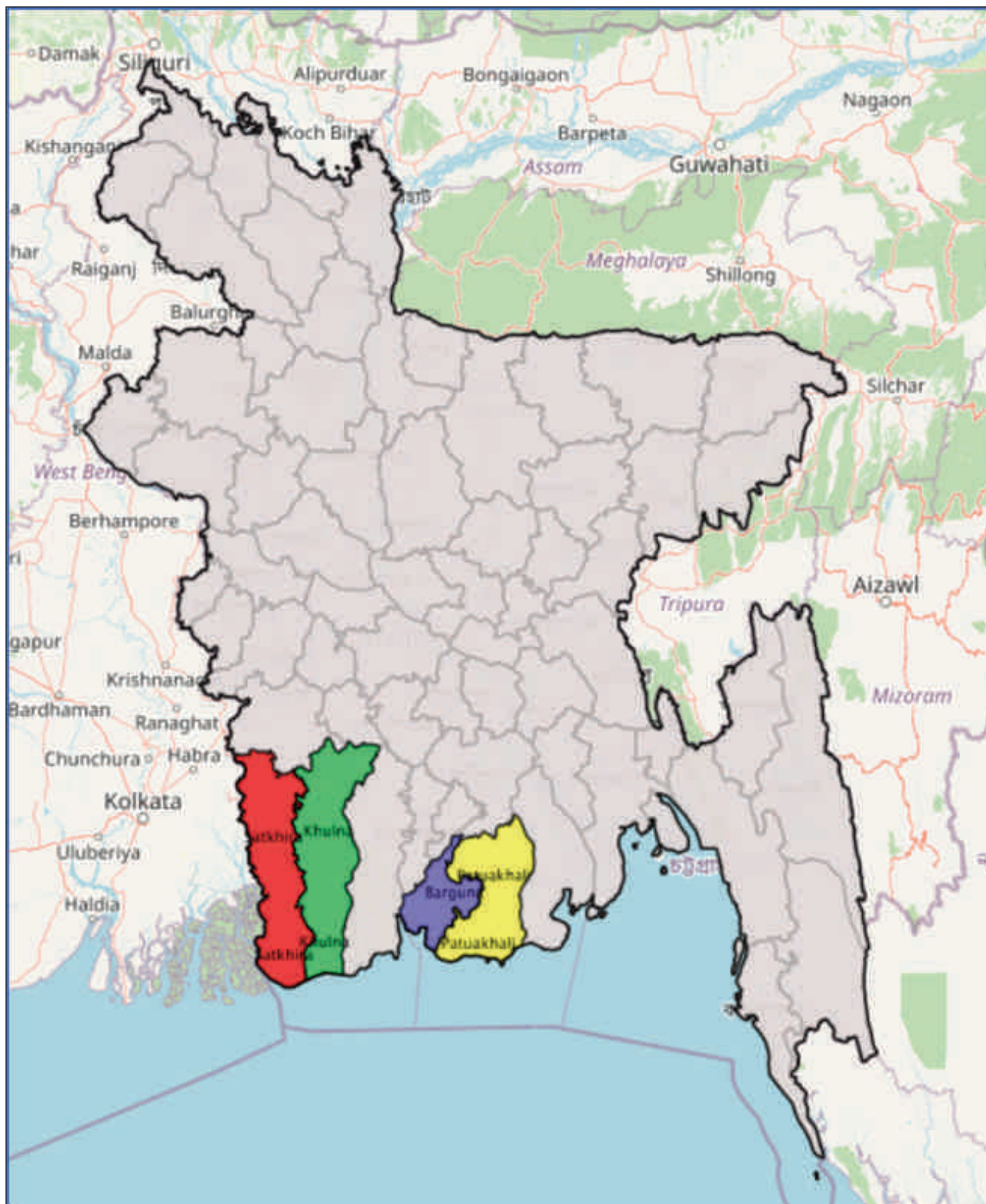


DECEMBER 2021

REPORT OF BMET-HLP UPAZILA WORKSHOPS

**Khulna (Dumuria)-Satkhira (Debhata)
Patuakhali (Patuakhali Sadar & Galachipa) and
Barguna (Taltoli) Districts of Bangladesh**

Organized and Prepared by
HLP Foundation with Support from CEGAA



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What's the Right2Grow Program?

Getting to zero undernutrition, and zero people without access to basic WASH

Despite great progress over the past decades, almost 200 million children under-five still suffer from stunting (low height for age), wasting (low weight/height), or both, over 340 million children from vitamin and mineral deficiencies; while COVID-19 and climate change further aggravate the situation. Right2Grow has analyzed the root causes of our inability to get these numbers to zero. We see a world full of great intentions, expertise, and wealth which does not live up to its promises and potential.

International partners

Right2Grow is a Strategic Partnership between Action Against Hunger, the Centre for Economic Governance and Accountability Africa (CEGAA), Max Foundation, Save the Children, The Hunger Project and World Vision. With funding from the Dutch Government (Civil Society for Strengthening the Power of Voices), Right2Grow will collaborate with communities, community-based organizations, and civil society organizations in Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan, and Uganda from 2021-2025. In Bangladesh, HLP Foundation joined this R2G Consortium to work on Budget Monitoring and Expenditure Tracking arena under the overall guidance of CEGAA.

Strengthening local voices

Right2Grow believes that sustainable progress can only be achieved by working with local communities, including especially women and other marginalized groups. Right2Grow, therefore, invests in communities, CBOs, and CSOs to collect their own data and stories on nutrition and WASH. We help them hold their nearest relevant government officials to account for what is needed, planned and — often not — delivered. We help build those stories into strong evidence to convince national and international leaders and officials to make better choices.

Strengthening partnerships

Right2Grow strengthens partnerships between local communities and their local governments to make a joint analysis of what is needed, and how local solutions can be supported, as well as build partnerships among civil society, private sector, and governments to approach the issue in an integrated way, breaking down the silos between nutrition and WASH actors, gender and economic growth through scaling up and funding bottom-up, gender sensitive approaches that cut across sectors, and build on meaningful community involvement and ownership. Right2Grow will collaborate closely with the Dutch Ministry of Foreign Affairs in the Netherlands and in the program countries towards joint objectives for sustainable impact.

Source: Extract from R2G Project Document, 2020

This Report is published by the HLP Foundation in collaboration with CEGAA for the “Right To Grow (R2G)” Program Bangladesh.

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Abbreviations

ACF	Action Against Hunger
ADP	Annual Development Plan and Budget
BBGs	Basic Block Grants
BDT	Bangladesh Taka
BINP	Bangladesh Integrated Nutrition Project
BMET	Budget Monitoring and Expenditure Tracking
BP	Best Practice
CEGAA	Centre for Economic Governance and Accountability in Africa
CSG	Community Support Groups
CU2	Children under Two
CU5	Children under Five
DDLG	Deputy Director, Local Government at District Level
DLG	Director, Local Government at Divisional Level
DP	Development Partner
GoB	Government of Bangladesh
GMP	Growth Monitoring and Promotion
GP	Good Practice
GUI	Graphical User Interface
HH	Household
HLP	Horizontal Learning Program
HLP-F	HLP Foundation
ICT	Information and Communication Technologies
INGO	International Non-governmental Organization
LGD	Local Government Division
LGIs	Local Government Institutions

LGSP-III	Third Local Governance Support Project
MDD	Minimum Dietary Diversity
MHM	Menstrual Hygiene Management
MIS	Management Information Systems
MoU	Memorandum of Understanding
MSP	Multi-Stakeholder Partnership
NGO	Non-governmental Organization
NILG	National Institute of Local Government
NNP	National Nutrition Program
NPAN	National Plan of Action for Nutrition
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UDCC	Upazila Development Coordination Committee
UNO	Upazila Nirbahi Officer
UP	Union Parishad
USD	United States Dollar
R2G	Right to Grow
WASH	Water, Sanitation, and Hygiene
WB	World Bank



Acknowledgments

HLP Foundation would like to convey thanks and deep appreciation of all the colleagues who have helped to organize and participate in back-to-back three workshops on BMET-HLP in the month of December 2021. The HLP Foundation would like to especially extend gratitude to:

14 UP representatives	Dumuria Upazila, Khulna District
12 UP representatives	Patuakhali Sadar Upazila, Patuakhali District
2 UP representatives	Galachipa Upazila, Patuakhali District
7 UP representatives	Taltoli Upazila, Barguna District
5 UP representatives	Debhata Upazila, Satkhira District
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Mr. Nur Mohammad	UP Chairman, Koroibaria UP, Taltali Upazila
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Background

Right2Grow (R2G) is a Strategic Partnership among Action Against Hunger, the Centre for Economic Governance and Accountability Africa (CEGAA), Max Foundation (Max F), Save the Children, The Hunger Project (THP), and World Vision. In Bangladesh, HLP Foundation (HLP-F) joined the R2G Consortium to assist selected 40 Unions, lowest tier of rural local governments in Bangladesh, to carry out Budget Monitoring and Expenditure Tracking related to water supply, sanitation, hygiene, and nutrition arena under the overall guidance of CEGAA.

With funding from the Dutch Government (Civil Society for Strengthening the Power of Voices), R2G will collaborate with communities, community-based organizations (CBOs), local and consortium partners (NGOs), and local government institutions (LGIs) in Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan, and Uganda from 2021-2025. The R2G Program will play a catalytic role for strengthening partnerships between local communities and their local government institutions (LGIs) (Union in case of Bangladesh) to make a joint analysis of what is needed, and how local solutions can be supported for every child to reach their full potential.

