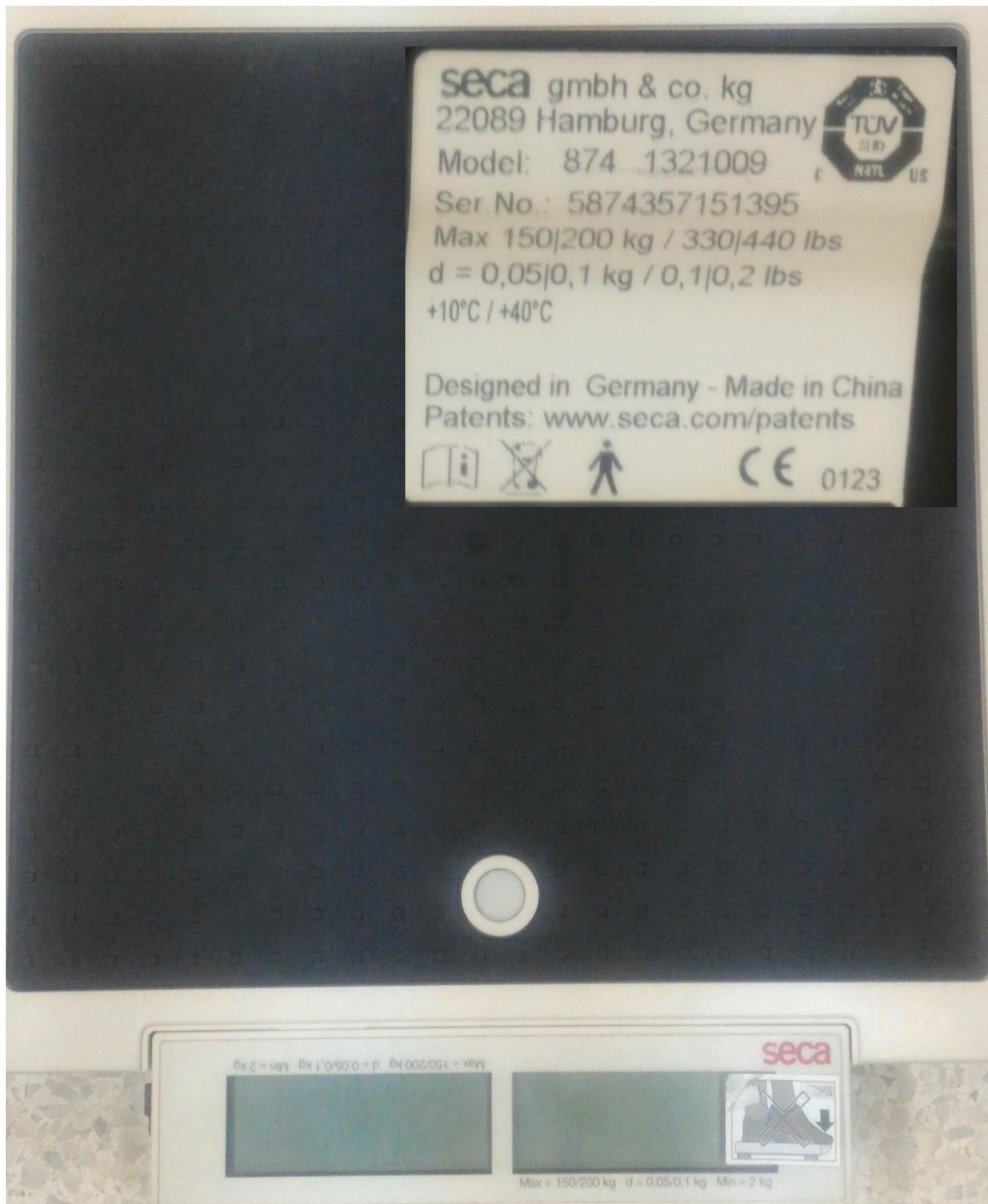
A planning workshop held on November 27, 2017, at the conference of ‘Matsha Bhaban’, Dhaka. Mr Sajedul Hasan, Chief of Party of Suchana program has presented a brief overview of the program and discussed with senior officials of Department of Fisheries to identify critical areas of collaboration and planning for future. Recently a Memorandum of Understanding (MoU) has been signed between the Ministry of Fisheries and Livestock and the Suchana program, to work jointly on nutrition security. Mr Syed Arif Azad, Director General of Department of Fisheries (DoF), was the chief guest in the planning and collaboration workshop.

