Right2Grow

ImpactHouse
by Grant Thornton Netherlands

End-term Evaluation

2025 Bangladesh Counrty Report

Content

Acknowledgements

The MDF team is pleased to announce the completion End-Term Evaluation of the Right2Grow Programme, the team would like to express its sincere appreciation to all individuals and organizations whose contributions made this evaluation possible.

We extend our gratitude to the Embassy of the Kingdom of the Netherlands (EKN) and the Right2Grow Secretariat / Consortium for their guidance, constructive feedback, and continuous cooperation throughout the evaluation process. Their strategic direction and commitment to learning have been significant in ensuring the quality and relevance of this study.

We extend our gratitude to everyone who has contributed with their time, expertise and guidance throughout the journey. We also acknowledge the valuable collaboration of the Right2Grow Country Consortium partners - Max Foundation, Action Against Hunger (ACF), Save the Children International, The Hunger Project (THP), World Vision Bangladesh, CEGAA and also the national collaborators, the HLP Foundation, Society Development Agency (SDA) and JAGO Nari for their continuous communication, active engagement in facilitation during data collection, participation in validation exercises, and provision of programme documentation and insights that enriched the evaluation findings.

We extend our sincere appreciation to the Union Parishad Chairmen, Administrative Officers, Members of the Upazila Nutrition Coordination Committees (UNCC), Government Representatives from relevant agencies, Family Welfare Assistants (FWAs), Community Members, Community Health Workers, field staff of Max Foundation, and NGO representatives for their cooperation and engagement during the fieldwork phase of this evaluation. Their valuable inputs through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and field observations significantly contributed to the depth and credibility of this evaluation.

Our appreciation extends to the community members, the Civil Society Organizations (CSOs), Community Based Organizations (CBOs), Local Entrepreneurs (LEs), who generously shared their experiences and perspectives. Their engagement was critical in capturing the programme's outcomes and lessons at community level.

The MDF team further acknowledges the support of Impact House by Grant Thornton for their guidance, valuable insights, and constructive feedback throughout the evaluation process.

Colophon

This country report was prepared by Sanjida Islam, with coordination and technical guidance from the evaluation team of Impact House.
The report forms part of the Right2Grow End-Term Evaluation (2020–2025), commissioned by the Dutch Ministry of Foreign Affairs.

List of Abbreviations

Abbreviation	Full Form
ACF	Action Contre la Faim
ADB	Asian Development Bank
ADP	Annual Development Plan
ANC	Antenatal Care
BDT	Bangladeshi Taka
BIGD	BRAC Institute of Governance and Development
BMET	Budget Monitoring and Expenditure Tracking
BNNC	Bangladesh National Nutrition Council
BSAF	Bangladesh Shishu Adhikar Forum
CBO	Community Based Organization
CC	Community Clinic
CCHST	Community Clinic Health Service Trust in Bangladesh
CEGAA	Centre for Economic Governance and Accountability Africa
CHCP	Community Clinic Health Care Provider
COVID-19	Coronavirus Disease of 2019
CPE	Carbapenemase producing Enterobacterales
CSA	Community Situation Analysis
CSC	Country Steering Committee
CSO	Civil Society Organization
CVA	Citizen Voice and Action
CYM	Courtyard Meeting
DC	Deputy Commissioner
DCM	Dilated Cardiomyopathy
DHS	Demographic Health Survey
DNCC	Dhaka North City Corporation
DPHE	Department of Public Health Engineering
EKN	The Embassy of the Kingdom of the Netherlands
EU	European Union
FAO	Food and Agriculture Organization
FCDO	Foreign, Commonwealth & Development Office
FGD	Focus Group Discussion
FWA	Family Welfare Assistant
FY	Fiscal Year
GAIN	Global Alliance for Improved Nutrition
GDP	Gross Domestic Product
GMP	Growth Monitoring and Promotion

HH	Household
HLP F	Horizontal Learning Platform Foundation
HPA	Health Promotion Agent
IEC	Information, Education and Communication
INGO	International Non-Government Organization
IPHN	Institute of Public Health Nutrition
IOB	Policy and Operations Evaluation Department
JMP	Joint Monitoring Programme
KII	Key Informant Interview
LE	Local Entrepreneur
LEA	Local Entrepreneurs Association
LGD	Local Government Division
LGI	Local Government Institution
MCD	Mutual Capacity Development
MCHN	Maternal and Child Health Nutrition
MEAL	Monitoring Evaluation Accountibility and Learning
MFA	Ministry of Foreign Affairs
MFB	Microfinance Bank
MFI	Microfinance Institution
MHM	Menstrual Health Management
MMS	Multiple Micronutrient Supplements
MoHFW	Ministry of Health and Family Welfare
MoLGRD&C	Ministry of Local Government, Rural Development and Co-operatives
MOU	Memorandum of Understanding
MTE	Mid Term Evaluation
MTR	Mid Term Review
MXN	M X N Modern Herbal Food Ltd
NGO	Non-Government Organization
NILG	National Institute of Local Government
NPAN	National Plan of Action for Nutrition
OECD	Organization for Economic Co-operation and Development
OH	Outcome Harvesting
OLC	Open Learning Center
ORS	Oral Saline
PMU	Program Management Unit
PNC	Postnatal Care
PPRC	Power and Participation Research Centre
R2G	Right to Grow

RFL	Rangpur Foundry Limited
SBCC	Social Behaviour Change Communication
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
SMC	Social Marketing Company
SRHR	Sexual and Reproductive Health and Rights
SUN	Scaling Up Nutrition
THP	The Hunger Project
UDCC	Union Development Coordination Committee
UN	United Nations
UNCC	United Nations Compensation Commission
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNO	Upazila Nirbahi Officer
UP	Union Parishad
USAID	United States Agency for International Development
VCA	Voices for Just Climate Action
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WVB	World Vision Bangladesh

Executive Summary

Programme Overview and Objectives

The Right2Grow (R2G) Programme in Bangladesh was implemented to ensure that every child under five is well-nourished and able to reach their full potential. Funded by the Dutch Government under the Civil Society Strengthening – Power of Voices initiative, and implemented through a consortium of partners including The Hunger Project, World Vision Bangladesh, Save the Children, Action Against Hunger, HLP Foundation, SDA, and JAGO Nari, led by Max Foundation, the programme addressed the structural determinants of undernutrition, namely stunting and wasting, through integrated interventions linking nutrition, water, sanitation and hygiene (WASH), and governance. Its approach combined community mobilization, civil society empowerment, and institutional advocacy to strengthen accountability, equity, and sustainability in nutrition governance.

Evaluation Purpose and Methodology

The end-term evaluation, conducted by MDF Bangladesh with technical support from Impact House (Grant Thornton), assessed the programme's relevance, effectiveness, coherence, impact, and sustainability. A mixed-methods approach combined quantitative and qualitative data through desk reviews, 22 key informant interviews, nine focus group discussions, an online survey, and validation workshops involving consortium partners, government officials, civil society organizations (CSOs), private sector actors, and community members. A contribution analysis framework guided the evaluation, ensuring triangulation and reliability of findings to determine how programme interventions contributed to systemic and behavioral changes in nutrition governance.

Strategic Relevance and Theory of Change

The evaluation confirmed that R2G's Theory of Change (ToC) remains highly relevant to Bangladesh's development priorities, aligning closely with SDGs 2, 3, 5, and 6 and the National Plan of Action for Nutrition (NPAN-3). The programme effectively addressed the multifaceted causes of undernutrition; poor dietary diversity, gender inequality, limited-service access, and weak governance, by integrating community-led governance, local entrepreneurship, and evidence-based advocacy. Through participatory tools such as Community Situation Analysis (CSA), social mapping, and open learning centers, the programme reached vulnerable populations including women, adolescent girls, youth, climate impacted community and the ultra-poor. Private sector engagement emerged as a critical enabler of sustainability, expanding access to affordable WASH and nutrition products.

Programme Effectiveness and Impact

The programme demonstrated significant effectiveness and measurable impact. By June 2025, 93.7% of households had adopted improved WASH and nutrition practices, surpassing the 59% target where the baseline was 47.4%. Communities collectively undertook 119 actions to demand better services (target: 52) and jointly resolved 80 service barriers with government and private sector partners (target: 43). The proportion of households practicing small doable actions increased to 83.3% from a baseline of 5.3%, and access to WASH and nutrition services rose to 96.3%, up from 12.25%. Through advocacy and capacity-building, Union Parishads (UPs) increased their budget allocations for nutrition and WASH from 1.45% in 2021 to 18.49% in 2024, reflecting substantial governance reform and improved local ownership.

Institutional Strengthening and Multi-Stakeholder Engagement

At the institutional level, the programme mobilized 778 CSOs and 157 private sector actors (target: 96), demonstrating a vibrant multi-stakeholder platform. Women's leadership was central to programme success: 57% of CSO members and 95% of 201 local entrepreneurs were women, leading initiatives on safe water, menstrual hygiene, and nutrition advocacy. Due to the programme, the community established 27 sanitary napkin vending machines in schools, promoted menstrual hygiene management, and facilitated the creation of "Healthy Villages," reflecting behavioral transformation and community self-reliance.

Policy and Governance Achievement

At the national policy level, Right2Grow played a pivotal role in developing and piloting the Child Profile Estimation and Costing Model in collaboration with the Bangladesh National Nutrition Council (BNNC), enabling data-driven child nutrition budgeting. Advocacy informed the review of the National Nutrition Policy 2015 and contributed to NPAN-3, integrating civil society voices and multi-sectoral nutrition coordination at Union levels. The programme also developed four policy briefs and expedited regulatory improvements, exceeding targets. It institutionalized budget tracking through the Budget Monitoring and Expenditure Tracking (BMET) App.

Civil Society Empowerment and Local Governance Reform

CSO empowerment was a cornerstone of R2G's success. Through training on Bridge4Voices (B4V), BMET, advocacy, and negotiation, CSOs transitioned from community mobilizers to governance actors influencing local government planning and budgeting. They initiated 234 policy dialogues (target: 161), led 135 advocacy campaigns (target: 50), and established 45 nutrition and WASH platforms (target: 11). CSO participation in ward shavas, standing committees, and Upazila coordination meetings institutionalized participatory governance in 40 Union Parishads, where nutrition-WASH planning is now a regular practice. Access to services among marginalized groups increased from 18% to 65.11%, while 80 CSOs reported enhanced lobbying and advocacy capacities; ten times higher than the original target.

Community-Level Transformation and Social Change

R2G significantly strengthened coordination between CSOs, UPs, and government departments including the Department of Public Health Engineering (DPHE), Department of Social Services (DSS), Department of Family Planning and Ministry of Women and Children Affairs (MoWCA). CSOs facilitated the inclusion of nutrition-specific budget lines, distributed sanitary latrines, and linked poor households to social protection programs. However, sustainability remains challenged due to the heavy dependence of CSOs on external funding. While 89% of CSOs reported confidence in maintaining technical partnerships, only 67% expressed confidence in long-term financial sustainability. Ongoing government recognition, formal registration, and access to public financing are critical for sustaining civic engagement and advocacy momentum of the CSOs.

At the community level, women and youth emerged as key agents of change. Women now occupy over 40% of CSO leadership positions, while youth represent 35% of active members in advocacy and entrepreneurship platforms. These groups have demonstrated improved capacity in decision-making, budget monitoring, and social mobilization. Local entrepreneurs, most of them women, expanded business models providing ORS, sanitary napkins, and handwashing supplies, contributing to improved household hygiene and income generation. Community clinics reported increased service delivery, while local production of nutrition products and home gardening improved food diversity and dietary practices contributed to the significant increase in nutrition intake.

Nationally, R2G facilitated coordination among ministries and supported functional Union and District Nutrition Coordination Committees (UNCCs and DNCCs). It established 40 local monitoring cells and developed an open data platform to ensure transparency and evidence-based decision-making. Through these mechanisms, the programme bridged local experiences with national policy frameworks, creating a coherent and replicable model for multi-sectoral nutrition governance.

Key Enablers and Implementation Challenges

The evaluation identified several key enablers, including the existence of community trust networks, supportive government frameworks, and strong consortium collaboration. Yet, challenges such as local leadership turnover, bureaucratic delays, red tapes and entrenched social norms occasionally hindered progress. Political instability also threatened inclusivity for the poorest households.

Coordination with Government and Development Partners

The programme made progress in donor engagement, facilitating knowledge sharing through the Power of Learning platform and partnerships with 29 national NGOs across nine consortiums, as well as with development actors such as UNICEF, EU, SDC, ADB, and FCDO. However, despite these efforts, alignment of donor funding toward multi-sectoral programming remains limited. Strengthening the humanitarian-development nexus and creating coordinated funding mechanisms will be essential for scaling successful models.

Sustainability of Outcomes

In terms of sustainability, R2G demonstrated enduring change across institutional, social, and financial dimensions. Union Parishads institutionalized nutrition and WASH priorities in budgets and planning, while CSOs maintained active communication channels with government departments. Communities have continued adopting improved hygiene and nutrition practices, driven by trained Health Promotion Advocates (HPAs) and Local Entrepreneurs (LEs). The integration of gender-sensitive leadership and inclusive decision-making processes has established the foundation for long-term resilience.

The evaluation concludes that the R2G programme has made significant contributions to strengthening nutrition governance, empowering civil society, and improving access to essential services in Bangladesh. It successfully integrated evidence-based advocacy, participatory planning, and accountability mechanisms into both local and national systems, leading to measurable improvements in nutrition outcomes, policy reform, and social inclusion.

Lessons Learned

1) The Right2Grow experience showed that initiating advocacy and donor engagement too late limited opportunities for deeper collaboration. Early engagement is crucial for building momentum and sustaining results.
2) Internal approval requirements and document clearance protocols slowed decision-making and information flow among partners, highlighting the impact of organizational procedures on implementation efficiency.
3) Establishing meaningful partnerships with private sector actors required more time than anticipated. Early stakeholder mapping and a clear engagement framework proved essential for effective collaboration.
4) National-level advocacy emerged as a key factor in amplifying local successes and influencing broader policy outcomes, underscoring the need for balanced focus across local and national levels.
5) Engagement with a single government department limited policy influence. The experience illustrated the importance of coordinated interaction across multiple ministries for broader systemic impact.
6) Addressing undernutrition sustainably depends on stronger donor collaboration across the humanitarian development nexus, emphasizing shared commitments to scale successful models.
7) The multi-level capacity development model—spanning teachers, CSOs, health providers, mothers, and entrepreneurs—proved effective in fostering collective community action on WASH, nutrition, and health.

Recommendations for Future Programming

1. Policy Framework at National Government: The Healthy Village Model should be institutionalized and scaled nationally through BNNC and relevant ministries, supported by operational manuals, indicators, and case studies. Co-ownership between communities and local governments must remain central to ensure accountability and alignment with the 2027 national plan.

2. Broader Policy Implications for MFA and EKN : Right2Grow demonstrates the value of system-oriented, locally led programming. MFA and EKN should promote public–private partnerships, cross-sectoral co-investment, and adaptive learning frameworks. Leveraging their convening power, they can embed R2G approaches into Dutch-supported food, governance, and gender portfolios, while sustaining continuity through flexible funding, policy dialogue, and knowledge partnerships.

3. Strengthening Civil Society Capacities and Sustainable Financing : Sustained investment in CSO governance, leadership, and advocacy is critical to consolidate R2G gains. CSOs must diversify funding through domestic fundraising, social enterprises, and corporate partnerships while co-financing local initiatives with donors and government. Institutionalized participation in policy platforms such as BNNC and CSA-SUN will enhance influence and long-term resilience.

4. Institutionalizing Advocacy and Private Sector Collaboration: The Local Entrepreneurs' Association should serve as a national advocacy platform, channeling CSR investments and promoting joint lobbying with government and business. This will expand WASH and nutrition markets, improve service delivery, and strengthen local economic resilience.

5. Mainstreaming R2G Model Elements: Consortium partners and CSO alliances should embed R2G tools—Healthy Village, Child-Costing, scorecards—into new initiatives and institutional learning platforms. Coordinated advocacy and

collaboration with government and private sectors will sustain visibility, innovation, and policy integration across geographies.

6. Collaboration and Service Sustainability: Formalized public–private partnerships through MoUs between local governments, cooperatives, and private actors can secure reliable WASH and nutrition services. Strengthening entrepreneurship and linking Health Promotion Agents to finance and markets will enhance outreach and viability.

7. National Learning and Policy Platform: A multi-stakeholder platform co-led by BNNC and CSOs should drive policy advocacy, cross-district learning, and progress tracking on R2G scale-up, fostering coherence among ministries, donors, and partners.

8. Institutionalization and Long-Term Sustainability: R2G models should be integrated into BNNC, LGD, and MoHFW systems through child profiling, nutrition budgeting, and community scorecards. Sustained political commitment and continued CSO engagement in Union Parishad planning will ensure ownership. MFA and EKN can facilitate South–South exchange, PPPs, and flexible funding to reinforce scaling and sustainability.

9. Budget Advocacy and Extended Timeframes: Consortium partners should engage the Finance Division to secure permanent national budget lines for nutrition and WASH, especially for children under five. Future initiatives should adopt longer timelines to consolidate behavioral and governance outcomes.

10. Cross-Ministerial Coordination and Localisation: Broader engagement with ministries—Local Government, Women and Children's Affairs, Education, and Agriculture—through joint committees will strengthen policy coherence and resource alignment. Localisation must go beyond rhetoric, embedding measurable power transfer, co-creation, and accountability frameworks that institutionalize local leadership and genuine country ownership.

1. Background and introduction

MDF Bangladesh is commissioned to conduct an external End term Evaluation (ETE) of Bangladesh country programme to enable the programme to learn about its implementation, provide strategic and programmatic recommendations and meet the accountability requirements of the Dutch Ministry of Foreign Affairs.

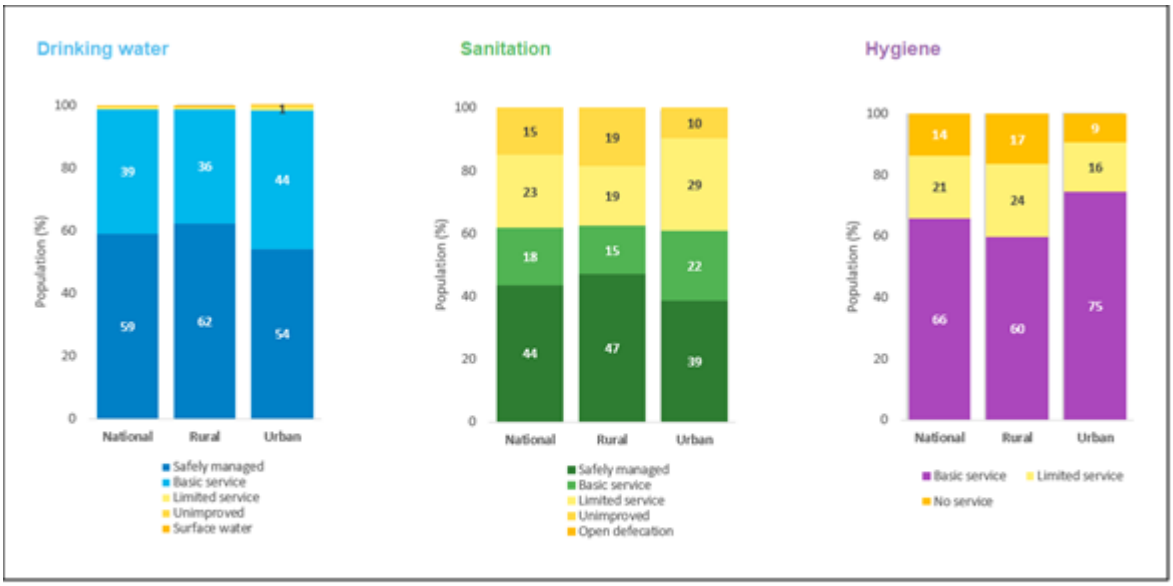
This evaluation report presents the findings of the end-term evaluation of the Right2Grow programme. It consists of the following chapters and annexes - it begins with an executive summary that highlights the key findings and conclusions. The introduction provides background on the Right2Grow partnership and outlines the purpose and objectives of the evaluation. The methodology chapter details the evaluation process, data collection, and analysis methods, and discusses limitations and mitigation strategies. The core findings are presented in the chapters on relevance, effectiveness and impact followed by an analysis of sustainability and the coherence of the partnership. The final chapter presents conclusions and actionable recommendations.

1.1. Country context

According to the 2025 edition of the UN's State of Food Security and Nutrition in the World (SOFI) report, an estimated 638 to 720 million people, equivalent to 7.8% to 8.8% of the global population, experienced hunger in 2024. While some progress and recovery have been made in recent years, the world is still above pre-COVID-19 pandemic levels and far from eradicating hunger and food insecurity by 2030 (SDG Target 2.1). Similarly, despite some progress made in the global nutrition targets, it is alarming that the world is still not on track to achieve SDG Target 2.2. Undernutrition among children under five remains a major public health concern, with serious effects on child survival, growth, and future potential. Stunting, wasting, and micronutrient deficiencies are driven not only by lack of food but also by poor health, weak services, and social inequalities.

Inadequate Water, Sanitation and Hygiene (WASH) conditions further worsen the problem. Unsafe drinking water, poor sanitation, and limited hygiene practices increase diarrheal diseases and intestinal infections, which reduce nutrient absorption and contribute directly to child undernutrition.

The situation is made worse by wider challenges: Gender inequality limits women's role in decision-making and access to resources. Social exclusion of indigenous and minority groups in accessing nutrition, health, and WASH services. Poverty and limited livelihood opportunities are affecting food security and dietary diversity. Weak or uneven capacity of local governments to support and sustain nutrition-related initiatives. Climate change impacts such as floods and salinity, which threaten food systems, water sources, and child health.



Source: WHO/UNICEF JMP (2023)

The joint monitoring program 2023 shows that Bangladesh has safely managed drinking water coverage of 59% and safely managed sanitation coverage by 44%. It indicates that national level basic hygiene is 66%.

Despite these achievements, challenges remain in ensuring water quality, safely managing fecal waste, and closing urban–rural disparities. Continued investments, policy attention, and community engagement are essential for achieving universal, equitable, and sustainable WASH services by 2030 in line with the Sustainable Development Goals.

In Bangladesh, 51% of women and girls are married before the age of 18. High levels of early marriage mean significantly increased chances of early pregnancy. Early pregnancy often leads to low birth weight, which is still as high as 15% in Bangladesh. It is recommended that newborns are put to the breast within the first hour of life but in Bangladesh, early initiation of breastfeeding is only 47 per cent. Just 63% of children under six months are exclusively breastfed, and only 28% of children older than six months receive an appropriate diet. Nutrition is linked to GDP growth: the prevalence of stunting declines by an estimated 3.2% for every 10% increase in income per capita, and a 10% rise in income translates into a 7.4% fall in wasting. 2

According to a recent report of the Bangladesh Demographic Health Survey (BDHS) 2022, 24% of children under age 5 are stunted, with 6% being severely stunted. Eleven percent of children are wasted, with 2% severely wasted, and 22% are underweight, with 4% severely underweight. Two percent of children under age 5 are overweight. Regarding household water and sanitation, the report shows that household access to improved drinking water is almost universal (99%) in Bangladesh. However, only 1 in 10 households treat their drinking water using an appropriate method.

Covid Impact on nutrition and WASH

UNICEF study surveyed 60 low-income households in Bangladesh and found that their combined net daily income almost immediately fell by 76 per cent once the lockdown was introduced in March 2020. 3

Families will likely be forced to use negative coping strategies, including limiting meals and eating less nutritious foods. In the PPRC-BIGD study, respondents reported that, on average, they only had enough food stocks, savings and available income to feed their family for between 8-14 days, with the fewest savings reported in urban areas.

Seventy per cent of respondents to a Needs Assessment Working Group (NAWG) study indicated they were not able to provide a varied diet for children between 6 and 23 months. 5As a result of the income shock, families may have to resort to negative coping strategies, such as reducing their food consumption or purchasing foods of lower nutritional value. Indeed, decreased access to food and disruption of the health system will affect the coverage of Maternal Newborn and Child Health (MNCH) interventions and exacerbate childhood wasting.

The poor from urban slums, rural areas, and low wage-earning groups from informal sectors alike are disproportionately affected by the negative consequences of the lockdown, the most important measure to contain the virus epidemiologically. It is likely that gains made so far in poverty reduction through social sectors (non-monetary dimensions of wellbeing, e.g. health, nutrition, education, WASH, etc.) over the last two decades are being threatened.

WASH is a key strategy to contain the transmission of COVID-19 and has significant impact on nutrition outcomes. The Humanitarian Coordination Task Team (HCTT) conducted a study on the impact on COVID19. In this study, about 48% of respondents use safely managed drinking water services, 75% practice hand washing with water and soap and 64% use basic sanitation services. About 42% of respondents implied hygiene materials are not easily accessible. Only 70% of health care facilities have a functional basic water source. 6

Civil Society Space

Civil society plays a crucial role in advancing nutrition and WASH (water, sanitation, and hygiene) by advocating for policy changes, raising awareness, and holding governments accountable. Organizations within civil society often work directly with communities, implementing programs and empowering individuals to improve their health and well-being. However, their effectiveness is often constrained by limited resources, technical capacity, and coverage gaps, as well as weak monitoring and evaluation systems. Sustainable impact requires strengthened capacity, access to funding, technical support, partnerships, and community engagement tools. Progress is further hindered by regulatory and policy barriers, cultural and social norms, weak linkages with government, political and economic instability, and competition for resources. Addressing these challenges is essential to enable civil society to more effectively support malnourished children and improve nutrition and WASH outcomes.

