Bangladesh
2006–2010

LARGE-SCALE PROGRAMS AIMED AT REDUCING MALNUTRITION THROUGH A CROSS-SECTOR APPROACH INCLUDING WASH

Multi-Sector Approach to Reducing Malnutrition Combining "Short" and "Long" Routes

Context

The SHOUHARDO program (Strengthening Household Ability to Respond to Development Opportunities) took a multi-sectoral approach to improving the nutritional status of mothers and children in remote rural areas in four different regions of Bangladesh—North Char, Mid Char, Hoar, and Coast. Periodic flooding makes these areas especially vulnerable. The poorest households were selected within these communities to receive multiple interventions, for a target population of 400,000. The program aimed to combine both "short" (or direct nutrition) routes and "long" (or underlying structural) routes to reduce malnutrition. The primary indicator was prevalence of stunting among children 6-24 months old.

CARE designed and managed the program and identified 44 local NGOs to carry out activities in conjunction with multiple government partners. USAID funding was provided via the Title II program.

Tango International Inc.

Washing line at Chittagong slum

Activities/Channels

CARE's approach was to support and strengthen several ongoing government programs in the target areas and introduce a selection of new activities. The overall strategy encompassed a broad range of interventions and delivery channels:

- *Promoting maternal/child health and nutrition.* CARE provided Title II food rations to children 6–23 months of age and to pregnant and lactating women. Community health volunteers (who received an honorarium through the project) organized mothers' groups and conducted health education on breastfeeding, complementary feeding, care for mothers during pregnancy and delivery, and hygiene practices. The project also promoted local government health programs (growth monitoring, prenatal and emergency obstetric care, vitamin A supplementation for children and vitamin A and iron-folic acid supplementation for mothers, immunizations, and referrals for family planning and emergencies).
- *Promoting water and sanitation*. The project installed tube wells and conducted arsenic testing to help households obtain safe drinking water and promote latrine use.
- *Empowering girls and women*. CARE used the Empowerment, Knowledge and Transformative Action process with women and adolescent girls to build leadership and literacy skills and raise awareness of their educational entitlements and rights. The project also supported early child care development and promoted parent-teacher-associations.
- *Alleviating poverty and food insecurity*. CARE provided training and other inputs to promote improved crops and fisheries production, home gardening and livestock raising, and income-generating activities. A food-for-work and cash-for-work program also led to

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Top photo: women with healthy calf in Urugaon Sunamganj. Bottom photo: women's focus discussion group.

infrastructure improvements such as roads, protective walls, and market centers.

- *Empowering the poor.* The project supported the government system of Village Development Committees.
- *Providing disaster mitigation and response.* CARE conducted various activities to help develop local institutional capacity to prepare for and respond to disasters (especially flooding and cyclones). This included building capacity for quick response, and developing infrastructure for disaster mitigation.

Results

Tango International conducted an independent evaluation. Pre- and post-intervention household surveys showed that the prevalence of stunting among children 6–24 months old declined from 56 percent to 40 percent during the project period (3.5 years). Stunting for this age group was stagnant in Bangladesh as a whole during this time. The normal substantial increase in the stunting prevalence as young children age over the 0–5 year range did not occur at all for children living in project households, indicating that project interventions prevented many children from becoming malnourished.

Each different intervention brought significant positive change. Regarding food security, the number of months of sufficient food accessed in the last year rose from 5.5 percent to 8.9 percent and household dietary diversity also improved. The percent of mothers washing hands before food preparation rose from 60.3 percent to 94.3 percent and use of oral rehydration therapy during the last bout of childhood diarrhea rose from 56.7 percent to 92.2 percent. The percent of households with access to safe water rose from 57.1 percent to 71.6 percent, and the percent with access to a sanitary latrine rose from 13.8 percent to 54.6 percent.

Lessons

The evaluation (using propensity score matching) showed that women's empowerment interventions had a strong independent impact on stunting. The sanitation, women's empowerment, and one poverty alleviation intervention had synergistic effects with direct nutrition interventions. The reduction in stunting was far greater for the extreme poor than poor project households, indicating that the use of pro-poor targeting (vs. universal coverage) also facilitated the reduction in stunting.

The project concluded that combining direct nutrition interventions with those that address structural causes has the potential to accelerate reductions in child malnutrition at a rate far greater than can be expected from direct nutrition interventions alone.

Resources

Admissible Evidence in the Court of Development Evaluation? The Impact of CARE's SHOUHARDO Project on Child Stunting in Bangladesh. October 2011. (http://www.ids.ac.uk/idspublication/admissible-evidence-in-the-court-of-development-evaluation-the-impact-of-care-s-shouhardo-project-on-child-stunting-in-bangladesh

SHOUHARDO: A Title II Program of USAID Final Evaluation Report. December 2009. http://pdf.usaid.gov/pdf_docs/PDACP746.pdf

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