To achieve this long-term goal of R2G, the Program strongly emphasizes strengthening of partnership among civil society, private sector and government to approach in an integrated way, breaking down the silos between nutrition and WASH actors, gender and economic growth through scaling up and funding bottom-up to ensure reductions of all kinds of health risks for pregnant mothers and newly born babies, and to mitigate potential risks of stunting

HLP Foundation in collaboration with CEGAA are responsible for assisting 40 Unions for BMET. Therefore, the HLP Foundation has organized three back-to-back Upazila level workshops for five Upazilas in four districts to share the key objectives of R2G and BMET-HLP engagement and plan for rolling out its action plan for assisting Union to carry out BMET activities.

The Context

In the last two decades, Bangladesh has made major progress in many fields of development, like drastically improving the stunting (low height for age) and nutritional status. However, according to the Bangladesh Demographic Health Survey 2014, 36% of children under-

five (CU5) and 45.6% of children under-two (CU2) are severely stunted, while more than 17% are wasted (low weight for height). There is a wide disparity in poor, rural, and urban slum areas where stunting rates reach 50% of the population compared to 30% in other areas. Undernutrition is estimated to be the main underlying factor in 45% of all deaths in children under-five. Bangladesh is one of the top 30 countries (88th of 117 countries) that are most affected by hunger and malnutrition, according to the Global Hunger Index-2019 (it scores 25.8, thus holds the fifth position in Asia). The underlying causes of malnutrition in Bangladesh manifest at household and community levels across three pathways: household food insecurity, caring practice for women and children, health environment and services. Stunting is caused by inadequate nutrition and repeated bouts of infection (e.g., due to faecal-oral transmission of pathogens) within the first 1,000 days of a child's life. Stunting (being too small for their age) has long-term effects on individuals and societies, including diminished cognitive and physical development, reduced productive capacity, and poor health. Research has shown that nutrition is part of the solution to stunting. Exclusive breastfeeding rate is 55%. Only 23% of children between 6-23 months receive the minimum acceptable diet, and 28% obtain the recommended minimum dietary diversity (MDD). Children and women suffer from high levels of malnutrition and micronutrient deficiencies, resulting in low birth weight and iodine-deficiency disorders. Around 33% of CU5 and 26% of women (not pregnant or lactating) are anemic. Twenty percent of children suffer from vitamin A deficiency, and approximately 45% of children and 57% of women from zinc deficiency. The COVID-19 pandemic is expected to negatively impact the figures given above (Reference: R2G Program (Project) Document of Max Foundation, 2021).

Strong correlation between nutrition and WASH

Research demonstrates a strong correlation between water, sanitation, and hygiene (WASH) interventions, and a reduction in water and faecal-borne diseases. Investments in WASH should be recognized as a fundamental investment in early childhood development and human capital. From 1990 to 2017, Bangladesh experienced a 20% increase in access to safe drinking water sources, and 29% increase in access to sanitation that are considered as “improved” by global standards, with current access at 98% and 63% respectively. This still means that over one-third of the population in Bangladesh lack access to improved sanitation, and unsafe water, which is still mainly used for other domestic needs such as cleaning and bathing. Poor WASH infrastructure as well as unhygienic practices results in frequent infections, contributing to poor nutrition and vice-versa. The availability of hygiene products (e.g., handwashing devices with water and soap) in remote household is limited. Faecal-oral transmission is the most important pathway to both acute illnesses (diarrhea leading to severe acute malnutrition) and chronic illness, leading to malnutrition and stunting. WASH interventions addressing these factors must be accompanied by nutrition-specific and other nutrition sensitive activities to reduce the risk of infection and prevent diseases as well as to ensure the intake/absorption of sufficient amounts and varieties of nutrients necessary for a child's growth. WASH and Sexual and Reproductive Health and Right (SRHR) are strongly linked because the first 1,000 days of a baby from conception are essential for development.

Role of gender and power dynamics at household and community levels

In Bangladesh violation of child rights and mothers' rights is recurrent and remains largely ignored on a family, community and societal scale. The basic rights for children, including access to safe water, sanitation, and hygiene; sufficient food and nutrition; health facilities, protection, participation and cognitive development opportunities etc. are very often neglected. In addition to those rights, women's rights, access to media and information are among the most commonly neglected, especially for adolescents and children as well as mothers and caregivers.

Lack of nutrition, health and access to WASH services and access to knowledge (e.g., through media and education), attitudes and practices as well as intra-household dynamics often impede nutrition improvement. Evidence has also shown that the extent to which women have access to and control over productive resources, time, knowledge and social support networks largely determine nutritional status of mother and children; and the kind of care they provide for their children and for the rest of the household. The nutritional status of a woman before and during pregnancy has a direct impact on the development and nutritional status of her baby. Malnutrition increases the risk of low birth weight and undernutrition during infancy.

While availability and accessibility of nutritious and safe food at household and community level is a precondition for improved nutrition, it does not automatically lead to improved nutrition among all household members and the communities due to social barriers and inequalities. Among the people in the communities, the economic situation is strongly related to adverse growth - children from the poor communities in Bangladesh are at greater risk. Decision making for nutrition-specific and nutrition-sensitive actions and communities' placement in the power dynamics are therefore instrumental in the implementation of government policies.

Low community participation in policy implementation

The Bangladesh National Plan of Action for Nutrition (NPAN) has significantly improved in comparison to the earlier version, and lessons learnt have duly been taken into account. However, the key gap in the implementation process is the participation of communities as the rights holders. The governance structure of the NPAN involves a Nutrition Cluster, a body of several government institutions and INGOs providing nutrition services in emergencies. However, within this structure there is limited opportunity for participation of communities in decision making and claiming rights at national level, or even at district

level (via the District Nutrition Committee), although there is an NGO platform at Upazila (subdistrict) level.

With such a gap in policy implementation, it is important for community voices and perspectives to be heard in order to ensure implementation that actually meets the requirements for which duty-bearers can be held accountable.

Since Independence, NGOs and CSOs in Bangladesh have contributed to successful implementation of large-scale government interventions (like Bangladesh Integrated Nutrition Project (BINP) and National Nutrition Program (NNP) gathering experiences and learning, but it has often been along the lines of supporting implementation than influencing policy. While national and international CSOs are active and have some influencing power for policy making, budget allocation and implementation, it is on a Program-by-Program basis, with the need for better coordination in the sector and with the government. For example, there are a small number of large scale multi-sectoral nutrition programs with governance components currently ongoing in Bangladesh (like Suchana and CRAAIN which consortium member World Vision is also in, SAFAL which is also funded by the Dutch Government, and SONGO led by ICCO with which members have ties), and more synergy between the programs are needed to coherently influence policy. Some new programs on WASH, food security, and nutrition are going to be initiated as per the government's political mandate.

Nutrition, WASH and climate change adaptation

Bangladesh as a low-lying delta country is vulnerable to climate change, and already experiencing extreme bad weather events such as cyclones and flooding, as well as the consequence of increased salinity conditions in agriculture in the Southern part of Bangladesh. The nature of cyclone- and flood-prone geography in Bangladesh has a history of designing and implementing various types of adaptation activities (both policies and capital investment) with the support of development partners. These are:

- ◆ Flood management and irrigation schemes to raise agricultural productivity in low lying areas;
- ◆ Flood protection and drainage in urban areas;
- ◆ Coastal embankment projects to prevent tidal flooding and incursions of saline water;
- ◆ Multi-purpose cyclone shelters;
- ◆ Disaster management, response and recovery projects;
- ◆ Irrigation schemes to enable dry season crop;
- ◆ Agriculture research programs to develop saline, drought and flood tolerant, high yielding crop varieties; and
- ◆ Coastal 'greenbelt' (afforestation) projects.

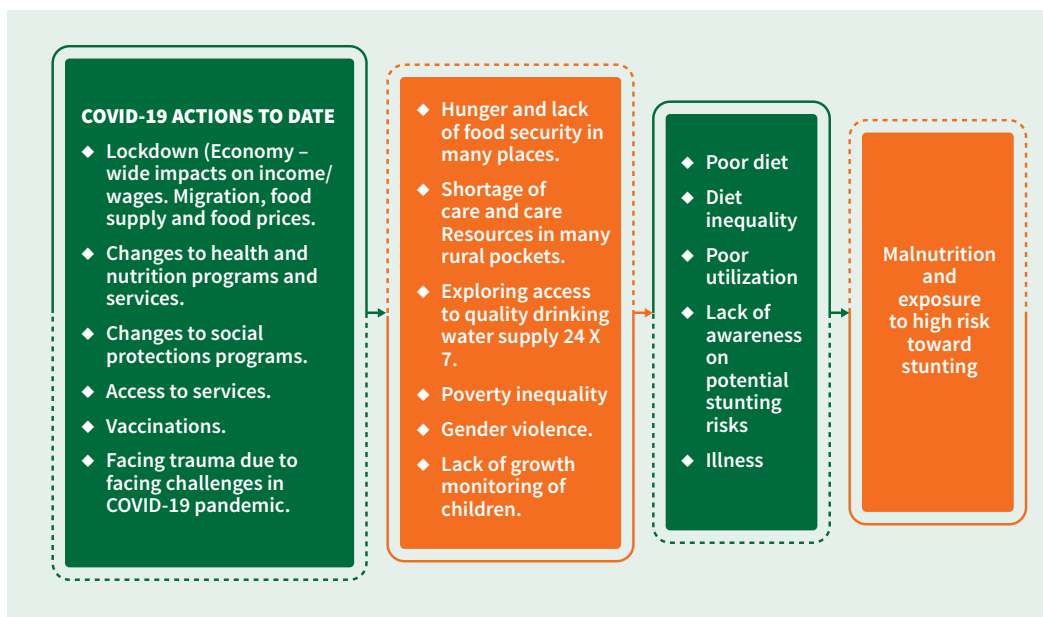
The National Plan for Disaster Management has been approved from the National Disaster Management Council with aim of:

- ◆ Production of rice and wheat might drop by 8% and 32% respectively by the year 2050;
- ◆ Increasing salinity of the groundwater as well as surface water resources;
- ◆ Sea level rise as a direct impact of global warming and 1,000 square kilometers of cultivated land and sea product culturing area is likely to become salt marsh;
- ◆ Projected sea-level rise could flood the residence of millions of people living in the low-lying areas such as in Bangladesh;
- ◆ Global burden (mortality and morbidity) of diarrhea and malnutrition attributable to climate-change are already the largest in Bangladesh;
- ◆ Land degradation, shortfalls in food production, rural poverty and urban unrest.