CSOs also play a role in advocating for increased investment and effective policy implementation, mobilizing communities to adopt healthier practices, and directly delivering essential nutrition and WASH services. They also ensure accountability by monitoring government commitments and program outcomes. Additionally, CSOs foster cross-sectoral collaboration linking health, education, and agriculture to address the root causes of undernutrition through integrated solutions.

1.2. Programme overview

The Right2Grow rogramme envisions a future where every child can reach their full potential, driven by the long-term goal that all children under 5 are well-nourished. To achieve this, the medium-term focus is on decision-makers jointly and effectively addressing undernutrition in a multi-sectoral, gender-sensitive, and inclusive way. 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. Funded by the Dutch Government (Civil Society Strengthening - Power of Voices), Right2Grow collaborates with communities, community-based organizations, and civil society organizations in Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan, and Uganda, from 2021 to 2025.

Outcomes of the Programme

Outcome-01: Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners.

Outcome-02: Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition.

Outcome-03: National government and decentralized entities adopt and mainstream an integrated, multisectoral approach to undernutrition in policies, action plans, and budget allocations.

Outcome-04: Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.

Right2Growis a multi-partner initiative aiming to achieve zero undernutrition and universal access to basic WASH (Water, Sanitation, and Hygiene) by addressing root causes through a people-centered, community-led approach. The programme focuses on the most vulnerable and marginalized groups, empowering communities, CBOs, and CSOs to collect evidence, advocate for their rights, and hold governments accountable.

The Right2Grow consortium in Bangladesh operates through a well-coordinated, multi-actor partnership model that draws upon the comparative strengths of each consortium member. The purpose of the partnership is to help create an enabling environment for achieving SDG 2.2 ending all forms of malnutrition. This includes reaching global targets on stunting and wasting among children under five, and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons. The programme adopts a multi-sectoral approach, enabling civil society and government to work together effectively to prevent and reduce undernutrition in a gender-sensitive and inclusive manner. Each partner contributes distinct added value to the consortium, bringing in their specific capacities, expertise, and proven track records. These diverse strengths ensure a comprehensive and coordinated approach, enhancing the programme's overall impact. This model ensures that the programme maintains a holistic and synergistic approach to addressing nutrition, food security, and governance issues, with each partner contributing specific technical and thematic leadership.

At the core of this partnership is a division of roles by thematic expertise and operational strengths, ensuring complementary functions rather than duplication. The coordination is anchored through a common strategic framework, with each organization taking the lead in their respective areas:

- ✓ Save the Children leads the lobbying and advocacy agenda for Bangladesh, articulating key national advocacy priorities and aligning consortium efforts externally to influence policy and systems change. Capacity building of CSOs and consortium organizations' staff on lobby and advocacy including the guidance for collaborative campaign are leaded by them.
- ✓ CEGAA-HLPF contributes targeted technical support for Budget Monitoring and Expenditure Tracking (BMET), providing tools and insights for evidence-based advocacy at national and sub-national levels.
- ✓ Max Foundation, in coordination with the global MEAL working group, facilitates the development of contextualized MEAL systems and ensures that monitoring, planning, and reporting are grounded in a country-specific framework. They also plays a central role in strategic coordination and financial management, ensuring timely and accurate financial reporting and alignment of all partner budgets with donor compliance standards.
- ✓ Action Contre la Faim (ACF) champions learning and innovation, promoting internal reflection, generating new ideas, and ensuring that a structured learning agenda is embedded in the Bangladesh country program.
- ✓ The Hunger Project (THP) supports capacity mapping across the country teams, identifying skill gaps and facilitating tailored capacity strengthening interventions.
- ✓ World Vision Bangladesh (WVB) supports both advocacy and communication, amplifying the voices of consortium activities through strategic media, digital platforms, and cohesive messaging.

Major Areas of Intervention:

- **Community Capacity building**: Community capacity building and awareness-raising on WASH, nutrition, rights, and primary healthcare interventions.
- **Strengthening Capacity of CSOs**: Capacity enhancing interventions on different issues, e.g., lobby and advocacy, leadership, rights, MCHN, BMET etc., for CSO leaders at various levels to contribute to policy influencing at national level through performing evidence-based advocacy.
- **Capacity Strengthening of LGIs**: Capacity building of local government institutions, especially Union Parishads, on various issues including BMET, child nutrition – WASH, lobby – advocacy, resource mobilization, mass monitoring.
- **Lobby & Advocacy initiatives**: Local-level policy dialogues in formulating issues for advocacy, and organize various interventions, e.g., round table discussions, policy dialogue, media dialogue, consultation, advocacy meeting, seminars, conferences, talk shows, campaigning at local to national level; High level advocacy and strategic interventions with decision–makers on selected / identified advocacy agenda.
- **Mass Communication and Campaign**: Mass communication and awareness-raising campaign on WASH, nutrition, community & child health issues and child nutrition budget through different forms ofmedia, e.g., print, electronic and social media are being used for nationwide campaigns.
- **Private Sector Engagement**: Capacity development of local and micro-entrepreneurs, particularly women on WASH, nutrition, and primary healthcare facilities; facilitating the process to form Local Entrepreneurs Association (LEA) network and establishing linkage with private sectors.
- **Building Partnership, Coordination and collaboration**: Maintaining coordination and collaboration with relevant stakeholders both public and private at different levels and building partnerships with government agencies, e.g., BNNC, CCHST, CSA for SUN, Bangladesh Shishu Adhikar Forum & Right2Grow consortium, etc.
- **Establishing linkages**: Establishing linkages and networks with like-minded right-based networking agencies, e.g. CSA-SUN and BSAF.
- **Conduct Research and generate evidence:** Conduct research on child nutrition budget, child growth, private sectors engagement to contribute to strengthening services and products related to WASH & nutrition.
- **Documentation and knowledge management**: Developing different documents e.g., policy briefs, learning briefs, best practices and lessons learned related documents, fact sheets, need–based IEC and SBCC materials, under 5 Children Profiling and costing model tools, BMET tool and audio-visual documents to inform programme and policies, support adaptive management and increase impact
- **Organize national level events:** Organize various events for sharing lessons learned and dissemination of study reports for wider coverage / scale–up.
- **Facilitate GoB for multi–sectoral plan:** Facilitate respective government stakeholders / agencies to activate the relevant government committees at local, sub-district, districts (UDCC, UNCC, DNCC) and national level for developing multi–sectors annual plan.
- **Maintain collaboration with Donors:** Maintaining collaboration and networking with potential donors / development partners through sharing lessons learned and best practices for future funding on child nutrition for reducing undernutrition of U5 children.

1.3. Programme theory of Change

The programme Theory of Change is built on the foundation that child undernutrition is a multi-dimensional problem requiring integrated solutions. The aim was to ensure that every child can reach their full potential, with all children under five being well-nourished. The programme Theory of Change shows how these changes are intended to be achieved pursuing four pathways for change:

The households at community will be empowered to take small, achievable actions that improve nutrition, WASH, and maternal/child health outcomes. Through the mobilization of Community-Based Organizations (CBOs) and Civil Society

Organizations (CSOs), communities become active agents demanding, participating in, and adopting good practices. Affordable products and services are made accessible through innovative private sector engagement, ensuring that local solutions are sustainable and market driven.

Representative and empowered CSOs are strengthened to navigate civic space effectively, engage regularly with local governments, and advocate for equitable allocation of resources. Technical capacity building enables CSOs to track budgets, analyze expenditures, and voice the needs of the most marginalized, expanding their constituencies to ensure inclusivity and accountability in decision-making processes.

National government and decentralized entities are influenced to adopt and mainstream integrated, multi-sectoral approaches to undernutrition within policies, action plans, and budgets. This is achieved through the generation and use of robust evidence from community data, service delivery experiences, and field research studies, which highlight implementation gaps and innovative prevention strategies.

Donors and international development actors coordinate along the humanitarian-development nexus to ensure that programmes are better aligned and mutually reinforced. International actors participate in joint planning, data sharing, and intersectoral coordination platforms, while R2G partners and CSOs lobby for more coherent funding streams and scalable interventions.

1.4. Description of endline evaluation process

Planning and Design

The evaluation framework, tools, and indicators were finalized in consultation with project stakeholders. The evaluation design followed a mixed-methods approach, combining quantitative and qualitative techniques to ensure comprehensive insights- CSO capacity assessment and linking and learning survey.

During the inception meeting on the 9th of April 2025, all Right2Grow country teams discussed their preferred hotspots and shared their final lists per email after further internal discussion. A grid was constructed to map the most frequently selected causal links to select the final hotspots. This resulted in the preliminary selection of two hotspots in Bangladesh namely:

• Outcome 2: If CSOs regularly engage in programming and financial planning and have the legitimacy and capacity to voice the concerns of the marginalised and disempowered, then CSOs effectively navigate the civic space to advocate leadership and good governance to prevent undernutrition.

• Outcome 3: If national governments and decentralised entities have evidence on local needs and realities and policy/budget gaps, then national governments and decentralized entities adopt and mainstream and integrated multi-sectoral approach to undernutrition in policies, actions plans and budget allocations.

The table below shows an overview of the status of the hotspot selection for Bangladesh

Hotspot	
Outcome 2: Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition.	CSOs C&D>II C. CBOs /CSOs regularly engage with local government in programming and financial planning. D. CBOs /CSOs have the credibility and capacity to voice the concerns of the marginalized and disempowered.
Outcome 3: national governments and decentralized entities adopt and mainstream and integrated multi-sectoral approach to undernutrition in policies, actions plans and budget allocations.	Governments E>III E. Evidence on pathways and implementation gaps informs policymaking

The evaluation will adhere to the OECD-DAC criteria relevance, effectiveness, coherence, impact, and sustainability to ensure a comprehensive assessment of the programme. Additionally, it will apply the IOB evaluation quality criteria to guide the methodology, ensuring the evaluation is conducted in a valid, reliable, and high-quality manner as well as a participatory approach with focus on gender and gender balance This combined approach provides a strong context for assessing the performance and outcomes programme levels.

Key Evaluation Questions are attached in Annex.

The locations from where the data was collected

Organization	Districts	Sub districts
The Hunger Project (THP)	Khulna	Dumuria
Action Against Hunger (ACF) Barguna with local partner "JAGO NARI"	Barguna	Taltoli
World Vision Bangladesh	Satkhira	Debhata
Max Foundation Bangladesh with local partner "SDA"	Patuakhali	Patuakhali Sadar and Golachipa

2. Methodology

2.1. Steps in Evaluation process

Inception Phase

The primary purpose of the inception phase was to familiarize ourselves with the programme and stakeholders, identify key areas of interest and potential risks, and refine the evaluation's methodology and scope. The inception phase included the activities below.

Desk Review

The consultants conducted a context review, reviewed existing monitoring data, relevant documents as preparation for data collection and to fully understand the context in which the programme operates. This context review is an extensive document review but mainly serves to further understanding of the context and the different factors and actors in the play.

Prepare the Inception Report: Summarize all inception outputs in an Inception Report, which includes:

- Evaluation purpose and objectives
- Key questions and criteria
- Methodology and data collection plan
- Work plan, timeline.

Data Collection Phase

In this phase the data collection started with different stakeholders. The following activities were held during the phase.

Desk Review for secondary data collection

As part of the endline evaluation, secondary data were collected through a comprehensive desk review. This involved analyzing existing monitoring data, programme reports, policy documents, and other relevant literature to gain insights into the programme's implementation, progress, and outcomes.

Reflection sessions with partner organisations staff

Data collection started with a reflection session with staff from all partner organisations in the coalition facilitated by the national consultants. The goal of this session was to collect examples, experiences and reflections on the programme's relevance, effectiveness, sustainability and coherence from the staff of the partner organisations in the programme. The reflection sessions also served to create the contribution stories that will be validated in the focus group discussions and key informant interviews. This reflection session included different exercises inviting staff to reflect on the programme and its achievements.

Focus group discussions and key informant interviews

The next step in data collection consisted of consultants conducting focus group discussions (FGD), key informant interviews (KII) and direct observations in communities to validate contribution narrative. KII and FGD tools were shared for feedback and approval.

Observation

Observation was utilized to assess technical/facility and hygienic conditions as well as visualized WASH conditions in the communities that have been covered.

Online Data collection through survey

A survey of staff members of all partner organizations, focusing on questions related to coherence, partnership, and collaboration was conducted. At the same time, the programme conducted the Mutual Capacity Development assessments and Linking & Learning survey. Country reports and global reports on Mutual Capacity Development and Linking & Learning are developed by programme teams and are incorporated into the results of this evaluation.

Analysis and Validation phase

During analysis, the data obtained were synthesized and interpreted. Findings from the documents review, reflection sessions, focus groups and key informant interviews, observation were analyzed level, presented in reports and validated during validation sessions.

Reporting

In report the main insights derived from the analysis is summarized highlighting the achievements, lesson learns, best practices areas for improvements.

2.2. Methods used in the evaluation

The evaluation approach incorporated a combination of methods. Each method and its specific application within the evaluation is outlined below.

Evidence Gap Map

An Evidence Gap Map (EGM) is a visual tool used to show where evidence exists and where it is missing for a particular programme or intervention. A review of the monitoring data collected by the programme - indicator overviews, annual reports and harvested outcomes led to the creation of Evidence Gap Maps. An Evidence Gap Map is a visual representation of the available evidence of a programme. Dark green colour indicates that more than 5 outcomes have been harvested on this element of the Theory of Change, medium green colour indicates that between 3 and 4 outcomes have been harvested, and the light green colour indicates that 2 outcomes have been harvested for this element.

Outcome Harvesting

The evaluation worked with the already harvested and substantiated outcomes to have insights into the changes achieved by the programme. The collected outcomes fed the Evidence Gap Map that creates an overview of all achievements and creates a starting point for some of the deep dive into the hotspots. Additionally, harvested outcomes are included in interviews with external stakeholders to substantiate their claims relevantly.

Contribution Analysis

In this evaluation, contribution analysis is used to further the understanding of the programme's contribution to the achieved changes especially in some of the strategies/hotspots selected in inception phase. Contribution analysis is used for each hotspot to create a contribution narrative or story, which is a short description of how the programme contributed to the changes. The contribution stories are created by country teams and then substantiated by external stakeholders through the focus group discussions and the key informant interviews.

Sprockler

Sprockler is a methodology and software that allows for collecting, processing, analysing and visualising data. Sprockler is used to send out the partnership survey used in this evaluation. For the survey for partner organisation staff, the visualisation through Sprockler enables shared reflection on the results, providing the opportunity for joint interpretation and sense-making.

Linking and Learning (L&L)

Linking & Learning endline assessment was conducted as part of the endline evaluation Linking and Learning (L&L) is a key transversal pillar of the Right2Grow programme. Since the programme inception, L&L was structured as an approach more than a sum of activities and focused on an in-depth shift in ways of working to achieve long lasting impact by including critical reflection, learning and adaptive management in the project cycle. The L&L endline assessment sought to evaluate progress and effectiveness of Linking&Learning efforts to enhance impact and adaptive management. 17 staffs from Bangladesh

responded to the endline survey: 3 respondents are from the Hunger Project, 1 from Save the Children, 1 from ACF, 4 from Jago Nari, 1 from HLP, 3 from Max Foundation and 4 from World Vision. 13 have been part of the consortia since the beginning or for more than one year and 4 respondents joined less than a year ago.

Mutual Capacity Development (MCD) Assessments

Endline Capacity Assessments, conducted as part of the Endline Evaluation of the Right2Grow programme. The assessment aimed to evaluate the cumulative capacity strengthening efforts implemented since the programme's inception and estimate their overall impact. Specifically, these assessments sought to evaluate progress and effectiveness of Right2Grow's capacity strengthening efforts, with a focus on how Mutual Capacity Development (MCD) interventions have enhanced the technical and organizational capacities of local CSO partners and their ability to influence policy and practice.

Data Collection and Sampling

Online Partnership Survey:

Country lead and country consortium partners participated in the online partnership survey. The survey for staff of partner organizations was designed to collect perceptions on collaboration within and outside the partnership. This survey was conducted to all consortium partners.

Reflection Sessions with Partner Organizations:

Participants in the reflection session include programme, MEAL, and management staff from each partner organization. Participants will be selected based on their knowledge of various aspects of the programme and its implementation, ensuring representation from all partner organizations within the coalition.

Focus Group Discussion (FGD):

Respondents for FGDs had been selected through random sampling to ensure diversity across gender, age, ethnic groups, geographic areas, and types of involvement. At the same time, a reasonable level of homogeneity within each group was maintained to enable open and meaningful discussion.

Key Informant Interview (KII):

Key informants have been purposively selected from among key stakeholders, including government representatives, international development actors (such as donors), thematic experts, embassy staff, private sector partners (where relevant), community leaders, and programme staff.

2.3. Limitations encountered, and mitigation strategies used

1. Data Triangulation for Balanced Evaluation: To ensure a balanced and objective evaluation, data was triangulated from multiple independent sources, including programme beneficiaries, external informants, and secondary research. Annex – Key evaluation questions.
2. Mitigating Source Bias and Ensuring Representativeness: To avoid source biasness data was triangulated from multiple independent sources, including programme beneficiaries, external informants, and secondary research. A diverse and proportionate selection of respondents across different regions and stakeholder groups prevents overrepresentation of specific perspectives, while transparent documentation of sources and their personal characteristics should enhance credibility.
3. Sampling Strategies and Potential Bias: Reflection session and key informant interview participants were selected using purposive sampling, based on their roles, which introduces a degree of selection bias. In contrast, focus group discussions and the partnership survey employed random sampling strategies.
4. Use of Open-Ended Questions to Reduce Response Influence: To avoid influence of respondents open-ended questions were also included that allow participants to share their experiences.

2.4. Ethical Considerations

The evaluation was conducted with strict adherence to ethical principles to ensure respect, confidentiality, and protection of all participants. Informed consent was obtained from every respondent prior to participation, and they were assured of their right to withdraw at any time without consequence. Personal data and responses were treated with confidentiality, anonymized during analysis, and used solely for the purpose of the evaluation. Special attention was given to vulnerable groups, including children, women, and marginalized populations, ensuring that participation did not expose them to harm

or undue influence. The evaluation also ensured transparency, fairness, and cultural sensitivity throughout the data collection and reporting processes.

3. Findings

3.1. Relevance

Reflections on the quality of the country Theory of Change and whether adjustments have been made over time to the Theory of Change (e.g. due to changing contexts or new insights)

The Bangladesh country Theory of Change (ToC) maintains strong coherence with the global Right2Grow framework, reflecting a clear, logical, and evidence-based pathway toward achieving the goal of ensuring that all children under five are well-nourished. The ToC is well-structured, linking community-level empowerment, civil society strengthening, and policy advocacy within a unified results chain. Its quality is enhanced by the integration of gender, equity, and inclusion principles, ensuring that interventions address the needs of marginalized and vulnerable populations.

Over time, the ToC has evolved meaningfully in response to contextual learning and implementation realities. A key modification was the integration of WASH and Maternal & Child Health (MCH) under Outcome 1 during Years 1–2, based on evidence that poor sanitation, contaminated water, and limited maternal health services were critical barriers to improved nutrition outcomes. This adaptive adjustment strengthened the ToC's contextual relevance and operational clarity, ensuring that advocacy and service delivery efforts jointly targeted the underlying determinants of undernutrition.

The Right2Grow Theory of Change is well aligned with both global and national challenges. It directly addresses urgent issues of hunger, undernutrition, WASH access, maternal and child health, civil society empowerment, and governance gaps. By combining community mobilization, civil society advocacy, multi-sectoral governance, and donor coordination, the ToC reflects the systemic, multi-level responses required to achieve global SDG nutrition and WASH targets while remaining deeply relevant to Bangladesh's context.

3.1.1 Quality and evolution of the country ToC

The Bangladesh Country Theory of Change (ToC) prioritizes improving community demand for nutrition and WASH services (Outcome 1), directly addressing global challenges where 733 million people faced hunger in 2023 and 144 million children under five remain stunted, with South Asia carrying a major share. The ToC's attention to maternal and child nutrition is particularly relevant in Bangladesh, where 15% of newborns are low birth weight, exclusive breastfeeding rates are only 63%, and just 28% of children aged 6–23 months receive appropriate diets. Linking nutrition outcomes to economic growth also reflects national priorities, as reducing malnutrition has proven GDP and poverty reduction benefits.

Affordable access to WASH and health services under Outcome 1 is also highly relevant given the 2.2 billion people globally lacking safely managed drinking water and 3.5 billion lacking safely managed sanitation. In Bangladesh, safely managed sanitation coverage is only 44%, and hygiene practices remain uneven. ToC outputs such as community mobilization and private sector business models provide important pathways to address these service gaps.

Outcome 2 strengthens CSOs to advocate, monitor budgets, and hold governments accountable responding to both global constraints on civil society (limited resources, weak monitoring capacity) and Bangladesh's specific need for CSOs to influence local government programming and financial planning. The ToC correctly identifies that CSOs require capacity, resources, and partnerships to be effective in tackling undernutrition and WASH delivery.

Outcome 3 emphasizes evidence-informed, multi-sectoral policy adoption, in line with global guidance (WHO, UNICEF, WFP) that nutrition and WASH challenges must be addressed through integrated strategies. This is particularly critical in Bangladesh, where high rates of child marriage and early pregnancy undermine nutrition outcomes, requiring stronger links across health, education, gender, and WASH systems.

Outcome 4 calls for donor and international coordination across the humanitarian–development nexus, reflecting global findings that fragmented financing and programming weaken progress against hunger and malnutrition. Alignment with UNICEF, EU, ADB, and FCDO is especially relevant for Bangladesh, where scaling proven practices requires external financing and strong coordination.

Validation of pathways of change

The endline evaluation examined how well the Right2Grow Country Theory of Change (ToC) aligns with key national and global issues, and whether its pathways of change remain valid and effective. The assessment found that the ToC continues to be highly relevant to Bangladesh's national priorities on nutrition, child growth, WASH, and inclusive governance, while

also maintaining strong alignment with global development frameworks such as the Sustainable Development Goals (SDGs 2, 3, 5, and 6).

The primary pathways of changing, enhancing multi-stakeholder coordination, strengthening civil society engagement, fostering evidence-based advocacy, and promoting accountable and inclusive governance—were validated as central mechanisms driving progress toward Right2Grow's intended outcomes. Evidence from community-level interventions and stakeholder consultations indicated that these pathways have effectively contributed to improved coordination among government bodies, CSOs, and communities, leading to greater policy responsiveness and community participation in decision-making processes.

While the existing pathways of change remain valid, the private sector engagement as a missing yet influential pathway that has contributed significantly to programme achievements as a strategic driver of sustainable nutrition and WASH outcomes.

3.1.2 Alignment of ToC with key national & global issues

The Bangladesh Country Theory of Change (ToC) prioritizes improving community demand for nutrition and WASH services (Outcome 1), directly addressing global challenges where 733 million people faced hunger in 2023 and 144 million children under five remain stunted, with South Asia carrying a major share. The ToC's attention to maternal and child nutrition is particularly relevant in Bangladesh, where 15% of newborns are low birth weight, exclusive breastfeeding rates are only 63%, and just 28% of children aged 6–23 months receive appropriate diets. Linking nutrition outcomes to economic growth also reflects national priorities, as reducing malnutrition has proven GDP and poverty reduction benefits.

Affordable access to WASH and health services under Outcome 1 is also highly relevant given the 2.2 billion people globally lacking safely managed drinking water and 3.5 billion lacking safely managed sanitation. In Bangladesh, safely managed sanitation coverage is only 44%, and hygiene practices remain uneven. ToC outputs such as community mobilization and private sector business models provide important pathways to address these service gaps.

Outcome 2 strengthens CSOs to advocate, monitor budgets, and hold governments accountable responding to both global constraints on civil society (limited resources, weak monitoring capacity) and Bangladesh's specific need for CSOs to influence local government programming and financial planning. The ToC correctly identifies that CSOs require capacity, resources, and partnerships to be effective in tackling undernutrition and WASH delivery.

Outcome 3 emphasizes evidence-informed, multi-sectoral policy adoption, in line with global guidance (WHO, UNICEF, WFP) that nutrition and WASH challenges must be addressed through integrated strategies. This is particularly critical in Bangladesh, where high rates of child marriage and early pregnancy undermine nutrition outcomes, requiring stronger links across health, education, gender, and WASH systems.

Outcome 4 calls for donor and international coordination across the humanitarian–development nexus, reflecting global findings that fragmented financing and programming weaken progress against hunger and malnutrition. Alignment with UNICEF, EU, ADB, and FCDO is especially relevant for Bangladesh, where scaling proven practices requires external financing and strong coordination.

Validation of pathways of change

The endline evaluation examined how well the Right2Grow Country Theory of Change (ToC) aligns with key national and global issues, and whether its pathways of change remain valid and effective. The assessment found that the ToC continues to be highly relevant to Bangladesh's national priorities on nutrition, child growth, WASH, and inclusive governance, while also maintaining strong alignment with global development frameworks such as the Sustainable Development Goals (SDGs 2, 3, 5, and 6).