### **Capacity Building of GoB Officials at the sub-national level on Nutrition Specific & Sensitive Components**

Suchana has provided different training and capacity building activities for the GoB officials at the district and sub-district levels. Below table shows some of the major training conducted:

<b>Training Types/Name</b>	<b>Participants</b>
GoB official received gender training	294
Training on nutrition-sensitive intervention (Department of Fisheries and Department of Agriculture Extension officials)	127
Training of MoH Doctors & Nurses on SAM (Severe Acute Malnourished) Management	82

## Annex 2: Equipment used in the baseline survey









### Annex 3: Major Areas for Qualitative Data Collection (Tentative)

- Basic household information, socio-demographic profile, household roster (including disability information)
- Different types of training received from Suchana, quality of training, reflection
- Different types of inputs received from Suchana
- Three sub-sections: (HFP-poultry, HFP-Aquaculture, HFP-AGA), use of inputs, current status, etc.
- Access to market, getting quality inputs, etc.
- Knowledge and practices on climate resilient livelihood, production technology, awareness on climate change, adverse effects, prevention/adaption practices
- Production from different Suchana introduced smart practices relating poultry, aquaculture, IGA related activities
- HFIAS indicators
- MDDW
- Consumption pattern of food, fruits, fish from own production introduced by Suchana
- Current, last reproductive issues, health services
- WASH
- Empowerment
- Access to social protection schemes of GoB
- Feeding for children
- Source of knowledge on nutrition
- Section for father (i) on knowledge on MCHN practices (ii) knowledge on negative consequences of early marriage, early pregnancy
- Feeding for children (6-11, 12-23, complementary feeding)
- Morbidity
- Health seeking practices
- Participation in few Suchana awareness session and related questions Participation in VSLA, activities in VSLA, participation in Pusti Dol, activities in Pusti Dol, participation in GPUK, activities in GPUK
- Adolescent section
- General health awareness, Nutritional knowledge and practices, empowerment, LSE participation and activities
- Anthropometry (weight, height)

## Annex 4: Major Areas for Qualitative Data Collection – FGD/IDI (Tentative)

FGDs will be done with different types of focused groups which are active in Suchana e.g., pregnant, lactating mother's groups, poultry groups, aquaculture groups, *Pustidol* (major group in a community, adolescent groups), etc. Total 12-15 FGDs will be done for obtaining broader understanding, perception on certain issues:

FGD with the beneficiaries' group will include the following major areas:

- Consumption practices in the household by members
  - IYCF practices, MDDW, HFIAS issues
  - Process of dividing food among family members, their thoughts, time, frequency, etc.
  - Challenges, observations
  - Role of women, their influence, other male members
  - Dividing workload, contribution of male members in family affairs
  - Changes felt after involving with Suchana
- Access to different health care services
  - How decisions taken, who plays a major role
  - Time of seeking health care practices
  - Opinions/role of other male members (e.g., husband, father-in-law, etc.)
  - Challenges
  - Opinions
  - Changes felt after involving with Suchana
- Perception of community people, religious leaders, elites, etc
  - Observation, difficulties in participation of Suchana program
  - Issues/scenario before engaging with Suchana and after
- Some group specific issues will be added here
  - Challenges for poultry/aquaculture/IGA related works
  - Support received from others
  - Perception on sustaining situations
  - How changes occurring among beneficiaries
  - Flash flood or disaster happened last 12 months, experiences, How Suchana helped them building resilience
- Areas for adolescents:
  - Areas which adolescent girls feel as improvement after engaging in Suchana
  - Discussion on how their knowledge gain in Suchana supportive for their future
  - What do they think would be their role in improving nutrition at family and community level
  - What they need more in their opinion to achieve their role (mentioned above)
- Suggestions, opinions from beneficiaries for future improvement

## **ANNEX 5: Major Areas for Interview Checklist with different GoB departments (Tentative)**

- Knowledge on current nutrition situation in Sylhet/Moulvibazar among the selected GoB officials (DNCC members, UNO, NPAN2/IPHN associated officials). Causes of malnutrition. Why nutrition needs to be prioritized. Their planning for nutrition in their respective dept.
- Knowledge on Suchana. How Suchana is working. Progress on Suchana activities. Knowledge on potential impact of Suchana
- Participation in Suchana programs. What are the events? What was the role?
- Coordination issues with your respective Dept. (under selected line ministries especially new NPAN2 and DNCC mechanism of BNCC).
- Any supervision visits in the field (with or without Suchana). If yes what, when, major reflections?
- Issues, how GoB departments and Suchana can collaborate?
- Have you participated in any planning meeting with Suchana or implementing/ technical partner? If yes, what type and main reflection. What was the reflection?
- Continuous relationship with Suchana? Regular meeting and points discussed in the last meeting?
- How Suchana collaborating with service providers, their feedback on Suchana interventions, quality, etc.
- Unions where response (including types) initiated by UDMC after disaster in Suchana working unions (two interview at Sylhet and Moulvibazar On UDMC related concerned GoB persons).