However, government capacity to respond and deliver on this plan is already stretched and more extreme weather events resulting from climate change put vulnerable coastal areas and communities more at risk, without sufficient resources allocated to address the issues. Latrines get washed away, water supply contaminated, and food chains (crops and distribution) get ruined or interrupted. This creates major setbacks in ability of households to practice good hygiene and get sufficient and diverse diet to meet nutritional needs.

Strengthening partnerships

R2G strengthens partnerships between local communities and their local governments to make a joint analysis of what is needed, and how local solutions can be supported. As well as partnerships between civil society, private sector and governments to approach the issue in an integrated way, breaking down the silos between nutrition and WASH actors, gender and economic growth: through scaling up and funding bottom-up, gender sensitive approaches that cut across sectors and build on meaningful community involvement and ownership. In May 2020, the Bangladesh National Nutrition Council (BNNC) published a comprehensive report determining the effects of COVID-19. Bangladesh has experienced an acute shortage of food, with prices of staples such as rice and pulses having risen since January 2020. People face the additional obstacle of the markets being closed, thus limiting their access to food. There has been a significant drop in per capita food expenditure, about 32% among urban slum poor and 24% among rural poor. Consequently, there has been a reduction in food consumption, especially amongst households in the lower poverty line. The BNNC report predicted that the subsequent shortage of food and lack of essential health services would result in stunting and wasting rates backslide by almost a decade, labelling this scenario as “Critical/Emergency” Below is their identified COVID-19 and Malnutrition Causality Pathways:



R2G Program

The ultimate goal of R2G is: Every child is able to reach their full potential.

The long-term impact envisioned by R2G is: All children under 5 are well nourished.

As per design, the medium-term impact R2G plays a catalytic role to assist and facilitate: Decision makers jointly and effectively address under nutrition in a multi-sectoral, gender-sensitive and inclusive way.

R2G expected outcomes are:



Long term
impact

All children under 5 are well nourished

Medium term
impact

Decision makers jointly and effectively address undernutrition
in a multi-sectoral, gender-sensitive and inclusive way

Outcomes

I. Communities demand and invest in basic social services and adopt good nutrition, WASH and Mother/Child health care practices, jointly addressing barriers with private sector partners

II. Representative and empowered civil society organisations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition

III. National government and decentralised entities adopt and mainstream an integrated, multisectoral approach to undernutrition in policies, action plans and budget allocations

IV. Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition

Intermediate
outcomes

A. Communities are aware of small doable actions and put them into practice

B. Communities have access to affordable nutrition, WASH and Mother/Child health products and services

C. CBOs and CSOs regularly engage with local government in programming and financial planning

D. CBOs and CSOs have the credibility & capacity to voice the concerns of the marginalised and disempowered

E. Evidence on pathways and implementation gaps informs policy-making

1. CBOs effectively mobilise communities around better nutrition, WASH and Mother/Child health care

2. Private sector develops innovative business models, services and products

3. CBOs and CSOs have the technical skills to track, analyse and report on allocation and expenditure

4. CBOs and CSOs widen their constituencies to include the interests of the most vulnerable

5. Communities, CBOs and CSOs gather data and experiences on the quality of nutrition, WASH and Mother/Child health service delivery

Outputs

Main intervention topic areas

WASH

Food & Nutrition
Security

Mother/Child health
care linkage

Gender equality and
inclusion

Ownership by local
organisations

Adaptive and
innovative approaches

Integrate COVID-19
Impact

Catalysing strategies to create long-term sustainable solutions

Under-lying assumptions for rolling out of R2G

The main assumptions during and after the implementation phase are:

1. Community-led approach is effective for behavioral change: communities in Bangladesh are quite responsive to development project actions and have strong willingness to change their behavior and take responsibility when the process is guided via a community led approach. This requires a combination of equitable access to knowledge and data which stimulates need and desire for good nutrition, WASH and primary health care. As an example, child growth data can ignite people for change in nutrition and WASH behavior. Max Foundation experienced in the past five years that using child growth data can stimulate parents and communities to change on 30-40 behavioral indicators. Initially the data creates awareness of the problem and the risk it gives. Thereafter, regular growth monitoring sessions make necessary changes tangible to the parents when they see their good practices of nutrition, health and WASH contributing to positive change in height and weight. Using this information for awareness on malnutrition and related social services in communities will lead to communities demanding services. This data also encourages performance of government and non-government actors as evidence is compelling. It allows men and women from all groups to get involved in the decision-making process. That is how community growth data generates a communal interest as well as pushes the local government body to invest budget for their children's well-being.
2. Training to 'build capacity for communities' will build capacity: When communities are trained and have access to knowledge of their rights and the obligations of the state and local governments, then they increase their participation in local government and form monitoring and lobbying groups with CSOs for realization of their rights to nutrition, WASH and food security.
3. CSOs are effective within the available civic space to be vocal about rights: R2G's strategy of strengthening and facilitating to CSOs (local interest groups, NGOs, LEAs etc.) is particularly targeted to sensitize the duty bearers on rights-based decision making for nutrition, health care and WASH. In Bangladesh and in many other countries, CSO plays a crucial role in demand creation, public awareness, social monitoring, debating on rights and budgets for service promotion and advocacy at local and national level.
4. Support for better structuring and adequate training on advocacy, public policy formulation process and budget monitoring and accountability of CSOs lead to them having an increased involvement /contribution in the civic space to promote nutrition, WASH and food security.
5. Periodical budget tracking by civil society stakeholders and community groups serve as a tool to improve transparency, accountability and participation. Budget tracking enables rights and improves duty bearer's performance.
6. If CSOs and CBOs monitor government in the performance of their tasks to ensure quality services, then governments will realize rights and be accountable, as it is

well known that government are responsive to public pressure, especially if it is evidence-based and supported by international partners.

7. Human Right based approach (HRBA) is successful in bringing about organizational and social change: Evidence that is available globally shows that HRBA-approach is more pragmatic and less ambitious, in that they do not envisage fundamental changes to the human rights framework. They are more practice orientated, i.e., they seek to introduce human rights principles into development thinking and practice. One of Right2Grow's strategic objective is to bring change in behaviors of right holders and duty bearers within the first 48 months, HRBA fits best to address its rights-based outputs.
8. Continued economic growth in Bangladesh leading to Bangladesh will graduate to a middle-income country, which enables opportunities for business-driven development. The increased economic ability of communities contributes to creating more investment opportunities in WASH, nutrition and health, while there are also more opportunities for the private sector to supply the desired products and services in hard-to-reach areas. Right2Grow also relies on the GoB and the private sector gradually taking over service delivery from internationally supported CSOs. Changing aid/ trade relationships of NGOs and donors.
9. Continued political will and stability of the present government in their commitment to nutrition improvement: The present government has been in place since 2008. The government has a strong commitment to eradicate all forms of malnutrition due to their commitment for SDG 2. Government revitalized the Bangladesh National Nutrition Council (BNNC) and endorsed National Nutrition Policy-2 (NPAN2) to invest USD 1.6 billion for improving the country's nutritional status of all ages and ensure inclusiveness. This created the opportunity for the Right2Grow programme to contribute to the NPAN2 implementation by upholding the rights of children and mothers.
10. Women participation in the decision-making process can bring effective change in gender equality: In Bangladesh gender inequality and imbalanced gendered power relations is a challenge to development projects. Women continue to be under-represented in the political and economic decision-making process in the communities and in the organizations. Gender mainstreaming is one important cross cutting strategy of the Right2Grow programme. The Programme assumes that womens' participation will strengthen the process of achieving the Right2Grow goal and will have positive effects on child nutrition and household food security.
11. For a change in the nutrition situation, a multisectoral approach needs to be effectively implemented by the actors.