The primary pathways of changing, enhancing multi-stakeholder coordination, strengthening civil society engagement, fostering evidence-based advocacy, and promoting accountable and inclusive governance—were validated as central mechanisms driving progress toward Right2Grow's intended outcomes. Evidence from community-level interventions and stakeholder consultations indicated that these pathways have effectively contributed to improved coordination among government bodies, CSOs, and communities, leading to greater policy responsiveness and community participation in decision-making processes.

While the existing pathways of change remain valid, the private sector engagement as a missing yet influential pathway that has contributed significantly to programme achievements as a strategic driver of sustainable nutrition and WASH outcomes.

3.1.3 Responsiveness of programme strategies

Findings on how the implementation of programme strategies responded to:

i. the needs of local communities / targeted population/most vulnerable groups

There are significant awareness gaps among parents regarding nutrition for children under five. Parents and caregivers, especially mothers, lack knowledge about infants and young child feeding (IYCF), exclusive breastfeeding, and maternal nutrition. Child malnutrition rates remain alarmingly high, with stunting at 36.2%, underweight at 26.5%, and wasting at 14.2% (2022 baseline).

Community's food patterns revealed that people are heavily reliant on rice, with very limited consumption of protein, vegetables, and micronutrients, resulting in widespread chronic malnutrition.

FGDs with mothers of young children revealed that they had not participated in any community awareness programs and were largely unaware of their children's health indicators, such as height and weight.

Inadequate sanitation facilities persist, as the poorest communities are unable to build latrines and wash basins. Coastal regions experience severe WASH-related challenges, especially following natural disasters. Access to safe drinking water remains a major issue in saline-affected coastal areas such as Satkhira and Khulna.

Access to Community Health Care Providers (CHCPs) and Community Clinics (CCs) is limited, with irregular services and frequent shortages of staff and medicines. Mothers seldom receive counselling on child feeding, antenatal and postnatal care, or growth monitoring. Weak coordination between service providers and local governance structures further undermines service delivery, resulting in poor health services at the community level.

The poorest and women are often excluded from advocacy, entrepreneurship, and decision-making processes—both within families and communities—as well as from formal platforms such as Union Parishad budget meetings.

CSOs had limited advocacy skills, resulting in weak representation in policy dialogues. Youth were not systematically involved in nutrition and WASH advocacy initiatives.

The programme strategies are highly relevant as it directly aligns with both community needs and national priorities in WASH, nutrition, and health. At the local level, interventions such as teacher training, adolescent-focused MHM initiatives, open learning sessions with mothers, and support to ultra-poor households addressed immediate gaps in knowledge, practices, and access to essential services. The use of Community Situation Analysis (CSA) and social mapping ensured evidence-based targeting, making interventions responsive to the most underserved families.

The intervention demonstrated strong alignment with community needs and policies. ToT for teachers and student brigades addressed adolescent health, nutrition, and WASH priorities, while capacity-building for CSO leaders and HPAs strengthened local service delivery. R2G's use of the CVA approach enabled CSOs to advocate for improved services in Community Clinics, including the long-demanded FWA positions. Community-level needs were addressed through awareness sessions on handwashing, open learning sessions with mothers on child feeding and care, and the establishment of an MHM corner in schools to support adolescent girls.

The Right2Grow project, working with CSOs and Union Parishads, used Community Situation Analysis (CSA) to develop village-level social maps, identifying households lacking essential WASH, nutrition, and health services. This evidence-based targeting enabled focused support for the most underserved families. Trained CSOs facilitated grassroots behavior change and resource mobilization through courtyard meetings, advocacy with Union Parishads, demand creation for WASH and nutrition products, and linking private suppliers with local entrepreneurs. The project's holistic approach combined data-driven planning, public-private partnerships, and inclusive community mobilization, ensuring interventions were locally relevant and responsive to community needs.

By strengthening CSOs and local entrepreneurs, the programme-built grassroots capacity to sustain behaviour change, mobilize resources, and improve service delivery. The project established linkages between entrepreneurs and private suppliers which addressed rural market gaps in hygiene and nutrition products, positioning local actors as enablers of sustainable outcomes.

Right2Grow trained local entrepreneurs on business practices, roles, and responsibilities to strengthen their capacity in sustaining WASH and nutrition services. The training enabled entrepreneurs to connect directly with private sector suppliers, bridging the gap between market supply and community demand. This intervention was particularly relevant in rural areas with limited access to affordable hygiene and nutrition products, positioning local entrepreneurs as crucial drivers of sustainable health outcomes.

The initiative focused on training and capacity strengthening , targeting vulnerable groups, and adopting a community-driven approach. Key activities include training teachers, students, CSO leaders, and mothers on WASH, nutrition, and health, while also strengthening CSOs and HPAs for advocacy and behaviour change. Special attention is given to vulnerable groups, particularly adolescent girls (through menstrual hygiene management), poor families (handwashing facilities), and grassroots

advocates. The strategy employs tools like Citizen Voice and Action (CVA), Community Scorecards, and interface meetings to enhance accountability in health services, alongside engaging CSOs and private sector partners to improve access to nutrition and promote WASH products and good hygiene practices. One of the key project strategies focused on strengthening the organizational capacity of local CSOs, including through a Small Grants Programme that supported them in enhancing their institutional effectiveness, advocacy skills, and sustainability.

ii. needs to strengthen policies and budgets at country level

At baseline (2021), Union Parishads (lowest tier of local government) spent only 1.45% of their annual budget on Nutrition–WASH–Mother & Child Health nexus issues. No dedicated allocations existed for children under 5 (CU5) nutrition, meaning interventions were fragmented and underfunded. Local officials and CSOs had limited experience in budget monitoring, expenditure tracking, and evidence-based advocacy, resulting in poor prioritization of nutrition and WASH. Local communities and CSOs were not actively involved in planning and open budget meetings, so their needs were rarely reflected in budget decisions.

By 2024, nutrition and WASH allocations rose from 1.45% to 18.49% of Union Parishad budgets. Following advocacy, Union Parishad Chairmen issued letters to district and national authorities, leading to progress towards a specific child nutrition fund. The Ministry of Local Government even sent a proposal to the Finance Ministry for nationwide allocations. CSOs now monitor and track budgets in 40 Union Parishads, pushing for transparency and evidence-based allocations. Open budget meetings and scorecard sessions enabled citizens and CSOs to demand allocations for nutrition, WASH, and maternal-child health. Tools such as the Budget Monitoring and Expenditure Tracking (BMET) app and Child Profile Estimation and Costing Models were introduced, making budget planning more data-driven and participatory.

The Child-Costing Model developed by Right2Grow jointly and with the full assistance of the BNNC is a nationally significant initiative addressing child malnutrition in Bangladesh. Built through a 7-month consultation with stakeholders such as WHO, UNICEF, UNDP, and BNNC, the model aligns global standards with local realities and national strategies. By tackling systemic gaps in nutrition budget allocation, it provides locally tested evidence to inform policy dialogue and strengthen resource allocation for child nutrition, particularly for children under five.

Right2Grow trained CSOs on BMET Apps, enabling them to advocate for Union Parishad budget allocations that directly reflect the nutrition and WASH needs of the community. CSOs adopted integrated budget monitoring tools and multisectoral approaches to improve responsiveness to community priorities. Through sensitization and advocacy, CSOs ensured that Union Development Coordination Committees (UDCCs) addressed the long-standing lack of medicine in Community Clinics, especially where national supply mechanisms had failed. The child-costing model initiated by Right2Grow and jointly developed with BNNC and SUN directly addressed the financial needs for reducing child undernutrition in coastal communities.

The adoption of Citizen Voice and Action (CVA), community scorecards, and advocacy with Union Parishads enhanced accountability and responsiveness of public service providers. Furthermore, the development of the Child-Costing Model, grounded in consultations with WHO, UNICEF, UNDP, and BNNC, demonstrated strong alignment with national nutrition policies and budgeting frameworks, addressing structural gaps in resource allocation for child nutrition.

Together, these strategies blend community-driven action, private sector engagement, and policy-level advocacy, ensuring interventions are locally relevant, nationally aligned, and globally informed thus justifying their strong relevance in addressing child malnutrition and WASH challenges in Bangladesh.

3.2. Effectiveness and impact

3.2.1 Effectiveness and contribution per ToC pathway

3.2.1.1 Community level

Outcome 1: 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

Results achieved

Outcome 1 shows exceptional progress across all indicators. Communities took 119 actions to demand improved WASH and nutrition services, more than double the target of 52 and from a zero baseline, demonstrating strong community engagement. Additionally, 80 barriers were addressed through joint efforts with government and private sector actors, nearly doubling the target of 43, marking a significant shift from no prior joint interventions. Household-level impact is equally

impressive: by June 2025, 93.7% of households adopted improved WASH and nutrition practices, far surpassing the 59% target and improving substantially from 47.4% at baseline. Overall, the results indicate robust community mobilization, effective multi-stakeholder collaboration, and measurable behavioral change in target communities.
Intermediate Outcome A demonstrates remarkable progress in community awareness and behavior change. With 83.3% of households practicing small doable actions consistently and correctly where the target was 23% and the baseline shows that 5.3% households had this kind of practice. 93.3% of communities reported positive changes in WASH and nutrition practices since the start of the programme, far exceeding the target of 41%.

Intermediate Outcome B indicates strong progress in improving access to affordable WASH and nutrition services. 96.3% of community members received WASH and nutrition services from government and/or private service providers, a substantial increase from the 12.25% baseline and well above the target of 30%. Communities contributed 74.3%of the total cost of services and products through out-of-pocket payments, showing a notable increase from the 64.3% baseline and exceeding the 71% target.

Output 1 has been fully achieved, with 778 CSOs mobilized under the Right2Grow initiative, meeting the exact project target.

Output 1: CBOs effectively mobilise communities around better nutrition, WASH and Mother/Child health care	**Donor Indicator**	**# of CSOs involved in Right2Grow**	**0**	**778**	**778**

Output 2 demonstrates substantial overachievement. A total of 157 private sector actors were engaged to expand affordable health and nutrition services, far exceeding the target of 96 and building from a zero baseline.

Private sector actors successfully developed innovative business models, services, and products, with 157 actors engaged to expand affordable access to health and nutrition services, surpassing the target of 96.

While the results are highly positive, the overachievement across many indicators could raise questions about target setting, whether the initial targets were conservative or underestimated community and stakeholder potential. Sustaining these high levels of engagement and behavior change may require ongoing support and monitoring. Additionally, high out-of-pocket contributions by communities, while indicating ownership, could present equity concerns for the poorest households.

The Evidence Gap Map built based on harvested outcomes under this pathway up until 2024 also shows that the programme has been able to achieve outcomes on all levels of this pathway. The evidence gap map indicates that more than 5 outcomes harvested at this outcome level. The results show communities have increasingly demanded and invested in basic social services—successfully improving WASH and nutrition practices, influencing local government action, and transforming villages into healthy, self-reliant models of collective well-being. Community people raised their demands, worked with the Union Parishad, and now every household in our village practices good hygiene and nutrition Community testimonies confirm by household are installing hand washing devices, adopting sanitary toilets and declaration of healthy villages. The outcome also demonstrates that local entrepreneurs play a vital role in ensuring WASH and nutrition services in the communities. Overall, this pathway has evolved into a model of collective action, where empowered communities, responsive local governments, and engaged private partners jointly address barriers to ensure lasting improvements in nutrition, hygiene, and well-being.

Community Mobilization & Awareness

During the FGD mothers of children shared that now they are engaged in social mapping, surveys, focus group discussions, nutrition monitoring, and even budget discussions with local government representatives. In one project location they mentioned that community engagement significantly increased after the community promoter, Toma Apa, led discussions on children's health. For example, in the first month, sessions focused on monitoring the weight and height of children. The second month included awareness sessions on child nutrition and WASH practices, while the third month involved evaluating the training through household monitoring visits as a follow-up. One of the presidents of village development team shared that after being involved with the project she could receive training on leadership. One of them also shared that "Now we could realize the significance of the sessions because today's children will be future nation".

The mothers of under 5 children in Patuakhali and the CSOs in Patuakhali, Barguna, Dumuri and Debhata reported on their improved awareness of WASH and health practices and the impact of this on their children's health. Furthermore, they shared as primary care givers, they have become more aware of the nutrition of their children and family. They prepare nutritious food for their children, maintaining cleanliness during food preparation, and washing hands before cooking. Measuring children's growth has increased parents' interest in health services. Women caregivers are more actively involved in these activities, whereas male caregivers show support but participate less directly.

The mothers, during the FGD mentioned that now they are aware about the government services -allocation for elder people, Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF), health services at community clinic.

During the FGD the mothers also shared that now they also attend the ward meeting and discuss about budget, social safety net. The women's group shared that, previously, they hesitated to communicate with the Union Parishad, but through support from the CSO, they now feel confident to voice their concerns and feel that their issues are being heard. One of them said," recently I have applied to UNO and union parishad on my own."

Health & Nutrition

During the FGD with community people, mothers and key informant interviews it was observed that as awareness grew, families started recognizing the signs of malnutrition and began referring affected children to the Community Clinic (CC). Pregnant mothers are more conscious of their health and are visiting doctors for both antenatal and postnatal check-ups, which has contributed to safer pregnancies and healthier newborns. The awareness is observed when a mother shares her experience by saying, ï didn't do checkups during my first pregnancy but I took 4 ANC and PNC during the second birth".

Mothers are now more attentive to their children's growth, regularly monitoring weight and height and ensuring nutritious food is provided. This consistent care helps children gradually overcome the risks of malnutrition. A breastfeeding corner has been established in the Union Parishad complex, providing mothers with a safe and supportive space to feed their infants

Access to services has also expanded, with Community Clinics offering a wider range of health support. Community Clinic's Health Care provider mentioned "the programme has helped strengthen government health services. It has made the work of field-level health workers easier and increased community awareness about accessing health services by addressing key issues such as malnutrition in children, poor sanitation, and lack of health awareness in rural areas."

At the same time, essential products such as Moni mix, ORS, hand washing devices, and sanitary napkins are being sold at the community's doorstep through HPAs, making them more accessible than ever. Women have also taken up homestead gardening, growing vegetables and nutritious foods to meet family needs, which further strengthens household food security and improves dietary diversity. With support from the programme, families received nutrition packages such as rice, lentils, oil, dates, and sugar, which further reinforced healthy practices.

Parents are now more eager to support their children's education, child marriage has decreased to some extent, and children are increasingly engaging in various extracurricular activities. Mothers who participated in FGD shared that "The rate of absence in school due to sickness is reduced and they are participating in extracurricular activities in school." Additionally, Union Parishads are now collaborating with CSOs to identify community members who can be supported through social protection programs

Advocacy with government-owned community clinics and satellite clinics from the programme participants also played an important role in ensuring the participants are getting better health care. It is reflected in one of the community health care providers stated that "Community members previously held misconceptions about the community clinic and were unaware of the services it offered." Additionally, he noted that "the clinic has limited capacity to provide healthcare services to its catchment population of around 6,000 people."

A data bank (Child Growth measurement) was established through raw data collection, with the programme providing guidance, while the actual measurements were conducted by community-level actors. As a result, child nutrition has gained importance among parents and other local stakeholders. School teachers appreciated the initiative, and schoolchildren actively participated in creating these plots in their homes. Government agricultural officers were also linked to this effort, contributing voluntarily without any additional payment.

WASH (Water, Sanitation & Hygiene)

Significant progress was also seen in WASH in project location. In one programme area out of 103 households (surveyed Household) , 102 received hygienic latrines from the Union Parishad (UP). Women, whose decisions are now respected in their families, confidently purchase sanitary napkins from local shops. This reflects a meaningful change in both hygiene practices and gender dynamics. During the community visit conducted as part of the evaluation process, it was observed that most households had adopted sanitary toilets and installed handwashing facilities, reflecting healthy hygiene practices. Project participants further mentioned that they actively encourage community members to maintain good health habits, such as regular handwashing and the use of sanitary toilets.

In schools, hygiene corners have been set up to ensure adolescent girls can manage their menstrual health with privacy and confidence. To further support them, 27 sanitary napkin vending machines have been installed across schools, making menstrual products easily accessible. These initiatives not only improve the well-being of children and adolescents but also help reduce stigma around maternal and menstrual health, fostering a healthier and more supportive environment for the younger generation.

Governance & Institutional Support

CSOs are effectively coordinating, monitoring, and tracking 40 Union Parishads' budgets regularly, which led to increased budgets for U5C nutrition in each Union Parishad. The nutrition budget has increased remarkably at the UP level, with the budget increasing from 1.45% (2021) to 18.49% (2024) for the Nutrition- WASH – Mother & Child Health Care nexus sector in the targeted Union Parishads for consistent advocacy initiative of the Right2Grow Programme. This marked a turning point in recognizing the importance of child health, hygiene, and nutrition as priorities in local planning. A notable achievement was the inclusion of sanitary napkin fees for adolescent girls in the budgets of Union Parishads, ensuring that menstrual hygiene management was no longer overlooked.

Institutional accountability was also strenof Unions UP secretaries and accountants were given access to BMET issue tracking through secure login systems, allowing them to maintain transparency in managing local resources. At the same time, UPs demonstrated fairness by providing rings and slabs for latrines to hardcore poor families without nepotism, ensuring that the most vulnerable households were reached. Strong action was also taken to dismantle unhygienic hanging latrines, signaling a firm commitment to improving sanitation practices across the villages. CSO-prepared household lists have enabled transparent and equitable allocation of resources, ensuring marginalized families benefit from essential services. This process has strengthened local accountability and trust in governance mechanisms.

Women's Empowerment & Leadership

Women's empowerment has been another key achievement. VDC members participated in a three-day training on women's leadership in Jessor. Women are now more visible in ward meetings. With the active support of the program, poor households have accessed social safety net benefits, while UP bodies have begun to allocate budgets specifically for child nutrition and WASH. Through Local Entrepreneurs (LE) initiatives, CSOs have empowered new women leaders, fostering gender-sensitive and inclusive decision-making at the community level. During the evaluation positive shifts in women's leadership roles were observed. Women leaders in for instance, successfully mobilized collective action to address contaminated water sources, resulting in temporary safe water solutions through NGO collaboration. 57% of local CSO members are women, and 95% of the 201 local entrepreneurs/HPAs working with Right2Grow are female (Consolidated Annual report 2024). The project has been effective in establishing pathways for systemic change, ensuring that decision-makers jointly and effectively address undernutrition in a multi-sectoral, gender-sensitive, and inclusive way.

The programme's capacity-building efforts equipped CSOs, HPAs, and women leaders with the skills to mobilize communities effectively around maternal health, child nutrition, WASH, and health-seeking practices. The CSOs are capacitated to organize courtyard sessions, conduct community monitoring, and advocate for improved services, ensuring that communities become aware of small, doable actions and put them into practice.

Advocacy through the CVA approach and engagement with local decision-makers enhanced service delivery in Community Clinics, leading to tangible improvements such as safe water plants, filling vacant health posts, and provision of hygiene and nutrition support. These initiatives, along with private sector linkages for affordable WASH and nutrition products, expand community access to essential goods and services.

By creating links between CSOs, government institutions, and private actors, the programme fostered both demand and supply-side improvements. This holistic approach enabled communities not only to adopt healthy behaviors but also to sustain them through improved service availability, resource mobilization, and inclusive decision-making, laying the foundation for long-term systemic change.

However, sustaining these changes remains a challenge. Moreover, behavior change, and perception shifts especially in communities with deep-rooted norms require more time to fully take root. An additional one to two years of follow-up and monitoring would be critical to reinforce progress, address gaps, and ensure that positive practices become embedded and sustainable.

Reflections on contribution of programme strategies to achieved changes

Building & Awareness-Raising: The programme's focus on community mobilization, awareness-raising, and practical demonstrations (through courtyard meetings, open learning sessions, and focus group discussions) has been highly effective. By enabling families to recognize the importance of child health and nutrition, the initiative helped shift mindsets—from perceiving health issues as personal to viewing them as community concerns. The process of social mapping, surveys, and scorecards enhanced ownership and accountability, ensuring that knowledge translated into collective action.

Household Monitoring & Data Collection: The introduction of regular child weighing, growth monitoring, and household follow-ups created both awareness and behavioral change. These participatory practices empowered families to monitor

children's well-being actively, while the data bank (Child Growth measurement) strengthened evidence-based advocacy with government actors.

Strengthening Health & Nutrition Services: By linking families with government-owned Community Clinics and satellite clinics, the programme bridged long-standing gaps in access to health services. Awareness campaigns reduced misconceptions about the clinics, while the provision of nutrition packages, essential medicines, and breastfeeding corners reinforced healthier practices.

Promotion of WASH Practices: The strategy of combining awareness with tangible improvements such as hygiene corners in schools, sanitary napkin vending machines, and household access to hygienic latrines proved successful in addressing barriers to WASH. Advocacy with Union Parishads to allocate budgets for WASH ensured sustainability beyond project support.

Women's Empowerment & Leadership Development: Strategies focused on training, leadership-building, and support for local entrepreneurs that increased women's visibility in decision-making processes. Women leaders effectively mobilized resources, advocated for safe water, and influenced household-level practices.

3.2.1.2 Civil society organisations

Outcome 2: Representative and empowered civil society organisations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition

Results achieved

Substantial progress in enhancing civil society's capacity and influence in advocacy, accountability, and participatory governance processes have been observed under this pathway.

Global/ Donors/ Country Indicators	Indicators	Baseline status	Total Target	Total achievement
Donor Indicator	# of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage national level	0	161	234
Donor Indicator	# of advocacy initiatives carried out by CSOs, for, by or with their membership/ constituency	0	50	135

This indicates that CSOs have become more effective in navigating civic space and making their voices heard in policymaking processes. This shows not only increased advocacy capacity but also stronger grassroots linkages, ensuring that CSO initiatives are grounded in community needs. Additionally, 45 common CSO platforms on WASH and nutrition were established compared to a target of 11, reflecting remarkable progress in coalition-building, unity of voice, and collective action. This immediate outcome shows strong progress in institutionalizing CSO and CBO engagement with local government. A total of 780 CSOs and CBOs were consulted during multi-annual programming and budgeting, fully meeting the project target. Similarly, 760 CSOs developed and rolled out integrated WASH and nutrition advocacy strategies, exceeding the target of 624, which indicates enhanced capacity and strategic focus in influencing local governance. At the local government level, 40 Union Parishads (UPs) practiced participatory planning and budgeting as per the government circular, doubling the baseline of 20 and fully meeting the target, showing a positive shift in governance practices.

This Intermediate outcome demonstrates outstanding progress in strengthening the role of CSOs and CBOs in representing marginalized groups. Access to services for marginalized and disempowered people rose to 65.11%, far exceeding the 18% target, indicating that advocacy and community mobilization effectively translated into tangible service improvements.

BD.IO.D.2	**Donor Indicator**	**# of CSOs with increased lobbying and advocacy capacities**	**0**	**8**	**8 Tier 1 and 2 partners**

8 Tier 1 and 2 partners — The Hunger Project, World Vision Bangladesh, Save the Children, Action Against Hunger, HLP Foundation, SDA, JAGO Nari, and Max Foundation — reported increased lobbying and advocacy capacities, reflecting a significant boost in organizational strength and legitimacy. However, including the frontline CSOs, the achievement rises to a total of 80 organizations. By June 2025, 473 CBOs and CSOs were trained in basic public health expenditure tracking, against a target of 475. 468 CBOs and CSOs acquired technical skills in tracking, analyzing, and reporting on public sector budget allocations and expenditures, compared to the target of 555.575 CBOs and CSOs addressed issues related to adolescent girls, women, and other vulnerable groups, against a target of 579. 563 CBOs and CSOs carried out vulnerability mapping for marginalized groups, including adolescent girls and women, surpassing the target of 559.

The capacity assessment demonstrated an improvement in the ability to engage in policy advocacy and influence decision-making. According to the findings, 56% of respondents reported that their ability had strongly improved, while 44% indicated moderate improvement.

The evidence gap map indicates that 32 outcomes were captured in the Outcome Mapping exercise at the country level, as recorded in the Outcome Harvest logbook by partner organizations up to 2024 under Pathway 2. Evidence that has been collected reflects the growing empowerment and influence of Civil Society Organizations (CSOs) in strengthening local governance and improving nutrition, health, and WASH outcomes at the community level. Through continuous advocacy, lobbying, and participation in Union Parishad standing committees, CSOs have successfully ensured the inclusion of nutrition-specific budget lines, mobilized resources for under-five children, and improved access to essential health and hygiene services. Their active engagement has led to first-time allocations and service improvements in multiple unions—ranging from food and hygiene distribution to infrastructure and clinic upgrades—demonstrating that empowered CSOs can effectively represent community voices, drive accountability, and foster sustainable, citizen-led local development.

When the Right2Grow programme began working with local CSOs and Union Parishads, community members had little voice in how budgets were allocated. Nutrition and WASH were rarely considered priorities, leaving many families, especially children under five, without the resources they needed to thrive. Through persistent advocacy, capacity building, and the use of the Community Voice and Action (CVA) approach, CSOs learned how to raise community concerns in structured ways. As a result, open budget meetings were initiated at the Union Parishad level, giving citizens the opportunity to influence local decisions for the first time.