## Annex 6: Union List by phases

PHASE 3					PHASE 4				
Sl	Union Name, Upazilla	Women	Adoles.	Total	Sl	Union Name, Upazilla	Women	Adoles.	Total
1	AKHAILKURA, MAULVIBAZAR SADAR	821	257	1078	1	DEWAN BAZAR, BALAGANJ	1835	488	2323
2	BARLEKHA, BARLEKHA	961	308	1270	2	NIJ BAHADURPUR, BARLEKHA	1287	297	1584
3	BIRASREE, ZAKIGANJ	1092	244	1336	3	SUJANAGAR, BARLEKHA	1299	377	1676
4	BRAHMAN BAZAR, KULAURA	1345	465	1810	4	ALANKARI, BISHWANATH	801	369	1170
5	BURUNGA BAZAR, OSMANI NAGAR	1061	338	1400	5	DASGHAR, BISHWANATH	1112	316	1428
6	CHARKHAI, BEANI BAZAR	1483	382	1865	6	KHAZANCHIGAON, BISHWANATH	1367	486	1853
7	EKATUNA, MAULVIBAZAR SADAR	642	198	840	7	RAMPASHA, BISHWANATH	1899	519	2418
8	FENCHUGANJ, FENCHUGANJ	1063	238	1301	8	ISLAMPUR PASCHIM, COMPANIGANJ	1352	289	1641
9	GOLAPGANJ, GOLAPGANJ	881	253	1134	9	ISLAMPUR PURBA, COMPANIGANJ	1346	305	1651
10	GOULA BAZAR, OSMANI NAGAR	905	292	1198	10	RANIKHAI DAKSHIN, COMPANIGANJ	1089	359	1448
11	JALALABAD, SYLHET SADAR	1010	403	1413	11	DAUDPUR, DAKSHIN SURMA	1045	442	1487
12	KAMALPUR, MAULVIBAZAR SADAR	560	155	716	12	JALALPUR, DAKSHIN SURMA	1322	418	1740
13	KUCHAI, DAKSHIN SURMA	640	177	817	13	SILAM, DAKSHIN SURMA	1031	427	1458
14	KULAURA, KULAURA	737	140	877	14	AMURA, GOLAPGANJ	969	231	1200
15	MATHIURA, BEANI BAZAR	438	142	580	15	BUDBARI BAZAR, GOLAPGANJ	454	90	544
16	MOGALGAON, SYLHET SADAR	1011	302	1313	16	DHAKA DAKSHIN, GOLAPGANJ	1318	489	1807
17	OSMANPUR, OSMANI NAGAR	1294	343	1637	17	FULBARI, GOLAPGANJ	883	231	1114
18	PASCHIM LAKSHMIP RASAD, KANAIGHAT	1132	250	1382	18	LAKSHANABAND, GOLAPGANJ	1282	266	1548
19	PURBA JURI, JURI	783	307	1091	19	ALIRGAON, GOWAINGHAT	1435	264	1699
20	RAJAGANJ, KANAIGHAT	961	347	1308	20	LENGURA, GOWAINGHAT	920	226	1146
21	RAJNAGAR, RAJNAGAR	947	321	1269	21	DARBASTA, JAINTIAPUR	1242	366	1608
22	ROUTHGAON, KULAURA	1227	303	1530	22	JAINTAPUR, JAINTIAPUR	1196	340	1536
23	RUSTAMPUR, GOWAINGHAT	1386	254	1640	23	SAGARNAL, JURI	1151	366	1517
24	SINDURKHAN, SREEMANGAL	1900	297	2197	24	SHAMSHERNAGAR, KAMALGANJ	1042	291	1333
25	TENGRA, RAJNAGAR	894	339	1233	25	LAXMIPRASAD PURBO, KANAIGHAT	1306	357	1663
26	TETLI, DAKSHIN SURMA	913	346	1259	26	BHUKSHMAIL, KULAURA	1141	405	1546
27	TILPARA, BEANI BAZAR	963	219	1183	27	HAIJIPUR, KULAURA	1921	395	2316
28	UTTAR BADE PASHA, GOLAPGANJ	880	273	1153	28	JOYCHANDI, KULAURA	1149	351	1500
29	ZAKIGANJ, ZAKIGANJ	840	173	1013	29	AMTAIL, MAULVIBAZAR SADAR	1034	274	1308
					30	GIASNAGAR, MAULVIBAZAR SADAR	1272	417	1689
					31	KANAKPUR, MAULVIBAZAR SADAR	873	325	1198
					32	UPPER KAGABALA, MAULVIBAZAR SADAR	1232	300	1532
					33	OMARPUR, OSMANI NAGAR	1052	311	1363
					34	FATEHPUR, RAJNAGAR	1167	392	1559
					35	KAMAR CHAK, RAJNAGAR	1216	292	1508
					36	UTTARBHAG, RAJNAGAR	1052	276	1328
					37	SREEMANGAL, SREEMANGAL	1045	285	1330
					38	HATKHOLA, SYLHET SADAR	1059	308	1367
					39	KHADIM PARA, SYLHET SADAR	1130	373	1503
					40	BARA THAKURI, ZAKIGANJ	1077	391	1468
					41	BARAHAL, ZAKIGANJ	1169	361	1530