R2G and SDG

The main assumptions during and after the implementation phase are:



BMET-HLP: CEGAA & HLP-F Collaboration

CEGAA and HLPF have agreed to coordinate and implement the BUDGET MONITORING AND EXPENDITURE TRACKING (BMET) portion of the RIGHT TO GROW (R2G) consortium advocacy program to improve nutrition and WASH planning, budgeting, implementation, and accountability at various levels in Bangladesh. The CEGAA and HLPF-specific outcomes 2 & 3 are shown in the table below, but are expected to support the other outcomes through joint or interwoven activities and budget advocacy information whenever responsible consortium partners seek for technical support:

OUTCOME 1	Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners. The following are intermediate outcomes that have been formulated to achieve outcome 1:
	A. Communities are aware of small doable actions and put them into practice.
	B. Communities have access to affordable nutrition and WASH products and services.
OUTCOME 2	Representative and empowered civil society organizations (CSOs) effectively navigate the civil space to advocate for leadership and good governance to present undernutrition. The following intermediate outcomes have been formulated to achieve outcome 2:
	C. CBOs and CSOs regularly engage with local government in programming and financial planning.
	D. CBOs and CSOs have the legitimacy & capacity to voice the concerns of the marginalized and less empowered or disadvantaged.
OUTCOME 3	National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to under nutrition in policies, action plans and budget allocations. The following intermediate outcomes have been formulated to achieve outcome 3:
	E. Evidence on pathways and implementation gaps informs policymaking.
	F. The multi-sectoral approach is reflected in sector policies and action plans of the government.
OUTCOME 4	Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of under nutrition. The following intermediate outcome has been formulated to achieve outcome 4:
	G. International actors participate in inter-sectoral coordination mechanisms, share data and engage in joint programming.

Bangladesh-specific BMET outputs to be achieved are:



Capacity strengthening and technical support to the R2G Consortium partners at national level; local partners (affiliated to R2G consortium partners) at regional level, and any suitable or relevant partners at local level.



Evidence generation for advocacy at national and Upazila levels. Evidence generation at community level will be generated by or through all consortium partners (with technical support and oversight provided by CEGAA and HLPF).



Advocacy action at national and Upazila levels. Advocacy action at local level will be coordinated and integrated into other consortium partner activities (with technical support and oversight provided by CEGAA and HLPF).

BMET-HLP Upazila Workshops

On this backdrop, HLP-F organized three back-to-back workshops to cover all selected 40 Unions in five Upazilas to orient them on R2G and especially provide them insights on BMET rolling out activities and seek the advice from participants on how to further polish the work plan to play a catalytic role for assisting Union for effectively carry out BMET activities.

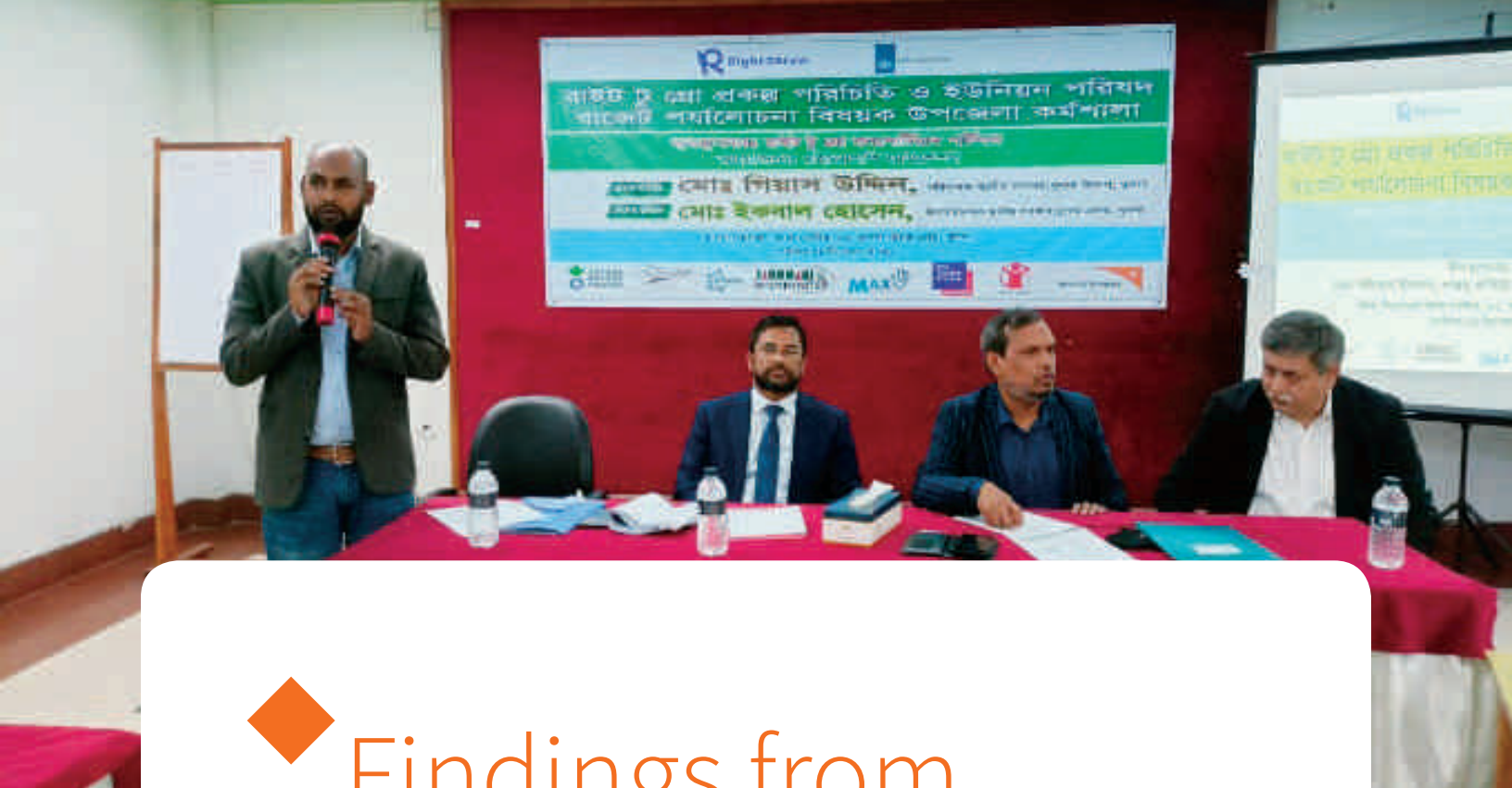
The Workshops

All three workshops started with inaugural sessions – welcoming participants and explaining the main objectives of the workshop. Followed by a brief presentation on the purpose of R2G and BMET as well as explaining the HLP tools for capturing the budget and expenditures for each union.

The objective of the HLP Orientation Workshop was to build a common consensus and understanding of the Horizontal Learning Program (HLP) and introduce HLP as a tool for Budget Monitoring and Expenditure Tracking (BMET) components under R2G Program in Bangladesh.

The participants were divided in groups to seek their views and perceptions; and summarize it for developing and polishing work plan for HLP-F for rolling out BMET activities. This workshop intended to create awareness among key partners in the local government so that they can roll out R2G Program effectively and efficiently. These workshops further helped the participants of government bodies (please refer pages 38-40: Participant Lists) to fully internalize the R2G Program and to explore adequate budget for WASH and Nutrition related activities at union level.

The workshop was then addressed by the Local Government Division (LGD) of the Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C) representatives at local level along with representatives of R2G Consortium partners, followed by summarizing the workshop by HLPF.



Findings from Khulna Workshop

The first Upazila level HLP Orientation Workshop for Budget, Monitoring and Expenditure Tracking (BMET) component under Right2Grow (R2G) was successfully conducted by the HLP Foundation (HLP-F) with the support from the Center for Economic Governance and Accountability in Africa (CEGAA) on the 11th of December 2021 at the CSS Ava Center, Rupsha, Khulna.

The workshop was hosted and facilitated by Mr. M. Shafiqul Islam, Former Additional Secretary and President of HLP Foundation (HLP-F) along with Mr. Santanu Lahiri, Senior Decentralization Consultant of World Bank and Think Tank Member of HLP-F; and Mr. Salim Hossain Bhuiyan, HLP Expert and Treasurer of HLP-F.

The workshop was initiated by Mr. Babul Sheikh, Regional Manager-Khulna, Max Foundation with a brief but concise description of Max's founding principles, the areas they work in and relevant projects they have undertaken in line with Right2Grow. He further explained how Right2Grow is now being conducted across 4 districts and 5 Upazilas and their main aim is to well nourish all the kids below the age of 5. They have set objectives for hygiene, child and mother care and nutrition. He expressed that R2G would like to strengthen community engagement and contribution in order to establish and sustain WASH and Nutrition related practices, and effectively collaborate with District Administration, Upazila Parishads, Union Parishads, and Community Health Clinics.

This was followed with a little background on horizontal learning and how it started in Bangladesh by Mr. M. Shafiqul Islam, President, HLP-F.

After this HLP-F Think Tank member, Mr. Santanu Lahiri held a discussion on the child growth chart that measures the height and the weight of children until the age of two. A general overview of how the height and weight of the child changes overtime was described. He then debunked the myth of how stagnation or the reduction of height or growth can be fixed by more nutritious food. Lack of an understanding might lead to the kids becoming stunted and deficiency in cognitive development in kids. Even though community clinics are supposed to measure children along this graph alongside the Union Parishad, neither the parents nor the front liners are conscious about it. According to a global study proper food alone cannot replenish the lack of nutrition. Mr. Santanu exemplifies how through the usage of this graph, stunting of children in the 'danger zone' can be monitored. A courtyard meeting with those mothers to figure out what they are doing wrong so that one of their children has fallen under danger zone (red zone of the graph) shall be held. HLP-F will play a catalytic role to identify local expert from community support group who is directly engaged with local NGO of the R2G Consortium Partners so he/she can facilitate and conduct courtyard meetings and help mothers for mapping their childrens' height-weight growth monitoring while keeping community



Key discussion points from each group are stated below.





clinic staff fully on board. He/she then goes on to explain environmental enteric dysfunction, which is caused by lack of proper sanitation. HLP-F will provide them with advocacy material (to be developed jointly with R2G Consortium Partners) which will help them create door to door awareness and court-yard meetings. The visit of courtyard members to the red zone house as quite essential. If they discover that lack of improved services are the reason then that has to be informed to the Union Parishad member so he/she can take appropriate steps and if necessary allocate budget from the UP's own source revenues to help the red zone household members.