CSO leaders are actively engaged in various government committees, for example, the Union Development Coordination Committee (UDCC), Upazila Nutrition Coordination Committee (UNCC), and different standing and local planning committees at the Union Parishad level, where they contribute to decision-making processes aimed at improving community-level services.

In 2022, these efforts bore fruit- the Union Parishad allocated BDT 71,000 specifically for child nutrition, a landmark moment that integrated nutrition into local policy and budgeting. The nutrition budget has increased at the UP level, with the budget increasing from 1.45% (2021) to 18.49% (2024) for the Nutrition- WASH – Mother & Child Health Care in the targeted Union Parishads due to advocacy conducted by CSO led by consortium programme. In some working areas, UP budgets for WASH and nutrition increased annually by 3%, and petitions submitted by local leaders were fully endorsed by district administrations. Community members like Litu proudly testify to the programme's impact. "In my opinion, 100% of the objectives have been achieved," he said, recalling how, in partnership with the Union Parishad, 22 families received sanitary latrines in just one day. For him, the change was not just about infrastructure but about dignity, health, and the future of children in his community.

CSOs have established formal communication and collaboration with government departments such as the Department of Social Services (DSS), Ministry of Women and Children Affairs, Department of Public Health Engineering (DPHE), Department of Agricultural Extension, and public health service providers. This has strengthened their ability to mobilize resources and address community needs. CSOs actively advocate with the Department of Social Services (DSS) to ensure support for children with disabilities. They are also raising awareness and promoting action on child marriage, child protection, and child rights, highlighting the program's broader contribution to social development.

A CSO representative, who is a UDCC member shared that he has been working with Union parishad for last 14 years and was involved with the project since its inception. From the very beginning of the programme, UP representatives and CSO members worked hand in hand, with one shared vision: ensuring that the most marginalized families could access safe water, sanitation, and nutrition services. Motivated by the persistent advocacy of CSOs, the UP began allocating resources for safe water and improved latrines, particularly for the hardcore poor. CSOs played a vital role by identifying genuine households in need and providing accurate lists, ensuring that services reached the right families. This partnership not only improved service delivery but also strengthened trust between the community and local government. The change was visible in multiple ways. Families who once struggled with poor sanitation now have access to improved latrines provided directly by the UP. Moreover, inspired by CSO-led awareness, community members started paying taxes, something rarely practiced

before recognizing that this contribution helps the UP deliver better services. Looking to the future, UP representatives are confident in saying that “even if new leadership comes, the collaboration model established under Right2Grow will continue.”

Union CSO representatives now actively participate in ward-level and pre-budget discussions. Their advocacy has contributed to increased budget allocations for child nutrition and WASH in the Union Parishad’s Annual Development Plan (ADP). Community awareness of budget allocations has also improved, enabling citizens to monitor and engage with local government effectively. In the Satkhira area, CSOs are actively supporting Union Parishads (UPs) in mobilizing local resources. A notable arrangement is that when CSOs assist UPs in collecting holding taxes, the UPs allocate funds to address specific community needs. In Dumuria, Khulna, 1% of the upazila budget is earmarked for Union Parishads, and in cases where no additional funding is available, the Upazila Nirbahi Officer (UNO) has instructed that this allocation be used for nutrition and WASH-related initiatives. Currently, unions under the programme, have developed multi-sectoral plans that are being actively monitored. These plans clearly outline which ministries can contribute resources to nutrition and facilitate inter-ministerial collaboration at the local level.

The Union Parishad, recognizing the CSOs’ strong grassroots connections, has formally engaged them to compile a list of individuals and families eligible for inclusion under the government’s social protection programs. During the FGD, CSO representatives also shared that the Union Parishad is increasingly relying on their recommendations and prioritizing social protection support for vulnerable community members.

CSOs are in the process of obtaining official registration, which will allow them to sustain their activities, access government allocations, emergency funds, and participate in public tenders or procurement processes. This institutional recognition positions them as key actors in local development. At the CSO level, the project supported the establishment and strengthening of union-level CSOs, linking them to national-level CSO platforms. These CSOs acted as advocates for nutrition-sensitive policies and programs, while also serving as intermediaries between communities and local governments. CSO capacities, including engagement with the private sector and the ability to capture and share learning were strengthened through collaboration, with partners providing qualitative feedback to one another.

While CSOs are in the process of obtaining official registration, their financial sustainability remains uncertain. Without guaranteed funding, access to government allocations, or emergency resources, their ability to continue activities after the project ends is limited. During the project, CSOs were supported through capacity building, advocacy guidance, and limited financial inputs, but this support is time-bound. As a result, sustaining operations, maintaining staff, leadership, and continuing community engagement may be challenging.

Reflections on contribution of programme strategies to achieved changes

Primary contributing factors

Strengthening CSO Capacity and Leadership

The programme’s emphasis on capacity building through intensive training on Bridge4Voices (B4V), Budget Monitoring and Expenditure Tracking (BMET), advocacy, communication, negotiation, child profiling, and costing model enabled CSOs to emerge as credible actors in local governance and service delivery. CSOs have been supported to lead issue-based consultation meetings at the Union level, bringing together the UP Chairman, and respective members of the Union Parishad and other stakeholders, allowing for the identification and prioritization of local concerns related to WASH, Nutrition, Child Growth data, and primary health care.

Advocacy and Policy Influence

The Right2Grow programme empowered local CSOs to influence local development planning and budget allocation processes through community-led tools like BMET and CVA (Community Voice and Action). Intensive training conducted to equip facilitators (local CSOs leaders) with advocacy tools, operational guidelines, and structural insights for CSOs in different tiers. Regular technical and logistical support has been provided to strengthen CSOs in advocacy issue identification, progress review, action planning, public budget monitoring, and evidence generation though data collection and documentation. Their active participation in Ward Shavas, Union Parishad Standing Committees, and multi-sectoral planning processes directly contributed to first-time budget allocations for nutrition, WASH, SRHR, and child health across multiple unions.

Service Delivery Improvements

The programme's strategyprogramme focused on building the capacity of CSOs to serve as effective connectors between communities, clinics, and local governments. The programme's strategy emphasized strengtheningThe programme strengthened the capacity of CSOs to facilitate coordination and collaboration among communities, clinics, and local governments. Targeted training and mentoring enhanced CSOs' understanding of local governance systems, advocacy techniques, and service delivery frameworks. Regular joint meetings and dialogue created by the programme helped CSOs establish constructive relationships with health service providers and Union Parishad representatives. Technical guidance and logistical support enabled CSOs to systematically collect community feedback, document service gaps, and present evidence-based recommendations.

Governance, Accountability, and Resource Mobilization

The programme integrated CSOs into budget monitoring, expenditure tracking, and pre-budget consultations. The programme's strategy placed strong emphasis on enhancing the institutional and technical capacities of CSOs to engage effectively in local governance processes. Capacity-building initiatives, such as training on public budget monitoring and expenditure tracking equipped CSOs with the knowledge and tools to analyze and monitor local budgets. Continuous mentoring and exposure visits helped them understand government planning cycles and engage constructively in pre-budget consultations. The programme also facilitated regular coordination meetings between CSOs, Union Parishads, and sectoral committees, which built confidence and communication channels for collaborative decision-making.

Community Mobilization and Awareness

The programme's strategy focused on strengthening the organizational and communication capacities of CSOs to effectively mobilize communities and promote awareness on child health, nutrition, WASH, and gender equality.
Institutional Linkages and Broader Social Development
By linking CSOs with government departments (DSS, DPHE, Agriculture, Women and Children Affairs), the programme created strong institutional partnerships that expanded opportunities beyond health and nutrition. CSOs also began advocating child marriage prevention, child protection, and disability inclusion demonstrating how the strategy of strengthening capacity and multi-sectoral engagement broadened their influence in community development.
At the CSO level, the programme supported the establishment and strengthening of union-level CSOs, linking them to national-level CSO platforms. These CSOs acted as advocates for nutrition-sensitive policies and programmes, while also serving as intermediaries between communities and local governments. CSO capacities, including engagement with the private sector and the ability to capture and share learning were strengthened through collaboration, with partners providing qualitative feedback to one another. This enhanced the reach and influence of citizen voices in decision-making, contributing to greater accountability and inclusiveness in addressing undernutrition.

Preconditions

Existing reputation

CSOs and CBOs often had strong reputations, visibility, community backing, and experience in social work. The evaluation revealed that CSO members were engaged in diverse occupations, which not only reflected their rootedness in the community but also strengthened their credibility and influence. The programme strategically partnered with these existing CSOs, capitalizing on their established social acceptance and trust within the community to advance programme goals more effectively. The programme provides resources to enable CSOs to have more consistent activities, have more regular interaction with communities, have evidence-based discussions with government authorities, strengthen skills and tools on advocacy and improve the quality of their work. Hence, reputation is the precondition, and the project strategy enabled CSOs to enhance their credibility.

Leadership

Some CSO groups already had strong leadership in place. CSO or group leaders had been capacitated before their engagement, and developed capabilities in networking, activism, with ambition and vision, outspoken voice, having built trust and reputation

Alternative contributing factors

Besides the programme contributions to the changes that took place, other factors can claim part of the contribution:

Other grants/Projects implemented by other INGOs and Donors: Other national NGOs are implementing WASH and nutrition initiatives that deliver complementary input services. In one project area, one NGO named 'Asha Alo' works with WSAH and Nutrition component with support services.

Existing Capacity and Engagement of CSOs: Some CSOs are also members of local government bodies and serve on various government committees. In the project areas, CSO members who have their own organizations are additionally engaged in other advocacy-related initiatives. As a result, they already possess a certain level of capacity and experience in community engagement and policy advocacy.

Contextual, hampering factors

Apart from the positive contributing (primary and alternative) factors, the endline evaluation identified several contradicting factors that prevented the change from taking place or from being far-reaching.

Social and historical factors: Negative social and cultural perceptions and stereotypes, hinder women's rights and participation, with community members often unaware of pro-women rights and resistance from both men and women.

Political environment: Changes in Union Parishad leadership, along with the varying interests and influence of chairmen and members, can sometimes act as contradicting factors. In one area, the transfer of the Upazila Nirbahi Officer (UNO) posed a potential challenge to maintaining the rapport that had already been established through the programme's engagement efforts. Similarly, the periodic transfer of government officials can disrupt continuity, as these officials were already familiar with the project's interventions and collaborative processes. Such shifts may affect the continuity of initiatives, alter priorities, or create challenges in sustaining CSO engagement and advocacy efforts.

Lack of financial sustainability is a key concern raised for the above results. It is indicated that the initiatives and the related changes these bring about rely heavily on external support, for example the power of CSOs is not yet based on independence and sustainable funding models. Without financial sustainability, the CSOs are hampered in producing far-reaching results, remaining at activity and output level, not having longer term or enough funding to continue promoting the change processes.

Strengthening Engagement with Local Government

The programme empowered CBOs and CSOs to regularly engage with Union Parishads and other local government bodies in programming, budgeting, and financial planning. Through structured training on Bridge4Voices (B4V), Budget Monitoring and Expenditure Tracking (BMET), and advocacy, CSO members gained confidence to participate in ward meetings, pre-budget discussions, and multi-sectoral planning forums. This regular engagement ensured that community needs, particularly for nutrition, WASH, and maternal-child health, were systematically included in local development decisions.

CSO worked with stakeholders to address local issues, for example to the Chairman of each Union Parishad has received a list of nutrition services and treatments for critically malnourished children. Provision of clean water for poor families that do not have access to healthy water. Send a list of the poor to install better latrines, a list of the poor to install hand washing devices, a list of the poor to send vegetable seeds to suit their nutritional needs etc., of which around 200 local issues were resolved with the assistance of Union Parishads, government departments, and local administrations.

A national-level CSO platform established that focuses advocacy for children under 5 wellbeing and mother & child health oversea and provides some guidance of the CSO platform at UP/Upazila level. As a result of evidence-based advocacy, the district administration of Patuakhali issued a letter to the Secretary – Local Government Division (LGD), under the Ministry of Local Government, Rural Development & Cooperatives (MoLGRD&C) to allocate funds for reducing undernutrition. Capacitated CSOs and CBOs advocating for increasing social safety net support for vulnerable and marginalized HHs by the Social SafetyNet program, Initiatives for deep tube-wells installation by UP and government agencies to ensure safe water access for identified poor HHs. and different supports (Child growth measurement - height scales, weighing machines / tools support to CCs, supply micronutrient powder for CU5, and periodic food package support, etc.) to poor and vulnerable HHs.

Findings from the Linking & Learning survey

Linking and Learning (L&L) represents a core pillar of the Right2Grow (R2G) programme, fostering a culture of continuous reflection, knowledge exchange, and adaptive management across all levels of implementation. From its inception, L&L has been more than a set of activities—it is an approach designed to embed learning into everyday practice, enabling partners to adapt strategies and enhance long-term impact. Guided by a five-year vision and strategy, the L&L framework emphasizes behavior and mindset change to ensure that knowledge from communities and partners is systematically captured, shared, and applied to strengthen programme and policy outcomes.

The R2G learning strategy emphasized continuous documentation and integration of learning to enhance effectiveness and impact. 16 out of 17 respondents confirmed that activity-based documentation improved implementation showing slightly higher relevance than theme-based documentation.

“Documenting challenges in the Healthy Village Approach led to simplified reporting tools for Civil Society Organizations (CSOs) and monthly review meetings of CSOs to track progress.”

The 3 most frequent uses of learning within the Right2Grow programme are: 1. Adapting programme activities or components (15/17) → This reflects a strong operational use of lessons learned. 2. Improving ways of working (13/17) → Indicates a focus on internal optimisation through learning. 3. Including in advocacy activities (13/17) → Shows that learning is also being used to influence external stakeholders.

71 % of respondents consider more sharing took place across years in Right2Grow programme, whilst 17% had no opinion and 12% considered the opposite.

88% of respondents participated in a learning training, which was conducted in person for all but 3 respondents who attended online. The average satisfaction rating was 8.3/10 for in-person training compared to 6.6/10 for online training, indicating that in-person sessions were perceived as more effective.

“I came to know about how to identify and capture learning from the field level and prepare a brief learning report. I attended online training. If I get the scope to attend physical training, it will become more fruitful for me. “

Among respondents, 15 out of 17 were aware of five-step learning cycle. Regarding the average satisfaction rating, 64% of the respondents ranked the toolbox between 7-10 (compared to 76% in the mid-term evaluation) and 36% ranked it between 5 and 6 (in the mid-term review 24% ranked it between 4 and 6). It interprets that fewer respondents are highly satisfied, and more respondents are moderately satisfied. One of the respondents stated that - Clear understanding on learning brief. But need more training.” (toolbox ranking: 5)

Nearly all respondents valued the L&L support and to further improve impact, participants suggested stronger follow-up, more accessible training, and deeper peer learning opportunities.

“More regular follow-up or check-ins after learning sessions could help ensure the practical application of tools and methods”.

Respondents considered peer and cross countries exchanges as the most relevant activities to prioritize, closely followed by country reflection workshops and training. This highlights the importance of creating a learning environment for inspiration and critical reflection as well as a structured learning framework focusing on training and practical outcomes (learning catalogue).

Over five years, Bangladesh teams made significant strides in Linking & Learning (L&L), demonstrating sustained use of tools and practices likely to continue beyond the programme. Key good practices include starting L&L training early, providing regular hands-on refresher sessions, and offering follow-up support at all levels to ensure effective application. Structured mentorship, collaborative learning spaces, and digital documentation enhance engagement, knowledge sharing, and long-term accessibility of lessons learned. Embedding L&L into the project cycle, creating formal and informal contextualized learning platforms, and promoting regular exchanges—both locally and cross-country—foster meaningful participation, improve uptake of lessons, and strengthen programme effectiveness.

Findings from the mutual-capacity development survey

Mutual Capacity Development (MCD) was central to Right2Grow’s strategy, focusing on strengthening communities, grassroots groups, and CSOs to collectively influence decision-makers. It emphasized local expertise, diversity, and complementarity, with two main objectives: 1) equip consortium partners with the technical skills needed to achieve programme goals, and 2) promote sustainable change and organizational continuity for local CSOs beyond the programme.

Outcome 1 – Community Capacities: In Bangladesh, significant improvements were observed in capacities and confidence across all learning areas. Training needs for inclusive, gender-sensitive community-led development dropped from 28% to 0%, qualitative/participatory data collection from 39% to 7%, WASH and nutrition basics from 22% to 0%, working with private sector partners from 56% to 20%, and engaging marginalized groups and youth from 28% to 7%, demonstrating strengthened skills and empowerment at the community level.

Outcome 2 – Advocacy & Policy Engagement: Partners showed increased ability to engage in advocacy and accountability. Training needs in communication, campaigning, and media dropped from 56% to 20%; evidence-based advocacy and government engagement from 50% to 27%; and inclusive advocacy from 44% to 20%. BMET training needs decreased from 44% to 20%, highlighting progress while indicating persistent challenges in financial tracking at sub-national levels.

Outcome 3 – National government and decentralized entities adopt and mainstream an integrated, multispectral approach to undernutrition in policies, action plans and budget allocations: Training needs declined across civil society monitoring, policy review, and WASH–Nutrition integration. Civil society monitoring needs dropped from 78% to 27%, review of

legislation from 56% to 33%, and multi-sectoral collaboration from 33% to 27%. Capacity gaps remain in working with academia, research, and innovation (44% to 40%), signaling the need for further partnership and innovation.

Outcome 4 – Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.

Knowledge and skills improved, with training needs in advocacy for collaboration across the HDP nexus decreasing from 56% to 47%, bringing local knowledge to international arenas from 61% to 53%, and lobbying donors for nutrition and WASH from 67% to 53%. Remaining gaps highlight the need for strengthened engagement in international advocacy and sustainable financing.

Most respondents affirmed that the MCD activities implemented under the Right2Grow programme were highly relevant and responsive to the country team's needs. MCD activities under Right2Grow were highly aligned with local needs and priorities, with 93% of respondents indicating that the interventions addressed most or all their priorities.

Capability to Act: CSOs reported clear structures, defined roles, decision-making processes, and inspiring leadership, with 89% noting strengthened capacity to act as perceived by local partners.

Capability to Achieve Coherence: All respondents agreed on consistent, reliable management and clarity of mandate, vision, and strategy, with 89% indicating significant improvement since the start of the programme.

Capability to Deliver Development Outcomes: CSOs demonstrated strong confidence in using standards to monitor quality and impact, aligning staff development with organizational goals, adequate staffing and resources, effective communication, and media use. A small proportion (22%) reported no change compared to programme inception.

Capability to Learn and Self-Renew: CSOs showed strong ability to translate evidence into advocacy, access and use research, and apply political analysis, strategic awareness, and adaptive learning.

Capability to Relate to External Stakeholders: CSOs reported strong relationships with communities, governments, and partners, full confidence in stakeholder analysis, and unanimous perception of strengthened capability compared to programme start.

Grassroots Embeddedness and Legitimacy: All CSOs confirmed active community involvement in planning and decision-making, with 89% reporting strengthened capacity since programme inception.

Gender and Inclusion: All respondents reported inclusive decision-making and support for gender equality, with 89% noting strengthened capacity; however, most partner organizations remain men-led.

Resource Mobilization and Financial Sustainability: CSOs reported clear, adaptive resource mobilization plans and strong execution, with 100% indicating improved capacity since programme inception.

Advocacy Capacity and Civil Society Roles: CSOs showed progress in policy advocacy, with 56% reporting strong improvement and 44% moderate improvement, alongside notable gains in resource allocation to nutrition and WASH sectors.

The programme trained 378 CSOs and over 7,000 members, including local entrepreneurs and volunteers, 60% of whom were women. This localized approach enabled transformative leadership and resource mobilization.

While assessing the education role of the CSOs, strong improvement was reported, where 100% of respondents indicated either moderate or strong improvement in their CSO's ability to educate communities about democracy, rights, and responsibilities. CSO partners shared numerous examples of how their representational role has translated into real influence on decision-making processes. CSOs have effectively used platforms such as the Upazila CSO network to influence local government decision-making and advance the rights of marginalized populations. 100% of respondents indicated strong or moderate improvement, with no reports of no improvement or "Don't know" answers for communicative role. 100% of respondents reported improvement in CSOs' ability to collaborate with government, the private sector, and communities enhancing their role in delivering services, connecting stakeholders, and providing expertise defining their cooperative role.

3.2.1.3 National governments and decentralised entities

Outcome 3 National government and decentralised entities adopt and mainstream an integrated, multisectoral approach to undernutrition in policies, action plans and budget allocations.

Results Achieved

Four laws, policies, or norms/attitudes were blocked, adopted, or improved to support sustainable and inclusive development by the end of the project period, exceeding the target of 3.

Global/ Donors/ Country Indicators	Indicators	Baseline status	Total Target	Total achievement
Donor Indicator	# of laws, policies and norms/attitudes, blocked, adopted, improved for sustainable and inclusive development	0	3	4

A capacity enhancing guideline for Union Parishad representative on The Local Government (UP) Act of 2009 especially WASH Nutrition program implementation has been developed and disseminated. Nutrition and WASH budget provision is created in a localized way that is recommended from the ministry of local government rural development and cooperative to the ministry of finance for allocating budget. Recommendation has been provided to create multi-sectorial nutrition coordination committee at union level to incorporate in NPAN3. Child profile estimates for children Under 5 and costing model tools is published by the government engaging BNNC and recommended to piloting in different geographical locations in Bangladesh. Policy brief developed to emphasize the role of local entrepreneurs to improve Nutrition Status, and Water, Sanitation, and Hygiene (WASH) and advocate for specific and targeted policy interventions that would leverage local entrepreneurship. By the end of the project, 18% of public budgets were allocated and implemented for nutrition and WASH services, representing an increase from the baseline of 1.45% and exceeding the target of 6%.

At Intermediate outcome level 8 evidence-based research documents were shared with policymakers, against a target of 13. Through the Right2Grow Programme and related action research, significant progress has been made in advancing evidence-based advocacy for improving child nutrition and WASH outcomes in Bangladesh. These studies and policy engagements have strengthened the link between data, policy, and community action. At the policy level, national and local dialogues were held to advocate for increased budget allocations for WASH and nutrition, supported by research on budget tracking and policy gap analysis. These efforts helped raise awareness among policymakers about the importance of integrating financial planning for improved child nutrition. At the community level, initiatives mobilized local entrepreneurs in coastal areas to promote hygiene, safe water, and nutritious foods—creating sustainable, market-based solutions. Evidence from child profiling and cost modeling guided targeted investments, while community engagement activities such as behavioral change communication and social mobilization led to tangible improvements in hygiene and feeding practices. Civil society organizations played a key advocacy role through participatory monitoring, multi-stakeholder dialogues, and knowledge-sharing platforms, ensuring that local evidence informed national-level policy decisions. Research in Debhata Upazila further identified local barriers to child growth promotion, contributing to more context-specific interventions.

One open data platform has been established and policy makers used that information to make decisions. 40 local Union Parishad (UP) and national-level monitoring cells have been established to enhance accountability and support evidence-based decision-making, against a target of 41. At the end of the project period 45 Union Parishad and sub-districts have multi-sectoral joint action plan to address child nutrition. National Nutrition Policy 2015 is reviewed, and the third national plan of action for nutrition for next period with the recommendation of Right2Grow- inclusion of the CSO representatives in multi sectoral coordination committee at union level to actively take part in nutrition planning and budget allocation. Four meetings have been conducted involving multi-sectoral coordination between humanitarian and development actors and donors on WASH & nutrition to share experiences and strengthen the evidence base.

A total of 265 targeted communities, CBOs, and CSOs were equipped with a system to track the quality of nutrition and WASH services, exceeding the target of 165. A total of 265 targeted communities, CBOs, and CSOs were provided with a system to monitor the quality of nutrition and WASH services for children under five, women, adolescent girls, and marginalized groups, surpassing the target of 185. During the project period, 629 CBOs and CSOs were trained in systems and tools to monitor the quality of nutrition and WASH services, significantly exceeding the target of 101. 10 Learning briefs were created to generate evidence and innovative ways to prevent undernutrition against the target of 11. Four learning

briefs targeting gender issues and marginalized groups where the target was 5. At the end of project period 4 field research were conducted.

The project exceeded most targets, particularly in budget allocations, policy adoption, community empowerment, and CSO capacity-building, showing significant progress toward the outcome. Government entities at both national and decentralized levels now have stronger policies, budgets, and structures that integrate undernutrition and WASH into multisectoral frameworks.

The evidence gap map indicates that 32 outcomes were captured in the Outcome Mapping exercise at the country level, as recorded in the Outcome Harvest logbook by partner organizations up to 2024 under Pathway 2. Evidence that has been collected reflects that through Right2Grow's sustained advocacy and collaboration with government and civil society, significant progress was achieved in strengthening local and national systems for nutrition and WASH — including increased budget allocations, improved service delivery, establishment of functional coordination mechanisms, and national adoption of child nutrition costing models. For example, first roundtable discussion at national level made positive attitude for U5 child nutrition among the policy makers and government high officials (local government Minister and officials of different ministries) on 10 May of 2023.