At the end of the session, Mr. Shafiqul Islam highlighted the need for R2G awareness and the risks associated with stunting and how everyone should implement their learnings from this workshop in their lives, as well as share what they have learned with other people in their lives.

This was followed by a valuable speech from Mr. Giash Uddin Director of Local Government, Khulna Division where he expressed his concern regarding how much time after the workshop, they can spend R2G and he insisted that they cooperate with the HLP-F staff and consultants so they can materialize the R2G Program. He hopes that the Program can be expanded on to other nearby vulnerable areas. He also emphasizes on how essential such Program is to realize governments SDG's and its aim to become a developed country by 2041. He also mentions how community discussions from "Ward Shava" are essential in figuring out what kind of schemes that they need to implement to better fit each ward's needs.

The workshop saw great enthusiasm and participation from the participants when they were split into groups with the task of brainstorming and highlighting their concerns and presenting them in a plenary. The topics included BMET; individual responsibility, social mobilization for reducing stunting and enhancement of nutrition, and their plans for the next six months.

GROUP 1

BMET: Issues related to planning and budgeting

- ◆ Union Parishads are often interested to allocate fund that can benefit to maximum population and quite visual, such as on roads, culverts, markets, water supply, building/repair of community clinics, schools building etc. Therefore, UP's allocation of supporting awareness and advocacy for WASH and Nutrition often is being non-prioritized activities, and due to that 'Child Growth Monitoring' is often being dependent on activities either perform by NGOs and/or Community Clinics. This issue needs to further discussed with UPs by HLPF team members so they can also take full interest on the same.
- ◆ Often sufficient funds are not allocated to sub-projects and therefore, to fix this issue, reasonable amount of budget should be made available to implement all the planned sub-projects.
- ◆ Workshop participants, Union Parishads themselves expressed that there is a lack of interest in allocating budget in projects that raise awareness among people because outcomes of these budget are difficult to show to the people and that's why they are not interested to support these kind of activities.
- ◆ Roles for Union Parishad functionaries are clearly mentioned in Union Parishad Act 2009, which mentioned the role of Chairperson and Members.
 - ▶ **Chairman** - The Chairman is to provide the leadership needed to implement and prepare the budget.
 - ▶ **Members** - The members will need to cooperate for the budget preparation and implementation of the budget.
- ◆ Standing Committees- The standing committee will need to verify whether the budget has met all its criteria.
- ◆ Their responsibilities include holding regular Union Development Coordination Committee (UDCC) meetings, Standing Committee Meetings and so on.
- ◆ Regular meetings will need to be held with the standing committee.
- ◆ Any committee for budgetary purposes should be made of well accepted by the people who are in touch with the greater community.
- ◆ The locals should be informed through open budget meetings.
- ◆ A timeline must be created for the preparation of the budget.
- ◆ The budget will also need to be reviewed later down the line.
- ◆ Refresher courses on how to conduct a budget should be done through virtual meetings.

GROUP 2

Social mobilization for reducing Stunting and enhancement of nutrition

- ◆ Special committees are to be formed across unions, wards and villages to enhance nutrition and reduce stunting.
- ◆ Counseling sessions should be held in houses which have expecting mothers with community clinic members.
- ◆ Conducting courtyard meetings and orientation sessions to enhance nutrition and reduce stunting.
- ◆ Establish synergy and communication with partners such as community clinic members and other health service workers and institutions.
- ◆ Observe and celebrate nutrition day to create more awareness among the locals.
- ◆ Mandatory discussions on nutrition and stunting should be held on both ward and UP level meetings.
- ◆ Distribute leaflets and organize campaigns to aware parents to measure the height and weight of children below the age of five and keep those records.
- ◆ Create a standing committee for Health and Education.
- ◆ During the regular meetings of UDCC key decisions should be made on how to plan and monitoring the growth of the children should be discussed.
- ◆ Holding discussions and conduct sessions and competition on different educational institutions regarding stunting and child growth.
- ◆ Awaring people especially, mothers of primary school going children
- ◆ relevant materials
- ◆ Hold meetings with the parents of malnutrition children.
- ◆ If needed, necessary funds should be kept to accelerate these objectives.

GROUP 3

Plan for the next 6 months

- A. Create a list of mothers expecting to give birth in the presence of a health worker.
- B. Ward meetings should allocate a budget on health and nutrition.
- C. Create a database for children aged 0-5 across wards, as well as keeping records of their height and weight and how it has changed over time.
- D. Conduct meetings with these mothers every 3 months to inform them on their health and nutrition.
- E. Ensure health posters are displayed across schools in the UP.

All the participants showed great enthusiasm and determination in implementing all the afore mentioned points and both the DLG and DDLG have assured HLP-F that they will take a keen interest on how they go about this and they also will do regular follow backs with the Ward secretaries to ensure their progress. HLP-F will also be making a Facebook Messenger with all the participants present to ensure direct and effective communication. HLP-F have also held preliminary talks about holding virtual meetings in the near future to provide the UP's further assistance in implementing Monitoring and Expenditure Tracking (BMET) components under R2G.

The event ended with a concluding speech by Mr. Iqbal Hossain, DDLG and with a closing speech from the President of the HLP-F.





Findings from Patuakhali Workshop

The second Upazila level HLP Orientation Workshop for BMET component under R2G was successfully conducted by the HLP-F with the support from CEGAA on the 12th of December 2021 at the SDA Training Centre, PTI Road, Sabuj Bag, Patuakhali.

Useless Session

Exercise instructions: The facilitator will ask all participants to find something ‘useless’ from the classroom or nearby places within 3 minutes.

- ◆ Make the participants stand in a circle facing each other.
- ◆ The facilitator should place one or two sheet(s) of A3 paper in the center.
- ◆ Ask them to bring in/get any ‘useless item’ that they find from the venue, and/or nearby places within 3 minutes, and place it on the paper.
- ◆ When time is up, ask the participants to present what they brought, and explain why they felt it is useless.
- ◆ After the participant states why he/she finds it useless, ask the group if they agree with this explanation, and whether this item has any utility.
- ◆ Conduct a round of explanation on the same issue — involving all the participants.
- ◆ If any participant says that they have not found any ‘useless item’ then ask — why? If they say all useless items have already been picked up by colleagues, and that’s why he/she could not find any — request all the participants mentioning and finding any ‘useless item’ to stand on one side. If any participant says that he/she feels there is no ‘useless item’, then request him/her to stand opposite the other group. Then, request them to clarify among themselves why they have different views for same things. Let them explain, and then finally conclude the session with closing remarks.

Conclusion: We can say that nothing on this earth is useless. It is important to understand how we perceive different events and activities that take place. If we have a positive perspective, and look for a holistic bigger picture, then we find everything is useful, but maybe for this specific event it is ‘useless’. That means both perspectives are correct, and it depends upon how and the context in which we are seeing the thing. Therefore, it is important to keep a holistic view, and see the usefulness of all things. This is the view that the HLP follows while doing any activities under the HLP platform. Thus, in summary, everyone has something to contribute, and everyone has something to learn from others.

The workshop was initiated by Mr. Salim Hossain Bhuiyan, HLP Expert and Treasurer of HLP-F on the lack of budget for Nutrition and WASH components in the UP budget. He praised the people for their transparency while making the UP budget and then explained the basic principles of R2G. The next bit of the workshop was led by Max Foundation representative Mr. Md. Motiur Rahman. He started with a brief history of the work MAX has been doing in Bangladesh- they have been working with SDG in mind and how with the conclusion of NutriWash their focus is on R2G. He explained the roles the people will need to play to ensure the successes of R2G. After which HLP-F think tank member Mr. Santanu Lahiri took over and explained the philosophy on how HLP-F is not looking R2G as a project, instead HLP-F is looking R2G as a Program, which from the beginning needs to be aligned with GoB's regular activities. He then conducted a 'Useless Session'. He then encouraged the participants to look at problems as a challenge from the same side rather than as conflicts. In the second part of his segment, he explained the growth chart and how the height and the weight changes over time and the risks of the child becoming stunted increases. He explained the spillover effects of stunting and how the chart is essential to help kids from getting stunted. He explained how R2G wants to bring awareness to families all over, and how communication within the community is essential in helping the kids who have already fallen into the risk of getting stunted. R2G wants to promote people from the same union and or village to visit each other and report their findings to a centralized database, as the reasons behind why a kid might be at risk differs vastly based on geography. He explained the myths surrounding environmental enteric dysfunction and how serious the implications are. He explained how things have now changed and how union progress and merits determine which union will get the funding. He explained how HLP-F will have them represent the need for a specialized budget for health and nutrition with the eventual goal of achieving SDG.

After which the president of HLP-F Mr. Md. Shafiqul Islam took over where he highlighted the statistics of how only about a percent of people from the Union or villages end up becoming successful. He then linked it to the deficiency caused by stunting during the initial years. He also highlighted how the narrowed focus on only creating infrastructure and roads will not bring any kind of development. Cognitive development from the absolute start of the child's life is essential to build a more productive nation. He then highlighted how serious the risks associated with stunting are and how the damage that is being made is permanent. He encouraged the participants to realize how serious the situation has become and they should immediately look towards building a plan and taking initiatives that are necessary. He went on to explain the core principles of HLP and how they should



cooperate and help each other throughout this program and beyond. He explained how their focus should remain on adapting the best aspects from different projects beyond its lifetime, and also encouraged them to take small initiatives on their own such as ensuring no children in their vicinity won't be affected by stunting.

After this the participants were asked to write down and present a plan on how to combat stunting and increase nutrition the next 6 months; these are what they came up with:

- ◆ Arrange courtyard meetings to inform the mothers of newborn babies and provide suggestions so they can get regular checkups at the nearest community clinics.
- ◆ Hold workshops at union level to reduce stunting.
- ◆ Take decisions of which measures to take to reduce stunting in the standing committee meeting.
- ◆ Create provision in the UP budget for reducing stunting
- ◆ Hold discussions on stunting in the union coordination committee and union development meetings
- ◆ UP's should allocate budget for projects undertaken to reduce stunting
- ◆ Children should be fed nutritious food
- ◆ Regular visits should be made to the community clinic to regularly check the height and the weight of the child, at least once a month.
- ◆ Aware the kids and mothers about the initiative undertaken by the UP through the use of mics in their localities in order to motivate them to participate in them
- ◆ Periodic reviews should be made to check the overall physical and cognitive growth of the children in their locality.
- ◆ Discussions should be started on the development of the children aged between 0-5 starting from the financial year 2022-2023 in the ward meetings.
- ◆ A scheme to reduce stunting among children aged between 0-5 and to make mothers aware about the importance of their nutrition should be undertaken and implemented within the next six months.
- ◆ Make a list of all the new born babies in the union
- ◆ Community clinic staff and doctors should be made aware associated with the risks of stunting and the roles they have to play to eliminate it

- ◆ Maintain a hygienic and safe place for the children to live and eat in
- ◆ Parents should track the symptoms of the physical and cognitive growth of their kids and immediately contact the community clinic if they notice any problematic symptoms.
- ◆ Village police and local public representatives should be made aware about stunting to motivate them about children nutrition
- ◆ Make sure that child growth charts for the protection of their health gets prepared and distributed across every household
- ◆ Issues regarding stunting should be discussed in the Upazila meeting
- ◆ The Chairman and UP team will advocate this agenda in the Upazila meeting.
- ◆ Include a provision for food and nutrition plan in the next 22-23 UP Budget.
- ◆ Create a virtual group with all the participants present and do a follow up meeting with the participants in January 2022.
- ◆ Arrange live streams of any meeting regarding nutrition and stunting.





Findings from Barguna Workshop

Upazila level R2G cum HLP Orientation Workshop for Budget, Monitoring and Expenditure Tracking (BMET) component under Right2Grow (R2G).

The third ever Upazila level HLP Orientation Workshop for Budget, Monitoring and Expenditure Tracking (BMET) component under Right2Grow (R2G) was successfully conducted by the HLP Foundation (HLP-F) with the support from the Center for Economic Governance and Accountability in Africa (CEGAA) on the 13th of December 2021 at the JAGONARI Training and Research Center (Pathshala), Borguna district.

The workshop was initiated by Mr. Salim Hossain Bhuiyan with a brief description of everyone present at the workshop and then explaining the core principles of R2G and how it relates as a whole to the core necessities of life such as health, shelter, etc. How all of us present here, the government, the parents, how they all have a key role to play in ensuring that every child gets their Right 2 Grow. He thanked the secretaries present for sending HLP-F the budget 15 days ahead of that day's workshop.

The next segment was initiated by a JAGONARI representative Duke Ivn Amin who started off with a brief description of how JAGONARI is working as a field partner with ACF, and how there is a lack of knowledge among most people in Bangladesh regarding what kind of foods they should be having and how much calories they should intake. He further explained what future projects are being planned on with a special focus on providing clean water. He further emphasized on JAGONARI's financial transparency and how the upcoming foundation training will clear their understanding on how to materialize R2G in Barguna and other places.

The next component was ministered by the president of HLP-F Mr. Md. Shafiqul Islam with stating the importance children hold to their parents. He explained how unemployment is rampant across the country and how it all leads to less and less kids ending up finishing school, and how it all could be related back to stunting. He then explained how stunting could affect both the physical and cognitive developments of a child. If the stunting is not detected within the first 2 years of it happening the damage would end up being stunted forever. He explained the growth chart and how they can use it as a method to detect if a child has any risks of getting stunted. He further addressed the concerns regarding HLP-F's role in this and how they can share the knowledge gained here to the other people in their lives, and how they need any kind of funding or budgeting to implement these practices. He explained how they can implement HLP across the board and raise awareness for stunting, and explained the principles of horizontal learning.

The final segment was taken over by HLP-F Think Tank member Mr. Santanu Lahiri, who explained the various aspects of cleanliness, safe water and other things. He explained how the bodies often get used to drinking unclean water and do not recognize the symptoms related to stunting. Therefore, through the regular use of the growth chart we can combat this. He encouraged the chairman and panel chairman to encourage community clinics in their vicinity to use these growth charts and to encourage communication within the community to see what each of them are doing differently to figure what caused their child to fall into the red zone. He asked them to live stream their ward shava so they can gain feedback from across the board. He explained how to systemize by personally giving funding directly to the UP rather than directly to the community clinic.

The HLP-F members then held a group discussion with the participants to discuss what their immediate action plan should be, the highlights are as follows:

- ◆ There is a need for a budget
- ◆ They felt that more than a numerical budget, a mental determination is required to implement any project. The importance of community interactions were also highlighted in order to find out what exactly is the cause of stunting.
- ◆ In respect to this area there is a tendency of people to only eat fish; encouraging people to eat other nutritious foods was also mentioned.
- ◆ There should be visual indicators in respect to what stage each child is in should be of massive help.

After that the participants were asked for their recommendations on their ideas to reduce stunting; the highlights are as follows:

- ◆ Conduct courtyard meetings with mothers and children.
- ◆ Field officers from JAGONARI will need to create dialogue between them and mothers of newborns to raise awareness.
- ◆ Raise the issues in the UP meetings.
- ◆ Create a provision in the UP budget to combat stunting.
- ◆ Present the physical and cognitive growth of a child in a visual poster and distribute it across every household.
- ◆ Train the community clinic staff on stunting and nutrition.
- ◆ Everyone who comes to the UP should be motivated to look out for symptoms of stunting in their kids.
- ◆ Measures are needed to be taken for the households with kids in risk of getting stunted.
- ◆ Nutritious food should be provided to the children in risk of getting stunted.
- ◆ Parents should take their kids every month to the community clinic to measure their height and weight.

- ◆ Increase education and literacy across union and ward level.
- ◆ Bring changes to the way food is prepared.
- ◆ Create connections between the children and the community clinic of each UP members vicinity.
- ◆ Inform all the UP members regarding stunting.
- ◆ UP panel chairman will visit the community clinics to instruct them about the issues regarding stunting and what roles they would need to play to combat this.
- ◆ UP members will go to their respective wards to orient the locals regarding the R2G Program.
- ◆ Through the use of street plays locals would be made aware of the issues regarding stunting.
- ◆ UP secretaries will regularly visit the community clinics.
- ◆ Send out key information regarding stunting and nutrition to family welfare centers, community clinics and educational centers.
- ◆ Conduct meetings to inform people about the R2G project across UP's and wards.
- ◆ UP Chairman will visit their respective community clinics every week.
- ◆ Conduct meetings in community clinics with mothers with kids aged between 0-2.
- ◆ Discuss the R2G Program in the UP monthly meetings and invite the field level officers of the UP in that meeting.
- ◆ Make a plan to realize what kids aged from 0-5 need for their physical and cognitive growth so that they do not get stunted within the next 5 years.
- ◆ Bring up the agenda for the aforementioned plan and approve it in the UP monthly meeting.
- ◆ This plan should also be discussed across UDCC and ward meetings.
- ◆ Hold courtyard meeting across every ward to raise awareness.
- ◆ Alongside the community clinic prepare a list of pregnant mothers and of kids aged between 0-5.
- ◆ Measure the height and weight of kids aged 0-5 in regular intervals.
- ◆ Create awareness across every institution in the union level through informative posters and leaflets. These leaflets should be made with the input from across the UP, this draft will then be sent to the HLP-F, where they will finalize a concrete poster with the help of JAGONARI. These posters should be highlighted across culture events whenever they happen.
- ◆ Ensure sanitary napkins, latrines and install tube wells.
- ◆ Keep a provision for providing nutrition to expecting mothers and kids in the upcoming UP budget.
- ◆ Open a messenger and WhatsApp group to share progress across all the Union and wards.



◆ The learning from three workshops

It was agreed in the workshop that R2G Partner agencies (including HLPF) must therefore be engaged with all existing Government Committees to carry out the R2G activities, and no additional committee will be established by R2G Programme to stop over-loading the Union Parishad. Instead of that with existing GoB structure the BMET activities will be formed as BMET Action Teams for Union Parishad.



Summary of Next steps

During organizing and having dialogue with representatives of 40 Union and respective Deputy Director and Director of Local Government and R2G Consortium Partners following factors are surfaced out and agreed upon to take up as immediate next steps for HLP-F for initiating BMET activities.

1. There is lack of activities in UP Standing Committee dealing with WASH and Health related to ensuring improved WASH and Nutrition services and children growth monitoring. Therefore, HLP-F through R2G Consortium Partners need to activate these UP-Standing Committees, ensure proper functioning of UDCC, Ward Shavas and UP Open Budget Dialogues.
2. HLP-F will assist R2G Consortium Partners
 - ◆ To closely link and work with Community Support Group and Community Clinics for carrying out awareness and advocacy program for R2G and
 - ◆ To conduct court-yard meetings for pregnant mothers and mother with babies under five on children growth monitoring.
 - ◆ To discuss with all Union Parishads to include the roles and responsibilities of BMET Action Team to regularly conducting BMET activities in their respective Union Parishads.
3. Mobilize Ward members for UP and NGO's budget and expenditure tracking.