At the government level, both local and national entities were engaged to utilize existing platforms, while new mechanisms were nurtured where necessary. The programme worked closely with Union Parishads, health departments, and WASH entities from particularly the primary to even the national level. These partnerships strengthened service delivery particularly at the union parishad level, maintained policy alignment, and budget allocation for nutrition under union parishad, ensuring that government systems were responsive to community needs. Budget tracking at the Union Parishad level has improved. Joint complementarity between actors such as the union parishad, community clinics, and CSOs has increased with support of Right2Grow.

Previously, Community Clinics (CCs) offered limited support. One community health care provider shared that now, more community people increasingly seek services there. Through Right2Grow's advocacy initiatives, the government has ensured the regular provision of medicines and nutritional supplements to 116 community clinics, which had previously been inconsistent. Through advocacy and collaboration with local governments, CSOs mobilized community people to access available nutrition and health services. Advocacy effort led to establishing communication with the upazila and union parishad has been strengthened. As a result, the Upazila Chairman has even visited the community clinic.

Technical and capacity-enhancing support provided by the Right2Grow programme for UDCC meetings in all 40 unions to strengthen multi-sectoral engagement and address undernutrition. Multi-sectoral joint action plans were developed, and budget monitoring and expenditure were tracked by the CSO and diverse stakeholders. The progress of the action plans is reviewed during UDCC meeting reflects the accountability of the Union Parishad and respective government officials.

At the institutional level, discussion on nutrition under UNCC and DNCC was once dormant but is now revitalized, with meetings being held at least quarterly or bi-monthly under the leadership of the UNO and district authorities. It also helped bridge funding gaps by mobilizing the union parishad joint planning and open budget processes. Initially, government officials, such as the UNO, were skeptical and did not see the need for such a project. Union Parishads, which were previously focused primarily on paperwork, are now accustomed to using app-based budget monitoring and are willing to invest in WASH and nutrition at the community level.

Relevant government officials were actively engaged in various learning-sharing sessions and research report dissemination events at both national and local levels. During interview Upazila Family Planning Officer mentioned that he attended the meeting and well aware of right2Grow programme and recommended the continuation of CSOs effort at community and local government level. Union Parishad provided five 3,000-liter capacity of each water tank through collaboration with DPHE and CSOs, ensuring sustainable water access.

Multi-sectoral national roundtable meeting was organized with policymakers, experts, practitioners, CSO leaders, local government representatives, journalists, and academics to advocate for national directives encouraging unions to increase budget allocation and public expenditure on child nutrition and WASH issues.

The programme took initiatives to strengthen and establish partnership with local NGOs and youth organizations such as SUSHILON, Jagoroni Chakra, and Feed the Future, to jointly address undernutrition and WASH challenges. This multisectoral approach brought together diverse expertise and resources combining health, nutrition, sanitation, and community mobilization efforts.

Advocacy fair was organized which raised community awareness and actively engaged government officials and NGOs, who committed to collaborative efforts addressing WASH, health, and nutrition issues. The fair was particularly innovative, as it demonstrated the advocacy approach to government and other stakeholders, showcasing how coordinated action among all actors can achieve tangible results.

The Child Profile Estimation and Costing Tool, jointly developed with government agency BNCC, has been included in national plans and will be piloted in different geographical contexts. This is expected to speed up preparing multi-sectoral nutrition plans from the UP to the national level.

Quarterly webinars and talk shows are conducted though Stream Yard to showcase best practices and share evidence, featuring nationally recognized experts from the WASH and Nutrition sectors with different stakeholders including government officials, nutritionists, NGO representatives, academics, public representatives, CSO members, union parishad officials, media professionals, and social media audiences. This initiative enhances stakeholder awareness and capacity, thereby strengthening ownership and ensuring the sustainability of the programme beyond 2025.

During interviews with the country team representatives, it was noted that the local government has expressed a strong interest in sustaining the successes and lessons learned from the programme in other districts and subdistricts.

When community members raised the issue of medicine shortages at community clinics through CSO channels, the matter was formally presented in the Union Development Coordination Committee meeting. As a direct result of this advocacy, the Union Parishad allocated BDT 35,200 from its budget to procure essential medicines for three clinics marking the first local-level intervention of this kind after a six-month supply gap from national sources. These reflect local government entities demonstrated increased ownership and responsiveness by integrating nutrition and health-related priorities into their budget and action plans.

The first national-level roundtable organized by the Right2Grow Programme brought together the Minister of Local Government, senior officials from multiple ministries, 50 CSO leaders, practitioners, academics, and journalists to discuss under-five child nutrition. This multi-sectoral dialogue enabled CSOs to present field-level evidence directly to policymakers, fostering a positive shift in attitudes toward integrated WASH and nutrition planning. Over the past three years, the programme has strengthened CSO engagement with UNCC, enabling regular dialogue, participatory planning, and evidence-based advocacy

A letter has been sent to the advisor of The Ministry of Local Government, Rural Development and Co-operatives with a request for allocation of budget in Union Parishad budget in 2025-2026 for nutrition for children under 5 from Right2 Grow consortium programme . In response, the Ministry of Local Government, Rural Development and Co-operatives issued a letter to the Ministry of Finance requesting the allocation of BDT 4,178,262,000 for child nutrition within the local government budget over the next three fiscal years.

The programme’s advocacy initiatives, through the development of policy briefs, contributed to the inclusion of a recommendation in NPAN-3 to incorporate civil society representatives into multi-sectoral nutrition committees at the Union level, thereby ensuring continuity and strengthening local-level participation.

As the project is scheduled to conclude next year, there will be no formal follow-up on the progress of this budget allocation in the following national budgets.

Reflections on contribution of programme strategies to achieved changes

Primary contributing factors

The factors that are within the scope of the programme:

Governance & Institutional Strengthening

A deliberate effort to strengthen governance structures created long-term pathways for systemic change. The introduction of mobile apps, transparent allocation of resources, and inclusion of nutrition and WASH in Union Parishad budgets embedded accountability in local systems. By institutionalizing these practices, the programme reduced dependency on external actors and ensured continuity through government ownership.

Multi-Sectoral Collaboration & Advocacy

The programme’s emphasis on linking CSOs, government officials, community clinics teachers, and agricultural officers created a collaborative environment. Capacity-building support for UDCC meetings across 40 unions to enhance multi-sectoral engagement and address undernutrition This multi-sectoral engagement helped align community initiatives with national and global nutrition/WASH priorities, ensuring broader relevance and support. Development and piloting of the Child Profile Estimation and Costing Tool with BNNC, generating localized data on children under five, adolescent girls, and families with members with disabilities. Profiling and costing models applied at Union Parishad and Upazila levels to guide multi-sectoral planning. Policy briefs prepared and shared to demonstrate the impact of separate nutrition and WASH budgeting on child nutrition outcomes.

Institutional and policy level

Right2Grow piloted and facilitated the development of child profile estimation and costing tools in collaboration with BNNC and CSA-SUN. This piloted approach provided evidence-based mechanisms to inform budgeting and planning decisions. Following successful piloting, the tools have been nationally recognized and are now being scaled across sub-districts and integrated into multi-sectoral nutrition plans. Through the advocacy effort from the programme with CSOs, UNCC and DNCC meetings were revitalized, improving coordination and oversight of nutrition services. The project led national-level advocacy efforts to review the National Nutrition Policy and provide recommendations for NPAN-3 , to increase resource allocation to nutrition, including the submission of a formal request to the Ministry of Local Government to incorporate dedicated nutrition budgets within Union Parishad allocations.

Improved Accountability and Budget Tracking

Right2Grow facilitated open meetings among community members, CSOs, and Union Parishads, leading to the adoption of transparent, app-based budget monitoring systems. Through open budget processes and joint planning mechanisms, the project helped mobilize resources to address funding gaps in nutrition and WASH. It also strengthened the capacity of local governments to more effectively track and allocate resources.

Preconditions

Institutional Coordination: Mechanisms for inter-ministerial and multi-level coordination (health, WASH, local government, women & child affairs) are required for multisectoral approach to under nutrition. Some established platforms for joint planning, review, and accountability aided the advancement of the approach.

Policy and Legal Frameworks

Existing policies that allow integration of nutrition, WASH, and maternal/child health into budgets and action plans.
Supportive legal environment to institutionalize multisectoral committees and planning mechanisms. NPAN-2 underlines the importance of community-led planning and multisectoral coordination and NPAN-3 is also under process. BNNC oversees several platforms including district and upazila-level Nutrition Coordination Committees and publishes the National Nutrition Dashboard and Nutrition Profile. The review of the National Nutrition Policy and the preparation of NPAN-3 created opportunities for advocacy and alignment of local initiatives with national priorities. National Nutrition Policy (2015), NPAN-2 underscores the importance of community-led planning and multisectoral coordination. Bangladesh became an early adopter of the SUN (Scaling Up Nutrition) Movement.

Alternative contributing factors

Existing reputation: The NGOs, CSOs, CBOs, and community groups often had strong reputations, visibility, community backing, and experience in activism or advocacy, due to their volunteerism, networks, resilience, shared vision, and teamwork. However, their inconsistent access to resources limited their reach and consistency.

Corresponding programme

GAIN Bangladesh implements large-scale food fortification (fortifying oil, salt, and zinc-enriched rice), adolescent nutrition promotion, workforce nutrition in the garment sector, and micronutrient supplementation for pregnant women through MMS. FAO's Integrated Horticulture & Nutrition Development Project emphasizes school-based nutrition through school gardens and nutrition education blended into the curriculum to promote healthy diets.
Contextual, hampering factors

Political and Governance Constraints

Frequent changes in local leadership (Union Parishad chairmen/members) affecting continuity. Limited prioritization of nutrition and WASH in local government agendas. Bureaucratic delays in budget approvals and policy implementation. Varying commitment among political actors and officials to nutrition and WASH, which can affect policy uptake. To address the constraints the programme supported advocacy initiatives with Union Parishads and enhanced the capacity of Civil Society Organizations (CSOs) to effectively engage in lobbying and meetings. CSO leaders who participate in various government coordination and planning committees, such as the Union Development Coordination Committee (UDCC), Upazila Nutrition Coordination Committee (UNCC), standing committees at the Union Parishad level, and local planning bodies. Furthermore, the programme established and maintained regular communication with government officials and organized meetings to keep them informed about project interventions and progress in the respective areas.

Institutional and Coordination Gaps

Weak coordination across ministries (Health, Local Government, Women & Children Affairs, WASH). Overlapping roles and responsibilities lead to inefficiencies or duplication of effort.

3.2.1.4 Donors and international development organisations

Outcome 4: Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.

Changed Achieved

The global indicator showed no progress to the degree to which donors along the humanitarian-development nexus are addressing the underlying determinants of undernutrition through commitments and scaling up of initiatives that have proven successful. 4 meetings have been conducted, involving multi-sectoral coordination between humanitarian and development actors and donors on WASH & nutrition to share experiences and strengthen the evidence base.
91% of attendance rate of Right2Grow partners, CSOs and government in (sub)national platforms depicted that Right2Grow partners, CSOs and government engage in (sub)national platforms for data sharing, peer learning and adaptation. 1 meeting held with donors to advocate for multi-sectoral funding in nutrition against the target of conducting 3 meetings showed less progress towards R2G partners and CSOs lobbying effort with donors to better align funding, programming and leveraging for large programmes.

Only 1 meeting with donors was conducted against the target of 3. This indicates insufficient advocacy and lobbying efforts by R2G partners and CSOs to influence donor priorities, align humanitarian and development funding streams, and leverage larger multi-sectoral programs. Despite national-level progress, the global indicator showed no progress on donor commitment to addressing undernutrition through scaled-up, multi-sectoral approaches. While national platforms are functioning effectively, donor alignment and commitment to long-term, integrated approaches to undernutrition remain weak, slowing momentum towards systemic change.

The evidence gap map indicates that no outcomes were harvested at this pathway 4 (Evidence gap map) and no outcomes were captured in the Outcome Mapping exercise at the country level, as recorded in the OH logbook until 2024. Despite various advocacy and coordination efforts, only limited progress has been achieved in scaling up proven interventions or securing sustained funding commitments, indicating a gap between strategic engagement and tangible institutional outcomes under this pathway.

Several learning-sharing initiatives have been undertaken, with documentation on best practices disseminated under the Power of Learning platform. In addition, the project actively participates in wider sectoral learning, engaging with 29 other NGOs through 9 consortiums.

The Right2Grow programme in Bangladesh has convened some meetings with both national and international development agencies, including Save the Children, GAIN, Nutrition International, and ACF, to explore future funding opportunities. Some Key learning and sharing events were conducted, including a workshop in October 2024 with the Senior Policy Adviser from the Embassy of the Kingdom of the Netherlands, to provide guidance for programme improvement.

The Right2Grow Programme played a key role in strengthening national-level nutrition governance through its strategic engagement with the CSA-SUN Bangladesh network. With one of its partners, Save the Children, serving as the CSA-SUN Secretariat, Right2Grow effectively positioned itself to influence national advocacy and coordination processes. As a result, an integration plan between CSA-SUN and the government's District Nutrition Coordination Committees (DNCCs) was adopted, along with a quarterly follow-up plan for the implementation of the National Nutrition Plan of Action II (NPAN2). The collaboration also led to the decision to regularize DNCC meetings with the participation of representatives from 22 designated ministries, ensuring stronger multisectoral engagement. Formal strategic partnership established between the Right2Grow Consortium Bangladesh and CSA-SUN, enabling coordinated advocacy interventions from national to sub-district levels.

Though several meeting and learning sharing initiatives have been taken, limited achievement has been observed to explore opportunities for scaling up proven interventions. Advocacy to promote business cases, showcase behave practices and communicate programme successes to national and international donors has been insufficient. Similarly, the global consortium has undertaken few initiatives to engage potential donors for continued funding. As a result, there has been no significant progress in securing commitments or scaling up successful initiatives that address the underlying determinants of undernutrition. It was observed that enhanced collaboration with implementing partners and other stakeholders at national level and improved visibility of locally generated data, yet systemic influence on broader funding priorities remains emergent. However, despite these interactions there has been little evidence of scaling up or institutionalizing the initiatives, highlighting a gap between advisory input and tangible follow-through.

Programme strategies including capacity building, CSO facilitation, advocacy support, and linking & learning exercises have clearly contributed to improving output under Pathway 4. Activities such as sanitation training, union-level advocacy committees, and engagement with local government have produced measurable community-level and CSO-level outcomes. While direct impact on donor policy or strategic funding decisions is less evident, the programme has laid the groundwork

for informed and evidence-based engagement, strengthening the potential for long-term influence. The combination of community awareness, CSO capacity, and donor engagement demonstrates a coherent pathway for sustaining programme benefits, contingent upon continued alignment of donor priorities with local needs. Consortium partner organizations are in the process of identifying potential donors for their respective projects. Building on the foundation established by the Right2Grow (R2G) project, partners will integrate key R2G components and leverage the lessons learned, established partnerships, and proven approaches in their new initiatives.

3.2.2. Unintended (negative) effects on other stakeholders

If applicable: Unintended (negative) effects on other stakeholders than mentioned above

3.2.3. Cross-cutting themes (gender, youth, climate)

Women and youth have been actively engaged in the project implementation process from the very beginning. They contribute to developing project operation plans at the community, ward, union, and upazila levels, taking on diverse roles as CSO leaders, local entrepreneurs, volunteers, teachers, students, adolescent boys and girls, pregnant and lactating women, community members, farmers, and small traders. Women constitute over 40% and youth around 35% of the leadership within Civil Society Organizations (CSOs) and community platforms. They actively participate in courtyard sessions, and various capacity-building initiatives focused on leadership, networking, lobbying and advocacy, as well as local resource mobilization. Moreover, more than 90% of local entrepreneurs are women, who are engaged in livelihood initiatives related to nutrition and WASH products and services, thereby contributing to healthier and more sustainable environments within the targeted communities.

The project focused on increasing awareness and promoting positive behavior change regarding WASH, health, and child nutrition among various stakeholders, including community groups, CSO leaders, Union Parishads, and volunteers. It has also worked to enhance understanding of gender equality and youth-friendly education and rights. Key areas of emphasis include exclusive breastfeeding, menstrual hygiene management, reducing undernutrition among children under five, pregnancy care practices, school-based hygiene education campaigns, and promoting the active participation of women and youth in local entrepreneur groups and peer education systems. CSO committees have been established, each chaired by a woman, fostering gender leadership at the grassroots level. Women and youth actively engage in planning, implementation, monitoring, and advocacy by participating in various standing committees at both the Union Parishad and Upazila levels.

"*I built connections with the Sena Company (run by the Armed Forces of Bangladesh) to bring affordable products to the community. I also sell products from companies such as RFL and SMC, which I was introduced to through the R2G program. After getting involved with this programme, I began to see myself not just as a seller, but as a change-maker. The most significant change for me is that I now confidently support my family, my two children and my husband and also contribute to the health and well-being of the wider community. I am no longer ashamed of distributing sanitary pads; instead, I take pride in breaking taboos and making these essential products accessible. This change matters to me because I have grown in both my personal and professional life. I'm not only earning, but also promoting health, dignity, and empowerment in my community. She further added, we remain committed to advancing our work as Local Entrepreneurs (LEs). Recently, we have begun offering bundled products—such as 2 liters of edible oil, lentils, and rice—sold as affordable 'fair price' packages for low-income families. This initiative was collectively decided during our HPA/LE meetings, and two of us have already started promoting these packages within the community. Now, I manage two bank accounts—one joint account with my husband and another in my own name. We no longer rely on informal cooperatives or 'somiti' without legal status, which previously caused financial losses. While I had experience as a Local Entrepreneur before, my involvement with the R2G project has enabled me to grow substantially, establishing a stronger, more secure, and sustainable foundation for my entrepreneurial journey*."- Women Health Promoter & local entrepreneur

Women and youth-led initiatives have significantly improved hygiene and nutrition practices, particularly benefiting children under five through enhanced awareness and healthier behaviors. Youth advocates have successfully influenced the legal recognition of grassroots CSOs and the inclusion of their strategic plans in both local and national frameworks, strengthening the legitimacy and sustainability of community-based organizations. Furthermore, youth forums and trained volunteers continue to take the lead in organizing community awareness sessions, supporting disaster response efforts such as during Cyclone REMAL, and promoting the prevention of gender-based **violence,** demonstrating their growing leadership and long-term commitment to community resilience and development.

Key Enablers to influence women and youth participation:

- Structural mandates ensured women's leadership by requiring female chairpersons in all CSO committees.
- Small grants support (an additional grant support from the Right2Grow project) empowered youth-led and women-led organizations to expand their advocacy efforts and improve service delivery.
- Inter-Union Parishad forums and local community groups facilitated peer learning and mobilized resources for inclusive development.
- Collaborative, participatory program implementation approach, and engaging all concerned stakeholders in every level of the project interventions, e.g., planning, implementation, monitoring, evidence generation, and lobby & Advocacy.

Barriers encountered to influence women and youth participation

- Social norms and limited confidence in public spaces restricted women's active voice.
- Individual youth faced a lack of recognition and decision-making power.
- Before the intervention, marginalized groups had comparatively limited access to government social safety net services and formal engagement with different platforms.

Climate

Given the high climate vulnerability of Barguna, Patuakhali, Satkhira, and Khulna characterized by recurrent cyclones, saline intrusion, and tidal flooding, climate resilience is a critical lens for the programme. Right2Grow's advocacy for safe water access, climate-resilient agriculture, and nutrition-sensitive WASH services has indirectly contributed to climate adaptation. However, climate change has not been consistently mainstreamed across interventions. For example, while CSOs have advocated water safety, there is limited evidence of systematic integration of climate risk assessments in local planning or direct linkage with disaster risk reduction structures. In areas where livelihoods are highly climate-sensitive, such as saline agriculture, a stronger convergence of nutrition advocacy with climate adaptation measures could enhance resilience outcomes

3.3. Changes made after Mid-Term review

Description of changes made after MTR

The following some of the changes and measures have been implemented under each outcome in response to the mid-term- recommendations

Outcome 1: Improved WASH & Nutrition demand and practice

A structured plan of CYM (Courtyard Meeting) / OLC (Open Learning Centre) is developed

Three programmatic and issue-specific research studies were conducted, including CPE & DCM for under-five children (U5C), private sector entrepreneurs' engagement, and the influence of Union Parishad WASH & Nutrition budgets on U5C growth.

Supported local private sector entrepreneurs to strengthen business development services through capacity-building, networking, and engagement with MFIs, with technical assistance from expert agencies.

Outcome 2: Strong Civil Society

New operational guidelines for CSOs have been developed and have been implemented. A national-level Civil Society platform focused on children under five has been established, coordinating with CSOs at various levels. CSOs and the platform are actively engaged in all stages of programme planning, implementation, monitoring, and evaluation, from sub-district to national level.

A skill development training manual was developed, and CSO leaders have been trained accordingly. CSO leaders have been capacitated and are actively performing their roles in advocacy, resource mobilization, and strengthening BMET and WASH-Nutrition systems at the local level. In response to what extent their ability to engage in policy advocacy and influence decision-making at local, national, or regional levels have improved as a result of the programme, during the capacity assessment, 56% respondents mentioned "strongly improved".

An increasing number of skilled CSOs became part of nutrition and WASH-related governance bodies, such as union parishad standing committees, UDCCs, and community clinic management committees (CGs).

Outcome 3: Coordinated government approach to undernutrition

As the issues of malnutrition, wasting and WASH are complex and require a multi-sectoral and multi-stakeholder approach, the Right2Grow programme strengthen the collaboration and cooperation with Local Government Division (LGD) /, Bangladesh National Nutrition Council (BNNC), Institute of Public Health Nutrition (IPHN), CCHST under the Ministry of Health and Family Welfare (MoHFW), Department of Public Health Engineering (DPHE) under Ministry of Local Government, Rural Development and Co-operatives (MoLGRD&C), and Ministry of Women And Child Affairs.

Both BNNC and LGD took ownership and leadership some initiatives of Right2Grow for scaling up and sustainability like child profile estimates and costing model, more budget allocation for child nutrition and WASH at UP level, etc.

Outcome 4: Donor Commitments

Efforts are ongoing to strengthen collaboration and scale up good practices. As part of this, partnerships are being maintained with UNICEF, EU, SDC, ADB, FCDO, and other stakeholders.

Right2Grow programme organized different events with potential development partners, donors for sharing insights and learnings. A Learning Catalogue encompassing lessons learned from more than 40 activities from the 6 countries (8 learning briefs on Bangladesh activities) was produced and is available on open access on the Right2Grow website.

Governance:

CSC members have become more actively engaged in national-level advocacy. They have taken a stronger role in guiding the committee's work.

The composition of the CSC shifted to include senior management representatives from all partner organizations, with a preference for having each organization's head serve as its representative. Furthermore, emphasis was placed on promoting gender balance by encouraging the inclusion of senior female personnel as organizational representatives.

Staffing and Staff Capacity Development:

Training and orientation on lobby and advocacy for staff has been conducted.

One full-time staff member is dedicated to Monitoring, Evaluation, Accountability, and Learning (MEAL).

The Right2Grow programme facilitated mutual capacity-building activities, including ToT on Outcome Harvesting, Training on Facilitation, and Major capacity-building events.

Based on the recommendation of Mid -term evaluation the programme organized training sessions on policy analysis and advocacy, engagement and development of CSOs, a rights-based approach, conflict-sensitive programme management, gender equality mainstreaming, and participatory monitoring and learning. The staff members also received training of trainers (ToT) in CVA and BMET.

Exposure visits and peer learning organized as per midterm recommendations

Gender Equality and Social Inclusion:

To address mid-term recommendations on Gender Equality and Social Inclusion, all consortium partners now implement field-level programmes using built-in mechanisms that ensure community management inclusion and local government leadership.

Adolescent boys are engaged in school programmes, and special attention is given to physically challenged individuals, including counseling and linkage with government service agencies, following MTE recommendations.

Lobby and Advocacy :

The Bridge4Voice Lobby & Advocacy Framework and Guideline were revised and put into practice.

Four policy briefs were developed and shared with senior government officials as part of advocacy efforts.

Position papers were prepared as advocacy materials to be used in political dialogues with potential political parties, urging them to prioritize child nutrition in their election manifestos ahead of the 12th national election.

A fact sheet was developed for use in a national-level roundtable discussion to secure political commitment from the Local Government Minister.

Close collaboration started with relevant government agencies at both local and national levels to strengthen support for vulnerable and distressed communities. As a result, the Ministry of Social Welfare (MoSW), Ministry of Women and Children Affairs (MoWCA), and the Ministry of Local Government, Rural Development and Cooperatives (LGRD)

undertook targeted initiatives in their respective areas, with Right2Grow civil society organizations actively participating in the process.

A workshop was conducted focused on child nutrition budgeting together with senior officials of the National Institute of Local Government.

Relevant government officials were engaged in different learning sharing and research report dissemination events at the national and local level.

Adaptive Programme Management :

Programme activities were revised to focus more on evidence generation, aligning interventions with local needs and addressing previously identified gaps.

Engagement in UNCC and UDCC meetings improved through the sharing of success stories, consistent follow-ups, and stronger community facilitation.

Collaboration and accountability among government officials and CSO leaders strengthened through targeted advocacy, lobbying, and capacity-building efforts, leading to more active participation in decision-making processes.