BMET-HLP ORIENTATION WORKSHOP UNDER R2G

Organized By: HLP Foundation and CEGAA

Conference Room, CSS Ava Centre, Rupsha, Khulna

11 December 2021

WORKSHOP AGENDA

Time	Items/activities	Facilitator/ Person Responsible
09:00-09:30	Registration	Mr. Kanchan Kumar Dey UP Secretary, Alipur UP, Satkhira Sadar
09:30-09:45	Welcome Address & Self Introduction	Mr. Salim Hossain Bhuiyan HLP Expert, HLP-F
09:45-09:55	Remarks from Max Foundation	Mr. Babul Sheikh Regional Manager, Khulna, Max F
09:55-10:20	Presentation on BMET-HLP	Mr. Santanu Lahiri Think Tank Member, HLP-F
10:20-10:30	Speech by the Chief Guest	Mr. Md. Gias Uddin Director-Local Government, Khulna Division, Khulna
10:30-10:40	Speech by the Chairperson	Mr. M. Shafiqul Islam President, HLPF
10:40-11:00	Tea Break	
11:00-12:30	Open discussion and clarification on presentation	Moderation by Mr. Salim Hossain Bhuiyan HLP Expert, HLP-F
12:30-13:15	Discussion & action plan preparation for rolling out BMET on: Who are the key stakeholders at UP level? Who will do what? What to do for baseline survey on BMET? What actions need to be taken for rolling out BMET?	Group work
13:15-13:45	Presentation of group work	
13:45-13:55	Wrapping-up Reflections from participants	Moderation by Mr. Salim Hossain Bhuiyan, HLP Expert, HLP-F
13:55-14:10	Closing Remarks by Mr. Md. Iqbal Hossain, DDLG, Khulna district	Followed by lunch
Workshop Rapporteur: Mr. Anindya Mashrafi Arif		





Kingdom of the Netherlands

BMET-HLP ORIENTATION WORKSHOP UNDER R2G

Organized By: HLP Foundation and CEGAA

SDA Training Centre, PTI Road, Sabugj Bag, Patuakhali

12 December 2021

WORKSHOP AGENDA

Time	Items/activities	Facilitator/ Person Responsible
09:00-09:30	Registration	Mr. Monir Hossain SDA, Patuakhali
09:30-09:45	Welcome Address & Self Introduction	Mr. Salim Hossain Bhuiyan HLP Expert, HLP-F
09:45-09:55	Remarks from Max Foundation	Mr. Md. Matiur Rahman Regional Manager, Patuakhali, Max F
09:55-10:20	Presentation on BMET-HLP	Mr. Santanu Lahiri Think Tank Member, HLP-F
10:20-10:30	Speech by the Chief Guest	Mr. Md. Humayun Kabir Deputy Director-Local Government, Patuakhali
10:30-10:40	Speech by the Chairperson	Mr. M. Shafiqul Islam President, HLPF
10:40-11:00	Tea Break	
11:00-12:30	Open discussion and clarification on presentation	Moderation by Mr. Salim Hossain Bhuiyan HLP Expert, HLP-F
12:30-13:15	Discussion & action plan preparation for rolling out BMET on: Who are the key stakeholders at UP level? Who will do what? What to do for baseline survey on BMET? What actions need to be taken for rolling out BMET?	Group work
13:15-13:45	Presentation of group work	
13:45-13:55	Wrapping-up Reflections from participants	Moderation by Mr. Salim Hossain Bhuiyan HLP Expert, HLP-F
13:55-14:10	Closing Remarks by Mr. Md. Humayun Kabir, Deputy Director-Local Government, Patuakhali	Followed by lunch
Workshop Rapporteur: Mr. Anindya Mashrafi Arif		





BMET-HLP ORIENTATION WORKSHOP UNDER R2G

Organized By: HLP Foundation and CEGAA

JAGONARI, Pathshala, Mozaffor Manjil, Sadar Road, Barguna

13 December 2021

WORKSHOP AGENDA

Time	Items/activities	Facilitator/ Person Responsible
09:00-09:30	Registration	Ms. Shamima Yesmin JAGONARI, Barguna
09:30-09:45	Welcome Address & Self Introduction	Mr. Salim Hossain Bhuiyan HLP Expert, HLP-F
09:45-09:55	Remarks from Max Foundation	Mr. Duke Ivn Amin JAGONARI, Barguna
09:55-10:20	Presentation on BMET-HLP	Mr. Santanu Lahiri Think Tank Member, HLP-F
10:20-10:30	Speech by the Chief Guest	Mr. Jalal Uddin Deputy Director-Local Government, Patuakhali
10:30-10:40	Speech by the Chairperson	Mr. M. Shafiqul Islam President, HLPF
10:40-11:00	Tea Break	
11:00-12:30	Open discussion and clarification on presentation	Moderation by Mr. Salim Hossain Bhuiyan HLP Expert, HLP-F
12:30-13:15	Discussion & action plan preparation for rolling out BMET on: Who are the key stakeholders at UP level? Who will do what? What to do for baseline survey on BMET? What actions need to be taken for rolling out BMET?	Group work
13:15-13:45	Presentation of group work	
13:45-13:55	Wrapping-up Reflections from participants	Moderation by Mr. Salim Hossain Bhuiyan HLP Expert, HLP-F
13:55-14:10	Closing Remarks by Mr. Jalal Uddin, Deputy Director-Local Government, Patuakhali	Followed by lunch
Workshop Rapporteur: Mr. Anindya Mashrafi Arif		



Khulna Workshop – Participant List

Sl No.	Name	Designation	Union	Upazila
1	Md. Gias Uddin	Director-Local Government	Khulna Division	Khulna
2	Md. Iqbal Hossain	Deputy Director-Government	Khulna district	Khulna
3	Shamol Kumar Roy	District Facilitator, LGSP-3	Khulna & Satkhira	Khulna & Satkhira
4	Partha Protim Sen	District Facilitator, LGSP-3	Bagerhat	Bagerhat
5	Md. Delwar Hossain	UP Secretary	Magurkhali UP	Domuria
6	Md. Farooque Hossain	UP Secretary	Sahash UP	Domuria
7	Anisha Biswas	UP Secretary	Bhanderpara UP	Domuria
8	Ramesh Chandra Sana	UP Secretary	Atulia UP	Domuria
9	Ruma Akter	UP Secretary	Rangpur UP	Domuria
10	Md. Kamrul Hasan	UP Secretary	Kharnia UP	Domuria
11	Abdul Halim Sikder	UP Secretary	Dhamalia UP	Domuria
12	Uttam Kumar Biswas	UP Secretary	Shovna UP	Domuria
13	Md. Shamim Gazi	UP Secretary	Rudhaghar UP	Domuria
14	Sreedam Bala	UP Secretary	Dumuria UP	Domuria
15	Bijoy Kumar Paul	UP Secretary	Sharafpur UP	Domuria
16	Subir Krishna Dutta	UP Secretary	Gutudia UP	Domuria
17	Md. Heakmoth Ali Sarder	UP Secretary	Raghunathpur UP	Domuria
18	Sk. Md. Alamgir Hossain	UP Secretary	Maguraghona UP	Domuria
19	Md. Abdul Hakim	UP Secretary	Parulia	Debhata
20	Md. Golam Robbanl	UP Secretary	Sakhipur	Debhata
21	Sk. Kamruzzaman	UP Secretary	Nowapara	Debhata
22	Md. Khalid Hasan Khan	UP Secretary	Kulia	Debhata
23	Md. Mohasin Ali	UP Secretary	Debhata Sadar	Debhata
24	Kanchan Kumar Dey	UP Secretary	Alipur UP	Satkhira Sadar
25	Md. Shafiqul Islam	President	HLP Foundation	Dhaka
26	Santanu Lahiri	Think Tank Member	HLP Foundation	Dhaka
27	Salim Hossain Bhuiyan	HLP Expert & Treasurer	HLP Foundation	Dhaka
28	Anindya Mashrafi Arif	Rapporteur	HLP Foundation	Dhaka
29	Babul Sheikh	Regional Manager	Max Foundation	Khulna
30	Md. AbulHossain Bhuiyan	Project Manager	The Hunger Project	Khulna
31	Pronoti Palma	Finance Officer	World Vision Bangladesh	Khulna