Budget :

The MTR recommendations on budget was not possible to address because of donor compliance requirements

3.4. Impact

The Right2Grow programme in Bangladesh has delivered multi-dimensional impacts, transformed communities while influenced national policy and governance structures. At the community level, the programme catalysed significant behavioural and social changes. Households demonstrated remarkable progress in adopting improved nutrition and WASH practices, with 93.7% now following recommended behaviours compared to a baseline of 47.4%. Initiatives such as exclusive breastfeeding, kitchen gardening, and homestead nutrition packages have enhanced dietary diversity and reduced child illness. The declaration of 187 villages as “Healthy Villages” stands as a powerful symbol of community-led transformation, achieved through participatory monitoring and action planning. Community investment in private sector WASH and nutrition products as a result of awareness, reflecting a shift toward self-reliance and market-based solutions. Mothers independently initiating nutrition practices without ongoing external facilitation indicates a level of social norm shift and self-driven behaviour adoption.

Women and youth emerged as active agents of change, participating in ward meetings, budget discussions, and advocacy efforts. This empowerment was reinforced by CSO facilitation, which enabled marginalized groups to access essential services and social safety nets Through their active involvement in Civil Society Organizations (CSOs), community groups, and local entrepreneur networks, women have transitioned from passive participants to influential decision-makers and change agents. Over 40% of CSO leadership positions are held by women, reflecting increased confidence and recognition in public and community spaces where their voices were previously limited. Economically, more than 90% of local entrepreneurs supported by the project are women, who now run successful small businesses related to nutrition and WASH products. This has not only improved household income and financial independence—evident through practices like maintaining personal bank accounts—but also contributed to community well-being by promoting access to essential health and hygiene products.

Socially, women have gained greater respect and visibility as advocates for health, dignity, and empowerment. Initiatives such as menstrual hygiene management, maternal health promotion, and awareness sessions have helped dismantle taboos and normalize discussions around women’s health needs. The project’s support for women’s leadership—requiring female chairs in all CSO committees—has institutionalized gender equality at the grassroots level, giving women sustained platforms for influence. As a result, women now play active roles in planning, implementation, and monitoring of local initiatives, and their advocacy has contributed to more inclusive and gender-responsive local governance. Overall, the project has enhanced women’s agency, economic resilience, and social standing, enabling them to lead healthier, more empowered, and more secure lives while driving positive change within their communities.

At the national level, the programme influenced systemic governance and policy frameworks. Nutrition and WASH priorities were integrated into local and national planning cycles, supported by tools such as the Budget Monitoring and Expenditure Tracking (BMET) and the Child Profile Estimation and Costing Model, which were piloted with the Bangladesh National Nutrition Council (BNNC). These tools institutionalized evidence-based decision-making and enhanced accountability. Advocacy efforts contributed to the review of the National Nutrition Policy 2015 and the development of NPAN-3, embedding

multi-sectoral approaches into national strategies. When government bodies commit to maintaining or scaling project initiatives, it indicates that the project's impact will endure beyond its implementation period, reducing dependency on external support.

Budgetary shifts emphasize the depth of institutional change. Union Parishads increased allocations for nutrition and WASH from 1.45% in 2021 to 18.49% in 2024, reflecting the success of CSO-led advocacy and participatory planning. Forty Union Parishads now practice inclusive budgeting, while government proposals for nationwide nutrition allocations signal growing political commitment. Strategic partnerships—such as the formal collaboration between the Right2Grow Consortium and CSA-SUN—strengthened advocacy platforms, enabling coordinated interventions from national to sub-district levels.

The Right2Grow (R2G) programme's national-level advocacy has resulted in a significant policy achievement that demonstrates strong government ownership and sustainability beyond project interventions. The Finance Department under the Ministry of Finance acknowledged the critical importance of child nutrition and the proven impact of R2G's community-based interventions. As a result, the government directed an allocation of BDT 4,178,262,000 within the national local government budget to support nutrition initiatives for children under five. Several government offices.

Policy-level changes were further reinforced through multi-sectoral coordination with key ministries, including MoHFW, MoLGRD&C, and DPHE. These collaborations facilitated joint action plans across 45 Union Parishads and sub-districts, institutionalizing nutrition and WASH within governance structures. The integration of community-generated data into planning processes reflects a power shift toward localization, ensuring that grassroots voices inform national priorities.

3.5. Sustainability

3.5.1 Perceived sustainability of achieved changes

Findings of perceived sustainability of achieved changes

Findings indicate a generally positive perception of the sustainability of programme achievements among stakeholders. Community members report that improved awareness of nutrition, WASH, and health practices is likely to continue, supported by ongoing engagement of CSOs and local committees. CSO members expressed confidence in their ability to maintain advocacy and coordination efforts, while government actors recognized incremental policy changes at union and district levels as a basis for continued action.

Community

At the community level, the project focused on generating demand and promoting nutrition through awareness and sensitization. By engaging families and caregivers, it fostered greater interest in nutrition and hygiene practices. This shift in attitudes and behaviors created a strong foundation for improving child well-being, particularly in ensuring that children under five have access to the nutrition and care necessary to thrive. The Right2Grow (R2G) programme has fostered a strong foundation for sustaining behavior change and community engagement beyond the project's lifespan. There is now a deeper understanding among families and communities of their reciprocal responsibilities, recognizing not only their civic duty but also their primary role in ensuring the health and nutrition of their children. Communities increasingly acknowledge that nutrition and WASH are interdependent; food security alone is insufficient without access to safe water, sanitation, and hygiene. This shift in perception has begun translating into lasting behavioral changes. Caregivers are more aware of proper feeding practices, hygiene behaviors, and the importance of accessing health services for maternity and childcare. Local institutions, such as Union Parishads and Civil Society Organizations (CSOs), have integrated nutrition and WASH priorities into their planning and coordination processes, reinforcing community accountability and local ownership. Several mechanisms are in place to sustain these achievements after the programme concludes. Trained community volunteers, Health Promoter Advocates (HPAs), and Local Entrepreneurs (LEs) continue to operate at the grassroots level, providing ongoing support, awareness, and access to affordable nutrition and WASH products. Women's active participation in CSOs and local committees ensures continued advocacy for child nutrition and health at the local level. Additionally, the government's allocation of dedicated budget resources for child nutrition within local governance structures strengthens institutional support and ensures that community initiatives remain financially and operationally viable. While the nutritional status of children remains sensitive to economic challenges, the combination of empowered caregivers, active community structures, and government commitment provides a strong basis for sustaining and scaling up the positive changes achieved through the R2G programme

At the community level, there is encouraging evidence of behavioral change and local ownership. Strengthened committees, continued CSO facilitation, and improved awareness of healthy practices have positioned communities to sustain access to nutrition and WASH services. Early adoption of improved behaviors indicates that community structures are increasingly self-reliant.

Civil Society Organizations

The project fostered long-term sustainability through the establishment and strengthening of union-level CSOs and their link to national CSO platforms. These CSO, LE and HPAs now serve as sustained advocates for nutrition-sensitive policies and programs, while acting as intermediaries between communities and local governments. The capacity assessment results indicate that 67% of respondents showed relatively high confidence in financial sustainability. 89% of respondents show generally strong confidence in maintaining partnerships. Technical expertise emerged as the area of greatest strength, demonstrating strong performance, scoring 89%. Through consistent advocacy, capacity-building, and the Community Voice and Action (CVA) approach, CSOs learned to raise community concerns in structured, evidence-based ways. This has resulted in the institutionalization of open budget meetings at the Union Parishad level, where citizens now regularly participate and influence local decisions. The establishment of citizen-led advocacy mechanisms has become a lasting feature of governance in many programme areas. CSOs have established enduring communication and collaboration channels with key government departments such as the Department of Social Services (DSS), Ministry of Women and Children Affairs, Department of Public Health Engineering (DPHE), Department of Agricultural Extension, and public health providers. These relationships enable continued joint planning, information sharing, and mobilization of local resources. The integration of CSOs into formal government committees further institutionalizes their participation in local governance, ensuring their voices remain part of official decision-making beyond the project's timeline. CSOs formed and strengthened under R2G are in the process of obtaining official government registration, positioning them as legitimate actors capable of accessing local allocations, emergency funds, and participating in public tenders. This formal recognition will ensure their operational continuity and ability to sustain advocacy for nutrition and WASH.CSOs have also developed internal financial systems, such as maintaining savings through Local Entrepreneur (LE) platforms, which provide small loans for business activities. Sustainability is likely through awareness and behavior change as well as increasing income of LE through diversification of their businesses. These community-based economic structures encourage self-reliance and reinforce the link between economic empowerment and improved child nutrition outcomes. Civil society organizations have made notable progress in strengthening their technical and advocacy capacities. Training, mentoring, and network building have enhanced their ability to influence policy and facilitate community-led action. Nevertheless, long-term sustainability depends on their ability to secure funding and institutionalize their operations. Without continued financial and technical support, there is a risk that momentum may wane over time.

Government /Local Government level

At the government level, Right2Grow has contributed to institutional sustainability by supporting the inclusion of nutrition budgets at the Union Parishad (UP) level and strengthening the functionality of Upazila Nutrition Coordination Committees (UNCCs). It has also helped bridge funding gaps by mobilizing joint planning and open budget processes within UPs. The application of child profile estimates and costing models at both UP and Upazila levels further ensured evidence-based planning and resource allocation. As a result, all UPs prepared multi-sectoral nutrition plans, which established stronger coordination mechanisms among stakeholders. To sustain and scale these achievements, R2Grow is advocating with the union parishad and government to institutionalize the use of digital tools and evidence-based approaches. Specifically, it is promoting the adoption of the Digital BMET App for budgeting and inclusion of under-five children's nutrition across all 4,578 UPs in the country. The jointly developed Child Profile Estimation and Costing Tool have already been integrated into national plans and is scheduled for piloting in diverse geographical contexts. This integration is expected to accelerate the preparation of multi-sectoral nutrition plans from the local (UP) to the national level, ensuring long-term system strengthening and government ownership. A significant mindset shift has also occurred among local government representatives. Whereas previously their focus was primarily on infrastructure and construction projects, they now recognize the importance of allocating budgets for child nutrition, health care, and WASH services at the community level. Government officials increasingly value evidence-based planning tools and view these approaches as essential for sustainable local development Government actors at union and district levels have demonstrated willingness to adopt, maintain, and implement WASH and nutrition-related policies. Observed policy adjustments, for example allocation for nutrition in union parishad budget and pilot initiatives indicate a trajectory toward institutionalization, although long-term continuity will require ongoing political support and resource allocation.

Five years is often too short to achieve lasting change within a project. While such a timeframe can generate important progress, build momentum, and pilot innovative approaches, sustainable transformation particularly in areas such as behaviour change, institutional reform, or system strengthening usually requires longer engagement.

3.5.2. Factors contributing to sustainability (incl adaptation to changing contexts)

Factors that will contribute to the continuation of achieved changes after the programme's conclusion and how the programme has interacted with these factors (for example description and assessment of how the programme was adapted due to changing security or political situations)

1. Institutional Sustainability

The Parishad Union has made significant progress in institutionalizing key governance practices. Notably, it has increased budget allocations for nutrition and WASH, ensured the regular organization of ward-level and open budget meetings, and enhanced the overall functioning of the Union Development Coordination Committee (UDCC). In addition, capacity-building initiatives—including the training of Union Parishad representatives and local authorities such as BMET—have contributed to strengthening long-term governance and administrative capacity.

2. **Social sustainability**

Parents, families, and children have increasingly adopted improved nutrition, hygiene, and health practices as part of their daily routines, reflecting positive behavioral change at the household level. Women and marginalized groups are now playing a more active role in decision-making spaces, including participation in budget discussions, which has strengthened inclusion and equity within community processes. Furthermore, heightened community awareness around child nutrition and hygiene has generated sustained demand for related services, reinforcing long-term improvements in health and well-being.

3. Financial Sustainability

The Union Parishad has demonstrated its commitment to sustaining progress by allocating dedicated budget resources for nutrition and WASH through the Annual Development Plan (ADP). At the same time, civil society organizations (CSOs) are actively exploring both government and alternative funding sources to ensure the continuity of their initiatives beyond the life of the project. Moreover, the establishment of linkages with local entrepreneurs has opened new avenues for community-level resource mobilization, fostering local ownership and long-term sustainability of development efforts.

4. CSO & local governance Collaboration

Access to government health services, including community clinics and referral systems, has improved, supported by effective coordination between service providers and communities.
CSOs have played a vital role in this process by regularly providing updated lists of malnourished children and ultra-poor households to local authorities. This collaboration has enhanced targeting accuracy and accountability in the delivery of essential services. Furthermore, the increased partnership between CSOs and the Union Parishad has ensured that services are both demand-driven and closely monitored, leading to more responsive and equitable outcomes for the community.

5. Resources and tools developed

The project has developed a range of tools, resources, learning briefs, and research outputs that serve as lasting assets for local institutions and stakeholders. In addition to these knowledge products, the programme has delivered capacity-building training designed to strengthen local ownership and ensure sustainability beyond the project period. Training on BMET, Community Voice and Action (CVA), and Bridge4Voices have equipped CSOs and other stakeholders with practical skills and knowledge to effectively plan, implement, and monitor local initiatives. These tools and training not only enhance immediate performance but also foster a sustainable culture of evidence-based decision-making, accountability, and community participation.

3.6. Coherence and partnership

3.6.1 Internal coherence & partnership functioning

Findings on coherence within the partnership (including findings from the partnership survey as shared by global evaluation team)

iii. Added value of working together (eg lessons learned, contribution of partner organisations, rating of coherence, perceived support from international consortium/technical partners)

The Right2Grow consortium demonstrated strong collaboration across partners, with joint annual planning, coordinated funding, and shared development of communication materials and training events. Complementary initiatives such as Max Foundation's Healthy Village, The Hunger Project's SDG Village, and World Vision's Citizen Voice in Action were integrated to strengthen under-five child nutrition interventions. Advocacy efforts led by Save the Children generated benefits for multiple stakeholders, while grassroots NGOs received technical and capacity-building support from consortium partners, fostering mutual learning and a sense of ownership.

Consortium-wide coherence was further supported through joint planning processes, where saved and unspent funds were efficiently reallocated, maximizing impact. The national lead partner provided overall coordination and strategic leadership, ensuring alignment across partners, facilitating joint planning, and guiding implementation to maintain program coherence. Their leadership fostered accountability, evidence-based decision-making, and timely communication between national and sub-national stakeholders. Although coordination meetings were typically held bi-monthly or on an as-needed basis, increasing their frequency and setting clear objectives for joint events could further enhance alignment and operational efficiency.

Despite the delays in implementation due to COVID-19, which affected field activity timelines and the start of the child profile estimation exercise, the consortium successfully completed major field activities by June 2025. This adaptability reflected strong internal coordination and effective management of unforeseen challenges, reinforcing the program's coherence and resilience.

At the country coalition level, Right2Grow fostered collaboration through joint strategies and the leveraging of local insights among stakeholders. Recognition and representation at the country committee level ensured inclusive participation, while strengthened learning and knowledge-sharing mechanisms—through workshops, research, and cross-partner exchanges—enhanced overall coherence. Evidence generation and the use of research findings to inform both program decisions and advocacy further aligned actions across partners, improving coordination and national-level impact.

The Partnership Survey findings provide robust evidence of this coherence and mutual learning. 99% of respondents reported having learned valuable lessons through the partnership, including new technical skills, innovative approaches, enhanced collaboration and communication, improved problem solving, and a stronger strategic perspective. Importantly, 19 out of 21 respondents reported applying these learnings regularly in their work, highlighting that the partnership's joint implementation, regular coordination meetings, and peer-to-peer engagement contributed significantly to sustained learning and coherence in practice.

Survey feedback further underscores the value of collaborative coherence. Respondents cited key benefits such as cross-cultural collaboration, shared expertise, mutual learning, and access to each other's networks. This synergy not only amplified the impact of the program but also enhanced efficiency by avoiding duplication of efforts and enabling context-specific solutions. The majority noted that working in partnership allowed them to "speak with a united voice" in regional and international advocacy platforms—demonstrating coherence from local to global levels.

While one outlier expressed less positive views on collaboration, the overall sentiment remained highly favorable, reflecting the consortium's ability to maintain inclusivity and mutual respect across diverse organizations. Respondents also highlighted the added legitimacy and increased efficiency gained through shared responsibilities, joint risk management, and collaborative advocacy—key markers of a coherent partnership approach.

The international and regional R2G partners were largely seen as supportive, with 80% of respondents reporting that connecting national advocacy efforts with regional and international initiatives was "quite to very successful." This alignment across levels strengthened the advocacy impact of the consortium and showcased its integrated approach.

Bangladesh particularly stood out in applying the principles of adaptive management, with respondents indicating that these principles were applied consistently across all consortium activities. Aside from one outlier, all partners agreed that every consortium member was equally included and listened to—an essential feature of coherent collaboration. Moreover, 15 respondents rated the program as "highly successful" in its localization efforts at both the global and country levels, with an additional five describing it as "moderately successful."

At the operational level, consortium partners consistently demonstrated strong collaboration through cross-learning, resource sharing, and leveraging complementary expertise across project areas. These practices strengthened technical capacity, enhanced best-practice sharing, and improved implementation coherence. Participation in global working groups and communities of practice provided further access to international tools, resources, and best practices, enhancing partners' technical, M&E, and knowledge management capacities. The introduction of outcome harvesting further advanced learning and evidence-based decision-making, aligning activities across partners and levels of intervention.

Although occasional communication gaps between partners were noted, which sometimes affected coordination and timely decision-making, these challenges did not undermine the overall coherence of the consortium. Instead, they highlight the

importance of reinforcing systematic communication and expanding partner-level manpower to further enhance implementation capacity and effectiveness.

In 2024, after the MTR the team made substantial advances in strengthening partnerships, harmonizing efforts, and harnessing collective expertise to combat malnutrition. Right2Grow has demonstrated coherent collaboration at the national level, particularly through its partnerships with key government ministries such as the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Local Government, Rural Development and Cooperatives (MoLGRDC). These partnerships have driven policy reforms, secured budgetary commitments, and advanced community-led interventions on nutrition. The inclusion of child nutrition in the election manifestos of major political parties further reflects the program's advocacy success. Multi-stakeholder engagement has been another key strength — platforms like the Prothom Alo Roundtable have fostered dialogue among government officials, CSOs, the media, and community leaders, creating an enabling environment for collaborative action. The partnership between the country team and the global Right2Grow team has been marked by effective technical collaboration and mutual learning. The global team provided critical technical support in areas such as evidence generation (Child Profile Estimation, Costing Model) and advocacy strategy development, which enhanced national-level capacity and program quality. These contributions have strengthened data-driven decision-making and policy engagement efforts in-country.

The partnership between the country team and the global Right2Grow team has been marked by effective technical collaboration and mutual learning. The global team provided critical technical support in areas such as evidence generation (Child Profile Estimation, Costing Model) and advocacy strategy development, which enhanced national-level capacity and program quality. These contributions have strengthened data-driven decision-making and policy engagement efforts in-country. However, communication and coordination gaps occasionally hinder timely problem-solving and adaptive management. From an organizational learning perspective, more frequent interaction between global and country teams could also enhance cross-context learning.

iv. Application of adaptive management principles

In 2024, the Right2Grow Consortium effectively applied adaptive management principles to navigate political upheaval, natural disasters, and operational challenges. A comprehensive business continuity plan allowed the team to adjust the fourth-quarter implementation schedule, engage Members of Parliament and local officials through alternative consultation channels, and maintain programme momentum despite changes in CSO membership. The consortium program sought to engage government and national-level officials and developed a revised plan to accelerate advocacy efforts at the national level. However, due to political challenges, many planned activities could not be implemented that year. As a result, a large portion of the budget was initially proposed to be carried forward to the following year. The global team, however, did not approve the budget rollover. In response, several discussions and meetings were held among consortium partners. Each organization subsequently developed its own activity plan, which was then consolidated and aligned with the existing budget lines to ensure timely budget utilization. Save the Children faced budget constraints, as funding had initially been secured only for two to three years. Through adaptive management, additional funds were successfully mobilized for Save the Children, and resources were also reallocated to support World Vision's implementation needs.

Insights from the midterm evaluation informed adaptive adjustments, including prioritizing capacity-strengthening trainings for CSOs, de-prioritizing less critical tasks, and enhancing collaboration with Union Parishad bodies. Emerging challenges, such as low engagement in UDCC and UNCC meetings and bureaucratic interference, were addressed through targeted advocacy, follow-ups, and showcasing success stories, fostering greater participation and accountability.

The programme also adapted to external shocks, such as Super Cyclone Remal, by rescheduling Healthy Village declarations and revising evidence-generation activities to align with local needs. Contextual, demand-driven capacity-strengthening interventions ensured 435 CSO leaders actively participated in governance processes, promoting transparency, collaboration, and local ownership.

v. Success of localisation and shifting the power efforts

Right2Grow Bangladesh has moved beyond conventional participatory approaches by investing in actual power transfer to local actors particularly community-based organizations, grassroots leaders, and local government institutions. This shift reflects a deliberate strategy to promote local ownership, sustainability, and South-led development.

One of the most significant examples of this power transfer is the use of community-generated data to influence local planning and budgeting processes. Through participatory tools such as Citizen Voice and Action (CVA) and community scorecards, communities especially women and marginalized groups collected evidence on service gaps and presented their findings to Union Parishads and Upazila Nutrition Coordination Committees (UNCCs). These data points directly

contributed to local nutrition and WASH budget allocations, demonstrating that community perspectives were not only heard but acted upon.

Moreover, the programme deliberately fostered leadership from within the community, rather than relying solely on external facilitation. One emblematic case is that a grassroots leader who transitioned from being a community member to a respected nutrition promoter and advocate within her Union. Her leadership in organizing community dialogue sessions and mobilizing women to claim entitlements under government schemes exemplifies how R2G has nurtured agency and influence at the grassroots.

Additionally, R2G strengthened the capacity of local CSOs to lead planning, monitoring, and advocacy processes. These organizations were not treated as passive implementers but were given decision-making space in programme governance and strategic planning. This approach not only decentralizes power but also builds resilient local institutions capable of sustaining rights-based work beyond the programme's lifecycle. By intentionally shifting influence and leadership to Southern actors, R2G reflects a decolonized development approach, where local knowledge, initiative, and priorities shape the development agenda. Sub-district level CSO and LEA coalitions are being formalized through registration, enabling them to operate independently and sub-district CSO representation feeds into the national CSO platform. While a CSO-level platform exists, a dedicated national-level Local entrepreneur association platform is still absent,

Significant progress has been made in shifting decision-making to the country level, reflecting a positive move toward greater localisation and ownership. However, in practice, the process was at times unclear or only partially implemented. This created inconsistencies in how responsibilities were shared, and in some cases, limited the ability of local actors to fully exercise leadership and influence.

3.6.2 External coherence

Findings on coherence with parties outside the partnership

External Coherence

Collaboration with national networks such as CSA-SUN and the Bangladesh Shishu Adhikar Forum (a forum of around 300 NGOs working for children's rights) enabled coordinated advocacy and learning exchanges at the national level, amplifying program impact and reinforcing shared goals. Partners, including the Max Foundation, jointly facilitated these initiatives, offering exposure to new tools, advocacy messages, and opportunities for cross-learning, though strategic alignment remained somewhat limited.

i. **Dutch Embassies**: The Embassy of the Kingdom of the Netherlands (EKN) played a critical role in supporting program coherence. Field visits, regular feedback on reports, and participation in joint workshops strengthened accountability, quality assurance, and adaptive learning. EKN's engagement provided political legitimacy, opened policy spaces, and raised the programme's profile, though the extent of their support varied across contexts and over time. Overall, these external partnerships contributed to knowledge sharing, policy-level dialogue, and funding support, while creating mechanisms for sustained advocacy and program alignment with national priorities.

ii. **Dutch Ministry of Foreign Affairs:** Provided financial support and actively engaged in reviewing project reports. The Ministry also contributed to policy-level dialogue and reform processes. In addition, it facilitated virtual orientation sessions for all MoFA partners, helping to strengthen coherence, foster alignment, and promote knowledge sharing beyond the immediate partnership.

iii. **Other partnerships** such as bilateral or UN (UNICEF normally coordinates government-donor WASH networks)

iv. **Other actors**; Collaboration with CSA-SUN and the Bangladesh Shishu Adhikar Forum (a forum of around 300 NGOs working for children's rights) supported coordinated national-level campaigns. Together with Max Foundation, these partners facilitated joint learning exchanges and advocacy initiatives, which reinforced common objectives and amplified collective impact. The engagement provided exposure to new tools and advocacy messages and created opportunities for shared learning, though overall strategic alignment remained limited.

4. Lessons learnt and best practices

4.1. Programmatic

1. A key lesson from the Right2Grow experience in Bangladesh is the importance of initiating advocacy and donor engagement early preferably by the midline stage or even sooner. By the time the consortium had accumulated significant results and best practices to present, the project was already nearing completion. Engaging earlier would have provided more time to build relationships, co-develop proposals, and align priorities, thereby enhancing the prospects for sustained or follow-on funding.

2. Some consortium partners faced bureaucratic delays in reviewing and approving key project documents due to internal protocols and head office approval requirements (such as obtaining NOCs or document clearance). These procedural bottlenecks occasionally delay information flow and decision-making within the consortium. Future partnerships should consider streamlined internal coordination mechanisms, such as pre-approved document sharing protocols or delegated authority, to ensure that implementation processes remain efficient without compromising organizational.

3. Effective private sector engagement should be strategically planned from the very beginning of a project. This entails conducting a thorough mapping of potential private sector stakeholders at both the upazila (local) and national (headquarters) levels to identify value chain actors, corporate partners, and market intermediaries whose interests align with the project's goals. A well-defined engagement strategy should specify whom to approach, at which level, and for what purpose whether for co-investment, supply chain integration, or corporate social responsibility collaboration. Although a private sector engagement guideline was eventually developed later in the project, it took considerable time to establish meaningful engagement with these actors.

4. A stronger focus on national-level advocacy—alongside local initiatives—could have amplified policy influence and expanded the programme's overall national impact. Future projects should therefore include a clear and sustained strategy for engaging government officials and key ministries. This would help build long-term ownership, strengthen policy integration, and ensure that successful initiatives continue beyond the project's duration.
5. Significant government engagement could have significantly enhanced the project's impact. The project initially collaborated with only one government department, which proved insufficient. It became clear that influencing policy at the national level requires the involvement of multiple ministries. Future interventions should include clearly defined activities and dedicated budget allocations to support this multi-ministry engagement.

6. Greater efforts are needed to engage donors across the humanitarian development nexus to address the root causes of undernutrition. Strengthening donor collaboration and mobilizing commitments to scale up proven, successful initiatives would enhance the sustainability and long-term impact of interventions.

7. Right2Grow adopted a multi-level capacity strengthening approach by training teachers, student brigades, CSO leaders, health providers, mothers, and local entrepreneurs. This approach not only enhanced knowledge and practical skills across key actors but also fostered collective action to promote WASH, nutrition, and health behaviors within their communities.

4.2. Best Practices

Community-driven approaches enhance ownership

Right2Grow applied participatory tools such as Community Situation Analysis (CSA), social mapping, and Citizen Voice and Action (CVA) to ensure interventions were grounded in actual community needs. CSA and social mapping helped identify gaps in access to safe water, sanitation, nutrition, and health services at the household level, allowing targeted support to the most underserved families. CVA created space for communities to raise their priorities, monitor service delivery, and engage in dialogue with government actors. Together, these tools not only enhanced community ownership and accountability but also increased participation and ensured stronger uptake of project interventions.

Capacity building of local actors creates sustainability

Right2Grow invested in capacity building across multiple levels training CSOs, schoolteachers, student brigades, and local entrepreneurs to strengthen both knowledge and practical skills in WASH, nutrition, and health promotion. Teachers and student brigades became advocates for healthy behaviors in schools, while CSOs learned to mobilize communities, conduct awareness sessions, and advocate with local authorities. Local entrepreneurs were trained in business practices and linked

with suppliers to ensure sustainable access to hygiene and nutrition products. This multi-level training approach not only improved immediate service delivery but also established a network of empowered local actors capable of sustaining positive outcomes in the long term.

Private sector engagement bridges access gaps

Right2Grow facilitated linkages between local entrepreneurs and private sector suppliers, ensuring that hygiene and nutrition products were both available and affordable in rural communities. By strengthening these market connections, the programme helped entrepreneurs maintain a steady supply of essential products, while responding to community demand. This approach ensured that rural communities had reliable access to affordable WASH and nutrition commodities. By positioning local entrepreneurs as key service enablers, the programme not only addressed immediate gaps in product availability but also promoted sustainable, community-driven supply chains for essential health and nutrition services

Inclusive focus ensures equity

Right2Grow implemented targeted interventions for vulnerable groups to ensure equity and inclusiveness. MHM corners in schools addressed the menstrual hygiene needs of adolescent girls, promoting health, dignity, and school attendance. Handwashing basins were provided to ultra-poor families to improve hygiene and reduce disease risk, while open learning sessions with mothers of children under five focused on child feeding and caregiving practices. These initiatives demonstrated the importance of context-specific, needs-based programming that responds to the unique challenges faced by different vulnerable populations.

Evidence-based advocacy drives systemic change

The Child-Costing Model developed by Right2Grow provided a systematic, evidence-based approach to estimate the financial requirements for child nutrition interventions. By engaging national stakeholders like the Bangladesh National Nutrition Council (BNNC) and incorporating global standards, the model ensured alignment with national strategies and budgeting frameworks. This locally tested evidence enabled informed policy dialogue, highlighting gaps in resource allocation and helping decision-makers prioritize investments for children under five. The initiative demonstrated how evidence-driven tools can effectively influence policy and budgetary decisions, bridging the gap between data and actionable national-level planning.

Mutual Capacity Development at Multiple Levels

This approach strengthened knowledge and practical skills across key actors, enabling them to promote WASH, nutrition, and health behaviors within their communities. By creating this network of empowered stakeholders, the programme enhanced local ownership, ensured continuity of interventions, and established a sustainable support system for maintaining positive WASH and nutrition outcomes over the long term. The Right2Grow programme empowered local CSOs to influence local development planning and budget allocation processes through community-led tools like BMET and CVA. Bangladesh and Uganda engaged in cross-country mutual capacity development through the outcome harvesting process. After completing the training, teams from both countries reviewed each other’s documentation and exchanged constructive feedback to enhance the quality and consistency of their approaches.

Multi-level engagement strengthens impact

Right2Grow combined grassroots mobilization with national-level advocacy to achieve both short-term impact and long-term strategic alignment. At the community level, CSOs, teachers, student brigades, and mothers were actively engaged in awareness, behavior change, and service monitoring activities, ensuring that interventions responded to local needs. Simultaneously, tools like the Child-Costing Model and dialogue with BNNC enabled advocacy for policy and budgetary improvements at the national level. This dual approach ensured that community-driven actions were reinforced by systemic changes, making the programme both locally relevant and nationally strategic. Adopting a consortium approach, rather than relying on individual organizations, proved effective in achieving shared outcomes and leveraging complementary expertise. Research played a critical role in identifying gaps and informing corrective actions, demonstrating that evidence-based approaches are essential for programme improvement. For example, collaboration with LGD/NILG during research on budget template revisions could have better institutionalized budget practices.

4.3. Partnership collaboration

Since 2021, the Right2Grow consortium in Bangladesh has built strategic partnerships with local CSOs and the private sector through MoUs with CSA-SUN, CCHST, BNNC, and BSAF. With CSA-SUN, the consortium jointly engaged in national advocacy, co-organized events, and received technical input on concept notes and studies. Right2Grow also

trained CSA-SUN partners' leaders on child profile estimation and costing tools. With BNNC, research on child profile estimation and costing models for under-five children informed advocacy for higher government allocations. BNNC provided tools and guidelines for field data collection, enabling orientations for frontline health staff and CSOs. A national workshop is planned in mid-2025 to share lessons and develop a scale-up plan. CCHST supported communities and CSOs with technical assistance for regular growth monitoring and promotion sessions in 116 community clinics, ensuring micronutrient powder and medicines were available as per government supply. BSAF, a forum of 300 NGOs, partnered with Right2Grow to strengthen nutrition advocacy. Together with the Social Service Directorate, they co-organized a national event, while BSAF also engaged in advocacy at multiple levels.

Additionally, the consortium informally collaborates with the Ministries of Health, Women and Child Affairs, and DPHE to improve child and family nutrition services. At the local level, partner NGOs and CSO platforms facilitated regular UNCC, DNCC, and UDCC multisectoral meetings.

Collaboration with Consortium partners

The Right2Grow (R2G) consortium in Bangladesh operates through a well-coordinated, multi-actor partnership model that draws upon the comparative strengths of each consortium member. Each partner contributes distinct added value to the consortium, bringing in their specific capacities, expertise, and proven track records. These diverse strengths ensure a comprehensive and coordinated approach, enhancing the programme's overall impact. This model ensures that the program maintains a holistic and synergistic approach to addressing nutrition, food security, and governance issues, with each partner contributing specific technical and thematic leadership.

At the core of this partnership is a division of roles by thematic expertise and operational strengths, ensuring complementary functions rather than duplication. The coordination is anchored through a common strategic framework, with each organization taking the lead in their respective areas:

This collaborative structure is underpinned by regular coordination meetings, joint planning and review exercises, and shared learning forums, enabling adaptive programming and collective ownership across the consortium.

The Right2Grow consortium has demonstrated a high level of functional collaboration and results delivery, with notable successes in the following areas:

Strategic Alignment: Each partner has shown clear commitment to their assigned roles, ensuring streamlined operations and efficient division of labour.

Advocacy Gains: Through Save the Children's leadership, the consortium has elevated nutrition and budget advocacy to national platforms, leveraging technical inputs from CEGAA to strengthen evidence-based messaging.

MEAL System Institutionalization: Max Foundation's work on MEAL has led to the development of a robust and context-responsive monitoring and reporting structure, improving data use across stakeholders.

Capacity Strengthening: THP's mapping exercises have directly informed training programs and contributed to localized capacity development, aligning national strategies with grassroots realities.

Learning Agenda Operationalization: ACF's focus on innovation and learning has catalysed the development of cross-partner learning exchanges and the creation of tools tailored to the Bangladeshi context.

Financial and Strategic Coordination: MFB has ensured compliance and efficient fund flow, a key indicator of healthy consortium functioning.

Visibility and Influence: WVB's contribution to communications has increased public awareness and donor visibility,

Collaboration with Private Sector:

The collaboration with private sector is established by ensuring sustainable engagement. To identify effective methods for sustainable engagement and collaboration with the private sector, Right2Grow carried out a research study titled "Locally led research for advocacy and "trio fantastico approach for Understanding the Role of Local Entrepreneurs to Improve Nutrition Status, and Water, Sanitation, and Hygiene (WASH) Conditions of under 5 Children in the Coastal Areas of Bangladesh". A Local Entrepreneurs Association was formed in five sub-districts, representing the entrepreneurs in that area. 12 MoUs were signed between these Local Entrepreneurs' Associations and private companies, like RFL, SMC, Meghna Group, ACF, Lal Teer, SQUARE, and MXN. These initiatives enabled LEs and HPAs to access company goods on favorable terms. The Entrepreneurs Associations, now meeting quarterly, review members' demand and supply need to address gaps. To boost community-level demand and supply, the CSO Platform signed an MoU with the associations, creating opportunities for LEs and HPAs to provide quality products at competitive prices. Union Parishads help monitor to ensure quality and fair pricing.

Dutch Embassies

The Embassy of the Kingdom of the Netherlands (EKN) played a key role in supporting program coherence. Through field visits, regular report feedback, and participation in joint workshops, EKN strengthened accountability, quality assurance, and adaptive learning. Their engagement offered political legitimacy, opened policy spaces, and raised the program's profile, though the level of support varied across contexts and over time. Overall, these partnerships promoted knowledge sharing, policy dialogue, and funding support, while helping align the program with national priorities.

Dutch Ministry of Foreign Affairs

The Ministry provided financial support and actively reviewed project reports. It also contributed to policy-level dialogue and reform processes and facilitated virtual orientation sessions for all MoFA partners, enhancing coherence, alignment, and knowledge sharing beyond the immediate partnership.

Other Actors

Collaboration with CSA-SUN and the Bangladesh Shishu Adhikar Forum supported coordinated national campaigns. Alongside the Max Foundation, these partners facilitated joint learning exchanges and advocacy initiatives, reinforcing shared goals and amplifying collective impact. The engagement offered exposure to new tools and advocacy messages and created opportunities for shared learning, though overall strategic alignment remained limited.

Findings from partnership survey

Respondents from Bangladesh expressed the most positive views on the cooperation between MoFA and the R2G partnership. The respondents are positive regarding the collaboration between the R2G partnership and Dutch embassies. 74% of all partner respondents rated the collaboration between the R2G partnership and strengthening civil society as 'very good'.

Story

> *"Working with the Dutch Ministry of Foreign Affairs (MoFA) and its embassies has added immense value to our efforts under the Right2Grow programme. Their support went beyond funding they played a strategic, enabling, and diplomatic role in amplifying civil society's voices and promoting locally led development. The Embassy of the Kingdom of the Netherlands in Bangladesh served as a bridge between grassroots realities and policy dialogue, helping bring attention to community-level nutrition and WASH challenges at national and international platforms. Their regular engagement in learning events, roundtables, and field visits reflected a genuine commitment to evidence-based advocacy and inclusive governance. Furthermore, their alignment with global goals such as SDGs 2, 6, and 17 helped us position our work within a broader development agenda and connect with other Dutch-funded partnerships like Power of Voices and VCA for greater impact. Overall, the Dutch MoFA and its embassy's support has been instrumental in building a stronger, more connected, and empowered civil society in Bangladesh one that is better equipped to advocate for lasting change for under-five children and vulnerable communities."*

5. Conclusions and recommendations

5.1. Key conclusions

Relevance

The pathways of the Theory of Change (ToC) remain valid, and its assumptions continue to be relevant, contributing to government accountability in protecting civic rights and improving the quality of public services, particularly in remote and vulnerable communities. The programme demonstrated strong relevance to both community and systemic levels by directly addressing the needs of the most vulnerable while aligning with national priorities. At the community level, interventions effectively filled gaps in nutrition, WASH, and maternal and child health through evidence-based and participatory approaches. Activities such as awareness sessions, courtyard meetings, growth monitoring, and homestead gardening addressed knowledge and practice gaps among parents, particularly mothers leading to tangible reductions in stunting, wasting, and being underweight. Targeted inclusion of adolescent girls (via menstrual hygiene initiatives), the ultra-poor (through affordable handwashing and sanitation solutions), and women (through entrepreneurship and leadership development) ensured that interventions were socially transformative as well as inclusive. Context-specific adaptations, such as promoting rainwater harvesting in saline-prone areas, highlighted the programme's flexibility and responsiveness to local realities.

At the policy and system level, the programme influenced governance and resource allocation for nutrition and WASH. Union Parishad budget allocations for these areas rose from 1.45% to 18.49%, reflecting successful community-driven advocacy.

The development and adoption of the Child-Costing Model embedded local evidence into national policy dialogue, addressing structural financing gaps in child nutrition. Tools such as Citizen Voice and Action (CVA), scorecards, and budget monitoring strengthened accountability mechanisms and linked community initiatives with broader policy frameworks. Overall, the programme's strategies were highly relevant because they:

- Addressed pressing community needs such as malnutrition, poor sanitation, weak health services, and exclusion from decision-making.
- Aligned with national policies and SDG priorities on nutrition and WASH.
- Adapted flexibly to diverse geographic and socioeconomic contexts.
- Empowered local actors—including CSOs, women, youth, and entrepreneurs—to sustain change and influence governance systems.

Strong Strategic Coherence Across Levels

The Right2Grow Bangladesh partnership has demonstrated a notable degree of strategic coherence, ensuring that actions at the grassroots level are meaningfully aligned with national policy agendas and donor priorities (particularly those of the Ministry of Foreign Affairs of the Netherlands). This multi-level alignment has been a key strength of the programme, reflected in several important ways, including the consistent and structured collaboration among a diverse set of actors. CSOs have been actively engaging with government entities (e.g., Ministry of Health and Family Welfare, Department of Public Health Engineering), while also establishing linkages with NGOs, INGOs, and academic institutions. Right2Grow's alignment with the Scaling Up Nutrition (SUN) movement and its MoU with the Civil Society Alliance for SUN (CSA-SUN) demonstrate its commitment to bridging global and national frameworks while amplifying advocacy and impact across all levels.

At the community level, Civil Society Organizations (CSOs) have facilitated community voice mechanisms such as Citizen Voice and Action (CVA) platforms, nutrition fairs, and budget tracking exercises. These platforms empowered local communities especially women, youth, and marginalized groups to articulate their rights and demand quality nutrition and WASH services. These grassroots insights were not isolated events; rather, they were systematically aggregated and fed upward to influence sub-district and district-level dialogue platforms. For example, recommendations generated from Union-level nutrition committees were presented during Upazila Nutrition Coordination Committee (UNCC) meetings, many of which were also attended by local government officials, health service providers, and CSO representatives.R2G partners worked in close collaboration with the Bangladesh National Nutrition Council (BNNC) to ensure that grassroots priorities fed into national nutrition planning and budgeting processes. One major achievement was the integration and promotion of the Child-Costing Tool, which was developed and piloted at local levels and later adopted for national-level planning and budgeting purposes.

Effectiveness

The programme has been highly effective in achieving its intended results, with evidence of both immediate and sustained changes in nutrition, WASH, health, governance, and women's empowerment.

At the community level, the strategy of combining awareness-raising, practical demonstrations, and continuous household follow-ups has proven effective in shifting behaviors. Families now recognize malnutrition, monitor child growth regularly, and adopt healthier feeding practices, resulting in tangible improvements in child health outcomes. Access to services also expanded, as community clinics became functional, misconceptions about them were reduced, and essential medicines and breastfeeding spaces were introduced. Homestead gardening and local entrepreneurship improved household food security and dietary diversity, reinforcing nutrition gains. Another noteworthy innovation was the Healthy Village Declaration, a joint commitment between communities and local governments to meet predefined WASH and nutrition standards.

These declarations represent both a symbolic and practical step toward institutionalizing community-driven development, often accompanied by action plans and resource commitments. Moreover, behavior change and perception shifts, especially in contexts with deep-rooted social norms, require longer-term follow-up to reinforce progress and embed practices sustainably.

In WASH, effectiveness is visible through widespread adoption of hygienic latrines, handwashing, and menstrual health practices. The installation of hygiene corners in schools and sanitary napkin vending machines addressed previously neglected needs of adolescent girls, reducing stigma and improving school attendance. Such interventions not only improved hygiene but also advanced gender equity and dignity.

At the governance and institutional level, the programme achieved significant policy influence and systemic changes. Union Parishads increased allocations for nutrition and WASH from 1.45% to 18.49%, introduced specific budget lines for menstrual health, and improved transparency through tools like BMET. These outcomes show that the programme successfully moved nutrition and WASH from peripheral issues to governance priorities, enhancing accountability and local ownership.

The programme actively engage women and youth which has proven vital in driving sustainable community development. Their leadership in improving hygiene, nutrition, and social awareness has not only enhanced child well-being but also strengthened the legitimacy and resilience of grassroots organizations. Through continued advocacy, volunteerism, and collaboration, these groups are fostering inclusive growth and long-term community empowerment.

Impact

The programme also had a notable impact on women's empowerment and leadership. Women became more visible in decision-making spaces, accessed social safety nets, and led collective actions to address water and sanitation challenges. Local entrepreneurs, most of them women, now bridge gaps between supply and demand for WASH and nutrition products, creating sustainable pathways for service delivery and women's economic empowerment.

Evidence also points to broader positive impacts beyond the programme's direct scope: reductions in child marriage, greater parental support for children's education, and increased engagement of youth in community initiatives. These unintended positive effects suggest that the programme's emphasis on awareness and empowerment had multiplier effects across social and developmental domains.

The programme's effectiveness was enhanced by civil society mobilisation, capacity-building of CSOs, and their adoption of advocacy tools such as CVA, scorecards, and community situation analysis. These strengthened the link between citizen demand and service delivery, while linking CSOs and communities with private sector and government actors ensured supply-side improvements.

Sustainability

The R2G Bangladesh programme has successfully laid strong foundations for sustainability, as evidenced by growing government ownership and plans for scaling key innovations. Government bodies particularly the Bangladesh National Nutrition Council (BNNC) and relevant line ministries have expressed formal interest in replicating R2G-supported models in four additional districts, with an ambitious target of nationwide rollout by 2027. This level of institutional buy-in highlights the programme's alignment with national priorities and its potential for long-term impact.

Key tools developed and piloted under R2G, such as the Child-Costing Model, CVA platforms, and Union-level Nutrition Planning Frameworks, have already been embedded in local governance structures and planning cycles in several locations. These tools are being adapted by local authorities to fit within their annual budgeting and monitoring processes an important indicator of institutionalization.

While achievements are significant, sustainability remains a critical concern. Many of the gains such as continuous CSO advocacy, community monitoring, and service improvement still rely on project facilitation and funding. Without structured integration into government systems and resource flows, CSO motivation and capacity may diminish over time. After the conclusion of the programme, sustaining the desired outcomes for CSOs will depend on several critical factors. First, resource mobilization and funding will be essential to maintain operations, scale initiatives, and continue community engagement without external project support. Second, strong internal learning systems are needed to ensure that CSOs can capture, analyze, and apply lessons learned from their activities to improve effectiveness and adapt to emerging challenges. Third, leadership diversity within CSOs is crucial to represent different community voices, foster innovation, and strengthen decision-making processes. Finally, strong accountability mechanisms will help CSOs maintain transparency, build trust with stakeholders, and ensure that services remain responsive to the needs of marginalized and vulnerable populations. Addressing these areas will be key to embedding sustainability, institutional resilience, and long-term community impact.

However, while this momentum is promising, sustainability cannot be assumed. Continued capacity strengthening of Union Parishads, local service providers, and community leaders is essential to maintain the quality and effectiveness of implementation at scale. Furthermore, resource support both technical and financial will be necessary to avoid dilution of the approach as it expands. The government's capacity to allocate adequate funding and human resources to nutrition-sensitive services remains a key determinant of success.

In response to scaling and sustainability concerns, the programme introduced and refined tools such as the BMET app, enabling real-time data tracking at the grassroots level. By equipping frontline workers and local stakeholders with user-friendly digital tools, the programme promoted evidence-based decision-making and reduced dependency on external

actors. But until and unless this app is being integrated in system the effectiveness will remain uncertain after the project being phased out.

Equally important is the need for ongoing policy engagement at the national level to ensure that lessons from R2G continue to inform broader policy frameworks and inter-ministerial coordination. The active involvement of CSOs and community voices in these policy dialogues must also be protected and institutionalized.

Localization and Power-Shifting Are Well-Advanced

The Country Steering Committee (CSC) drives country-specific planning, with CSOs actively influencing budget allocation processes, particularly for nutrition targeting children under five. Ongoing efforts focus on strengthening grant management, budgeting, program oversight, and mobilizing both in-country and foreign funding. This locally led approach has strengthened budget management, enhanced community ownership, and linked national and global coordination mechanisms.

Efforts toward localisation and shifting power were partially successful. Local CSOs and community structures have assumed more responsibility for programme activities, including advocacy, service delivery support, and community mobilization. While international partners continue to provide technical guidance, the increased agency of local actors reflects meaningful progress in redistributing decision-making power and promoting local ownership. Challenges remain in fully institutionalizing these shifts, particularly in areas requiring sustained technical capacity and resources. Over the past five years, the programme has significantly strengthened community members, CSOs, and CBOs, building their leadership, organizational, and advocacy capacities. This has advanced localization and power-shifting by placing authority, funding, and decision-making closer to the communities who best understand their own challenges.

However, sustaining these gains beyond the project phase-out remains a concern. Persistent challenges such as centralized governance structures, donor-driven priorities, limited financial independence of local actors, fragile institutional capacity, and Inconsistent political will could hinder the continuity of these achievements. Without mechanisms to consolidate and resource this local leadership, there is a risk that the progress made will remain project-dependent and short-lived, rather than fully embedded within local systems and practices.

Linking & Learning

Integrating Linking & Learning (L&L) as a core component across the six Right2Grow countries proved to be an innovative and effective strategy, enhancing critical reflection and programme adaptive management. and impact. Bangladesh, in particular, shifted from a static capitalization process to a more dynamic and intentional approach, fostering deeper reflection and timely adaptations for more impactful interventions. As one participant noted: “Linking and Learning is the most important part of a program. So, I think we should hold a workshop every quarter, identify key learnings, and develop the next plan based on those insights.” To maximize L&L’s potential in future programming, a learning framework including clear performance indicators for learning documentation, dissemination, and application should be established from the outset. The impact of the Linking & Learning approach was evident in the emergence of a strong learning culture across partners. Adaptive management, continuous reflection, and informal knowledge sharing have become central to programme implementation, enabling teams to innovate and adjust to challenges.

Capacity Assessment MCD

The Right2Grow Endline Evaluation capacity assessments reaffirm that Mutual Capacity Development (MCD) is not merely a methodology but a driving force for sustainable transformation. Through this approach, partners enhanced their technical and advocacy competencies, strengthened organizational systems, and cultivated deeper collaboration, confidence, and ownership. MCD is aligned with local context, encouraging peer-to-peer exchange, and emphasizing hands-on application, the initiative successfully empowered local CSOs to evolve into capable advocates and influential change agents. Maintaining this momentum will require ongoing investment in organizational capacity, leadership development, and cross-sector collaboration to embed learning within systems and practices.

Nonetheless, important lessons remain. Future initiatives should prioritize institutionalizing the progress achieved, addressing persistent structural challenges within organizations, and amplifying the participation of underrepresented voices—particularly in global advocacy and donor platforms.

Ultimately, Right2Grow demonstrates that when capacity development is mutual, locally anchored, and action-driven, it creates a ripple effect—strengthening advocacy, deepening accountability, and laying the groundwork for sustainable development impact.

Partnership collaboration

Without ongoing mechanisms, shared expertise and mutual learning risk stagnation. Partnerships often generate valuable practices, but if these are not continuously applied or refreshed, the benefits may gradually diminish. Likewise, institutional memory can fade over time if knowledge is not properly documented, archived, or embedded into systems and processes

In summary, R2G has set a solid stage for scale and sustainability, but a deliberate transition strategy including capacity building, financing mechanisms, and policy advocacy will be vital to ensure that the gains made are not only preserved but amplified in the years ahead.