Patuakhali Workshop – Participant List

Sl. No.	Name	Designation	Union	Upazila
1	Md. Shahidul Isam	UP Chairman	Laukathi UP	Patuakhali Sadar
2	Md. Mizanur Rahman Akhon	UP Secretary	Morichbunia UP	Patuakhali Sadar
3	Md. Mizanur Rahman	UP Secretary	Boro Bighai UP	Patuakhali Sadar
4	Md. Golam Kibria	UP Secretary	Laukathi UP	Patuakhali Sadar
5	Md. Abdul Kader	UP Secretary	Chhoto Bighai UP	Patuakhali Sadar
6	Abdur Razzak Mridha	UP Secretary	Jainkathi UP	Patuakhali Sadar
7	Omar Faruq	UP Secretary	Badarpur UP	Patuakhali Sadar
8	Paran Kumar Datta	UP Secretary	Motarbunia UP	Patuakhali Sadar
9	Motahar Uddin	UP Secretary	Awliapur UP	Patuakhali Sadar
10	Sukumar Chandra Shil	UP Secretary	Kamalapur UP	Patuakhali Sadar
11	Md. Kamal Hossain	UP Secretary	Lohalia UP	Patuakhali Sadar
12	Md. Abdul Khaleque Sikder	UP Secretary	Itbaria UP	Patuakhali Sadar
13	Md. Mosharaf	UP Secretary	Kalikapur UP	Patuakhali Sadar
14	Biplob Chandro Rai	UP Secretary	Amkhola	Galachipa
15	Most. Kona	UP Secretary	Golkhali UP	Galachipa
16	M Shafiqul Islam	President and Former Additional Secretary, GoB	HLP Foundation	Dhaka
17	Santanu Lahiri	Think Tank Member	HLP Foundation	Dhaka
18	Salim Hossain Bhuiyan	HLP Expert & Treasurer	HLP Foundation	Dhaka
19	Anindya Mashrafi Arif	Rapporteur	HLP Foundation	Dhaka
20	Monir Hossain	Regional Manager	SDA	Patuakhali
21	Md. Matiur Rahman	Regional Manager	Max Foundation	Patuakhali

Barguna Workshop – Participant List

Sl. No.	Name	Designation	Union	Upazila
1	Nur Mohammad	Chairman	Koroibaria UP	Taltali Upazila
2	Md. Faruq Khan	UP Member/Panel Chairman	Sharik Khali UP	Taltali Upazila
3	Pijush Kanti Hawlader Shishir	UP Member/Panel Chairman	Koroibaria UP	Taltali Upazila
4	Emran Hossain	UP Secretary	Boro Bogi UP	Taltali Upazila
5	Imran Hossain	UP Member/Panel Chairman	Chhoto Bogi	Taltali Upazila
6	Swapan Kumar Hawlader	UP Secretary	Sharikkhali UP	Taltali Upazila
7	Shailen Chandra Roy	UP Secretary	Pochakodalia UP	Taltali Upazila
8	Emran Hossain	UP Secretary	Chhoto Bogi	Taltali Upazila
9	Swapan Kumar Hawlader	UP Secretary	Koroibaria UP	Taltali Upazila
10	Md. Khalilur Rahman	UP Secretary	Nishsnbaria UP	Taltali Upazila
11	Md. Shafiqul Islam	President and Former Additional Secretary, GoB	HLP Foundation	Dhaka
12	Santanu Lahiri	Think Tank Member	HLP Foundation	Dhaka
13	Salim Hossain Bhuiyan	HLP Expert & Treasurer	HLP Foundation	Dhaka
14	Anindya Mashrafi Arif	Rapporteur	HLP Foundation	Dhaka
15	Duke Ivn Amin	Director-Communication & Fund Raising	JAGONARI	Barguna



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BMET-HLP UPAZILA WORKSHOP FOR R2G

Organized By
HLP FOUNDATION & CEGAA
Dhaka, Bangladesh

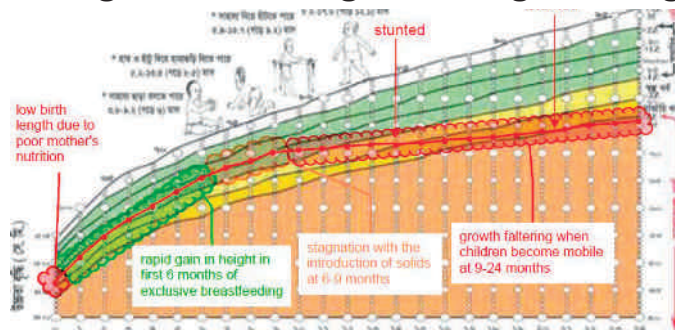
Presenter: M Shafiqul Islam, Santanu Lahiri & Salim H Bhuiyan
HLPF

11-13 December 2021



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Typical Change of Child Length with Age in Bangladesh



Our Problem Within The Problem

Child Height-for-Age is not routinely measured against standard curves

- This means that parents, health workers, doctors & local governments don't know the severity or extent of stunting in their children
- It also means that front-line parents, health worker, doctors & local governments don't have any feedback on whether their actions are increasing or decreasing stunting

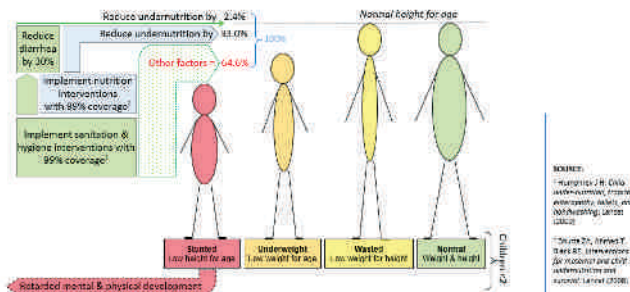
While Child Weight-for-Age is measured, but individual profiles are not routinely plotted on the standard curves

- This means that front-line parents & health workers don't know how an individual child is tracking
- It also means that front-line parents & health workers don't have feedback on whether their actions are helpful or unhelpful

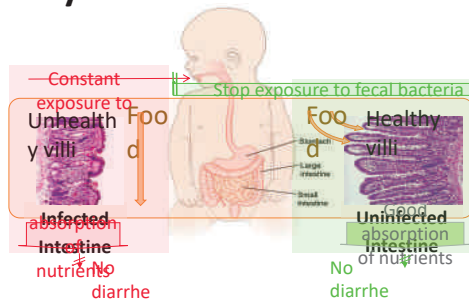


Our Development Challenge

Experts still don't know yet how to address 65% of the problem!



Environmental Enteric Dysfunction



What is R2G

RIGHT TO GROW (R2G) consortium advocacy project is to improve nutrition and WASH planning, budgeting, implementation, and accountability at various levels in Bangladesh.



Linkage between R2G and HLPF-CEGAA

HLP Foundation with guidance from CEGAA is engaged for BMET in 40 Unions and advocate for increasing funding envelop on WASH and Nutrition at each Union, as well as support towards policy advocacy at local government level (and national level).



What Is HLP?

HLP is an outcome-based, peer-to-peer learning process with Appreciation-Connection-Adaptation-Replication (A CAR) principles for local government institutions (LGIs) and other agencies. It facilitates the participation a comprehensive, peer learning platform that allows them to systematically assess their strengths, learning needs, and offer learning opportunities for their respective peers.





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What Are The Objectives Of HLP?

- ☐ Enhance capacity of union parishads by assisting them to learn and replicate existing good practices
- ☐ Networking among union parishads and Paurashavas, and other LGIs
- ☐ Networking among Paurashavas
- ☐ Scaling-up of union parishad / paurashava good practices
- ☐ Support policy advocacy



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HLP Basic Features

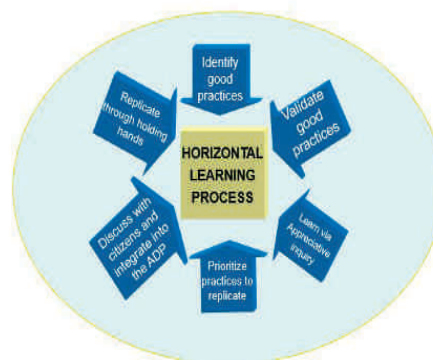
- ☐ In HLP everyone teaches and everyone learn
- ☐ HLP creates win-win situation
- ☐ HLP is non-threatening

HLP Added Value in Bangladesh

- ☐ USD 1 brings USD 7 for overall improved services.
- ☐ USD 1 brings USD 4 for WASH improved services.



HLP Steps



12



Good Practice Fact Sheet Template

Maximum of 1 page

- ☐ Title of the Good Practice
- ☐ Context
 - A few sentences introduction on the background to the good practice
- ☐ Description of good practice
 - 2 paragraphs (maximum) on the ingredients of the good practice
- ☐ Indicators
 - Definition of indicators that show this practice has been replicated
- ☐ Strengths
 - What this good practice successfully achieves
- ☐ Challenges
 - Difficulties in implementing this good practice
- ☐ Contacts
 - Contact details of the local proponents of the good practices



Participatory Plan & Open Budget



BMET Tracking

Approaches followed:

- Ward Committee Meetings (twice in a year)
- Union Development Coordination Committee Meeting (Bi-monthly)
- Peer Review missions/meetings (annually)

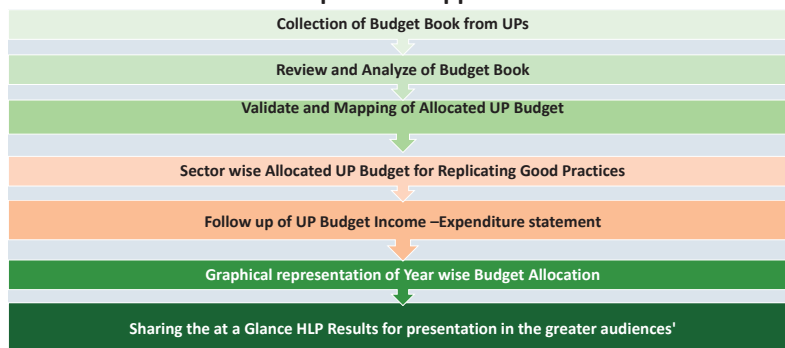
Instruments/Tools used:

- UP Annual Budget and Expenditure Booklet
- UDCC Meeting Minutes
- LGHP Survey Tools/ LGSP3 M&E Tools/ MIS of LGD



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How HLP steps will be applied for BMET



Thank You

FOR FURTHER INFORMATION PLEASE CONTACT

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