5.2. Key recommendations for the future (including the opinion of the consultant)

1. Policy framework at National govt.

Consolidate and Scale the Healthy Village Model Nationally

Document and showcase the Healthy Village Model as a scalable, evidence-based intervention complete with operational manuals, performance indicators, case studies, and implementation guidance. Engage key national bodies, including the Bangladesh National Nutrition Council (BNNC) and other relevant ministries to formally integrate the model within national WASH and nutrition frameworks, ensuring consistency with the 2027 national plan. Co-ownership between communities and local governments should remain a core principle during the scale-up to maintain accountability and sustainability.

2. Broader Policy Implications for the Ministry of Foreign Affairs (MFA) and the Dutch Embassy (EKN):

The experience of Right2Grow offers valuable lessons for MFA in promoting sustainable, locally led, and system-oriented programming.

- Encouraging public–private partnerships (PPPs) that leverage local entrepreneurship for WASH and nutrition solutions, ensuring long-term service delivery beyond donor cycles.
- Supporting cross-sectoral collaboration frameworks where private sector actors, local governments, and CSOs co-invest in community health infrastructure and social innovation.
- Embedding learning and adaptation mechanisms (as seen in Right2Grow) into MFA-funded initiatives to ensure continual improvement and scalability.
- By promoting PPPs and institutional co-ownership, MFA can help national governments transition from project-based models toward systemic, financially sustainable approaches to community health and nutrition.

MFA and EKN can play a pivotal role in **solidifying results and supporting post-programme continuity** by:

- Leveraging their **policy dialogue and convening power** to integrate proven R2G approaches into broader Dutch-supported frameworks on food systems, local governance, and gender equity.
- Supporting **follow-up or bridging initiatives** that focus on institutional capacity strengthening, cross-sectoral learning, and replication of R2G models by national actors.
- Encouraging **knowledge partnerships** among CSOs, research institutions, and private sector entities to sustain innovation and evidence-based advocacy.
- Maintaining **flexible funding mechanisms** that allow local actors to pursue systems strengthening and policy influence beyond project cycles.

3. Strengthening Civil Society Capacities and Sustainable Financing

(a) Capacity Development and Policy Influence

Identify/lobby the funding sources for investment in the organizational development, governance, and adaptive capacities of CSOs to enhance their effectiveness and reduce dependency on external facilitation. Building on Right2Grow's success in capacity strengthening, future efforts should focus on consolidating these gains through continued support for leadership development, governance systems, and strategic planning within CSOs.

Facilitate sustained CSO representation in national policy platforms such as BNNC, CSA-SUN, and parliamentary networks, enabling them to influence policy and planning beyond individual projects. Encourage peer learning, networking, and knowledge exchange to foster locally rooted, adaptive solutions that reflect community priorities and strengthen the voice of civil society in national decision-making.

(b) Resource Mobilization and Financial Sustainability

In parallel, develop a clear and practical resource mobilization strategy for CSOs to diversify funding beyond donor cycles, an area that has received limited attention under Right2Grow but is essential for long-term sustainability. This strategy should explore:

- Domestic resource generation, including social enterprises, community-driven income mechanisms, and local fundraising.
- Philanthropy and private sector engagement, encouraging contributions from citizens, corporate partners, and foundations; and
- Collaboration with other donors and development partners to co-finance community-based initiatives.
- CSO platforms can play a catalytic role by engaging with government bodies to advocate for inclusion of these models in policy frameworks, while simultaneously building partnerships that ensure financial resilience and sustained impact.

4. Institutionalizing Advocacy and Private Sector Collaboration through local entrepreneurs' association (LEA)

The Local Entrepreneurs' Association (LEA) should strengthen advocacy and partnerships with private sector companies, positioning itself as an apex platform to channel CSR funds toward local initiatives. A structured mechanism for joint lobbying with government and business actors will enhance influence and sustainability. Continued efforts beyond the project period will enable local entrepreneurs especially WASH material producers to expand markets, improve service delivery, and build economic resilience.

5. Mainstreaming R2G Model Elements through Ongoing and future Projects of consortium Partners

Consortium partners should build on the project's achievements, resources, and partnerships to sustain and scale its impact. Documented successes and lessons learned can inform new initiatives and replication in collaboration with other donors and across new locations. Continued joint advocacy with relevant ministries is essential to advance policy reforms on child nutrition, particularly for children under five. Strengthening private sector engagement should remain a priority to boost investment and innovation in nutrition interventions, ensuring sustained progress and wider impact beyond the project period. R2G consortium members and partner CSOs should continue to build on the relationships, learning, and policy entry points developed through the programme. This includes:

- **Institutionalizing learning platforms** (e.g., Linking & Learning networks) within existing CSO alliances or academic partnerships to ensure ongoing evidence sharing and reflection.
- **Showcasing successful models** such as the Healthy Village and Child-Costing tools through policy briefs, national dialogues, and sectoral working groups, thereby sustaining visibility and influence beyond the project.

Scale up the model to other unions.

To maximize the programme's impact, there is strong potential to scale up the model to other unions, ensuring that the successful practices and lessons learned benefit a larger number of communities. Expansion would not only widen service access but also reinforce the culture of participation and accountability across different areas.

Ensure ongoing support to CSOs for advocacy

Continuous support to civil society organizations (CSOs) is essential to sustain community voice and advocacy beyond project cycles. Future initiatives should prioritize locally led, needs-based capacity strengthening that enhances both technical and organizational capabilities in WASH, nutrition, and health governance. Tailored mentoring, peer learning, and organizational development support—including strategic planning, leadership, and accountability—will enable CSOs to engage more effectively with government and service providers. Strengthening networking and coalition platforms will further amplify their influence, ensuring long-term ownership, accountability, and locally driven systemic change.

6. Mainstreaming R2G Model Elements through CSO Alliances

Civil society organization alliance should sustain collaboration through an institutionalized coordination platform that enables regular communication and joint planning. The alliance should engage in policy advocacy with government bodies to advance WASH and child nutrition reforms. By jointly mobilizing resources and partnering with local donors, private sector

actors, and local governments, CSOs can scale up proven interventions. Strengthening community-based structures will enhance ownership and accountability, while continued engagement with the private sector and government will drive innovation and investment in nutrition initiatives.

7. Collaboration: Deepen Public-Private Collaboration for Service Sustainability

Formalize partnerships (via MoUs) between local governments, cooperatives, and private actors to secure reliable access to WASH and nutrition products and services. Support entrepreneurship development by mentoring Health Promoting Agents (HPAs) and linking them with financial institutions and market actors to enhance viability and reach. Promote private sector alignment with public health goals, ensuring inclusive service delivery in underserved areas.

8. Establish a National Learning and Policy Influence Platform

Create a multi-stakeholder platform co-led by BNNC and CSOs for continuous learning, policy advocacy, and tracking of progress on scaling R2G models. Facilitate cross-district exchanges and documentation of lessons learned to inform national guidelines and investments. Use the platform to monitor institutional uptake and drive policy coherence across ministries, donors, and implementing partners.

9. Institutionalization

Scaling and Institutionalizing Successful Local Governance Models Beyond R2G

Ensuring national sustainability requires moving beyond project-based support toward long-term institutionalization within government systems. While R2G has demonstrated effective approaches particularly in strengthening Union Parishad capacities, promoting local planning, and enhancing nutrition governance, the next phase lies in mainstreaming these lessons into existing national frameworks and ensuring ownership by national actors.

National-level Institutionalization: Government agencies such as BNNC, LGD, and MoHFW should be supported to integrate tested tools and practices (e.g., child nutrition profiling, nutrition-sensitive budgeting, community scorecards) into national WASH and nutrition programmes. This can be achieved through policy advocacy, technical collaboration, and incorporation into sectoral guidelines and training curricula. Political commitment can be reinforced by encouraging political parties and parliamentary networks to include local nutrition and WASH accountability in their policy agendas.

Sustaining Citizen Voice and Local Accountability: Beyond the lifespan of R2G, CSOs and local networks can continue to facilitate social accountability platforms such as CVA cycles, budget dialogues, and community scorecards through partnerships with local governments. These can be institutionalized into the Union Parishad annual planning and budgeting processes, ensuring that citizen participation becomes a routine practice, not a donor-driven exercise.

Role of Development Partners and the Dutch MFA: Development partners, particularly the Dutch MFA and Embassy, can play a pivotal role by supporting policy dialogue, peer learning, and flexible funding that encourage governments to scale locally proven models nationally. This includes creating platforms for South-South exchange, facilitating public–private partnerships, and linking national ministries with evidence generated through R2G and similar initiatives.

10. Advocating for Dedicated National Budget Allocations for Nutrition and WASH

Although the Right2Grow project runs until December 2025, the Government of Bangladesh's fiscal year follows a July–June cycle. To sustain results beyond the project period, consortium partners or civil society platform should engage with Finance ministry and relevant ministries to advocate for dedicated national budget lines for nutrition and WASH especially for children under five. This will strengthen public financing and embed Right2Grow's impact within national systems.

11. Adopting Longer Timeframes to Deepen Impact and Sustainability

As an advocacy-focused project, the five-year period was insufficient to fully consolidate community behavior change and institutionalize local governance systems. Future initiatives should adopt longer timeframes to ensure sustained engagement, continuous learning, and stronger local capacity in nutrition and WASH governance.

12. Enhancing Cross-Ministerial Coordination for Sustainable Impact

At the design stage, the project engaged key ministries relevant to nutrition and WASH. However, broader involvement of ministries such as Local Government, Women and Children's Affairs, Education, Agriculture and other relevant could have enhanced multi-sectoral coordination. Future programmes should institutionalize inter-ministerial collaboration through formal mechanisms like joint working groups to ensure coherent advocacy and resource alignment for sustainable impact.

13. Localisation & Shifting Power

While notable progress has been made in transferring decision-making authorities to the country level under R2G, the process has at times lacked clarity and completeness, particularly in defining what meaningful power transfer entails across different actors and levels. Lessons from this experience underscore the importance of establishing clear parameters, indicators, and accountability mechanisms to make the "shift the power" approach more tangible and measurable. Future programmes whether supported by MFA or other development partners should move beyond rhetorical commitment and embed the approach systematically into governance, financing, and partnership structures. This includes developing a shared understanding of decision-making thresholds, co-creation protocols, and local leadership roles; ensuring that resources follow responsibilities; and building capacities that enable national and local actors to lead effectively. Such a structured, transparent framework would help institutionalize genuine country ownership and strengthen accountability, ensuring that local leadership becomes a core operating principle rather than a project aspiration.

Annexes:

Annex 1 – Detailed Data Collection Overview

Data Collection

The data collection process was designed to capture a comprehensive range of perspectives across community, institutional, and external stakeholder levels. In total, 32 data collection events were conducted across four implementation districts (Barguna, Patuakhali, Khulna, and Satkhira) as well as Dhaka, utilizing Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). At the community level, FGDs engaged civil society members, local entrepreneurs, healthcare providers, and community representatives, including vulnerable and marginalized groups such as elderly people and in-laws. These discussions provided critical insights into lived experiences, local governance dynamics, and access to essential services.

The table below contain the detail of the respondents of FGD & KII in project locations.

Sl No.	Data Location	Participants	Methods Used
1.	2 no. Choto Bogi Union Parishad Office, Taltoli, Barguna	UDCC (CSO members and UP) members	FGD
2.	R2G Project Office (Jago Nari Office), T&T Road, Taltoli, Barguna	Jago Nari office's R2G project employees	FGD
3.	66 no. Bollobhpur Government Primary School, Patuakhali	Local and micro-entrepreneurs and representatives Local Entrepreneurs Association (LEA), Healthcare provider Assistant (HPA), CSO representatives	FGD
4.	Kalikapur Union Parishad, Patuakhali Sadar, Patuakhali	Union Development Coordination Committee (UDCC) and CSO members	FGD
5.	Amkhola Union Parishad, Golachipa, Patuakhali	CSO members	FGD
6.	Ragunathpur Upazila, Dumuria, Khulna	Upazila Civil Society Platform / CSO Representatives from Devuli Sahapara VDC	FGD
7.	DUmuria ,Khulna	Community members -mothers of open learning center	FGD
8.	Debhata, Satkhira	Community members -mothers of open learning center	FGD
9.	Badarpur	HPA and LEs, Badarpur Union Ward 4, 5, 6, Patuakhali	FGD
10.	R2G Project Office (Jago Nari Office), T&T Road, Taltoli, Barguna, borobogi union	Golam Maula, ChairpersonMember-Union Development Coordination Committee (UDCC), 1 no. Ward, Varobagi Union Parishad, Taltoli Upazila, Barguna	KII
11.	Laupara Community Clinic, Taltoli, Barguna	Afroza Akhter, Community Clinic Health Care Provider (CHCP)	KII
12.	Taltoli Upazila Health Complex	Dr. AKM Monirul Islam, Upazila Health Complex Officer	KII

13.	Patuakhali Paurosobha	Abu Hasnat Mohammad Arefin, DC, Patuakhali Paurosobha	KII
14.	Upazila Family Planning Office in Patuakhali Sadar	Abu Sufian Imran, Upazilla Family Planning Officer, New Jail Khana road, Patuakhali	KII
15.	Pashuribunia Community Clinic, Kalikapur, Patuakhali Sadar, Patuakhali	Mohd. Aminul Islam, Community Clinic Health Care Provider (CHCP)	KII
16.	Golkhali Union Parishad, Golkhali	Mohd. Salahudiin, UP member, Golkhali Union	KII
17.	DPHE Office Police Line Rd, Patuakhali	Mohd. Sohel Rana, Executive Engineer, Department of Public Health Engineering (DPHE)	KII
18.	Civil Surgeon Office, Patuakhali	Dr. Mohammad Khaledur Rahman Mia, Civil Surgeon, Patuakhali	KII
19.	Modern Herbal Office, Patuakhali Sadar	Mohd. Mirajul Islam, Private Sector Representative, Modern Herbal, Patuakhali	KII
20.	Boro Bogi Union, Taltoli, Patuakhali	Md. Nazrul Islam Litu, CSO President , Samudra Somaj CSO	
21.	Lowkathii Union Parishad, Patuakhali	Kohinur Rezvi, UP Member (Also a member of Payra Sushil Shomaj Songothon)	KII
22.	7 no. ward , Debhata, Saatkhira	Former Union Parishad (UP) Chairmen serving as UDCC Chairmen/Women member	KII
23.	Upazila Family Planning Office, Debhata Upazila	M.A.H Mainul Upazila Family Planning Officer	KII
24.	Community Clinic at Dumuria Khulna	Asaduzzaman Community Health Care Provider	KII
25.	3 no. gudabara UP, Dumuria Upazila, Khulna	Ms.. Ruma Akter Administrative Officer of UP	KII
26.	Upazila DPHE Engineer, Debhata	Sanjoy Ghosh	
27.	Embassy of Netherlands, house 49 Rd 90, Dhaka 1212	Osman Haruni Senior Policy Advisor Agriculture and Food Security, Trade and Business Development, EKN	KII
28.	World Vision Satkhira, Debhata	Jaganmay Prajesh Biswas Program Managers, Implementing Partner	KII
29.	The Hunger Project-Bangladesh	Israt Hasan Project Coordinator	
30.	Save the Children Bangladesh Office	Project Manager, Right2Grow, Save the Children Bangladesh and Lobby and Advocacy Lead for R2G	KII

31.	Max Foundation Office	Md. Iqbal AzadTeam Lead, R2G Program	KII
32.	ACF and Head of WASH	Kawsar Alome, Focal Person,	KII

Name of the event	No of event	Total	Women	Men
FGD	8	64	44	20
Reflection Workshop	1	17	15	2
KII with External Stakeholder	7	7	1	6

Annex 2: Indicator progress

Particulars	Indicators number	Global/ Donors/ Country Indicators	Indicators	Baseline status	Total Target	Total achievement up to June 2025
Outcome						
Outcome 1. Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners	R2G.OC.1.1	Global Indicator	# of actions in which communities formulate demands for improved (WASH and nutrition) services	0		119
	R2G.OC.1.2	Global Indicator	# of barriers to good nutrition and WASH services successfully addressed by joint community, government and/or private sector initiatives	0		80
	R2G.OC.1.3	Country Indicator	% of households practiced improved WASH and able to consume Nutritional facility.	47.4%		93.7%
Outcome 2. Representative and empowered civil society organisations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition	R2G.OC.2.1	Donor Indicator	# of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage national level	0	161	234
	R2G.OC.2.2	Donor Indicator	# of advocacy initiatives carried out by CSOs, for, by or with their membership/ constituency	0	50	135
	R2G.OC.2.3	Country Indicator	Established of a common CSO platform regarding WASH and nutrition	0		45
Outcome 3. National government and decentralized entities adopt and mainstream	R2G.OC.3.1	Global Indicator	Improved degree of social accountability	NA		NA

an integrated, multispectral approach to undernutrition in policies, action plans and budget allocations	R2G.OC.3.2	Donor Indicator	# of laws, policies and norms/attitudes, blocked, adopted, improved for sustainable and inclusive development	0	3	4
	R2G.OC.3.3	Global Indicator	% of public budgets allocated and implemented for nutrition and WASH services (increased funding).	1.45%		18%
Outcome 4. Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition	R2G.OC.4.1	Global Indicator	Degree to which donors along the humanitarian-development nexus are addressing the underlying determinants of undernutrition through commitments and scaling up of initiatives that have proven successful.	0		0
Intermediate Outcome					**Total Target**	**Total achievement**
Intermediate outcome A: Communities are aware of small doable actions and put them into practice	BD.IO.A.1	Country Indicator	% of households who practice small doable actions consistently and correctly	5.3%		83.3%
	BD.IO.A.2	Country Indicator	% of community that report positive WASH and nutrition practices changed	0		93.3%
Intermediate outcome B: Communities have access to affordable nutrition and WASH products and services	BD.IO.B.1	Country Indicator	% of community people received WASH and nutrition services from the government and/or private service provider agencies	12.25%		96.3%
	BD.IO.B.2	Country Indicator	% of total cost of services and products borne by communities and out-of-pocket payments	64.3%		89.3%
Intermediate outcome C: CBOs and CSOs regularly engage with local government in programming and financial planning	BD.IO.C.1	Country Indicator	# of CBOs and CSOs which are consulted during (multi) annual programming and budgeting exercises	0		780
	BD.IO.C.2	Country Indicator	Degree to which CSOs champion a learning-focused approach that incentivises governments to exchange challenges and successes	NA		0
	BD.IO.C.3	Country Indicator	# of CSOs which have developed and rolled out integrated nutrition and WASH advocacy strategies	0		760

	BD.IO.C.4	Country Indicator	# of UP practiced participatory planning and budgeting as per government circular	20		40
Intermediate outcome D: CBOs and CSOs have the legitimacy & capacity to voice the concerns of the marginalized and disempowered	R2G.IO.D.1	Country Indicator	% marginalized and disempowered people access to services increased	0		65.11%
	BD.IO.D.2	Donor Indicator	# of CSOs with increased lobbying and advocacy capacities	0	8	80
Intermediate outcome E: Evidence on pathways and implementation gaps informs policymaking	BD.IO.E.1	Country Indicator	# of evidence-based research documents have been communicated to policy makers	0		8
	BD.IO.E.2	Country Indicator	An open data platform has been established and policy makers used that information to make decisions	0		1
	BD.IO.E.3	Country Indicator	# local (UP) and national level monitoring cell established to increase accountability and evidence-based decision making	0		40
Intermediate outcome F: The multisectoral approach is reflected in sector policies and action plans	BD.IO.F.1	Country Indicator	# of Union Parishad and sub-districts have multi-sectoral joint action plan to address child nutrition	0		45
	BD.IO.F.2	Country Indicator	Multi-sectoral approach reflected in Bangladesh National Plan of Action for Nutrition (NPAN)	NA		1
Intermediate outcome G: International actors participate in intersectoral coordination mechanisms, share data and engage in joint programming.	BD.IO.G.1	Country Indicator	# of meetings involving multi-sectoral coordination between humanitarian and development actors and donors on WASH & nutrition to share experiences and strengthen the evidence base	0		4
Output					**Total Target**	**MIS data Achievement**
Output 1: CBOs effectively mobilise communities around better nutrition, WASH	R2G.OP. 1.1	Donor Indicator	# of CSOs involved in Right2Grow	0	778	778

and Mother/Child health care					
Output 2: Private sector develops innovative business models, services and products	BD.OP. 2.1	Country Indicator	# Private sector actors working to increase affordable access to health and nutrition services	0	157
Output 3: CBOs and CSOs have the technical skills to track, analyse and report on allocation and expenditure	BD.OP. 3.1	Country Indicator	# of CBOs and CSOs trained on basic Public Health expenditure tracking	0	473
	BD.OP. 3.2	Country Indicator	# of CBOs and CSOs with technical skills on the track, analyse and reporting public sector allocation expenditure	0	468
Output 4: CBOs and CSOs widen their constituencies to include the interests of the most vulnerable group	BD.OP. 4.1	Country Indicator	# of CBOs and CSOs targeting the issues related to the adolescent girls, women and most vulnerable groups	0	575
	BD.OP. 4.2	Country Indicator	# CBOs and CSOs who have conducted vulnerability mapping for marginalized groups, adolescent girls and women	0	563
Output 5: Communities, CBOs and CSOs gather data and experiences on the quality of nutrition, WASH and Mother/Child health service delivery	BD.OP. 5.1	Country Indicator	# of targeted communities, CBOs, and CSOs with a system/mechanism to track the quality of nutrition and WASH services	0	265
	BD.OP. 5.2	Country Indicator	# of targeted communities, CBOs, and CSOs with a system/mechanism to track the quality of nutrition and WASH services targeting children U5, women, adolescent girls, and marginalized groups	0	265
	BD.OP. 5.3	Country Indicator	# of CBOs, CSOs trained in systems/tools on how to track the quality of nutrition and WASH services	0	629
Output 6: Field research study generates evidence and innovative ways to prevent undernutrition	BD.OP. 6.1	Country Indicator	# of Learning briefs created	0	10
	BD.OP. 6.2	Country Indicator	# of learning briefs targeting gender issues and marginalized groups	0	4
	BD.OP. 6.4	Country Indicator	# of field research conducted	0	4

Output 7: Right2Grow partners, CSOs and government engage in (sub)national platforms for data sharing, peer learning and adaptation	BD.OP. 7.1	Country Indicator	Attendance rate of Right2Grow partners, CSOs and government in (sub)national platforms	0	91%
Output 8: Right2Grow partners and CSOs lobby donors to better align funding, programming and leveraging for large programmes	BD.OP. 8.1	Country Indicator	# of meetings held with donors to advocate for multi-sectoral funding in nutrition	0	1

Annex 3: Key Evaluation Question

Main evaluation Criteria	Evaluation question
Relevance	To what extent did the Bangladesh ToC match with the key issues at country and global levels?
	To what extent is the Bangladesh ToC including assumptions valid and of high quality?
	To what extent have the programme strategies responded to the needs of local communities / targeted population?
	To what extent have the programme strategies responded to the needs to strengthen policies and budgets at country and global level?
Effectiveness & Impact	What have been the main (intermediate) results achieved at end-line in relation to the programme ToC pathways and the progress towards the achievement of the donor indicators (output and outcome level)?
	To what extent were the programme's strategies and activities for the selected hotspots effective in producing the desired results?
	In what ways did the programme contribute to its planned development impact?
	What examples of positive or negative unintended effects did the programme encounter?
Sustainability	To what extent are the changes achieved by the programme long-lasting?
	What factors contribute to the sustainability after the programme's conclusion? What happened in the case that programmes had to be adapted due to changing security or political situations?
	What steps have been taken to build local capacity and ownership (including integration into local systems or practices) to sustain and/or scale the programme outcomes over time?
	How has the programme encouraged the change of WASH/nutrition policies to support the continuity of the changes achieved at the national and international level?
	How has the programme encouraged the change in access to nutrition and WASH services in a sustainable way at the national and international level?
	To what extent have local authorities pledged their continued support?
Coherence Partnership and collaboration	To what extent has collaboration between the different Consortium Partners created added value in programme countries or at a global level?
	To what extent is collaboration with other partners - outside the Right2Grow Consortium - taking place in Bangladesh, including with other SCS partnerships, and what has been the added value of those collaborations?
	To what extent have adaptive management principles influenced programming within Right2Grow at country level?
	What has been the added value of MFA, and separately, of its embassies, to the Partnership? And what is the value added of this Partnership to MFA?

How successful was the programme in its localization and shifting the power efforts at country level?

Annex 4 : List of Documents Reviewed

1. R2G Baseline inception report Bangladesh-Final
2. Mid- Term evaluation Report
3. Sustainable Strategy & Phase-out Action Plan-BD Consortium draft version-4 January 2024
4. Right2Grow PPT- Sharing Insights & Learnings.
5. Compile_ Outcome tracking _Assessment result Dec_2024 and 2025 -V2
6. R2G_Bangladesh Consolidated Annual Report 2024 FINAL
7. Policy briefs
8. Right2Grow Governance Structure FINAL v1.0 start 1-1-2024